Board (Open) July 2022

Thu 28 July 2022, 09:00 - 10:30

Zoom

Agenda

09:00 - 09:05
5 min

1. PRELIMINARY MATTERS

00 - Board Agenda (Open) (220728)(F).pdf (2 pages)

1.1. Welcome and Introductions

Presenter: Chair/Verbal

1.2. Apologies for Absence

Presenter: Chair/Verbal

1.3. Declarations of Interest

Presenter: Chair/Verbal

1.4. Draft Minutes of the Board meeting held on 13 June 2022

Presenter: Chair/Attachment

1.4 - Unconfirmed Board Minutes (Open) 220613 (F).pdf (3 pages)

1.5. Action Log from the Board meeting held on 13 June 2022

Presenter: Chair/Attachment

1.5 - Board Actions (Open) 220613 (F).pdf (1 pages)

1.6. Matters Arising

Presenter: Chair/Verbal

09:05 - 09:15
10 min

2. CHAIR AND CHIEF EXECUTIVE REPORTS

2.1. Chair’s Report and Affixing of the Common Seal

2.1.1. Chairs Report

Presenter: Chair/Attachment

2.1.1 - Chairs Report BD220728 (F).pdf (5 pages)

2.1.2. Affixing of the Common Seal

Presenter: Chair/Attachment

2.1.2 - Affixing of the Common Seal BD220728 (F).pdf (4 pages)

English,Catherine
27/07/2022 10:24:39

2.2. Chief Executive’s Report

Presenter: Chief Executive/Attachment

2.2 - CEO Report BD220728 (F).pdf (4 pages)

09:15 - 10:00
45 min

3. STRATEGIC MATTERS

3.1. Annual Education and Training Plan

Presenter: Director of Nurse and Health Professional Education & Medical Director/Attachment

3.1a - Education and Training Plan BD220728 (F).pdf (4 pages)
3.1b - Appendix 1 - HEIW ETP 2023-24 Final 1.0.pdf (62 pages)
3.1c - HEIW ETP 2023-24 Appendix v1.0.pdf (44 pages)

3.2. HEIW Equality, Diversity, and Inclusion Overview

Presenter: Head of OD and Inclusion/Attachment

3.2 - Equality, Diversity and Inclusion Overview BD220728 (F).pdf (9 pages)

10:00 - 10:20
20 min

4. GOVERNANCE, PERFORMANCE, AND ASSURANCE

4.1. Director of Finance Report

Presenter: Interim Director of Finance/Attachment

4.1a - Director of Finance Report BD220728 (F).pdf (6 pages)
4.1b - Appendix 1- Director of Finance Report.pdf (2 pages)
4.1c - Appendix 2 DoF 2022-23 MMR Template - June HEIW.pdf (30 pages)

4.2. Review of Standing Financial Instructions

Presenter: Interim Director of Finance/Attachment

4.2a - Review of SFIs BD220728 (F).pdf (3 pages)
4.2b - Appendix 1 - HEIW Model SFIs 25 March 2021 v3 Updated Schedule 1.pdf (81 pages)
4.2c - Appendix 2 - Model SFIs - Table of Amendments.pdf (7 pages)

4.3. Review of Standing Orders

Presenter: Board Secretary/Attachment

4.3a - Review of Standing Orders BD220728 (F).pdf (3 pages)
4.3b - DRAFT - HEIW Standing Orders JULY22 (V5)(ENG) (002).pdf (76 pages)

4.4. Risk Policy

Presenter: Board Secretary/Attachment

4.4a - Review of Risk Policy BD220728 (F).pdf (3 pages)
4.4b - DRAFT Risk Management Policy V3 (Tracked).pdf (14 pages)

4.5. Key Issues Reports:

4.5.1. Audit and Assurance Committee meeting held the 10 June 2022

Presenter: Committee Chair/Attachment

4.5.1 - Key Issues Report AAC220610 - BD220728 (F).pdf (6 pages)

English,Catherine
27/07/2022 10:08:39

4.5.2. Audit and Assurance Committee meeting held the 12 July 2022

Presenter: Committee Chair/Attachment

4.5.2a - Key Issues Report AAC220712 - BD220728 (F).pdf (6 pages)

4.5.2b - Appendix 2 - DRAFT Terms of Reference AAC (JULY 22).pdf (5 pages)

4.5.3. Education, Commissioning, and Quality Committee meeting held 15 July

Presenter: Committee Chair/Attachment

4.5.3a - Key Issue Report - ECQC220715 to BD220728 (F).pdf (6 pages)
4.5.3b - Appendix 2 - ECQC Annual Report 2021-22 (F).pdf (6 pages)
4.5.3c - Appendix 3 - ECQC ToR (July 22) (F).pdf (4 pages)

10:20 - 10:25
5 min

5. FOR NOTING

5.1. Corporate Risk Register

Presenter: Board Secretary/Attachment

5.1a - Corporate Risk Register BD220728 (F).pdf (6 pages)
5.1b - Corporate Risk Register (JUN22).pdf (7 pages)

5.2. NHS Wales Shared Services Partnership Committee Assurance Report – May 2022

Presenter: Board Secretary/Attachment

5.2 - SSPC Assurance Report 19 May 2022.pdf (6 pages)

5.3. NHS Wales Collaborative Leadership Forum Approved Minutes of Meeting held on 6 December 2021

Presenter: Board Secretary/Attachment

5.3 - CLF Minutes - December 2021 v0d.pdf (6 pages)

10:25 - 10:30
5 min

6. OTHER MATTERS

6.1. Any Other Urgent Business

Presenter: Chair/Verbal

6.2. Dates of Next Meetings

Presenter: Chair/Verbal

English Catherine
27/07/2022 10:08:39

HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)

Open Board Meeting – 09:00 – 10:30

to be held on Thursday, 28 July 2022
via Zoom

AGENDA

PART 1	**PRELIMINARY MATTERS**	**09:00-09:05**
1.1	Welcome and Introductions	Chair/Verbal
1.2	Apologies for Absence	Chair/Verbal
1.3	Declarations of Interest	Chair/Verbal
1.4	Draft Minutes of the Board meeting held on 13 June 2022	Chair/Attachment
1.5	Action Log from the Board meeting held on 13 June 2022	Chair/Attachment
1.6	Matters Arising	Chair/Verbal
PART 2	**CHAIR AND CHIEF EXECUTIVE REPORTS**	**09:05-09:15**
2.1	Chair's Report and Affixing of the Common Seal • 2.1.1 – Chairs Report • 2.1.2 – Affixing of the Common Seal	Chair/Attachment
2.2	Chief Executive's Report	Chief Executive/ Attachment
PART 3	**STRATEGIC MATTERS**	**09:15-10:00**
3.1	Approval of the Annual Education and Training Plan 2023/24	Director of Nurse and Health Professional Education & Medical Director /Attachment
3.2	HEIW Equality, Diversity, and Inclusion Overview	Head of OD and Inclusion/Attachment
PART 4	**GOVERNANCE, PERFORMANCE, AND ASSURANCE**	**10:00-10:20**
4.1	Director of Finance Report	Interim Director of Finance and Corporate Services/Attachment
4.2	Review of Standing Financial Instructions	Interim Director of Finance and Corporate Services/ Attachment
4.3	Review of Standing Orders	Board Secretary/ Attachment
4.4	Risk Policy	Board Secretary/ Attachment
4.5	To Receive Key Issues Report from: • 4.5.1 - Audit and Assurance Committee meeting held on the 10 June 2022 • 4.5.2 – Audit and Assurance Committee meeting held on the 12 July 2022 • 4.5.3 – Education, Commissioning, and Quality Committee meeting held on the 15 July	Committee Chair/ Attachments

English Catherine 27/07/2022 10:08:39

PART 5	**FOR NOTING**	**10:20-10:25**
5.1	Corporate Risk Register	Board Secretary/ Attachment
5.2	NHS Wales Shared Services Partnership Committee Assurance Report – May 2022	Board Secretary/ Attachment
5.3	NHS Wales Collaborative Leadership Forum Approved Minutes of Meeting held on 6 December 2021	Board Secretary/ Attachment
PART 6	**OTHER MATTERS**	**10:25-10:30**
6.1	Any Other Urgent Business	Chair/Verbal
6.2	Dates of Next Meetings: • HEIW **Board Development Session** to be held on **25 August 2022** via Conference Room, Ty Dysgu, Nantgawr, CF15 7QQ and Zoom • HEIW **Board** to be held on **29 September 2022** via Conference Room, Ty Dysgu, Nantgawr, CF15 7QQ and Zoom	

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

English Catherine
27/07/2022 10:08:39

Unconfirmed Minutes of the HEIW Board Meeting (Final Accounts)
held at 10:30am on 13 June 2022
via Zoom/Teleconferencing, through Ty Dysgu, Nantgarw

Present:

Dr Chris Jones	Chair
Dr Ruth Hall	Independent Member/Vice-Chair
Gill Lewis	Independent Member
Tina Donnelly	Independent Member
Jonathan Morgan	Independent Member
Alex Howells	Chief Executive
Lisa Llewelyn	Director of Nurse and Health Professional Education
Rhiannon Beckett	Interim Director of Finance

In attendance:

Dafydd Bebb	Board Secretary
Sian Richards	Director of Digital
Huw Owen	Welsh Language Service Manager
Catherine English	Corporate Governance Manager (Secretariat)

PART 1	PRELIMINARY MATTERS	Action
1306/1.1	**Welcome and Introductions**	
	The Chair welcomed everyone to the meeting, and a quorum was confirmed as present.	
1306/1.2	**Apologies for absence**	
	Apologies were received from Julie Rogers, Deputy Chief Executive and Director of Workforce and Organisational Development, and Pushpinder Mangat, Medical Director.	
1306/1.3	**Declaration of interest**	
	No declarations of interest were received.	
1306/1.4	**To receive and confirm the minutes of the Board Meeting held on 26 May 2022**	
Resolved	The May Board minutes were **received** and **approved** as an accurate record of the meeting.	
1306/1.5	**Action Log from the Board meeting held on 26 May 2022**	
	The Board **received** the Action Log and **noted** there were no outstanding actions.	
Resolved	The Board **noted** the Action Log	
1306/1.6	**Matters Arising**	
	There were no matters arising	
PART 2	**GOVERNANCE, PERFORMANCE AND ASSURANCE**	
1306/2.1	**Annual Accountability Report 2021/22**	
	The Board **received** the report.	

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	In presenting the report, Dafydd Bebb explained the Accountability Report provided an outline of HEIW's programme in relation to the Board's governance arrangements and included three key documents: the Governance Statement, the Remuneration and Staff Report, and the Welsh Parliament Accountability and Audit Report. It was confirmed the Annual Accountability Report had been considered by the Audit and Assurance Committee on 10 June and recommended for approval by the Board.	
Resolved	The Board **received** and **approved** the Accountability Report 2021/22 for submission to Welsh Government.	
1306/2.2	**Performance Report 2021/22**	
	In presenting the report, Dafydd Bebb explained the purpose of the Performance Report was to provide an update on the organisation's performance for 2021/22, including progress on the delivery of HEIW's Strategic Aims and business activities. It was confirmed that the Performance Report had been considered by the Audit and Assurance Committee on 10 June and had been recommended for approval by the Board.	
Resolved	The Board **considered** the Performance Report and **approved** it for submission to Welsh Government by 15 June.	
1306/2.3	**Audit and Assurance Committee Review of Accounts and Public Disclosure Statements**	
	Gill Lewis, Chair of the Audit and Assurance Committee, explained that the Committee had carried out a full and robust review of the accounts and public disclosure statements. Any questions regarding the accounts had been addressed and the Audit and Assurance Committee was therefore able to recommend the accounts to the Board for approval. It was noted that HEIW had met its statutory requirements in 2021/22 and that Audit Wales intended to issue an unqualified audit opinion on the 2021/22 accounts. It was confirmed that Audit Wales had identified two recommendations for improvement to the end-of-year accounts process that would further enhance HEIW's financial reporting and that these would be taken forward next year. The Chair of the Audit and Assurance Committee thanked the Finance Team and Audit Wales for delivering an excellent set of final accounts within the agreed Welsh Government timetable.	
Resolved	The Board **noted** the update from the Chair of the Audit and Assurance Committee.	
1306/2.4	**Final Accounts 2021/22**	
	The Board received the Final Annual Accounts for 2021/22 and a supporting presentation. In presenting the Final Accounts, Rhiannon Beckett advised that HEIW had kept to the original Welsh Government Accounts submission timetable noting HEIW had met its statutory requirements in 2021/22 to:	

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	• break even against its Revenue Resource Limit over the accounting period with a revenue underspend of £343,000. • break even against its Capital Resource Limit over the accounting period with a capital underspend of £3,000; and • pay 95% of non-NHS invoices within 30 days with 96.8% of invoices having been paid within the target. It was highlighted that there were no non-trivial misstatements identified in the accounts that remain uncorrected. There was one correction for a trivial misstatement, and a number of disclosure amendments had been made, as detailed in Appendix 3 of the ISA 260 report. The Board congratulated the Finance Team for delivering an excellent set of final accounts and delivering to the agreed Welsh Government timetable.	
Resolved	The Board **approved** the audited accounts for 2021/22	
1306/2.5	**Audit Wales – Audit of Financial Statements Report (ISA 260) and Letter of Representation 2021/22**	
	The Committee received the report. In presenting the ISA 260, Rhiannon Beckett confirmed that Audit Wales intended to issue an unqualified audit opinion on the 2021/22 accounts. The Committee received a brief summary of the salient points contained within the ISA 260, which also incorporated the draft Letter of Representation. It was confirmed that one significant issue arising from the audit had been identified in relation to clinicians' pension tax liabilities. Following discussions with the audit team, it was agreed to disclose a contingent liability for potential claims in note 21.1 to the accounts.	
Resolved	The Board **noted** the content of the ISA260 and final Letter of Representation.	
1306/2.6	**In Committee Decisions**	
	The Board Secretary provided a brief overview of the report and explained it set out the key issues discussed at the In-Committee Board Meeting held on 26 May 2022.	
Resolved	The Board **noted** the report for information.	
PART 3	**OTHER MATTERS**	
1306/3.1	**Any Other Urgent Business**	
	There was no other urgent business.	
1306/3.2	**Date of next meeting**	
	Dates of Next Meetings: • HEIW **Board/AGM** to be held on **28 July 2022** via Zoom/Ty Dysgu. • HEIW **Board Development Session** to be held on **25 August 2022** via Microsoft Teams/Ty Dysgu.	

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Chris Jones (Chairman) Date:

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

HEIW Board (Open)
13 June 2022
Action Log

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

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
1306/2.1	**Annual Accountability Report 2021/22**			
	The Accountability Report 2021/22 to be submitted to Welsh Government by 15 June.	**Board Secretary**	15 June 22	Completed
1306/2.2	**Performance Report 2021/22**			
	The Performance Report 2021/22 to be submitted to Welsh Government by 15 June.	**Board Secretary**	15 June 22	Completed
1306/2.4	**Final Accounts 2021/22**			
	The final audited accounts for 2021/22 to be submitted to Welsh Government by 15 June.	**Interim Director of Finance**	15 June 22	Completed

English Catherine
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Meeting Date	**28 July 2022**	**Agenda Item**	**2.1.1**
Report Title	**Chair's Report**		
Report Author	Dr Chris Jones, Chairman		
Report Sponsor	Dr Chris Jones, Chairman		
Presented by	Dr Chris Jones, Chairman		
Freedom of information	Open		
Specific action required	The Board is asked to: **Note** the report for information.		

English Catherine
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CHAIR'S REPORT

1. PURPOSE OF REPORT

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

2. CHAIRMAN'S REPORT

Welcome to the July 2022 Board. Following on from our meeting, we will be holding our Annual General Meeting (AGM) and a Show Case event.

The NHS and Social Care Services continue to face pressures across planned and urgent emergency care as we move to recover from the effects of the pandemic. Managing the Covid-19 endemic is very much ongoing. The effects of the economic challenges with rising cost of living, inflation and rising interest rates, are being felt across our communities and staff. There are significant labour market challenges. We have experienced a period of extreme heat over the last few weeks. Taken together, the health and care services are facing unprecedented challenges that are likely to be with us for some time, and the coming autumn and winter will further stress the system.

June and July have been a very busy period for the organisation. HEIW continues to support the system across a range of immediate priorities in terms of training and workforce planning, as well as a real focus on strategic medium to long-term planning. We submitted our Integrated Medium Term Plan (IMTP) to Welsh Government in March 2022. I am pleased to report that the IMTP has now been approved by Welsh Government. The July Board agenda includes the Annual Education and Training Plan. Our joint Mental Health Workforce Plan is with Welsh Government for consideration. These are fundamental building blocks to support the recovery of the NHS and care system, meeting ministerial priorities and supporting A Healthier Wales.

On the 6 June I chaired the External Stakeholder Reference Group, which considered presentations followed by discussion on the draft Education and Training Plan, Mental Health Workforce Plan, and Leadership and Succession. These meetings are proving to be a very helpful format for information sharing and exchanging views and perspectives from a wide-ranging spectrum of stakeholders. In particular, the involvement and participation in developing the annual Education and Training Plan has been very productive. We have received helpful verbal and written feedback across the agendas. The next meeting is planned for the 6 October.

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The all-Wales NHS Chairs met on the 7 June. We received an update from Judith Paget, Director General. Albert Heaney gave an update on Social Care, and we received a presentation from the new Children's Commissioner, Rocio Cifuentes. We had wide-ranging discussion on Independent Member issues, leadership succession and NHS pressures. NHS Chairs and CEOs met with the Minister, Eluned Morgan and the Deputy Minister on the 23 June. We discussed ministerial priorities, NHS performance, building community capacity, urgent and emergency care, planned care, and maternity services. During June, I also completed my appraisal with the Minister.

As part of our cycle of meetings with our Higher Education partners, Alex and I have met with the Vice Chancellor of Aberystwyth University, Elizabeth Treasure. It was really helpful to hear about the work and aspirations of the University. We very much look forward to the first cohort starting nursing degree studies in the Autumn. I also met with Dafydd Trystan, Coleg Cymraeg with Lisa Llewelyn – we had wide-ranging discussions about the promulgation of the Welsh language in clinical training, education and the workforce.

Together with colleagues, I attended the NHS Confederation Conference in Manchester. It was particularly interesting to hear presentations on the green health agenda, leadership and succession, culture, including the messenger report, and developments in England in the integration of health and social care.

I also attended the Green Health Wales Conference and undertook a really interesting and informative training day on Protected Characteristics and Unconscious Bias. I attended the All-Wales Urgent Primary Care Conference and the All-Wales Independent Member Digital Network.

Welsh Government have been undertaking a review of bodies that have been established since the Wales Future Generation Act was introduced and plan to go out to consultation on proposals to bring HEIW and other organisations under the Act. HEIW as an organisation would very much welcome this as we have already incorporated the Act into our IMTP and planning processes.

I would very much like to thank the HEIW staff for their ongoing dedication and focus on the work underpinning the HEIW agenda. Delivering on the IMTP and Education and Training Plan will be key to NHS recovery and supporting services across Wales. I would also like to thank the Independent Members for their support over the last few months. I have started the process of appointing a new Independent Member and very much look forward to welcoming Prof. John Gammon to the Board in August.

English Catherine
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2.1 Vice Chair's Report

Ruth Hall participated in the first two Workforce Strategy Implementation Stakeholder Engagement events which HEIW hosted at Venue Cymru in Llandudno on June 20. The events, which had a workshop format, were well-attended and generated a range of positive, helpful responses.

On 6 July T4CYP (Together for Children and Young People) held a special event, and Ruth attended virtually to celebrate with families and carers the completion of their new neurodiversity strategy. Earlier that day, Deputy Ministers had announced funds to support the implementation of the strategy, and they expressed their full support at the event.

Vice Chairs met with the Minister, Eluned Morgan, and Deputy Ministers on 7 July; a wide range of issues were discussed, including mental health services, dentistry, and services for looked-after children. The current exceptional level of service pressures was acknowledged, with concern for the oncoming autumn and winter.

On the 13 July, the Vice Chair's group received a presentation emphasising the crucial importance of cyber security within NHS Wales due to the rising levels of threat globally and urged NHS Boards to respond proactively.

<table>
<tr><th colspan="4">Governance and Assurance</th></tr>
<tr><td rowspan="4">Link to IMTP strategic aims
(please ✓)</td><td>Strategic Aim 1:
To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'</td><td>Strategic Aim 2:
To transform healthcare education and training to improve opportunity, access and population health.</td><td>Strategic Aim 3:
To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels</td></tr>
<tr><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Strategic Aim 4:
To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care.</td><td>Strategic Aim 5:
To be an exemplar employer and a great place to work</td><td>Strategic Aim 6:
To be recognised as an excellent partner, influencer and leader</td></tr>
<tr><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td colspan="4">Quality, Safety and Patient Experience</td></tr>
<tr><td colspan="4">There are no direct quality, patient safety and experience issues relating to this report.</td></tr>
<tr><td colspan="4">Financial Implications</td></tr>
<tr><td colspan="4">There are no direct financial implications of this report</td></tr>
<tr><td colspan="4">Legal Implications (including equality and diversity assessment)</td></tr>
<tr><td colspan="4">There are no direct legal implications of this report.</td></tr>
</table>

Enquiry Date/Time: 27/07/2023 16:08:39

Staffing Implications	
There are no direct staffing implications of this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The range of activities outlined in the report will contribute to HEIW's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.	
Report History	N/A
Appendices	N/A

English Catherine
27/07/2022 10:08:39

Meeting Date	**28 July 2022**		**Agenda Item**	**2.1.2**
Report Title	**Affixing of the Common Seal**			
Report Author	Catherine English, Corporate Governance Manager			
Report Sponsor	Dafydd Bebb, Board Secretary			
Presented by	Dr Chris Jones, Chairman			
Freedom of Information	Open			
Purpose of the Report	In accordance with Section 7 of the Standing Orders, this paper reports on the use of HEIW's Common Seal and the Register of Sealing.			
Key Issues	Since the last report, HEIW has entered into 1 deed under Phase 1 of the Strategic Review of Health Professional Education. The deed was signed in duplicate and authorised for sealing in line with Section 7 of the Standing Orders. The deed has been recorded on HEIW's Register of Sealing and is detailed in Appendix 1.			
Specific Action Required ***(please ✓ one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	✓			
Recommendation	Members are asked to: • **Note** the report for information.			

English Catherine 27/07/2022 10:08:39

AFFIXING OF THE COMMON SEAL

1. INTRODUCTION

The purpose of the paper is to report on the use of HEIW's Common Seal.

2. BACKGROUND

Since the last report, HEIW's Common Seal has been applied to 1 deed (in duplicate) and a record of the sealing has been entered into the Register of Sealing. The deed relates to the delivery of Phase 1 of the Strategic Review of Health Professional Education.

In accordance with Section 7 of the Standing Orders, the entry into the Register of Sealing was signed by the persons who witnessed the sealing of the deeds being the Chair and the Chief Executive.

3. PROPOSAL

Appendix 1 provides an overview of the deed that has been entered into the Register of Sealing.

4. GOVERNANCE AND RISK ISSUES

HEIW's Standing Orders provide that the Board Secretary shall keep a register that records the sealing of every document, and a report of all sealings shall be presented to the Board at least bi-annually.

5. FINANCIAL IMPLICATIONS

There are no financial implications in noting the update.

6. RECOMMENDATION

Members are asked to **note** the report for information.

Governance and Assurance			
Link to IMTP strategic aims ***(please ✓)***	**Strategic Aim 1:** To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	**Strategic Aim 2:** To transform healthcare education and training to improve opportunity, access and population health.	**Strategic Aim 3:** To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓		
	Strategic Aim 4:	**Strategic Aim 5:**	**Strategic Aim 6:**

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

Quality, Safety and Patient Experience	
n/a	
Financial Implications	
There are no direct resource implications related to this report.	
Legal Implications (including equality and diversity assessment)	
There are no legal implications contained within this report.	
Staffing Implications	
There are no direct staffing implications within this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
There are no direct implications on the Act.	
Report History	The Board last received this report in September 2021.
Appendices	Appendix 1 – Register of Sealing

English Catherine
27/07/2022 10:08:39

Appendix 1 - Register of Sealing

No.	Date	Document Details	Signed
40	22/06/22	Swansea University and HEIW (x2) Health Professional Education and Training Services – Sub Lot 13a Paramedic Science – South, West, and Mid Wales	Chris Jones (Chair) Alex Howells (Chief Executive)

English Catherine
27/07/2022 10:08:39

Meeting Date	**28 July 2022**	**Agenda Item**	**2.2**
Report Title	**Chief Executive's Report – July 2022**		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Alex Howells, Chief Executive		
Presented by	Alex Howells, Chief Executive		
Freedom of Information	Open		

English Catherine
27/07/2022 10:08:39

CHIEF EXECUTIVE'S REPORT – JULY 2022

1. INTRODUCTION

Quarter 2 has begun with more challenges for the health and care system caused by the extreme temperatures that have been experienced in early July, so the ceremony to award the NHS the George Cross was well timed. In the midst of the heat wave, operational challenges continue to create significant pressures for our colleagues in delivery organisations, and we are always looking out for opportunities to help and support. The most effective contribution will be through our more strategic work, and so it is important we keep making progress on objectives that may not deliver in the next few weeks, but which will deliver more benefits in the medium to longer term. The impact of the cost of living increases has also been on our minds, considering what that may mean for our students and trainees as well as our staff. We have therefore reversed our operating model so that staff can work at home three days a week and come into the office for two days, reducing the burden on travel costs.

2. KEY ACTIVITIES

- **Joint Executive Team (JET) meeting**

An end of year meeting was held with Welsh Government on 15 July. It was a very positive meeting and was a good opportunity to discuss strategic work programmes that we are progressing in key policy areas and to focus on the added value provided by HEIW to support the education and training of the NHS workforce.

- **National Talent and Succession Planning Board**

The national board met in early July, chaired by Judith Paget, Director General/Chief Executive of NHS Wales. The agenda included feedback on talent management within individual organisations across Wales, a discussion about the implications of the Messenger Report published in NHS England and an item regarding how we embed equality, diversity and inclusion in our approach to talent management going forward. We also tested some new proposals for supporting aspiring CEOs, which we will be including in our plans for this year.

- **Stakeholder Engagement**

We held our third Stakeholder Reference Group in June with a focus on mental health, the education and training plan and leadership and succession. We also held our second briefing for elected members, and this focused on the dental workforce and the mental health workforce plan.

- **Annual Education and Training Plan 2023/24**

English Cabinet Office
27/07/2022 17:06:39

The commissioning of education and training for a wide range of health professionals is a key statutory function of HEIW, and this is achieved through the Education Commissioning and Training Plan. The process for creating the plan considers the workforce needs from Health Boards and Trusts, capacity to train,

and advice on future priorities and developments. There has been extensive external consultation and discussion of the Plan and its recommendations. This has included consultation in respect of the draft Plan with our Stakeholder Reference Group, and recommendations were also discussed with key Director Peer Groups and WG professional and policy leads.

Since the establishment of HEIW, we have planned and implemented significant increases in education and training places. The Plan was recommended for Board approval for submission to Welsh Government by the Education Commissioning and Quality Committee at its meeting earlier this month on 15 July.

- **HEIW Equality, Diversity, and Inclusion Overview**

Included in the papers is an update on the work undertaken over the last 12 months to deliver against the objectives in our four year Strategic Equality Plan (SEP) 2020-2024.

Considerable progress has been made over the past 6-9 months in establishing our revised EDI governance arrangements which have supported the organisation in embedding equality, inclusion and the celebration of diversity. We have published both the Gender Pay Gap and Annual Equality Reports, which highlight progress against the SEP.

- **Workforce Strategy Stakeholder Events**

During June and July three face-to-face stakeholder engagement events were held in North (Llandudno) , West (Carmarthen) and South Wales (Cardiff) to consult on the joint Health and Social Care Workforce Strategy. The aim of the events was to ask stakeholders to provide ideas and suggestions to help develop a set of actions for implementing phase 2 of the Strategy. There was a wide range of attendance and some valuable contributions made. 405 people registered for the events, and the next steps will see the sifting and theming of the suggestions received, highlights of which will be shared at our virtual engagement sessions on the 7 and 27 of September.

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

Our Annual General Meeting will follow today's Board meeting. The AGM is an opportunity to both look back over the last year, as it will formally receive the Annual Report 2021-22, and will also be an opportunity to look forward through the Executive Team outlook over the remainder of the financial year.

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

- Mental Health Workforce Plan
- Primary Care
- Clinical Placement
- Updated on Pharmacy Education and Training

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- **Finance**

A paper outlining the month one position is on the agenda. The financial position of HEIW as at month three (June) is an underspend of £260,407.

- **Risk**

The Corporate Risk Register is considered at today's Board. There are currently 13 risks on the Corporate Risk Register of which two are assessed as red: Cyber security and visa sponsorship for newly qualified GP trainees.

3. RECOMMENDATION

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

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

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Meeting Date	**28 July 2022**	**Agenda Item**	**3.1**
Report Title	**Approval of the Education and Training Plan 2023-24**		
Report Author	Julie Nallon, Programme Management Office Manager		
Report Sponsor	Lisa Llewelyn, Director of Nurse & Health Professional Education, and Pushpinder Mangat, Medical Director		
Presented by	Lisa Llewelyn, Director of Nurse & Health Professional Education, and Pushpinder Mangat, Medical Director		
Freedom of Information	Open		
Purpose of the Report	This paper presents the Board with the final draft of HEIW's Education and Training Plan 2023-24, including the appendices, for approval prior to submission to Welsh Government.		
Key Issues	It is a statutory function of HEIW to produce an annual Education and Training Plan. This plan makes recommendations for student and trainee numbers and investment in education and training for the health workforce in Wales. We have engaged with our staff, the NHS and our wider stakeholders, including Welsh Government, in the development of this plan. We are in the process of completing an Equality Impact Assessment for this plan which will be published with the plan on our website following approval by Welsh Government.		
Specific Action Required ***(please ✓ one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
				✓
Recommendations	The Board is asked to: • **Note** that this plan was recommended to the HEIW Board for approval by the Education Commissioning and Quality Committee on 15 July and discussed with the NHS Executive Board on 19 July. • **Approve** the Education and Training Plan 2023-24, including the appendices, for submission to Welsh Government.			

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APPROVAL OF THE EDUCATION & TRAINING PLAN 2023-24

1. INTRODUCTION

This paper presents the HEIW Board with the final draft of the Education and Training Plan 2023-24 for approval prior to submission to Welsh Government on 29 July 2022.

2. BACKGROUND

This is the fourth year HEIW has developed the national education and training plan for the health workforce, and this plan recognises its importance as both a statutory function of HEIW and its role in supporting the delivery of the *'Workforce Strategy for Health and Social Care.'*

The following recommendations were made to the agreed planning approach for this year subsequent to an internal review of the process for developing the Education and Training Plan 2022/23. This included:

1. Dedicated project management support from the Planning and Performance Team and the creation of an executive-led monthly steering group to provide the necessary governance
2. Robust stakeholder communication & engagement plan integrated within the mainstream process. (See Appendix D)
2. A clear and embedded governance and approval process to keep the HEIW Executive Team and Board informed at all stages
3. Clearly specified critical deadlines and any risks to the approval of the ETP shared with Welsh Government
4. To gather feedback to inform the planned alignment of the IMTP and education and training plan.

3. PROPOSAL

This plan makes recommendations for student and trainee numbers and investment in education and training for the health workforce in Wales(chapter 3).

We recognise the need to grow the workforce in a number of areas to address deficits that preceded the pandemic, and to respond to the new pressures in the system. Consequently, this is a plan that builds on the record levels of growth approved in recent years, with recommendations that either maintain those levels of commissioning or increase them. This will require additional investment, but this is a value-based investment, which takes into account the strategic risks of infrastructure, organisational capacity and graduate employment to ensure the sustainability of the NHS Wales workforce.

To reflect HEIW's role as the strategic workforce lead and our ongoing significant investment in Education and Training, this year's plan has also taken a step change to align the Education and Training Plan with our vision and ambitions as set out within the IMTP.

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This ambitious plan incorporates new information to illustrate how the plan supports the delivery of our strategic programmes, the workforce strategy for health and social care and recovery from the impact of the pandemic. Chapters 4 and 5 details how

the plan supports key national programmes and our work underway to advance key educational enablers.

There has been extensive external consultation and discussion on the plan and its recommendations. We have engaged with our staff, the NHS and our wider stakeholders, including Welsh Government. Presentations on the Education and Training Plan were made to: members of HEIW's Stakeholder Reference Group (SRG), our Education Commissioning and Quality Committee (ECQC), the HEIW Board, NHS Director Peer Groups, Welsh Government Policy leads, NHS Leadership Board and the Welsh Partnership Forum. Additionally, the working draft of the plan was shared with members of the Stakeholder Reference Group and Education Commission Quality Committee on 17 June for feedback.

We have received positive feedback on the levels of engagement on the plan, the new structure and the opportunity to work more closely with our stakeholders on its future development. We have also responded to the minority of comments that needed to be actioned in the final version.

Next Steps:

- If approved, the plan will be submitted to Welsh Government on 29 July.
- Pending approval by Welsh Government, the final plan will be translated into Welsh and published on the HEIW website in September.
- Work will commence within the Planning and Performance team over the summer to further progress the alignment of the ETP and IMTP processes.

4. GOVERNANCE AND RISK ISSUES

This plan was overseen by the Executive-led Education and Training Plan Steering Group, with regular reporting on progress to the Executive Team. We are in the process of completing an Equality Impact Assessment which will be published with the plan on our website following approval by Welsh Government.

The risks (Chapter 2 and 7) and financial implications (Chapter 7) are included in the plan.

5. FINANCIAL IMPLICATIONS

The financial plan is included within Chapter 7. This details the total funding requirement for Education Commissioning and Training for 2023-24, including the additional investment required.

6. RECOMMENDATION

The Board is asked to:

- **Note** that this plan was recommended to the HEIW Board for approval by the Education Commissioning and Quality Committee on 15 July and discussed with the NHS Executive Board on 19 July.
- **Approve** the Education and Training Plan 2023-24, including the appendices, for submission to Welsh Government.

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Governance and Assurance			
Link to IMTP strategic aims ***(please ✓)***	**Strategic Aim 1:** To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	**Strategic Aim 2:** To transform healthcare education and training to improve opportunity, access and population health.	**Strategic Aim 3:** To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care.	**Strategic Aim 5:** To be an exemplar employer and a great place to work	**Strategic Aim 6:** To be recognised as an excellent partner, influencer and leader
	✓		✓

Quality, Safety and Patient Experience
This plan sets out our recommendations in the context of strategic workforce issues and acts as a companion piece to our IMTP, reflecting the strategic priorities to support education and training, which aim to make Wales a great place for our health and care staff to be educated, trained and employed, with the associated benefits for quality, safety and patient experience.
Financial Implications
The financial plan is included within Chapter 7, this details the total funding requirement for Education Commissioning and Training for 2023-24, including the additional investment required.
Legal Implications (including equality and diversity assessment)
This is a statutory requirement. A section on addressing equality, diversity and inclusion in Education and Training and widening access to careers is included within the plan (Chapter 5). Additionally, an Equality Impact Assessment of the plan will be completed and published with the plan on our website.
Staffing Implications
n/a
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)
The plan makes full consideration of the requirement to meet "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.

Report History	Presentation on the Education and Training Plan (ECQC 23 Feb) Approval of the Education and Training Plan (ECQC 15 July)
Appendices	• Appendix 1 – HEIW Education and Training Plan 2023-24 • Appendix 2 – HEIW Education and Training Plan 2023-24 Appendices

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

HEIW Education and Training Plan 2023/24

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Document History

Document Location
This document is only valid on the day it was printed.

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Revision Date	**Previous Revision Date**	**Summary of Changes**	**Changes Marked**
27/05/22	-	First Issue	Yes
17/06/22	01/07/22	Second Issue	
08/07/22	-	Third Issue	
21/07/22	-	Fourth Issue	

Approvals This document requires the following approvals. Signed approval forms are filed in the Management section of the planning files				
Name	**Signature**	**Title**	**Date of Issue**	**Version**
Tina Donnelly		Chair ECQC	08/07/2022	V0.3

Distribution This document has been distributed to:			
Name/Group	**Title**	**Date of Issue**	**Version**
Executive Team	-	17/06/2022	V0.2
Deputies and Deans Group	-	17/06/2022	V0.2
Stakeholder Reference Group	-	17/06/2022	V0.2
Education Commission Quality Committee	-	17/06/2022	V0.2
HEIW ETP Steering Group	-	17/06/2022	V0.2
HEIW ETP Steering Group	-	07/07/2022	V0.3
Education Commission Quality Committee	-	08/07/2022	V0.3
Executive Team	-	08/07/2022	V0.3
HEIW Board	-	21/07/2022	V1.0

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Plan on a Page

Education and Training Plan 2023/24

Drivers for Change

- Maximise the contribution of all professions
- Impact of Covid-19 and the recovery of services
- Geographical, cultural and language needs of the workforce and patients
- Impact of increases in training places
- Increasing agency and locum spend
- Ageing workforce and population
- Seamless workforce models in integrated care
- Needs of several workforce priority areas and national programmes

Enabled by

- Clinical placements& supervision
- Simulation based education & training
- Addressing equality, diversity & inclusion
- Wellbeing
- Multi-Professional Education & Training in Primary & Community Care

Recommendations

- Increase numbers for Adult, Child & Mental Health Nursing, maintain Learning Disabilities Nursing
- Increase Midwifery over IMTP suggested numbers
- Maintain or make small increases in response to service demand for Allied Health Professionals
- Support the IMTP requests for undergraduate commissioning in Healthcare Science
- Increases in the Scientist Training Programme
- Maintain the budget for Healthcare Support Worker education
- Maintain the budget for Post registration education
- Increase the number of Pharmacy Undergraduate Clinical Placements, maintain access to advanced and extended practice and expand pathway from assistant to professional
- Maintain Dental foundation training, increase Dental specialty training and Dental therapy foundation training
- Increase Medical posts across a wide range of specialties and maintain GP training
- Support the professional development for non-medical eye care professionals
- Commission the education of new roles such as physician associates, anaesthesia associates & clinical associates in applied psychology

Enabled by

- Careers
- Advanced practice
- Independent prescribing
- Work based learning
- Apprentices
- Healthcare support worker development
- Continuous Professional Development
- Welsh Language
- Digital
- Leadership

Ensure the delivery of post registration education through the £2m budget which includes the strategic development of primary and community care. Underpinned by investment in development of new Multi-Professional Education and Training Unit and HB Academy provision

Supporting National Programmes through the delivery of

- New roles & ways of working
- Enhanced & extended skills
- Career pathways
- Continuing professional development

Benefits

- Patients have access to care closer to home delivered by a workforce with extended skills
- A modernised workforce to support the recovery priorities
- Quality learning and service environments to accommodate service transformation
- Sustained growth benefitting the foundational economy
- Increased access to education across the geography of Wales
- A multi-professional workforce that use their skills in line with the prudent in practice principles

Enclosure 2.1 Appendix 1

Underpinned by the Workforce Strategy for Health and Social Care Themes:

An Engaged, Motivated and Healthy Workforce
Attraction and Recruitment
Seamless Workforce Models
Building a Digitally Ready Workforce
Excellent Education and Learning
Leadership and Succession
Workforce Supply and Shape

Executive Summary

Health Education and Improvement Wales (HEIW) is committed to delivering the vision of transforming the workforce for a healthier Wales. Through integrating and growing expertise and capabilities in the planning, developing, shaping, and supporting of the health workforce, this will ensure Wales has the right staff, with the right skills, to deliver world-class health and care to the people of Wales. Excellent education and training underpin the development of a sustainable workforce, which in turn provides the capacity and capability to lead and promote high quality, safe patient, person, and community centred care.

This is the fourth HEIW Annual Education and Training Plan (ETP) for Wales orchestrated to support the health and social care system in implementing *'A Healthier Wales'*. The ambitious plan details the 2023/24 commissioning numbers for the education of the health professional workforce together with medical workforce planning information. This reshaping and development of the healthcare workforce is fundamental to the successful implementation of the Welsh Government's vision for the NHS in Wales.

We recommend that Welsh Government continues to invest in education and training which has seen an increase in recent years. This commitment to education and training is essential to support the implementation of The Workforce Strategy for Health and Social Care, support the recovery and reset following the impact of the pandemic on health and care services, and deliver benefits to the foundational economy agenda.

The plan for 2023/24 retains the focused detail regarding individual professional groups with new sections that illustrate how the ETP aligns and supports the delivery of strategic programmes and government priorities, and HEIW's work to support the workplace infrastructure for learning. The intention is for these new sections to highlight the relationship of HEIW's education, training and workforce responsibilities to wider health and healthcare delivery initiatives. The plan details the impact of Strategic Review Phase 1 and Phase 2 on education transformation and increased local education to support the foundational economy as well as the education and training components of the Mental Health Workforce plan and the establishment of primary care academies.

We remain mindful of the workforce challenges that affect so many of the health and social care services across Wales and the risks they pose to the transformation required. The ETP incorporates several critical objectives that focus on addressing the key strategic challenges regarding the number of professionals in the system and its capacity to train the next generation of health and care professionals. These objectives will support improvements in the transformation of services and the quality of care for the people of Wales.

The growth of the NHS Wales workforce through education and training is essential but must be coupled with retention of the existing workforce. We will continue to work in partnership to support this, implementing strategic retention programmes such as continuing professional development, wellbeing and compassionate leadership.

The total funding requirement for Education Commissioning and Training for 2023/24 is calculated as £295m, increasing to £321.77m by 2025/26. This is a value-based investment which takes into account the strategic risks of infrastructure, organisational capacity and graduate employment to ensure the sustainability of the NHS Wales workforce.

Finance and Gathering 27/07/2022 10:08:23

We are pleased to be able to recommend this plan to you. Taking into account the local and regional requirements, the key challenges and risks to the plan, the following table gives a summary view of the planned growth outlined in detail within the main body of the plan:

	2023/24	2022/23
Nursing and Midwifery		
Adult	1892	1540
Child	192	175
Mental Health	530	410
Learning Disabilities	87	77
Midwifery	190	185
Healthcare Professionals		
Dietetics	82	66
Occupational Therapy	197	179
Physiotherapy	180	174
Podiatry	27	27
Speech & Language Therapy	49	49
PhD Clinical Psychology	40	36
Paramedics	120	116
Operating Department Practitioners	62	49
Healthcare Sciences		
Scientist Training Programme	53	39
Higher Specialist Training	10	8
Cardiac Physiology	23	24
Audiology	11	12
Audiological Practice	10	10
Respiratory & Sleep Science	14	8
Neurophysiology	4	3
Nuclear Medicine	6	3
Life Sciences (Biomedical Sciences)	26	24
Clinical Engineering	6	2
Radiotherapy Physics	2	3
Diagnostic Radiography and Radiography Associate Practitioner (RAP)	150	166
Radiotherapy & Oncology	20	26
Annual Funding		
Healthcare Support Workers	2.5million	2.5 million
Post Registration Health Professional Education	2 million	2 million
Pharmacy		
Pharmacy Support Staff	100 Level 2 units	60 Level 2 units
Pre-registration Pharmacy Technicians	*100*	*83*
Pharmacy Technicians	*50*	*30*
Pharmacy Undergraduates	7560	3120
Trainee Pharmacist	122	132
Pharmacists post-reg foundation	80	80
Dental		
Dental Speciality Training	39	*Not included with plan*
Dental Foundation Training	74	74
Dental Therapy Foundation Training	20	*Not included with plan*
Dental Hygienist & Dental Therapy	42	*Not included with plan*
Medical Workforce		
Secondary Care/ Speciality Training	92	89
Foundation Training	69	60
General Practice	160	160
New Roles		
Physician Associates	57	52

Enquiry Catherine
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Chapter 1 – Purpose and Overview

This chapter sets out the purpose of the ETP and its statutory function. Furthermore, it outlines the overview of the education and commissioning process and the current shape of and context for the NHS Wales workforce

1.1 Purpose

Health Education and Improvement Wales (HEIW) is the strategic workforce and education body for NHS Wales. The purpose of the annual Education and Training Plan (ETP) is to address the requirements for workforce on behalf of the NHS Wales system; creation of the plan is a statutory requirement for HEIW. Engagement with NHS health boards, trusts and wider stakeholder groups including Social Care Wales is an integral part of creating and informing the plan. It is, however, ultimately HEIW's responsibility to produce a plan that is deliverable within the context of the education and training capacity available.

It builds on the growth in student[1] and trainee[2] numbers as set out in previous plans and recommends that there is investment in education commissions that maintains or builds on the growth in previous years. This is essential to support the implementation of the Workforce Strategy for Health and Social Care and address the impact of the pandemic on health and care services.

HEIW's unique contribution or "added value" is to:

- ✓ Address strategic workforce issues that require all Wales solutions – both demand and supply
- ✓ Make Wales a great place for our health and care staff to be educated, trained and employed
- ✓ Maximise the contribution of all professions and occupations

This plan:

- Builds on 'The Workforce Strategy for Health and Social Care' and HEIW Integrated Medium Term Plan (IMTP) 2022-25
- Maintains the growth in the training pipeline, with further increases in some areas
- Considers the workforce need and challenges and wider workforce intelligence including information from NHS Wales IMTP submissions
- Recognises strategic programmes and national priorities
- Reflects on the experiences of graduate recruitment in 2020 and 2021
- Considers the impact of Covid-19, the reset and recovery of services and training capacity both within the Higher Education Institutions (HEIs) and the NHS
- Considers the impact of changes to the provision of education due to Strategic Review 1 and 2 of Healthcare Professional Education
- Appreciates the need to create quality learning and service environments to accommodate new and agile ways of working, workforce upskilling, and service transformation
- Recognises the geographical, cultural, digital, leadership and language needs of the workforce, and of health and care providers.

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[1] The term student refers to people in undergraduate education who will graduate and obtain professional registration

[2] The term trainee refers to people who are in post graduate training which, for most training programmes, follows professional registration

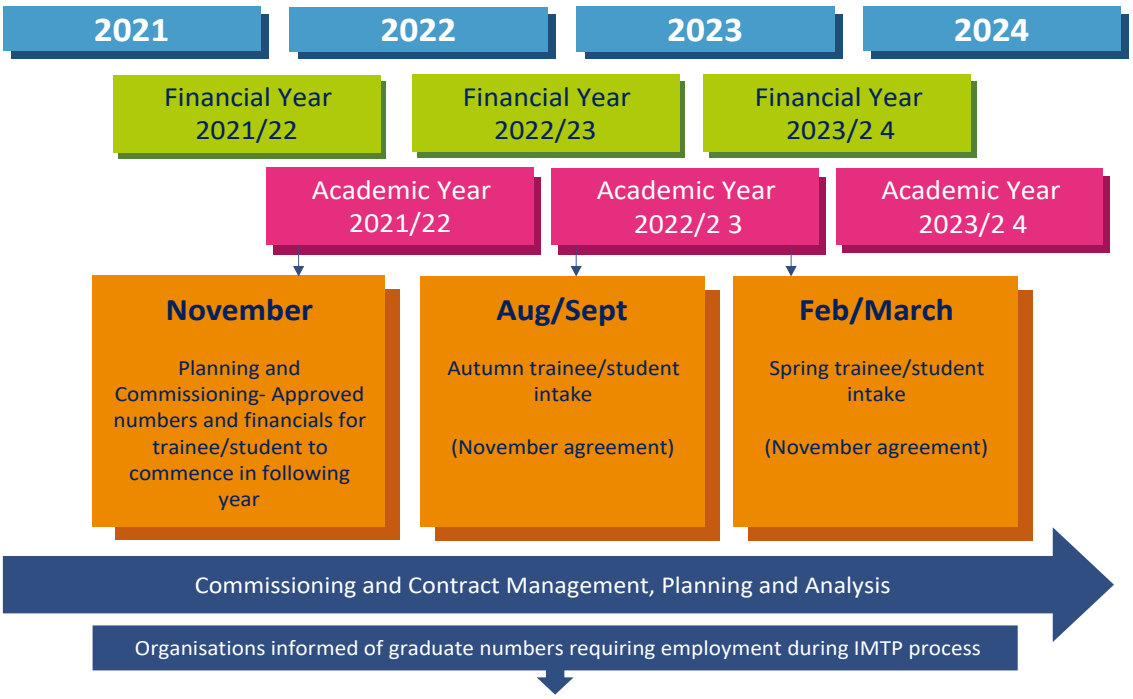
1.2 Education and Training Commissioning Overview

Commissioning of education and training places with HEIs[3] takes place on an annual basis. The education places that we commission in this 2023/4 plan will (with a longer lead in time for medical, pharmacy and dental trainees) be the registrant workforce of 2026 in turn approved by Welsh Government in summer 2022.

To inform the proposed recommendations, each NHS Wales Health Board and Trust provided their requirements in relation to the commissioning for Undergraduate Education, Post Graduate Education and Healthcare Support Workers. For medical, pharmacy and dental specialty training, we gather a wide range of intelligence to determine the recommendations including consideration of workforce needs and challenges identified through organisations' plan. The intelligence utilised to inform all education and training recommendations and requirements includes:

- Wider workforce intelligence
- Capacity within the system to support training/student/trainees
- The needs of several workforce priority areas and national work programmes
- Reflections on graduate recruitment in 2020 and 2021
- Review of education standards by professional regulatory bodies.

The recommendations contained within the ETP are sent for Ministerial approval and once approved are communicated to HEIs to ensure that an appropriate number of places are made available on their educational courses. The image below outlines how the flow of training works.



1.3 NHS Wales Workforce Context

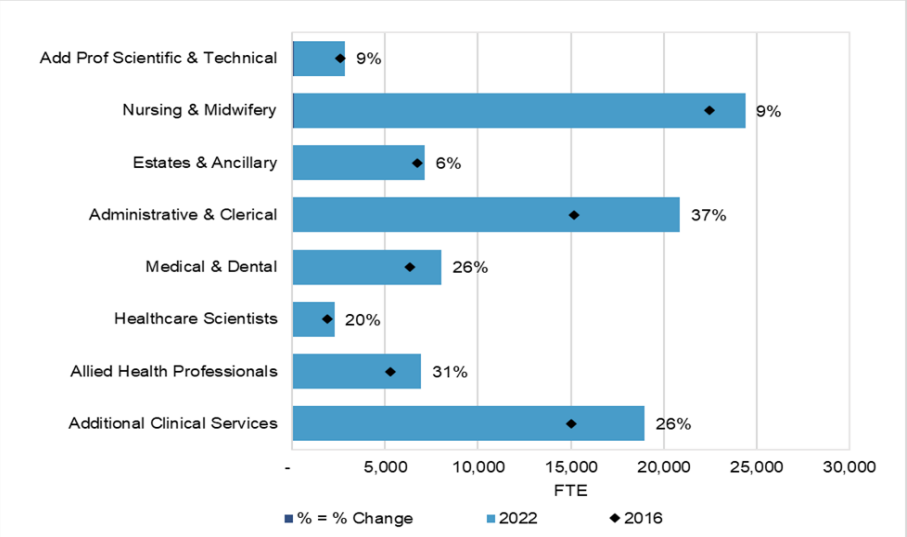
The NHS Wales workforce is currently 91,429 fill time equivalent (FTE) and has risen by 21.2% since 2016. More information on the shape of the workforce is contained within NHS Wales Workforce Trends (2021).**[DN2: Add Hyperlink].**

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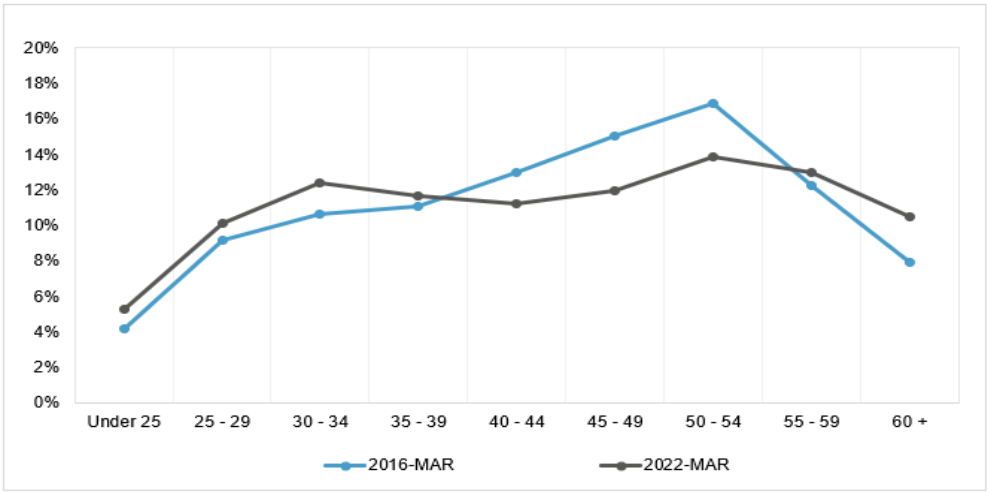
[3] Higher Education Institutions (HEIs) and universities are used interchangeably as appropriate

We continue to regularly analyse key workforce trends with the main trends to note for the ETP being:

- Staffing numbers continue to increase across all staff groups. The overall workforce has grown by 26.3% over the past decade, from 72,460 to 91,492. The following graph shows the FTE growth across the staff groups as grouped in the Electronic Staff Record (ESR) over the last 6 years.



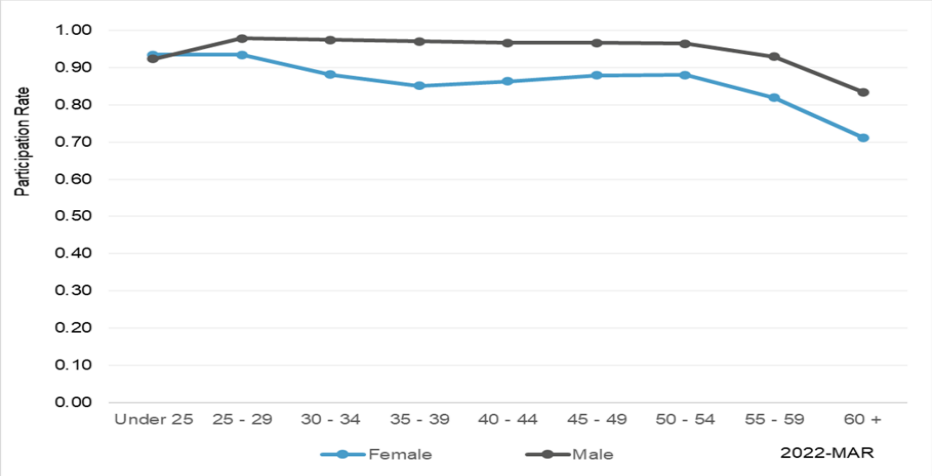
- The age profile of the workforce is changing as can be seen from the following graph. Whilst the workforce continues to have a large proportion of workers aged 50+, there has also been a recent increase in the workforce aged 34 and below, as can be seen in the graph below. The age profile of the workforce changed between 2016 and 2022. The workforce aged 55+ has increased by 7,073 in 2022 as compared to 2016. The proportion of staff in this age group has increased from 20% in 2016 to 23% in 2022.



- Over the last 6 years, agency and locum spend has increased by 65% from £164.4 million in 2016/17 to £271.1 million in 2021/22. Nursing and Midwifery has the largest agency spend at £133.4 million for 21/22, an increase of 41% on the previous financial year (despite an 9% increase in the workforce between 2016 and 2022). Locum spend for Medical and Dental was £66.5 million for 21/22, an increase of 13% on the previous financial year and a reduction of 14% since 2016/17. Some of the increase seen in 2021/22 will have been driven by the pandemic and mass vaccination programmes.
- The cost of the directly employed workforce in 2021/22 is circa £5.1 billion, a 6% increase from the previous year. This increase can be attributed to increasing agency spend, the increased size of the workforce and increases in employers pension contributions.

English Cath
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- In 2021/22 the twelve-month rolling sickness absence level peaked at 6.5%, as compared to 6% in the previous year. Over the last few years anxiety/stress and back and other musculoskeletal illnesses have been some of the most common reasons for sickness; however, between April 2020 and March 2022 there was an increase in sickness due to infectious diseases and chest & respiratory problems.
- Participation rates for the workforce have remained unchanged at 0.86 for the female workforce and 0.95 for males. The NHS Wales workforce is predominantly female, accounting for 76% of the total workforce; however, as the workforce ages, staff tend to reduce their hours, especially from age 55 onwards. The following graph illustrates how the gender participation rates change over the age bands of the workforce.



Further information on the Wales population estimates, labour market intelligence, changes to working behaviours and the analysis of the IMTPs are included in **[DN3: Appendix Hyperlink]**

Welsh Government has recently published Our Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales (April 2022), which identifies that the pandemic response has left many people within the workforce exhausted and as a result, many are reflective about the next steps in their working life. The pandemic meant that many staff were redeployed into different roles which for some, will lead to the desire to move to new roles with new skills. The pandemic will have impacted on staff wellbeing and on staff having had different experiences across the workforce. Therefore, the importance of having both workplace wellbeing support and career frameworks to support the workforce has never been more relevant.

NHS Wales will need to address the backlog of people waiting for planned care and increased waiting lists across several specialties. It is recognised that workforce availability both in terms of numbers and skills will be a challenge over the forthcoming years. Training and developing the skills and competence of our existing workforce alongside training the next generation of NHS Wales workers will be key and are supported by the ETP. The contribution of education and training to national programmes such as Diagnostics, Planned Care, and Urgent and Emergency Care has been outlined in Chapter 4.

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Chapter 2 – Strategic Framework, Engagement and Planning approach

This chapter sets our strategic framework that informs this plan. We have ensured that our strategic framework supports the strategic direction of NHS Wales. We have summarised the findings of our engagement with our wide range of stakeholders. Finally, we have confirmed our planning approach and outlined risks to delivery.

2.1 Strategic Framework



In October 2020, The Workforce Strategy for Health and Social Care (WFS) was endorsed and published by Welsh Government. The strategy enables the delivery of *A Healthier Wales* and is part of the NHS Wales planning system alongside the *National Clinical Framework* and the *Quality Framework.* It forms the basis for our partnership work with Social Care Wales and others to make a difference to the health and social care workforce, including seamless workforce models in integrated care. The ETP is a key foundation to enable NHS Wales to deliver the commitments set out in the WFS through education, learning, leadership and workforce supply.

As outlined in our IMTP 2022-25 we have six strategic aims which form the strategic and operating framework of the organisation.



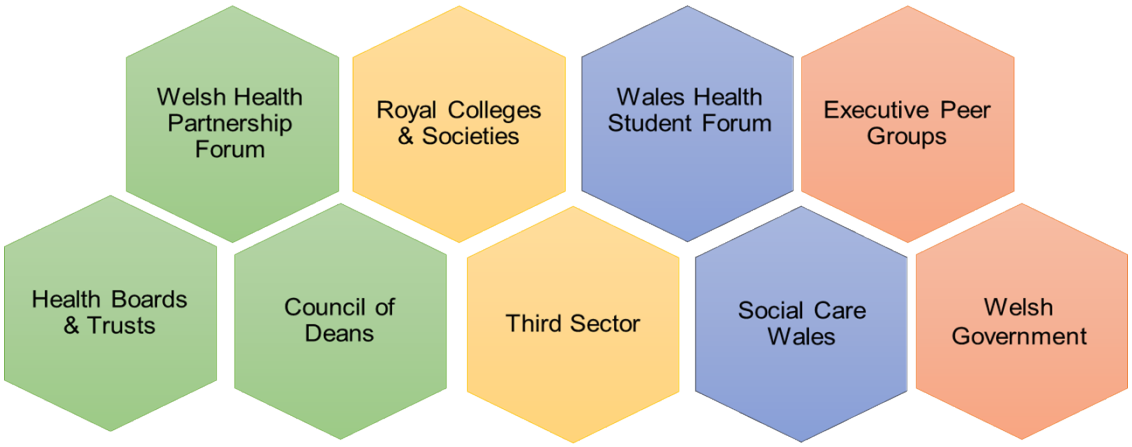
The ETP is critical to ensure we transform healthcare education and training to improve opportunity, access, and population health. Furthermore, this plan is a fundamental element of shaping the future workforce supply for NHS Wales to ensure Wales can reach the ambitions set in *A Healthier Wales* and deliver high quality patient care.

2.2 Stakeholder Engagement

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Through the establishment of our Stakeholder Reference Group, we have engaged with over 40 different organisations on our draft ETP and requested written and verbal feedback. We presented to each of the NHS Wales Executive Peer Groups and held a dedicated

session with Welsh Government Policy leads. The below diagram summarises the stakeholders we have engaged with;

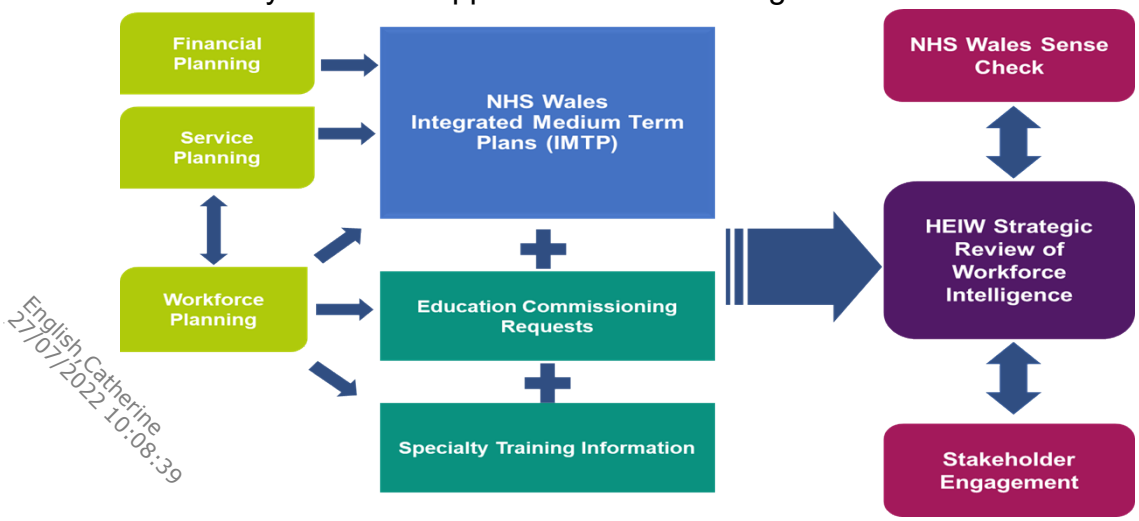


The evidence collected during the stakeholder and partner engagement provided the context for the foundations of the ETP and has been summarised in our appendices **[DN6: insert hyperlink].** It sets out how the system will deliver workforce transformation and new ways of working within the context of the education and training capacity available.

2.3 Planning Approach

The ETP is produced on an annual basis and linked to academic cycles. It provides the critical foundation for the IMTP and considers our financial profiles on at least a 5-year timescale, given the duration of the programmes we commission. This year we have taken a step change in our planning approach to develop the ETP as the companion plan to the IMTP.

As in previous years a blended bottom-up/top-down planning approach has been taken to develop the ETP. The bottom-up planning includes: workforce planning intelligence supplied by the health boards and trusts, service developments, workforce trends, training capacity, quality of training and training pipelines. We then undertook a review of the workforce planning intelligence through the lens of the strategic intent of workforce transformation outlined in the HEIW IMTP. Validation of the findings was undertaken with stakeholders, which was then formulated into the proposed education and training recommendations including consideration of how these will support the delivery of strategic programmes and national priorities. Workforce modelling is also factored in taking account of the supply pipeline, retirements, turnover, working patterns and proposed training numbers. Work by HEIW to support workforce training and education is outlined in Chapter



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6.

2.4 Risks

The 2023/24 plan is both ambitious yet achievable. Record numbers of students are in training in the NHS and wider health care sector in Wales. Even where numbers are recommended to be maintained at 2022 levels, the newly commissioned numbers are higher than the graduating cohorts. It is important to note that policy decisions will be made on bursary funding during the timeline of this plan, which could influence student recruitment.

2.4.1 Organisational Capacity

The relevant organisational capacity for study leave release and their capacity to host the relevant training placements is a key risk to the successful delivery of the workforce plan. These considerations have been taken into account when consulting and evaluating the proposals for the plan. The recommendations reflect these considerations.

2.4.2 Infrastructure

As HEIs continue to develop blended learning approaches to teach and support students and trainees, their physical infra-structure becomes less of a barrier to growth although the true impact of the pandemic on education delivery is uncertain. However, ensuring students and trainees receive a safe and quality practice experience remains vital.

We are working with key partners within Universities and the Health Boards, as well as regulators, to build on the clinical supervisory infra-structure in place across Wales. This involves developing further multi-disciplinary placement opportunities, particularly within Primary Care and Mental Health settings. The development of the Practice Education Facilitator roles, simulation, regional support roles and specific “deep dives” into Physiotherapy, Occupational Therapy, Cardiac Physiology and Diagnostic Radiography is key to building sustainable capacity. This will not only enable more students to undertake safe and quality clinical placements where they can acquire the necessary clinical proficiencies as defined by the regulators and professional bodies in 2023/24 but this investment and work now will build increased capacity for Wales in future years. Further information on simulated learning and clinical placements is included in Chapter 6.

2.4.3 Graduate Employment

To ensure we are all championing Wales as the place to train, work and live there must be employment opportunities for our students on graduation. We will continue to work with all stakeholders to support graduate employment across Wales, particularly in the more rural and remote areas. Experience as a student or trainee is key in registrants making their employment decisions.

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Chapter 3 – Education and Training Recommendations

This chapter sets out our commissioning and training recommendations for 2023-24. Further information relating to these recommendations can be found within the Appendices.

In addition to the factors set out in Chapter 2 in determining and proposing the following Education and Training recommendations have been through a rigorous internal scrutiny process. The commissioning numbers are challenging but achievable. Trend analysis relating to the number of applicants and historic fill rates have been considered. We are working in partnership with HEI's in Wales and other key stakeholders to ensure that total applicants can be increased thus reducing this as a barrier to growth and building sustainable recruitment to pre-registration programmes in the future.

We are cognisant of graduates being able to gain employment in NHS Wales. Therefore, setting challenging but achievable commissioning targets where graduates will have the opportunities to work in Wales within their chosen profession is vital. So, whilst commissions in some professions remain static, others have moderate increases and others contain significant growth it is important to recognise that a whole range of factors have been considered and that we feel that the recommendations are the right level for Wales in 2023/24.

Throughout this chapter we will refer to the IMTP numbers. By this we mean the numbers submitted by Health Boards and Trusts as part of their IMTPs in March 2022.

3.1 Nursing

Our recommendation is to:

- Increase commissioning numbers for Adult, Child and Mental Health Nursing
- Maintain commissioning number for Learning Disabilities Nursing.

We continue to lead and develop a sustainable national workforce plan for nursing, to achieve a better match between demand and supply in Wales. The work to achieve this has been summarised in our appendices **[DN4: Insert Hyperlink]**

3.1.1 Adult Nursing:

Recommendations	1892 (66% IMTP numbers)
Influences	Increases due to IMTPs, agency spend and shape of care. Constraints due to placement and supervisor capacity, HEI contract numbers.
Trend	↑ 14.6% on 2022/23
	Year on year growth into the workforce since 2016.

3.1.2 Child Nursing:

Recommendations	192 (66.4% IMTP numbers)
Influences	The IMTP need is 289 (up by 24% from 22/23). The extension of 25B of the Nurse Staffing Levels (Wales) Act 2016 in October 2021 to paediatric in-patient settings

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	has resulted in health boards acknowledging the need for additional resources in staff on paediatric inpatient services. Commissioning numbers have not been increased in child nursing for 3 years so the 10% increase in commissions represents achievable and sustainable growth.
Trend	↑ 10% on 2022/23
	Growth into the workforce since 2016.

3.1.3 Mental Health Nursing:

Recommendations	530 (82.6% IMTP numbers)
Influences	The ambition is 580 Mental Health Nursing commissions by 25/26 (thus meeting current IMTP needs). Additional places of 47, 72 and 97 to be commissioned in 23/24, 24/25 and 25/26 academic years respectively. This growth is supported by the Mental Health Workforce Plan which recognised the need to grow this workforce. This will result in a 20% increase above 22/23 levels over 3 years and 75% above 2019 levels of commissioning.
Trend	↑ 9.7% on 2022/23 This represents a 46% increase since 2019.
	Year on year growth into the workforce since 2016.

3.1.4 Learning Disabilities Nursing

Recommendations	87 (50.9% IMTP numbers)
Influences	The IMTPs request 171 to be trained. After increasing commissions to 87 last year only 55 applicants were successfully recruited to university places. Over the next year we will work in collaboration with universities to ensure that the current baseline of 87 can be fully recruited to. Once this is achieved, challenging but achievable commissioning targets can be set for future years. Through our engagement our partners have recognised the need to market this area as a rewarding career.
Trend	➔ Maintained on 2022/23
	Student recruitment targets have not been achieved. In recent years 77 places has been commissioned which rose to 87 in 2022.

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3.2 Midwifery

Our recommendation is to increase the commissioning numbers.

Recommendations	190 (Over IMTP numbers)
Influences	Midwifery has the highest application rate of any course. We have introduced from March 2023 a second cohort in both North and South Wales. Health Education England (HEE) are looking at an 18-month transition course and this is something HEIW will consider in the future. Future Midwife Standards (NMC, 2019) and Maternity Care in Wales (2019) will require all women to have continuity of care starting at pregnancy and continuing post birth. The additional numbers commissioned over the last five years have now begun to graduate. Ensuring there are sufficient posts available at the right time to employ the graduates is required before further expansion.
Trend	↑ 2.7% increase on 2022/23 Over the past five years midwifery places have increased from 134 to the proposed 190, 42%.
	Year on year growth into the workforce over the past 5 years.

3.3 Healthcare Professional Education

Our recommendations are to maintain commissioning levels or make small increases where needed in response to service demand.

In last year's plan we recommended maintaining commissions at their 2021/22 levels. This recognised the fact that, following a three-year period of sustained growth in commissioning of between 18% and 43%, availability of clinical placements to provide the required learning outcomes was becoming a limiting factor. This was further compounded by the impact of the pandemic and the availability of jobs for new graduates.

3.3.1 Dietetics

Recommendations	82 (90% IMTP numbers)
Influences	Increased need for workforce evident from request to increase from IMTP numbers (30%) due to service pressures. There has been a significant increase in the remit of dietitians and in the complexity of Service User needs.
Trend	↑ 22% on 2022/23 There are two associated courses. The B.Sc. Dietetics programmes are proposed to increase from 40 in 2022/23 to 60 in 2023/24 and increase the PG Dietetics to 22 places.
	Year on year growth into the workforce since 2016.

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3.3.2 Occupational Therapy

Recommendations	197 (27 % over IMTP numbers)
Influences	Workforce age profile shows that 25% are over 50 years old. There is a trend of a decreasing participation rate as the workforce get older. The 10% increase is proposed in line with the recommendations in the Mental Health Workforce Plan to increase capacity for OTs to work in Mental Health settings across Wales.
Trend	↑ 10% on 2022/23
	Year on year growth into the workforce since 2016.

3.3.3 Physiotherapy

Recommendations	180 (90% IMTP numbers)
Influences	Small increase reflective of increasing service demand. The age profile of this workforce is younger than other professions with a greater number under 55. Over the next six years there is potential to grow the workforce due to the increased numbers of graduates completing their studies.
Trend	↑ 3% on 2022/23
	Year on year growth into the workforce since 2016.

3.3.4 Podiatry

Recommendations	27 (30% over IMTP numbers)
Influences	We are working with universities to ensure that graduates are able to meet the demands of complex service developments within Heath Boards requiring higher skills sets. We will work with Health Boards to achieve improved graduate employment and ensure there is a career framework that allows them to develop their skills following graduation so that they can become ready for these more advanced roles. Podiatry plays a big prevention role for keeping people out of hospital particularly with the rise of diabetes.
Trend	➔ Maintained on 2022/23
	Historically there has been between 22-23 places due to incorporating private sector the numbers increased to 27 in 2021.

3.3.5 Speech and Language Therapy

Recommendations	49 (Over IMTP numbers)
Influences	The age profile of this workforce is relatively young and there is a high proportion of part time working.

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	There is a need to produce more speech and language therapists who can deliver care through the medium of Welsh.
Trend	➔ Maintained on 2022/23 Increase in the Welsh Language course from 9 to 13 for 2022/23.
	Historically commissioned 44 places since 2016 increased to 49 in 2020. Maintained at that level to match service demand.

3.3.6 Clinical Psychology

Recommendations	40 (30% IMTP numbers)
Influences	Demand is increasing across the service including for mental health services, which has been exacerbated by the pandemic. The Mental Health Workforce plan identifies a need to grow the clinical psychology workforce. Workforce data also shows that there is an ageing workforce with the risk of a third retiring within the next 5 years. The number of trainees has been rising year on year in Wales but only by very small numbers, due to placement capacity. We have introduced clinical associates in applied psychology as a new role which is outlined later in the chapter.
Trend	↑ 11% on 2022/23 Commissions have increased from 27 in 2019 to 36 in 2022 as service demand continues to grow.
	Year on year growth into the workforce since 2016.

3.3.7 Paramedics

Recommendations	120 (90% IMTP numbers)
Influences	Commissions have been agreed with WAST and the Ambulance Commissioner to ensure the Service has the capacity to provide high quality placements whilst maintain the safety and quality of service to patients. Application rates for Paramedic courses are buoyant. Across the Paramedic workforce there is a high participation rate (above 95%) up to the age of 60.
Trend	↑ 3% on 2022/23 Growth has been added to the emergency medicine training (EMT) conversion route with a slight reduction in BSc. of Paramedicine places.
	Year on year growth into the workforce since 2020 (first year of BSc Paramedicine).

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3.3.8 Operating Department Practitioners

Recommendations	62 (70% IMTP numbers)
Influences	The three regional ODP education providers enable additional training capacity. There are no identified limitations to providing safe and quality placements. Anaesthetic associates will be commissioned in future years and this provides a career path for ODP's Increases needed to assist high number of theatre vacancies. This year's recommendation represents significant increase in new providers of ODP education and when the courses are further embedded, we will look to increase to 100% of IMTP numbers.
Trend	↑ 27% on 2022/23
	Year on year growth into the workforce since 2016.

3.4 Healthcare Sciences

Our recommendations for undergraduate education commissioning in Healthcare Science are to support the IMTP requests where these are for increase or no substantial decrease from previous years.

Our recommendations for postgraduate and consultant training are to support the IMTP requests to increase commissioning levels across the Scientist Training Programme and Higher Specialist Scientist Training Programme and increase the Equivalence Funding to support in service routes Healthcare Science registration.

3.4.1 Clinical Scientist and Higher Specialist Scientist Training

Recommendations	Scientist Training Programme (STP) 53 (100% IMTP numbers) Higher Specialist Scientist Training (HSST) 10 trainees for 2023 (100% IMTP numbers) Equivalence funding increase from £75k to £100k.
Influences	IMTPs show a large increase in requests for STP training from last year with 53 STP requested for 2022/23 compared to 39 trainees recruited in 21/22. IMTPs requested 10 trainees for HSST. Both these requests will have been influenced by planned care recovery, but there is a need to ensure service capacity to employ STP trainees on graduation and to develop consultant clinical scientist roles following HSST. Equivalence funding is an established and well used investment that enables registration/regulation via an alternative or equivalence route with services increasing in awareness and use of these routes to support retention and succession planning.
Trend	↑ 36% increase in STP on 2022/23, 25% increase in HSST and 33% increase in equivalence funding.

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3.4.2 Cardiac Physiology

Recommendations	23 (Over IMTP numbers)
Influences	Service pressures and identification of future need of this profession by NHS Collaborative indicate need to maintain minimum contract level. Placement issues limiting further growth currently, with work underway to support.
Trend	↑ 4.5% increase from 2022/23

3.4.3 Audiology

Recommendations	11 (100% IMTP numbers) for Audiologists 10 (100% IMTP numbers) for Assistant and Associate Practitioners.
Influences	We are maintaining the numbers to support service need due to aging population and ongoing development in primary care. We have future plans to develop an additional part time practitioner training programme for employee development commencing in 2024.
Trend	➔ One place less than 2022/23 (Audiologists) ➔ Maintained on 2022/23 (Assistant and associates)

3.4.4 Respiratory and Sleep Science

Recommendations	14 (100% IMTP numbers) This is above contractual numbers. HEI to confirm if able to support.
Influences	Increased service needs identified during covid pandemic with this profession and indicated in IMTPs regarding recovery. Recommend to support full IMTP request.
Trend	↑ 40% increase on 2022/23

3.4.5 Neurophysiology

Recommendations	4 (100% IMTP numbers)
Influences	Identified need to grow profession, however service pressures are such that we recommend support IMTP requests in 2023/24.
Trend	↓ One place less than 2022/23

3.4.6 Nuclear Medicine

Recommendations	6 (100% IMTP numbers) including additional place identified by Velindre
Influences	Increase in services identified to support planned care recovery across NHS Wales in relation to diagnostics and cancer services.
Trend	↑ 20% increase on 2022/23

3.4.7 Life Sciences (Biomedical Sciences

Recommendations	26 (Over IMTP numbers)
Influences	Due to significant recovery service pressures and identification of future needs of this profession,

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	recommendation for numbers reduced only slightly. This figure is within 20% of the lowest range set in the contract. Future plans to develop additional part time practitioner training programme for employee development commencing in 2024.
Trend	↓ Two places less than 2022/23

3.4.8 Clinical Engineering

Recommendations	6 (100% IMTP numbers)
Influences	Some issues with student recruitment balanced with commitment to support the IMTP number requested as a result of aging workforce and crucial role in supporting rehabilitation and keeping people out of hospital. Future plans to develop additional part time practitioner training programme for employee development commencing in 2024.
Trend	↓ Two places less than 2022/23

3.4.9 Radiotherapy Physics

Recommendations	2 (100% IMTP numbers with additional place for attrition)
Influences	Services required to support future plans in diagnostics and cancer services.
Trend	→ Maintained on 2022/23

3.4.10 Diagnostic Radiography

Recommendations	150 (Over IMTP numbers, includes 10 Radiography Associate Practitioner)
Influences	Reflective of future diagnostics need and current issues in relation to placement management and vacancy rates following streamlining in 2022. Future requirements for this profession in relation to diagnostics and recovery plan, with national Imaging workforce modelling in progress. Despite the decrease for this year this is the second highest number we have ever commissioned with only 2022/23 having higher commissions.
Trend	↓ 11% decrease from 2022/23

3.4.11 Radiotherapy and Oncology

Recommendations	20 (Over IMTP numbers)
Influences	Services under significant pressure currently and required to support future plans in diagnostics and cancer services. Recommend only small decrease to reflect service pressures, take into account attrition and fall within 20% of the lowest of range set in the contract.
Trend	↓ Two places less than 2022/23

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3.5 Healthcare Support Workers

Our recommendation is to maintain the budget for Healthcare Support Workers (HCSW) education annual funding at £2.5m for 2023/24.

HEIW has an annual budget from Welsh Government as part of the education and training budget to support the development of HCSWs. Organisations submit their costed HCSW education and training requirements annually to HEIW. These submissions are analysed by an internal team within HEIW, including primary care and finance colleagues. Each item requested is assigned one of the following decisions:

- Agreed for funding – examples include Work Based Learning (WBL) qualifications not included in Apprenticeship Frameworks, standalone units for clinical induction and staff development and infrastructure costs to support the delivery and assessment of WBL
- More information required before a decision can be made – e.g., numbers of learners and cost, further details on education programmes requested
- Rejected for funding – usually rejected if funding can be sourced from a different budget e.g., Apprenticeship funding.

These funding allocations are aligned to national priorities, development for support workers in Primary Care and joint working with Social Care colleagues. The HCSW budget also covers the costs of training assessors and verifiers for any WBL qualifications.
Both the IMTPs and the information from the health boards and trusts articulated a requirement for funding to develop HCSWs in the following areas:

- Primary Care
- Emergency Care
- Complex Care
- Theatres
- Therapies – including dietetics and podiatry
- Health and Social Care
- Facilities.

HEIW has agreed to fund HCSW development in all of these areas where Apprenticeship Frameworks do not exist. In addition, HEIW has agreed to fund for a year a number of posts to lead on the delivery of a joint induction programme for HCSW across health and social care. This budget currently also funds Nursing HCSWs to undertake the Level 4 Certificate in Higher Education Nursing Support Worker programme. This aligns to the first year of the undergraduate nursing programme meaning that HCSWs who attain this qualification can proceed straight to year 2 of a nursing programme. In future this programme will be commissioned by HEIW direct from education providers and the funding will sit within the commissioning budget. Further information about HCSW development is found in Chapter 5.

3.6 Post-registration Education

Post-registration education is crucial once all heathcare professionals join their professional registers, and essential in supporting the vision set out in *A Healthier Wales* in terms of transforming services for the Welsh population, care closer to home and echoes the core values that underpin the NHS in Wales. It is key to the development of specialist practice and beyond.

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The post-registration budget has grown significantly from £500K in 2016 to £2m in 2021/22. Our recommendation is to continue to maintain the budget at £2m for 2023/24 as there remain challenges in the system with release for study leave and overall spend. Further details on how the spend is directed across NHS Wales can be found in the Advanced Practice section **[DN7: hyperlink to section]**

This budget includes the following funding streams:

- Advanced Clinical Practice
- Extended Scope of Practice
- Independent Prescribing (recommended budget of £500K to continue)
- Contract for the delivery of Genomic medicine modules for all professions (first learners January 2023)
- Reporting radiography education (funding to continue at 20 places per year for new starters)
- Ultrasound education (to continue 15 new PG Dip places per year to Jan 2023).

To support the creation of capacity within the system, future recommendations will support the promotion of top of the license working for the profession. There is an expectation that Primary Care Academies will be a key stakeholder in influencing the funding allocation for post graduate education in primary care to align with the national primary care priorities.

The recommendations in relation to the proposed commissioning arrangements for a number of these key areas listed above, and the related budget, are outlined overleaf.

3.6.1 Critical care

All health boards have been provided with up to 30 places on the nationally recognised Critical Care PG Certificate, and HEIW have secured places in an agreement with HEE (current contract holders) at four English universities as an interim measure during 2022-2023.

A procurement exercise is underway as part of the Strategic Review of Health Profession Education (SRHPE) phase 2 to commission a PG Cert Critical care education to ensure future provision is accessible in Wales, following the transitional arrangements we have with Health Education England (HEE). To be able to fund this development a specific budget will need to be secured to fund this new contract from Sept 2023 onwards.

3.6.2 Independent Prescribing (IP) Education and Independent Authorisation of Blood Transfusion (IABT)

Our recommendation is that the budget remains at £500k for 2023-24.

Investment in these programmes increased in 20/21 to £500k. However, there are a number of challenges within the system in relation to increasing numbers including, study leave capacity due to the pandemic, cohort capacity for IP in the universities, and availability of student support in the workplace, which is proving especially challenging within rural areas.

SRHPE phase 2 will be reviewing IP provision for nursing and Allied Health Professionals (AHP)'s during 2022. Although current university capacity is meeting the need, the review will need to consider what is required to support practice and nurses that will be prescriber ready from registration in 2023. The current capacity of supervisors and assessors, especially in rural communities, will need careful consideration so that it is not a barrier to community nurses developing as IP's. There is also the potential to consider Physician

Associates prescribing following regulation. Therefore, any increases in this budget will fall in line with the review and subsequent new contracts that are procured for 2024-25. Further detail on independent prescribing and its role in building career frameworks can be found in Chapter 5.

SRHPE phase 2 has been reviewed with an expert group including Welsh blood clinicians and Welsh Government the current provision of IABT. There has also been national work completed across the four countries to review the framework which has recently been approved. The Welsh programme is seen as gold standard, and recommendations of the expert group are that we continue to have available in Wales a university accredited programme with a more blended approach increasing online learning and reducing face to face learning. A project group has been established to develop the required procurement paperwork to go out to tender for a new contract, that aligns to the new UK framework, Welsh Government policy and key themes that will be included in all new post graduate education contracts. These include, distance learning, compassionate leadership, Interprofessional education, digitalisation and technology. For 2023-24, HEIW will continue to fund from the overall IP £500k budget. New contracts will be in place for academic year 24-25.

3.6.3 Genomic Medicine

In 2017, Welsh Government launched the *Genomics for Precision Medicine Strategy* which sets out the Welsh Government's plan to create a sustainable, internationally competitive environment for genetics and genomics to improve health and healthcare provision for the people of Wales.

SRHPE phase 2 has reviewed Genomic medicine provision during 2021 and 2022. Currently there are two programmes available in Wales which are designed to provide both standalone 10-20 credit modules and PG Cert, PG Dip and MSc, across all professions and across Wales. At present whilst there is funding for 20 MSc places each year, utilisation is limited and thus the national impact of the education is low. Therefore, following review in collaboration with the Genomics education partnership education and training group, it has been identified that the current provision falls short of service needs. We are currently out to tender for the commissioning of seven standalone 20 credit level 7 modules in Genomic medicine. Module content is to be aligned with the NHSE Genomic Medicine MSc framework and mirror the existing modules in the full MSc Genomic medicine currently commissioned.

As part of this review and to broaden access further we are also proposing to develop a free-to-access eLearning programme providing education in the "Fundamentals of Genomics". This would provide an accessible introduction to genomics to a wide range of healthcare professionals across NHS Wales. The eLearning would facilitate access across Wales, without need to travel to a specific location at a particular time and would be bilingual to facilitate education through Welsh language. This module is currently being written and aims to provide foundation genomics knowledge in order to:

- Improve genomics literacy of NHS workforce, leading to improved care for service users
- Inspire individuals to explore future genomics study at level 7.

3.6.4 Reporting Radiographers

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Our recommendation is that the budget increases in 2023-24 to fund 20 places**.**

Consultant Radiologists as well as Radiographers remain on the occupational shortage list. Therefore, there is a need to develop more reporting Radiographers and expand other areas

of Advanced Practice in Radiography to better utilise and develop skills and support shortages across the profession. A new budget was established in 2020/21 to fund 10 places. Uptake to this programme has been good despite the challenges of the pandemic. It is recommended that the number of places is increased to take into consideration the recovery.

3.6.5 Medical Ultrasound/Sonography

Our recommendation is that the budget remains at the same level until the new programmes are in place.

There continues to be the need for the development of sonography skills amongst radiographers and midwives. The established GAP and GROW initiative and the planned recovery in relation to diagnostics and patient waits, has emphasised this even more so. HEIW currently has a contract in place that will only support 15 new starters per year. However, this contract will end July 2023, so the opportunity to increase provision is opportune.

SRHPE phase 2 in collaboration with the National Imaging Academy for Wales (NIAW) has reviewed ultrasound education and are proposing two education elements;

1. A contract in collaboration with a HEI and the NIAW to procure a Level 7 PG Dip in Ultrasound for Radiographers
2. Accredited work-based learning education programmes for focused scope of practice. The priority will be to develop this for midwives to support GAP and GROW, with a view to develop other areas in the future e.g., MSK.

The expectation is that learners on these new programmes will commence from Sept 2024.

3.6.6 Clinical Photography

Our recommendation is that:

	Spend 23-24
Delivery and implementation	£103,365
Clinical photography salary for trainees	£358,654 (9 trainees)
Total	£462,019

SRHPE phase 2 has reviewed provision for the training of clinical photographers during 2021-22. The final cohort will exit from Cardiff University in summer 2022 and the programme at Cardiff will close. Following extensive stakeholder engagement and consultation with the Institute of Medical Illustrators, an accredited work-based learning programme at level 7 is proposed. It has also been agreed to repurpose the existing recurrent funding to ensure that this new programme can be implemented and delivered for new learners in September 2023.

3.6.7 Community Education

Our recommendation is to maintain the same level of education provision as in 2022/23 until the Nursery and Midwifery Council (NMC) conclude their reform of standards for specialist community public health nurses (SCPHN) and community nurses specialist practice qualifications (SPQs) and universities have their new programmes in place.

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Community Nurses are registered nurses who provide highly skilled, invaluable care to people in their own homes, care homes, or close to where they live, in clinics and GP practices. They also provide outreach services to those who may not have a secure home. Community nurses cover all four fields of nursing practice.

District Nurses also lead teams of community nurses and support workers, the role requires registered nurses to undertake an NMC approved specialist practitioner (SPQ DN) course.

Specialist Community Public Health Nurses are registered nurses or midwives who have undertaken an NMC approved Specialist Community Public Health (SCPHN) course. SCPHN nurses provide highly skilled, expert care for individuals within the communities.

Health Visitors provide a professional public health service based on best evidence of what works for individuals, families, groups and communities; enhancing health and reducing health inequalities through a proactive, universal service for all children 0-5 years and for vulnerable populations targeted according to need. Whilst **School Nurses** work across education and health, providing a link between school, home and the community, with the aim to improve the health and wellbeing of children and young people.

All existing university providers will need to have new programmes in place that align to these new standards by September 2024. Some areas in Wales, particularly more rural areas, have challenges with recruitment. SRHPE phase 2 starts its review of both SCPHN and SPQ in June 2022, to ensure that full stakeholder engagement is undertaken to inform the procurement of new contracts that align to the new standards.

There are two health visiting services within health boards, generic services funded by the health board and Flying Start services funded by Welsh Government, through the local authority with an element of funding from health boards. A recent announcement by Welsh Government details expansion of Flying Start services in each local authority in Wales and a further announcement is expected in Autumn 2022. The health visiting workforce in Wales will need to be in place to support this wider roll out, ensuring that children and families in Wales have the right support at the right time to meet their needs. We will continue to work closely with WG to ensure we are continually updated in relation to the expansion project, particularly in terms of health visiting workforce capacity.

We are working closely with the Strategic Programme for Primary Care on its Community Infrastructure programme, and we will need to ensure that education provision aligns with any changes proposed to service models going forward.

3.7 Pharmacy

Our recommendations are to:

- Increase training for the non-registrant workforce establishing career pathways
- Increase the number of Pharmacy Undergraduate Clinical Placements
- Maintain the Post-registration Foundation Programme for pharmacists
- Increase annual numbers of independent prescribing courses to the maximum
- Maintain current access to advanced and extended practice funding
- Increase the introduction and development of scientist roles into medicines manufacturing units in Wales.

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Pharmacy current and worsening workforce issues mean that pharmacy services are reduced. Increasing temporary community pharmacy closures impact on patients' access to medicines in their communities. In our IMTP we have committed to lead a collaborative

programme of work to define and deliver short, medium and long-term solutions for a sustainable future workforce model to meet the needs of the service and population. This will relieve pressures in the system and provide stability for pharmacy services and ensuring we have a prudent integrated pharmacy workforce will support staff to optimise their skills to offer better patient services within a multi-disciplinary team.

For 2023-24, the four key strategic influences on pharmacy commissioning priorities continue to be:

- The pharmacy vision, '*Pharmacy: Delivering a Healthier Wales*' *(PDaHW)*; which is the professions' response to 'A Healthier Wales', and was endorsed by Welsh Government
- Implementation of the new GPhC Initial Education and Training Standards (IETS) for pharmacists and pharmacy technicians
- "Community pharmacy contractual reforms, *'A New Prescription: The future of community pharmacy in Wales*'
- Transforming Access to Medicines (TrAMs), delivering medicines manufacturing hubs in Wales".

Pharmacy is approaching midway through a five year series of transformation projects, to deliver the new IETS. This will ultimately produce pharmacy professionals with enhanced medicines skills on 'day-one' of registration, including independent prescribing for pharmacists.

3.7.1 Pharmacy Support Staff

Recommendations	100 Level 2 units
Context	To ensure we are able to develop and grow our own workforce from the communities we serve, the pathway from assistant to pharmacy professional was created and is recommended to expand for 2023. The 'Access to Pharmacy' offering, provides a route for individuals to fill any gaps in mathematics, English, science or digital literacy at Level 2 whilst they are in the workplace, so that they can meet the entry requirements for the pre-registration pharmacy technician programme.
Trend	↑ 67% on 2022/23 The number of individual units available will increase from 60 to 100 units in 2023 which equates to support for an estimated 50 learners.

3.7.2 Pre-registration Pharmacy Technicians

Recommendations	NHS Employed 50 posts NHS contractor/community employed 50 bursaries
Context	The new Pre-registration Pharmacy Technician programme for Wales began enrolling in 2022. It will provide registrants with a broad base of skills that mean they can work in a range of healthcare settings. To best meet employers' needs, a pattern of two intakes a year is becoming established.

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	To transition to a more balanced position of training responsibilities across the pharmacy sectors the provision of 100 training programmes will be split 50:50 between hospital and community pharmacy in 2023-24.
Trend	↑ 20% increase on 2022/23 Overall increase in training posts from 83 to 100

3.7.3 Pharmacy Technicians

Recommendations	NHS contractor/community employed 50 x £1000 bursaries Maintain advanced and extended practice opportunities
Context	From 2024 new pharmacy technicians will be emerging from Wales' training programme with the knowledge and skills of a new Level 4 qualification. With existing pharmacy technicians in the workforce currently qualified to Level 3, we recommend increasing opportunities to upskill our current workforce. The number of community pharmacy technician training bursaries will increase from 30 to 50 to enable Agored Level 4 work-based learning opportunities.
Trend	↑ 67% on 2022/23 The number of community pharmacy technician training bursaries will increase from 30 to 50. Maintain advanced and extended practice opportunities at 2022-23 levels.

3.7.4 Pharmacy Undergraduates

Recommendations	MPharm placements in Wales, 7,560
Context	To deliver the new IETS, pharmacy students undertaking the MPharm in Wales require clinical placements throughout the 4-year undergraduate course so that they can safely prescribe from the point of registration. HEIW secured additional funds for the first undergraduate pharmacy placements to commence in autumn 2022 through a business case to Welsh Government. For 2023-24 the number of funded clinical placements will increase in line with the business case.
Trend	↑ 59% on 2022/23 3120 MPharm placements in Wales last year.

3.7.5 Trainee Pharmacists

Recommendations	122 Trainee pharmacist posts already commissioned
Context	For 2023-24 the number of trainee pharmacist posts has been agreed with employers and submitted into Oriel as 122 multi-sector posts. This is within the financial envelope of the original 5-year business case.

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	For 2023-24 intake there is a 40% increase in training posts available across England, Scotland and Wales, with no increase in the number of pharmacy graduates, so this will be the most competitive year for recruiting trainee pharmacists in history. The Train Work Live campaign will be vitally important and will include images from all three sectors hospital, GP practice and community pharmacy.
Trend	The commissioned numbers are lower than the 132 originally planned. Post numbers have been limited by Health Board training capacity and ongoing work to provide additional programme infrastructure.

3.7.6 Pharmacists

Recommendations	Maintain 80 Post-registration Foundation Pharmacist programmes (40 NHS Employed and 40 NHS Contractor/community Employed). Increase to 300 Independent Prescribing courses (150 NHS Employed and 150 NHS Contractor/community Employed, with 3k backfill bursary). Sustain multi-sector advanced practice funding NHS Employed £242,000 NHS contractor/community Employed £250,000
Context	The Post-registration Foundation Programme is the opportunity for new registrants to bridge a development gap to providing enhanced medicines care and prescribing, until the new IETS are fully implemented in 2026. The number of post-registration foundation training programmes will be 80 for the second year as employers aspire to retain as many trainee pharmacists as possible after registration. The opportunity to increase programme numbers to 90 for 2023 has been limited by Health Board training capacity. To reach PDaHW targets for prescribers and deliver the new community pharmacy contract, we will increase the commissioning of prescribing courses for pharmacists to the maximum which is 300 in 2023-24 (and 350 in 2024-25). This accounts for the constraints of university course provision, training capacity and Designated supervising Prescribing Practitioners (DPPs) available. We will maintain investment in minor illness and GP transition programmes, to provide for unmet demands during the pandemic. To deliver a truly flexible workforce, funding for advanced and extended practice will be sustained at 2022-23 levels and remains inclusive of professionals working in all sectors including locums.

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Trend	↑ Independent Prescribing 50% increase on courses from 200 in 2022-23 ➔ Maintain 80 Post-registration Foundation Pharmacist programmes ➔ Maintain multi-sector advanced practice funding on 2022/23.

3.8 Dental

Our recommendations are to:

- Maintain Dental Foundation Training Places
- Increase Dental Specialty Training posts
- Increase Dental Therapy Foundation Training Posts.

In our IMTP we have committed to scope solutions for the dental workforce in Wales to ensure the workforce is identified, trained, supported and available to deliver dental services for the future to meet the oral health needs of the Welsh population. In order to achieve this, we will ensure the commissioning of dental education and training is based upon a robust evidence base, workforce needs and focused on improving services and the oral health needs of the population. We are working with key partners in HEIs and training providers to train and build the Welsh dental workforce and improve the continuum between undergraduate and postgraduate training to retain the workforce locally to create a sustainable supply of dental professionals. This will ensure that dental education and training is developed appropriately to ensure jobs are available in Wales for those undertaking training. This will include post-graduate training for dentists and Dental Care Professionals (DCPs) and the provision of specific enhanced skills training to meet patient needs.

At the heart of Welsh Government policy direction *'The Oral and Dental Services Response to A Healthier Wales'* is a whole-system change approach in dentistry to facilitate a step-up in needs-led preventive care to improve outcomes for patients. The dental contract offer encourages new ways of working including focussing on prevention and increasing access for patients. There are opportunities for primary care dental practices to develop new ways of working to increase the use of skill mix and the wider dental team in providing care to patients.

There are significant workforce shortages in all areas in dentistry which are impacting on patients being able to access oral health care in all areas of Wales. We are pleased to confirm that we will become a National Examining Board for Dental Nursing training centre and therefore able to offer pre and post registration dental nursing training. There are several existing routes for Dental nurse training in Wales and we are working with stakeholders to increase the provision of quality training through Welsh Government funded routes for Wales to ensure a sustainable supply of this essential workforce.

3.8.1 Dental Specialty Training

Recommendations	35 **[DN8: Hyperlink full table provided in appendices]**
Context	The specialist workforce in dentistry is complex and based on service and population need along with the need to succession plan and ensure sufficient provision and training capacity for the future.

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	We have worked closely with the dental specialties and leads in Wales to consider the workforce and population needs along with strategic direction e.g., Oral Surgery. Wales has only one dental school in Cardiff University that requires lecturers in specific specialties to enable comprehensive teaching and delivery of all the learning outcomes and standards prescribed by the General Dental Council (GDC). Ensuring sufficient academic staff in relevant specialties is essential to the dental school retaining Dental Authority status (awarded through the GDC) to continue providing dental undergraduate education and training. We have worked with the Dental School to develop plans for academic specialty trainees that will contribute to the training for these fragile specialties and ensure continuation of provision in education and training for the future.
Trend	↑ 50% increase on 2022/23 Increased 12 training posts from 26 posts in 2022/23.

3.8.2 Dental Foundation Training

Recommendations	74
Context	The number of dental foundation training places is determined through the allocated funding. Dental Foundation training an essential requirement for all dental graduates who wish to work in primary care dentistry and provides a structured environment to ensure new graduates acquire the knowledge, skills and competencies to work safely in General Dental Practice. This training ensures that the majority of all dental graduates in the UK are eligible to enter NHS primary care dental practice and are able to see and treat patients safely and effectively.
Trend	➔ Maintained on 2022/23.

3.8.3 Dental Therapy Foundation Training

Recommendations	20 (10 additional) Due to the increase training programme director and admin support will require investment.
Context	The dental therapy foundation training has been running since 2003 in Wales and places newly qualified dental therapists in General Dental Practice where they gain knowledge and skills of working in NHS primary care within a structured learning programme. The ambition to increase the availability of training places aligns with the system reform principles to further develop skill mix in dental practices.
Trend	↑ 100% increase on 2022/23 10 posts were commissioned in 2022/23.

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3.8.4 Dental Hygienist and Dental Therapy (Undergraduate)

Recommendations	42
Context	Dental hygiene and dental therapy training has increased in recent years, expanding existing training provision in Cardiff university with training in North Wales via Bangor University. There are currently capacity challenges with the existing providers however we will look to increase existing contracts in year (up to 20%) if these issues can be resolved. We are working closely with providers to monitor and support this.
Trend	➔ Maintained on 2022/23 A new provider was commissioned in 2022 in Bangor and dental hygiene places were increased by 12.

3.9 Medical Workforce

Our recommendations are to increase posts across a wide range of specialties/training programmes in Secondary Care/Specialty Training and Foundation Training.

The workforce shortages and consultant gaps in a number of priority areas is a limiting factor in the ability of the NHS in Wales to deliver key services and address the backlog in planned care following disruptions to services arising from the COVID pandemic. These recommendations aim to bridge this gap and increase the output of consultants over the next 5-10 years enabling NHS Wales to futureproof services and maintain current consultant levels against projected consultant retirements during this period. However, in the immediate term, the increased capacity afforded through these recommendations will support NHS Wales to provide regional treatment, healthcare closer to home and timely access to treatment and diagnostic procedures.

The increase in posts created through these recommendations will be distributed across NHS Wales according to education and training capacity. However in some instances, increases in North Wales have been stipulated within the recommendations to enable freestanding North Wales programmes or to address specific issues such as programme attractiveness, retention and delivery in that locality. For 2023/24 the approach to workforce planning for the medical workforce has focused on several key themes:

- Urgent and Emergency Care
- Cancer Care
- Planned Care
- Diagnostic Specialties/Health Promotion & Prevention
- Mental Health.

The medical workforce planning process and its recommendations is not undertaken in isolation from the process for other healthcare professionals. It is increasingly important to understand how new roles and new ways of working might support delivery of service in areas which were traditionally considered the remit of the doctor.

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The growth in training on a Less Than Full Time (LTFT) basis has had implications for workforce planning. In July 2021, 452 Medical trainees across Secondary Care and General Practice training programmes were training on a LTFT basis. As of the end of March 2022 this has now risen to 653 with 22 trainees at Foundation level, 427 trainees in Secondary Care/Specialty Training and 204 trainees in General Practice. This accounts for 25% of the

total specialty trainee doctor workforce with percentages being much higher across specific programmes such as Paediatrics, General Practice, Emergency Medicine and Anaesthetics.

Training Programme Directors and findings from surveys such as the GMC National Training Survey, report high levels of self-reported trainee burn-out particularly amongst those in the frontline specialties (Medicine /A&E anaesthesia and ICM) exacerbated by the Covid pandemic. Furthermore, there is increasing evidence that the Doctors of today wish to work in a different way with greater emphasis on a 'better work life balance'. Flexible working hours and portfolio careers are much higher on their agenda. These issues need to be supported if we are to retain our medical workforce and are considered in our workforce planning. The 2024/25 workforce plan for medicine will therefore focus on measures to address this and explore options to build flexibility in our systems to enable us to better meet the future demands of the trainee workforce.

3.9.1 Secondary Care/Specialty Training

Recommendations	92 **[DN9: Hyperlink full table provided in appendices]**
Context	Recommendations for Postgraduate Medical training post expansions align with policy on key priority areas supporting NHS Wales to build sustainable capacity including; • Urgent and Emergency Care which includes increases in emergency medicine, geriatric medicine and internal medicine • Cancer Care which includes increases in clinical oncology, medical oncology and palliative medicine. • Diagnostics, which includes infectious diseases, clinical radiology, clinical neurophysiology, public health medicine and clinical pharmacology and therapeutics • Planned care recovery which includes general surgery, trauma & orthopaedics, anaesthetics, dermatology, rheumatology and neurology.
Trend	↑ 3% increase on new posts in 2022/23 89 new posts were created in 2022/23. The increase of 92 new posts will see our training post establishment (baseline from August 2022) rise by a further 4.8% in August 2023. Of note the increase was 4.8% in August 2022 and 4.1% in August 2021.

3.9.2 Foundation Training

Recommendations	69
Context	To increase the number of Foundation Year 1 posts by 39 and Foundation Year 2 posts by 30 for August 2023 as detailed in the Foundation Expansion Business Case.
Trend	↑ 15% increase on new posts in 2022/23. 60 new posts were created in 2022/23. The increase of 69 new posts will see our training post establishment (baseline from August 2022) rise by a

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	further 8.7% in August 2023. Of note the increase was 8.2% in August 2022 and 6.1% in August 2021.

3.10 General Practice

Our recommendation for recruitment to General Practice (GP) Training Schemes for 2023/2024 remains at 160 to a maximum of 200.

In 2019 Welsh Government agreed that GP Training numbers should increase to better reflect population numbers in each Health Board area. At the same time as an expansion of training places, the 1+2 model was also introduced (two years in general practice and one year in hospital) initially in 5 Schemes and then rolled out to the other 6 Schemes from August 2020. The target now is to recruit 160 GP trainees per year with an agreement that we can recruit up to 200 trainees if there are sufficient numbers of eligible candidates.

Since that agreement, the number of GP trainees has steadily increased. However, with this increase has come a change in the profile of some of our trainees due to UK wide regulatory changes. The Home Office have now included doctors on the Shortage Occupation List which means that all overseas doctors can apply for GP training in Round 1 rather than waiting for Round 2 when fewer numbers of posts are available. Now high numbers of our trainees are International Medical Graduates (IMGs) some of whom have little or no experience of the NHS and/or familiarity with UK general practice. For example, of the August 2021 and February 2022 intake, of a total of 184 total trainees 54% were IGMs. Indications for the August 2022 and February 2023 intake is that the number of IMGs will be high.

UK wide research shows that GP trainees who score below 500 in the Multi-Specialty Recruitment Assessment (MSRA) which forms part of the selection process will be more likely to experience difficulty in passing the exams that make up the Membership of the Royal College of General Practitioners (MRCGP) licensing exam and consequently may need extensions to their training. Higher numbers of trainees in this group are being recruited across the UK and this results in a higher cost per trainee due to the longer duration of their training. To mitigate against these factors, we have introduced a package of enhanced support for these trainees including the 3 module sub-regional Wales Enhanced Support for Training (WEST) Programme. In 2023/24 we will further develop and embed this support and have a business case in preparation for additional funding to provide this support.

3.11 Eyecare

Since 2021, HEIW has held the budget to support the professional development for qualified non-medical eye care professionals. HEIWs Associate Director of Optometry Transformation works closely with Welsh Government and healthcare providers to deliver and support education that improves the eye health of the people of Wales.

In Wales there is very good access to optometry services, where optometrists help to detect, treat and manage eye diseases early and stop unnecessary referrals. Community optometry practices are seen as an integral part of the transformation of eye care services and the on-going development of care closer to home. Optometry has a key role in delivering the key aims of *"A Healthier Wales"* through provision of care. HEIW supports these aims through:

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Aim	Benefit to NHS Wales
1. Ensure newly registered and newly qualified IP optometrists are	To build confidence and extend skills which should reduce unwarranted referrals into

offered support and mentorship by the end of 2023.	secondary care. The extended support should also improve recruitment and retention of practitioners in Wales.
2. Embed a programme of quality improvement training for all registered practitioners.	Improved clinical and operational outcomes to maximise value of services to our population.
3. Develop and commission education which is used to provide new patient services in community optometry practices.	Ensure continuity and equity of professional development to meet regulatory and government requirements leading to improvement in clinical and professional practice to positively impact patient services across the whole of Wales.
4. Develop an education and training plan for secondary care ophthalmology nursing workforce.	To facilitate career progression to advanced and consultant practice for the ophthalmology nursing workforce and increase access to extended skills. Promote increased collaboration across the patient eye care pathway.
5. Explore teach and learning clinics and a quality framework for undergraduate and postgraduate placements by mid 2023.	To ensure equity of access to community optometrists with the highest professional skills for all areas of Wales, particularly those with rural and older populations.

3.12 New Roles

3.12.1 Physician Associates

Our recommendation is to increase the level of education provision.

Physician Associates (PAs) work across a wide range of medical specialties in secondary care and in a number of practices in primary care. HEIW are working collaboratively with Bangor University and Swansea University, the Health Boards and Primary Care leads to develop more placements for PAs.

Recommendations	57 (Over IMTP numbers requested of 42)
Context	The numbers in training have steadily increased, and since 2021 graduating physician associates have been recruited as part of the streamlining processes. We have worked with organisations to identify opportunities to employ physician associates across a broad range of specialty, including within primary care and this has led to an increase in the interest in employing physician associates. The Mental Health Workforce Plan identifies a need to grow this workforce.
Trend	↑ 5% increase on recommendations in 2022/23

3.12.2 Anaesthesia Associates

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Anaesthesia Associates (AAs) were originally introduced in 2004 and are now established within many NHS hospitals in England and within Hywel Dda Health Board in Wales, which has 8 AAs.

AAs are highly trained, skilled practitioners that work within an anaesthetic team under the direction and supervision of a Consultant Anaesthetist. All qualified AAs have successfully completed an Anaesthesia Associate Postgraduate Diploma and are encouraged to maintain their presence on the managed voluntary register held by the Royal College of Anaesthetists (RCoA). AAs can provide perioperative patient care in either a 1: 1 or 2:1 capacity depending on patient acuity, they can support services such as PIC line insertion and can provide pre-operative assessment.

AAs can come from a nursing, ODP background or can enter the training with a biomedical degree. Currently Birmingham University and UCL deliver the training. It is a 27-month work-based programme, while students are on the programme they are employed by an organisation with the majority of the training being delivered in-house. Following engagement, it was agreed that there will not be enough demand over a period of time to make a course delivered by a Welsh university sustainable and therefore felt commissioning places from Birmingham or UCL would be the best option.

AAs are currently unregulated although the GMC have announced that they will be regulating them. The AA task and finish group have developed an all-Wales governance framework in line with the Physician Associate Framework.

3.12.3 Clinical Associates in Applied Psychology

Following the review of the psychological therapies in 2020 and the Together for Mental Health Delivery 2019-2022 plan[i], a need has been identified to develop the psychological therapies across Wales. Clinical Associates in Applied Psychology (CAAPs) offer a unique solution to help address the psychology and wider mental health recruitment challenges. CAAPs fill an identified skills gap between assistant psychologist and psychologists and also open up a new career pathway for graduate psychologists. From extensive stakeholder engagement it is clear there is an appetite for the immediate development of CAAPs. A first cohort of CAAPs is being commissioned to start in the 2022/23 academic year. A business case will be submitted to Welsh Government for recurrent funding and annual intakes of CAAPs. CAAPs are key to the achievement of the Mental Health Workforce Plan.

CAAPs are psychology graduates who complete a one year programme at full MSc in order to become a skilled associate psychologist. They can be trained to work with a wide variety of clinical settings and have a full year of supervised clinical practice before they graduate to become a CAAP. CAAP duties include assessing, formulating, and treating clients within specified ranges of conditions and age, either in primary care/adult mental health settings or in a range of areas involving children, young people, and their families. They are able to practice autonomously with appropriate support, working within their scope of practice, under the supervision of an appropriately registered Health and Care Professional Council (HCPC) clinical psychologist.

Welsh Health Boards have highlighted a number of areas in which CAAPs can help to deliver on Matrics Cymru & Matrics Plant including:

- Low Intensity workforce
- High Intensity/CBT/Systemic Therapists (following further post qualification training)
- Psychologically Informed Practitioners
- Highly specialist assessment and formulation at earliest point in patient journey
- Psychologically informed/trained practitioners for inpatient services
- Increasing accessibility to EB psychological interventions
- Post-diagnostic support services (OA)

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- Carer-focussed interventions
- Psychologically informed support during a crisis (LD).

CAAPs implementation can also have a positive impact on the transformation of psychological services including:

- Increase access to psychological interventions for neurodiversity and cognitive impairment
- Clinical Health Psychology
- Psychologically informed inpatient services
- Delivery of group interventions in inpatient environments
- Management of pain and long-term conditions
- Primary and secondary schools- supporting the Whole School Approach
- Learning Disabilities Services
- Working with partner organisations to develop embedded, psychologically informed and psychological skilled work.

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Chapter 4 – Supporting Multi-professional National Programmes

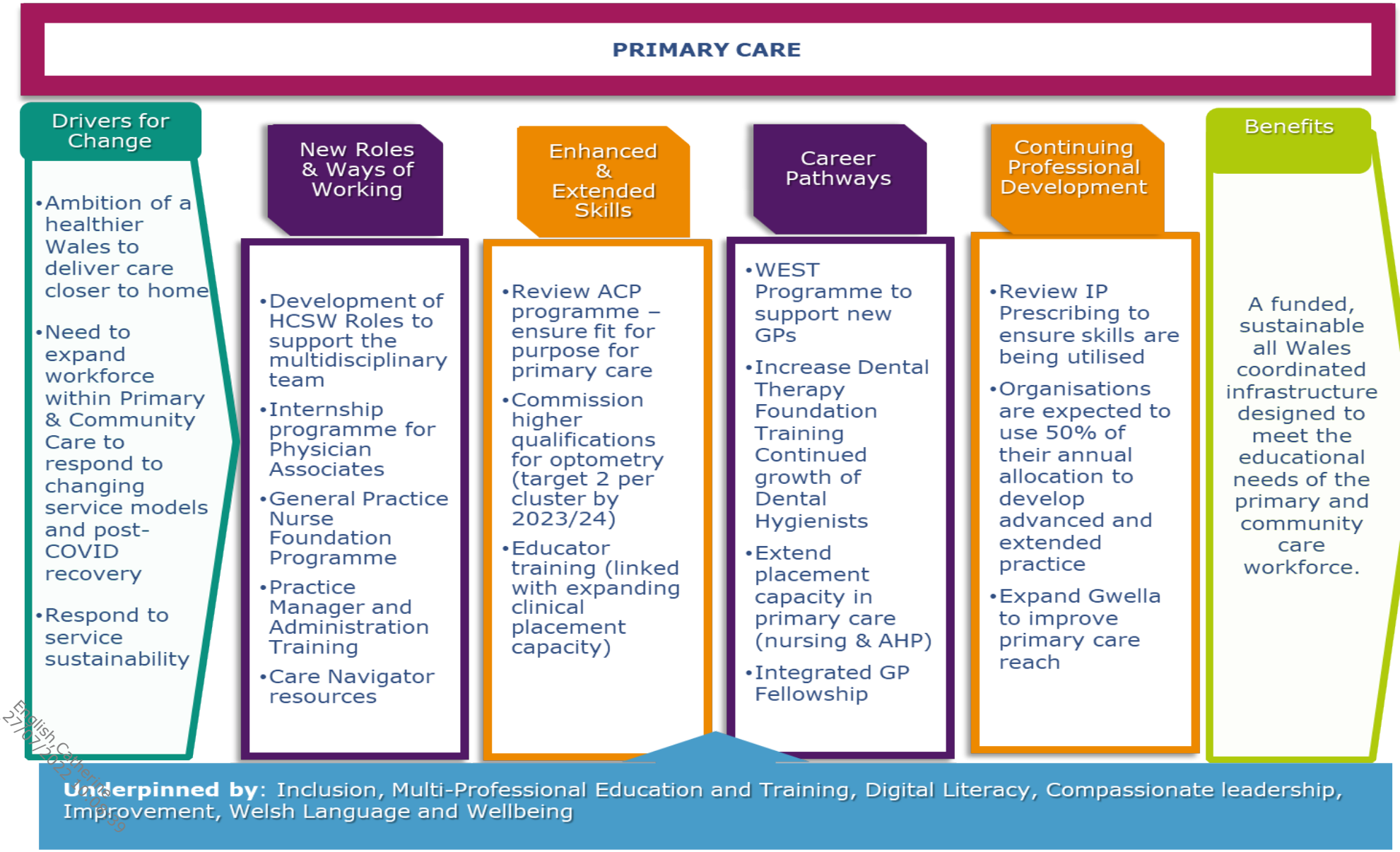
This chapter describes the contribution of Education and Training to supporting the delivery of national programmes.

In our IMTP 2022-2025 we set out the contribution we will make to supporting multi-professional national programmes as summarised below. The rest of this chapter outlines the contribution of the ETP to these national programmes;

Supporting National Programmes						
	Primary & Community Care	**Mental Health**	**Urgent & Emergency Care**	**Planned Care**	**Cancer**	**Diagnostics**
Deliverables 2022/23	• Establish the primary care infrastructure. • Agree a prioritised phased plan for development and/or roll out of education programmes across Wales. • Undertake a baseline scoping of education and training programmes available to the wider community workforce. • Review and assess funding models/approaches	• Complete consultation and finalise costed actions for next 3 years • Agree funding requirements with WG • Finalise & publish plan • Agree implementation plan for 22/23 • Implement first cohort of CAAPs • Continue implementation of new education and training for CAMHS and perinatal • Develop a training package for MHA work part 1.	• Lead workforce, education and training development and transformation in the priority areas • Develop UEC workforce models in-line with prudent health principles for areas identified as a priority. • Initial priorities include: o RCDM training o Phase 2.Educational Framework for Mental Health 111. o Advanced Paramedic Practitioner workforce model. o Urgent Care Practitioner (UCP) education.	• Review opportunities for short term solutions / accelerated progress in these areas. • Promote existing work programmes and showcase good practice/innovation. • Develop clear expectations and requirements for education and training capacity recovery programme. • Review education and training support Research good practice and emerging innovation • Develop proposals to address any gaps in the workforce plans	• Scope the impact of ongoing work in endoscopy, imaging, pathology, and Pet and within the wider HEIW remit that will improve the implementation of the Upper GI and Colorectal National Optimal pathways. • Identify further work on specialist issues and gaps. • Agree priority workforce, education and training solutions. • Develop a methodology that can be used by the Wales Cancer Network to roll out to other tumour sites.	• Support the implementation and completion of the Strategic Workforce Plan. • Development and delivery of education in response to the I Strategic Workforce Plan. • Commission a part-time Practitioner Training Programme in Biomedical Science. • Develop an all-Wales resource for the Level 3 Healthcare Science qualification. • Review the future multi-professional workforce to develop a shared national vision.
Outcomes 2025	A funded, sustainable all Wales coordinated infrastructure designed to meet the educational needs of the primary and community care workforce.	A sustainable mental health workforce that has the expertise to support the population with their mental health and wellbeing needs recognising the impact of COVID-19.	Modern, multi-professional urgent and emergency care workforce models, that use their skills in line with the prudent in practice principles	Development of size and shape of workforce to support planned care recovery	Improving cancer survival outcomes by addressing workforce barriers to implementing the National Optimal Pathways for cancer.	A modernised NHS Wales Diagnostics workforce to support the recovery priorities.

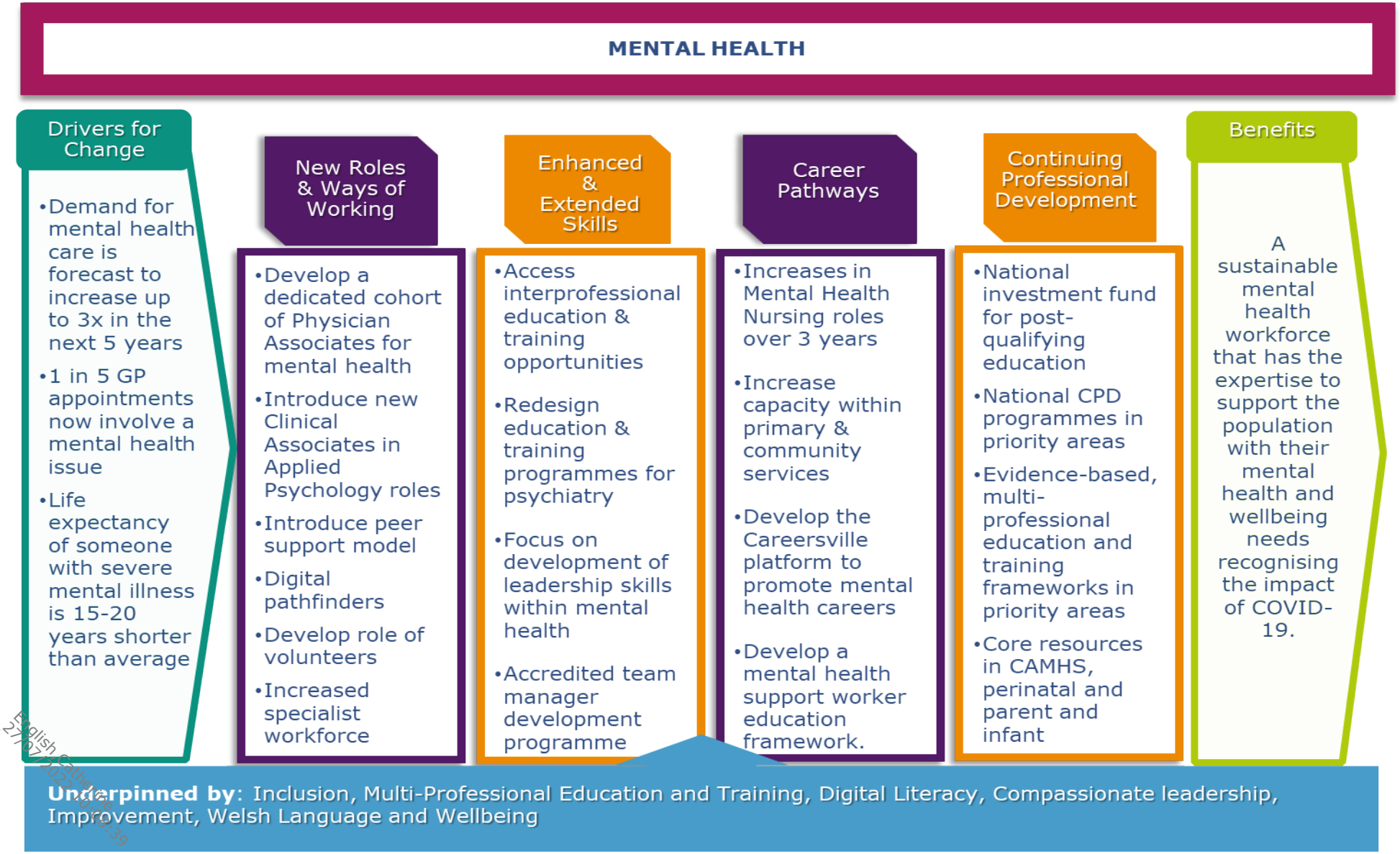
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4.1 Primary Care



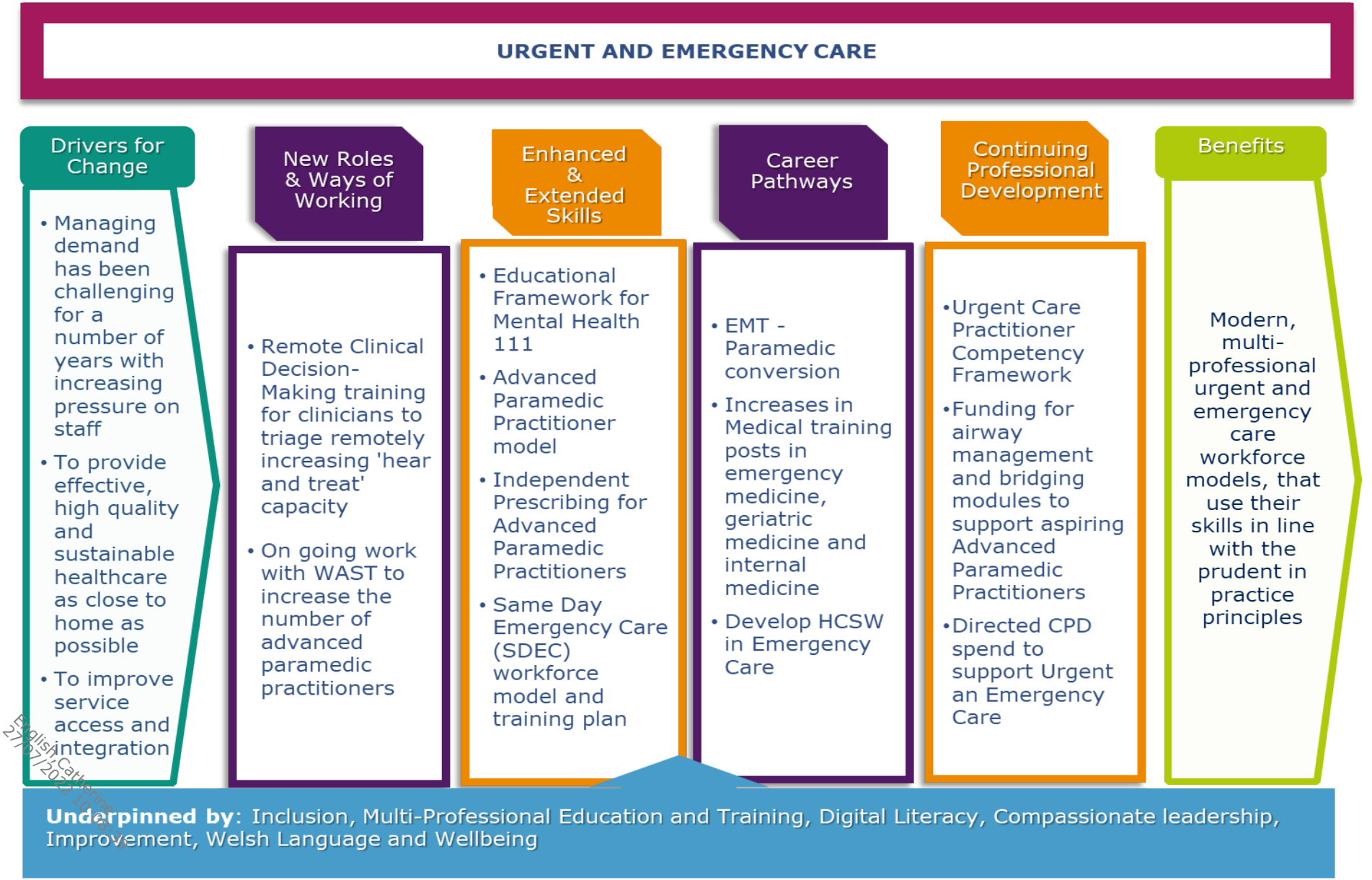
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4.2 Mental Health



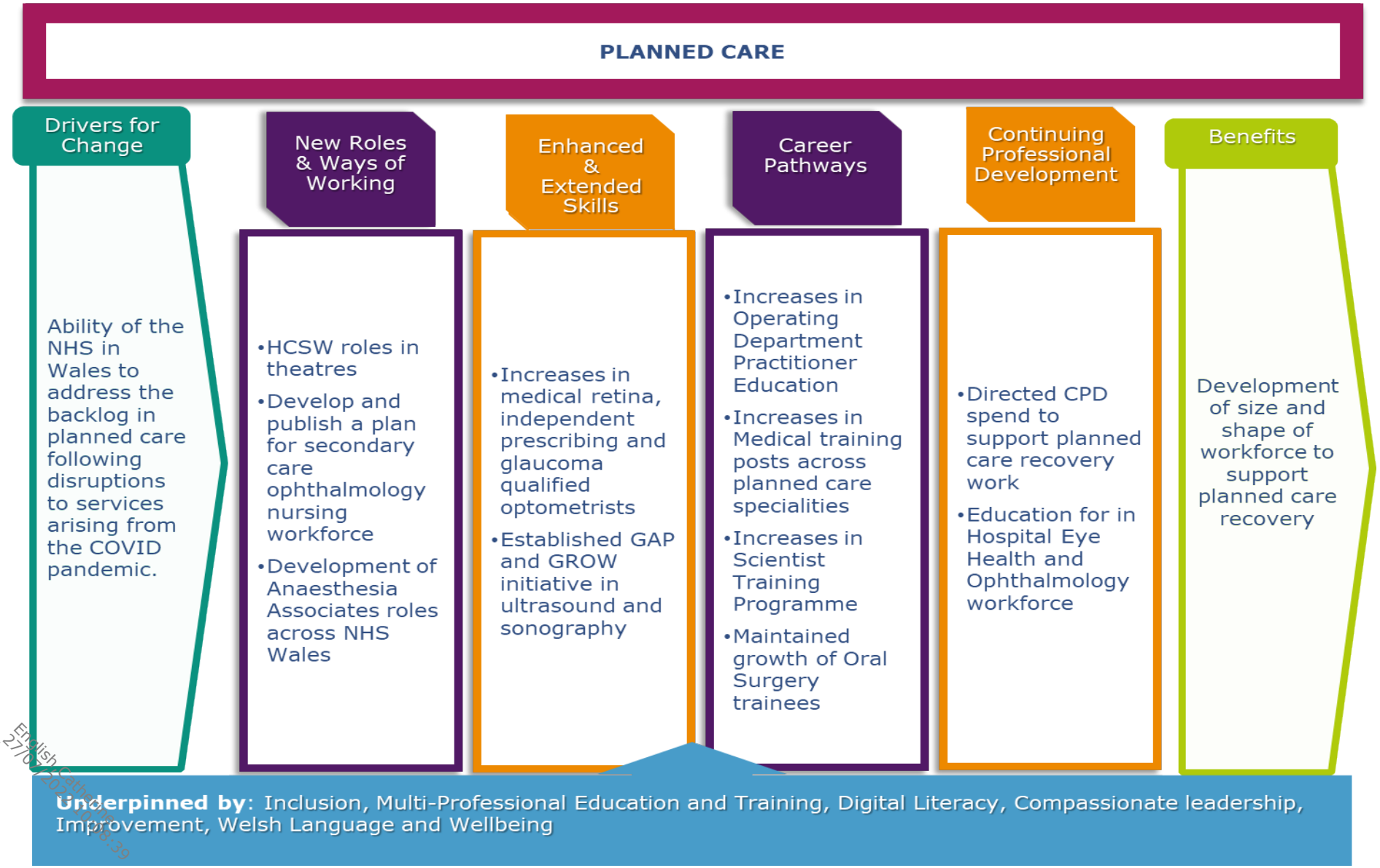
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4.3 Urgent and Emergency Care



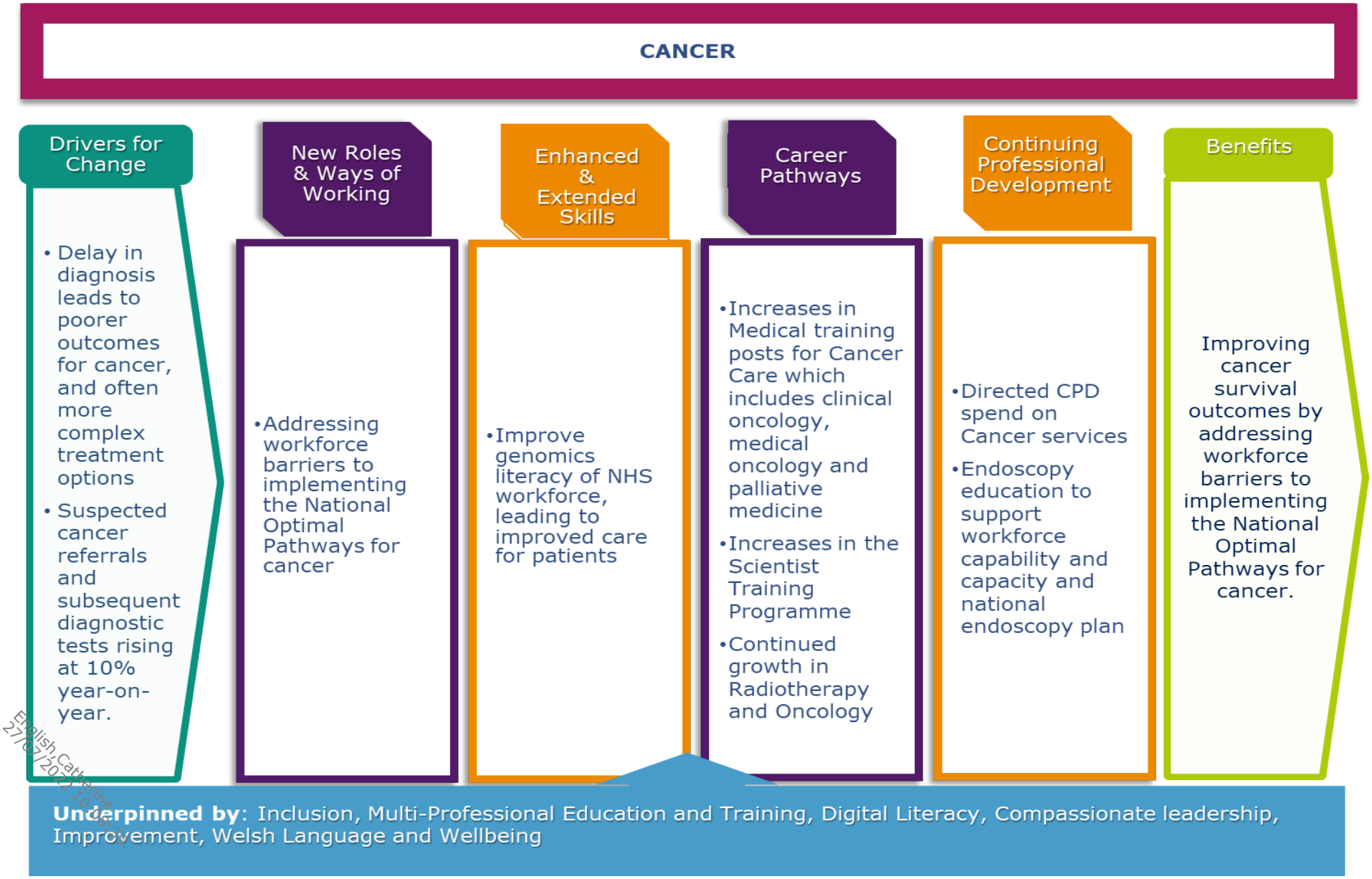
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4.4 Planned Care



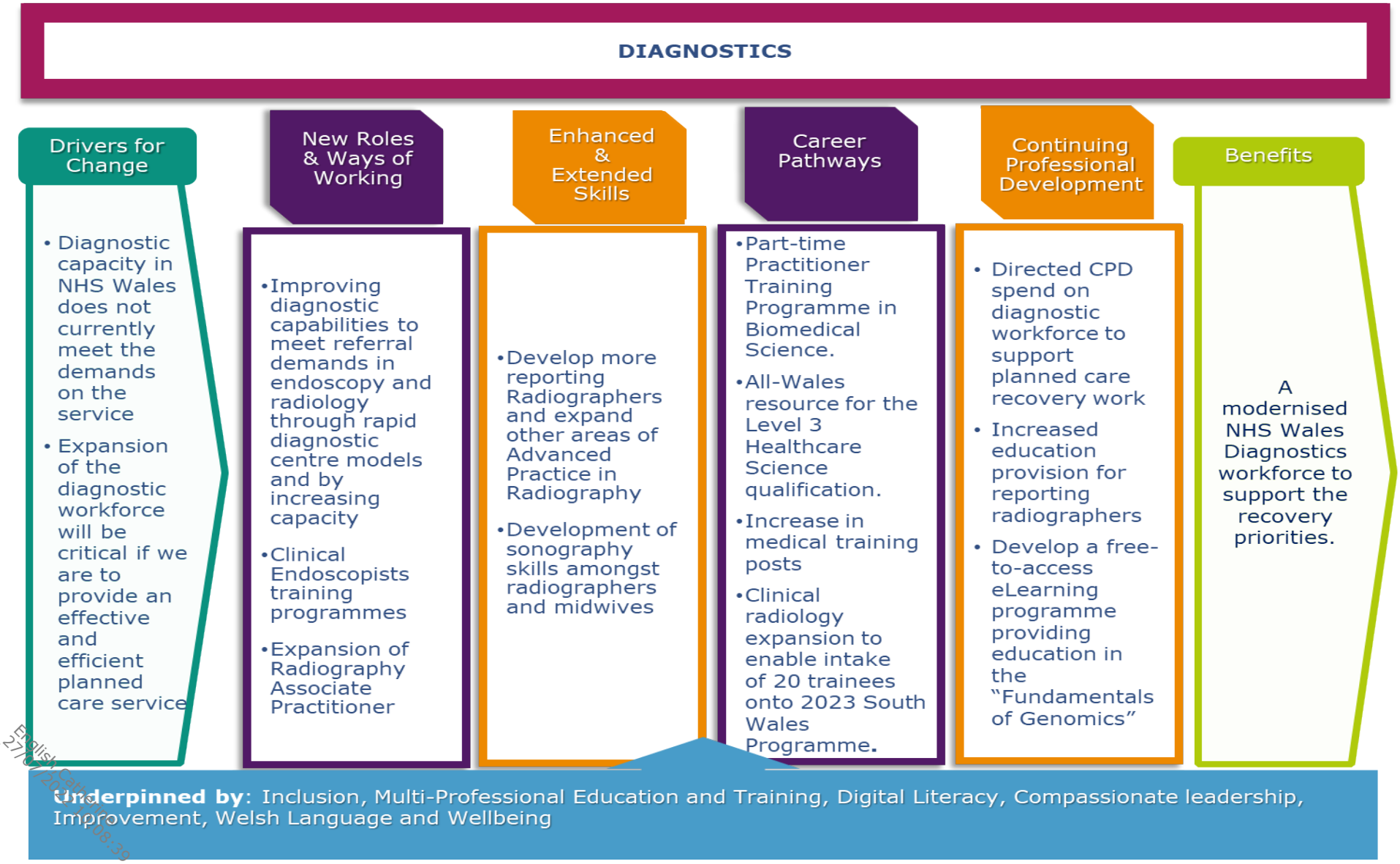
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4.5 Cancer



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4.6 Diagnostics



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Chapter 5 – Addressing Diversity and Building Career Frameworks

5.1 Addressing Equality, Diversity and Inclusion in Education and Training

This chapter sets out the actions we are taking to address diversity, widen access and build career frameworks for NHS Wales. It includes information on how we are taking forward work-based learning, apprenticeships, and healthcare support worker development.

HEIW is committed to encouraging and supporting equality, diversity and inclusion within the healthcare workforce and promoting the 'widening access' agenda. We recognise our role to inform workforce policy and plans to ensure that we are developing a workforce that reflects the communities we serve.

The diversity of UK graduates regarding ethnicity and other protected characteristics continues to increase which is welcomed and supported. However, we understand there remains barriers and challenges faced by students and trainees with protected characteristics and acknowledge the impact on their training experience.

HEIW will introduce initiatives to address these barriers and challenges for NHS Wales, such as ensuring that our trainers are appropriately trained and skilled in understanding cultural diversity and unconscious bias to better support these individuals. Commencing in 2022, the new health professional contracts will require Universities to provide specialist advice and support for students regarding equality, diversity and inclusion and facilitate both the gathering of data and engagement with students with protected characteristics to identify variance in experience, perceptions, or attainment.

Recently, ethnicity and progression in postgraduate medical training has received a lot of attention in the UK with a focus on understanding and addressing the differential attainment gap identified between International Medical Graduates (IMG), UK BAME graduates and graduates from UK white backgrounds with the former two groups more likely to experience issues impacting their progression. Furthermore, the 2019 RCN Employment Relations survey found that nursing staff from an ethnic minority background were far less likely to be employed at higher Agenda for Change bands.

We recognise the important of upskilling staff in this area and are developing a series of annual learning events for students and trainees that we support including a cultural competency programme. In our Strategic Equality Plan we have committed to develop and deliver procurement learning and development programmes which raise awareness of the importance of equality, inclusion, wellbeing and Welsh Language. Furthermore, following recent publication of Wales anti-racist action plan we will explore how best to drive this work through our Strategic Equality Plan.

HEIW will increase the understanding of such differences and introduce initiatives to address these for NHS Wales. We are committed to ensuring that equality, diversity and inclusion is embedded across the whole health and social care workforce at every stage of an individual's career, and that it is a fundamental component for a positive training experience in Wales.

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5.2 Careers

We will continue to develop our one-stop all-age digital careers platform 'Careersville' as the primary resource for NHS Wales careers marketing, promotion and event management, taking the opportunity to also align with 'Train.Work.Live' and 'WeCare' marketing campaigns. 'Careersville' has been highly successful since the launch with our schools event in October 2021, and in particular the view rate has been very high on the Welsh Language version of the site 'Tregyrfa.'



Over the next year we will enhance our approaches to supporting the wellbeing of our future workforce by providing age-appropriate career information and guidance to create meaningful work experience to better prepare our prospective students, learners and workers. We continue to support individuals and organisations who provide careers advice to schools, pupils and adults such as Careers Wales staff and teachers, ensuring they have access to robust and timely information about NHS Wales careers, as well as leading a thriving health and social care careers network, which helps to inform our offer and enables us to share good practice, as well as develop resources and information.

We will shortly commence engagement to develop our careers strategy. This strategy will encompass all ages and career stages and set our ambitions for future which include:

- Having a proactive approach to targeting specific shortages and in helping and supporting current staff who want a change in career and direction
- Reaching out to children and young people as well as adults, beyond our traditional paths to help shape their career choices
- Opening access to the many people in our communities that have valuable skills and experience currently under-represented in our workforce.

5.3 Advanced Practice

Multi-professional Advanced and Consultant Practice is critical to ensure we are developing a prudent in practice workforce maximising the opportunities of all professions to work to the top of their licence. In our IMTP we have committed to the development of an assurance framework. Currently there are inconsistencies across Wales in the development of advanced and consultant practice, resulting in a risk of inequitable practice or an inability to demonstrate parity in practice with potential risk of variable quality and safety for people using health services. A revised assurance framework will offer:

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- Increased confidence that HEIW are commissioning Advanced Practice and Consultant training which is fit for purpose
- Improved understanding of career development routes and opportunities, including both academic and work-based learning routes

- Clearer expectation and articulation around quality of Advanced Practice and Consultant practice, building credibility around roles, enhancing consistency in development of non-medically led services and First Contact Practice roles
- Support the delivery of multi-professional practice providing care closer to home.

In order to support the development of advanced practice across NHS Wales an Advanced and Consultant Practice Development Manager has been appointed to lead on a review of the All Wales Advanced Practice Framework and undertake an exercise to create a data base of Advanced Practitioners in Wales. We will work with the Advanced and Consultant Practice networks to understand their needs going forward and introduce an advanced practice portfolio to the work of the Revalidation Support Unit in HEIW.

Our recommendation is to maintain the budget for Advanced and Extended Practice education annual funding at £2m for 2023/24, priority areas identified for health boards and trust to target their spend are:

- Community and Primary care/GP OOHs
    - All organisations are expected to use 50% of their annual allocation to develop advanced and extended practice within the community and primary care multidisciplinary workforce. This includes both managed and independent GP practices (SCPHN and SPQ are funded separately)
- Unscheduled care to include, emergency care, critical care
    - Ongoing work with WAST to increase the number of advanced paramedic practitioners (APP), provide funding for airway management and bridging modules to support aspiring APPs to meet the demands of the education
- Cancer services and diagnostic workforce to support planned care recovery work
- Endoscopy education to support workforce capability and capacity and national endoscopy plan
- Education for in Hospital Eye Health and Ophthalmology workforce
- Mental Health workforce education to support implementation of the mental health plan, which includes education for CAMHS, CBT, DBT etc.

5.4 Independent Prescribing

Independent prescribing (IP) education and training represents a significant area of expansion over the forthcoming years bringing direct benefit to the people of Wales.

Recently, regulatory changes have permitted a number of professions, such as nurses, pharmacists, physiotherapists, podiatrists, radiographers, optometrists and dietitians to play an increasing role in prescribing medicines for their patients. The first students to enter the Future Nurse programmes will enter the workforce in 2023 and carry the NMC expectation that they will be able to:

“4.17 apply knowledge of pharmacology to the care of people, demonstrating the ability to progress to a prescribing qualification following registration.”

This means that whilst ‘prescriber ready’ they will still need to undertake a post-registration prescribing programme to become a nurse prescriber and this will be linked to their employment role. In addition, Physician Associates will increasingly undertake IP courses as they integrate their roles further in primary care and 111 for example. This depends upon when they become a regulated course.

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Changes in legislation means Advanced Paramedics are now able to undertake additional training to prescribe, bringing huge benefits to patients. Under current medicines legislation, registered paramedics already safely supply and administer a range of medicines for their patients. However, for those advanced paramedics mainly working within a GP practice, minor injuries unit, urgent care centre or in A&E this will enable a better use of their skills and improve patient experience by providing timely access to medicine and care closer to home.

Increasing access to prescribing for paramedics has huge potential to improve patient safety by reducing delays in care and creating clearer lines of responsibilities for the prescribing of medicines. For patients this means more timely access to medicines, care closer to home avoiding unnecessary trips to hospital or additional appointments with other health professionals.

In May 2022, GPhC made the long-anticipated announcement that pharmacists can begin independent prescriber courses whenever they have "the relevant experience and awareness". This removes the previous minimum of 2 years 'in practice' and will increase (the rate of) engagement with IP training. All pharmacists on the new curricula will graduate – from 2026 – as prescribers. The plan is that the existing circa 1,200 patient facing pharmacists will become IP's by 2026. We recognise that this causes some challenges in community settings.

Furthermore, we are commissioning new optometry education modules which can be directly used to provide new patient services in high street practice with the aim of having at least 2 optometrists in every cluster with higher qualifications in glaucoma, medical retina and independent prescribing. This will be aligned to new contract reform to facilitate delivery of new services in primary care optometry practice.

We recognise that it is vital that those who are upskilled to become independent prescribers require the infrastructure to support the use of these skills in practice. We commit to working with our health board partners to ensure that staff are able to use their skills and knowledge of prescribing and are supported to be prescribers.

There are also issues about increasing numbers across Wales as capacity is currently at limit. However, increases are being negotiated with Universities across Wales to help manage this shift in numbers. This work is ongoing and will continue to be developed. HEIW is reviewing the need for additional IPs and looking at a whole system solution rather than by individual professions. As highlighted in Chapter 3 this will require budgetary review for new contracts procured for 2024-25.

5.5 Work-Based Learning and Apprenticeships

In 2021 Welsh Government agreed that HEIW would be their Development Partner for the Healthcare Apprenticeships. This role had previously been held by Skills for Health. A steering group has been established, led by HEIW and involving a wide range of stakeholders.

Over the last two years HEIW has been carrying out detailed reviews of the Healthcare Apprenticeship Frameworks currently offered. It is envisaged that this work will be completed by the end of March 2023. The suite of Healthcare Apprenticeships will then be fit for purpose for NHS Wales and associated healthcare partners. As a result of these reviews the number of work-based learning (WBL) qualifications contained within Apprenticeship Frameworks will increase, enabling a greater range of organisations to invest in apprentices and maximise their levy contribution.

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Over the next three years we are committed to ensure WBL qualifications will be developed at education Levels 2 (GCSE equivalence) through to Level 7 (Masters equivalence) to support the development of the registered and non-registered workforce. Work is also being undertaken to identify education and training gaps in the progression routes and develop appropriate solutions, e.g., development of Level 4 WBL qualifications, procurement of part-time routes to health professional registration.

Over the next year we will;

- Develop and implement a new approach to support learning in practice for all students and trainees
- Embed the required quality control systems and processes for WBL across NHS Wales to include all aspects of the WBL Governance Framework
- Establish a process for the review of all Wales WBL resources to ensure that they are up to date
- Develop the Y Ty Dysgu learning platform to host WBL resources and other relevant information
- Undertake reviews of current work-based learning qualifications in line with their agreed review dates
- Deliver assessor and Internal Quality Assurance (IQA) training
- Take responsibility for the registration of all learners undertaking post registration WBL qualifications to support Phase 2 of the Strategic Review
- Work with the Education Workforce Council to ensure any NHS Wales staff who need to register are supported to do so.

We will measure our success in three years' time by being the main contractor to draw down Apprenticeship Funding from Welsh Government to offer a wide range of opportunities across NHS Wales.

5.6 Healthcare Support Worker Development

Healthcare Support Workers (HCSWs) make up 41% of the NHS Wales workforce and make a valuable contribution to service delivery in all settings with over half of this 41% working in roles supporting Nurses and Allied Health Professionals (AHPs), others working across Healthcare Science, Facilities, Primary Care and more. Workforce profiling suggests that 80% of tomorrow's NHS workforce is in post today. Therefore, greater priority needs to be given to developing the skills and competences of the current workforce, to better meet the health and care needs of individuals today and tomorrow. Without building capacity and capability in the HCSW workforce, there is the risk of being perpetually out of step and continually training and developing a workforce to address yesterdays and not tomorrow's healthcare needs.

Since the introduction of the Apprenticeship Levy in 2016, organisations have sought to increase the numbers HCSWs undertaking apprenticeships, which are referenced within a number of the IMTPs. It is expected that organisations will continue to maximise the use of apprenticeship funding, which would increase the breadth of support that could be given to organisations from the HCSW budget.

There is an urgent need, however, to develop and invest in HCSWs working in primary, community and hospital services. In addition, many of the current HCSW workforce have the knowledge, skills, values and behaviours to undertake pre-registration programmes with minimal extra support. Evidence would suggest that these individuals would stay with their local Health Board/Trust employer.

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There also needs to be equal opportunities for all HCSWs including those who work within Healthcare Science (commonly known as Assistant and Associate Practitioners in line with Modernising Scientific Careers) and Facilities Services and how HEIW supports the development of support workers within Primary Care. HEIW has continued to develop accredited work-based learning (WBL) qualifications to meet the development needs of the whole HCSW workforce. Areas where qualifications require development are identified:

- By the HCSW leads from across NHS Wales and their equivalents working within Primary Care
- By specialist workforce and education groups and service managers/clinical leads.
- Through the IMTP process where there is an opportunity to not only detail current requirements for support workers but also future qualification development
- As reviews of the healthcare apprenticeship frameworks take place
- HEIW will support WBL qualification development when there is an all-Wales need.

Further work needs to be done to illustrate not only the progression routes for a number of these qualifications but also where common units sit within a number of qualifications. This will allow learners to move more easily between settings/roles to continue their education journey. This workforce pipeline which starts with HCSWs needs to be underpinned by robust education and training programmes to ensure that individuals are competent to undertake their current role whilst also allowing for career progression.

5.7 Welsh Language

Language has always been paramount to enabling effective communication and person centred care. Receiving services through the medium of Welsh is a key component of care, especially when discussing sensitive and emotional concern.

This plan builds on the foundations of the workforce strategy for health and social care, in creating a workforce that is reflective of Wales' diverse population, Welsh language and cultural identity. The evidence of better clinical outcomes, and outcomes for people accessing care and support through the language of their choice is clear and highlights the vital importance we place on the delivery of health and social care in the language of Wales.

Professions such as Speech and Language Therapy now have specifically commissioned welsh language courses to ensure the future workforce can deliver services in the chosen language of their patients.

We continue to work with Higher Education Institutions to ensure that all students have access to bi-lingual Welsh Language provision or provide opportunity for students to enhance their Welsh language skills in practice including opportunities for appropriate level Welsh Language lessons free of charge. We are aware through our new contract implementation meetings with education providers that some institutions plan to go above and beyond their contractual requirements.

The success of 'Tregyrfa.' has clearly demonstrated the need to support educational and career pathways through Welsh language.

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5.8 Foundational Economy

We recognise our responsibilities to address the individual needs of each Health Board whilst, where appropriate, supporting a Once for Wales Approach regarding education and training and to ensure we are a major contributor to the foundational economy in Wales, both through direct funding into the education and training sector and by promoting access to high-quality employment and also supporting the 'Grow your own' workforce.

The implementation of Strategic Review Phase 1 has identified potential benefits of the new education contracts for health boards;

- Delivery of a more local / regional approach to healthcare professional education commissioning bringing the delivery of education closer to or in all health boards in Wales
- Dispersed and Distance Learning Nursing programmes enabling flexibility of learning and placements close to home
- For AHP's and Healthcare Science, all Wales and south east Wales provision has been diversified to, where appropriate, create part time education provision and develop additional programmes moving away from single providers for Wales where numbers allowed
- There will be a greater focus on closer partnership working and collaboration between the NHS Wales, HEI's and HEIW. By recruiting higher numbers of local students who understand the local population and community needs and are able to maximise undertaking their academic learning and placements more locally, it is envisioned there will be more opportunities for NHS Wales to fill vacancies from Welsh University graduates.

From 2022 we are meeting with all University and education partners individually on at least an annual basis. Here we will discuss how our organisations can work together on strategic healthcare education and training priorities addressing both country wide and local agendas.

Emphasis has also been given to recruit students from disadvantaged areas of Wales and from hard-to-reach communities, whereby a financial incentive is incorporated to enable greater support to those students from the lowest Welsh Index of Multiple Deprivation communities in Wales. One particular area requiring attention is the financial support available to students. We currently fund accommodation and travel costs for health professional students when this requires additional cost when referenced against their accommodation and travel to university. The Welsh Bursary provides much needed support to many students, and also attracts students to study in Wales. We are committed to working with our stakeholders to ensure appropriate and fair financial support to students.

From 2022 HEIW are commissioning two more Adult Nursing programmes in Wales that will help to attract people who previously may not have been able to access this training. There will be a full-time programme to service HDUHB North delivered by Aberystwyth University and a dispersed training programme in HDUHB and PTHB. The dispersed model will require HEIs to deliver training locally to people based in these Health Boards.

The work to address the needs of local areas, in particular those whose access to education and training is affected by rural or remote geography will continue during Strategic Review of Health Professional Education phase 2. Aspects of SRHPE phase 2 have been referred to throughout this ETP. A stakeholder event to address the next steps in SRHPE phase 2 is planned for later this year focused on advanced and extended practice together with newly identified areas of education and training need to support and respond to workforce need.

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Chapter 6 – Educational Enablers

This chapter sets out the strategic plans for the education enablers necessary to achieve optimal education and training and thus recruitment into the workforce.

6.1 Clinical Placements and Supervision

We are committed to supporting the development of placement availability and quality to underpin delivery of education and training across healthcare programmes. Placement learning constitutes a significant proportion of healthcare education and training with over 11,000 students undertaking pre-registration education programmes at any one time, and a significant number of trainees undertaking post-graduate education in Wales.

Increases in student and trainee numbers has placed a substantial premium on placement availability. New models for placement learning, inter-professional education and supervision are needed to ensure sufficient placement capacity for a wide range of students/trainees. In our IMTP we have committed to:

- Build on existing placement availability across nursing, midwifery, allied health profession, and healthcare science programmes
- Expand placement availability in targeted areas across primary, secondary, tertiary health and social care placement environments
- Establish stakeholder workstreams to develop new placement availability across priority settings including primary care
- Consolidate our role in medical, dental, pharmacy, and optometry placement management aligned to new programme implementation, service redesign, and strategic funding developments
- Ensure best-practice placement quality framework alignment across all healthcare professional programmes
- Develop quality benchmarks for placement excellence.

In three years' time we will have achieved the following outcomes for the population, staff and patients;

- Healthcare placements that offer students/trainees the breadth and variety of learning experiences necessary to meet programme learning outcomes, supported by committed, interprofessional placement supervisors, educators, and assessors
- Strategic, contractual, and financial plans that facilitate broader placement experiences to be achieved by education and placement providers, in collaboration with Regional Partnership Boards
- Placement learning experiences that prepare future registrants to provide service excellence in population health and wellbeing, respect personal experiences of care, ensure best value from resources, and be part of a sustainable and committed workforce
- Increased the number of pre-registration clinical placements for nurses within General Practices in Wales by rolling out a model tested in CTM across Wales using the new Primary & Community Care Academy infrastructure to facilitate this.

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HEIW funds approximately 60 Practice Education Facilitator (PEF) and equivalent roles across nursing, midwifery, allied health, and healthcare science professions. PEF roles are multi-layered and span the whole student journey including involvement in selection and recruitment, facilitation of placement capacity, delivery of supervisor and assessor training, quality assurance of practice learning environments, supporting registered staff with

students who are not meeting required levels of proficiency, through to the point of registration and support of new employees during their initial period of preceptorship.

HEIW has also recently introduced three Regional Care Home Education Facilitators (CHEFs) in Wales. A strategic thread of the CHEF role will be to work with key health and care partners and wider stakeholders to influence, promote and embed placement learning opportunities within the care home sector.

Responsibilities for PEF/CHEFs sit with the HEIW Head of Placement Experience and Improvement. A key objective for HEIW is to influence the future vision for PEF/CHEF posts in Wales, including a review of PEF role equity across fields of practice, healthcare professions, and regional geographies; widening the inter-professional remit of practice educator roles; and review of PEF core role elements. Business case proposals for new PEF and equivalent roles have been identified to support contemporary service developments for example in relation to primary and community care and mental health frameworks.

There are particular constraints on expanding clinical placements within primary care due to a combination of issues including lack of educator capacity; premises constraints and lack of specific funding that recognises the costs of releasing staff for educating and training due to the nature of independent contracts. Our ambition is to grow the availability of clinical placements within primary care to ensure that students have a rounded experience of clinical settings across the NHS, and to inspire a new generation of students to take up careers in primary care. We want to test the ability to extend the Cwm Taf Morgannwg Health Board hub and spoke model across Wales to expand clinical placements in General Practice settings from a very low baseline.

6.2 Simulation Based Education and Training

The All-Wales Simulation-Based Education and Training Strategy for the Health and Care Workforce sets out our vision for excellent Interprofessional Simulation Based-Education and Training.

Our strategy recognises the importance of simulation as a learning and educational tool for the development of the workforce, as well as its role in quality improvement and enhancing patient and service user safety and experience. It sets out our mission to co-ordinate the delivery of exemplary, high quality, interprofessional simulation-based education and training (IPSBET) that is accessible to all across the health and care workforce in Wales, as well as our objectives for faculty development and promoting the use of key recognised simulation standards.

Since its establishment in 2020 HEIW's Simulation team has worked to add value to NHS Wales by putting in place key foundations to support the delivery of simulation-based education (SBE) and clinical skills delivery, promoting quality and consistency of approach. HEIW has undertaken extensive engagement with the simulation community in Wales, sharing information and best practice for SBE in Wales, underpinning future development and initiatives to support collaborative multi-professional practice and effective use of resources. The team has established a working group of key stakeholders to discuss the further development of simulation-based interprofessional education and training and developed a quality improvement-based framework to guide simulation interventions following key clinical events. The team has also completed a Delphi study to define 'Simulation-Based Education' and is collecting data around the

accessibility of faculty, facilities, equipment and other relevant resources to support the delivery of simulation-based education and training in Wales.

In our IMTP we have committed to:

- Implementation of key priorities within the All-Wales Simulation-Based Education and Training Strategy for the Health and Care Workforce, and particularly to:
  - Support and promote interprofessional simulation-based education and training.
  - Standardise the faculty approach for simulation-based education and training in Wales through faculty development
- Develop lines of accountability to facilitate strategy implementation, particularly regarding quality assurance, IPSBET and accessibility
- Work across HEIW to support the delivery of key resources, support structures and mechanisms needed for simulation-based education and training.
- Enhanced and quality-assured use of resources on appropriate virtual platforms
- Disseminate and promote simulation-based education and training developments in Wales.

We recognise that in order to support the sustainable development of simulation-based education and training it will be critical to understand how simulated placement hours will be measured in comparison to clinical placement hours in the longer term. We are committed to work with regulatory bodies and education providers to greater understand the impact and ensure quality whether through in person or simulated activity.

6.3 Leadership

The Workforce Strategy for Health and Social Care states that 'by 2030, leaders in the health and care system will display collective and compassionate leadership'. There is substantial evidence of improved delivery and performance and of better outcomes for patients, where compassionate leadership approaches have been applied. Compassionate leadership which encompasses a focus on the health and wellbeing of staff will be a key cornerstone in the recovery and reset of NHS Wales.

The new health professional contracts commencing in 2022 will ensure that students have an understanding of compassionate leadership from day one of their training. This will ensure we are growing the compassionate clinical leaders of the future. We have ensured that our HEI partners have access to Gwella the online leadership portal which includes resource bundles for the seven compassionate leadership principles and can further supplement their learning with the Compassionate Leadership book by Professor Michael West.

The leadership team have worked in partnership with Wrexham Glyndwr University and created a 20-credit Compassionate Leadership in Practice Module. The aim of the module is to introduce the behaviours of compassionate, collective, and inclusive leadership practices, through developing a critical understanding of the core concepts, facilitators, barriers and enablers to embedding compassionate leadership within a workplace culture.

HEIW is also working with Professor Michael West and in partnership with colleagues across health and care to develop a Compassionate and Collective Leadership Programme comprising a tutor led component and self-paced pathway aimed at embedding leadership principles and behaviours. In our IMTP we have committed to;

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- Establish a network faculty of leadership associates who can support Executive and clinical development offerings
- Provide health and social care learning events to share best practice and create communities of compassionate and collective leaders
- Evaluate the impact and value chain of Gwella, leadership strategy and framework for action for NHS Wales
- Continue to enhance Gwella to reflect NHS Wales requirements through a series of pipeline developments
- Production of leadership resources for health and social care and continued publication and signposting to a wide range of leadership offerings.

The below diagram summarises how we are putting our compassionate and collective leadership strategy into action.



6.4 Wellbeing

The Workforce Strategy for Health and Social Care puts wellbeing front and centre of all that we do. Covid-19 provided us with huge focus on how we increased our support staff wellbeing. The Pearson Report into learners' mental wellbeing (Health Education England,2019) highlighted areas for improvement in the way we prepare our future workforce, which includes work-experience prior to studying for health professional education programmes and how we support our students during their training.

We know that supporting both mental and physical wellbeing helps to attract new staff and retain existing staff, consequently improving patient care through an engaged, motivated, wellbeing focussed workforce. We will navigate wellbeing approaches, ensuring that they align with our compassionate leadership approach. We will curate resources, translate models and exemplar practice for use across Wales, to support the wellbeing of our NHS family in their current and future working lives.

Over the next year we will;

- Support our students by setting and monitoring standards for wellbeing support through our education contracting and commissioning
- Support our trainees/postgraduate (PG) students by reviewing our approach to wellbeing of trainees and PG students including our offer of the Professional support unit and how we hold joint responsibility with employers

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- Support our NHS Family by providing system leadership and the curation and navigation of approaches and resources to improve retention by create conditions for staff to thrive.

Through providing system leadership in developing and embedding student training and workforce wellbeing, we are contributing to the ambition of an engaged, healthy and motivated workforce. Specifically, this means that:

- Information and resources including toolkits to support students, trainees, supervisors, managers and staff are widely available and utilised
- Robust diagnostic and evaluation tools have been developed and are providing evidence of improvement
- Wellbeing measures are being implemented and monitored to track progress
- Learner and workforce related policies and practices are being designed with a focus on wellbeing.

6.5 Continuous Professional Development

In the IMTP 2022-2025 we have committed to lead the development of a multi-professional Continuous Professional Development (CPD) strategy and drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills and capabilities required for the future. We have already been integral to the development of competency frameworks in Advanced Practice evidenced by roles such as Urgent Care Practitioners.

The CPD Strategy will provide direction and guidance for employers and employees when considering the range of CPD available to enhance both professional and personal development. It will allow HEIW to become a leader in the delivery, commissioning and signposting of appropriate, flexible, and accessible learning for the healthcare workforce in Wales. It will have an emphasis on Interprofessional Education and team training via digital and blended learning routes.

Having individuals who are able to access the most appropriate, good quality CPD at the right time, will ensure that the existing NHS Wales workforce has the skills and capabilities required for the future. This in turn will develop a competent, sustainable, and flexible workforce in line with The Workforce Strategy for Health and Social Care.

Over the next year through extensive engagement and consultation we will develop, draft, refine and publish the CPD Strategy. Our plans for 2023 and beyond focus on the implementation and evaluation of the effectiveness of the CPD Strategy. By the end of 2025 our ambition is for staff across the professions to have access to high quality lifelong learning.

6.6 Digital

The Topol review concluded that 'Within 20 years, 90% of all jobs in the NHS will require some element of digital skills. Staff will need to be able to navigate a data-rich healthcare environment. All staff will need digital and genomics literacy'. In recognition of this we will improve digital skills and literacy through the Digital Capabilities Programme.

The pandemic has demonstrated the system's capacity for rapid digital transformation but this is not without challenges. Those unable to work, learn, or access critical services online tend to be already disadvantaged, and so the increased reliance on technology has had a compounding effect on inequality, health and wellness. This programme of work focusses on developing the digital capabilities of the 101,000 people employed in NHS Wales and will therefore also lead to increased digital participation and improving outcomes more broadly.

We will lead the development and implementation of a digital capability framework for the healthcare workforce (for staff who are not digital specialists). The approach makes developing digital capability accessible and actionable for individuals, mapping to a range of professions, resources, and tools. It builds consensus around skills and capabilities, whilst allowing for contextualisation within different professions. This programme includes a process or tool whereby individuals can understand digital skills and capabilities, self-evaluate, and be signposted to relevant support and development. By 2025 the digital capability framework will be well embedded in healthcare, providing individuals, and groups, with the opportunity, skills and resources to continue to develop digital capabilities as technologies evolve.

To ensure we are leading the way we will make use of current, emerging and future technologies to their fullest potential to develop and implement a digital learning platform. Y Ty Dysgu will enhance our reputation as a provider of high-level education and training to the NHS workforce in Wales. It will provide a standardised approach (quality and financial) for provision of course management and delivery of online learning activities and KPI reporting and will act as a vehicle for the operational delivery of HEIW's CPD strategy and digital capabilities work. Building on the accelerated transition to digital education and training in the early phases of the pandemic, Y Ty Dysgu will support the delivery of more than 25 of the Strategic Objectives in this year's IMTP.

The implementation of our single integrated data digital platform will offer:

- Information and services easily and safely accessed by those who need them, when and where they need them
- Barriers within and across organisations broken down, allowing for collaboration and integration
- Ability to join up data from multiple sources to create improved intelligence
- Processes that add value and support users
- Streamlining user experience with a focus on user first design principles
- Cloud first approach that allows agile deployment and development.

Over the next three years we are committed to establishing an improved digital first experience for staff and stakeholders, driving sustainable digital innovation through the M365 programme. We will embed being a data driven organisation, gaining insight and direction from business data. This will ensure an improved understanding of our workforce by developing analytical methods and sophisticated modelling techniques.

6.7 Multi-Professional Education & Training in Primary and Community Care

In Autumn of 2020, we began engagement on a proposal to develop Multi-Professional Education and Training to support Primary and Community Care and the development of the Primary Care Model for Wales (PCMW). Over the last 10 years there has been a significant growth in the multi-professional workforce within primary care, yet with the exception of the GP training programme, there is no sustainable infrastructure to support multi -professional education in these settings. The engagement culminated in a proposal to invest in a sustainable infrastructure within HEIW and at a Health Board level and this has been supported by our Board. The aim is to establish an infrastructure during 2022/23 as set out within the IMTP. This will involve the creation of a small multi-professional education and training unit which will work alongside existing Deaneries and the creation of 7 Health Board Academies on a HB footprint.

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The aim is to:

- Improve the quality and availability of multi professional training
- Improve access to clinical placements and work based learning
- Improve recruitment and retention
- Strengthen learning infrastructure and support for trainers
- Improve workforce planning in primary and community care at all levels (Practice, Professional Collaborative, Cluster and Health Board)
- Ensure that commissioning of all Wales training and education programmes is appropriate and fit for purpose.

In discussions with Health Boards, we have identified 5 pillars of educational support within primary and community care as shown below.



One of the early priorities for 2022/23 is to develop a national Foundation Programme for General Practice Nurses (GPN). GPNs are a key member of the multi-disciplinary team and provide a vital range of services. Investment in education and training for this group is patchy across Wales. We are working in partnership with Health Boards to develop and design a national GPN Foundation Programme which will be operational during 2022/23. In this first year, it will target 21 new training places for Practice Nurses at a cost of £0.275m HEIW costs) with a shared contribution from Health Boards and General Practices.

The infrastructure will improve the ability for NHS Wales to plan future workforce requirements including education and training need and we will work alongside Health Boards to systematically consider future need. It is likely that similar national programme will need to be developed that offer a consistent approach to education and training underpinned by the HEIW quality framework. We are proposing to handle future investment requirements taking a similar approach to that adopted for the delivery of HCSW and post-qualifying training whereby we prioritise programmes taking them through a robust internal business case approach and delivering via Health Board Academies. In 2023/24, we are proposing to start in a modest way through the creation of a fund that will support the national Unit and Academies in focussing on a small number of priorities and we are suggesting an investment of fund of £0.85 million to support the continuation of the GPN programme and any new national requirements.

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Chapter 7 – Financial Plan

This chapter sets out the financial costs associated with the Education and training plan.

In determining the financial implications of this education and training plan, costs have been calculated aligned to the identification of and review of workforce requirements and recommendations for investment.

The identified funding requirement across multi-professional areas has been calculated utilising consistent costing criteria based on known salary scales and anticipated annual uplifts.

7.1 Developments and Investments

Aligned to the contents of this plan, HEIW is actively progressing a range of workforce programmes which will complement the requirements identified in the plan and where additional resource is to be invested. These include;

- Mental Health Workforce Plan
- Primary and Community Care Academies
- Pharmacy Integrated Education and Training Plan.

Furthermore, organisationally HEIW is reviewing and advising on a number of existing funding streams currently in place to facilitate education and training across NHS Wales such as study leave, training grade salaries and advising on the future approach to Service Increment for Teaching.

7.2 Risks and Opportunities

The financial plan has been developed with the best available information and within the existing policy environment and investment approaches. The actual costs of investment will vary across the years of the plan as a result of the levels of recruitment and commencement of individuals into the wide variety of training programmes. There remains some uncertainty on the scale, length and impact of the COVID-19 pandemic on educational and training commitments in the early years of the plan.

7.3 Finance

The following detail sets out the total funding requirement for Education Commissioning and Training for 2023/24 calculated as **£295.00m** increasing to **£321.77m** by 2025/26**.**

The total requirement for 2023/24 can be broken down into **£154.99m** for the wider health Professional Education, **£16.31m** for Pharmacy Training, which includes £1.56m in relation to the costs for the Undergraduate Clinical Placement Programme business case, **£67.97m** for Medical Training places, **£36.79m** for GP training, **£10.11m** for Dental training.

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The costs of the Mental Health Workforce Plan at **£7.36m** and the Primary Care Plan at **£0.85m** made up of three specific areas of expenditure as broken down below.

	2023-24 £m	2024-25 £m	2025-26 £m
Health Professional Commissioning	**154.99**	**166.45**	**172.96**
Pharmacy (inc. UG Clinical Placement)	16.31	19.19	19.60
Medical Training	67.97	71.80	73.25
GP Training	36.79	37.59	33.87
Dental Training	10.11	10.40	10.61
Mental Health Workforce Plan	7.36	8.44	9.99
Primary Care – GP Nursing	0.28	0.28	0.29
Primary Care Pre-Reg Nursing Placement	0.07	0.07	0.07
Primary Care Plan	0.50	0.50	0.50
Total	**295.00**	**315.36**	**321.77**

Health Professional Commissioning Split

Health Professional Commissioning is made up of a number of areas and as such can be further split into the following categories:

FINANCIAL YEAR	2023.24 £m	2024.25 £m	2025.26 £m
Nursing	80.75	89.76	94.29
Midwifery	6.58	6.93	7.03
Community Nursing	7.50	7.78	7.89
AHP total	33.18	34.23	35.31
Healthcare Science total	15.62	17.40	18.48
Advanced/extended practice	2.08	2.08	2.08
HCSW	2.50	2.50	2.50
Prescribing	0.50	0.50	0.50
Other Health Professional costs*	6.28	5.27	4.87
TOTAL	**154.99**	**166.45**	**172.96**

* Other health professional costs includes Disability Allowance, Practice Education Facilitators, Overseas Nursing, Critical Care, Equivalence Training for Science Workforce, Return to Practice & Paramedic Refresher Training as well as some other small areas of commissioning not listed above.

Increase in Requirement

The increase in the overall requirement for 2023/24 over the 2022/23 planned spend is £32.71m. This is as a result of a range of factors that are described in more detail in the table below.

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	Budget 2022/23 £m	E&T Plan 2023/24 £m	Increase £m	Notes
Health Professional Commissioning	146.01	154.99	8.98	Impact of increased commissioning numbers
Pharmacy	12.04	16.31	4.27	Undergraduate Clinical Placement Programme

	Budget 2022/23 £m	E&T Plan 2023/24 £m	Increase £m	Notes
Medical Training	60.50	67.97	7.46	£5.3m additional workforce plus impact of pay award.
GP Training	34.20	36.79	2.60	Increased numbers of extensions and protected pay. Cost modelled at 160 intake per year
Dental Training	9.55	10.11	0.56	Increase in Dental Therapist recruitment
Mental Health Workforce Plan	0.00	7.36	7.36	Costs of New Activity included
Primary Care Plan	0.00	0.85	0.85	Costs of New Activity included
Total	**262.30**	**294.38**	**32.08**	

It should be noted that within the Education & Training plan submitted in 2021/22, the reported full year impact of additional commissions included within that plan would result in a cost for 2023/24 of £277.94m.

The increase in funding request from £277.94m to £295.00m is £17.07m which can be broken down into:

- £1.56m associated with the Undergraduate Clinical Placement Programme business case
- £7.36m which relates to the Mental Health Workforce Plan and
- £0.85m for the Primary Care plan and
- £7.30m for additional commissions in various health professions for 2023/24.

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APPENDICES

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Appendices

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Appendix A

Workforce Analysis

1.1 Wales Population Estimates

It was anticipated that the information from the Census 2021 would be published in Spring 2022 and therefore available to inform this plan, however, due to the impact of the pandemic, this has now been delayed until at least July 2022. This means that Census 2021 information has not been able to be included within this plan and will be presented as part of next year's plan.

The population of Wales is estimated to be just over 3 million as at June 2020 and population projections indicate that the population of Wales is continuing to grow and is projected to increase by 2.7% to 3.22 million by 2028[1] and by 3.7% to 3.26 million by 2043. There will continue to be increases in the proportion of the population aged over 65, accounting for a fifth of the population by the middle of this decade and there will be more people aged over 65 than aged under 15 meaning that there will be less economically active people.

In 2020, 2.5% of the UK population was aged 85+ and by mid-2045, this is projected to have nearly doubled to 4.3%. The increase is fuelled by the baby boomers from the 1960s reaching 80+, as well as general increases in life expectancy.

By mid-2030, the number of children aged 0-15 is projected to decrease by 8.8%. Conversely, the number of people of pensionable age is projected to increase by 11.3%[2] and the number of working age people is projected to increase by 4.5%.

By mid-2045, the number of working age people and children is projected to remain around the mid-2030 levels, however during the same period, the number of people of pensionable age across the UK will grow to 15.2 million, an increase of 28% on the level in 2020. This will impact on both demand for healthcare and the availability of workforce to meet this demand.

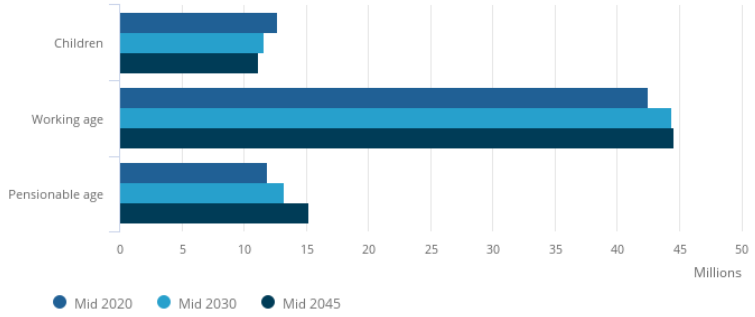
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[1] Mid year estimates of the population: 2020 | GOV.WALES (accessed 17.05.22)

[2] This takes into account the planned increases in State Pension age to 67 years for both sexes

Figure 4: The number of people of pensionable age is projected to grow the most

UK population by life stage, mid-2020, mid-2030 and mid-2045



Source: Office for National Statistics – National population projections

1.2 Labour Market Intelligence

The May 2021 Labour Market Overview for Wales indicates that the employment rate in Wales was 74.0%. [3]The UK employment rate was 75.2%. The unemployment rate in Wales was 4.4% as compared to the UK unemployment rate of 4.8%. The Institute of Employment Studies (IES) [4] states that unemployment across the UK has fallen to its joint lowest since 1974 and is masking a continued decline in the size of the labour force. It estimates that there are now 590,000 fewer people in work in the UK than before the pandemic and 490,000 more people economically inactive - this growth is driven by fewer older people in work and more people out of work due to long-term ill health. The IES has estimated that, across the UK, there are now 1.17 million fewer people in the labour force than pre-pandemic coupled with a record level of vacancies and job turnover higher than pre-pandemic levels, with firms struggling to fill posts.

As the Wales population continues to grow, the balance between those aged 65+ and those aged 15 is estimated to widen, meaning that there is likely to be a continued decline in the size of the available labour force as people retire from work and if those workers choose not to remain in the workforce.

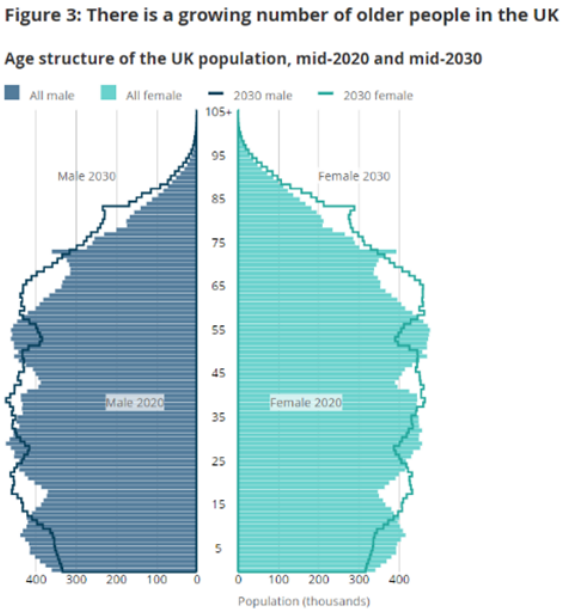
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[3] Labour market overview: May 2021 | GOV.WALES

[4] Labour Market Statistics, April 2022 | Institute for Employment Studies (IES) (employment-studies.co.uk)

The proportion of older workers grew between 2003 and 2018; the numbers of people aged 50–64 in employment increased from 56% to 69%. During this period, the number of people aged 65+ in employment rose from 5% to 10% (StatsWales May 2019). *Age Friendly Wales: Our Strategy for an Ageing Society* recognises that it is economically imperative that employees in Wales are supported to adapt their skills to fit emerging new technologies and the changing jobs market. This can be achieved in part by equipping the workforce with the skills they will need across their working lives, but it will also require employers to provide more flexible working policies and environments.

Figure 3: There is a growing number of older people in the UK



Source: Office for National Statistics – National population projections

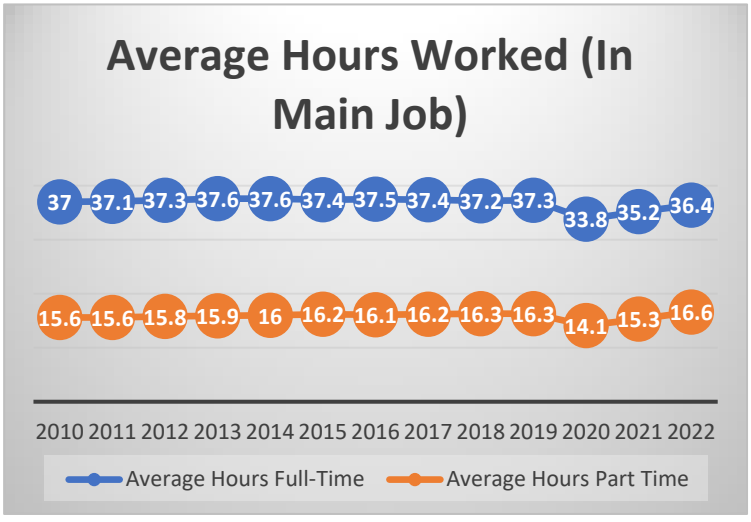
1.3 Changes to working behaviours

Our working behaviours are also changing with a reduction in working hours across the workforce in the Human Health Sector. In the decade before the Covid-19 pandemic average working hours for full-time workers (in their main job) increased from 37 hours per week in 2010 to 37.6 in 2014, then declined overall in the following years to an average 37.3 in 2019.

There were marked reductions in 2020 to 33.8 and 2021 to 35.2 average hours per week due to the impact of the pandemic. There has been a subsequent increase to 36.4 hours in 2022, which is still below the pre-pandemic level of 37.3.

Men in Wales worked an average of 34.8 hours per week and females worked an average of 26.6 hours per week[5].

For part-time working the picture is different, since 2010 there has been a gradual increase from an average 15.6 hours per week to 16.3 hours per week in 2019. Whilst the part-time working hours show the same decline between 2020 and 2021 during the Covid-19 pandemic. The 2022 figures show an increase on previous years to 16.6 which is higher than the pre-pandemic figure of 16.3 hours.



Source: HOUR01 SA: Actual weekly hours worked Wales Human Health Sector (seasonally adjusted) - Office for National Statistics (ons.gov.uk)

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[5] Labour Market Overview, April 2022 (gov.wales)

The CIPD[6] has identified an increase in homeworking following the Covid-19 pandemic rising from about 5% to 19%, but there has not been a similar rise in other forms of flexible working. CIPD report that the number of workers in a job-share, working flexi-time, compressed hours, part-time hours, term-time working, annualised hours and zero-hour contracts has decreased or remained stagnant.

Pension changes over recent years, including the McCloud judgement (2018) and changes to the ages at which people can retire and draw their full pension entitlement, may lead to changes in retirement behaviours. The average age of retirement currently within NHS Wales is 63 for males and 64 for females, however, future changes to pensions and state pensionable age may change the average age of retirement. This will need to continue to be monitored to explore whether the recent changes to pensions and pension flexibilities have any impacts on retirement behaviours especially given the numbers still due to reach 60+ within our workforce and whether this impacts on the participation rates of older workers.

1.4 Analysis of Integrated Medium-Term Plans and Workforce Planning Questions

This year, organisations were required to submit three-year IMTPs and HEIW requested organisations to respond to 5 high level workforce planning questions that would support organisations' education commissioning requests and provide additional, focussed workforce information in regard to retirement, recruitment, part time working, workforce transformation and development of the multidisciplinary team. The organisations have identified a number of common trends, concerns and challenges and a number of workforce challenges, including:

- Workforce shortages across 5 staff groups, both current and future.
- High level of retirements over the next 5 years in roles where there are high levels of vacancies, including nursing and smaller specialisms such as podiatry, neurophysiology, medical physics and cardiac physiology.
- Development of new roles within existing multi-disciplinary teams e.g. first contact roles such as Physiotherapy, Dietetics and Audiology within primary care.
- Increasing the introduction of new roles including Physician Associates, Anaesthetic Associates and Nurse Therapists.
- Increasing skills sets of the existing workforce including the development of the skills of Healthcare Support Workers and Assistant Practitioners and providing routes for Assistant Practitioners to develop into roles such as Nursing, Diagnostic Radiographer and Pharmacy Technicians and for Healthcare Support Workers to support the shortage of Dental Nurses.
- Recruitment challenges and skills shortages across a range of roles.
- Increased numbers of leavers with organisations citing reasons for leaving include work-life balance.
- Staff retention is fundamental alongside the need to understand why people leave.
- Increased requests for part time working.
- Need to build workforce planning skills for managers.
- Need to improve data analysis to enable longer term workforce planning.
- The continued impact of Covid-19 pandemic on the workforce across NHS Wales, including wellbeing of staff.
- Despite the pandemic abating, patient demand and workload increase with organisations reporting widespread pressure on diagnostics, cancer and mental health services as backlogs are tackled.

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[6] Trends in flexible working arrangements | Reports | CIPD

There is consensus across IMTPs of the need to develop a better long-term workforce strategy, enabled by access to better quality and reliable data and improved management skills to identify, plan and prepare the future workforce. The emphasis within the IMTPs is less about the numbers, and more about the shape of the future workforce, coupled with the real need to build skills of managers and leaders to undertake long-term workforce planning as an integral part of their role. HEIW will continue to develop training and supporting resources to enable the development of workforce planning skills and competence for service managers.

Recruitment across organisations continues to be challenging, with significant national shortages and longstanding gaps in specialist professional roles which are impacting on the delivery of key programmes of work including cancer and mental health. Whilst many of the organisations are developing attraction plans for targeted services, building international pipelines and considering innovative recruitment methods, all are recognising the need to develop the existing workforce (including recognising the contribution of the unregistered workforce), the need to reduce turnover and emphasis on “growing your own” via apprenticeship routes and widening access.

All organisations state their ambition to work differently, transforming traditional roles, promoting development, advanced practice and top of license working. The development of new roles features across the IMTPs, including Physician Associates, Anaesthetics Associates and Assistant Practitioners and extended roles, including Mental Health Practitioners and Community Pharmacists.

In terms of key pressures and specialisms requiring the most urgent attention, the IMTPs made repeated references to the same clinical areas:

- Improving diagnostic capabilities to meet referral demands in endoscopy and radiology through rapid diagnostic centre models and by increasing capacity.
- Pathway improvements in cancer services to reduce waiting times and increase cases identified through early diagnosis.
- Improving clinical outcomes in circulatory diseases including stroke and heart disease.
- Reviews of mental health services to ensure services can match increasing levels of demand.
- Improving community/at-home care through increasing SDEC, ambulatory and palliative care to shift resources from acute to community based-care.
- Expansion of dental training to combat increasing pressures on existing services.
- Support to reduce ophthalmology cases, including increasing demand for cataract surgery from an ageing population.
- Extensive delays for orthopaedic referrals & treatment.
- Need to focus on the sustainability of unscheduled and critical care.
- Focus on increasing use of technology (including AI) to reshape professions and the shape of the workforce and to enable working differently and further agile working specially to tackle turnover hotspots (Healthcare Scientists).

Through our Education & Training Plan and IMTP, we will support organisations to address these pressures.

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1.5 The Impact of Covid and post-Covid workforce

As outlined in the last HEIW Education and Training Plan, the Covid pandemic continues to impact on the workforce and will continue to do so for years to come. Some of the longer-term trends and impact on the workforce, including potential changes in workforce behaviours are yet to emerge and will need to continue to be monitored. There remain a number of concerns of potential key impacts on the workforce:

- Increased turnover including increased or earlier retirements
- Staff wellbeing impacting on fatigue and its impact on retention
- Increased applications for flexible working/reduced hours

The pandemic saw many services experiencing reduced referrals, only to result in the creation of sizeable backlogs of patients now needing diagnoses and treatment plans. During the pandemic services had to innovate, integrate and collaborate at pace and there is no appetite to return to the previous ways of working within the IMTPs. The IMTPs report that the pandemic led to different ways of working, shifting from reactionary and short-term to a position where organisations have taken stock, reflected and have started to develop future-focussed workforce plans which can drive recovery, embrace the increasing use of technology and reduce patient waiting lists.

An increase in requests for flexible and part time working was identified as a key workforce trend following the pandemic and the CIPD identify that the increase in homeworking following the COVID-19 pandemic is continuing (rising from about 5% to 19%), however, there has not been a similar rise in other forms of flexible working. In fact, the number of workers in a job-share, working flexi-time, compressed hours, part-time hours, term-time working, annualised hours and zero-hour contracts has decreased or remained stagnant[7].

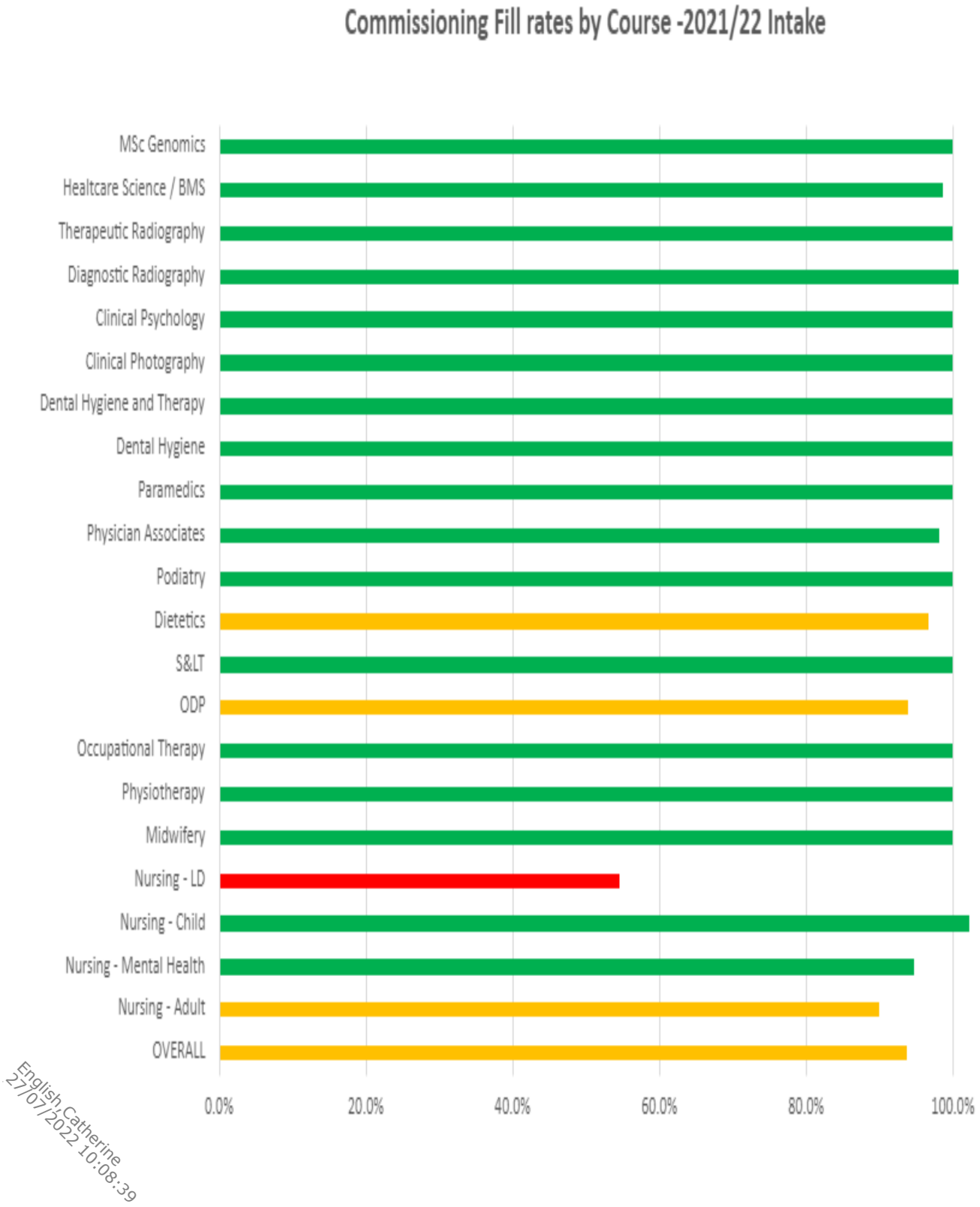
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[7]CIPD Trends in Flexible Working, https://www.cipd.co.uk/knowledge/fundamentals/relations/flexible-working/trends

Appendix B

Education and Training Recommendations Further Information

1.1 Commissioning Fill rates by course 2021-22 intake



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1.2 Nursing and Midwifery

Routes into nursing

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

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

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

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

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

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

Following a strategic review of Heath Professional Education in Wales and the award of new education contracts, we are able to commission more nurse pre-registration education places in Wales. In recent years the HEIs in Wales have struggled to meet the target commissioned pre-registration places in some fields. The number of applicants has not dropped but the number of training places increased. From 2022 we are commissioning two more Adult Nursing programmes in Wales that will help to attract people who previously may

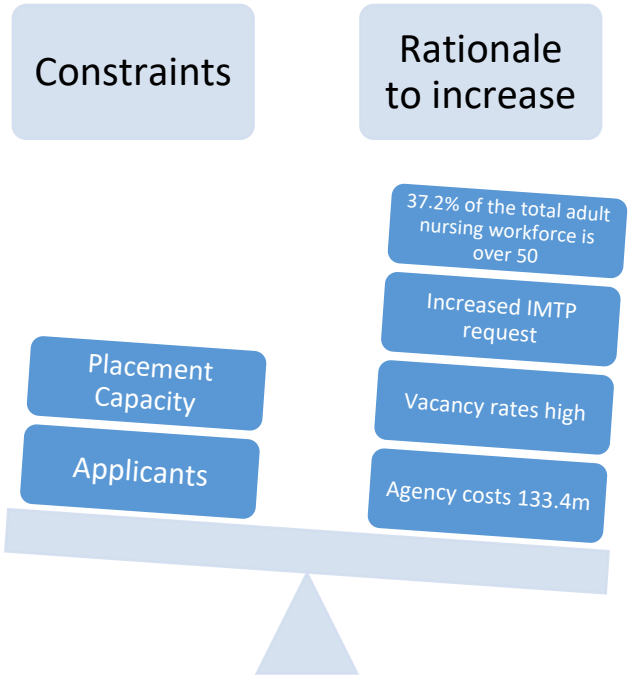
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not have been able to access this training. There will be a full-time programme to service HDUHB North and a dispersed training programme in HDUHB and PTHB. The dispersed model will require HEIs to deliver training locally to people based in these Health Boards.

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

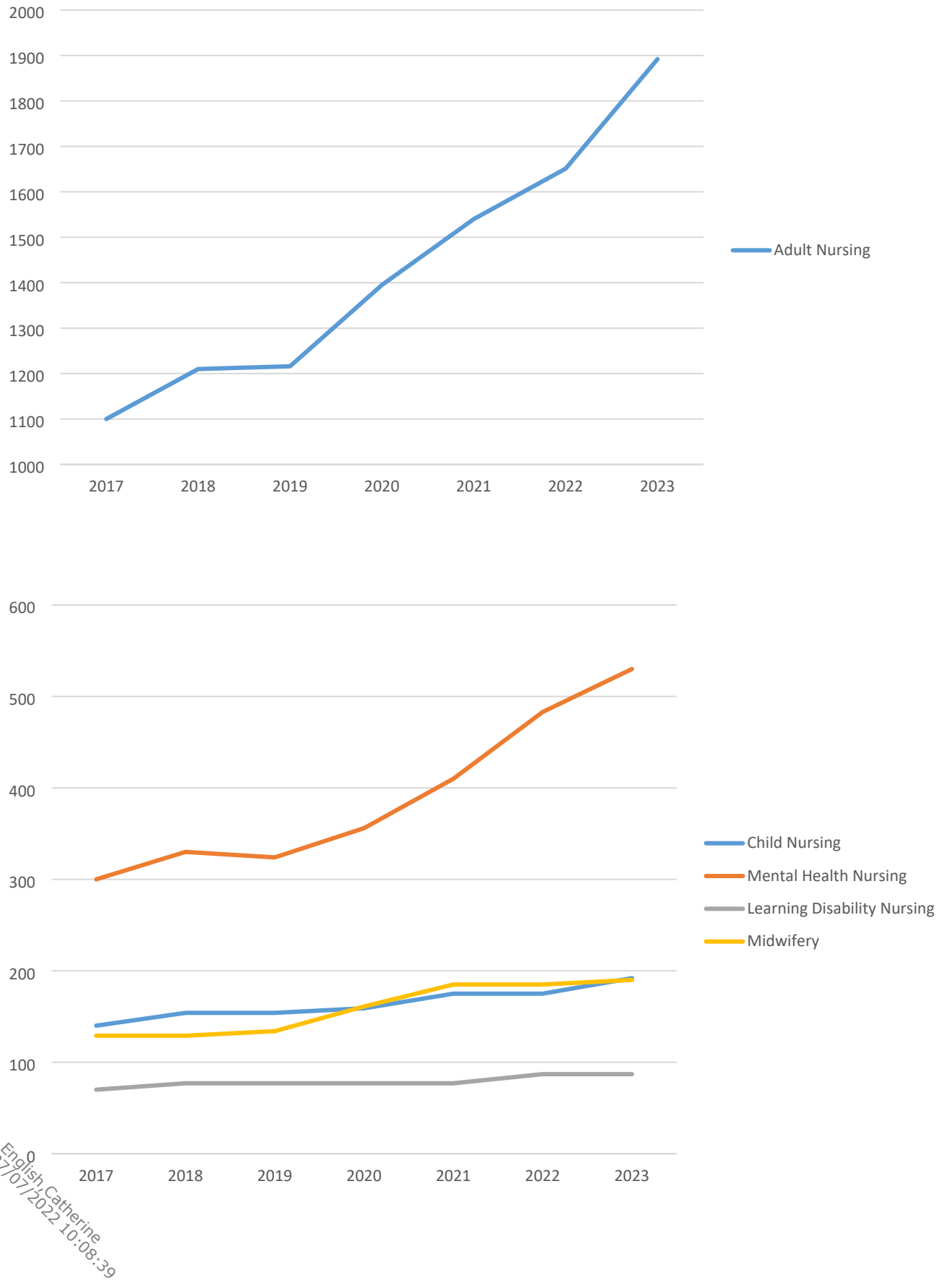
Some key figures:

	Adult Nursing	Mental Health Nursing
% of workforce over 50	34%	34%
Participation rate	88%	92%
Estimated graduates 2022	851	225
Estimated graduates 2023	859	220
Estimated graduates 2024	980	242



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Increases In Nurse & Midwifery Commissions



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Adult Nursing: Case study

2022	Compared to **2021** this was an increase
• 1,651 places were commissioned. • Against an identified Service (IMTP) need of 2,502. • Therefore, 66% of the total identified need has been commissioned.	• We commissioned 1,540 against a need of 2,452. This represents commissioning 57% of the need. • Commissions have increased from 2021 to 2022 by 7.2% from 1,540 to 1,651. • Commissions have increased from 2020 to 2021 by 10% from 1,400 to 1,540.

Whilst the numbers commissioned are significantly below the IMTP numbers it must be noted that the trend, since the inception of HEIW has been to,

1. **Commission more each year and**
2. **Commission a higher percentage of the IMTP identified need**

Opportunities to continue increasing include blended and simulated learning opportunities meaning less pressure on the estate and therefore on maximum cohort size. Additionally, the procurement of new pre-registration education contracts has increased the number of training places available enabling recruitment of students from the more rural areas of Wales.

Streamlining for nursing has demonstrated **there is no shortage of posts** and more nurse graduates **will reduce the impact of the agency bill**. Course attrition remains below the UK national average.

The main **issue** relating to increasing commissioning numbers surrounds the **availability of placements** that provide a rounded educational experience and there has been a commitment from Health Boards and Trusts (outlined in the 2022/23 E&T Plan), to work with us and the Universities to develop more placement capacity and innovative solutions for the additional student nurses and their employment upon graduation in 2025.

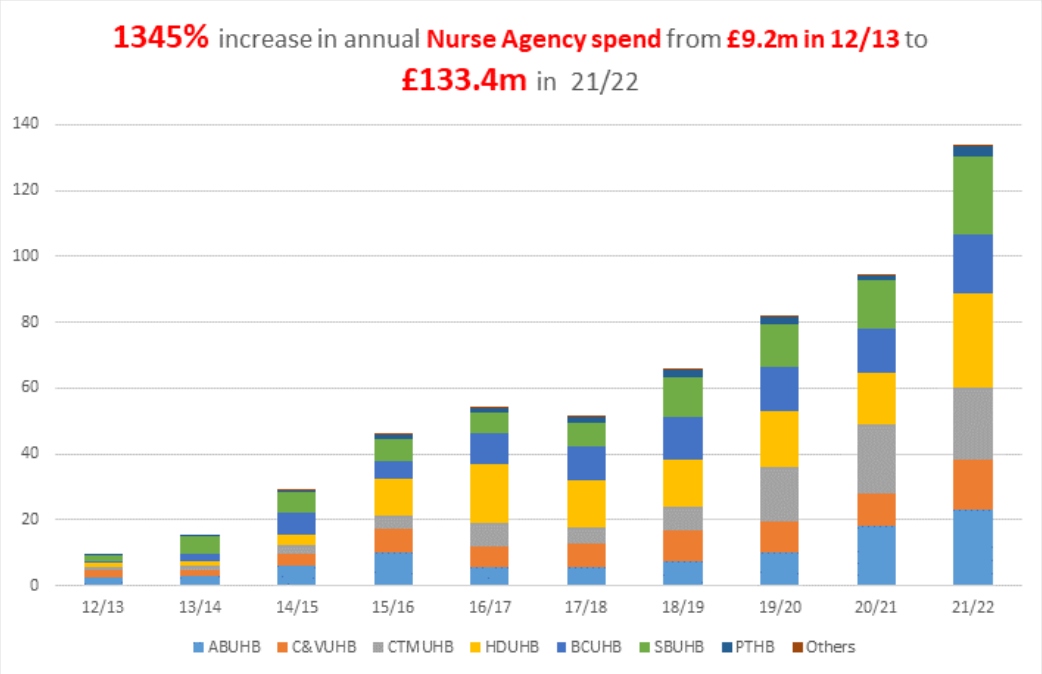
Therefore, the growth has been challenging but achievable due to collaborative work across the system. Our increased focus, development and leadership across Practice Education Facilitator roles will assist in increasing numbers further.

Other factors to consider when determining 2023 Adult Nurse commissioning numbers:

- In 21/22 Universities struggled (in the January – March cohorts) to fully recruit to the commissioned places. A collaborative deep dive meeting with universities was held in May to understand the reasons for under-recruitment and to produce an action plan to address these issues in time for the 2023 January – March intake.
- Current vacancy rates in adult nursing. There are currently in excess of 2,000 (awaiting confirmation) adult nurse vacancies across Wales.
- Age profile of adult nursing workforce
    - Of the 19,722 adult nurses (headcount) identified in ESR @ dec'21:
        - 1,696 (8.6%) are over the age of 60
        - 2,590 (13.1%) are between the ages of 55-59
        - 3,053 (15.5%) are between the ages of 50-54
        - 37.2% of the total adult nursing workforce (7,339) are over the age of 50
        - 50 is an important age in terms of pensions as all staff over 50 are able to retire, with full pension at the age of 55. Therefore, with 37.2% of staff at or approaching retirement age this presents a significant risk over the next 5 years.
- Participation rates (i.e. part-time % of time staff work)
    - Between the ages of 30 and 54 adult nurse staff have a participation rate of approx. 90% (i.e. 4.5 days in a 5 day working week)
    - The average participation rate for staff between 55 and 59 is 79% i.e. just under 4 days
    - For staff aged 60 and above this falls to 66% i.e. 3.3 days

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- Therefore, in addition to the risk of staff retiring, there is an additional risk that
  - the 3,053 staff between 50-54 will reduce their working week from an average of 4.5 days per week to 4 days and
  - the 2,059 staff between 55-59 will reduce their working week from an average of 4 days per week to 3.3 days and
  - This – even with no retirements – could lead to a reduction of 130,588 days work per annum (based on 44 weeks per annum). It would take 594 nurses (based on 220 day 7.5 hour shifts) to replace the lost hours
- Nursing agency costs continue to increase:
  - Nurse Agency costs are increasing year on year. The graph below shows the increasing agency spend from £9m in 2012 to approximately £134m in 2021/22)



2023 need analysis

- The IMTP's have identified a need for **2,866** adult nurses to be trained. This is 364 (14.5%) above the 2,502 identified in 2022.
- The maximum number in the new contracts is 1,651.
- However, HEIW reserves the right under the contract to go above this figure by 20% without provider agreement (they have signed up to this in the contract).
  - This provides potentially up to 330 more places that could be commissioned
  - The max (+ the allowable 20%) is therefore 1,981
  - Note: we can go above this level but only with provider agreement.
- The number of adult nurses commissioned in 2022 is 1,651
- To commission 66% of the IMTP numbers (as in 2022) **we would need to commission 1,892** (66% of 2,866)
  - This is 241 more than 2022 (equivalent to a 14.6% increase in commissions)
- This is within the contract boundaries but,
  - The cost will be significant (finance to provide figures) however given the nurse agency costs in Wales the costs should be justified
  - Placements will be a significant pressure and consideration will need to be given to ensuring that all students will be able to undertake safe and quality placements where they can acquire all the required learning outcomes and accumulate the necessary hours
  - The deep dive into recruitment needs to yield positive outcomes

English,Catherine 27/07/2022 10:08:39

Strategic Nursing Workforce Plan for Wales

Lead and develop a sustainable national workforce plan for nursing, to achieve a better match between demand and supply in Wales.

Approach - we need to understand

- **Current baseline** (pooling current wf intelligence and information)
- **Demand** (forecasting and foresight, scenarios – short, medium, long term)
- **Supply** (to meet gap between the current baseline and demand)
- **Investment**

Approach - we need to align with

National Nursing Workforce Group
WODD/EDoNS
Royal Colleges
Demand Modelling Exercise led by WODs peer group for local organisations, linked with IMTPs, to inform a consolidated national position on what is needed over next 3 – 5 years.

Baseline Mapping – data complete
Identification of Key issues in progress

Investment appraisal

Demand modelling –*Commission Long Term scenario planning (Population / service model / technology, multi professional)*

English Catherine 27/01/2022 10:08:39

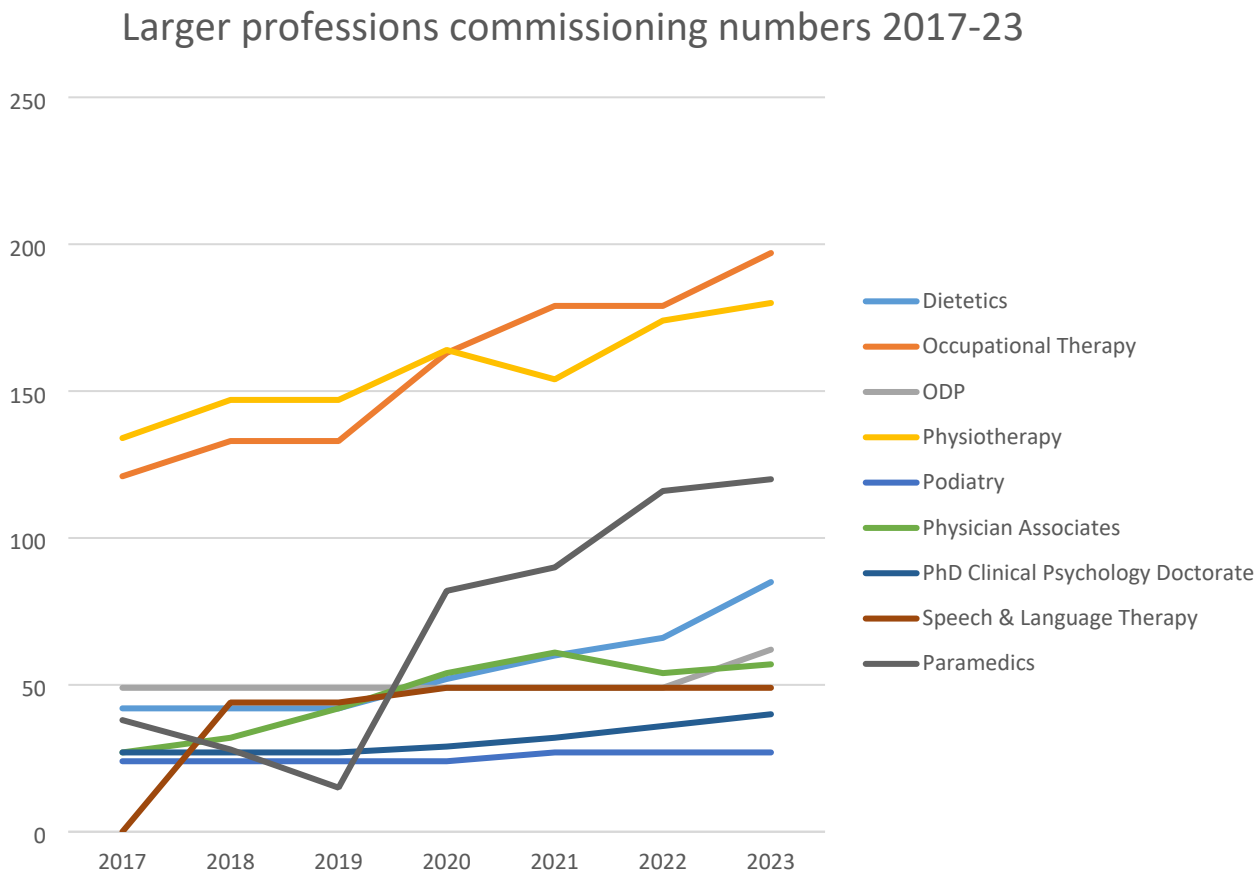
Supply Solutions - Key planks will include

- **Workforce supply and shape** – increasing commissioning, deployment, roles, models, delegation
- **Engaged, Motivated and Healthy** – take up of wellbeing support/ resources/ mentorship /supervision
- **Attraction and Recruitment** including international Career development opportunities
- **Retention** – Supporting preceptorship and early years in the profession, Return to practice / reservists
- **Seamless workforce models** – Unique role of the nurse in the team around the patient. New ways of working.
- **Digitally Ready** – Clinical informaticists, culture and new ways of working supported by digital
- **Education and Learning** through flexible approaches – Enhanced, Advanced and Consultant Practice, CPD Framework
- **Leadership and succession** – Talent pipeline at local levels

Supported with cross cutting actions from WFS seven key themes

Supported with research, best practice, innovation and engagement

1.3 Healthcare Professional Education



Dietetics

Modelling and Profiling:

- IMTP need: PG Dip – 41 - additional 16 from previous year – a huge increase.
- IMTP need: BSc – 51 - additional 12 from previous year.
- The contract numbers are between the range of 64 and 75 and within that, the range of 17 to 20 for PG Dips.
- 66 were commissioned this year.
- Considering workforce needs the commissions should increase above the 66 towards the top of our contract level.
- Age Profile – 85 are 50 - 54 = 25%; 36 are 54 – 57 = 8%. No glut of retirements.
- Participation Rate: doesn't drop until it gets to 60 plus. Fairly consistent from 40 plus.

There has been a huge demand on a small workforce. There has been a large increase in the remit of dieticians and in the complexity of Service User needs, i.e. the public health agenda is growing quickly in addition to pressures on secondary care, for example, malnutrition, requiring tube feeding, cancer, diabetes, etc.

Abigail Catherine
20/07/2022 11:08:09

Access to the workforce information from primary care is still limited but there is a growing need for dieticians and other therapists within primary care.

Occupational Therapy

Course provision is a mixture between FT, PT and PGDip.

Modelling & Profiling:

- IMTP need: B.Sc OT F/T – overall additional 10 = 103
- IMTP need: B.Sc OT P/T – additional 5 = 29
- IMTP need: PG Dip – down by 9 = 11
- Age Profile – 25% of the workforce are over 50 years old
- Participation rate – decreasing as the workforce get older
- Minimum numbers in the contract is – 163
- 35% Increase in FT from Sept 2021 - 2028

Commissioning numbers to remain the same. Similar to Physiotherapy we will ascertain more information from organisations through the workforce planning questions, not only on OT department demands but where are they are going to be developed in other areas.

Physiotherapy

Course provision is a mixture between FT, PT and PGDip.

Modelling & Profiling:

- Age Profile – younger workforce (103 over 55)
- IMTP need: B.Sc Physiotherapy F/T – 131 (same as last year)
- IMTP need: B.Sc Physiotherapy P/T – 34
- IMTP need: PG Dip – 34
- Over the next 6 years the workforce will increase by 80 a year
- 80%+ of graduates will join the workforce.
- Minimum number in the contract is 168 for all the different routes

More work needs to be undertaken next year through the workforce planning questions that organisations are asked to gain a better understanding of the pull factors on physiotherapy. This will enable organisations to identify where the demand is from other departments, primary care and state what they think demand is so that we can get a picture between what physio is requesting for the traditional services and where we think there is a demand for other physiotherapy services across the Health Board region.

The need to provide CPD to develop non-traditional services needs attention and will form part of Strategic Review Phase 2.

Podiatry

There is a decrease of 5 this year with IMTP commission numbers of 19 compared to last year's 24. However, this is a reflection of Health Board need only and does not factor in the pressures facing the independent and private sector in Wales. There is an issue with health boards requiring higher skills sets than Band 5 resulting in many graduates having to go into private practice. Podiatry was included in streamlining this year and out of 23 graduates only 10 were employed by the NHS in Wales. Graduates also struggled to find places in the private sector. Students have indicated a preference to come into the NHS, but a gap needs

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to be addressed to upskill graduates to meet the demands of changing and complex Service developments requiring more advanced skills. Podiatry plays a big prevention role for keeping people out of hospital particularly with the rise of diabetes.

Speech and Language Therapists

Modelling & Profiling:

- IMTP need: Bsc SLT + Welsh Language combined - 44
- Last year commissioned - 49
- Minimum numbers in the contract is - 48
- Age Profile – relatively young
- Participation rate – predominantly p/t workforce

Welsh Language – There is a need to produce Speech and language therapists who can deliver care through the medium of Welsh. There are now two providers going forward, North and South. A number of Welsh speakers are specified in the contract with North Wales, so this needs to be commissioned and delivered.

Doctorate in Clinical Psychology

Demand is increasing across the service due to enhanced pressures on mental health services, this has been exacerbated by the pandemic. The mental health workforce plan identifies a need to grow the workforce. Workforce data also shows that there is an ageing workforce with the risk of a third retiring within the next 5 years. The number of trainees has been rising year on year in Wales but only by very small margins, due to placement capacity. Commissions have increased from 27 in 2019 to 36 in 2022 but Service demand far exceeds this.

Placement availability - where trainees can acquire the HCPC & BPS learning outcomes in a safe and quality environment has traditionally been a barrier to growth - thus the incremental growth. However, the Clinical Supervision expansion - covered in the CAAPs costs will also open up new and innovative placement opportunities for Clinical Psychology Trainees. Therefore, increases of 4, 8 and 18 additional places are recommended to be commissioned in 23/24, 24/25 and 25/26 academic years respectively. This will result in 54 annual commissions in 2025/26 - an increase of 100% from 2019 levels.

Paramedics

The value of paramedics in keeping Service Users out of hospital has significant value – not just in financial terms – but also has a wider impact on the patient, family and NHS.

Commissions will be reflective of need and have been agreed with WAST and the Ambulance Commissioner as it was vital that the Service can sustain the placement pressures necessary for all under-graduate and Advanced Ambulance Paramedic students / trainees. Application rates for Paramedic courses are buoyant. Across Paramedics there is a high participation rate (above 95%) up to the age of 60.

English Catherine
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Paramedic commissions are recommended to be:

- BSc Paramedics 80
- EMT Conversions 40
- APP MSc 15

- Bridging Modules 15

Whilst there is a need for more prescribing Paramedics and advanced practitioners, it will have an impact on pre-reg numbers if agreed and the service will need to be maintained.

Operating Department Practitioners

Modelling and Profiling:

- IMTP need: Bsc ODP – additional 31 from previous year – 89.
- 62 is the maximum number in the contract although there is flexibility of +20% above that. top end of our contract.
- Age Profile: 33% over the age of 50 years old – retirements may be sooner due to huge service demands.
- There are three regional ODP education providers enabling additional capacity to increase providing safe and quality placements can be identified.
- We will be commissioning aesthetic associates and ODP's would be a typical feeder supply into that role too.
- Increases needed to assist high number of theatre vacancies.

A step to approach to increasing would help with building the capacity.

1.4 Pharmacy

Since last years plan, there has been a significant step related to the funding for the Pharmacy Undergraduate Clinical Placements Business Case. For 2023-24 the number of placements in the business case increases to 7,560 as the number of students engaging with clinical placements increases. Welsh Government have accelerated delivery of the pharmacy vision through implementation of new Community Pharmacy Contractual Reforms and publication of, 'A New Prescription: The future of community pharmacy in Wales'. The contract requires a pharmacy workforce with a consistent 'person-centred' skillset to deliver expanding clinical roles through community pharmacies.

A nationally directed prescribing service has been introduced to improve the consistency of service delivery for citizens across Wales. We are planning for the increased demand for Independent Prescribing courses and training supervision by designated supervising Prescribing Practitioners (DPPs). In May 2022, GPhC made the long-anticipated announcement that pharmacists can begin independent prescriber courses whenever they have "the relevant experience and awareness". This removes the previous minimum of 2 years 'in practice' and will increase (the rate of) engagement with IP training.

In the new pharmacy contract, Welsh Government applied new financial incentives for recruitment and training of pharmacy technicians, including those qualified to accuracy check prescriptions. The incentives signal the high value given to the pharmacy technician role and support a more diverse skills mix to deliver community care. Pharmacy technicians are responsible for delivering more services supporting the transition of care from sectors for example hospital Discharge Medicines Reviews. We are planning for increased engagement with the pharmacy technician role in community pharmacy from pre-registration to advanced level.

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Pharmacy: Delivering a Healthier Wales (PDaHW) highlighted that pharmacy professionals do not routinely have protected learning time which poses a particular challenge, given the extent

of the essential workforce development required to deliver the new pharmacy contract. Commissioning the required learning programmes is an investment which will need to be met with the resource of 'time to develop'. At the time of writing this plan, conclusions from an evaluation of 3 different models of providing protected development time for community pharmacy teams is eagerly awaited. Future plans must include a practical and sustainable way for the pharmacy workforce to take up much needed HEIW commissioned programmes.

Our commissioning recommendations are designed to continue support for pharmacy services in hospitals and NHS specialist services. This is through academic qualifications and medicines procurement, manufacturing, leadership and digital skills development which are essential to constantly take forward the shape of the everyday services which the pharmacy family lead. As part of the planned COVID recovery, more pharmacy professionals must be pulled through HEIW leadership development programmes so that pharmacy is better equipped to lead, from within clinical teams, to transform medicines services.

Key commissioning priorities for the pharmacy workforce for 2023-24

Priority	Purpose
Embed the '**Access to' Programme** for healthcare support staff to gain the necessary entry criteria for the Level 4 Pre-registration Pharmacy Technician course.	Delivers on the 'Made in Wales', route to a registered health care profession. Supports employers to retain and develop existing staff.
Increase the number of **Pharmacy Undergraduate Clinical Placements.**	Part of the step-wise implementation of the IETS 5-year transformation programme.
Embed the **Post-registration Foundation Programme** for pharmacists.	With pharmacists on the Home Office Shortage Occupation list, this is an important retention tool for employers in all sectors. This includes a prescribing course to bridge the development gap for new registrants, until the IETS are fully implemented in 2026.
Increase annual numbers **of independent prescribing courses** to the **maximum deliverable.**	Support delivery of new Welsh Government contracted services and PDaHW. Upskill the existing workforce in advance of newly qualified pharmacist prescribers registering from 2026.
Sustain current access to advanced and extended practice funding across all sectors.	Prepare the existing multi-sector workforce for more person-centred care closer to home.
Increase the introduction and development of scientist roles into medicines manufacturing units in Wales.	Deliver a prudent workforce with more new opportunities for scientists and a reduced demand for shortage pharmacy professionals.

1.5 Dental

At the heart of Welsh Government policy direction is a whole-system change approach in dentistry to facilitate a step-up in needs-led preventive care to improve outcomes for patients as detailed in '*A Healthier Wales: The Oral and Dental Services Response to A Healthier Wales*'. Within this are ambitions to ensure a sustainable supply of the dental workforce and investing in the teams who deliver dental care to the people of Wales.

The dental workforce is complex and composes of multiple roles that provide oral health care to patients: dentist (generalists and specialists); dental hygienist; dental therapist; dental nurse are the principle clinical roles that will be familiar to many and that HEIW is involved in commissioning or training. There are other roles beyond this (dental technician; clinical dental technician and orthodontic therapist) that also play a part in the care provided to patients and HEIW works with those providing training to these professions also.

We commission undergraduate dental hygiene and dental therapy training and have increased the numbers commissioned in recent years, expanding existing training provision in Cardiff university with training in North Wales via Bangor University.

There are several existing routes for Dental nurse training in Wales and we are working with stakeholders to increase the provision of quality training through Welsh Government funded routes for Wales to ensure a sustainable supply of this essential workforce.

Along with improving the supply into the various dental roles, retention is key to ensuring the workforce is sufficiently retained to operate effectively and safely and we are working to develop career pathways and opportunities as well as ensuring the workforce is appropriately supported with wellbeing and peer support and workforce development opportunities aligned to system reform principles.

Dental Contract Reform – the dental contract offer encourages new ways of working including focussing on prevention and increasing access for patients. There are opportunities for primary care dental practices to develop new ways of working to increase the use of skill mix and the wider dental team in providing care to patients. This is aligned with the principles of Prudent health care and ensuring career opportunities and pathways for all members of the team to improve retention.

We have worked with colleagues and stakeholders across the system in Wales to review the dental specialty training provision within the contexts of patient need, training capacity and future planning. The proposals are detailed in the table below. Where no increase is recommended these will be considered in the annual review next year.

Speciality	2018	2019	2020	2021	2022	Projected 2023
						New (pending agreed funding)
Dental Public Health	1	1	2	1	1	1
Dental Max-fac Radiology	0	0	0	0	0	1
Oral Medicine	1	1	1	1	1	1
Oral Pathology	0	0	0	0	0	1
Oral microbiology	0	0	0	0	0	0
Oral Surgery	1	1	2	2	2	2
Orthodontics	9	9	9	10	9	3
Paediatric Dentistry	3	3	3	4	4	0
Restorative Dentistry	2	2	0	2	3	0
Special Care Dentistry	4	4	4	3	3	3
Total	**21**	**21**	**21**	**23**	**23**	**12**

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1.6 Medical Workforce

Methodology & approach

For 2023/24 the approach to workforce planning for the medical workforce has focused on several key themes:

- Urgent and Emergency Care
- Cancer Care
- Planned Care
- Diagnostic Specialties/Health Promotion & Prevention
- Mental Health

Following a decision on the specialties for review for 2023/4 a series of review meetings took place, with membership comprising the Postgraduate Medical Dean and other leads within HEIW, to review workforce intelligence and data submitted by Training Programme Directors alongside relevant data available from Royal Colleges and any other relevant sources in the following areas:

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

This systematic approach has enabled a detailed review of a large number of medical specialties (Table 2), further developing our ambition to provide a comprehensive, responsive and consistent modelling approach to medical workforce planning.

Table 1 2023-24 Recommendations

Urgent and Emergency Care	
Intensive Care Medicine	Increase of 3 higher Training Programme posts (fifth successive year of increases).
Higher Emergency Medicine	To increase by 4 higher posts for 2023, 4 posts for 2024 and 2 posts for 2025. The increases for 2024 and 2025 are required to ensure the pipeline via ACCS EM established in previous workforce plans is aligned to the higher programme.
ACCS Emergency Medicine	To increase by 4 posts for 2023 (2 in North Wales and 2 in South Wales) and by 2 posts for 2024 (South Wales).
Geriatric Medicine	To increase by 5 posts each year for 3 years commencing in 2023. These recommendations will be reviewed on an annual basis and increased if high recruitment levels into the programme are sustained.
Internal Medicine	To increase by 12 posts for 2023 to maintain the pipeline created following expansion in 2021 and 2022.
Foundation	To increase the number of Foundation Year 1 posts by 39 and Foundation Year 2 posts by 30 for August 2023 as detailed in the Foundation Expansion Business Case.

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Cancer Care	
Clinical Oncology	Increase by 4 additional Higher Training posts implementing year 3 of the proposal to expand by 4 posts per year for 5 years.
Medical Oncology	Increase by 3 additional Higher Training posts implementing year 3 of the proposal to expand by 3 posts per year for 5 years.
Palliative Medicine	To increase Palliative Medicine training by a further 2 posts for August 2023 as recommended in the 22/23 plan.
Planned Care	
General Surgery	Increase by 7 higher posts for 2023.
Trauma & Orthopaedics	To increase by 5 posts in 2023 and then by a further 5 in 2024 and in 2025 (to be reviewed and dependent upon training capacity).
Higher Anaesthetics	Increase of 6 Higher Anaesthetics posts.
Dermatology	To increase by 3 posts in 2023 and by 3 posts in 2024.
Rheumatology	To increase by 2 posts for 2023 as recommended in the 22/23 plan.
Neurology	To increase by 3 posts for 2023.
Diabetes & Endocrinology	To increase by 1 post in 2023 and a further post in 2024.
Diagnostic specialties & Health promotion/prevention	
Medical Microbiology/ Infectious Diseases	Increase of 3 Medical Microbiology/Infectious Diseases posts implementing year 4 of a plan to increase posts every year for 5 years.
Clinical Radiology	To support the recommended expansion as required to appoint 20 trainees for the 2023 intake into the South Wales programme.
Clinical Neurophysiology	To increase by 1 post in 2023 and then by a further post in 2024.
Public Health Medicine	To increase by 3 posts as recommended in the 22/23 plan.
Clinical Pharmacology and Therapeutics (CPT)	To increase by 1 post in 2023.
Mental Health	
Child and Adolescent Psychiatry	No increase to the higher programme for 2023 but to monitor demand and act accordingly. To pilot 2 new innovative ST1 run through posts for 2023.
Old age psychiatry	To increase by 2 posts for 2023 and a further 2 for 2024 as recommended in the 22/23 plan.
General Adult Psychiatry	To increase by 2 posts in North Wales in 2023. Increases will be recommended for South Wales in the 24/25 plan if current vacancies are filled.
Forensic Psychiatry	To increase by 1 post for 2023 to enable the creation of a North Wales programme.
Core psychiatry	To increase by 8 posts in 2023 and a further 8 posts in 2024 to maintain the pipeline created through the initial expansion in the 22/23 plan.

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Table 2 – Medical specialties considered for 2023/24

Urgent and Emergency Care		
Intensive Care Medicine	Emergency Medicine & ACCS	Geriatric Medicine
Internal Medicine	Foundation programme	
Cancer Care		
Clinical Oncology	Medical oncology	Palliative Medicine
Planned Care		
General Surgery	Trauma & Orthopaedics	Anaesthetics
Rheumatology	Neurology	Dermatology
Clinical Neurophysiology	Diabetes & Endocrinology	
Diagnostic specialties & Health promotion/prevention		
Medical Microbiology/ Infectious Diseases	Clinical Radiology	Public Health Medicine
Clinical Pharmacology & Therapeutics		
Mental Health		
Child & Adolescent Psychiatry	Old Age psychiatry	Forensic Psychiatry
General Adult Psychiatry	Core Psychiatry	

Recommendations to commission training posts as outlined in this paper were agreed following an analysis of the key data as highlighted above alongside consideration of the recruitment and retention rates and historical trends within the specialty to determine appropriate levels of change (see Table 3 for the Workforce planning 2023/24- Criteria with supporting data).

The medical workforce planning process and its recommendations is not undertaken in isolation from the process for other healthcare professionals. It is increasingly important to understand how new roles and new ways of working might support delivery of service in areas which were traditionally considered the remit of the doctor. Cross sectional collaboration within HEIW is undertaken to explore future needs in this context and ensure clear understanding for establishing new roles in other healthcare professionals, which could impact on the recommendations for medical training posts.

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Table 3 –Workforce planning 2023/24- Criteria with supporting data

Specialty	Longstanding consultant vacancies/ understaffed departments	Significant consultant /SAS retirement projected for next 5 – 10 years	Significant increase in demand	Curriculum changes/ Training shortage	Impact of part time working on training output and consultant WTE	Royal College recommendations
Intensive Care Medicine			✓			✓
Emergency Medicine/ACCS EM	✓	✓	✓		✓	✓
Geriatric Medicine	✓	✓	✓	✓	✓	
Internal Medicine (Core)				✓		
Clinical Oncology	✓	✓	✓			✓
Medical Oncology	✓	✓	✓			
Palliative Medicine		✓	✓	✓	✓	
General Surgery		✓	✓			
Trauma & Orthopaedics		✓	✓			
Anaesthetics	✓	✓	✓	✓	✓	✓
Dermatology	✓	✓	✓	✓		✓
Rheumatology	✓	✓	✓	✓		
Neurology		✓	✓	✓		
Diabetes & Endocrinology		✓	✓	✓		
Medical Microbiology/ID	✓	✓	✓			
Radiology		✓	✓			✓
Clinical Neurophysiology	✓	✓				
Public Health Medicine			✓			
Clinical Pharmacology & Therapeutics		✓	✓			✓
Child & Adolescent	✓	✓	✓			
Old Age Psychiatry	✓	✓	✓			
General Adult Psychiatry	✓	✓	✓			
Forensic Psychiatry		✓	✓			
Core Psychiatry				✓		

Equality Executive
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Urgent and Emergency Care

Urgent and emergency care are seeing increased demand as a consequence of long waiting lists. The supply and demand analysis for Emergency Medicine and Intensive Care highlights a need to increase training post numbers just to maintain current levels but also to increase output to futureproof services against projected consultant retirements. Each of these specialties have seen expansion agreed through recent workforce plans however further expansion is required.

Emergency Medicine

To maintain the current rota requirements in Welsh EDs approximately 12 consultants are required. If Wales were to meet the RCEM standards a further 70 consultants would be required as a minimum. Approximately 7 trainees CCT per year. Continued expansion in EM is required to:

- Address the deficit of consultants across Wales Eds.
- Mitigate the rapid increase in the proportion of trainees (approximately 40%) and consultant workforce choosing to work part time particularly via portfolio positions.
- Maintain the Emergency Medicine trainee pipeline i.e. a need to align the output of the Acute Care Common Stem (ACCS) programme with the higher Emergency Medicine programme.

Acute Care Common Stem (EM)

The main feeder programme for emergency medicine higher training is the Acute Care Common Stem (ACCS) pathway. Although recruitment directly into higher training in Emergency Medicine is feasible, this has traditionally not been a successful route in Wales. The focus therefore needs to be on ensuring that the ACCS programme can deliver what is needed in terms of a pipeline for future EM consultant numbers.

Intensive Care Medicine

The UK standards published for critical care multi-disciplinary staffing state that in general the consultant/patient ratio should not exceed a range between 1:8–1:12, and the ICU resident/patient ratio 1:8. Due to a National shortage of ICM consultants, no critical care unit in Wales meets these standards 24/7, seven days a week, although UHW has seen a recent uplift in consultant appointments and is nearly fully compliant. A recent HEIW survey of Welsh Intensive Care hospitals (data obtained from all sites excluding CVUHB) suggest there are currently 14 Consultant rota gaps within Wales with 19 retirements predicted over the next 5 years. Current training numbers will not fill the current shortage of ICM consultants projected and won't meet any increasing demand.

Geriatric Medicine

A HEIW-led census of consultant geriatricians in 2022 has shown that the number of WTE consultant geriatricians in Wales has increased by 50% over the last 8 years with increases in Stroke consultants and those with an interest in Trauma & orthopaedics. The development of front door frailty services within the MEAU/A&Es across Wales continues with clear signalling that this is a major area for expansion and with an ageing population it is likely that demand for Geriatric medicine services will continue to increase. There has been little change in numbers working in community services, but it is understood that many Health Boards intend to expand these to improve flow through services and strengthen hospital avoidance schemes. There are currently 29 unfilled consultant posts in geriatric medicine and 40 retirements expected over the next 10 years with 21 of these expected in the next 5 years. Current training output will not meet this projected deficit especially given that over

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one third of current trainees in Geriatric Medicine are working less than full time with significant numbers planning to maintain this as a consultant. The current expansion level is recommended following last years success at recruitment with our highest fill rate in many years and assumes this level will be maintained going forward.

Foundation Expansion

In 2019 a Business Case was shared with Welsh Government outlining a need to expand training posts at Foundation level to address to training pipeline challenges we have now and in the future with expanded Medical School output and increases across Specialty Training Programmes as detailed in this and previous Education and Workforce plans. The paper recommended a phased expansion programme commencing in August 2020 with increases to Foundation Year 1 and Year 2 posts required over a 5-year period as detailed in Table 4.

Table 4 - Foundation Expansion Programme

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

Internal Medicine

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

Cancer Care

Clinical and Medical Oncology

Cancer services remain a priority for Welsh Government as highlighted in the Cancer delivery Plan for Wales (2016 – 2020) with incidences of new cases rising by approximately

Elizabeth Catherine
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1.5% a year and set to rise by at least 2% a year for the next 15 years[8]. Both Clinical and Medical oncology are projected to see a significant workforce shortfall in future years due to increase in demand and projected consultant retirements.

Palliative Medicine

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

Planned Care

General Surgery

As identified in the Welsh Government planned care report[9] General Surgery is amongst those with the greatest number of patients waiting for their first outpatient appointment making this a priority area for further investment. Alongside this, workforce data suggests that there are likely to be significant retirements from within the consultant workforce with highly specialised roles such as gastrointestinal and endocrine surgery being hardest hit as it is difficult to recruit to the roles from outside of Wales. It is, therefore, essential that we look to train our own consultant workforce in these areas.

Trauma & Orthopaedics

Post-pandemic there are now significantly more people listed for outpatient appointments, diagnostic and treatment services than before. Waiting lists are at their highest levels ever recorded with over 60% of people on the waiting list waiting for their first outpatient appointment. Trauma and orthopaedics has one of the longest waiting lists alongside an increased demand for orthopaedic trauma specialties seen through the establishment of the Trauma Network in Wales. With 49% of the consultant workforce being over 50 it is projected that the current number of trainees will not replace planned retirements and service the recovery/Planned Care agenda.

Anaesthetics

Royal College of Anaesthetists (RCoA) published its document 'The Anaesthetic Workforce: UK State of the Nation Report' in February 2022, where it reports a current shortage of at least 1,400 Consultant and SAS anaesthetists across the UK with 94 Consultant and 54 SAS grade unfilled posts in Wales alone. Anaesthetists are vital to addressing the NHS waiting list crisis, as most operations cannot take place without an anaesthetist. Anaesthetists are involved in the care of two-thirds of all hospital patients, therefore many areas of the NHS in Wales could not function without anaesthetic services i.e. maternity, emergency unit, trauma, radiology, critical care and pain services, are just a few. Alongside this Less than Full time working is a challenge across Anaesthetics programmes with over 1/3 of trainees training part time with plans to continue this into consultant roles.

Dermatology

There is a national shortage of dermatologists. Even before the Covid-19 pandemic waiting lists were lengthy. Wales currently fall considerably short of the Royal College of Physician's

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[8] Welsh Cancer Intelligence & Surveillance Unit (2015) Cancer in Wales: 2001-2013. http://www.wcisu.wales.nhs.uk/sitesplus/documents/1111/WCISU%20Official%20Stats%20Report%20Final%20English.pdf

[9] *Our programme for transforming and modernising planned care in Wales and reducing the waiting lists (gov.wales) April 2022*

recommendation of consultant dermatologists per head of population with longstanding vacancies in key areas and services supported by intermittent locum consultants and a pooling of waiting lists for urgent cancer referrals. Projected retirements over the next 5-10 years is likely to exacerbate this further particularly in certain areas such as North Wales this retirement level is as high as 75%.

Rheumatology

Across the UK it is estimated that 40% of Rheumatology posts are unfilled with a high turnover of jobs in some areas, including parts of Wales with longstanding vacancies. The demand for rheumatology services is increasing and consultant expansion is progressing in other parts of the UK to meet this demand alongside initiatives to improve waiting times. Several centres in Wales have explicitly outlined the need to expand their consultant workforce and there are long standing vacancies in other centres in Wales. The service need has been accentuated as trainees have been required to dual train with general medicine for the last few years and more are opting to support general medicine services as consultants thus reducing the proportion of their time to support rheumatology service delivery.

Neurology

The permanent neurology consultant workforce in South Wales is spread across the three main centres with a hub and spoke model in place to support Cwm Taf and Hywel Dda. Retirement projections suggest at least 12 retirements in the next 5-10 years and the current projected trainee output will not be sufficient to meet this requirement or any expansion plans. Demand for services continues to increase (20% of acute medical admissions are for a neurological problem (including stroke)) along with an increase in age-related neurodegenerative diseases such as Alzheimer's and Parkinsons. The Welsh Government Neurological Conditions Delivery plan (2014) set out a clear expectation that all hospitals would have access to Consultant-led acute neurology services Monday to Friday, and eventually 7-day acute neurology services. No hospitals have a seven-day service, and no district general hospital outside the three centres has a Monday to Friday consultant-led acute neurology service. To achieve the target to deliver services closer to people's homes a significant expansion in new Neurology departments will be required.

Diabetes & Endocrinology

Consultant recruitment into Diabetes and Endocrinology remains high however over the next 5 years approximately 40% of the current workforce are projected to retire and even with a reduction in training time arising from a change in the curricula training output will not meet this deficit.

The demand for Diabetes and Endocrinology services is increasing with higher rates observed in Wales both in the community and hospitalised populations. The epidemiology of Type 1 diabetes has changed with rises in paediatric and adult diagnoses.

Diagnostic specialties & Health promotion/prevention

Medical Microbiology & Infectious Diseases

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

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Clinical Radiology

The 5-year Clinical Radiology training programme has seen a significant expansion in recent years resulting from recommendations in previous workforce plans. The expanded numbers of radiology trainees will result in an increased output of CCT holders from 2023 on. The expansion was driven by the stated needs from UHBs in Wales and it is essential UHBs begin to plan for this output and commit to appointing them as consultants. The most recent Royal College of Radiologists census report highlighted continued issues with the radiology workforce in Wales with 25% of the consultant workforce predicted to retire by 2024. To ensure the training programme continues to sustain an intake of 20 per year in South, Mid and West Wales further expansion is required for 2023 in line with the Imaging Academy Workforce recommendations; this will bring the South Wales programme to a total of 100 posts reaching the initial target set.

Clinical Neurophysiology

Clinical Neurophysiology is a small specialty with a small number of consultants spread across Wales. There are long term consultant vacancies reported across most Health Boards. The training programme currently comprises one training post. Across the UK there is a significant demand for Clinical neurophysiology consultants. With further consultant retirements projected there is a finite window available to invest now in the future of this specialty to ensure sustainability.

Public Health Medicine

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

Clinical Pharmacology and Therapeutics

The Clinical Pharmacology Skills Alliance submitted evidence to HM Treasury in September 2021. This document provided evidence to support investment in CPT training. Specifically, it recommended that 57 new StR posts be created within the UK in CPT and 148 new consultant posts[10] and identified Wales as a 'CPT endangered' area. Projected consultant retirements in the next five years will make this specialty unsustainable without additional investment at this point in time.

Mental Health

Mental Health has been a priority area and with increased levels of depression and anxiety compared to pre-pandemic estimates and longer waiting times for services investment in new posts covering Core Psychiatry, Old Age, Forensic, General Adult and Child and Adolescent psychiatry is essential. The supply and demand analysis for Higher Psychiatry training and associated services highlights a need to increase training post numbers to address current shortfalls in consultant numbers, projected consultant retirements and future service demand.

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[10] Clinical Pharmacology Skills Alliance. Clinical Pharmacology Skills Alliance representation to the Spending Review 2021. 30th September 2021. Accessed at https://www.bps.ac.uk/getmedia/32c8a088-f07b-440f-80ea-1dd90ef809d8/Final,-CPSA-spending-review-representation-(including-appendices).aspx

With increased demands and referrals for children we plan to introduce run through training in Child and Adolescent Psychiatry in Wales. This innovative solution will enable trainees to develop general paediatric and psychiatry skills before progressing to specialised skills in Child and Adolescent Psychiatry to ensure our trainees can best support services and patients in Wales.

Child and Adolescent, Old Age, General Adult Psychiatry all report significant workforce challenges now and in the future. Forensic Psychiatry, however, has a stable NHS consultant workforce with young consultants and with good recruitment and retention in the specialty however the creation of a North Wales training post would be hugely beneficial for the NHS in North Wales and wider. Whilst significant expansion is needed within the Higher General Adult Psychiatry training programme, this is not currently recommended and only expansion in North Wales is recommended for 2023 as recruitment to the current establishment remains challenging with ongoing vacancies. Recruitment into Higher Psychiatry Specialty training remains a challenge following successive years of low fill rates in the Core Psychiatry programme (the feeder stream); a range of incentives have seen an increase in recruitment to core psychiatry over the last few years and we are reviewing the impact of this on recruitment to higher psychiatry training.
Workforce challenges persist across mental health and finding ways of attracting and retaining the right staff is key to delivering sustainable services.

To ensure a sustainable pipeline into these higher psychiatry programmes over the next 5-10 years, expansion across the three-year Core Psychiatry Programme will also need to be maintained. The first increased cohort will commence in programme in August 2022 and expansion will need to continue for 2023 and 2024 to ensure opportunities are maximised.

Medical Workforce challenges

Training Capacity remains an issue across a number of programmes. Anaesthetics novice opportunities are currently limiting our ability to expand the ACCS Emergency Medicine pathway to the rate required to produce sufficient applicants for the Higher Emergency Medicine programme to meet future consultant workforce demands. We continue to monitor this and have developed a plan to convert ACCS Acute Medicine posts to ACCS Emergency Medicine to support this.

Likewise, within Histopathology there is a clear workforce need to expand training numbers within this specialty, however, training capacity, particularly in the South, continues to limit Wales' options to deliver this. It is anticipated that with changes being introduced now we will in a position to expand the programme for August 2024. If required for August 2023 we may use the vacant and frozen Paediatric and Perinatal post to recruit an additional trainee in Histopathology.

Fragile specialties – The ability to expand training posts in Paediatric and Perinatal Pathology is currently limited due to insufficient training capacity - the outcome of the UHB's consultant recruitment process will determine when training can be restarted in this small specialty. The Occupational Medicine programme is also on hold due to limited sustainable training options. These small fragile programmes require a detailed review to ascertain the most appropriate action to inform future workforce and delivery plans for Wales.

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Table 4 Medical Specialty Training Posts and Changes

Specialty	Proposed August 23 increase	*August 2022 post numbers*	Changes August 2022	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
Anaesthetics/ICM								
Core Anaesthetics Training/ACCS Anaesthetics		*131*	+9[11]					
Higher Anaesthetics	+6	*143*	+3	+3	+3			
ACCS Intensive Care		*14*						
Higher Intensive Care Medicine	+3	*35*	+4	+4	+4	+2		+4
Emergency Medicine								
Acute Care Common Stem - Emergency Medicine	+4	*27*	+4	+2				+4
Emergency Medicine (includes PEM & PHEM)	+4	*54*		+5	+7	+4		+2
Medicine								
Internal Medicine Training/ACCS Acute Medicine	+12	*271*	+12	+15	+13			
Acute Internal Medicine		*14*		+2				
Audiovestibular medicine		*1*						
Cardiology		*38*						
Clinical Genetics		*7*	+2					
Clinical Neurophysiology	+1	*1*						
Clinical Oncology	+4	*24*	+4	+4				
Clinical Pharmacology and Therapeutics	+1	*2*						
Dermatology	+2	*16*			+3			
Endocrinology & Diabetes	+1	*23*						
Gastroenterology		*27*	+1	+2				
Genito-urinary Medicine		*4*						
Geriatric medicine	+5	*52*						+3
Haematology		*18*						
Immunology		*1*						
Medical Oncology	+3	*12*	+3	+3				
Neurology	+3	*17*						
Palliative Medicine	+2	*15*	+2					
Rehabilitation Medicine		*2*			+1			
Renal medicine		*17*						
Respiratory Medicine		*31*		+2				
Rheumatology	+2	*12*	+2					
Surgery								
Core Surgical Training		*100*						
Cardio-thoracic surgery		*7*						
General surgery	+7	*58*		+4				

Enclosure 2
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[11] 5 posts for ACCS Anaesthetics to be in Emergency Medicine and Acute Medicine and 4 posts for the Core Anaesthetics programme

Neurosurgery		*7*		-1				
Ophthalmology		*40*					+4	
Oral and Maxillo-facial Surgery		*11*	+2					
Otolaryngology		*18*						
Paediatric Surgery		*2*						
Plastic surgery		*15*		+2				
Trauma & Orthopaedic surgery	+5	*45*				+4		
Urology		*20*		+4				
Vascular surgery		*9*						
Pathology								
Chemical pathology		*4*						
Histopathology		*21*	+1					+2
Infectious diseases		*2*						
Medical Microbiology and Infectious Diseases	+3	*19*	+3	+3	+3			
Paediatric & Perinatal pathology		*1*	-1					+1
Psychiatry								
Core Psychiatry Training	+8	*93*	+8					
Child and Adolescent Psychiatry	+2	*16*	+4					
Forensic Psychiatry	+1	*6*						
Old Age Psychiatry	+2	*13*	+2		+2*(not filled)*	+2		
General Psychiatry	+2	*29*						
Psychiatry of Learning Disability		*5*						
Imaging and Radiology								
Clinical Radiology	+5[3]	*107*	+15[12]	+10	+ 10	+4	+7	+11
Interventional Neuro Radiology		*1*	+1					
Nuclear medicine		*1*						
Women's Health								
Obstetrics and gynaecology		*95*		+2				
Community Sexual & Reproductive Health		*4*	+2					
Paediatrics		*153*	+4	+6				
Public Health Medicine	+3[4]	*23*	+2[13]					
Foundation Training								
Foundation Year 1	+39	*411*	+30	+30	+12			
Foundation Year 2	+30	*381*	+30	+12				

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[12] Estimated number based on current projections of trainees completing in order to maintain an intake of 20 for August 2022 and 2023

[13] This will not increase the posts numbers beyond 23 however it will maximise the use of these posts which is not currently the case.

General Practice

GP Specialty Training Profile

There are 11 GP Training Schemes in Wales covering all areas, including rural areas such as Powys and socially deprived areas such as the Gwent and Rhondda Valleys. GP trainees that undertake their training in Powys and areas that have traditionally had shortages of GPs attract the Targeted financial incentive of £10k paid to the trainee during training and a second £10k payment made if the doctor remains working in a substantive GP post in a targeted area post CCT.

The GP Specialty Training programme also has high numbers of trainees that are LTFT with 23% at 1st April 2022.

The proposed GP Integrated Care Fellowship specifically targets practices that are struggling to attract doctors. The other part of the fellowship includes delivery of a secondary care specialty close to the community, specifically addressing the need for care closer to home.

GP Integrated Care Fellowship Proposal

In terms of post CCT opportunities we have a business case in development for a Wales wide GP Integrated Care Fellowship Scheme for between 6 and 14 GP Integrated Care Fellows. This Scheme aims to bolster general practice in both rural and deprived urban settings where practices are under particular pressure.

In addition to working in General Practice, the Fellows would work part of every week in a secondary care specialty or GP specialty, which lends itself to being delivered close to local populations, in keeping with the aims of “A Healthier Wales”. Secondary care specialties suitable for such an approach, for example, include dermatology, musculoskeletal medicine and diabetes. GP specialties suitable could include prison medicine, urgent primary care, health inclusion services (homeless, asylum seekers, violent patients), sexual health care, academic practice, population health and leadership roles.

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Appendix C

Strategic Review of Health Professional Education Phase 1 & 2

In June 2021 we successfully concluded a review of undergraduate healthcare education in Wales, working in partnership to shape the future of healthcare education in Wales.

Key benefits

The move from All Wales provision to, when economically viable, more regional, and local delivery is a key theme in the Strategic Reviews. The focus on closer partnership working and collaboration between the Health Boards, Higher Education Institutions (HEI's) and HEIW as commissioners has been welcomed by stakeholders during extensive engagement. Whilst all Health Boards and NHS Trusts will benefit from this approach, there are specific tangible benefits to the three Health Boards of West, Mid and North Wales.

The change to more local and regional provision provides a benefit for graduates to progress into roles in Wales. By recruiting higher numbers of local students who understand the local population and community needs and are able to undertake their academic learning and placements more locally, there will be more opportunities for Health Boards to fill their vacancies from Welsh University graduates. Particular emphasis is given to recruit students from disadvantaged areas of Wales and from hard to reach communities, whereby a financial incentive is incorporated to enable greater support to be given to those students.

There are also increased opportunities, and challenging targets, for more support workers to enter pre-registration education. In addition to two outputs per annum for pre-registration nursing and physiotherapy, the new contracts will deliver two outputs per annum of midwives to ease recruitment into Service.

Betsi Cadwaladr UHB
More Health Professional education will be delivered in BCUHB. Currently, the four fields of pre-registration nursing, midwifery, diagnostic radiography, occupational therapy, physiotherapy and physician associates' education is delivered in North Wales. From 2022, this will be increased with the addition of speech and language therapy, dental hygiene, paramedics, dietetics and operating department practitioner training. In addition, an academic hub will be created in the St. Asaph area, thus providing BCUHB with health professional education delivery in the west, central and east, close to each district general hospital.

Hywel Dda UHB
Three specific nursing contracts have been developed for Hywel Dda UHB. This will result in academic delivery in both Carmarthen and, for the first time, Aberystwyth. A dispersed nurse education contract, specifically targeting Hywel Dda residents that enables the flexibility of learning and undertaking placements close to home. A new LD nursing field course has been created for South West and West Wales that should provide opportunities for more local residents to access nurse education, thus alleviating some of the pressures on application rates to this specific nursing field. For AHP's and Healthcare Science "All Wales" and South Wales provision has been diversified to, where appropriate, create contracts for South West and West Wales. These include occupational therapy, physiotherapy, ODP and diagnostic radiography. This will provide education in or closer to the Health Board and provide the opportunity for more local residents to undertake health professional education.

Powys UHB
Powys UHB will also benefit from a new dedicated dispersed nurse education contract and additionally a proportion of the distance learning places will be commissioned on behalf of Powys – and open to Powys residents only. HEIW is investing in strengthening placement education facilitators in Powys to open up new, safe, quality and multi-disciplinary placement opportunities. In addition, Powys is identified separately in the relevant contract awards (for nursing, AHP's and healthcare sciences) which generates additional accountability and transparency for the Health Board in securing its workforce for the future.

The **Welsh language** is a key theme identified and the new contracts have specific Welsh language requirements for HEIs as well as additional measures that support our student body to learn and utilise the Welsh language.

These principles are now also being extended by working in partnerships with colleagues in the Deanery, and for undergraduates coming under the auspices of the Schools of Medicine, Dentistry and Pharmacy at Cardiff and Swansea Universities. Benefits include,

- Basing the requirement on the current Welsh Language Standards;
- Assessment of Students' Welsh Language Skills Levels
- Simple Online Welsh Awareness Course
- Health based online simple greetings learning for all
- Encouragement of all students to sit the Coleg Cymraeg's Language Skills Certificate

Further All Wales benefits include;

- Increased and strengthened placements opportunities in **Primary, Social and Community care**
- Delivery of a more **Local / regional approach** to commissioning
- Embedding **technologies** to enhance teaching, student support and placement preparation
- Integrating the **digital environment** into learning
- An enhanced approach to **inter-professional education**
- More **flexible and part-time routes** across many professions and more parts of Wales
- Closer **Regional Collaborative Education Consortium** working arrangements
- **Compassionate Leadership** embedded in all pre-registration education

The new **Socio-Economic Duty** came into effect on 31st March 2021 and the new Education contracts fully embrace better decision-making, ensuring more equitable outcomes. A full Equality Impact Assessment was produced in relation to this procurement in March 2020 and all elements have been addressed including:

- Supporting students from disadvantaged backgrounds
- Creation of a socio-economic funding stream and set targets to attract and support students from the most deprived areas of Wales
- Focus on contextual admissions recognising
    - 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 Higher Education level
    - Applicants with protected characteristics underrepresented in Higher Education

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- Introduced a guaranteed interview scheme
- Increased access to education in rural areas
- Increased opportunities for more support workers to enter pre-registration education
- Enhanced Student Wellbeing Services

In addition, **Quality Management** has been further improved around:

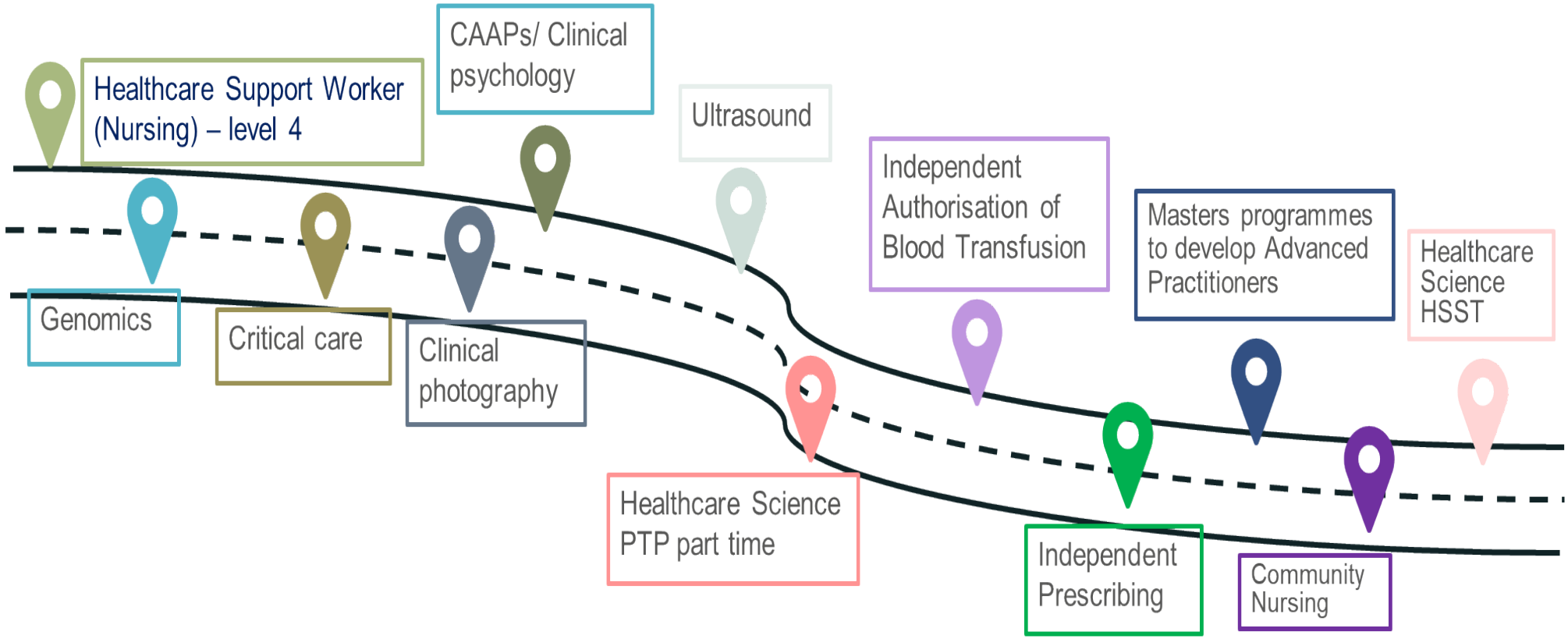
- Student selection
- Embedding a stronger role for HEIW surrounding placements and the management of placement quality
- Opportunity to develop a quality framework within HEIW to cover Health Professionals, Medical trainees, Pharmacy, Dental, Optometry
- Placements
    - Quality issues
    - Opening up new placements
    - Multi-disciplinary approach
    - Opportunities in Primary Care & the community
- Enhanced Contract performance measurements, KPI's and benchmarking
- Emphasis on Return on Investment / Measuring value and impact
- Supporting new graduates assimilate into roles
- Maximise potential for usage of all education facilities within the Health Boards

HEIW believe that these aims are best achieved by working in partnership with Health Boards, NHS Trusts, Social Care Wales, Health Service Providers and with high quality, committed, and sustainable Education providers. This procurement programme is therefore designed to select high quality, appropriate Education Providers who can demonstrate delivery of quality and partnership working with the Service Providers that will allow them to meet the needs of patients.

Strategic Review Phase 2

Going forwards, we are working on phase two of the strategic review of healthcare education for Wales. This will include developing contracts for healthcare support worker education and a range of postgraduate programmes. The diagram overleaf summarises the roadmap of implementation.

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Appendix D

Summary of Engagement Undertaken

The agreed approach for this year's plan included integration of robust stakeholder engagement. We have engaged extensively with our staff, the NHS and our wider stakeholders, including Welsh Government, in the development of this plan.

Presentations on the Education and Training Plan were made to members of HEIW's Stakeholder Reference Group (SRG), Education Commissioning Quality Committee (ECQC), Board, NHS Director Peer Group Meetings and Welsh Government Policy leads.

A summary of activity is provided below:

Date of Presentation	Forum
23rd Feb	ECQC
25th April	SRG
3rd May	HEIW Board Development Session
17th May	ETP Engagement Session for SRG members
6th June	SRG
10th June	Directors of Therapies
10th June	Directors of Planning
17th June	Medical Directors
17th June	Directors of Finance
17th June	Workforce and Organisational Development
21st June	NHS Chief Executives
24 June	Council of Deans
24th June	Directors of Nursing
27th June	Welsh Government Policy Leads Session
6th July	Welsh Partnership Forum
19th July	NHS Leadership Board

Members of HEIW's SRG and ECQC were invited to provide written feedback on the working draft of the plan between 17-30 June. A total of 21 responses were received from 18 Organisations:

- Academy for Healthcare Science
- Betsi Cadwaladr University Health Board
- British Dietetic Association
- British Medical Association Cymru Wales
- Cardiff and Vale University Health Board
- Chartered Society of Physiotherapy
- Company Chemists' Association
- Community Pharmacy Wales
- Council of Deans of Health Wales
- Institute of Biomedical Science
- National Pharmacy Association
- Royal College of Nursing

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- Royal College of Paediatrics and Child Health
- Royal College of Podiatry
- Royal College of Speech and Language Therapists
- Therapies and Health Science/Hywel Dda/DoTHS HEIW Strategic Partnership
- The College of Optometrists
- Social Care Wales

We have captured this feedback to action within the plan as appropriate, to support our ongoing engagement with our partners and to support the development of future plans. Opportunities have also been taken to engage with our staff on the purpose of the plan and the development process, with a presentation at our Staff Forum in May which was well-received.

Feedback Themes

We received positive feedback on the levels of engagement on the plan, the new structure with associated content and the opportunity to work more closely with our stakeholders on its future development. The engagement displayed positive elements regarding the plan, such as the structure, focus, and the plans overall aims and objectives.

Key themes that arose from the feedback included some concerns regarding maintaining the commissioning numbers for several professions. It was also highlighted that the demand for services is expected to rise due to the effects of the COVID-19 pandemic, and, therefore, this will impact the commissioning numbers required.

The table below shows a summary of the feedback received and the action we have taken in response. Additionally individual feedback will be provided to each stakeholder who has submitted a written response.

Strengths	Areas to Improve	Actions Taken
• This is a different plan this year which reads well and is well constructed. • Several broad stakeholder meetings were held. • Welcome the focus on wellbeing and on diversity and inclusion. • A robust document which clearly demonstrates HEIW's intent. • Well-structured. • Sufficient background and detail to ensure	• Disappointment in the numbers proposed for Podiatry, SLTs, Paediatrics, Learning Disability nursing and AHPs. • Emphasis on grow your own focus for recruitment. • Need to be explicit re what specialties/professions we are training in Wales and the balance between training, retention and recruitment. • Information to understand how staff will be trained and upskilled in the area of Equality, Diversity and Inclusion. • Invest and develop the nursing workforce's ability to prescribe. • Invest in access to CPD.	• The need for earlier engagement with partners in the process of developing the recommendations has been captured. • Additional information included to outline the gap between requested IMTP numbers and commissioned numbers to aid understanding. • Inclusion of the planning approach and process to

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understanding of the context and the proposals. • Provides a useful reference point within the overall workforce strategy. • Clear, focused, and well-integrated. • Appreciation for the amount of work involved in the creation of the plan and represented in the plan.	• Career pathways available for registered nurses to advance within their career. • Ensure infection prevention and control (IPC) education is valued. • Work with Stats Wales to improve the quality of NHS workforce data. • Spending displayed by professional group. • Nursing and midwifery education lead be included in planned education stakeholder activities. • It could be clearer whether the NHS Workforce numbers referenced on P7 are headcount or FTE. • Speech and language therapy HCSW included in priority funding. • Risk section is light and undeveloped. Make clear previous shortfalls, set in the context of recruitment challenges to lead to risk calculation in terms of future workforce shortages. • Educational Supervision not covered in detail. • Duplication in ETP and IMTP discussing issues of diversity, widening access and career frameworks. Could utilise the six strategic aims within IMTP further. • Wider analysis of workforce trends is required. • More explicit reference to the anti-racist action plan and more than Just words relevant recommendations.	contextualise the recommendations. • Enhanced the Foundational Economy section. • Inclusion of a dedicated section on the Digital agenda. • Adjustment of terminology e.g., ODPs taken out of the AHP section, Optometry amended to Eyecare. • Risk section enhanced and strengthened. • Equality, Diversity and Inclusion section enhanced. • CAAPs section reviewed. • Career pathways for nursing added to the appendix. • To discuss further in stakeholder meetings the areas of education and training that HEIW are responsible for and those where responsibility sits with others.

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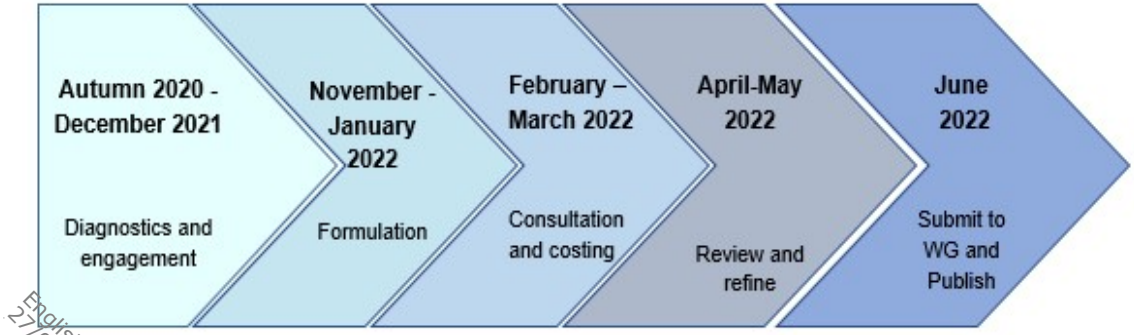
Members of the Stakeholder Reference Group

Health Board/Trust Director of Nursing
Health Board/Trust Director of Therapies and Healthcare Science
Health Board Chief Pharmacist
Deputy HB Chief Pharmacist
Health Board /Trust Director of Planning
Health Board / Trust Chief Operational Officer
Health Board / Trust Director of Finance
Representative from the Council of Deans
Representative from Wales Health Student Forum (WHSF)
Representative from Wales Health Student Forum (WHSF)
Pharmacy Trainee
Dental Trainee
RCN - Representative from Welsh Health Partnership Forum (WHPF)
RCM - Representative from Welsh Health Partnership Forum (WHPF)
CSP - Representative from Welsh Health Partnership Forum (WHPF)
BAOT - Representative from Welsh Health Partnership Forum (WHPF)
SOR - Representative from Welsh Health Partnership Forum (WHPF)
Social Care Wales
Colleges Wales - Colegau Cymru (Merthyr)
Coleg Cymraeg Cenedlaethol
Coleg Cymraeg
Diverse Cymru
Welsh Council for Voluntary Action
HEFCW
Medical Schools
BMA
College of Optometrists
Royal Pharmaceutical Society
Council of Pharmacy Deans
RCSLT
RCOT (Royal College of Occupational Therapists)
RCOT (Royal College of Occupational Therapists)
RCOT (Royal College of Occupational Therapists)
CSP (Chartered Society of Physiotherapy)
BDA (British Dietetic Association)

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Developing the Strategic Mental Health Workforce Plan







33 Actions linked to the 7 Themes of the Workforce Strategy

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1. Increased specialist MH Workforce.
2. Scenario plans to shape specialist MH workforce for the next 10 years.
3. Ensuring WFS data quality improvement projects address the needs of MH workfor
4. Developing workforce planning tools and resources under WFS and ensuring they'
fit for MH purposes.
5. Ensuring supply of trained professionals to undertake new and existing legal roles.
6. Commission work to identify and define impactful volunteering roles to inform workforce planning, education and training.
7. Implement a specialist AHP pathfinder model.

31. Develop and implement an inclusive and targeted talent management pipeline for MH leadership roles.
32. Develop clinical & professional leadership solutions that align to leadership strategy for health and care in Wales and reflect the MH workforce requirements
33. Establish a MH leaders' network on Gwella and improve access to compassionate and collective tools and resources for all staff.

8. Commission a MH workforce survey across health & social care
9. Establish a national support service for the MH workforce
10. Establish a network of mentors to be hosted on 'Gwella' to set a standard for MH staff mentoring.
11. Establish standards for supervisions across the wider MH team
12. Implement an accredited team manager development programme across MH service.



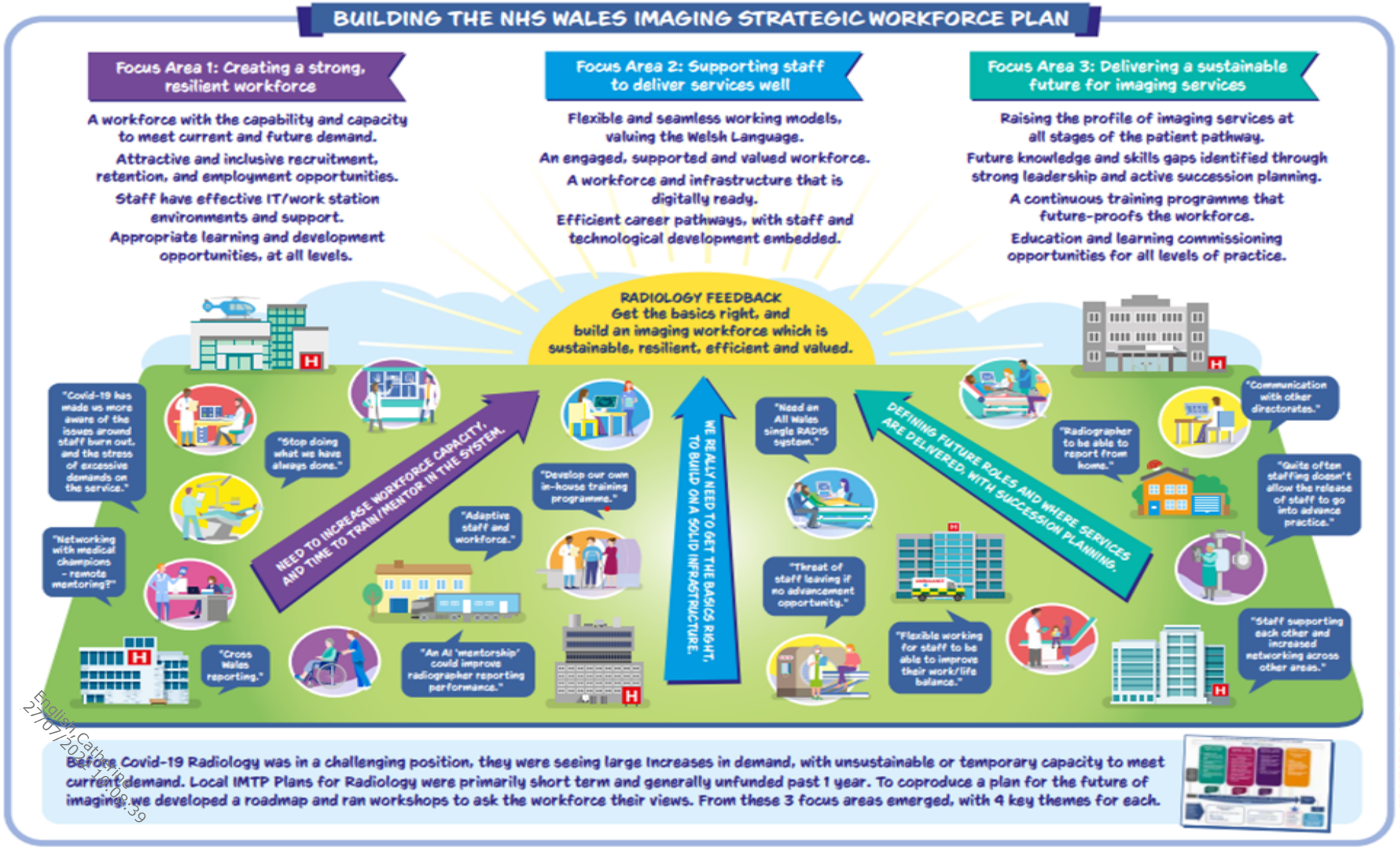
23. Redesign psychiatry education & training programmes.
24. Review quality frameworks for commissioned MH education & training.
25. Review qualifying training for social workers to include opportunities in MH specialisms.
26. Commission professional bodies to assess interprofessional education & training opportunities for specialist MH workforce.
27. Commission evidence -based, multiprofessional education and training frameworks in priority and specialist areas.
28. Establish a national investment fund for post - qualifying education.
29. Provide targeted national CPD across the MH workforce.
30. Develop a MH support worker education framework.

13. Targeted attraction campaign programmes for MH workforce
14. Use Careersville to promote MH careers aime at all ages.
15. Implement recommendations relating to careers pathways
16. Develop guides, tools and resources to facilitate improved worklife balance and increase staff retention across health and social care.

21. Assess current digital capability in the MH workforce, against the national digital capability framework to inform training needs.
22. Create a network of digital champion roles to influenc and lead digital workforce transformation.

17. Develop and roll out MH literacy training
18. Design an All - Wales resource for implementation of new, expanded and extended roles into MH multi - disciplinary teams including a peer support model for Wales
19. Initiate a project to capture the experience of people with lived experience to inform development of seamless care.
20. Increase capacity of community and primary care teams to support MH services.

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Meeting Date	**28 July 2022**	**Agenda Item**	**3.2**
Report Title	**Equality, Diversity and Inclusion Overview**		
Report Author	Rhiannon Windsor, Head of Organisational Development and Inclusion		
Report Sponsor	Julie Rogers, Deputy CEO/Director of Workforce and Organisational Development and Push Mangat, Medical Director		
Presented by	Rhiannon Windsor, Head of Organisational Development and Inclusion		
Freedom of Information	Open		
Purpose of the Report	This paper provides an overview of the activity within Equality, Diversity and Inclusion (EDI) in HEIW since the last update in July 2021.		
Key Issues	• Our revised governance arrangements are providing robust monitoring and reporting processes against our Strategic Objective 5.2, Strategic Equality Plan and the Anti-Racist Wales Action Plan. • In line with our responsibilities, we have published both Gender Pay Gap and Annual Equality Reports that highlight progress against our plan. • We are embedding equity, equality and celebration of diversity within the organisation through both our EDI and Inclusion Champion Networks. • Following consultation our Integrated Equality Impact Assessment framework and governance arrangements are in place.		
Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Recommendations	Members are asked to **note** the progress made to date in Equality, Diversity and Inclusion with HEIW for **assurance.**			

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EQUALITY, DIVERSITY AND INCLUSION OVERVIEW

1. INTRODUCTION

This report outlines the work undertaken during the last 12 months to deliver against our objectives as set out in our Strategic Equality Plan (SEP) 2020-2024.

2. BACKGROUND

In late 2021, new arrangements were put in place to better enable the delivery of the HEIW Equality, Diversity and Inclusion (EDI) annual plan objectives, the HEIW SEP & the Public Sector Partnership SEP as well as the then Race Equality Action Plan (REAP). Those new arrangements included the EDI portfolio relocating to the Leadership & Succession Team and the introduction of a new role - Head of Organisational Development and Inclusion.

3. OVERVIEW OF ACTIVITY

Revised Governance Arrangements

In the past 6-9 months, HEIW's revised EDI governance arrangements have been established and embedded. Our EDI Steering Group that focuses on the delivery of the EDI objectives in the Annual Plan, the SEP, the Public Sector Partnership SEP and our contribution to the Anti-Racist Wales Action Plan meet on a bimonthly basis. This group is co-chaired by our HEIW Medical Director and the Deputy CEO/Workforce Director, with a small membership including individuals nominated as Directorate representatives for delivery of these plans. More recently, we have included an invitation to our Senior Responsible Officer for our work on Differential Attainment to ensure there is strategic alignment and oversight.

Our updated EDI network meets on a bi-monthly basis with an open invite for all directorates nominees to attend, including our Board Champion and Chairman. The network is chaired by the Head of OD and Inclusion, and our focus is on sharing best practice, ideas and innovations across HEIW. We have created a dedicated Teams Channel to share learning and raise awareness of any initiatives. During our June network meeting we invited Displaced People in Action (DIAP) to talk to our network during Refugee Week and share how they help refugees and asylum seekers live and thrive in Wales. This included the work we in HEIW fund to help doctors and dentists re-validate their medical qualifications and achieve a career in the NHS.

In April this year, we shared our achievements with our Stakeholder Reference Group who asked us to provide an overview of how we are embedding EDI within our functions. This has led us to follow up conversations with a range of stakeholders including a request to share further details of the work we are doing regarding Differential Attainment.

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Strategic Equality Plan (SEP)

In March this year we published our second **Annual Equality Report** highlighting our achievements within HEIW during the year 2020-2021. This reporting period also included the launch of our SEP. With our commitment to better understand our pay

gaps, we undertook an analysis of our gender pay and have made a commitment to taking action to address these gaps identified where we can. Further details can be found in our **Gender Pay Gap Report March 2020** (published October 2021) and **Gender Pay Gap Report March 2021** (published March 2022).

In line with IMTP objective 5.2, the directorate strategic equality plan reporting has been reviewed with the aim of aligning our annual equality report (2023) with the SEP objectives. There will no longer be a requirement for cross-directorate reporting, each team within a directorate will be required to report to the EDI Lead against their SEP actions. The outcomes will be mapped against the SEP objectives and reported to the EDI steering group.

Meetings across each directorate are taking place with those who are responsible for implementing and embedding the SEP to discuss this new reporting process. We will also be seeking assurances regarding embedding the SEP, progress towards year 1 and year 2 actions and identifying any needs for support.

Reporting across HEIW towards the SEP objectives/actions for the last 12 months will commence in July 2022.

A review of year 3 SEP actions will be taking place in Q3 with the aim to embed actions from the Anti-Racist Wales Action Plan in preparation for the commencement of the next cycle of strategic equality planning.

A specific action embedded through all five SEP objectives is the development and delivery of learning opportunities across our workforce. The aim is to raise awareness of Equality, Diversity, and Inclusion and to take an intersectional approach and understand the barriers faced by those with protected characteristics, seldom heard from and underrepresented groups. As part of this commitment, we have asked our Intern, who has recently joined us within the Inclusion Team to scope and map a learning and development offering on Cultural Awareness. The development of a HEIW Cultural Awareness resource will ensure that all HEIW stakeholders have an equal opportunity to be culturally competent through learning about different cultures and communities, the challenges that they may face and the importance of being culturally aware both as an individual and organisation.

Equality Impact Assessments (EIA)

Action has been taken to embed Integrated Equality Impact Assessment frameworks and governance throughout the organisation. Following consultation with the HEIW workforce, an EIA Support and Guidance Framework have been designed which embeds engagement and consultation and an intersectional approach to understanding equality, diversity and inclusivity impacts when planning our work and services.

The EIA template has been reviewed and updated to reflect the new EDI Legislation (British Sign Language (BSL) Act 2022 and Anti-racist Wales Action Plan 2022. June saw the launch of the EIA Hub on the intranet, which has been communicated through various staff forums and EDI networks. Meetings have started to take place with directorates regarding embedding the EIA as part of their planning process with access to support for those undertaking assessments.

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Compassionate Leadership

Our Compassionate Leadership strategy for health and care in Wales promotes a model of inclusive leadership. This is further strengthened and reflected in the Compassionate Leadership Principles and the Principle to 'improve equality, inclusion and diversity, consciously removing barriers and boundaries'. To support and enable leaders and managers across health and care in Wales to model inclusive leadership behaviours, an EDI digital resource bundle has been developed that includes a series of webinars, masterclasses, workshops, box sets and other resources. EDI is also embedded in all HEIW national leadership programmes, and further work is being undertaken with Professor Michael West to develop a Compassionate Leadership programme that will be underpinned by equality, inclusion and diversity.

A Talent Board subgroup has been established to explore the cause of the lack of diversity within senior leadership talent pools, with a review of the systematic and cultural barriers that are experienced by minority groups and recommendations on the positive actions that can be taken. The work of this subgroup also includes enhancing the Talent Management software to improve the collection of data and the establishment of evidence-based best practice talent management processes across NHS Wales.

Equality Diversity and Inclusion (EDI) Monitoring data

We have developed a series of best practice EDI questions to be used to capture data on service user engagement across HEIW. This data can be used to inform, shape, and monitor future equality impact assessments and to ensure that HEIW is reaching those communities which are underrepresented or considered seldom heard from groups. An action plan to embed this data monitoring across all relevant HEIW functions is underway.

Inclusion Champions

The Inclusion Champions continue to deliver and support several inclusion awareness activities throughout the year, both internally and externally. The aim is to raise awareness of equality, diversity, inclusion, well-being, and the Welsh Language in our workforce. Through working collaboratively with internal groups such as the Time to Change Champions, Social Committee, and Green Group the Inclusion Champions have planned a series of activities as part of their HEIW Together 4 Women Campaign. This has also involved working with Equality Leads at ABUHB, Velindre and NWSSP on delivering a series of menopause cafés and events towards the latter part of this year.

HEIWs membership with Stonewall has been renewed, and a meeting has been arranged to discuss workforce learning opportunities and access to support and guidance. As part of the Together 4 Women Campaign, HEIW has recently become a member of the Women's Equality Network (WEN) Wales with a listing as an organisational member on their website. Membership provides opportunities for networking, support, guidance and access to reports and research. HEIW also has the opportunity to advertise job vacancies, events, and news in its monthly newsletter to its circa 35,000 supporters in Wales.

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Our EDI Lead will be attending their first meeting of Wales' Public Sector Body Equality Partnership in September. The aim of the September meeting is to review where we are and discuss in some detail how we want to progress the work of the partnership. It has been acknowledged by the partnership that progressing this work has been a challenge during the pandemic.

The EDI Lead is also working with workstreams and directorates across HEIW on positive actions to address diversity in recruitment including its panels and lay representative pool. In addition, providing support and guidance regarding careers and widening access programmes for those individuals with protected characteristics, from a minority ethnic background and underrepresented groups.

Key Highlights.

Below is a summary of Equality, Diversity and Inclusion activities across HEIW functions

Equality, Diversity, and Inclusion Learning opportunities.

The Inclusion Champions continue to support and promote learning opportunities for the HEIW workforce, including:

- Learning Disability and Neurodiversity: What is the difference and why does it matter?
- Supporting those Seeking sanctuaries
- Identity, Othering and Belonging
- Women's Health in the workplace
- Displaced People in Action (DPIA): Supporting Refugees and Asylum Seekers in Wales
- Pride Month: Q&A Session with Nigel Owens, MBE
- Inclusive Recruitment
- I am NOT 'hard to reach' Is there a 'right' way to consult with communities

A scoping exercise is underway to develop a Cultural Competency module to be utilised across the workforce. This will involve collating stories from a diverse range of local communities and groups about the importance of being culturally aware as an organisation.

The Equality, Diversity and Inclusion Lead has also provided several Directorate/Workstream sessions to provide training, support, and guidance on:

- Public Sector Duties around Equality Diversity and Inclusion.
- HEIWs Equality Diversity and Inclusion culture and values
- Equality Impact Assessments
- Equality Diversity and Inclusion monitoring data.

The Professional Support Unit (PSU) has delivered several workshops and webinars to trainers and trainees in Wales:

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- Unconscious Bias
- Minimising Imposter Syndrome

- Addressing Differential Attainment
- Active Bystander
- Civility in the workplace.

Future workshops and training opportunities:

- Amplifying Black Asian Minority Ethnic Patient's Voices: Raising Awareness of Inequities in Healthcare Provisions.

The Revalidation Support Unit (RSU) has facilitated a workshop on exploring different forms of discrimination with signposting to resources as part of the National Conference for General Practitioner (GP) Appraisers in Wales. The unit also continues to promote its CPD learning modules on topics such as:

- Transgender Health
- Gender Diversity

Addressing Workforce Diversity

The Medicine Deanery Postgraduate Training Recruitment Group has been established with a working group to consider targeted actions to ensure appropriate training and that the diversity of membership of its various committees/panels reflects the population being discussed/interviewed/assessed.

The PSU has committed to working collaboratively with Workforce Inclusion Lead to recruit Trainee Inclusion Champions from medical and dental speciality programmes. These champions will lead in promoting compassionate values & behaviours and promote a culture of inclusivity for new and existing trainees.

The Communications Team have commenced a project to collate all HEIWs stakeholder groups through its various functions to ensure that HEIW is reaching a diverse range of stakeholders. This will also involve identifying opportunities to reach seldom heard from or underrepresented groups.

An enhanced and bespoke registration form has been developed on Gwella to capture EDI data at the point of sign-up and application to the executive talent pool. This new functionality will feed EDI data into national talent reporting dashboards, which will provide the ability to provide a clear picture of the diversity of those applying to and successfully appointed to the National Executive Talent Pool. This will provide the intelligence to drive targeted interventions and further explore barriers in our existing systems to ensure those on our Executive Talent Pool are representative of our workforce and the communities we serve across Wales

HEIW is currently undertaking a whole-scale review of its Values Based Recruitment and Selection policy and processes, which is a positive step to improve our in-house recruitment practice and attract individuals from diverse backgrounds, cultures, and identities. Different initiatives are being introduced such as:

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- Diverse panels to help candidates feel more comfortable during interviews
- Training for recruiting managers on practices on recruitment
- Training on selection and unconscious bias to increase awareness and understanding to become an inclusive employer.

HEIW operates anonymised recruitment. This is gaining traction as an effective way to recruit a more diverse workforce. This process involves removing the candidate's name and other identifying factors from their application. Removing this information, it enables recruiting managers to make an objective decision about a candidate's skills, experience, and suitability for a role and lessen the risk of bias.

Under the Disability Discrimination Act, if a disabled individual meets the minimum requirements of the person specification, they are invited to interview for the role. In addition, reasonable adjustments are discussed to enable them to participate fully in the recruitment process. In addition, HEIW is looking forward to launching its new Values Based Recruitment and Selection Policy and Procedure toolkits in Summer 2022.

Differential attainment

The PSU actively supports the work of the HEIW Differential Attainment Programme Board, to implement a fair training culture for all by designing and delivering workshops under the umbrella heading 'Developing a Diverse Workforce for Diverse Patient Groups' as well as support groups and individuals with their needs.

PSU in partnership with the Differential Attainment Programme Board delivered a series of webinars for circa 450 trainees and trainers across Wales on:

- Developing Diverse Workforce for a Global Diverse Patient Groups - Active Bystander Training
- Developing Diverse Workforce for a Global Diverse Patient Groups – Addressing Differential Attainment
- Crucial Conversations: Giving and receiving feedback
- 3 Part Exam Preparation Webinar Series

PSU is working on delivering a "Welcome to Wales" Guide – in online and PDF format for International Medical Graduates, including members of the WAD group.

Anticipated Impact and Benefits

The work being undertaken within HEIW and by HEIW as a system leader across NHS in Wales, aims to drive the following benefits:

- Improved awareness and embedding of equality, diversity and diversity issues by employees working HEIW and across the wider health and care system. This will support the transformational change required to deliver closer integration, a culture of continuous improvement, and a more equal, fair, and healthier Wales
- Improves access to and sharing of EDI resources across HEIW, and through Gwella, health and care in Wales
- Improved diversity within senior leadership roles within the NHS
- Improved access to learning and leadership development opportunities through enhanced monitoring of demographics and protected characteristics
- Targeted interventions and support as required
- Driving a culture of compassion and inclusion across health and care in Wales. We want our workforce to be happy, healthy, engaged and work in diverse

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teams where people feel safe to speak up. This will in turn drive better patient outcomes and service improvement.

- By taking an intersectional approach to understanding how equality, diversity and inclusivity impact when planning our work and services, we are committed to ensuring it is reflected in our external approach throughout our organisation and embedded through all our functions. This enables us to deliver services that reflect the needs of everyone in our community.

4. GOVERNANCE AND RISK ISSUES

The robust governance, monitoring and reporting processes outlined in the paper ensure we are effectively able to demonstrate delivery of Strategic Objective 5.2, our Strategic Equality Plan, and the Anti-racist Wales Action Plan.

5. FINANCIAL IMPLICATIONS

There are no financial implications arising from the contents of this paper.

6. RECOMMENDATION

Members are asked to **note** the progress made to date in Equality, Diversity and Inclusion with HEIW for **assurance.**

<table>
<tr><th colspan="4">Governance and Assurance</th></tr>
<tr><td rowspan="4">Link to IMTP strategic aims
(please ✓)</td><td>Strategic Aim 1:
To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of ‘A Healthier Wales’</td><td>Strategic Aim 2:
To transform healthcare education and training to improve opportunity, access and population health.</td><td>Strategic Aim 3:
To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels</td></tr>
<tr><td></td><td>X</td><td>X</td></tr>
<tr><td>Strategic Aim 4:
To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care.</td><td>Strategic Aim 5:
To be an exemplar employer and a great place to work</td><td>Strategic Aim 6:
To be recognised as an excellent partner, influencer and leader</td></tr>
<tr><td></td><td>X</td><td>X</td></tr>
<tr><td colspan="4">Quality, Safety and Patient Experience</td></tr>
<tr><td colspan="4">The work set out in this paper aims to improve the equality, inclusion, and diversity of the workforce, consciously removing barriers and boundaries.</td></tr>
<tr><td colspan="4">Financial Implications</td></tr>
<tr><td colspan="4">There are no financial implications.</td></tr>
<tr><td colspan="4">Legal Implications (including equality and diversity assessment)</td></tr>
<tr><td colspan="4">Our EDI activities set out in this paper ensure we comply with our Public-Sector Equality General Duties, as well as the specific duties which are set out in the Equality Act 2010 (Statutory Duties), and the (Wales) Regulations 2011.</td></tr>
<tr><td colspan="4">Staffing Implications</td></tr>
<tr><td colspan="4">There are no staffing implications.</td></tr>
</table>

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Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
Report History	Update on Equality, Diversity and Inclusion – July 2021
Appendices	None

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Meeting Date	**28 July, 2022**	**Agenda Item**	**4.1**
Report Title	Director of Finance Report		
Report Author	Joe Draper-Orr, Head of Resources		
Report Sponsor	Rhiannon Beckett, Interim Director of Finance and Corporate Services		
Presented by	Rhiannon Beckett, Interim Director of Finance and Corporate Services		
Freedom of Information	Open		
Purpose of the Report	To provide the HEIW Board with a report on the financial position for June 2022 (Month 3).		
Key Issues	HEIW has a statutory duty to break even at year-end. This report should assist the Board, Executives, and Budget Holders in understanding the financial position reported for Month 3 of the 2022-23 financial year.		

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

Recommendations	The Board is asked to **note**: • the underspent financial position reported for HEIW at month 3 and actions being progressed to be in balance at year-end; • the summarised explanation of key variations by Directorate; • the Capital allocation and spend to date; and • the Balance Sheet position.

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DIRECTOR OF FINANCE REPORT

1. INTRODUCTION

The report sets out the financial position as at the end of June 2022, reported against updated budgets. The delegated budgets have been derived from the 2022-23 Resource Plan which was drawn from the 2022-25 Integrated Medium Term Plan (IMTP) approved by the HEIW Board and the Resource Allocation letter received from Welsh Government (WG). The reported financial position of HEIW as at Month 3 is £260,408 underspent, and this position was reported to WG in accordance with the requirements of the monitoring return submission.

2. BACKGROUND

This report identifies the reasons for any financial variation against the budgets set. The Director of Finance and her team will take 'Deep Dive' exercises into the financial position on a quarterly basis, and the Executive Team informed of any non-recurrent opportunities that present.

3. PROPOSAL

The Board is asked to note the financial position reported by HEIW for Month 3 and consider the summarised explanations of the key variations described for each Directorate.

4. GOVERNANCE AND RISK ISSUES

HEIW has a statutory financial duty to break even at year-end and the WG will monitor the reported position in terms of this duty and against the current year financial plan submitted within the 2022-23 Annual Plan.

5. FINANCIAL IMPLICATIONS

5.1 Revenue Financial Position as at Month 3

HEIW is reporting an underspend of £260,408 against profiled budgets as at 30 June 2022. The underspend is split between pay costs, where there are various vacancies the under-recruitment of Clinical Fellows, non-pay costs which relate to travel and training where activity is lower than budgeted and against commissioning, where the underspend represents less than 3% of the cumulative budget. The financial plan included anticipated allocations from WG, as set out in the Resource Plan.

For month 3, the financial position was reported to WG on day 5, and the monitoring return was submitted in accordance with the required WHC reporting timetable. The monitoring return that was submitted to WG is included as Appendix 2.

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

As at 30th June 2022

	Year to Date			Month 2	
	Budget	Actual	Variance to Date	Variance to Date	Movement
	£	£	£	£	
INCOME:					
Welsh Government	(66,047,215)	(66,047,215)	0	0	0
Other Income	(90,143)	(67,428)	22,715	15,980	6,735
Total Income	**(66,137,358)**	**(66,114,643)**	**22,715**	**15,980**	**6,735**
Expenditure					
Board & Executive	555,217	549,949	(5,268)	(2,229)	(3,039)
Finance & Corporate Services	641,403	624,260	(17,143)	(16,634)	(509)
Planning & Performance	116,196	112,236	(3,960)	(1,182)	(2,777)
Digital and IT	747,741	719,552	(28,189)	(19,624)	(8,565)
Medical & Pharmacy	32,412,199	32,258,643	(153,556)	(110,482)	(43,073)
Nursing	30,446,038	30,416,984	(29,054)	(16,181)	(12,874)
Workforce and Organisation Development	1,218,564	1,172,611	(45,953)	(41,818)	(4,135)
Sub-Total Expenditure	**66,137,358**	**65,854,236**	**(283,122)**	**(208,151)**	**(74,972)**
Total Board & Executive	**0**	**(260,408)**	**(260,408)**	**(192,171)**	**(68,237)**

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

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
Directorate	£	£	£	£	£
Board and Executive		(5,212)	(55)		(5,268)
Chief Executive Reserve					
Finance and Corporate Services		(12,544)	(4,599)		(17,143)
Planning and Performance		(3,946)	(14)		(3,960)
Digital and IT		(29,931)	1,742		(28,189)
Medical & Pharmacy	22,715	(9,981)	(76,385)	(67,190)	(130,841)
Nursing and Health Professional Education		(3,355)	(3,807)	(21,893)	(29,054)
Human Resources and Organisation Development		(50,426)	4,473		(45,953)
Total	**22,715**	**(115,394)**	**(78,646)**	**(89,083)**	**(260,408)**

The analysis attached as Appendix 1, provides the key reasons for the variation by Directorate. The key reasons for the underspends are reduced activity in areas such as conferences and training as well as travel & subsistence and low levels of underspend within commissioning budgets.

5.2 Commissioning Funding

It should be noted that commissioning budgets are based on the existing student cohorts in the system and the commissioned student numbers for 22/23.

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5.3 Balance Sheet

The balance sheet as at 30 June 2022 is shown below:

	2022/23 Opening Balance	30 June 2022	Movement
	£000s	£000s	£000s
Non-Current Assets:			
Fixed Assets	1,940	3,484	1,544
Current Assets:			
Trade and other receivables	2,125	1,024	(1,101)
Cash & bank	5,955	1,744	(4,211)
Total Assets	**10,020**	**6,252**	**(3,768)**
Liabilities:			
Trade and other payables	(8,543)	(12,515)	(3,972)
Provisions	0	0	0
Total Liabilities	**(8,543)**	**(12,515)**	**(3,972)**
	1,477	**(6,263)**	**(7,740)**
Financed by:			
General Fund	1,477	(6,263)	(7,740)
Total Funding	**1,477**	**(6,263)**	**(7,740)**

- The movement on non-current assets reflects:
  - Depreciation charged during the month.
  - The transfer of the Ty Dysgu lease onto the balance sheet as a result of the introduction of IFRS16 from 1 April 2022. This is a change in accounting policy that affects all public sector bodies. The increase in assets is matched with a corresponding increase in the liability to pay the lease costs, which is reflected within 'Trade & Other Payables'.

- Trade and Other Receivables stand at £1.0m as at 30 June 2022. £0.7m of this balance relates to prepayments that will be released in line with the service provided.

- Trade and Other Payables – Overall increase of £4.0m since the start of the year. The balance of £12.5m is made up of:
  - £0.6m of invoices on the accounts payable system awaiting payment in line with the 30 day payment policy.
  - £3.6m in respect of other NHS Wales organisations, of which £2.3m are estimated accruals.
  - £5.0m payable to non-NHS creditors, of which £2.8m are estimated accruals.
  - £0.4m relates to technical accounting accruals such as the annual leave provision and rent equalisation account.

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- £0.7m of HMRC and pension creditors due in the month following the payroll period.
- £1.8m relating to the lease liability following the implementation of IFRS16 from 1st April 2022.

The cash balance at the end of June 2022 was £1.7m.

Capital Expenditure

HEIW has a discretionary capital allocation of £76k for 2022/23. No expenditure has been incurred to date.

Public Sector Payment Policy

All NHS bodies are expected to meet the Public Sector Payment Policy, which requires organisations to pay 95% of all non-NHS invoices within 30 days (by number). For the period April 2022 to June 2022 HEIW cumulatively paid 93.45% of non-NHS invoices and 96.14% of NHS invoices within 30 days.

Non-NHS Invoices

	By Number			By Value		
Month	**Number Passed**	**Number Failed**	**% Passed**	**Value Passed £**	**Value Failed £**	**% Passed**
April	330	8	97.63	7,221,258	5,223	99.93
May	334	21	94.08	8,119,129	65,308	99.20
June	421	47	89.96	7,734,526	41,413	99.47
Q1 Total	**1,085**	**76**	**93.45**	**23,074,914**	**111,944**	**99.52**

NHS Invoices

	By Number			By Value		
Month	**Number Passed**	**Number Failed**	**% Passed**	**Value Passed £**	**Value Failed £**	**% Passed**
April	239	5	97.95	6,557,522	46,818	99.29
May	120	4	96.77	9,231,954	48,316	99.48
June	64	8	88.89	7,244,445	1,235,225	85.43
Q1 Total	**423**	**17**	**96.14**	**23,033,921**	**1,330,360**	**94.54**

6. RECOMMENDATION

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The Board is asked to **note**:

- the underspent financial position reported for HEIW at month 3 and actions being progressed to be in balance at year end;
- the summarised explanation of key variations by Directorate;
- the Capital allocation and spend to date; and
- the Balance Sheet position.

Governance and Assurance			
Link to IMTP strategic aims ***(please ✓)***	**Strategic Aim 1:** To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	**Strategic Aim 2:** To transform healthcare education and training to improve opportunity, access and population health.	**Strategic Aim 3:** To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care.	**Strategic Aim 5:** To be an exemplar employer and a great place to work	**Strategic Aim 6:** To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
There are no implications for Quality, Safety and Patient Experience			
Financial Implications			
The financial implications are set out above in the body of the report.			
Legal Implications (including equality and diversity assessment)			
HEIW has a statutory responsibility to break even at year-end. This report sets out the financial position for June 2022. There are no equality and diversity implications of this report.			
Staffing Implications			
There are no staffing implications of this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The report briefly describes how HEIW are seeking to adopt a sustainable approach to financial management that will enable HEIW to meet its long-term objectives.			
Report History	The report references and updates the previous finance update shared with the HEIW Board in May 2022.		
Appendices	Further detail is included in Appendix 1. The Monitoring return is included as Appendix 2.		

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REPORT OF THE DIRECTOR OF FINANCE

The variances for each of the directorates are explained below:

1. Board & Executive

There is an overall underspend of £5k within the Board and Executive directorate as a result of underspends in travel & subsistence where claims are less than budgeted in May and June 2022. A staff member appointment has been made at less than budgeted spine point, and a member of the team has been appointed at a reduced whole time equivalent (wte). There are a further three vacancies offset partially by agency spend.

2. Finance & Corporate Services

Within Finance & Corporate Services, there is an underspend of £17k which is due to a vacancy at Band 5 (£9k) for which the recruitment process is underway and lower costs than budgeted for Bank Charges (£1k), underspend on cleaning materials, health and safety costs as well as a number of other minor underspends (£7k).

3. Planning & Performance

The small underspend of less than £4k is made up of an overspend of £4k against a band 7 post offset against an underspend of £8k for a band 8b pending an individual being moved from band 7 to 8b to fill a vacancy at band 8b level.

4. Digital & IT

There is an £28k underspend as at the end of June which relates to vacancies at band 5, band 7 and 8a, which is partially offset against agency spend for the band 5 vacancy.

5. Medical, Dental & Pharmacy

The underspend within this directorate of £153k is made up of an underspend against non-pay of £76k which is broken down into a couple of areas:

- £70k of underspend against Conference, Travel and Catering subjective lines which is likely to continue over the next few months,
- An underspend of £28k as a result of Faculty Leads and Dental Admin posts being vacant.
- £14k underspend against locums which is partially offset against pay lines.
- £10k underspend as a result of a number of vacancies offset mostly by locum costs, some staff acting up, maternity backfill and £25k of agency cost.

As well as an underspend against commissioning areas of £67k made up of:

- Underspend of £47k against GP Induction and Returners due to only one being in post with budget set for 5.
- Training grade salary allocations, an underspend of £45k due to unfilled posts and budget not fully allocated.

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- An overspend within Pharmacy of £25k as a result of costs from the prior year not having been invoiced by Health Boards previously, offset by some minor underspends to date.
- £1k overspend in Dental Foundation Training as a result of additional travel expenses being received.

6. Nursing & Health Professional Education

As at the end of May there was an underspend of £29k. This relates to a small underspend in pay & non pay of £7k (less than 1% of the pay and non-pay budget), mostly due to a vat refund on some non-pay costs, offset against an underspend in the commissioning budgets of £22k. It is expected that this underspend in commissioning will increase during the year, and this will be reported to Board each month.

7. Workforce and Organisational Development

There is an underspend within pay costs of £50k because of an under recruitment of Clinical Fellows (£28k) and as a result of a number of vacancies across a number of bands. Some of this underspend is being offset by agency spend of £17k. This is partially offset against a slight overspend in non-pay costs as a result of some VAT adjustments and some leadership membership costs which were not budgeted.

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HEIW **Period : Jun 22**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2	Planned New Expenditure (Non Covid-19) (Negative Value)	-30,883	0	-30,883	-30,883
3	Planned Expenditure For Covid-19 (Negative Value)	0	0		
4	Planned Welsh Government Funding (Non Covid-19) (Positive Value)	30,883	0	30,883	30,883
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	0	0		
6	Planned Provider Income (Positive Value)	0	0		
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Savings Plan	0	0	0	0
9	Planned (Finalised) Net Income Generation	0	0	0	0
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12		0	0		
13	Planning Assumptions still to be finalised at Month 1	0	0		
14	**Opening IMTP / Annual Operating Plan**	**0**	**0**	**0**	**0**
15	Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive	0	0		
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18	Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
19	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
20	Additional In Year Identified Savings - Forecast	0	0	0	0
21	Variance to Planned RRL & Other Income	0	0		
22	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	0	0		
23	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	0	0		
25	In Year Accountancy Gains (Positive Value)	0	0	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27		0	0		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35		0	0		
36	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**0**	**0**	**0**
37	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**0**			
38	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**0**			
39					

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-7,721	-30,883
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	2,574	2,574	2,574	2,574	2,574	2,574	2,574	2,574	2,574	2,574	2,574	2,574	7,721	30,883
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6													0	0
7												0	0	0
8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10													0	0
11													0	0
12													0	0
13													0	0
14	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21													0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23													0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	97	95	68	43	45	22	-54	-49	-88	-51	-45	-83	260	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36	**97**	**95**	**68**	**43**	**45**	**22**	**-54**	**-49**	**-88**	**-51**	**-45**	**-83**	**260**	**0**
37	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
38	**97**	**95**	**68**	**43**	**45**	**22**	**-54**	**-49**	**-88**	**-51**	**-45**	**-83**	**260**	**0**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	**Ok**
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	**Ok**
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	**Ok**
FYE of Recurring items only reported against Recurring items	**Ok**
Has Organisation name being selected	**Ok**

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HEIW **Period : Jun 22**

Table A1 - Underlying Position

This table needs completing monthly from Month: 1

This Table is currently showing 0 errors

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

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

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Period : **Jun 22**

This Table is currently showing 0 errors

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

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

Table B - Monthly Positions **Period : Jun 22**

This Table is currently showing 0 errors

	A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Revenue Resource Limit	Actual/F'cast	21,545	22,631	21,872	23,002	24,200	26,530	26,625	24,725	28,240	27,050	25,940	33,246	66,048	305,606
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast												80	0	80
4	WHSSC Income	Actual/F'cast													0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast												278	0	278
6	Other Income	Actual/F'cast	29	20	19	42	42	44	42	42	44	42	42	28	68	436
7	**Income Total**		**21,574**	**22,651**	**21,891**	**23,044**	**24,242**	**26,574**	**26,667**	**24,767**	**28,284**	**27,092**	**25,982**	**33,632**	**66,116**	**306,400**
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	1,841	1,902	1,844	2,004	2,001	1,987	1,973	1,975	1,978	1,979	1,973	2,100	5,587	23,557
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	584	767	832	1,046	637	1,607	1,105	757	1,481	938	759	7,132	2,183	17,645
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast	19,004	19,791	19,075	19,879	21,487	22,886	23,571	22,012	24,841	24,154	23,223	24,412	57,870	264,335
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast													0	0
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	48	96	72	72	72	72	72	72	72	72	72	71	216	863
23	AME Donated Depreciation\Impairments	Actual/F'cast													0	0
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit\Loss Disposal of Assets	Actual/F'cast													0	0
26	**Cost - Total**	Actual/F'cast	**21,477**	**22,556**	**21,823**	**23,001**	**24,197**	**26,552**	**26,721**	**24,816**	**28,372**	**27,143**	**26,027**	**33,715**	**65,856**	**306,400**
27	**Net surplus/ (deficit)**	Actual/F'cast	**97**	**95**	**68**	**43**	**45**	**22**	**(54)**	**(49)**	**(88)**	**(51)**	**(45)**	**(83)**	**260**	**0**

	B. Cost Total by Directorate		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
28	Primary Care	Actual/F'cast													0	0
29	Mental Health	Actual/F'cast													0	0
30	Continuing HealthCare	Actual/F'cast													0	0
31	Commissioned Services	Actual/F'cast													0	0
32	Scheduled Care	Actual/F'cast													0	0
33	Unscheduled Care	Actual/F'cast													0	0
34	Children & Women's	Actual/F'cast													0	0
35	Community Services	Actual/F'cast													0	0
36	Specialised Services	Actual/F'cast	20,731	21,803	21,181	22,116	23,429	25,631	25,808	24,043	27,478	26,256	25,272	28,254	63,715	292,002
37	Executive / Corporate Areas	Actual/F'cast	367	276	58	333	235	243	330	235	245	333	222	4,519	701	7,396
38	Support Services (inc. Estates & Facilities)	Actual/F'cast	331	381	512	480	461	606	511	466	577	482	461	871	1,224	6,139
39	Reserves	Actual/F'cast													0	0
40	**Cost - Total (Excluding DEL & AME Non-Cash Charges)**	Actual/F'cast	**21,429**	**22,460**	**21,751**	**22,929**	**24,125**	**26,480**	**26,649**	**24,744**	**28,300**	**27,071**	**25,955**	**33,644**	**65,640**	**305,537**

C. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28 . Actual YTD surplus/ (deficit)	260	
29. Actual YTD surplus/ (deficit) last month	192	
30. Current month actual surplus/ (deficit)	68	
		Trend
31. Average monthly surplus/ (deficit) YTD	87	▼
32. YTD /remaining months	29	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	872
34. Year to Date Trend Scenario	1,040

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D. DEL/AME Depreciation & Impairments

			1	2	3	4	5	6	7	8	9	10	11	12		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
	DEL															
41	Baseline Provider Depreciation	Actual/F'cast	48	48	48	48	48	48	48	48	48	48	48	48	144	576
42	Strategic Depreciation	Actual/F'cast													0	0
43	Accelerated Depreciation	Actual/F'cast													0	0
44	Impairments	Actual/F'cast													0	0
45	IFRS 16 Leases	Actual/F'cast		48	24	24	24	24	24	24	24	24	24	23	72	287
46	**Total**		**48**	**96**	**72**	**72**	**72**	**72**	**72**	**72**	**72**	**72**	**72**	**71**	**216**	**863**
	AME															
47	Donated Asset Depreciation	Actual/F'cast													0	0
48	Impairments (including Reversals)	Actual/F'cast													0	0
49	IFRS 16 Leases (Peppercorn)	Actual/F'cast													0	0
50	**Total**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

E. Accountancy Gains

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

F. Committed Reserves & Contingencies

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

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Period : Jun 22

YTD Months to be completed from Month: 1

This Table is currently showing 0 errors

Forecast Months to be completed from Month: 1

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

REF	TYPE	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	1,114	1,149	1,145	1,303	1,311	1,307	1,292	1,294	1,297	1,298	1,291	1,451	**3,408**	**15,252**
2	Medical & Dental	475	496	454	461	450	450	450	450	450	450	450	449	**1,425**	**5,485**
3	Nursing & Midwifery Registered	44	49	36	44	44	44	45	45	45	45	45	53	**129**	**539**
4	Prof Scientific & Technical	177	177	178	161	161	151	151	151	151	151	151	109	**532**	**1,869**
5	Additional Clinical Services	13	13	13	11	11	11	11	11	11	11	11	5	**39**	**132**
6	Allied Health Professionals	18	18	18	24	24	24	24	24	24	24	24	34	**54**	**280**
7	Healthcare Scientists													**0**	**0**
8	Estates & Ancillary													**0**	**0**
9	Students													**0**	**0**
10	**TOTAL PAY EXPENDITURE**	**1,841**	**1,902**	**1,844**	**2,004**	**2,001**	**1,987**	**1,973**	**1,975**	**1,978**	**1,979**	**1,972**	**2,101**	**5,587**	**23,557**
	Analysis of Pay Expenditure														
11	**LHB Provided Services - Pay**	1,841	1,902	1,844	2,004	2,001	1,987	1,973	1,975	1,978	1,979	1,973	2,100	**5,587**	**23,557**
12	**Other Services (incl. Primary Care) - Pay**													**0**	**0**
13	**Total - Pay**	**1,841**	**1,902**	**1,844**	**2,004**	**2,001**	**1,987**	**1,973**	**1,975**	**1,978**	**1,979**	**1,973**	**2,100**	**5,587**	**23,557**
		0	0	0	0	0	0	0	0	0	0	0	0		

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff

REF	TYPE	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	33	47	43	43	43	40	40	40	43	43	40	40	**123**	**495**
2	Medical & Dental													**0**	**0**
3	Nursing & Midwifery Registered													**0**	**0**
4	Prof Scientific & Technical													**0**	**0**
5	Additional Clinical Services													**0**	**0**
6	Allied Health Professionals													**0**	**0**
7	Healthcare Scientists													**0**	**0**
8	Estates & Ancillary													**0**	**0**
9	Students													**0**	**0**
10	**TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE**	**33**	**47**	**43**	**43**	**43**	**40**	**40**	**40**	**43**	**43**	**40**	**40**	**123**	**495**
11	**Agency/Locum (premium) % of pay**	**1.8%**	**2.5%**	**2.3%**	**2.1%**	**2.1%**	**2.0%**	**2.0%**	**2.0%**	**2.2%**	**2.2%**	**2.0%**	**1.9%**	**2.2%**	**2.1%**

C - Agency / Locum (premium) Expenditure - Analysed by Reason for Using Agency/Locum (premium)

REF	REASON	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Vacancy	33	47	43	43	43	40	40	40	43	43	40	40	**123**	**495**
2	Maternity/Paternity/Adoption Leave													**0**	**0**
3	Special Leave (Paid) – inc. compassionate leave, interview													**0**	**0**
4	Special Leave (Unpaid)													**0**	**0**
5	Study Leave/Examinations													**0**	**0**
6	Additional Activity (Winter Pressures/Site Pressures)													**0**	**0**
7	Annual Leave													**0**	**0**
8	Sickness													**0**	**0**
9	Restricted Duties													**0**	**0**
10	Jury Service													**0**	**0**
11	WL													**0**	**0**
12	Exclusion (Suspension)													**0**	**0**
13	COVID-19													**0**	**0**
14	**TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE**	**33**	**47**	**43**	**43**	**43**	**40**	**40**	**40**	**43**	**43**	**40**	**40**	**123**	**495**
		0	0	0	0	0	0	0	0	0	0	0	0		

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This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
A1	*Enter as positive values*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	**Testing (Additional costs due to C19) enter as positive values - actual/forecast**														
2	**Provider Pay (Establishment, Temp & Agency)**														
3	Administrative, Clerical & Board Members													0	0
4	Medical & Dental													0	0
5	Nursing & Midwifery Registered													0	0
6	Prof Scientific & Technical													0	0
7	Additional Clinical Services													0	0
8	Allied Health Professionals													0	0
9	Healthcare Scientists													0	0
10	Estates & Ancillary													0	0
11	Students													0	0
12	**Sub total Testing Provider Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Primary Care Contractor (excluding drugs)													0	0
14	Primary Care - Drugs													0	0
15	Secondary Care - Drugs													0	0
16	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A6**													0	0
17	Healthcare Services Provided by Other NHS Bodies													0	0
18	Non Healthcare Services Provided by Other NHS Bodies													0	0
19	Continuing Care and Funded Nursing Care													0	0
20	Other Private & Voluntary Sector													0	0
21	Joint Financing and Other (includes Local Authority)													0	0
22	Other (only use with WG agreement & state SoCNE/I line ref)													0	0
23														0	0
24														0	0
25														0	0
26	**Sub total Testing Non Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	**TOTAL TESTING EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	**PLANNED TESTING EXPENDITURE (In Opening Plan)**													0	0
29	**MOVEMENT FROM OPENING PLANNED TESTING EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A2	***Tracing (Additional costs due to C19) enter as positive values - actual/forecast***														
30	**Provider Pay (Establishment, Temp & Agency)**														
31	Administrative, Clerical & Board Members													0	0
32	Medical & Dental													0	0
33	Nursing & Midwifery Registered													0	0
34	Prof Scientific & Technical													0	0
35	Additional Clinical Services													0	0
36	Allied Health Professionals													0	0
37	Healthcare Scientists													0	0
38	Estates & Ancillary													0	0
39	Students													0	0
40	**Sub total Tracing Provider Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
41	Primary Care Contractor (excluding drugs)													0	0
42	Primary Care - Drugs													0	0
43	Secondary Care - Drugs													0	0
44	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A6**													0	0
45	Healthcare Services Provided by Other NHS Bodies													0	0
46	Non Healthcare Services Provided by Other NHS Bodies													0	0
47	Continuing Care and Funded Nursing Care													0	0
48	Other Private & Voluntary Sector													0	0
49	Joint Financing and Other (includes Local Authority)													0	0
50	Other (only use with WG agreement & state SoCNE/I line ref)													0	0
51														0	0
52														0	0
53														0	0
54	**Sub total Tracing Non Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55	**TOTAL TRACING EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
56	**PLANNED TRACING EXPENDITURE (In Opening Plan)**													0	0
57	**MOVEMENT FROM OPENING PLANNED TRACING EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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A3	***Mass COVID-19 Vaccination (Additional costs due to C19) enter as positive values - actual/forecast***															
58	**Provider Pay (Establishment, Temp & Agency)**															
59	Administrative, Clerical & Board Members													0	0	
60	Medical & Dental													0	0	
61	Nursing & Midwifery Registered													0	0	
62	Prof Scientific & Technical													0	0	
63	Additional Clinical Services													0	0	
64	Allied Health Professionals													0	0	
65	Healthcare Scientists													0	0	
66	Estates & Ancillary													0	0	
67	Students													0	0	
68	**Sub total Mass COVID-19 Vaccination Provider Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
69	Primary Care Contractor (excluding drugs)													0	0	
70	Primary Care - Drugs													0	0	
71	Secondary Care - Drugs													0	0	
72	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A6**													0	0	
73	Healthcare Services Provided by Other NHS Bodies													0	0	
74	Non Healthcare Services Provided by Other NHS Bodies													0	0	
75	Continuing Care and Funded Nursing Care													0	0	
76	Other Private & Voluntary Sector													0	0	
77	Joint Financing and Other (includes Local Authority)													0	0	
78	Other (only use with WG agreement & state SoCNE/I line ref)													0	0	
79														0	0	
80														0	0	
81														0	0	
82	**Sub total Mass COVID-19 Vaccination Non Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
83	**TOTAL MASS COVID-19 VACC EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
84	**PLANNED MASS COVID-19 VACC EXPENDITURE (In Opening Plan)**													0	0	
85	**MOVEMENT FROM OPENING PLANNED MASS COVID-19 VACC EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
A4	***Extended Flu Vaccination (Additional costs due to C19) enter as positive values - actual/forecast***															
86	**Provider Pay (Establishment, Temp & Agency)**															
87	Administrative, Clerical & Board Members													0	0	
88	Medical & Dental													0	0	
89	Nursing & Midwifery Registered													0	0	
90	Prof Scientific & Technical													0	0	
91	Additional Clinical Services													0	0	
92	Allied Health Professionals													0	0	
93	Healthcare Scientists													0	0	
94	Estates & Ancillary													0	0	
95	Students													0	0	
96	**Sub total Extended Flu Vaccination Provider Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
97	Primary Care Contractor (excluding drugs)													0	0	
98	Primary Care - Drugs													0	0	
99	Secondary Care - Drugs													0	0	
100	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A6**													0	0	
101	Healthcare Services Provided by Other NHS Bodies													0	0	
102	Non Healthcare Services Provided by Other NHS Bodies													0	0	
103	Continuing Care and Funded Nursing Care													0	0	
104	Other Private & Voluntary Sector													0	0	
105	Joint Financing and Other (includes Local Authority)													0	0	
106	Other (only use with WG agreement & state SoCNE/I line ref)													0	0	
107														0	0	
108														0	0	
109														0	0	
110	**Sub total Extended Flu Vaccination Non Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
111	**TOTAL EXTENDED FLU VACC EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
112	**PLANNED EXTENDED FLU VACC EXPENDITURE (In Opening Plan)**													0	0	
113	**MOVEMENT FROM OPENING PLANNED EXTENDED FLU VACC EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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A5	**Cleaning Standards (Additional costs due to C19) enter as positive values - actual/forecast**															
114	**Provider Pay (Establishment, Temp & Agency)**															
115	Administrative, Clerical & Board Members													**0**	**0**	
116	Medical & Dental													**0**	**0**	
117	Nursing & Midwifery Registered													**0**	**0**	
118	Prof Scientific & Technical													**0**	**0**	
119	Additional Clinical Services													**0**	**0**	
120	Allied Health Professionals													**0**	**0**	
121	Healthcare Scientists													**0**	**0**	
122	Estates & Ancillary													**0**	**0**	
123	Students													**0**	**0**	
124	**Sub total Cleaning Standards Provider Pay**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
125	Primary Care Contractor (excluding drugs)													**0**	**0**	
126	Primary Care - Drugs													**0**	**0**	
127	Secondary Care - Drugs													**0**	**0**	
128	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A6**													**0**	**0**	
129	Healthcare Services Provided by Other NHS Bodies													**0**	**0**	
130	Non Healthcare Services Provided by Other NHS Bodies													**0**	**0**	
131	Continuing Care and Funded Nursing Care													**0**	**0**	
132	Other Private & Voluntary Sector													**0**	**0**	
133	Joint Financing and Other (includes Local Authority)													**0**	**0**	
134	Other (only use with WG agreement & state SoCNE/I line ref)													**0**	**0**	
135														**0**	**0**	
136														**0**	**0**	
137														**0**	**0**	
138	**Sub total Cleaning Standards Non Pay**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
139	**TOTAL CLEANING STANDARDS EXPENDITURE**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

140	**PLANNED CLEANING STANDARDS EXPENDITURE (In Opening Plan)**													**0**	**0**	
141	**MOVEMENT FROM OPENING PLANNED CLEANING STANDARDS EXPENDITURE**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

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A6	**PPE, Long Covid & Other (Additional costs due to C19)** ***enter as positive value - actual/forecast***															
142	**Provider Pay (Establishment, Temp & Agency)**															
143	Administrative, Clerical & Board Members													0	0	
144	Medical & Dental													0	0	
145	Nursing & Midwifery Registered													0	0	
146	Prof Scientific & Technical													0	0	
147	Additional Clinical Services													0	0	
148	Allied Health Professionals													0	0	
149	Healthcare Scientists													0	0	
150	Estates & Ancillary													0	0	
151	Students													0	0	
152	Movement of Annual Leave Accrual													0	0	
153	Other (only use with WG Agreement & state SoCNE/I line ref)													0	0	
154														0	0	
155														0	0	
156	**Sub total Other C-19 Provider Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
157	Primary Care Contractor (excluding drugs)													0	0	
158	Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income													0	0	
159	Primary Care - Drugs													0	0	
160	Secondary Care - Drugs													0	0	
161	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see separate line**													0	0	
162	Provider - Non Pay - PPE													0	0	
163	Healthcare Services Provided by Other NHS Bodies													0	0	
164	Non Healthcare Services Provided by Other NHS Bodies													0	0	
165	Continuing Care and Funded Nursing Care													0	0	
166	Other Private & Voluntary Sector													0	0	
167	Joint Financing and Other (includes Local Authority)													0	0	
168	Other (only use with WG Agreement & state SoCNE/I line ref)													0	0	
169														0	0	
170														0	0	
171														0	0	
172														0	0	
173														0	0	
174														0	0	
175														0	0	
176	**Sub total Other C-19 Non Pay**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
177	**TOTAL OTHER C-19 EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
178	**PLANNED OTHER C-19 EXPENDITURE (In Opening Plan)**													0	0	
179	**MOVEMENT FROM OPENING PLANNED OTHER C-19 EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
180	**TOTAL ADDITIONAL EXPENDITURE DUE TO COVID**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
181	**PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (In Opening Plan)**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
182	**MOVEMENT FROM OPENING PLANNED ADDITIONAL COVID EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

B - Additional Welsh Government Funding for C19

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

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

This Table is currently showing 1 errors
Some errors will be resolved when complete rows have data or associated tables are completed

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

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Table C1- Savings Schemes Pay Analysis

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

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

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

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Table C3 - Tracker

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

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Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income	Non Contracted Income	Total Income	Contracted Expenditure	Non Contracted Expenditure	Total Expenditure
		£'000	£'000	£'000	£'000	£'000	£'000
1	Swansea Bay University		3	**3**		14,076	**14,076**
2	Aneurin Bevan University		22	**22**		11,669	**11,669**
3	Betsi Cadwaladr University		0	**0**		17,425	**17,425**
4	Cardiff & Vale University		3	**3**		26,572	**26,572**
5	Cwm Taf Morgannwg University		15	**15**		12,523	**12,523**
6	Hywel Dda University			**0**		8,564	**8,564**
7	Powys			**0**		951	**951**
8	Public Health Wales		24	**24**		1,420	**1,420**
9	Velindre		3	**3**		52,287	**52,287**
10	NWSSP			**0**			**0**
11	DHCW		0	**0**		697	**697**
12	Wales Ambulance Services		3	**3**		772	**772**
13	WHSSC		30	**30**			**0**
14	EASC			**0**			**0**
15	HEIW			**0**			**0**
16	NHS Wales Executive			**0**			**0**
17	**Total**	**0**	**103**	**103**	**0**	**146,956**	**146,956**

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Table E - Resource Limits 1. BASE ALLOCATION	STATUS OF ISSUED RESOURCE LIMIT ITEMS HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000	Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered Into Table
1 LATEST ALLOCATION LETTER/SCHEDULE REF:	2									
2 Total Confirmed Funding	304,246				**304,246**		303,726	76	76	

2. ANTICIPATED ALLOCATIONS

3	DEL Non Cash Depreciation - Baseline Surplus / Shortfall	57				**57**	R				
4	DEL Non Cash Depreciation - Strategic					**0**					
5	DEL Non Cash Depreciation - Accelerated					**0**					
6	DEL Non Cash Depreciation - Impairment					**0**					
7	DEL Non Cash Depreciation - IFRS 16 Leases	287				**287**	R				
8	AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn)					**0**					
9	AME Non Cash Depreciation - Donated Assets					**0**					
10	AME Non Cash Depreciation - Impairment					**0**					
11	AME Non Cash Depreciation - Impairment Reversals					**0**					
12	Removal of Donated Assets / Government Grant Receipts					**0**					
13	Total COVID-19 (see below analysis)	0	0	0	0	**0**					See below analysis
14	Removal of IFRS-16 Leases (Revenue)	(304)				**(304)**	R				
15	Energy (Price Increase)					**0**					
16	Employers NI Increase (1.25%)					**0**					
17	Real Living Wage					**0**					
18	Critical Care	58				**58**	NR	58			
19	WIMAT	242				**242**	NR	242			
20	CHEF pilot	157				**157**	NR	157			
21						**0**					
22	WG - Digital Priorities Investment Fund for Building a Digitally Ready Workfo	104				**104**	NR	104			
23	WG -Project Co-ordinator and Project Support Officer for Mental Health	87				**87**	NR	87			
24	WG - National Programme for the Allied Health Professions (AHP) Framewor	292				**292**	NR	292			
25	OCDO	5				**5**	NR	5			
26	WCLFT Anticipated Income	53				**53**	NR	53			
27	SLE	260				**260**	NR	260			
28	22-23 Clinical Excellence Awards	62				**62**	NR	62			
29						**0**					
30						**0**					
31						**0**					
32						**0**					
33						**0**					
34						**0**					
35						**0**					
36						**0**					
37						**0**					
38						**0**					
39						**0**					
40						**0**					
41						**0**					
42						**0**					
43						**0**					
44						**0**					
45						**0**					
46						**0**					
47						**0**					
48						**0**					
49						**0**					
50						**0**					
51						**0**					
52						**0**					
53						**0**					
54						**0**					
55						**0**					
56						**0**					
57						**0**					
58	**Total Anticipated Funding**	**1,360**	**0**	**0**	**0**	**1,360**		**1,320**	**0**	**0**	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

59	Confirmed Resources Per 1. above	304,246	0	0	0	304,246		303,726	76	76
60	Anticipated Resources Per 2. above	1,360	0	0	0	1,360		1,320	0	0
61	**Total Resources**	**305,606**	**0**	**0**	**0**	**305,606**		**305,046**	**76**	**76**

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE		Allocated Total £'000	Anticipated HCHS £'000	Anticipated Pharmacy £'000	Anticipated Dental £'000	Anticipated GMS £'000	Total RRL £'000	WG Contact and date item first entered into table.
62	Testing (inc Community Testing)						0	
63	Tracing						0	
64	Mass COVID-19 Vaccination						0	
65	PPE						0	
66	Extended Flu						0	
67	Cleaning Standards						0	
68	Long Covid						0	
69							0	
70							0	
71							0	
72							0	
73							0	
74							0	
75							0	
76							0	
77							0	
78							0	
79							0	
80							0	
81							0	
82							0	
83							0	
84							0	
85							0	
86							0	
87							0	
88							0	
89							0	
90							0	
91							0	
92	**Total Funding**	**0**	**0**	**0**	**0**	**0**	**0**	

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Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB	Aneurin Bevan ULHB	Betsi Cadwaladr ULHB	Cardiff & Vale ULHB	Cwm Taf Morgannwg ULHB	Hywel Dda ULHB	Powys LHB	Public Health Wales NHS Trust	Welsh Ambulance NHS Trust	Velindre NHS Trust	NWSSP	DHCW	HEIW	WG	EASC	WHSSC	Other (please specify)	Total	WG Contact, date item first entered into table and whether any invoice has been raised.
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1	**Agreed full year income**																		0	
	Details of Anticipated Income																			
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall																		0	
3	DEL Non Cash Depreciation - Strategic																		0	
4	DEL Non Cash Depreciation - Accelerated																		0	
5	DEL Non Cash Depreciation - Impairment																		0	
6	DEL Non Cash Depreciation - IFRS 16 Leases																		0	
7	AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn)																		0	
8	AME Non Cash Depreciation - Donated Assets																		0	
9	AME Non Cash Depreciation - Impairment																		0	
10	AME Non Cash Depreciation - Impairment Reversals																		0	
11	Total COVID-19 (see below analysis)														0				0	See below analysis
12	Removal of IFRS-16 Leases (Revenue)																		0	
13	Energy (Price Increase)																		0	
14	Employers NI Increase (1.25%)																		0	
15	Real Living Wage																		0	
16																			0	
17																			0	
18																			0	
19																			0	
20																			0	
21																			0	
22																			0	
23																			0	
24																			0	
25																			0	
26																			0	
27																			0	
28																			0	
29																			0	
30																			0	
31																			0	
32																			0	
33																			0	
34																			0	
35																			0	
36																			0	
37	**Total Income**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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	ANALYSIS OF WG FUNDING DUE FOR COVID-19 INCLUDED ABOVE	Allocated £'000	Anticipated £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
38	Testing (inc Community Testing)			0	
39	Tracing			0	
40	Mass COVID-19 Vaccination			0	
41	PPE			0	
42	Extended Flu			0	
43	Cleaning Standards			0	
44	Long Covid			0	
45				0	
46				0	
47				0	
48				0	
49				0	
50				0	
51				0	
52				0	
53				0	
54				0	
55				0	
56				0	
57				0	
58				0	
59				0	
60				0	
61				0	
62				0	
63				0	
64				0	
65				0	
66				0	
67				0	
68	**Total Funding**	0	0	0	

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	Table F - Statement of Financial Position For Monthly Period	Opening Balance Beginning of Apr 22	Closing Balance End of Jun 22	Forecast Closing Balance End of Mar 23
	Non-Current Assets	**£'000**	**£'000**	**£'000**
1	Property, plant and equipment	1,940	3,484	2,913
2	Intangible assets			
3	Trade and other receivables			
4	Other financial assets			
5	**Non-Current Assets sub total**	**1,940**	**3,484**	**2,913**
	Current Assets			
6	Inventories			
7	Trade and other receivables	2,125	1,024	1,997
8	Other financial assets			
9	Cash and cash equivalents	5,955	1,744	2,208
10	Non-current assets classified as held for sale			
11	**Current Assets sub total**	**8,080**	**2,768**	**4,205**
12	**TOTAL ASSETS**	**10,020**	**6,252**	**7,118**
	Current Liabilities			
13	Trade and other payables	8,418	10,989	7,119
14	Borrowings (Trust Only)			
15	Other financial liabilities			
16	Provisions			
17	**Current Liabilities sub total**	**8,418**	**10,989**	**7,119**
18	**NET ASSETS LESS CURRENT LIABILITIES**	**1,602**	**(4,737)**	**(1)**
	Non-Current Liabilities			
19	Trade and other payables	125	1,526	1,295
20	Borrowings (Trust Only)			
21	Other financial liabilities			
22	Provisions			
23	**Non-Current Liabilities sub total**	**125**	**1,526**	**1,295**
24	**TOTAL ASSETS EMPLOYED**	**1,477**	**(6,263)**	**(1,296)**
	FINANCED BY: **Taxpayers' Equity**			
25	General Fund	1,477	(6,263)	(1,296)
26	Revaluation Reserve			
27	PDC (Trust only)			
28	Retained earnings (Trust Only)			
29	Other reserve			
30	**Total Taxpayers' Equity**	**1,477**	**(6,263)**	**(1,296)**

	EXPLANATION OF ALL PROVISIONS	Opening Balance Beginning of Apr 22	Closing Balance End of Jun 22	Closing Balance End of Mar 23
31				
32				
33				
34				
35				
36				
37				
38				
39				
40	**Total Provisions**	**0**	**0**	**0**

	ANALYSIS OF WELSH NHS RECEIVABLES (current month)	£'000
41	Welsh NHS Receivables Aged 0 - 10 weeks	12
42	Welsh NHS Receivables Aged 11 - 16 weeks	0
43	Welsh NHS Receivables Aged 17 weeks and over	0

	ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)	£'000	£'000	£'000
44	Capital	0	1,832	1,603
45	Revenue	8,543	10,683	6,811

	ANALYSIS OF CASH (opening, current & closing)	£'000	£'000	£'000
46	Capital	0	0	0
47	Revenue	5,955	1,744	2,208

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Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	15,000	21,500	21,500	21,000	24,704	26,126	26,555	24,669	28,361	26,984	25,903	42,744	305,046
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)				48			48			48		48	192
4	WG Capital Funding - Cash Limit - LHB & SHA only						38					38		76
5	Income from other Welsh NHS Organisations	132	6	6	28	6	6	28	6	6	28	6	25	283
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets													0
10	Other - (Specify in narrative)	35	24	53	2,530	30	30	30	30	30	30	30	30	2,882
11	**TOTAL RECEIPTS**	**15,167**	**21,530**	**21,559**	**23,606**	**24,740**	**26,200**	**26,661**	**24,705**	**28,397**	**27,090**	**25,977**	**42,847**	**308,479**
	PAYMENTS													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Cash Limited Payments													0
17	Salaries and Wages	1,252	1,742	1,744	2,009	1,992	1,987	1,973	1,976	1,978	1,979	1,973	2,933	23,538
18	Non Pay Expenditure	17,533	20,675	19,521	22,650	22,416	24,513	24,627	22,269	25,269	25,942	24,861	38,336	288,612
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only													0
21	Capital Payment						38					38		76
22	Other items (Specify in narrative)													0
23	**TOTAL PAYMENTS**	**18,785**	**22,417**	**21,265**	**24,659**	**24,408**	**26,538**	**26,600**	**24,245**	**27,247**	**27,921**	**26,872**	**41,269**	**312,226**
24	Net cash inflow/outflow	(3,618)	(887)	294	(1,053)	332	(338)	61	460	1,150	(831)	(895)	1,578	
25	Balance b/f	5,955	2,337	1,450	1,744	691	1,023	685	746	1,206	2,356	1,525	630	
26	Balance c/f	2,337	1,450	1,744	691	1,023	685	746	1,206	2,356	1,525	630	2,208	

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Period : Jun 22

Table H - PSPP

This table needs completing on a quarterly basis

NOTE: Data to 1 decimal place

30 DAY COMPLIANCE

	PROMPT PAYMENT OF INVOICE PERFORMANCE	Target %	ACTUAL Q1 Actual %	ACTUAL Q1 Variance %	ACTUAL Q2 Actual %	ACTUAL Q2 Variance %	ACTUAL Q3 Actual %	ACTUAL Q3 Variance %	ACTUAL Q4 Actual %	ACTUAL Q4 Variance %	YEAR TO DATE Actual %	YEAR TO DATE Variance %	FORECAST YEAR END Forecast %	FORECAST YEAR END Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	94.5%	-0.5%		-95.0%		-95.0%		-95.0%	94.5%	-0.5%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	96.1%	1.1%		-95.0%		-95.0%		-95.0%	96.1%	1.1%	95.0%	0.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	99.5%	4.5%		-95.0%		-95.0%		-95.0%	99.5%	4.5%	95.0%	0.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	93.5%	-1.6%		-95.0%		-95.0%		-95.0%	93.5%	-1.6%	95.0%	0.0%

10 DAY COMPLIANCE

	PROMPT PAYMENT OF INVOICE PERFORMANCE	ACTUAL Q1 Actual %	ACTUAL Q1	ACTUAL Q2 Actual %	ACTUAL Q2	ACTUAL Q3 Actual %	ACTUAL Q3	ACTUAL Q4 Actual %	ACTUAL Q4	YEAR TO DATE Actual %	YEAR TO DATE	FORECAST YEAR END Actual %	FORECAST YEAR END
5	% of NHS Invoices Paid Within 10 Days - By Value	74.1%								74.1%		70.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number	31.1%								31.1%		30.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value	70.5%								70.5%		70.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number	26.7%								26.7%		30.0%	

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Period : Jun 22

This Table is currently showing 0 errors

Table I - 2022-23 Capital Resource / Expenditure Limit Management

£'000	76
Approved CRL / CEL issued at :	4/5/22

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	Gross expenditure						
	All Wales Capital Programme:						
	Schemes:						
1				0			0
2				0			0
3				0			0
4				0			0
5				0			0
6				0			0
7				0			0
8				0			0
9				0			0
10				0			0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
	Discretionary:						
43	I.T.			0			0
44	Equipment			0			0
45	Statutory Compliance			0			0
46	Estates			0			0
47	Other			0	76	76	0
48	**Sub Total**	**0**	**0**	**0**	**76**	**76**	**0**

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	Other (Including IFRS 16 Leases) Schemes:						
49				0			0
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
70	**Total Expenditure**	**0**	**0**	**0**	**76**	**76**	**0**
	Less:						
	Capital grants:						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
	Donations:						
77				0			0
78	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
	Asset Disposals:						
79				0			0
80				0			0
81				0			0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
91	***Technical Adjustments***			**0**			**0**
92	**CHARGE AGAINST CRL / CEL**	**0**	**0**	**0**	**76**	**76**	**0**
93	**PERFORMANCE AGAINST CRL / CEL (Under)/Over**		**(76)**			**0**	

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Period : Jun 22

YTD Months to be completed from Month: 2
Forecast Months to be completed from Month: 2

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Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast Min. £'000	In Year Forecast Max. £'000	Capital Expenditure Monthly Profile April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	Total £'000	Risk Level
1																	0	0	
2																	0	0	
3																	0	0	
4																	0	0	
5																	0	0	
6																	0	0	
7																	0	0	
8																	0	0	
9																	0	0	
10																	0	0	
11																	0	0	
12																	0	0	
13																	0	0	
14																	0	0	
15																	0	0	
16																	0	0	
17																	0	0	
18																	0	0	
19																	0	0	
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21																	0	0	
22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	**Sub Total**		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Discretionary:																		
35	I.T.	*															0	0	
36	Equipment	*															0	0	
37	Statutory Compliance	*															0	0	
38	Estates	*															0	0	
39	Other	TBC	76	76						38				38			0	76	Low
40	**Sub Total**		76	76	0	0	0	0	0	38	0	0	0	38	0	0	0	76	
	Other Schemes (Including IFRS 16 Leases):																		
41																	0	0	
42																	0	0	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	**Sub Total**		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	**Total Capital Expenditure**		76	76	0	0	0	0	0	38	0	0	0	38	0	0	0	76	

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Period : Jun 22

Table K - Capital Disposals

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A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 22)	MM/YY (text format, e.g. Apr 22)	MM/YY (text format, e.g. Feb 23)	£'000	£'000	£'000	£'000	
1								0	
2								0	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				0	0	0	0	

B: Future Years Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Feb 24)	£'000	£'000	£'000	£'000	
20								0	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
31								0	
32								0	
33								0	
34								0	
35								0	
36								0	
37								0	
38								0	
	Total for future years				0	0	0	0	

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Period : Jun 22

This Table is currently showing 0 errors
This table needs completing monthly from Month: 3

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

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Table M - Debtors Schedule

Period: Jun 22

11 weeks before end of Jun 22 = 14 April 2022

17 weeks before end of Jun 22 = 03 March 2022

Debtor	Inv #	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date	Comments
			0.00	0.00		0.00	0.00		

Invoices paid since the end of the month

Total outstanding as per MR submission date	0.00	0.00

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HEIW **Period :** **Jun 22**

Table N - General Medical Services **This Table is currently showing 0 errors**
Table to be completed from Q2 / Month: **6**

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
	LINE NO.	£000's	£000's	£000's	£000's	£000's
Global Sum	1					
Practice support payment	2					
Total Global Sum and MPIG	3				0	0
QAIF Aspiration Payments	4					
QAIF Achievement Payments	5					
QAIF - Access Achievement Payments	6					
Total Quality	7				0	0
Direct Enhanced Services (To equal data in Section A (i) Line 31)	8				0	
National Enhanced Services (To equal data in Section A (ii) Line 41)	9				0	
Local Enhanced Services (To equal data in Section A (iii) Line 94)	10				0	
Total Enhanced Services (To equal data in section A Line 95)	11		0	0	0	0
LHB Administered (To equal data in Section B Line 109)	12				0	
Premises (To equal data in section C Line 138)	13				0	
IM & T	14				0	
Out of Hours (including OOHDF)	15				0	
Dispensing (To equal data in Line 154)	16				0	
Total	17	0	0	0	0	0

SUPPLEMENTARY INFORMATION

Directed Enhanced Services ***Section A (i)***	LINE NO.	£000's	£000's	£000's	£000's	£000's
Learning Disabilities	18				0	
Childhood Immunisation Scheme	19				0	
Mental Health	20				0	
Influenza & Pneumococcal Immunisations Scheme	21				0	
Services for Violent Patients	22				0	
Minor Surgery Fees	23				0	
MENU of Agreed DES						
Asylum Seekers & Refugees	24				0	
Care of Diabetes	25				0	
Care Homes	26				0	
Extended Surgery Opening	27				0	
Gender Identity	28				0	
Homeless	29				0	
Oral Anticoagulation with Warfarin	30				0	
TOTAL Directed Enhanced Services (must equal line 8)	31		0	0	0	0

National Enhanced Services ***A (ii)***	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring	32				0	
Shared care drug monitoring (Near Patient Testing)	33				0	
Drug Misuse	34				0	
IUCD	35				0	
Alcohol misuse	36				0	
Depression	37				0	
Minor injury services	38				0	
Diabetes	39				0	
Services to the homeless	40				0	
TOTAL National Enhanced Services (must equal line 9)	41		0	0	0	0

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Local Enhanced Services *A (iii)*	LINE NO.	£000's	£000's	£000's	£000's	£000's
ADHD	42				0	
Asylum Seekers & Refugees	43				0	
Cardiology	44				0	
Care Homes	45				0	
Care of Diabetes	46				0	
Chiropody	47				0	
Counselling	48				0	
Depo - Provera (including Implanon & Nexplanon)	49				0	
Dermatology	50				0	
Dietetics	51				0	
DOAC/NOAC	52				0	
Drugs Misuse	53				0	
Extended Minor Surgery	54				0	
Gonaderlins	55				0	
Homeless	56				0	
HPV Vaccinations	57				0	
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm	58				0	
Learning Disabilities	59				0	
Lithium / INR Monitoring	60				0	
Local Development Schemes	61				0	
Mental Health	62				0	
Minor Injuries	63				0	
MMR	64				0	
Multiple Sclerosis	65				0	
Muscular Skeletal	66				0	
Nursing Homes	67				0	
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)	68				0	
Osteopathy	69				0	
Phlebotomy	70				0	
Physiotherapy (inc MT3)	71				0	
Referral Management	72				0	
Respiratory (inc COPD)	73				0	
Ring Pessaries	74				0	
Sexual Health Services	75				0	
Shared Care	76				0	
Smoking Cessation	77				0	
Substance Misuse	78				0	
Suturing	79				0	
Swine Flu	80				0	
Transport/Ambulance costs	81				0	
Vasectomy	82				0	
Weight Loss Clinic (inc Exercise Referral)	83				0	
Wound Care	84				0	
Zoladex	85				0	
	86				0	
	87				0	
	88				0	
	89				0	
	90				0	
	91				0	
	92				0	
	93				0	
TOTAL Local Enhanced Services (must equal line 10)	94		0	0	0	0

TOTAL Enhanced Services (must equal line 11)	95		0	0	0	0

GENERAL MEDICAL SERVICES
Operating Expenditure

LHB Administered *Section B*	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Seniority	96					
Doctors Retention Scheme Payments	97					
Locum Allowances consists of adoptive, paternity & maternity	98					
Locum Allowances : Cover for Sick Leave	99					
Locum Allowances : Cover For Suspended Doctors	100					
Prolonged Study Leave	101					
Recruitment and Retention (including Golden Hello)	102					
Appraisal - Appraiser Costs	103					
Primary Care Development Scheme	104					
Partnership Premium - GP partners	105					
Partnership Premium - Non GP Partners	106					
Supply of syringes & needles	107					
Other (please provide detail below, this should reconcile to line 128)	108					
TOTAL LHB Administered (must equal line 12)	109				0	0

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Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs **(costs in excess of Global Sum/MPIG)**	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs **(LHB employed staff working in GP practices to improve GP services)**	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
COVID vaccination payments to GP practices	120					
	121					
	122					
	123					
	124					
	125					
	126					
	127					
TOTAL of Other Payments (must equal line 108)	128					0

Premises *Section C*	LINE NO.	£000's	£000's	£000's	£000's	£000's
Notional Rents	129					
Actual Rents: Health Centres	130					
Actual Rents: Others	131					
Cost Rent	132					
Clinical Waste/ Trade Refuse	133					
Rates, Water, sewerage etc	134					
Health Centre Charges	135					
Improvement Grants	136					
All other Premises (please detail below which should reconcile to line 146)	137					
TOTAL Premises (must equal line 13)	138				0	0

Analysis of Other Premises (Line 137)	LINE NO.	£000's	£000's	£000's	£000's	£000's
	139					
	140					
	141					
	142					
	143					
	144					
	145					
TOTAL of Other Premises (must equal line 137)	146					0

Memorandum item

Enhanced Services included above but in dispute with LMC (TOTAL)	147					
Enhanced Services included above but not yet formally agreed LMC	148					

GENERAL MEDICAL SERVICES
Dispensing

Dispensing Data	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)						
Dispensing Doctors	149					
Prescribing Medical Practitioners - Personal Administration	150					
Dispensing Service Quality Payment	151					
Professional Fees and on-cost						
Dispensing Doctors	152					
Prescribing Medical Practitioners - Personal Administration	153					
TOTAL DISPENSING DATA (must equal line 16)	154				0	0

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HEIW **Period : Jun 22**

Table O - General Dental Services **This Table is currently showing 0 errors**

Table to be completed from Q2 / Month: 6

Operating Expenditure from the revenue allocation for the dental contract

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	**LINE NO.**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER **(PLEASE DETAIL BELOW)**	12				0	
TOTAL DENTAL SERVICES EXPENDITURE	13		0	0	0	0

OTHER (PLEASE DETAIL BELOW) - Activities / expenditure <u>not included in a GDS contract and / or PDS agreement.</u> This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	**LINE NO.**		**£000's**	**£000's**	**£000's**	**£000's**
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Sedation services including GA	16					
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services	22					
Dental Foundation Training/Vocational Training	23					
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25					
Oral Surgery	26					
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29					
Improved ventilation in dental practices	30					
Attend Anywhere	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
TOTAL OTHER (must equal line 12)	43			0		0

RECEIPTS

TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44				0	

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Meeting Date	**28 July 2022**	**Agenda Item**	**4.2**
Report Title	**Review of Standing Financial Instructions (SFIs)**		
Report Author	Martyn Pennell, Interim Deputy Director of Finance		
Report Sponsor	Rhiannon Beckett, Interim Director of Finance		
Presented by	Rhiannon Beckett, Interim Director of Finance		
Freedom of Information	Open		
Purpose of the Report	To present the Board with updated Standing Financial Instructions (SFIs) for consideration and approval.		
Key Issues	During 2021, Welsh Government issued a set of model Standing Financial Instructions for adoption by all NHS-Wales bodies. As part of the review process, an inconsistency was identified within the document affecting the HEIW procurement notification thresholds, and as a result, the SFIs could not be adopted by the organisation. Welsh Government has subsequently issued a revised schedule for the SFIs, which resolves the issue. The updated Standing Financial Instructions were considered at the meeting of the Audit and Assurance Committee held on 12 July 2022. At that meeting, the Committee recommended that the Board approve the updated Standing Financial Instructions. The Board is asked to review and approve the updated Standing Financial Instructions.		

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

Recommendations	The Board is asked to: • **Review** and **approve** the Standing Financial Instructions (Appendix 1).

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REVIEW OF STANDING FINANCIAL INSTRUCTIONS

1. INTRODUCTION

HEIW is required to maintain a set of Standing Financial Instructions (SFIs) to translate statutory and Welsh Government financial requirements into day-to-day operating practice. As part of an all-Wales review initiated by the Directors of Finance group, Welsh Government has issued model SFIs for adoption by all NHS Wales organisations. The revised document is presented to the Board for consideration and approval.

2. BACKGROUND

At the Audit and Assurance Committee on 11th July 2021 members were presented with the revised model SFIs issued by Welsh Government. As part of the review process, an inconsistency was identified within the document affecting the HEIW procurement notification thresholds, and as a result, the SFIs could not be adopted by the organisation.

Following discussions with Welsh Government colleagues a revised schedule has been issued that clarifies the reporting requirements. This states that, *'Contracts entered into by HEIW for services which are the consequences of annual commissioning approved by the Minister e.g. annual education and training commissioning do not require further Ministerial notification or consent.'*

The additional paragraph in schedule 1 removes the inconsistency and enables HEIW to operate under the procurement requirements for education and training plan contracts that have been in place since the organisation was formed.

The updated Standing Financial Instructions were considered at the meeting of the Audit and Assurance Committee held on 12 July 2022. At that meeting, the Committee recommended that the Board approve the updated Standing Financial Instructions.

3. PROPOSAL

HEIWs' Standing Financial Instructions have been reviewed and updated to reflect the updated document issued by Welsh Government. A copy of the updated SFIs is included within Appendix 1, which includes the revised 'Schedule 1' document issued on 31st March 2022.

The list of amendments to the SFIs is included in Appendix 2 for information.

4. GOVERNANCE AND RISK ISSUES

The approval of the model SFIs will assist HEIW in operating within its statutory framework.

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5. FINANCIAL IMPLICATIONS

There are no specific financial implications of this report.

6. RECOMMENDATION

The Board is asked to:

- **Review** and **approve** the Standing Financial Instructions (Appendix 1).

Governance and Assurance			
Link to IMTP strategic aims ***(please ✓)***	**Strategic Aim 1:** To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	**Strategic Aim 2:** To transform healthcare education and training to improve opportunity, access and population health.	**Strategic Aim 3:** To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care.	**Strategic Aim 5:** To be an exemplar employer and a great place to work	**Strategic Aim 6:** To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
There is no impact on quality, safety and patient experience.			
Financial Implications			
There are no direct financial implications as a result of this paper.			
Legal Implications (including equality and diversity assessment)			
HEIW is required to ensure it has the appropriate processes in place to operate under its statutory framework. The regular review and adoption of the Standing Financial Instructions will assist this process.			
Staffing Implications			
There are no direct staffing implications.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
There are no long-term implications.			
Report History	Initial review of model SFIs considered at Audit and Assurance Committee 11th July 2021. The updated SFIs were considered by the Audit and Assurance Committee on 12 July 2022.		
Appendices	Appendix 1 – Model Standing Financial Instructions Appendix 2 – List of Amendments		

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Schedule 2.1

MODEL STANDING FINANCIAL INSTRUCTIONS FOR HEALTH EDUCATION AND IMPROVEMENT WALES

This Schedule forms part of, and shall have effect as if incorporated in the Health Education and Improvement Wales Standing Orders (incorporated as Schedule 2.1 of SOs).

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Foreword

These Model Standing Financial Instructions are issued by Welsh Ministers to Health Education and Improvement Wales "HEIW" using powers of direction provided in section 23 (1) of the National Health Service (Wales) Act 2006. HEIW must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. Designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business, they translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders (SOs), a Scheme of decisions reserved to the Board and a scheme of delegations to officers and others, they provide the regulatory framework for the business conduct of HEIW.

These documents form the basis upon which HEIW's governance and accountability framework is developed and, together with the adoption of HEIW's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All HEIW Board members and officers must be made aware of these Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The Director of Finance will be able to provide further advice and guidance on any aspect of the Standing Financial Instructions. The Board Secretary will be able to provide further advice and guidance on the wider governance arrangements within HEIW. Further information on governance in the NHS in Wales may be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/

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Health Education and Improvement Wales

1. INTRODUCTION

1.1 General

1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Health Education and Improvement Wales "HEIW" using powers of direction provided in section 23(1) of the National Health Service (Wales) Act 2006 "NHS (Wales) Act 2006". HEIW must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They shall have effect as if incorporated in the Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs).

1.1.2 These SFIs detail the financial responsibilities, policies and procedures adopted by HEIW. They are designed to ensure that HEIW's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Board and the Scheme of delegation adopted by HEIW.

1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for HEIW. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial control procedure notes. All financial procedures must be approved by the Director of Finance and Audit and Assurance Committee.

1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Board Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of HEIW's Standing Orders "SOs".

1.2 Overriding Standing Financial Instructions

1.2.1 Full details of any non compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Board Secretary, who will ask the Audit and Assurance Committee "Audit Committee" to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and HEIW officers have a duty to report any non compliance to the Director of Finance and Board

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Secretary as soon as they are aware of any circumstances that has not previously been reported.

1.2.2 **Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

1.3 Financial provisions and obligations of HEIW

1.3.1 The financial provisions and obligations for Special Health Authorities, which relate to HEIW are set out under Sections 171, 172 and 173 of the NHS (Wales) Act 2006. The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure HEIW meets its statutory obligation to perform its functions within the available financial resources.

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2. RESPONSIBILITIES AND DELEGATION

2.1 The Board

2.1.1 The Board exercises financial supervision and control by:

a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of the developing and approving medium term plan, reflecting longer-term planning and delivery objectives;

b) Requiring the submission and approval of balanced annual budgets within approved allocations/resource limits

c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and

d) Defining specific responsibilities placed on Board members and HEIW officers, and HEIW committees and Advisory Groups as indicated in the 'Scheme of delegation' document.

2.1.2 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the 'Schedule of matters reserved to the Board' document. The Board, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated to committees, sub-committees, joint committees or joint sub-committees that HEIW has established or to an officer of HEIW in accordance with the 'Scheme of delegation' document adopted by HEIW.

2.2 The Chief Executive and Director of Finance

2.2.1 The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.2 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Welsh Government, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for HEIW's activities; is

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responsible to the Chair and the Board for ensuring that financial provisions, obligations and targets are met; and has overall responsibility for HEIW's system of internal control.

2.2.3 It is a duty of the Chief Executive to ensure that Board members and HEIW officers, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.3 The Director of Finance

2.3.1 The Director of Finance is responsible for:

a) Implementing HEIW's financial policies and for co-coordinating any corrective action necessary to further these policies;

b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

c) Ensuring that sufficient records are maintained to show and explain HEIW's transactions, in order to disclose, with reasonable accuracy, the financial position of HEIW at any time; and

d) Without prejudice to any other functions of HEIW, and Board members and HEIW officers, the duties of the Director of Finance include:

(i) the provision of financial advice to other Board members and HEIW officers, and HEIW Committees and Advisory Groups,

(ii) the design, implementation and supervision of systems of internal financial control, and

(iii) the preparation and maintenance of such accounts, certificates, estimates, records and reports as HEIW may require for the purpose of carrying out its statutory duties.

2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to effect these SFIs.

2.4 Board members and HEIW officers, and HEIW Committees and Advisory Groups

2.4.1 All Board members and HEIW officers, and HEIW Committees and

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Advisory Groups, severally and collectively, are responsible for:

a) The security of the property of HEIW;

b) Avoiding loss;

c) Exercising economy, efficiency and sustainability in the use of resources; and

d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Board members and HEIW officers, and HEIW Committees and Advisory Groups who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board, Committees, Advisory Groups and employees discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by HEIW to commit HEIW to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

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3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

3.1.1 An independent Audit Committee is a central means by which a Board ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent check upon the executive arm of the Board. In accordance with SOs the Board shall formally establish an Audit Committee with clearly defined terms of reference. Detailed terms of reference and operating arrangements for the Audit Committee are set out in Schedule 3 to the SOs. This committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Audit%20Committee%20Handbook%20%28June%202012%29.pdf

3.2 Chief Executive

3.2.1 The Chief Executive is responsible for:

a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal control including the establishment of an effective Internal Audit function;

b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf

c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;

d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Board. The report must cover:

- a clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards.

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- major internal control weaknesses discovered,
- progress on the implementation of Internal Audit recommendations,
- progress against plan over the previous year, and
- a detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:

a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

b) Access at all reasonable times to any land or property owned or leased by the HEIW;

c) Access at all reasonable times to Board members and HEIW officers;

d) The production of any cash, stores or other property of the HEIW under a Board member or a HEIW official's control; and

e) Explanations concerning any matter under investigation.

3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within an Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Public Sector Internal Audit Standards. Standing Order 8.1 details the relationship between the Head of Internal Audit and the Board. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Schedule 3 of the SOs, and the NHS Wales Audit Committee Handbook.

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3.4 External Audit

3.4.1 Pursuant to the Public Audit (Wales) Act 2004 (c. 23), the Auditor General for Wales (Auditor General) is the external auditor of HEIW. The Auditor General may nominate his representative to represent him and to undertake the required audit work. The cost of the audit is paid for by HEIW. HEIW's Audit Committee should assure itself that a cost-efficient external audit service is delivered. If there are any problems relating to the service provided, this should be raised with the Auditor General's representative and referred on to the Auditor General if the issue cannot be resolved.

3.4.2 The objectives of the external audit fall under three broad headings, to review and report on:

a) Whether the expenditure to which the financial statements relate has been incurred lawfully and in accordance with the authority that governs it;

b) The audited body's financial statements, and on its Annual Governance Statement and remuneration report;

c) Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

3.4.3 The Auditor General's representatives will prepare a risk-based annual audit plan, designed to deliver the Auditor General's objectives, for consideration by the Audit Committee. The Audit Committee should formally consider and review the plan. The plan will set out details of the work to be carried out, providing sufficient detail for the Audit Committee and other recipients to understand the purpose and scope of the defined work and their level of priority. The Audit Committee should review the plan and the associated fees, although in so doing it needs to recognise the statutory duties of the Auditor General. The Audit Committee should consider material changes to the plan.

3.4.4 The Auditor General's representative should be invited to attend every Audit Committee meeting. The cycle of approving and monitoring the progress of external audit plans and reports, culminating in the opinion on the annual report and accounts, is central to the core work of the Audit Committee.

3.4.5 The Auditor General's representatives will liaise with Internal Audit when developing the external audit plan. The Auditor General's representative will ensure that planned external audit work takes into

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account the work of Internal Audit to avoid duplication wherever possible and considers where Internal Audit work can be relied upon for opinion purposes.

3.4.6 The Auditor General and his representatives shall have a right of access to the Chair of the Audit Committee at any time.

3.4.7 The Government of Wales Act 2006 provides that the Auditor General has statutory rights of access to all documents and information, as set out in paragraph 3.2.2a of these SFIs, that relate to the exercise of many of his core functions, including his statutory audits of accounts, value for money examinations and improvement studies. The rights of access include access to confidential information; personal information as defined by the Data Protection Act 2018 and the UK General Data Protection Legislation; information subject to legal privilege; personal information and sensitive personal information that may otherwise be subject to protection under the European Convention of Human Rights; information held by third parties; and electronic files and IT systems. Paragraph 17 of Schedule 8 to GOWA operates to provide the Auditor General with a right of access to every document relating to the Trust that appears to him to be necessary for the discharge of any of these functions. Paragraph 17(3) of Schedule 8 also requires any person that the Auditor General thinks has information related to the discharge of his functions to give any assistance, information and explanation that he thinks necessary. It also requires such persons to attend before the Auditor General and to provide any facility that he and his representatives may reasonably require, such as audit accommodation and access to IT facilities. The rights apply not just to HEIW and its officers and staff, but also to, among others, suppliers to HEIW.

3.4.8 The Auditor General's independence in the exercise of his audit functions is protected by statute (section 8 of the Public Audit (Wales) Act 2013), and audit independence is required by professional and ethical standards. Accordingly, HEIW (including its Audit Committee) must be careful not to seek to fetter the Auditor General's discretion in the exercise of his functions. While HEIW may offer comments on the plans and outputs of the Auditor General, it must not seek to direct the Auditor General.

3.4.9 The Auditor General will issue a number of reports over the year, some of which are specified in the Auditor General's Code of Audit and Inspection Practice and International Standards on Auditing. Other reports will depend on the contents of the audit plan.

The main mandatory reports are:

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- Report to those charged with governance (incorporating the report required under ISA 260) that sets out the main issues arising from the audit of the financial statements and use of resources work

- Statutory report and opinion on the financial statements

- Annual audit report.

In addition to these reports, the Auditor General may prepare a report on a matter the Auditor General considers would be in the public interest to bring to the public's attention; or make a referral to the Welsh Ministers if significant breaches occur.

3.4.10 The Auditor General also has statutory powers to undertake Value for Money Examinations and Improvement Studies within HEIW and other public sector bodies. At HEIW he also undertakes a Structured Assessment to help him assess whether there are proper arrangements for securing economy, efficiency and effectiveness in the use of resources. The Auditor General will take account of audit work when planning and undertaking such examinations and studies. The Auditor General and his representatives have the same access rights in relation to these examinations and studies as they do in relation to annual audit work.

3.5 Fraud and Corruption

3.5.1 In line with their responsibilities, HEIW Chief Executive and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 HEIW shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by Directions to NHS bodies on Counter Fraud Measures 2005.

http://www.wales.nhs.uk/sitesplus/documents/1064/WHC%282005%2995%20%28Revised%29%20Directions%20to%20National%20Health%20Service%20bodies%20on%20Counter%20Fraud%20Measures%202005.pdf

3.5.3 The LCFS shall report to the HEIW Director of Finance and the LCFS must work with NHS Counter Fraud Authority (NHSCFA) and the NHS Counter Fraud Service Wales (CFSW) Team in accordance with the Directions to NHS bodies on Counter Fraud Measures 2005.

3.5.4 The LCFS will provide a written report to the Director of Finance and Audit Committee, at least annually, on proactive and reactive counter

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fraud work within HEIW.

3.5.5 HEIW must participate in the annual National Fraud Initiative (NFI), which in Wales is led by Audit Wales and HEIW and must provide the necessary data for the mandatory element of the initiative by the due dates. The HEIW should participate in appropriate risk measurement or additional dataset matching exercise in order to support the detection of fraud across the whole public sector.

3.6 Security Management

3.6.1 In line with their responsibilities, HEIW Chief Executive will monitor and ensure compliance with Directions issued by the Welsh Ministers on NHS security management.

3.6.2 The Chief Executive has overall responsibility for controlling and coordinating security.

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4. ALLOCATIONS AND FINANCIAL DUTY

4.1 Revenue and Capital allocations are determined by the Welsh Ministers in accordance with its allotted health budget and distribution policy.

4.2 The Director of Finance of HEIW will:

a) Prior to the start of each financial year submit to the Board for approval a report showing the total allocations received, assumed in-year allocations and other adjustments and their proposed distribution to delegated budgets, including any sums to be held in reserve;

b) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;

c) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and

d) Regularly update the Board on significant changes to the initial allocation and the application of such funds.

4.3 HEIW is required by statutory provision not to breach its financial duty to secure that its expenditure does not exceed the aggregate of its resource allocations and income received. This duty applies separately to capital and revenue resource allocations. The Chief Executive has overall executive responsibility for HEIW's activities and is responsible to the Board for ensuring that it meets its financial duties as set out in section 172 of the National Health Service (Wales) Act 2006.

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5. INTEGRATED PLANNING

5.1 HEIW will prepare appropriate plans as required by legislation and the Welsh Government.

5.2 An annual business plan will be submitted to the Welsh Government setting out how the organisation will meet the requirements of the Minister's Remit Letter.

5.3 In addition, HEIW will prepare a medium term plan based over a period of three years. This plan must reflect longer-term planning and delivery objectives and should be continually reviewed based on latest Welsh Government policy and local priority requirements.

5.4 The Chief Executive will compile and submit to the Board, on an annual basis, the rolling 3 year plan. The Board approved plan will be submitted to Welsh Government in line with the requirements it has set out.

5.5 The remit letter, approved business plan and three year plan will form the basis of the accountability arrangements between HEIW and Welsh Government.

5.6 The Board will:

a) Approve the annual business plan and medium term plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Board approval the Plan will be submitted to Welsh Government.

b) Approve a balanced annual budget as part of the annual business plan, which meets all statutory financial duties, probity and value for money requirements; and

c) Prepare and agree with the Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where HEIW plan is not in place or in balance.

5.7 The first full annual business plan and three year plan will be required from the start of 2019/20 financial year.

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6. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

6.1 Budget Setting

6.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval and delegation by the Board. Such budgets will:

a) Include an annual budget for achieving compliance with HEIWs statutory financial balance to operate within its allocated resources

b) Be in accordance with the aims and objectives set out in the Board approved annual business plan, medium term plan and Medium Term Financial Plan,

c) Accord with Commissioning, Activity, Quality, Performance, Capital and Workforce plans contained within the Board approved plan;

d) Take account of approved business cases and associated revenue costs and funding

e) Be produced following discussion with appropriate Directors and budget holders;

f) Be prepared within the limits of available funds;

g) Take account of ring-fenced, specified and non recurring allocations and funding;

h) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents)

i) Be within the scope of activities and authority defined by the National Health Service (Wales) Act 2006, including pooled budget arrangements;

j) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and

k) Identify potential risks and opportunities.

6.2 Budgetary Delegation

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6.2.1 The Chief Executive may delegate, via the Director of Finance, the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

a) The amount of the budget;
b) The purpose(s) of each budget heading;
c) Individual or committee responsibilities;
d) Arrangements during periods of absence;
e) Authority to exercise virement;
f) Achievement of planned levels of service; and
g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

6.2.2 The Chief Executive, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

6.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

6.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance.

6.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.

6.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.

6.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

6.3 Financial Management, Reporting and Budgetary Control

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6.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Board meeting. Any significant variances should be reported to HEIW Board as soon as they come to light and the Board shall be advised on any action to be taken in respect of such variances.

6.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:

a) Regular financial reports, for revenue and capital, to the Board in a form approved by the Board containing sufficient information for the Board to:

- Understand the current and forecast financial position;
- Evaluate risks and opportunities;
- Use insight to make informed decisions;
- Be consistent with other Board reports, which as a minimum will cover:
    i. Current and forecast year end position on statutory financial duties;
    ii. Actual income and expenditure to date compared to budget and showing trends and run rates;
    iii. Forecast year end positions;
    iv. A statement of assets and liabilities, including analysis of cash flow and movements in working capital;
    v. Explanations of material variances from plan;
    vi. Capital expenditure and projected outturn against plan;
    vii. Investigations and reporting of variances from financial, activity and workforce budgets;
    viii. Details of corrective actions being taken, as advised by the relevant budget holder and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
    ix. Statement of performance against savings targets
    x. Key workforce and other cost drivers;
    xi. Income and expenditure run rates, historic trends, extrapolation and explanations; and
    xii. Clear assessment of risks and opportunities; and
- Provide a rounded and holistic view of financial and wider organisational performance.

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b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;

c) An accountability and escalation framework to be established for the organisation to formally address material budget variances

d) Investigation and reporting of variances from financial, activity and workforce budgets;

e) Monitoring of management action to correct variances;

f) Arrangements for the authorisation of budget transfers and virements.

6.3.3 Each Budget Holder will:

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

6.3.4 Each Budget Holder is responsible for ensuring that:

a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Executive and Director of Finance subject to the Board's scheme of delegation;

b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;

c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and workforce establishment as approved by the Board.

6.3.5 The Chief Executive is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Annual and Medium Term Financial Plans and SFI 10.1.

6.4 Capital Financial Management, Reporting and Budgetary Control

6.4.1 The general rules applying to revenue Financial Management,

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Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

6.5 Reporting to Welsh Government - Monitoring Returns

6.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring returns are submitted to the Welsh Ministers in accordance with published guidance and timescales.

6.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Chief Executive. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.

6.5.3 All information made available to the Welsh Ministers should also be made available to the Board. There must be consistency between the, Annual Plan, Medium Term Financial Plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Board reports.

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7. ANNUAL ACCOUNTS AND REPORTS

7.1 The Board must approve HEIW's annual accounts prior to submission to the Welsh Ministers and the Auditor General for Wales in accordance with the annual timetable.

7.2 The Chair and the Chief Executive (as Accountable Officer for HEIW) have responsibility for signing the accounts on behalf of HEIW. The Chief Executive has responsibility for signing the Annual Governance Statement and the Annual Quality Statement.

7.3 The Director of Finance, on behalf of HEIW is responsible for ensuring that financial reports and returns are prepared in accordance with the accounting policies, guidance and timetable determined by the Welsh Ministers, as per Welsh Government's Manual for Accounts, and consistent with Financial Reporting Manual (FReM) and International Financial Reporting Standards.

7.4 HEIW's audited annual accounts must be adopted by the Board at a public meeting and made available to the public.

7.5 HEIW must publish an Annual Report, and present it at its Annual General Meeting. The Board Secretary will ensure that the Annual Report is prepared in line with the Welsh Government's NHS Manual for Accounts. The Annual Report will include

- The Accountability Report containing:
    - Corporate Governance Report
    - Remuneration Report and Staff Report
    - Accountability and Audit Report

- The Performance Report, which must include:
    - An overview
    - A performance Analysis

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8. BANKING ARRANGEMENTS

8.1 General

8.1.1 The Director of Finance is responsible for managing HEIW's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Welsh Ministers. HEIW is expected to use the Government Banking Service (GBS) for its banking services unless there is sound reasoning and value for money considerations to justify the use of commercial accounts.

8.1.2 The Board shall approve the banking arrangements.

8.2 Bank Accounts

8.2.1 The Director of Finance is responsible for:

a) Establishing bank accounts and ensuring that the Government Banking Service is utilised for main Health Board business transactions;

b) Establishing additional commercial accounts only exceptionally and where there is a clear rationale for not utilising the Government Banking Service;

c) Establishing separate bank accounts for HEIW's non-exchequer funds;

d) Ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;

e) Ensuring accounts are not overdrawn except in exceptional and planned situations.

f) Reporting to the Board all arrangements made with HEIW's bankers for accounts to be overdrawn;

g) Monitoring compliance with Welsh Ministers' guidance on the level of cleared funds.

8.2.2 With the exception of Project Bank Accounts, all bank accounts should be held in the name of HEIW. No officer other than the Director of Finance shall open any account in the name of HEIW or for the purposes of furthering HEIW activities.

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8.2.3 Any Project Bank Account that is required may be held jointly in the name of HEIW and the relevant third party contractor.

8.3 Banking Procedures

8.3.1 The Director of Finance will prepare detailed instructions on the operation of bank accounts, that ensure there are sound controls over the day-to-day operation of bank accounts, which must include:

a) The conditions under which each bank account is to be operated;

b) Those authorised to sign payable orders or other orders drawn on HEIW's accounts.

c) Effective divisions of duty for employees working within the banking and treasury management function to minimise the risk of fraud and error.

d) Authorised signatories are identified with sufficient seniority, and in the case of e banking approvers, together with an appropriate payment approval hierarchy.

e) Procedures are in place for prompt banking of money received.

f) Ensure there are physical security arrangements in place for cheque stationery, e banking access devices and payment cards.

g) Cheques and payable orders are treated as controlled stationery with management responsibility given to a duly designated employee.

h) Frequent reconciliations are undertaken between cash books, bank statements and the general ledger so that all differences are fully understood and accounted appropriately.

i) Commercial bank accounts should only be used exceptionally where there is a sound rationale and demonstrates value for money. Commercial accounts should be procured through a tendering exercise and the outcome reported to the Audit Committee on behalf of the Board.

8.3.2 The Director of Finance must advise HEIW's bankers in writing of the conditions under which each account will be operated.

8.3.3 The Director of Finance shall approve security procedures for any

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payable orders issued without a hand-written signature e.g. automatically printed. All Payable Orders shall be treated as controlled stationery, in the charge of a duly designated officer controlling their issue.

8.4 Review

8.4.1 The Director of Finance will review banking arrangements of HEIW at regular intervals to ensure they reflect best practice and represent best value for money. The results of the review should be reported to the Audit Committee.

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9. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

9.1 General

9.1.1 The Director of Finance is responsible for:

a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;

b) Ordering and securely controlling any such stationery; ensuring all cash related stationery treated as controlled stationery with management responsibility given to a duly designated employee;

c) The provision of adequate facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and

d) Establishing systems and procedures for handling cash and negotiable securities on behalf of HEIW.

e) Ensuring effective control systems are in place for the use of payment cards,

f) Ensuring that there are adequate control systems in place to minimise the risk of cash/card misappropriation.

9.1.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs (informal documents acknowledging debt).

9.1.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance.

9.1.4 The holders of safe/cash box combinations/keys shall not accept unofficial funds for depositing in their safe/cash box unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that HEIW is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving HEIW from responsibility for any loss.

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9.1.5 The opening of coin operated machines (including telephone, if applicable) and the counting and recording of takings shall be undertaken by two officers together, except as may be authorised in writing by the Director of Finance and the coin box keys shall be held by a nominated officer.

9.1.6 During the absence (for example, on holiday) of the holder of a safe/cash box combination/key, the officer who acts in their place shall be subject to the same controls as the normal holder of the combination/key. There shall be written discharge for the safe and/or cash box contents on the transfer of responsibilities and the discharge document must be retained for inspection.

9.2 **Petty Cash**

9.2.1 The Director of Finance will issue instructions restricting the use and value of petty cash purchases.

9.2.2 Petty cash use should be minimised and be subject to regular cash balance reviews in order to minimise cash levels held.

9.2.3 Petty cash should be operated under an imprest system and be subject to regular checks to ensure physical and book cash levels are consistent.

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10. INCOME, FEES AND CHARGES

10.1 Income Generation and Participation in/Formation of Companies

10.1.1 HEIW shall only generate income for those goods and services that are approved by the Welsh Ministers. Any income generating activities must be complementary to the provision of NHS services and must be in accordance with the Welsh Ministers' policy and powers to raise money as set out in section 169 of the National Health Service (Wales) Act 2006 (c. 42).

10.1.2 HEIW can only form or participate in a company for income generation, improving health, healthcare care and health services, purposes with the consent and/or direction of Welsh Ministers. HEIW should obtain advice from Welsh Government officials prior to undertaking substantive work on formation or participation in any company.

10.2 Income Systems

10.2.1 The Director of Finance is responsible for designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.

10.2.2 The Director of Finance is also responsible for ensuring that systems are in place for the prompt banking of all monies received.

10.3 Fees and Charges

10.3.1 The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Welsh Ministers or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

10.3.2 All officers must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements and other transactions.

10.4 Income Due and Debt Recovery

10.4.1 Delegated budget holders and managers are responsible for informing the Director of Finance of any income due that arises from any contracts, service levels agreements, leases, activities such a private patients or other transactions.

10.4.2 Delegated budget holders and managers must inform the Director of

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Finance when overpayment of salary or expenses have been made, in order that recovery can be made.

10.4.3 The Director of Finance is responsible for recovering income due and for ensuring debt recovery procedures are in place to secure early payment and minimise bad debt risk on all outstanding debts.

10.4.4 Income not received should be dealt with in accordance with losses procedures.

10.4.5 Overpayments should be detected (or preferably prevented) and recovery initiated.

10.4.6 The Chief Executive and the Director of Finance are responsible for ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to.

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11. NON PAY EXPENDITURE

11.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability

11.1.1. The Board must agree a Scheme of Delegation in line with that set out in its Standing Orders Scheme of Reservation and Delegation of Powers.

11.1.2. The Chief Executive will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the HEIW scheme of delegation.

11.1.3. The Chief Executive will set out in the operational scheme of delegation and authorisation:

- The list of managers who are authorised to place requisitions for the supply of goods, services and works and for the awarding of contracts; and
- The maximum level of each requisition and the system for authorisation above that level.

11.2 The Director of Finance's responsibilities

11.2.1 The Director of Finance will:

a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs;

b) Prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services;

c) Ensure systems are in place for the authorisation of all accounts and claims;

d) Ensure Directors and officers strictly follow NHS Wales system and procedures of verification, recording and payment of all amounts payable.

e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices.

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f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs;

h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures

11.3 Duties of Budget Holders and Managers

11.3.1 Budget holders and managers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;

b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;

c) Contracts above specified thresholds are approved by the Welsh Ministers prior to any commitment being made;

d) goods have been duly received, examined and are in accordance with specification and order,

e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct,

f) No requisition/order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Board members or HEIW officers, other than:

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(i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars,

(ii) Conventional hospitality, such as lunches in the course of working visits;

This provision needs to be read in conjunction with Standing Order 6.5. and 6.6.

g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;

h) All goods, services, or works are ordered on official orders

i) Requisitions are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

j) Goods are not taken on trial or loan in circumstances that could commit the HEIW to a future uncompetitive purchase;

11.3.2 The Chief Executive and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the HEIW's scheme of delegation.

11.4 Departures from SFI's

11.4.1 Departing from the application of Chapters 11 and 12 of these SFI's is only possible in very exceptional circumstances. HEIW must consult with NWSSP Procurement Services, Director of Finance and Board Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the HEIW Scheme of Delegation.

11.5 Accounts Payable

11.5.1 NWSSP Finance, shall on behalf of the HEIW, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable

11.6 Prepayments

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11.6.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- In line with requirements of Managing Welsh Public Money
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact.

11.6.2 In **exceptional** circumstances prepayments can be made subject to:

a) The appropriate Executive Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the HEIW if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments;

b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations 2015 where the contract is above a stipulated financial threshold); and

c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

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12. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

General Information

12.1 Procurement Services

12.1.1 While the Chief Executive is ultimately responsible for procurement the service is delivered by NWSSP Procurement Services.

12.1.2 Procurement staff are employed by NHS Wales Shared Services Partnership (NWSSP) and provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with HEIW. Where the term Procurement staff or department is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of NWSSP Procurement Department, for example pharmacy and works who undertake procurement on a devolved basis.

12.2 Policies and Procedures

12.2.1 NWSSP Procurement Services shall, on behalf of HEIW, maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes. The policies and procedures shall comply with these SFIs, Procurement Manual, and Revised General Consent to enter Individual Contracts, included as **Schedule 1** of these SFIs.

12.2.2 The Chief Executive is ultimately responsible for ensuring that HEIW's Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

12.2.3 NWSSP Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures:

- Are kept up to date;
- Conform to statutory requirements and regulations;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development;

12.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

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12.3 Procurement Principles

12.3.1 The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by HEIW to perform its functions, and furthermore embrace all building, equipment, consumables and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

12.3.2 The main legal and governing principles guiding public procurement and which are incorporated into these SFIs are:

- Transparency: public bodies should ensure that there is openness and clarity on procurement processes and how they are implemented;
- Non-discrimination: public bodies may not discriminate between suppliers or products on grounds of their origin;
- Equal treatment: suppliers should be treated fairly and without discrimination, including in particular equality of opportunity and access to information;
- Proportionality: requirements and conditions in the procurement should be reasonable in proportion to the object of procurement and measures taken should not go beyond what is necessary;
- Legality: public bodies must conform to European Community and other legal requirements;
- Integrity: there should be no corruption or collusion with suppliers or others;
- Effectiveness and efficiency: public bodies should meet the commercial, regulatory and socio-economic goals of government in a balanced manner appropriate to the procurement requirement;
- Efficiency: procurement processes should be carried out as cost effectively as possible and secure value for money.

12.4 Legislation Governing Public Procurement

12.4.1 There are a range of EU Directives which set out the EU legal framework for public procurement. These EU Directives have been implemented into UK law by statutory regulations which govern public sector procurement, the primary statutory regulations in Wales being 'The Public Contracts Regulations 2015 No. 102.' From 1 January 2021, all aspects of EU law in respect of the EU Directives relating to public procurement, except where expressly stated otherwise by domestic legislation, will continue to govern public sector procurement,

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although further amendments or developments of EU related procurement law following this will not be incorporated into domestic law. The Welsh Government policy framework and the Wales Procurement Policy Statement (WPPS) also govern this area. One of the key objectives of governing legislation is to ensure public procurement markets are open and that there is free movement of supplies, services and works. Legislation, policy and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in HEIW's SFIs.

12.4.2 The main Regulations (the Public Contracts Regulations 2015 No. 102) cover the whole field of procurement, including thresholds above which special and demanding procurement protocols and legal requirements apply. All Directors and their staff are responsible for seeing that those Regulations are understood and fully implemented. The protocols set out in the Regulations, and any Procurement Policy Notices, are the model upon which all formal procurement shall be based.

12.4.3 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between HEIW and Procurement Services e.g. Engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

12.4.4 Other relevant legislation and policy include:

- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'
- The Welsh Government Policy Framework
- The Wales Procurement Policy Statement (WPPS)

12.5 Procurement Procedures

12.5.1 To ensure that HEIW is fully compliant with UK Procurement Regulations, EU Procurement Directives, UK and Welsh Ministers' guidance and policy, HEIW shall, through NWSSP Procurement Services, ensure that it shall have procedures that set out:

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a) Requirements and exceptions to formal competitive tendering requirements;
b) Tendering processes including post tender discussions;
c) Requirements and exceptions to obtaining quotations;
d) Evaluation and scoring methodologies
e) Approval of firms for providing goods and services.

12.5.2 All procedures shall reflect the Welsh Ministers' guidance and HEIW's delegation arrangements and approval processes.

12.6 Procurement Consent/Notification

12.6.1 As a Special Health Authority, HEIW may:

- Acquire and dispose of property;
- Enter into contracts; and
- Accept gifts of property (including property to be held on trust, either for the general or any specific purposes of the Special Health Authority or for any purposes relating to the health service).

12.6.2 Contracts exceeding the value of £1 million in each case, with the exception of those contracts specified in SFI 12.6.4, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must be notified to the Welsh Ministers before being entered into.

12.6.3 The guidance process for HEIW to notify their intent to enter into contracts exceeding £1 million is at **Schedule 1**. This requirement also applies to contracts that are to be let through a mini-competition under a public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales. Further detailed guidance is incorporated within the Procurement Procedures.

12.6.4 The requirement for notification does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

i) Contracts of employment between HEIW and their staff;
ii) Transfers of land or contracts effected by Statutory Instrument following the creation of HEIW;
iii) All NHS contracts, that is where one health service body contracts with another health service body.

12.6.5 The process of notification of contracts to the Welsh Ministers does not

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remove the requirement for HEIW to comply with SOs, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

12.6.6 Further detail in relation to fair and adequate competition is set out in the Procurement Manual.

Planning

12.7 Sustainable Procurement

12.7.1 To further nurture the Welsh economy, in support of social, environmental and economic regeneration, HEIW must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible. The principles of the Well-being of Future Generations Act 2015 should be adopted at the earliest stage of planning. Procurement solutions must be developed embracing the five ways of working described within the Act and capture how they will deliver against the seven goals set out in the Act.

12.7.2 The Well-being of Future Generations Act 2015 requires that bodies listed under the Act must operate in a manner that embraces sustainability. The Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other,and to prevent persistent problems such as poverty, health inequalities and climate change.

12.7.3 The 7 Wellbeing goals are:

- a prosperous Wales;
- a resilient Wales;
- a healthier Wales;
- a more equal Wales;
- a Wales of cohesive communities;
- a Wales of vibrant culture and thriving Welsh language; and
- a globally responsible Wales.

These goals have been put in place to improve the social, economic, environmental, and cultural well-being of Wales.

12.7.4 Public sector organisations in Wales not listed in the act are expected to operate to those principles. HEIW is not specifically listed in the Act.

12.7.5 Public bodies need to make sure that when making their decisions they

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take into account the impact they could have on people living their lives in Wales in the future. The Act expects them to:

- work together better
- involve people reflecting the diversity of our communities
- look to the long term as well as focusing on now
- take action to try and stop problems getting worse - or even stop them happening in the first place.

12.7.6 HEIW is required to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.

12.7.7 HEIW shall make use of the tools developed by Value Wales in implementing the principles of the WBFGA 2015. HEIW shall benchmark its performance. For all contracts over £25,000, HEIW shall take account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA).

12.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

12.8.1 In accordance with Welsh Government commitments policy set out in the current Wales Procurement Policy Statement (WPPS) and subsequent versions of this statement HEIW shall ensure that it provides opportunities for these organisations to quote or tender for its business.

12.9 Planning Procurements

12.9.1 HEIW must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks governing public procurement and the requirement of open competition.

12.9.2 Depending on the value of the procurement, a process of planning the procurement must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders. The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost

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- the likely 'route to market' which will consider the legislative and policy framework set out above.
- The availability of funding to be able to award a contract following a successful procurement process.
- That the procurement follows current legislative and policy frameworks including Value Based Procurement.

12.9.3 The procurement specification should factor in the 4 principles of prudent healthcare

- Equal partners through co-production
- Care for those with the greatest health need first
- Do only what is needed
- Reduce inappropriate variation

Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement**.**

12.9.4 Where free of charge services are made available to HEIW, NWSSP Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that HEIW does not unintentionally commit itself to a single provider or longer term commitment. Regular reports on free of charge services provided to HEIW should be submitted by Board Secretary to Audit Committee.

12.9.5 HEIW is required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

Joint or Collaborative Initiatives

12.9.6 Specialist advice should be obtained from Welsh Government and the opinions of NWSSP Procurement Services and NWSSP Legal and Risk prior to external opinion being sought where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

12.10 **Procurement Process**

12.10.1 Where there is a requirement for goods or services, the manager

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must source those goods or services from HEIW's approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales.

12.10.2 In the absence of an existing suitable procurement framework to source the required item, a competition must be run in accordance with the table below. HEIW must ensure the value of their requirement considers cumulative spend across HEIW for like requirements and opportunity for collaboration with other Health Boards and Trusts:

12.10.3 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

Competition Requirements

12.11 Procurement Thresholds

12.11.1 The following table summarises the minimum thresholds for quotes and competitive tendering arrangements. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in UK Procurement Regulations and EU Procurement Directives and UK Regulations.

Goods/Services/Works **Whole Life Cost Contract value** **(excl. VAT)**	**Minimum competition[1]**	**Form of Contract**
<£5,000	Evidence of value for money has been achieved	Purchase Order
>£5,000 - <£25,000	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
>£25,000 – Prevailing OJEU threshold	Advertised open call for competition. Minimum of 4 tenders received if available.	Formal contract and Purchase Order
>OJEU threshold	Advertised open call for competition. Minimum of 5	Formal contract and Purchase Order

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Goods/Services/Works Whole Life Cost Contract value (excl. VAT)	Minimum competition[1]	Form of Contract
	tenders received if available or appropriate to the procurement route.	
Contracts above £1 million	Welsh Government approval required[2]	Formal contract and Purchase Order

[1] subject to the existence of suitable suppliers
[2] in accordance with the requirements set out in SFI 12.6.3.

12.11.2 Advice from the Procurement Services must be sought for all requirements in excess of £5,000.

12.11.3 The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].

12.11.4 Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000, must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 and require competition.

12.11.5 The approval of award of contracts must follow the Board's Scheme of Delegation.

12.12 Designing Competitions

12.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- Required timescales are achievable
- Specifications are drafted which:
  - are fit for inclusion in competition documents;
  - are drafted in a manner encouraging innovation by the market;
  - are capable of being responded to and do not narrow competition;
  - deliver in line with legislative and policy frameworks;
  - include robust performance measures to effectively measure

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and manage supplier performance; and
- consider the ability of the market to deliver.

12.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider health and social care communities.

12.12.3 Criteria for selecting suppliers and achieving an award recommendation must:

- be appropriately weighted in consideration of quality/price;
- consider cost of change where relevant;
- be transparent and proportionate;
- deliver value for money outcomes;
- fully explore complexity/risk; and
- consider whole life cost.

12.13 Single Quotation Application or Single Tender Application

12.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause;
- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all Wales competition/National strategy

12.13.2 Procurement Services must be consulted prior to any such application being submitted for approval. The Director of Finance must approve such applications up to £25,000, the Chief Executive or designated deputy, and Director of Finance, are required to approve applications exceeding £25,000. A register must be kept for

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monitoring purposes and all single tender actions must be reported to the Audit Committee.

12.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and Director of Finance, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:

- Robust justification is provided;
- A value for money test has been undertaken;
- No bias towards a particular supplier;
- Future competitive processes are not adversely affected;
- No distortion of the market is intended;
- An acceptable level of assurance is available before presentation for approval in line with HEIW Scheme of Delegation; and
- An “or equivalent” test has been considered proving the request is justified.

12.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the HEIW has already entered into an arrangement directly.

12.13.5 As SQA/STAs are only used in exceptional circumstances HEIW, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, Director of Finance or NWSSP Director of Procurement Services to prevent recurrence by HEIW.

12.13.6 The Audit Committee may consider further steps to be appropriate, such as:

- Instruct a representative of HEIW to attend Audit Committee;
- Escalate to the Board;
- Request an internal Audit Review;
- Request further training; or
- Take internal disciplinary action.

12.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. Procurement Manual details schedule of departures from SQA/STA

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where competition not possible.

12.13.8 For performance monitoring purposes, the NWSSP Procurement Service will retain a central register of all such activity including SQA/STA's not endorsed by Procurement or any exceptional matters.

12.14 Disposals

12.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.

12.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g. Waste Electrical and Electronic Equipment (WEEE)) and the procedures of HEIW making use of any agreements covering the disposal of such items.

12.14.3 HEIW must obtain the best possible market price.

Approval & Award

12.15 Evaluation, Approval and Award

12.15.1 The evaluation of competitions via quotation or tender, must be undertaken by a minimum of 2 evaluators from within the operational service of HEIW. Evaluation Teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.

12.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.

12.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.

12.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.

12.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

Implementation & Contract Management

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12.16 Contract Management

12.16.1 Contract Management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money. The relevant budget holder shall oversee and manage each contract on behalf of HEIW so as to ensure that these implicit obligations are met. This contract management will include:

- Retaining accurate records
- Monitoring contract performance measures
- Engaging suppliers to ensure performance delivery
- Implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and
- Permitting stage payments as part of a formally agreed implementation/delivery plan which must be supported by written evidence issued by the budget holder.

12.16.2 Contract management on All Wales contracts will be provided by NWSSP Procurement Services

11.19 Advice on best practice on Contract Management is available from NWSSP Procurement Services.

12.17 Extending and Varying Contracts

12.17.1 Extending, modifying or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g. scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

12.17.2 If there is no such provision, the Public Contracts Regulations 2015 defines such limitations.

12.17.3 The Public Contracts Regulations 2015 provide further constraints on this matter, under which modifications/variations/extensions are capped at 50% of the original award value.

12.17.4 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

12.17.5 If there was no provision to extend, further approvals are required

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from the HEIW budget holder and the local Head of Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

12.17.6 This ensures an appropriate identification and assessment of potential risks to the HEIW compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

12.17.7 The budget holder must seek advice from NWSSP Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The budget holder must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

Transactional Processes

12.18 Requisitioning

12.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the HEIW. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

12.18.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with SFI 11.10 thresholds.

12.18.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

12.19 No Purchase Order, No Pay

12.19.1 HEIW will ensure compliance with 'No Purchase Order, No Pay' policy, the All Wales policy introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

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12.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

12.20 Official orders

12.20.1 Official Orders, issued following approved requisition and sourcing, must:

a) Be consecutively numbered;
b) State the HEIWs terms and conditions of trade.

12.20.2 Official Orders will be issued on behalf of HEIW by NWSSP Procurement Services.

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13 AGREEMENTS AND CONTRACTS FOR EDUCATION AND TRAINING

13.1 Education and Training Agreements

13.1.1 The Chief Executive is responsible for ensuring HEIW enters into suitable Education and Training Agreements for its provision of healthcare professionals education and training.

13.1.2 All Education and Training Agreements should aim to implement the agreed priorities contained within the agreed plans. In discharging this responsibility, the Chief Executive should take into account:

- The standards of service quality expected;
- The standards required to be achieved by health professionals' regulatory bodies;
- The provision of education and training for students and / or trainees based within Health Boards and NHS Trusts in a high quality, safe environment;
- The provision of reliable information on quality, volume and cost of service.

13.1.3 All agreements must be in accordance with the functions conferred on HEIW by the Welsh Ministers.

13.1.4 For all agreements entered into in the form of a contract, the process for notifying the Welsh Ministers of NHS contracts set out in section 12 and Schedule 2 of these SFIs must be followed.

13.1.5 For all agreements entered into they must be approved in accordance with delegations set out in Standing Orders:

- Schedule 1 Scheme of Reservation and Delegation of Powers – Schedule of Matters Reserved for Board.
- Schedule 1 Scheme of Reservation and Delegation of Powers – Scheme of Delegation to Executive Directors, Other Directors and Officers
- Schedule 1 Scheme of Reservation and Delegation of Powers – Delegated Financial Limits

13.2 Education and Training Agreements – Annual Commissioning and Variations

13.2.1 The Chief Executive is responsible for ensuring HEIW enters into suitable annual commissioning and contract variations for Education and Training Agreements for its provision of healthcare professionals

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education and training.

13.2.2 All annual commissioning and contract variations within Education and Training Agreements should aim to implement the agreed priorities contained within the agreed plans. In discharging this responsibility, the Chief Executive should take into account:

- The standards of service quality expected;
- Current contract performance of suppliers regarding
  - Delivery against benchmarking standards
  - Course attrition rates
  - Quality indicators including student satisfaction surveys
  - Financial indicators performance
- Consultation with key stakeholders regarding requirements e.g. NHS Bodies, regulators and professional leads.

13.2.3 The Chief Executive is responsible for preparing a report to the Board recommending the annual commissioning and contract variations.

13.2.4 The Board is responsible for agreeing the proposed commissioning and contract variations, and for submission of recommendations to Welsh Government for Ministerial approval.

13.2.5 For all commissioning and contract variations entered into they must be approved in accordance with delegations set out in Standing Orders:

- Schedule 1 Scheme of Reservation and Delegation of Powers – Schedule of Matters Reserved for Board.
- Schedule 1 Scheme of Reservation and Delegation of Powers – Scheme of Delegation to Executive Directors, Other Directors and Officers
- Schedule 1 Scheme of Reservation and Delegation of Powers – Delegated Financial Limits

13.3 Statutory provisions

13.3.1 The Health Education and Improvement Wales (Establishment and Constitution) Order 2017 sets out the functions of HEIW.

13.3.2 Article 3 of the order requires HEIW to exercise such functions in relation to the planning, commissioning and delivery of education and training for persons who are employed, or who are considering becoming employed, in any activity which involves or is connected with the provision of health services, and such other functions as the Welsh Ministers may direct.

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13.4 Reports to Board on Agreements and Contracts for Education and Training

13.4.1 The Chief Executive will need to ensure that regular reports are provided to the Board detailing performance, quality and associated financial implications of all education and training agreements.

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14 GRANT FUNDING

It is a matter for HEIW to determine whether individual activities should be procured, or be eligible to receive grant funding, seeking legal advice as necessary. (Grants are defined as all non-procured payments to external bodies or individuals for activities which are linked to delivering policy objectives and statutory obligations. Payments are made to fund or reimburse expenditure on agreed items or functions in accordance with legally binding conditions.)

14.1 Legal Advice

14.1.1 Before the award of funding is made, legal advice where necessary must be sought to ensure that:

- The award does not breach HEIW's functions or its regularity of expenditure duty (that is, the activities for which the grant is made are within the scope of activities that the HEIW has a legal remit to undertake);
- The activities would not be deemed to be normally subject to procurement legislation and policy; and
- A legally binding agreement is made with all delivery organisations.

See attached toolkit for grants v procurement:



Grant v Procurement.doc

14.2 Policies and procedures

14.2.1 HEIW shall maintain detailed policies and procedures for all aspects of grant funding. The policies and procedures shall comply with these SFIs, and where appropriate the Welsh Minister's Code of Practice to funding the third sector:

https://gov.wales/sites/default/files/publications/2019-01/third-sector-scheme-2014.pdf

14.2.2 The Chief Executive is ultimately responsible for ensuring that HEIW's grant procedures:

- Are kept up to date;
- Conform to statutory requirements;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development; and

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- Are strictly followed by all Executive Directors, Independent Members and staff within the organisation.

14.2.3 The award of grant funding must comply with the policy and principles set out in the Procurement section of these SFIs and ensure that the award meets the requirements of regularity, propriety and value for money.

14.2.4 All grant guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

14.3 Corporate Principles underpinning Grants Management

14.3.1 While there is a need to make the financial arrangements for awarding funding as simple and streamlined as possible, HEIW should also ensure that taxpayers' money is spent appropriately and that it provides good value for money.

14.3.2 The overarching principles for managing public resources in Wales are set out in Managing Welsh Public Money .The document states that the award of funding should be made in accordance with the law and the requirements of propriety, regularity and value for money.

14.3.3 Regularity requires compliance with appropriate authorities, regulations and legislation. Propriety requires both public authorities and funded bodies to deliver appropriate standards of conduct, behaviour and corporate governance. In addition, the public expects official decisions to be made fairly and impartially with public money spent wisely and appropriately, delivering value for money and ensuring that best use is made of resources.

14.3.4 The **corporate principles** of grants management are:

- The development of grant management processes and procedures that are transparent, accountable, proportionate and consistent;
- The delivery of a high quality regulatory framework that responds to demands but does not place unnecessary administrative burdens on HEIW or funded bodies;
- A regulatory framework that will take into consideration the need for proportionality, balancing the need for governance with the burden of administration, thus striking an appropriate balance between accountability and simplicity;
- An effective grant management process to ensure funded bodies spend the funding efficiently, transparently and for the purpose intended, with a view to maximising the impact and outcome from budgets;

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- An appropriate evidence-based approach to underpin the design and development of all new funding programmes to ensure efficient and effective use of public funds, ensuring that the funding programme is the optimal solution and that funding is targeted where it is most needed and where it can have most impact;
- A consistent framework that will reinforce respect and effectiveness of the rules for both administrators and funded bodies; and
- Compliance of the grant funding with State aid requirements in accordance with the State aid rules.

14.4 Grant Procedures

14.4.1 It is vital that money is put to use in a way that delivers the maximum benefit to the people of Wales. Grants funding programmes need to be managed as efficiently and cost effectively as possible to make sure that every penny is spent appropriately and in an accountable manner. When establishing grant funding programmes, HEIW should ensure principles of good practice available from a number of external sources are considered and reflected in grant programmes. Information on grants management is available on the Audit Wales website at:

https://www.audit.wales/good-practice/grants-management-miniguides

14.4.2 HEIW must agree a clear purpose for each grant and how it will measure the delivery organisation's success in delivering those purposes. It should also agree appropriate targets with the delivery organisation.

14.4.3 For grant programmes that span a number of financial years, HEIW is responsible for evaluating the programmes to ensure they are fit for purpose, are achieving required outcomes and continue to provide value for money.

14.4.4 HEIW is responsible for ensuring that appropriate procedures exist in relation to all the grants and funding for which they are accountable. **They are also responsible for ensuring that any grant provided to an entity that engages in economic activity complies with the State aid rules.**

14.4.5 HEIW is required to undertake due diligence checks on all potential delivery organisations to determine the economic and financial viability of any organisation(s) to administer public funds, and the reliability of the organisation(s). These checks are important in order to identify any risks or issues that could expose HEIW to potential financial loss, fraud

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or reputational damage. A proportionate level of due diligence should be carried out, both prior to the award of any grant funding and throughout the life of the award.

14.4.6 HEIW must enter into legally binding funding agreements with all delivery organisations. When developing funding agreements, HEIW should ensure principles of good practice available from a number of external sources are considered and reflected.

14.4.7 HEIW is responsible for ensuring that all third party delivery organisations comply with and adhere to the terms and conditions of the Funding Agreement.

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15. PAY EXPENDITURE

15.1 Remuneration and Terms of Service Committee

15.1.1 In accordance with SOs the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference and operating arrangements that specify which posts fall within its area of responsibility. This Standing Financial Instruction should be read in conjunction with Standing Order 3.3.

15.1.2 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Directors and other senior employees, in accordance with the framework set by the Welsh Ministers. Minutes of the Board's meetings should record such decisions.

15.1.3 The Board will, after due consideration and amendment if appropriate approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for those employees and officers not covered by the Committee.

15.1.4 HEIW will remunerate the Chair, Chief Executive, Executive Directors and Independent Members of the Board in accordance with instructions issued by the Welsh Ministers. Welsh Ministers approval will be required in the exceptional event that remuneration needs to be above the maximum of the salary band range, administratively this approval will be exercised by the Director General HSSG.

15.1.5 The Remuneration and Terms of Service Committee will consider cases of redundancy and Voluntary Early Release applications. The Remuneration and Terms of Service Committee will consider any novel employment and pay cases, such as compromise agreements and non-disclosure agreements, ensuring Welsh Government advice has been sought and considered.

15.2 Funded Establishment

15.2.1 The workforce plans incorporated within agreed plans will form the funded establishment, i.e. the budget for all approved posts. (The financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents) as per SFI 6.1.1 h)

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15.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive as set out in the Scheme of Delegation contained within SO's.

15.3 Staff Appointments

15.3.1 Staff must only be engaged by authorised managers, in accordance with the Board's Scheme of Delegation. The engagement must be within the approved budget and funded establishment.

15.3.2 No Board member or HEIW official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.

15.4 Pay Rates and Terms and Conditions

15.4.1 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees in accordance with pay, terms and conditions set out in contractual arrangements in Ministerial directions on Agenda for Change and Medical and Dental pay, and any staff with pre-existing terms and conditions of service, following a TUPE transfer into employment or ad hoc salaried staff.

15.4.2 The Remuneration Committee will determine pay rates and conditions of services for board members, and other senior employees, in accordance with ministerial instructions.

15.5 Payroll

15.5.1 The Director of Workforce and Organisational Development, has responsibility for securing an efficient, well-controlled payroll service from NHS Wales Shared Services Partnership that:

- pays the correct staff with the correct amount
- all payments are supported by properly authorised documentation

15.5.2 The Director of Workforce and Organisational Development is responsible for:

a) The control framework and detailed procedures which are in place to:
   - To ensure all payments comply with HMRC, Pensions Agency and other regulation in relation to the deduction and payment of

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tax, national insurance, pension or other payments.
- reduce the risk of fraud and error within the payroll function

b) Specifying timetables for submission of properly authorised time records and other notifications;

c) The final determination of pay and allowances including verification that the rate of pay and relevant conditions of service are in accordance with current agreements;

d) Agreeing the timing and method of payment with the payroll service;

e) Authorising the release of payroll data where in accordance with the provisions of the applicable Data Protection Legislation (the Data Protection Act 2018 and the UK General Data Protection Legislation);

f) Verification and documentation of data;

g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;

h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;

i) Security and confidentiality of payroll information;

j) Checks to be applied to completed payroll before and after payment; and

k) A system to ensure the recovery from those leaving the employment of HEIW of sums of money and property due by them to HEIW.

15.5.3 The Chief Executive is responsible for:

a) Ensuring that arrangements for a payroll service from NHS Wales Shared Services Partnership (NWSSP) is supported by appropriate Service Level Agreements, terms and conditions, adequate internal controls and internal audit review procedures;

b) Ensuring a sound system of internal control and audit review of any internally provided payroll service; and

c) Maintenance and/or the authorisation of regular and independent

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reconciliation of pay control accounts.

15.5.4 Appropriately nominated managers have delegated responsibility for:

a) Submitting time records, and other notifications in accordance with agreed timetables;

b) Completing time records and other notifications in accordance with the Service Level Agreements; and

c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Director of Workforce and Organisational Development and/or Chief Executive must be informed immediately. In circumstances where fraud is suspected, this must be reported to the Director of Finance.

15.6 Contracts of Employment

15.6.1 The Director of Workforce and Organisational Development must:

a) Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and

b) Deal with variations to, or termination of, contracts of employment.

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16. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

16.1 Capital Plan

16.1.1 Capital plans, and annual capital programmes, must be approved by the Board before the commencement of a financial year and should be in line with the objectives set out in the approved Plan for the organisation. The capital plan and programmes must be delivered within Welsh Government capital finance resource limits.

16.1.2 The Director of Planning (or nominated responsible director) will develop a capital plan, and detailed capital programme, for the organisation that sets out a detailed capital investment plan to support the objectives set out in the Plan. The capital programme must be affordable and within the capital allocations, as set out in the Welsh Government (WG) Capital Resource Limit for the year, and the HEIW must not exceed the allocation resource limit. There must be an approved revenue funding plan in place to support any revenue costs associated with the capital plan. Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.

16.1.3 The Board must approve a three year Capital Plan, and an annual Capital Programme.

16.2 Capital Investment Decisions

16.2.1 Robust business case and capital investment appraisal must be undertaken prior to formal submission to Welsh Government, the level of detail within the appraisal commensurate with the value and risk of the investment. Capital investment decisions should be undertaken in line with Welsh Government requirements and guidance for the development of business cases as set out in

- NHS Wales Infrastructure Investment Guidance (Welsh Health Circular WHC (2018) 043) https://gov.wales/nhs-wales-infrastructure-investment-guidance
- Better business cases: investment decision-making framework https://gov.wales/better-business-cases-investment-decision-making-framework

16.2.2 The Director of Finance must provide a professional opinion on the financial elements of the business case. Capital investment decisions will be taken by the organisation in line with the financial thresholds specified by Welsh Government and in the Health Board's Scheme of

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Delegation.

16.3 Capital Projects

16.3.1 The Chief Executive shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received.

16.3.2 When capital investment decisions are taken and a Capital Programme approved the Project cannot be initiated until the authority to commit expenditure is formally delegated to a manager, in line with the organisation's Scheme of Delegation. The capital project must then be procured in line with normal procurement procedures or the Designed for Life or other approved procurement framework and in line with Welsh Government requirements and guidance and the applicable procurement legislation. Management control and financial reporting systems must be established to ensure that the project is:

- delivered on time
- on budget
- within contractual obligations.

16.3.3 Project management controls and financial reporting systems must be established to ensure these objectives are met. Reporting requirements to Welsh Government will be set out in the approval letter provided post Ministerial approval.

16.3.4 Regular updates must be provided to the Board, and relevant Board Committees, during the financial year

16.4 Capital Procedures and Responsibilities

16.4.1 The Chief Executive:

a) Shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;

b) Is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

c) Shall ensure that any capital investment above the Welsh Ministers' delegated limit (i.e. other than discretionary capital) is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received;

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d) Shall ensure that the three year Capital Plan, and detailed annual capital programme is approved by the Board, as part of the Plan, prior to the commencement of the financial year;

e) Shall ensure the availability of resources to finance all revenue consequences of the investment, including capital charges; and

f) Shall ensure that any 3rd party use of NHS estate is properly controlled, reimbursed and reported. This will include ensuring that appropriate security, insurance and indemnity arrangements are in place and that there is a written agreement as to each party's responsibilities and liabilities.

16.4.2 For every capital expenditure proposal the Chief Executive shall ensure:

a) That a business case is produced in line with Welsh Ministers' guidance and where appropriate the 5-case Model;

b) That the Director of Finance has sought appropriate professional advice from HEIW and external agencies in the preparation of capital expenditure costs, and on that basis professionally certifies the capital costs and revenue consequences detailed in the business case.

16.4.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management in accordance with the Welsh Ministers' guidance.

16.4.4 The approval of a capital programme by HEIW Board shall not constitute approval for the initiation of expenditure on any scheme.

16.4.5 The Chief Executive shall issue to the manager responsible for any scheme:

a) Specific authority to commit expenditure;

b) Authority to proceed to tender; and

c) Approval to accept a successful tender.

16.4.6 The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and HEIW's SOs.

16.4.7 The Director of Planning and Director of Finance shall issue detailed

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procedures governing the project, financial and contractual management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the requirements and delegated limits for capital schemes set out in Welsh Ministers' guidance and approval letters. The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure – and where applicable, provide returns to the Welsh Government.

16.4.8 The Director of Finance shall ensure, for each capital project over £2m, that the Welsh Government Project Bank Accounts policy is applied unless there are compelling reasons not to do so. The Director of Finance should apply to Welsh Government officials for exemption from use of Project Bank Accounts, setting out the compelling reasons.

16.5 Capital Financing with the Private Sector

16.5.1 HEIW must not enter into any new capital financing arrangements with the private sector, including Private Financing Initiatives, Mutual Investment Model and 3rd Party Developments, without the consent of the Welsh Ministers.

16.6 Asset Registers

16.6.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Planning and Director of Finance concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically.

16.6.2 HEIW shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be in accordance with the Welsh Ministers' guidance and to satisfy the financial disclosure requirements for the Annual Accounts.

16.6.3 Additions to the fixed asset register must be clearly identified to the operational or departmental manager or delegated budget holder and be validated by reference to appropriate documentation to provide evidence of the financial value recorded, including:

a) Properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;

b) Stores, requisitions and wages records for own materials and labour including appropriate overheads; and

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c) Lease agreements in respect of assets held under a finance lease and included on HEIW's balance sheet.

16.6.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Disposal receipts are to be treated in accordance with the Welsh Ministers' guidance.

16.6.5 The Director of Finance shall apply accounting policies for fixed assets in line with Welsh Government guidance and accounting standards and values recorded in the asset register, including depreciation and revaluations. The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

16.6.6 The value, and depreciation, of each asset shall be considered annually in accordance with valuation guidance and methods specified by the Welsh Ministers. Assets should be considered for early revaluation where there is the likelihood of impairment as a result in a change of valuation or asset life.

16.7 Security of Assets

16.7.1 The overall control of fixed assets is the responsibility of the Chief Executive.

16.7.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure shall make provision for:

a) Recording managerial responsibility for each asset;

b) Identification of additions and disposals;

c) Identification of all repairs and maintenance expenses;

d) Physical security of assets;

e) Regular verification of the existence of, condition of, and title to, assets recorded;

f) Identification and reporting of all costs associated with the retention

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of an asset; and

g) Reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

16.7.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Planning and Director of Finance.

16.7.4 Whilst individual officers have a responsibility for the security of property of HEIW, it is the responsibility of Board members and senior HEIW officers in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

16.7.5 Any damage to HEIW's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and HEIW officers in accordance with the procedure for reporting losses.

16.7.6 Where practical, assets should be marked as HEIW property.

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17 STORES AND RECEIPT OF GOODS

17.1 General position

17.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

a) Kept to a minimum;
b) Subjected to annual stock take; and
c) Valued at the lower of cost and net realisable value.

17.2 Control of Stores, Stocktaking, condemnations and disposal

17.2.1 Subject to the responsibility of the Director of Finance for the systems of financial control, overall responsibility for the control of stores shall be delegated to a senior officer by the Chief Executive. The day-to-day responsibility may be delegated by them to departmental officers/managers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of any fuel oil and coal of a designated estates manager.

17.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager. Wherever practicable, stocks should be marked as health service property.

17.2.3 The Director of Finance is responsible for developing financial control systems and procedures for the regulation and operation of the stores, to include the accounting arrangements for receipt, issues, and returns of goods to stores and losses.

17.2.4 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year.

17.2.5 Where a complete system of controlled stores is not justified, alternative stores arrangements shall require the approval of the Director of Finance.

17.2.6 The designated officer/manager shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer/manager shall report to the Director of Finance any evidence of significant overstocking and of

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any negligence or malpractice (see also overlap with SFI 18, Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

17.3 Goods supplied by an NHS supplies agency

17.3.1 For goods supplied via NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) or any other NHS purchasing and supplies agency central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance or authorised officer who shall satisfy himself that the goods have been received before accepting the recharge.

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18. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

18.1 Disposals and Condemnations

18.1.1 The Director of Finance must prepare detailed procedures for the disposal of assets and goods, including condemnations, and ensure that these are notified to managers.

18.1.2 When it is decided to dispose of a HEIW asset and goods, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

18.1.3 All unserviceable assets and goods shall be:

a) Condemned or otherwise disposed of by an officer, the Condemning Officer, authorised for that purpose by the Director of Finance;

b) Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the asset and goods are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second officer authorised for the purpose by the Director of Finance.

18.1.4 The Condemning Officer shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

18.2 Losses and Special Payments

18.2.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

18.2.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

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18.2.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Chief Executive.

18.2.4 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the Local Counter Fraud Specialist (LCFS) and the CFS Wales Team accordance with Directions issued by the Welsh Ministers on fraud and corruption.

18.2.5 The Director of Finance or the LCFS must notify the Audit & Assurance Committee, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.

18.2.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:

a) The Audit & Assurance Committee on behalf of the Board, and

b) An Auditor General's representative.

18.2.7 The Director of Finance shall be authorised to take any necessary steps to safeguard HEIW's interests in bankruptcies and company liquidations.

18.2.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).

18.2.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in Schedule 3 of the SOs.

18.2.10 For any loss or special payments, the Director of Finance should consider whether any reimbursement claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.

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18.2.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.

18.2.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group – Finance Directorate, irrespective of the delegated limit.

18.2.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit & Assurance Committee at every meeting.

18.2.14 HEIW must obtain the Health and Social Services Group Director General's approval for special severance payments.

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19. DIGITAL, DATA and TECHNOLOGY

19.1 Digital Data and Technology Strategy

19.1.1 The Board shall approve a Digital Data and Technology Strategy which sets out the development needs of HEIW for the medium term based on an appropriate assessment of risk. The agreed plans shall include costed implementation plans of the strategy. The Board shall also ensure that a Director has responsibility for Digital Data and Technology.

19.1.2 HEIW shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about HEIW that are made publicly available.

19.2 Responsibilities and duties of the responsible Director

19.2.1 The responsible Director for Digital Data and Technology has responsibility for the accuracy, availability and security of HEIW digital systems and data and shall:

a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection and availability of HEIW's digital systems and data for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Network and Information Systems Regulations 2018, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018;

b) Ensure that, following risk assessment of threats, adequate (reasonable) controls exist over access to systems, data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

c) Ensure that an adequate management (audit) trail is maintained of access to digital systems and data and that such audit reviews as the Director may consider necessary to meet the organisational requirements under the Network and Information Systems Regulations 2018 are being carried out.

d) Shall ensure that policies, procedures and training arrangements

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are in place to ensure compliance with information governance law and Network and Information Systems Regulations 2018; and

e) Shall ensure comprehensive incident reporting.

19.3 Responsibilities and duties of the Director of Finance

19.3.1 The Director of Finance shall need to ensure that new financial data and systems and amendments to current financial data and systems are developed in a controlled manner and thoroughly tested prior to implementation and business as usual phases. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation and business as usual phases.

19.4 Contracts for data and digital services with other health bodies or outside agencies

19.4.1 The responsible Director for Digital Data and Technology shall ensure that contracts for data and digital services for clinical, management and financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for

- the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage, and
- the availability of the service including the resilience required to maintain continuity of the service.

The contract should also ensure rights of access for audit purposes.

19.4.2 Where another health organisation or any other agency provides a data or digital service for clinical, management and financial applications, the responsible Director for Digital Data and Technology shall, to maintain the confidentiality, integrity and availability of the service provided, periodically seek assurances that adequate controls, based on risk assessment, are in operation.

19.5 Risk assurance

19.5.1 The responsible Director for Digital Data and Technology shall ensure that the risks to HEIW arising from the use of data, information and IT are effectively identified and considered and that appropriate action is taken to mitigate or control risk. This shall include the preparation and testing of appropriate resilience plans, including both a business continuity and disaster recovery plan.

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20. FUNDS HELD ON TRUST (CHARITABLE FUNDS)

20.1 Corporate Trustee

20.1.1 Paragraph (iii) of Section A to the SOs refers to HEIW having specified powers to act as corporate trustee for the management of funds it holds on trust (charitable funds). SFI 20.2 defines the need for compliance with Charities Commission latest guidance and best practice.

20.1.2 The discharge of HEIW's corporate trustee responsibilities for funds held on trust are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.

20.1.3 HEIW shall establish a Charitable Funds Committee as set out in Standing Order 3.4 to ensure that each fund held on trust which HEIW is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

20.2 Accountability to Charity Commission and the Welsh Ministers

20.2.1 The trustee responsibilities must be discharged separately and full recognition given to HEIWs dual accountabilities to the Charity Commission for charitable funds and to the Welsh Ministers for exchequer funds.

20.2.2 The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Board members and HEIW officers must take account of that guidance before taking action.

20.2.3 HEIW shall make appropriate arrangements for the Annual Accounts and audit of Funds held on Trust in accordance with Charity Commission requirements.

20.3 Applicability of Standing Financial Instructions to funds held on Trust

20.3.1 In so far as it is possible to do so, most of the sections of these SFIs will apply to the management of funds held on trust.

20.3.2 The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

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21. RETENTION OF RECORDS

21.1 Responsibilities of the Chief Executive

21.1.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018 and the Freedom of Information Act 2000 (c. 36).

21.1.2 The records held in archives shall be capable of retrieval by authorised persons.

21.1.3 Records held shall only be destroyed in accordance with the applicable data protection laws and at the express instigation of the Chief Executive. Details shall be maintained of records so destroyed.

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Schedule 1

REVISED GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol
Health & Social Services Group

Llywodraeth Cymru
Welsh Government

Directors of Finance
Deputy Directors of Finance
Local Health Boards, NHS Trusts Wales, HEIW and DHCW

Our Ref: SE&IG/

Date: 31 March, 2022

Dear All,

This letter supercedes the consent guidance issued in our joint letter on 30 November 2020.

RE: PROCESSES FOR LOCAL HEALTH BOARDS AND NHS TRUSTS CONTRACTS, AND INTERESTS IN PROPERTY EXCEEDING £0.5M

Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on Local Health Boards (LHBs) to obtain the consent of Welsh Ministers before:
- Acquiring and disposing of property;
- Entering into contracts; and
- Accepting gifts of property (including property to be held on trust).

Acquiring and disposing of property

WHC (2018) 043 NHS Wales Infrastructure Investment Guidance issued 22 October 2018 sets out at section 10.1:

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LHBs and HEIW
Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.

Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process will be included in a Welsh Health Circular WHC(2015)031. Organisations should ensure that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements.

NHS Trusts
Whilst formal Ministerial consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above.

Guidance on disposals is contained in Section 11

WHC (2015) 031 issued 22 June 2015 clarified the approval process linked to the acquisition or disposal of a lease, where approval does not form part of a business case process. A lease being a property right requires the consent of the Welsh Ministers in accordance with paragraph 13(2) (a). The WHC set out for NHS Trusts and LHBs a notification and consent process mirroring the contract processes noted below.

Entering into contracts
Guidance was issued to NHS Wales bodies on 27th January 2017 in a letter to Directors of Finance issued jointly by the Deputy Directors of Finance and Capital Estates and Facilities. This letter now updates that guidance to reconfirm to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisitions or disposals of a lease or any interest in property are delegated to the Director General, Health and Social Services Group.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Minister for Health and Social Services on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

Accordingly any issues relevant to the exercise of the Minister for Health and Social Service's consent will, as a matter of course, be drawn to his attention.

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The process which NHS Wales bodies entering into contracts must follow is:

- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSSG prior to tendering for the contract;

- All eligible LHB and HEIW contracts >£1m in total to be submitted to the Director General HSSG for consent prior to award;
- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSSG for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSSG for notification prior to award.

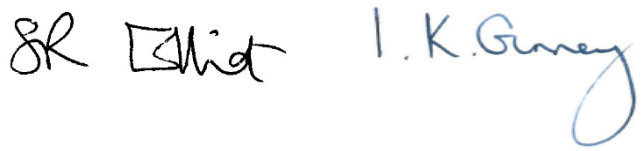
The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

(i) Contracts of employment between LHBs and their staff;
(ii) Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs;
(iii) Out of Hours contracts; and
(iv) All NHS contracts; that is where one health services body contracts with another health service body.

Contracts entered into by HEIW for services which are the consequences of annual commissioning approved by the Minister e.g. annual education and training commissioning do not require further Ministerial notification or consent.

For non- capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team : Robert.Eveleigh@gov.wales

Kind regards,



Steve Elliot & Ian Gunney
Cyfarwyddwr Cyllid dros dro - Interim Director of Finance
Dirprwy Gyfarwyddwr, Cyfalaf Ystadau a Cyfleusterau - Deputy Director Capital Estates & Facilities
Finance Directorate / Cyfarwyddiaeth Cyllid
Y Grwp Iechyd a Gwasanaethau/Health and Social Services Group

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HEIW - SHA

Review of NHS Wales HEIW Model Standing Financial Instructions –
Table of Amendments, Cross Reference to Legislation and Confirmation of Sections which are not for variation by NHS Body

HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
1.1.1	1.1.1	Introduction - General	explicit cross reference to Schedule 2.1 of SOs	N/A
2.1.1	2.1.1	The Board	Wording expanded to be more explicit about approving plans etc.	N/A
2.1.2	2.1.2	The Board	Clarifying arrangements for delegation, that is those matters not reserved to Board	N/A
3.1.1	3.1.1	Audit Committee	Hyperlink to NHS Wales Audit Committee Handbook inserted	N/A
3.2.1	3.2.1	Chief Executive	Section updated to latest Public Sector Internal Audit Standards & hyperlink inserted	N/A
3.3.1	3.3.1	Internal Audit	Section updated to latest Public Sector Internal Audit Standards	N/A
3.4.4	3.4.3	External Audit	Section deleted as Audit Wales produce an annual audit plan for audited bodies, an audit strategy is not used.	N/A
	3.4.8 & 3.4.9	External Audit	New paragraphs added to LHB & Trust SFIs - from the 2018 HEIW SFI. To ensure consistency, where appropriate, across LHB, NHS Trusts and HEIW SFIs	N/A
3.4.10	3.4.11	External Audit	reference included for "Structured Assessments"	N/A
3.5.2	3.5.2	Fraud and Corruption	Section corrected to link Local Counter Fraud Specialist (LCFS) requirement to Directions to NHS bodies on Counter Fraud Measures 2005 - not Counter Fraud manual	N/A
3.5.3	3.5.3	Fraud and Corruption	Section updated to latest name for NHS Counter Fraud Authority NHSCFA	N/A

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Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
3.5.4	3.5.4	Fraud and Corruption	explicit reference to "proactive and reactive" counter fraud work	N/A
3.5.5	3.5.5	Fraud and Corruption	section updated to latest requirement to participate in National Fraud Initiative(NFI)	N/A
4 & 5	4	Alloctions & Financial Duty & Integrated Planning Chapters	Section added for HEIW	N/A
6	6	Financial Management & Budgetary Control	Chapter heading and contents updated in language to be consistent with that used in NHS financial management and reporting. "Budgetary Control" in the way wording was used and structured was more 1980s and 1990s style.	N/A
	6.1	Budget Setting	Section updated and enhanced to include specific reference to Board approved plans and business cases, Well-being of Future Generations Act etc.	Well Being and Future Generations Act (2015)
	6.2	Budgetary Delegation	Tidy up of section to include relevant delegation requirements from Chief Executive to budget holders & letters of accountability	N/A
	6.3	Financial Management, Reporting and Budgetary Control	Section updated and enhanced to reflect current Financial Management rather than just Budgetary Control. The section has more details on financial management reporting including NHS Finance Academy best practice guide to Board financial reporting	N/A
	6.5	Reporting to Welsh Government - Monitoring Returns	Hyperlink to financial monitoring returns circular inserted	
7	7	Annual Accounts	Minor changes to chapter - mainly cross referencing Welsh Government's Manual for Accounts requirements	N/A
8		Shared and Hosted Services Arrangements	Chapter deleted as this is fully covered in Standing Orders Chapter 4 "NHS Wales Shared Services Partnership"	N/A
9	8	Banking Arrangements	Chapter updated to reflect requirement, not option, to use Government Banking Service and also to update to reflect best banking arrangements practice	N/A

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Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
10	9 & 10	Income, Fees and Charges and Security of Cash, Cheques and other Negotiable Instruments	Chapter split into two for clarity - one on **cash, and handling of cash**, and one on **income and debt recovery**. Previous chapter too mixed up.	N/A
	9.1	General	Section has been updated and enhanced - specifically around use of payment cards	N/A
	10.4	Income Due and Debt Recovery	Explicit reference now included for role of budget holders to inform on income due and on any salary & expenses overpayments	N/A
14	11	Non-Pay Expenditure	Non-Pay Expenditure chapter brought forward to chapter 10 (just before the Procurement chapter). This aligns with Procure To Pay (P2P) process for non pay goods and services - that is the authority to initiate expenditure just before the requisitioning & procuring of those goods and service.	N/A
	11.2	Director of Finance's responsibilities	Elements of responsibility taken out as responsibilities for national systems & national processes now lie with NWSSP	N/A
	11.4	Departures from SFI's	New section - similar section applies in WG SFIs	N/A
11	12 & 14	Grant Funding, Procurement and Contracting for Goods and Services	Grant Funding section transferred to its own separate chapter 14	N/A
11.1, 11.2 & 11.3	14.2, 14.3 & 14.4	Grant Funding	Grant Funding paragraph transfers from Chapter 11 to 14	N/A

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Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
11	12	Procurement and Contracting for Goods and Services	Chapter rewritten to align with the arrangements in NHS Wales, including clarifying responsibilities of both LHBs and also NWSSP Procurement. Procurement chapter has been reordered so that sections are in line with Procurement Manual, specifically the Procure To Pay (P2P) process.	N/A
	12.1	Procurement Services	New section to clarify responsibilities of both LHBs and also NWSSP Procurement. Also noting that "procurement" also refers to local procurement - for example pharmacy and works who undertake procurement on a devolved basis	N/A
	12.2	Policies and procedures	Reference to Procurement Manual included. **Procurement Manual now replaces Supplementary Guidance as Schedule 1 of the SFIs - thereby formally adopted and incorporated within the SFIs.** Further specific clarification of responsibilities of both LHBs and also NWSSP Procurement	N/A
	12.3	Procurement Principles	Reference made to the primary regulations/guidance the updated - "The Public Contract Regulations (2015, No. 102) and Wales Procurement Policy Statement (WPPS)	The Public Contract Regulations (2015, No. 102)
	12.4	Procurement Regulations and Legislation Governing Public Procurement	Reference made to latest relevant legislation & regulations - "The Public Contract Regulations (2015, No. 102), Well Being and Future Generations Act (2015) as well as other relevant legislation and regulation, e.g. Welsh lanuage (Wales) Measure 2011. Reference to EU Directives removed, focus on PCR (adopted in UK Law)	The Public Contract Regulations (2015, No. 102) and Well Being and Future Generations Act (2015)
	12.5	Procurement Procedures	Responsibility for setting and maintaining and making procedures available with NWSSP. Responsibility for following with HEIW.	N/A
	12.6	Procurement Consent / Notification	Reference to Procurement Manual added and to requirements for HEIW to notify Welsh Government for contracts £1 million, and above, prior to the contract being let. Additional sentence to note notification requirements apply to goods and services procured through public sector contract frameworks.	N/A

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Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
	12.7	Sustainable Development	Section inserted to emphasise requirement for Sustainable Development & Wellbeing goals. New paragraph detailing requirement to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains	N/A
	12.9 & 12.10	Planning Procurements & Procurement Process	Procurement Procedures section improved, updated and enhanced into two sections Planning Procurements & Procurement Process - as recommended by NWSSP Procurement professional colleagues	N/A
	12.11	Procurement Thresholds	Additional narrative on application of thresholds now included	N/A
	12.12	Designing Competitions	New section - as recommended by NWSSP Procurement. Details on budget holder responsibilities, performance measures and criteria	N/A
	12.13	Single Quotation or Single Tender Application	New section - as recommended by NWSSP Procurement. Detailing the exceptionality, steps required ,authoristion and reporting requirements etc.	N/A
	12.14	Disposals	New small section - as recommended by NWSSP Procurement.	N/A
	12.15	Evaluation, Approval and Award	New section on Evaluation, Approval and Award which is aligned with detail contained in Procurement Manual.	N/A
	12.16	Contract Management	Additional bullet points added on obligations/actions	N/A
	12.17	Extending & Varying Contracts	New section - as recommended by NWSSP Procurement. Detailing when varying is applicable, limits, process and risks etc.	N/A
	12.18	Transactional Processes - Requisitioning	Clarified as part of the core transactional processes and separated to provide greater emphasis i.e. supportive of No PO No Pay Policy. Also supported by Finance Academy Transactional Process Manual	N/A
	12.19	No Purchase Order, No Pay	New section to ensure compliance with 'No Purchase Order, No Pay' policy	N/A
	14.1	Grant Funding - Legal Advice	New section emphasising need, under Grant Funding, to seek legal advice and to follow grants toolkit.	N/A
	15.1.5	Remuneration and Terms of Service Committee	New paragraph defining role for Committee on redundancy cases, Voluntary Early Release applications as well as any novel employment and pay cases, such as compromise agreements and non-disclosure agreements	N/A
	15.3.1	Staff Appointments	New paragraph linking staff appointment to authorisation in accordance with Scheme of Delegation	N/A

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Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
	15.4.2	Pay Rates and Terms and Conditions	New paragraph on pay for board members, and other senior employees- linking to paragraphs 15.1.2 and 15.1.3	N/A
	15.5.1	Payroll	Defining payroll service from NHS Wales Shared Services Partnership	N/A
	15.5.2	Payroll	Explicit reference to comply with HMRC, Pensions Agency and other regulations etc	N/A
	15.5.3	Payroll	Reference to Service Level Agreement, not contract, for payroll service from NHS Wales Shared Services Partnership	N/A
	16.1, 16.2 & 16.3	Capital Investment, Fixed Asset Registers and Security of Assets	Additional sections added to the chapter on Capital Plan(16.1), Capital Investment Decisions(15.2) and Capital Projects(16.3). These comprehensive additions include aligning with Planning Framework, NHS Wales Infrastructure Investment Guidance and Better Business Cases (including hyperlinks to both)	N/A
	16.4	Capital Investment Procedures and Responsibilities	Explicit reference for CEO responsibility to ensure Capital Plan approved by Board, and for Directors of Planning and Finance to issue detailed procedures.	N/A
	16.4.8	Capital Procedures and Responsibilities	Reference included to application of Welsh Government Project Bank Accounts policy on capital schemes greater than £2m	N/A
	16.5	Capital Financing with the Private Sector	Reference made to the new Mutual Investment Model within this section.	N/A
	16.6	Asset Registers	Responsibilities explicitly identified and updated in this section	N/A
	17.2.3	Control of Stores, Stocktaking, condemnations and disposal	Director of Finance responsibilites paragraph expanded	N/A

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Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
	18	Disposals and Condemnations, Losses and Special Payments	Chapter updated to reflect current names for Welsh Government, the Health & Social Services Group etc. Also emphasised that disposals and condemnation applied to assets and goods, not just assets.	N/A
	19	Informatics and Digital	Chapter updated to reflect current landscape, and naming convention, from "Information Management and Technology" to "Digital, Data and Technology". Chapter more focused on informatics, and the governance thereof, rather than IM&T (in the traditional sense of IT etc)	N/A
	19.2	Responsibilities and duties of the responsible Director	References updated to include Network and Information Systems Regulations 2018, General Data Protection Regulations and any relevant domestic law considerations via the Data Protection Act 2018.	Network and Information Systems Regulations 2018, Data Protection Act 2018
	20	Funds Held on Trust (Charitable Funds)	Minor wording changes - reflect they are called both Funds Held on Trust & Charitable Funds. Added reference to Annual Accounts requirement	N/A
	21	Retention of Records	References updated to Data Protection Act 2018.	Data Protection Act 2019
	Schedule 1	General Consent to Enter Individual Contracts	Letter of 30 November 2020 added	

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Meeting Date	**28 July 2022**	**Agenda Item**	**4.3**
Report Title	**Annual Review of Standing Orders**		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To present the Board with HEIW's draft Standing Orders which have been updated to reflect changes to HEIW's functions and local amendments.		
Key Issues	There is a requirement to keep Standing Orders under annual review to ensure they remain accurate and current. HEIW's functions were amended by Health Education and Improvement Wales (No. 2) (Amendment) Directions 2021 to include the hosting of the Office of Chief Digital Officer, and the Standing Orders have been updated to reflect this. HEIW's Standing Orders have also been reviewed and updated to account for changes made to the Executive Team. The proposed amendments were considered and approved at the meeting of the Audit and Assurance Committee held on 12 July 2022. The Board is asked to review and approve the updated Standing Orders.		

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

Recommendations	The Board is asked to: • **Review** and **approve** HEIW's revised Standing Orders (Appendix 1).

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ANNUAL REVIEW OF STANDING ORDERS

1. INTRODUCTION

There is a requirement to keep Standing Orders under annual review to ensure they remain accurate and current.

In line with this, HEIWs' Standing Orders have been reviewed and updated to reflect changes made to HEIW's functions and the Executive Team.

2. BACKGROUND

It is necessary to ensure that NHS Wales organisations' Standing Orders are kept up to date. Given this, HEIW is required to review its Standing Orders on an annual basis.

3. PROPOSAL

HEIW's Standing Orders have been reviewed and updated to reflect that the organisation's functions were amended on 21 July 2021 by Health Education and Improvement Wales (No. 2) (Amendment) Directions 2021 to include the hosting of the Office of Chief Digital Officer. Under the Directions, HEIW shall establish and operate an Office for the Chief Digital Officer for Health and Social, who will support transformation across digital platforms, systems, and services.

Following recent changes to the Executive Team, it was agreed Performance and Planning would come under the remit of the Deputy Chief Executive/Director of Workforce and OD, and that the Corporate Services function would come under the Director of Finance. The scheme of delegation within the Standing Orders has been updated to reflect these changes. Further changes are anticipated to take effect in the Autumn, and the Standing Orders will be reviewed again at that time.

A copy of the updated Standing Orders with the amendments tracked is attached at Appendix 1.

4. GOVERNANCE AND RISK ISSUES

HEIW must agree Standing Orders for the regulation of its proceedings and business. Standing Orders are designed to translate statutory requirements into day-to-day operating practice and provide a regulatory framework for the business conduct of HEIW. A sound system of internal control ensures any risks in the achievement of HEIW's objectives are identified, assessed and managed.

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATION

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The Board is asked to:

- **Review** and **approve** HEIW's revised Standing Orders (Appendix 1).

Governance and Assurance			
Link to IMTP strategic aims ***(please ✓)***	**Strategic Aim 1:** To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	**Strategic Aim 2:** To transform healthcare education and training to improve opportunity, access and population health.	**Strategic Aim 3:** To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care.	**Strategic Aim 5:** To be an exemplar employer and a great place to work	**Strategic Aim 6:** To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
n/a			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
It is essential that HEIW complies with directions issued by Welsh Government.			
Staffing Implications			
None.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
n/a			
Report History	The report was considered by the Audit and Assurance Committee on the 12 July 2022.		
Appendices	Appendix 1 – Revised HEIW Standing Orders 2022		

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Standing Orders

Executive Sponsor & Function:

Board Secretary

Document Author:

Board Secretary

Approved by:

HEIW Board

Approval Date:

~~28 January 2021~~28 July 2022

Date of Equality Impact Assessment:

~~19 March 2019~~N/A – WG Model Document

Equality Impact Assessment Outcome:

~~No impact~~N/A

Review Date:

~~January 2022~~July 2023

Version: V5~~4~~

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Foreword

The Health Education and Improvement Wales 'HEIW' Regulations 2017 provides that HEIW must make standing orders for the regulation of its proceedings and business.

The HEIW Board must consider and agree to adopt the Standing Orders (SOs) for the regulation of their proceedings and business. They are designed to translate the statutory requirements set out in legislation into day to day operating practice, and, together with the adoption of a Scheme of Decisions reserved to the Board; a Scheme of Delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of HEIW.

These documents form the basis upon which HEIW's governance and accountability framework is developed and, together with the adoption of the HEIW's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for health organisations in Wales.

All HEIW Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Board Secretary will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements within HEIW.

Further information on governance in the NHS in Wales may be accessed at www.wales.nhs.uk/governance-emanual/

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Section A – Introduction

Statutory framework

i) Health Education and Improvement Wales (HEIW) is a Special Health Authority (SHA) that was established on 05 October 2017 and became operational on the 01 October 2018, following a six month period in shadow form under The Health Education and Improvement Wales (Establishment and Constitution) Order 2017 (SI No. 913 (W. 224)) "the Establishment Order".

ii) Under Health Education and Improvement Wales (No. 2) (Amendment) Directions 2021 HEIW's functions include the hosting of the Office of Chief Digital Officer.

~~i)~~

~~ii)~~iii) The principal place of business of HEIW is – Ty Dysgu, Cefn Coed Parc, Nantgarw, Cardiff. CF15 7QQ.

~~iii)~~iv) All business shall be conducted in the name of HEIW, and all funds received in trust shall be held in the name of HEIW as a corporate Trustee.

~~iv)~~v) HEIW is a corporate body and its functions must be carried out in accordance with its statutory powers and duties. HEIW's functions are set out in the Establishment Order and in Directions issued by Welsh Ministers.

~~v)~~vi) In addition to Directions the Welsh Ministers will issue an annual remit letter and may from time to time issue guidance which HEIW must take into account when exercising any function.

~~vi)~~vii) Under powers set out in in section 25(1)(b), 25(2) and 203(9) and (10) of, and paragraphs 3(3) and (4), 5 and 13 of Schedule 5 to the the NHS (Wales) Act 2006, the Welsh Ministers has made **the Health Education and Improvement (Wales) Regulations 2017 (S.I. 2017/909 (W.221))** ("the Constitution Regulations") which make provision concerning the membership and procedures of HEIW.

~~vii)~~viii) In carrying out its duties it will co-operate with others.

~~viii)~~ix) Section 72 of the NHS Act 2006 places a duty on NHS bodies, including an SHA to co-operate with each other in exercising their functions.

~~ix)~~x) Section 82 of the NHS Act 2006 places a duty on NHS bodies, including an SHA, and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.

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x)xi) The Welsh Language (Wales) Measure 2011 makes provision with regards to the development of standards relating to the Welsh language. The Welsh Language Standards (No 7) Regulations 2018 for the health sector do not currently apply to HEIW. They will apply at a future date but in the interim HEIW will develop a Welsh Language policy/scheme to deliver commitments relating to Welsh language.

xi)xii) As a SHA, HEIW is also bound by any other statutes and legal provisions which govern the way that NHS bodies do business. The powers of NHS bodies established under statute shall be exercised by NHS bodies meeting in public session, except as otherwise provided by these SOs.

NHS framework

xii)xiii) In addition to the statutory requirements set out above, NHS bodies including SHAs must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.

xiii)xiv) Adoption of the principles will better equip NHS bodies to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.

xiv)xv) The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

xv)xvi) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the Well-being of Future Generations (Wales) Act 2015, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does. The Well-being of Future Generations (Wales) Act 2015 explains what is meant by sustainable development and requires bodies that are designated as 'public bodies' under section 6 of the 2015 Act to set well-being objectives and contribute to the achievement of well-being goals.

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~~xvi)~~xvii) HEIW is not considered a public body under the Act but is committed to achieving the Well-being Goals and the Sustainable Development Principle.

~~xvii)~~xviii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government's Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/. . Directions or guidance on specific aspects of business are also issued in hard copy, usually under cover of a Ministerial letter.

~~xviii)~~xix) HEIW will from time to time agree and approve policy statements which apply to the Board members and/all or specific groups of staff employed by HEIW. The decisions to approve these policies will be recorded in the appropriate Board minute and, where appropriate will be considered to be an integral part of HEIW's SOs and SFIs. Details of the key policy statements will be included in Schedule 2.

~~xix)~~xx) HEIW shall ensure that an official is designated to undertake the role of the Board Secretary (the role of which is set out in paragraph xxv below).

Applying Standing Orders

~~xx)~~xxi) The SOs of HEIW (together with SFIs and the Values and Standards of Behaviour Framework), will, as far as they are applicable, also apply to meetings of any formal Committees established by HEIW including any Advisory Groups and sub-Committees.. These SOs may be amended or adapted for the Committees as appropriate, with the approval of the Board. Further detail on the Committees may be found in Schedule 3 of these SOs.

~~xxi)~~xxii) Full details of any non-compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Board Secretary, who will ask the Audit and Assurance Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and HEIW officers have a duty to report any non-compliance to the Board Secretary as soon as they are aware of any circumstance that has not previously been reported.

~~xxii)~~xxiii) **Ultimately, failure to comply with SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

Variation and amendment of Standing Orders

~~xxiii)~~xxiv) Although these SOs are subject to regular, annual review by HEIW, there may, exceptionally, be an occasion where it is necessary to vary or

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amend the SOs during the year. In these circumstances, the Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made by the Board if:

- The variation or amendment is in accordance with regulation 15 of the Constitution Regulations and does not contravene a statutory provision or direction made by the Welsh Ministers;
- The proposed variation or amendment has been considered and approved by the Audit and Assurance Committee and is the subject of a formal report to the Board; and
- A formal notice of motion under Standing Order 5.5.14 has been given.

Interpretation

~~xxiv)~~xxv) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of HEIW shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Board Secretary and, where appropriate the Chief Executive or the Director responsible for finance (in the case of SFIs).

~~xxv)~~xxvi) The terms and provisions contained within these SOs aim to reflect those covered within all applicable legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

The role of the Board Secretary

~~xxvi)~~xxvii) The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within HEIW and is a key source of advice and support to the HEIW Chair and other Board members. Independent of the Board, the Board Secretary acts as the guardian of good governance within HEIW:

- Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
- Facilitating the effective conduct of HEIW business through meetings of the Board, its Advisory Groups and Committees;
- Ensuring that Board members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies public services values and standards of behaviour; and
- Monitoring HEIW's compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers.

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~~xxvii)~~xxviii) As advisor to the Board, the *Board Secretary's* role does not affect the specific responsibilities of Board members for governing the organisation. The Board Secretary is directly accountable for the conduct of their role to the Chair in respect of matters relating to responsibilities of the Board and its Committees, and reports on a day to day basis to the Chief Executive with regard to the wider governance of the organisation and their personal responsibilities.

~~xxviii)~~xxix) Further details on the role of the Board Secretary within HEIW, including details on how to contact them, are available at www.heiw.nhs.wales

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Section B – Standing Orders

1. HEALTH EDUCATION AND IMPROVEMENT WALES

1.0.1 **HEIW's principal role is to take a** strategic approach to developing the Welsh health workforce for now and for the future. Its functions include:

Workforce intelligence – HEIW will be the central, recognised source for information and intelligence about the Welsh health workforce;

Workforce planning – HEIW will provide strategic leadership for workforce planning, working with health boards/trusts and the Welsh Government to produce a forward strategy to transform the workforce to deliver new health and social models of service delivery;

Education commissioning, **planning and delivery** – HEIW will utilise its funding to ensure value for money and the provision of a workforce which reflects future healthcare needs;

Quality management – HEIW will quality manage education and training provision ensuring it meets required standards, and improvements are made where required;

Supporting regulation – HEIW will play a key role representing Wales in liaison with regulators, working within the policy framework established by the Welsh Government. HEIW will also undertake, independently of the Welsh Government, specific regulatory support roles;

Leadership development – HEIW will establish the strategic direction and delivery of leadership development for staff within NHS Wales at all levels;
Careers and widening access – HEIW will provide the strategic direction for health careers and the widening access agenda, delivering an ongoing agenda to promote health careers;

Workforce improvement – HEIW will provide a strategic leadership role for workforce transformation and improvement, and deliver within its functions a ongoing programme to meet that role;

Professional support for workforce and organisational development (OD) in NHS Wales – HEIW will support the professional workforce and OD profession within Wales.

Hosting of the Office of Chief Digital Officer – HEIW will establish and operate an Office for the Chief Digital Officer for Health and Social Care to be comprised of a Chief Digital Officer and staff who will support transformation across digital platforms, systems and services.

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1.0.2 HEIW was established by the Health Education and Improvement Wales (Establishment and Constitution) Order 2017 (SI No. 913 (W. 224)). HEIW must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it through directions issued by the Welsh Ministers.

1.0.3 To fulfil this role, HEIW will work with all its partners and stakeholders in the best interests of the population of Wales.

~~1.0.3~~1.0.4 HEIW's functions were amended by Health Education and Improvement Wales (No. 2) (Amendment) Directions 2021 to include the hosting of the Office of Chief Digital Officer.

1.1 Membership of Health Education and Improvement Wales Board

1.1.1 The membership of the HEIW Board shall be no more than 12 members comprising the Chair (appointed by the Minister for Health and Social Services), the Chief Executive and officer and non-officer members. A Vice Chair may also be appointed by the Board from the existing Independent Board Members.

1.1.2 For the purposes of these SOs, the members of the HEIW Board shall collectively be known as "the Board" or "Board members"; the officer and non-officer members (which will include the Chair) shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance and Corporate Services. All such members shall have full voting rights. There may also be Associate Members who do not have voting rights.

Officer Members [to be known as Executive Directors]

1.1.3 A total of 5 (including the Chief Executive), appointed by the Chair and non-officer members.

Non-Officer Members [to be known as Independent Members]

1.1.4 A total of 7 (including the Chair), appointed by the Minister for Health and Social Services.

1.1.5 In addition to the ~~eligabilty~~eligibility, disqualification, suspension and removal provisions contained with Regulations 5, 6, 8 and 9 the HEIW Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of more than one NHS body in Wales.

Associate Members

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1.1.6 A total of up to 3 Associate Members may be appointed by the Board to assist in carrying out its functions subject to the agreement of the Minister for Health and Social Services. They will attend Board meetings on an ex-officio basis but will not form part of the Board or have any voting rights.

Use of the term 'Independent Members'

1.1.7 For the purposes of these SOs, use of the term 'Independent Members' refers to the following voting members of the Board:

- Chair
- Vice Chair (if appointed)
- Non-Officer Members

unless otherwise stated.

1.2 Joint Post Holders

1.2.1. Where a Board position is shared between more than one person because of their being appointed jointly to a post:

i) Either or both persons may attend and take part in Board meetings;
ii) If both are present at a meeting they shall cast one vote if they agree;
iii) In the case of disagreement no vote shall be cast; and
iv) The presence of both or one person will count as one person in relation to the quorum.

1.3 Tenure of Board members

1.3.1. Independent Members appointed by the *Minister for Health and Social Services* shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years*, with the exception of those appointed or re-appointed in accordance with Regulation 7 of the* ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020.*** *These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.3.2. Any Associate Member appointed to the Board under 1.1.5 will be for a period of up to one year, with a maximum term of four years if re-appointed.

1.3.3. Executive Directors' tenure of office as Board members will be

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determined by their contract of appointment.

1.3.4. All Independent Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in Schedule 1 of the HEIW Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.

1.3.5. HEIW will require Independent Board members to confirm in writing their continued eligibility on an annual basis.

1.4. The Role of the HEIW Board and responsibilities of individual members

Role

1.4.1 The principal role of HEIW is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour; and
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of HEIW performance across all areas of activity.

Responsibilities

1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.

1.4.3 Independent Members who are appointed to bring a particular perspective, skill or area of expertise to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of delivering education and improvement in the health service. Similarly, Board members must not place an over reliance on those individual members with specialist expertise to cover specific aspects of Board business, and must be prepared to scrutinise and ask questions about any contribution that may be made by that member.

1.4.4 HEIW shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet our of their personal resources any

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personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith".

1.4.5 Associate Members, whilst not sharing corporate responsibility for the decisions of the Board, are nevertheless required to act in a corporate manner at all times, as Board members who have voting rights.

1.4.6 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting HEIW within the communities it serves.

1.4.7 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.

1.4.8 The Chair shall work in close harmony with the Chief Executive and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

1.4.9 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason and will do so until either the existing chair resumes their duties, or a new chair is appointed.

1.4.10 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of HEIW. They are the appointed Accountable Officer for HEIW and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.

1.4.11 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or "champions" as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by HEIW, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

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2. RESERVATION AND DELEGATION OF HEIW FUNCTIONS

2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any delegation is being made.

2.0.2 The Board's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

i Schedule of matters reserved to the Board;
ii Scheme of delegation to committees and others; and
iii Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of these SOs.

2.0.3 HEIW retains full responsibility for any functions delegated to others to carry out on its behalf. Where HEIW has a joint duty, it remains fully responsible for its part, and shall agree through the determination of a written Partnership Agreement the governance and assurance arrangements for the partnership, setting out respective responsibilities, ways of working, accountabilities and sources of assurance of the partner organisations.

2.1 Chair's action on urgent matters

2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

2.1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.

2.2 Delegation of Board functions

2.2.1 The Board shall agree the delegation of any of their functions except for those set out within the 'Schedule of Matters reserved to the Board' to Committees

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and others, setting any conditions and restrictions it considers necessary and following any directions or regulations given by the Welsh Ministers. These functions may be carried out:

i By a Committee, sub-Committee or officer of HEIW

2.2.2 The Board shall agree and formally approve the delegation of specific executive powers to be exercised by Committees and sub-Committees, which it has formally constituted.

2.3 Delegation to officers

2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.

2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendment to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.

2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

3. COMMITTEES

3.1 HEIW Committees

3.1.1 The Board may, and where directed by the Welsh Ministers must, appoint Committees of HEIW either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so.

Use of the term 'Committee'

3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:

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- Board Committee
- Sub-Committee

3.2 Sub-Committees/ Advisory Groups

3.2.1 A Committee appointed by the Board may establish a sub-Committee and/or advisory groups to assist it in the conduct of its business provided that the Board approves such action. Where the Board has authorised a Committee to establish sub-Committees, they cannot delegate any executive powers to the sub-Committee unless authorised to do so by the Board.

3.3 Committees established by HEIW

3.3.1 The Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which covers the following aspect of Board business:

- Audit and Assurance;
- Remuneration and Terms of Service, and
- Education, Commissioning and Quality Committee.

3.3.2 In designing its Committee structure and operating arrangements, the Board shall take full account of the need to:

- Embed corporate standards, priorities and requirements, e.g., equality and human rights across all areas of activity; and
- Maximise cohesion and integration across all aspects of governance and assurance.

3.3.3 Each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others (including the Board its Committees and Advisory Groups)
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

3.3.4 In doing so, the Board shall specify which aspects of these SOs are not

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applicable to the operation of the Committee, keeping any such aspects to the minimum necessary. Detailed terms of reference and operating arrangements for the Committees established by the Board are set out in Schedule 3.

3.3.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of HEIW Chair, and subject to any specific requirements, directions or regulations made by the Welsh Ministers. Depending on the Committee's defined role and remit, membership may be drawn from the HEIW Board, its staff (subject to the conditions set in Standing Order 3.3.6) or others not employed by HEIW.

3.3.6 Executive Directors or other HEIW officers shall not normally be appointed as Committee Chairs, nor should they be appointed to serve as members on any Committee set up to review the exercise of functions delegated to officers. Designated HEIW officers shall, however, be in attendance at such Committees, as appropriate.

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3.4 Other Committees

3.4.1 The Board may also establish other Committees to help HEIW conduct its business.

3.5 Confidentiality

3.5.1 Committee members and attendees must not disclose any matter dealt with by or brought before a Committee in confidence without the permission of the Committee's Chair.

3.6 Reporting activity to the Board

3.6.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs' shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4. NHS WALES SHARED SERVICES PARTNERSHIP

4.0.1. From 1 June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The Trust's Establishment Order has been amended to reflect the fact that the Shared Services function has been conferred on it.

4.0.2. The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261 (W.156)) ("the

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Shared Services Regulations") require the Trust to establish a Shared Services Committee (known for operational purposes as the Shared Services Partnership Committee) which will be responsible for exercising the Trust's Shared Services functions. The Shared Services Regulations (as amended) prescribe the membership of the Shared Services Committee in order to ensure that all Local Health Boards, Trusts and SHAs in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

4.0.3 The Director of Shared Services will be designated as Accountable Officer for Shared Services.

4.0.4 These arrangements necessitate putting in place a Memorandum of Co-operation and a Hosting Agreement between all OHBs, Trusts and SHAs setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.

4.0.5 The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

5. WORKING IN PARTNERSHIP

5.0.1 HEIW shall work constructively in partnership with others to plan and secure the provision and delivery of health education and improvement, in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers.

5.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of HEIW.

5.0.3 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

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6. MEETINGS

6.1 Putting Citizens first

6.1.1 HEIW's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders. HEIW, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings when these are not held by electronic means;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read (where requested and required) and in electronic formats in accordance with its Welsh language and equality requirements and commitments;
- Requesting that attendees notify HEIW of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh, and
- In accordance with legislative requirements, e.g., Disability Discrimination Act, as well as its Communication Strategy and Welsh language requirements.

6.1.2 The Chair will ensure that, in determining the matters to be considered by the Board, full account is taken of the views of partners and stakeholder and interests of the communities served by HEIW.

6.2 Annual Plan of Board Business

6.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.

6.2.2 The plan shall set out the arrangements in place to enable HEIW to meet its obligations whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.

6.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees.

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6.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be published on the organisation's website.

Annual General Meeting (AGM)

6.2.5 HEIW must hold an AGM in public no later than 30 July of each year. At least 10 calendar days prior to the meeting a public notice of the intention to hold the meeting, the time and place of them meeting, and the agenda shall be displayed bilingually (in English and Welsh) on the SHA's website.

6.2.6 The notice shall state:

- Electronic and paper copies of the Annual Report and Accounts of the SHA are available, on request, prior to the meeting; and
- State how copies can be obtained, in what language and in what format, e.g. Braille, large print, easy read etc.

6.2.7 The AGM must include presentation of the Annual Report and audited accounts, together with (where applicable), an audited abridged version of the annual accounts and, if applicable funds held on trust accounts, and may also include presentation of other reports of interest to citizens and others,

6.2.8 A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

6.3 Calling Meetings

6.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.

6.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

6.4 Preparing for Meetings

Setting the agenda

6.4.1 The Chair, in consultation with the Chief Executive and Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees; and the priorities facing HEIW. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.

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6.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Board Secretary, at least 12 calendar days before the meeting. The request must set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12-day notice period if this would be beneficial to the conduct of board business.

Notifying and equipping Board members

6.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 7 calendar days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.

6.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. It will include evidence that appropriate impact assessments have been undertaken and taken in to consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of the assessment shall accompany the report to the Board to enable the Board to make an informed decision.

6.4.5 In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

6.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

6.4.7 Except for meetings called in accordance with Standing Order 5.3, at least 7 days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):

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- On the HEIW website, together with the papers supporting the public part of the Agenda; as well as
- Through other methods of communication as set out in HEIW's communication strategy.

6.4.8 When providing notification of the forthcoming meeting, HEIW shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

6.5 Conducting Board Meetings

Admission of the public, the press and other observers

6.5.1 HEIW shall encourage attendance at its formal Board meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in HEIW business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and appropriate facilities wherever practicable to maximise accessibility.

6.5.2 The Board and its Committees shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Board shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) F (c.67).

6.5.3 In the circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.

6.5.4 The Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as

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observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

Addressing the Board, its Committees and Advisory Groups

6.5.6 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in its work and to demonstrate openness and transparency in the conduct of business.

Chairing Board Meetings

6.5.7 The Chair of HEIW will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and vice-chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.

6.5.8 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the meeting through the attendance of the nominated Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

Quorum

6.5.9 At least six Board members, at least two of whom are Executive Directors and four are Independent Members (including the Chair), must be present to allow any formal business to take place at a Board meeting.

6.5.10 If the Chief Executive or an Executive Director is unable to attend a Board meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an Executive Director, they will be able to exercise their own vote in the usual way, but they

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will not have any additional voting rights.

6.5.11 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting and must be noted in the minutes.

Dealing with motions

6.5.12 In the normal course of Board business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).

6.5.13 **Proposing a formal notice of motion –** Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 calendar days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

6.5.14 The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.

6.5.15 **Amendments -** Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Board alongside the motion.

6.5.16 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

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6.5.17 **Motions under discussion –** When a motion is under discussion, any Board member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned, and the meeting proceed to the next item of business;
- A Board member may not be heard further;
- The Board decides upon the motion before them;
- An ad hoc Committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.5.18 **Rights of reply to motions –** The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.5.19 **Withdrawal of motion or amendments –** A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Chair.

6.5.20 **Motion to rescind a resolution –** The Board may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Board members.

6.5.21 A motion that has been decided upon by the Board cannot be proposed again within six months except by the Chair, unless the motion relates to the receipt of a report or the recommendations of a Committee/Chief Executive to which a matter has been referred.

Voting

6.5.22 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Board.

6.5.23 In determining every question at a meeting, the Board members must take account, where relevant, of the views expressed and representations made by individuals and organisations who represent the interests of stakeholders.

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6.5.24 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.

6.5.25 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

6.6 Record of Proceedings

6.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Board member attendance (including the Chair) together with apologies for absence and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

6.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on HEIWs website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act 2018, General Data Protection Regulations and HEIW's Communication Strategy and Welsh language requirements.

6.7 Confidentiality

6.7.1 All Board members (including Associate Members), together with members of any Committee or Advisory Group established by or on behalf of the Board and HEIW officials must respect the confidentiality of all matters considered by the Board in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board or relevant Committee, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework or legislation such as the Freedom of Information Act 2000, etc.

7. VALUES AND STANDARDS OF BEHAVIOUR

7.0.1 The Board must adopt a set of values and standards of behaviour for HEIW that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of HEIW, including Board members, HEIW officers and others, as appropriate. The framework adopted by the Board will form part of these SOs.

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7.1 Declaring and recording Board members' interests

7.1.1 ***Declaration of interests –*** It is a requirement that all Board members must declare any personal or business interests they may have which may affect or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the Constitution Regulations. Board members must notify the Board of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.

7.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Board Secretary. However, the onus regarding declaration will reside with the individual Board member.

7.1.3 ***Register of interests –*** The Chief Executive, through the Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.

7.1.4 The register will be held by the Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.

7.1.5 In line with the Board's commitment to openness and transparency, the Board Secretary must take reasonable steps to ensure that the citizens served by HEIW are made aware of and have access to view the HEIW's Register of Interests. This may include publication on the HEIW website.

7.1.6 ***Publication of declared interests in Annual Report –*** Board members' declared directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in HEIW's Annual Report.

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7.2 Dealing with Members' interests during Board meetings

7.2.1 The Chair, advised by the Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's decision making is based upon the best interests of HEIW and the NHS in Wales.

7.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.

7.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:

i The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of healthcare and an Independent Member is a healthcare professional whose profession may be affected by that strategy determined by the Board;

ii The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;

iii The declaration is formally noted and recorded, and the Board member takes no part in the Board discussion or decision;

iv The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Board.

7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.

7.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.

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7.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

7.2.7 ***Members with pecuniary (financial) interests –*** Where a Board member, or any person they are connected with[1] has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or proposed contract, that member must at the meeting and as soon as practicable after its commencement, disclose the interest and must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.

7.2.8 The Digital Health Care Wales Regulations define 'direct' and 'indirect' pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.

7.2.9 ***Members with Professional Interests -*** During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a HEIW Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Board Secretary.

7.3 Dealing with officers' interests

7.3.1 The Board must ensure that the Board Secretary, on behalf of the Chief Executive, establishes and maintains a system for the declaration, recording and handling of HEIW officers' interests in accordance with the Values and Standards of Behaviour Framework.

7.4 Reviewing how Interests are handled

7.4.1 The Audit and Assurance Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

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[1] In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

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7.5 Dealing with offers of gifts[2] hospitality and sponsorship

7.5.1 The Values and Standards of Behaviour Framework adopted by the Board prohibits Board members and HEIW officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Board member or HEIW officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Board member or HEIW officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Board Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

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- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;

- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit HEIW;

- **Value:** Gifts and benefits of a trivial or inexpensive (below £25), e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);

- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, and sport, cultural or social events would only be acceptable if attendance is justifiable in that it benefits HEIW ; and

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[2] The term gift refers also to any reward or benefit.

- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

7.5.4 A distinction may be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.6 Sponsorship

7.6.1. In addition to gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or working visit. The sponsorship may cover some or all of the costs.

7.6.2. All sponsorship must be approved prior to acceptance in accordance with the Values and Behaviour Framework and Standards of Behaviour policy and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

7.7 Register of Gifts,Hospitality and Sponsorship

7.7.1 The Board Secretary, on behalf of the Chair, will maintain a register of Gifts,Hospitality and Sponsorship to record offers of gifts,hospitality and sponsorship made to Board members. Executive Directors will adopt a similar mechanism in relation to HEIW officers working within their Directorates.

7.7.2 Every Board member and HEIW officer has a personal responsibility to volunteer information in relation to offers of gifts and hospitality, including those offers that have been refused. The Board Secretary, on behalf of the Chair and Chief Executive, will ensure the incidence and patterns of offers and receipt of gifts and hospitality are kept under active review, taking appropriate action where necessary.

7.7.3 When determining what should be included in the Register, individuals shall apply the following principles, subject to the considerations in Standing Order 6.5.3:

- **Gifts:** Generally, only gifts of material value should be recorded.

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Those with a nominal value, e.g., seasonal items such as diaries/calendars would not usually need to be recorded.

- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate[3]' hospitality need not be included in the Register. Further detail is provided in the framework policy on standards of behaviour.

7.7.4 Board members and HEIW officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of HEIW;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.7.5 The Board Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by HEIW to be submitted to the Audit and Assurance Committee (or equivalent) at least annually. The Audit and Assurance Committee will then review and report to the Board upon the adequacy of the HEIW's arrangements for dealing with offers of gifts, hospitality and sponsorship.

8. SIGNING AND SEALING DOCUMENTS

8.0.1 The common seal of the HEIW is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board..

8.0.2 Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive or Deputy Chief Executive (or another authorised individual) both of whom must witness the seal.

8.1 Register of Sealing

8.1.1 The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and

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[3] Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

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authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.

8.2 Signature of Documents

8.2.1 Where a signature is required for any document connected with legal proceedings involving HEIW, it shall normally be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.

8.2.2 The Chief Executive or Deputy Chief Executive nominated officers may be authorised by the Board to sign on behalf of HEIW any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority.

8.3 Custody of Seal

8.3.1 The Common Seal of HEIW shall be kept securely by the Board Secretary.

9. GAINING ASSURANCE ON THE CONDUCT OF HEIW BUSINESS

9.0.1 The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of HEIW business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

9.0.2 The Board shall ensure that its assurance arrangements are operating effectively, advised by its Audit and Assurance Committee.

9.0.3 Assurances in respect of the services provided by the NHS Wales Shared Services Partnership shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee and reported back by the Chief Executive (or their nominated representative). . Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of HEIW.

9.1 The role of Internal Audit in providing independent internal assurance

9.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in

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accordance with NHS Wales Internal Audit Standards and any other requirements determined by the Welsh Ministers.

9.1.2 The Board shall set out the relationship between the Head of Internal Audit (HIA), the Audit and Assurance Committee (or equivalent) and the Board. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);
- Ensure the HIA communicates and interacts directly with the Board, facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the Board on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

9.2 Reviewing the performance of the Board, its Committees and Advisory Groups

9.2.1 The Board shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and if established, Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated.

9.2.2 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

9.2.3 The Board shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Board Development Programme, as part of an overall Organisation Development framework; and
- The Board's report of its alignment with the Welsh Government's Citizen Centred Governance Principles.

9.3 External Assurance

9.3.1 The Board shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on HEIW's operations, e.g., the Auditor General for Wales.

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9.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.

9.3.3 The Board shall keep under review and ensure that, where appropriate, HEIW implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the Senedd Cymru/Welsh Parliament's Public Accounts Committee and other appropriate bodies.

9.3.4 HEIW shall provide the Auditor General for Wales with any assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

10. DEMONSTRATING ACCOUNTABILITY

10.0.1 Taking account of the arrangements set out within these SOs, the Board shall demonstrate to the communities it serves and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, Higher Education and Further Education establishments, regulators, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the communities it serves and other stakeholders, including its officers and healthcare professionals.

10.0.2 The Board shall, in publishing its strategic and operational level plans, set out how those plans have been developed taking account of the views of others, and how they will be delivered by working with their community and other partners.

10.0.3 The Board shall also facilitate effective scrutiny of the HEIW's operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

10.0.4 The Board shall ensure that within HEIW, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

11. REVIEW OF STANDING ORDERS

11.0.1 The Board Secretary shall arrange for an appropriate impact assessment to be carried out on a draft of these SOs prior to their formal adoption by the Board, the results of which shall be presented to the Board for consideration

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and action, as appropriate. The fact that an assessment has been carried out shall be noted in the SOs.

11.0.2 These SOs shall be reviewed annually by the Audit and Assurance Committee [or equivalent], which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including the appropriate impact assessments.

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Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Scheme of Reservation and Delegation of Powers forms part of, and shall have effect as if incorporated in the Standing Orders

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be given by Welsh Ministers - should make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

i) a committee, e.g. Remuneration and Terms of Service Committee;

ii) a sub-committee. Any such delegation would, subject to the Boards authority, usually be via a main committee of the Board; and

iii) Officers of HEIW (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of HEIW.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to Officers.

all of which form part off HEIW's Standing Orders.

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DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in Standing Orders or Standing Financial Instructions
- The Board must retain that which it is required to retain (whether by statute or as determined by Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management
- Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility
- The Board must ensure that those to whom it has delegated powers (whether a committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development
- The Board must take appropriate action to assure itself that all matters delegated are effectively carried out
- The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes
- Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others
- The Board may delegate authority to act, but retains overall responsibility and accountability
- When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

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HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT?

The Board
The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive
The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally, and which functions will be delegated to other officers. The Board must formally agree this scheme.
In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- the guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles)
- their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer
- associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in Standing Financial Instructions).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Board Secretary
The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- a proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- effective arrangements are in place for the delegation of HEIW functions within the organisation and to others, as appropriate; and
- arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit & Assurance Committee
The Audit & Assurance Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated
Individuals will be personally

- equipping themselves to deliver on any matter delegated to them,

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through the conduct of appropriate training and development activity; and

- exercising any powers delegated to them in a manner that accords with HEIW's values and standards of behavior.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Chief Executive of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

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SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within HEIW. The Scheme is to be used in conjunction with the system of control and other established procedures within HEIW.

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SCHEDULE OF MATTERS RESERVED TO THE BOARD[1]

OLD PARA	New Para		AREA	DECISIONS RESERVED TO THE BOARD
1	1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority, in accordance with Standing Orders
2	2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board.
3	18	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance to be met by HEIW, including standards/requirements determined by Welsh Government, regulators, professional bodies/others e.g. Royal Colleges.
N/A	3	FULL	GENERAL	Approve HEIWs Governance Framework
4	4	FULL	OPERATING ARRANGEMENTS	Approve, vary and • Standing Orders (SOs); • Standing Financial Instructions (SFIs);

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				• Schedule of matters reserved to HEIW; • Scheme of delegation to Committees and others; and • Scheme of delegation to Officers. In accordance with any directions set by Welsh Ministers.
5	9	FULL	OPERATING ARRANGEMENTS	Approve HEIW's Values and Standards of Behavior Framework, Standards of Behavior Policy
6	15	FULL	OPERATING ARRANGEMENTS	Approve HEIW's framework for performance management.
7	19	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of HEIW's aims, objectives and priorities

1 Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements

OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
8	5	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
NA	6	No- Can delegate to Audit and Assurance Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Board Secretary on any non compliance with Standing Orders, making proposals to the Board on any actions to be taken.

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9	7	FULL	OPERATING ARRANGEMENTS	~Receive report and proposals regarding non-compliance with Standing Orders, and where required ratify in public session any instances of failure to comply with Standing Orders and Standing Financial Instructions.
11	17	FULL	OPERATING ARRANGEMENTS	Ratify policies for dealing with concerns, complaints and incidents. in accordance with the Complaints Handling Policy and health and safety requirements.
12	28	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manuel for Accounts. Instructions
13	29	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers.
14	30	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of HEIW
15	8	FULL	OPERATING ARRANGEMENTS	Authorise use of the HEIW's official seal.
16	20	FULL	ORGANISATION STRUCTURE & STAFFING	Non-officer members to appoint, discipline and dismiss the Chief Executive and officer members of the Board.
17	21	No Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments in accordance with Ministerial Instructions e.g. the Board Secretary.
N/A	22	No – Remuneration and Terms of Service Committee	ORGANISATIONAL STRUCTURE & STAFFING	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.

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18	10	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. from Audit & Assurance Committee or Board Secretary

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OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
19	23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, review, and revise HEIW's top level organisation structure and corporate policies
20	24	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, review, revise and dismiss Board committees, directly accountable to the Board
21	25	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any committee or Group set up by the Board
22	26	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
23	27	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all committees, and groups established by the Board
25	11	FULL	STRATEGY & PLANNING	Determine HEIWs strategic aims, objectives and priorities
26	13	FULL	STRATEGY & PLANNING	Approve HEIW's annual business plan and three-year plan setting out how HEIW will meet the requirements set out in the remit letter.
27	16	FULL	STRATEGY & PLANNING	Approve HEIW's framework and strategy for risk and assurance.

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OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
30	12	FULL	STRATEGY & PLANNING	Approve the HEIWs key strategies and programmes related to: • Workforce and Organisational Development • Health education and training; • Research/evaluation; • Quality of education and training programmes; • Leadership and career development for staff within NHS Wales; • Workforce transformation & improvement; • Infrastructure, including IM &T, Estates and Capital; • Communication, partnership and stakeholder engagement. Supporting delivery of 'A Healthier Wales including development of a high-level strategic workforce plan for Wales in partnership with Social
31	14	FULL	STRATEGY & PLANNING	Approve HEIW's budget and financial framework (including overall distribution of the financial allocation)
32	31	FULL	STRATEGY & PLANNING	Proposed commissioning, specification and contract variations on education and training agreements before submission of recommendation to Welsh Government for Ministerial approval in accordance with delegations set on in the Financial Delegations
33	32	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions and Scheme of Delegation.
	42	FULL	STRATEGY & PLANNING	Approve the National Annual Education and Training Plan before submission of recommendation to the Welsh Government for approval.
OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD

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	35	FULL	STRATEGY & PLANNING	Approve the forward work programme for the Education Commissioning and Quality Committee.
34	33	FULL	PERFORMANCE & ASSURANCE	Approve HEIW's internal audit and assurance arrangements
35	34	FULL	PERFORMANCE & ASSURANCE	Receive reports from HEIW's Executive on progress and performance in the delivery of HEIW's strategic aims, objectives and priorities and approve action required, including improvement plans as appropriate.
36	35	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Board's committees, groups and other internal sources on HEIW's performance and approve action required, including improvement plans as appropriate.
37	36	FULL	PERFORMANCE & ASSURANCE	Receive reports on HEIW's performance produced by external auditors, regulators and inspectors that raise significant issue or concerns impacting on HEIW's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees as appropriate
38	37	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of HEIW's Chief Internal Auditor and approve action required, including improvement plans
39	38	FULL	PERFORMANCE & ASSURANCE	Receive the annual audit report from the Auditor General for Wales and approve the action required, including improvement plans
40	39	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on HEIW's performance against appropriate Health and Care Standards for Wales and approve action required, including improvement plans.
41	40	FULL	REPORTING	Approve HEIW's Reporting Arrangements, including reports on activity and performance to partners and stakeholders and nationally to the Welsh Government where required.

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42	41	FULL	REPORTING	Receive, approve and ensure the publication of HEIW reports, including its Annual Report & Accounts in accordance with directions and guidance issued.

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
	CHAIR		
	VICE CHAIR		
	CHAMPION/ NOMINATED LEAD		

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DELEGATION OF POWERS TO COMMITTEES AND OTHERS[3]

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

Any delegated powers to Board Committees are set out in the Terms of reference of the relevant committee, which are appended to these SOs for the following Committees:

- Audit and Assurance Committee
- Remuneration and Terms of Service Committee
- Education, Commissioning and Quality Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee Terms of Reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Board's Scheme of Delegation to Committees.

[3]As defined in Standing Orders

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SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The HEIW Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Director of Finance and Corporate Services and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the SHA's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Representation in statutory partnerships	Chief Executive
Performance Management arrangements	Deputy Chief Executive and Director of Workforce & OD ~~Director of Planning, Performance and Corporate Services~~
Receipt and opening of quotations	Director of Finance and Corporate Services
Land, Buildings and assets	Director of Finance and Corporate Services ~~Director of Planning, Performance and Corporate Services~~
Facilities Management	Director of Finance and Corporate Services ~~Director of Planning, Performance and Corporate Services~~
Sustainable Development	Director of Finance and Corporate Services ~~Director of Planning, Performance and~~
Health, Safety & Fire	Director of Finance and Corporate Services ~~Director of Planning, Performance and Corporate Services~~
I M & T	Director of Digital
Senior Information Risk Owner (SIRO)	Board Secretary
CRB checks	Deputy Chief Executive and Director of Workforce & OD
Data Protection	Director of Digital

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DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Equality & Human Rights	Deputy Chief Executive and Director of Workforce & OD
Issuing tenders and post tender negotiations	Chief Executive/ Director of Finance and Corporate Services
Budgetary delegation arrangements	Director of Finance and Corporate Services
Banking arrangements	Director of Finance and Corporate Services
Ex-gratia payments	Director of Finance and Corporate Services
Losses and special payments	Director of Finance and Corporate Services
Professional advice on supply of goods and services	Director of Finance and Corporate Services
External Communications incl. Media enquiries	Chief Executive, supported by Board Secretary
Healthcare Standards	Director of Nurse and Health Professional -Education / Medical Director
Risk Management	Board Secretary
Legal Claims	Director of Finance and Corporate Services
Caldicott Guardian	Medical Director
Freedom of Information Act	Board Secretary
Welsh Language	Board Secretary
Legal advice	Board Secretary

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DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Receipt and opening of tenders	Board Secretary
Civil Contingencies /Emergency Planning	~~-~~Deputy Chief Executive and Director of Workforce & OD~~Director of Planning, Performance and Corporate Services~~
Variation of Funded Establishment	Chief Executive
Responsible Officer for medical trainees	Medical Director

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in Standing Financial Instructions.

Each Executive Director is responsible for delegation within their department. They should produce a scheme of delegation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.

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Delegated Financial Limits

Post	Education and Training Contracts	Education and Training Invoices	Revenue (Other Than Education & Training Contracts)	Capital
Board	Above £5m		No Limit	No Limit
Chief Executive	up to £5m	No Limit (subject to Appropriate Contract Approval). NWSSP monthly payments for Single Lead Employer(SLE) £4m.	£250,000	£100,000
Deputy Chief Executive (when acting in that capacity)	up to £5m	No Limit (subject to Appropriate Contract Approval). NWSSP monthly invoices for SLE £4m.	£250,000	100,000
Director of Finance and Corporate Services	up to £2m	£2m	£100,000	£100,000
Director of Nurse and Health Professional Education & Medical Director within delegated budget area		£500,000	£50,000	
Executive Directors within delegated directorate budget area, Director of Digital ~~and Director of Planning, Performance and Corporate Services~~			£50,000	
Deputy Director of Finance		£50,000	£50,000	
Delegated Budget Managers (within delegated budget area)			£25,000	

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Delegated Budget Managers (within delegated budget area)			£10,000	
Delegated Budget Managers (within delegated budget area)			£5,000	
Delegated Budget Managers (within delegated budget area)			£1,000	

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Schedule 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Schedule forms part of, and shall have effect as if incorporated in the HEIW Standing Orders

HEIW Framework

The HEIW governance and accountability framework comprises these SOs, incorporating schedules of Powers reserved for the Board and Delegation to others, together with the following documents:

- ***SFIs***
- ***Values and Standards of Behaviour Framework***
- ***Risk and Assurance Framework***
- ***Key policy documents agreed by the Board including:***

  - Policies, procedures and other written control documents policy and procedure;

  Equality and Human Rights Policy

  - Welsh Language Scheme;

These documents must be read in conjunction with the SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of HEIW business are also issued in hard copy, usually under cover of a Ministerial Letter.

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Schedule 3

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the HEIW Standing Orders

The HEIW Shadow Board has agreed initially to set up two committees:

Audit and Assurance Committee; and
Remuneration and Terms of Service Committee

The Terms of Reference and Operating arrangement for each Committee is detailed below:

Audit and Assurance Committee

The **Audit and Assurance Committee** is responsible for reviewing the system of governance and assurance established within HEIW and the arrangements for internal control, including risk management, for the organisation and, in particular, advises on the Annual Governance Statement signed by the Chief Executive.

The Committee also keeps under review the risk approach of the organisation and utilises information gathered from the work of the Board, its own work, the work of other Committees and also other activity in the organisation in order to advise the Board regarding its conclusions in relation to the effectiveness of the system of governance and control

The Committee also has the role of providing *assurance* to the Board in relation to the arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information in accordance with its stated objectives, legislative responsibilities, e.g., the Data Protection Act, General Data Protection Regulations and Freedom of Information Act; and any relevant requirements and standards determined for the NHS in Wales.

Remuneration and Terms of Service Committee

The **Remuneration and Terms of Service Committee** has the purpose of providing advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government and provide *assurance* to the Board in relation to HEIW arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

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Education, Commissioning and Quality Committee

The **Education, Commissioning and Quality Committee** has the purpose to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.

- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its education systems and assurance framework may be strengthened and developed further.

- Recommend to the Board education training plans including investment in new programmes and disinvestment in others. .

- Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.

- **Recommend** the specification of tender documents in respect of Education to the Board

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Standard Terms of Reference and Operating Arrangements for all Committees of the Board

Date: ~~1 October 2018~~28 July 2022	**Version:** ~~Draft 1.0~~2
Review Date: Annually	

1. Introduction:

Section 3.1 of the HEIW standing orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".

In line with Section 3.3 of the standing orders, the Board shall as a minimum nominate annually committees which cover the following aspects of Board business:

- Audit and Assurance;
- Remuneration and Terms of Service; and
- Education, Commissioning and Quality Committee

This document includes content common to all committees and should be read alongside the specific terms of reference and operating arrangements for each committee.

The provisions of Section 5 of the Standing Orders have also been taken into account when developing the committee Terms of Reference. This relates to transparency of meetings, planning board/committee business, setting agenda's etc.

2. Authority:

Each Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Authority relevant to the Committee's remit, ensuring staff confidentiality, as appropriate. It may seek relevant information from any:

- employee (and all employees are directed to co-operate with any reasonable request made by the Committee); and
- any other Committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

Each Committee is authorised by the Board to obtain outside legal or other

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independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

3. Sub-Committees and Groups

Each Committee may, subject to the approval of the Board, establish sub-committees or groups to carry out on its behalf specific aspects of Committee business.

4. Membership and Attendees:

4.1 Secretariat

As determined by the Board Secretary.

4.2 Member Appointments

- The second and third paragraph of this section 4.2 shall not be applicable to the Remuneration and Terms of Service Committee as section 4.1 of the same Committee's Terms of Reference shall take precedence.

- The membership of each Committee shall be determined by the Board, based on the recommendation of the Chair - taking account of the balance of skills and expertise necessary to deliver each Committee's remit and subject to any specific requirements or directions made by the Welsh Government. The Board shall ensure succession planning arrangements are in place.

- Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should, as a matter of good practice, review the membership of each Committee every two years in order to ensure each Committee is refreshed on a regular basis whilst maintaining continuity.

- Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) will be in accordance with their terms of appointment to HEIW. Where a member has been co-opted to fulfil a specific function and where they are not Independent Members or employees of HEIW this will be determined by the Board, based upon the recommendation of the Chair and on the basis of advice from the Remuneration and Terms of Service Committee.

4.3 Support to Committee Members

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The Board Secretary, on behalf of each Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect relating to the conduct of their role; and

- Ensure the provision of a programme of organisational development for Committee members as part of the overall Organisational Development programme developed by the Deputy Chief Executive.

4.4 Withdrawal of individuals in attendance

Each Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

Members and attendees will also withdraw from the meeting, as appropriate, where there is a conflict of interest or a potential conflict of interest.

5. Relationships and accountabilities with the Board and its Committees/Groups[4]

Although the Board has delegated authority to the Committees for the exercise of certain functions, as set out within each Committee's terms of reference, it retains overall responsibility and accountability for ensuring a strategic approach to developing the Welsh health workforce for now and for the future through the effective governance of the organisation.

Each Committee is directly accountable to the Board for its performance in exercising the functions set out in each Committee's terms of reference.

Each Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information.

Through acting in accordance with the preceding paragraph, each Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- Each Committee shall embed HEIW values, corporate standards, priorities and requirements through the conduct of its business.

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4 Reference to the Board's Committees/Groups incorporates its sub committees, joint committees and joint sub committees as well as other groups, such as Task and Finish Groups, where this is appropriate to the remit of the Committee.

6. Reporting and Assurance Arrangements:

Each Committee Chair shall:

- bring to the Board's specific attention any significant matters under consideration by their Committee

- ensure appropriate escalation arrangements are in place to alert the Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent or critical matters that may affect the operation and/or reputation of HEIW.

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports when appropriate, as well as the presentation of an annual report;

The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, or to community partners and other stakeholders, where this is considered appropriate. This could be where the Committee's assurance role relates to a joint or shared responsibility.

The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of each Committee's performance and operation including that of any sub committees established and groups.

English Catherine
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Terms of Reference and Operating Arrangements
Audit and Assurance Committee

Date: ~~October 2020~~July 2022

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers Audit. This remit of this Committee will be extended to include Assurance and Corporate Governance and will be known as the **Audit and Assurance Committee**.

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

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees.

2. Purpose

The purpose of the Audit and Assurance Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place, through the design and operation of HEIW's assurance framework, to support them in their decision taking and in discharging their accountabilities for securing the achievement of its objectives, in accordance with the standards of good governance determined for the NHS in Wales

- Where appropriate, the Committee will **advise** the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further

- ***Approve*** on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation.

3. Delegated Powers

With regard to its role in providing advice to the Board, the Committee will comment specifically on the:

- adequacy of HEIW's strategic governance and assurance framework, systems and processes for the maintenance of an effective system of governance, internal control, and risk management across the whole organisation's activities, designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement, providing reasonable assurance on:

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- the organisations ability to achieve its objectives
- compliance with relevant regulatory requirements and other directions and requirements set by the Welsh Government and others
- reliability, integrity, safety and security of the information collected and used by the organisation
- the efficiency, effectiveness and economic use of resources
- the extent to which the organisation safeguards and protects all its assets, including its people.

In undertaking its work and responsibility the Committee will comment specifically on:

- Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate)
- accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors
- Schedule of Losses and Special Payments
- planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports)
- adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity
- anti-fraud policies, whistle-blowing (raising concerns) processes and arrangements for special investigations
- issues upon which the Board, its Committees or the Chief Executive may seek advice
- contracting and tendering process
- provide assurance and undertake scrutiny of ensuring value for money

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

- all risk and control related disclosure statements, in particular the Annual

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Governance Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board

- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements

- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements

- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on the:

- comprehensiveness of assurances in meeting the Board and the Chief Executives assurance needs across the whole of HEIW activities;

- the reliability and integrity of these assurances

To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Chief Executive through the Committee

- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Chief Executive through the Committee

- there is an effective improvement function that provides appropriate assurance to the Board and the Chief Executive

English Cabinet Office
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- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Chief Executive or through the work of the Board's committees

- the work carried out by key sources of external assurance, in particular, but not limited to HEIW's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity

- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply

- systems for financial reporting to the Board, including those of budgetary control, are effective

- results of audit and assurance work specific to HEIW, and the implications of the findings of wider audit and assurance activity relevant to the HEIW's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements

The Committee will review and agree the programme of work on an annual basis and will recommend it to the Board for approval.

4. Access

The Head of Internal Audit and the Auditor General and his representatives shall have unrestricted and confidential access to the Chair of the Audit and Assurance Committee at any time, and vice versa.

The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

The Chair of the Audit and Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Membership, Attendees and Quorum

5.1 Members

A minimum of three members, comprising:

Chair	Independent Member
Vice Chair	Independent Member
Members	Independent Members

The Chair of the organisation shall not be a member of the Audit and

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Assurance Committee but may be invited to attend by the Chair of the Committee as appropriate.

5.2 Attendees

In attendance:

Director of Finance and Corporate Services
Board Secretary
Head of Internal Audit (or representative)
Local Counter Fraud Specialist
Representative of the Auditor General for Wales
Head of Financial Accounting

In addition to this others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

5.3 Quorum

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

6. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business. The External Auditor or Head of Internal Audit may request that the Chair convene a meeting if they consider this necessary.

7. Relationships and accountabilities with the board and its Committees/Groups:[5]

The Audit and Assurance Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Audit and Assurance Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising

English Canterbury 27/07/2022 07:16:39

5 Reference to the Board's Committees/Groups incorporates its sub committees, joint committees and joint sub committees as well as other groups, such as Task and Finish Groups, where this is appropriate to the remit of this Audit and Assurance Committee

the Board on the adequacy of HEIW's overall framework of assurance.

8. Reporting and Assurance Arrangements

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

English Catherine
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Remuneration and Terms of Service Committee
Terms of Reference and Operating Arrangements

Date: 1 October 2018	**Version:** Draft 1.0
Review Date: Annually	

1. Introduction

In line with Section 3 of the Standing Orders and HEIW's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Remuneration and Terms of Service Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all Committees.

2. Purpose

The purpose of the Remuneration and Terms of Service Committee ("the Committee") is to provide:

- **advice** to the Board on remuneration and terms of service and performance for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government
- **assurance** to the Board in relation to HEIW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

The Committee shall have no powers to exercise on behalf of the Board.

3. Delegated Powers

With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

- remuneration and terms of service for the Chief Executive, Executive Directors, members of the Executive Team and other Very Senior Managers (VSMs); ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently
- objectives for Executive Directors and members of the Executive Team and their performance assessment
- performance management system in place for those in the positions mentioned above and its application
- proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.

English Catherine
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4. Membership, Attendees and Quorum

4.1 Members

Chair: HEIW Chair

Members: Every Independent Member of HEIW

4.2 By Invitation As required but usually to include:
Chief Executive
Deputy Chief Executive
Director of Finance
Board Secretary

The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- any other official;
- and/or any others from within or outside the organisation

4.3 Quorum

At least **three** members must be present to ensure the quorum of the Committee, one of whom must be the Chair (or Vice Chair where appointed).

5. Frequency of Meetings

The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the annual plan of Board Business.

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Education, Commissioning and Quality Committee
Terms of Reference and Operating Arrangements

Date: ~~October 2021~~July 2022 | **Version: 2**

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers education, education commissioning and quality management of education provision and contracts. This Committee will be known as the Education, Commissioning and Quality Committee.

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

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.

2. Purpose

The purpose of the Education, Commissioning and Quality Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.
- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its education systems and assurance framework may be strengthened and developed further.
- Recommend to the Board education training plans including investment in new programmes and disinvestment in others. .
- Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.
- **Recommend** the specification of tender documents in respect of Education to the Board

3. Delegated Powers

With regard to its role in providing advice to the Board, the Committee will:

i. Provide assurance to the Board as to the effective management

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and improvement of the quality of HEIW's education and related research activities.

ii. Recommend to the Board areas for investment/disinvestment in education and training plans taking into account value-based commissioning.

iii. Recommend to the Board the national annual education and training plan.

iv. Alert the Audit and Assurance Committee and the Board to any matters requiring governance action and oversee such action on behalf of the Board.

v. Oversee the development, implementation and updating of strategies, policies, structures and processes for the governance of education and training which shall including taking a forward looking and strategic view.

vi. Seek assurance of the effective performance, monitoring, management and value of education and training programmes and contracts, including the identification and management of related risk.

vii. Monitor compliance of education and training activities with:

a. statutory and regulatory requirements, including equity, equality legislation and Welsh language requirements and;

b. with NHS Wales policy and other relevant policies and HEIW's priorities in relation to equity, equality and diversity, person-centred care and participation, and educational quality.

viii. Monitor HEIW's compliance with delegated responsibilities given to it by health regulators i.e. GMC, GDC and GPhC as delegated to HEIW.

ix. Promote collaboration within HEIW and with external agencies in relation to educational and training governance which shall include wellbeing.

x. To work collaboratively with other HEIW Board standing committees.

xi. Scrutinise the specification of education tender documents.

xii. Recommend the specification of tender documents to the Board for Education.

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xiii. Recommend undertaking research on Education, Quality and Commissioning to the Board.

xiv. Engage with Board Development Sessions with regards to making recommendations on strategic matters relating to Education Commissioning and Education Quality.

xv. Seek assurance in respect of risk areas within its area of responsibility and highlight material areas of concern to the Audit and Assurance Committee.

xvi. Highlight any issues out of the ordinary to the Board.

The Committee will review and agree its forward work programme on an annual basis and will recommend it to the Board for approval.

4. Membership, Attendees Quorum and Term

4.1.1 Members

A minimum of two members, comprising of at least:

- Chair: Independent Member
- Vice Chair: Independent Member

The Chair of the organisation shall not be a member of the Committee but may be invited to attend by the Chair of the Committee as appropriate.

4.1.2 Deputy Independent Member

The Board may appoint a Deputy Independent Member for the Committee. Where a member of the Committee is unable to attend a Committee meeting, then the nominated Deputy may attend in his or her absence as a member of the Committee. If a Deputy attends a Committee as a member of the Committee then the Deputy shall be included for the calculation of a quorum and may exercise voting rights.

4.2 Attendees

In attendance:

- Director of Nurse and Health Professional Education
- Medical Director
- Director of Finance and Corporate Services
- Board Secretary
- Deputy Director of Education, Commissioning and Quality
- Postgraduate Dental Dean

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- Postgraduate Pharmacy Dean
- Postgraduate Medical Dean

In addition to this, others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

4.3 Quorum

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

4.4 Terms

Immediately following the establishment of HEIW the Members shall be appointed for an initial period of two years. Thereafter Members shall be appointed for a term of one year.

5. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business.

6. Relationships and accountabilities with the Board and its Committees/ Groups

The Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will maintain effective working relationships with HEIW'S Audit and Assurance Committee (AAC), and with HEIW's other Board committees and subcommittees. To strengthen liaison with the AAC, one Independent Member will serve on both committees.

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Meeting Date	**28 July 2022**	**Agenda Item**	**4.4**
Report Title	**Amendment to the HEIW Risk Management Policy**		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To highlight proposed changes to HEIW's Risk Management Policy.		
Key Issues	The Risk Management Policy is reviewed by the Audit and Assurance Committee and the Board annually. Internal Audit's report on HEIW's risk management processes and procedures, which provided an assessment of substantial assurance, made two recommendations to amend our Risk Management Policy. The amended draft policy, which incorporates these recommendations, is attached at Appendix 1. The proposed amendments were considered and supported at the meeting of the Audit and Assurance Committee held on 12 July 2022. The Board is asked to review and approve the updated Risk Management Policy.		

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

Recommendations	The Board is asked to: • **Review** and **approve** the updated Risk Management Policy (Appendix 1).

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REVIEW OF THE RISK MANAGEMENT POLICY

1. INTRODUCTION

This report sets out to highlight proposed changes to HEIW's Risk Management Policy (Appendix 1) and to seek approval for the same.

2. BACKGROUND

HEIW's Risk Management Policy is reviewed by the Audit and Assurance Committee and Board annually.

Internal Audit's report on HEIW's risk management processes and procedures, which provided an assessment of substantial assurance, made two recommendations to amend HEIW's Risk Management Policy which are outlined below.

The proposed amendments were considered and supported at the meeting of the Audit and Assurance Committee held on 12 July 2022.

3. PROPOSAL

The Internal Audit recommendations, together with the proposed amendments to HEIW's Risk Management policy, are detailed below:

Recommendation	**Amendment**
The section referencing the study package within the Risk Management Policy should be amended accordingly to reflect the actual processes in place	HEIW Risk Management Policy to be amended to reflect the actual process where staff receive face to face training. New wording inserted at para 1.7: *'Staff are introduced to risk management as a part of the induction process. Staff who are required to populate a risk register, are required to attend a face to face training session.'* .
A clear link should be made within the risk registers to ensure that risks are linked to strategic/operational objectives.	HEIW Risk Management Policy to be amended to clarify that the Corporate Risk template includes reference to HEIW's 6 Strategic Aims. See new explanatory wording at para 1.4: *'To support the delivery of our strategic aims and objectives HEIW's template risk register (annex 2) includes a column on strategic aims. This is to ensure that there is a clear link between our strategic aims and our risks.'*

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	Page 14. Annex 2. HEIW Risk Register template amended to include a column on Strategic Aims.

4. GOVERNANCE AND RISK ISSUES

The Risk Management Policy sets out the basis for HEIW to manage and mitigate risk together with focussing on achieving its objectives

5. FINANCIAL IMPLICATIONS

There are no financial implications for the Board to consider. Risk Management is a core requirement for HEIW.

6. RECOMMENDATION

The Board is asked to:

- **Review** and **approve** the updated Risk Management Policy (Appendix 1).

Governance and Assurance			
Link to IMTP strategic aims ***(please ✓)***	**Strategic Aim 1:** To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	**Strategic Aim 2:** To transform healthcare education and training to improve opportunity, access and population health.	**Strategic Aim 3:** To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care.	**Strategic Aim 5:** To be an exemplar employer and a great place to work	**Strategic Aim 6:** To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
Effective management of risk will support HEIW in the delivery of its objectives and will support NHS Wales in the delivery of Quality, Safety and Patient Experience.			
Financial Implications			
There are no financial implications associated with this report. Risk management is a core requirement for HEIW.			
Legal Implications (including equality and diversity assessment)			
None			
Staffing Implications			
None			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
None			
Report History	HEIW's Risk Management Policy is reviewed by the Audit and Assurance Committee and the Board annually.		
Appendices	Appendix 1 – Draft Risk Management Policy		

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RISK MANAGEMENT POLICY

Executive Sponsor & Function: Board Secretary

Document Author: Board Secretary

Approved by: HEIW Board

Approval Date: ~~30~~ July 2022~~0~~

Scope:

1.2 This Risk Management Policy and any arrangements made under it applies to:

- all persons employed or engaged by Health Education and Improvement Wales (HEIW) including part time workers, temporary and agency workers and those holding honorary contracts.
- Visitors, contractors and volunteers.

Other NHS Health Boards and Trusts will have their own health and safety policies which will apply to HEIW staff working in NHS premises elsewhere across Wales.

Date of Equality Impact Assessment: [~~19/04/19~~/29/6/22]

Equality Impact Assessment Outcome:

~~This policy has been screened for relevance to equality.~~ No potential negative impact has been identified. ~~so a full equality impact assessment is not required.~~

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Review Date: July 2022~~1~~

Version: v~~3~~2

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Policy Statement

Health Education Improvement Wales (HEIW) recognises that no organisation can operate in a risk free environment. Risk however is not something to be feared, rather if it is understood and managed properly it can benefit the organisation, its staff and key stakeholders. The purpose of this pPolicy is to lay the foundations for an effective risk management system.

HEIW will manage risks at all levels. Strategic risks will be identified by the Board and managed by the Executive Team, whereas operational risks will be identified and managed at the most appropriate level. The organisation will maintain a risk management system which will enable and empower staff to identify, assess, manage and where appropriate exploit risks to the benefit of HEIW.

Policy Commitment

HEIW is committed to the effective management of risk throughout the organisation, and will develop and maintain the appropriate systems to allow such management. The organisation will lay out clearly the roles and responsibilities of all staff when it comes to the management of risk. All staff are required to understand their role and responsibilities and to comply with the requirements of both this policy and all relevant processes.

All staff will be expected to use the appropriate corporate systems for risk management. At the time of developing this policy HEIW's risks are managed through the use of risk registers (for operational risk) and the Board Assurance Framework for strategic risks. Health and safety risks are however, managed through Datix.

All Senior staff and managers are required to attend -mandatory training -in Corporate Risk Management.

Introduction

This policy introduces the HEIW position and expectations in relation to risk management. The document outlines the roles and responsibilities of staff and how they will be trained, and describes the way HEIW categorises risk and the risk architecture of the organisation.

Section 1 – General

1.1 Scope

This is a Policy which is intended to cover the identification, assessment and management of risk in all forms. The policy and associated procedures relating to risk and will apply to all staff, contractors and visitors.[1]

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[1] In the interests of brevity, the term 'staff' is used throughout this document to refer to staff, contractors, agency staff, trainees, volunteers, and secondees and visitors.

1.2 Aim

The aim of this document is to outline the high level arrangements within which HEIW will achieve a holistic and effective approach to risk management.

1.3 Objectives

This policy will:

- Detail the specific roles and responsibilities for those staff who are charged with the management of risk;
- List the specific policies which HEIW will publish to ensure that all staff understand what is required of them;
- Outline the training requirements for staff;
- Explain the arrangements for complying with all relevant legislation.

1.4 Strategic Context

HEIW is required annually to produce an Integrated Medium Term Plan (IMTP), which details what the organisation plans to do over the coming years. The plan sets out the organisational priorities and sets strategic aims and objectives. In order to deliver these strategic aims and objectives, it is necessary to understand the environment in which we operate, and to have clear visibility on what might get in the way of our delivering them. This is why an effective Risk Management System is necessary.

Risk Management starts at the top of the organisation, with the Board setting our direction and our risk appetite, and then permeates down through every level.

To support the delivery of our strategic aims and objectives HEIW's template risk register (annex 2) includes a column on strategic aims. This is to ensure that there is a clear llnk between our strategic aims and our risks.

1.5 Roles and Responsibilities

1.5.1 HEIW Board

The role of the Board is to govern HEIW effectively. For the Board to discharge its responsibilities, it needs to receive assurances that the organisation is effectively managing its risks to ensure delivery of its mission and objectives. One of the principle assurance tools for the Board is the Board Assurance Framework (BAF).

The Board will receive the BAF once per year for the purpose of scrutiny and challenge. Through the scheme of delegation, the Audit and Assurance Committee meetings will also receive the BAF once per year.

The Corporate Risk Register is focussed on HEIW's key objectives and identifies the principal risk and key controls. Given this the Corporate Risk Register shall be the vehicle for providing regular assurance for the BAF. The Corporate Risk Register shall be reviewed by the Board twice a year and by the Audit and Assurance Committee on a quarterly basis.

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1.5.2 Chief Executive

The Chief Executive is the responsible officer for HEIW and is accountable for ensuring that HEIW can discharge its legal duty for all aspects of risk. As the accountable officer, the Chief Executive has overall responsibility for maintaining a sound system of internal control, as described in the annual governance statement. Operationally, the Chief Executive has designated responsibility for implementation of this policy to the Board Secretary.

1.5.3 Board Secretary

Is responsible for:

- operational implementation of the risk management policy;
- as the Senior Information Risk Owner (SIRO), ultimate responsibility lies here for information risk management;
- development of policies and procedures relating to the above;
- development and ongoing review of the Board Assurance Framework;
- ensuring that the Board and its Committees receive the appropriate reports and assurance for consideration.

1.5.4 Executive Directors

Are responsible for:

- the management of risk both collectively as the Executive Team and at a Directorate level for the risks specifically relating to their directorate;
- assuming ownership of risks assigned to them in either the Board Assurance Framework or the Corporate Risk Register and reporting as required to the Executive Team and the Board and its committees on the management of that risk;
- appointing of enough resource for their Directorate to enable effective management of their risks;
- the individual Directorate Risk Register.

1.5.5 Deputy Chief Executive / Director of Workforce and Organisational Development

In addition to the Executive Director responsibility is also responsible for:

- Executive Team level management of risk in relation to both Health and Safety and Business Continuity.

1.5.6 Directorate Managers

Directorate Managers are responsible for:

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- assuming ownership of risks which are assigned to them in the Directorate Risk Registers and reporting as required to their Executive Director on the management of that risk;
- supporting their Directorate risk owners in the management of risk;

- ensuring that new risks are assigned an owner, correctly articulated and assessed by their owner.

1.5.7 All staff

All HEIW staff are responsible for identifying and reporting anything which they believe could present a risk to our business functions or people.

1.6 Allocation of Responsibility for a Risk

Executive Directors shall take responsibility for managing risks within their Directorates. Where a risk arises from a project, programme or matter undertaken on a cross-Directorate basis the risk will be allocated to the Executive Lead as detailed within the IMTP.

1.7 Training

Level 1 – Staff Required to Report Risks

Whilst there are many different training requirements for specific aspects of risk management (e.g. Health and Safety, Fire, Information Governance), there is no mandatory training requirement for Risk Management in the broader context. ~~All staff who need to report a risk are signposted to a short self-directed study package which will cover the basics of identifying, articulating and reporting risks.~~ Staff are introduced to risk management as a part of the induction process. Staff who are required to populate a risk register are required to attend a face to face training session.

Level 2 – Risk Owners

Face to face training will be delivered to Risk Owners and is aimed at Executive Directors, other members of the senior leadership team and managers who need to understand the implications of risk ownership, risk appetite, risk decision making and the escalation of risk.

Level 3 – SIRO and other specialist roles

This will be bespoke training required for those charged with managing the Risk Management System.

Section 2 – Categories of Risk

2.1 Strategic Risk

These are the highest level risks that could threaten the organisation's ability to deliver on the strategic priorities, as laid out in the Integrated Medium Term Plan (IMTP). Strategic Risks are identified at Board level during the annual development of the IMTP. All strategic objectives are assigned an Executive Lead within the IMTP. This person will review their strategic risks and associated action plans on a regular basis and provide updates to both the Executive Team and the Board.

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2.2 Corporate Risk

Corporate Risk in all its forms is subject of this policy.

The term Corporate Risk is used in HEIW to encompass all of the operational risks that pose a direct risk to the day to day business of the organisation, or could lead to Directorates failing to meet their objectives. This can include:

- Operational Risk
- Project / Programme Risk
- Educational Risk
- Financial Risk
- Public Relations Risk

All these risks will be captured and managed through risk registers and a system of policies and procedures.

2.3 Health and Safety Risk

Health and Safety Risk is subject to a specific policy.

Health and Safety is a complex area of legislation one requirement of which is for the organisation to have a Health and Safety Policy. Senior management of Health and Safety Risk is the responsibility of the Director of Workforce and Organisational Development.

2.4 Information Risk

Information Risk is subject to a specific policy.

Information Risk Management is an integral element of good Information Governance. It encompasses numerous disciplines, including use of IT systems, management of paper records, cyber security and physical security of our facilities. Information Risk Management is the responsibility of the SIRO.

2.5 Service or Business Continuity Risk

Business Continuity Risk is subject to a specific policy.

Business Continuity risks are those derived from those possible events which threaten the organisation's ability to deliver its key products and services.

Most Business Continuity risks will tend to be high impact / low likelihood events.

Business Continuity Risk Management is the responsibility of the Director of Workforce and Organisational Development.

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2.6 Fraud Risk

The Local Counter Fraud Service (LCFS) must be notified of any identified fraud risks promptly.

Section 3 – Management of Risk

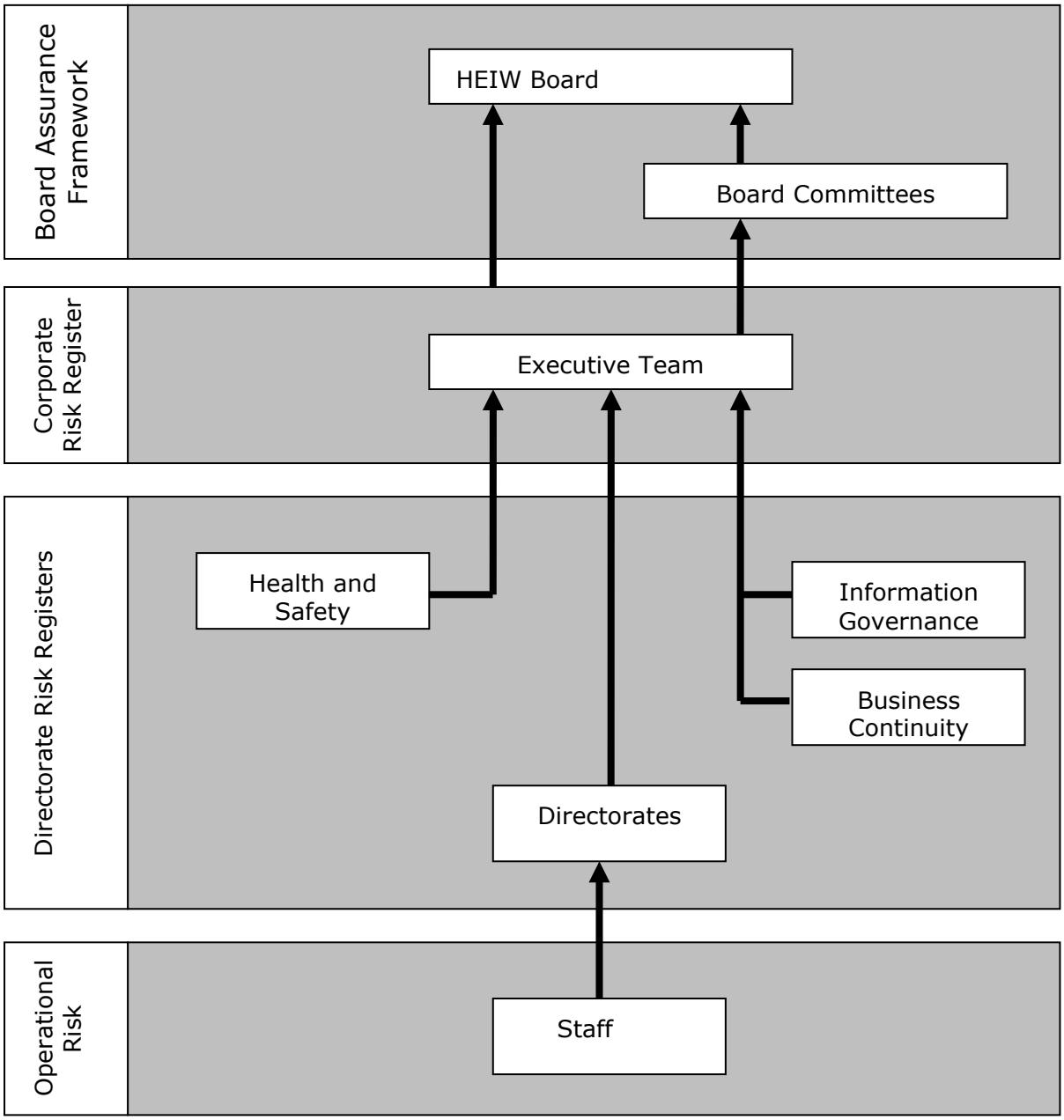
Introduction

This section gives an overview of how risk is managed throughout HEIW.

3.1 Risk Architecture

The risk architecture is the structure within which an organisation manages risk. The risk architecture within HEIW is shown below.

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3.2 Risk Appetite

HEIW's risk appetite is set on an annual basis by the Board, when the decisions are being made around the organisation's strategic priorities for the following year. The purpose of setting the risk appetite is to ensure that all staff throughout HEIW are aware of it and understand the amount of risk to which the organisation is prepared to be exposed whilst going about their day to day business. HEIW's Risk Appetite levels are detailed in Annex 1.

3.3 Identification and Capturing of Risks

All staff should be aware of the potential for risks to emerge which may affect the business and all staff should be prepared to identify and report risks as appropriate. When a possible risk is identified, staff should normally discuss it first with their line manager. This is to avoid duplication of effort, as sometimes risks are identified which are already being managed but have perhaps been articulated differently.

Once it is confirmed that a new risk has been identified, the details should be correctly identified and assessed.

The risk will then be transferred to one of a series of risk registers, depending on the seriousness of the risk. Generally, risk should be managed at the lowest level possible, proportionate to the level of exposure to which the risk.

3.4 Risk Registers

A Risk Register is simply a visual representation of the identified risks, together with an assessment of their severity, the risk management measures in place, the control environment and any further actions which are planned or required. The register is a snapshot of the risk information at the moment it is taken.

HEIW's risk registers will utilise the risk assessment, risk appetite and scoring method outlined in Annex 1. HEIW's template risk register is attached at Annex 2. All HEIW Directorate Risk Registers shall use the template attached at Annex 2. All HEIW programme and project risk register will use this template as the basis for their risk register.

3.5 Ongoing Risk Management

Once a risk has been properly identified, articulated and assessed it can then be managed.

3.6 Escalation

As previously stated, to be effective, risk needs to be managed at the lowest appropriate level. A risk that is deemed sufficiently material by its lead Director may be escalated onto the Directorate Risk Register. A risk will be escalated from the Directorate Register to the Corporate Risk Register when the Directorate either have concerns about their capacity or authority to manage the risk, or they do not have the resources (e.g. budget, staff etc) to manage it, risk requires co-operation across directorates, or it is deemed to represent a significant public relations risk.

Enw'r cais a'r ffurflen
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Not having capacity or authority to manage a risk should not be viewed as a lack of capability, but rather a recognition that a risk is either so severe that it needs to be managed at a higher level, or possibly that it transcends more than one area of business or Directorate. It is anticipated, although this is not a binding requirement, that such a risk when being escalated onto the Corporate Risk Register will have a minimum risk score of 14.

In the event of a requirement to escalate a risk, from the Directorate Risk Register to the Corporate Risk Register, the matter will require the approval of the Executive Team.

3.7 Removal

The removal of a risk from the Corporate Risk Register shall require the approval of the Audit and Assurance Committee.

Risk should not be removed from the system until such time as the risk has been eliminated. Risks may reduce in their importance over time, and so may be de-escalated down to an appropriate level of management.

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Annex 1

Risk Assessment and Scoring

In order to effectively assess a risk, it is necessary to consider two factors: Likelihood and Impact.

HEIW utilises a common form of risk scoring referred to as a 5x5 risk matrix. Likelihood and Impact are assessed on a scale of 1 to 5, and then the two scores are multiplied together to arrive at the final risk score.

As scoring is a subjective process guidance is provided through the tables below.

Risk Scoring Matrix

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

LIKELIHOOD						
	Probable	**5**	**10**	**15**	**20**	**25**
	Likely	**4**	**8**	**12**	**16**	**20**
	Possible	**3**	**6**	**9**	**12**	**15**
	Unlikely	**2**	**4**	**6**	**8**	**10**
	Rare	**1**	**2**	**3**	**4**	**5**
		Negligible	**Minor**	**Moderate**	**Major**	**Critical**

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Risk Appetite Levels

Appetite Level	Described as:	What this means
None	Avoidance of risk and uncertainty is a key organisational objective.	Avoidance of loss is key objective, play safe, avoidance of developments. Priority for tight controls and oversight.
Low	Minimal, or as little as reasonably possible, is preferred for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.	Prepared to accept the possibility of very limited financial loss if essential. Win any challenges re compliance. Innovations avoided unless essential.
Moderate	Cautious is preferred for safe delivery options that have low degree of inherent risk and may only have limited potential for reward.	Prepare to accept some possibility of some financial loss. Limited tolerance for sticking neck out. Tendency to stick with status quo, innovation in practice avoided unless really necessary
High	Open and willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and Value for Money).	Prepared to invest for return & minimise the possibility of financial loss. Value and benefits considered. Gains outweigh adverse consequences. Innovation supported.
Very High	Seek and be eager to be innovative and too chose options offering potentially higher business rewards (despite greater inherent risk). Or also described as mature and confident in setting high levels of risk appetite because controls, forwards scanning and responsiveness systems are robust.	Investing for best possible return & acceptance of possibility of financial loss. Chances of losing any challenge are real and consequences would be significant. Desire to break the mould. High levels of devolved authority – management by trust not control.

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Annex 2 – Template for the HEIW Risk Register

[Risks should be scored on the basis of the Risk Scoring Matrix and Risk Appetite Levels contained within Annex 1]

Date Added	Ref (~~Risk~~ Strategic Aim ~~Area~~)	Risk Description and [Executive/Manager] Owner	Inherent Risk			Risk Appetite	Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If…then… impact…	Impact	Probability	Overall Score	None Low Moder. High V.High	Summary of action to date or proposed action to reduce risk impact or proximity – this should include a deadline or timetable for completing actions	Impact	Probability	Overall Score	R/A/G & trend	
1.		[If …….then ….. impact] **[Insert the name of the owner]**					[please populate this section in accordance with the above guidance]				R	

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Meeting Date	**28 July 2022**	**Agenda Item**	**4.5.1**
Report Title	**Committee Chair's Key Issues Report – Audit and Assurance Committee**		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Gill Lewis, Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee (AAC).		
Key Issues	This report focuses on the key issues raised at the AAC meeting held on 10 June 2022.		

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

Recommendation	The Board is asked to • **note** the content of the report from the Chair of the Audit and Assurance Committee (Appendix 1) for assurance.

English Catherine 27/07/2022 10:08:39

COMMITTEE CHAIRS KEY ISSUES REPORT – AUDIT AND ASSURANCE COMMITTEE HELD 10 JUNE 2022

1. INTRODUCTION

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

2. BACKGROUND

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

3. PROPOSAL

The AAC met on 10 June 2022. Appendix 1 provides the Board with a summary of the areas considered at the meeting. The formal record of the meeting remains the approved minutes of the AAC.

4. GOVERNANCE AND RISK ISSUES

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

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATION

The Board is asked to:

- **note** the content of the report from the Chair of the Audit and Assurance Committee (Appendix 1) for assurance;

Governance and Assurance			
Link to IMTP strategic aims ***(please ✓)***	**Strategic Aim 1:** To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	**Strategic Aim 2:** To transform healthcare education and training to improve opportunity, access and population health	**Strategic Aim 3:** To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop national workforce solutions to support the delivery of	**Strategic Aim 5:** To be an exemplar employer and a great place to work	**Strategic Aim 6:** To be recognised as an excellent partner, influencer and leader

English Catherine 27/07/2022 10:08:39

	national service priorities and high-quality patient care.		
	✓	✓	✓

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

English Catherine
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APPENDIX 1

Meeting Date	**28 July 2022**	**Agenda Item**	**4.5.1**
Freedom of Information	Open		
Reporting Committee	Audit and Assurance Committee		
Report Author	Catherine English, Corporate Governance Manager		
Chaired By	Gill Lewis, Independent Member		
Lead Executive Director	Rhiannon Beckett, Interim Director of Finance		
Date of Last Meeting	10 June 2022		

Summary of key matters considered by the Committee and any related decisions made:

The Committee received and noted the **Annual Accounts 2021/22.** It was noted that there was one correction for a trivial misstatement, and a number of disclosure amendments had been made, as detailed in Appendix 3 of the ISA 260 report. It was confirmed that the amendments did not alter the value of the underspend against capital and revenue allocations, nor the balance on the general fund that had been reported to the Audit and Assurance Committee on 5 May 2022. It was confirmed that Audit Wales intended to issue an unqualified audit report on the 2021/22 Annual Accounts and the Committee recommended the Board approve the audited accounts for 2021/22.

The Committee received and considered the **Annual Accountability Report 2021/22.** In relation to the Remuneration Staff Report, it was noted that the Civil Service Pension Scheme had still not provided the required information to calculate the Deputy Chief Executives' pension benefit for the year. It was agreed the Board Secretary would review the wording of section 1.1 of the Annual Governance Statement and consider whether it should reflect the position as at the date of approval. The Committee recommended the Annual Governance Statement be approved by the Board for submission to Welsh Government by 15 June subject to the comments made.

The Committee received and considered the **Performance Report 2021/22.** The Committee recommended that the Performance Report 2021/22 approved by Board for submission to Welsh Government by 15 June.

The Committee received the **Audit of Financial Statements Report (ISA260) and Letter of Representation** and was pleased to receive the overall unqualified opinion. The Committee noted the report, agreed Audit Wales would check the wording under 'Opinion on Financial Statements' on page 11 of the report; and recommended the ISA260 and final Letter of Representation be considered by the Board on 13 June 2022.

English (United Kingdom) 27/07/2022 11:04:29

The Committee received and noted the **Internal Audit: Final Head of Internal Audit Opinion and Annual Report 2021/22** formally thanking all staff involved for assisting HEIW achieve reasonable assurance for its Internal Audit Plan for 2021/22.

The Committee received the **Bursary Scheme Internal Audit Report** noting that the overall assurance level was reasonable. There was three medium and one low priority recommendations arising from the report.

The Committee received the **Training Programme Directors Internal Audit Report** noting that the overall assurance level was reasonable. There were three medium priority recommendations arising from the report.

The Committee received the **Performance Management and Governance Arrangements Internal Audit Report** noting that the overall assurance level was substantial. There were one medium and two low priority recommendations arising from the report.

The Committee received and noted the **Procurement Compliance Annual Report 2021/22.**

The Committee received and noted the **Procurement Compliance Report** for the period 1 April 2022 to 27 May 2022. It was confirmed that several of the actions included in the Procurement Improvement Action Plan had been re-opened and that the revised plan would be presented to the July Committee for further consideration. It was also noted that work was underway to address the high number of STAs in Pharmacy and Workforce and Organisational Development and that meetings were scheduled with directorates to discuss this further.

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

n/a

Recommendations for Board to consider:

The Committee recommends:

- the Board approve the **Audited Accounts for 2021/22 (Actioned at Board held on 13 June)**.
- the **Annual Governance Statemen**t be approved by the Board for submission to Welsh Government by 15 June subject to the comments made. **(Actioned at Board held on 13 June)**.
- the **Performance Report 2021/22** be approved by Board for submission to Welsh Government by 15 June. **(Actioned at Board held on 13 June)**.

Delegated action by the Committee:

n/a

Main sources of information received:

- Annual Accounts 2021/22
- Annual Accountability Report 2021/22
- Internal Audit: Final Head of Internal Audit Opinion and Annual Report 2021/22
- Training Programme Directors Internal Audit Report
- Performance Report 2021/22
- Audit of Financial Statements Report (ISA260) and Letter of Representation
- Bursary Scheme Internal Audit Report

English Catherine 27/07/2022 10:08:11

• Procurement Compliance Annual Report 2021/22	• Performance Management and Governance Arrangements Internal Audit Report • Procurement Compliance Report
Highlights from sub-groups reporting to this Committee:	
n/a	
Matters referred to other Committees:	
n/a	

English Catherine
27/07/2022 10:08:39

Meeting Date	**28 July 2022**	**Agenda Item**	**4.5.2**
Report Title	**Committee Chair's Key Issues Report – Audit and Assurance Committee**		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Gill Lewis, Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee (AAC).		
Key Issues	This report focuses on the key issues raised at the AAC meeting held on 12 July 2022.		

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

Recommendation

The Board is asked to

- **note** the content of the report from the Chair of the Audit and Assurance Committee (Appendix 1) for assurance;
- **note** the Committee's recommendation for the Board to approve the revised Standing Orders at its meeting on 28 July 2022 (this is a separate agenda item on the July Board agenda);
- **note** the Committee's recommendation for the Standing Financial Instructions to be approved by Board at its meeting on 28 July 2022 (this is a separate agenda item on the July Board agenda);
- **note** the Committee's recommendation for HEIW's Risk Management Policy to be approved by Board at its meeting on 28 July 2022 (this is a separate agenda item on the July Board agenda);
- **approve** the amended Terms of Reference for the Audit and Assurance Committee (Appendix 2).

English Catherine 27/07/2022 10:08:39

COMMITTEE CHAIRS KEY ISSUES REPORT – AUDIT AND ASSURANCE COMMITTEE HELD 12 JULY 2022

1. INTRODUCTION

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

2. BACKGROUND

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

3. PROPOSAL

The AAC met on 12 July 2022. Appendix 1 provides the Board with a summary of the areas considered at the meeting. The formal record of the meeting remains the approved minutes of the AAC.

4. GOVERNANCE AND RISK ISSUES

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

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATION

The Board is asked to:

- **note** the content of the report from the Chair of the Audit and Assurance Committee (Appendix 1) for assurance;
- **note** the Committee's recommendation for the Board to approve the revised Standing Orders at its meeting on 28 July 2022 (this is a separate agenda item on the July Board agenda);
- **note** the Committee's recommendation for the Standing Financial Instructions to be approved by Board at its meeting on 28 July 2022 (this is a separate agenda item on the July Board agenda);
- **note** the Committee's recommendation for HEIW's Risk Management Policy to be approved by Board at its meeting on 28 July 2022 (this is a separate agenda item on the July Board agenda);
- **approve** the amended Terms of Reference for the Audit and Assurance Committee (Appendix 2).

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Governance and Assurance			
Link to IMTP strategic aims ***(please ✓)***	**Strategic Aim 1:** To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	**Strategic Aim 2:** To transform healthcare education and training to improve opportunity, access and population health	**Strategic Aim 3:** To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care.	**Strategic Aim 5:** To be an exemplar employer and a great place to work	**Strategic Aim 6:** To be recognised as an excellent partner, influencer and leader
	✓	✓	✓

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

English Catherine
27/07/2022 10:08:39

APPENDIX 1

Meeting Date	**28 July 2022**	**Agenda Item**	**4.5.2**
Freedom of Information	Open		
Reporting Committee	Audit and Assurance Committee		
Report Author	Catherine English, Corporate Governance Manager		
Chaired By	Gill Lewis, Independent Member		
Lead Executive Director	Rhiannon Beckett, Interim Director of Finance		
Date of Last Meeting	12 July 2022		

Summary of key matters considered by the Committee and any related decisions made:

The Committee received and **noted** the **General Digital Update.** It was highlighted that the digital directorate continued to make good progress across a complex strategic agenda and that there were robust governance systems in place to guide the work programme. The Committee was pleased to note the work underway with Finance to ensure there were sufficient resources to deliver the digital strategy and agreed the Committee would consider the digital reporting arrangements at its meeting in October. The Committee noted the progress of the digital directorate and the key strategic areas of work that the department is taking forward. The Committee also noted the robust governance systems in place to guide the work programme and the initial work that has commenced to map the long term financial requirements to deliver the digital strategy. The Committee noted that given the good progress made in implementing the Digital agenda that there was no longer a need for this matter to be a regular item on the Committee's agenda.

The Committee received the **Information Governance and Information Management Key Issues Report.** The Committee were pleased to note the Information Governance Toolkit Level 2 compliance rating had been confirmed by Digital Health Care Wales and that work would continue to maintain the good practice established. The Committee noted the report for assurance and requested that additional context be provided in future IGIMG reports around the group's aims and objectives.

The Committee received and noted the **Internal Audit Progress Report** and **Audit Wales Progress Report.**

The Committee received and **noted** the **Procurement Compliance Report** for the period 28 May to 15 June 2022. It was noted that one change control notice had been issued during the period and the Committee stressed the importance of keeping the number of Single Tender Actions (STA's) under review.

English Committee 27/07/2022 10:16:39

The Committee received the **Counter Fraud Progress Report** and noted that during the reporting period, Counter Fraud had completed twenty-three days of counter fraud work against the fifty days allocated for HEIW during the 2022/23 financial year. It was explained eight of those days had been spent on fraud

investigation work. The Committee considered whether HEIW had enough contracted days to deliver the counter-fraud agenda and the quality control measures in place to monitor the time allocated to, and outcomes of, fraud investigation work. The Committee will receive an update on the quality control measures in place at a future meeting.

The Committee received and **noted** the **Counter Fraud Annual Report 2021/22.**

The Committee reviewed **HEIW's Standing Orders** which had been updated to reflect changes to HEIW's functions and local amendments. The Committee **recommended** the Board approve the revised Standing Orders at its meeting on the 28 July 2022.

The Committee reviewed the **Standing Financial Instructions (SFI) and Scheme of Delegation.** It was noted that during 2021, Welsh Government issued a set of model SFI's for adoption by all NHS-Wales bodies. As part of the review process, an inconsistency was identified within the document affecting the HEIW procurement notification thresholds, and as a result, the SFIs could not be adopted by the organisation. Welsh Government subsequently issued a revised schedule for the SFIs, which resolved the issue. The Committee recommended the Standing Financial Instructions be approved by Board at its meeting on the 28 July 2022.

The Committee undertook the annual review of the **Risk Management Policy,** noting the proposed changes reflected two recommendations raised by the Risk Management Internal Audit Report. The Committee considered and supported the proposed amendments to the HEIW's Risk Management Policy and recommended that the amended policy be approved at July Board.

The Committee reviewed and approved its **Terms of Reference,** which had been updated to reflect a change in the Director of Finances job title, subject to clarification on whether the reference to the National Assembly for Wales Directions was correct.

The Committee reviewed and noted the **Corporate Risk Register.**

The Committee considered the **Audit Recommendations Tracker** and approved the removal of 14 recommendations assessed as green.

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

n/a

Recommendations for Board to consider:

The Committee recommends

- the Board approve the revised Standing Orders at its meeting on 28 July 2022 (this is a separate agenda item on the July Board agenda).
- the Standing Financial Instructions be approved by Board at its meeting on 28 July 2022 (this is a separate agenda item on the July Board agenda).
- HEIW's Risk Management Policy be approved by Board at its meeting on 28 July 2022 (this is a separate agenda item on the July Board agenda).

English Catherine
27/07/2022 10:08:39

• The Board approve the Terms of Reference for the Audit and Assurance Committee (Appendix 2).
Delegated action by the Committee:
n/a
Main sources of information received:
• General Digital Update Report • Internal Audit Progress Report • Audit Wales Progress Report • Procurement Compliance Report • HEIW's Standing Orders • Standing Financial Instructions (SFI) and Scheme of Delegation • Corporate Risk Register • Audit Recommendations Tracker • Information Governance and Information Management Key Issues Report • Counter Fraud Progress Report • HEIW Risk Management Policy • Counter Fraud Annual Report 2021/22 • Audit and Assurance Committee Terms of Reference
Highlights from sub-groups reporting to this Committee:
n/a
Matters referred to other Committees:
n/a

English Catherine
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Terms of Reference and Operating Arrangements
Audit and Assurance Committee

Date: ~~October 2020~~July 2022

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a Committee which covers Audit. This remit of this Committee will be extended to include Assurance and Corporate Governance and will be known as the **Audit and Assurance Committee**.

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

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees.

2. Purpose

The purpose of the Audit and Assurance Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place, through the design and operation of HEIW's assurance framework, to support them in their decision taking and in discharging their accountabilities for securing the achievement of its objectives, in accordance with the standards of good governance determined for the NHS in Wales

- Where appropriate, the Committee will **advise** the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further

- ***Approve*** on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation.

3. Delegated Powers

With regard to its role in providing advice to the Board, the Committee will comment specifically on the:

- adequacy of HEIW's strategic governance and assurance framework, systems and processes for the maintenance of an effective system of governance, internal control, and risk management across the whole organisation's activities, designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement, providing reasonable assurance on:

  - the organisations ability to achieve its objectives

English Catherine 27/07/2022 10:08:39

- compliance with relevant regulatory requirements and other directions and requirements set by the Welsh Government and others

- reliability, integrity, safety and security of the information collected and used by the organisation

- the efficiency, effectiveness and economic use of resources

- the extent to which the organisation safeguards and protects all its assets, including its people.

In undertaking its work and responsibility the Committee will comment specifically on:

- Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate)

- accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors

- Schedule of Losses and Special Payments

- planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports)

- adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity

- anti-fraud policies, whistleblowing (raising concerns) processes and arrangements for special investigations

- issues upon which the Board, its Committees or the Chief Executive may seek advice

- contracting and tendering process

- provide assurance and undertake scrutiny of ensuring value for money

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

English Catherine
27/07/2022 10:08:19

- all risk and control related disclosure statements, in particular the Annual Governance Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances,

prior to endorsement by the Board

- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements

- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements

- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on the:

- comprehensiveness of assurances in meeting the Board and the Chief Executives assurance needs across the whole of HEIW activities;

- the reliability and integrity of these assurances

To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Chief Executive through the Committee

- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Chief Executive through the Committee

- there is an effective improvement function that provides appropriate assurance to the Board and the Chief Executive

- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Chief Executive or through the work of the Board's committees

English Catherine
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- the work carried out by key sources of external assurance, in particular, but not limited to HEIW's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity

- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply

- systems for financial reporting to the Board, including those of budgetary control, are effective

- results of audit and assurance work specific to HEIW, and the implications of the findings of wider audit and assurance activity relevant to the HEIW's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements

The Committee will review and agree the programme of work on an annual basis and will recommend it to the Board for approval.

4. Access

The Head of Internal Audit and the Auditor General and his representatives shall have unrestricted and confidential access to the Chair of the Audit and Assurance Committee at any time, and vice versa.

The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

The Chair of the Audit and Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Membership, Attendees and Quorum

5.1 Members

A minimum of three members, comprising:

Chair	Independent Member
Vice Chair	Independent Member
Members	Independent Members

The Chair of the organisation shall not be a member of the Audit and Assurance Committee but may be invited to attend by the Chair of the Committee as appropriate.

English Catherine 27/07/2021 10:08:3

5.2 Attendees

In attendance:

Director of Finance and Corporate Services
Board Secretary
Head of Internal Audit (or representative)
Local Counter Fraud Specialist
Representative of the Auditor General for Wales
Head of Financial Accounting

In addition to this others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

5.3 Quorum

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

6. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business. The External Auditor or Head of Internal Audit may request that the Chair convene a meeting if they consider this necessary.

7. Relationships and accountabilities with the board and its Committees/Groups:[1]

The Audit and Assurance Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Audit and Assurance Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will consider the assurance provided through the work of the Board's other committees and sub-groups to meet its responsibilities for advising the Board on the adequacy of HEIW's overall framework of assurance.

8. Reporting and Assurance Arrangements

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

English Canterbury
27/07/2022 6:04:38

1 Reference to the Board's Committees/Groups incorporates its sub committees, joint committees and joint sub committees as well as other groups, such as Task and Finish Groups, where this is appropriate to the remit of this Audit and Assurance Committee

Meeting Date	**28 July 2022**	**Agenda Item**	**4.5.3**
Report Title	**Key Issues Report – Education, Commissioning and Quality Committee**		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Tina Donnelly, Chair		
Freedom of Information	Open		
Purpose of the Report	The report aims to outline discussions undertaken by the Education, Commissioning and Quality Committee.		
Key Issues	This report focuses on the key issues raised at the Education, Commissioning, and Quality Committee meeting held on 15 July 2022.		

Specific Action Required	**Information**	**Discussion**	**Assurance**	**Approval**
			✓	

Recommendations

The Board is asked to:

- **Note** the content of the report for **assurance**
- **Note** the Education, Commissioning and Quality Committee Annual Report 2021/22 for assurance (Appendix 2).
- **Note** the recommendation of the Committee (subject to receipt of additional comments) for the Board to approve the draft Education and Training Plan 2023-24 at its meeting on 28 July 2022 (this is a separate agenda item on the July Board agenda).
- **Approve** that the Multi-Professional Quality and Education Group be decommissioned
- **Approve** the amended Terms of Reference for the Education Commissioning and Quality Committee (Appendix 3).

English Catherine 27/07/2022 10:08:39

KEY ISSUES REPORT – EDUCATION, COMMISSIONING AND QUALITY COMMITTEE, 15 JULY 2022

1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Education, Commissioning and Quality Committee at its meeting on 15 July 2022. The Board is asked to note the summary report from the Chair together with the recommendations made by the Committee.

2. BACKGROUND

The Board will be aware that three committees have been established under HEIW's standing orders; the Audit and Assurance Committee; the Remuneration and Terms of Service Committee, and the Education, Commissioning and Quality Committee. Each Committee will present reports to the Board during the year outlining key discussions, issues and risks discussed during meetings.

3. PROPOSAL

The Education, Commissioning and Quality Committee met on 3 March 2022. Appendix 1 provides the Board with a summary of the areas considered at the meeting. The formal record of the meeting remains the approved minutes.

4. GOVERNANCE AND RISK ISSUES

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

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATION

Members of the Board is asked to:

- **Note** the content of the report for **assurance**
- **Note** the Education, Commissioning and Quality Committee Annual Report 2021/22 for assurance (Appendix 2)
- **Note** the recommendation of the Committee (subject to receipt of additional comments) for the Board to approve the draft Education and Training Plan 2023-24 at its meeting on 28 July 2022 (this is a separate agenda item on the July Board agenda).
- **Approve** that the Multi-Professional Quality and Education Group be decommissioned
- **Approve** the amended Terms of Reference for the Education Commissioning and Quality Committee (Appendix 3).

English Catherine 27/07/2022 10:08:39

Governance and Assurance			
Link to IMTP strategic aims ***(please ✓)***	**Strategic Aim 1:** To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	**Strategic Aim 2:** To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	**Strategic Aim 3:** To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	**Strategic Aim 5:** To be an exemplar employer and a great place to work	**Strategic Aim 6:** To be recognised as an excellent partner, influencer and leader
	✓	✓	✓

Quality, Safety and Patient Experience
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in enabling the quality, safety and experience of patients receiving care.
Financial Implications
None
Legal Implications (including equality and diversity assessment)
The Board must comply with its Standing Orders, which includes receiving updates from its committees.
Staffing Implications
None
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)
The report outlines work undertaken by the Committee to advise and assure the Board in relation to education, education commissioning and quality management of education provision and contracts. The Committee governance structure aims to identify issues early to prevent escalations, work closely with the Audit and Assurance Committee and integrate into the overall Board arrangements.

Report History	This report shall be a standing item on the Board's agenda.
Appendices	Appendix 1 - Chair's Summary – Education, Commissioning and Quality Committee Appendix 2 – Education, Commissioning and Quality Committee Annual Report 2021/22 Appendix 3 – Education Commissioning and Quality Committee Terms of Reference

English Catherine
27/07/2022 10:08:39

Appendix 1

Meeting Date	**28 July 2022**	**Agenda Item**	**4.5.3**
Freedom of Information Status	Open		
Reporting Committee	Education, Commission and Quality Committee		
Report Author	Catherine English, Corporate Governance Manager		
Chaired by	Tina Donnelly, Independent Member		
Lead Executive Director(s)	Lisa Llewelyn, Director of Nurse and Health Professional Education; and Professor Pushpinder Mangat, Medical Director		
Date of last meeting	15 July 2022		

Summary of key matters considered by the Committee and any related decisions made:

Declarations of interest were received in relation to agenda item 3.2 'Update on Phase 2 of the Strategic Review of Health Professional Education'.

The Committee received and **noted** the **Chair's Verbal Report** which provided an update on the discussions that took place at the HEIW Stakeholder Reference Group (SRG) held on 25 April and 6 June 2022. It was confirmed that the SRG had considered the draft Education and Training Plan and received update reports on Phase 2 of the Review of Strategic Education and the Mental Health Workforce Strategy. The SRG had also discussed Compassionate Leadership and the importance of embedding the underpinning principles across organisations.

The Committee received and **noted** a report on the **Medical Deanery Quality Assurance Activity** and the areas of risk currently in enhanced monitoring status with the GMC. The Committee was reassured by the amount of scrutiny and pleased to see matters moving forward.

The Committee received and noted a report on the **Dentistry Deanery Quality Assurance Activity,** which confirmed that the current fill rate for Dental Core Training 1 and 2 was 94%, and the current fill rate for Dental Core Training 3 and Dental Foundation Training was 100%.

The Committee received and **noted** a report on the **Pharmacy Deanery Quality Assurance Activity** which confirmed changes to the regulatory requirements for the initial education and training of pharmacists and pharmacy technicians would require a review of the approach to quality processes. It was noted that Approval had been given to deliver a National Examining Board for Dental Nurses (NEBDN) Diploma training programme to help ease workforce shortages in South-East Wales. It was confirmed that HEIW is working with all stakeholders to develop an all-Wales dental nurse apprenticeship.

The Committee received and **noted** a report on **Nursing and Health Professional Education Quality Assurance Activity**. It was confirmed that the Education Commissioning and Quality Team had been working closely with Higher Education Institutions as they progress through the implementation year of the new education contracts, which will commence in September 2022. It was highlighted that HEIW continued to work with key university and placement providers to enable students/trainees to undertake necessary placement experience to meet the proficiency requirements of their professional programme and that HEIW was

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developing a level 7 work-based learning programme for a new clinical photography pre-registration qualification. The Committee received an update on the Midwifery Programme at the University of South Wales and was pleased to note HEIW would continue to monitor the situation closely and continue to report on progress against the agreed improvement plan.

The Committee received the **National Annual Education and Training Plan 2023/24** and noted it aligned with HEIW's vision and ambitions as set out within the Integrated Medium Term Plan (IMTP). It was confirmed that following lessons learned last year, there had been extensive external consultation and discussion on the plan and its recommendations, and that the Executive Team had recommended the plan be approved at its meeting on 13 July 2022. It was noted that HEIW received positive feedback on the levels of engagement on the plan, the new structure and the opportunity to work more closely with our stakeholders on its future development. The Committee noted further updates to the plan may be made following final consultation and **recommended** the Board approve the draft Education and Training Plan 2023-24 at its meeting on 28 July 2022.

The Committee received an update on **Phase 2 of the Strategic Review of Health Professional Education** and the education currently being commissioned. The Committee noted that four of the fourteen education groups were valued at over £5M and would require Board approval to go out to tender and award the contracts. The Committee noted the progress on several workstreams and the proposed timescales.

The Committee received the **Draft Committee Self-Assessment** report and approved the content of the Committee Effectiveness Review Document.

The Committee approved the **Education, Commissioning and Quality Committee Annual Report 2021/22,** which is attached at Appendix 2.

The Committee received the **Proposal for the HEIW Multi-Professional Quality and Education Group (MPQEG).** It was noted that a review of the effectiveness of the MPQEG had highlighted that the work of the group was routinely picked up and progressed via the Executive Team and newly established Deputy and Deans Group, which feeds into the Executive Team. It was confirmed that the existing mechanisms and systems for monitoring and assurance continued to provide an appropriate level of advice and assurance to the Committee, and it was recommended the MPQEG be decommissioned. The Committee were satisfied that there were robust mechanisms in place to provide ongoing monitoring and assurance to the Committee and recommended that the Multi-Professional Quality and Education Group be decommissioned.

The Committee reviewed and approved its **Terms of Reference** (Appendix 3), which had been updated to reflect a change in the Director of Finances job title and the accurate titles of the Postgraduate Dental Dean and Postgraduate Pharmacy Dean.

The Committee received and approved the **Forward Work Programme 2022/23.**

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

N/A

Recommendation for Board consideration

The Committee **recommends** the Board**:** • Approves the draft Education and Training Plan 2023-24 at its meeting on 28 July 2022 (this is a separate agenda item on the July Board agenda). • Approves the decommissioning of the Multi-Professional Quality and Education Group. • Approves the Terms of Reference for the Education, Commissioning and Quality Committee (Appendix 3).
Delegated action by the Committee
N/A
Main sources of information received
• Multi-Professional Education and Training Quality Assurance Updates • National Annual Education and Training Plan 2023/24 • Phase 2 of the Strategic Review of Health Professional Education • Draft Committee Self-Assessment • Education, Commissioning and Quality Committee Annual Report 2021/22 • Proposal for the HEIW Multi-Professional Quality and Education Group (MPQEG) • Education Commissioning and Quality Committee Terms of Reference • Forward Work Programme 2022/23
Highlights from sub-groups reporting into this Committee
N/A
Matters referred to other Committees
N/A

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Committee Chairs Reflection

During the year the Education Commissioning and Quality Committee (ECQC) continued its key advisory role within HEIW's governance framework. Responsibilities have included overseeing ongoing work on the Strategic Review of Health Professional Education on behalf of the Board. Phase 1 of the Review progressed successfully through procurement to implementation; arrangements for Phase 2 covering a wide range of healthcare disciplines were initiated, and commissioning processes are proceeding.

The Committee has also actively promoted work in relation to quality of education and training through review of regular monitoring and management reports and through the development of new approaches that reflect HEIW's commitment to a multi-professional healthcare workforce. An outline for HEIW 's new Quality Framework, alongside Welsh Government's National Quality and Safety Framework, was welcomed.

ECQC's programme for the year is detailed in the report below. Issues discussed have ranged widely, including for example, improving students' experiences and feedback, maintaining training standards during the pandemic, inequity of training opportunity within Wales, support for refugees and asylum seekers, and differential attainment.

Many partner organisations are involved in the development and delivery of high-quality healthcare education and training. The establishment of HEIW's new Stakeholder Reference Group (SRG), building on ECQC's previous Education Advisory Group, has been a key milestone. As ECQC chair, I have acted as the SRG's vice chair, reporting relevant stakeholder contributions directly to the Committee; these new arrangements are already proving a valuable addition to ECQC's resources.

The covid pandemic has impacted directly on the work of the ECQC in many ways. The Committee has continued to meet in virtual sessions, and has remained well-attended, with public access arrangements as previously. The fullest expression of appreciation is due to Directors and the many staff who have kept the Committee's business on track throughout this prolonged, challenging time. Their efforts have been extraordinary - thank you to all who have contributed.

Ending on a personal note, it has been a great privilege to chair the ECQC and to be part of its development from the beginning. I should especially like to thank my non-executive colleague Tina Donnelly for her steadfast support throughout and wish her well as she takes over the chair and its associated responsibilities. At the same time, I look forward to continuing to contribute as a member of the ECQC whilst taking on other HEIW duties.

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1. Introduction and Background

The purpose of the Education, Commissioning and Quality Committee (the 'Committee) is to advise and assure the Board and Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver, and quality manage education systems and provides assurance on behalf of the organisation.

Membership of the Education, Commissioning and Quality Committee:

The membership of the Committee during 2021/22 was as follows:

Chair:	Dr Ruth Hall, Independent Member*
Vice-Chair:	Tina Donnelly, Independent Member**
Deputy Member:	Gill Lewis, Independent Member***

* Ruth Hall stepped down as Chair of the Committee on 31 March 2022
** Tina Donnelly was appointed Chair of the Committee on 31 March 2022
*** Gill Lewis was appointed a full member of the Committee on 31 March 2022

HEIW officers also attend to support key matters.

The Committee met on four occasions between April 2021 and March 2022 and was well attended, with good engagement from all attendees. The Committee continues to report regularly to the HEIW Board and to ensure appropriate interaction with the Audit and Assurance Committee.

2. Planning and Review

In line with good practice, the Education, Commissioning, and Quality Committee reviewed its Terms of Reference in September 2021, endorsing a revision to reflect the updated job title of the Director of Nurse and Health Professional Education.

In November 2021, the Education Advisory Group was disbanded and replaced by the Stakeholder Reference Group. The establishment of the Stakeholder Reference Group aimed to improve the effectiveness and continuity of stakeholder engagement and, as a result, the quality of HEIW planning. The establishment of the Stakeholder Reference Group removed the requirement for a separate Education Advisory Group as a sub-committee to the Education Quality and Commissioning Committee.

As a result of the changes to the Education Advisory Group, a review of the effectiveness of the Multi-Professional Quality Education Group commenced in March 2022 and is expected to conclude in 2022/23.

During the year a review of the effectiveness of the Committee was carried out, and the Committee considered the Evaluation of Committee Effectiveness at its meeting in September 2021. The overall self-assessment feedback was positive, and the report highlighted a number of areas of focus during 2021/2022. This included a review of how the Committee and its sub-groups worked together.

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The Committee approved its Annual Report for 2020/21, which was noted and approved for publication by the Board in July 2021.

3. Key Achievements in 2021/22

In January 2022, the Committee received the first round of standardised Quality Management Reports for Medical, Pharmacy, Dental and Nurse and Health Professional Education. The reports were revised to reflect the quality framework adopted by the Medical Deanery and aimed to provide a consistent approach to reporting on quality management across the directorates.

Throughout the year, the Committee received and considered regular updates on Phase 2 of the Strategic Review of Health Professional Education. While Phase 1 of the review sought to secure pre-registration health professional education in Wales, Phase 2 will encompass a range of education programmes including established Wales-based postgraduate education programmes, programmes delivered from English universities, and potential new education programmes to support workforce development and the delivery of healthcare services.

In January 2022, the Committee reviewed the governance arrangements introduced to oversee Phase 2, and in March 2022 considered and supported the proposed approvals process for commissioning new education as part of Phase 2. The Committee also received an update on the development of the Healthcare Support Worker Programme and recommended the Board approve the Proposed Commissioning of Procurement of Level 4 HCSW (Nursing) Education.

In March 2022, the Committee considered a report proposing the introduction of Clinical Associates in Applied Psychology (CAAPs) roles in Wales and supported the proposed commissioning of the Doctorate in Clinical Psychology and CAAPs education programmes for 2023/24.

In June 2021, the Committee considered the Initial Education and Training of Pharmacists Programme Strategic Outline Case, which aimed to guide the implementation of new initial training for pharmacists. The Committee recommended that the Board approve the Strategic Outline Case as implementing the new initial education and training standards for pharmacists would help produce pharmacists with enhanced clinical skills and independent prescribing status. The Board approved the Strategic Outline Case in July 2021.

In June 2021, the Committee considered the draft Annual Education and Training Plan 2022/23 and considered the limits on growth, particularly placement capacity. The Committee noted the deficit in paediatric nursing recruitment against the Integrated Medium-Term Plan but was satisfied HEIW continued to make inroads into aligning the IMTP requests with commissioning numbers. The final Plan was supported by the HEIW Board on 29 July 2021 and submitted to Welsh Government for approval.

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4. Scrutiny and Monitoring

During 2021/22 the Committee received:

- Regular Quality Management Reports which provided an overview of the quality management monitoring arrangements within the Medical Deanery. This included updates on the areas within the Medical Deanery which were in enhanced monitoring status.

- Quality Management Reports which provided an overview of the quality management monitoring arrangements within the Pharmacy Deanery. The Committee was encouraged by the 100% fill rates for the Multi-Sector and Foundation Training Programmes and noted that a new provider for the Pharmacy Technician Programme had been secured.

- Quality Management Reports which provided an overview of the quality management monitoring arrangements within the Dental Deanery. The Committee was encouraged by the General Dental Council's final report on dental speciality training, which found that HEIW had met eighteen of the twenty standards.

- Quality Management Reports which provided an overview of the quality management monitoring arrangements within the Nurse and Health Professional Education directorate. The Committee were pleased to see a move towards standardised reporting and encouraged by the efforts to improve student experience during 2022/23.

- The outline approach to developing the HEIW Quality Framework alongside the National Quality and Safety Framework published by Welsh Government.

- The General Dental Council (GMC) Education Quality Assurance Report. The Committee was pleased with the positive outcome.

- A progress report on Memorandums of Understanding between HEIW, Regulators, and Professional Bodies

- The Memorandum of Understanding and Data Sharing Agreement between HEIW and the General Pharmaceutical Council.

- Regular updates on the North Wales Dental Academy, noting that the contract had been awarded in September and the project was progressing within agreed timescales.

- An update on the General Practice Nurse Framework.

- Regular updates on Equality and Diversity issues, including Differential Attainment and the Refugee Programme.

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- Regular updates on the Bursary Appeals Process and Pharmacy Technicians Contract.

- The GMC National Trainee Survey 2021 and were pleased to note that overall, trainees in Wales continued to report high levels of training satisfaction.

- A report on the Improvements to the University of South Wales Midwifery Education Programme. The Committee were pleased to note that contract monitoring of the programme would continue with regular updates being provided to the Health Professional Senior Leadership Team.

5. Recommendations

During 2021/22 the Education, Commissioning and Quality Committee made the following recommendations to the Board:

- That the Initial Education and Training of Pharmacists Programme Strategic Outline Case be approved.

- That the draft National Annual Education and Training Plan 2022/23 be approved.

- That the revised Education Commissioning and Quality Committees Terms of Reference be approved.

- That the Approvals Process for Commissioning Education as Part of the Strategic Review of Education Phase 2 be approved.

- That the Proposed Commissioning of Procurement of Level 4 HCSW (Nursing) Education be approved.

- The Board was also asked to note the Education Commissioning and Quality Committees Annual Report 2020/21.

6. Key Areas of Focus for 2022/23

To keep pace with the many developments in education and training currently taking place, the Committee will review its forward work programme regularly.

However, the following are key areas that will be addressed during 2022/23:

- Phase 2 of the Strategic Review of Health Professional Education.
- Emerging approaches from workforce planning and the impact on training programmes.
- Impacts and opportunities of digitalisation on health education.
- Widening access to education through differential attainment and alternative education routes.

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- The development and implementation of an induction process for Committee members.
- A review of the Multi-Professional Quality Education Group.

Sponsored by: **Dr Ruth Hall**

Chair of Education, Commissioning and Quality Committee

Date: **May 2022**

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Education, Commissioning and Quality Committee
Terms of Reference and Operating Arrangements

Date: ~~October 2020~~July 2022

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers education, education commissioning and quality management of education provision and contracts. This Committee will be known as the Education, Commissioning and Quality Committee.

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

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.

2. Purpose

The purpose of the Education, Commissioning and Quality Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.

- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its education systems and assurance framework may be strengthened and developed further.

- Recommend to the Board education training plans including investment in new programmes and disinvestment in others. .

- Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.

- **Recommend** the specification of tender documents in respect of Education to the Board

3. Delegated Powers

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With regard to its role in providing advice to the Board, the Committee will:

i. Provide assurance to the Board as to the effective management

and improvement of the quality of HEIW's education and related research activities.

ii. Recommend to the Board areas for investment/disinvestment in education and training plans taking into account value-based commissioning.

iii. Recommend to the Board the national annual education and training plan.

iv. Alert the Audit and Assurance Committee and the Board to any matters requiring governance action and oversee such action on behalf of the Board.

v. Oversee the development, implementation and updating of strategies, policies, structures and processes for the governance of education and training which shall including taking a forward looking and strategic view.

vi. Seek assurance of the effective performance, monitoring, management and value of education and training programmes and contracts, including the identification and management of related risk.

vii. Monitor compliance of education and training activities with:

a. statutory and regulatory requirements, including equity, equality legislation and Welsh language requirements and;

b. with NHS Wales policy and other relevant policies and HEIW's priorities in relation to equity, equality and diversity, person-centred care and participation, and educational quality.

viii. Monitor HEIW's compliance with delegated responsibilities given to it by health regulators i.e. GMC, GDC and GPhC as delegated to HEIW.

ix. Promote collaboration within HEIW and with external agencies in relation to educational and training governance which shall include wellbeing.

x. To work collaboratively with other HEIW Board standing committees.

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xi. Scrutinise the specification of education tender documents.

xii. Recommend the specification of tender documents to the

Board for Education.

xiii. Recommend undertaking research on Education, Quality and Commissioning to the Board.

xiv. Engage with Board Development Sessions with regards to making recommendations on strategic matters relating to Education Commissioning and Education Quality.

xv. Seek assurance in respect of risk areas within its area of responsibility and highlight material areas of concern to the Audit and Assurance Committee.

xvi. Highlight any issues out of the ordinary to the Board.

The Committee will review and agree its forward work programme on an annual basis and will recommend it to the Board for approval.

4. Membership, Attendees Quorum and Term

4.1.1 Members

A minimum of two members, comprising of at least:

- Chair: Independent Member
- Vice Chair: Independent Member

The Chair of the organisation shall not be a member of the Committee but may be invited to attend by the Chair of the Committee as appropriate.

4.1.2 Deputy Independent Member

The Board may appoint a Deputy Independent Member for the Committee. Where a member of the Committee is unable to attend a Committee meeting, then the nominated Deputy may attend in his or her absence as a member of the Committee. If a Deputy attends a Committee as a member of the Committee then the Deputy shall be included for the calculation of a quorum and may exercise voting rights.

4.2 Attendees

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In attendance:

- Director of Nurse and Health Professional Education
- Medical Director
- Director of Finance and Corporate Services

- Board Secretary
- Deputy Director –of Education, Commissioning and Quality
- Postgraduate Dental Dean
- Postgraduate Pharmacy Dean
- Postgraduate Medical Dean

In addition to this, others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

4.3 Quorum

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

4.4 Terms

Immediately following the establishment of HEIW the Members shall be appointed for an initial period of two years. Thereafter Members shall be appointed for a term of one year.

5. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business.

6. Relationships and accountabilities with the Board and its Committees/ Groups

The Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will maintain effective working relationships with HEIW'S Audit and Assurance Committee (AAC), and with HEIW's other Board committees and subcommittees. To strengthen liaison with the AAC, one Independent Member will serve on both committees.

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Meeting Date	**28 July 2022**	**Agenda Item**	**5.1**
Report Title	**Corporate Risk Register**		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To provide an overview of the risks currently detailed within the Corporate Risk Register (CRR).		
Key Issues	The report provides an update on the CRR, which is attached at Appendix 1. The CRR confirms: ○ two 'red' status risks ○ nine 'amber' status risks and ○ two 'green' status risks Risk 23 has been reassessed. This has resulted in the score decreasing from 12 to 6, the risk status is now 'Green'. Risk 25 has been reassessed. This has resulted in the score decreasing from 25 to 6, the risk status is now 'Green'. Risk 26 has been reassessed. This has resulted in the score decreasing from 15 to 9, the risk status is now 'Amber'. Risk 27 has been added to the CRR. The risk has been assessed as 12 and is 'Amber' status.		
Specific Action Required ***(please ✓ one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
			✓	
Recommendations	The Board is asked to: • **Note** the report for assurance.			

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CORPORATE RISK REGISTER (JUNE 2022)

1. INTRODUCTION

The Board is asked to note the current position regarding the Corporate Risk Register (CRR) (**Appendix 1**) as outlined in this report.

2. ASSESSMENT

There are currently **13** risks on the CRR, and these risks have been assessed as follows: **2** 'Red' status risks, **9** 'Amber' status risks, and **2** 'Green' status risks. Except for paragraph 2.1, which provides an update on the pre-existing Red Risks, the commentary below highlights the changes to the CRR since the last report.

2.1. Red Risk

Risk 8 – If HEIW does not ensure that all reasonable steps are taken in respect of cyber security it may be vulnerable to a data breach, possible fines from the Information Commissioners Office and associated bad publicity.

Mitigation: This requires the implementation of recommendations highlighted within HEIW's Cyber Security Assessment Report. Cyber Security Implementation Plan to be drafted and implemented.

Progress: The recommendations within HEIW's Cyber Security Assessment Report have or are being implemented. Activities to support the delivery of the Cyber Security Plan are underway.

Recent developments: Activities to support the delivery of the cyber security plan are underway and recent developments include:

- The Band 6 Cyber Security Analyst job description and new post request form have been submitted to the People Team for processing and approval.
- The Band 7 Cyber Security Team Lead post will need to be readvertised and a request has been submitted to the Recruitment Team.

Risk 24 – If NWSSP cannot extend their visa sponsorship remit to enable them to act as sponsors for newly qualified GP trainees who are not eligible to apply for Indefinite Leave to Remain (ILR) multiple newly qualified GPs will either have to seek work in hospitals or GP posts in England in order to remain in the UK

Mitigation: Gather information on the number of trainees likely to be affected. As at 11th March 2021, 18 trainees out of 3 schemes will not be eligible for ILR at the point of certificate of completion of training (CCT). HEIW will work with NWSSP to provide them with information for their case to extend sponsorship to the Home Office. HEIW will highlight the problem to the Chief Executive and Welsh Government and explore what other home nations are doing with respect to this issue.

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Progress: HEIW is part of a working group formed by NWSSP to explore options for solutions to this problem. The favoured solution is for NWSSP to

provide administrative, and possibly financial support, to practices that wish to sponsor a newly qualified GP. This is a UK-wide problem. Consequently, in parallel with the work going on in Wales, representatives of the 4 nations have made approaches to the Home Office to try to progress a solution.

Recent Developments: No progress yet has been made in developing a solution to the problems identified and no changes in this position were reported during June.

2.2. Risks with an Increased Score

There have been no risks with an increased score since the last report.

2.3. Risks with a Reduced Score

There have been three risks with a reduced score since the last report.

Risk 23 – If the procurement and implementation of the HEIW learning management system (Y Ty Dysgu) is significantly delayed beyond financial year 22/23, then this would potentially have an adverse impact on the IMTP and a reputational impact for HEIW.

Mitigation: Recommencement of procurement began in January 2022. Ongoing engagement was established between NWSSP and HEIW to ensure a robust process was followed. The Y Ty Dysgu steering group was stood down and Y Ty Dysgu Programme Board established.

Progress/Recent Developments: The contract has been awarded and the implementation plan is being developed for delivery in this financial year. Based on this, the risk is significantly reduced and can be closed. Any risk to implementation timescales will be managed via the project board and appropriate governance.

Assessment: This risk was assessed 12 and a 'Amber' status. However, the risk has been reassessed and has resulted in the score decreasing to 6. The risk status is now 'Green'.

Risk 25 – If a resolution to problems with the Medical Performers List (MPL) cannot be resolved, international medical graduates who cannot provide references from UK based clinicians will not be able to get onto the MPL at the start of GP training and this will destabilise plans to increase numbers using the 1+2 model.

Mitigation: Gather information from colleagues in other parts of the UK regarding MPL arrangements there. Raise at All Wales Associate Medical Directors of Primary Care meetings. Work with Medical Directors to develop a common approach and solution across Wales.

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Progress: A review of the MPL in England has been undertaken. In response to this, Welsh Government has formed a group to look at reform of all-Wales MPL. HEIW has representation on this group and will be fully involved in generating a long-term solution to this problem

Recent Developments: Contact has been made with Welsh Government who are expecting a "slot" in government business to amend Welsh Regulations. They have since clarified that the current workaround is a satisfactory position pending any regulation change. With this information we can reduce the risk.

Assessment: This risk was assessed 25 and a 'Red' status. However, the risk has been reassessed and has resulted in the score decreasing to 6. The risk status is now 'Green'.

Risk 26 – If the costs of the increased recruitment of GP's continues to exceed the amount forecast due to them taking longer to reach qualification and pay protection, there could be a financial and reputational risk to HEIW if we cannot deliver the programme and agree a new funding stream with Welsh Government.

Mitigation: The Medical Deanery and Finance colleagues have undertaken a deep dive to identify the causes of the overspend. An analysis of this data has provided clear reasons for the overspend and this has been mitigated by a significant underspend in other budgets. The over-recruitment above 160 placements will be carefully managed in the future to reduce the overall finance risk with increased numbers while remaining on target to recruit at least 160 trainee GP's each year.

Progress: Prior to 2018, HEIW recruited 135 GP trainees per year. We are now recruiting 160 with the option to increase up to 200 if sufficient candidates of the required standard are interviewed. This has been successful even before COVID and the withdrawal of the labour market test for overseas doctors. This year HEIW will recruit up to 160 GP trainees as planned and any numbers above that will be limited compared to previous years. A report was considered by the closed Board on 31 March 2022.

Recent Developments: HEIW met with Welsh Government to explain that training was taking longer for all the reasons identified resulting in increased costs. The financial considerations were understood and accepted by Welsh Government. They understood that recruitment of GPs will continue to be based on capacity and quality considerations. With this information, we can reduce the risk.

Assessment: This risk was assessed 15 and a 'Red' status. However, the risk has been reassessed and has resulted in the score decreasing to 9. The risk status is now 'Amber'

2.4. Risk Removal

No risks have been removed from the CRR since the last report.

2.5. New Risks

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One new risk has been added to the CRR since the last report.

Risk 27 – Midwifery at the University of South Wales (USW): If the Sept 2021 student midwifery cohort (USW) does not progress onto year 2 of the

future midwife programme they will not register with future midwifery proficiencies and skills in line with all other Higher Education Institutions (HEI) midwifery programmes in Wales.

Mitigation: The Director of Nurse and Health Professional Education has written to the USW. The USW has issued an action plan and students are happy to transfer to the new framework. The USW is progressing the action plan to meet the Nursing and Midwifery Council (NMC) requirements for a major modification to their programme to enable a transition. HEIW's Education, Commissioning and Quality Committee are involved in a schedule of meetings to monitor progress on the action plan.

Progress: HEIW is closely monitoring these developments and has received a detailed improvement plan from USW as requested. This plan has been reviewed and if fully implemented will provide the necessary assurances. HEIW will proactively assess the progress against deliverables and will report updates to the Education, Commissioning and Quality Committee.

Assessment: This risk is assessed as 12 and is 'Amber' status.

3. GOVERNANCE AND RISK ISSUES

Risk management through the CCR is a core tool for the governance of risk within HEIW.

4. FINANCIAL IMPLICATIONS

Risk management through the CRR is a core function of HEIW as a Special Health Authority. There are no anticipated additional cost implications.

5. RECOMMENDATION

The Board is asked to:

- **Note** the report for assurance.

Governance and Assurance			
Link to IMTP strategic aims ***(please ✓)***	**Strategic Aim 1:** To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'	**Strategic Aim 2:** To transform healthcare education and training to improve opportunity, access and population health.	**Strategic Aim 3:** To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop national workforce solutions to support the delivery of national service priorities	**Strategic Aim 5:** To be an exemplar employer and a great place to work	**Strategic Aim 6:** To be recognised as an excellent partner, influencer and leader

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	and high-quality patient care.		

Quality, Safety and Patient Experience	
The CRR is the core tool to ensure effective risk management within HEIW. A robust approach to the management of risk is more likely to impact favourably on the safety and experience of patients and staff.	
Financial Implications	
Risk management is a core function of HEIW as a Specialist Health Authority. There are no anticipated additional costs.	
Legal Implications (including equality and diversity assessment)	
There are no legal implications associated with this report.	
Staffing Implications	
There are no staffing implications associated with this report.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The CRR is HEIW's core tool to manage risk.	
Report History	The CRR is presented to the Executive Team and Senior Leadership Team on a monthly basis. The Audit and Assurance Committee review it on a quarterly basis. The CRR is provided for noting at each meeting of the Board.
Appendices	Appendix 1 – CRR

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HEIW CORPORATE RISK REGISTER (2022)

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
		Details of the risk. If… then… impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.	Impact	Probability	Overall Score	R/A/G & Trend	
8. April 2020	**1**	If HEIW does not ensure that all reasonable steps are taken in respect of cyber security it may be vulnerable to a data breach, possible fines from the Information Commissioner's Office and associated bad publicity. **Board Secretary**	**5**	**5**	**25**	LOW	This requires the implementation of recommendations highlighted within HEIW's Cyber Security assessment report. This includes the recruitment of a Head of Cyber Security. Cyber Security Implementation Plan to be drafted and implemented	**5**	**4**	**20**	**R**	**May 2022** • Key activities to reinforce and strengthen security remain an active priority. • Approval received to create a new vacancy request for a band 6 cyber security analyst. **June 2022** • Band 6 cyber security analyst job description and new post request form have been submitted to the People team for processing and approval. • The band 7 cyber security team lead post will need to be readvertised. Request has been submitted to the Recruitment team.
12. July 2020	**1.**	If HEIW is unable to access workforce data from other NHS organisations, then its workforce will not be able to provide modelling data and fail to meet expectations in respect of the same and have an adverse impact on NHS workforce planning. **Director of Workforce and Organisational Development**	**4**	**3**	**12**	LOW	HEIW to request access to live data from ESR and other workforce information systems as well as the current Data Warehouse information Requests for additional access to information in line with NHS Digital/Health Education England.	**4**	**2**	**8**	**A**	**March 2022 –** we have scheduled a series of meetings with NWSSP, to ensure we have access to the data we need. Work is also ongoing in the context of scoping our data strategy and centre of excellence for workforce intelligence. We have agreed with DHCW that we will set up a three-way strategic conversation with NWSSP to ensure roles and requirements are clearly understood and aligned. **June 2022 – Joint m**eetings are ongoing with NWSSP and DHCW, scheduled on a quarterly basis until 2023

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13. July 2020	**1.**	If HEIW does not have sufficient capacity this may have an impact on its ability to support the NHS, delivery of Annual Plan commitments and levels of performance. **Director of Workforce and Organisational Development**	**4**	**4**	**16**	LOW	Assessment &costing of workforce requirements made as part of the development of the IMTP.	**4**	**2**	**8**	**A**	**March 2022 –** discussions are ongoing and aligned with financial allocation and IMTP planning processes. The process for considering additional capacity via in-year business cases has been confirmed with ET. **June 2022 -** Team structures are being discussed and reviewed by Exec team in conjunction with Deputies and Deans to ensure appropriate capacity to deliver requirements of the HEIW IMTP.
15. **Aug 2020**	**2**	If there are insufficient employment opportunities available for graduating Allied Health Professionals (AHP's) and Health Care Science (HCS) students who have opted into the bursary tie in the investment in education for these students may be lost. **Director of Nurse and Health Professional Education**	**3**	**5**	**15**	HIGH	Enhanced monitoring and Targeted Support process implemented Revised recruitment approach implemented for 2022 graduates Appeals process reintroduced, Quarterly written reports to Executive; and to Board as needed. Implemented a revised managed process (Streamlining) for all AHP and HCS students graduating	**4**	**3**	**12**	**A**	**June 2022.** AHP 2022 concluded except for Biomedical sciences. Much improved engagement of HBs and Trusts this year. Good progress to match students to available vacancies. 400 AHP students placed with 75 unfilled Qualitative data providing good feedback for ongoing evaluation in time to determine approach for 2023. Audit of bursary management by NWSSP internal audit has provided substantial assurance for Audit Committee.
19. **Dec 2020**		**Strategic Review 2** If we continue to commission post reg and post grad education from HEI's in England and Wales without a contract, then HEIs may withdraw education provision or fail to provide high quality education that can be performance	**3**	**4**	**12**	MEDIUM	Strategic Review 2 Board, reporting to Executive Team. Strategic review 2 Project plan, timetable, and risk register. HEIW subject experts linked to programmes, supported by strategic education adviser	**3**	**4**	**12**	**A**	**June 2022** • PT PTP project group progressing • HCSW procurement on track to award contracts in Autumn • Genomics tender closed 29 June. Evaluation panels scheduled 25th July. • Critical CARE education provider stakeholder event held and QA

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		managed in the usual contractually governed way. **Director of Nurse and Health Professional Education**					Strategic review phase 2 to be a standing item in contract meetings with HEI's. Engage with regular discussions with the National School (4 countries meetings held quarterly) Phased approach with those programmes most at risk in first wave.					document produced from the event and circulated to attendees • CAAPs/Clinical Psychology project group progressing • IABT Expert Group has been stood down and a recommendations paper has been drafted • All other areas continue to progress
20.		**Strategic Review 1** If successful HEIs fail to mobilise the new programmes within the time specified by contract, then new students will be unable to benefit from programmes in 2022. **Director of Nurse and Health Professional Education**	**3**	**4**	**12**	Medium	Strategic Review 1 Implementation Board Implementation plan agreed with each HEI. Reports to Strategic Review 1 and Executive Team. Senior member of the Education, Commissioning and Quality Team (ECQ) on each HEIs implementation project board to ensure processes are followed for validation, recruitment, and curriculum implementation.	**2**	**4**	**8**	**A**	**June 2022 -** Implementation meetings with HEIs are ongoing. HEIs are currently on track to deliver programmes on time. Quality performance framework presented to ET and finalised with HEIs.
21		**Nurse Staffing Programme** If HEIW fails to identify & implement a national data capture and reporting solution health boards/NHS Trusts will be unable to access the data required to meet the requirements of the Nurse Staffing Levels (Wales) Act and adhere to the 'Once for Wales' approach. **Director of Nurse and Health Professional Education**	**4**	**3**	**12**	Moderate	Undertake scoping of existing and requirements of national solution. Identify & implement a national data capture and reporting solution. Implement the use of Power BI across section 25B areas Appoint to IT posts Scope IT systems & map data flows. Complete Data Protection Impact Assessments (DPIA's) Collaborative working with IT team/HEIW, health boards/trusts, NDR unit/ Digital Health Care Wales (DHCW) to identify means of support.	**4**	**3**	**12**	**A**	**June 2022 –** Letter received from Chief Nursing Officer - natural point to pause and reflect on the approach taken to date by the All-Wales Nurse Staffing Programme. Decision not to publish the mental health or health visitor principles or commission biannual returns currently The Executive Team is reviewing this decision in line with HEIW strategic priorities to develop a nursing workforce plan

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							Identify responsibilities for organisations – formalise arrangements.					
22 Oct 2021		If implementation of the single lead employer model processes does not meet expected standards and impacts on trainee experience, then this would potentially have an adverse reputational impact for HEIW and for Wales as a place to train. **Medical Director**	**4**	**5**	**20**		• Group established between NWSSP, HEIW and UHBs to begin process mapping of data flow and other employment processes to identify weaknesses • Paused roll out for secondary care specialties from December 2021 until clarity on resolution of existing issues • NWSSP to review and where appropriate address internal capacity to deliver the service • Weekly updates for HEIW executive team on progress	**4**	**3**	**12**	**A**	**May 2022 –** All medical specialties have been onboarded to SLE model and we are now entering a business as usual phase. There were a few payment issues with the last cohort which were spotted and resolved quickly. **June 2022 -** No downward change to this risk is expected until August when the new trainees will enter their posts.
23 Dec 2021		If the procurement and implementation of the HEIW learning management system (Y Ty Dysgu) is significantly delayed beyond financial year 22/23, then this would potentially have an adverse impact on the IMTP and a reputational impact for HEIW. **Digital Director**	**4**	**4**	**16**	High	• Recommencement of procurement agreed to begin in January 2022. • Ongoing engagement established between NWSSP and HEIW to ensure robust process followed • Y Ty Dysgu steering group has been stood down and Y Ty Dysgu Programme Board established	**3**	**2**	**6**	**G**	**May 2022** – Contract award now approved by WG and final letters being sent to successful bidders. **June 2022 -** The contract has been awarded and the implementation plan is being developed for delivery in this financial year. Based on this, the risk is significantly reduced and can be closed. Any risk to implementation timescales will be managed via the project board and appropriate governance.
24 Mar 2022		**Visa sponsorship for newly qualified GP Trainees** If NWSSP cannot extend their visa sponsorship remit to enable them to act as sponsors for newly qualified GP trainees who are not	**4**	**4**	**16**		• Gather information on the number of trainees likely to be affected. As at 11/3/21 18 trainees out of 3 schemes will not be eligible for ILR at the	**4**	**4**	**16**	**R**	**April 2022 -** We are part of a Working Group formed by NWSSP to explore options for solutions to this problem. Favoured solution is for NWSSP to provide administrative and possibly financial support to practices that wish to sponsor a newly qualified GP.

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		eligible to apply for Indefinite Leave to Remain (ILR), multiple newly qualified GPs will either have to seek work in hospital or GP posts in England in order to remain in the UK **Medical Director**					point of certificate of completion of training (CCT). • Work with NWSSP to provide them with information for their case to extend sponsorship to the Home Office. • Highlight the problem to HEIW Chief Executive and Welsh Government. • Explore what other home nations are doing in respect to this issue.					This is a UK-wide problem. Consequently, in parallel with the work going on in Wales, representatives of the 4 nations have made approaches to the Home Office to try to progress a solution. No progress has been made yet in developing a solution to this problem. **June 2022 –** No change in position
25 **Mar 2022**		**Medical Performers List (MPL)** If a resolution to problems with the MPL cannot be resolved, international medical graduates who cannot provide references from UK based clinicians will not be able to get onto the MPL at the start of GP training and this will destabilise plans to increase numbers using 1+2 model, and necessitate extensions to training resulting in extra costs. **Medical Director**	**5**	**5**	**25**		• Gather information from colleagues in other parts of the UK regarding MPL arrangements there. • Raise at All Wales Associate Medical Directors of Primary Care meetings. • Work with Medical Directors to develop a common approach and solution across Wales.	**3**	**2**	**6**	**G**	**April 2022 -** A review of the MPL in England has been undertaken. In response to this, Welsh Government has formed a group to look at reform of all-Wales MPL. HEIW has representation on this group and will be fully involved in generating a long-term solution to this problem. **June 2022 –** Contact made with WG who are expecting a "slot" in government business to amend Welsh Regulations. They have since clarified that the current workaround is a satisfactory position pending any regulation change. With this information we can reduce the risk.
26 **March 2022**		**GP Training excess funding Requirement** If the costs of the increased recruitment of GPs continues to exceed the amounts forecast, due to them taking longer to reach qualification (due to increased	**5**	**3**	**15**		• Medical Deanery and Finance Colleagues have done a deep dive to ascertain the causes of the overspend • Analysis of the data has provided clear reasons for the overspend	**3**	**3**	**9**	**A**	**March 2022 -** Prior to 2018 we recruited 135 GP trainees per year. We are now recruiting 160 with the option to increase up to 200 if sufficient candidates of the required standard are interviewed. This has been successful even before COVID and the withdrawal of the labour market test for Overseas Doctors.

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		uptake of Parental leave, less than full time training, and other issues relating to difficulties experienced by International medical graduates) and pay protection, there could be a financial and reputational risk to HEIW if we cannot deliver the programme and agree a new funding stream with Welsh Government.					• The overspend has been mitigated by significant underspends in other budgets • The over-recruitment above 160 will be carefully managed in the future to reduce the overall financial risk with increased numbers while remaining on target to recruit at least 160 trainee GPs each year.					This year HEIW will recruit up to 160 GP trainees as planned and any numbers above will be based on available training capacity. A report was considered by the closed Board on 31 March 2022. **June 2022** – Met with Welsh Government to explain that training was taking longer for all the reasons identified resulting in increased costs. The financial considerations were understood and accepted by WG. They understood that recruitment of GPs will continue to be based on capacity and quality considerations. With this information we can reduce the risk.
27 **May 22**		**Midwifery at the University of South Wales** If the Sept 2021 student midwifery cohort (USW) does not progress onto year 2 of the future midwife programme they will not register with future midwifery proficiencies and skills in line with all other HEI midwifery programmes in Wales. **Director of Nurse and Health Professional Education**	**5**	**4**	**20**		The Director of Nurse and HPE has written to USW. USW has issued an action plan and students are happy to transfer on to the new framework. USW are progressing the action plan to meet the Nursing and Midwifery Council (NMC) requirements for a major modification to their programme to enable a transitional. HEIW ECQ are involved in a schedule of meetings to monitor progress on the action plan.	**3**	**4**	**12**	**A**	**June 2022** – HEIW is closely monitoring these developments and has received a detailed improvement plan from USW as requested. This plan has been reviewed and if fully implemented – will provide the necessary assurances. HEIW will proactively assess the progress against deliverables and will report updates to the ECQ Committee.

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Risk Scoring Matrix

L I K						
	Probable	**5**	**10**	**15**	**20**	**25**

Level	Colour	Score Range

LIKELIHOOD						
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical
		IMPACT				

Low	G	1 – 6
Moderate	A	7 – 14
High	R	15 – 25

Risk Appetite Levels

Appetite Level	Described as:	What this means
None	Avoidance of risk and uncertainty is a key organisational objective.	Avoidance of loss is key objective, play safe, avoidance of developments. Priority for tight controls and oversight.
Low	Minimal, or as little as reasonably possible, is preferred for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.	Prepared to accept the possibility of very limited financial loss if essential. Win any challenges re compliance. Innovations avoided unless essential.
Moderate	Cautious is preferred for safe delivery options that have low degree of inherent risk and may only have limited potential for reward.	Prepare to accept some possibility of some financial loss. Limited tolerance for sticking neck out. Tendency to stick with status quo, innovation in practice avoided unless really necessary
High	Open and willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and Value for Money).	Prepared to invest for return & minimise the possibility of financial loss. Value and benefits considered. Gains outweigh adverse consequences. Innovation supported.
Very High	Seek and be eager to be innovative and too chose options offering potentially higher business rewards (despite greater inherent risk). Or also described as mature and confident in setting high levels of risk appetite because controls, forwards scanning, and responsiveness systems are robust.	Investing for best possible return & acceptance of possibility of financial loss. Chances of losing any challenge are real and consequences would be significant. Desire to break the mould. High levels of devolved authority – management by trust, not control.

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ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	19 May 2022

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Matters Arising – Recruitment Update

Gareth Hardacre, Director of People & OD gave an update on the progress being made on the Recruitment Modernisation Action Plan following the deep dive on this topic in the March Committee.

All organisations are now live on the latest version (3) of NHS Jobs. Progress has been made in letting the IT contract for the Pre-Employment Checks, but this has been slightly delayed as clarification is needed by the Home Office surrounding the cyber security requirements in the product specification. However, the deadline of September 2022, where either face-to-face checks are re-introduced or the IT solution is in place, should still be met.

The Action Plan for revising specific recruitment processes is due to go to Workforce Directors on May 20th and includes the proposal to establish a senior Programme Board to oversee delivery of the Plan. Performance against Recruitment Key Performance Indicators is improving, despite there being no drop in the level of activity across NHS Wales.

It has been agreed that a deep dive on Recruitment will be undertaken with the BCUHB Executive Board and the offer was made to do something similar with other NHS Wales organisations.

The Committee **NOTED** the update.

Medical Examiner Service

Andrew Evans, Director of Primary Care Services and Ruth Alcolado, Medical Director jointly presented to the Committee on progress with the development of the Medical Examiner Service. The service is currently examining around 1000 deaths a month, with a target of 2500 by the time the service is launched on a statutory footing, which is now likely to be April 2023 at the earliest. To date, the

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service has been able to identify potential learning for Health Boards and Trusts in approximately 25% of cases reviewed, and it is considered that 10% of cases would benefit from a Stage 2 Mortality Review – these figures are consistent with what is being reported in England. There are however differences in the way that the service is operated in the two countries, and the nature of the set-up in Wales allows greater identification of local, regional, and national issues.

One of the key benefits of the service thus far is to give each family the opportunity to speak with a Medical Examiner Officer. This has been very well received and in many cases the families have expressed their gratitude for the care received by their family member from Health Boards and Trusts at the end of their life.

To further successfully develop the service Health Boards and Trusts need to ensure timely notification of death, availability of clinical notes, and access to the relevant doctor to discuss the cause of death. The commitment from the service to Health Boards includes that all deaths will be scrutinised by the autumn of this year; that there is effective communication on themes and trends; and that there should be effective monitoring of performance.

In summary it was noted that the service is already making a positive contribution to patient safety, and that consultation is underway and/or planned with clinical colleagues to address any issues and to maximise the benefits.

The Committee **NOTED** the presentation.

Chair's Report

The Chair updated the Committee on the activities that she had been involved with since the March meeting. These have included:

- Meeting with the Minister as part of the all-Wales Chairs' Group. It was helpful that the Minister had recently visited IP5 and consequently gained a good understanding of what NWSSP does and had been left with a positive impression of the organisation;
- Attending her first NWSSP Audit Committee which again had been very positive;
- Continuing to meet with senior NWSSP management, and in particular recently from Specialist Estates and the Temporary Medicines Unit, to gain a better understanding of what they do;
- Attending the DHCW Board Development session in April where NWSSP received positive feedback;
- Chairing the Welsh Risk Pool Committee; and
- Arranging to attend the Velindre Trust Board at the end of June as part of their Board Development session.

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Looking further forward the Chair is keen to hold a development session with the Committee, ideally in person for a half-day in the autumn and including other members of the NWSSP Senior Leadership Group. This could include a stock-take

session on what works well and what doesn't work so well for the Committee; allow the Committee to better understand what NWSSP does, ensuring that it is aligned to NHS Wales's organisation priorities and also those of the Welsh Government; looking to the future in terms of which services it should provide; and assessing the current structure of the Committee and whether it needs wider (e.g. clinical) representation. A plan for how the session might work will be brought back to the July Committee.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- Senior NWSSP management participated in the meeting with Welsh Government in early May to review the IMTP. The meeting was very positive, and the IMTP has been well-received with the Outcome Letter expected in June;
- Work has been undertaken with colleagues from Welsh Government and Public Health Wales regarding the future plans for the recently vacated Lighthouse Laboratory at the IP5 facility. Within IP5, the Surgical Materials Testing Laboratory have had a new laboratory completed which will enable them to perform additional tests and to develop new testing regimes for medical devices, which they were unable to do at the existing Bridgend site;
- Progress continues to be made in terms of the overarching Transforming Access to Medicine Outline Business Case, with a number of workshops held to consider site selection. There is on-going discussion with workforce colleagues and Chief Pharmacists regarding the Organisational Change Programme; and
- The recent cyber security assessment, conducted as part of the NHS Wales Cyber Resilience Unit's work to implement the Network Information Security (NIS) Regulation in all health organisations in Wales, demonstrated that generally NWSSP is well protected from cyber-attacks. A formal project has been launched to address the key areas for improvement identified in the report's recommendations. One of the key tasks in the initial phase, a desktop exercise based around a cyber incident, was carried out at the May Informal Senior Leadership Group.

Items Requiring SSPC Approval/Endorsement

Decarbonisation Action Plan

Chris Lewis, Environmental Management Advisor presented the Plan which had been formally submitted to Welsh Government on 31st March. The Committee had previously had the opportunity to review the plan in detail at its November 2021 meeting. Clarity was provided in terms of explaining that this was the inward-facing NWSSP plan and that NWSSP were substantially involved in the production of the national plan which embraces the role that NWSSP plays in supporting NHS Wales organisations to achieve their own decarbonisation targets. Key actions in the internal facing plan include reducing the impact of our buildings, fleet, and

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new laundry service, as well as working with staff to help raise the profile of decarbonisation across the organisation.

The Committee **ENDORSED** the Action Plan.

Laundry Detergent Contract

Anthony Hayward, Assistant Director of Laundry Services, attended the Committee to present a paper for endorsement and approval by the Committee. Following the transfer of laundry services to NWSSP from April 2021, there is now the opportunity to tender for laundry detergent on an all-Wales basis. This should provide opportunities for economies of scale compared to the current fragmented arrangements. However, the Laundry Service are also keen to include the provision of dosing pumps and a management information system into the contract which is anticipated to total £2m over a five-year period.

The Committee **ENDORSED** the paper.

Draft Annual Governance Statement 2021/22

The Committee reviewed the draft Annual Governance Statement which will be taken to the NWSSP Audit Committee in July for formal approval. The statement is substantially complete, but the formal Head of Internal Audit Opinion is still to be received and the final energy consumption figures for the year are still being calculated. The Statement is a positive reflection on the past year and there are no significant matters of control weaknesses that need to be included. The final version of the Statement will be brought back to the July Partnership Committee for information.

The Committee **ENDORSED** the Statement **IN PRINCIPLE** recognising that it was still draft, and that formal approval would be sought at the Audit Committee.

Service Level Agreements 2022/23

The Committee received the Service Level Agreements for the core service provided by NWSSP to NHS Wales for formal annual approval. The papers included the overarching Service Level Agreement and a cover paper detailing any amendments to the supporting schedules, none of which were significant. (The schedules were provided separately to Committee members for information). It was however noted that the Procurement SLA element would need to be brought back to the July Committee as it is to be further amended to reflect changes resulting from the implementation of the new Operating Model.

The Committee **APPROVED** the SLAs for 2022/23 noting that the Procurement SLA is due to be further amended and resubmitted for approval.

Salary Sacrifice – Staff Benefits

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The Committee was presented with a paper setting out the arrangements for the Home Electronics and Cycle to Work Staff Benefit Schemes. There are currently different arrangements in place across NHS Wales, with some schemes being operated by NWSSP on behalf of NHS Wales organisations and other schemes

being operated and managed within health organisations. As well as potentially not providing optimal value-for-money, there is a risk that staff could fall below minimum wage rates due to being members of schemes administered by different organisations. The paper asked the Committee to approve a tender for a scheme to be administered by NWSSP that would cover home electronics and cycle to work schemes.

The Committee **ENDORSED** the approach being taken by NWSSP in awarding a contract(s) for Home Electronics and Cycle to Work with an aim of having an All-Wales arrangement in place, centrally administered by NWSSP, which will be made available to all Health Board, Trusts and Special Health Authorities.

Finance, Performance, People, Programme and Governance Updates

Finance – The Director of Finance & Corporate Services reported the outturn position, which is currently subject to external audit, and highlighted that a small surplus of £11k had been generated against total income of £870m. The DEL expenditure for the Welsh Risk Pool was £129.615m and the risk share agreement was invoked at the IMTP value of £16.495m. Additional Welsh Government risk pool funding of £4.861m was agreed above the core allocation and risk share funding to account for the additional cases settled in 2021/22. £17.018m capital funding was received in 2021/22 and fully utilised. £12.348m was spent in March 2022, including the purchase of Matrix House which completed on 30th March. The Committee were complimentary of the new style finance report.

Performance – Most KPIs are on track except for those relating to Recruitment Services, where the situation is improving due to the implementation of the Modernisation Plan, which was covered earlier on the agenda, but where there is still further progress to be made.

Project Management Office Update – Of the 24 schemes being managed by the PMO, there is only one that is currently rated as red. This is the project for the replacement of the Student Awards System which is approaching end-of-life and with no option to extend the support contract arrangements beyond March 2023. The deadline to issue a tender for the procurement of a replacement system is 31st May, but currently there is no guarantee of funding for this from Welsh Government.

People & OD Update – Sickness absence rates remain at very low levels with an absence rate of 2.61% for March. Performance and Development Reviews and Statutory and Mandatory training results continue to improve although there is still room for further improvement. Part of the issue is in areas such as the Medical Examiner Service where staff may be on multiple contracts, but a solution is being sought for this. Headcount is increasing due mainly to the additional staff recruited as part of the Single Lead Employer Scheme.

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Corporate Risk Register – there remain two red risks relating to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services, and the energy price increase. A new risk has been added relating to the Student Awards system, which was

highlighted earlier in the Project Management Office Progress Report.
Papers for Information
The following items were provided for information only: • Transforming Access to Medicine Progress Report • Information Governance Annual Report 2021/22 • Audit Committee Highlight Report • Quality and Safety Assurance Report • Complaints Annual Report 2021/22 • Finance Monitoring Returns (Months 12 and 1)
AOB
N/a
Matters requiring Board/Committee level consideration and/or approval
• The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.
Matters referred to other Committees
N/A

Date of next meeting	21 July 2022

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NHS Wales Collaborative Leadership Forum

Approved Minutes of Meeting held on 6 December 2021

Author: Teri Harvey	**Version:** 1

Members present	Ann Lloyd, Chair, Aneurin Bevan UHB (Chair) (AL) Maynard Davies, Board Member, Hywel Dda UHB (MD) Melanie Davies, Board Member, Powys tHB (MDa) Glyn Jones, Deputy Chief Executive, Aneurin Bevan UHB (GJ) Mark Hackett, Chief Executive, Swansea Bay UHB (MH) Alex Howells, Chief Executive, HEIW (AH) Simon Jones, Chair, DHCW (SJ) Dilys Jouvenat, Board Member, Cwm Taf Morgannwg UHB (DJ) Donna Mead, Chair, Velindre NHS Trust (DM) Ceri Phillips, Vice Chair, Cardiff and Vale UHB (CP) Lucy Reid, Vice Chair, Betsi Cadwaladr UHB (LR) Helen Thomas, Chief Executive, DHCW (HT) Stuart Walker, Medical Director, Cardiff and Vale UHB (SW) Jan Williams, Chair, Public Health Wales (JW) Martin Woodford, Chair, Welsh Ambulance Service NHS Trust (MW)
In attendance	Mark Dickinson, Director, Clinical Networks, NHS Wales Health Collaborative (MDi) Joanna Williams, Programme Director SARC, NHS Wales Health Collaborative (JWi)
Apologies	Maria Battle, Chair, Hywel Dda UHB Tracey Cooper, Chief Executive, Public Health Wales Emrys Elias, Chair, Cwm Taf Morgannwg UHB Steve Ham, Chief Executive, Velindre NHS Trust Vivienne Harpwood, Chair, Powys tHB Charles Janczewski, Chair, Cardiff and Vale UHB Chris D V Jones, Chair, HEIW

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	Jason Killens, Chief Executive, Welsh Ambulance Service NHS Trust Paul Mears, Chief Executive, Cwm Taf Morgannwg UHB Steve Moore, Chief Executive, Hywel Dda UHB Mark Polin, Chair, Betsi Cadwaladr UHB Carol Shillabeer, Chief Executive, Powys tHB Jo Whitehead, Chief Executive, Betsi Cadwaladr UHB Emma Woollett, Chair, Swansea Bay UHB

Welcome and introduction	**Action**
AL welcomed colleagues to the meeting and noted apologies of absence.	

Approval of minutes of previous meeting (LF-2103-01)	**Action**
The minutes of the meeting held on 2 March 2021 were **approved** as a correct record. The minutes will be forwarded to the board secretaries of the 12 NHS Wales organisations for noting at board meetings.	**MD**

Matters arising	**Action**
Precision Medicine MDi informed the group that that the momentum had lessened and there appeared to be no imminent plan to transfer the diagnostic programmes in the Collaborative into a new programme led by Cardiff and Vale. A formal announcement of the NHS Executive is believed to be imminent and MDi felt that work should progress under the heading of the NHS Executive before returning to any consideration of aligning things more generally under a precision medicine programme. AL confirmed that at the Chairs' meeting with the Minister they were advised that the Minister would share a paper about the NHS Executive with the Chairs before Christmas and the CEs are actively discussing this as a group. DM thanked MDi on the update. There had been concern that there could have been two lots of TUPE transfers and this would have been unfair on staff. DM would rather wait until there was further clarity on the NHS Executive and then a decision can be made. To be noted that no progress had been made, but for perfectly valid reasons, and we will await the Minister's decision on the NHS Executive function before any further steps are taken on this piece of work.	

Sexual Assault Services Programme Update (LF-2112-02)	**Action**
JW spoke in support of the paper.	

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It was noted that paediatric services remain a key a risk. As part of the initial model it was agreed that there would be two paediatric hubs in South Wales and the services would go up to 16 years of age. The second hub in Swansea had not been developed, mainly due to staffing issues. JWi had prepared a paper that went to the ARCH governance board and it was agreed that the South West Wales sub group would sit under ARCH for decision making and it would work between Hywel Dda and Swansea Bay to resolve the issues. An interim model would be going to the governance structure within ARCH.

A further risk is the ISO accreditation in North Wales. The assessment on how to make the building, which is police owned, ISO compliant was only undertaken the previous week, with a paper on what needs to be done is not expected until the end of February. This makes it tight for any work that needs to be completed. JWi explained that she was working with North Wales stakeholders and WG to identify funding for this work. If the building cannot be made ISO compliant then another building would need to be sourced which would delay timelines.

The final key risk was around the NHS lead forensic medical service. These are currently contracted by the police through a locum agency. One of the initial aims of the programme was that there would be an integrated provision of health and forensic assessment. JWi was working with WG for them to consider how we could potentially do this without going through legislative change and, if that is not possible, to start the legislation that is required.

JWi believed that the non-devolved police service could not be held accountable to the devolved service of the NHS Wales Health Collaborative. There are a number of lines of reporting to this group and the police and crime commissioners, which is part of the complexity of the programme. JWi will make the accountability issues clearer in the paper.

JW said that it was great to see this developing. She advised that there is an all Wales project underway called the 'single unified safeguarding review project' which was looking at streamlining and bringing together the current processes in Wales. A number of these areas would have sexual assault/abuse connotations and there was a specific task and finish group looking at learning and development. JW suggested that JWi touched based with Jasmin Khan who chairs this group.

AL thanked JWi for her paper and progress was noted. The situation in respect of children's services was of concern and a major risk and she urged, on the behalf of the Collaborative, that the partners involved in this service acted swiftly. She asked JWi to not make the governance over complex and to keep it as slim as possible and disband groups when necessary. The Forum would

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like to be updated about the children's services and whether progress can be made swiftly.	
Collaborative Update Report - March 2021 (LF-2112-03)	**Action**
National Clinical Framework (NCF) This paper was published before the election but remained a current document. Both the clinical framework and the quality and safety framework are predicated on the existence of the NHS Executive function which currently does not exist. It was clear that the networks and programmes in the Collaborative will have a key role with the work. To note in the absence of any formal governance arrangements, *Quality and Safety Framework (QSF)* This was a companion document to the NCF which was published in October. It confirmed the establishment of a quality and safety framework programme to drive forward national actions set out within the framework. The Collaborative have been asked to host an initial programme team to support the establishment, and it was agreed in Collaborative Executive Group to recruit to two posts. To be noted that the reporting line will go back to WG and that this programme will not have a reporting line to Collaborative Executive Group or Collaborative Leadership Forum. AL wanted it noted that this, together with the previous item, are one of the things that WG have asked the Collaborative to undertake which is not covered by the Collaborative ToR or governance processes. The Forum must bear in mind the risk to the Collaborative with them taking on this pieces of work which is outside their scope. AL was grateful to the Collaborative Executive Group for supporting the Collaborative to enable them to undertake these roles and responsibilities. *National focus for recovery* In agreement with SM and colleagues within WG the Collaborative are stepping in to allocate leads from within the Collaborative on all of the areas and are supporting some work on some baseline mapping and recommendations. AL thanked the Collaborative for the work they were undertaking on our collective behalf and acknowledged that it has not been a very easy time to be taking on this work.	
Informatics Programmes Update (LF-2112-04)	**Action**
MDi stated that there are four programmes under the heading of informatics where the Collaborative had the leading role or has a leading role in partnership with DHCW, HBs and trusts. All of these have had significant progress since the Leadership Forum last met.	

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LINC This had now been through all decision making processes to allow a contract to be awarded. DHCW had signed the contract on behalf of the NHS Wales and the supplier Citadel Health. *RISP* The outline business case has been approved by individual HBs and WG. This is now proceeding to the procurement phase. *Digital Cellular Pathology* A phase 1 and phase 2 pilot had been undertaken. A business justification case was taken to CEG where a useful discussion had taken place and it was felt that the costs and benefits elements required further work. Further work is being done before being taken back to CEG. *Welsh Intensive Care Information System (WICIS)* This programme was well into the development and implementation phase. MDi had written to CEs in the last week with minor revisions to the programme,. Al thanked MDi and acknowledged that these are critically important schemes and the Collaborative had done extremely well to get the HBs to agree everything. The cases had been very well made and discussed.	
Collaborative Annual Report 2020/21 (LF-2112-05 and 05a)	**Action**
These two versions, in Welsh and English are being brought to the Forum for information. The documents highlighted the achievements across all the networks, programmes and implementation groups. AL acknowledged that the contents had been discussed throughout the year. It was agreed that the documents were a credit to the work that had been done by the Collaborative.	
Collaborative Work Plan 2021/22 – Quarter 2 update (LF-2112-06)	
This report was against the work plan for the first six months of the current year. More than half of the actions were signalled as green with the rest as amber due to issues with delivery but there was an aim to hit major milestones. A minority were red and these had been previously reported to Collaborative Executive Group. MDi stated that the current primary concern was around stability and focus going forward, clarity of the NHS Executive function and	

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the future direction of travel. The Collaborative was experiencing some issues regarding recruitment and retention of staff. LR raised the issue with the development of a cancer research strategy being flagged red and wanted clarity on this. MDi explained that TC had taken a close interest in the research strategy work and felt that the nature of the strategy was lacking in clarity and ambition, so work had been done with some new partners to improve this and frame it in a positive and detailed way. DR was pleased to note the new work and expressed concern that the original strategy was very heavily orientated to novel therapies and treatments and had passing references to population health and to patient experience MDi confirmed he would feed that back to colleagues involved.	**MDi**
Next meeting – Subsequently confirmed as 8 June 2022	

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