



GIG
CYMRU
NHS
WALES

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



Annual report and accounts 2021/22

Contents

PERFORMANCE REPORT	5
Foreword from the Chair and Chief Executive	6
Chief Executive's Summary Foreword	7
Key facts	9
Who we are	11
What we do – our functions	12
How we do it, our culture, values and behaviours	13
Performance summary	18
Performance against the NHS Wales delivery framework 2021/22 and the six domains	21
 PERFORMANCE ANALYSIS	 23
Impact of COVID-19	25
Developing our IMTP	26
Delivery of our annual plan	28
Areas of challenge and Delivering in Partnership	34
Highlights from Education and Training Commissioning	36
Our workforce	43
Financial Performance	46
Welsh Language	48
Sustainability	49
Appendix 1.1 Trends in Education and Training Commissioning	51
Appendix 1.2 Health Professional Commissioning Trends	54
 ACCOUNTABILITY REPORT AND ACCOUNTS	 57
Corporate governance report	58
Statement of the Chief Executive's Responsibilities as Accountable Officer	83
Director's Report	84
Remuneration and Staff Report 2021/22	86
The Welsh Parliament Accountability and Audit Report	98
Financial Statements and Notes 2021/22	102



Performance report

2021/22



Welcome from our Chair and Chief Executive

We are pleased to present this annual report for 2021/2022. The Chief Executive summary gives an insight into how the organisation has developed and performed during what has been a very challenging period for the nation.

We are now four years in from being established and we would want to recognise the dedication, professionalism and energy of our staff that form team HEIW. As you will see, we have continued to build and develop our partnerships with a wide range of stakeholders across the NHS, social care, education, regulators, professional bodies and most importantly our trainees and students.

The focus is always on improving care and bettering outcomes through education, training and workforce development, underpinned by the ambition of the Workforce Strategy for Health and Social Care. We have a dedicated and ambitious cadre of independent members with a wide range of experience. Our system leadership role in compassionate and collective leadership is building momentum, and the development of our Integrated Medium Term Plan sets out what we will be delivering across our other functions, including workforce planning and intelligence, careers and widening access, workforce transformation, and education and training. Our transformation of education and our focus on the digital opportunities in partnership with Digital Health Care Wales (DHCW) are fundamental to meeting the needs of the service whilst widening access and opportunity to train, work, and live in Wales, serving the Welsh population. The educational commissioning budgets support the socioeconomic duty, and our work on addressing diversity and inclusion is maturing with a particular focus on differential attainment for our trainees and students.

We believe that this period has enabled us to build and consolidate the organisation and places us in a good position to meet the challenges and opportunities going forward.



Dr. Chris Jones
Chair
13 June 2022

Alex Howells
Chief Executive Officer
13 June 2022

Chief Executive's Foreword

This year has required us to respond to the urgent demands of the pandemic whilst maintaining our focus on strategic programmes of work that will deliver long term benefits for the health and care workforce and the people who use our services.

The Board approved an Annual Plan for 2021/22 for submission to Welsh Government in June 2021. In line with other NHS Wales organisations, and as a result of the pressures of the pandemic, the Plans were not formally approved by Welsh Government.

The aims and objectives of the Annual Plan were reviewed on a regular basis throughout the year, adjusting where necessary to support the NHS's response to the pandemic. Overall, HEIW made good progress on delivering 59 strategic objectives across our six strategic aims.

As an active partner in the COVID-19 response, our priority in 2021/22 was to support the wider NHS and care system as part of the System Response and Recovery plan, refreshing our previous work to support the prudent in practice principle, including staffing ratios, skill mix and delegation guidelines. We also worked closely with partners to support our trainees and students by protecting education and training as far as possible. We were able to benefit from the progress made in the first wave in moving to virtual Continuing Professional Development (CPD), recruitment, training, progression and quality management. While there has been disruption to some medical, dental, and pharmacy trainees, this is less than in 2020/21. There are no COVID-19 risks reported for this academic year with nursing and other health professional education.

Quality is at the heart of what we do, and so we were pleased to make good progress with the development of HEIW's multi-professional quality framework. The operational guidance to support the framework and a single set of standards for education and training are being finalised.

We have also continued to make substantial progress on key strategic priorities thanks to the professionalism and dedication of our staff. Many of these are core to the implementation of the Workforce Strategy for Health and Social Care and include:

- 📌 The development of the 2022/23 Education Commissioning and Training Plan, which is the vehicle for agreeing the numbers of staff we train in Wales.

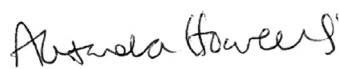


- A new pattern of future provision of health professional undergraduate education in Welsh Universities secured through a significant procurement exercise (Phase 1 of the Strategic Review of Health Professional Education).
- A review of our post-registration education programmes and health care support worker education has commenced. (Phase 2 of the Strategic Review of Health Professional Education).
- Development of the Strategic Mental Health Workforce Plan with colleagues in Social Care Wales.
- Support for the workforce solutions needed for many national programmes, including imaging, endoscopy and urgent and emergency care.
- Launch of a number of leadership development programmes.
- Launch of Careersville, which is a digital platform created to enable users to explore different health and care careers.
- Procurement of a new digital learning management system - Y Ty Dysgu.
- Continued implementation of new education and training standards for pharmacists.

HEIW continues to mature in terms of financial development and demonstrated competence in financial planning and in financial governance. Our in-year financial monitoring continues to be of a high standard, and through working closely with Welsh Government finance colleagues, we have managed our financial position transparently and once again achieved all financial targets for the fourth year.

We have once again this year been able to maintain robust governance arrangements, which is supported by internal and external audit reports and the organisation's ability to deliver on its key commitments for 2021/22.

Over the last year we have made some key additions to our Executive Team, and these have already made significant contributions to further develop the organisation. While remote and virtual working has assisted HEIW in developing new ways of working, we are pleased that we were able to implement our agile working model by the end of the year. We have continued to build on our progress in embedding the Welsh Language in all that we do, and to ensure that our Strategic Equality Plan has a positive impact on equality and diversity in our organisation and across our functions.



Alex Howells
Chief Executive
13 June 2022

Key facts

HEIW –
Special
Health
Authority

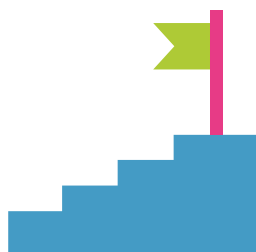
All Wales
remit

£268.180m
annual budget
88% on
education and
training

Over 500
directly
employed
staff

2,916 medical
and dental
trainers and
supervisors

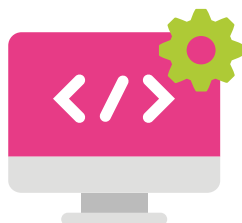
Promotes:



350+
careers in Wales



27
health libraries



NHS Wales e-library for
health managed by
Digital Health and Care Wales

2,300+
subscription e-journals

22+
databases,
e-learning
and guidelines

At any time we are supporting the education, training and CPD of:



c. 4,010

training grade doctors
and staff and associate
specialist doctors across:

58

specialist medical
training programmes

11

district GP
training schemes

19

dental training schemes



2,778

pharmacists

1,650

pharmacy technicians

161+

pre-registration
pharmacists and pharmacy
technician trainees

80

diploma pharmacists



1,000+

trainee community nurses



1,732

dentists

3,598

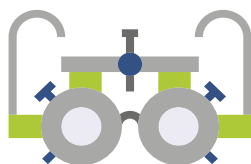
dental care
professionals

161

dental trainees

10

dental therapist
trainees



800+

optometrists including
c.100 studying in Wales

50

contact lens opticians

278

dispensing opticians



c. 700

NHS employee
advanced practitioners



c. 400+

midwifery students



2,800

allied health
professional students



5,500+

nursing students



300+

healthcare
scientist students

c. 70

healthcare
scientist trainees



c. 830

independent
prescribers trainees

Who are we?

HEIW is a unique organisation in NHS Wales, established as a Special Health Authority with a leading role in the education, training, development and shaping of the healthcare workforce in Wales. We are here to make a real difference to patients, to enhance trainee and student experience and to improve the well-being and potential of the NHS workforce. Ensuring we have the right staff, with the right skills, to deliver world-class healthcare to the people of Wales both now and in the future.

Vision

Our vision is **“Transforming the workforce for a healthier Wales”** which was developed through engagement with staff, stakeholders and partners.

Our purpose is to develop a workforce that delivers excellent care to patients and service users and excellent population health. As a Special Health Authority, we have a unique contribution to make to NHS Wales by:

- addressing strategic and specialist workforce issues.

- making Wales a great place to train and work for our health and care staff.
- maximising the contribution of all professions and occupations through our statutory functions.

Our role in education and training makes a fundamental contribution to the implementation of the Wellbeing of Future Generations (Wales) Act 2015 and the five ways of working. We see this as part of our core purpose, creating the conditions for a sustainable workforce for the future and widening access to health careers and opportunities. Plus, engaging with partners and stakeholders to shape education and training opportunities making them more accessible no matter what your background or where you live.

We are also clear that our purpose is to deliver improvements to the safety and quality of care for patients, to enhance trainee, student and staff experience and to drive benefits to the system as a whole.

What we do – our functions

The organisation undertakes a wide range of functions, as outlined below, which together help us to achieve and deliver our vision and purpose.

Functions

Leadership Development

Workforce development and transformation

Careers and widening access

Workforce – strategy planning Intelligence

Education and Training – planning commissioning delivery

➤ **Leadership Development:** we are responsible for setting the strategy, principles and frameworks for leadership development across Wales, based on compassionate and collective leadership, together with the commissioning and delivery of leadership development activity for key groups. We lead on succession planning and talent management for aspiring Directors and Chief Executives.

➤ **Workforce Strategy, Planning and Intelligence:** as well as providing strategic leadership for the development of workforce planning capacity across the NHS we have a lead role in the development of strategic workforce plans and the provision of analytical insight and intelligence to support the development of the current and future shape of the workforce.

➤ **Workforce Development and Transformation:** we support workforce transformation and improvement to respond to significant service challenges, including skills development, role design, prudent approaches, CPD and career pathway development.

➤ **Education and Training, Planning Commissioning and Delivery:** we plan, commission, deliver, and quality manage undergraduate and postgraduate education and training for a wide range of health professions and lead on apprenticeship frameworks in Wales.

➤ **Careers and Widening Access:** we promote health careers and the widening access agenda to ensure that opportunities to work in the health and care system are available to all. We are aiming to include people in our communities that have valuable skills and experience that are currently under-represented in our workforce.

➤ **Hosting of the Office of the Chief Digital Officer (OCDO).** In July 2021, the functions of HEIW were extended by the Welsh Minister for Health and Social Services to include the hosting of the OCDO for Health and Care. In accordance with the request of the Welsh Government establishment of the OCDO was paused in late 2021 and was re-activated in March 2022.

How we do it

Our Culture, Values and Behaviours

As a workforce focused organisation, our culture and the way we do business are very important to us. Our aspiration continues to be an exemplar employer and a great place to work, recognising that our workforce is not only distributed across Wales but successfully embraced home working as a result of the pandemic. We continue to develop our people, inclusion, and organisational development practices to enable us to reach our aspirations. It is critical that we have a motivated, engaged and sustainable workforce that is competent, confident and with the appropriate capacity to help us deliver our priorities. We are keen to support the development of our existing staff, as well as being attractive to new staff as our organisation continues to mature.

In line with our aim to be an exemplar employer, we want our own workforce to be happy, healthy and engaged, and we promote wellbeing, equality, diversity, inclusion and bilingualism within HEIW, in line with the national *Workforce Strategy for Health and Social Care*. Together with our staff we have developed our organisational values:

Our values are:



Respect for all:

in every contact we have with others



Together as a Team:

we will work with colleagues across NHS Wales and with partner organisations



Ideas that Improve:

harnessing creativity, and continuously innovating and evaluating

We continue to embed the values and behaviours into our policies, practices and processes and take all opportunities to be a role model for the national work we are leading on compassionate and collective leadership.

Effective communication and engagement including with staff is critical and has been a top priority since the organisation was established. Our communication and engagement strategy describes how we communicate and engage effectively with staff to create an inclusive and respectful work environment. This approach has evolved during the pandemic to reflect the adoption of home working by staff in response to the pandemic.

We are committed to eliminating discrimination and promoting diversity and inclusion through equality of opportunity and through everything that we do. We have continued to embed our diversity, quality, and inclusion agenda which is informed by strong leadership co-production, collaboration, and direct engagement with those who are affected by the decisions we make.

In October 2020, we published our first Strategic Equality Plan, which sets out our direction of travel for the next four years, explaining how we will work to promote equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not.

In the last year, we have established an Equality, Diversity, and Inclusion (EDI) Steering Group that focuses on delivery of the EDI objectives in our Integrated Medium Term Plan (IMTP), the Strategic Equality Plan (SEP), the Public Sector Partnership and our contribution to the Race Equality Action Plan (REAP). HEIW has been fully engaged with the development of Welsh Government's draft REAP. Our Medical Director is a member of the First Minister's REAP Steering Committee, which has led on this work.

Our previous EDI Group has been converted into an EDI network that focuses on sharing and developing best practice across the organisation. Our Inclusion Network continues to champion equity and equality within the

Our Values and Behaviour Framework is on our website at Values and behaviours - HEIW ([nhs.uk](https://nhs.uk/health-economy-and-workforce)).

organisation and hosts a number of both virtual and in person events that raise the profile of and celebrate diversity.

In this last year, we have published our second Annual Equality Report for 2020–2021, and our Gender Pay Gap Reports for 2020 and 2021.

Further details of our work on promoting equality can be found in our Annual Governance Statement on page 91.

Shape of our workforce

Our workforce is made of over 500 staff who have come from a range of backgrounds including frontline NHS services, various education settings as well as other public sector services or professional sectors such as finance and IT. Full details of the shape and composition of our workforce can be found in the Remuneration and Staff Report 2020–21 on page 198.

When HEIW was established, it brought together staff from three former organisations:

- Workforce Education and Development Services;
- Wales Deanery and
- Wales Centre for Pharmacy Professional Education.

HEIW continues to have a strong focus on organisational development. In addition to the staff who have transferred to the organisation from predecessor organisations, we have recruited a significant number of new staff over the last four years from both NHS and non-NHS backgrounds.

To continue to build the culture that we want, we have conducted regular staff and wellbeing surveys and were pleased to achieve an engagement score of 81% in the last all Wales staff survey.

Attraction, recruitment and selection

We use a variety of methods to advertise our vacancies and use values-based recruitment across all areas supported by appropriate training for managers including on unconscious bias.

We know that around 80% of our future workforce are already with us today. As an organisation with the primary purpose of current and future workforce development for NHS Wales, it is vital that our own staff have excellent experience in this area.

Key to this is our personal and development review (PADR) policy procedure. During the PADR, staff have the opportunity to discuss their progress against their agreed objectives with their line manager, develop ongoing objectives and create and agree a personal development plan to enable ongoing personal and professional development. We are still working hard with our managers to ensure that PADRs are completed and recorded to achieve the expected target of 85%. Our current performance is 70.1% which represents an increase of 7% over the past year.

All our staff are required to complete the all-Wales statutory and mandatory training in line with NHS Wales Health Boards and Trusts. We have worked hard with managers to ensure that we meet the 85% tier one performance target rate and met this target for the first time this year when we reached our current performance rate of 85%.

Communicating effectively with people, stakeholders, partners and the public

We work closely with a wide and diverse range of partners and stakeholders in various sectors to continuously evaluate, reimagine and transform how we need to work to meet the needs of an ever-changing world. Further details can be found in the Annual Governance Statement on page 74.

Our Local Partnership Forum meets bi-monthly; further details can be found in our Annual Governance Statement on page 89.

Data analytics and intelligence

In terms of corporate and business reporting, we maintain the local Electronic Staff Survey (ESR) system and work collaboratively to ensure accuracy on reporting of vacancies and other workforce resources. As data controllers of ESR within HEIW, the Workforce Data and Analytics Team (WDAT) support the whole organisation with ESR related issues and provide reports and analysis and training across HEIW.

WDAT supports reporting of HEIW key performance indicators across the organisation and combines multiple data sources to undertake workforce modelling. Externally the WDAT produce national workforce reports and response to national requests for workforce information and analysis.

Digital and Information Systems

The Digital Team design, develop, run and support the digital technology systems and applications that support HEIW, ensuring that these are fit for purpose and provide enabling capability to the organisation. Digital is much more than just the technology. It is about delivering positive change to the way services are delivered, by using the power of information and technology to improve the delivery of the functions of HEIW and the workforce. In addition, the Digital Team leads the improvement of digital skills across NHS Wales to ensure the workforce is ready for a digital future and consider and plan for how technology will change the shape of the workforce and training and education.

Staff health, safety and wellbeing

The well-being of staff is of paramount importance, and we strive to ensure that our working environments and practises, both within our homes and in our headquarters, support us in achieving this aim.

This has been a particular area of focus over the past two years due to the challenges to wellbeing caused by the pandemic generally and the specific challenges of home working.

In our headquarters, Ty Dysgu the Facilities Team adapted the internal workspace in accordance with public health guidance on responding to the pandemic to ensure that our staff are as safe as possible. This included periods where it was deemed necessary to close Ty Dysgu other than for essential business needs or where it supported the wellbeing of staff. The Health and Safety Committee, with representatives from across the organisation, has continued to review health and safety policy and procedures including guidance in respect of COVID-19.

We have a strong wellbeing network across the organisation, and as the system leader in staff wellbeing within NHS Wales, we are able to test and promote a wide range of initiatives and resources within HEIW prior to further rollout.

Planning

The Board approved an Annual Plan for 2021/22 for submission to Welsh Government in June 2021. In line with other NHS Wales organisations, and as a result of the pressures of the pandemic, the Plans were not formally approved by Welsh Government. Nevertheless, positive informal feedback was received from

Welsh Government prior to submission. The aims and objectives of the Annual Plan were reviewed on a regular basis throughout the year to ensure an agile approach was taken by HEIW to support the NHS workforce's response to the pandemic. We have continued to support the development of planning and project management skills across our teams.

Further details on our Planning can be found in our Annual Governance Statement on page 24.

Student and trainee voice

Critical to our educational training role and successfully contributing to the healthcare agenda in Wales is the voice of students and trainees. We have a number of methods in place to ensure we are hearing what is being said which are detailed below.

From a strategic perspective, a 'trainee think tank', which is a group of 12-15 medical and dental trainees, influences the education and training agenda by representing a range of specialities from across Wales. A virtual trainee engagement conference was held on 13 April 2021 with trainee representatives from a range of specialties and grades across Wales. Trainee feedback is collected via the General Medical Council national trainee survey and end of placement surveys.

The Wales Health Student Forum (WHSF) is an innovative group of over 100 healthcare students from across all healthcare courses who are passionate about shaping the learning experience of healthcare students within Wales.

A task and finish group was established with student forum representation to re-establish the forum for the 2021-22 academic year following the pandemic disruption, and there have been two successful student forum events to date:

- A setting the scene meeting clarifying the role of HEIW and the role of the forum going forward where the programme for the year was agreed.
- A student wellbeing conference with speakers from Professional Support Unit, workforce, student alumni and members of the HEIW Board.

We took a conscious decision due to the pandemic to pause our roadshow events in 2021-22, usually held in Health Boards and Trusts they are aimed largely at students and trainees. These will restart in 2022-23.

Governance

As a statutory body, HEIW has a Board consisting of a Chair, Chief Executive, six independent members and four executive directors. Further information about the Board, and our two directors who are not executive directors, their roles and responsibilities can be found in the Annual Governance Statement on pages 58–63.

Declarations of interest: details of company directorships and other significant interests held by members of the Board which may conflict with our responsibilities are maintained and updated on a regular basis. A register of interest is available in the Board meetings section of our website at <https://heiw.nhs.wales/about-us/key-documents/>. A hard copy can be obtained from the Board Secretary on request.

Organisational risk and governance

As an organisation we adhere to the HEIW Risk Management Policy. We maintain a risk management system which enables and empowers staff to identify, assess and manage risks to HEIW. Strategic and corporate risks are monitored by the Board and managed by the Executive Team and operational risks are managed by teams at the most appropriate level.

Annual education and training commissioning meetings

Every year we hold meetings with Health Boards and Trusts to review the provision of postgraduate medical education to ensure that this complies with General Medical Council (GMC) standards. In accordance with public health requirements in response to the pandemic some of these meetings were held virtually. Such meetings provide valuable opportunities to communicate with executive directors and education teams from individual organisations. This year a key focus area has been the award and implementation of contracts for Phase One of the Strategic Review of Health Professional Education. Further details on governance, assurance and risk management can be found in the corporate governance report.

Wellbeing of Future Generations (Wales) Act 2015

Our role in education and training places us in an excellent position to contribute to the implementation of the Wellbeing of Future Generations (Wales) Act 2015. The five ways of

working are aligned with our objectives as an integral part of our core purpose and were also reflected within our Annual Plan for 2021–22.

As an organisation we do not have a population health responsibility. However, our key role in scenario planning and forecasting the workforce informs commissioning of future education and training and plans to widen access to NHS careers. This significantly contributes to preventing social deprivation, poverty, long-term health, and socio-economic issues in Wales.

We are instrumental in developing our existing staff, as well as developing an attractive and accessible pipeline for our future workforce through widening access to all types of roles across all ages, backgrounds and interests, contributing to long term improvement across our remit.

The act's five ways of working are reflected in the inclusive way we collaborate with all our stakeholders including underrepresented and marginalised groups in our society and in the way we carry out our business reflecting our culture and core values. Our recognition of the Disability Confident Scheme, Dying To Work Charter and the Anti Violence Collaborative is evidence of this.

Legal and policy context for NHS Wales

As well as the Wellbeing of Future Generations Act there are a number of other legislative and high-level policy drivers which underpin our objectives and work. These include:

The Social Services and Wellbeing (Wales) Act 2014

This Act imposes duties on local authorities and Health Boards to promote the wellbeing of those who need care and support, or carers who need support and to put in place measures that support a preventative approach and reduce the need to escalate care.

A Healthier Wales

A Healthier Wales – the long term plan for Health and Social Care embraces the prudent healthcare principles and sets out an ambitious plan for a whole system revolution and provides essential context for all NHS plans going forward. In addition to the Workforce Strategy referred to above it challenges HEIW, along with other NHS organisations, to develop sustainable plans and actions to deliver care close to home, through

strengthening primary and community services, and refocusing on prevention.

Nurse Staffing Act 2016

The Nurse Staffing Act requires organisations to demonstrate that they are providing safe levels of nursing care within adult acute medical and surgical inpatient wards. There are, however, elements of the act that are relevant for other clinical areas.

Duty of Quality

It should be noted that the duty of quality comes into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. These new legal requirements will be captured through processes that will be introduced in 2023/24. In the meantime, we anticipate that there will be a non-statutory implementation in Autumn 2022. The reporting process for 2022/23 will be a hybrid approach allowing for quality reporting indicators to be tested and for measure and narrative concepts to be developed as part of the implementation phase. In the meantime, quality reporting requirements are embedded throughout the performance section and governance section of this Annual Report.



Performance summary

Our Annual Plan 2021-22 was developed to deliver the organisation's six Strategic Aims, and some of the highlights of the past year are detailed below.

Our Strategic Aims were tested on partners through our stakeholder engagement and aligned to the functions set out within the legislation. The six HEIW Strategic Aims for 2021-22 were as follows:

1	To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'
2	To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs
3	To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity
4	To develop the workforce to support the delivery of safety and quality
5	To be an exemplar employer and a great place to work
6	To be recognised as an excellent partner, influencer and leader

Performance outcomes and highlights for 2020-21

We successfully delivered on the majority of projects (66%) and commitments in the Annual Plan. One objective was assessed as not being completed at the end of the year and is expected to be completed next year.

Some of the key highlights are outlined below. Following an extensive procurement process, HEIW awarded over £1bn worth of healthcare professional education contracts to Higher Education Institutions for delivery over the next ten years. The contracts are for the delivery of modern healthcare professional pre-registration education to meet the future needs of NHS services and patients in Wales. HEIW undertook extensive stakeholder engagement and researched international best practice leading to several key themes being built into the contract specifications. These include a more local approach to healthcare professional education by delivering more education closer to health board areas and in some disciplines offering part-time education programmes. Embedding technologies to enhance teaching, student support and placement preparation was also included as a key theme together with an emphasis on recruiting students from disadvantaged areas. The importance of the

Welsh language has also been reflected in the contracts enabling students to learn and utilise the Welsh language.

Good progress continued during 2021-22 across the 32 actions of the ten-year workforce strategy for health and social care, published in October 2020. Wellbeing of the workforce, quality, inclusion and the Welsh language are at the heart of the strategies ambition to have a motivated, engaged and valued diverse health and social care workforce with the capacity, confidence and competence to meet the needs of the people of Wales. Two examples of progress are outlined below:

- ▶ We have commenced work to build a digitally ready workforce. HEIW is increasing the digital skills of our workforce, enabling them to work and learn using appropriate technology. With partners, we have increased the availability and catalogue of virtual learning solutions, including e-learning, virtual classroom and simulation. In addition, we have built and continue to build relationships with key partners including TEC Cymru, Digital Public Services and Digital Communities Wales and continuing our close working relationship with Digital Health and Care Wales.
- ▶ To support attraction and recruitment we launched [Careersville](#). A virtual village

created online to enable users to explore different health and care careers launched in November. The bilingual platform currently targets learners and young people aged 14 to 16, but will expand to appeal to all ages as it develops. Visitors to Careersville can navigate through the virtual village and enter various buildings. Within these they can get information on different health and care roles, access resources, watch videos and read blogs to gain insight into what it's really like to work within the NHS and wider health and care services in Wales. The free-to-use platform is available for learners, teachers, parents or guardians, and careers advisors. Careersville was launched in both English and Welsh simultaneously. The Welsh language site, Tregyrfa accounted for 27.7% of the total views received in the first week.

Whilst some in-person leadership and succession events were paused to reflect the service pressures organisations were experiencing as a result of the pandemic, all of the key deliverables and objectives were progressed by the HEIW Leadership and Succession team during 2021/22. Some of the highlights are summarised below:

- A strategic governance framework was created to oversee and direct the Talent and Succession work programme. This included the establishment of a national Talent Management Board chaired initially by Dr Andrew Goodall, (now chaired by Judith Paget, Director General of Health and Social Services/Chief Executive NHS Wales) and comprises executive directors and Chairs of NHS Wales. This Board is supported by the Talent and Succession Operational Group made up of executive and senior leaders that represent a wide range of professions. The Talent Board has prioritised a number of workstreams to progress including enhancing inclusion and diversity across senior leadership roles, establishing talent pipelines where roles have no or limited succession pipelines, embedding digital talent management systems that enable visibility of talent across NHS Wales, and a review and update of the 2017 Succession Strategy to strengthen the acquisition and deployment of 'ready now' Aspiring Executives from our national talent pools.
- A Talent Management Framework was successfully established and delivered,

focused on the functions of 'identifying, supporting and deploying' aspiring executive talent. A vibrant talent pool of approximately 130 aspiring executive leaders was established, many of whom were supported to develop and acquire new roles through opportunities that included executive mentoring, an aspiring executive leadership development programme co-designed with the Kings Fund, and a range of targeted master classes and webinars. Underpinning this framework is the Executive Success Profile which was launched 2021 and will be critical to the design of Aspiring Executive Development Centres, a key component of the newly established executive talent identification process, scheduled for 2022, aimed at creating 'ready now' and 'high potential' talent pools.

- Use of HEIW's digital leadership portal Gwella, which provides bilingual digital materials and resources on Compassionate Leadership, has continued to grow with NHS Wales organisations and many universities using Gwella to support leadership development. Gwella has received over 411,000 page hits, has around 3,000 registered users, and around 180 active leadership networks, communities of practice and alumnus. 'Gwella on Air' – a compassionate leadership podcast series was launched last year, with several compassionate leadership podcasts currently available and more scheduled during the first quarter of 2022/23.
- NHS Wales Graduates participating in the Graduate Programme have reached the end of their first placements. All have successfully completed three modules of their 2-year Master's degree and have been commended by the University of South Wales, which stated *'the current cohort of graduate manager trainees are a credit to both the Graduate Programme and NHS Wales'*. A similar methodology informed the first ever HEIW Internship Programme which was launched in the summer of 2021. The programme was co-designed with students who were then invited to participate in the HEIW Summer Internship Programme to experience and evaluate the offering. The success of this Internship resulted in HEIW offering one of the participants a one-year internship and

support from the Executive Team to a 2022 Summer Internship Programme.

- 👉 The HEIW Leadership and Succession Team won the Gold Award in the 2021 national Learning Technologies Team of the Year, with the judges commenting *“A worthy team who managed to create and deliver a vast amount of very useful content in some of the hardest times of COVID-19. A superb technology integration delivered over a short timeframe and proved a valuable resource”*.

HEIW and Social Care Wales (SCW) have worked jointly on developing a Strategic Mental Health Workforce Plan with a view to developing a vision for a strong, sustainable multidisciplinary workforce offering compassionate care to people in Wales. The vision will support the Welsh Government's [Together for Mental Health Delivery Plan 2019-22](#) and future sector developments. On 1 February 2022 HEIW and SCW launched an eight-week consultation process on the draft plan and received in excess of 200 responses. The draft plan is currently being reviewed and refined to take account of the feedback from the consultation process. The aim is for the final version of the strategic mental health workforce plan to be published in June of 2022.

Areas of focus within the draft plan include improving recruitment by providing attractive and innovative career opportunities, staff retention through enabling access to Continuing Professional Development, and widening access through non-traditional career paths such as apprenticeships.

HEIW's second Annual Equality Report 2020/21 was approved by March Board for publishing. The report outlines the progress made by the organisation to date in meeting its commitment to supporting, developing, and promoting equality, diversity and inclusion. Highlights include our Medical Deanery leading the way on developing strategies to mitigate the impact of differential attainment, ensuring that equality is embedded in the way that we commission our services and managing the Wales Asylum Seeking and Refugees Doctors (WARD) Group in partnership with Displaced people in action (DPIA). The British Association of Physicians of Indian Origin (BAPIO) presented our Medical Director, Professor Pushpinder Mangat, with their award

for services to medical education and training and furthering the cause of overseas trainees.

HEIW's national Education and Training Plan for 2022/23, was approved by the Minister for Health and Social Care in November 2021. The plan represents an investment of over £260m, resulting in further increases and record investment in healthcare professional training in Wales. This will be a vital part of the training and workforce pipeline in Wales. Our recommendations in the plan were informed by health board and trust plans, wider workforce intelligence, national service challenges and priorities, needs of individual professions and occupations, and capacity within the system to support students and trainees. Investing in education and training will bring a valuable return in a short space of time on graduation. The plan not only includes record investment but will increase training places by 15%, including in the following areas: Nursing and Paramedicine, Acute Care, Anaesthetics and Intensive Care, Cancer Care and Mental Health. A copy of the [plan](#) is available on our website.

A new framework for nurses working in general practice (GPN's) framework was launched by HEIW to provide consistency, structure, guidance and direction to registered general practice nurses and their employers. The framework provides advice about roles, skills and competencies that enable the highest standards of nursing practice at all levels of skill mix within a general practice team. It also aims to guide and support the development and recruitment of registered nurses working in general practice and primary care in Wales. The framework was developed through collaboration across all NHS Wales Health Boards, via the all-Wales professional group of Primary Care Lead Nurses (PCLNs), drawing from local guidance and existing standards and frameworks.

Further detail relating to our performance in implementing our Annual Plan 2021-22 through the six strategic aims can be found in the performance analysis section of our end of year performance report (Q4 Performance) 2021-22, which can be found in the May Board papers on our website here: <https://heiw.nhs.wales/about-us/board-meetings-agendas-and-standing-orders/>.

Performance against the NHS Wales delivery framework 2021/22 and the six domains

As noted above, we are a unique NHS organisation in Wales and very few of the NHS Wales delivery framework measures apply to us. Those that do apply are shown below.

SAFE CARE:	
<p>Delivery measure 10</p> <p>Percentage of compliance for staff appointed to new roles where a child barred list check is required.</p> <p>Outcome: we had no posts for which this was a requirement</p>	<p>Delivery measure 11</p> <p>Percentage of compliance for staff appointed to new roles where an adult barred list check is required.</p> <p>Outcome: we had no posts for which this was a requirement.</p>
EFFECTIVE CARE:	
<p>Delivery measure 29</p> <p>Percentage compliance of the completed level one information governance (Wales) training element of the core skills and training framework</p> <p>Target – 85%</p> <p>Outcome:</p> <p>**HEIW – All staff: 71.1%</p> <p>NHS Wales: 72.7% (Dec 21)</p>	
OUR STAFF and RESOURCES:	
<p>Delivery measure 52</p> <p>Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training).</p> <p>Target – 85% ESR and medical appraisal and revalidation system (MARS).</p> <p>Outcome:</p> <p>**HEIW – all Staff: 53.3%</p> <p>*HEIW – core Staff: 70.1%</p> <p>NHS Wales: 59.7% (Jan-Dec 21)</p>	<p>Delivery measure 51</p> <p>Overall staff engagement score – scale score method.</p> <p>Target – Improvement</p> <p>Outcome:</p> <p>**HEIW NHS staff survey 2020 : 81%</p> <p>HEIW local survey: 79% (HNA)</p> <p>NHS Wales staff survey: 75%</p>
<p>Delivery measure 53</p> <p>Percentage compliance for all completed level one competencies within the core skills and training framework by organisation.</p> <p>Target 85%</p> <p>Outcome:</p> <p>**All HEIW Staff 66.7%</p> <p>*Core HEIW Staff 85%</p> <p>NHS Wales: 80.1% (Jan-Dec 21)</p>	<p>Delivery measure 55</p> <p>Percentage of sickness absence rate of staff (12 month rolling).</p> <p>Outcome:</p> <p>**HEIW: 2.28%.</p> <p>NHS Wales: 6.5% (Jan-Dec 21)</p>

* HEIW core staff = Staff who work more than 0.3 FTE

** HEIW all staff = core staff + staff who work 0.3 FTE or less

All data in relation to HEIW (except where it relates to the Staff Survey) is based on the detail held at March 22 or where it is based on a rolling 12 month period, it relates to Apr 21 – Mar 22. The Staff Survey data results for 2020 are quoted as these are the most up to date figures.

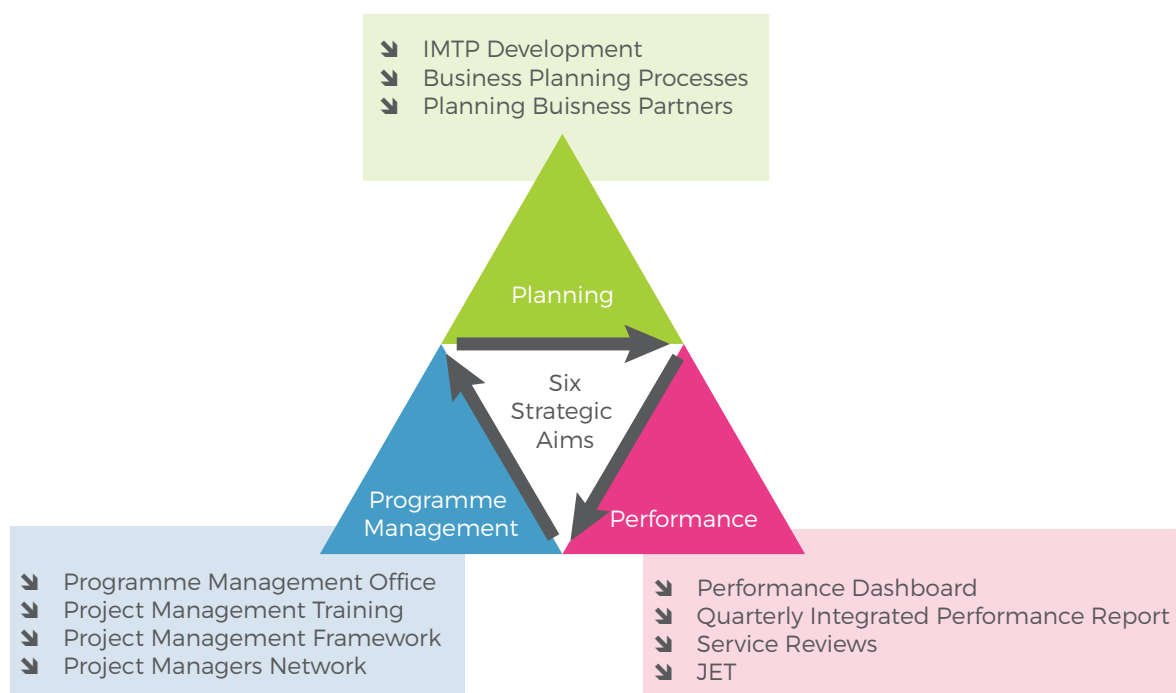


Performance analysis



Performance Framework

Robust planning, performance and programme management arrangements are in place to enable HEIW to achieve our Strategic Aims and to measure our progress and delivery of our business activities as shown below:



Our IMTP, the six Strategic Aims and the identified strategic objectives are central to planning, performance and programme management practices, each playing their part to give our Board assurance on our ability to deliver as an organisation.

During 2021-22 we have continued to build on the work done to date to continuously improve our planning approach and practice. This includes our strategic, operational and business planning. We developed approaches to support teams in the creation of departmental delivery plans as well as internal and strategic business cases, ensuring that strong cases are developed that clearly identify the value and benefits that the investment will achieve. This work will be cemented in 2022 with the establishment of a planning business partnering model.

During 2021, we built our systematic approach to programme management through our Project Management Framework, which was approved by the Board in July 2021.

In January 2020, the Board approved our Performance Framework, which describes the organisation's system for making continuous improvements to achieve our Strategic Aims and Objectives and to deliver our 'Business as Usual' activities. We are committed to

developing a compassionate and collective culture that is underpinned by effective performance management and a focus on improvement. Given the specific nature of our role as a strategic organisation and the demands placed on us by the UK regulators, we are taking a proportionate approach and we largely measure and monitor a different set of performance indicators to the rest of NHS Wales. Our reporting cycle is also different, with a greater focus on academic cycles, annual and quarterly timescales rather than the daily, weekly, and monthly beat of other NHS organisations. We are putting in place the preparatory work to ensure our performance dashboard and integrated performance report reflect the Ministerial Priority Measures.

Throughout this past year, we have continued to embed our service review process in which the Executive Team holds biannual service review meetings with senior leaders and their teams to review the progress of key projects or programmes of work. In 2022, our performance monitoring arrangements will benefit from the standardised reporting within our digital planning system. In addition, our approach will align with the biannual Joint Executive Team (JET) meetings and the Quality and Delivery meetings with Welsh Government.

Impact of COVID-19

As an active partner in the COVID-19 response, our priority in 2021/22 was to support the wider NHS and care system, but also to support our trainees and students to continue their education, accelerate our work to support wellbeing and maintain our own business continuity.

We supported the System Response and Recovery plan, refreshing our previous work to support the prudent in practice principle including staffing ratios, skill mix and delegation guidelines. Examples of this can be seen in our work on infection, prevention and control and non-registrant protocols on vaccinations. We continued the care home support package including education facilitators and developed a compendium of integrated workforce tools and case studies. During the Omicron wave we also encouraged our staff to volunteer to support the response, including the vaccination programme.

**Supporting
the System**

**Protecting
Education and
Training**

Wellbeing

**HEIW business
continuity**

From the outset of the first wave, we rapidly moved to virtual CPD, recruitment, training, progression and quality management. Our leadership and influencing of the protection of Education and Training has been recognised at the UK wide level. Whilst there is evidence of ongoing disruption to some medical, dental and pharmacy trainees, this is less than in 2020/21, and there are no COVID-19 risks reported in this academic year with Nursing and other Health Professional education.

We accelerated our wellbeing response and leadership programme through the pandemic. We implemented a health and wellbeing framework to support physical and mental wellbeing and accelerated our work to embed compassionate and collective leadership. We invested in our Professional Support Unit to ensure support for the wellbeing of students and individual trainees including investment in psychological therapies.

We have a Board-approved Business Continuity Plan in line with our approach to HEIW Business Continuity and arrangements were put in place and reviewed after the first phase of the pandemic. We undertook a lessons-learned exercise in the Summer of 2021 in preparation for the difficult winter ahead. During the Omicron wave we temporarily reactivated our Crisis Management Team, and we are pleased that overall we have had very few COVID-19 absences amongst our own staff.

Developing our IMTP

The Board has refreshed our Strategic Framework for the next three years through reflection on our vision, purpose, and the strategic context. The Board agreed that our 6 Strategic Aims remained fit for purpose, and they form the Strategic Framework of our Plan as shown in the diagram below.



This year we are pleased that we have been able to have conversations with all NHS organisations on our emerging IMTP 2022-25. Through the establishment of our Stakeholder Reference Group, we have also engaged with over 40 different organisations on our draft IMTP, as well as a dedicated session to discuss our plans with Welsh Government Policy Leads.

We have also discussed the development of our plans regularly with Welsh Government planning colleagues to update on progress, built relationships and shared information about key risks and incorporated the feedback into our Plan as part of this process. We have consulted with our staff on the development of the Plan through ongoing engagement at our monthly Senior Leadership Team meetings and our Local Partnership Forum. We have also discussed our Plan with all of our staff through our wider engagement mechanisms.

As a strategic body it is essential that we focus on longer term planning as well as short term solutions to support current pressures and COVID reset. This has been challenging over the last two years but in this plan we aim to balance the short and more medium term, sustainable actions. These will support the implementation of the Workforce Strategy which forms such an important part of our strategic context, as well as providing flexibility to respond to emerging priorities from the recovery programme.

Our plan reflects the multi-dimensional nature of our work – including profession-specific objectives, multi-professional objectives and objectives that relate to national programmes. We value our strategic agility and we will respond as required to emerging issues in-year, including reviewing our plans following the recent Ockenden report on maternity services, and the development of integrated care. Our planning process and our performance management arrangements focus on ensuring that these are clearly connected and that stakeholders can see our work through these different lenses.

A large component of our plan is already agreed in the form of the education and training commissioning plan. This is produced on an annual basis, linked to academic cycles. This is a critical foundation for the IMTP and requires us to understand our financial profiles on at least a 5 year timescale given the duration of the programmes we commission.

Delivery of our Annual Plan

In our 2021/22 Annual Plan we agreed to progress 46 Strategic Objectives (59 including sub-objectives under Strategic Aim 4) across our 6 Strategic Aims. In addition to the delivery of our strategic objectives and business as usual activities we supported Welsh Government and NHS partners in response to COVID-19 through reset and

recovery. The below graphs summarise our 2021/22 performance demonstrating 66% of our strategic objectives successfully completed their milestones.

Our Performance for 2021/22 against our strategic objectives and business as usual activities is summarised by strategic aim in the below table.

2021/22 Performance Overview by Strategic Aim

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'

- During 2021/22 we increased the delivery of multi-professional continuous professional development and rapidly ensured provision of virtual continuous professional development as part of our covid response.
- The procurement of a single education delivery system, Y Ty Dysgu, has been a significant piece of work for the organisation in the last seven months. Despite some set-backs in procurement processes we successfully secured Board approval to proceed with procurement of the new system by the end of March.
- We developed and evaluated tools, resources and access to support which contributed to the overall improvement of our healthcare workforce's wellbeing and engagement. This included the first NHS Wales Health and Wellbeing Framework.
- We launched the joint health and social care careers network in July 2021. This is a bilingual network, involving partners from health and social care, and wider partners including education, Department of Work Pensions and Careers Wales and will be vitally important as we work to develop a national Health and Care careers information service. Careersville was launched formally on the 20th October 2021 with a highly successful event aimed at schools. By the end of March 22 there had been 16,257 views page views and 41,165 individual events (these can be anything from reading a blog, to downloading a file).
- Further work has been undertaken to explore existing part-time routes to registration across nursing and allied health professionals, with a key focus on ability to follow these routes while remaining employed in healthcare services.
- We improved the quality of workforce data and modelling for NHS Wales by establishing a minimum dataset for workforce profiling and modelling. This has been produced to support the Mental Health Strategic Workforce Plan and to support the Nursing Strategic Workforce Plan.
- During 2021-22 we have developed and made available a wide range of workforce planning resources, with many adapted for digital delivery and are available on the HEIW website. This includes workforce planning toolkits for both secondary and primary care and the workforce planning capability matrix. The first of a series of virtual Masterclasses on workforce planning has been held on Compassionate Leadership in Workforce Planning with over 120 attendees across NHS Wales.
- We launched a highly successful Pharmacy using targeted digital adverts and social media to promote the benefits of coming to Wales to undertake our Trainee Pharmacy Programme, resulting in the highest fill rate in the UK for the 2022/23 intake.

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

- The Education and Training Plan 2022–23 was approved by Welsh Government, with funding secured.
- We completed the multi-million-pound procurement exercise for Strategic Review phase 1. The new contracts will result in over 30,000 graduates from 2025. They will embed Compassionate Leadership, Digital literacy and a greater understanding of Welsh Culture and basic Welsh conversation into future workforce before registration. Work is underway with Coleg Cenedlaethol Cymraeg and Higher Education Institutions to increase the number of posts funded across Welsh universities in September 2022.
- During 2021/22 we maintained our strong focus of quality management of education. Based on reported student satisfaction, at the end of 2021/22 three Health Professional Education courses were identified as requiring enhanced performance scrutiny. At the end of 2021/22 there were six areas under enhanced monitoring arrangements for medical training. The Professional Support Unit were supporting 449 trainees, an increase of 33% compared to the same point in the previous year. In addition, 31% (138 trainees) were receiving additional psychological support.
- We further embedded our care home support package to ensure the quality and capacity of clinical placements across Wales. This included the introduction of the first Education Facilitators in Care Homes in Wales.
- A Multi-Disciplinary Team scoping exercise was completed which has informed how HEIW will deliver education and training in the future. The aim is to maximise our use of digital technologies whilst maintaining face to face teaching delivery where it's important to achieve the learning outcomes.
- During 2021/22 there were number of developments with pharmacy education and training. The Strategic Outline Case for Pharmacy IETP Programme submitted to Welsh Government in July. The provider was secured for the pharmacy post-registration foundation programme for the 2022/23 intake with increased numbers of 51 on the cohort and it will be the first time we have 18 allocated places for community pharmacists. There was a 100% fill rate for the pharmacy multi-sector foundation programme for the August 2022 intake compared to the 55% average fill rate across the UK.
- We maintained an agile response on the delivery of training throughout COVID-19. We ensured guidance on safe face-to-face delivery of training and assessment pandemic has been updated and used across undergraduate and postgraduate settings.

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

- During 2021/22 we successfully launched the Compassionate Leadership Principles and the Compassionate leadership book with Professor Michael West. We also concluded the 'Leading with compassion' the aspiring executive leadership programme which was co-designed with the NHS service and leadership 'think tank' The Kings Fund.
- We were proud that our Leadership and Succession Team were winners of UK Learning Technologies 'Team of the Year' Award.
- The National Talent Board was established to play a key role in identifying and supporting experiential leadership opportunities alongside executive programmes.
- The National Compassionate Leadership conference was held in March using the Gwella Leadership Portal and was well attended.
- A range of clinical leadership networks on Gwella have been established. The following interactions took place in 2021/22:
 - The AHP leadership network: (181 members and 925 hits)
 - The Healthcare Science Cymru network (51 members and 709 hits)
 - AHP Dementia network for Wales (204 members and 764 hits)
 - The Senior Nurse and Midwife Network (49 members and 700 hits)
 - Florence Nightingale Digital Scholars Network (14 members and 281 hits)
 - Primary Care Cluster Community Pharmacy Leads Network (77 members and 3,007 hits)
 - Primary Care Cluster Community Optometry leads Network (35 members and 865 hits)
- During 2021/22 we continued to enhance our Leadership Portal Gwella. This included the development of a number of learning pathways. Further enhancements were completed which using the collection of demographic and equality data to enable access to a range of Talent Management Dashboard reporting capabilities. A significant range of bi-lingual resources have been made available on Gwella and the platform has been aligned with AA accessibility standards with further activity planned to continue improving accessibility across various elements of the site.
- We lead the development of leadership programmes and resources for clinical leaders including the Advanced Clinical Leadership Programme design and consultation . The Welsh Clinical Leadership Training Fellow (WCLTF) Framework recruitment for phase 1 was completed and phase 2 recruitment, extending the programme to other professional groups, will be completed in May 2022.
- The first Graduate training scheme process was completed from offer to onboarding and placement within NHS Wales organisations. The group started their Masters Programme and a range of masterclasses and learning opportunities have been held.

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

- In 2021/22 the Multi Professional Training and Education Framework programme for Primary and Community Care was established and progressed its work programme to implement Primary Care education infrastructure, standards and delivery models. The workforce planning approach, together with the tool and, resources was formally launched. The training and resources are aligned to the IMTP Process and linked to Practice Manager Development mechanisms.
- The Mental Health Workforce Plan completed its six-week consultation period on 28 Mar 22 to schedule with 300 plus responses from organisations and individuals.
- During 2021/22 we supported the NHS Wales Collaborative strategic work programmes. The workforce planning undertaken for the Imaging programme has shaped our workforce planning methodology and is being adapted as a further resource to support workforce planning across NHS Wales.
- We have driven the education and training elements of the National Endoscopy Programme which has included the development of the Endoscopy Assistant Practitioner role and the new Clinical Endoscopy Training Programme.
- In partnership with the Critical Care Network we have developed a compendium of workforce roles in Critical Care, delivered a workforce planning event and collaborated with Health Education England on critical care education with 74 places out of the initial cohort of 100 filled.
- During 2021/22 we led the Workforce National Enabling Group under Urgent and Emergency Care Programme which developed a number of resources including an Urgent Care Practitioner Competency Framework and the workforce model for Advanced Paramedic Practitioners.
- We have delivered our agreed commitments in the allied health professional programme which included hosting engagement events on Rehabilitation and Public Health and Prevention hosted as part of the national Allied Health Professional Conference.
- We have delivered a range of supportive interventions to prepare Health Boards for the confirmed 2nd Duty of the Nurse Staffing Act extending to Paediatric inpatient wards.
- We ensured the implementation of regulatory standards to support student supervision and assessment across Wales through the first cohort of our Practice Education Facilitators who supported the implementation of the Future Nurse programmes across Wales.
- We built on our previous years successful Nursing and Midwifery Council approvals of all pre-registration nursing and ensured all Midwifery programme providers were successfully recommended for approval by NMC in 2021/22.

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

- We successfully implemented our first summer internship with nine students from Cardiff University which received positive evaluations from participants and mentors. Over 50 applicants have applied for the HEIW Summer Internship commencing in 2022/23 and the programme will be further expanded to reflect the success of last years' programme.
- The HEIW Biodiversity and Decarbonisation Strategy 2021-24 was approved by the Board in July.
- Our Welsh Language services built on their previous years success in 2021/22 we translated 5.0m words compared to 3.5m for the previous year.
- During 2021/22 significant work has been undertaken on cybersecurity and we have been the first in NHS Wales to undertake a large scale migration to Cloud technology putting in place the critical foundations to enable our Digital Strategy.
- We had a positive silver mock assessment for the Corporate Health Standard silver and all recommendations were completed. The Health and Wellbeing strategy was a focus of the organisation with Executive Team discussion during March. Our Time to Change employer status was agreed and the action plan will be incorporated in the Health and Wellbeing strategy action plan.
- The Board approved our Annual Equality Report which set out our achievements for 2020-21.
- In addition we completed our Gender Pay Gap report for 2021 which outlined current and future initiatives to address the gender pay gap and support gender equality in the workplace. Both documents were published in March 2022 on our website and are located here: [Key documents - HEIW \(nhs.wales\)](#).
- The Board approved the HEIW Research Governance Framework which outlines the mechanisms for organisational oversight of evaluation, research, improvement and innovation activity and a co-ordinated approach to academic output.
- We have been awarded Level 2 Disability Confident Employer status and our Stonewall Diversity Champion membership was renewed alongside maintaining other accreditation pledges.

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

- As part of our COVID-19 response we demonstrated exemplary partnership working with Universities and Health Boards to ensure clinical placements, rotations and student experience was maintained.
- In partnership with the Arts Council of Wales and Y Lab (Cardiff University and Nesta) we successfully completed the [Harp Seed Black Voices](#) project.
- We were delighted to sponsor our first WomenSpire Award which was won by Dr Bnar Talabani for work promoting COVID-19 vaccinations to diverse communities.
- We made significant contributions to the development of the Welsh Government's Race Equality Action Plan, including HEIW's Medical Director sitting on all-Wales Group
- As the Covid response increased, the HEIW website was used to signpost volunteers and professional returners across Wales to support mass vaccination, with over 13,500 hits in December.
- We undertook a large scale public consultation on the Mental Health Workforce Plan directly to over 2,000 individuals and organisations. We promoted it via our website and social media where our posts and tweets seen by over 75,000 people.
- During 2021/22 considerable work took place promoting various education and training opportunities including post-reg foundation pharmacy programme and junior doctor general curriculum.
- A number of communication channels have been used to market HEIW and Wales as great places to work highlighting job opportunities, raising awareness of various professional roles in NHS Wales and career paths such as internships.

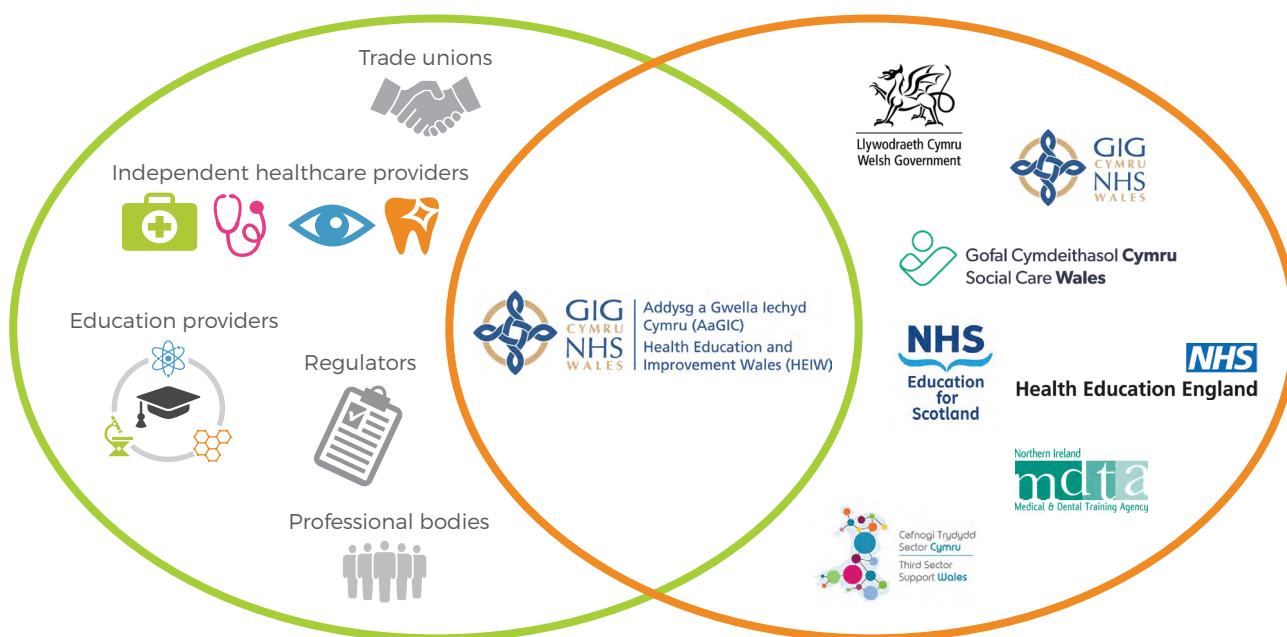
Areas of Challenge

HEIW's key areas of challenge over the year are considered under the HEIW's Risks section on page 70 of the Annual Governance Statement.

Delivering in Partnership

As an All-Wales organisation, with several strategic functions, the importance of communicating and engaging with our partners and stakeholders cannot be over emphasised.

HEIW and our partners



As with the previous year, much of our communication and engagement activities and resources were refocussed on responding to the pandemic, with core activities such as our Roadshows and National Stakeholder events remaining on pause. To compensate, we increased our online activity as much as we could, embedding our Board approved Communications and Engagement Strategy to build and strengthen relationships, support the COVID-19 response and to help shape our ongoing work and services.

Online organisational approaches included:

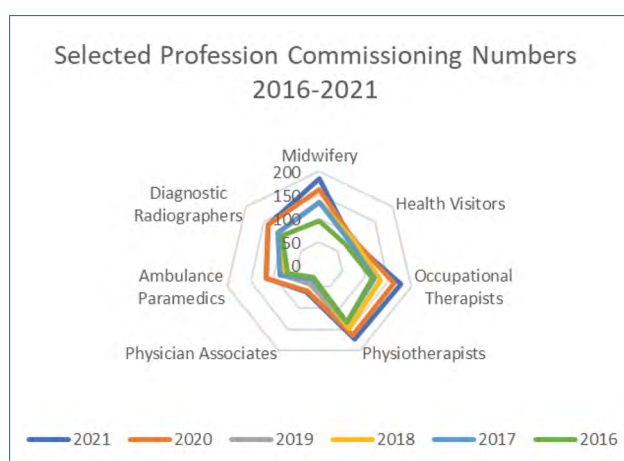
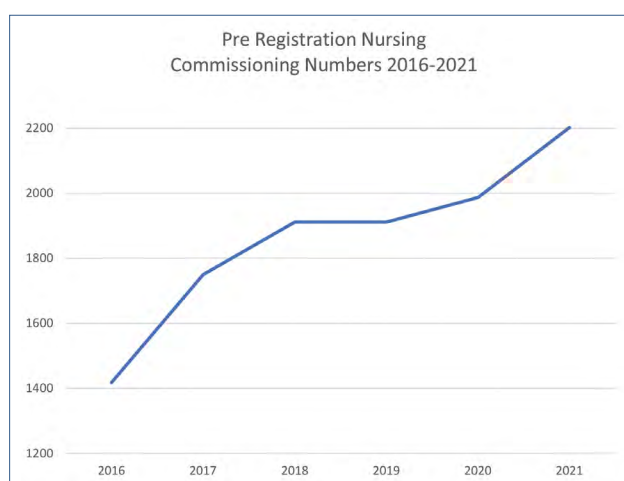
- Supporting the COVID-19 response by sharing and promoting public health messages; encouraging students and trainees to have their COVID-19 and flu vaccinations, and keeping students, trainees, educators and learning partners up to date on education and training developments and changes via email, newsletters and our dedicated COVID-19 website information pages.
- In addition, our website hosted key pages for sign-posting volunteers and professional returners across Wales to support mass vaccination. This included the website trending on Google.
- Engaging and consulting virtually with our partners and stakeholders on key programmes of work including consultations on Consultant Clinical Scientists and Medical Administration Unit. Also reviews of a number of apprenticeship frameworks such as maternity and paediatrics, and the health apprenticeship framework as well as the Education and Training Plan for Wales and our IMTP.
- Launching key pieces of work such as the General Practice Nurse Framework, Compassionate Leadership Principles, and our new HEIW website incorporating the three predecessor organisation websites making access to information quicker and easier for all.

- Virtual events enabling promotion, engagement, participation and feedback. Events included the Foundation Pharmacist Fair, Arts Therapies, National Strategy for Consultant Pharmacists.
- Recognising developments in and future planning of education and training with the conclusion of the healthcare professions pre-registration education tender, and hosting of profession-specific webinars.
- Introducing our workforce of the future through promotion and awareness-raising of the Graduate Programme and this year's Clinical Fellowship group.
- Promoting the 350+ careers in the NHS through the profession-specific blogs and the launch of Careersville our virtual careers village.
- Holding public meetings online including Board and Committee meetings as well as our AGM and showcase event spotlighting achievements and developments of interest to our audience.
- Introduction of virtual briefing sessions with MSs and MPs enabling information and discussion with political representatives from across Wales.
- Regular bilingual newsletters including our Primary Care Newsletter, Stakeholder Bulletin, Mental Health Newsletter.
- Regular bilingual news and social media posts supporting a continuing increase in social media followers and engagement.
- Highlighting achievement and recognition through news articles and social media promotion of award wins.
- Supporting and awareness raising through sponsorship including the Advancing Healthcare Awards, UK HPMa awards and WomenSpire awards.

Highlights from Education and Training Commissioning

The majority of our annual budget (88%) is invested in education and training. In 2021-22 we continued to commission an increasing number of training and student places across a range of health professions, in line with continued investment and commitment from Welsh Government and our Education and Commissioning Plans. The infographic on page 10 of this Performance Report provides an overview of the education and training which is commissioned and supported by HEIW.

The trends in commissioning and training numbers for Wales are shown in Appendix 1.1 and 1.2 on pages 51-54 at the end of this Performance Report. A number of professions are highlighted below.



In the academic year 2021/22 the fill rate for Wales was 93.7%. The fill rate in the Spring 2022 cohort and the challenges reported in respect of a lower fill rate for nursing programme culminated in a 76% fill rate. The fill rate for the Autumn cohort rate was 99.4%.

Due to issues fulfilling the spring commissioned places in the universities in

south Wales, Bangor was given the opportunity to increase places in their spring cohorts. The Open University received approval to use their 70 commissioned places, extending the recruits across all four nursing specialities, rather than specifically adult and mental health. This fitted with the need and interests of the applicants, which in turn matched to workforce plans. Indicative figures suggest excellent spring nursing fill rates in Bangor University and the Open University (both in excess of 100%) because of this flexibility, which in part offsets lower levels of recruitment achieved in the south of Wales.

A partnership meeting with Universities based in the south of Wales, due in May, will continue discussions on the adverse recruitment number in the spring 2022 cohort; and look at initiatives / best practice for the future. All Universities have worked tirelessly to ensure the commissioning numbers are achieved, through innovations and ideas to maximise recruitment. However, it is becoming more evident that it is harder to fill Spring places and this is more of an issue currently in the South of Wales.

Demand from the health boards via their IMTP's continues to show an upward trend hence there is a requirement to commission and fill more nursing courses; reduce loss and smooth throughput. The last four years have demonstrated an upward curve in commissioned places by circa 51%, with under recruitment being more prevalent in the Spring intake.

Health Professional Education

The number of commissioned pre-registration nursing students rose by 140 in 2021/22 compared to the previous year. This was against a backdrop of a continued rise in the number of commissioned places which increased from 1,988 to 2,202 from 2020/21 to 2021/22 representing a 10% increase in the commissioning numbers. The recruitment rate fell by 2-3% to 90.6%.

This rate remains provisional until there is confirmation of the actual rate via data validation processes. To fill the additional places, HEIW will further invest in the CertHE Healthcare Nursing Support Worker Qualification. This investment will offer more students the opportunity to progress onto

year two of the Pre-registration Nursing Degree programme, thereby ensuring there are additional newly qualified nurses, to meet service need, exiting programmes in Spring 2024–25.

Secondary care medical training

The final recruitment rate for Rounds 1 and 2 (posts commencing in August 2021) was 93% (400 of 429 posts advertised). For Round 3 posts commencing in February 2022 the final position was 73% (30 of 41 posts advertised), which is an improvement on the same point last year when the recruitment rate was 62% (34 of 55 posts advertised). The final recruitment rate across all three rounds was 91% (430 of 470 posts advertised).

Some specialties (Stroke Medicine, Higher Psychiatry specialties and Genitourinary Medicine) remain challenging to fill and this is reflected across the UK. In line with curriculum changes, we will be introducing new placements in Stroke medicine as part of the Neurology training programme from August 2023, this exposure will increase the likelihood of trainees taking up a future special interest post in Stroke Medicine. Vacancies in Higher Psychiatry arise from successive years of poor recruitment across the UK at the Core training level; this has improved recently and we wait to see the output of this. In addition we are continuing to increase posts in the Core Psychiatry training programme, the feeder programme for Higher Psychiatry, the increased numbers earlier in the pipeline will increase the likelihood of good fill rates in future years. To address the challenges across the Genitourinary Medicine programme we have increased exposure to this specialty in our Internal Medicine Programme. Whilst we await the output of this intervention the Genitourinary Medicine posts have been temporarily converted to Community and Sexual Reproductive Health Training which is extremely popular and has significant overlap with the Genitourinary Medicine programme.

Foundation Training

The final position for Rounds 1 and 2 (posts commencing in August 2021) was 100%.

A total of 411 trainees were allocated to the Wales Foundation School on 10th March 2022, via national recruitment process. Of these, 5 have been allocated to Foundation Priority programmes and less than 5 was/were a

statutory deferral from the 2021 recruitment process. All other trainees were allocated to the standard Foundation Programme.

In March 2022, Foundation Year 1 Doctors were matched to their F2 posts which will commence in August 2022.

Primary Care

In Round 1 recruitment for posts commencing August 2022 a total of 154 offers have been accepted from the 155 advertised posts.

The Wales Enhanced Support Training (WEST) programme was developed to ensure International Medical Graduates (IMGs) receive adequate support and to help address differential attainment targets. A total of 159 trainees were identified for this support last year.

Dentistry

HEIW has continued to commission dental training and successfully fill the programmes as anticipated. The overall recruitment rate for dental for 2021/22 was 93%, a small decrease on the 94% reported at the end of 2020/21. In year we achieved a 100% (67 posts) recruitment rate for Dental Foundation Training. Within Dental Core Training (DCT) 69 of 74 posts (93%) were appointed to and, currently, 62 of these posts are occupied by dental core trainees and 7 by locally appointed trainees continuing to support service needs. Of the 24 Dental Specialty Training posts, 19 (79%) posts are filled with 4 vacant posts currently in the process of being recruited to. All of the training programmes for dental continue to fill via either national or local recruitment and where vacancies exist we work with local providers to fill these as quickly as we are able to.

Pharmacy Foundation Training

124 trainees have been recruited of the 160 commissioned places offered and budgeted for in 2021/22, which is an 78% fill rate this year compared to the 83% fill rate in 2020/21. It is thought that the lower than expected fill rates result from the impact of Covid on the running of recruitment events. The full range of face-to-face events will be reinstated during 2022/23 to support programme marketing and boost fill rates.

Quality of Education and Training

Specifying, monitoring and ensuring the quality of education and training of our future and current NHS Wales workforce, in line with regulations and standards remains one of

HEIW's core functions and top priorities. We have systems to achieve this across all of our professional groups and during the year we continued to use many new and innovative ways of working to mitigate the impact of the COVID-19 pandemic, to ensure that the quality of education and training was maintained to the required standards. As described, excellent communication with all our partners, stakeholders, students and trainees has been essential in this work. In addition, we have started in 2021/22 to shape our overarching Quality Management Framework which will describe all of our multi-professional quality management systems and will be finalised in 2022/23.

Health Professional Education

Universities are a key partner of the NHS as they provide large volumes of education and training for all health professionals at undergraduate and postgraduate level. The quality aspects of the contract management process assure HEIW, Welsh Government and Health Boards that health professional education commissioned and delivered in Wales adheres to the highest academic and vocational standards in line with contractual agreements.

The annual performance management cycle undertaken by HEIW's Education, Commissioning and Quality (ECQ) Team culminates in the production of year-end performance reports. These reports document achievement and concerns, detailing any improvement plans for the following year. This All-Wales performance report summarises the individual reports to establish the All Wales position, highlighting areas of high achievement and any areas of concern at both local university level and the national level.

The performance report highlights each university performance alongside the Welsh average, commissioner targets and provides a scoring system on each area tested. Where performance is below the expected level, an action is raised in the report for the university to address. Responses to these actions must be submitted to HEIW as the commissioner by a specified date with measurable activity and targeted improvements. These are discussed in future contract business meetings as a part of the continuous improvement agenda.

Components of the ECQ Team's performance

and quality framework include:

- Performance reports, based on HEIW KPIs and benchmarking. Performance targets are set each year based on historical trends and industry best-practice. KPI targets are designed to improve performance, be challenging but achievable. The new education contract sets out targets for 2022/23 and these are reviewable on an annual basis to continually drive improvement.
- University self-assessment, based on a questionnaire devised by the ECQ Team (incorporating learning from the Medical Directorates Review systems).
- Feedback from student interviews.
- Feedback from interviews with Practice Education Facilitators and Practice Assessors.
- National Student Survey (NSS).
- In-year reports/conditions from the regulators (Nursing Midwifery Council – NMC, the Health and Care Professions Council – HCPC).

The team co-ordinates yearly feedback sessions with students, Practice Education Facilitators and Practice Mentors, offering a supportive environment to share positive aspects of the quality of education along with any concerns. This contributes to the formulation of the Annual Quality Report, which reviews the delivery of quality education for the previous academic year.

Concerns and challenges

- Full engagement with Universities has been more challenging this year due to the continuing impact of COVID-19 and the need to re-focus on collaboratively supporting students to remain in academia and on placements.
- Application rates to Learning Disability nursing and bio-medical science remain areas of concern. There are still improvements that need to be made in these areas and progress against plans will continue to be monitored.

Postgraduate Medical Training

HEIW ensures high-quality postgraduate medical education and training in Wales whilst meeting regulatory standards through

the application of our quality management framework. This comprehensive framework comprises routine and responsive practices which enable us to work in collaboration with Local Education Providers (LEPs) across Wales to ensure the delivery of quality education and training in a manner which appropriately prioritises patient safety. A proportionate approach is taken where concerns arise thereby encouraging transparency and effective working relationships in the delivery of solutions. In setting out LEP's obligations to HEIW, the Expectations Agreement reflects the fundamental elements of Postgraduate Medical and Dental provision. The Agreement is currently subject to review to ensure it remains fit for purpose for the next financial year. The Agreement underpins the annual medical commissioning process by which HEIW seeks assurance that Provider obligations as set out in the Agreement are being met. These will incorporate multi-professional discussion focused on issues of strategic importance.

Work has commenced on the identification

of opportunities for the development of a multi-professional workforce to meet future population need, and we are working to look at key themes that will help to improve training for junior doctors in Wales.

Quality management activity continued throughout the pandemic, albeit in a modified way. There was still an important requirement to ensure patient safety and effective learning environments. We therefore adapted and changed our systems and took proactive action and overall, the quality of training and education was maintained.

Enhanced Monitoring

'Enhanced Monitoring' status is applied by the GMC to those sites which they consider require an additional level of support.

As at March 2022, 5 LEP's remain under enhanced monitoring, and improvement action plans remain on track. Obstetrics and Gynaecology at the Princess of Wales Hospital was de-escalated from enhanced monitoring with the GMC due to evidence of sustained improvement.

Local Education Provider (Health Board)	Site	Specialty
Cwm Taf Morgannwg UHB	Prince Charles	Obstetrics and Gynaecology
	Royal Glamorgan Hospitals	Obstetrics and Gynaecology
Betsi Cadwaladr UHB	Wrexham Maelor Hospital	Medicine
Swansea Bay UHB	Morriston Hospital	Emergency Medicine
		Trauma and Orthopaedics
Aneurin Bevan University Health Board	-	-

Whilst the pandemic impacted on standard approaches to quality management, the need to ensure patient safety and effective learning environments remained as important as ever. We worked actively with partners and stakeholders and the GMC in order to develop alternative approaches to activity. These included:

Virtual Visits

HEIW's approach to quality management altered during the pandemic in recognition of the additional pressures placed upon the service and due to the fact that routine evidence sources were no longer available. However, over the last year routine evidence sources have largely resumed and HEIW is taking steps to retain some of the benefits of a revised approach to activity. This is particularly relevant for Targeted Visits which are traditionally undertaken through a face-to-face meeting, although the benefits of a virtual format have also been recognised. As such guidance documentation to provide clarity around the future format of visits has been developed

Concerns Management

Good communication and timely response to concerns has been critical to keeping training on-track this year and we have proactively triangulated evidence from end-of-placement feedback and responses to risk reports in order to obtain an accurate view of the status of all risks. Given the potential for existing learning environments to change because of trainee redeployment during the pandemic, steps were taken to ensure that LEPs had alternative approaches to local quality control. In addition, engagement meetings with Associate Medical Directors (Education) were held to discuss progress around new and existing training concerns as well as provide an opportunity to provide guidance and support.

Annual Training Survey

HEIW's response rates to the GMC National Training Surveys were high at 85.39% against a UK average of 75% for the trainee survey and a 51.7% response rate for the trainer survey against a UK average of 32%. These results have been published on the GMC's online reporting tool with a key themes report for Wales being produced within HEIW. Details of some of the key messages within this report are provided below.

Overall, the survey results are broadly in line with the rest of the UK. Trainees in Wales continue to report high levels of satisfaction with good levels of clinical supervision.

The results for medicine and surgery report the greatest number of adverse results which will require greater exploration. This is likely to be in part due to the impact of the COVID-19 pandemic in these areas.

In recent years Obstetrics and Gynaecology and Emergency Medicine have been a focus of activity for the Quality Unit. However, the 2021 results indicate that there are signs of improvement in these areas.

Whilst the UK score for induction is in line with the rest of the UK, the results suggest that there is scope for improvement in this area with a particular focus upon induction quality and departmental induction given the link with patient safety.

The majority of trainees report that their training is providing them with sufficient experience to support their continued progression.

Generally, trainers reported that they feel supported in their training role. However, this is an area for which ongoing work will be required to sustain or improve the feedback.

Wellbeing has been a particular theme in both the trainee and trainer survey with reported increases in burnout levels of up to 8% in some areas. The trainee results suggest that the most significant impact has been upon foundation trainees.

An annual engagement meeting with the GMC took place on 5 October 2021 to scrutinise the GMC National Training Survey and consider HEIW's approach to quality management and reporting. The feedback from this meeting was universally positive, with no areas of concern identified.

Medical Appraisal Process

HEIW supports and improves professional standards through revalidation and appraisal in line with the requirements of the regulators. Over the course of the year, the Revalidation Support Unit has worked closely with the Chief Medical Officer, Medical Directors, GMC and appraisal leads across the four nations to agree and implement national changes to the medical appraisal process in order to appropriately respond to the changing needs of the pandemic, the service and the profession. Medical appraisal was paused during

the pandemic and as of 1 April 2021 doctors returned to undertaking annual appraisals in line with revalidation requirements.

In light of the pandemic recovery the Revalidation Support Unit have been working with Welsh Government, GMC, BMA and Health Boards to address the need for a wellbeing focused approach for appraisal and have produced several resources including the Appraisal Rebalanced Toolkit and the Introduction to Coaching module.

Trainee Support

We continued to actively support a significant number of trainees across medical and dental specialties dealing with various factors in relation to their training through the Professional Support Unit.

At the end of 2021/22, the Professional Support Unit were supporting 449 trainees with 31% (138) receiving additional psychological support. The Unit took on 101 new cases in Q4 with 61% being via self-referral.

Dental Quality Management

All trainees are monitored via an online portfolio. For Dental Foundation Trainees and Dental Core Trainees this is an Axia portfolio managed by Health Education England and for Dental Specialty Training, this is via Intercollegiate Surgical Curriculum Programme, with the exception of Dental Public Health which has a standalone portfolio.

Dental Foundation Training (DFT)

An Early-Stage Review (ESR) for all Dental Foundation Trainees took place in December to gain insight into progression and identify any major issues prior to the Interim Reviews of Competency Progression (RCPs) in February. A majority (46) of trainees have progressed as anticipated, with some trainees (8) requiring targeted areas of development. However, some trainees' progression was (13) still impacted by remaining restrictions on primary care dental services through Covid. Final reviews will take place in July to determine whether any trainees require extensions to training beyond the end of the programme in August.

Dental Core Training (DCT)

Our Dental Core Training Programme continued to develop Quality Assurance processes to ensure trainee fulfilment, satisfaction and safe progression and also to ensure that Local Education Provider provided

safe and effective training placements.

DCT Trainees have continued to have the opportunity to provide feedback on their training through end of placement questionnaires either at 6 or 12 months. Trainees were monitored through a Review of Competency Progression (RCP) and all trainees progressed satisfactorily in February 2022. A final RCP will take place in July at the end of their training.

Dental Specialty Training (DST)

The General Dental Council undertook a Quality Assurance review of the dental specialty training delivered via HEIW and the final report published on their website reported very positively upon the training with 18 of 20 standards fully met and 2 partly met with minor actions.

Interim Review of Competency Progressions and Annual Review of Competency Progressions were held for all trainees. The lay and external Specialty Advisory Committee (SAC) representatives provided complimentary feedback about the well-structured and clearly managed processes undertaken and the approach to quality assurance.

Dental Specialty Trainees had the opportunity to feedback on their training through questionnaires at their Annual Review of Competency Progression or interim meetings, through an on-line survey on completion of training as well as through their representatives on the Specialty Training Committees. All trainee feedback for their experiences in HEIW has been favourable and positive.

Dental Trainee Support

A new Dental Trainee Forum has been established this year, led by the Dental Welsh Clinical Leadership Training Forum. This has representatives from all training programmes and also feeds into national trainee forums. Ensuring trainees have the opportunity to feed back their experiences and concerns is essential to ensuring we offer the best training experience possible.

Trainees continue to be supported through the Professional Support Unit and are encouraged to self-refer if they identify a need. Pastoral support is provided to all trainees through the education leads for their training placements.

Pharmacy Quality Management

The changes to the regulatory requirements for

initial education and training of pharmacists and pharmacy technicians will require a review of the approach to quality processes, and the pharmacy team will be actively developing robust reporting cycles over the next twelve months. Pharmacy has aligned to the HEIW Quality Framework, and this is being implemented across the various programmes.

Pre-Registration Pharmacy Technicians

Recruitment to the Pre-Registration Pharmacy Technicians early in 2022 was successfully completed and the cohort have attended the HEIW Modern Apprenticeship Pre-Registration Pharmacy Technician training induction. Arrangements are being made for further intakes to be taken forward to address the lack of recruitment undertaken during 2021.

The pre-registration foundation pharmacist programme set and monitor the quality standards in Wales ensuring the GPhC minimal standards are met and additional standards agreed.

The quality management framework has been refined and tested with the 2021/22 HEIW pre-registration foundation pharmacist multi-sector programmes and will be reviewed to reflect the introduction of the new training programme.

Monthly reports are provided to the Apprentice Learning Solutions (ALS) and regular compliance meetings are held and there are no current concerns.

Trainee Pharmacists – Foundation

Trainee Pharmacists on the current programme are proceeding on their learning pathway with quality checks carried out at regular intervals. The Training Placement Agreement has been signed by host organisations and is now in place.

The current programme is accredited by the General Pharmaceutical Council (GPhC) and they have started the process of accrediting Foundation Training Year programmes in the UK. The process of accreditation for the next training year has begun in addition to the accreditation for the implementation of IETP.

Monitoring of the programme is undertaken in line with the Memorandum of Understanding with the GPhC to ensure host organisations and designated supervisors are compliant with the requirements of the training agreement. There is evidence that the number of trainees requiring additional support to progress through training is increasing.

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

A Training Reapproval Process (TRAP) is being piloted such that any concerns raised will be addressed with the relevant host organisation, designated supervisor and TPD.

Complaints handling

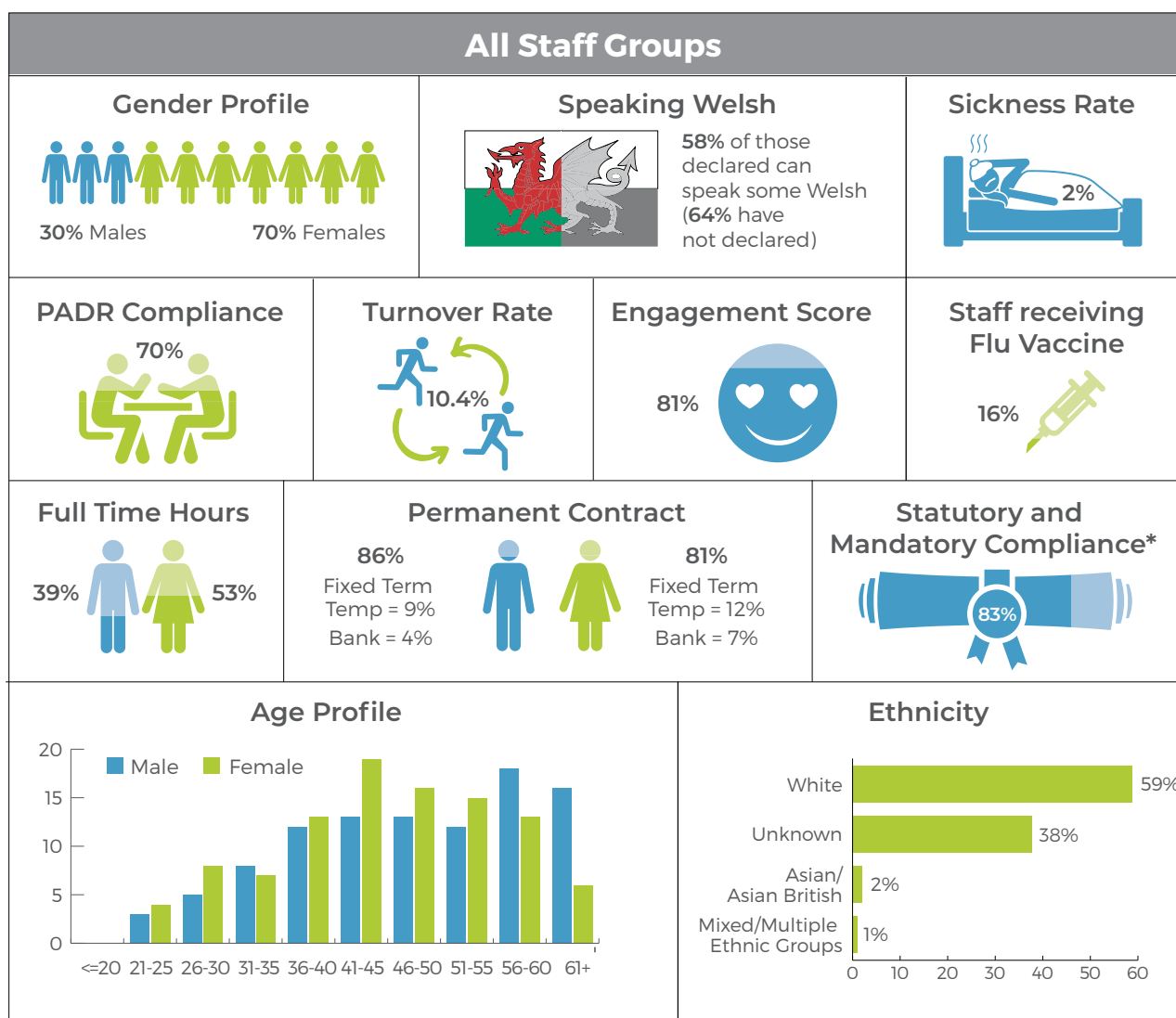
HEIW's bespoke Complaints Handling Policy reflects our unique role within NHS Wales as a training and education provider. As a Special Health Authority HEIW does not come under the legislation relating to the NHS Complaints Policy, Putting Things Right. Our Complaints Handling Policy outlines the process for dealing with concerns and complaints, emphasises a swift resolution of issues where possible and outlines how the implementation of the policy will be monitored. The Policy also supports organisation learning and seeks to identify and share lessons learned from complaints. HEIW received less than 5 Complaints under the Complaints Handling Policy during the reporting period.

Our Workforce

Our people are our most precious asset. HEIW's aspiration is to be an exemplar employer and a great place to work. This has been one of our six Strategic Aims since we were created in 2018, placing it right at the heart of our work and People and Organisational Development practices. Our workforce challenges are different to other organisations in NHS Wales both in respect of the skills our staff need, legacy contractual terms and also the number of sessional workers. It has taken some time

to wholly understand the staff group make-up and to tailor our corporate approaches to embrace their differing needs. For almost half our staff we are the second employer, their main employment being in a health board or trust. Many of these staff work less than 3 sessions a week for HEIW. In that context, we have needed to balance what we need organisationally in areas such as statutory and mandatory training and appraisal with what we can reasonably ask for from these staff.

Workforce Infographic (as at March 2022)



*Excludes employees who work 0.3 FTE or less

Workforce Movement

The HEIW headcount had increased to 546 by the end of March 2022, which is an increase of 93 over the 12-month period. The increase reflects HEIW's continued growth as an organisation during 2021/22 during which there has been expansion in a number of areas with several new posts being agreed. There has been additional investment within the Digital Directorate reflective of its growing importance and remit. The Nursing Directorate has continued to gain new posts as additional work is taken on and also through the TUPE transfer of staff and posts in Optometry. Other parts of HEIW have seen smaller growth such as the establishment of the Project Management Office and within the Leadership and Succession Team, Train Work Live/International Recruitment and Careers and Widening Access teams to meet increasing demands.

New staff continue to be successfully onboarded and inducted whilst working from home, with positive feedback from our new employees with the new operating model of 3 days in the office and 2 days at home (pro-rata for part-time staff) which commenced in March 2022.

Turnover

The 12-month rolling turnover rate for HEIW for the period to March 2022 was 10.4%, this remains relatively low but at a level which continues to be healthy enough to continue to support business continuity and organisational memory whilst also bringing in new thinking and new ideas. All staff leaving HEIW during 2021-22 were sent an exit questionnaire, enabling us to learn from and explore reasons for leaving.

Sickness

HEIW's rolling 12-month sickness rate was 1.8% and substantially below the NHS Wales target of 4.1%. Long term absence makes up 75% of our total sickness absence and this ratio has been relatively consistent in this and previous years. The sickness absence levels have remained at significantly low levels throughout the year and we have not seen any significant impact of COVID-19 conditions or Winter illnesses.

Mandatory and Statutory Training

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

The HEIW compliance rate for core staff at the end of March 2021 was 85% which meets the Welsh Government target figure. This represents a marginal increase of 2% in the last quarter and an overall increase of 6% in the last 12 months. It remains the responsibility of individual staff and managers to ensure that they achieve compliance in statutory/mandatory training requirements whilst the People Team and the wider Workforce and OD teams continue to support and encourage staff in this process.

The sessional clinical staff who work for 3 sessions or less are not included in the above figures as their primary employment is predominantly with other employers. They are however still required to undertake a lighter version of appraisal with HEIW to both monitor performance and objectives and to identify relevant training needs. Similarly with Statutory and Mandatory training, where their prime employment is elsewhere, they can provide confirmation of having undertaken the relevant training with their prime employer. Work is ongoing to review these processes in respect of sessional staff both in terms of accurately capturing compliance but also to identify whether the right processes are being used or whether there are other pragmatic ways in which, particularly in relation to PADRs, to achieve the desired outcomes.

Engagement and Wellbeing

We have had less than five formal grievances and disciplinary cases. This indicates a good level of engagement with our workforce as our workforce continues to grow. We undertook a culture remeasure survey during 2021 which was a re-run of the survey undertaken when HEIW was created in 2018, the return rate was 44% which is a reasonable response for this type of survey and enabled results to be produced.

Equality, Diversity and Inclusion

We are broadly representative of the overall NHS workforce in terms of the gender profile of the organisation, with nearly 70% of the workforce being female, and this includes our senior leaders as represented by the HEIW Board.

In respect of our ethnicity profile we have more work to do in representing the ethnicity of the population. Currently those from ethnic minorities make up 2.4% of our workforce which is less than overall NHS Wales profile of 6.6%, 4% in our local authority area of Rhondda Cynon Taff and 3.2% of the overall population of Wales.

Our age profile is more in keeping with NHS Wales workforce overall with the majority of workforce being between 36 and 60. Across younger age brackets we have work to do with our data indicating a younger workforce to be half of the average of NHS Wales overall.

Further details of our work on promoting equality can be found in our Annual Governance Statement on page 45.

Financial Performance

The HEIW Board approved its draft Annual Plan at its meeting on 25th March 2021, with the final version being approved on 10th June 2021. The plan included an estimated resource requirement of £274.251m for the 2021/22 financial year increasing to £370.738m by 2025/26. Following various funding adjustments during the year, the final resource allocation was £268.180m. HEIW reported an underspend of £343k for the year, meeting its financial duty to break-even against the Revenue Resource Limit (RRL).

The key reasons for the underspend were vacancies against budgeted staffing levels and reduced face-to-face training and education activity due to the COVID-19 lockdown restrictions. The commissioning budgets were over budget as a result of an overspend within

GP training due to numbers in training and protected salaries. This was offset by known under recruitment of trainees to programmes in Pharmacy, Dental Foundation training and the medical training grades.

The draft annual accounts were submitted to Welsh Government on 29th April 2022.

Expenditure on the two main commissioning areas is shown in the table below. Operating costs of £33.8m relate to non-commissioning expenditure including staff and director costs (£21.3m), premises and related items (£5.3m), establishment costs (£2.3m), supplies and services (£3.0m) and other expenditure (£1.9m). Capital expenditure during the year totalled £280k against the Capital Resource Limit (CRL) of £283k.

Non-Medical Training and Education	£'m
Student Training Fees (Universities)	65,129
Additional Training Costs (Universities)	1,693
Funding for Healthcare Education Fees (Health Boards and Trusts)	2,007
Student Bursaries Reimbursement (Universities)	24,681
Student Salaries Reimbursement (Health Boards and Trusts)	17,395
Advanced Practice Training fees	1,569
Healthcare Support Working Training	2,256
Non-Medical Prescribing	278
Training related Travel and Subsistence	3,843
Disability Support Allowance	907
Other	131
TOTAL	119,889

Cross-reference: 25.04 08 HEIW 2021-22 Account Template V3

Postgraduate Medical, Dental and Pharmacy Education	£'m
Training Grade Salaries	55,994
Postgraduate Centre and Study Leave	4,804
GP Registrars	31,526
Dental Foundation Trainees	8,333
Pharmacy Training	9,042
Induction and Refresher	61
Welsh Clinical Academic Training	1,606
GP CPD and Appraisal Costs	1,017
Trainee Relocation Expenses	1,410
Other	931
TOTAL	114,724



Welsh Language

HEIW comes under the original (1993) Welsh Language Act and was therefore asked by the Welsh Language Commissioner to prepare a Welsh Language Scheme in accordance with this Act. Our Welsh Language Scheme was approved by the Welsh Language Commissioner in October 2021, approved by the Board at its November 2021 meeting, and subsequently published.

We have focussed on the implementation of the Welsh Language Scheme, and on increasing the services provided by HEIW through the medium of Welsh and strengthening the language skills of our staff. In order to support this Scheme, we have undertaken a number of events (virtually) over the course of the year – these have included a Welsh language themed Staff Conference, where staff and colleagues from other Health Boards talked about their positive experiences in learning and using the Welsh language at work.

The successful implementation of our Welsh Language Scheme over the past year is demonstrated in part by the number of staff learning Welsh increasing from 52 to 74 learners, while demand for translation has grown from just over 3.2 million words, to 4.9 million words per year. To support the growth in our translation requirement our translation team has grown to five members. In year we also extremely proud to be able to simultaneously translate both our Board and Committee meeting to promote the equal use of the language in our business.

Externally, we continue to engage regularly with a wide range of stakeholders, including the Welsh Language Commissioner and the Welsh Language Partnership Board. The School of Dentistry and the Deanery, as well as with the LHB's, with the aim of creating a continuum of language awareness and learning opportunities at all stages of a health worker's career

Sustainability

Annual Report Biodiversity and Decarbonisation

In 2021/22, we have built on and expanded our proactive approach to the biodiversity and decarbonisation agenda. The HEIW Biodiversity and Decarbonisation Strategy was approved by Board in July and new governance arrangements were introduced in January to ensure all sustainability work in HEIW is being effectively delivered. The staff group was rebranded to the HEIW Green Group to join a growing network of Green Groups across NHS Wales and additional resources were identified to provide support for projects. Our strategy will be delivered via an action plan, in line with Welsh Government's decarbonisation strategy, that will support wider plans and ambitions through our functions and activities.

Notably, initial groundworks have been undertaken at Ty Dysgu to maintain and enhance biodiversity in line with our commitment under the Environment (Wales) Act 2016 and the section 6 enhanced biodiversity and resilience of ecosystems duty for public authorities in the exercise of functions. The space now includes meadow patches, new planting and wildlife aids, as well as a 'reflection' bench for staff and visitors to enjoy the area. We will be monitoring improvement in biodiversity on a long-term basis.

Emissions and Waste

We monitor emissions and waste creation on an ongoing basis, taking account of the impact of COVID-19 and our commitment under the Environment (Wales) Act 2016. As a Strategic Health Authority of NHS Wales, our emissions differ considerably as an office-based organisation.

As in 2020/21, use of Ty Dysgu continued to be restricted due to COVID-19 in 2021/22. Staff continued to work remotely for most of the year, but we maintained the fabric of the building and met health and safety requirements throughout. At the outset of the pandemic, we moved to a 100% virtual working model, but have enabled access to the building for health and wellbeing purposes since July 2020 and throughout most of 2021/22 whilst maintaining the requirements of government guidelines. The building was not closed, but staff were asked to work mostly from home again over the winter of 2021/22.

Table 1 shows emissions for the whole of 2021-22, with Table 2 providing a comparison between 2020/21 and 2021/22. Costs increased across all areas due to the fuel crisis and rising inflation. Electricity use increased slightly (2%) compared with the previous year due to more staff working in the building and the launch of our new agile working model. Electric car charging also increased. Gas usage decreased by 7% due to the warmer weather in the winter compared to 2020/21. Water reduced by 17% with less people in the building and shower restrictions in place for part of the year. There was more food waste and recycling with more staff using the building in 2021/22 compared to 2020/21 and with the reorganisation of desks and the associated clearing activity, as well as increased project works on and outside the building.

Table 1: Utilities (Units and Costs) 2021-22

2021-22	Electricity (KWh)	Gas (KWh)	Water and Sewerage (m3)	Waste* (Tonnage)
Q1	78,866	102,476	840	0.798
Q2	83,486	62,755	893	1.23
Q3	75,903	128,527	1,135	0.933
Q4	71,840	134,504	714	0.733
Total Units	310,095	428,262	3,582	3.694
Total cost inc charges (£)	£67,665.22	£17,155.93	£6,009.50	£3,056.62

*Waste:

100% of waste was diverted from landfill; 57.55% was recycled

410 kgs of CO2 has been saved; this is equivalent of 1 tree planted

Table 2 Utilities and Waste Comparison 2020/21 and 2021/22

	Electricity (KWh) 20-21	Electricity (KWh) 21-22	Gas (KWh) 20-21	Gas (KWh) 21-22	Water and Sewerage (m3) 20-21	Water and Sewerage (m3) 21-22	Waste (Tonnes) 20-21	Waste (Tonnes) 21-22
Total Units	303,646	310,095	460,317	428,261	3,842	3,157	1.6	3.8
Cost (£)	£54,718	£67,665	£15,502	£17,195	£6,260	£6,009.50	£1,670	£3,057
Difference in units	6,449		-32,056		-685		2.2	
Difference (%)	2.1%		-7.0%		-17.8%		137.5%	
Difference (£)	£12,947.22		£1,693.23		-£250.50		£1,386.62	
Difference £ (%)	23.7%		10.9%		-4.0%		83.0%	

Appendix 1.1 Trends in Education and Training Commissioning

Specialty	August 2021 post numbers	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
Anaesthetics/ICM						
Core Anaesthetics Training/ ACCS Anaesthetics	122					
Higher Anaesthetics	140	+3	+3			
ACCS Intensive Care	14					
Higher Intensive Care Medicine	31	+4	+41	+2		+4
Emergency Medicine						
Acute Care Common Stem - Emergency Medicine	23	+2				+4
Emergency Medicine (includes PEM and PHEM)	54	+5	+7	+4		+2
Medicine						
Core Medical Training/ACCS Acute Medicine	259	+15	+13			
Acute Internal Medicine	14	+2				
Audiovestibular medicine	1					
Cardiology	38					
Clinical Genetics	5					
Clinical Neurophysiology	1					
Clinical Oncology	20	+4				
Clinical Pharmacology and Therapeutics	3					
Dermatology	17		+3			
Endocrinology and Diabetes Mellitus	23					
Gastroenterology	26	+2				
Genito-urinary Medicine	4					
Geriatric medicine	52					+3
Haematology	18					
Immunology	1					
Medical Oncology	9	+3				
Neurology	17					
Palliative Medicine	13					
Rehabilitation Medicine	2		+1			
Renal medicine	17					
Respiratory Medicine	31	+2				

Specialty	August 2021 post numbers	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
Rheumatology	10					
Surgery						
Core Surgical Training	100					
Cardio-thoracic surgery	7					
General surgery	58	+4				
Neurosurgery	7	-1				
Ophthalmology	40				+4	
Oral and Maxillo-facial Surgery	9					
Otolaryngology	18					
Paediatric Surgery	2					
Plastic surgery	15	+2				
Trauma and orthopaedic surgery	45			+4		
Urology	20	+4				
Vascular surgery	9					
Pathology						
Chemical pathology	4					
Histopathology	20					+2
Infectious diseases	2					
Medical Microbiology and Virology	16	+3	+3			
Paediatric and Perinatal pathology	2					+1
Psychiatry						
Core Psychiatry Training	85					
Child and Adolescent Psychiatry	12					
Forensic Psychiatry	6					
Old Age Psychiatry	11		+2	+2 (not filled)		
General Psychiatry	29					
Psychiatry of Learning Disability	5					
Imaging and Radiology						
Clinical Radiology	102	+20	+10	+4	+7	+11

Specialty	August 2021 post numbers	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
Nuclear medicine	1					
Women's Health						
Obstetrics and gynaecology	95	+2				
Community Sexual and Reproductive Health	2					
Paediatrics	149	+6				
Public Health Medicine	23					
Foundation Training						
Foundation Year 1	381	+30	+12			
Foundation Year 2	351	+12				
General Practice	672	+77	+100			

Appendix 1.2 Health Professional Commissioning Trends

Staff Group	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Pre Registration Nursing	2202	1,987	1,911	1,911	1,750	1,418	1,283	1,053	1,011	919	1,035	1,070	1,179	1,095	1,079	1,271	1,265	1,247	1,387	1,291	990	1,113	976	905
Midwifery	185	161	134	134	134	94	94	94	109	107	102	123	110	95	90	100	97	97	100	120	96	86	70	72
District Nurses	80	80	80	80	80	41	41	24	31	20	26	30	26	28	45	71	68	71	65	57	62	69	50	52
DN (Modules)	123	123	123	123	123	123	123	163	172	100	50	40	40	98										
Health Visitors	92	92	92	90	82	71	66	49	39	31	31	36	46	36	36	37	47	53	62	55	48	36	44	44
Health Visitors (Modules)	30	30	30	30	40																			
CPNs	30	30	30	30	39	21	27	23	13	26	20	21	21	21	13	23	15	17	34	34	30	40	16	35
CPN (Modules)	60	60	60	60	40	48	48	40	40	30	20	20	20	20										
CLDNs	0	0	0	0	0	12	12	0	0	5	0	2	3	2	3	6	5	10	10	14	10	13	7	15
CLDNs (Modules)	10	0	10	10	10	12	12	7	8	0	4	10	6	4										
School nurse	30	19	19	19	19	18	18	18	18	27	22	24	24	24	22	21	21	24	20	17	13	6	0	0
School nurse (modules)	0	3	3	3	3	2	2	6	10	0	25													
Practice nurses	30	20	20	20	20	1	1	14	12	39	16	16	18	16	20	23	17	11	15	15	23	0	0	0
PN (Modules)	50	29	29	29	29	29	34	18	8	10	12	16	16	16										
CCN (p/t)	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paediatric nurses	0	7	0	0	16	12	12	11	13	10	8	6	9	7	2	15	10	7	13	15	0	0	0	0
Paed. nurses (Modules)	24	10	24	24	24	3	3	13	8	3	8	8	8	8										
	563	503	520	518																				

Staff Group	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Occupational Therapists	179	163	133	133	121	116	111	88	79	71	69	102	100	93	81	98	91	106	112	79	65	45	40	37
Physiotherapists	174	164	147	147	134	134	121	96	89	103	90	90	95	85	82	86	101	126	140	115	91	77	73	67
Speech and Language Therapy	49	49	44	44	0	44	44	37	30	25	36	43	35	35	54	44	40	39	40	38	33	33	33	27
Dietetics	40	40	30	30	30	42	38	30	33	28	30	36	40	34	22	24	24	30	31	28	28	28	28	27
Post grad. Dietetics	20	20	12	12	12									12	11	12	12	14	15	15	15	15	15	30
Podiatry	27	24	24	24	24	20	20	26	15	24	24	31	30	26	28	26	26	26	27	28	28	28	28	21
Orthoptics	0	5	5	5	5	5	5	5	3	2	0	0	0	0	0									
Medical Photography	7	5	5	5	5	4	4	4	3	3	2	2	2	2	2	3	3	3	3	3	3	3	3	3
ODPs	49	49	49	49	49	39	39	46	44	28	32	29	30	25	23	32	32	39	41	36	33	32	14	14
Surgical Care Pracs	0	0	0	0	0	0	0	0	0	0	0	0	8	8										
Physicians Associate	61	60	42	32	32	27																		
Clinical Psychologists	32	29	27	27	27	27	27	26	25	21	16	18	19	18	18	21	21	21	20	19	18	15	15	15
Pharmacists - Pre Reg.	160	40	50	41	41	38	38	40	40	39	43	45	43	38	36	40	40	40	40	36	34	4	30	30
Pharmacists Dip & Techs	77	99	85	75	75	60	60	62	63	63	41	54	66	54	51	66	64	50	53	21	20	19	14	12
Dental Hygienists	18	18	18	18	18	18	18	10	12	10	7	9	11	9	9	9	9	9	9	8	8	7	7	6
Dental Therapists	13	13	13	13	13	13	13	12	11	11	6	8	11	8	8	8	8	8	8	7	7	6	6	0
Ambulance Paramedics	105	115	85	76	86	69	94	36	25	24	40	57	75	101	70	90	85	85	70	57	48	48	40	48



Accountability report and accounts



Corporate governance report

Annual Governance Statement for the period ended 31 March 2022

1. Scope of Responsibility

The Board of Health Education and Improvement Wales (HEIW) is accountable for governance, risk management, and internal control. The Chief Executive Officer (CEO) has responsibility for maintaining appropriate governance structures and procedures, as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which the CEO is personally responsible. These are carried out in accordance with the responsibilities assigned to the CEO as Accountable Officer by the Chief Executive of NHS Wales.

The Annual Report outlines the different ways the organisation has worked both internally and with partners in response to the unprecedented pressure in planning and providing services arising from supporting the NHS workforce's response to the pandemic. It explains the arrangements for ensuring standards of governance are maintained, risks are identified and mitigated, and assurance has been sought and provided. Where necessary additional information is provided in the Governance Statement, however, the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this Governance Statement.

The background to HEIW, its functions and the Annual Plan 2021/22 is set out in the Performance Report. On 27 July 2021 the Health and Education and Improvement Wales (No. 2) Directions 2018 were amended extending HEIW's functions to include the Office of Chief Digital Officer (OCDO) for Health and Care. The position in respect of HEIW hosting the OCDO is considered on page 12 of the Performance Report.

This Governance Statement explains the composition and organisation of HEIW's governance structures and how they support

the achievement of our objectives.

During 2021/22 we have continued to further develop our system of governance and assurance. Our Board Assurance Framework (BAF) is reviewed by the Board on an annual basis. The BAF was approved by the Board in November 2021 and HEIW's Strategic Risks were reviewed and approved at the March 2022 Board. We will continue to evolve our BAF in 2022/23.

The Board sits at the top of our governance and assurance system. It sets strategic objectives, monitors progress, agrees actions to achieve these objectives and ensures appropriate controls are in place and working properly. The Board also takes assurance from its committees, assessments, against professional standards and regulatory frameworks.

Impact of COVID on governance

The main impact on HEIW's governance process during this crisis period has been the suspension of open Board and committee meetings being held in public. These meetings have continued to be held in accordance with our original timetable but held virtually through video conferencing technology. There have been no other material changes to HEIW's normal decision-making process.

Where relevant HEIW's actions taken in response to COVID-19 have been explained within this Governance Statement.

Suspension of Board and committee meetings being held in public due to COVID-19

It is acknowledged that in these unprecedented times, there are limitations on Boards and committees being able to physically meet where this is not necessary and can be achieved by other means. In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend meetings of our Board and committees from 26 March 2020. To ensure business was conducted in as open and transparent manner as possible during this time we have aimed to place committee

briefing on HEIW's website within 72 hours of a meeting and unconfirmed draft minutes of Board and committee meetings within 14 days of the meeting. However, at times, meeting these timescales has proved challenging.

HEIW Board meetings and Committee meetings have been streamed live via a videoconference platform since July 2020 and July 2021 respectively. Both Board and Committee streamed meetings are supported by simultaneous translation.

The decision not to hold open Board and committee meetings in public has been regularly reviewed by the Board during 2021/22 and on 31 March 2022 a phased return to in-person meetings commenced with a hybrid model meeting of the March Board where members could attend virtually or in-person. While the public have not been able to attend Board meetings in person at this time, they continue to be able to access the meetings virtually.

Reporting period

The reporting period for this Governance Statement is primarily focussed on the financial year from 1 April 2021 to 31 March 2022. However, it also includes reporting on material issues that have taken place between 31 March 2022 and the date that the Governance Statement is approved by the HEIW Board on 13 June 2022.

1.1 Our System of Governance and Assurance

Our vision is "Transforming the workforce for a healthier Wales" which was developed through extensive engagement with our staff, stakeholders and partners.

Our purpose is to develop a workforce that delivers excellent care to patients/service users and excellent population health

As a Special Health Authority our unique contribution or "added value" is to:

- address strategic and specialist workforce issues that individual NHS organisations cannot address on their own;
- make Wales a great place to train and work for our health and care staff;
- maximise the contribution of all professions and occupations through our statutory functions which can be found overleaf.

HEIW's statutory functions are detailed below:

Leadership Development

Workforce development and transformation

Careers and widening access

Workforce - strategy planning Intelligence

Education and Training - planning commissioning delivery

With our staff we also developed and agreed our values which are:

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

These values are supported by a Values and Behaviours Framework and together these set out clearly the expectations on all staff and the way we work. Our Values and Behaviour Framework is on our website at <https://heiw.nhs.wales/about-us/values-and-behaviours/>

HEIW, in line with all Health Boards and Trusts in Wales, has agreed standing orders for the regulation of proceedings and business of the organisation. These are designed to translate the statutory requirements set out in the HEIW (Establishment and Constitution) Order 2017 into day-to-day operating practice. Together with the adoption of a scheme of matters reserved to the Board; a scheme of delegation to officers and others; and standing financial instructions, they provide the regulatory framework for the business conduct of HEIW and define its 'ways of working'. These documents, together with the range of corporate policies set by the Board, make up the Governance and Assurance Framework.

HEIW's Declarations of Interest and Standards of Behaviour Policy was rolled out across the organisation in 2018/19. Work has continued during 2021/22 in respect of communication and to ensure that declarations are up to date to proactively manage any conflicts of interest that might arise for our Board members and staff.

1.2 The Role of the Board

The Board has been constituted to comply with the *Health Education and Improvement Wales Regulations 2017*. In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Independent Members also fulfil a number of Champion roles where they act as ambassadors (see Table 1 on pages 64–65).

In December 2021 HEIW concluded a successful public recruitment process for two new Independent Members. On 4 January

2022, Jonathan Morgan took up his position as an Independent Member for a term of four years. John Gammon will take up his position in August 2022 also for a term of four years. Given the delay in his appointment attendance at Board and Committee meetings has been carefully managed. On 31 January 2022, John Hill-Tout retired as an Independent Member at the end of his second term.

The Board is made up of Independent Members and executive directors. Lisa Llewelyn took up post as the Director of Nurse and Health Professional Education on 1 June 2021, taking over from the Interim Director of Nursing Angela Parry. Julie Rogers was permanently appointed as the Director of Workforce and Organisational Development on 1 March 2022 and has also been designated the Deputy Chief Executive role. Julie Rogers had previously undertaken the role on secondment from Welsh Government. Eifion Williams retired as the Director of Finance on 31 December 2021 and Rhiannon Beckett commenced as Interim Director of Finance on 1 January 2022.

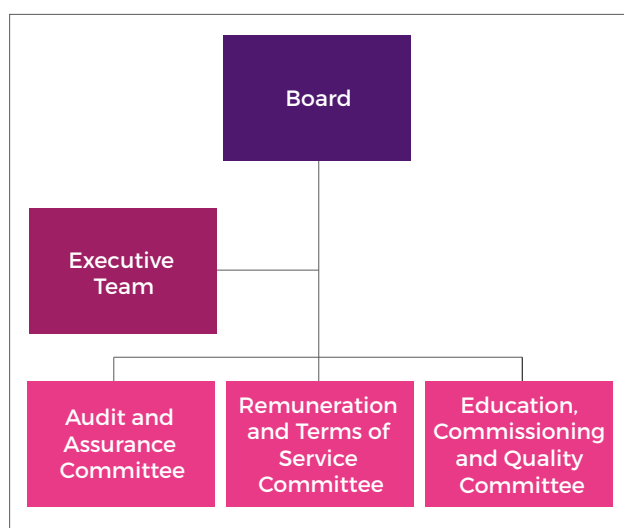
In addition to the executive directors, HEIW has had two seconded director positions; the Director of Planning, Performance and Corporate Services and Director of Digital Development. Nicola Johnson, Director of Planning, Performance and Corporate Services, returned to her host organisation Swansea Bay University Health Board on 1 April 2022. It has been determined that the Director of Digital Development Role will be converted into a substantive post in 2022/23. Both directors, together with the executive directors and the Board Secretary, have been members of the Executive Team, with a standing invitation to Board meetings where they can contribute to discussions, but without voting rights as they are not executive directors.

During 2021/22 several Board Development Sessions were undertaken which included a focus on the following elements of governance:

- Developing a Quality Framework;
- Risk Appetite and Risk Tolerance;
- Strategic Risks;
- Nurse Staffing Levels Act
- Governance Leadership and Accountability Standard
- Corporate Governance Code of Good Practice

- Board Assurance Framework;
- Board's self-assessment of its own effectiveness.
- Equality, Diversity and Inclusion

The full membership of the Board, their lead roles and committee responsibilities are outlined in Table 1. Below is a summary of the Board and committee structure:



The Board provides leadership and direction to the organisation and has a key role in ensuring the organisation has sound governance arrangements in place. The Board also seeks to ensure the organisation has an open culture and high standards when conducting its work. Together, Board members share corporate responsibility for all decisions and play a key role in monitoring the performance of the organisation. All the meetings of the Board during 2021/22 were deemed when held to be appropriately constituted with a quorum. The key business and risk matters considered by the Board during 2021/22 are outlined in this statement and further information can be obtained from meeting papers available on our website: <https://heiw.nhs.wales/about-us/board-meetings-agendas-and-standing-orders/>

1.3 Committees of the Board

The Board has established three committees, the Audit and Assurance Committee, Remuneration and Terms of Service Committee, and the Education Commissioning and Quality Committee. These committees are chaired by the Chair of the Board or Independent Members and have key roles in relation to the system of governance and assurance, decision making, scrutiny and

in assessing current risks. The committees provide assurance and key issue reports to the Board to contribute to the Board's assessment of assurance and to provide scrutiny on the delivery of objectives.

The Board is responsible for keeping the committee structure under review and reviews its standing orders on an annual basis. The Board will consider whether any changes are needed during 2022/23 in line with the Board's governance framework and priorities of the Integrated Medium Term Plan 2022/25.

HEIW is committed to openness and transparency with regard to the way in which it conducts its committee business. The HEIW Board and its committees aim to undertake the minimum of its business in closed sessions and ensure business wherever possible is considered in public with open session papers published on HEIW's website. <https://heiw.nhs.wales/about-us/board-meetings-agendas-and-standing-orders/>

The closed session elements of Board and committee meetings are undertaken because of the confidential nature of the business. Such confidential issues may include commercially sensitive issues, matters relating to personal issues or discussing plans in their formative stages.

An important committee of the Board in relation to this Governance Statement is the Audit and Assurance Committee. The Committee keeps under review the design and adequacy of HEIW's governance and assurance arrangements and its system of internal control. During 2021/22, key issues considered by the Audit and Assurance Committee relating to the overall governance of the organisation included:

Reviewing the Annual Accounts for 2020-21 and recommending that the Board approve the accounts prior to submission to Welsh Government.

- Reviewing procurement compliance and monitoring progress against the Procurement Compliance Action Plan.
- Revisiting its terms of reference, which will be kept under regular review;
- Approving the Internal Audit Plan for 2021/22 and keeping under review the resulting Internal Audit Reports. Noting key

areas of risk and tracking the management responses made to improve systems and organisational policies;

- Approving the Counter Fraud Plan 2021/22 and keeping under review the resultant counter fraud work.
- Ensuring effective financial systems and controls procedures are in place;
- Further developing the Board's risk management systems and processes and monitoring the same;
- Considering the 2021 Structured Assessment and AW's 2022 Audit Plan;
- Providing assurance to the Board in respect of Information Management and Information Governance.

The committee provides an Annual Report of its work to the Board and undertook a self-assessment for 2020/21 in April 2021. A questionnaire based on the National Audit Office Audit and Risk Committee Checklist was developed and circulated to committee members and attendees. Respondents included representatives from Audit Wales, Internal Audit and Counter Fraud. An action plan in response to the self-assessment will be developed in response to the findings of the self-assessment process.

The Remuneration and Terms of Service Committee considers and recommends to the Board salaries, pay awards and terms and conditions of employment for the Executive Team and other staff. During 2021/22 key issues considered by the Remuneration and Terms of Service Committee included:

- Performance of executive directors against individual objectives
- National pay awards for members of staff
- Retire and return of senior staff
- Secondment agreements

The Education, Commissioning and Quality Committee enables the Board to undertake greater scrutiny in respect of commissioning, monitoring and quality assessing of education and training. Greater scrutiny will enable HEIW to manage and mitigate risk. The committee considered the following key matters in 2021/22:

- Reviewed its own terms of reference;

- Reviewed the impact of COVID-19 on education and training for students and trainees and considered the lessons learnt;

- Reviewed the draft NHS Wales Education, Commissioning and Training Plan for 2022/23 and recommended the Plan for approval at the HEIW Board in July 2021;

- Received assurance reports on the tender process for Phase 1 of Health Professional Education Contracts;

- Considered the Strategic Review of Health Care Education – Phase 2;

- Ensured the effective management and improvement of the quality of HEIW's education and related research activities;

- Ensured the effective performance, monitoring, management and value of education and training programmes and contracts;

- Monitored compliance of education and training activities with education providers.

The committee provides an Annual Report of its work to the Board and undertakes a self-assessment on an annual basis. A number of areas of focus were identified by the self-assessment process last year and progressed during 2021/22.

As part of the refresh of our communications and engagement activities post COVID, a new Stakeholder Reference Group supporting the Board with advice and discussion across the range of its functions was established in November 2021. The Stakeholder Reference Group replaced the Education Advisory Group which existed as an external advisory sub-committee to the Education Quality and Commissioning Committee.

In response to the standing down of the Education Advisory Group, the Education, Commissioning and Quality Committee in February commissioned a review of its internal advisory sub-committee, the Multi-Professional Quality and Education Group. That review will be reported back to the committee in June.

1.4 Membership of the Board and its Committees

In Table 1, the membership of the Board and its committees is outlined for the year ended 31 March 2022, along with attendance at Board and committee meetings for this year. Members are involved in a range of

other activities on behalf of the Board, such as regular board development and briefing meetings, and a range of other internal and external meetings.

Any proposed changes to the structure and membership of Board committees requires Board approval. Both the Audit and Assurance Committee and the Education Commissioning and Quality Committee, have considered their own terms of reference. The Board will ensure that terms of reference for each committee are reviewed annually to ensure the work of committees clearly reflects any governance requirements, changes to delegation arrangements or areas of responsibility. The Audit and Assurance Committee and the Education Commissioning and Quality Committee are also required to develop annual reports of their business and activities.



Table 1 – Board and committee membership and attendance since 1 April 2021 to 31 March 2022

Name	Position	Area of Expertise/ Representation Role	Board/ Committee Membership	Meeting Attendance 2021/2022	Champion Roles
Chris Jones	Chair	<ul style="list-style-type: none"> Primary Care Widening Access Prevention 	<ul style="list-style-type: none"> Board (Chair) RATS Committee (Chair) 	8/8 9/9	<ul style="list-style-type: none"> Welsh Language
John Hill-Tout*	Vice-Chair	<ul style="list-style-type: none"> Performance Governance Finance 	<ul style="list-style-type: none"> Board Audit and Assurance Committee RATS Committee 	6/7 5/5 7/8	<ul style="list-style-type: none"> Primary Care Mental Health
Tina Donnelly	Independent Member	<ul style="list-style-type: none"> Leadership Students Workforce Education/ Training 	<ul style="list-style-type: none"> Board Education, Commissioning and Quality Committee RATS Committee 	8/8 4/4 7/9	<ul style="list-style-type: none"> Student/ Trainee Equality and Diversity
Ruth Hall	Independent Member	<ul style="list-style-type: none"> Rural Education Quality and Improvement 	<ul style="list-style-type: none"> Board Audit and Assurance Committee Education, Commissioning and Quality Committee RATS Committee 	6/8 6/6 4/4 8/9	<ul style="list-style-type: none"> Rural
Gill Lewis	Independent Member	<ul style="list-style-type: none"> Health and Social Care Workforce 	<ul style="list-style-type: none"> Board Audit and Assurance Committee Education, Commissioning and Quality Committee** RATS Committee 	7/8 6/6 1/1 7/9	<ul style="list-style-type: none"> Health and Social Care Integration
Heidi Phillips	Independent Member	<ul style="list-style-type: none"> Integrated Care Improvement Widening access Education/ Training 	<ul style="list-style-type: none"> Board Audit and Assurance Committee RATS Committee 	6/8 4/6 9/9	<ul style="list-style-type: none"> Quality Improvement Widening Access Digital

Name	Position	Area of Expertise/ Representation Role	Board/ Committee Membership	Meeting Attendance 2021/2022	Champion Roles
Jonathan Morgan***	Independent Member	↘ Health and Social Services ↘ Audit ↘ Public accounts ↘ Future generations ↘ Law	↘ Board ↘ RATS Committee	2/2 1/1	
Alex Howells	Chief Executive	n/a	↘ Board	8/8	n/a
Julie Rogers	Deputy Chief Executive/ Director of Workforce and OD	n/a	↘ Board	8/8	n/a
Angela Parry ****	Interim Director of Nursing	n/a	↘ Board	2/2	n/a
Lisa Llewelyn *****	Director of Nurse and Health Professional Education	n/a	↘ Board	6/7	n/a
Pushpinder Mangat	Medical Director	n/a	↘ Board	7/8	n/a
Eifion Williams *****	Director of Finance	n/a	↘ Board	6/6	n/a
Rhiannon Beckett *****	Interim Director of Finance	n/a	↘ Board	2/2	n/a

Please note: The Director of Finance is the lead officer for the Audit and Assurance Committee. The Director of Workforce and Organisational Development is the lead officer for the Remuneration and Terms of Service Committee. The Medical Director and the Director of Nurse and Health Professional Education are the lead officers for the Education Commissioning and Quality Committee.

*John Hill Tout's term as an Independent Member ended on 31 January 2022. Attendance reflects the number of Board and committee meetings up to the end of the term.

**Gill Lewis was appointed a full member of the Education, Commissioning and Quality Committee in February 2022. Attendance reflects the number of Committee meetings since appointment.

***Jonathan Morgan was appointed as an Independent Member on 4 January 2022.

Attendance reflects the number of Board and Committee meetings since appointment.

****Angela Parry's appointment as Interim Director of Nursing ended on 30 June 2021. Attendance reflects the number of Board meetings up to the end of appointment.

*****Lisa Llewelyn commenced as Director of Nurse and Health Professional Education on the 1 June 2021. Attendance reflects the number of Board and Committee meetings since appointment.

*****Eifion Williams retired on 31 December 2021. Attendance reflects the number of Board meetings up to the end of appointment.

*****Rhiannon Beckett was appointed Interim Director of Finance on 1 January 2022. Attendance reflects the number of Board and Committee meetings since appointment.

The Board and its committees are fully established and (other than in respect of the suspension of holding Board and committee meetings in public due to COVID 19 as outlined above) operated in line with the Board's

standing orders. Table 2 outlines the dates of Board, Board development and committee meetings held during the period 1 April 2021 – 31 March 2022, with all meetings being deemed quorate when held.

Table 2 – Dates of board and committee meetings held during the period 1 April 2021 to 31 March 2022.

Board/Committee	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sept 2021
Board	N/A	27/05/21	10/06/21	29/07/21	N/A	30/09/21
Board Development	29/04/21	N/A	17/06/21	N/A	19/08/21	N/A
Audit and Assurance Committee	07/04/21	06/05/21	09/06/21	21/07/21	N/A	N/A
Education Commissioning and Quality Committee	N/A	N/A	25/06/21	N/A	N/A	02/09/21
Remuneration and Terms of Service Committee	29/04/21	27/05/21	17/06/21	29/07/21	N/A	30/09/21

Board/Committee	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Board	28/10/21	25/11/21	N/A	27/01/22	N/A	31/03/22
Board Development	28/10/21	N/A	16/12/21	N/A	24/02/22	N/A
Audit and Assurance Committee	21/10/21	N/A	N/A	N/A	07/02/22	N/A
Education Commissioning and Quality Committee	N/A	N/A	N/A	18/01/22	N/A	03/03/22
Remuneration and Terms of Services Committee	N/A	25/11/21	16/12/21	27/01/22	N/A	31/03/22

Local Partnership Forum

The HEIW Local Partnership Forum (LPF) provides the formal mechanism for social partnership within HEIW as well as providing a vehicle for engagement, consultation, negotiation, and communication between trade unions and HEIW management. During 2021-22 the LPF has met bi-monthly and focussed on both strategic and practical issues including culture and organisational development, employment policies, equality and diversity, staff wellbeing, and welfare. During the COVID-19 pandemic it provided a key method of communicating and discussing changes to the HEIW operating model.

2. The Purpose of The System of Internal Control

HEIW's Board system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks. It can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of HEIW policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically.

The system of internal control has been in place for the year ended 31 March 2022 and up to the date of approval of the Annual Report and Accounts. Our Board Assurance Framework (BAF) was reviewed and approved by the Board in November 2021. We use the BAF system and process to monitor, seek assurance and ensure that shortfalls are addressed through the scrutiny of the Board and its committees. Oversight of our Corporate Risk Register system is provided through scrutiny and monitoring by the Board and its committees.

The effectiveness of the system of internal control is assessed by our internal and external auditors.

A diagram of the Board Control Framework is set out overleaf.

Levels of Assurance

First line: operational

- ✎ Organisational structures – evidence of delegation of responsibility through line Management arrangements.
- ✎ Compliance with appraisal process
- ✎ Compliance with Policies and Procedures
- ✎ Incident reporting and thematic reviews
- ✎ Compliance with Risk Management processes and systems
- ✎ Performance Reports, Complaints and Trainee Experience Reports, Finance Reports



Second line: risk and compliance

Reports to Assurance and Oversight Committees

- ✎ Audit and Assurance Committee
- ✎ Education Commissioning and Quality Committee
- ✎ Remuneration Committee
- ✎ Health and Safety Groups etc

Findings and/or reports from inspections, Annual Reporting, Performance report through to committees



Third line: independent

- ✎ Internal Audit
- ✎ Audit Wales
- ✎ Counter Fraud
- ✎ Regulators
- ✎ Reviews and Reports by Royal Colleges
- ✎ External visits and accreditations
- ✎ Independent Reviews

3. Capacity to Handle Risk

We have continued to develop and embed our approaches to risk management and emergency preparedness throughout 2021/22. Our Risk Management Policy is reviewed on an annual basis and was reviewed and approved by the Board in November 2021.

HEIW's risk appetite statement set out below describes the risks it is prepared to accept or tolerate in the pursuit of its strategic goals:

HEIW recognises that, as an improvement based organisation, it is impossible for it to deliver its services and achieve positive outcomes for its stakeholders without a high appetite for risk. Indeed, only by taking risks can HEIW realise its aims.

HEIW nevertheless recognises that its appetite for risk will differ depending on the activity undertaken. Its acceptance of risk will be based on ensuring that potential benefits and risks are fully understood before decisions on funding are made, and that appropriate actions are taken.

HEIW's risk appetite takes into account its capacity for risk, which is the amount of risk it is able to bear (or loss we can endure) having regard to its financial and other resources, before a breach in statutory obligations and duties occurs.

HEIW's risk tolerance in respect of each of its statutory function is incorporated within the Corporate Risk Register. This will ensure a consistent, integrated approach whereby all risks are clearly linked to organisational objectives with a line of sight to the BAF.

Consideration of Strategic Risks and Corporate Risk both form part of the Board Assurance Framework. While they are complimentary, they do not cover the same areas. Strategic Risks are fundamental risks to an organisation's Strategic Aims. These risks are embedded and do not change much in the course of a year. Corporate Risks identify more precise day-to-day activities and are more likely to change over the course of the year.

HEIW's strategic risks are reviewed by the Board on an annual basis to ensure they continue to align with our IMTP. The Board reviewed HEIW's strategic risks at its December 2021 and February 2022 Board Development Sessions. The updated strategic risks were then approved by the Board in March 2022. Table 3 outlines the key strategic risks for HEIW.

Table 3 HEIW current Strategic Risks

1	Workforce skills and expertise given specialist nature of organisation. There is a risk that HEIW may find itself without the workforce with the requisite skills it requires to deliver on its Strategic Objectives. This could be caused by a lack of staff with relevant skills in the external market or education system or internally due to a lack of staff skills, career mobility, succession planning and skills management, or due to undesirable employee attrition and sickness absence of key individuals. The continued impact on staff wellbeing due to the COVID pandemic renders this risk to be particularly serious.
2	Capacity to deliver a growing range of functions and responsibilities. The risk of lack of capacity may be caused by a lack of sufficient workforce capacity to deliver the growing functions of the organisation, which could be a result of insufficient planning and an over reliance on existing ways of working, not embracing innovation, new ways of working and not investing in appropriate technology.
3	Cultural change required to deliver an integrated, multi professional approach. There is a risk that HEIW could fail to maintain and continue to develop a positive organisational culture which enables, encourages and develops staff engagement in embracing the multi professional approach. This could be caused by an over reliance on existing ways of working or a lack of time and attention focused on Organisational Development and a failure to embed Compassionate Leadership principles.
4	Effective engagement to ensure that we are influencing and shaping the agenda as system leader and can deliver our plans. Acting as a system leader will require effective horizon scanning and insight into the NHS system and workforce trends and clear communication and engagement for coalition building to encourage system change. The risk of failing to influence the agenda as system leader could be caused by a failure to communicate and engage effectively with stakeholders within health and social care including our newly established Stakeholder Reference Group.
5	Effective engagement with our partners to ensure the delivery of shared objectives and aims. The successful implementation of HEIW's aims and objectives in several areas will rely on engagement and co-operation with our partners in health, social care and education. The risk of failing to deliver in these areas could be caused by insufficient capacity, not effectively maintaining engagement with partners or a failure to achieve buy in from our partners.
6	Volatility of HEIW's financial position including the reliance on commissioning plans, student choices and associated budgets. This could be exacerbated by the increasing financial challenges faced by government and our education providers particularly post COVID-19, leading to a reduction in our flexibility to respond to developments.
7	Workforce intelligence and Data. The risk that the quality of workforce intelligence captured and reported within the NHS does not support accurate decision making and planning for the NHS's future workforce requirements. This could lead to both overcapacity and undercapacity within the workforce.

Risk Management

The Board sees active and integrated risk management as key elements of all aspects of our functions and responsibilities, especially in order to support the successful delivery of our business.

The Chief Executive/Accountable Officer has overall responsibility for the management of risk for HEIW. The Board and its committees identify and monitor risks within the organisation. Specifically, Executive Team meetings present an opportunity for the executive function to consider and address risk, and actively engage with and report to the Board and its committees on the organisation's risk profile. The Corporate Risk Register is reviewed monthly by the Executive Team, and quarterly by the Audit and Assurance Committee. Since November 2021 the Board receives a copy of the Corporate Risk Register for noting at every meeting and undertakes a review of the Corporate Risk Register twice a year. Risks are escalated to the Board as appropriate.

At an operational level executive directors are responsible for regularly reviewing their Directorate Risk Registers and for ensuring that effective controls and action plans are in place for monitoring progress.

In March 2022 we received a substantial assurance report from Internal Audit following an audit of the risk management system which focussed in particular on the processes for the Medical Directorate.

HEIW's Risks

The Corporate Risk Register is continuously updated to capture HEIW's risks as they are identified. Key risks that have been managed during 2021/22 are outlined below:

- Cybersecurity remained a high priority risk and work focused on reducing HEIW's cyber security risk profile while improving cyber security resilience. The Cybersecurity threat was also felt to be heightened as a result of the pandemic due to fraudsters increasingly targeting health organisations. To mitigate this risk HEIW continued to roll out the Cyber Security Implementation Plan.
- The commissioning of post-registration and post-graduate education from Higher Education Institutions without the security of formal contractual arrangements. Phase 2 of the Strategic Review of Education

has been developed to include the commissioning of this education provision.

- Difficulties in implementing the roll out of the expansion of the Single Lead Employer Model process and the associated impact on trainee experience. To mitigate the risks, roll out was paused and a tripartite review was undertaken to identify areas for support and improvement.

Three additional key risks were added to the Corporate Risk Register during March 2022 and will be managed during 2022/23:

- Difficulties in obtaining Visa sponsorship for newly qualified GPs from overseas who are unable to apply for Indefinite Leave to remain in the UK. To mitigate the risk we are working with NHS Wales Shared Services Partnership to provide these GPs with information for their case to extend sponsorship with the Home Office and highlighting the matter to the Welsh Government.
- Difficulties in obtaining references for medical graduates to support their application onto the Medical Performers List. We are raising awareness of the matter with the All Wales Associate Medical Directors of Primary Care and working with Medical Directors to develop a common approach and solution.
- The training cost of the increased recruitment of GPs continuing to exceed the forecasted budget. A deep dive has been undertaken by the Medical Deanery and Finance Team to ascertain the causes of the underspend and the over-recruitment is to be carefully managed in future to reduce the overall financial risk.

Further information can be found in the Board papers on our website: [Board meetings, agendas and standing orders – HEIW \(nhs.wales\)](#)

The Board is also committed to ensuring staff throughout the organisation are trained and equipped to appropriately assess, manage, escalate and report risk. HEIW managers have continued to receive internal training on risk during 2021-22.

Crisis Management and Business Continuity

HEIW has a Crisis Management and Business Continuity Policy and plan.

The HEIW Crisis Management and Business Continuity Policy and plan has been in

operation throughout 2021/22 and was deployed as required in response to the COVID-19 situation during 2021/22.

In line with the Crisis Management and Business Continuity Policy and plan during the COVID-19 crisis, the Crisis Management Team (CMT) in HEIW, has had the role of monitoring the impact and co-ordinating the management of the risks arising. The CMT has also ensured the Executive Team and Board are regularly briefed and have assessed if any risks should be escalated and included within the corporate risk register.

The CMT has met as required throughout 2021-22 to manage the impact of the pandemic. It met regularly from March 2021 to June 2021 when it was stood down. A lessons learned exercise was undertaken in September which will inform a review of our Business Continuity Plan in early 2022/23. The CMT was reactivated in late December 2021 alongside the submission of weekly summary updates to Welsh Government on the response to the Omicron wave. This ended in early March 2022 as the impact of the pandemic lessened and the organisation returned to a more business as usual footing.

The need to plan and respond to the COVID-19 pandemic presented several challenges to the organisation and a number of new and emerging risks were identified. Significant action has been taken by HEIW to support NHS Wales' response to the pandemic. This has also involved working as members of the Health and Social Services Group (HSSG) COVID Planning group which has representatives from the NHS, Local Government and Welsh Government.

While COVID-19 moves towards becoming endemic, there remains a level of uncertainty about the overall impact the pandemic will have on the longer-term delivery of services by the organisation, but appropriate action is being taken to mitigate risk.

HEIW continues to work closely with a wide range of partners, including the Welsh Government as it continues with its response and planning into the recovery phase. It will be necessary to ensure this is underpinned by robust risk management arrangements and the ability to identify, assess, and mitigate risks which may impact on the ability of the organisation to achieve its strategic objectives.

HEIW has continued to contribute to the

national response through the Deputy CEO's role as joint chair of the Workforce Deployment and Wellbeing Planning and Response Group (Workforce Cell).

Our operating model was adjusted in response to the pandemic in line with Government Guidelines and to safeguard the health of staff. This has included periods where our headquarters, Ty Dysgu, has been closed where the organisation transitioned successfully to near 100% homeworking. Where permitted by public health guidance, Ty Dysgu has been open to staff who need to come to the office for business or wellbeing reasons. Ty Dysgu reopened to staff on the 17 March 2022 when HEIW moved to our agile 3:2 working model. The 3:2 model is based on full time office-based staff working from Ty Dysgu three days a week and from home two days week. Following two years of lockdown it was recognised that returning to the office would be difficult for some members of staff. Given this, we set up a small steering group to facilitate the gradual transition to return to the office and have actively put in place measures to support staff wellbeing.

4. The Control Framework

NHS Wales organisations are not required to comply with all elements of the corporate governance code for central government departments. However, an assessment was undertaken against the main principles as they relate to NHS public sector organisations in Wales and of the Governance, Leadership and Accountability Standard. In response to last year's assessment the Board has focussed on the following areas:

- the Board's self-assessment process to ensure it better reflects HEIW's role in education and training, and
- further development of the induction processes for Independent Members.

The information provided in this governance statement also provides an assessment of how we comply with the main principles of the Code as they relate to HEIW as an NHS public sector organisation. The Board recognises that not all reporting elements of the Code are outlined in this governance statement but are reported more fully in the organisation's wider Annual Report. The Board is satisfied that it is complying with the main principles of, and is conducting its business in an open

and transparent manner in line with, the code. There have been no reported departures from the Corporate Governance Code.

The corporate governance code for central government departments can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220645/corporate_governance_good_practice_july2011.pdf

HEIW's risk management framework complies materially with the Orange Book, the public sector guide outlining the major principles on the Management of Risk, taking into account the organisation's size, structure and needs.

There have been no reported departures from the Orange Book.

The Orange Book can be accessed at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/815635/Orange_Book_Management_of_Risk.pdf

The Health and Care Standards set out the requirement for the delivery of health care in Wales. As an education and training body with no direct contact to patients our focus in respect of the Health and Care Standards relate to staff and resources. Improvements to these areas are captured in our Performance Report.

4.1 Other Control Framework Elements

Control measures are in place to ensure compliance with all of the organisation's obligations under equality, diversity and human rights legislation.

HEIW's aspiration is to be an excellent employer and a great place to work. As such we are fully committed to meeting the general and specific duties set out in the Public Sector Equality Duties Act (2011). It is also essential that these duties are reflected in the functions of the organisation, which affect students, trainees and staff across the wider NHS.

At HEIW we are committed to eliminating discrimination and promoting diversity and inclusion through equality of opportunity and through everything that we do. We have continued to embed our diversity, quality and inclusion agenda which is informed by strong leadership co production, collaboration and direct engagement with those who are affected by the decisions we make.

HEIW ensures equality of opportunity and

access for all by building upon the foundation of Equality and Human Rights Legislation and strive not only to comply with legal requirements, but also to use these to ensure that the organisation exemplifies best practice. HEIW acknowledges that our ability to recruit and retain the best people depends upon creating a positive, compassionate and inclusive culture.

In October 2020, we published our first Strategic Equality Plan which sets out our direction of travel for the next four years, explaining how we will work to promote equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not.

In recent months we have strengthened our governance of this area and established an Equality Diversity and Inclusion (EDI) steering group to support the executive leads for EDI and Race Equality in the discharge of their responsibilities, as well as a network to share and highlight best practice, learning and delivery. Two of our independent board members have observer status at the network meetings.

Our Inclusion Network continues to champion equity and equality within the organisation and hosts a number of both virtual and in person events that raise the profile of and celebrate diversity.

In this last year, we have published our second Annual Equality Report for 2020/21 and our Gender Pay Gap Report for 2020/21.

Pension Scheme – As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Welsh Risk Pool – The Welsh Risk Pool Services (WRPS) is a risk sharing mechanism, akin to an insurance arrangement which provides indemnity to NHS Wales's organisations against negligence claims and losses. Individual NHS organisations must meet the first £25,000 of a claim or loss which is similar to an insurance policy excess charge.

Quality and Quality Improvement –

HEIW has a structure in place for quality governance. Quality Governance is the values, behaviours, structures and processes that are in place to enable the Board to discharge its responsibilities for quality. In line with Standing Orders, the Board has established a committee to cover the quality of the education and training provided by HEIW – the Education Commissioning and Quality Committee. This committee holds executive directors to account and seeks assurance, on behalf of the Board, that it is meeting its responsibilities in respect of the quality of education and training services. Quality and Quality Improvement is further considered below. During 2021/22 HEIW has implemented or continued to implement the measures detailed below to secure quality and quality improvement in relation to its functions:

- The Education Commissioning and Quality Committee's (ECQC) remit includes; assuring the Board on whether effective arrangements are in place to quality manage education systems and; to make recommendations in respect of the quality of education and monitoring education quality.
- There has been significant progress in developing a HEIW Multi-professional Quality Framework with reporting to ECQC across the Medical and Nursing Directorates aligned to the principles of the framework. The Quality Framework ensures high-quality education and training is commissioned and delivered through a system of quality planning, quality management, quality assurance and quality improvement.
- The mid and end-of-year service reviews with each sub-directorate team focuses on quality and quality improvement. In addition, the Quality Framework has encouraged cross directorate working on quality activities.
- Quality Activity continues to be undertaken in collaboration with training programme structures as well as local education providers responsible for the education and training delivered within a supportive learning environment. HEIW works closely with regulators to ensure high quality training environments.
- HEIW gathers information on student and trainee experiences. This information is

used to inform improvements within the education and training provision.

- Quality Improvement is embedded in the functions of HEIW, both in terms of internal sharing of good practice as well as through learning from NHS and other healthcare partners. We deliver Quality Improvement training to ensure that staff are equipped with the skills to deliver improvement. We also provide these skills to trainees and their trainers to utilise within the clinical arena.

Welsh Language – As HEIW was established in 2018 it has not been named as an organisation that comes under the Welsh Language Measure 2011. Given this the Welsh Language Commissioner's Office asked HEIW to prepare a Statutory Language Plan as prescribed under the original (1993) Welsh Language Act.

Our draft Welsh Language Scheme, based on the Welsh Language Standards, was subject to a public consultation and approved by the Welsh Language Commissioner in October 2021, and the Board approved the publication of our Scheme at its November 2021 meeting.

Stakeholders and Partners

As an All-Wales organisation, with several strategic functions, the importance of communicating and engaging with our partners and stakeholders cannot be over emphasised. This includes trainees and students, NHS Wales, Social Care Wales, Education providers, Regulators, Private sector (business, suppliers), Professional bodies and Welsh Government.

For much of 2021–2022, our communication and engagement activities and resources continued to support the response to the pandemic, with some core activities such as our roadshows and national stakeholder events being postponed. However, recognising the importance of communications and engagement to our work, we continued as many of our core activities as possible online; building and strengthening relationships and helping to shape our ongoing work and services.

This approach included:

- Supporting COVID-19 response by sharing and promoting public health messages; encouraging students and trainees to have their COVID-19 and flu vaccinations, and keeping students, trainees, educators and learning partners up to date on education

and training developments via email, newsletters and our dedicated online Covid information pages.

- Creating all-Wales recruitment webpages signposting volunteers and professional returners to information on how they could support mass vaccination in their local area. At the height of the mass vaccination response the website was trending on Google.
- Engaging and consulting virtually on key work programmes including the Mental Health Workforce Plan, Consultant Clinical Scientists and Medical Administration Unit, the Education and Training Plan for Wales and our IMTP.
- Launching key pieces of work such as the General Practice Nurse Framework, Compassionate Leadership Principles, and our new HEIW website.
- Virtual events enabling promotion, engagement, participation and feedback including the Foundation Pharmacist Fair, Arts Therapies, National Strategy for Consultant Pharmacists
- Restarting healthcare student forum conferences.
- Establishing a Stakeholder Reference Group to facilitate engagement, dialogue and advice from stakeholders to inform our strategic planning and decision making.
- Recognising developments in and future planning of education and training with the conclusion of the healthcare professions pre-registration education tender, and hosting of profession specific webinars.
- Introducing our workforce of the future and promoting careers in NHS Wales through profession specific blogs, promotion and awareness raising of the Graduate Programme and Clinical Fellowship group, plus the launch of Careersville – our virtual careers village which is available in Welsh and English.
- Holding bilingual public Board and committee meetings as well as our AGM and showcase event spotlighting achievements and developments of interest to our audience.
- Introducing virtual bilingual briefing sessions with MSs and MPs enabling

discussion with political representatives from across Wales

- Regular bilingual news and social media posts plus newsletters including our Primary Care Newsletter, Stakeholder Bulletin, Mental Health Newsletter
- Highlighting achievement and recognition through news articles and social media promotion of award wins
- Supporting and awareness raising through sponsorship including the Advancing Healthcare Awards, UK HPMA awards and Womenspire awards.

Looking ahead, we need to balance communication and engagement activities in physical and virtual environments acknowledging our commitments to bio-diversity, accessibility and understanding the time constraints on busy departments, services and the workforce.

In light of this, we have reviewed our communication and engagement proposals and plans for 2022–2023. These bring together the above points and the importance of effectively engaging, listening and learning, as well as providing accurate, open and transparent information via a number of channels.

Our plans for 2022–2023 include:

- Review of our stakeholder list to ensure it is representative of our partners and stakeholders
- Re-establish bilingual HEIW face-to-face roadshows for trainees, students, trainers, supervisors and educators at hospital sites
- Hold two national bilingual stakeholder engagement events in person showcasing HEIW work, current and future plans and opportunities to engage and inform our programmes of work. (In 2022 – 2023 we hope to increase the number of national stakeholder events).
- Establish online trainee representative events

In addition, we have specific objectives in our IMTP which include:

- Commissioning research to understand our reach and impact
- Refreshing and relaunching our Communications and Engagement Strategy

- Developing effective and beneficial relationships with seldom heard from groups
- Introducing new digital engagement channels to enhance our engagement offer
- Put in place a relationship management approach to ensure ongoing engagement and communication
- Develop effective strategic relationships with education partners

Carbon Reduction – HEIW has a Board approved Biodiversity and Decarbonisation Strategy 2021–24 intended to help reduce the impact of climate change and improve biodiversity. The strategy sets out the organisation’s high-level aspirations and intentions to meet requirements, to call its staff, stakeholders, partners and suppliers to action, and to make positive changes now to achieve longer-term goals for Wales. It focuses on four key areas for action. These are:

1. Engaging and supporting our staff
2. Sustainable procurement
3. Developing our office, Ty Dysgu, and supporting our local communities
4. Environmental sustainability

To date we have taken the following actions to reduce our impact on change:

- Installed LED lighting and motion sensors indoors and out
- Implemented a recycling scheme to deal with our most commonly used recyclables, including food, plastics, batteries, and toner cartridges
- Monitored waste and how much is recycled via reports from our disposal partners
- Started using 100% green energy
- Increased the allowance via the Cycle to Work scheme to £2500 to support staff to make more sustainable transport choices
- Undertaken groundworks at Ty Dysgu to promote biodiversity.

HEIW is named as responsible for a key action in one of the Education initiatives in the NHS Wales Decarbonisation Strategic Delivery Plan (March 2021) which relates to the education of the workforce. As well our efforts to reduce our impact on climate change, we have an external role to play in promoting sustainable healthcare through education, training and leadership.

This is considered further within the sustainability section within the Performance Report part of the Annual Report (pages 49–50).

Ministerial Directions

Whilst Ministerial Directions are received by NHS Wales organisations, these are not always applicable to HEIW. Ministerial Directions issued throughout the year are listed on the

Welsh Government website [Health and social care | Topic | GOV.WALES](#)

The following ministerial direction received as at year end 31 March 2022 was applicable to HEIW.

Ministerial Direction/Date of Compliance	Date/Year of Adoption	Action to demonstrate implementation/response
Amendment to Health and Education and Improvement Wales (No. 2) Directions 2018	27 July 2021	HEIW's functions updated to include the Office of Chief Digital Officer (OCDO) for Health and Care.
WHC 2021 (010) – Amendments to Model Standing Orders, Reservation and Delegation of Powers and Model Standing Financial Instructions	29 July 2021	Standing Orders amended and approved by Board
WHC (2021) 31 – NHS Wales Planning Framework 2022–25	March 2022	IMTP 2022–25 approved by Board
WHC 2021/024 – NHS Wales' contribution towards a net-zero Public Sector by 2030: NHS Wales Decarbonisation Strategic Delivery Plan	March 2022	An action plan has been developed and committed to within the IMTP 2022–25 approved by Board



Data Breaches

Incidents resulting in a data breach are reported in accordance with HEIW's statutory requirements and documented confidentiality breach protocol. Under the Data Protection Act 2018 (DPA) personal data breaches (as defined by the act) are considered a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data.

Personal data breaches (as defined in the DPA) are required to be risk assessed to determine the risk to living individuals and the risks to the rights and freedoms of living individuals. Personal data breaches resulting in likely risk to living individuals and a high risk to individuals rights and freedoms must be reported to the Information Commissioners Office (ICO), and to data subjects where the breach is likely to result in a high risk to the rights and freedoms of individuals.

All data breaches are appropriately investigated and are reported to the Audit and Assurance Committee. Where appropriate or mandated, data breaches are reported to Welsh Government.

During 2021/22, HEIW reported no data breaches which were notifiable to Welsh Government or the Information Commissioner. Lower-level data breaches were recorded appropriately with the Data Protection Officer informed. Initial mitigations were implemented, and the incidents were discussed at meetings of the Information Governance and Information Management Group so lessons learned can be shared.

4.2 Planning

Due to the Covid pandemic, and in common with all other NHS Wales organisations, HEIW developed and agreed an Annual Plan for 2021/22. On 31st March 2022 we submitted a Board-approved IMTP (2022-25) to Welsh Government in accordance with the NHS Planning Framework and our statutory duty to produce a financially balanced three-year integrated plan. The Board is responsible for setting the organisation's strategy and as such has played a central role in developing the IMTP (2022-25). The six Strategic Aims see pages 28-33 of the Performance Report are strategic objectives are central to the planning and performance practices in place to give the Board assurance on our ability to deliver as an organisation.

As the strategic workforce body for NHS Wales our plan is shaped heavily by the Workforce Strategy for Health and Care <https://heiw.nhs.wales/files/workforce-strategy/>, alongside a focus on supporting and addressing the significant workforce challenges linked with service and Ministerial Priorities. The plan was developed through engagement with our Board, NHS Wales and Welsh Government colleagues, our wider stakeholders and our staff. This year we are pleased that we have been able to have conversations with all NHS organisations on our emerging IMTP 2022-25. Through the establishment of our Stakeholder Reference Group, we have also engaged with over 40 different organisations on the draft Plan, as well as having a dedicated session to discuss our plans with Welsh Government Policy Leads.

In January 2020, the Board approved our Performance Framework which describes the organisation's system for making continuous improvements to achieve our Strategic Aims and Objectives and to deliver our 'Business As Usual' activities. During 2021/22 the Board has regularly assured and scrutinised our progress with the delivery of the Annual Plan 2021/22. Going forward the Board will continue to receive quarterly Integrated Performance Reports which outline the progress against delivery of the IMTP highlighting the achievements, areas we have experienced challenges and the mitigating actions in place.

Throughout this year we have continued to embed our service review process in which the Executive Team holds biannual service review meetings with senior leaders and their teams to review the progress of key projects or programmes of work. Following each round of service reviews the planning and performance team ensure the learning is shared within HEIW and the themes and learning is presented to the Board to provide further assurance on the performance of the organisation.

5. Review of Effectiveness

As Accountable Officer, the CEO has responsibility for reviewing the effectiveness of the system of internal control. The review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in

their audit letter and other reports.

The Board and its committees rely on several sources of internal and external assurances which demonstrate the effectiveness of the Special Health Authority's system of internal control and advise where there are areas of improvement. These elements are detailed above in the diagram of the HEIW Board Control Framework at page 68 of this Governance Statement.

The processes in place to maintain and review the effectiveness of the system of internal control include:

- Board and committee oversight of internal and external sources of assurance and holding to account executive directors and senior managers;
- Executive directors and senior managers who have responsibility for development, implementation and maintenance of the internal control framework and the continuing improvement in effectiveness within the organisation;
- The review and oversight of the principal risks on the Corporate Risk Register and the Board Assurance Framework by the Board and committees;
- The oversight of operational risk through the Board and its committees;
- Oversight of fraud risk through the Counter Fraud team;
- The monitoring of the implementation of recommendations through the audit tracker overseen by the Audit and Assurance Committee and
- Audit and Assurance Committee oversight of audit, risk management and assurance arrangements.

HEIW's May 2022 Board received the Audit and Assurance Committee's 2021/22 Annual Report. The Committee Chair's reflections within the Committee's Annual Report were as follows:

This year has again been one that has been marked by managing through a pandemic. The response has, by necessity, been one of a constantly changing environment with different rules and regulations throughout.

Following on from the first year of working from home and virtual/remote meetings,

we had little respite from the incidence of cases which meant another full year of remote meetings. We did, however, improve the technological solutions and translation facilities in order to offer the ability to join and listen to proceedings remotely.

All parties who contribute to the Audit and Assurance Committee continued to adapt to changing circumstances and find innovative ways of completing work programmes. I am pleased to say that despite many challenges for all the Officers who support the Committee, the Independent Members who sit on the Committee, External Audit, Internal Audit, Local Counter Fraud Services and others – we continued to deliver all the business expected of the Committee and have worked well under these changed circumstances.

Business has continued with very little disruption. Work has continued on all aspects of the audit programmes with some moderate delays to some aspects of work which we expect to diminish as we enter a new phase of the pandemic. The Committee has continued with its regular review of changing risks and the governance in place to protect individuals and the organisation, which has never been more important.

Engagement and attendance of all parties has not been diminished, and thanks must go to everyone for playing their part. The agenda setting, minutes and action log are now managed extremely well, and the routine business has improved considerably. The support for the meeting has been excellent and ensures that the business runs smoothly.

We continue to receive high-quality reports from all participants, and the challenge and interest in the subject matter is good. As a maturing and ever-changing organisation, our business now focuses on challenging regular processes and, indeed, new challenges that emerge. Many of the risks relating to the organisation are now new ones and inevitably will relate to managing workforce issues in challenging circumstances.

We will continue to focus going forward on clear lines of responsibility between the Audit and Assurance Committee, the Education, Commissioning and Quality Committee and the Board. We will also be continuing to monitor our governance of the organisation through the Board Assurance Framework.

The Audit and Assurance Committee will continue to receive regular performance reports from Audit Wales and Internal Audit, indicating areas which could merit more detailed examination, and we will continue to focus on those recommendations where attention is needed. We have been pleased to receive reports on improvements to Information Governance and Management and Procurement and will continue to monitor these going forward.

I would also like to thank my fellow Independent Members for their fantastic support and engagement during the year. John Hill-Tout, my Deputy Chair retired from the Board in February and Ruth Hall has stepped down from the Committee to take up the role as Vice Chair of the Board. Heidi Phillips has been a valued member of the Committee. Our new Independent Member Jonathan Morgan, who will provide valuable insight and experience to the Committee.

It has been pleasing to see many of the executive team at the Audit Committee, both as presenters and observers, and we hope that this will continue next year.

5.1 Internal Audit

Internal Audit provides the CEO, as Accountable Officer and the Board through the Audit and Assurance Committee, with a flow of assurance on the system of internal control. The CEO commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit and Assurance Committee.

The overall opinion by the Head of Internal Audit (HoIA) on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

5.2 The Head of Internal Audit Conclusion:

The scope of the opinion of the HoIA is confined to those areas examined in the risk based audit plan, which has been agreed with senior management and approved, by the Audit and Assurance Committee. The HoIA assessment should be interpreted in this context when reviewing the effectiveness

of the system of internal control and should be seen as an internal driver for continuous improvement. The HoIA opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

Assurance rating



The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The audit work undertaken during 2021/22, has been reported to the Audit and Assurance Committee.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions arising from the work undertaken in respect of the individual risk-based audit reports contained within the Internal Audit plan which have been reported to the Audit and Assurance Committee throughout 2021/22. This assessment has taken account of the relative materiality of these areas.
- Other assurance reviews, which impact on the Head of Internal Audit Opinion including audit work performed at other organisations. While undertaken formally as part of a particular health organisation's audit programme, the work covers activities relating to other health bodies. For example, NHS Wales Shared Services Partnership. Other knowledge and information that the Head of Internal Audit has obtained during the year including: cumulative information and knowledge over time; observation of Board and other key committee meetings; meetings with Executive Directors, senior

managers and Independent Members; the results of ad hoc work and support provided; liaison with other assurance providers and regulators; and research. Cumulative audit knowledge of the organisation that the Head of Internal Audit considers relevant to the Opinion for this year.

Internal audit report assurance ratings

A summary of the reviews and associated assurance ratings in each of the domains is set out below. It is confirmed that during the reporting period HEIW did not receive any limited assurance or no assurance reports.

Corporate governance, risk management and regulatory compliance

- Risk Management – Overall Internal Audit issued a substantial assurance report for our review of risk management.

Strategic planning, performance management and reporting

- Project/Programme Management – Overall Internal Audit issued a substantial assurance report for our review of Project/Programme Management.
- Performance and Governance Arrangements – Overall Internal Audit issued a substantial assurance report for our review of Project/Programme Management.

Financial governance and management

- Financial Planning Process – Overall Internal Audit issued substantial assurance for this review.

Information governance and security

- Information Governance Toolkit – Overall Internal Audit issued substantial assurance for this review.
- Strategic Readiness for Digital – Internal Audit undertook an advisory review.

Operational service and functional management

- Medical Appraisal Revalidation System (MARS) – Overall Internal Audit issued reasonable assurance for this review.
- Bursary System – Overall Internal Audit issued reasonable assurance for this review.

Workforce management

- Recruitment – Overall Internal Audit issued reasonable assurance for this review.

- Training Programme Directors – Overall Internal Audit issued reasonable assurance for this review.

5.3 External Audit – Audit Wales (AW)

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. AW undertakes the external auditor role for HEIW on behalf of the Auditor General.

AW's structured assessment for 2021 was designed in the context of the ongoing response to the pandemic and was delivered in two phases, Phase 1 and Phase 2. The Phase 1 structured assessment report considered HEIW's operational planning arrangements and how these were helping to lay the foundations for effective recovery. Phase 2 of the structured assessment considered how corporate governance and financial management arrangements had adapted over the period and focused on how these arrangements ensured resources were used efficiently and effectively.

The assessment found that HEIW is well governed with clear, effective arrangements to manage its finances, has good systems of assurance and continues to balance supporting NHS-wide recovery with delivering education and training.

Audit Wales did not make any recommendations based on the 2021 Structured Assessment work.

5.4 Data Quality

The quality and effectiveness of the information and data provided to the Board is continually reviewed at each meeting of the Board. The Performance Report and Dashboard has been subject to development and revision throughout the year to provide further clarity for the Board.

5.5 Regulators

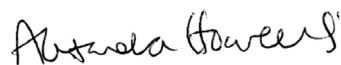
HEIW works with all professional regulators in the development of our education and training programmes. Over the past year, we have continued to work closely with regulators when adjusting our courses to respond to the workforce demands created by the pandemic. We have a specific role supporting the GMC in relation to quality of postgraduate medical education.

6. Conclusion – Corporate Governance Report

As indicated throughout this statement, the need to plan and respond to the COVID-19 pandemic has continued to have a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider NHS throughout 2022/23 and beyond. I will ensure our Governance Framework considers and responds to this need.

During the period 1 April 2021–31 March 2022 there have been no significant internal control or governance issues identified. This is due to the establishment of sound systems of internal control in place to ensure HEIW met its objectives. It is recognised that further work will be necessary in 2022/23 to further develop these arrangements. It will be important to communicate widely with staff to further embed these arrangements.

Signed by:



Alex Howells
Chief Executive
13 June 2022

Statement of the Chief Executive's Responsibilities as Accountable Officer

The Welsh ministers have directed that the Chief Executive should be the Accountable Officer to the Special Health Authority.

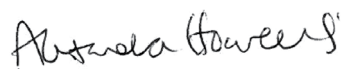
The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by Welsh Government.

The Accountable Officer is required to confirm that, as far as she is aware, there is no relevant audit information of which the entity's auditors are unaware, and the Accountable Officer has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

The Accountable Officer is required to confirm that the Annual Report and accounts as a whole is fair, balanced and understandable and that they take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

The Accountable Officer is responsible for authorising the issue of the financial statements on the date they were certified by the Auditor General for Wales.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Alex Howells
Chief Executive
13 June 2022

Directors' Report

The information required for this report can be found in the tables and pages of the Annual Report detailed below.

Composition of Board: Table 1 pages 64 and 65 of the Governance Statement – detailed information in relation to the composition of the Board including executive directors and independent members, who have authority or responsibility for directing or controlling the major activities of HEIW during the financial year 2021-2022. This includes the names of the Chair and Chief Executive. Table 1 also includes the names of the directors forming the Audit and Assurance Committee.

Board and board level committee meeting dates for the period ending 31 March 2022: Table 2 page 66 of the Governance Statement.

Declaration of interest: details of company directorships and other significant interests held by members of the Board which may conflict with the responsibilities as Board members pages 64 and 65 of the Performance Report.

HEIW confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

Information Governance. During 2021/22, no data breaches met the assessment criteria for reporting to the Information Commissioners Office. (page 78 of the Governance Statement).
Environmental, social and community issues: HEIW is cognisant of the impact it has on the environment and takes steps to minimise this, where possible. Details of the Board approved HEIW Decarbonisation Strategy and approach to sustainability are outlined in page 49 of the Governance Statement.

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the special health authority and of the income and expenditure of the special health authority for that period.

In preparing those accounts, the directors are required to:

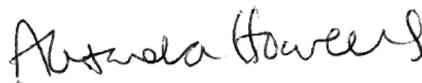
- apply on a consistent basis accounting principles laid down by the Welsh ministers with the approval of the Treasury
- make judgements and estimates which are responsible and prudent
- state whether accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm that they have complied with the above requirements in preparing the accounts. The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with the requirements outlined in the above mentioned direction by Welsh ministers.

By order of the board, signed:



Dr Chris Jones
Chair
13 June 2022



Alex Howells
Chief Executive
13 June 2022



Rhiannon Beckett
Interim Director of Finance
13 June 2022

Remuneration and Staff Report 2021/22

The information contained in this report relates to the remuneration of the senior managers employed by Health Education and Improvement Wales (HEIW).

The Pay Policy Statement set out in Annex 3 relates to HEIW's strategic stance on senior manager remuneration and to provide a clear statement of the principles underpinning decisions on the use of public funds.

The definition of "Senior Manager" is: 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.' For HEIW, the senior managers are considered to be the regular attendees of Board meetings, i.e. Members of the Executive Team and the independent members.

Two individuals who hold director positions, but who are not members of the Board, and are deemed to come under the Senior Manager definition. These being Nicola Johnson as Director of Planning Performance and Corporate Services (until 31 March 2022) and Sian Richards as Director of Digital. Both Directors, together with the Executive Directors are members of the Executive Team. Their position in respect of the Board is outlined on page 58 of the Annual Governance Statement.

Remuneration and Terms of Service Committee

The terms of reference and operating arrangements for the Remuneration and Terms of Service Committee are set out in HEIW's standing orders which were reviewed and updated in [November 2021]. The purpose of the Committee is to provide advice to the Board on the remuneration and terms of service and performance for the Chief Executive, Executive Directors and other senior staff. It also provides assurance to the Board in relation to HEIW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff. Further details of the membership and role of the Remuneration and Terms of Service Committee is provided in the Annual Governance Statement.

Salary and Pension Disclosures

Details of salaries and pension benefits for senior managers captured within this report are given in Annexes 1 and 2. The single figure of remuneration (Annex 1) is intended to be a comprehensive figure that includes all types of reward received by senior managers in the period being reported on, including fixed and variable elements as well as pension provision.

The single figure includes the following:

- Salary and fees both pensionable and non-pensionable elements;
- benefits in kind (taxable, total to the nearest £100);
- pension related benefits – those benefits accruing to senior managers from membership of a participating defined benefit pension scheme.

HEIW has paid no annual or long-term performance related bonuses. Annual salary figures are shown prior to any reduction as a result of any salary sacrifice scheme.

During 2020/21 a one-off 'NHS and social care financial recognition scheme' bonus of £735 was awarded to NHS staff, which was paid during 2021/22. This bonus payment is not contractual but a one off payment to reward eligible staff for their commitment and tireless efforts in the most challenging circumstances. The bonus has not been included within the disclosures in the remuneration and staff report.

The value of pension related benefits accrued during the year is calculated as the real increase in pension multiplied by 20 less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

The pension benefit figure is calculated on the basis of an increase in the value over the financial year. Where an individual has become a 'Senior Manager' during the year any increase or decrease in benefits are pro-rated over the period they were in that post.

Annex 2 gives the total pension benefits for all senior managers. The inflationary rate applied to the 2020/21 figure is 0.5% as set out in the 'Disclosure of Senior Managers' Remuneration (Greenbury) 2022' guidance document.

Remuneration Relationship

NHS Bodies in Wales bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and 25th percentile, median and 75th percentile remuneration of the organisation's workforce. This information is provided within note 9.6 (Fair Pay Disclosures) in the annual accounts.

2021/22 Staff Report

Number of senior staff

As of 31 March 2022, there were 8 senior staff that made up the Executive Team; they were also members of the Board or regular attendees. The Medical Director, the Director of Planning, Performance and Corporate Services and the Director of Digital Development are on secondment to HEIW from their substantive employers. The Director of Workforce and OD/ Deputy Chief Executive was seconded from Welsh Government until joining as a HEIW employee on 1 March 2022.

Their pay bands are broken down as follows:

Numbers of Senior Staff at 31 March 2022

Consultant (Medical and Dental)	1
Executive and Senior Pay scale	7

Staff Numbers

The following table shows the average number of staff employed (FTE) by Health Education and Improvement Wales, by group from 1 April 2021 to 31 March 2022:

Staff Group	Permanently Employed (Inc. Fixed Term) (Ave FTE)	Agency Staff (Ave FTE)	Staff on Inward Secondment (Ave FTE)	2021/22 Total (Ave FTE)
Administrative and Clerical and Board Members	233.68	8.03	11.91	253.62
Medical and Dental	46.31	0.00	0.10	46.41
Professional Scientific and Technical Staff	23.47	0.00	0.37	23.84
Additional Clinical Services	2.40	0.00	0.00	2.40
Nursing and Midwifery	5.53	0.00	2.67	8.20
Allied Health Professionals	2.25	0.00	1.32	3.57
Totals	313.64	8.03	16.37	338.04

The table above does not include the Chair or Independent Members.

Staff Composition

The gender breakdown of the Executive Team and other employees as of 31 March 2022 was as follows:

Staff Composition at 31 Mar 2022 (headcount)	Male	Female
Senior Staff (Executive Team)	2	6
Other Employees	165	381
All Staff	167	387
% All Staff	29.6%	68.6%

The table above includes all staff on secondment and excludes staff employed via an agency.

Sickness Absence data

The following table provides information on the number of days lost due to sickness:

	From 1 April 2021 to 31 March 2022	From 1 April 2020 to 31 March 2021
	Number	Number
Days lost (long term)	1,940.95	1229.70
Days lost (short term)	673.54	412.69
Total days lost	2,614.49	1,642.39
Total staff years	315	260
Average working days lost	8.29	6.32
Total staff employed in period (headcount)	495	463
Total staff employed in period with no absence (headcount)	388	408
Percentage staff with no sick leave	78.4%	88.12%

The staff numbers in the tables above are calculated on different bases depending on the requirements of the individual disclosures (e.g. full time equivalents, headcount, average for the year, total at a specific point).

HEIW's rolling 12-month sickness rate was 1.8%. This is lower than Q3 (2.2%), but at the same level as at the beginning of the year. These are very low levels of sickness absence and continue to remain substantially below the NHS Wales target of 4.1%. The ratio between short- and long-term sickness remains relatively constant at around 25%:75% respectively. This means that most days lost due to sickness are related to long-term episodes for a small number of staff. The largest number of days lost continue to be for reasons of anxiety and stress but again these relate to a very small number of cases and can be reasons which are home or work related.

Staff Policies Applied During the Financial Year

HEIW is now over 3 years old following its establishment in October 2018 which brought together Workforce Education and Development Service (WEDS), the Wales Deanery and the Wales Centre for Pharmacy Professional Education in conjunction with new corporate and business functions. The establishment of HEIW involved the Transfer of Undertaking Protection of Employment (TUPE) transfer of staff including staff from Cardiff

University into the new organisation and the NHS. A number of smaller TUPE transfers have been completed since 2018 including Eye Examination Wales, Nurse Staffing Act staff, Healthcare Science and Allied Health Professionals Professional Framework staff, the Wales Medicines Resources Centre and WOPEC (Wales Optometry Postgraduate Education Centre). As a result 44% of the current staff joined HEIW under TUPE.

We continue to work with staff side through the Local Partnership Forum to rationalise the number of workforce policies by extending NHS policies to cover the former Cardiff University staff covered by TUE where there is no detriment and by agreement. During 2021/22 following the adoption of the All Wales Respect and Resolution Policy which replaced the Grievance Policy and the Dignity at Work Procedure, it was agreed that this would replace the Cardiff University Grievance Procedure for staff on grades 1 – 4, the Cardiff University Dignity at Work and Study Policy and the Cardiff University Guidelines on Zero Tolerance of Sexual Harassment.

During 2021/22 we adopted the All Wales Secondment Policy which replaced the existing policy, signed the Armed Forces Covenant and received the Defence Employers Recognition Scheme, Bronze Award. The terms of reference for the Policy Review Group which is a key component of the policy approval

process where revised and re-approved by the Local Partnership Forum to enable membership of the group to be re-established as a number of members stood down from the group during 2021.

All newly appointed staff are employed on NHS terms and conditions of service either Agenda for Change of Medical and Dental. Former Cardiff University staff may choose to transfer to NHS terms and conditions of service at any time. Where former Cardiff University staff covered by TUPE accept a new post within HEIW either permanently or temporarily that results in a contractual change they will transfer to NHS terms and conditions of service and a process for managing pay anomalies as a result of the pay differentials between Agenda for Pay, payscales and Cardiff University Payscales was agreed at the Remuneration and Terms of Service (RATS) Committee in March 2022.

We have continued to recruit to new and vacant posts during 2021/22 and the headcount has grown from 466 on 1st April 2021 to 554 on 31st March 2022. ESR has recorded 118 new starters and 51 leavers during 2021/22 and TRAC has shown 165 posts advertised. This included the substantive recruitment of two Executive Directors, the Director of Nursing and Health Professional Education replacing the interim arrangements and the Director of Workforce and Organisational Development/Deputy Chief Executive replacing the secondment arrangements.

A Learning and Development Plan was completed and approved by the Executive Team setting out the learning and development priorities for 2021/22. This included approving individual applications for study leave and implementing the key organisational priority to provide project management training.

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

place across the organisation in line with the implementation of NHS Wales's new 'Healthy Working Relationships' programme and to ensure that staff survey feedback is acted upon locally.

Staff engagement through regular staff conferences continued during 2021/22 with conferences being held virtually which has had the benefit of increasing attendance. We also continued to review staff engagement and during 2021/22 re-ran the Culture Survey which was undertaken as HEIW was established to review how the organisation had progressed and to provide information on where further development work may be required. The survey was undertaken during June and July 2021 and had a 44.5% return rate. The results we feed back to individual directorates for action and the overall results were presented at a Staff Conference.

During 2021/22 we continued with home working with HEIW's headquarters at Ty Dysgu being open in accordance with Welsh Government regulations and with appropriate measures to ensure that it remained COVID safe to enable staff to work from Ty Dysgu for business and wellbeing reasons. Although homeworking had been successful during 2021/22 planning was undertaken for and eventual reopening of Ty Dysgu and a return to office based working on a hybrid working model of 3 days in the office and 2 days at home (pro rata for part time staff) with a degree of local flexibility by agreement and with staff able to make Flexible Working applications to vary their working pattern. Accommodation was re-allocated to directorates and departments on a neighbourhood model.

The hybrid working model was discussed a Local Partnership Forum and communicated to staff regularly via the intranet and at fortnightly staff forum. In the run up to the reopening of Ty Dysgu on 17th March 2022 staff were invited to attend sessions with an Executive Director to discuss any concerns they might have about returning to the office; staff were also invited to attend facilitated tours of Ty Dysgu to reorientate themselves to the office. Returning to office based working will enable staff to reconnect with their colleagues in person and will promote the incidental connections that have been lost with homeworking.

Staff health and wellbeing continues to be

a significant priority for the organisation and during 2021-22 we have maintained the Wellbeing Hub for staff which includes information and signposting to a number of internal and external resources via the intranet. We have also led on an All Wales basis in terms of health and wellbeing resources and co-ordinating a network within NHS Wales. Resources available fall into two categories:

HEIW Resources

- Financial Support
- Homeworking advice/how to set up your desk
- Champions network
- Wellbeing resources and referral to Occupational Health
- Time to Change Employee Champions

National Resources

- General Health and Wellbeing
- Mental Health
- Helplines
- Financial wellbeing
- UK health and wellbeing resources
- Information websites
- Don't feel safe at home?

Equality, Diversity and Inclusion

At HEIW we are committed to eliminating discrimination and promoting diversity and inclusion through equality of opportunity and through everything that we do. We have continued to embed our diversity, quality and inclusion agenda which is informed by strong leadership co production, collaboration and direct engagement with those who are affected by the decisions we make.

HEIW ensures equality of opportunity and access for all by building upon the foundation of Equality and Human Rights Legislation and strive not only to comply with legal requirements, but also to use these to ensure that the organisation exemplifies best practice. HEIW acknowledges that our ability to recruit and retain the best people depends upon creating a positive, compassionate and inclusive culture.

In October 2020, we published our first Strategic Equality Plan which sets out our direction of travel for the next four years, explaining how we will work to promote equality, eliminate discrimination and foster good relations between those who share a

protected characteristic and those who do not.

In recent months we have established an EDI steering group that focuses on delivery of the EDI objectives in the Annual Plan, the Strategic Equality Plan (SEP), the Public Sector Partnership and our contribution to the Race Equality Action Plan (REAP). HEIW has been fully engaged with the development of Welsh Government's draft REAP, our Medical Director is a member of the First Minister's REAP Steering Committee which has led on this work.

Our previous EDI Group has been converted into an EDI network, that focuses on sharing and developing best practice across the organisation. Our Inclusion Network continues to champion equity and equality within the organisation and hosts a number of both virtual and in person events that raise the profile of and celebrate diversity.

In this last year, we have published our second Annual Equality Report (for 2020-2021) and our Gender Pay Gap Reports for 2020 and 2021.

We continue to engage with the following external partners to provide an impartial review of our policies and practices to ensure alignment with national standards in respect of equality, diversity and inclusion:

Stonewall Diversity Champion – tackling barriers and inequalities faced by lesbian, gay, bisexual and transgender staff

Disability Confident – supporting HEIW to make the most of the talents that disabled people can bring to your workplace

Dying to Work TUC – additional employment protection for terminally ill workers

Anti-Violence Collaboration – sets out the responsibilities of the partners when dealing with violent or aggressive incidents relating to NHS staff

Communication Access Symbol – 1st organisation in Wales to make a commitment to adopting Communication Access Symbol – giving a voice to people living with a communication disability.

Expenditure on Consultancy

For the purpose of the statutory accounts, consultancy is defined as time limited/ad-hoc assignments that are not related to the day-to-day activities of HEIW.

During 2021/22, HEIW's expenditure on consultancy was £268k.

Tax Assurance for Off-Payroll Engagements

HEIW is required to disclose any arrangements it has whereby individuals are paid through their own companies or off payroll.

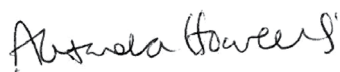
There were none during this period.

Exit Packages

Details of all exit packages are included within note 9.5 of the Annual Accounts. During 2021/22 no exit packages were paid by HEIW.

Statement of Assurance

I confirm that there is no relevant audit information in the Annual Report of which the Audit Wales is unaware. As Chief Executive, I have taken all the steps in order to make myself aware of any relevant information and ensure the Audit Wales is aware of that information.



Alex Howells

Chief Executive and Accountable Officer,
Health Education and Improvement Wales

13 June 2022

Annex 1a: Single Figure of Remuneration 2021/22

Single Figure of Remuneration					
Name	Title	Salary (Bands of £5k)	Benefits in Kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Alex Howells	Chief Executive	155 – 160	–	69	225 – 230
Julie Rogers ¹	Director of WOD / Deputy CEO	115 – 120	–	****]	****]
Dafydd Bebb	Board Secretary	90 – 95	–	24	110 – 115
Push Mangat ²	Medical Director	165 – 170	–	49	215 – 220
Eifion Williams ³	Director of Finance	45 – 50	–	–	45 – 50
Angela Parry ⁴	Interim Director of Nursing	15 – 20	–	1	15 – 20
Nicola Johnson ⁵	Director of Planning, Performance and Corporate Services	90 – 95	–	73	165 – 170
Sian Richards ⁶	Director of Digital Development	90 – 95	–	72	160 – 165
Lisa Llewelyn ⁷	Director of Nursing and Health Professional Education	90 – 95	–	40	130 – 135
Rhiannon Beckett ⁸	Interim Director of Finance	25 – 30	–	11	35 – 40
Non-Executive Directors					
Chris Jones	Chair	40 – 45	–	–	40 – 45
Tina Donnelly	Non-Executive Director	5 – 10	–	–	5 – 10
Ruth Hall	Non-Executive Director	5 – 10	–	–	5 – 10
John Hill-Tout ⁹	Vice Chair	5 – 10	–	–	5 – 10
Gill Lewis	Non-Executive Director	5 – 10	–	–	5 – 10
Heidi Phillips	Non-Executive Director	5 – 10	–	–	5 – 10
Jonathan Morgan ¹⁰	Non-Executive Director	0 – 5	–	–	0 – 5

The value of 'Pension Benefit' in the table above is calculated as follows: (real increase in pension* X 20) + (real increase in any lump sum*) – (contributions made by the employee)

*excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This is not an amount that has been paid to an individual during the year. These figures can be influenced by many factors e.g. changes in

a persons salary, any additional contributions made by the employee, the and other valuation factors affecting the pension scheme as a whole.

¹Julie Rogers was seconded from Welsh Government until joining as a HEIW employee on 1 March 2022. The Civil Service Pension scheme has not yet provided the required information to calculate the pension benefit for the year.

²Push Mangat is seconded from Swansea Bay UHB.

³Eifion Williams retired on 31 December 2021 and chose not to be covered by the NHS Pension Scheme during his employment in HEIW. The full year equivalent salary is in the range £60,000 – £65,000.

⁴Angela Parry's appointment as Interim Director of Nursing ended on 30 June 2021. The full year equivalent salary is in the range £70,000 – £75,000.

⁵Nicola Johnson was seconded from Swansea Bay UHB. She returned to her substantive role on 31 March 2022.

⁶Sian Richards is seconded from Swansea Bay UHB.

⁷Lisa Llewelyn commenced as Director of Nursing and Health Professional Education on 1 June 2021. The full year equivalent salary is in the range £105,000 – £110,000.

⁸Rhiannon Beckett commenced as Interim Director of Finance on 1 January 2022.

⁹John Hill Tout's term as Independent Member ended on 31 January 2022. The full year equivalent salary is in the range £10,000 – £15,000.

¹⁰Jonathan Morgan was appointed as an Independent Member on 4 January 2022. The full year equivalent salary is in the range £5,000 – £10,000.

Annex 1b: Single Figure of Remuneration 2020/21

Single Figure of Remuneration					
Name	Title	Salary (Bands of £5k)	Benefits in Kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Alex Howells	Chief Executive	150 – 155	–	43	195 – 200
Julie Rogers ¹	Director of WOD / Deputy CEO	110 – 115	–	54	165 – 170
Dafydd Bebb	Board Secretary	90 – 95	–	23	110 – 115
Stephen Griffiths ²	Director of Nursing	15 – 20	–	–	15 – 20
Push Mangat ³	Medical Director	165 – 170	–	60	225 – 230
Eifion Williams	Director of Finance	55 – 60	–	–	55 – 60
Angela Parry ⁴	Interim Director of Nursing	50 – 55	–	12	60 – 65
Nicola Johnson ⁵	Director of Planning, Performance and Corporate Services	45 – 50	–	37	85 – 90
Sian Richards ⁶	Director of Digital Development	10 – 15	–	5	15 – 20
Non-Executive Directors					
Chris Jones	Chair	40 – 45	–	–	40 – 45
Tina Donnelly	Non-Executive Director	5 – 10	–	–	5 – 10
Ruth Hall	Non-Executive Director	5 – 10	–	–	5 – 10
John Hill-Tout	Vice Chair	10 – 15	–	–	10 – 15
Gill Lewis	Non-Executive Director	5 – 10	–	–	5 – 10
Ceri Phillips	Non-Executive Director	5 – 10	–	–	5 – 10
Heidi Phillips	Non-Executive Director	5 – 10	–	–	5 – 10

The value of 'Pension Benefit' in the table above is calculated as follows: (real increase in pension* X 20) + (real increase in any lump sum*) – (contributions made by the employee)

*excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This is not an amount that has been paid to an individual during the year. These figures can be influenced by many factors e.g. changes in a person's salary, any additional contributions made by the employee and other valuation factors affecting the pension scheme as a whole.

¹Julie Rogers is seconded from Welsh Government and is a member of the Civil Service Pension Scheme, which uses a different

inflation factor for the calculation of pension increases to the one used in the NHS scheme..

²Stephen Griffiths retired on 31st May 2020.

³Push Mangat is seconded from Swansea Bay UHB.

⁴Angela Parry commenced as Interim Director of Nursing on 1st June 2020.

⁵Nicola Johnson is seconded for Swansea Bay UHB and commenced as Director of Planning, Performance and Corporate Services on 18th September 2020.

⁶Sian Richards is seconded from Swansea Bay UHB and commenced as Director of Digital Development on 1st February 2021.

Annex 2: Pension Benefits – 2021/22

		Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31/03/22 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2022	Cash Equivalent Transfer Value at 31 March 2021	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
Name	Title	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Alex Howells	Chief Executive	2.5 – 5	2.5 – 5	70 – 75	145 – 150	1,340	1,237	73	–
Julie Rogers ¹	Director of WOD / Deputy CEO	*****]	*****]	*****]	*****]	*****]	*****]	*****]	*****]
Dafydd Bebb	Board Secretary	0 – 2.5	–	5 – 10	–	87	64	10	–
Push Mangat ²	Medical Director	2.5 – 5	7.5 – 10	80 – 85	240 – 245	***2	***2	***2	–
Eifion Williams ³	Director of Finance	–	–	–	–	–	–	–	–
Angela Parry ⁴	Interim Director of Nursing	0 – 2.5	–	0 – 5	–	28	16	1	–
Nicola Johnson ⁵	Director of Planning, Performance and Corporate Services	2.5 – 5	5 – 7.5	30 – 35	70 – 75	625	542	67	–
Sian Richards	Director of Digital Development	2.5 – 5	5 – 7.5	20 – 25	40 – 45	345	284	47	–
Lisa Llewelyn ⁶	Director of Nursing and Health Professional Education	0 – 2.5	5 – 7.5	50 – 55	160 – 165	***6	***6	***6	–
Rhiannon Beckett ⁷	Interim Director of Finance	0 – 2.5	0 – 2.5	15 – 20	25 – 30	320	270	9	–

¹Julie Rogers was seconded from Welsh Government until joining as a HEIW employee on 1 March 2022. The Civil Service Pension scheme has not yet provided the required information to calculate the pension benefit for the year.

²Push Mangat has no CETV values as he is over the normal pension age for the relevant pension scheme.

³Eifion Williams retired on 31 December 2021 and chose not to be covered by the NHS Pension Scheme during his employment in HEIW.

⁴Angela Parry's appointment as Interim Director of Nursing ended on 30 June 2021.

⁵Nicola Johnson was seconded from Swansea Bay UHB. She returned to her substantive role on 31 March 2022.

⁶Lisa Llewelyn commended as Director of Nursing and Health Professional Education on 1 June 2021. Lisa has no CETV as she is over the normal pension age for the relevant pension scheme.

⁷Rhiannon Beckett commenced as Interim Director of Finance on 1 January 2022.

Annex 3: Pay Policy Statement

Salary and pension entitlements of senior managers 2021-22

The pay and Terms and Conditions of Employment for the executive team and senior managers have been, and will be determined by the HEIW Board, based on the recommendations of the Remuneration and Terms of Service Committee, within the framework set by Welsh Government. The Remuneration and Terms of Service Committee also considers applications relating to the Voluntary Release Scheme. The Remuneration and Terms of Service Committee members are all Independent Members of the Board and the committee is chaired by HEIW's chairperson. The Terms of Reference for the Committee are regularly being reviewed.

Auditors

The auditors have reviewed this report for consistency with other information in the financial statements and will provide an opinion on the following disclosures:

- Single total figure of remuneration for each director;
- CETV disclosures for each director;
- Payments to past directors, if relevant;
- Payments for loss of office, if relevant;
- Fair pay disclosures (included in annual accounts);
- Exit packages (included in annual accounts) if relevant, and;
- Analysis of staff numbers.

The Welsh Parliament

Accountability and Audit Report

For the Year ended 31 March 2022

Regularity of Expenditure

Regularity is the requirement for all items of expenditure and receipts to be dealt with in accordance with the legislation authorising them, any applicable delegated authority and the rules of Government Accounting.

The Health Education and Improvement Wales (HEIW) Board ensures the funding provided by Welsh Ministers has been expended for the purposes intended by Welsh Ministers and that the resources authorised by Welsh Ministers to be used have been used for the purposes for which the use was authorised.

The Chief Executive is the Accountable Officer and ensures that the financial statements are prepared in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, the Chief Executive is required to:

- observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
- prepare them on a going concern basis on the presumption that the services of the Special Health Authority will continue in operation.

Fees and Charges

Where HEIW undertakes an activity which is not funded directly by the Welsh Government, HEIW receives income to cover its costs. Further detail of income received is published in the annual accounts.

HEIW confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

Remote Contingent Liabilities

Remote contingent liabilities are those liabilities that due to the unlikelihood of a resultant charge against HEIW are therefore not recognised as an expense nor as a contingent liability. Detailed below are the remote contingent liabilities as at 31st March 2022.

	2021-22
Guarantees	nil
Indemnities	nil

The Certificate and independent auditor's report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Health Education and Improvement Wales for the year ended 31 March 2022 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Health Education and Improvement Wales as a 31 March 2022 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Board in accordance with

the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Report on other requirements

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Governance Statement has been prepared in accordance with Welsh Ministers' guidance; and
- the information given in the Performance Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Performance Report has been prepared in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

Responsibilities

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities set out on pages 99 and 100 of the Governance Statement, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the board's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Health Education and Improvement Wales policies and procedures concerned with:
 - identifying, evaluating and complying with

laws and regulations and whether they were aware of any instances of non-compliance;

- detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
- the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.

- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the posting of unusual journals.
- Obtaining an understanding of Health Education and Improvement Wales' framework of authority as well as other legal and regulatory frameworks that Health Education and Improvement Wales operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Health Education and Improvement Wales.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is

affected by the inherent difficulty in detecting irregularities, the effectiveness of Health Education and Improvement Wales controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

Report

I have no observations to make on these financial statements.



Adrian Crompton
Auditor General for Wales
17 June 2022

24 Cathedral Road, Cardiff, CF11 9LJ

Financial Statements and Notes 2021/22

Foreword

These accounts have been prepared by Health Education and Improvement Wales, a Welsh Special Health Authority under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

These accounts cover the period 1st April 2021 to 31st March 2022.

Statutory background

HEIW was established as a Special Health Authority by establishment order 2017 No. 913 (W. 224), which was made 11th September 2017 and came into force on the 5th October 2017.

HEIW operated in a shadow form until 1st October 2018 with all establishment and set up costs being borne by the Welsh Government, and with the predecessor bodies of NHS Wales Shared Services Partnership (NWSSP) hosted by Velindre University NHS Trust and Cardiff University delivering operational activity to 30th September 2018.

On 1st October 2018 staff were transferred into HEIW and the organisation became fully operational.

HEIW has a leading role in the education, training, development and shaping of the healthcare workforce, supporting high-quality care for the people of Wales.

Performance Management and Financial Results

HEIW must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by HEIW which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

HEIW has an annual requirement to achieve a balanced year end position against the Resource and Capital limits set for the year.

Performance against these limits is reported in Note 2 to the financial statements.

Statement of Comprehensive Net Expenditure for the period ended 31 March 2022

	Note	2021-22 £000	2020-21 £000 Restated
Non Medical Education And Training	3.1	119,889	108,234
Postgraduate Medical, Dental and Pharmacy Education	3.2	114,724	98,743
Other Operating Expenditure	3.3	33,752	28,279
		268,365	235,256
Less: Miscellaneous Income	4	(528)	(532)
Net operating costs before interest and other gains and losses		267,837	234,724
Investment Revenue	5	0	0
Other (Gains) / Losses	6	0	0
Finance costs	7	0	0
Net operating costs for the financial period		267,837	234,724

See note 2 on page 118 for details of performance against Revenue and Capital allocations.

The notes on pages 108–117 form part of these accounts.

Other Comprehensive Net Expenditure

	2021-22 £000	2020-21 £000
Net gain / (loss) on revaluation of property, plant and equipment	0	0
Net gain / (loss) on revaluation of intangibles	0	0
(Gain) / loss on other reserves	0	0
Net gain / (loss) on revaluation of available for sale financial assets	0	0
Impairment and reversals	0	0
Other comprehensive net expenditure for the period	0	0
Total comprehensive net expenditure for the period	267,837	234,724

The notes on pages 108–117 form part of these accounts.

Statement of Financial Position as at 31 March 2022

	Notes	31 March 2022 £000	31 March 2021 £000
Non-current assets			
Property, plant and equipment	11	1,940	2,179
Intangible assets	12	0	0
Trade and other receivables	15	0	0
Other financial assets	16	0	0
Total non-current assets		1,940	2,179
Current assets			
Inventories	14	0	0
Trade and other receivables	15	2,125	1,765
Other financial assets	16	0	0
Cash and cash equivalents	17	5,955	6,148
		8,080	7,913
Non-current assets classified as "Held for Sale"	11	0	0
Total current assets		8,080	7,913
Total assets		10,020	10,092
Current liabilities			
Trade and other payables	18	(8,418)	(7,661)
Other financial liabilities	19	0	0
Provisions	20	0	(7)
Total current liabilities		(8,418)	(7,668)
Net current assets/ (liabilities)		(338)	245
Non-current liabilities			
Trade and other payables	18	(125)	(148)
Other financial liabilities	19	0	0
Provisions	20	0	0
Total non-current liabilities		(125)	(148)
Total assets employed		1,477	2,276
Financed by :			
Taxpayers' equity			
General Fund		1,477	2,276
Revaluation reserve		0	0
Total taxpayers' equity		1,477	2,276

The financial statements on pages 103–107 were approved by the Board on 13 June 2022.

Chief Executive and Accountable Officer  Date: 13/06/2022

The notes on pages 108–117 form part of these accounts.

Statement of Changes in Taxpayers' Equity For the period ended 31 March 2022

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity			
Balance at 1 April 2021	2,276	0	2,276
Net operating cost for the period	(267,837)		(267,837)
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	0	0	0
Release of reserves to SoCNE	0	0	0
Transfers to/from (please specify)	0	0	0
Total recognised income and expense for period	(267,837)	0	(267,837)
Net Welsh Government funding	265,015		265,015
Welsh Government notional funding	2,023		2,023
Balance at 31 March 2022	1,477	0	1,477

The notes on pages 8 to 63 form part of these accounts.

Statement of Changes in Taxpayers' Equity For the year ended 31 March 2021

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity			
Balance at 1 April 2020	3,676	0	3,676
Net operating cost for the year	(234,724)		(234,724)
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	0	0	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
Total recognised income and expense for period	(234,724)	0	(234,724)
Net Welsh Government funding	231,777		231,777
Welsh Government notional funding	1,547		1,547
Balance at 31 March 2021	2,276	0	2,276

The notes on pages 108–117 form part of these accounts.

Statement of Cash Flows for period ended 31 March 2022

	Notes	2021-22 £000	2020-21 £000
Cash Flows from operating activities			
Net operating cost for the financial period		(267,837)	(234,724)
Movements in Working Capital	27	374	(210)
Other cash flow adjustments	28	2,542	1,924
Provisions utilised	20	(7)	0
Net cash outflow from operating activities		(264,928)	(233,010)
Cash Flows from investing activities			
Purchase of property, plant and equipment		(280)	(84)
Proceeds from disposal of property, plant and equipment		0	0
Purchase of intangible assets		0	0
Proceeds from disposal of intangible assets		0	0
Payment for other financial assets		0	0
Proceeds from disposal of other financial assets		0	0
Payment for other assets		0	0
Proceeds from disposal of other assets		0	0
Net cash inflow/(outflow) from investing activities		(280)	(84)
Net cash inflow/(outflow) before financing		(265,208)	(233,094)
Cash Flows from financing activities			
Welsh Government funding (including capital)		265,015	231,777
Capital receipts surrendered		0	0
Capital grants received		0	0
Capital element of payments in respect of finance leases and on-SoFP		0	0
Cash transferred (to)/ from other NHS bodies		0	0
Net financing		265,015	231,777
Net increase/(decrease) in cash and cash equivalents		(193)	(1,317)
Cash and cash equivalents (and bank overdrafts) at 1 April 2021		6,148	7,465
Cash and cash equivalents (and bank overdrafts) at 31 March 2022		5,955	6,148

The notes on pages 8 to 63 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Special Health Authorities (SHAs) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2021-22 Manual for Accounts. The accounting policies contained in that manual follow the 2021-22 Financial Reporting Manual (FReM), in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, except for IFRS 16 Leases, which is deferred until 1 April 2022; to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the SHA for the purpose of giving a true and fair view has been selected. The particular policies adopted by the SHA are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3. Income and funding

The main source of funding for the SHA are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the SHA. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred. Non-discretionary expenditure is disclosed in the accounts

and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the SHA and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the SHA for the Welsh Government. Income received from LHBs transacting with the SHA is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FReM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body

of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for their staff employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Note 34.1 within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National

Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

At the Statement of Financial Position date the building asset held by HEIW relates solely to expenditure on leasehold improvements, which is carried at depreciated cost.

Future asset purchases that are not leasehold improvements will be carried on the following basis:

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear

consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus

and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being “replaced” can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7. Intangible assets

1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for

example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over

their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits therefrom can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly

probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11. Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.11.1. The NHS Wales organisation as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the SoCNE.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.11.2. The NHS Wales organisation as lessor

Amounts due from lessees under finance leases are recorded as receivables at the

amount of the NHS Wales organisation net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the NHS Wales organisation's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14 Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the

risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2020-21 and 2019-20, although no costs were apportioned to HEIW during the year. The WRP is hosted by Velindre NHS Trust.

1.15 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

1.16 Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

1.17 Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.17.1 Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.17.2 Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and

contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.17.4 Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.17.5 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised

cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.18 Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.18.1 Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

1.18.2 Financial liabilities at fair value through the SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.18.3 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised

using the effective interest method.

1.19 Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.21 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.22 Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

1.23 Pooled budget

In accordance with section 33 of the NHS (Wales) Act 2006, NHS Wales organisations are able to operate pooled budgets with Local Authorities for specific activities defined in the Pooled budget Note.

HEIW SHA has not entered into any pooled budget arrangements.

1.24 Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.25 Key sources of estimation uncertainty

There are no estimation uncertainties at the SoFP date that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

1.26 Private Finance Initiative (PFI) transactions

The NHS Wales organisation has no PFI arrangements.

1.27 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.28 Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where there is a transfer of function the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.29 Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts.

Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 16 Leases is to be effective from 1st April 2022.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.30 Accounting standards issued that have been adopted early

During 2021-22 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.31 Charities

The NHS Organisation has no NHS Charitable Fund.



2. Financial Duties Performance

HEIW was established as a Special Health Authority. The statutory financial duties of Special Health Authorities are set out in section 172 of the National Health Service (Wales) Act 2006.

Section 172(1) sets out what is referred to as the 'First Financial Duty' – a duty to secure

that HEIW expenditure does not exceed the aggregate of the funding allotted to it for a financial year. Under the powers of direction in the National Health Service (Wales) Act section 172(6) WHC/2019/004 clarified that the annual statutory financial duty is set separately for revenue and capital resource allocations.

2.1 Revenue Resource Performance

	Financial performance 2021-22 £000
Net operating costs for the period	267,837
Less general ophthalmic services expenditure and other non-cash limited expenditure	0
Less revenue consequences of bringing PFI schemes onto SoFP	0
Total operating expenses	267,837
Revenue Resource Allocation	268,180
Under /(over) spend against Allocation	343

HEIW SHA has met its financial duty to break-even against its Revenue Resource Limit over the period.

2.2 Capital Resource Performance

	2021-22 £000
Gross capital expenditure	280
Add: Losses on disposal of donated assets	0
Less: NBV of property, plant and equipment and intangible assets disposed	0
Less: capital grants received	0
Less: donations received	0
Charge against Capital Resource Allocation	280
Capital Resource Allocation	283
(Over) / Underspend against Capital Resource Allocation	3

HEIW SHA has met its financial duty to break-even against its Capital Resource Limit over the period.

2.3 Duty to prepare a 1 year plan

Due to the pandemic, the process for the 2020-23 integrated plan was paused in spring 2020 and a temporary planning arrangement was implemented.

In Welsh Health Circular WHC (2020) 022 Welsh Government set out the NHS Wales Annual Planning Framework for 2021-22, which required all NHS Wales Health Organisations to submit a Board approved annual plan by 31 March 2021.

HEIW SHA with the agreement of the Welsh Government, has operated under an annual operating plan that was approved by the Board in March 2021. Following feedback from WG, the final plan was approved by Board in June 2021.

2.4 Creditor payment

The SHA is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The SHA has achieved the following results:

	2021-22	2021-22
Total number of non-NHS bills paid	5,462	4,715
Total number of non-NHS bills paid within target	5,287	4,520
Percentage of non-NHS bills paid within target	96.8%	95.9%

HEIW SHA has met the target.

3. Analysis of gross operating costs

3.1 Non Medical Education and Training

	2021-22 £000	2020-21 £000 Restated
Student Training Fees (Universities)	65,129	61,998
Additional Training Costs (Universities)	1,693	68
Funding for Healthcare Education Fees (Health Boards and Trusts)	2,007	1,837
Student Bursaries Reimbursement (Universities)	24,681	23,042
Student Salaries Reimbursement (Health Boards and Trusts)	17,395	14,909
Advanced Practice Training fees	1,569	1,237
Healthcare Support Working Training	2,256	1,964
Non-Medical Prescribing	278	319
Training related Travel and Subsistence	3,843	2,097
Disability Support Allowance	907	652
Other	131	111
Total	119,889	108,234

3.2 Postgraduate Medical, Dental and Pharmacy Education

	2021-22 £000	2020-21 £000 Restated
Training Grade Salaries	55,994	52,462
Postgraduate Centre and Study Leave	4,804	4,768
GP Registrars	31,526	25,748
Dental Foundation Trainees	8,333	4,274
Pharmacy Training	9,042	7,281
Induction and Refresher	61	43
Welsh Clinical Academic Training	1,606	1,634
GP CPD and Appraisal Costs	1,017	527
Trainee Relocation Expenses	1,410	1,202
Other	931	804
Total	114,724	98,743

For 2021/22 the categories of expenditure reported in the annual accounts were reviewed to better align with the internal reporting process in the SHA. Where changes have been made the 2020-21 figures have been restated.

3.3 Other Operating Expenditure

	2021-22 £000	2020-21 £000 Restated
Local Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Goods and services from other NHS bodies	0	0
WHSSC/EASC	0	0
Local Authorities	0	0
Purchase of healthcare from non-NHS bodies	0	0
Welsh Government	0	0
Other NHS Trusts	0	0
Directors' costs	1,098	982
Operational Staff costs	20,202	16,098
Collaborative Bank Staff Cost	0	0
Supplies and services – clinical	112	82
Supplies and services – general	2,916	2,773
Consultancy Services	268	152
Establishment	2,425	1,884
Transport	0	0
Premises	5,349	5,211
External Contractors	345	294
Depreciation	519	500
Amortisation	0	0
Fixed asset impairments and reversals (Property, plant and equipment)	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments and reversals of financial assets	0	0
Impairments and reversals of non-current assets held for sale	0	0
Audit fees	146	166
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	170	47
Research and Development	0	0
NWSSP centrally purchased Covid assets issued free of charge to NHS Wales organisations	0	0
NWSSP centrally purchased Covid assets issued free of charge to other organisations	0	0
Other operating costs	202	90
Total	33,752	28,279

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2021-22 £000	2020-21 £000
Increase/(decrease) in provision for future payments:		
Clinical negligence;		
– Secondary care	0	0
– Primary care	0	0
– Redress Secondary care	0	0
– Redress Primary care	0	0
Personal injury	0	0
All other losses and special payments	0	0
Defence legal fees and other administrative costs	0	0
Gross increase/(decrease) in provision for future payments	0	0
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	170	47
Less: income received/due from Welsh Risk Pool	0	0
Total	170	47

For 2021/22 the categories of expenditure reported in the annual accounts were reviewed to better align with the internal reporting process in the SHA. Where changes have been made the 2020-21 figures have been restated.

	2021-22 £	2020-21 £
Permanent injury included within personal injury £:	0	0

4. Miscellaneous Income

	2021-22 £000	2020-21 £000
Local Health Boards	2	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
NHS trusts	0	152
Welsh Special Health Authorities	2	0
Foundation Trusts	0	0
Other NHS England bodies	0	0
Other NHS Bodies	0	0
Local authorities	0	0
Welsh Government	112	0
Welsh Government Hosted Bodies	0	0
Non NHS:		
– Prescription charge income	0	0
– Dental fee income	0	0
– Private patient income	0	0
– Overseas patients (non-reciprocal)	0	0
– Injury Costs Recovery (ICR) Scheme	0	0
– Other income from activities	0	0
Patient transport services	0	0
Education, training and research	412	380
Charitable and other contributions to expenditure	0	0
Receipt of NWSSP Covid centrally purchased assets	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	0	0
Receipt of Government granted assets	0	0
Non-patient care income generation schemes	0	0
NWSSP	0	0
Deferred income released to revenue	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	0	0
Other income		
– Scheme Pays Reimbursement Notional	0	0
– Other	0	0
Total	528	532

Injury Cost Recovery (ICR) Scheme income is subject to a provision for impairment re personal injury claims

	2021-22 %	2020-21 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	23.76	22.43

5. Investment Revenue

	2021-22 £000	2020-21 £000
Rental revenue:		
PFI Finance lease income		
– planned	0	0
– contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	0	0

6. Other gains and losses

	2021-22 £000	2020-21 £000
Gain/(loss) on disposal of property, plant and equipment	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	0	0

7. Finance costs

	2021-22 £000	2020-21 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under PFI contracts		
main finance cost	0	0
contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	0	0
Provisions unwinding of discount	0	0
Other finance costs	0	0
Total	0	0

8. Operating leases

SHA as lessee

As at 31st March 2022 HEIW had 1 operating lease agreement in place for the leases of premises, 2 arrangements in respect of equipment and 0 in respect of vehicles, with 0 premises, 0 equipment and 1 vehicle lease having expired in year.

	2021-22 £000	2020-21 £000
Payments recognised as an expense		
Minimum lease payments	372	380
Contingent rents	0	0
Sub-lease payments	0	0
Total	372	380

Total future minimum lease payments

	£000	£000
Payable		
Not later than one year	370	371
Between one and five years	1,462	1,456
After 5 years	410	773
Total	2,242	2,600

SHA as lessor

	£000	£000
Rental revenue		
Rent	0	0
Contingent rents	0	0
Total revenue rental	0	0

Total future minimum lease payments

	£000	£000
Receivable		
Not later than one year	0	0
Between one and five years	0	0
After 5 years	0	0
Total	0	0

9. Employee benefits and staff numbers

9.1 Employee costs

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	Total 2021-22	Total 2020-21
	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	15,205	1,315	494	0	0	17,014	13,721
Social security costs	1,543	0	0	0	0	1,543	1,194
Employer contributions to NHS Pension Scheme	2,630	0	0	0	0	2,630	2,053
Other pension costs	10	0	0	0	0	10	5
Other employment benefits	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0
Total Employee costs	19,388	1,315	494	0	0	21,197	16,973
Charged to capital						0	0
Charged to revenue						21,197	16,973
						21,197	16,973
Net movement in accrued employee benefits (untaken staff leave total accrual included in note above)						0	0
The net movement in accrued employee benefits footnote above includes COVID-19 Net movement in accrued employee benefits						141	68

9.2 Average number of employees

	Permanent Staff Number	Staff on Inward Secondment Number	Agency Staff Number	Specialist Trainee (SLE) Number	Other Staff Number	Total 2021-22 Number	Total 2020-21 Number
Administrative, clerical and board members	234	12	8	0	0	254	199
Medical and dental	46	0	0	0	0	46	45
Nursing, midwifery registered	6	3	0	0	0	9	5
Professional, Scientific, and technical staff	24	0	0	0	0	24	15
Additional Clinical Services	2	0	0	0	0	2	2
Allied Health Professions	2	1	0	0	0	3	1
Healthcare Scientists	0	0	0	0	0	0	0
Estates and Ancillary	0	0	0	0	0	0	0
Students	0	0	0	0	0	0	0
Total	314	16	8	0	0	338	267

Notes 9.1 and 9.2 include the Chief Nursing Officer for Wales, who is employed by HEIW but has been seconded to Welsh Government from August 2021.

9.3. Retirements due to ill-health

	2021-22	2020-21
Number	0	0
Estimated additional pension costs £	0	0

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

9.4 Employee benefits

HEIW SHA has four employee benefit schemes. There are three salary sacrifice schemes for childcare vouchers, bikes and lease cars. There is also an employee loans and savings scheme offered through an external financial wellbeing provider.

9.5 Reporting of other compensation schemes – exit packages

Exit packages cost band (including any special payment element)	2021-22	2021-22	2021-22	2021-22	2020-21
	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	0

Exit packages cost band (including any special payment element)	2021-22	2021-22	2021-22	2021-22	2020-21
	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£'s	£'s	£'s	£'s	£'s
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	0

Exit costs paid in year of departure	Total paid in year 2021-22	Total paid in year 2020-21
	£'s	£'s
Exit costs paid in year	0	0
Total	0	0

Redundancy costs are paid in accordance with the NHS Redundancy provisions, other departure costs are paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where the SHA has agreed early retirements, the additional costs are met by the SHA and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

9.6 Fair Pay disclosures

9.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce. The 2021-22 financial year is the first year disclosures in respect of the 25th percentile pay ratio and 75th percentile pay ratio are required.

	2021-22 £000 Chief Executive	2021-22 £000 Employee	2021-22 Ratio
Total pay and benefits			
25th percentile pay ratio	158	32	4.88:1
Median pay	158	50	3.17:1
75th percentile pay ratio	158	96	1.64:1
Salary component of total pay and benefits			
25th percentile pay ratio	158	32	4.88:1
Median pay	158	50	3.17:1
75th percentile pay ratio	158	96	1.64:1

	Highest Paid Director	Employee	Ratio
Total pay and benefits			
25th percentile pay ratio	168	32	5.18:1
Median pay	168	50	3.37:1
75th percentile pay ratio	168	96	1.74:1
Salary component of total pay and benefits			
25th percentile pay ratio	108	32	3.33:1
Median pay	108	50	2.16:1
75th percentile pay ratio	108	96	1.12:1

In 2021-22, 0 (2020-21, 0) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £14,939 to £168,592 (2020-21, £14,503 to £165,610).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

Financial year summary

Between 2020/21 and 2021/22 the ratio of the median remuneration of the workforce and the Chief Executive increased from 2.99:1 to 3.17:1, and to the highest paid director from 3.2:1 to 3.37:1. The 2021/22 median for total pay and benefits is £49,729 (£51,688 2020-21), which equates to the middle of the band 8a Agenda for Change Payscale. During 2021/22 there was a net increase in employees of 52.8 FTE. Of this total, 63.1 FTE were employed below the median, with a net reduction of 10.26 FTE of employees above it.

Pay rates for all employees of HEIW are set nationally, predominately through the Executive and Senior Pay Terms and conditions of service, the Agenda for Change agreement or the Medical and Dental Terms and Conditions of Service. Where employees remain on the Cardiff University terms following TUPE into HEIW these were amended in line with any Agenda for Change pay awards during the year.

With the exception of the change in Chief Executive and highest paid director salaries in note 9.6.2, prior year figures have not been reported within the 'Fair Pay Disclosures'. This is because the information used for the 2020/21 accounts does not provide the necessary detail to calculate the revised note. There is no requirement to provide prior year figures for this note as per the Financial Reporting Manual.

9.6.2 Percentage Changes

	2020-21 to 2021-22 %
% Change from previous financial year in respect of Chief Executive	
– Salary and allowances	3
– Performance pay and bonuses	3
% Change from previous financial year in respect of highest paid director	
– Salary and allowances	3
– Performance pay and bonuses	2



9.7 Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2021-2022 tax year (2020-2021 £6,240 and £50,000).

Restrictions on the annual contribution limits were removed on 1st April 2017.

10. Public Sector Payment Policy – Measure of Compliance

10.1 Prompt payment code – measure of compliance

The Welsh Government requires that the SHA pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the SHA financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2021-22 Number	2021-22 £000	2020-21 Number	2020-21 £000
NHS				
Total bills paid	2,004	102,270	2,072	121,353
Total bills paid within target	1,700	99,385	1,934	116,479
Percentage of bills paid within target	84.8%	97.2%	93.3%	96.0%
Non-NHS				
Total bills paid	5,462	114,126	4,715	102,677
Total bills paid within target	5,287	113,674	4,520	101,991
Percentage of bills paid within target	96.8%	99.6%	95.9%	99.3%
Total				
Total bills paid	7,466	216,396	6,787	224,030
Total bills paid within target	6,987	213,059	6,454	218,470
Percentage of bills paid within target	93.6%	98.5%	95.1%	97.5%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2021-22 £	2020-21 £
Amounts included within finance costs (note 7) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	0	0

11. Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2021	0	1,431	0	0	587	0	1,464	482	3,964
Indexation	0	0	0	0	0	0	0	0	0
Additions									
– purchased	0	0	0	0	49	0	231	0	280
– donated	0	0	0	0	0	0	0	0	0
– government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other organisations	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(13)	0	0	0	(13)
At 31 March 2022	0	1,431	0	0	623	0	1,695	482	4,231
Depreciation at 1 April 2021	0	331	0	0	573	0	633	248	1,785
Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other organisations	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(13)	0	0	0	(13)
Provided during the period	0	147	0	0	3	0	287	82	519
At 31 March 2022	0	478	0	0	563	0	920	330	2,291

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
Net book value at 1 April 2021	0	1,100	0	0	14	0	831	234	2,179
Net book value at 31 March 2022	0	953	0	0	60	0	775	152	1,940
Net book value at 31 March 2022 comprises:									
Purchased	0	953	0	0	60	0	775	152	1,940
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2022	0	953	0	0	60	0	775	152	1,940
Asset financing:									
Owned	0	953	0	0	60	0	775	152	1,940
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2022	0	953	0	0	60	0	775	152	1,940

The net book value of land, buildings and dwellings at 31 March 2022 comprises:

	£000
Freehold	0
Long Leasehold	953
Short Leasehold	0
	953

'Building Assets' held by HEIW relate to leasehold improvements and are depreciated over the shorter of the remainder of the lease or the assessed life of the asset.

11.1 Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2020	0	1,431	0	0	573	0	1,394	482	3,880
Indexation	0	0	0	0	0	0	0	0	0
Additions									
– purchased	0	0	0	0	14	0	70	0	84
– donated	0	0	0	0	0	0	0	0	0
– government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
At 31 March 2021	0	1,431	0	0	587	0	1,464	482	3,964
Depreciation at 1 April 2020	0	184	0	0	573	0	362	166	1,285
Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Provided during the period	0	147	0	0	0	0	271	82	500
At 31 March 2021	0	331	0	0	573	0	633	248	1,785

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
Net book value at 1 April 2020	0	1,247	0	0	0	0	1,032	316	2,595
Net book value at 31 March 2021	0	1,100	0	0	14	0	831	234	2,179
Net book value at 31 March 2021 comprises:									
Purchased	0	1,100	0	0	14	0	831	234	2,179
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2021	0	1,100	0	0	14	0	831	234	2,179
Asset financing:									
Owned	0	1,100	0	0	14	0	831	234	2,179
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2021	0	1,100	0	0	14	0	831	234	2,179

The net book value of land, buildings and dwellings at 31 March 2021 comprises:

	£000
Freehold	0
Long Leasehold	1,100
Short Leasehold	0
	1,100

'Building Assets' held by HEIW relate to leasehold improvements and are depreciated over the shorter of the remainder of the lease or the assessed life of the asset.

11. Property, plant and equipment (continued)

Additional disclosures re Property, Plant and Equipment

Disclosures:

i) Donated Assets

HEIW SHA has not received any donated assets during the year.

ii) Valuations

The SHA is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

iii) Asset Lives

Depreciated as follows:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

iv) Compensation

No compensation has been received from third parties for assets impaired, lost or given up, that is included in the income statement.

v) Write Downs

There have not been write downs of assets during the year.

vi) The SHA does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period.

There are no assets held for sale or sold in the period.

11. Property, plant and equipment

11.2 Non-current assets held for sale

	Land	Buildings excluding dwellings	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance at 1 April 2021	0	0	0	0	0	0
Plus assets classified as held for sale in the period	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the period	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2022	0	0	0	0	0	0
Balance brought forward 1 April 2020	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2021	0	0	0	0	0	0

Assets sold in the period

There were no assets sold in the period.

Assets classified as held for sale during the period

No assets were classified as held for sale during 2021-22.

12. Intangible non-current assets 2021-22

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Total
	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2021	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Additions – purchased	0	0	0	0	0	0
Additions – internally generated	0	0	0	0	0	0
Additions – donated	0	0	0	0	0	0
Additions – government granted	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Gross cost at 31 March 2022	0	0	0	0	0	0
Amortisation at 1 April 2021	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Impairment	0	0	0	0	0	0
Provided during the period	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Amortisation at 31 March 2022	0	0	0	0	0	0
Net book value at 1 April 2021	0	0	0	0	0	0
Net book value at 31 March 2022	0	0	0	0	0	0
At 31 March 2022						
Purchased	0	0	0	0	0	0
Donated	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0
Total at 31 March 2022	0	0	0	0	0	0

12.1 Intangible non-current assets 2020-21

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure-internally generated	Total
	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2020	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Additions – purchased	0	0	0	0	0	0
Additions – internally generated	0	0	0	0	0	0
Additions – donated	0	0	0	0	0	0
Additions – government granted	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Gross cost at 31 March 2021	0	0	0	0	0	0
Amortisation at 1 April 2020	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Impairment	0	0	0	0	0	0
Provided during the period	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Amortisation at 31 March 2021	0	0	0	0	0	0
Net book value at 1 April 2020	0	0	0	0	0	0
Net book value at 31 March 2021	0	0	0	0	0	0
At 31 March 2021						
Purchased	0	0	0	0	0	0
Donated	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0
Total at 31 March 2021	0	0	0	0	0	0

13. Impairments

	2021-22 Property, plant and equipment £000	2021-22 Intangible assets £000	2020-21 Property, plant and equipment £000	2020-21 Intangible assets £000
Impairments arising from:				
Loss or damage from normal operations	0	0	0	0
Abandonment in the course of construction	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	0	0
Others (specify)	0	0	0	0
Reversal of impairments	0	0	0	0
Total of all impairments	0	0	0	0

Analysis of impairments charged to reserves in period:

Charged to the Statement of Comprehensive Net Expenditure	0	0	0	0
Charged to Revaluation Reserve	0	0	0	0
	0	0	0	0

14.1 Inventories

	31 March 2022 £000	31 March 2021 £000
Drugs	0	0
Consumables	0	0
Energy	0	0
Work in progress	0	0
Other	0	0
Total	0	0
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March 2022 £000	31 March 2021 £000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	0	0

Only stock which has been resold to other parties is included in this note.

Contained within total above:

Stock which has been resold to other parties	0	0
Covid Stock	0	0

15. Trade and other Receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Welsh Government	135	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	39	0
Welsh NHS Trusts	95	347
Welsh Special Health Authorities	0	0
Non – Welsh Trusts	0	0
Other NHS	21	0
2019-20 Scheme Pays – Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim Reimbursement;		
– NHS Wales Secondary Health Sector	0	0
– NHS Wales Primary Sector FLS Reimbursement	0	0
– NHS Wales Redress	0	0
– Other	0	0
Local Authorities	0	0
Capital debtors – Tangibles	0	0
Capital debtors – Intangibles	0	0
Other debtors	623	237
Provision for irrecoverable debts	(221)	(51)
Pension Prepayments NHS Pensions	0	0
Other prepayments	1,433	1,232
Other accrued income	0	0
Sub total	2,125	1,765

	31 March 2022 £000	31 March 2021 £000
Non-current		
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non – Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays – Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim Reimbursement;		
– NHS Wales Secondary Health Sector	0	0
– NHS Wales Primary Sector FLS Reimbursement	0	0
– NHS Wales Redress	0	0
– Other	0	0
Local Authorities	0	0
Capital debtors – Tangibles	0	0
Capital debtors – Intangibles	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Other prepayments	0	0
Other accrued income	0	0
Sub total	0	0
Total	2,125	1,765

15. Trade and other Receivables

	31 March 2022 £000	31 March 2021 £000
Receivables past their due date but not impaired		
By up to three months	0	51
By three to six months	0	0
By more than six months	0	0
	0	51

No debtors past due (but not impaired) are greater than six months old.

Expected Credit Losses (ECL) previously Allowance for bad and doubtful debts

Balance at 1 April	(51)	(4)
Transfer to other NHS Wales body	0	0
Amount written off during the period	51	0
Amount recovered during the period	0	0
(Increase) / decrease in receivables impaired	(221)	(47)
ECL/Bad debts recovered during period	0	0
Balance at 31 March	(221)	(51)

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

Receivables VAT

Trade receivables	258	91
Other	0	0
Total	258	91

16. Other Financial Assets

	Current 31 March 2022 £000	Current 31 March 2021 £000	Non-current 31 March 2022 £000	Non-current 31 March 2021 £000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Total	0	0	0	0

17. Cash and cash equivalents

	31 March 2022 £000	31 March 2021 £000
Opening Balance	6,148	7,465
Net change in cash and cash equivalent balances	(193)	(1,317)
Balance at 31 March	5,955	6,148
Made up of:		
Cash held at Government Banking Service (GBS)	5,955	6,148
Commercial banks	0	0
Cash in hand	0	0
Cash and cash equivalents as in Statement of Financial Position	5,955	6,148
Bank overdraft – GBS	0	0
Bank overdraft – Commercial banks	0	0
Cash and cash equivalents as in Statement of Cash Flows	5,955	6,148

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising from financing activities are:

Lease Liabilities £0k

PFI liabilities £0k

The movement relates to cash, no comparative information is required by IAS 7 in 2021-22.

18. Trade and other payables

	31 March 2022 £000	31 March 2021 £000
Current		
Welsh Government	36	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	1,300	1,575
Welsh NHS Trusts	2,848	999
Welsh Special Health Authorities	5	0
Other NHS	56	439
Taxation and social security payable / refunds	9	368
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	3	2
Non-NHS trade payables – revenue	1,578	1,570
Local Authorities	0	0
Capital payables – Tangible	0	0
Capital payables – Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	23	23
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	298	227
Non NHS Accruals	2,258	2,446
Deferred Income:		
Deferred Income brought forward	12	19
Deferred Income Additions	4	12
Transfer to/from current/non-current deferred income	0	0
Released to SoCNE	(12)	(19)
Other creditors	0	0
PFI assets – deferred credits	0	0
Payments on account	0	0
Sub total	8,418	7,661

	31 March 2022 £000	31 March 2021 £000
Non-current		
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable/refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS trade payables – revenue	0	0
Local Authorities	0	0
Capital Creditors – Tangible	0	0
Capital Creditors – Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	125	148
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income:		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to/from current/non-current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets – deferred credits	0	0
Payments on account	0	0
Sub total	125	148
Total	8,543	7809

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

18. Trade and other payables (continued)

Amounts falling due more than one year are expected to be settled as follows:

	2021-22 £000	2020-21 £000
Between one and two years	23	23
Between two and five years	69	69
In five years or more	33	56
Sub-total	125	148

19. Other financial liabilities

	Current 31 March 2022 £000	Current 31 March 2021 £000	Non-current 31 March 2022 £000	Non-current 31 March 2021 £000
Financial liabilities				
Financial Guarantees:				
– At amortised cost	0	0	0	0
– At fair value through SoCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other:				
– At amortised cost	0	0	0	0
– At fair value through SoCNE	0	0	0	0
Total	0	0	0	0

20. Provisions

	At 1 April 2021	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2022
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence:									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays – Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	7		0	0	0	(7)	0		0
Total	7	0	0	0	0	(7)	0	0	0

	At 1 April 2021	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2022
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Non Current									
Clinical negligence:									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays – Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0

	At 1 April 2021	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2022
	£000	£000	£000	£000	£000	£000	£000	£000	£000
TOTAL									
Clinical negligence:									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays – Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	7		0	0	0	(7)	0		7
Total	7	0	0	0	0	(7)	0	0	7

Expected timing of cash flows:

	In year to 31 March 2023 £000	Between 1 April 2023 31 March 2027 £000	Thereafter £000	Total £000
Clinical negligence:				
Secondary care	0	0	0	0
Primary care	0	0	0	0
Redress Secondary care	0	0	0	0
Redress Primary care	0	0	0	0
Personal injury	0	0	0	0
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	0	0	0	0
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
2019-20 Scheme Pays – Reimbursement	0	0	0	0
Restructuring	0	0	0	0
Other	0	0	0	0
Total	0	0	0	0

The provision of £7k held on the balance sheet at 31st March 2021 related to the estimated costs of holiday pay due on overtime for the 2019/20 and 2020/21 financial years. During 2021/22 the claims were settled and the provision was fully utilised.

20. Provisions (continued)

	At 1 April 2020	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2021
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence:									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays – Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	130		0	0	3	0	(126)		7
Total	130	0	0	0	3	0	(126)	0	7

	At 1 April 2020	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2021
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Non Current									
Clinical negligence:									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays – Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0

	At 1 April 2020	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2021
	£000	£000	£000	£000	£000	£000	£000	£000	£000
TOTAL									
Clinical negligence:									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays – Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	130		0	0	3	0	(126)		7
Total	130	0	0	0	3	0	(126)	0	7

The provision of £7k held on the balance sheet at 31st March 2021 relates to the estimated costs of holiday pay due on overtime for the 2019/20 and 2020/21 financial years.

21. Contingencies

21.1 Contingent liabilities

	31 March 2022 £000	31 March 2021 £000
Provisions have not been made in these accounts for the following amounts:		
Legal claims for alleged medical or employer negligence		
Secondary Care	0	0
Primary Care	0	0
Secondary Care Redress	0	0
Primary Care Redress	0	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	0	0
Continuing Health Care costs	0	0
Other	0	0
Total value of disputed claims	0	0
Amounts recovered in the event of claims being successful	0	0
Net contingent liability	0	0

Pensions tax annual allowance – Scheme Pays arrangements 2019/20

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government have taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that:

- Clinical staff who are employed or engaged in a clinical role delivering care to NHS patients' and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement.
- Welsh Government, on behalf of Health Education and Improvement Wales will pay the members who opt for reimbursement of their pension, a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction. This scheme will be funded directly by the Welsh Government to the NHS Business Services Authority Pension Division, the administrators on behalf of the Welsh claimants.

Clinical staff have until 31 March 2022 to opt for this scheme and the ability to make changes up to 31 July 2026.

HEIW has determined that as it does not deliver direct patient care the work of the organisation would not meet the eligibility criteria for the scheme. However, the circumstances of each individual case need to be reviewed to consider any specific exceptional factors. Until Welsh Government has completed a review of all claimants across NHS Wales in September 2022 there is a potential that cases could be received that will require consideration. At the date the accounts were signed an unquantified contingent liability is disclosed.

21.2 Remote Contingent liabilities

Please disclose the values of the following categories of remote contingent liabilities:

	31 March 2022 £000	31 March 2021 £000
Guarantees	0	0
Indemnities	0	0
Letters of Comfort	0	0
Total	0	0

21.3 Contingent assets

No contingent liabilities during the year

	31 March 2022 £000	31 March 2021 £000
No contingent liabilities during the year	0	0
	0	0
	0	0
Total	0	0

22. Capital commitments

Contracted capital commitments

	31 March 2022 £000	31 March 2021 £000
Property, plant and equipment	0	0
Intangible assets	0	0
Total	0	0

23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2022	
	Number	£
Clinical negligence	0	0
Personal injury	0	0
All other losses and special payments	0	0
Total	0	0

Analysis of cases in excess of £300,000

Case Type	In year claims in excess of £300,000		Cumulative claims in excess of £300,000	
	Number	£	Number	£
Cases in excess of £300,000:				
No applicable cases during the year				
Sub-total	0	0	0	0
All other cases	0	0	0	0
Total	0	0	0	0

24. Finance leases

24.1 Finance leases obligations (as lessee)

HEIW SHA has no finance lease obligations as lessee.

Amounts payable under finance leases:

	31 March 2022 £000	31 March 2021 £000
Land		
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
– Current borrowings	0	0
– Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	0	0
Included in:		
– Current borrowings	0	0
– Non-current borrowings	0	0
	0	0

24.1 Finance leases obligations (as lessee) continue

Amounts payable under finance leases:

	31 March 2022 £000	31 March 2021 £000
Buildings		
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
– Current borrowings	0	0
– Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	0	0
Included in:		
– Current borrowings	0	0
– Non-current borrowings	0	0
	0	0

	31 March 2022 £000	31 March 2021 £000
Other		
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
– Current borrowings	0	0
– Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	0	0
Included in:		
– Current borrowings	0	0
– Non-current borrowings	0	0
	0	0

24.2 Finance leases obligations (as lessor) continued

The SHA has no finance leases receivable as a lessor.

Amounts receivable under finance leases:

	31 March 2022 £000	31 March 2021 £000
Gross Investment in leases		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
– Current borrowings	0	0
– Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Present value of minimum lease payments	0	0
Included in:		
– Current borrowings	0	0
– Non-current borrowings	0	0
	0	0

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

The SHA has no PFI schemes which are deemed to be on or off the statement of financial position.

26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The SHA is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The SHA has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the SHA in undertaking its activities.

Currency risk

The SHA is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The SHA has no overseas operations and therefore has low exposure to currency rate fluctuations.

Interest rate risk

The SHA is not permitted to borrow. The SHA therefore has low exposure to interest rate fluctuations

Credit risk

Because the majority of the SHA funding derives from funds voted by the Welsh Government the SHA has low exposure to credit risk.

Liquidity risk

The SHA is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The SHA is not, therefore, exposed to significant liquidity risks.



27. Movements in working capital

	2021-22 £000	2020-21 £000
(Increase)/decrease in inventories	0	0
(Increase)/decrease in trade and other receivables – non-current	0	0
(Increase)/decrease in trade and other receivables – current	(360)	(691)
Increase/(decrease) in trade and other payables – non-current	(23)	(23)
Increase/(decrease) in trade and other payables – current	757	504
Total	374	(210)
Adjustment for accrual movements in fixed assets – creditors	0	0
Adjustment for accrual movements in fixed assets – debtors	0	0
Other adjustments	0	0
	374	(210)

28. Other cash flow adjustments

	2021-22 £000	2020-21 £000
Depreciation	519	500
Amortisation	0	0
(Gains)/Loss on Disposal	0	0
Impairments and reversals	0	0
Release of PFI deferred credits	0	0
Donated assets received credited to revenue but non-cash	0	0
Government Grant assets received credited to revenue but non-cash	0	0
Non-cash movements in provisions	0	(123)
Other movements	2,023	1,547
Total	2,542	1,924

29. Events after the Reporting Period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 17 June 2022; post the date the financial statements were certified by the Auditor General for Wales.

30. Related Party Transactions

The Welsh Government is regarded as a related party. During the accounting period HEIW has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body:

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Please list all related party transactions to include;				
Welsh Government	177	265,150	36	135
Welsh LHBS	86,641	238	1,300	38
Welsh NHS Trusts	48,571	191	2,848	95
Welsh Special Health Authorities	3,524	45	5	0
Local Authorities	388	0	0	0
NHS Wales Charities (please specify)	0	0	0	0
Board members with related party interests				
Cardiff University	28,710	0	1,004	0
General Pharmaceutical Council	1	0	0	0
Gower College, Swansea	1	0	0	0
Hafod Housing Association	53	0	0	0
Royal College of Nursing	65	0	0	0
Royal College of Paediatric and Child Health	3	0	0	0
Royal College of Physicians (RCP)	2	0	0	0
Royal Pharmaceutical Society	29	0	30	0
Swansea University	26,145	289	279	0
University of South Wales	19,300	629	85	0
University of West of England	96	0	16	0
	213,706	266,542	5,603	268

During the year, other than the individuals set out below, there were no other material related party transactions involving other board members or key senior management staff.

Tina Donnelly is a Fellow of the University of South Wales and Royal College of Nursing and Non Executive Director of Hafod Housing Association.

Ruth Hall is a visiting Chair of the University of West of England and an advisory Board Member, Centre for Public Policy Wales at Cardiff University. Member/Fellow of Royal College of Physicians (RCP), Member/Fellow of Royal College of Paediatric and Child Health.

Pushpinder Mangat is an Honorary Professor Swansea Medical School.

Jonathan Morgan is Chair of Hafod Housing Association, Welsh Government Lawyer and Advisor to Paul Davies MS and Altaf Hussain MS.

Angela Parry is a Honorary Senior Lecturer of Healthcare Science, Cardiff University.

Heidi Phillips is Associate Professor Primary Care, Swansea University and is employed by Swansea Bay University Health Board.

Eifion Williams is a Member of the Finance Committee of Swansea University.

Pushpinder Mangat and Sian Richards are seconded from Swansea Bay University Health Board.

Nicola Johnson was seconded from Swansea Bay University Health Board until 31st March 2022.

Julie Rogers was seconded from Welsh Government until 28th February 2022.

31. Third Party assets

The SHA does not hold cash on behalf of third parties.

32. Pooled budgets

The SHA does not does not operate any pooled budgets.

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

The SHA is deemed to operate as one segment.

34. Other Information

34.1. 6.3% Staff Employer Pension Contributions – Notional Element

The notional transactions are based on estimated costs for the twelve month period, calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions as at month eleven and the actual employer staff payments for month 12.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	2021-22 £000	2020-21 £000
Statement of Comprehensive Net Expenditure for the period ended 31 March 2022		
3.2 Postgraduate Medical, Dental and Pharmacy Education	1,221	922
3.3 Other Operating Expenditure	801	625

Statement of Changes in Taxpayers' Equity for the period ended 31 March 2022

Net operating cost for the year	-2,023	-1,547
Notional Welsh Government Funding	2,023	1,547

	31 March 2022	31 March 2021
Statement of Cash Flows for period ended 31 March 2022		
Net operating cost for the financial year	0	0
Other cash flow adjustments	2,023	1,547

2.1 Revenue Resource Performance

Revenue Resource Allocation	2,023	1,547
-----------------------------	--------------	-------

	2021-22 £000	2020-21 £000
--	-----------------	-----------------

3. Analysis of gross operating costs

3.2 Postgraduate Medical, Dental and Pharmacy Training

GP Registrars	913	725
Dental Foundation Trainees	134	74
Pre-Registration Pharmacists	174	123

3.3 Other Operating Expenditure

Directors' costs	29	19
Staff costs	772	606

	2021-22 £000	2020-21 £000
9.1 Employee costs		
Permanent Staff		
Employer contributions to NHS Pension Scheme	801	625
Charged to capital	0	0
Charged to revenue	801	625
 18. Trade and other payables		
Current		
Pensions: staff	0	0
 28. Other cash flow adjustments		
Other movements	2,023	1,547

34.2 Other Information

Welsh Government COVID-19 Funding

Details of COVID-19 Pandemic Welsh Government funding amounts provided to NHS Wales bodies:

	2021-22 £000	2020-21 £000	
Capital			
Capital Funding Field Hospitals and Equipment		0	
Capital Funding Equipment	0	0	
Capital Funding other (Specify)	0	0	
Welsh Government COVID-19 Capital Funding	0	0	
			As previously reported in 2020-21
Revenue			£000
Sustainability Funding			0
C-19 Pay Costs Q1 (Future Quarters covered by SF)			0
Field Hospital (Set Up Costs, Decommissioning and Consequential losses)			0
Bonus Payment			924
Independent Health Sector			0
Stability Funding	-24	924	
Covid Recovery	0	0	
Cleaning Standards	0	0	
PPE (including All Wales Equipment via NWSSP)	0	0	
Testing/TTP – Testing and Sampling – Pay and Non Pay	0	0	
Tracing/TTP – NHS and LA Tracing – Pay and Non Pay	0	0	
Extended Flu Vaccination/Vaccination – Extended Flu Programme	0	0	
Mass Covid-19 Vaccination/Vaccination – COVID-19	0	0	
Annual Leave Accrual – Increase due to Covid	0	152	
Urgent and Emergency Care	0	0	
Private Providers Adult Care/Support for Adult Social Care Providers	0	0	
Hospices	0	0	
Other Mental Health/Mental Health	0	0	
Other Primary Care	0	0	
Other	0	0	
Welsh Government COVID-19 Revenue Funding	-24	1076	

34. Other Information

34.3. Changes to accounting standards not yet effective – IFRS 16 Impact

IFRS 16 Leases supersedes IAS 17 Leases and is effective in the public sector from 1 April 2022. IFRS 16 provides a single lessee accounting model and requires a lessee to recognise right-of-use assets and liabilities for leases with a term more than 12 months unless the underlying value is of low value. The FReM makes two public sector adaptations

- The definition of a contract is expanded to include intra UK government agreements that are not legally enforceable;
- The definition of a contract is expanded to included agreements that have nil consideration.

IFRS 16 gives a narrower definition of a lease than IAS 17 and IFRIC 4 by requiring that assets and liabilities will be recognised initially at the discounted value of minimum lease payments. After initial recognition, right of use assets will be depreciated on a straight line basis and interest recognised on the liabilities. Except where modified for revaluation where material, the cost model will be applied to assets other than peppercorn leases which will be measured on a depreciated replacement cost basis. The right of use asset in a peppercorn lease is accounted for similarly to a donated asset.

As required by the FReM IFRS 16 will be implemented using the accumulated catch up method.

The right of use assets and leasing obligation have been calculated and indicated that the total discounted value of right of use assets and liabilities under IFRS 16 is higher than the value of minimum lease commitments under IAS 17. This is as a result of the sum of the interest expense and the depreciation charge during the first half of the lease term being higher than the straight-line expense for off balance sheet leases recognised applying IAS 17. This will reverse during the second half of the lease term.

The impact of implementation is an

- increase in expenditure £6k;
- increase in assets of £1.76m and an increase in liabilities of £1.91m. The difference relates to the release of the rent equalisation account on transition to IFRS16.

34. Other Information

34.3. Changes to accounting standards not yet effective – IFRS 16 Impact – Continued

Right of Use (RoU) Assets Impact

	Property £000	Non Property £000	Total £000
Statement of financial Position			
RoU Asset Recognition			
– Transitioning Adjust	1,760		1,760
– As at 1 April 2022	1,760	0	1,760
– Renewal / New RoU Assets 2022-23			0
– Less (Depreciation)	-287		-287
– As at 31 March	1,473	0	1,473
RoU Asset Liability			
– Transitioning Adjust	1,908		1,908
– As at 1 April 2022	1,908	0	1,908
– Renewal / New RoU Liability 2022-23			0
– Working Capital	-322		-322
– Interest	18		18
– As at 31 March	1,604	0	1,604
Charges			
Expenditure	£000	£000	£000
– RoU Asset depreciation ⁽¹⁾	287	0	287
– Interest on obligations under RoU Asset leases ⁽²⁾	18	0	18
	305	0	305

1. Other Operating Expenditure

2. Finance Costs

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH PARAGRAPH 3(1) OF SCHEDULE 9 TO THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

HEALTH EDUCATION AND IMPROVEMENT WALES

1. Health Education and Improvement Wales (HEIW), a special health authority, shall prepare accounts for the financial period 5th October 2017 to 31 March 2019 and subsequent financial years in the form specified in paragraphs 2 to 4 below.

BASIS OF PREPARATION

2. The accounts of HEIW shall comply with:

(a) the accounting principles and disclosure requirements of the Government Financial Reporting Manual ('the FReM') issued by HM Treasury which is in force for that financial year, as detailed in the NHS Wales Manual for Accounts; and

(b) any other specific guidance or disclosures required by the Welsh Government.

3. The accounts shall be prepared so as to:

(a) give a true and fair view of the state of affairs as at the year-end and of the net expenditure, financial position, cash flows and changes in taxpayers' equity for the financial year then ended; and

(b) provide disclosure of any material expenditure or income that has not been applied to the purposes intended by the Senedd Cymru – Welsh Parliament or material transactions that have not conformed to the authorities which govern them.

4. Compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts will, in all but exceptional circumstances, be necessary for the accounts to give a true and fair view. If, in these exceptional circumstances, compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts is inconsistent with the requirement to give a true and fair view, the requirements of the FReM as detailed in the NHS Wales Manual for Accounts should be departed from only to the extent necessary to give a true and fair view. In such cases, informed and unbiased judgment should be used to devise an appropriate alternative treatment which should be consistent both with the economic characteristics of the circumstances concerned and the spirit of the FReM. Any material departure from the FReM should be discussed in the first instance with the Welsh Government.

Signed by the authority of the Welsh Ministers

Signed:

Dated:

Alan Brace, Director of Finance HSSG



GIG
CYMRU
NHS
WALES

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

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

Tŷ Dysgu, Cefn Coed, Nantgarw, CF15 7QQ

Ffôn | Tel: 03300 585 005

Ebost | Email: heiw@wales.nhs.uk

Gwefan | Web: aagic.gig.cymru / heiw.nhs.wales