

Board Meeting (Open)

Thu 25 January 2024, 11:00 - 13:30

Conference Room, Ty Dysgu

Agenda

11:00 - 11:00

0 min

1. PRELIMINARY MATTERS

 0.0 - Board Agenda (Open) BD240125 (4).pdf (2 pages)

1.1. Welcome and Introductions

Chair/Verbal

1.2. Apologies for Absence

Chair/Verbal

1.3. Declarations of Interest

Chair/Verbal

1.4. Draft Minutes of the Board meeting held on 30 November 2023

Chair/Attachment

 1.4- Unconfirmed Board Minutes (Open) 231130.pdf (11 pages)

1.5. Action Log from the Board meeting held on 30 November 2023

Chair/Attachment

 1.5 - Board Actions (Open) 231130 (F).pdf (3 pages)

1.6. Matters Arising

Chair/ Verbal

11:00 - 11:00

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2. CHAIR AND CHIEF EXECUTIVE REPORTS

2.1. Chair's Report

Chair/ Attachment

 2.1 - January Chair's Report 2024(F).pdf (4 pages)

2.2. Chief Executive's Report

Chief Executive/ Attachment

 2.2 - CEO BOARD REPORT JAN 24.pdf (4 pages)

11:00 - 11:00

0 min

3. STRATEGIC MATTERS

3.1. Diagnostics Workforce Plan

Griffiths, Sarah
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Chief Executive/ Attachment

-  3.1a Diagnostics WFP. Board Paper Jan 24 final.pdf (6 pages)
-  3.1b Diagnostics Workforce Plan Appendix.pdf (89 pages)

3.2. NHS Health and Social Care Artificial Intelligence (AI) Briefing Paper

Director of Digital Development/ Attachment

-  3.2a - AI Board Report (final) (2).pdf (8 pages)
-  3.2b - Appendix 1 - Generative Artificial Intelligence Use Cases.pdf (3 pages)
-  3.2c - Appendix 2 - Towards a strategy for developing and deploying AI within Welsh Health Boards (002).pdf (12 pages)
-  3.2d - Appendix 3 - Deeper understanding of AI needs.pdf (4 pages)

3.3. Revalidation Support Unit Update

Head of Revalidation Support Unit/ Attachment

-  3.3a Cover paper - Revalidation Support Unit Update DB (Final).pdf (9 pages)
-  3.3b Revalidation Support Unit (RSU) Update Appendix 1.pdf (2 pages)
-  3.3c - HEIW Board - RSU Update.pdf (13 pages)

11:00 - 11:00
0 min

4. GOVERNANCE, PERFORMANCE AND ASSURANCE

4.1. Director of Finance Report

Director of Finance, Planning and Performance/ Attachment

-  4.1a Director of Finance Report Month 09 23-24.pdf (11 pages)
-  4.1b Finance report - Appendix 1.pdf (2 pages)
-  4.1c Appendix 2 - Finance Glossary of Terms.pdf (1 pages)

4.2. Integrated Medium Term Plan Update

Director of Finance, Planning and Performance/ Attachment

-  4.2a 20240125 IMTP Development Update for Board.pdf (7 pages)
-  4.2b - IMTP Appendix 2 Letter 18.12.23 JP to Chief Executives.pdf (4 pages)
-  4.2c - IMTP Appendix 3 Letter 18.12.23 EM to Chairs.pdf (4 pages)

4.3. Welsh Language Scheme Update

Board Secretary/ Attachment

-  4.3 Welsh Language Board Report (F).pdf (7 pages)

4.4. Board Self-Assessment Action Plan

Board Secretary/ Attachment

-  4.4a - Board Self-Assessment Action Plan (F).pdf (5 pages)
-  4.4b - Board Self Assessment Action Plan 2022-23 (F).pdf (2 pages)

4.5. To Receive Key Issues Reports from Committees

4.5.1. Education Commissioning and Quality Committee held on 7 December 2023

Committee Chair/ Attachment

-  4.5.1a - Key Issue Report - ECQC 7 December 2023 (Final).pdf (6 pages)

4.6. In Committee Decisions

Board Secretary/ Attachment

Griffiths, Sarah
24/01/2024 13:46:49

11:00 - 11:00 **5. FOR INFORMATION/ NOTING**

0 min

5.1. Corporate Risk Register

Board Secretary/ Attachment

- 5.1a - Corporate Risk Register BD240125.pdf (4 pages)
- 5.1b - Corporate Risk Register 2023-24.pdf (6 pages)

11:00 - 11:00 **6. OTHER MATTERS**

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6.1. Any Other Urgent Business

Chair/Verbal

6.2. Dates of Next Meetings

- HEIW **Board Development Session** to be held on **29 February 2024** via Conference Room, Ty Dysgu, Nantgarw, CF15 7QQ
- HEIW **Board** to be held on **28 March 2024** Conference Room, Ty Dysgu, Nantgarw, CF15 7QQ

HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)

Open Board Meeting
11:00 – 13:30
to be held on Thursday, 25 January 2024
via Conference Room, Ty Dysgu, Nantgarw, CF15 7QQ

AGENDA

PART 1	PRELIMINARY MATTERS	11:00 – 11:10
1.1	Welcome and Introductions	Chair/ Verbal
1.2	Apologies for Absence	Chair/ Verbal
1.3	Declarations of Interest	Chair/ Verbal
1.4	Draft Minutes of the Board meeting held on 30 November 2023	Chair/ Attachment
1.5	Action Log from the Board meeting held on 30 November 2023	Chair/ Attachment
1.6	Matters Arising	Chair/ Verbal
PART 2	CHAIR AND CHIEF EXECUTIVE REPORTS	11:10 – 11:20
2.1	Chair's Report	Chair/ Attachment
2.2	Chief Executive's Report	Chief Executive/ Attachment
PART 3	STRATEGIC MATTERS	11:20 – 12:15
3.1	Diagnostics Workforce Plan	Chief Executive/ Attachment
3.2	NHS Health and Social Care Artificial Intelligence (AI) Briefing Paper	Director of Digital Development/ Attachment
3.3	Revalidation Support Unit Update	Head of Revalidation Support Unit/ Attachment
	BREAK	12:15 – 12:30
PART 4	GOVERNANCE, PERFORMANCE AND ASSURANCE	12:30 – 13:20
4.1	Director of Finance Report	Director of Finance, Planning and Performance/ Attachment
4.2	Integrated Medium Term Plan Update	Director of Finance, Planning and Performance/ Attachment
4.3	Welsh Language Scheme Update	Board Secretary/ Attachment
4.4	Board Self-Assessment Action Plan	Board Secretary/ Attachment
4.5	To Receive Key Issues Reports from Committees: 4.5.1 Education Commissioning and Quality Committee held on 7 December 2023	Committee Chair/ Attachment
4.6	In Committee Decisions	Board Secretary/ Attachment

PART 5	FOR INFORMATION/ NOTING	13:20 – 13:25
5.1	Corporate Risk Register	Board Secretary/ Attachment
PART 6	OTHER MATTERS	13:25 – 13:30
6.1	Any Other Urgent Business	Chair/Verbal
6.2	Dates of Next Meetings: • HEIW Board Development Session to be held on 29 February 2024 via Conference Room, Ty Dysgu, Nantgarw, CF15 7QQ • HEIW Board to be held on 28 March 2024 Conference Room, Ty Dysgu, Nantgarw, CF15 7QQ	

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

Signing of the Compassionate Leadership Pledge to follow the completion of the Board Meeting.

Griffiths, Sarah
24/01/2024 13:36:49



GIG
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WALES

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

Unconfirmed Minutes of the HEIW Board Meeting
held on 30 November 2023 at 11:45am
**at Conference Room Ty Dysgu, Nantgarw, CF15 7QQ and via Zoom/
Teleconference**

Present:

Dr Chris Jones	Chair
Dr Ruth Hall	Independent Member/Vice-Chair
Gill Lewis	Independent Member
Tina Donnelly	Independent Member
Professor John Gammon	Independent Member
Donna Macarthur	Independent Member
Jayne Sadgrove	Independent Member
Alex Howells	Chief Executive
Julie Rogers	Director of Workforce and Organisational Development and Deputy Chief Executive
Pushpinder Mangat	Medical Director
Lisa Llewelyn	Director of Nurse and Health Professional Education
Glyn Jones	Director of Finance, Planning and Performance

In attendance:

Sian Richards	Director of Digital Development
Jeff Brown	Audit Wales
Helen Cade	Communication and Engagement Manager
Colette McNally	Deputy Director – Head of School GP Training
Simon Cassidy	Head of Placement Experience and Improvement
Trisha Brown	Digital Toolkit Manager
Dorothy Edwards	Programme Director, Primary Care
Abi Landeg	Primary Care Workforce Lead
Dafydd Bebb	Board Secretary
Huw Owen	Welsh Language Manager
Sarah Griffiths	Corporate Governance Manager (Secretariat)

PART 1	PRELIMINARY MATTERS	Action
3011/1.1	Welcome and Introductions	
	The Chair welcomed everyone to the meeting and a quorum was confirmed present. The Chair welcomed Colette McNally, Deputy Director – Head of School GP Training, in attendance to observe the meeting. The Chair also welcomed Jeff Brown from Audit Wales, Simon Cassidy, Head of Placement Experience and Improvement and Trisha Brown, Digital Toolkit Manager.	
	The Chair welcomed Dorothy Edwards, Programme Director, Primary Care and Abi Landeg, Primary Care Workforce Lead who would be in attendance for agenda item 3.1 (Approval of Strategic Workforce Plan for Primary Care).	
3011/1.2	Apologies for absence	
	No apologies were received.	

3011/1.3	Declaration of interest	
	No declarations of interest were received.	
3011/1.4	Good News Story – Speaking Up Safely Toolkits for Students	
	Simon Cassidy, Head of Placement Experience and Improvement and Trisha Brown, Digital Toolkit Manager, presented the Board with information regarding the raising and escalating concerns toolkit for students which included the context and key drivers, the toolkit content and raising concerns example videos. The Board welcomed the presentation, thanked the team for the work undertaken and looked forward to the Toolkit being rolled out across Wales. It was agreed that the presentation would be circulated to peer groups and taken to the All-Wales NHS Chairs Forum and the Vice Chairs Forum. Simon Cassidy and Trisha Brown left the meeting.	LL
3011/1.5	Draft minutes of the Annual General Meeting held on 28 September 2023	
	The Board received the minutes of the Annual General Meeting held on 28 September 2023 and confirmed they were an accurate record of the meeting.	
3011/1.6	Draft minutes of the Board meeting held on 28 September 2023	
	The Board received the minutes of the meeting held on 28 September 2023 and confirmed they were an accurate record of the meeting.	
3011/1.7	Action Log from the Board meeting held on 28 September 2023	
	The Board received and noted the Action Log. It was noted that action 2809/4.4 was an open action and that the Gender Pay Gap Report would be published when the portal became live and by 31 March 2024.	
3011/1.8	Matters Arising	
	The following matters were highlighted: • It was agreed that the videos shown at the AGM would be circulated to Board members. • It was agreed that JR would arrange a separate discussion with TD regarding her comments on the Train Work Live Campaign and evaluation undertaken. • It was agreed that moving forward when reporting on More Than Just Words, the wording Mwy na geiriau would be used.	DB JR DB
PART 2	CHAIR AND CHIEF EXECUTIVE REPORTS	
3011/2.1	Chair's Report	
	The Board received the report. Introducing the report, the Chair updated the Board on the range of activities and meetings undertaken by the HEIW Chairman and Vice Chair since the last Board meeting. The Chair highlighted the serious financial pressures on public services in Wales. It was noted that HEIW's focus was on the education and training of the NHS workforce and the continuing investment by the Welsh Government in education and training was imperative to the sustainability of the NHS.	

	It was highlighted that the staff conference took place on 19 October which celebrated and recognised excellence, achievements and members of staff and teams within the organisation. The Chairman thanked and congratulated HEIW individuals and teams. It was confirmed that the recruitment for two new Independent Members was nearing completion. It was confirmed that the mid-year reviews for Independent Members had been completed. Board members considered and ratified the Chair's Action within the report.	
Resolved	The Board: • noted the report for information. • ratified the Chair's Action taken on 26 October at the Board Development Session to approve the appointment of Gill Lewis as Vice Chair of HEIW as detailed in para 6. • approved the appointment of Donna MacArthur today as Vice-Chair of the Education Commissioning and Quality Committee and as Chair of the same Committee from 1 February 2024.	
3011/2.2	Chief Executives Report	
	The Board received the report. Introducing the report, Alex Howells updated the Board on the range of activities and meetings undertaken since the last Board meeting. The report highlighted that in light of the financial situation, Welsh Government had yet to make a decision on the 2024/25 Education and Training Plan. It was noted that due to the urgency of national recruitment timetables some decisions had been taken following a risk assessment to ensure that training posts were able to be secured. Depending on the outcome of the current process, the approach for developing the 25/26 Education and Training Plan would be reviewed. It was highlighted that the NHS Staff Survey closed on 27 November with a response rate of 20%. It was recognised that, while the response rate was below the target of 30%, it represented over 22,000 staff and so provided a wealth of information to drive improvements locally and nationally. This was the first annual survey and in future years it was anticipated this would become an increasingly important part of staff engagement in NHS Wales, in line with the experience in NHS England. It was confirmed that the Nursing and Midwifery Council had announced its position in terms of the number of Registered Nurses and Midwives in Wales, showing a positive increase in registrants within Wales.	
Resolved	The Board: • noted the report. • agreed that the Nursing and Midwifery Council figures for Registered Nurses and Midwives in Wales be shared with the Board.	LL
PART 3	STRATEGIC MATTERS	
3011/3.1	Approval of Strategic Workforce Plan for Primary Care	

	Dorothy Edwards, Programme Director, Primary Care and Abi Landeg, Primary Care Workforce Lead joined the Board meeting. The Board received the report. Introducing the report, Dorothy Edwards presented the Draft Strategic Primary Care Workforce Plan. It was noted that a key driver for the development of the plan was the increasing challenge in delivering sustainable primary care services with workforce challenges and an increase in service demand. It was noted that the plan had been developed over a period of a year and set out actions over a five-year period. It was confirmed that the development of the plan had been managed in accordance with the timeline and key milestones had been met. It was highlighted that all actions would not be taken forward immediately and that the pace of delivery would be impacted by the financial position. It was confirmed that a prioritisation exercise would be undertaken to identify which actions would need to be implemented first. It was noted that the plan would remain in draft with the intention of publishing in the spring once prioritisation and costing work had been completed. It was confirmed that the Duty of Quality has been reflected within the document and that monitoring activities would be in place to provide assurance to the Board that actions were being implemented. It was noted that the Joint Project Group reported to HEIW Board and to the National Primary Care Board. It was noted that direct commentary had not been received from Regulators, however actions were in place to ensure the right approach was taken towards safe training environments. The Board welcomed the report, thanked the team for their work in developing the plan and looked forward to the Strategic Workforce Plan for Primary Care being presented to Board in the New Year. It was suggested that the outcomes for patients and public could be added to the success criteria and that the wording on page 12 could be reviewed. Dorothy Edwards and Abi Landeg left the meeting.	
Resolved	The Board: • noted the extensive engagement and consultation which had underpinned the development of the Strategic Workforce Plan for Primary Care. • endorsed the plan ahead of submission to the National Primary Care Board in December 2023. • agreed that a condensed version of the Strategic Workforce Plan for Primary Care would be drafted. • agreed that Dorothy Edwards would discuss the Strategic Workforce Plan for Primary Care as part of the Vice Chair handover between Gill Lewis and Ruth Hall.	RH
3011/3.2	Leadership and Succession Programme Overview	
	The Board received the report.	

	Introducing the report, Julie Rogers provided an update on the progress in setting the direction for leadership at all levels and managing succession planning for the most senior leadership roles across NHS Wales. It was confirmed that the intention was to produce promotional material on the leadership programmes to disseminate to partners as part of the mid-year offer. The Board received a presentation which highlighted examples of compassionate leadership, the impact of the programmes and compassionate leadership in practice. It was confirmed that the leadership programmes were multi-disciplinary and were targeted to NHS but that the Gwella resource was a public resource. Work was ongoing with the Chartered Institute of Personnel and Development, whose membership was predominately private sector, in light of the compassionate Wales approach. It was noted that an enhancement to the demographics data was underway to ensure information was available regarding equality and diversity within leadership programmes. It was noted that the team had worked with professionals to ensure the course content was evidence based, and that a range of speakers and networks had been engaged with as part of programme delivery. The Board welcomed the report which provided a good level of assurance and thanked the team for their work which was important and fundamental to the quality agenda for the NHS.	
Resolved	The Board: • noted the progress achieved by the Culture, Leadership and Succession Team against Strategic Aim 3 for assurance. • agreed that the Leadership and Succession presentation would be taken to the All-Wales Chair's Forum in the new year. • agreed that Board Members would sign the Compassionate Leadership Pledge.	CJ JR
3011/3.3	Update on the Development of Quality Strategy in HEIW	
Griffiths, Sarah 24/01/2024 13:36:49	The Board received the report. In presenting the report, Alex Howells provided an update on the development of a Quality Strategy to support implementation of the Duty of Quality. It was confirmed that the engagement phase of the Quality Strategy was underway and that nine focus group meetings had taken place with one hundred and twenty members of staff. The feedback collated from the focus groups was being analysed and the Duty of Quality would also be presented to the Stakeholder Reference Group. It was confirmed that in December, focus groups would be undertaken with students and trainees. It was noted that the Assistant Director for Quality Implementation was going out to advert and would provide vital capacity to drive forward quality in HEIW. It was highlighted that the Quality Strategy and approach would be developed and completed in quarter four and that the annual quality report would be developed in quarter one.	

	The Board welcomed the work and thanked the Executive team for their work on the Duty of Quality.	
Resolved	The Board: • noted the development plan for the Quality Strategy, progress to date and next steps. • agreed that an update on the Duty of Quality would be presented to March Board including in respect of future reports to the Education, Commissioning and Quality Committee. • agreed that an update on the Duty of Quality would be presented to the March Board meeting.	AH AH
3011/3.4	Update on Health Care Sciences	
	The Board received the report. In presenting the report, Lisa Llewelyn provided an update on the progress and implementation of the Healthcare Science Programme. It was confirmed that the Healthcare Science Programme was set up in 2019 to deliver the actions within the Healthcare Science in NHS Wales 10-year framework and that delivering the programme had been a strategic objective within HEIW's Integrated Medium Term Plan since 2020. It was highlighted that Healthcare Science Professions were involved in over 80% of clinical decisions and that healthcare science services provided a critical role in delivering care to patients across the majority of conditions and health needs. The report noted that governance for the programme was agreed in 2021 with a tripartite partnership approach. The report highlighted the work that had been undertaken. It was highlighted that Health Care Research Wales had been open to all professionals for the last three years. It was confirmed that there was an opportunity to have a multi-disciplinary approach regarding training. The Board welcomed the report and emphasised the importance of Health Care Sciences. The Board was pleased to see the increased involvement with Healthcare Science in Leadership Programmes. The Board questioned the extent to which the work had been reviewed since the pandemic, the learning being brought into future work and how the understanding of non-scientists in Health Care Professions was being influenced.	
Resolved	The Board: • noted and welcomed the progress made with the Healthcare Science Programme of work. • agreed that information would be provided to the Board on what steps Welsh Government had made to reflect on the Health Care Science Framework Post Pandemic.	LL
3011/3.5	Update on Allied Health Professionals	
	The Board received the report. In presenting the report, Lisa Llewelyn provided an update on the Allied Health Professionals Framework Programme transformation activity. It was confirmed that Allied Health Professionals (AHP) were the third	

	largest workforce in the NHS and in Wales and that this covered thirteen distinct professions. The report confirmed that the Allied Health Professions Framework for Wales was published by Welsh Government in 2019 and updated in February 2020. The framework set out the strategic response to A Healthier Wales (2018) to provide the strategic forward ambition for AHPs in Wales. It was highlighted that in 23/24, the focus had been to engage with stakeholders to make it more relevant to the needs of the current and future workforce and to support the delivery of care around the person and increase AHP workforce capacity across all health and social care services. It was confirmed that there were good links and involvement with Social Care Wales. In relation to team sustainability, it was confirmed that recruitment into the Associate Director position was underway. The Board thanked the team for their work and suggested the plan could be condensed to allow for this to be used as a visual aid.	
Resolved	The Board: • received the update on the Allied Health Profession Programme of work for information. • welcomed and encouraged the work to be continued on a sustainable and proactive basis.	
PART 4	GOVERNANCE, PERFORMANCE, AND ASSURANCE	
3011/4.1	Director of Finance Report	
	The Board received the report. In presenting the report, Glyn Jones reported on the financial position for October 2023. The report highlighted the underlying financial position on pay budgets and actions required to address this. Detailed work had been undertaken using information available on the uptake of education and training places and a potential additional surplus of £9.1M had been identified (in addition to the £8.5M). It was highlighted that estimates had been made as the spring cohort and bursary numbers were still unknown. It was noted that decisions had been made to avoid spending money which had generated funds to be returned to Welsh Government. It was noted that Independent Members had received a briefing on the financial situation earlier in the week. The importance of an ethical approach being in place recognising the pressures on the finances on the NHS in Wales was raised. It was noted that as part of the Integrated Medium Term Plan process, priorities were identified as well as historical trends. The importance of communicating with health boards, trusts and stakeholders and providing clear messages regarding HEIW's position was highlighted. It was noted that communication needed to include what was within the control of HEIW, what was not and the work HEIW had undertaken in areas such as commissioning numbers and fill rates. The need for annual commissioning meetings with health boards to be a meaningful mechanism regarding education and training was highlighted.	

Griffiths, Sarah
24/01/2024 13:36:49

	The Board thanked the team for the report which was a clear and easy to read.	
Resolved	The Board: • noted the performance against key financial targets, • noted the forecast revenue surplus of c£9.1m in 2023-24 • approved the return of a further £9.1m revenue funding to Welsh Government in 2023-24. • agreed that a Brief on Performance and Finance would be discussed at the February Board Development Session.	GJ
3011/4.2	Performance Report and Performance Development	
	The Board received the report. In presenting the report, Glyn Jones provided the performance update which covered 2023-24 and provided progress since the first report in September 2023. It was confirmed that data collection had improved, and dashboards had been developed with maturing business intelligence. It was confirmed that good progress had been made across the fifty-one Integrated Medium Term Plan deliverables, with forty-four having achieved planned activity. It was highlighted that there had been an improvement in education and training fill rates and PADR compliance. A small number of deliverables had experienced delays however, these were expected to be back on track by the end of the year. It was noted that that deliverable 1.2.1 (Develop a multidisciplinary education strategy setting the future vision and principles to guide work to transform education) had been change controlled and closed. However, it was confirmed that scoping was being undertaken and the item would be included in the plan next year. It was noted that the deliverable 1.4.3 (Implement the reservist workforce model for NHS Wales in partnership with NHS organisations) had been change controlled and closed. This was due to the current financial climate where Welsh Government has advised that funding would not be made available to proceed with the pilot. It was confirmed that this was the first project submitted to Welsh Government by HEIW that had been declined. The project had been completed and information compiled which would be available to organisations. It was confirmed that work was being undertaken to ensure the report was relevant for Board and that the right information and detail was included. It was recognised that all Executive Directors were responsible for ensuring the information was correct, up to date and relevant. The Board congratulated the team on the development of the report. The Board suggested that timescales for delayed deliverables to get back on track could be included in future reports.	
Resolved	The Board:	

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	• received the report for assurance on HEIW's performance and progress to date. • reflected and provided appreciation for the improvements in the report.	
3011/4.3	Integrated Medium Term Plan Approach	
	The Board received the report. In presenting the report, Glyn Jones provided an update on the development of the 2024-2027 Integrated Medium-Term Plan. It was confirmed that in advance of any national financial planning assumptions being issued, HEIW was assuming that plans and resources should be prioritised within existing agreed core funding levels (organisation running costs and programme costs). It was noted that the approach may require disinvestment in some current activity to enable reinvestment into priority areas.	
Resolved	The Board: • noted the update on progress for assurance. • agreed that the Integrated Medium Term Plan would be brought the December Board Development Session.	GJ
3011/4.4	Update on Speaking Up Safely Framework	
	The Board received the report. In presenting the report, Dafydd Bebb provided an update in respect of the HEIW's response to the Welsh Government's Speaking Up Safely Framework. It was confirmed that in line with other Welsh NHS organisations, HEIW undertook a self-assessment against the Speaking Up Safely Framework which included the development of a HEIW action plan which was submitted to Welsh Government on 30 October 2023. It was confirmed that Jayne Sadgrove had been appointment as the Independent Member champion and that Dafydd Bebb has been appointed as the Executive Lead.	
Resolved	The Board: • considered and noted the update in respect of HEIW's response to the Welsh Government's Speaking Up Safely Framework for information. • agreed that the Board would receive regular updates on Speaking Up Safely and that reporting would be linked to Welsh Government reporting.	DB
3011/4.5	Review of Standing Financial Instructions (SFI) and Scheme of Delegation	
	The Board received the report. In presenting the report, Glyn Jones confirmed that the Standing Financial Instructions (SFIs) had been updated following a review by Welsh Government.	
Resolved	The Board: • reviewed the amendments made to the Standing Financial Instructions. • noted the Standing Financial Instructions had been considered at the October Audit and Assurance Committee and recommended for approval by the Board.	

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	• approved the adoption of the Standing Financial Instructions following the recommendation of the Audit and Assurance Committee on 12th October 2023.	
3011/4.6	Review of Standing Orders	
	The Board received the report. In presenting the report, Dafydd Bebb confirmed that it was a requirement to review the Standing Orders annually. It was confirmed that minor amendments had been made to Committee Terms of Reference and that the Standing Orders had been updated to incorporate the changes to the Model Standing Orders from Welsh Government. It was confirmed that the proposed amendments had been considered and supported at the October Audit and Assurance Committee.	
Resolved	The Board: • reviewed and approved HEIW's revised Standing Orders (Appendix 1).	
3011/4.7	Key Issues Report – Audit and Assurance Committee held on 12 October 2023	
	The Board received the report which outlined the key discussions undertaken at the Audit and Assurance Committee held on 12 October 2023. The Chair of the Audit and Assurance Committee confirmed that the Committee received two internal audit reports, the Audit Wales Structured Assessment and the Audit Wales Workforce Planning report. The Structured Assessment highlighted one action for the Board to gain greater assurance on organisational impact. It was noted that the Committee discussed whether relevant individuals across the organisation had completed procurement and counter fraud training. The Committee received the gifts, hospitality and sponsorship report and suggested the consideration of all staff submitting an annual return and declaration. It was confirmed that this was being built into the Standards of Behaviour App.	
Resolved	The Board: • noted the content of the report from the Chair of the Audit and Assurance Committee (Appendix 1) for assurance. • noted that the Audit and Assurance Committee made two recommendations which were considered separately on the agenda (see above agenda items 4.5 and 4.6). These recommendations are detailed below: • The Committee reviewed the amendments made to HEIW's Standing Financial Instructions and recommended the HEIW's Standing Financial Instructions be approved by the November Board. • The Committee reviewed the amendments made to the HEIW's Standing Orders and recommended the HEIW's Standing Orders be approved by the November Board.	
3011/4.8	In Committee Decisions	

	The Board received the report which highlighted the key issues discussed at the In-Committee Board Meeting held on 28 September 2023.	
Resolved	The Board: • noted the report for information.	
PART 5	FOR NOTING	
3011/5.1	Corporate Risk Register	
	The Board received the report which confirmed that there were eight risks on the Corporate Risk Register, of which two had a red status, five an amber status and one a green status. It was confirmed that one risk had been removed from the Corporate Risk Register at the October meeting of the Audit and Assurance Committee. It was confirmed that discussions had taken place with Shared Services regarding Single Lead Employer Arrangements. Therefore, it was agreed that risk 8 would continue to have an amber status until conversations had concluded.	
Resolved	The Board: • noted the report for assurance. • agreed that risk 1 on the Corporate Risk Register, regarding cyber security, would be reviewed.	DB/ SR
3011/5.2	NHS Wales Shared Services Partnership Committee Report	
	The Board received the September NHS Wales Shared Services Partnership Committee Assurance Report.	
Resolved	The Board: • noted the report.	
3011/5.3	Welsh Government Reporting	
	The Board received the report which outlined the qualitative reporting of HEIW's progress across four areas of Welsh Government reporting for the period 1 April 2023 to 30 September 2023.	
Resolved	The Board: • received the reports submitted to Welsh Government for Information.	
PART 6	OTHER MATTERS	
3011/6.1	Any other Urgent Business	
	No other business was discussed.	
3011/6.2	Dates of Next Meetings	
	The next meetings were confirmed as the HEIW Board Development Session to be held on 14 December 2023 and the Board to be held on 25 January 2023.	

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Chris Jones (Chair)

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Date:

Griffiths, Sarah
24/01/2024 13:36:49

HEIW Board (Open)
30 December 2023
Action Log

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

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
2809/4.4	Equality Report 2022/23 and Gender Pay Gap Report			
	The gender pay gap to be reported on the UK government website by 31 st March 2024.	Director of Workforce and Organisational Development	March 2024	Ongoing Report will be uploaded by 31 March 2024
3011/1.4	Good News Story – Speaking Up Safely Toolkits for Students			
	Speaking Up Safely Toolkits for Students presentation to be circulated to peer groups and taken to the All-Wales NHS Chairs Forum and the Vice Chairs Forum.	Director of Nurse and Health Professional Education	January 2024	The presentation has been shared for circulation.
3011/1.8	Matters Arising			
	The videos shown at the AGM to be circulated to Board members.	Board Secretary	Promptly	Completed
	JR to arrange a separate discussion with TD regarding her comments on the Train Work Live Campaign and evaluation undertaken.	Director of Workforce and Organisational Development	January 2023	Latest update on Train Work Live has been shared. Follow up conversation offered.
	When reporting on More than just words, the wording Mwy na geiriau to be used. Minutes to be amended accordingly.	Board Secretary	As and when required	Completed
3011/2.2	Chief Executives Report			

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	The Nursing and Midwifery Council figures for Registered nurses and midwives in Wales to be shared with the Board.	Director of Nurse and Health Professional Education	January 2024	Completed
3011/3.1	Approval of Strategic Workforce Plan for Primary Care			
	Condensed version of the Strategic Workforce Plan for Primary Care to be drafted.	Chief Executive	June 2024	In Progress
	Dorothy Edwards to discuss the Strategic Workforce Plan for Primary Care as part of the Vice Chair handover between Gill Lewis and Ruth Hall.	Ruth Hall	January 2024	Meeting booked for 1 February 2024
3011/3.2	Leadership and Succession Programme Overview			
	The Leadership and Succession presentation to be taken to the All-Wales Chair's Forum in the new year.	HEIW Chair	February 2024	In Progress
	Board Members to sign the Compassionate Leadership Pledge.	Director of Workforce and Organisational Development	December 2023	Agenda for January Board
3011/3.3	Update on the Development of Quality Strategy in HEIW			
	An update on the Duty of Quality to be presented to March Board including in respect of future reports to the Education, Commissioning and Quality Committee.	Chief Executive	March 2024	Added to Forward Work Programme
	An update on the Duty of Quality to be presented to the March Board meeting.	Chief Executive	March 2024	Added to Forward Work Programme
3011/3.4	Update on Health Care Sciences			
	Information to be provided to the Board on what steps Welsh Government have made to reflect	Director of Nurse and Health	December 2023	Completed The Welsh Government Policy Leads are members of the



Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	on the Health Care Science Framework Post Pandemic	Professional Education		Programme Board and are involved in the reflection, review and agreement of the plans for the programme, in line with national developments.
3011/4.1	Director of Finance Report			
	Briefing on Performance and Finance to be discussed at the February Board Development Session.	Director of Finance, Planning and Performance	February 2024	Added to Forward Work Programme
3011/4.3	Integrated Medium Term Plan Approach			
	The Integrate Medium Term Plan to be brought to the December Board Development Session.	Director of Finance, Planning and Performance	December 2023	Completed
3011/4.4	Update on Speaking Up Safely			
	The Board to receive regular updates on Speaking Up Safely and reporting to be linked to Welsh Government reporting.	Board Secretary	Ongoing	Added to Forward Work Programme
3011/5.1	Corporate Risk Register			
	Risk 1 on the Corporate Risk Register, regarding cyber security, to be reviewed.	Board Secretary/ Director of Digital Development	December 2023	Completed

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Meeting Date	25 January 2024	Agenda Item	2.1
Report Title	Chair's Report		
Report Author	Dr Chris Jones, Chairman		
Report Sponsor	Dr Chris Jones, Chairman		
Presented by	Dr Chris Jones, Chairman		
Freedom of information	Open		
Purpose of the report	The purpose of this report is to update the Board on the range of activities and meetings undertaken by the HEIW Chairman and Vice Chair since the last Board meeting. Members are also asked to approve the appointment of Jayne Sadgrove as Chair of the Audit and Assurance Committee from 1 February 2024.		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
			Approval ✓
Recommendations	The Board is asked to: • note the report for information; • note that Gill Lewis will stand down from the position of Chair of the Audit and Assurance Committee from 31 January 2024 and • approve the appointment of Jayne Sadgrove as Chair of the same Committee from 1 February 2024.		

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CHAIR'S REPORT JANUARY BOARD 2024

1. PURPOSE OF REPORT

The purpose of this report is to update the Board on the range of activities and meetings undertaken by the HEIW Chairman and Vice Chair since the last Board meeting.

2. CHAIR'S REPORT JANUARY 2024

The complexity of issues facing the NHS and care services at this time are very challenging and well-rehearsed. The very difficult choices driven by the financial budget constraints are leading to some very difficult choices and decisions. As a strategic body we recognise fully the need to support the delivery and sustainability of services by enabling education training, leadership in the now, and also the responsibility for developing the future workforce. It is a truth that the greatest asset in the NHS is the workforce. As an organisation we are committed to being the best of partners across the health and social care system.

At this moment in time, where all organisations are facing up to these difficult issues, it is important that we recognise the important contribution of the independent members working alongside the executive directors on our unitary boards.

3. BOARD BUSINESS

Today I would like to pay tribute to our colleagues Ruth and Tina as they come to the end of their term as independent members on the HEIW Board. Individually and together, they have brought great energy and expertise. They have been members of the Board since inception and establishment of the organisation. They have brought vast experience to the Board in its formative years and with their keen interest in learning and in people they have helped shape the culture and working practices. They have contributed greatly to developing the culture of the organisation and the strategic direction of the Board's work. They have been exemplary ambassadors for the organisation. I'm sure we would wish them both health and happiness in the future and look forward to seeing them at HEIW events in the future.

I am pleased to confirm that the appointment process for two new independent members is now complete. The Minister has appointed Dawn Jones and Judith Hardesty. We look forward to welcoming them to the Board over the next few months.

Gill Lewis will take on the role of Vice Chair of the organisation from February 1st. Gill has been our Chair of Audit and Assurance since the organisation was established and will be standing down from the position from 31 January 2024. I would want to thank Gill for her leadership and commitment. She has been a driving force in building the excellent work of the Committee.

Jayne Sadgrove will be the new chair of the Audit and Assurance Committee with John Gammon as Vice Chair. **I therefore request that the Board approves Jayne Sadgrove as the Chair of Audit and Assurance from the 1 of February 2024.**

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As new members join, we will have another look at the membership of the Committees and champion roles in the spring.

We have seen in the news over recent weeks numerous examples of issues around Board culture and leadership. The report on the Wales Fire Service, and of course the complex issues and devastating stories that emerged around the Post Office and the devastating effect on individuals and families. There is clearly much to be learnt. Many of these reports go to the heart of supporting the compassionate collective leadership agenda that this Board champions.

At the close of today's meeting, the Board will sign a pledge to uphold the principles of compassionate leadership and lead by example.

HEIW commits to pursuing, promoting, developing and embedding the Compassionate Leadership Pledge Principles both within the organisation and the wider NHS and care system.

4. VICE CHAIR REPORT

Since the last Board meeting, the Vice Chairs' Peer Group has met twice (13 Dec 2023 and 10 Jan 2024), with updates on current strategic work in primary care and mental health contexts, and to which HEIW contributed presentations. Service pressures have been key aspects of discussion and have highlighted prevention requirements. In January, Vice Chairs received a presentation from Public Health Wales on preventive work in diabetes: it was resolved to explore further how the group could support this and similar initiatives. This intention was raised with Ministers at the Vice Chairs'/Ministerial meeting on 11 Jan 2024 and was welcomed.

At the meeting, ministers thanked NHS Wales organisations for their efforts, emphasising financial targets must be met and the need for public understanding. Following a recent Mental Health Safety Summit, improvements to the in-patient safety programme were in hand. Attention was drawn to helping to keep frail elderly people out of hospital; a quality statement on frailty has been issued. Ministers asked boards to consider what more could be done in relation to delayed transfers of care, enhanced community care, and increased community nursing provision.

In addition to the above, I attended a meeting of the Board Champions (Research) Group, convened by Health and Care Research Wales on 17 Jan 2024.

5. RECOMMENDATION

The Board is asked to:

- **note** the report for information;
- **note** that Gill Lewis will stand down from the position of Chair of the Audit and Assurance Committee from 31 January 2024 and
- **approve** the appointment of Jayne Sadgrove as Chair of the same Committee from 1 February 2024.

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
Compliance with Duty of Quality			
There are no direct quality, patient safety and experience issues relating to this report.			
Legal Implications (including equality and diversity assessment)			
There are no direct legal implications of this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The range of activities outlined in the report will contribute to HEIW's approach to the Well Being of Future Generations Act. However, the contributions will be specific to each of the individual areas covered in overview in this report.			
Equality Impact Assessment (EIA)			
Equality Impact Assessment not required			
Report History	N/A		
Appendices	N/A		

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Meeting Date	25th January 2024	Agenda Item	2.2
Report Title	Chief Executive's Report		
Report Author	Alex Howells, Chief Executive		
Report Sponsor	Alex Howells, Chief Executive		
Presented by	Alex Howells, Chief Executive		
Freedom of Information	Open		

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CHIEF EXECUTIVE'S REPORT – JANUARY 2024

1. INTRODUCTION

There is no doubt that the operating environment for the NHS continues to be challenging, with the extra pressures of winter and industrial action. As ever, whilst HEIW is not a provider of health care it is essential that we support our colleagues and understand these pressures as they often reinforce the importance of what we are doing to support, expand, develop the workforce. External to the NHS there are many lessons for us to reflect on from other sectors and organisations where culture and leadership have been under the spotlight. The Board had an update on what HEIW is doing to support compassionate leadership at our last meeting, and today's Board pledge feels particularly essential in the current context.

2. KEY ACTIVITIES

Update on HEIW Plans

Planning guidance for 2024/25 has now been received from Welsh Government and will inform the final stages of development of the Integrated Medium Term Plan which needs to be submitted by the end of March. For the coming year it will be really important to retain flexibility to respond to new and emerging priorities given changes in the environment and the planned relaunch of A Healthier Wales. An update is included on the Board agenda.

At the time of writing, we have not received final confirmation in relation to the 24/25 Education and Training Plan and so this remains a key risk as deadlines for commissioning decisions relating to undergraduate programmes are imminent. The Board are aware that the Plan was originally submitted in July 2023. Due to national recruitment timetables for some professions HEIW has had to make a number of risk based decisions to avoid losing applicants to Wales, with Board support. In November a revised plan was submitted as requested by Welsh Government to reflect financial constraints. We hope to be able to report progress to the Board at the January meeting, so that we can implement the commissioning plan and update our stakeholders.

Strategic Workforce Implementation Board

HEIW continues to progress work on the National Workforce Implementation Plan, recent deliverables including a consultation on the requirement for degree apprenticeships in Wales. A report on this topic will be provided to the next meeting of the Education Commissioning and Quality Committee.

We have also had a follow up meeting with AHP professional and policy leads to clarify expectations of HEIW actions to support the AHP workforce. Following engagement events during 2023 we are in the process of using the Workforce Strategy themes to support a short term set of priorities that will be embedded in our IMTP.

With regard to progress on the development of strategic workforce plans the Board has had briefings on Perinatal and Genomics since the last Board meeting. On today's

agenda is the Diagnostic Workforce Plan which was commissioned as part of the All Wales Diagnostic Strategy. Developing the diagnostic workforce is essential to improving cancer and planned care services, and is often the bottleneck in good quality, accessible care. This has been a slightly different process to our previous workforce plans as we have been able to build on the existing work and involvement with individual modalities including the pathology, imaging and endoscopy programmes. Applying the framework of the Workforce Strategy we have developed a coherent set of cross cutting priorities whilst recognising the need to be able to respond to emerging regional solutions and new digital ways of working. We have also ensured close links with the Health Care Science Programme which is responsible for developing and shaping many of the professions involved in the diagnostic workforce.

Digital Transformation – Single Platform Business Case

In September 2023, HEIW Board approved the Single Platform Business Case. This set out the case for change to replace the siloed eco-system of applications currently provided and supported by HEIW Digital to run and maintain core business services that support trainees and professionals. The single platform approach is intended to improve the quality of the user experience, reporting, and compliance with cyber and information governance standards. The Case detailed a transformation of ways of working in partnership with a commercial supplier. In November 2023, following completion of the initial part of the procurement process, high level costings were confirmed and the business case submitted to Welsh Government for approval and allocation of capital funding. I am very pleased that we received approval of the full business case, and confirmation of an allocation of up to £2.365m will be profiled over 23/24, 24/25 and 25/26 financial years. The digital and finance team are now working through the allocation with WG and finalising arrangements. With confirmation of funding in place, processes have commenced with NWSSP to award contract and following a 10 day standstill period supplier discussions and discovery phase of the programme will commence. The Board will be provided with regular progress updates at key points of the programme. Well done to the digital and finance teams for securing this investment which will enable us to introduce new ways of working.

Planned Changes to Executive Team

During 23/24 we have been reflecting on how the organisations' ambitions and plans have grown considerably during our first five years, driven by the rising profile and escalating pressures on the health and care workforce, as well as additional national requirements such as the National Workforce Implementation Plan (NWIP). This has resulted in a substantial expansion in our work programmes and responsibilities. During 23/24 we have made interim changes in the Medical Directorate to create additional senior capacity through a Deputy Medical Director role – Dr Tom Lawson. We are in the process of establishing additional roles to lead on the Duty of Quality (as a result of the legislation), Psychology (linked to the mental health workforce plan) and Retention (as part of our National Workforce Implementation Plan).

Looking ahead to 24/25 we are going to be making further changes to support the delivery of our IMTP, including reshaping the role of the Executive Director of Nursing

and Health Professional Education. This will be split into two roles reflecting the size and spread of work in this area. Lisa Llewelyn will undertake the revised role of the Director of Nursing, Health Professions and Quality, which will encompass the existing Workforce Transformation Team as well as the new Quality role and the Welsh Language Unit. A second role of Director of Education Strategy and Transformation will be created encompassing the work of the current Education Commissioning and Quality Team, the Multi Professional Primary and Community Education and Training Team and the Simulation Team. The purpose of this new role will be to ensure that HEIW is at the forefront of discussions about the shape of education – so that we are informing and leading the education transformation agenda, rather than just responding. Across the UK there are discussions about the future of education and this is a key area where Wales needs to play a central role. The NHS England Long Term Workforce Plan will have significant implications, and it is essential that HEIW steps into the space of education strategist for NHS Wales as well as guardian.

The recruitment process for the new Director of Education Strategy and Transformation will kick off at the end of January so we anticipate making these changes to the structure in Q1 of the 24/25 financial year. More detailed timelines will be discussed with individuals directly affected by this in the next few months.

JET meeting

We had our mid year JET meeting with Welsh Government in December, reflecting on performance to date and key strategic developments. As usual it was a productive and constructive discussion, providing a valuable opportunity to update Welsh Government colleagues on progress and reinforcing the importance of the strategic workforce agenda.

Meetings with Partners

Over the last few weeks we have had routine meetings with the RCN, Social Care Wales, HEFCW, and Audit Wales. Progress on the Education and Training Plan for 24/25 is a key concern for many partners.

Risk

The Corporate Risk Register is considered for noting at today's Board. There are currently two risks assessed with a 'red' status and these relate to: Cyber Security and approval of the Education and Training Plan, 2024-25.

3. RECOMMENDATION

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

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Meeting Date	25 January 2024	Agenda Item	3.1
Report Title	Diagnostics Workforce Plan		
Report Author	Dorothy Edwards, Programme Director – National Programmes Claire Hammond, Programme Manager – Planned Care, Cancer & Diagnostics		
Report Sponsor	Alex Howells, Chief Executive		
Presented by	Dorothy Edwards, Programme Director – National Programmes		
Freedom of Information	Open		
Purpose of the Report	To seek endorsement of the Diagnostics Workforce Plan		
Key Issues	HEIW were asked to support the development of a Diagnostics Workforce Plan following the publication of the National Diagnostics Strategy in 2023. The development of an action plan to address short term gaps and priorities within and across the diagnostics workforce is a priority within the 2023/24 IMTP (reference 2.1.2a). The workforce plan for diagnostics brings together existing work across individual diagnostic programmes (imaging, pathology, endoscopy and healthcare science) so that the workforce actions are aligned under a single umbrella, as well as additional cross cutting actions. It sets out a range of short-medium term actions recognising that diagnostic services will be impacted by the pace of regionalisation and digital transformation so flexibility is critical at this stage. This is not a long-term workforce plan but a plan designed to provide focus on a small number of areas that are likely to have the most significant impact on the delivery of diagnostic services in the short-term. The plan was developed in collaboration with key stakeholders and was endorsed by the National Planned Care Board in January 2024.		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
			Approval ✓
Recommendations	Board Members are asked to: Endorse the National Diagnostics Workforce Plan as a basis for development of a prioritised, costed plan.		

DIAGNOSTIC WORKFORCE PLAN

1. INTRODUCTION

In 2022/23, the National Diagnostics Board asked HEIW to lead on the development of a workforce plan for diagnostics. This followed the publication of a National Diagnostics Recovery and Transformation Strategy.

The Plan brings together the actions to be undertaken by HEIW and the individual diagnostics programme areas over the next 18-24 months to address the key risks and issues.

2. BACKGROUND

The National Diagnostics Recovery and Transformation Strategy was published by Welsh Government in April 2023. Diagnostic services underpin the majority of clinical pathways and are therefore critical to planned care recovery and the delivery of high quality cancer services as well as supporting the delivery of a wide range of urgent and emergency care and the management of long-term conditions. There are persistent workforce challenges in a number of different disciplines that are impacting on both access and the quality of care leading to fragile services in parts of Wales. Demand is increasing across all diagnostic areas and is likely to continue to grow as the population ages. Estimates for demand growth vary but cancer demand is thought to be growing at 10% per year.

The Strategy aims to create additional capacity in diagnostic services and to transform service delivery through a coordinated infrastructure of services operating at a national, regional and local level maximising the opportunity for digital transformation. There are nine key areas of focus within the strategy and workforce development is highlighted as one of these areas.

The Strategy sets out a number of key priorities:

- Creating additional diagnostic capacity
- Moving to a combined approach of diagnostics as a whole
- Providing more directional national leadership for NHS Wales through the National Diagnostics Board
- Establishing a dedicated National Diagnostic Transformation Strategy as part of the NHS Wales Executive
- Expediting transformation in diagnostics service models.

Workforce goals included within the Strategy include:

- Increasing the training pipeline of diagnostic specialists, including advanced practices roles and consultant grade roles as part of service and workforce redesign
- Adopting the Imaging Academy model for other disciplines to support training and development of the diagnostic workforce
- Continuing to develop product multi-professional working for diagnostics
- Actively pursuing hybrid working and 'reporting from home'.

An implementation plan to support the Strategy is under development.

3. CURRENT POSITION

Since HEIW's inception, there has been a steady growth in training places in a number of workforce areas including the scientist workforce and other key disciplines such as diagnostic radiographers as well as increases in the medical workforce. However, there are also significant risks with common issues impacting on the different modalities including:

- Challenges in expanding the education and training infrastructure (lack of supervisors, equipment, skills and physical constraints); increasing reports of burnout amongst medical trainees and trainees impacting on the future pipeline of medical consultants
- Pressures on the workforce due to low morale, changes in retirement patterns, UK wide opportunities and people opting to leave permanent roles to reduce work intensity and/or improve work: life balance with a consequent growth in agency spending
- High workforce vacancies/sickness in some areas greater a vicious cycle of pressures
- Workforce supply risks into the future including lack of career pathways and development across a range of roles.

These challenges are not unique to Wales and are mirrored across the UK but the combination of factors is causing pressure in key parts of Wales and in key service areas with acute challenges in delivering pathology services across Wales.

4. WORKFORCE PLAN

HEIW was asked to support the development of a diagnostics workforce plan with the aim of bringing together the previously disparate workforce elements across endoscopy, imaging, pathology, genomics and healthcare science. Prior to the establishment of the NHS Executive imaging, pathology and endoscopy were managed through the NHS Collaborative, with genomics having its own programme and HEIW leading the healthcare science programme. The Board is aware that a separate workforce plan for genomics is under development as part of the All Wales Genomics Delivery Plan, with HEIW ensuring that links and connections are made between the two pieces of work.

As the national Strategy was still in a formative stage of implementation, it was agreed that the workforce plan should focus on short-medium term actions recognising that the regionalisation of service models and the increasing focus on digital transformation was likely to bring new opportunities and challenges over the medium term.

The process has broadly followed the HEIW methodology albeit with a lighter touch on some elements particularly in view of the changing governance arrangements during the planning phase including the establishment of the NHS Executive. The plan was informed by the Richards' review of diagnostic services in England which was accompanied by a significant capital and revenue investment to establish new service and workforce models.

Two deliberative events were held in early 2023 which included a wide number of stakeholders from across Wales. The Plan has been developed in response to the persistent workforce challenges that affect the capacity and quality of services across Wales. It is based on the framework of the Workforce Strategy to provide consistency

and read across with other workforce plans. The plan attached at Appendix 1 has been approved by the Diagnostic Strategy and Operational Group (DSOG) and endorsed by the newly formed Planned Care Board in January 2024.

For the first time, the plan brings together actions from the individual diagnostic workforce areas into a single place that helps to identify both strategy and tactical solutions. Twenty-five actions have been categorised as strategic and transformational and these will be monitored quarterly through the governance structure of the Strategic Programme for Planned Care by the DSOG. The remainder of other actions will be tracked through the existing programme delivery infrastructure.

As previously noted, this is not a long-term workforce plan but a plan designed to provide focus on a small number of areas that are likely to have the most significant impact on the delivery of diagnostic services in the short-term. It is clear that further, more wide reaching changes will need to be considered as part of the implementation of the Diagnostic Strategy, reflecting the increased pace needed for regionalisation, digitisation and integration of genomics in current pathways.

5. GOVERNANCE AND RISK ISSUES

At a national level, new governance arrangements within the strategic programme for planned care were implemented from October 2023. The previous National Diagnostics Board transitioned into the Diagnostics Strategy and Operational Group and a new overarching Planned Care Board was formed. This board now oversees the delivery of the planned care, cancer, and diagnostics programmes. HEIW is represented by the Chief Executive.

This approach is mirrored within HEIW where the internal Planned Care, Cancer and Diagnostics Forum has been operating for approximately 18 months. A programme plan is being developed to map out timescales and leads. Relevant actions have been included in the draft IMTP for 2024/25.

There are risks to delivery of the plan that will need to be managed including:

- The lack of dedicated funding for diagnostic services to drive transformational change may affect scope and timing of some of the actions
- The need for investment in digital solutions that support workforce modernisation (particularly in areas where analogue systems are preventing flexible workforce models being adopted which impacts on recruitment and retention)
- The lack of clarity around regional service models and the impact on future workforce plans
- The difficult financial environment for 2024/25 and beyond which will impact on the ability to significantly increase training numbers through the education and training plan.

Notwithstanding these risks, having a clear and prioritised plan for the diagnostic workforce is essential and will help to ensure that we are making the best use of existing resources.

6. FINANCIAL IMPLICATIONS

Some of the actions within the Plan will have financial implications. These actions will need to be costed to take account of the current financial context and will need to be prioritised over a two-year period. Further work is being undertaken to review financial flexibility within existing national programmes and HEIW to support implementation. Any significant barriers to implementation will be escalated to the National Planned Care Board.

7. RECOMMENDATION

The Board are asked to:

- Endorse the National Diagnostics Workforce Plan as a basis for development of a prioritised, costed plan.

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	
Compliance with Duty of Quality			
The service and workforce improvements achieved through the plan will support in the delivery of STEEEP standards through the following actions: • Increasing the number of healthcare professionals within diagnostics • Improving retention of staff within diagnostics • Ensuring staff have access to appropriate education to allow progression • Diversifying the routes into diagnostic roles to promote equitable access • Improve MDT working and maximise efficiencies • Ensure staff are appropriately supported throughout their careers allowing them to provide the best possible care for patients and other service users			
Legal Implications (including equality and diversity assessment)			
There are no direct legal implications as a result of this plan.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Due to the scale of the work required to recover and transform the Diagnostics workforce, this plan should be viewed as the first output of a phased approach to be built on following review of the benefits realised by 2025. The service and workforce improvements achieved through the plan will support in the delivery of "The Well-being of Future Generations (Wales) Act 2015".			
Equality Impact Assessment (EIA)			
Initial steps taken in EIA process.			
Report History	None		
Appendices	Appendix 1: Diagnostic Workforce plan V0.7		

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National Diagnostics Programme

WORKFORCE PLAN

January 2024

V .07 Final Draft. January 2024

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INTRODUCTION

In April 2023, Welsh Government published a [Diagnostic recovery and transformation strategy for Wales](#) covering the period 2023 to 2025. The strategy recognises that diagnostic services are a fundamental aspect of modern healthcare delivery and that large backlogs of diagnostic procedures hold NHS Wales back from making improvements in referral to treatment times, impair screening pathway effectiveness, result in poor patient experience, and have the potential to result in harms and poorer outcomes. Diagnostics are an essential component of nearly all pathways and provide the evidence on which clinical decisions are made. Diagnostic capacity in NHS Wales does not currently meet the demands on the service and workforce shortages are a significant factor.

The key objectives of the Strategy are to:

- Improve outcomes and reduce pressure on secondary care
- Address unmet care need that has been exacerbated by COVID-19
- Enable people to live longer, healthier lives at home
- Identify, intervene, and manage disease more rapidly and at an earlier stage
- Create a sustainable and intelligent, integrated health system which reduces inequality
- Make Wales a great place to live and work.

The Strategy sets out a number of key priorities including:

- Creating additional diagnostic capacity
- Moving to a combined approach of diagnostics as a whole
- Providing more directional national leadership for NHS Wales through the National Diagnostics Board
- Establishing a dedicated National Diagnostic Transformation Strategy as part of the NHS Wales Executive
- Expediting transformation in diagnostic service models.

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NATIONAL DIAGNOSTICS TRANSFORMATION PROGRAMME

The National Diagnostics Programme was established to oversee the delivery of a transformation programme for diagnostics services in Wales following the publication of [Our programme for transforming and modernising planned care in Wales and reducing the waiting lists \(gov.wales\)](#). The Diagnostics Programme is now overseeing delivery of programmes including pathology, endoscopy, imaging, genomics, and healthcare science.

The objectives of the programme are set out below; almost all objectives have a workforce component:

- Increase the training pipeline and roll out the multi-professional Academy model in other disciplines
- Expedite transformation models and plan for less complex diagnostics closer to home
- Provide regional diagnostic hubs and invest in upgrading facilities to meet accreditation standards
- Test emerging technology and accelerate scale up across Wales
- Create an environment for collaborative working across organisational boundaries
- Integrate and digitise all test requesting and reporting and adopt innovative digital solutions using AI
- Ensure all diagnostic services gain accreditation
- Develop safe and sustainable asset management
- Develop national service specifications setting out expected standards across all disciplines
- Develop sustainable services that have the workforce capacity to meet future need
- Increase the speed of diagnostic testing and reporting to 8 weeks.

In 2022, the National Diagnostics Programme asked HEIW to support with the bringing together of existing workforce plans being taken forward within specialist areas to form a strategic workforce plan for diagnostics. It was agreed that this work would start in the final quarter of 2022/23 and that a plan would be developed in 2023/24.

CURRENT POSITION: NATIONAL PERSPECTIVE

Significant work has already been undertaken within NHS Wales on workforce issues. Prior to the establishment of the national programme, a number of individual service-focussed programmes were operational under the auspices of the NHS Wales Collaborative and each area has established a dedicated workforce enabling /transformation project or workstream. These include:

- National Pathology Programme
- National Endoscopy Programme
- National Imaging Programme

Separately, **Genomics Partnership Wales** is hosted by Cardiff and Vale University Health Board and focusses on the potential of genomics to improve the health, wellbeing, and prosperity of the people of Wales in line with the UK Genome Strategy and the Welsh Government Genomics Delivery Plan.

HEIW manages the **National Healthcare Science Programme**, published by Welsh Government in 2018, which has responsibility for driving forward the national strategic framework for all professions within Healthcare Science. Diagnostics developments include joint work with the Imaging, Pathology and Genomics Programmes in relation to the healthcare science workforce within those service areas. The Healthcare Science Programme also leads on workforce developments across Clinical Physiologies, Medical Physics and Clinical Engineering, and Radiotherapy, linking in with relevant Networks and Advisory Committees.

There is a separate programme covering the development of **Position Emission Tomography (PET)** being led by the Welsh Health Specialised Services Committee (WHSSC) which links to the investment in additional PET facilities in Wales. There is a workforce group that HEIW chairs, and recommendations on future workforce models will be considered through specialist services commissioning arrangements.

The Diagnostics Programme recognises the good foundations that have been put in place through these individual programme approaches. The creation of the NHS Executive provides an opportunity to improve joint working across individual programme areas and with HEIW. This helps to avoid fragmented approaches to delivery, reduce duplication, better align national and local approaches and to ensure alignment with the Health and Social Care Workforce Strategy.

Over the last 12 months, significant progress has been made in workforce development within individual programmes and it is clear that there is an appetite for collaborative working across programmes, Health Board footprints and in collaboration with the NHS Executive:

- **National strategy for developing a Radiology Workforce model for Wales** in place and approved through National Diagnostics Board
- **Draft Strategy to Develop Pathology Workforce Sustainability, Training and Education in Wales** which is in the process of being finalised
- Significant work to re-shape **endoscopy training** with approved business case for phase 1 Academy development to accelerate education & training pathways being progressed through the Endoscopy Education and Training Management Group (ETMG) and supported by HEIW
- Initial scoping of a multi-professional **pathology training academy** model for Wales and the development of 'grow your own' approaches across Wales
- Large scale change programme within **Healthcare Science** with additional investment into the education and training pipeline and developments underway across all pipelines and career pathways
- Work to scope a **genomics workforce plan** to align with the Genomics Delivery Plan, and initial progress made in securing additional clinical leadership and establishing education programmes that address the learning needs across the wider workforce
- Initiatives around **workforce recruitment and retention**

A particular strength is the **significant level of clinical engagement** and enthusiasm for change across all programme areas.

KEY RISKS AND ISSUES

The **key themes** identified at a national and local level are:

- **All diagnostic** services under significant pressure across Wales
- Increased **demand** for diagnostics as well as **increased complexity** of tests in some areas
- **Insufficient capacity** having a detrimental effect on patient experience and outcomes
- Plans for increase in **diagnostic capacity** with Community Diagnostic Hubs in development across neighbouring areas but lack of a sustainable workforce pipeline for the future
- **Difficulties in recruiting** to healthcare science roles, particularly in radiography, clinical physiology (cardiac physiology, respiratory physiology, neurophysiology, audiology), medical physics, clinical engineering, biomedical sciences & Genomics (this will be looked at more closely in the Genomics workforce plan)
- Cardiac and respiratory and sleep physiology are small workforce groups and there is increasing pressure and need to deliver services in both **secondary care sites and in the community**
- **Key risks from lack of national digital infrastructure**, for example, digital cellular pathology which both hampers new workforce models but also impacts on the delivery of core education and training (as pathology training examinations migrate to digital platforms)

In terms of **workforce risks**, some common risks have been identified, it is worth noting that these are issues also highlighted in other parts of the UK:

- **Lack of work-based placement capacity**, particularly for training of Diagnostic Radiographers, Cardiac Physiologists and Biomedical Scientists
- **Lack of capacity and skills sets** within organisations to deliver training and education or to provide the mentorship/ supervision required to support staff career progression/ training the future workforce. The need for investment in an appropriate training infrastructure and key roles such as Practice Education Facilitators has been identified
- **Ageing workforce** leading to a loss of experienced staff impacting across all disciplines.
- **Pressures on the workforce** which are leading to low morale; changes in retirement patterns; movement to roles in England; a negative impact on the well-being of the workforce and people opting to leave permanent roles in order to reduce work intensity and/or improve work-life balance with an increase in agency working.

- **High workforce vacancies/sickness** in some areas impacting the ability to deliver services, further compounding the challenges in releasing staff for training and development.
- **Increasing reports of burnout amongst both medical trainees and trainers**, particularly in diagnostics services posing significant risk to the quality of training and the pipeline of medical Consultants [national-training-survey-2023-initial-findings-report.pdf \(gmc-uk.org\)](https://www.gmc-uk.org/national-training-survey-2023-initial-findings-report.pdf).
- **Competitive roles outside of NHS Wales** offering agile working coupled with incentives such as London weighting and Recruitment and Retention Payments (RRP) causing a significant threat to service delivery in Wales and impacting on key areas (such as clinical scientist roles); risks that an expansion of new service models such as diagnostic hubs in England will draw staff from Wales particularly in border areas that are at greater exposure
- **Workforce supply risks** into the future including the lack of structured career pathways and opportunities for personal and professional growth within job roles in some areas and broader factors such as an increase in Less Than Full Time (LTFT) working.

The horizon scanning work also identified **opportunities** that need to be fully explored:

- Development of **enhanced, advanced and consultant practice** with the multi-professional workforce across radiography, pathology, cardiac physiology, neurophysiology and audiology and fully embedding the new enhanced, advanced and consultant level framework across all disciplines
- The implementation of **‘in service training’** through the use of practice education facilitators and more structured delivery of training and education across the multi-professional workforce
- Develop the **support workforce** in all areas in a way that releases capacity to allow our senior workforce to ‘do what only you can do’, recognising that these ambitions need to address long-standing challenges and break down professional boundaries
- Opportunities to better utilise **digital solutions** to maximise productivity and efficiency but also to support more innovative workforce models (e.g. digital cellular pathology and moving to wholesale electronic test requesting and reporting)
- The significant potential benefits from rapidly advancing science, digital and data particularly in terms of **artificial intelligence** and **precision medicine**
- **Opportunities** to develop improved collaboration across diagnostic services to build on our existing architecture to deliver better outcomes for patients through collaboration
- **Improved education and training** opportunities through collaborative working and delivery of new models such as the development of Academies with a focus on ‘grow your own’ increasing work-based learning opportunities
- Focussing on **skills** needed rather than roles and constructing workforce models that are adaptable to the skills needed now and into the future.

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KEY ACTIONS 2023-25

The following section sets out the key actions to be taken forward. These represent a set of both strategic and tactical actions to be taken forward in collaboration with individual programme areas. These demonstrate that there is a significant overlap between individual programme areas and the potential for increased collaboration across disciplines to avoid duplication and fragmentation of effort. Where actions are identified for 2023/24, initial scoping work will be undertaken in preparation for detailed work in 2024/25. The key actions are also subject to resource availability and capacity within national programmes and HEIW to support and may need to be prioritised. In 2024/25 an assessment will be made of the need for continual focus on the areas and the potential need for work to continue into 2025/26. Key priority areas identified by the individual programme areas are set out below. (Further detail on the specific actions is included at [Appendices 2a to 2e](#)).

Summary of Priority Areas across Imaging, Pathology, Endoscopy, Genomics & Healthcare Science Programmes

Workforce priority	Description of key area	Pathology	Endoscopy	Imaging	Genomics	Healthcare Science
Workforce Planning	Training and upskilling; improvement in data quality, improved ability to forward plan; development of strategic workforce plans	(Draft)	✓	(Plan in place)	✓	✓
Recruitment & Retention	Career development; career pathways; attraction campaigns; retention initiatives	✓	✓	✓		✓
Education, Training and Development	Development of Academy models that meet the needs of the multi professional workforce to enhance education and training	✓	✓	(Academy in place for medical workforce)	✓	(Developments with the NSHCS)
Workforce development	Exploring advanced & consultant level practice, development of support worker models; standardisation of roles etc	✓	✓	✓		✓

Across the individual programme areas and within HEIW there are a number of actions that are part and parcel of core work programmes which will be focused on within available resources and capacity. These actions are detailed in [Appendix 2](#) and will be tracked and monitored through existing governance arrangements.

In addition, formed through the engagement process and in conjunction with individual programme areas, there are other actions that are more strategic and transformational in nature and are included below. These actions are expected to deliver the most significant benefits for NHS Wales and will be tracked as part of the delivery of this plan and reported through the Diagnostics Strategy and Operational Group (DSOG).

Strategic and Transformational Workforce Actions

1.	Theme: Attraction & Recruitment						
	Actions	Lead	Benefit	Potential Measures	Timeframe		Programme area
					23/24	24/25	
1.1	Implement the Healthcare Science Apprenticeship Framework to increase the number of apprenticeship routes. Promote accredited part time delivery qualifications to support diagnostic services across Wales	HEIW	Provide alternative routes into the profession. Encourage 'grow your own'. Improve retention of staff.	Numbers of apprenticeships available; number of apprentices in post; retention of apprentices into roles	✓	✓	All
1.2	Increase the number of commissioned part time degree courses and practitioner qualifications to widen access into roles including from existing workforce (* subject to approval of the Education & Training Plan)	HEIW	As above.	Numbers and output into pipeline		✓	All

2.	Theme: Seamless Workforce models						
	Actions	Lead	Benefit	Potential Measures	Timeframe		Programme area
					23/24	24/25	
2.1	Develop a learning progression pathways framework from level 2 through to level 7 for diagnostic services	HEIW/ Programmes	- Promote destination careers with ability to join and jump off at a number of points. - Clear career pathways for staff and HB's.	Qualitative assessment		✓	P, I
2.2	Review the 7-day working pilot in Cellular Pathology in C&VUHB to learn lessons nationally	Pathology Programme	Better understand scope of 7 day working in Pathology. Share lessons learned	As set out in pilot		✓	P

3.	Theme: Workforce Supply and Shape						
	Actions	Lead	Benefit	Potential Measures	Timeframe		Programme area
					23/24	24/25	
3.1	Develop accurate metrics for the Diagnostic workforce from national to local level for: workforce capacity (numbers); skill mix and turnover (exit data) via ESR developments	HEIW and Programmes	Improvements in baseline data and therefore a deeper understanding of local and national workforce issues	Improved accuracy of information in ESR		✓	All
3.2	Develop a demand model that will support longer term projections for the development of the diagnostics workforce over a 5-year period to inform future education and training commissioning plans and underpin IMTP projections	HEIW/ Programmes/ HBs/Trusts	More accurate forecasting of service need to improve effectiveness of planning and commissioning.	Qualitative assessment		✓	All
3.3	Work with HBs and Trusts to develop organisation level plans that support the training and recruitment of trainee posts, enabling them to accommodate the increased number of trainees and maximising recruitment of Welsh students and trainees within NHS Wales and inform HEIW of required resources for any additional posts or additional learning needs/skills/competencies	HEIW/ Programmes/ HBs/Trusts	Maximise results of commissioning process by ensuring that trainees can be accommodated and that positions are available upon graduation, keeping resource in Wales.	Unfilled posts/ graduates unable to find employment		✓	All
3.4	Genomics: - Develop Genomics Workforce Plan to identify specialist workforce requirements for genomics - Roll out new genomics literacy education & training and assess need for further resources and support to embed genomics within mainstream services	HEIW	Support the growth and understanding of Genomics. Ensure capacity is available as expansion and advances within the service develop at pace. Ensure Genomics and wider workforce have access to appropriate training to support the advances in this field.	To be agreed as part of development of plan	✓	✓	G
3.5	Increase pipeline of staff through education and training route for 2024/25 particularly in science areas including additional funding for equivalence routes (*subject to approval of Education & Training Plan)	HEIW	Larger cohorts of graduates to plug workforce gaps. Enable HB's to 'grow your own' through equivalence routes.	Numbers and output into pipeline		✓	All

	Actions	Lead	Benefit	Potential Measures	Timeframe		Programme area
					23/24	24/25	
3.6	Workforce Models: - Identify optimum workforce models, roles and skill mix to maximise MDT working and make best use of existing roles - Review need for new roles in key areas where there are opportunities to develop new workforce/service models	HEIW	- Provide aspirational goals and structured approaches to effective MDT working. - Identify opportunities to develop non-traditional roles that engage staff and provide a more seamless service for patients - Ensure staff are working at top of licence and identify opportunities to make use of skills in other areas where appropriate.	Qualitative assessment	✓	✓	All
3.7	Increase workforce supply through enhanced, advanced and consultant practice: - Embed new Enhanced, Advanced & Consultant Practice Framework within Diagnostic services and define and offer education to support extended practice at all levels - Identify where non-medical Consultant roles could be introduced to release senior decision makers and identify supervisory responsibilities for others in the MDT - Develop an All-Wales Standardisation of Practice for Advanced and Extended Practice with associated education and training requirements identified including timescales	HEIW/ Programmes	- Ensure staff and Organisations are maximising the use of advanced/extended practice. Ensuring equitable development of pathways nationally. - Improve options for career progression and release capacity	Numbers working at enhanced, advanced and consultant level		✓	All
3.8	Work with NHS organisations to assess the impact of regional working including new service models on future workforce requirements in terms of training pipelines <i>Griffiths, Sarah 24/01/2024 13:36:49</i>	HEIW/ Programmes	Understand models of regional working e.g. insourcing/ outsourcing and track potential pipelines for the future	Clear assessment of requirements within Education & Training Plan		✓	All

4.	Theme: Engaged, Healthy & Motivated Workforce						
	Actions	Lead	Benefit	Potential Measures	Timeframe		Programme area
					23/24	24/25	
4.1	Retention: - Promote the roll out and application of national retention guidance into diagnostic services - Improve the retention of staff through better understanding the reasons for staff leaving the organisations/profession and identify the steps needed	HEIW/ HBs/Trusts/ Programmes	Understand why people want to leave their roles and what can be done to produce environments in which they feel engaged and valued.	- Turnover rate - Leaver rate - Staff survey data - Exit interview data		✓	All
4.2	Explore preceptorship application in healthcare science professions (<i>Aligning with recommendations made in the Welsh Partnership Forum pay agreement for 2023/24</i>)	HEIW	Ensure graduates, returners and new starters are appropriately supported to gain confidence and experience, enabling them to fully integrate into existing teams.	Qualitative		✓	All

5.	Theme: Excellent Education and Learning						
	Actions	Lead	Benefit	Potential Measures	Timeframe		Programme area
					23/24	24/25	
5.1	Scope and develop academy models that support the education and development of the multi-professional workforce in pathology and endoscopy	HEIW with individual programme areas	Accelerated quality education and training for key professional groups	Qualitative and Quantitative Assessment	✓	✓	E, P
5.2	Extend number of placement opportunities within imaging services implementing recommendations from review of placement capacity	HEIW/ Imaging Programme/ HB's/trusts	Enable further increases in commissioning numbers to meet the service demand.	Number of work-based placements available		✓	I
5.3	Undertake pathfinder model of Practice Education Facilitator in one area and evaluate benefits	HEIW/ Pathology Programme	Understand benefits. Potential to improve training quality, lessen the training burden for existing staff.	Qualitative assessment of benefits		✓	P
5.4	Undertake pathfinder of a 'slow lane' training model in one area as proof of concept and evaluate	HEIW/ Individual Programme	Improve quality of training while reducing strain on daily operations	Qualitative assessment of benefits		✓	To be agreed in 2024/25

	Actions	Lead	Benefit	Potential Measures	Timeframe		Programme area
5.5	Review pathology medical training model and identify scope to increase number of training placements	HEIW/ Pathology Programme	Increase pipeline of consultant staff to plug gaps and improve training capacity for advanced and extended practice.	Qualitative assessment		✓	P
5.6	Develop additional training for colonoscopists to increase the supply of accredited screening colonoscopists	Endoscopy programme/ HEIW	Increase pool of screening colonoscopists.	Numbers of accredited screening colonoscopists		✓	E
5.7	Develop a business case for National School for Healthcare Science to finance an operational arm within Wales	HEIW	Improve the opportunities for improvement to HCS education in Wales	Qualitative assessment – measures to be agreed in business case		✓	All

6.	Theme: Building a digitally ready workforce						
	Actions	Lead	Benefit	Potential Measures	Timeframe		Programme area
					23/24	24/25	
6.1	Work with DHCW & individual programmes on digital roadmap for diagnostics and impact on workforce to identify opportunities for role redesign, new roles and education and training requirements (e.g. LINC, RISP, digital cell pathology)	DHCW/ HEIW/ HBs/ Programmes	Increasing flexible working options, improving recruitment and retention.	Qualitative assessment	✓	✓	All
6.2	Implement a national approach to horizon scanning for innovations and improvement in technology and diagnostic equipment that would provide opportunities for workforce transformation including specific actions arising from Commission on Artificial Intelligence	Programmes	Minimise duplication of work. Share findings nationally. Collective oversight of advances and opportunities. Potential to automate processes and aid triage and diagnostics therefore improving efficiencies of existing workforce.	Qualitative assessment		✓	All

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Alignment with recommendations from Independent Review of Diagnostics (NHS England)

The actions set out above are aligned with the findings from a review by Professor Sir Mike Richards, particularly in responding to the requirement to modernise career pathways and create a supply pipeline for diagnostics services that better matches the demands that are being placed on the service. In total, the report made 7 key recommendations. The following table sets out a brief summary of the key areas within the Richards' review demonstrating how our plans align but also highlighting further work that needs doing to quantify actions particularly in respect of workforce supply:

Recommendation from Diagnostics: Recovery & Renewal	Position in Wales	Further work needed
Imaging: <i>There should be a major expansion in the imaging workforce – an additional 2,000 radiologists and 4,000 radiographers (including advanced practitioner radiographers, who undertake reporting) as well as other support staff and 'navigator' roles. Additional training places should be provided for radiologists and radiographers and initiatives will be needed to meet demand, as well as expansion in assistant practitioner and support staff roles.</i>	Significant increase in Radiologists being trained and increased training capacity through Imaging Academy. Increase in training pipeline over last 3 years for diagnostic radiography. Funding provided for radiographers to access education in advanced practice and reporting.	Details of the pipeline (for all staff) needs to be shared with health boards and trusts so that they can plan for the output from training over the next few years. This is particularly important in terms of imaging where there will be a considerable number of medical trainees due to complete training. Further expansions of the pipeline, particularly for Radiographers, could be limited by work-based training capacity.
Imaging: <i>There should be an increase in advanced practitioner radiographer roles, including for reporting of plain X-rays (to a minimum of 50%); and expansion of assistant practitioner roles to take on work currently undertaken by radiographers</i>	Some development of these roles but further work to be undertaken to explore opportunities for additional advanced radiographer roles, particularly beyond plain film reporting, in line with the release of the new Enhanced, Advanced and Consultant Practice Framework in June 2023.	Understand scope and distribution of current advanced practice within Imaging. Embed new advanced practice framework within Health Boards.

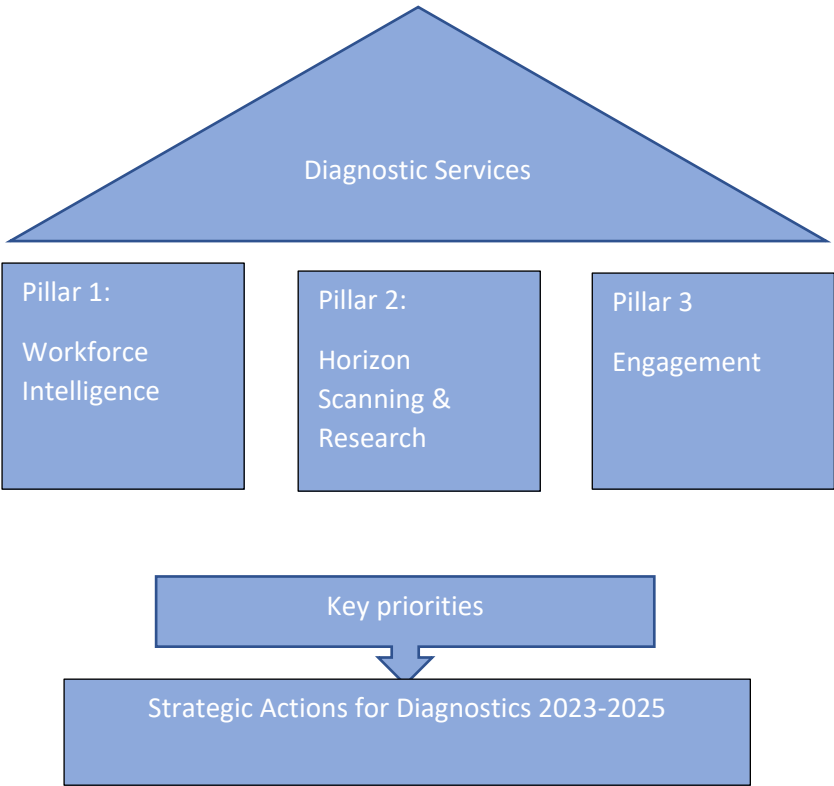
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Recommendation from Diagnostics: Recovery & Renewal	Position in Wales	Further work needed
Echocardiography – expand number of echocardiographers and clinical scientists supporting cardiac arrhythmia diagnosis, pulmonary function testing, sleep studies and blood gas analysis should be expanded. Diagnostic professionals who can ‘multitask’ are required to deliver spirometry, issue sleep studies, ambulatory ECG and blood pressure monitoring, phlebotomy and point of care testing	The number of echocardiographers trained in Wales has increased however, there have been challenges in securing sufficient roles for new trainees as a result of the expansion in the programme. Publication of consultant clinical scientist guidelines and initial discussions with cardiorespiratory services on benefit in relation to strategic leadership.	Review training for workforce in physiologies. Enable creation of consultant clinical scientist roles in physiologies. Work with Health Boards to understand why there’s a failure to offer current cardiac physiology students in Wales posts on graduation despite vacancies at Band 5 level within establishments.
Pathology - Expand the pathology workforce, specifically histopathologists, advanced practitioners and other healthcare scientists, with an emphasis on skill mix. The establishment of training academies/schools should be considered	The number of healthcare science posts has increased and more flexible routes to training have been introduced. The provision of equivalence funding to support skill mix initiatives in 2023/24 marks a step up. Initial discussions underway on pathology training academy.	Progress training academy discussions.
Genomics: The number of genomic scientists and medics should be expanded and developed in line with the national genomic programme requirements, especially in cancer. The broader healthcare workforce should be developed to respond to the increased use of genomics.	There has been a small increase in the number of genomic scientists in Wales. Genomics Partnership Wales set up, with activity to promote ‘mainstreaming’ of genomics. Education in place for wider workforce (e-learning and formal modules). A Genomics Workforce Plan is being scoped.	Develop genomics workforce plan.
All Professional Groups: Alongside the necessary expansion of key professional groups, all relevant organisations should work together to deliver changes in the diagnostics workforce. Particular emphasis should be given to driving skill-mix initiatives across the whole country. This will require concerted action at team, NHS trust and network levels	Healthcare Science Programme in place since 2019 to ensure collaboration and ‘voice’ for all healthcare science professions particularly smaller workforce areas.	Diagnostics Programme to further enable collaborative approach. Following expected Welsh Government approval of Healthcare Science Apprenticeship Pathway for levels 2 to 4, work will be needed across services on implementation.

DEVELOPMENT OF A STRATEGIC WORKFORCE PLAN

Methodology

We have used a methodology developed within HEIW to help us shape the workforce plan as set out below:



To align with the Diagnostics Strategy, we have framed actions around the short to medium term up to the end of the strategy period in 2025, but we recognise that medium-long term workforce planning is also a priority.

In developing this plan we are aiming to build on the work being taken forward within individual diagnostic programme areas and to identify a set of actions that align with the themes within the [Workforce Strategy for Health and Care](#) which provides the overarching narrative for the development of strategic workforce planning.



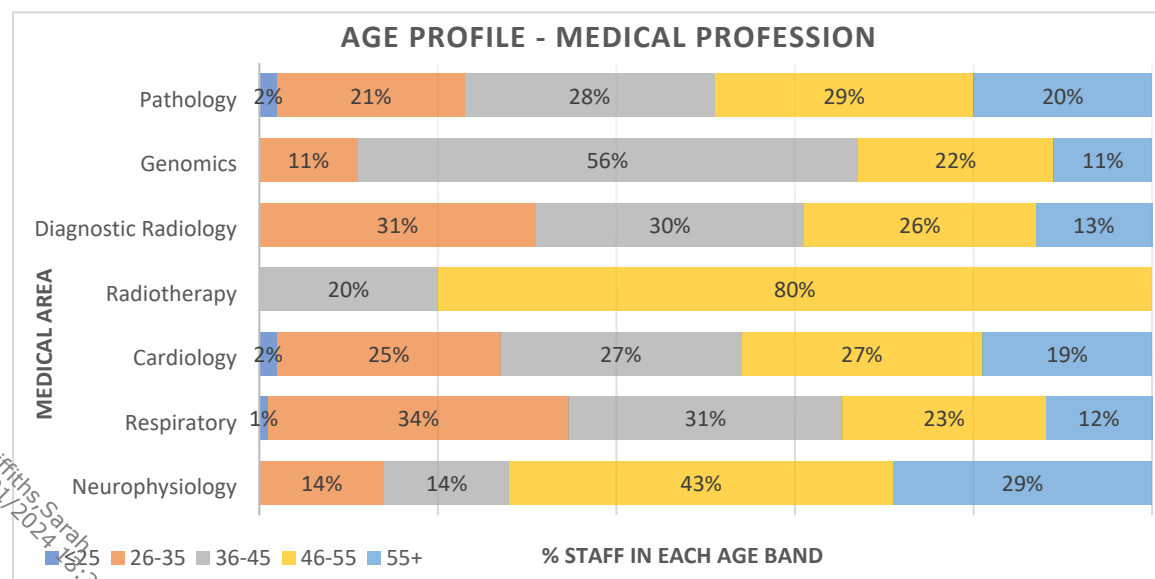
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Work under each of the pillars has progressed and a summary of the key areas is covered below:

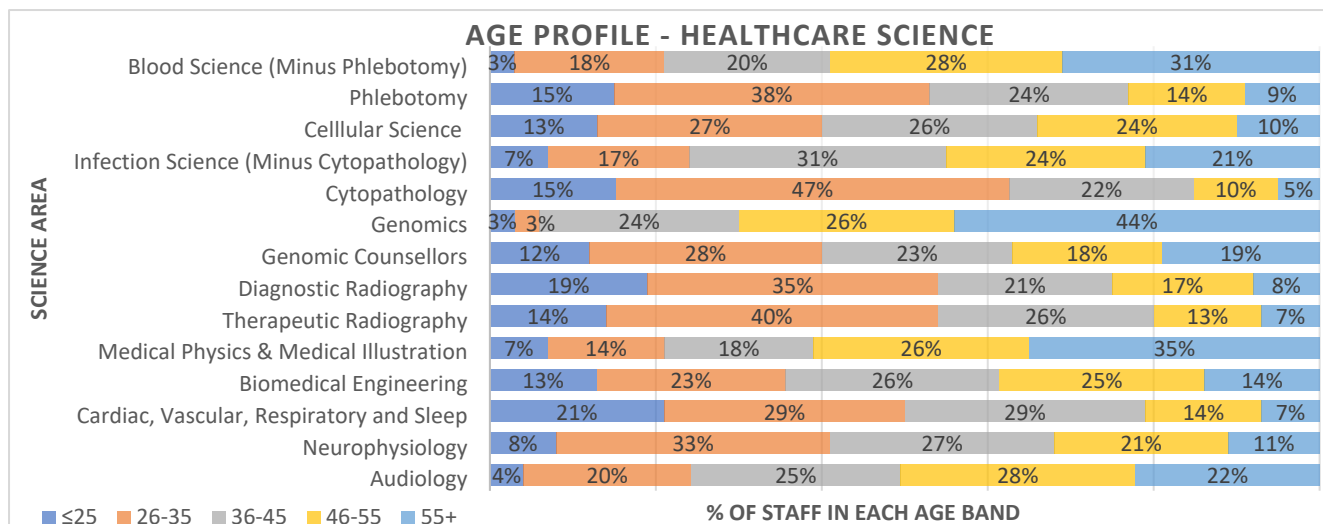
PILLAR 1- WORKFORCE INTELLIGENCE

Data on the workforce employed within Wales is captured within ESR. There are significant challenges in being able to analyse data, particularly for those working within the healthcare science and diagnostic workforce. A change to the coding of healthcare science professions was introduced in 2015 however there remains inconsistency in understanding these changes and accurate recording within ESR. The Healthcare Science Programme have undertaken work to improve the coding of healthcare science roles (including Diagnostic Radiography) within Wales. Changes to coding have now been agreed at a UK level and a data cleanse will be undertaken in Wales in 2023/24. This will provide more accurate data across healthcare science roles going forward.

Data available in ESR has been extracted to provide an indication on the size and shape of the workforce, detailed in Appendix 1. Due to the challenges noted above, job role detail is not yet suitable for use in intelligence, however, occupation codes provide a high-level analysis of the professional areas. A further gap is that the ESR system does not currently record vacancies against establishment which is being addressed as a key action within the National Workforce Implementation Plan (NWIP). Vacancy and establishment data is available via the finance ledger for each health board and trust and is being collated as part of the NWIP work.

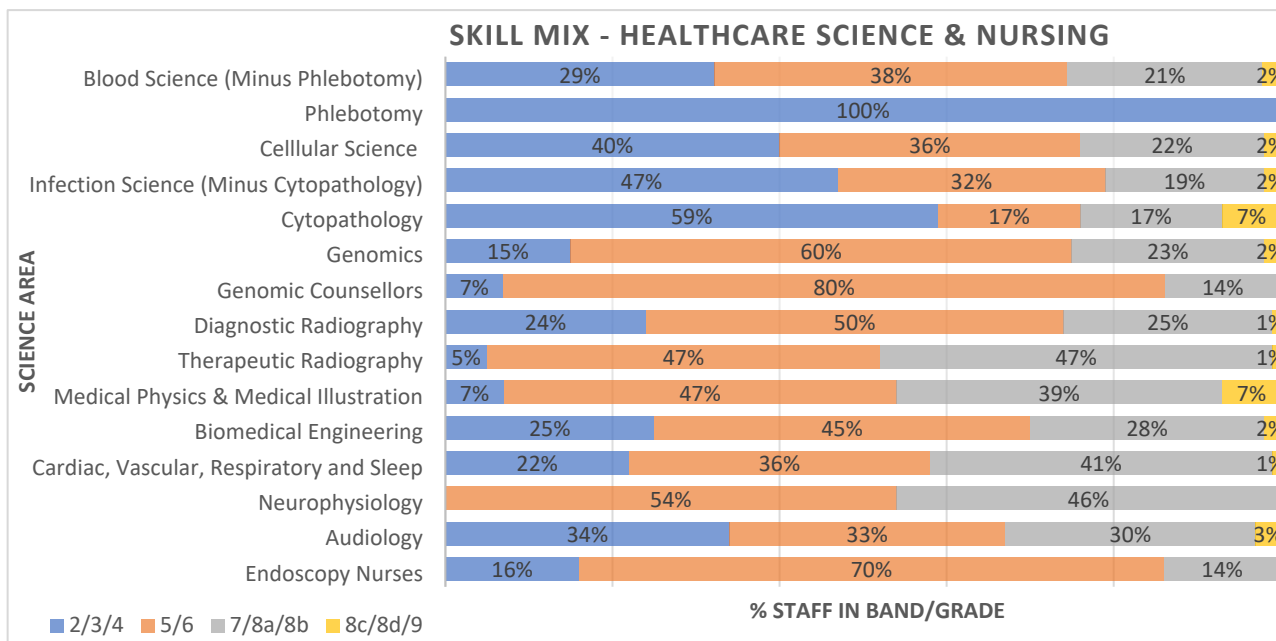


The age profile of the medical workforce is a concern in a number of areas particularly where a significant number of staff are aged over 55, such as neurophysiology. This is of greater concern where there is also a significant percentage of the workforce aged over 46, as changes in retirement patterns or retention rates could have a significant impact on the sustainability of services and the ability to train future doctors.



Across healthcare sciences, the most significant areas of concern are blood science, Genomics and Medical Physics and Medical illustration, but there are other areas where the proportion of younger staff in the service may be a concern in terms of future sustainability. The rapid growth of genomics is likely to create issues in securing sufficient training capacity to support new entrants to the profession.

This graph shows the distribution of staff across Agenda for Change Bands. It may highlight opportunities to consider the development of a consistent set of support role JDs working at bands 2/3/4 and the opportunity to do more to grow our own workforce through more flexible education and training routes. This approach would need to be supported by an effective training infrastructure that supports all bands within the service to progress and requires an appropriate ratio of supervisors to trainees. The data also indicates opportunities to develop extended, advanced and Consultant level roles working at 8c and above and could appropriately work autonomously within defined competencies. There is likely to be learning to share across disciplines who have successfully introduced new roles.



Healthcare Professions Workforce Supply: Forward Look

The following table summarises the number of places on undergraduate commissioned programmes within **healthcare science**. The plan for 2024/25 was submitted to Welsh Government in July and a final decision is awaited. There has been an increase in the number of diagnostic radiographer training placements over the period (+16%), respiratory and sleep (+75%) and life sciences (+12%); whilst other areas have been 'steady state'.

HEIW contractual requirements ensure that all pre-registration programmes incorporate the following elements:

- 20% of the education is Interprofessional in nature, including 4 weeks of interprofessional placements. This helps to prepare graduates for working as an effective member of the MDT as they join the workforce.
- All students have enhanced opportunities to build leadership skills as the evidence base will be covered for the first year of the programme and opportunities to build their skills through leadership academies will be in place at levels 5 and 6 of all programmes.
- All students develop improvement projects with feedback from practice educators from level 5 and 6 onwards
- All students have enhanced opportunities to build skills in the Welsh Language and have placements delivered through the medium of Welsh.
- All HEIs must evidence engagement with widening access to education.

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Table 1: Healthcare commissioned programmes

Course	University	ETP submission year 2020-2021			ETP submission year 2021-2022			ETP submission year 2022-23			ETP submission year 2023-24 \$	Planned Output^	Planned Output^
		1st year	2nd year	3rd year	1st year	2nd year	3rd year	1st year	2nd year	3rd year	Commissioning Numbers	Summer 2024	Summer 2025
Diagnostic Radiography BSc 3 years	Bangor University	33	26	27	36	29	25	33	31	29	31	31	27
	Cardiff University	96	82	67	102	86	82	114	91	77	109	84	105
	Total	129	108	94	138	115	107	147	122	106	140	115	132
Radiology Assistant Practitioner HE Cert 1 year	Cardiff University	12			12						10	Not run – no output	10 (assumed commission total)
Audiology BSc 3 years	Swansea University	10	16	18	11	9	16	12	9	7	11	9	12
Audiology HE Cert 1 year	Swansea University	15			13	15		9	13		10	11	9
Cardiac Physiology BSc 3 years	Swansea University	24	22	26	23	24	21	22	16	20	23	16	22
Respiratory and Sleep Science BSc 3 years	Swansea University	8	3	4	8	6	3	10	6	5	14	6	9

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Course	University	ETP submission year 2020-2021			ETP submission year 2021-2022			ETP submission year 2022-23			ETP submission year 2023-24 \$	Planned Output^	Planned Output^
		1st year	2nd year	3rd year	1st year	2nd year	3rd year	1st year	2nd year	3rd year	Commissioning Numbers	Summer 2024	Summer 2025
Life Science BSc (Biomedical Sciences) * 3 years	Cardiff Met University	25	21	20	26	23	18	24	24	24	26	22	21
Neurophysiology BSc 3 years	Swansea University	4	3	2	3	3	2	6	5	3	4	2	5
Clinical Engineering BSc 3 Years	Swansea University	4	4	3	4	4	4	4	3	4	6	4	4
Nuclear Medicine BSc+ 3 Years	Swansea University	2	2	3	3	2	3	5	3	2	6	2	5
Radiotherapy Physics BSc+ 3 Years	Swansea University	0	0	0	3	2	3	2	1	2	2	3	3

* Multiple routes available to graduate roles

\$ These are the approved commissioning numbers and do not reflect actual fill rates

^ May be affected by attrition

+ Nuclear Medicine/ Radiotherapy Physics classed as one program in S20 and then separated from S21

At a postgraduate and Consultant level, there has been an **increase** of 14 places (35%) on the Specialist Training Programme (STP) and an **increase** of 2 places (+20%) on the Higher Specialist Training Programme since the 2022/2023 ETP.

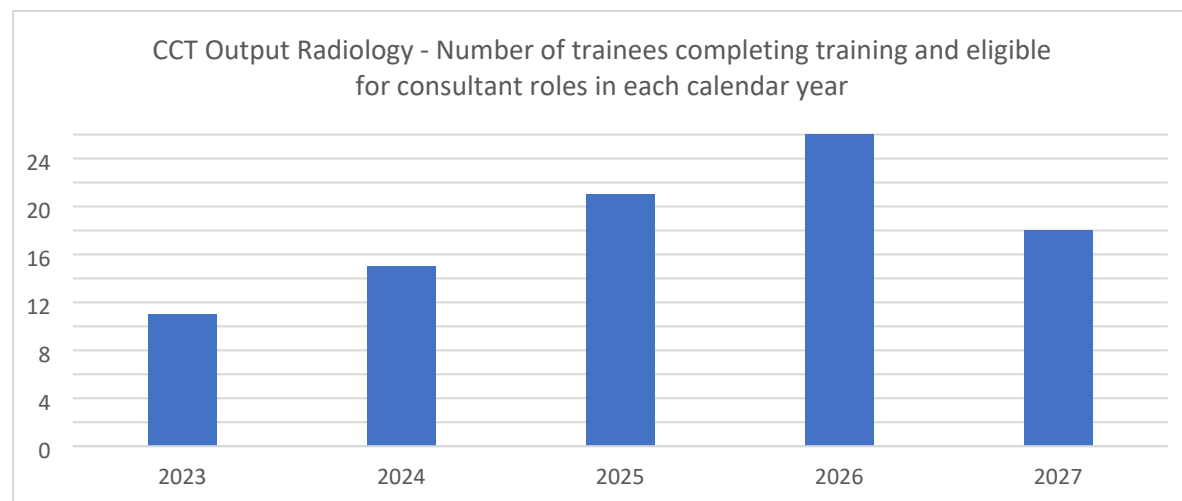
HEIW also funds post-graduate and health care support worker education. In 2023/24 over £5m was invested across these areas. Data in terms of the allocation of this funding to support diagnostic service delivery is not routinely reported in detail to HEIW but work is underway to improve data quality in this area.

In terms of the development of the support workforce, the following qualifications will be included within the relevant apprenticeship frameworks, following successful consultation across Wales, once signed off and submitted to Welsh Government:

- Level 3 Clinical Imaging
- Level 2, Level 3 and Level 4 Healthcare Science
- The Level 4 Assistant Practitioner qualification for Endoscopy has been written, approved and resource assessment materials completed
- The level 4 Pathology qualification modules have been agreed across Wales to enable standardisation of content and progression to the commissioned Level 5 and Level 6 part time routes to registration
- The Endoscopy Academy approach has been agreed by HEIW Execs and the business case is to be developed with investment into posts within HEIW to drive the developments forward.

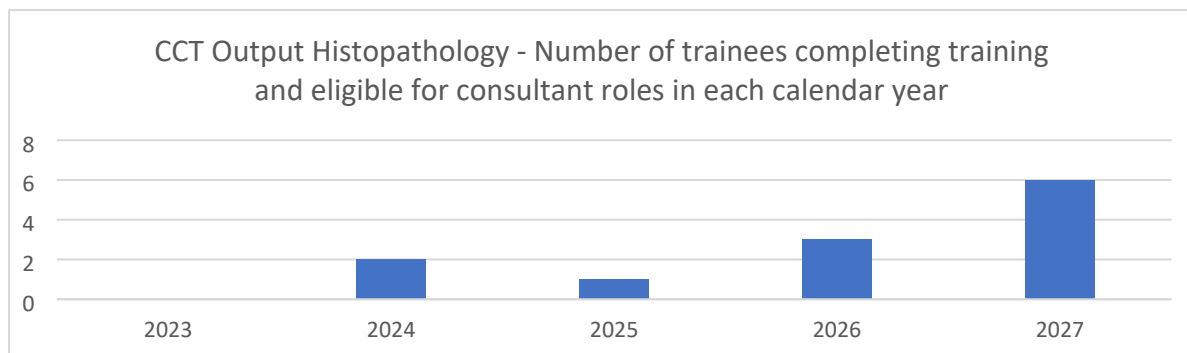
Medical Workforce

There has been significant investment in additional roles over the last 5 years in the number of doctors being trained in Wales:

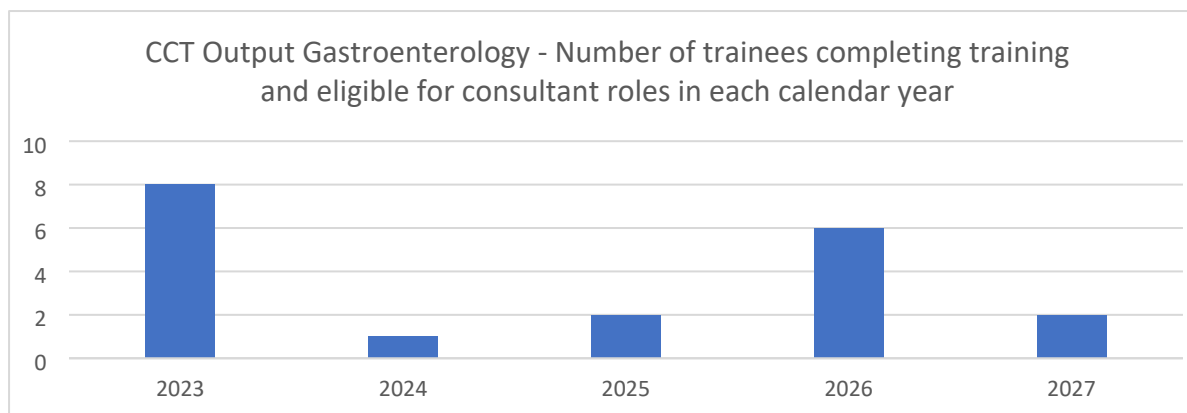


Clinical Radiology - There are currently **95 trainees** on the programme which will produce a healthy pipeline of Radiologists from 2023 with the potential for 90+ additional doctors over the next 5 years. **Health Boards need to plan for this pipeline to ensure that Wales benefits from the additional investment made into the Imaging Academy.**

The majority of Health Boards in Wales are concerned about the sustainability of **pathology** services due to current vacancies, an ageing workforce profile and increasing demands on the service.



This is an area where there are fewer trainees with only **12 trainees** on the programme and limitations that hamper the ability to expand training numbers. Although Wales has been successful at retaining doctors over the last few years with all trainees completing training from August 2020 to July 2022 now in Consultant roles, the demands on the service and the lack of a modern digital infrastructure could hamper efforts to retain trainees in future without significant investment into digital solutions that support flexible workforce models. There is already emerging evidence of trainees and Consultants choosing to work in areas where digital cellular pathology is embedded into the service.



There are currently 19 trainees on the **gastroenterology** programme, with nearly 50% of these due to complete training and become eligible for consultant roles in 2023. **The pipeline beyond that is more limited and Health Boards need to be actively considering how to accommodate those who are likely to complete training in the current year.** Historically, over the last 2 years only 50% of trainees have taken up a Consultant role in Wales.

Other

There is currently on 1 trainee on the **clinical neurophysiology** programme, and they are due to complete training in 2025.

There are currently 6 trainees on the **Clinical Genetics** programme and historic data shows that in the last 2 years both trainees who have completed training have taken up roles in Wales. In terms of forward projections, there is likely to be 1 trainee completion in 2023 and 2025, with 2 due to complete in both 2026 and 2027.

Recommendations for Education and Training Commissioning in 2024/25

As indicated above, the Education and Training Plan for 2024/25 has been submitted to Welsh Government and a final decision is expected in December 2023. However, it is likely that HEIW will receive a 'flat cash' settlement for 2024/25 which will mean that commissioning numbers requested by Health Boards will be unable to be fully satisfied.

Healthcare Science: Undergraduate Recommendations

Maintain

- **BSc Cardiac Physiology**
- **BSc Audiology**
- **BSc Neurophysiology**
- **BSc Radiotherapy and Oncology**

Increase

- **BSc Radiotherapy Physics** (to support PET programme)
- **HE Certificate Radiography Assistant Practitioner**

NEW

- **Part- time BSc Life sciences** (Biomedical sciences) PTP (Practitioner training programme)
- **Part time BSc Audiology** (10 places)
- **Part time BSc Clinical Engineering** (10 places).

Decrease

- **HE Certificate Audiology** (Replaced by part-time BSc)
- **BSc Respiratory and Sleep science** (Meets 100% of IMTP requests)
- **BSc Nuclear Medicine** (No IMTP requests, however, identified need in Positron Emission Tomography (PET) workforce plan)
- **BSc Life Sciences** (Biomedical science) (New part time offer also now available)
- **BSc Clinical Engineering** (Meets 100% of IMTP requests. New part time offer also now available)
- **BSc Diagnostic Radiography** (Below ETP commissioning for 2023/24 and lower than IMTP recommendations for 2024/25 but increase from actual places filled in 2023/24)

Healthcare Science: Postgraduate Recommendations

- Increase Clinical Scientist Training Programme from 53 to 55 places recognising the need for gradual stable growth following the significant increase in 2023
- Increase Higher Specialist Scientist Training from 10 to 20 places
- Increase the equivalence route to registration with budget of £150k (increase from £140k) to support retention and succession planning

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In terms of the **medical** workforce, the proposals are to:

- Increase Foundation and Specialty training to develop a strong output of consultant roles over the next 5-10 years in line with projected retirement patterns and mitigate the impact of Less Than Full Time (LTFT) training
- Increase in the areas of:
 - Medical microbiology/infectious diseases
 - Pathology (2 posts)
 - Small specialities (4 posts).

Other postgraduate recommendations are to:

- Increase the number of places for medical ultrasound training from 15 to 20 reflecting need for pipeline of sonographers
- Invest in additional Genomic Medicine Modules
- Maintain 20 places for reporting radiography
- Decrease Level 7 Clinical Photography Diploma from 11 to 9 places (First cohort started September 2023).

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PILLAR 2- HORIZON SCANNING/ RESEARCH

This element of the work programme has reviewed a number of key publications including material produced by Professional bodies, think tanks as well as Welsh Government policy in Wales.

One of the key publications produced in the UK is the work led by Professor Sir Mike Richards in 2020 [DIAGNOSTICS: RECOVERY AND RENEWAL – Report of the Independent Review of Diagnostic Services for NHS England – October 2020](#). This independent review was commissioned by NHS England and although it has no formal status in Wales, the recommendations are applicable. From a workforce perspective, the Richards review highlighted the need to rapidly increase the workforce to support the growing demand for diagnostic services. The specific workforce recommendations are set out below:

- Expand the **imaging workforce** through increases in training pipeline and **assistant practitioner** and **support roles**
- Increase the number of **advanced practitioner** radiographer roles
- **Establish Training Academies** for endoscopy to expand colonoscopy with associated increase in specialist practitioners and endoscopy nurses
- Increase the number of **echocardiographers** and **clinical scientists**
- Expand the **pathology workforce**, specifically **histopathologists**, **advanced practitioners** and **healthcare scientists** with a focus on skill mix
- Development of **genomic scientist roles** and medics in line with national genomic planning
- Support organisations to **work together** to deliver changes in diagnostics workforce particular in driving skill mix initiatives across the country.

For context, the report estimated that there was likely to be a shortfall in key roles in England over 5 years of around 11,000 roles, which would equate to circa 650 roles in Wales. It should be noted that these estimates were calculated pre-pandemic and given the post-Covid backlogs, this is likely to be an underestimate of the position.

In Wales, Statements of Intent have been produced for pathology services (2019) [pathology-statement-of-intent.pdf \(gov.wales\)](#), imaging (2018) [imaging-statement-of-intent.pdf \(gov.wales\)](#) and an endoscopy programme initially produced in 2019 [WG Label Pantone 342 \(gov.wales\)](#) [National Endoscopy Programme Action Plan 2019-2023 \(gov.wales\)](#)

These all reference challenges around workforce driven by increasing demands on the service and workforce gaps. All also referenced the opportunity to enhance workforce development through enhanced training pipelines, opportunities for career and workforce development and the opportunity to modernise service models.

A summary of the documents reviewed is included at [Appendix 4](#).

PILLAR 3 - ENGAGEMENT

To support a deeper understanding of the key issues impacting on the workforce and the identification of potential actions, two deliberative events were held in March and April 2023 with over 160 individuals from a cross section of geographical representation and professional backgrounds.

Both events were structured around a masterclass by Professor Alison Leary who shared insight into a humanistic workforce planning approach. A video recording of the event is being transcribed and will be available on the [Gwella portal](#). The key messages from the Masterclass facilitated by Professor Leary were:

- The NHS is a safety-critical industry, and the workforce should be planned on basis of a *precautionary principle* where skilled and experienced staff are delivering front-line care, supporting the 'rookie' workforce to grow and develop their skills through practice experience.
- Workforce is a recurring theme in enquiries and common areas are workforce numbers; education/skill levels of staff; workload; poor leadership and workplace culture and normalisation
- Old models of workforce planning only focus on 'work as seen' not 'work as done' based on 'activity' models which under-represent true demand taking into account physical, cognitive, organisational and emotional effort
- In diagnostics, labour is being consumed by our proficient workforce in gap filling for others; intense workloads; delegated models requiring supervision and checking; poor/inadequate technology and zombie policies
- Good employment practices should be embedded to improve retention

Suggested solutions:

- Development of a *distributed* model whereby registered professionals are adequately supported by wider members of the team rather than a technical model of delegation which risks over-delegation, undermines professional autonomy, and can act as an exit trigger
- Demand modelling should take account of a wider range of factors than just activity, for example: caseload, risk, extrinsic factors, work left undone
- Develop people along the 'novice to expert' journey supporting individuals to become proficient practitioners; this requires practice facilitation
- Developing more structured career pathways for individuals and create destination careers at all levels, minimising terminal careers
- Embedding a 2-lane concept whereby there is a 'main production line' (where the bulk of operational delivery takes place with minimal training) with a 'workforce development line' (where the bulk of the workforce are trained). This concept can help to create opportunities for experienced staff to work in a 'slow lane' setting, using their skills and experience to mentor and support others in training. This could be an attractive option for part time and staff nearing retirement. Periodically, there should be a cross-over of lanes, creating opportunities for others to gain teaching experience off the main production line, with those on the workforce development line maintaining their skills by spending time within front-line delivery.

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- Embedding quality improvement expertise and resource in diagnostic teams to facilitate productivity and effectiveness.

The remainder of the workshop sessions focussed on participants identifying some of the key actions needed across 4 headings:

- Recruitment
- Retention
- Opportunities to redesign workforce models
- Education and training.

Discussions with the Directors of Therapies and Health Sciences (DOTHs) have also highlighted the potential for transformational change in the medium term citing a number of drivers for change:

- The increasing opportunities presented by digital and scientific advances which will change the shape of the workforce going forward, particularly in light of recent advances in Artificial Intelligence which is being explored in Wales through a Commission on Artificial Intelligence
- The need to develop new solutions to long-standing challenges of recruitment especially to rural areas and within smaller services particularly where digital transformation offers significant potential. There is an appetite to move to a model whereby services are coordinated on a national basis and organised regionally to increase standardisation, improve resilience and deliver economies of scale.

Other issues raised by DOTHs include the need to improve workforce planning and align national and local priorities in key areas to ensure that we are training the number of professionals that are needed and that jobs are available post-training to respond to the identified need. Consideration should also be given to the current ask and the resource required to deliver 'business as usual' as well as implementing major new programmes such as RISP and LIMS 2.0 as well as supporting training and managing quality and accreditation requirements. Further resources are needed to deliver on a broad range of objectives.

There remains some confusion over the interpretation and design of models outlined in the National Diagnostics Strategy and a lack of detail on the model for Community Diagnostics Hubs in Wales. Despite this, work is continuing on a regional footprint to scope potential models and map capacity and demand so that it is clear on the capacity gap that needs to be addressed across the system. There are concerns that without additional staff, the establishment of new services will be challenging to deliver and there is a greater exposure to market forces from elsewhere in the UK as England looks to establish new models as part of their recovery programme. There is a need to understand the models being planned at a regional level in Wales and the basis on which services will be operated (e.g. through managed service contracts).

Finally, there was recognition that Wales should be investing in areas of diagnostics which focus on early-stage diagnosis and prevention including pre-symptomatic screening, liquid biopsy and potentially polygenic risk scores. The pace of scientific advance is likely to increase over the next few years.

GOVERNANCE

Each of the actions in this plan will be tracked within HEIW through existing performance management mechanisms. It is proposed that a highlight report is developed for the national Diagnostics Strategic and Operational Group on a quarterly basis so that progress can be monitored. HEIW is a member of the diagnostic coordination group which brings together key representatives from the NHS Executive with HEIW, and this will bring an additional route to check in on progress and ensure alignment with individual programme objectives.

Baseline measures need to be identified to inform reporting and evaluation should be embedded within individual initiatives so that an evidence base can be built to inform future workforce planning.

CONCLUSION

The development of an overarching workforce plan for diagnostics is aimed at ensuring that work across individual diagnostic programmes is aligned under a single umbrella to improve coordination and reduce fragmentation but also to share learning and improve communication. The implementation of the National Diagnostics Strategy and the arrangements that underpin the NHS Executive should facilitate oversight and support the delivery of national objectives aligned with Ministerial priorities.

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SUMMARY OF WORKFORCE DATA FROM ESR (MARCH 2023)

Pathology

	Band/Grade	Total Headcount	Total FTE	Male	Female	Over 55 years
Healthcare Scientists – Blood	Band 8c/8d/9	25	19.38	6	19	8
	Band 7/8a/8b	276	262.18	90	186	53
	Band 5-6	501	465.30	173	328	44
	Band 2-4	503	427.10	147	356	97
	Non AfC	<5	<5	0	<5	<5
	Phlebotomists	289	190.90	12	277	89
Healthcare Scientists – Cellular	Band 8c/8d/9	16	15.61	6	10	21
	Band 7/8a/8b	158	151.06	47	111	22
	Band 5-6	254	240.09	77	177	15
	Band 2-4	281	264.12	93	188	7
Healthcare Scientists – Infection	Band 8c/8d/9	6	4.11	5	<5	<5
	Band 7/8a/8b	67	63.11	18	49	9
	Band 5-6	113	105.30	33	80	9
	Band 2-4	166	153.57	59	107	16
	Cytoscreeners	29	24.59	6	23	6
Medical	Consultant	169	157.99	88	81	46
	Specialty Registrar	50	44.60	18	32	0
	Other	38	36.40	18	20	6
Total		2943	2627.41 (0.89)	896 (30%)	2047 (70%)	450 (15%)

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Genomics

	Band/Grade	Total Headcount	Total FTE	Male	Female	Over 55 years
Healthcare Scientists – Genomics	Band 8c/8d/9	<5	2.96	0	<5	<5
	Band 7/8a/8b	37	35.23	10	27	<5
	Band 5-6	99	95.79	35	64	<5
	Band 2-4	25	24.09	7	18	<5
	Non AfC	<5	0.86	<5	0	<5
Counsellors - Genomics	Band 8c/8d/9	0	0	0	0	0
	Band 7/8a/8b	6	3.70	<5	<5	<5
	Band 5-6	35	27.20	<5	32	8
	Band 2-4	<5	2.40	<5	<5	<52
Medical	Consultant	11	9.50	4	7	<51
	Specialty Registrar	5	4.40	0	5	0
	Other	<5	<5	<5	<5	<5
Total		227	208.03 (0.92)	67 (30%)	164 (70%)	26 (11%)

Diagnostic Radiology

	Band/Grade	Total Headcount	Total FTE	Male	Female	Over 55 years
Diagnostic Radiographers	Band 8c/8d/9	10	9.71	0	10	6
	Band 7/8a/8b	428	353.83	93	335	104
	Band 5-6	854	762.26	239	615	101
	Band 2-4	408	339.44	87	321	111
Medical	Consultant	188	176.70	120	68	37
	Speciality Registrar	93	88.00	50	43	0
	Other	10	9.47	<5	7	0
Total		1991	1739.41 (0.87)	592 (30%)	1399 (70%)	359 (18%)

Radiotherapy

	Band/Grade	Total Headcount	Total FTE	Male	Female	Over 55 years
Therapeutic Radiographers	Band 8c/8d/9	<5	1.00	0	<5	0
	Band 7/8a/8b	104	93.85	18	86	10
	Band 5-6	105	96.57	19	86	<5
	Band 2-4	12	10.20	<5	11	5
Medical	Consultant	-	-	-	-	-
	Speciality Registrar	-	-	-	-	-
	Other	5	1.17	0	5	0
<i>Total</i>		227	202.79 (0.89)	38 (17%)	189 (83%)	18 (8%)

Physical Sciences

	Band/Grade	Total Headcount	Total FTE	Male	Female	Over 55 years
Healthcare Scientists – Medical Physics and Medical Illustration	Band 8c/8d/9	18	17.91	13	5	6
	Band 7/8a/8b	109	102.78	49	60	8
	Band 5-6	130	124.93	61	69	<5
	Band 2-4	18	16.31	7	11	<5
Healthcare Scientists – Biomedical Engineering	Band 8c/8d/9	8	7.20	7	<5	5
	Band 7/8a/8b	90	85.94	70	20	28
	Band 5-6	146	142.72	128	18	46
	Band 2-4	81	74.93	59	22	35
<i>Total</i>		600	572.72 (0.95)	394 (66%)	206 (34%)	133 (22%)

Endoscopy

	Band/Grade	Total Headcount	Total FTE	Male	Female	Over 55 years
Nursing - Endoscopy	Band 8c/8d/9	0	0	0	0	0
	Band 7/8a/8b	52	47.84	<5	50	12
	Band 5-6	253	217.97	18	235	49
	Band 2-4	54	48.13	14	40	18
Total		359	313.94 (0.87)	34 (9%)	325 (91%)	79 (22%)

Cardiac, Vascular, Respiratory and Sleep Physiology

	Band/Grade	Total Headcount	Total FTE	Male	Female	Over 55 years
Healthcare Scientists – Cardiac, Vascular, Respiratory and Sleep Physiology	Band 8c/8d/9	<5	2.00	<5	0	0
	Band 7/8a/8b	179	161.21	53	126	22
	Band 5-6	154	144.02	44	110	8
	Band 2-4	97	75.65	9	88	30
Medical - Cardiology	Consultant	98	95.05	86	12	30
	Speciality Registrar	51	50.30	36	15	<5
	Other	26	19.78	21	5	<5
Medical - Respiratory	Consultant	66	63.21	40	26	13
	Speciality Registrar	39	37.00	17	22	0
	Other	14	13.00	<5	10	<5
Total		726	661.22 (0.91)	312 (43%)	414 (57%)	108 (15%)

Neurophysiology

	Band/Grade	Total Headcount	Total FTE	Male	Female	Over 55 years
Healthcare Scientists - Neurophysiology	Band 8c/8d/9	0	0	0	0	0
	Band 7/8a/8b	13	12.05	7	6	<5
	Band 5-6	15	14.20	<5	12	0
	Band 2-4	0	0	0	0	0
Medical	Consultant	<5	3.30	<5	<5	<5
	Speciality Registrar	<5	3.00	<5	<5	0
	Other	0	0	0	0	0
<i>Total</i>		35	32.55 (0.93)	15 (43%)	20 (57%)	<5 (11%)

Audiology and ENT

	Band/Grade	Total Headcount	Total FTE	Male	Female	Over 55 years
Healthcare Scientists - Audiology	Band 8c/8d/9	8	6.85	<5	<5	<5
	Band 7/8a/8b	95	80.33	24	71	12
	Band 5-6	107	93.60	28	79	6
	Band 2-4	109	91.79	16	93	13
Medical	Consultant	20	19.05	16	<5	5
	Speciality Registrar	<5	1.00	0	<5	0
	Other	<5	3.10	<5	<5	<5
<i>Total</i>		344	295.72 (0.86)	90 (26%)	254 (74%)	42 (12%)

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Summary of additional key workforce actions within individual programmes

These actions will be monitored by individual programme areas/organisations:

1.	Theme: Attraction & Recruitment				
	Actions	Lead	Timeframe		Programme area
			23/24	24/25	
	Targeted campaigns through #TrainWorkLive in key areas (subject to resource assessment)	HEIW		✓	All
	Effective signposting of careers/training opportunities in diagnostic services in Wales through work with Careers service and using HEIW Careersville platform	HEIW		✓	All
	Develop and formalise opportunities for work experience/internship/student mentoring/taster sessions in diagnostics	Programmes/ HBs/Trusts	✓	✓	All
	Review vacancy data across diagnostic services to identify gaps in service provision for targeted initiatives (also aligns with wider retention plan and actions – Retention plan due to be published in October 23)	HEIW/Health Boards/NHS Trusts	✓		All
2.	Theme: Seamless Workforce models				
	Actions	Lead	Timeframe		Programme area
			23/24	24/25	
	Embed effective application of the Healthcare Support Worker Framework within diagnostics services to ensure consistency of approach	HEIW/ Programmes/ HB's	✓		All
	An All-Wales Standardisation of Practice for Radiographers should be in place to enable consistency across Wales for working across the different modalities and specialities	Imaging Programme		✓	I
Explore sessional job planning for non-medical staff which would ensure that the extended and additional skills of the current and future workforce are more effectively utilised	Programmes/ HBs/Trusts		✓	All	

3.	Theme: Workforce Supply and Shape				
	Actions	Lead	Timeframe		Programme area
			23/24	24/25	
	Make use of available digital intelligence within data warehouse to better interrogate the diagnostic workforce	HEIW	✓		All
4.	Theme: Engaged, Healthy & Motivated Workforce				
	Actions	Lead	Timeframe		Programme area
			23/24	24/25	
	Review output of staff survey with specific reference to diagnostics areas (when available)	HEIW		✓	All
	Improve communications to staff about career development opportunities	Programmes/ HB/Trusts	✓	✓	All
	Improve staff opportunities for involvement in research	HB/Trusts/ Programmes	✓		All
5.	Theme: Excellent Education and Learning				
	Actions	Lead	Timeframe		Programme area
			23/24	24/25	
	Extend opportunities for existing workforce to access equivalence funding	HEIW	✓		TBC
	Learn from other NHS Professions i.e. Nursing about training delivery	Programmes	✓		All
	Develop educator resources on a multi-professional basis using Ty Dysgu educational platform	HEIW/ Programmes		✓	All
	Ensure that staff are trained in emerging and new diagnostic processes, techniques, application and interpretation	HEIW and Programmes		✓	All
	Widely publicise all national funding streams for education and development so that they can be utilised to their full potential by organisations across Wales	HEIW, Programmes/ HBs/Trusts	✓	✓	All
	Develop a reliable training data repository for tracking learners acquisition of competencies	HEIW/ Programmes		✓	All
	Roll out MEET (Maximising Efficiency Endoscopy Training) tool	E		✓	E

6.	Theme: Building a digitally ready workforce				
	Actions	Lead	Timeframe		Programme area
			23/24	24/25	
	Roll out digital competency framework into Diagnostic areas	HEIW/ DHCW	✓	✓	All
7.	Review implications of new digital offer on workforce within diagnostic services, ensuring that appropriate elements are included in training.	Programme/ HBs/Trusts	✓		All
	Theme: Leadership & Succession				
	Actions	Lead	Timeframe		Programme area
			23/24	24/25	
	Work with Directors of Therapies and Health Sciences, Nurse and Medical Directors to review leadership issues in diagnostics and where focussed attention is needed to ensure succession pipeline (Aligned with the wider talent management approach)	HEIW	✓	✓	All
	Ensure staff working in diagnostic services benefit from Clinical Leadership Development programme through targeted approaches/marketing	Health Boards/ Programmes		✓	All

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Diagnostic Workforce Plan – Actions for 2023/24

Workforce Programme/Group covered: National Imaging Programme

Summary	Summary of key workforce priority areas for 2023/24 The key workforce priority areas for 2023/24 correspond to the four workstreams that emerged from the recommendations contained within the <i>Strategy for Developing a Radiology Workforce Model for NHS Wales</i>'. The Imaging Workforce and Education Transformation Group (IWETG) is responsible for the management and execution of these recommendations. A summary for each workstream area can be found below: Workforce Planning: To continue to build on the workforce planning momentum gained during the process of developing the Radiology workforce strategy and to establish the foundations of a workforce planning community for NHS Wales Radiology Services. This will include: • Delivering supplementary workforce planning training to coincide with the start of the IMTP process • Working to develop consistent and accurate workforce information that enables collection and monitoring of data on a local and national level that facilitates effective workforce planning Workforce Development and Standardisation • To identify how each staff role within Radiology services could be developed to meet requirements of current and future service needs. • Developing standardised scope of practice documents for registered and non-registered staff. • Reviewing current education and training provision against revised scopes of practice to establish where changes to content/ delivery may be advantageous and to ensure there is aligned to service needs. • To scope potential solution to training/ education capacity shortfalls within organisation i.e. explore potential for practice education facilitator roles. • To undertake a targeted piece of work to look at support for leadership development and effective succession planning in Radiology Services.
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	Wider Imaging Workforce: - To scope and prioritise the approach to refining and repeating the workforce planning process adopted for Radiology services for other workforce groups that deliver core imaging services. To align the commencement of further strategy development for the next priority workforce areas. Medical Physics represents such an area, and we await further discussions as to whether this work will be led by IWETG (Imaging Workforce and Education Training Transformation Group (IWETG)) or we will be contributory members of a stand-alone project. - Due to a continued deterioration in the number of Breast Radiologists in Wales a task and finish group has been established to support Breast Radiology Services (Symptomatic and Screening) to develop and secure investment for a sustainable training programme for Breast Clinicians. Consideration is currently being given to the options available to facilitate the necessary training. Digital and Technological Infrastructure: - To engage with the Radiology Informatics Systems Procurement Programme (RISP) to identify opportunities for workforce transformation and to identify any workforce training requirements and benefits as a result of the deployment of a new system. - The wider Imaging Programme will also be undertaking initial scoping of the potential impact of AI on Radiology which could take account of the impact on workforce considerations.
	Please outline the top 3 workforce risks that are impacting on access to or the quality of services (not HB specific) - Although the Radiographer training numbers commissioned has increased this does not necessary fulfil the resource requirements for both current and future workforce needs or take account of the future generalist/ specialist requirements of the service in support of career development - Capacity and skills sets within organisations to deliver training and education or to provide the mentorship/ supervision required to support staff career progression - The number of workforce vacancies impacts on the ability to deliver timely access to services. This is felt most acutely for hard to recruit posts or geographical locations

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Specific workforce actions that will be taken forward in 2023/24	
Specific Actions & Milestones: Please find attached document that details actions and milestones for IWETG Priorities 2023/24. This document was discussed and agreed at the first IWETG meeting on 16th May 2023. IWETG%20Priorities %202023-24.xlsx To note – the National Imaging Programme has recently identified a need to undertake a targeted piece of work looking at leadership and succession planning within organisations. The specific actions required and associated milestones are still under development however it is anticipated that this will feature within the 2023/24 workplan if resource to undertake this work can be secured.	
Resources	Please outline any areas covered above that are dependent on resources <u>not</u> already confirmed: • A number of the strategy recommendations that are a priority area for 2023/24 require the establishment of distinct projects/ task and finish groups i.e., Advanced and Extended Practice, Leadership, and the creation of supplementary workforce plans for the wider imaging workforce. There is not capacity within the current programme team to undertake this work in its totality and the programme will be looking to recruit additional resources on a fixed term or secondment basis to take this work forward. • At the time of completing this document the HEIW review into Radiographer training and placement capacity in Wales has yet to be finalised. This report is due to be made available at the beginning of July 2023 and it is anticipated that there may be a number of recommendations which will need to be incorporated in the workplan of IWETG.
Interdependencies with other programmes	Please outline any critical interdependences with other programmes or organisations: • HEIW Education and Commissioning team input will be essential when reviewing the training and education requirements for registered and non-registered staff groups • HEIW Strategic Workforce Planning input/ support may be required in the delivery of a supplementary workforce planning event for Radiology Service Managers and in the production of supplementary workforce plans for the wider imaging workforce. HEIW Strategic Workforce Planning are represented on IWETG and are aware that this is detailed within the IWETG high-level programme plan. • IWETG is currently part way through participating in the Health Care Science Transformation Programme ESR Coding Review. Completion of this exercise and inclusion in subsequent phases of this work to develop

	workforce information dashboards will enable the programme to work towards the strategic aim of ' <i>ensuring services are able to access consistent reliable workforce information to enable effective workforce planning and facilitate the collection and monitoring of data on a local and national level</i> '.
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Diagnostic Workforce Plan – Actions for 2023/24

Workforce Programme/Group covered: National Endoscopy Programme

Summary	Summary of key workforce priority areas for 2023/24 The key workforce priority areas for 2023/24 are aligned to the published <i>National Endoscopy Programme Revised Action Plan, October 2022</i> which can be accessed via the Welsh Government website national-endoscopy-programme-revised-action-plan-october-2020_0.pdf (gov.wales). The Workforce, Training and Development Subgroup overarching aim is to support local workforce analysis, job planning, recruitment and retention and develop national training and development opportunities. The Workforce, Training and Development Subgroup is chaired by HEIW and is responsible for the governance of the delivery of the subgroup key actions outlined in the WG approved action plan. Whilst responsibility for the delivery of the Workforce actions sits within the NEP itself, the Endoscopy Training Management Group (ETMG) are responsible for the delivery of the agreed Training and Development actions. A summary for each key action be found below: Workforce Planning: • To ensure that all local endoscopy workforce plans are completed on an annual basis in a standardised template to enable effective regional and national endoscopy workforce planning and align with the IMTP process • To finalise, approve and publish the Endoscopy National Workforce Strategy in order to engage and consult with key stakeholders • To continue to validate and update the agreed national endoscopy workforce and training data set to ensure that annual submissions are in line with the aboveworkforce planning processes and that all data held on a national basis is captured in an accurate and timely manner • To develop best practice guidelines for job planning for individuals undertaking endoscopy sessions to ensure that productivity is maximised wherever possible • To continue to develop the Endoscopy Community of Practice and hold regular key stakeholder events in relation to building the future endoscopy workforce in Wales
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Workforce Standardisation

- To ensure that all Health Boards adopt the national recommended Clinical Endoscopist job descriptions
- Continue meetings of the Task and Finish Group created to look at supporting and developing the Clinical Endoscopist role (3 key themes: CPD, job planning, competency framework)
- Roll out the standardisation of job descriptions across other professions within endoscopy
- Maintain and continue to develop the endoscopy job description repository
- Develop standardised scope of practice documents for registered and non-registered staff
- Represent Wales on NHS England CE standardised Pay Project

Recruitment and Retention

- Repeat annual 'PULSE' survey on an annual basis to understand workforce challenges and opportunities and support retention initiatives
- Develop retention best practice guidance alongside HEIW in response to PULSE survey
- Analyse recent #BeVital campaign to understand success rate and work with HEIW to ensure sustainability
- Support Health boards with local recruitment campaigns in relation to endoscopy
- Continue to target key professions and areas via #BeVital attraction campaign
- Task and Finish Group in place to look at specific endoscopy recruitment and retention challenges and develop local, regional and national solutions

Training and Development

- Develop the Endoscopy National Training Academy to support delivery of national, regional and local training in line with workforce demand, shape and supply
- Ongoing identification of gaps and prioritisation of development in line with the 10 identified training pathways in line with competency frameworks, workforce and JAG requirements
- Establish an approach to engaging and training a sustainable faculty supply and annual timetabling of training courses
- Develop additional training for colonoscopists who have the ambition to become accredited screening colonoscopists
- Roll out Administration and Booking Staff Band 3 UK Course across Wales
- Develop a reliable training data repository for tracking learners
- Create Education and training national/regional/local level infrastructure across Wales
- Planned/available and sustainable training lists to support required number of "trainees"
- Structured approaches to staff release and / or recruitment for participation in training programmes

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	• Development of the central Endoscopy repository - HEIW Endoscopy Learning Pathways (HELP) structured around the ten training pathways, facilitating tracking of progress and acquisition of competences • Consistent approach to the use of Band 4 Assistant Practitioner in Endoscopy roles across Wales • Roll out 'MEET' tool (Maximising Efficiency Endoscopy Training) for list planning • Fast tracking training access for medical and surgical trainees to create independent endoscopists
	Please outline the top 3 workforce risks that are impacting on access to or the quality of services (not HB specific) 4. Ageing consultant workforce, a high risk for those who deliver specialist endoscopy services (e.g. ERCP). A recent survey undertaken by the NEP shows that many are due to retire in the next 5 years with limited succession planning in place. 5. The number of workforce vacancies impacting upon the ability to deliver endoscopy sessions, particular challenges to recruit Gastroenterologists and Band 5 nursing staff in rural geographical locations (e.g. BCU and Hywel Dda) 6. Staff not being released for training and development due to the backlog of endoscopy lists which is impacting upon our ability to upskill our workforce. A recent PULSE survey undertaken by the NEP highlights this as having an impact upon the retention of nursing staff.
Specific workforce actions that will be taken forward in 2023/24	
Specific Actions & Milestones	
NEP Integrated Plan Update June 2023	
Resources	Please outline any areas covered above that are dependent on resources <u>not</u> already confirmed: • Access to improved workforce data at department level (current national database does not provide this) • Task and Finish Groups will require ongoing attendance and support from Health Board representatives to ensure they remain sustainable during and beyond the life of the programme • Increased reliance on Project Support staff to deliver key actions
Interdependencies with other programmes	Please outline any critical interdependencies with other programmes or organisations: • HEIW to support the development of national workforce data set with level of granularity required to undertake workforce planning for endoscopy

	• HEIW Strategic Workforce Planning support and local Health Board WFP Leads to continue to develop local and regional workforce plans and submit on an annual basis in line with IMTP processes • NWSSP to provide recruitment activity reporting in relation to endoscopy vacancies and #BeVital campaign • NWSSP support to develop staff passports to enable movement of endoscopy workforce across existing Health Board boundaries • NWSSP support to develop endoscopy specialist staff bank • HEIW #TrainWorkLive to further develop and align #BeVital campaign to national approach to ensure sustainability
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Diagnostic Workforce Plan – Actions for 2023/24

Workforce Programme/Group covered: National Pathology Programme

Summary	Summary of key workforce priority areas for 2023/24	
	• Communication: Pathology training and NHS Wales Pathology careers and progression • Workforce: Recruitment, Retention, Capacity, Service Redesign, Culture & Leadership • Training & Education: Routes, Resources, Capacity, Research opportunities • Development of a National Pathology Academy and online learning platform • Development of a national pathology service operational workforce model	
	Please outline the top 3 workforce risks that are impacting on access to or the quality of services (not HB specific)	
	• Reduced workforce capacity in terms of workforce numbers and sickness absence is jeopardising service delivery and creating backlogs • Increases in service demand and complexity of testing – including to support adoption of new treatments and changes in clinical pathways (equity of healthcare provision) • Lack of protected time available for in-house staff for learning, including individual CPD – professional development, maintaining competencies and protected time for delivery of training	
Specific workforce actions that will be taken forward in 2023/24		
Specific Actions:	• Conduct a ‘Pilot’ of a Placement Education Facilitator (PEF) role in pathology • Establish a National Pathology Training & Education Co-ordinator role to develop a national pathology training and education model • Develop use of Advanced Practitioner role and training, to provide additional resources for cellular pathology dissection and reporting • Enable protected time for staff training and development	Milestones: To be completed by Q2 2024/25 Model completed by Q2 2024/25 Ongoing Ongoing

• Develop costed options for a national Pathology training academy and online learning platform (building upon virtual platform that is available) • Improved communications of pathology training routes and careers in NHS Wales • Undertake a review of biomedical scientist training and education commissioning	Online platform ongoing. Academy options to be completed Q1 2024/25 Ongoing – to be completed by Q4 2023/24 To be completed by Q1 2024/25
Resources	Please outline any areas covered above that are dependent on resources <u>not</u> already confirmed: PEF not confirmed Continued support from the pathology service to the Programme
Interdependencies with other programmes	Please outline any critical interdependencies with other programmes or organisations: Welsh Government HEIW & Healthcare Science Programme Health boards/trusts IBMSIBMS (Institute of Biomedical Science)

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Diagnostic Workforce Plan – Actions for 2023/24 Workforce

Programme/Group covered: Genomics

Summary	The Genomics Delivery Plan for Wales was published by Welsh Government (December 2022) and requires the development of a Strategic Workforce Plan to be led by HEIW working with Genomics Partnership Wales (GPW). The Genomics Delivery Plan is aligned with the UK ten-year strategy <i>Genome UK: The Future of Healthcare</i>. Genomic medicine is an area of rapid advancement and there are already significant developments in this field that are impacting on the delivery of services and care to patients. There are workforce challenges to be addressed and a need to increase the pipeline of people in the specialist workforce including bioinformaticians, genetic counsellors, clinical scientists and genetic technologists in various areas of genomic medicine including microbiology and molecular pathology, and clinical geneticists. There is a need to develop and fully embed education and training programmes for our non-specialist workforce including people who need a basic understanding of genomics as well as those who will require dedicated and expert knowledge to respond to changes in clinical and service pathways. Surveys have found that the majority of the workforce is poorly informed about genomics and do not recognise its importance and/or relevance. The plan should include actions to provide new training packages; identifying dedicated education and training officers; establishing a network of genomics quality leads; ensuring there are national genomics leads for core specialties that align with workforce plans in relevant areas (such as oncology and pharmacy); supporting staff to be competent in consent-taking and interpreting results; considering the development of clinical research and its impact on the delivery of patient care in the future. Importantly the plan should align with and maximise the opportunity of UK shared commitments through collaboration with the Genomics Training Academy. Please outline the top 3 workforce risks that are impacting on access to or the quality of services (not HB specific) • Lack of specialist expertise and knowledge (non-clinical) such as bioinformaticians and laboratory workforce • Lack of specialist expertise and knowledge (clinical) such as genomic medicine workforce. • Lack of basic understanding in non-specialist (clinical) workforce.
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Specific workforce actions that will be taken forward in 2023/24

Milestone 1:

- HEIW to draft an initial scope and approach to development of workforce plan with Genomics Partnership Wales including a timetable for development.
- HEIW to undertake a review of relevant UK Strategies that will help to inform development of the plan.
- Roll out an initial offer of education for the workforce via an e-learning package and the availability Level 7 modules.

Milestone 2:

- Secure agreement on the scope of the plan following established governance route, i.e. GPW Board approval with sign off via the National Diagnostics Programme Board.
- HEIW to complete Strategy mapping to provide a high-level assessment of the key issues and direction of travel.
- Scope specific requirements in respect of pharmacogenomics.

Milestone 3:

- Start engagement with stakeholders on the key actions following strategy mapping and data analysis.
- Scope models of potential enhancements to education and training infrastructure (i.e. local and national specialty leads) incorporating learning from other UK nations.

Milestone 4:

- Conclude engagement phase.
- Develop initial set of actions for testing with stakeholders at the start of 2024/25 and to inform development of the HEIW Education and Training plan submission in July 2024.

Actions:

- HEIW to develop a communications plan to roll out e-learning and publicise modular genomics education programme.
- HEIW & GPW to draft scope of workforce plan following established governance route i.e. GPW Board approval with sign off via Diagnostics Programme Board.
- Start initial strategy mapping.
- Fully launch the master's level modules in Genomics.
- Develop MOU (or similar) with HEE/NES to access resources already developed (e.g. GE Notes).
- Arrange workshop(s) to support scoping of the plan.
- Build relationships across the UK genomics education and training architecture.
- Map existing data sources to gain an overview /understanding of current specialist workforce.
- Scope actions in respect of Advanced Therapy Medicinal Products (ATMP).
- Engage with other UK nations on models.
- Procure support from specialist partner on engagement phase including expertise to help with developing an initial set of actions.
- HEIW to develop a stakeholder engagement plan
- Run engagement phase during Q4 with web surveys, stakeholder discussions and other engagement events led by specialist partner.
- HEIW/GPW to deliver formal report to National Diagnostics Programme Board.

Resources	Please outline any areas covered above that are dependent on resources <u>not</u> already confirmed: N/A
Interdependencies with other programmes	Please outline any critical interdependences with other programmes or organisations: HEIW, GPW, WG, NHS, HEIs, AWMGS, Wales Gene Park, PHW/Pathogen Genomics Unit/Public Health Genomics Programme, patient and public representation (through GPW Patient and Public Sounding Board), Health Boards, other UK nations. Also other programmes – National Pathology and Imaging programmes, Healthcare Science Programme (through National Diagnostics Board), and Advanced Therapies Wales (ATMPs)

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Diagnostic Workforce Plan – Actions for 2023/24 Workforce

Programme/Group covered: Healthcare Science

Summary	HEIW includes an objective in its IMTP to “Effectively manage the Healthcare Science Programme to implement the future vision for the healthcare science workforce described in the national framework.” The Healthcare Science Framework, published in 2018, sets out the vision for healthcare science as a profession. This profession covers the majority of services in the NHS, and therefore the programme is delivered with predominantly a profession-focus, rather than a service-focus, working across the breadth of HEIW and with the many service-focussed programmes to meet its aims. Working across HEIW, activity to develop the profession in 2023-24 is focussing on improving the workforce data quality, expanding opportunities for learning, research and innovation, promoting registration and continuing to raise the profile of the profession as a whole. Outcomes from this work, and incorporating work across HEIW deliverables for healthcare science, seek to achieve: - A clear intelligence position of our current workforce - Strengthened accessible healthcare science careers, with improved recruitment and retention through a quality approach and promotion of accreditation - Research and innovation enabled across all healthcare science services to improve evidenced based diagnostics for patient care throughout the NHS - A strong collaborating collective professional voice understood and valued throughout the system Please outline the top 3 workforce risks that are impacting on access to or the quality of services (not HB specific) As described above, this programme focusses on professions across Healthcare Science, rather than services. As such, the following workforce risks are noted: • Lack of training and development capacity – with training models based upon historic levels of capacity, we are now seeing challenges to placement uptake and reductions in IMTP requests for training in the profession • Loss of both newly trained and experienced healthcare scientists to NHS England and private sector/industry • Lack of awareness/inclusion of valuable healthcare scientist roles, such as those of Medical Physicists, Clinical Engineers, Clinical Photographers, Physiologists and Bioinformaticians, within diagnostics transformations
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Specific workforce actions that will be taken forward in 2023/24	
Specific milestones described within the HEIW IMTP Objective for Healthcare Science: Milestones for Quarter 1: - Finalise changes to workforce coding to improve workforce data for healthcare scientists and supporting workforce. - Scope requirements for widened learning opportunities (travel fellowship programme) including international opportunities. Milestones for Quarter 2: - Baseline the current innovation capability and capacity of healthcare scientists. - Facilitate mechanisms for collaboration across the profession to increase service accreditation levels. Milestones for Quarter 3: - Roll out NHS Wales wide changes to workforce data guidance for healthcare science. - Co-produce a proposal of preceptorship for the profession that maximises opportunities and seeks to meet the needs of the newly registered professional, undertake consultation, and seek approval of stakeholders. Milestones for Quarter 4: - Finalise and publish strategic plans to increase innovation capability and capacity, to deliver preceptorship of healthcare scientists and to enable access or improvements to service accreditation for identified services. - Launch the travel fellowships programme for healthcare scientists.	Additional (abbreviated) objectives across the breadth of HEIW's 23/24 IMTP, supported by Healthcare Science Programme with reference to Diagnostics: - Develop a comprehensive Education and Training Investment Plan - Implement an improvement programme for clinical placements - Implement strategic review phase 2 priorities including the redesign and re-procurement of post registration education programmes. - Identify the priority areas for the first phase of the Work Based Learning element of Y Ty Dysgu - Ensure effective implementation of the pre-registration contracts - Develop a multidisciplinary education strategy setting the future vision and principles to guide our work to transform education. - Complete roll out of multi-professional quality framework for education and training to ensure continuous improvement - Implement the multi-professional strategy for Simulation-Based Education and Training. - Fully implement and evaluate the 'Y Ty Dysgu' learning management system to improve workforce learning. - Progress the development of a Strategic Workforce Plan for Genomics - Continue to prioritise the implementation stages of the Workforce Strategy and communicate plans with partners and stakeholders. - Establish a workforce observatory function to support horizon scanning, scenario planning, modelling and strategic workforce planning in NHS Wales - Develop and improve the data intelligence function to inform work in HEIW and working with partners, improve the governance, quality and standards of workforce data across NHS Wales.

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	• Implement an agreed programme of careers and outreach activity, incl. development of Careersville to broaden its reach to all-ages. • Implement actions to support recovery in relation to planned care and recovery including diagnostics and cancer national programme • Lead the implementation of the assurance framework for multi-professional Advanced Practice (AP) and Consultant Practice. • Implement priority actions from the Critical Care Workforce Review • Create the career progression framework for the support workforce • Support the implementation of a multi-professional CPD strategy • Implement the national digital capability framework for the healthcare workforce (for those who are not digital professionals) • Implement a cohesive communication, engagement and promotional plan to increase awareness of Gwella@HEIW • Market, recruit and deliver the Advanced Clinical Leadership Programme and Clinical Leadership Fellowships Programme • Co-produce and deliver a quality assured national Compassionate Leadership development programme • Market and recruit to Executive Director Talent Pools in support of senior leader succession planning and develop national resources to support the induction and onboarding into NHS Wales • Enhance Gwella@HEIW with talent management software • Review and update with partners the NHS Core Principles • Advance equality in training and education for students, trainees and learners undertaking training commissioned/provided by HEIW • Deliver the required actions in More Than Just Words to increase the Welsh language skills of the workforce
Resources	Please outline any areas covered above that are dependent on resources <u>not</u> already confirmed: N/A - The Healthcare Science Programme is funded to deliver this work, with both staffing and programme budget.

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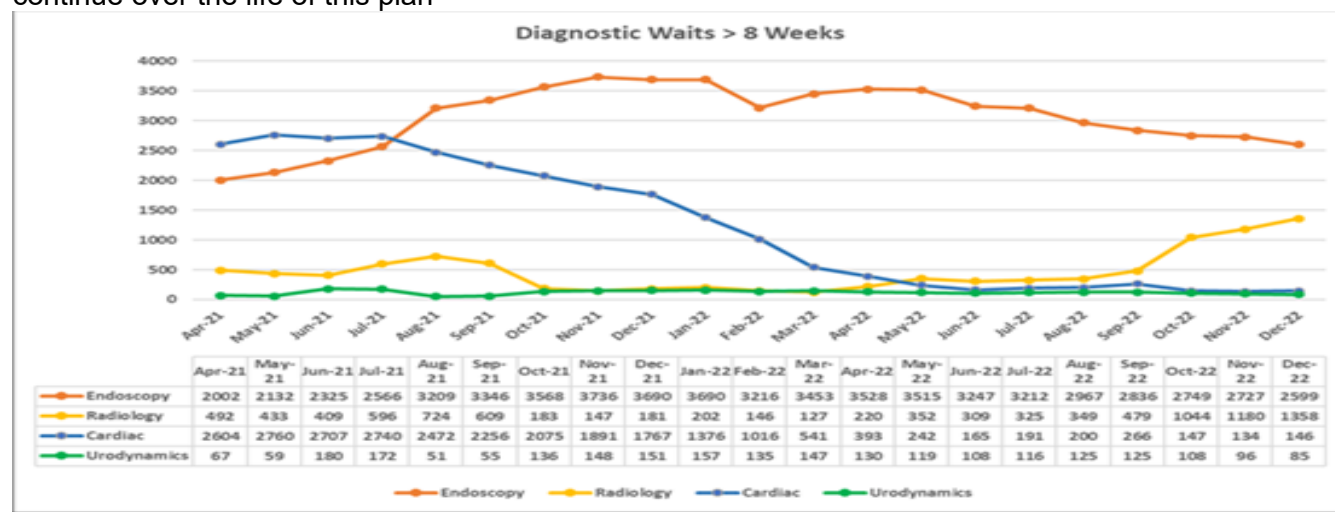
Interdependencies with other programmes	Please outline any critical interdependencies with other programmes or organisations: Directors of Therapies and Health Science Welsh Government Health Science Policy team NHS Executive national programmes and networks, which provide the service-focussed responsibilities in the areas that they represent (Pathology, Imaging i.e. Diagnostic Radiography, Genomics, AMTP, AWMOL, PET, Primary Care, Planned Care, Respiratory Network, Neurological Conditions Network) Welsh Scientific Advisory Committee and its subcommittees – particularly Medical Physics, Clinical Engineering, Clinical Physiologies where there are no national service-focussed programmes funded National School for Healthcare Science Chief Scientific Offices in England and Scotland
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Diagnostics: Extracts from IMTPs 2023/24

**Aneurin
Bevan**

As of January 2023, the number of people waiting over 8 weeks for diagnostics was 2,599 with significant improvements seen in Cardiology, driven by use of an insourcing company to provide echocardiogram capacity. Demand for endoscopy has increased by 18% compared with pre-Covid rates, however, waiting times have reduced by 13% through insourcing additional capacity. An in-house endoscopy unit at RGH site will open in 2023 and recruitment to support additional capacity is ongoing. Imaging has seen a sustained increase in demand for CT scans (8% higher than pre-Covid) and MRI scans (15%). This trend is expected to continue over the life of this plan



The outcome of the Regional Diagnostic Centre work will have a material impact on the nature and range of solutions that will be progressed within the Health Board as opposed to wider solutions that address diagnostic capacity shortfalls across South East Wales.

Our pathology services, like those in many NHS organisations across Wales are under substantial pressure due to workforce challenges; inadequate estates/facilities, inadequate digital infrastructure, increasing demands on pathology services due to post Covid-19 recovery and the detrimental effect that insufficient capacity in the current system is having on patient waiting time and diagnosis.

Diagnostics are an essential component of nearly all patient pathways and provide the evidence base upon which all clinical decisions are made. Diagnostic capacity was already stretched before the pandemic and these pre-existing service frailties, particularly in respect of radiology reporting, endoscopy capacity, cellular pathology, neurophysiology and cardiac physiology diagnostics have been acutely exacerbated as a consequence of Covid-19. Our diagnostic services continue to increase capacity for all patients, however, the backlog in patients needing to be seen and consequently requiring diagnostics is putting pressure on services.

We have continued insourcing additional endoscopy capacity, and this has enabled us to maintain the 8-week backlog. The future development of the endoscopy unit at RGH has progressed with approval to recruit ahead of the new unit opening in 2023. We also insourced echo capacity resulting in a substantial reduction in the numbers waiting for echocardiograms. Histopathology demand and backlog are expected to be maintained at current levels of pressure. Radiology diagnostics continue to experience an increasing trend in demand for CT (weekly average 1300 to 1400) and MRI (weekly average 620 to 695) and anticipate this will continue over the coming year.

Community Diagnostic Hubs

In September 2022 the Chief Executives across CAVUHB, CTMUHB and ABUHB collectively supported the principle of progressing a series of regional diagnostic solutions through the implementation of Community Diagnostic Hubs (CDH) across South East Wales. There is clinical consensus that any service development undertaken regionally must meet the following key criteria:

- Delivery is more accessible to residents living in areas of deprivation and able to deliver to more than one health board population in the region
- Developments deliver an increase in capacity
- Developments will be founded on seeking sustainable solutions to demand backlogs.

A service specification is under development is for the procurement of a number of CDHs with the strategic ambition to have the first CDH 'live' during Quarter 2 2023/24.

The health board currently considers that considerable work is required to ensure delivery of a cost- effective option in a regional context that provides accessible services consistent with local requirements and priorities. It is acknowledged that provision of a hub delivering MR, CT, plain film and ultrasound services through a managed service contract will require a seven-year commitment with a total cost in excess of £18M. The funding proposals to support rollout for such a programme are currently uncertain, and it is therefore not possible to make a commitment in respect of the coming financial year.

Colleagues within Cwm Taf Morgannwg UHB are undertaking feasibility studies regarding the 'Concorde' site in Llantrisant, which has been purchased with a view to support and facilitate additional regional service capacity as / where clinically and practically appropriate. It is currently considered impractical for this site to form a managed service CDH option for ABUHB residents due to

	issues of accessibility, cost, clinical governance, informatics support, public engagement, deliverability and exit strategy. The priority for the health board in 2023/24 will therefore be to progress plans for a local CDH consistent with the strategic vision, utilising an existing site and in-house delivery / provision. We are well-placed locally to deliver a cost-effective model, with separate existing inpatient / outpatient pathways, manageable recruitment and a relatively strong baseline waiting list position. Specific tasks for the year will include the following: - • Submit business justification case for a second MRI scanner within the Grange University Hospital, providing dual benefits of increased service resilience on the site and the ability to free up capacity on other sites. • Utilise released capacity as the basis for a CDH development at Ysbyty Ystrad Fawr in the Rhymney Valley, potentially supplemented by additional CT / ultrasound capacity • Develop revenue and capital business cases / implementation plans for the CDH linked to the above, based on in-house provision and delivery, with funding sought through the regional diagnostic board arrangements and governance mechanisms. It is envisaged that an in-house CDH solution based on an existing local general hospital site will provide the required accessibility and deliver savings of over £5M compared to managed service contract agreements for a similar capacity.
Cardiff and Vale	Diagnostics and Therapies key area of focus • Maximise productivity of all diagnostic disciplines • Working within regional context, progress the development of the community diagnostic hub • Progress planning and commissioning of two new Endoscopy suites in UHL • Continue to reduce waiting times and innovate delivery of inpatient and outpatient therapies • Continue our engagement in the national development of clinical information systems including LINC and RISP. Pathology A Regional Pathology Steering Group has been established recognising the fragility of current pathology services due to workforce challenges; inadequate estates/facilities, inadequate digital infrastructure, increasing demands on pathology services due to post Covid-19 recovery and the detrimental effect that insufficient capacity in the current system is having on patient waiting time and diagnosis. The project has been created to oversee the identification, development and implementation of regional pathology solutions in South East Wales to create a robust, sustainable, future proofed and patient focussed service. All pathology disciplines will be included in this work however it was recognised and reinforced at the planning conference that in the first instance the focus will be on Cellular Pathology. Strategic commissioning intentions – increase community diagnostics and point of care testing

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	Community Diagnostic Hubs In September 2022 the Chief Executives across CAVUHB, CTMUHB and ABUHB collectively supported the principle of progressing a series of regional diagnostic solutions through the implementation of Community Diagnostic Hubs (CDH) across South East Wales. There is clinical consensus any service development undertaken regionally must meet the following key criteria: • Delivery is more accessible to residents living in areas of deprivation and able to deliver to more than one health board population in the region • Developments deliver an increase in capacity • Developments will be founded on seeking sustainable solutions to demand backlogs. A service specification is under development is for the procurement of a number of CDHs with the strategic ambition exists to have the first CDH 'live' during Quarter 4 2023/24. The Diagnostic programme is currently undertaking feasibility studies regarding the Llantrisant Health Park to consider if this site is a suitable for location for a Community Diagnostic Hub. The priority for the health board in 2023/24 will be to also ensure plans are also progressed through the Diagnostic programme for a further CDH which in addition to the above will also be available to the Cardiff and Vale population. This is consistent with the strategic vision
Cwm Taf Morgannwg	Regional Diagnostic and Treatment Centre for South East Wales A key strategic development for the South East Wales region during 2022 was the purchase of an estate adjacent to the Royal Glamorgan Hospital, supported by Welsh Government capital funds, which is intended to allow for the development of a Regional Diagnostic and Treatment Centre. This presents significant opportunity to transform services on a regional footprint to deliver improved access to elective diagnostic assessment and treatment for the patients in the South East region. Radiology Our short-term objective is to improve waiting times for our patients to deliver access within 10 days for suspected cancer referrals, under 4 weeks for urgent referrals, and return to achieving the under 8 weeks target for routine referrals to assist recovery plans. We will achieve this through: • Demand and capacity assessment and process mapping to drive efficiencies with developments including continued rollout of electronic requesting and implementing electronic vetting to deliver faster receipt of referrals, clearer information and improve overall patient waits. • Development of the out of hours radiology services. • Redevelopment of radiology services in Prince Charles Hospital is expected to deliver improvements in patient flow and much improved environments for staff and patients.

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- Diagnostics is a priority area for development within the planned care recovery programme and the health board is working with partners to develop regional capacity.

Pathology

The Pathology service comprises four sub specialities that are fundamental to diagnostic pathways, and the flow of patients through our health services across primary, secondary and tertiary care. These are Cellular Pathology, Clinical and Laboratory Haematology, Biochemistry and Microbiology. During 2023-24 we will:

- Provide a FIT (colorectal cancer screening) service in conjunction with Gastroenterology and primary care teams to ensure access to further diagnostics for symptomatic patients.
- Deliver INR self-testing for patients using anti-coagulants, in collaboration with primary care.
- Develop the pathology estate to ensure it is able to deliver an efficient and effective service.
- Work with Swansea Bay University Health Board to confirm the future of pathology services for the Bridgend population.
- Implement digital pathology approaches including the use of artificial intelligence across all areas of Pathology. This includes the national laboratory information management system.
- Develop and implement our three-year workforce plan, in liaison with regional and national partners and developments, to ensure we are able to provide a sustainable workforce and reduce reliance on locum staff.
- Work with Health Board partners to develop regional pathology services, with an initial focus on cellular pathology

A Regional Pathology Steering Group has been established recognising the fragility of current pathology services due to workforce challenges; inadequate estates/facilities, inadequate digital infrastructure, increasing demands on pathology services due to post Covid-19 recovery and the detrimental effect that insufficient capacity in the current system is having on patient waiting time and diagnosis.

The project has been created to oversee the identification, development and implementation of regional pathology solutions in South East Wales to create a robust, sustainable, future proofed and patient focussed service. All pathology disciplines will be included in this work however it was recognised and reinforced at the planning conference that in the first instance the focus will be on Cellular Pathology.

It is accepted that a comprehensive digital cellular pathology system is a pre-requisite for meaningful regional service collaboration and integration, and this should therefore be the key work stream for progress in 2023/24. In support and anticipation of this, Health Boards will review workforce plans and areas of potential advance collaboration e.g. training and accreditation to ensure that services are in a position to progress on a timely basis later in the year. Essential continuity and recovery plans will also be progressed at each local level.

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	Community Diagnostic Centres In September 2022 the Chief Executives across CAVUHB, CTMUHB and ABUHB collectively supported the principle of progressing regional diagnostic solutions through the implementation of community diagnostic centres (CDC) across South East Wales. There is clinical consensus any service development undertaken regionally must meet the following key criteria: • Delivery is more accessible to residents living in areas of deprivation and able to deliver to more than one health board population in the region • Developments deliver an increase in capacity • Developments will be founded on seeking sustainable solutions to demand backlogs. This project will source NHS-based options where feasible and alongside this, a service specification is under development is for the procurement of a number of CDCs to be situated throughout the region to ensure accessibility, with the strategic ambition to have the first CDC 'live' during Quarter 4 2023-24. Feasibility studies will be undertaken for site selection, and this includes feasibility assessment of the Llantrisant Health Park to consider if this site is a suitable for location for a Community Diagnostic Centre. The Health Board has committed to investment in CDC development for 2023-24. National Imaging Academy CTM is host to the National Imaging Academy Wales. There are two lead executives who directly support this function (Lauren Edwards and Linda Prosser). The hosting agreement has been refreshed and extended for a further 3 years. Thus the health board, through working closely in support of the NIAW Director and via its business meeting continues to have a pivotal role to play in supporting the required increase in the diagnostic workforce, including considering new roles and ways of working.
Hywel Dda Griffiths, Sarah 24/01/2024 13:36:49	Regional Diagnostics Plan Diagnostic Context and Challenges, and Regional Solutions Diagnostic interventions are an integral aspect across all specialities and medical areas the importance of timely diagnostics across all pathways is fundamental to achieving the Urgent Suspect Cancer and Referral to Treatment ministerial priorities. However, there is significant fragility at present within a number of key diagnostic interventions where demand and capacity do not align. Equally, there is a significant reliance on an external party to read the scans and support the Out of Hours rota: Endoscopy is extremely challenged across all modalities, with circa 75% of patients routinely waiting over 8 weeks for Colonoscopies, Cystoscopy, Flexible Sigmoidoscopy and Gastrosopies Cardiology is extremely challenged within both Echocardiograms and CT angiography Echocardiograms have circa 67 routinely waiting in excess of 8 weeks across the Health Board. Bronglais is the site impacted the most with 83 of patients waiting in excess of 8 weeks. In order, to address these waits the service continues to have a robust triage system in place, attempt to source

locums and will utilise the demand and capacity work that is currently being undertaken. The service has also commenced an insourcing solution and the intention is that this will run into 2023/24 at greater capacity. In house staff are also being offered enhanced payment rates to increase activity. There is also a medium to longer potential option to “grow our own” capacity by securing additional workforce, which is currently going through a Value Based Healthcare approach. The only substantive CT Coronary Angiography capacity within the Health Board is at Bronglais which provides a capacity of approximately 150 per year. The Health Board also commissions this from Swansea Bay. An additional list has run at Glangwili since August 2022 but with short term project funding which will cease in July 2023 this is currently undergoing a Value Based Healthcare approach with business case for sustainability due in May 2023. CT Coronary Angiography demand for Hywel Dda is approximately 600 800 per year. With a current substantive capacity of 150 at Bronglais and the capacity at Swansea Bay UHB, the development of substantive capacity at Glangwili and future further capacity at Withybush and Prince Philip Hospital are priorities for the service in the coming 12 18 months. Additionally, 5 Cardiologist underwent training in CT Coronary Angiography in 2022 which now provides a skill capacity of 7 Cardiologists spread across all 4 acute sites.

Non Cardiac Computed Tomography Performance relating to GP and Consultant referrals across all 4 sites for non cardiac CT is very good at 90%+ of patients being seen in 8 weeks or less. However, the model relies heavily on an external provider which comes at a significant expense. Therefore, the model is not sustainable and does not have the productivity level (despite the good performance) of a substantive workforce model (as the provider needs to discuss 20% of cases with University Health Board staff)

Non Cardiac Magnetic Resonance Imaging (MRI) performance is extremely challenging with less than 59% of patients (GP referrals) having their MRI within 8 weeks (at a University Health Board aggregate level). The majority of the 8 weeks + waits are within Prince Philip, where only 30% of patients are waiting < 8 weeks. MRI (Non Cardiac) performance is slightly higher within Consultant referrals with 61% of patients currently under 8 weeks.

Non Obstetric Ultrasound performance for Consultant referrals remains around 81% (aggregated) for patients waiting 8 weeks or less. The performance for GP referrals is higher across Glangwili, Bronglais and Withybush General Hospitals achieving circa 88% (aggregated across the three). However, the number of patients waiting 8 weeks or less in Prince Philip Hospital is 65%.

Regional Diagnostic Hubs

During 2023/24, we will develop a Business Plan for both Health Boards Executive Boards’ agreement outlining any potential financial ask and next steps. This will include any requests for funding that could be sought for regionally led and managed programme resource for programme delivery from central funding. However, work has already begun on both our regional pathology centre of excellence, and on regional endoscopy.

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Planning objective: Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024.

Planning objective: Implement the planned care recovery programme in compliance with Ministerial priorities.

Specific deliverables:

Radiology Scanning (CT/MR/Plain film)

- Continue to utilise locum Radiographers to fill gaps in areas of staffing vacancy and where staffing is under resourced until new graduate appointments are on board, inducted and established Utilise findings of capacity and demand work currently being undertaken
- Utilise the D&C work to inform and implement a sustainable solution to extend the working day to reduce pressure and reliance on overtime and agency work. At present, we utilise Ever light for a significant reporting of OOH scans. A sustainable model can reduce the reliance on Ever Light, whilst ensuring the current CT capacity is not only maintainable, but the productivity can be increased by circa 20-25%
- Recruitment of 12 radiographers, lead in time for training However, once complete will be fast tracked into areas most needed, which will free up capacity for the more experienced radiographers (the benefits of the 12 additional radiographers are more likely to be end of year 2 / beginning of year 3)

Radiology Reporting (CT/MR/Plain film)

- Continue to outsource the reporting element where internal capacity and insourcing options cannot meet demand Utilise the findings of capacity and demand work currently being undertaken to realise the staffing resource required to enable the implementation of a sustainable solution to meet demand which would include options such as extending the working day to reduce pressure and reliance on outsourcing
- CT Out of Hours look at rotas, potential option to bring in a locum Radiologist overnight
- Plain film - recruited a readily trained reporter
- Recruitment of 2 part time radiologists to replace impending retirement roles, in order to meet demand. Allow Consultants to work more flexibly to attract work force and maintain work life balance

DXA

- Expand Bronglais service to be able to provide full clinical reports in line with those provided by Swansea Bay UHB, option to upskill existing staff with potential support from Swansea Bay UHB
- Procurement of a new DXA scanning machine at Bronglais General Hospital, through the potential of charitable funds

Key challenge is 7 Day turnaround for diagnostics for all tumour sites

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	Programmes of work planned for 2023/24 • Regional Pathology Centre of Excellence including Cellular Pathology, Microbiology, Genomics, Laboratory Medicine, Digital • Diagnostic Hubs, with the work programme being defined to include Endoscopy, Radiology, Orthopaedics, and Neurology • Cardiology including improving the provision Cardiac Computed Tomography (CT) training; Echo/Cardiac Physiology extending working hours and building a resilient workforce; Cardiac Pacing Repatriation of Hywel Dda patients; Cardiac Magnetic Resonance imaging (MR) service developments and improving the provision • Neurosciences including an epilepsy business plan; neurophysiology; and neuromuscular disorders
Powys	The equivalent of 1 in 5 of the population of Powys are on a waiting list for planned care, including diagnostics, in or out of county. There are national workforce shortages and fragility of in reach, with increases in breaches for 8 week waits for diagnostics in the specialities of non-obstetric ultrasound and musculoskeletal health. Actions to recover include waiting list reviews, sonographer training and joint work on capacity with providers. As part of the Accelerated Sustainable Model, a renewed approach to diagnostics for Powys residents has the potential to radically transform patient pathways improving outcomes for conditions such as cancer, stroke, heart disease, respiratory disease, dementia and many more – as well as increasing access closer to home. Driving forward the transformation of diagnostics will be a key part of the work on the Accelerated Sustainable Model. The Powys model is “whole system” and is aimed at improving outcomes, experience and cost through earlier detection of conditions at more treatable stages. It starts with self-awareness of wellbeing and prevention and includes close attention to inequalities. It spans people in their own home, through to health boards working together to secure regional and specialised solutions. As a large rural border region collaboration is key and the health board intends to form stronger strategic partnerships to help build more sustainable pathways of care. The Diagnostic Strategic Intent sets out the overarching direction. Implementation will be phased and incremental over the next three years, taken forward through separate business. Key drivers are: • Effectiveness in terms of improved outcomes and value • Empowerment of patients and professionals, so there is well informed shared decision making • Efficiency including addressing backlogs due to Covid-19 and adopting new ways of working • Environmental (reduced patient and transport journeys) • Emerging technologies and learning from innovation including responses during the pandemic PTHB has been able to drive forward initial work on transformation: the Strategic Intent has been developed. Testing was rolled out across primary care; the first phase of the community cardiology service was successfully established; work to implement Transnasal Endoscopy was initiated; access to Rapid Diagnostic Centres was taken forward in collaboration

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	with other health boards and NHS Trusts; continued developments in respiratory diagnostics were taken forward including spirometry, the repatriation of sleep studies and lung function testing; and cases to take forward the next phases of work in 2023/4 onwards were agreed including dermatology in primary care; the next phases of community cardiology; and in relation to dermatology diagnostics in primary care. The Discovery phase of the Accelerated Sustainable Model highlighted key findings in relation to health service use by the Powys population (and associated resource allocation). As well as improved clinical patient and clinical outcomes, efficiency gains should be delivered for example avoidance of duplication of imaging through IT networking, networking of pathology tests and reductions in acute admissions and length of stay. This includes expansion of diagnostics provision outside district general hospitals including imaging such as scanning and x-ray, tests and monitoring for cardiac and respiratory functions, pathology, phlebotomy and endoscopy. As part of the Accelerated Sustainable Model, building on the work to date, over the next three years Powys will take forward the phased implementation of the Diagnostic Strategic Intent supported by specific business cases. All three Powys Clusters have identified diagnostics as a priority, supporting the design of in county services, including cardiology, dermatology, musculoskeletal conditions, with a focus on immediacy of access to diagnostic results.
Public Health Wales	By 2026, working closely with our partners, we will have an agreed service model that includes new diagnostic and treatment capabilities for infectious diseases and has the capacity and skills to introduce and embed innovation. Our microbiology services will continue to provide world class diagnostic and clinical advisory services and Specialist and Reference Microbiology Services to support diagnostics, surveillance, and outbreak identification and management
Swansea Bay	Planned care goals and methods: Increase cardiac, respiratory and neurophysiology diagnostic, capacity including direct access for primary care. Expand dual energy X ray absorptiometry (DEXA) capacity across the south west Region. Increase core capacity in radiology through a combination of additional machine and reporting capacity and working regional with Hywel Dda to identify opportunities for mutual support. Roll out of Primary Care Audiology Programme which includes First Contact Advanced Audiologists providing hearing and tinnitus assessment and advice. Combined with routine and complex wax removal. Continued development of associate audiologist pathway and to reduce Ear Nose Throat outpatient referrals.

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	Diagnostic Hubs, with the work programme being defined to include Endoscopy, Radiology, Pathology, Orthopaedics, and Neurology A joint commissioning agreement with HDUHB for Regional Pathology Services which will optimise use of our joint resources and highly skilled workforce to deliver high quality services for the region Cardiology including improving the provision Cardiac Computed Tomography (CT) training; Echo/Cardiac Physiology extending working hours and building a resilient workforce; Cardiac Pacing; Repatriation of Hywel Dda patients; Cardiac Magnetic Resonance imaging (MR) service developments and improving the provision Neurosciences including an epilepsy business plan; neurophysiology; and neuromuscular disorders
Velindre	Support the development of the diagnostic network and single cancer pathway as key enablers of service transformation. Our capacity challenge will not only be in the delivery of treatment by SACT and radiotherapy, but also in the other services which support patient care including radiology, therapies, pharmacy and palliative care. 9% forecast growth in demand for Radiology Imaging in 2023/24

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Strategy Mapping – Diagnostic Workforce Plan

The documents noted below have been reviewed to identify the key themes and issues relating to the diagnostic workforce to inform a set of actions to be taken forward over 2023-205.

Please note: This table is not an exhaustive list and does not include a review of the literature in its entirety. Nor does it include a detailed review of all profession specific materials

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November 2023

Overarching Strategy and Policy Documents

Ref	Key document	Key reference points, actions and priorities for diagnostic workforce planning	Relevance to workforce plan
1.	A Healthier Wales (2018) A healthier Wales: long term plan for health and social care GOV.WALES Griffiths, Sarah 24/01/2024 13:36:49	This plan sets out a long-term future vision of a whole system approach to health and social care, building on the philosophy of prudent healthcare. In order to achieve this, new models of seamless local health and social care will be built on a local and national basis. These models will build on a foundation of local innovation including through Clusters of primary and community care providers. Aims of strategy: 1. Longer, healthier and happy lives 2. A whole system approach to health and social care 3. An equitable system which achieves equal health outcomes for all	Shift in emphasis towards a 'closer to home' approach to the delivery of care which is set out in subsequent publications relevant to diagnostics. Emphasis on technological advances to improve access

		4. Services which are seamless and delivered as close to home as possible 5. People will only go to a general hospital when it is essential 6. Using technology to support high quality, sustainable services	and experience for patients in accessing care.
2.	Our programme for transforming and modernising planned care and reducing waiting lists in Wales (2022) Our programme for transforming and modernising planned care in Wales and reducing the waiting lists (gov.wales)	The Programme highlights the need to prioritise Diagnostic services recognising them as an essential component of nearly all pathways but an area which is not currently able to meet demand so building capacity and expanding the diagnostic workforce is critical in this. Have committed to spending £262m annually to equip and train the next generation of health workers but notes that simply continuing to grow the existing workforce will not be enough and we will need to find ways to release additional capacity and work in different ways i.e. advocating a delivery model that supports professionals to work at the top of their licence. Need to streamline the diagnostic part of the pathway to drive efficiency and access through revising working arrangements to deliver ambition for extended hours across 7 days to support hot reporting which is essential. This will require a flexible approach to job planning.	
3.	Diagnostic Recovery and Transformation Strategy for Wales (2023) Diagnostic Recovery Transformation Plan for Wales (gov.wales)	This Welsh Government Strategy for NHS Wales sets out the priorities for Diagnostics over 2023-2025 with nine themes of focus. Whilst there is a specific workforce theme with the following actions: Significantly increase the training pipeline of diagnostic specialists including advanced practitioner roles (e.g. reporting biomedical scientists, reporting radiographers, advanced audiology primary care practitioners) and consultant	

		grade roles (e.g. consultant clinical scientists) as part of the service redesign. • Adopt the Imaging Academy model for other disciplines to support training and development of the diagnostic workforce. • Continue to develop prudent multi-professional working for diagnostics • Actively pursue hybrid working and 'reporting from home' The requirement for workforce to enable the other areas of focus i.e. Service Transformation, Digital, Commissioning is implicit and not all directly requiring a diagnostic capability but skills within these individual areas.	
4.	Diagnostics: Recovery and Renewal ("Richards" review) 2020 NHS England » Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England Griffiths, Sarah 24/01/2024 13:36:49	This independent review was commissioned by NHS England and although it has no formal status in Wales, the recommendations are applicable. From a workforce perspective, the Richards review highlighted the need to rapidly increase the workforce to support the growing demand for diagnostic services. The specific workforce recommendations are set out below: • Expand the imaging workforce through increases in training pipeline and assistant practitioner and support roles • Increase the number of advanced practitioner radiographer roles and assistant practitioner roles • Establish Training Academies for endoscopy to expand colonoscopy with associated increase in specialist practitioners and endoscopy nurses • Increase the number of echocardiographers and clinical scientists • Expand the pathology workforce, specifically histopathologists, advanced practitioners and health care scientists with a focus on skill mix	

		• Develop of genomic scientist roles and medics in line with national genomic planning • Support organisations to work together to deliver changes in diagnostics workforce particular in driving skill mix initiatives across the country. For context, the report estimated that there was likely to be a shortfall in key roles in England over 5 years of around 11,000 roles, which would equate to circa 650 roles in Wales. It should be noted that these estimates were calculated pre-pandemic and given the post-Covid backlogs, this is likely to be an underestimate of the position.	
5.	Aligned to Richards Review: NHS England GiRFT Diagnostics Delivery Guide- A guide for systems in delivering effective diagnostic services to support Elective Recovery -November 2022 Diagnostics-guide-to-support-elective-recovery-Nov-2022.pdf (gettingitrightfirsttime.co.uk) With references to: Radiology GIRFT Programme National Specialty Report-Nov 2020 Layout 1 (gettingitrightfirsttime.co.uk) The GIRFT Pathology national specialty report was published in Nov 2021, with almost all its content relating directly to the priorities set out by the Elective Recovery Diagnostics team. For these reasons, excerpts from the pathology report have not been included in this guide and this report should instead be read in its entirety Layout 1 (gettingitrightfirsttime.co.uk)	This GiRFT publication aligns to a number of elements within the Wales National Diagnostics Strategy including workforce redesign Additionally, the publication also focusses on the clinical pathway service users of the hubs (Respiratory, Diabetes, MSK, Cardiology and other services) for the elective recovery <u>Alignment of workforce to Wales Diagnostics Recovery and Transformation</u> • <i>Significantly increase the training pipeline of diagnostic specialists including advanced practitioner roles (e.g. reporting biomedical scientists, reporting radiographers, advanced audiology primary care practitioners) and consultant grade roles (e.g. consultant clinical scientists) as part of the service redesign.</i> Please see the annexe 'GiRFT Diagnostics delivery guide for Imaging workforce redesign detail	

6.	Open Access Government digital publication quarterly-May 2022	Staffing the community hubs will be a challenge. The Department of Health and Social Care has said the 100 centres planned by early 2025 will need an extra 3,500 radiographers to carry out diagnostic tests and 2,000 radiologists to interpret the results, as well as 500 advanced practitioners – radiographers with additional training to report on images. The Society and College of Radiographers claims the extra 6,000 specialists do not exist and says the centres will be staffed with people who are only available because they have left jobs elsewhere in the NHS. The Royal College of Radiologists has warned this could have a knock-on effect on waiting times for tests in hospitals – creating a new bottleneck that could delay the start of treatment and potentially lead to poorer outcomes for patients.	
7.	Topol Review: February 2019 (TOPOL) Preparing the healthcare workforce to deliver the digital future – an independent report on behalf of the Secretary of State for Health and Social Care HEE-Topol-Review-2019.pdf Griffiths, Sarah 24/01/2024 13:36:49	The workforce is changing with new expectations and the need for a good work-life balance through flexible careers. The NHS Long Term Plan identifies the need for more healthcare workers to respond to this increasing demand. Digital healthcare technologies, defined as genomics, digital medicine, artificial intelligence (AI) and robotics, should not just be seen as increasing costs, but rather as a new means of addressing the big healthcare challenges of the 21st century. This review anticipates how technological innovation will impact the roles and functions of healthcare staff over the next two decades. These technologies will not replace healthcare professionals but will enhance them ('augment them'), giving them more time to care for patients. Some professions will be more affected than others, but the impact on patient outcomes should in all cases be positive. Patients will be empowered to participate more fully in their own care. Within 20 years, 90% of all jobs in the NHS will require some element of digital skills. Staff will need to be able to	

	Griffiths, Sarah 24/01/2024 13:36:49	navigate a data-rich healthcare environment. All staff will need digital and genomics literacy. This Review is about both the existing and the future workforce. Using AI-based technologies, automated image interpretation in radiology and pathology will lead to faster diagnosis, while speech recognition has the potential to free up more staff time to deliver care. Patient benefit should be the driving force behind AI and robotics design, with new products co-developed with patients from design to implementation. However, it is critical that the healthcare system prepares to adopt any new technologies in a spirit of equality and fairness. A range of social determinants affect health outcomes, and digital health technologies should redress not reinforce inequalities, with particular attention given to vulnerable and marginalised groups. <i>An evolving health workforce</i> There is a need to raise awareness of genomics and digital literacy among the health and social care workforce, which will require development of skills, attitudes and behaviours in order to become digitally competent and confident. This will present new career opportunities for some of the workforce. Genomics will become integral to all specialties. While some aspects will remain with highly specialised professionals, many will become mainstream and embedded in routine healthcare delivery. The health workforce will play a key role in ensuring that genomic technologies are efficiently, appropriately and equitably deployed, so that individuals can understand how genetics can affect their health. Artificial intelligence will be deployed to augment the skills of the NHS workforce. Staff will need to understand fully the issues of data validity and accuracy. Early benefits of AI and	
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		robotics will include the automation of mundane repetitive tasks that require little human cognitive power, improved robot-assisted surgery and the optimisation of logistics. NHS organisations should invest in their existing workforce to develop specialist skills. Accredited continuous professional development (CPD) and flexible on-going training and career opportunities, including portfolio careers in academia or industry, will be important to deliver change. Successful implementation will require investment in people as well as technology. To engage and support the healthcare workforce in a rapidly changing and highly technological workplace, NHS organisations need to develop a learning environment in which the workforce is given every encouragement to learn continuously. We must better understand the enablers of change and create a culture of innovation, prioritising people, developing an agile and empowered workforce, as well as digitally capable leadership, and effective governance processes to facilitate the introduction of the new technologies, supported by long-term investment	
8.	Cancer Diagnostic Workforce – Moondance Report (2023) Diagnostic workforce Moondance Cancer Initiative (moondance-cancer.wales)	This expert review from Professor Alison Leary was commissioned by the Moondance Foundation. It sets out some of the challenges around current workforce planning approaches. Higher workloads in terms of volume and complexity and perception that IT and Diagnostic capacity are under-resourced putting the diagnostic workforce under significant strain.	

		• Direct service delivery v. service improvement tension. • Growing demand for diagnostics is not unique to cancer care. • Uncertainty around the design and workforce implications of new diagnostic provision i.e. Diagnostic Hubs and concern that more strategic planning is required. • Potential to contemporise approaches to workforce policy and planning from older models being used.	
9.	'Why do Diagnostics matter? Maximising the potential of Diagnostic services' The Kings Fund (Oct 2022) Why do diagnostics matter? The King's Fund (kingsfund.org.uk) Griffiths, Sarah 24/01/2024 13:36:49	This paper sets out why policy makers have singled out Diagnostics for greater focus as it has a pivotal role in supporting systems recovery through reducing waiting times and earlier cancer diagnosis. The report notes increasing demand across almost all aspects of diagnostics growing at 4-7% each year and the scope for innovation through the introduction of new technologies, widening access and changing patient pathways. Growth in diagnostic workforce has not kept pace with demand and there are significant staff shortages across all specialties but with Radiology, Pathology and Endoscopy notably under strain. The introduction of Community Diagnostic Centres has brought challenges from a workforce perspective with those working in this area highlighting that there is a need for a diagnostic workforce strategy that includes the community diagnostic centres to ensure that the centres can perform the range of tests needed to meet their local population health needs. Without it, staff shortages and skills gaps will undermine the community capacity that community diagnostic centres aim to create.	

		There is scope for artificial intelligence to benefit diagnostic pathways by supporting reporting and reducing the workforce time needed, but this will require significant upfront investment and evaluation to ensure accuracy. There are 29 pathology networks now in place across England and diagnostic imaging networks are set to follow by 2023. The rationale for Networks is the potential for improvement through pooling resources and using the existing equipment, facilities and workforce more efficiently. The report includes a whole section on challenges facing Diagnostics, of which workforce is a major issue along with equipment, facilities and digital capability. Years of poor workforce has led to significant shortfalls in Radiology and Pathology roles and recognises that new ways of working i.e. skill mix are key to delivering services within current workforce capacity.	
10.	Kings Fund-Keeping People out of hospital: the potential of diagnostic testing in innovating patient pathways-June 2023 Keeping people out of hospital The King's Fund (kingsfund.org.uk) Catch up free on demand until 7th July 2023 Griffiths, Sarah 24/01/2024 13:36:49	This free online event considers the wider system Correspondingly, workforce should be considered as to POC analysis and training of primary community resources to utilise POC for admission avoidance e.g. home devices and other locations e.g. virtual wards, In the context of the complex challenges across the health and care landscape, including <u>significant workforce shortages and limited clinical capacity</u>, this event considered the role of diagnostics in supporting those working in the system and keeping people out of hospital. the potential that increased access to diagnostic testing, and in particular in vitro diagnostic testing, in primary care, the community and in community diagnostic hubs offers to diagnosing people earlier and avoiding unnecessary hospital admissions	

		• what innovations in patient pathways mean for those working across the system and how they are being supported to make changes, in the context of the significant challenges they are facing • the role integrated care systems can play in developing diagnostic services that encourage innovation and are designed with people and communities at their heart.	
11.	The National Clinical Framework Wales May 2021 National clinical framework: a learning health and care system GOV.WALES	Diagnostics is only referenced in passing in this Framework but the priorities that it highlights from a workforce perspective apply. It defines workforce as one of the five criteria for reconfiguring services (which is one of the areas of focus in the Diagnostics Strategy for fragile services) when 'the workforce required to safely and sustainably deliver the service is not available because it cannot be recruited, developed or retained or can only be delivered by a dependency on agency and locum staff'. It gives the action to make the most of all clinical disciplines to deliver more sustainable workforce models and suggests that some of the specialist need can be met and capacity created by staffing groups focussing on doing only what they can do i.e. working at the top of their licence and through the development of advanced practice such as in healthcare scientists.	Almost all clinical pathways have a diagnostic element so the work of the proposed new clinical networks will impact on all diagnostic pathways
	The Kings fund- Two years on, how are community diagnostic centres doing? October 2023 Two years on, how are community diagnostic centres doing? The King's Fund (kingsfund.org.uk)	This article from the Kings fund examines the impact of community diagnostic centres (CDCs) in England since they were first announced in October 2021. It identified that 127 of the 160 centres promised by 2024 had so far been opened. The governments plan was for these centres to deliver up to 17 million tests by March	Introduction of CDCs in Wales would need to ensure that there is sufficient workforce supply with the appropriate skills

		2025. Since data of CDC activity was first published in March 2023, CDCs have undertaken 717,270 tests. The article points out that in August 2023, only 6.3% (139,000) of all tests carried out were done in a CDC. The article suggests that these figures could be due to the workforce situation. In 2022, the Royal college of Radiologists found that 89% of CDCs are staffed with existing trust employees who rotate between the CDC and acute sites. They suggest that this scenario may be diluting capacity in both settings. Despite this, the article suggests the CDCs may be contributing to retention of existing staff with feedback that they provide a 'positive environment' with 'better working hours'.	to ensure capacity within acute sites is not negatively impacted.
Profession specific documents			
Ref	Key documents	Key reference points, actions and priorities for diagnostic workforce planning	Relevance to workforce plan
12.	Statement of Intent: Wales Pathology Services (2019) pathology-statement-of-intent.pdf (gov.wales) Griffiths, Sarah 24/01/2024 13:36:49	The Pathology Statement of Intent identified eight priority areas where new strategic approaches are required to facilitate the development of high quality, effective and resilient Pathology services, of which workforce is one. Pressures on workforce due to growing demand and difficulty in modernising the Pathology workforce due to recruitment, retention and resource availability. Highlighted that many pathology specialties face shortages in Wales, both in medical and scientific professions, with significant challenges in recruiting Biomedical Scientists. Need for a consistent approach to this national challenge, with UHBs working together to overcome problems. Data	

	Griffiths, Sarah 24/01/2024 13:36:49	from the Royal College of Pathology Wales Regional Council Workforce Report for Histopathology highlights the fact that 26% of Consultant posts are vacant. Seven day services, an ageing population and advances in personalised medicine mean that demands on pathology services will continue to increase. As training for medical and scientific professionals within Pathology takes between three to ten years it is important that the investment in training and education includes provision for new trainees, post qualification, registration and continued professional development. Opportunities for developing the scope of practice of healthcare scientists across all specialities within Pathology. It is increasingly recognised that prudent, cross-discipline and flexible skill-mix approaches are needed for future workforce models to meet gaps in skills and expertise and facilitate retention/development. More robust national workforce intelligence is required to help model future needs of Pathology services. Similarly, national approaches to job descriptions, plans and advanced practice, broadening access and mobility within professions are required. The Statement highlights three workforce specific actions: • NHS Wales will support the adoption of prudent, cross discipline and flexible skill-mix approaches to future workforce models, overcoming professional and specialty boundaries by strengthening skills and expertise, increasing attraction and retention of professions within Pathology.	
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13.	Statement of Intent: Wales Imaging (2018) imaging-statement-of-intent.pdf (gov.wales) Griffiths, Sarah 24/01/2024 13:36:49	The Imaging Statement of Intent sought to address the challenges in diagnostic and therapeutic imaging in the Welsh National Health Services by implementing a coordinated approach, establish a national plan and configure service models to enable sustainable services that provide the best outcomes for Welsh patients. The Statement outlined how services are provided by a wide range of different specialty and professional groups which are under increasing pressure with major growth in demand as a result of more effective clinical pathways, increasing numbers of older people, increasing cancer incidence and improved technology and new techniques. It advised that whilst Clinical imaging was a popular specialty for medical trainees, training capacity did not match current workforce deficits. Wales has seven radiologists per 100,000 population, compared to a European average of 12, and the 160 whole time equivalent consultant workforce in Wales has the oldest demographic in the United Kingdom; based on a retirement age of 62 years, 26% are anticipated to retire by 2020.	

		The professions of radiographers and sonographers are both on the UK shortage occupations list. Workforce Development was a key priority of the Statement with three specific actions: • The NHS Wales Imaging Academy will be established to develop a sustainable and flexible imaging workforce to deliver a modern, responsive diagnostic imaging service for Wales • Health Education and Improvement Wales will facilitate the development of an integrated workforce training strategy for Radiologists, Radiographers, Sonographers, Advanced Practitioners, Assistant Practitioners and other Imaging Healthcare Professionals in Wales. • Welsh Government, in conjunction with NHS organisations, will establish funding models to allow the delivery of a national approach to workforce training that is appropriate for modern, flexible training combined with regional service provision.	The first action has been fulfilled from a Radiologist perspective.
14.	National Endoscopy Programme Action Plan (2019) and National Endoscopy Programme Revised Action Plan (October 2020) WG Label Pantone 342 (gov.wales) national-endoscopy-programme-revised-action-plan-october-2020_0.pdf (gov.wales) Griffiths, Sarah 24/01/2024 13:36:49	Workforce training and development is one of the four Endoscopy Board subgroups with the aim to support local workforce analysis, job planning, recruitment and retention and develop national training and development opportunities. The revised action plan advises that the following workforce actions have been completed: • Map local staffing profiles • Scope requirement for training of all groups of staff • Development of a coordinated national training programme for the clinical endoscopists and commence recruitment to it	

		With further actions ongoing: • Establish standard unit staffing profile • Establish the training faculty to support delivery of the National Endoscopy Training Programme • Develop and begin to implement a national workforce plan for endoscopy. Develop and issue guidance on job planning for medical staff •	
15.	UK Genome Strategy (2020) Genome UK: the future of healthcare - GOV.UK (www.gov.uk) Griffiths, Sarah 24/01/2024 13:36:49	The UK Genome Strategy sets out a 10 year programme to create the most advanced genomic healthcare system in the world, underpinned by the latest scientific advances, to deliver better health outcomes at lower cost. The focus of this strategy is at a UK level (which differs from other areas of health policy) and signals that the UK intends to work on a 4 nations basis to deliver the ambitious strategy. The strategy focusses on 3 key areas: • Diagnosis and personalised medicine • Prevention • Research. Diagnosis and personalised medicine: This signals an intention to incorporate the latest genomics advances into routine healthcare to improve the diagnosis, stratification and treatment of illness by: • Offering whole genome sequencing as part of routine care • Pharmacogenomics – to enable patients get the treatment and advice that work for them including tailoring drug treatments • Cancer – a new operating model for cancer ensuring multi-disciplinary teams can draw on a range of	

	Griffiths, Sarah 24/01/2024 13:36:49	genomic, imaging and longitudinal health and care data to improve patient outcomes. In terms of prevention, the focus is on: Enabling predictive and preventative care to improve public health and wellness. We will focus on the role genomics can play in: • expanding screening in early life: the UK is uniquely positioned to conduct a high quality, large-scale research programme to determine whether and how sequencing should be implemented for screening in newborns. We will study the opportunities, risks, ethical issues, and regulatory implications of such a programme, ensuring that we progress a public conversation to generate better understanding of patient and public attitudes. • targeted screening: using genomics to improve population health through improved disease prevention including better screening. This includes the use of personalised and risk stratified screening and testing of the family members of cancer patients to identify where they are at increased risk of cancer. We also expect to see development of non-invasive prenatal testing using sequencing to identify diseases. On research: supporting fundamental and translational research and ensuring a seamless interface between research and healthcare delivery. There are also 5 cross cutting themes: • engagement and dialogue with the public, patients and our healthcare workforce, placing the patient and the diverse UK population at the heart of this journey.	
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		- workforce development and engagement with genomics through training, education and new standards of care. - supporting industrial growth in the UK, facilitating entrepreneurship and innovation for projects and companies of all sizes, through common standards, funding, procurement, and R&D structures - maintaining trust through strong ethical frameworks, data security, robust technical infrastructure and appropriate regulation. - delivering nationally coordinated approaches to data and analytics. This will enable healthcare professionals and approved researchers to easily access and interpret our world-leading genomic datasets. The strategy is UK-wide, but it is important to note the differences in the evolution and development of genomics in healthcare across the 4 nations. Since health is devolved, decisions about whether and how to implement specific elements of this strategy will necessarily be made separately by the 4 administrations. These decisions will differ to accommodate the different needs of the populations in the 4 nations and the structures and systems of the NHS in each administration. This brings great opportunities for sharing of expertise and best practice, but also some challenges, in particular around data sharing and equity of access.	
16.	Genomics Delivery Plan (2022) Genomics Delivery Plan for Wales (gov.wales)	Through the strategy, WG aim to create a sustainable, internationally competitive environment for genomics and precision medicine to support the delivery of prudent healthcare for the population of Wales. This will:	Genomics is a rapidly advancing area of medicine and will impact significantly on

		• be based on all-Wales NHS genetics and genomics laboratory and clinical services, working to internationally recognised standards, as part of an integrated clinical and academic infrastructure for translational genomic medicine • be flexible and able to adapt to rapid change and new technologies, building on excellent relationships, within and beyond Wales, to capitalise on the potential of collaborative working between the NHS, public health in Wales, academia, industry and the citizens of Wales • contain plans to develop the NHS workforce to support the delivery of precision medicine • create a framework to forge new strategic partnerships, to maximise and accelerate health and economic benefits, including inward investment • outline our ambition to be a major contributor to the UK genomics capacity, working collaboratively across borders to obtain the maximum benefit and value for money from developments in genomic technologies • capture the potential of genomic data for Research & Development through supporting Wales' involvement in world-leading clinical research and trials.	patient pathways over the next decade. It is likely that in future there will be more genetic testing requested by primary care and therefore more counselling required. Patient pathways and treatment options will change which means that primary care will need to have a level of understanding of genomic medicine that may be over and above existing knowledge base.
17.	Imaging Workforce Plan – Wales (2023) executive.nhs.wales/networks/programmes/national-imaging-programme/strategy-for-developing-a-radiology-workforce-for-wales/imaging-strategy-docs/strategy-for-developing-a-radiology-workforce-model-for-wales/	The '<i>Strategy for Developing the NHS Wales Radiology Workforce</i>' was developed by the Imaging Workforce and Education Group (IWEG) in collaboration with Health Education and Improvement Wales (HEIW) and Radiology Services across NHS Wales. This strategy: ➤ Describes the Current shape of the workforce that is employed by Radiology Services in Wales ➤ Describes the significant challenges that are currently being faced by the Radiology workforce	

		➤ Puts forward a number of potential workforce solutions to assist those involved in the local planning and management of radiology services in Wales ➤ Outlines 22 recommendations to support and facilitate the development of the Radiology Workforce ➤ Sets out a shared vision for a strong, resilient, and sustainable Radiology Workforce for Wales	
18.	Quality Assurance Agency (2023) Biomedical Science and Biomedical Sciences, and Biosciences Subject Benchmark Statements https://www.qaa.ac.uk/the-quality-code/subject-benchmark-statements/subject-benchmark-statement-biomedical-science-and-biomedical-sciences	This new Statement offers clarification between Biomedical Science and Biomedical Sciences courses for the first time. It encompasses the broad range of disciplines in Biomedical Sciences and the specific disciplines in Biomedical Science including new technologies, excellence in clinical practice and research-informed teaching, and innovative teaching delivery. Importantly, it also reflects the subject's strengthening attention to equality, diversity and inclusion, and sustainability. We hope that the revised Statement will provide the framework to support the delivery of future-proofed Biomedical Science(s) programmes across the UK and drive excellence in this field.	
19.	IBMS, RCPATH and ACBLM (2023) Point of Care Testing National Strategic Guidance https://www.ibms.org/resources/news/national-poct-strategy/ Griffiths, Sarah 24/01/2024 13:36:49	Point of care testing (POCT) testing can be defined as those tests performed with equipment operated outside of a laboratory environment, from patient wearables and lateral flow devices, for example pregnancy tests and covid LFD's, to ward-based multianalyte devices. The purpose of a POCT service is to enable the delivery of high quality, accessible diagnostics at the point of need for clinical services, improving clinical outcomes and enhancing the patients' healthcare experience Healthcare is changing as technology develops, more virtual and remote (from the traditional healthcare setting) models of care are emerging. These models are changing the demands	The NHS England Long Term Plan and the Richards review highlights the importance of patients receiving care closer to home, shifting from acute hospital-based services towards more adaptive

		of traditional services, and a clear demand is for more diagnostics to be delivered at the point of need. There are further areas where POCT is expanding to include population health screening and diagnostic testing access for hard-to-reach social groups.	community-based settings.
20.	Broader pathology guidance: - International Organization for Standardization (2022) ISO 15189:2022 Medical laboratories – Requirements for quality and competence [Accessed at: https://www.iso.org/standard/76677.html] - NICE (2014, updated 2023) Acute kidney injury quality standard [Accessed at: https://www.nice.org.uk/guidance/qs76] <i>IBMS have commented</i> - NHS England (2023) Improving the Blood Culture Pathway [Accessed at: https://www.england.nhs.uk/publication/improving-the-blood-culture-pathway-executive-summary/]	These documents set out specific guidance that for individuals working within pathology services.	
21.	Physiological Measurement workforce and education: Royal College of Physicians (2020) Recognising the vital role of healthcare scientists, clinical physiologists and technologists https://www.rcplondon.ac.uk/news/recognising-vital-role-healthcare-scientists-clinical-physiologists-and-technologists	This brief paper recognises the vital role that healthcare scientists, clinical physiologists and technologists played during the pandemic, particularly in respect of extending their roles to cover gaps created when medical staff were allocated to other duties.	It highlights the potential for the skills of these professionals to be deployed more widely in the NHS
22.	Audiology: British Academy of Audiology (2022) NHS Lothian Report https://www.baaudiology.org/nhs-lothian-full-baa-statement-and-reports/ NHS England (2022, updated 2023) Audiology Systematic Improvement: https://future.nhs.uk/gf2.ti/f/1359778/154210469.5/PDF/-	The British Academy of Audiology Independent Review into the Paediatric Audiology Service at NHS Lothian has found systemic failings which led to some babies and children being undiagnosed or significantly delayed in diagnosis and appropriate treatment. “The root cause of these failures were a lack of scientific leadership, knowledge, reflection and enquiry in the presence of a lack of routine and robust	

	/Audiology%20Systematic%20Improvement%20Final_Minor%20update%20March%20_23.pdf Scottish Government NHS Lothian Review (2023): Independent Review of Audiology Services in Scotland - gov.scot (www.gov.scot)	quality assurance processes.” – personal note: Lack of suitable education and training was particularly implicated.	
23.	Neurophysiology: British Society for Clinical Neurophysiology (publication date not clear – website updated 2023) Guidance on Clinical Reporting [Accessed at: https://www.bscn.org.uk/content_wide.aspx?Group=guidelines&Page=guidelines_home https://www.bscn.org.uk/data/files/Guidelines/Guideline_resources.pdf	This details how Consultant Clinical Scientist Neurophysiology roles may be supported. Physiologists in NHS Wales are at a stage of developing towards being able to undertake such roles, such as undertaking the formal Higher Scientist Specialist Training. Also includes detailed list of standards and resources.	Note that the Healthcare Science Programme are working with WHSSC to bring into national commissioned approach in April 2024
24.	Echocardiography: The UK echocardiography workforce (2023) (bsecho.org) British Society of Echocardiography January 2023 Griffiths, Sarah 24/01/2024 13:36:49	The British Society of Echocardiography commissioned Professor Alison Leary and Dr Geoff Punshon to develop this report looking at workforce issues with echocardiography. There is significant increased demand for the echocardiography labour market but, as a result of the long lag time to train individuals to the high standards necessary to safely perform the diagnostic test, there is no way to liberalise quickly and safely the supply required. This makes retention of the existing workforce key along with education of the next generation and liberalising the returner labour market. Echocardiography lacks career structure, job planning and clear routes to progression. This has also resulted in the	The recommendations are relevant to both HEIW and employers.

		workforce focussing on direct clinical work and not having the capacity to do important quality assurance and safety work, service development work or train the next generation. There are issues with workflow into the echocardiography services such as non-standardised referrals and lack of data integration or services to share imaging or clinical information. Focusing on, and offering attractive and distinct roles to, experienced returners, such as supporting quality improvement, teaching opportunities, and such roles could offer a more predictable workload. Investing in practice facilitation or specific clinical educator posts running parallel 'service' and 'workforce development' lines could be prioritised. There is an opportunity to help deal with over work issues by introducing skilled supplementary workers and a support workforce in order to redistribute work such as administrative work. The recommendations of the review are: • Support in implementing a formal national career pathway in echocardiography to make services sustainable. • Recognise the advanced level role of an echo educator • Enable diagnostics by increasing training capacity and utilising new models such as introducing a slow lane and attracting returners. • Develop new roles which help distribute work such as administrators, data managers and support workers.	
25.	England GiRFT National Pathology Report-September 2021 Statement of support from Royal College Pathologists	The pathology workforce is primarily made up of medically qualified pathologists, clinical scientists and biomedical scientists, working in multidisciplinary teams (MDTs) across the pathology specialties.	

	Layout 1 (gettingitrightfirsttime.co.uk)	According to recent statistics, in the UK there are: 22,000 biomedical scientists, ranging from trainees to advanced clinical practice or consultant-level staff, along with high-level operational and service managers; 3,575 pathologists, including consultants, specialist registrars, and junior doctors; 264 consultant clinical scientists, with an equal number of trainees and other grades of clinical scientist. <u>Workforce GiRFT National Pathology Recommendations: Identify and close workforce gaps at a national level</u> • Building on network-level metrics identifying gaps, the NPB to work with training bodies and Health Education England (HEE) to ensure a wide range of intake and increase the number of training positions available, to meet anticipated future demand. b Labs, trusts and PNs to allocate time for biomedical scientists to mentor and tutor colleagues to higher levels to fill gaps in the medical workforce in all relevant specialties <u>(within 2 years of publication of GiRFT National Pathology report-Sept 2021)</u> • The urgent need for widespread introduction of digital pathology within histopathology is recognised See Annexe for Pathology workforce detail with all the Pathology professions	
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Meeting Date	25 January 2024	Agenda Item	3.2
Report Title	NHS Health and Social Care Artificial Intelligence (AI) Briefing Paper		
Report Author	Craig Barker, Assistant Director of Digital Services – Data Analytics		
Report Sponsor	Sian Richards, Director of Digital Development		
Presented by	Sian Richards, Director of Digital Development		
Freedom of Information	Open		
Purpose of the Report	This report provides an update on the current Artificial Intelligence (AI) landscape in Wales for health and social care.		
Key Issues	AI has the potential to transform the quality and delivery of health and social care in Wales. HEIW are working with key partners to take forward AI in an ethical, legal, and safe way. This paper details where the Digital Directorate is actively influencing and shaping the future of AI, with reference to education and training via the introduction of the AI fellowship in Wales, initiatives within the AI Commission, AI literacy and participation in the early adopter programme for Co-Pilot. Several barriers and issues need to be considered including: • The quality, governance, and standards for data. • Algorithmic transparency, bias, and public trust. • Workforce training and development. • Safety, ethical and legal challenges.		
Specific Action Required <i>(please ✓one only)</i>	Information	Discussion	Assurance
	Approval		
Recommendations	Members are asked to: • Note the contents of this paper along with the work being undertaken by the Digital team in partnership with other stakeholders.		

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NHS Health and Social Care Artificial Intelligence Briefing Paper

1. INTRODUCTION

Artificial intelligence (AI) involves computer systems performing tasks requiring human intelligence, such as decision making, image recognition (faster and more accurate analysis of medical imaging), natural language processing (analysing free text word in documents/web pages) and learning from data. While AI has the potential to transform health and social care outcomes, efficiency, and quality, it presents challenges in ethical, legal, and social aspects, data protection, governance, workforce development, and public trust and engagement.

It also has the potential for great alignment to the STEEP principles set out in the duty of quality.

This report provides an update on the current landscape of AI in health and social care within Wales and the activities and initiatives that the Digital Directorate is supporting Including:

- The AI Commission for Wales.
- The AI fellowship which supports health care education.
- HEIW early adoption of the Microsoft Large Language Model (LLM) [Co-pilot](#) and its potential future benefits for summarising and generating documents, creating presentations and computer code.
- The development of an AI strategic objective for 24/25 linked to AI literacy and work being undertaken by the National Data Resource.
- Recent engagement with NHS England for digital transformation (including AI) and links to the implementation of the NHS England Long Term Plan.

2. BACKGROUND

Health and social care face many challenges, such as increasing demand, ageing population, complex needs, workforce shortages, and budget constraints.

AI has the potential to transform the health and social care sector by improving patient experience and outcomes through:

- Enhancing the diagnosis and treatment of diseases, through faster and more accurate analysis of medical images, data, records, and personalised and evidence-based recommendations.
- Improving the allocation of resources, scheduling of appointments, coordination of care, and reduction of errors and waste.
- Supporting the health and well-being of patients through self-care, remote monitoring, digital therapeutics, and behaviour change interventions.
- Enabling the innovation and development of new products and services, by creating new insights, models, and solutions through data and knowledge.
- Improving and automating administrative functions, data quality and clinical coding using Natural Language Processing and LLMs/Generative AI.

AI can benefit the education and training of the health and social care workforce, by providing:

- Adaptive and personalised learning.
- Interactive and immersive learning, by using gamification, simulation, and virtual reality to create engaging and realistic scenarios and environments.
- Collaborative and social learning, by facilitating communication, interaction, and feedback among learners, instructors, and experts.
- Continuous and lifelong learning, by enabling access to up-to-date and relevant information and resources.

2.1 Existing AI Programmes within NHS Wales

There are a number of AI tools in use across the NHS in Wales and the other home countries which are making a difference already to the delivery of health care with more funding being made [available during 2023](#). However, funding is falling far behind other countries such as the US.

Example of tools used in Wales include:

- **IBEX Galen Platform:** An AI solution that automatically analyses digital images of prostatic and breast tissue from biopsies, prior to the pathologist's review, to support diagnosis of cancer by highlighting the highest risk images. Led by Muhammad Aslan in North Wales, collaborative working with three health boards. Originally sponsored via SBRI, this is now under a wider ranging review led by Health Technology Wales.
- **Brainomix:** An AI support tool that utilises brain CT imaging for stroke diagnosis, to more quickly identify those patients eligible for a mechanical thrombectomy procedure, an efficient and effective but time-dependent treatment for certain kinds of stroke. The team, led by Shakeel Ahmad in Cardiff, hope to increase the estimated 1% of stroke victims able to receive this treatment to up to 10%. It is currently being rolled out in six health boards across Wales.
- **Healthy.io:** A digital wound management solution that allows district nurses to travel to patients as part of regular check-ups and scan wounds with an app, which uses AI to measure and monitor the healing process. The trial is led by Swansea Bay University Health Board.
- **PainChek:** A mobile application that uses AI and facial recognition technology to automate pain assessment at the point of care, especially for patients who are unable to communicate verbally, such as those with dementia. The 12-month trial is led by Aneurin Bevan University Health Board, in care environments across Gwent.
- **TRINETX:** A Natural Language Processing (NLP) project used within Swansea Bay Health Board to find patients for clinical trials via turning patient notes and free text clinical documentation into clinically coded data for increased cohort identification. Thus, increasing the chance of finding suitable cohorts for trials and creating a richer dataset for analytics.

AI developments are discussed via several forums including the AI Special Interest Group, who signpost stakeholders including companies, academia, researchers, Health Boards/Trusts to funding opportunities and highlight AI projects throughout the UK, the AI Working Group, and the Wales Tech Week. Welsh Government also fund the Data Nation Accelerator, which promotes collaboration in AI and data science

among higher education institutes and is involved in a nationwide project on trustworthy AI. Additionally, engaged with Digital ecosystem Wales organisers of the AI special interest group.

2.2 AI Regulation, Ethics and Governance

AI tools undergo standard regulatory checks although their 'intelligent' functions pose a heightened risk due to bias, inappropriate use of data, patient harm, changes to the workforce structure, and lack of transparency and accountability. Some of the key regulatory and governance aspects of AI include:

- MHRA: The Medicines and Healthcare products Regulatory Agency regulates medical devices, including AI tools in the UK. However, existing provision does not fully account for the fast moving advances in AI therefore a [change programme is currently underway](#).
- GDPR and data protection: The General Data Protection Regulation and the Data Protection Act 2018 governs the processing of personal data in the UK, including for AI purposes.
- Commercial procurement: AI commercial software, is subject to the same public sector procurement regulation and fair competition rules, creating national and international legal obligations in how public sector organisations purchase and implement software changes.
- Digital design standards, cyber security, accessibility, and equality: Whether legislated or best practice, health and social care has a responsibility to ensure that the solutions meet the expected national standards,

Other sources of guidance and best practice, include the NHS AI Lab, the NICE Evidence Standards Framework for Digital Health Technologies, the UK Government's Data Ethics Framework, and the EU's Ethics Guidelines for Trustworthy AI.

Health and social care organisations must follow AI frameworks, engage in ethical discussions, and stay updated on AIs impact. Wales as a partner must adopt best practices to avoid falling behind in this rapidly evolving field.

3. PROPOSAL

PROGRESS TOWARD AI ADOPTION

To move forwards with AI in Wales, Welsh Government and the digital health and social care community which includes HEIW, need to understand the current landscape and move forward with initiatives. These Initiatives will help with current and future AI understanding and adoption.

3.1 The AI Landscape Review

Public Health Wales and members of an All Wales AI Working Group, of which HEIW is a member, developed the AI Landscape Review (appendix 2) in 2023. The review, outlines a strategy for AI in the health and social care sector in Wales, emphasising its importance, identifying barriers to adoption, and offering 12 recommendations to help overcome them. Appendix 2 provides greater detail.

3.2 The AI Commission

Following the landscape review, the AI commission was established in August 2023. The Commission seeks to establish a safe, and ethical AI environment in the health and social care sector in Wales and addresses the challenges of its adoption. Its three core priorities are understanding sector AI needs, mapping the current AI ecosystem and stakeholders, and promoting safe and ethical AI. Appendix 3 provides greater detail.

The Commission advises the Chief Digital Officer for Health and Social Care, who in turn advises the Minister on national matters. The Minister holds decision making authority at a national level. HEIW representation on the Commission includes the Director of Digital and Data and the Assistant Director of Digital: Data and Analytics who also attends other AI groups including the AI Working Group and AI Special Interest Group.

3.3 The AI fellowship

The AI fellowship embeds clinicians into existing AI projects to increase expertise and knowledge within the clinical community ensuring its safe and effective use. The fellowship is aligned to the NHS Long term Workforce plan and NHS Future Doctors program.

The fellowship curriculum concentrates on AI fundamentals, regulation and Standards, Validation and Evaluation, Integration and System impact and strategy and culture. The fellowship is now recruiting its third cohort (see below) of which HEIW is sponsoring 2 projects (2x 0.4WTE) in Wales (there are 3 total) as pilots for evaluation to assess future adoption.

The results from existing cohorts show that 91% of fellowships continue within the AI/Digital arena once they have finished.

The HEIW Sponsored projects are:

1- Cardiff and Value University Health Board's "FORE AI Study".

The Future of Real Time Endoscopy Artificial Intelligence study aims to demonstrate the benefits of using AI in colonoscopy via image recognition. The system acts like a second pair of eyes during the procedure using artificial intelligence (AI) to identify and diagnose polyps in images. It can support the doctor to find more polyps and provides instant diagnosis. This is strategically aligned to the NHS long term plan of saving 55,000 more lives a year by diagnosing more cancers earlier. The innovative AI solution deploys low cost, vendor agnostic, hardware into hospitals and uses secure cloud computing to process data.

2- Swansea Bay University Health Board's "Investigating effects of anti-seizure medication change on seizure severity using Natural Language Processing of hospital clinic notes"

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This project proposes to explore an AI-led solution to improve the extraction of seizure severity from clinic letters and link these to ASD data from routinely collected patient data. The project will benefit from an existing agreement to the access of epilepsy clinic letters in the Swansea and Cardiff epilepsy clinics, linking extracted data to the SAIL databank – a national databank of anonymized, linked healthcare data in Wales. The project will then explore the following questions; i) which first line drug(s) are most effective across various demographics and epilepsy syndromes ii) which ASD combinations are most effective in difficult epilepsies.

3.4 Generative AI and HEIW's early Adoption of the Microsoft LLM Co-Pilot

In 2023 LLMs such as GPT-3 (Chat GPT) gained widespread attention for its content creation capabilities. ChatGPT reached 100 million users within two months of its launch. The Advisory Board has produced a field guide on generative AI in healthcare (Appendix 1). While Co-Pilot's early adoption in Wales may not be fully realised, certain use cases such as automated documentation (excluding clinical coding) is already a reality for some.

As part of the NHS Wales Microsoft tenancy agreement, the AI tool Copilot will become available on a phased basis for Office 365 users in NHS Wales from 2024. Copilot is an AI-powered writing assistant which enhances users writing speed, quality and creatively. It employs natural language processing and deep learning to analyse input, context, and goals, generating relevant text suggestions. It can also utilise information from Office 365, including word documents, Power Point slides and E-mails to enhance its writing.

The potential benefits to NHS Wales includes enhance quality, efficiency and resource saving. The DHCW M365 Centre for Excellence is currently researching case studies and best practices with HEIW involved in the roll out programme. Early successes, such as support for enhanced learning and education have already been identified.

3.5 Digital Transformation AI and the NHSE Long Term Workforce Plan

The Digital team are in discussions with the English National Clinical Lead for AI and Digital Workforce with a view to collaborate and share insights across the four home countries, specifically to understand how the NHSE long term workforce plan is being implemented and how AI and digital transformation are being utilised in workforce planning, modelling, and forecasting.

The long term plan covers many of the use cases mentioned within this paper but has specific references to element such as: Using AI to eliminate variation in care, using predictive techniques to plan population care, using intuitive tools to reduce administrative burden of clinicians, and ensuring that data is secure, interoperable, and accessible.

3.6 AI IMTP Planning and the Links to AI Literacy, Education and Skills

Recognising the Importance of AI a new Strategic Objective dedicated to AI under the strategic aim of building our future workforce, for the 24/25 IMTP period has been developed. This will include the Commission's and Digital Capability framework.

An expression of interest is due to go out across NHS Wales. Through this position we which will map educational opportunities and undertake a gap analysis. The work will link with the National Data Resource (NDR) advanced analytics function, and the digital capability framework to ensure that Digital and data literacy including AI opportunities are taken into consideration for the NHS workforce in Wales. There will also be an assessment of how the work links to the duty of quality STEEP principles, given the challenges around Safe, Person-Centred and Equitability principles and patient perceptions, and fears. The AI working group will need to embed the STEEP principles into the work being done by the AI Commission and ensure practical steps are taken to assess them with the HEIW IMTP.

4. GOVERNANCE AND RISK ISSUES

There are risks specific to HEIW that are associated with IMTP plans for next year (24/25) which include: finance, skilled resources in place and capacity in teams and the fragmented state of understanding around a fast-evolving AI and clarity of roles and responsibilities. There are general risks around ethical and legal issues surrounding the adoption of AI. Risks will be mitigated via strategic objectives set out within the IMTP, AI fellowship adoption and evaluation, and via cooperative working with partner organisations.

5. FINANCIAL IMPLICATIONS

The Digital and Data Directorate will need to develop an investment case to support the future education and training requirements that come out of the discovery work highlighted in this paper. This will then be presented back to the Deans and Deputies Group for discussion and then Executive team for approval. Given the fast-moving pace of AI the links to Digital Transformation and the many issues highlighted here there will be a need for funding.

6. RECOMMENDATION

Members are asked to:

Note the contents of this paper along with the work being undertaken by the Digital team in partnership with other stakeholders

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Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
Compliance with Duty of Quality			
Safe: Safer patient care from data-driven insights and AI helping to detect and flag issues with data (including images) for intervention. Efficient: Enhanced capabilities, reduced workload, and efficient resource allocation, self-service reporting models in place and lessons learned via the AI fellowship.			
Legal Implications (including equality and diversity assessment)			
There are no direct legal implications because of this paper. However, adopting AI will have legal, ethical and other considerations on a case by case basis.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
This paper is a briefing paper. Subsequent papers that contain actions plans would need to detail implication of the act.			
Equality Impact Assessment (EIA)			
N/A – Briefing paper			
Report History	NHS Health and Social Care Artificial Intelligence (AI) Audience – DDGs v2 (Presented on 28-11-2023) Health and Social Care Artificial Intelligence (AI) Briefing Audience = executive team V1 (Presented on 15-11-23)		
Appendices	Appendix 1 – Generative Artificial Intelligence Use Cases Appendix 2 – Towards a strategy for developing and deploying AI within Welsh Health Boards Appendix 3 - Deeper understanding of AI needs		

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Generative artificial intelligence (AI) use cases: Near term

This field guide details examples of potential use cases of generative AI in healthcare. It is neither comprehensive nor prescriptive. For the examples listed, we recommend considering how this would impact your organization directly, how it might change your organization's role in the broader ecosystem, and how it might impact any future partners or competitors.

In this section of the field guide, we highlight four “near term” use cases that we expect to see used in healthcare by the end of 2023.

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1. Hallucinations are outputs that are fabricated or invented by AI models and are not justified by the training data.

2. “Black box” refers to the concept that for many machine learning algorithms the user or programmer cannot determine the inner workings of the system.



	Enhanced ambient listening tools	Patient-facing support tools	Automated documentation and coding	Automated preauthorization and claims adjudication
What could it do?	Improve transcription accuracy and create multiple summaries with different purposes (clinical notes, patient-facing summary)	Chatbots and interactive tools to guide patients through the care journey, such as price estimation, billing, finding a provider	Automate creation and/or review of coding and documentation to ensure accurate capture of conditions and reduce denials	Automate preauthorization approval/denial, adjudication of claims, including explanation of approval/denial based on benefits, documentation, etc.
Benefits	- Reduces documentation time and produces additional documentation - Improves patient-facing documentation materials and follow-up communications	- Improves consumer experience, increases ability for patients to self-serve if they choose to - Reduces administrative staff time	- Reduces staff time required for documentation and coding - Improves staff productivity - Reduces number of denials and missed codes	- Expedites claims approval/denial - Reduces staff time, back-and-forth between payers, providers - Fewer surprise bills, denials
Time horizon	Less than a year	Less than a year	Less than a year	Less than a year
Challenges to development, adoption, scale	- Ensuring accurate capture of various languages and accents - Limiting hallucinations¹ and errors to maintain clinician trust	- Data silos and lack of public information limit effectiveness - Hallucinations could harm patient trust - Digital inequity could limit uptake to patients with broadband/device access	Incorrect or missed codes have an immediate financial impact, which could lead to risk-aversion in adoption decisions	- Limited understanding of decision-making as generative AI explanations won't necessarily solve black box² nature of algorithms - Could quickly reach an “AI stalemate” as all stakeholders start using their own automated software to dispute claims
Potential impact on ecosystem	- Early adopters gain competitive edge in clinician recruitment and retention - Improves clinician, patient relationships for local providers in care delivery	Further competition based on price, transparency, ease of access as consumerism grows	Reduces staffing burdens and potentially increases revenue for providers, particularly for specialists who often see complex patients	Automated processes allow purchasers tighter, more standardized control over care delivery
Potential impact on patients	- Improved patient experience - Increased trust, patient activation due to easy access to notes	- Reduced impact of low digital health literacy on patients' ability to self-serve - Increased consumerism	More accurate documentation of conditions for patient medical records	- Expedited care due to automated preauthorization - Added confusion and frustration around denials



Generative AI use cases: Next level

These four use cases, deemed “next level,” highlight uses of generative AI that we expect to see by 2025 and that will have a significant impact on the industry.



Development and support of care management plans

Creation of molecules, proteins in drug development

Asynchronous telehealth and triage

Language-based detection and diagnosis of specific disease

What could it do?	Draft care management plans for clinical review and subsequently help patients follow those plans with automated prompts/chats	Design novel protein sequences with specific properties and novel molecules such as macrocycles and enzymes	Enhance patient intake chatbots and triage tools with better responses on a wider range of conditions	Detect and diagnose patients for diseases such as Alzheimer’s or depression through chatbots and analysis of speech and text
Benefits	- Reduces amount of clinical team time required to manage chronic conditions - Improves outcomes by further personalizing care management plans, assisting with adherence	- Shortens time required to develop new therapeutics - Improves the binding affinity of molecules to enhance effectiveness	- Increases ability to provide asynchronous telehealth with limited clinician time - Ability to automatically rightsize location and level of care to patient needs	- Better understanding of biomarkers allows for more personalized medicine and earlier disease detection - Expands capacity to diagnose patients without requiring extensive investment
Time horizon	2-3 years	1-2 years	2-3 years	3-4 years
Challenges to development, adoption, scale	- Potential for biased data, algorithms to negatively impact outcomes - Hallucinations could impact clinician and patient trust - Misaligned incentives between stakeholders could lead to care plan disputes	Requires large amounts computing power and storage	- Potential for incorrect recommendations, hallucinations - Increased possibility of clinician burnout - Ability for bias, outdated information to negatively impact care	- Overcoming bias in biomarker detection that could lead to missed disease - Protecting patient data when using recordings, text
Potential impact on ecosystem	Shifting care management and treatment decisions away from local clinicians and potentially further toward purchasers, solutions providers	Reduced R&D costs for pharmaceuticals and quicker development of novel treatments supports shift toward precision medicine	- Continued shift toward virtual care, potentially away from local clinicians - Changed role of the clinician from video/in-person interaction to case review	Shifting of behavioral health diagnosis and potentially the intervention away from local providers and toward telehealth
Potential impact on patients	- Improved outcomes - Further divergence in equitable outcomes as digital inequity means outcomes are limited to only connected patients	Better outcomes thanks to precision medicine, development of more orphan drugs	- Improved access, particularly for patients not experiencing digital inequity - Streamlined care journeys	Better outcomes, prognosis thanks to early detection of disease



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Generative AI use cases: Moonshots

In this final section, we highlight three use cases that we do not expect to see for a significant amount of time. However, if any of these use cases are realized, we would expect them to revolutionize the industry.

General diagnosis and treatment of disease

Digital therapeutic treatments

Synthetic data for use in clinical research

What could it do?	Intake diagnostic data, symptoms, patient history, and other clinical and non-clinical information; provide a diagnosis, course of action, and/or customized therapeutic to be reviewed and approved by a care team	Treat certain conditions via app and chat-based functions without the need for clinician oversight or intervention	Create synthetic data to enhance existing data sets or populate entire synthetic digital twin data sets that can then be used in clinical research, synthetic control arms for clinical trials, or synthetic medical images
Benefits	- Reduces time to diagnosis and treatment, extends clinician workforce - Reduces impact of clinician biases at the point of care	Expands access by reducing or eliminating need for clinician involvement in certain interactions	- Removes concerns around patient data privacy - Allows researchers to control for bias in data, sample size concerns by supplementing trials
Time horizon	5+ years	5+ years	5+ years
Challenges to development, adoption, scale	- Overcoming patient and clinician hesitancy or distrust - Black box nature of recommendations - Potential for AI bias, hallucinations to undermine diagnosis and treatment	Hallucinations, ensuring empathy, incorrect information all pose significant risk for potentially leading to patient harm	- Requires significant computing power and storage capabilities which come with high costs and high environmental impacts - Ethical concerns about how to prevent synthetic data from being presented or used as if it were real data - Challenges in terms of limiting the potential for synthetic data to introduce new biases while mirroring patient populations
Potential impact on ecosystem	Shifts a large amount of care delivery decision-making away from providers	- Continued shift of behavioral health services toward telehealth - Rapid expansion of digital therapeutic treatments for a broader range of conditions	Fundamentally changes how clinical research and clinical trials are conducted
Potential impact on patients	- Improved access - Better outcomes due to personalized treatment	- Increased access to behavioral health services - Expanded treatment options - Potentially creates two different standards of care at different price points, which could worsen disparities	- Improved data privacy - Better outcomes for groups traditionally under-represented in clinical trials



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Towards a strategy for developing and deploying AI within Welsh Health Boards

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December 2022

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1. Purpose

This document sets out an approach to developing a strategy for developing, procuring and deploying artificial intelligence (AI) in the Welsh Health Boards. It discusses why AI is important, what the barriers to increased adoption are, and propose 11 recommendations to help overcome those barriers.

In this approach, we consider:

- principles for the adoption of AI in health and social care
- longer-term implications, including keeping pace with technology
- embedding good governance and best practice, whilst stimulating innovation
- bringing together the diverse elements of the AI landscape in Wales
- making recommendations that can be acted upon to facilitate the adoption of AI innovation to improve health and care in Wales.

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There is a large overlap between digital and data strategies for health and care, and AI. Here, we focus mostly on those requirements specific to AI, whilst identifying commonalities with other strategies.

We will work with Welsh Health Boards and other relevant stakeholders to seek feedback on these recommendations and their implementation.

A definition of artificial intelligence

The UK Government has set out the legal definition of artificial intelligence in the [National Security and Investment Act 2021](#).

A definition under consideration for adoption in Wales, and more suited to the average reading age of Wales, is:

Artificial intelligence, or AI, is a type of technology that allows computers and devices to do things that would normally require human-like thinking and decision-making. This includes understanding and interpreting data, making recommendations or decisions, and achieving specific goals. AI can also have abilities similar to humans, such as reasoning, perception, communication, learning, and problem solving.

It is important that the public understands the implications of AI so that they can make informed choices. A strategy which incorporates good governance supports transparency and builds public trust.

2. The case for AI in health and care

The vision for AI in healthcare is to improve patient outcomes and make the health and care system more efficient. AI has the potential to transform diagnosis and treatment, health promotion and prevention, and operational efficiency. Exploring the role AI can play in reducing the burden on the health and care system has become particularly urgent given the impact that Covid has had on waiting lists.

There have already been some exciting developments. AI has been used [to predict gene expression](#), in the development of [predictive risk management](#) tools to support proactive care, in virtual assistants for patient care, such as [RITA at Velindre Cancer Centre](#), and in the [AI Pathologist](#) at Betsi Cadwaladr University Health Board. AI can also be used to [optimise drug discovery](#) and to [improve the efficiency of clinical trials](#). There are a wide range of areas where AI could be deployed, and Figure 2 sets these out.

AI technology is a long way off being able to replace humans. It still, legally, ethically, and technically, requires human oversight. Even so, it has an important role to play in the health and care ecosystem, alongside human skills and expertise.

The Welsh health and care system will need to take advantage of power of AI to provide an effective and efficient service that meets the expectations of and supports the needs of the people of Wales.

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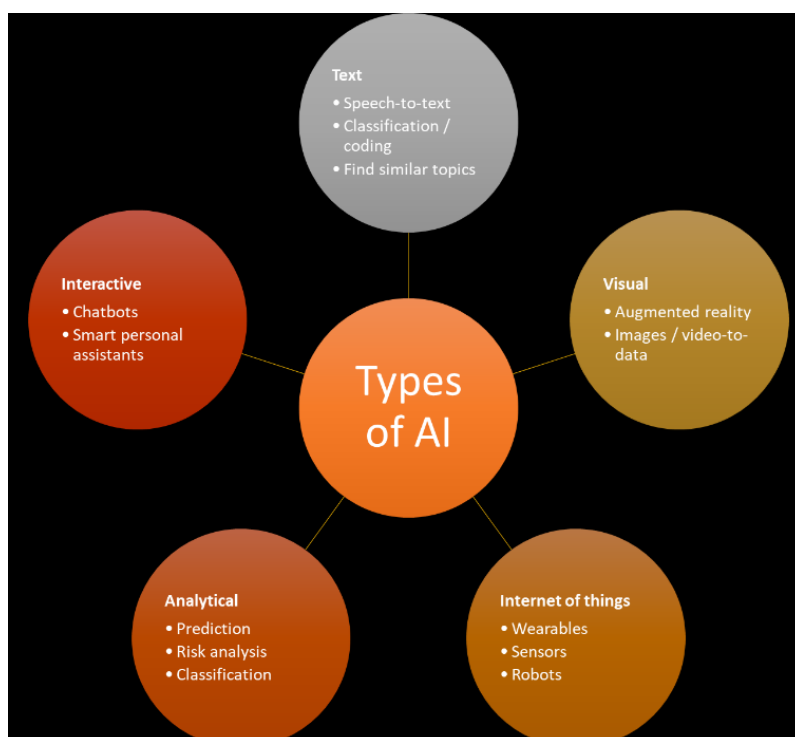


Figure 1: the wide range of AI applications

Principles for AI in health and care in Wales

The application of AI to health and care is a relatively new discipline, and investment in skills, infrastructure and governance is needed to exploit it safely. This requires national co-ordination and communication. With the power of AI comes some unique risks, including risks around bias, ethics and model maintenance. These need to be well understood to be managed effectively. We propose a set of principles to underpin the use of AI in the health care system in Wales.

These principles are based on the Organisation for Economic Cooperation and Development's (OECD) five [complementary values-based principles for the responsible stewardship of trustworthy AI](#), adapted for health care in Wales.

- AI should benefit the people of Wales, through improved health and well-being outcomes
- AI should be ethical, inclusive, fair, and sustainable, and involve human intervention where necessary
- AI systems should be robust, safe and secure, and risks be assessed and managed, throughout their lifecycles
- Organisations who make, deploy or use AI systems should be held accountable for adhering to the principles
- It should be clear who is responsible for what at each stage of the AI system lifecycle

3. Where are we now?

AI is already being researched, prototyped, and operationalised in Wales' health care ecosystem. Annex A sets out some of the activity underway, but it should not be considered a census of all AI activity.

At present, not only in Wales but across the UK, the balance of activity has been towards research and prototyping, and deployment has proved trickier. In terms of the Gartner AI maturity model, depicted in Figure 3, we are somewhere around the border of level 2, active and level 3, operational.

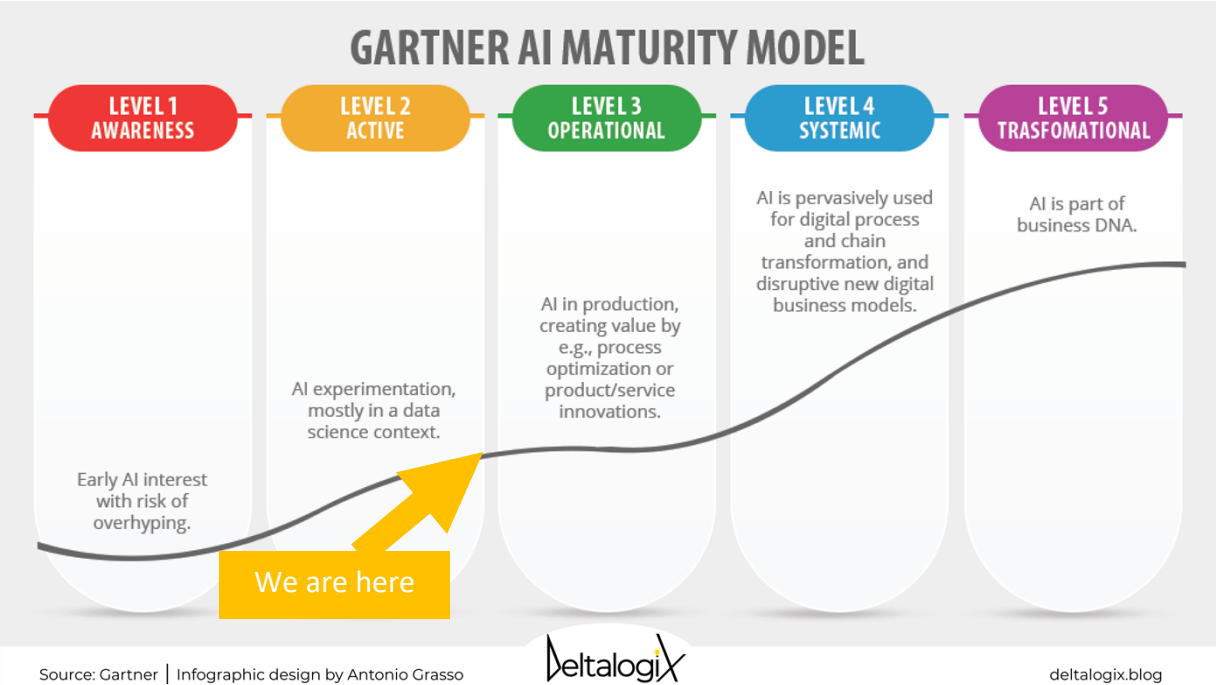


Figure 2: Gartner AI maturity model, showing Wales' health and care system at the Level 2/3 border. Note that different organisations will be at different levels of maturity, and this represents an overall view.

There is a growing ecosystem to support the development and deployment of AI in Wales. Annex B lists those organisations which have a role to play. A map of the responsibilities and support available from each of these organisations would be useful to both potential AI adopters and potential suppliers.

Wales also has an [Artificial Intelligence Special Interest Group](#) (AI SIG), led by the [Life Sciences Hub Wales](#). This brings together those working in health and social care in Welsh health boards, local authorities, academia and the public sector to share AI projects, challenges and opportunities.

Recommendation 1: map out the ecosystem for AI in health and care in Wales, and identify any gaps or duplications

4. Barriers to AI adoption

In this section we set out the current barriers to increased adoption of AI, what work is currently under way to address these, and what more could be done to support AI adoption. The barriers are arranged under four broad headings:

- lack of skills to identify, evaluate and deploy solutions
- digital and data maturity
- the gap between what is required for research and prototyping, and what is required for deployment into operation
- the lack of an overarching strategy for AI in Wales

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1. Lack of skills to identify, evaluate and deploy solutions

Highly technical skills in data science and AI are clearly necessary to design and develop AI solutions for the health and care system. But other skills are also required to make sure we maximise the opportunities for AI whilst managing the risks. These skills will need to be developed across a range of professions and job families, not just for data scientists and AI specialists. These skills include:

- AI leadership and literacy – leaders at all levels, both clinical and nonclinical, need to be able to identify opportunities, and be familiar with, and able to mitigate, the specific risks of AI
- intelligent customers for AI procurement - without this, we risk wasting money on over-hyped solutions, which can also lead to cynicism and disengagement; not understanding the risks associated with bias or model drift; or being tied in to proprietary solutions which are not good value for money
- digital, data and technology (DDAT) professions to implement AI services from research prototypes, this includes skills such as user experience and insight, service design, and Agile project management, to ensure that technical solutions are deployed into services which meet the needs of all users
- ethics and bias – staff procuring or using AI need to understand any ethical implications and ensure that biases are continuously evaluated and monitored. AI brings with it a risk of algorithmic or data bias, but also the opportunity to scientifically understand and address this.
- AI risk assessment - clinical safety officers and others responsible for patient safety need specialist training to understand the specific risks of AI, including the need to understand, document and respond to changes in performance over time and with changes in datasets.

2. Digital and data maturity

These barriers are not specific to AI, but also fall under digital and data strategies. The [Digital Strategy for Wales](#) sets out Wales' vision in this area, and we do not repeat what is covered there here. However, we note that:

- AI needs to be built on good quality data, with consistent standards and governance. These facilitate trusted data sharing, and hence robust and ethical AI development and deployment
- Legacy and proprietary systems, lack of interoperability, data and people silos, lack of AI, data science and big data tools and platforms, all act as a barrier to development and deployment.

3. There is a gap between research and prototyping, and deployment into operation

AI adoption often fails at the deployment stage, for several reasons.

- The skills required to operationalise AI are different from the skills required to research and develop prototypes. There is often a lack of attention to, and a shortage of skills in Agile delivery management, service design and user experience and insight, which are needed to turn a successful idea into a fully deployed product. These skills are required to make sure that user needs – clinical staff, service users and IT staff – are clearly understood and met. AI is often developed in secure research environments, with clean, well-understood, high-quality datasets. Real-world data is usually much messier, and infrastructure is often not designed to support AI. An understanding of the real-world data, and its impact on

algorithmic performance is required. Digital solutions need to be aligned with digital and data strategies, to ensure they are robust and future proofed.

- The health and care system is, rightly, risk averse. At present, a standard framework for regulation, assurance, monitoring, guidance and standards for AI is not in place in Wales, nor yet at a UK level. There is a risk that, without this framework, either AI is not well-managed, with implications for patient safety, or low corporate risk appetite stalls innovation.
- There is no clear process, or 'front door' for adopters and suppliers of AI. This leads to a lack of assurance and confidence in technical quality and ethical and legal compliance. This lack of governance also holds back innovation and transformation as opportunities are not linked effectively to strategic solutions.

4. Lack of an overarching strategy for AI in Wales

- A strategic approach can make the case for AI adoption, articulate the risks, and their mitigation, and build a shared understanding of the actions required to increase the safe adoption of AI.
- It is important to articulate the vision and roadmap for AI to improve patient outcomes and operational efficiency in health and care in Wales. Without incorporating this into the Welsh Government's wider strategies, such as the AI Strategy for Wales, and the Digital Strategy for Wales, there is a risk that ad hoc AI adoption will not be aligned with the longer-term direction of the AI ecosystem in Wales, and will fail to be truly transformational

What is already being done to address the barriers?

1. Lack of skills to identify, evaluate and deploy solutions

- Digital Health and Care Wales (DHCW) is developing job families for digital data and technology skills, which will help to recruit, train and retain people with these important skills.
- Talent pipelines have been created, including Welsh Government funded degree-level digital apprenticeships and MScs and the Office for National Statistics Data Science Graduate programme
- There is a growing strength in digital leadership.
- Significant work has been done on ethics and consent, including extensive work on [understanding ethics and safety](#) by the Alan Turing Institute.

2. Digital and data maturity

- DHCW's [National Data Resource](#) (NDR) is designed to address many of the challenges around digital and data maturity

3. There is a gap between research and prototyping, and deployment into operation

- There is a growing set of deployed AI to learn from. The health system does not necessarily need to be an early adopter, but can learn from others, and not just in Wales, to deploy AI safely with impact.
- The NDR platform will facilitate both research and operations, and bring together a wealth of standardised datasets, from which robust AI can be developed and deployed.
- Many AI use cases, including all those currently deployed, are not defined as clinical devices, but are operational, or support human-in-the-loop decision-making, avoiding the issue of lack of regulation for clinical devices, and falling within current corporate risk appetites.

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- Organisations like the [Life Sciences Hub](#) in Wales, and the [Multi-Agency Advice Service](#) are building resources to support both adopters and suppliers of AI to navigate regulatory, assurance and good practice frameworks.
4. Lack of an overarching strategy for AI in Wales
 - The Welsh Government, DHCW, PHW and the Welsh Institute for Digital Information have begun collaboration on a strategic vision and recommendations for AI in Wales, aligning with the Digital Health and Social Care Strategy refresh,

What else could be done to overcome the barriers?

1. Lack of skills to identify, evaluate and deploy solutions

Recommendation 2: *embed digital and data literacy and leadership in clinical, leadership and other staff training, and standardise in recruitment expectations*

Recommendation 3: *create digital, data, technology and analytical professional standards, career frameworks and competencies for the NHS in Wales, to support skills development, recruitment, and retention*

Recommendation 4: *build an AI community of practice and stimulate collaboration at all levels across the health and care system in Wales through an open programme of events, seminars, training and show-and-tells, and facilitate discussion between interested staff through Yammer or similar*

Recommendation 5: *map out what learning and development opportunities are already available in Wales and assess where provision could be strengthened either through programmes developing new skills or increasing available provision. Ensure that the solutions are inclusive and diverse and offer opportunities to provide training across the Welsh ecosystem, including the Welsh Universities.*

2. Digital and data maturity

Recommendation 6: *ensure, through the work of the NDR, that a robust governance, standards, and good practice framework for data and digital activity is in place, enabling interoperability, data and innovation sharing and confidence in AI.*

3. There is a gap between research and prototyping, and deployment into operation

Recommendation 7: *explore adoption of the [Multi-Agency Advisory Service for Artificial Intelligence](#) (MAAS) in Wales, to provide regulatory, assurance and good practice support for adopters and suppliers of AI in Wales*

Recommendation 8: *systematically promote funding opportunities, and the outcomes from the awards, including AI in Health and Care Awards (£250 million over 4 years), TriTech's technology challenge (£80,000), to facilitate adoption of tested AI into the health and care system in Wales.*

Recommendation 9: *ensure that there is a clear, well-defined process and governance so that suppliers and adopters understand their legal and ethical responsibilities at all stages of the AI development, deployment and operational lifecycle, including the adoption of [ISO/IEC 42001](#), which specifies the requirements and provides guidance for establishing and continually improving an organisation's AI management system.*

Recommendation 10: create an open-source repository of AI challenges and solutions to drive innovation and adoption.

Recommendation 11: note, contribute to and align with UK standards, governance and regulatory work including the Centre for Data Ethics and Innovation (CDEI) [effective AI assurance ecosystem roadmap](#), and the Alan Turing Institute’s [AI Standards Hub](#), adapting them for the Welsh ecosystem as appropriate.

5. Lack of an overarching strategy for AI in Wales

Recommendation 12: incorporate these findings into the vision and roadmap for AI in Wales

5. Recommendations

The recommendations are set out in Table 1. The owners and timeline for each recommendation will be developed in collaboration between the Welsh Government, Health Boards and Trusts and other relevant stakeholders. We note that some of these recommendations are already work-in-progress, but it is worth articulating their importance to the strategic approach to AUI transformation.

Table 1: recommendations to enhance AI adoption in health and care in Wales. Owners will be identified in collaboration with Welsh Government, Health Boards and Trusts and other relevant stakeholders.

recommendation	
1	Map out the ecosystem for AI in health and care in Wales, and identify any gaps or duplications – LSHub if approved
2	Embed digital and data literacy and leadership in clinical, leadership and other staff training, and standardise in recruitment expectations
3	Create digital, data, technology and analytical professional standards, career frameworks and competencies for the NHS in Wales, to support skills development, recruitment, and retention
4	Build an AI literate community of staff at all levels across the health and care system in Wales through an open programme of events, seminars, training and show-and-tells, and facilitate discussion between interested staff through Yammer or similar
5	Map out what learning and development opportunities are already available in Wales and assess where provision could be strengthened either through programmes developing new skills or increasing available provision. Ensure that the solutions are inclusive and diverse and offer opportunities to provide training across the Welsh ecosystem, including the Welsh Universities.
6	Ensure that there is a robust governance, standards and good practice framework for data and digital activity across health and social care in Wales, enabling interoperability, data and innovation sharing, and confidence in AI
7	Explore adoption of the Multi-Agency Advisory Service for Artificial Intelligence (MAAS) in Wales, to provide regulatory, assurance and good practice support for adopters and suppliers of AI in Wales
8	Systematically promote funding opportunities, and the outcomes from the awards, including AI in Health and Care Awards (£250 million over 4 years), TriTech’s technology challenge (£80,000), to facilitate adoption of tested AI into the health and care system in Wales.

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9	Ensure that there is a clear, well-defined process and governance so that suppliers and adopters understand their legal and ethical responsibilities at all stages of the AI development, deployment and operational lifecycle, including the adoption of ISO/IEC 42001 which specifies the requirements and provides guidance for establishing and continually improving an organisation’s AI management system.
10	Create an open-source repository of AI challenges and solutions to drive innovation and adoption, and to manage risk.
11	Note, contribute to and align with UK standards, governance and regulatory work including the Centre for Data Ethics and Innovation (CDEI) effective AI assurance ecosystem roadmap , and the Alan Turing Institute’s AI Standards Hub , adapting them for the Welsh ecosystem as appropriate.
12	Incorporate these findings into the vision and roadmap for AI in Wales

6. Next steps

The next steps for this work are:

- seek feedback on this document and the recommendations from the Welsh Health Boards and other stakeholders through a series of workshops in early 2023
- carry out a SWOT analysis with Welsh Health Board stakeholders
- incorporate these themes into the Welsh Government vision on AI for Wales
- map the Wales AI ecosystem
- consider a collective [UKRI funding bid for an AI Hub](#) for health and care in Wales
- consider how UK or other guidance and standards can be adopted and adapted into the Welsh ecosystem

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Annex A: examples of AI in health and care

Case studies, reviews and awards for AI in health and care. This is not intended as a Census of all activity, but to provide some examples of how AI is being adopted into the health and care system.

Case studies

- [Brainomix](#), Welsh Health Boards, currently being deployed
- [HepatoSIGHT, predicting liver disease](#), Somerset NHS Foundation Trust
- [remote cardiac monitoring](#), NHSX
- [EMBRaCE, monitoring vital signs in cancer treatment patients](#), Manchester and Christie Foundation Trusts
- [RiTTA, virtual assistant for tailored care](#), Velindre Cancer Centre
- [wound care scanning app](#), SBUHB
- [Healthy.io, pain check app using face scanning](#), SBUHB
- [Parkinson's detection from brain slice](#), NHSX
- [CliniTouch Vie, remote monitoring of mental health](#), SBUHB
- [PRISM - predictive risk management](#), estimating chance of admission to A&E in next 12 months, DHCW
- [AI in dermatology and skin cancer \(July 2019\)](#)
- [Prostate cancer: AI pathologist used to help diagnosis - BBC News](#), North Wales
- [Wales Data Nation Accelerator](#), Welsh Universities

Reviews and awards for AI in health and care

- [Digital and AI technologies for cancer care: current examples](#), Moondance Cancer Initiative, Gregory, March 2022
- [Tritech competition winners set to drive innovations in health and social care | Digital Health Wales](#)
- [AI in health and care award](#) - 79 innovations with £90 million, Swansea University on the evaluation advisory group. The AI Award is part of the £250 million [NHS AI Lab](#) aimed at improving the health and lives of patients.
- [Public Health Wales Screening Division](#), opportunities for AI, 2019
- [NHSX AI Skunkworks programmes – 5 case studies](#)

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Annex B: the Welsh ecosystem

Welsh Government

Public Health Wales

Digital Health and Care Wales, and the National Data Resource

Health Education and Improvement Wales

Welsh Health Boards

Wales' NHS Executive

[Digital Health Ecosystem Wales](#)

[Tec Cymru](#)

[Health Technology Wales](#)

[Wales Data Nation Accelerator](#)

[National Clinical Framework and D2K](#)

[Life Sciences Hub](#), including the [Artificial Intelligence Special Interest Group](#) (AI SIG)

[The Multi-Agency Advice Service](#)

[Alan Turing Institute](#)

Welsh academia including the [SAIL Databank](#)

[AI in Health and Care Awards](#)

NHSX

Private sector

[Government Digital Service](#)

[Spread and Scale Academy](#)

[Bevan Commission](#)

[Centre for Digital Public Services](#)

[Respiratory Innovation Wales](#)

[Wales Institute of Digital Information](#)

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Annex C: guidance, strategy and other useful links

[UK AI strategy](#) – focusses on AI as an economic driver

[National Strategy for AI in Health and Social Care](#)

[National algorithmic transparency standards](#), Cabinet Office's Central Digital and Data Office

[Digital Strategy for Wales](#)

[AI Assurance Roadmap](#), Centre for Data Ethics and Innovation

[AI Standards Hub](#), Turing

[Algorithmic impact assessments report](#), DHSC, Ada Lovelace Institute, for data access in a healthcare context

[Plan for Digital Regulation](#), UK

[Scotland's AI Strategy: Trustworthy, Ethical, and Inclusive](#)

[A European approach to artificial intelligence](#)

[Topol Review, preparing the healthcare workforce to deliver the digital future](#)

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PRIORITY 1: DEEPER UNDERSTANDING OF AI NEEDS

- IDENTIFYING WHERE AI CAN BE OF MOST BENEFIT
- UNDERSTANDING THE BARRIERS TO ADOPTION

Summary

There is a need to improve organisational understand of the requirements that exist across the Health and Social Care sector in Wales so that we are using AI as a tool to answer the right questions:

- What has prevented greater adoption of AI?
- What can we deliver that supports effective adoption of AI?
- What are the big issues than need solving?

Proposed Actions:

- Tracking activity of successful / unsuccessful adoption (Wales and wider)
- Document key needs across the system and opportunities for AI based solutions
- Develop roadmap to address needs

Work item	Lead	Date Updated	Comments
Development of Key priorities work areas proposal	Louisa Nolan	22/10/2023	Priorities identified, awaiting resource for more detailed planning
Big Data Fund – competitive exercise	Chris Habberley	22/10/2023	From a budget of £15k, 25bids received totalling £1m. 5 winning bids awarded a total of £146k
Initiatives Mapping	Chris Rolls / wider working group	22/10/2023	Meeting to be arranged with Chris Rolls, Louisa Nolan and David Jarrom to review and plan next steps
AI in Cancer Diagnosis – Academic Evidence Reviews	Alesha Wale – PHW Rapid Review Team	22/10/2023	Draft review being shared with the Commission – team have agreed to present findings at the November call
AI Assisted Endoscopy & IBEX Galen Platform – Evidence Review	HTW	15/09/2023	
Securing AI Commission dedicated resource	Gareth Ashman	26/10/2023	Discussion ongoing with partner organisations

RISKS AND ISSUES BEING MITGATED

Risk name	Description	RAG Rating
Understanding pain points	A poor understanding of the key areas across health and social care where AI initiatives may deliver greatest benefit	
Unclear where existing AI trials are across the Health and Social Care Sector in Wales	We have a poor picture of what AI implementation and trial activity implementation – or how this relates to major programmes of work	
No dedicated resource to support activity	The AI working group is made up of a number of professionals across Health and Social Care but no one is specifically tasked with AI – resource needs to be identified to mitigate this capacity issue	

PRIORITY 2: MAPPING THE CURRENT ECOSYSTEM

- ENGAGING WITH STAKEHOLDERS ACROSS WALES
- WORKING ACROSS SECTOR AND SPECIALITIES

Summary

Beyond specific AI projects we need to have a better understanding of the wider architecture that can support and enable the delivery of ethical AI – including existing interest groups, skills development, technical capability and links with HE and staff unions. This is also where we account for our understanding of how AI initiatives fit in with wider programmes of work

Proposed Actions:

- Ecosystem map – who is responsible for what across Wales?
- Stakeholder map – who needs to be involved, Wales and wider
- Where are the gaps, and where could we improve using what we have?

Work item	Lead	Date Updated	Comments
Engagement across interest groups to share the development of the AI Commission and welcome involvement: - AI SIG, Innovation Leads Group, Patients and Public Assurance Group, Welsh Scientific Advisory Committee	Gareth Ashman	24/10/2023	
Big Data event – AI themed webinar	Chris Habberley	26/10/2023	30-November. Includes Mike Emery, talks from experts including two-way engagement on AI adoption challenges
Developing AI Clinical Fellowship opportunities with the AI Centre for Value Based Healthcare	Craig Barker	22/09/2022	
Stakeholder mapping exercise	Louisa Nolan	22/10/2023	Created mapping subgroup, meeting in next couple of weeks
RISKS AND ISSUES BEING MITGATED			
Risk name	Description		RAG Rating
Understanding implementation and evaluation approaches	We don't believe there is a single agreed approach across most organisations for evaluating, implementing and reviewing AI technology or in generating outcome measures – or in managing routes from research and development to patient benefit		
Poor understanding of digital / technical skillsets across sector	There is a risk that the NHS Heath and Social Care workforce has insufficient capacity to implement and use AI technology effectively		
Insufficient digital maturity	Risk that existing architecture is not equipped to effectively facilitate, hosting, management, compute and interoperability functions necessary to provide effective AI technology implementation		

PRIORITY 3: ENABLING SAFE AND ETHICAL AI

- REDUCE RISKS FOR SAFE AND ETHICAL USE OF AI
- INCREASE EVIDENCE BASED CONFIDENCE IN AI TO SUPPORT ADOPTION

Summary

Ensuring the safe and ethical adoption of AI is core to the purpose of the Commission. Once an understanding of the ecosystems needs are created the working group and commission will work collaboratively across the sector and with international partners to identify best practice and solutions to meet this need and look to implement in Welsh Health and Social Care

Proposed Actions:

- Review AI and digital regulations service offering and adopt / adapt for Wales
- Review algorithmic transparency and ethical frameworks and adopt / adapt for Wales
- AI Register discovery – what does Wales need, and how could it work?

Work item	Lead	Date Updated	Comments
Engaged with AI Policy leads in DHSC on reviewing the AI digital regulations service (AIDRS)	Gareth Ashman	28/10/2023	Have met with DHSC Policy lead and agreed to two monthly regular catch ups – Have attended show and tell for latest iteration of (AIDRS) Functional journeys support Welsh Language and have secured access to content library for evaluation
Engaged with the centre for data ethics on reviewing the Algorithmic Transparency Standard	Gareth Ashman	22/10/2023	Proposal to adopt as guidance across public sector being discussed at AI Commission on 31 /10
Reviewing and evaluating the NHS 'Blueprints' service	Bryn Harries	19/09/2023	

RISKS AND ISSUES BEING MITGATED		
Risk name	Description	RAG Rating
Risk that the existing regulatory approach is insufficient	Unique circumstances of AI as a decision-making technology presents risks which may not be adequately tackled by existing regulation or best practice	
Insufficient capacity to develop regulation	Risk that NHS Health and Social Care has insufficient capacity to generate bespoke regulation and doing so may create regulatory silos – approach should be to adopt	
Poor transparency among patients and staff	There is a risk that our current light touch approach to AI implementation may create a transparency gap – creating a poor understanding and low support for AI use in the sector	

Annex 1

Big Data Fund

Applications

Projects

Paediatric virtual urgent care

Identifying women at high risk of ovarian cancer

FMS ESR Data to Enhance Qlik Sense BI Project For Finance

EXIT: a digital Clinical Decision Support System using reinforced learning mechanism to prevent extubation failure

SSNAP (Sentinel Stroke National Audit Programme) Data Integration

Non catalogue market wide purchasing data to mitigate avoidable costs and charges

Development of a Radiotherapy Dashboard

In-depth analysis of the Wales Type 2 Diabetes Remission pilot

'Healthy Days at Home Wales - Suite of Population Data' - Evaluation

Scoping of upstream arthroplasty pathway

Referral dashboard for primary and secondary care

Utilising a technology enabled home monitoring service with data insights to better understand uncontrolled and difficult to treat asthma

Smart Meter Innovation

Projects

Cancer Forecasting and Capacity Modelling

Clinical Coding Automation using AI

Better communicable disease surveillance in care homes: the use of structured and unstructured data to identify care home residents

Creating a national liver disease scanner data resource – networking Fibro scan units

Physical activity data collection using wearable devices – proof of concept

National Auto-Coding

Clinical Waste streaming in the community - app development

Right care, for the right condition at the right time, for patients requiring critical care outside of hospital in Wales

Mapping prevalence and stage of bowel cancer presentation in ethnic minority groups in Wales.

Identifying suspected major trauma cases from the free text in radiology reports using NLP

Analysis of the social care jobs market in Wales.

Integration on Ibex AI Application to all Wales LIMS using Talking point.

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Meeting Date	25 January, 2024	Agenda Item	3.3
Report Title	Revalidation Support Unit (RSU) Update		
Report Author	Steffan Biggs – RSU Programme Lead Miriam Davies – RSU Programme Lead		
Report Sponsor	Professor Pushpinder Mangat – Medical Director		
Presented by	Dr Christopher Price – Head of RSU Steffan Biggs – RSU Programme Lead Miriam Davies – RSU Programme Lead		
Freedom of Information	Open		
Purpose of the Report	To provide information on the remit of the RSU including key updates and priorities.		
Key Issues	• The RSU has a key Governance role in supporting the Appraisal and Revalidation processes for all doctors in Wales and ensures that they are kept updated for the Chief Medical Officer who is the Senior Responsible Officer • The Medical Appraisal Revalidation System is the leading system of this type in the UK, and can be adapted for other professions. • The Orbit 360 Multisource feedback tool is a successful tool which has been looked at by other Deaneries in the UK • Our CPD website hosts over 40 open access e-modules on a range of clinical and non-clinical topics. • The RSU provides and manages the GP appraisal process for approximately 2,600 GPs in Wales on behalf of health boards.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	√		
Recommendations	Members are asked to: • Note the update in respect of the work of the RSU for information.		

Griffiths Sarah
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Revalidation Support Unit (RSU) Update

1. INTRODUCTION AND BACKGROUND TO RSU ACTIVITIES

The Revalidation Support Unit (RSU) aims to support and improve professional standards through Continuing Professional Development (CPD), appraisal and revalidation.

We work closely with stakeholders including Welsh Government, the General Medical Council (GMC), the British Medical Association (BMA), and designated bodies in Wales to deliver high quality, professionally led systems and resources.

Working together as a team is important to us and underpins everything that we do. We place huge significance on working collaboratively to reach our goals and encourage all team members to apply compassionate leadership behaviours to their role. We continuously challenge ourselves to make the best use of our knowledge and expertise whilst having a positive and proactive outlook.

We greatly value our role and position within HEIW and wider NHS Wales. We recognise the importance of sharing best practice and working closely with a range of key stakeholders to enhance our work and ultimately positively influence patient care.

The RSU is integral in supporting primary and secondary care healthcare workers meet their appraisal and revalidation requirements. Thus, assisting HEIW to meet its strategic aim of developing our current workforce.

This paper also outlines the RSU's quality management role to ensure appropriate governance structures are embedded within designated bodies (NHS and Private) to support robust and consistent decision-making regarding revalidation.

i. Online Resources

The RSU have designed, developed and manage a suite of online resources that support doctors and designated bodies through the medical appraisal and revalidation process:

[The Medical Appraisal Revalidation System \(MARS\)](#) has been the single appraisal management system for all doctors with a prescribed connection in Wales since 2014. It is used by over 7,500 doctors to facilitate their annual appraisal and to meet revalidation requirements. MARS is continuously reviewed to ensure it remains fit-for-purpose.

[Orbit360™](#) is a purpose-built, end-to-end patient and colleague feedback system developed for all doctors with a prescribed connection to an NHS designated body in Wales. Orbit360™ offers an intuitive user interface and GMC-validated feedback forms to ensure the doctor's collated report satisfies the requirements of revalidation. Its adaptive platform will enable future use by other healthcare professions.

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[The Dental Appraisal System \(DAS\)](#) for Community Dentists, developed in collaboration with Welsh Government, health boards and the British Dental Association (BDA), is an end-to-end system that allows community dentists (CDS) to book appraisal meetings and compile supporting information via a secure online platform. It aligns with their terms and conditions of service and is based on a similar concept to MARS.

Trained staff within RSU provide a dedicated Service Desk service to support all our online systems and answer any user queries. The RSU's systems and Service Desk have been audited by the Audit & Assurance Service and received very positive feedback. With a clear focus on quality and consistency, the RSU aims to provide the best possible service to its users.

Key Activities & Priorities

Physicians Associate (PA) Pilot – the RSU is undertaking a pilot in collaboration with Swansea Bay Health Board. All PAs have registered with MARS to undertake an appraisal by the Summer 2024 and will feedback on the process in readiness of the introduction of GMC regulation.

Single Platform – the RSU continues to engage closely with the Digital Team in preparation of the Single Platform development work. The RSU will shortly commence the planning phase and consider key user group involvement to enhance our current offering.

Specialty-specific surveys – the RSU are enhancing the functionality of Orbit360 by introducing the ability for users to generate specialty-specific surveys when initiating their survey exercise. We are currently in discussion with Public Health Wales to provide them with a specific survey that will enable their consultants to receive more meaningful feedback on their practise.

ii. Continuing Professional Development

The RSU develops and delivers a range of CPD events and online resources to support the needs of the NHS Wales workforce.

Our CPD activity is designed for GPs and Primary Care healthcare workers, to update clinical knowledge and to support ongoing learning, but are also appropriate for other health care providers. We actively seek opportunities to collaborate with our colleagues across HEIW, as well as external agencies, to develop and promote multi-disciplinary educational events and resources.

Our [CPD website](#) hosts over 40 open access e-modules on a range of clinical and non-clinical topics. Our thorough review schedule supports us in ensuring they remain up-to-date and are promoted by utilising HEIW's social media channels and by linking them to national awareness campaigns. We monitor trends and current primary care issues to ensure we meet the ongoing needs of the workforce and evaluate the 'success' of each module by analysing key data including feedback from users.

We are committed to ensuring that all our modules comply with all required standards including Welsh Language, accessibility and equality & diversity.

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CPD On Demand

We deliver a programme of high-quality learning needs-based events that are available to all GPs across Wales. These mainly online educational events cover a broad range of topics with an opportunity for GPs to gain information and advice from specialist clinicians.

Our recorded webinars provide an excellent opportunity to:

- update knowledge on a broad range of topics
- gain information and advice from leading expert clinicians
- learn more about national and local policies and procedures
- support professional development and practice
- meet the requirements for revalidation.

Further information regarding our upcoming events and modules can be found on our [GP CPD website](#).

Leadership: 3D – *Discovering, Developing, Developing in healthcare*

The 3D programme is a free educational programme open to GPs, hospital-based doctors, public health doctors, dentists, pharmacists and ophthalmologists.

The programme is designed to address the educational requirements of healthcare workers who wish to extend their abilities in engaging with, and influencing, the service improvement agenda in NHS Wales.

A key component of the 3D programme is the 3D project; a project identified by the participant which is based upon health care improvement. Through a combination of organisational theory and practice, the programme aims to increase the skills and confidence of those clinicians who do not see themselves as leaders in the traditional sense, but wish to implement and influence change within their clinical area.

The 3D programme aims to:

- increase capacity to engage in the improvement of the NHS in Wales
- enhance ability to work within and to lead teams
- recognise and manage the barriers preventing improvement in patient care
- develop opportunities which can lead to improvements in the quality of care
- apply aspects of organisational theory to workplace and project
- gain insights into the local NHS organisational development, to improve the delivery of care
- become part of a network of clinicians with a broadened understanding of the NHS with experience of affecting change at a local or national level.

The programme runs from September to May and consists of seven online modules. Modules will be released sequentially, and the successful participants will be given planned dates/times for the online activities.

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Key Activities & Priorities

CPD Conference – the RSU are currently in the planning phase to deliver a CPD Conference for GPs and other Primary Care healthcare workers. The event will consist of a key note presentation, workshops and provide the RSU with an opportunity to showcase its resources.

Y Ty Dysgu Transition – we are in the process of transitioning our resources to Y Ty Dysgu. Given the scale of this task, the RSU have taken the opportunity to review its offerings prior to moving them across. It is hoped this will be completed in early-2024.

Veteran Friendly GP Practice Accreditation in Wales – in support of our Veterans community and in collaboration with Welsh Government, the RSU launched specialist training on veterans' health and wellbeing, and promoting fair treatment and respect for people who have served with the armed forces, and their families.

These GP practices provide enhanced care for current and former military personnel through a programme introduced by Health Education and Improvement Wales (HEIW).

Trans Health Leadership Training – this speciality training will enable GPs to develop their skills to better support the healthcare needs of trans and non-binary people in a primary care setting.

iii. GP Appraisal

The RSU provides and manages the GP appraisal process for approximately 2,600 GPs in Wales. This service is provided on behalf of health boards.

Our aim is to deliver quality-assured annual appraisal to every eligible GP with a prescribed connection to a Responsible Officer in Wales, via our dedicated online appraisal system - [Medical Appraisal Revalidation System – MARS](#).

Appraisal is a professional, formative and developmental process. It is about identifying development needs, not performance management. It is a positive process to give doctors feedback on their past performance, to chart continuing progress and identify development needs.

We employ a network of GP appraisers, based in regions across Wales, that provide peer appraisals. They receive local support and guidance from their regional GP appraisal coordinators, as well as national support from the RSU team and the annual GP National Appraiser Conference (NAC), which includes additional training, key updates and interactive workshops.

We maintain a nationally recognised high standard by undertaking regular quality assurance activities and through the commitment and hard work of our GP appraisers.

Key Activities & Priorities

National Appraiser Conference – the RSU are currently in the planning phase to deliver our National Appraiser Conference in June. The Conference consists of a key

note presentation and workshops related to developing skills in appraisal. Workshops include – Coaching through change, Using Artificial Intelligence in appraisal, Neurodiversity, 'Do AIMS (Appraisal Insight Monitoring) matter'?

Maintain GP Appraisal Coordinator and Appraiser capacity / recruitment - the RSU continues to closely monitor the number of appraisals available at an all-Wales level. The RSU will shortly complete a review of the data to determine whether a GP Appraiser recruitment round is required in the Summer.

iv. Quality Management and Revalidation Support

We work with a wide range of stakeholders to provide guidance, support and drive forward continuous improvement. This includes leading on, and contributing to, all-Wales groups that oversee and support the delivery of medical revalidation by facilitating a consistent approach to policies, overarching guidance and quality improvement.

We provide a programme of events to support those working within medical appraisal and revalidation, these include appraisal conferences for secondary care appraisers, various support networks and the annual appraisal quality assurance (AQA) conference. The aim of the AQA event is to quality assure appraisal summary outputs in both primary and secondary care across Wales, whilst also providing ongoing support and training for appraisers. All Appraisers are encouraged to attend the events with the opportunity to network with colleagues, discuss and share skills on summary building and outcomes. This event builds on CPD for appraisers in their role while also supporting the RSU to identify themes and improvements for appraisal summary quality.

The support networks are an opportunity for networking between the RSU and various stakeholders:

The Wales Revalidation Oversight Group (WROG) drives the quality and safety of the medical workforce through a strategic approach to medical revalidation in Wales. The meeting is hosted by Welsh Government and attended by the GMC, the BMA and RSU Senior Managers / Programme Leads.

The Wales Revalidation and Appraisal Group (WRAG) facilitates the consistent delivery of medical revalidation for all doctors in Wales. The group provides a two-way link between the Wales Revalidation Oversight Group (WROG) and the designated bodies (DBs) in Wales. The meeting is attended by the GMC, Appraisal and Revalidation Leads/Managers across the DBs in Wales, and the RSU.

The Appraisal Lead and Revalidation Manager (AL/RM) Network provides a protected supportive environment for Appraisal Leads and Revalidation Managers to meet and discuss relevant topics to their role and calibrate issues/decisions across Wales.

The Responsible Officer (RO) Support Network provides a forum for the ROs in Wales to discuss complex issues relating to revalidation and facilitates consistency in decision making. The network also supports the role of the RO by providing an opportunity for greater collaboration. The meeting is attended by the Chief Medical Officer, the GMC, and the ROs/Deputy ROs across Wales.

We lead a programme of quality management activities, this includes revalidation quality assurance review visits to all designated bodies in Wales, to provide assurances to the chief medical officer that appraisal and revalidation systems continuously develop in order to meet, and wherever possible, exceed defined quality standards. We also undertake a range of quality improvement projects to explore new ways of working, providing recommendations and guidance to further improve our systems and processes in Wales. The outcomes of our quality work are then used to develop an all Wales action plan to support this continuous drive to quality improvement.

The RSU is committed to ensuring the duty of quality standards are embedded into all areas of our work. A number of our existing activities (as above) demonstrate how we adhere to these principles and are reviewing how we can actively incorporate STEEP standards into our work programmes.

Key Activities & Priorities

Service and set the agenda for national networks (WROG, WRAG, RO & AL/RM) – the RSU continues to engage closely with our key stakeholders at various network events to discuss medical appraisal in Wales.

Wales Revalidation Action Plan – to progress actions within the existing Wales Revalidation Action Plan. Examples of actions concluded; the increase in the use of lay representatives within revalidation processes, professionalisation of the Appraisal Lead role across Wales.

Revalidation Quality Assurance Visits Report – the RSU has reviewed and actioned recommendations from the previous cycle of visits to all designated bodies in Wales. A new report has recently been created and shared with the CMO and an Action Plan will be developed incorporating key themes from that report.

2. PROPOSAL

The RSU asks that this attached paper is noted for information. A concise presentation will be provided at the Board session to elaborate on the RSU's remit and key activities / priorities. This will provide an opportunity for feedback and questions to senior members of the RSU.

3. GOVERNANCE AND RISK ISSUES

The RSU have previously highlighted to HEIW Executive of the current risk regarding the outdated infrastructure of the RSU IT systems. We are grateful that steps are being taken to update the codebase that will mitigate this risk, pending the rewrite that is planned as part of the Single Platform development work (when the risk will reduce considerably).

The RSU continues to monitor and review its CPD e-resources that have occasionally resulted in negative commentary from certain groups, particularly on social platforms. An agreed review schedule is in place and any potential additional work in these areas is discussed with the Medical Director in the first instance, as it would be for any other additional work above and beyond what the RSU currently provides.

4. FINANCIAL IMPLICATIONS

All activities detailed in the report are currently funded within the RSU's budget.

5. RECOMMENDATION

Members are asked to:

- **Note the update in respect of the work of the RSU for information.**

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
		√	
Compliance with Duty of Quality			
The paper provides references to the DoQ and the information within demonstrates how the RSU's activities meet STEEP standards.			
Legal Implications (including equality and diversity assessment)			
There are no known or apparent legal implications to the paper.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The information provided in the paper demonstrates how the RSU's work directly or indirectly positively impacts Well-being goals and the 5 ways of working. A clear example of this would be our CPD e-resources primarily aimed at GPs that cover a vast array of clinical and non-clinical topics. These include gender diversity, transgender health and Safeguarding series. All of these are available in Welsh and English language. The RSU is collaborating with Swansea Bay Health Board on a Physician Associates pilot to determine what support is required from a procedural, systems and appraisal perspective in readiness of the introduction of GMC regulation at the end of 2024.			
Equality Impact Assessment (EIA)			
An EIA is not required for this paper. However, the RSU is engaged with EIA activities to ensure its work is compliant and all EDI aspects have been considered/actioned appropriately.			
Report History	N/A		
Appendices	Appendix 1 – RSU key data / KPIs from 1 st April 2023 – 31 st December 2023.		

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Appendix 1 –

Revalidation Support Unit (RSU)
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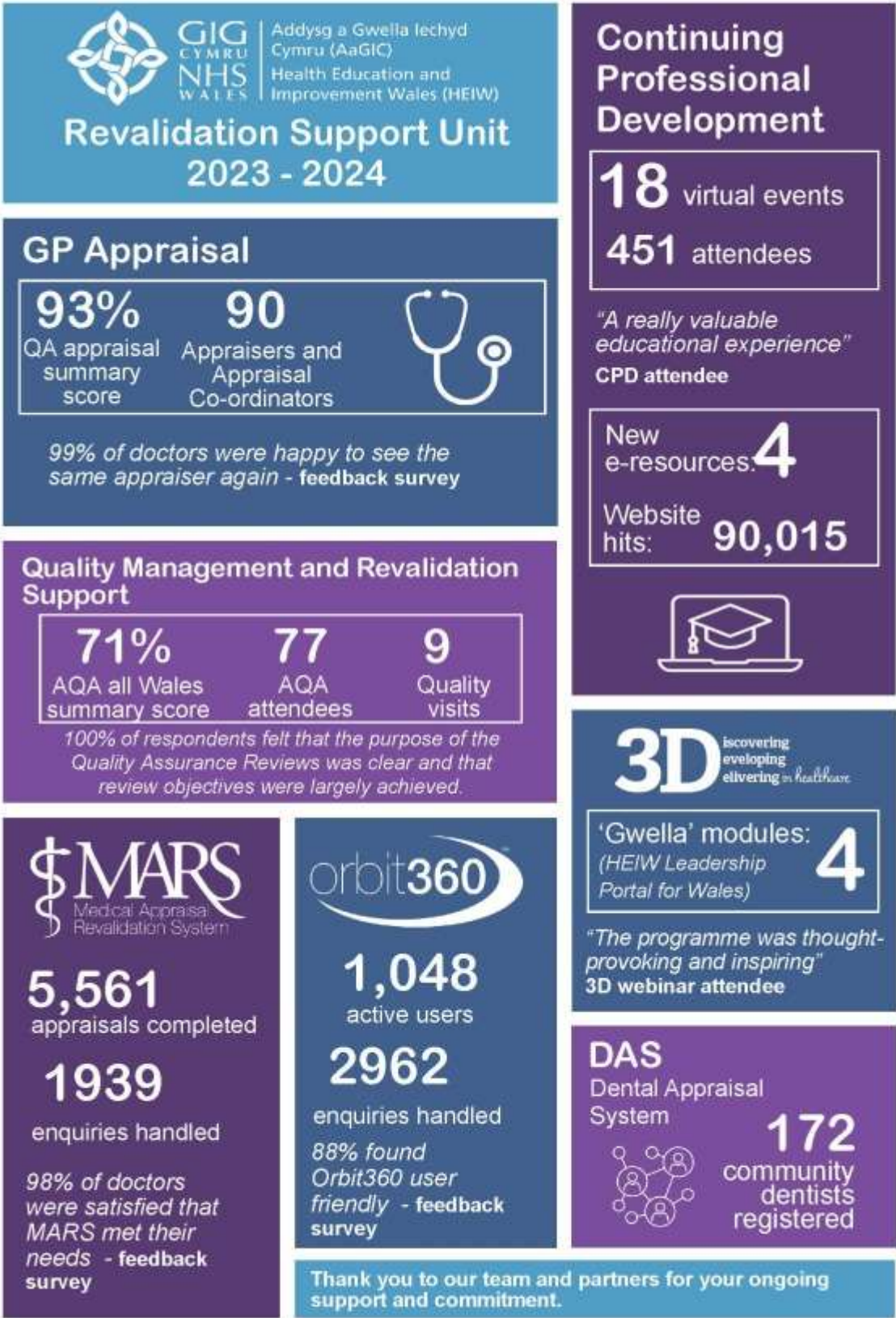
Our remit:

	Management of a suit of online systems to support NHS Wales staff including Medical Appraisal Revalidation System (MARS), Orbit360™ and Dental Appraisal System (DAS)
	Delivery of CPD via blended learning approach for doctors in Wales
	Management of the GP Appraisal Process including the employment and training of approximately 90 GP Appraisers.
	Leading on Quality Management systems and providing support for Revalidation.



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RSU Key Data from April 1st – December 31st 2023



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Revalidation Support Unit (RSU)

Dr. Christopher Price – Head of RSU

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Revalidation Support Unit 2023 - 2024

GP Appraisal

93% QA appraisal summary score
90 Appraisers and Appraisal Co-ordinators



99% of doctors were happy to see the same appraiser again - feedback survey

Quality Management and Revalidation Support

71% AQA all Wales summary score
77 AQA attendees
9 Quality visits

100% of respondents felt that the purpose of the Quality Assurance Reviews was clear and that review objectives were largely achieved



5,561 appraisals completed

1939

enquiries handled

98% of doctors were satisfied that MARS met their needs - feedback survey



1,048 active users

2962

enquiries handled

88% found Orbit360 user friendly - feedback survey

Thank you to our team and partners for your ongoing support and commitment.

Continuing Professional Development

18 virtual events
451 attendees

"A really valuable educational experience"
CPD attendee

New e-resources: **4**

Website hits: **90,015**



3D *discovering emerging evidence in health*

'Gwella' modules: (HEIW Leadership Portal for Wales) **4**

"The programme was thought-provoking and inspiring"
3D webinar attendee

DAS Dental Appraisal System



172 community dentists registered

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Brief Overview of Team/Service

We **support** and **improve** professional standards through

Continuing Professional Development (CPD)

Appraisal and Revalidation



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RSU Staff

**RSU Office Team
x16**

**GP Appraisers
x90**

**Regional
CPD Leads
x3**

**GP Appraisal
Co-ordinators
x7**

**3D Programme Directors
x2**



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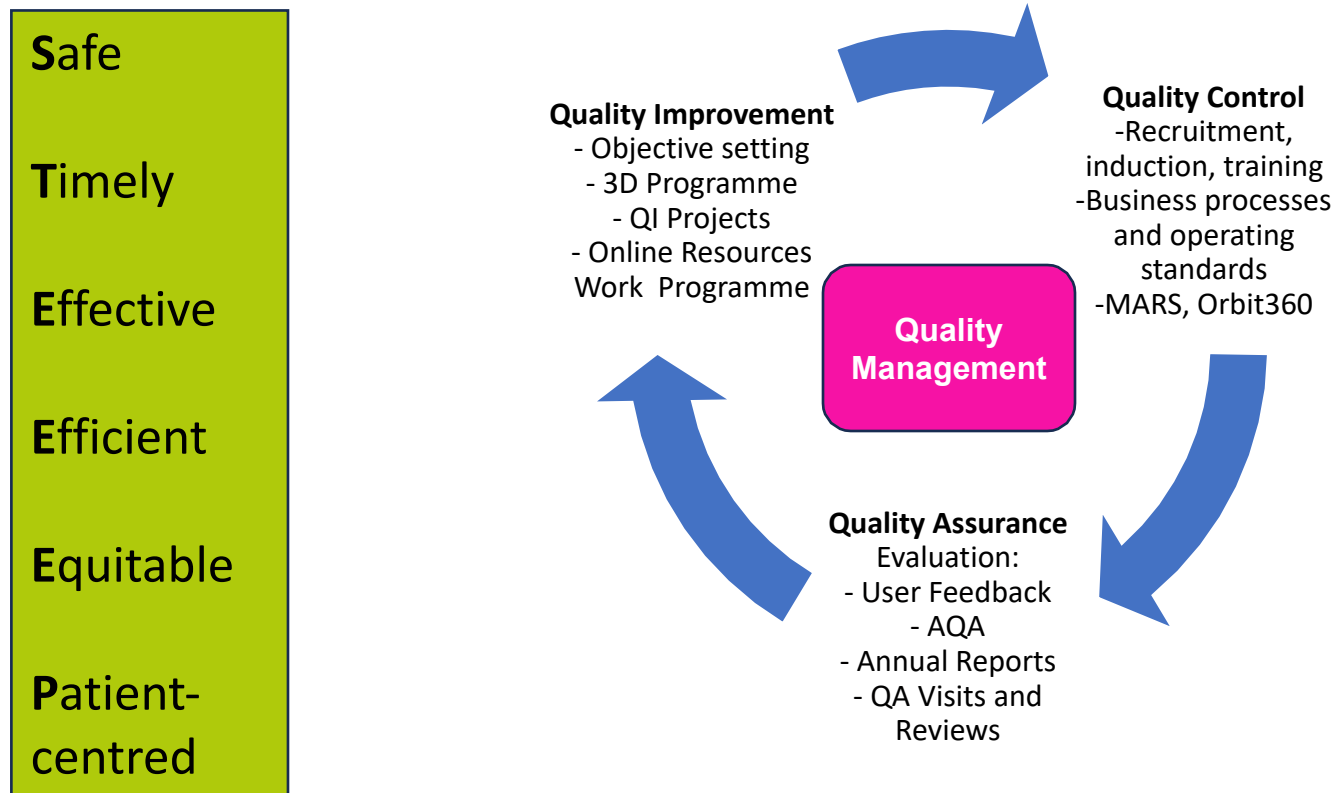


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Quality Management is embedded in all our activity, meeting the requirements of the Duty of Quality



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GP Appraisal

Steffan Biggs

Christopher Price

Miriam Davies



GP Appraisal
Co-ordinators
x7



GP Appraisers
x90

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Medical Appraisal - Quality management

- ✓ Overseen centrally
- ✓ Regional Appraisal Coordinators (ACs) and monthly meetings
- ✓ Four stage GP appraiser recruitment and training process
- ✓ National Appraiser Conference and quarterly regional meetings
- ✓ Adapted Performance Appraisal Development Review (PADR)
- ✓ Appraisal Insight Monitoring (AIM), project work e.g. virtual appraisal



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Revalidation Support – Quality management

Medical Appraisal Feedback Survey

Automated survey on MARS completed by all doctors following appraisal



Appraisal Quality Assurance

Primary Care summary score for 2022-2023 is 93%. This is a **2% increase** from 2021 - 2022

Revalidation Quality Assurance Reviews

Undertaken on behalf of Welsh Government and the CMO, Sir Frank Atherton, they consider governance and equity of experience for doctors undergoing revalidation across Wales.

Actions identified in cycle 1 have been fed back to, and implemented by, most designated bodies

All-Wales revalidation support

- ✓ MARS + Orbit360
- ✓ Wales Revalidation and Appraisal Group (WRAG)
- ✓ Wales Revalidation Oversight Group (WROG)
- ✓ Appraisal Lead and Revalidation Manager (AL/RM) Network
- ✓ Responsible Officer Induction
- ✓ Responsible Officer (RO) Support Network
- ✓ National stakeholder groups



General
Medical
Council

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Other Key Activities

- ✓ CPD to support Drs in the revalidation process and personal development
- ✓ Launched a Physician Associates pilot with Swansea Bay Health Board to consider their appraisal and revalidation needs in readiness of GMC regulation
- ✓ Our 3D Programme addresses the educational needs of healthcare workers who wish to extend their abilities to engage with, and influence, the service improvement agenda



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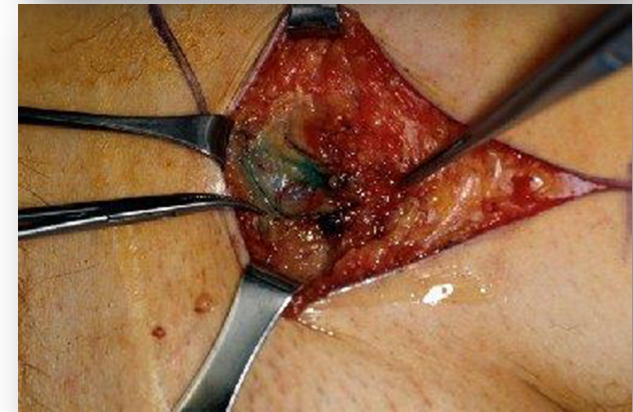
40 CPD
e-modules



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Sentinel Node Biopsy in Melanoma



[The 3D Programme - Gwella HEIW Leadership Portal for Wales](#)

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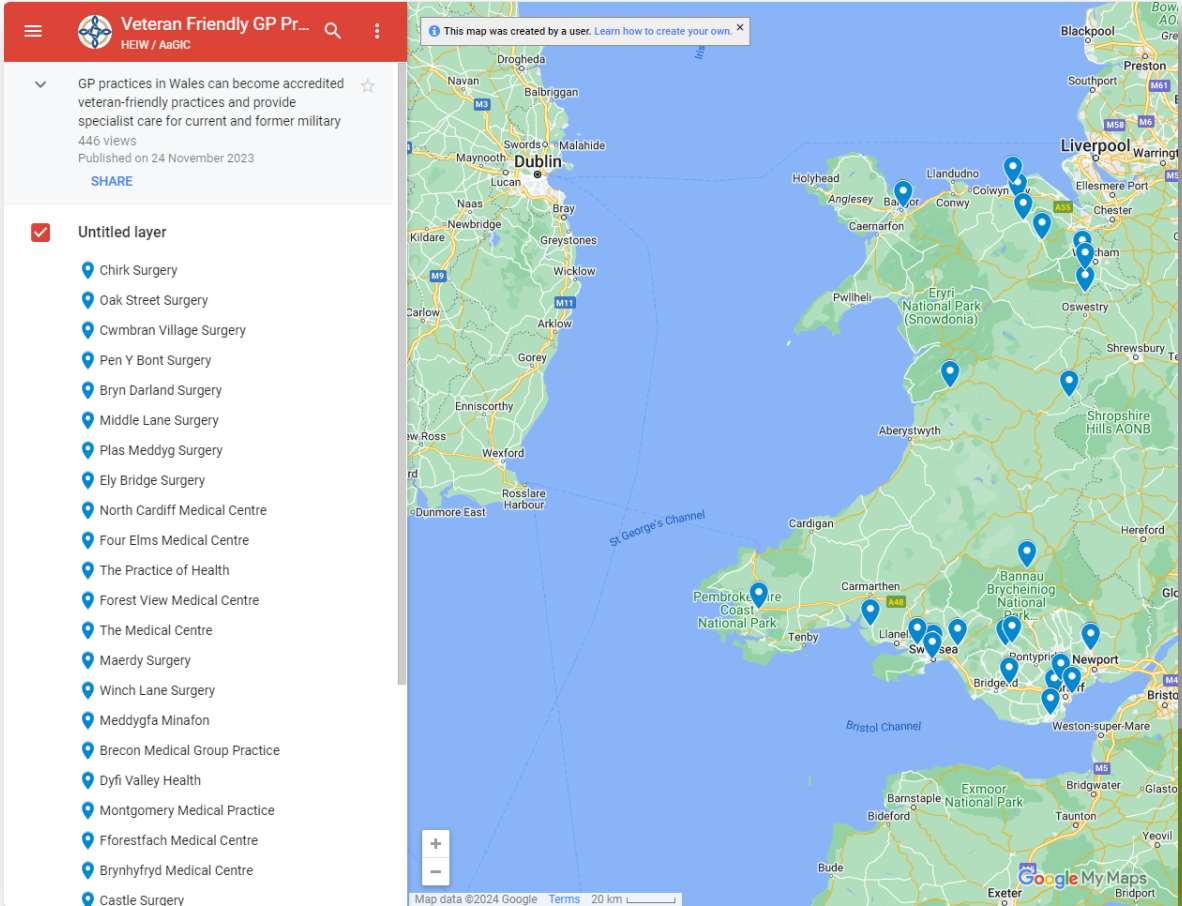


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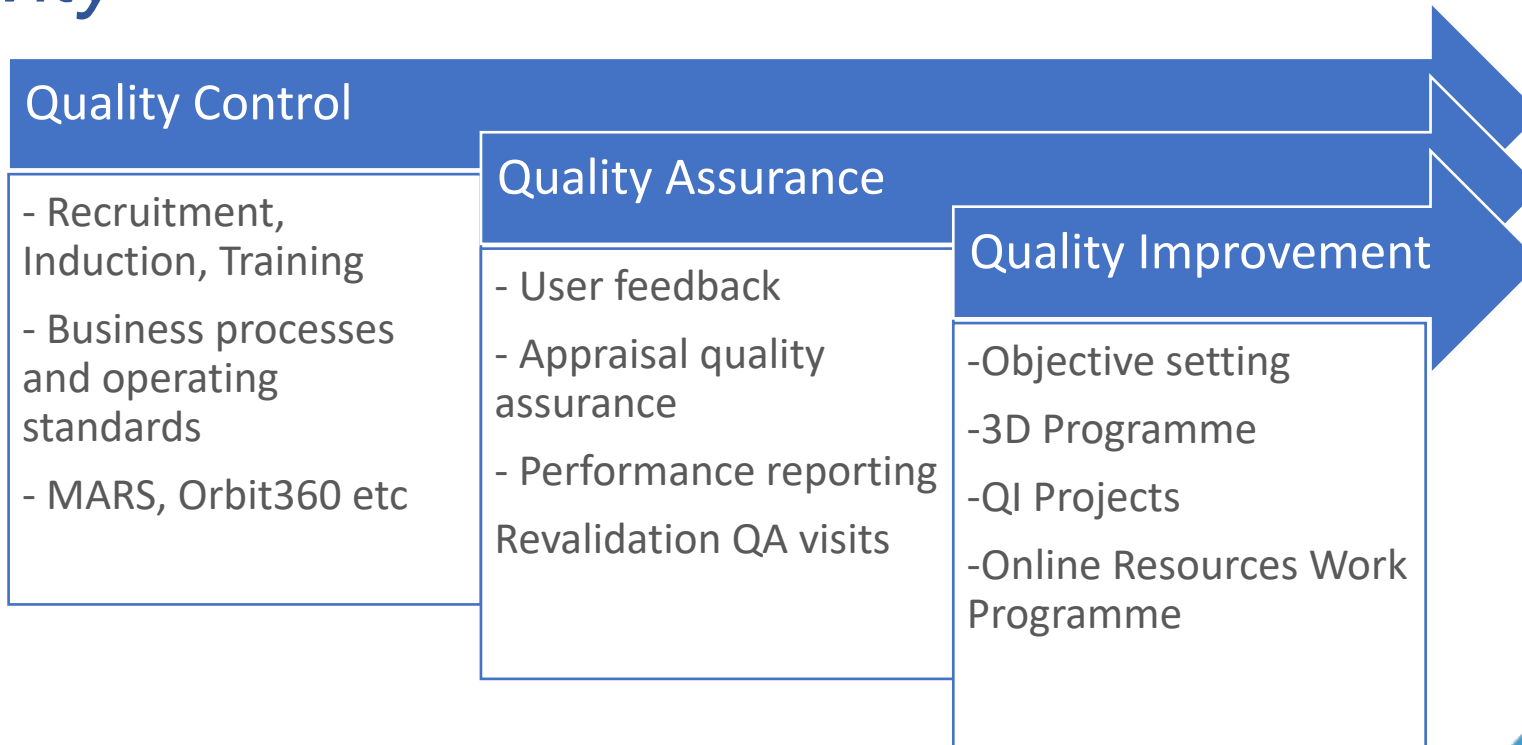
Veteran Friendly GP Practice Accreditation in Wales



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Diolch / Thank You

Quality and evaluation is embedded within all of our activity



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Meeting Date	25 January 2024	Agenda Item	4.1
Report Title	Report of the Director of Finance		
Report Author	Joe Draper-Orr, Head of Resources		
Report Sponsor	Glyn Jones, Director of Finance, Planning & Performance		
Presented by	Glyn Jones, Director of Finance, Planning & Performance		
Freedom of Information	Open		
Purpose of the Report	To report on the financial performance for December 2023 (Month 9) and forecast for the 2023-24 financial year. To provide the HEIW Board with an update on the Revenue Allocation and IMTP Financial Plan for 2024-25.		
Key Issues	HEIW has a statutory duty to break even at year end. Assist the Board in understanding the financial position and forecast reported at Month 9 of the 2023-24 financial year and performance against key financial targets. Welsh Government have requested that HEIW deliver further financial savings in 23-24, where possible.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	The Board is asked to: • Note the performance against key financial targets, • Note the forecast revenue surplus of c.£0.7m in 2023-24 • Note the risks and opportunities which may impact on the year-end financial position. • Note the good news regarding approval of capital funding for the single digital platform and IT refresh programme. • Approve the return of a further £0.7m revenue funding to Welsh Government in 2023-24 • Note the anticipated Core Allocation for 2024-24 for HEIW, the reconciliation to the Financial Plan for 2024-25 and the anticipated income to balance the financial plan for 2024-25.		

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REPORT OF THE DIRECTOR OF FINANCE

1. INTRODUCTION

The report sets out the financial position and forecast as at the end of December 2023 (Month 9), reported against updated budgets. The delegated budgets have been derived from the 2023-24 Resource Plan which was drawn from the 2023-26 Integrated Medium-Term Plan (IMTP). The IMTP was approved by the HEIW Board, and the Resource Allocation letter received from Welsh Government (WG). The reported financial position of HEIW as at Month 9 is £607,639 underspent and this position was reported to WG in accordance with the requirements of the monitoring return submission.

2. BACKGROUND

This report identifies the key financial performance and reasons for any financial variation. The Director of Finance, Planning & Performance and his team will continue to undertake 'Deep Dive' exercises into the financial performance on a quarterly basis and this will inform financial forecasts for the year and any subsequent actions.

3. PROPOSAL

The Board is asked to note the financial performance against the key financial targets, as at Month 9 (December), and note the financial forecast.

4. GOVERNANCE AND RISK ISSUES

HEIW has a statutory financial duty to break even at year-end and the Welsh Government will monitor the reported position in terms of this duty and against the current year financial plan submitted within the 2023-24 Annual Plan.

5. FINANCIAL IMPLICATIONS

5.1 Revenue Financial Position as at Month 9 (2023/24)

HEIW is reporting an underspend of £607,639 against profiled budgets as at 31st December 2023. This compares to an underspend position of £587,701 as at 30th November 2023.

The year-to-date underspend is split between:

- **Commissioning** budgets:
 - Underlying underspend in the Training Grade Allocation; the Multi Professional Primary and Community Care Education and Training where there have been some delays in some programmes commencing and a small underspend in Nursing & HPE.
 - Overspends on relocation expenses.
- **Pay** budgets – a number of posts which have continued to be vacant, and
- **Non-pay** budgets – small net overspend comprising underspends on reduced travel and subsistence costs, lower conference activity and associated costs which are offset by increased costs associated with support for medical trainees in order for them to continue in the training programme.

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The Month 9 financial position was reported to WG on working day 5, and the monitoring return was submitted in accordance with the required WHC reporting timetable.

The following table summarises the high-level variances on the budgets delegated to Executive Directors.

As at 31st December 2023



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

	Year to Date			Month 8	
	Budget	Actual	Variance to Date	Variance to Date	Movement
	£	£	£	£	
INCOME:					
Welsh Government	(199,903,590)	(199,903,590)	0	0	0
Other Income	(546,694)	(590,835)	(44,141)	(115,887)	71,746
Total Income	(200,450,284)	(200,494,425)	(44,141)	(115,887)	71,746
Expenditure					
Board & Executive	2,037,879	1,970,639	(67,240)	(53,343)	(13,896)
Finance, Planning & Performance	2,319,673	2,194,643	(125,030)	(104,172)	(20,858)
Digital and IT	3,950,650	3,813,894	(136,756)	(100,965)	(35,791)
Medical & Pharmacy	116,294,340	116,195,452	(98,888)	(230,499)	131,612
Nursing	97,334,262	97,173,433	(160,829)	(118,054)	(42,775)
Workforce and Organisation Development	6,251,852	6,277,097	25,245	135,220	(109,975)
Sub-Total Expenditure	228,188,656	227,625,159	(563,497)	(471,813)	(91,684)
Total Board & Executive	27,738,372	27,130,733	(607,639)	(587,701)	(19,938)

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

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
Directorate	£	£	£	£	£
Board and Executive		(17,756)	(49,484)		(67,240)
Finance, Planning & Performance	(2,272)	(144,454)	19,425		(127,302)
Digital and IT		(98,420)	(38,336)		(136,756)
Medical & Pharmacy	1,331	(160,415)	61,970	(443)	(97,557)
Nursing and Health Professional Education		(136,531)	(15,335)	(8,963)	(160,829)
Human Resources and Organisation Development	(43,200)	(29,916)	55,161		(17,955)
Total	(44,141)	(587,492)	33,401	(9,406)	(607,639)

5.2 Revenue Reserves

The reserve has remained at £0.940m which relates to:

- £0.750m of budget from the Strategic Mental Health Workforce plan in advance of being handed back to Welsh Government.
- £0.190m balance of reserves.

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5.3 Financial Risks, Opportunities and Forecast (2023-24)

During the year, a range of financial risks and opportunities have been identified and reviewed as part of ongoing budget management, which informs the financial forecast. Appendix 1 outlines the key financial risks and opportunities based on best case, worse case and most likely scenarios.

The forecast assessment assumes delivery of spending plans and commissioning assumptions and is forecasting a small surplus. This is in addition to the return of £17.6m revenue funding to Welsh Government, which has already been agreed by the Board.

The movements in the forecast are summarised in the following table and identify an **in-month movement in forecast surplus of £0.2m increasing the year-end forecast surplus to £0.7m.**

In line with Welsh Government's request to identify further financial savings in 2023-24, the Board is asked to approve the return of a further £0.7m revenue funding to Welsh Government in 2023-24,

Table: Movement in revenue forecast 2023-24

Directorate	Area	Forecast £m	Reasons
All Directorates	Pay Cost	-0.164	Delays in recruitment and vacant posts
Medical	Non-Pay	-0.139	Reduced costs from Health Education England (Now NHS England) for recruitment of medical posts
Medical	GP Training	0.200	Additional Extensions moving forecast less underspent
Medical	Optometry Commissioning	-0.071	Delays in appointing facilitators to undertake commissioning activity
Medical	Pharmacy	0.028	Slight increase in grant payments within Foundation Training due to some sites taking additional trainee's
Nursing & HPE	Commissioning	0.222	Increase in costs associated with Paramedic Uniform and HCSW recharges
Workforce & OD	MHWFP	-0.340	Additional Underspend with Mental Health Workforce Plan
All Directorates	Non-Pay	0.079	Other small variances
	Total	-0.185	

The risks and opportunities table (Appendix 1) has been updated to reflect the potential for variance compared with last month as actions are taken and we move closer to the end of the financial year. It identifies a year end forecast which could range between a deficit of £2.629m and a surplus of £3.356m. **The most likely assessment is a forecast surplus of £0.7m.** This forecast surplus is reliant on budget holders within HEIW delivering on their spending plans this year.

There are a number of risks within the log which need to be highlighted as they do have potential to impact the forecast over the last three months of the financial year, these include:

- Potential for pay and non-pay costs to be capitalised as part of the Single Platform project. The recent decision by Welsh Government to provide capital funding for this project is likely to generate a revenue surplus as some costs will now be capitalised, as part of developing this platform (asset). The current assessment is that this would generate a further surplus of c£0.3m but this will be reviewed in line with reviewing the work (and associated spend) that will take place during 2023-24.
- The Spring Intake of students withing Nursing & HPE. For this area, the intake of students is not yet known, although early indications are that there will be substantial under-recruitment which will have an impact on the 2023/24 forecast.
- There are also a number of risks included in the log that rely on Health Boards and Trusts across Wales spending their allocations for Education and Training for this year. Although we receive estimates of spend from each Health Board & Trust there can be variances to these estimates which won't be known until the end of the financial year.

5.4 Balance Sheet

The Statement of Financial Position as at 31st December 2023 is shown below:

	2023/24 Opening Balance £000s	31 st December 2023 £000s	Movement £000s
Non-Current Assets:			
Fixed Assets	3,061	2,427	(634)
Current Assets:			
Trade and other receivables	9,733	8,566	1,167
Cash & bank	4,103	1,467	(2,636)
Total Assets	16,897	12,460	(4,437)
Liabilities:			
Trade and other payables	(14,038)	(19,138)	(5,100)
Total Liabilities	(14,038)	(19,138)	(5,100)
Net Assets	2,859	(6,678)	(9,537)
Financed by:			
General Fund	2,859	(6,678)	(9,537)
Total Funding	2,859	(6,678)	(9,537)

The main areas to consider in the Statement of Financial Position include:

- Trade and Other Payables (Current & Non-Current) – Overall increase of £5.1m since the start of the year. The balance of £19.1m is made up of:
 - £1.3m of invoices on the accounts payable system awaiting payment in line with the 30-day payment policy.

- £10.7m in respect of other NHS Wales organisations, of which £9.6m are estimated accruals. As part of the current agreement of balances exercise organisations are being asked to issue outstanding invoices in order that they can be paid in the current financial year.
 - £3.7m in respect of non-NHS Wales organisations, of which £2.0m are estimated accruals.
 - £0.2m relates to technical accounting accruals such as the annual leave provision.
 - £1.1m of HMRC and pension creditors due in the month following the payroll period.
 - £1.4m relating to the lease liability following the implementation of IFRS16 from 1st April 2022.
 - £0.6m reflecting goods received but not yet invoiced.
- Trade and other receivables - Total £8.6m as at 31st December 2023, which is primarily made up of prepayments to universities. Payments for the new academic year are now being made and transferred to the prepayment codes, which are offset by the release of the costs for the Spring 2023 intake.
 - Fixed Assets - The movement in fixed assets reflect the depreciation charged in the year to date.

5.5 Capital Expenditure

HEIW has a discretionary capital allowance of £88k for the year. A report was considered at the Executive Team in October that:

- Approved the procurement of some essential IT equipment and the installation of EV chargers totalling £32k – These items have now been received and a request to WG for the draw-down of capital cash was made in December.
- Agreed to retain the balance of £56k awaiting a funding decision on the single platform development project within HEIW. It is likely this funding is now required for fire improvement works at Ty Dygsu. A procurement exercise is underway to scope out the full cost and timing of this work.

Welsh Government confirmed, on 16th January 2024, that capital funding has been approved for the single digital platform - £2.365m over 3 years – of which £0.5m is available during 2023-24.

Capital funding has also been approved for a phased refresh of IT / telephony - £1.135m over 5 years - of which £0.188m is available during 2023-24.

These funding announcements are very welcome. The additional capital funding and spend will be reflected in the financial reporting from January (M10).

On 11th December 2023 HEIW received a capital funding award letter for the purchase of diagnostic equipment to support endoscopy training in Wales. The purchase order for these items totalling £554k was issued in January and delivery of the equipment will take place before 31st March 2024. This additional award has been built into the relevant capital and cashflow tables in the MMR.

5.6 Public Sector Payment Policy

All NHS bodies are expected to meet the Public Sector Payment Policy, which requires organisations to pay 95% of all non-NHS invoices within 30 days (by number). As at the end of December 2023 the cumulative performance was 96.3% for non-NHS invoices and 94.0% for NHS invoices. Performance by month and by directorate is shown below:

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Non-NHS Invoices – Monthly Performance

	By Number			By Value		
Month	Number Passed	Number Failed	% Passed	Value Passed £	Value Failed £	% Passed
April	682	12	98.3	7,781,333	95,772	98.8
May	580	17	97.2	9,198,652	22,916	99.8
June	494	23	95.6	9,261,472	36,502	99.6
Qtr 1 Total	1,756	52	97.1	26,241,457	155,190	99.4
July	551	20	96.5	8,889,016	81,499	99.1
August	715	20	97.3	9,689,479	43,359	99.6
September	476	27	94.6	9,549,669	626,142	93.9
Qtr 2 Total	1,742	67	96.3	28,128,164	751,000	97.4
October	720	16	97.8	9,530,446	799,629	92.3
November	721	52	93.3	10,269,409	315,230	97.0
December	666	27	96.1	11,638,636	188,926	98.4
Qtr 3 Total	2,107	95	95.7	31,438,491	1,303,784	96.0
Cumulative	5,605	214	96.3	85,808,113	2,209,975	97.5

NHS Invoices - Monthly Performance

	By Number			By Value		
Month	Number Passed	Number Failed	% Passed	Value Passed £	Value Failed £	% Passed
April	383	9	97.7	9,970,808	73,276	99.3
May	129	14	90.2	9,388,704	353,324	96.4
June	162	0	100.0	7,030,884	0	100.0
Qtr 1 Total	674	23	96.7	26,390,396	426,600	98.4
July	250	17	93.6	10,554,744	551,667	95.0
August	211	24	88.8	9,323,204	97,980	98.9
September	155	13	92.3	8,151,969	96,671	98.8
Qtr 2 Total	616	54	91.9	28,028,917	746,318	97.4
October	300	24	92.6	9,153,206	595,811	93.9
November	227	11	95.4	11,815,529	603,806	95.1
December	211	17	92.6	9,759,283	135,887	98.7
Qtr 3 Total	738	52	93.4	30,728,018	1,335,504	95.9
Cumulative	2,208	129	94.0	85,148,331	2,508,422	97.1

5.7 Recovery of Bursary Funding

The table below shows the status of all individuals referred to finance in order to recover their NHS Wales bursary from the start of the scheme to 30th November 2023:

	Cancelled following further appeal / review	On Hold	Fully Paid	Repay. Plan Agreed – Payment Being Made	Repay. Plan Agreed – Payment Not Yet Due	Invoiced – Awaiting Agreed Plan	To be Invoiced	Payment Missed	Total
Number of Cases	8	6	4	14	3	3	1	1	40
Amount Invoiced (£'000)	149	114	47	236	47	70	26	26	715
Amount Recovered (£'000)	0	(1)	(47)	(19)	0	0	0	(4)	(71)
Amount Cancelled (£'000)	(149)	0	0	0	0	0	0	0	(149)
Amount Outstanding (£'000)	0	113	0	217	47	70	26	22	495

During the month:

- Repayments totalling £1,784 were received from thirteen individuals.
- One referral was made to finance to commence recovery.
- Payments were due to restart for the one individual who had missed payments, but no further amounts have been received.

6 DRAFT ALLOCATION FOR 2024-25

6.1 Revenue Allocation

The Finance Plan requirement for 2024-25 is £328.900m where the Core Funding Allocation for 2024-25 to be provided by Welsh Government is £323.919m, which is set out in the table below.

HEIW Core Allocation for 2024-25	
	£m
Core Allocation 2023-24 - Fiscal Resource	319.887
Core Allocation 2023-24 - Non Fiscal Resource	0.520
Total Core Revenue Allocation 2023-24	320.407
Pay Award funding for 2024-25	3.816
Core Allocation 2024-25 - Fiscal Resource	323.703
IRFS 16 Non-Fiscal Resource Adjustment 2024-25	-0.304
Core Allocation 2024-25 - Fiscal Resource	0.216
Core Allocation 2023-24 - Fiscal Resource	323.703
Core Allocation 2023-24 - Fiscal Resource	0.216
Total Core Revenue Allocation 2023-24	323.919

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For 2024-25 Welsh Government have confirmed that the allocation will not include any uplift to the funding provided for Education & Training purposes.

The only changes to allocation are an increase in funding for pay awards made during 2023-24, which are to be confirmed, as well as a reduction in non-fiscal resource allocation related to adjustments for costs associated with IFRS16.

Welsh Government will also provide funding for the mapping of pay award costs incurred by Health Boards & Trusts and then recharged to HEIW. The value of this pay mapping funding is not yet known but will be equally offset by additional costs for HEIW in relation to the 2023-24 pay award.

It is recognised that the current operating environment is challenging, so HEIW will ensure that every opportunity to maximise the utilisation of resources in pursuit of the agreed aims and objectives as set out in the IMTP is considered.

The difference between the IMTP requirement and the Welsh Government revenue allocation of £4.981m is made up of additional funding which has been approved for Primary Care and the Mental Health Workforce Plan as well as income anticipated for the 2023-24 financial year.

The table below shows the details of the core allocation, additional funding agreed as well as details of any additional income anticipated in the IMTP.

Core Allocation 2024-25 - Fiscal Resource	323.919
Core Allocation 2024-25 - Non-Fiscal Resource	0.216
Total Core Revenue Allocation 2023-24	323.919

Additional Funding outside Core Allocation

Primary Care Plan	0.850
Mental Health Workforce Plan - Non-Commissioning costs	2.745
Total Additional Funding	3.595

Anticipated Income

Optometry Additional funding - Confirmed	0.658	In Year Allocation
Pharmacy Income - Workforce Plan - Confirmed	0.100	
AHP Framework - Confirmed	0.326	
Director of Psychological therapies	0.054	
Project Co-ordinator for Mental Health - Confirmed	0.052	
CNO - Confirmed	0.196	
Total Anticipated Income	1.386	

For most of the items included in the anticipated income schedule above, funding has been approved by Welsh Government for 2024-25 and where this the case, this is noted in the schedule.

7. RECOMMENDATION

The Board is asked to:

- Note the performance against key financial targets,
- Note the forecast revenue surplus of c.£0.7m in 2023-24
- Note the risks and opportunities which may impact on the year-end financial position.
- Note the good news regarding approval of capital funding for the single digital platform and IT refresh programme.
- Approve the return of a further £0.7m revenue funding to Welsh Government in 2023-24
- Note the anticipated Core Allocation for 2024-24 for HEIW, the reconciliation to the Financial Plan for 2024-25 and the anticipated income to balance the financial plan for 2024-25.

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
Compliance with Duty of Quality This finance report provides timeline information to the Executives and Board in relation to the efficient use of resources by HEIW. The report has been written in conjunction with discussions with all Budget Holders to ensure that the current position and the updated forecast position is correct based on best available information.			
Legal Implications (including equality and diversity assessment) HEIW has a statutory responsibility to break even at year end the report sets out the financial position for December 2023. There are no equality and diversity implications of this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) The report briefly describes how HEIW are seeking to adopt a sustainable approach to financial management that will enable HEIW to meet its long-term objectives.			
Equality Impact Assessment (EIA) As this report is not a change in programme or strategy, this section is not applicable to this report.			
Report History	The report references and updates the Finance Report as issued during December 2023.		
Appendices	Appendix 1 – Financial Risks and Opportunities 2023-24 Appendix 2 – Finance Glossary of Terms		

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Appendix 1: Financial Risks & Opportunities – 2023/24

Division	Area	Overview Of Key Risks & Opportunities Affecting Forecast Outturn	Risk Best Case	Risk Worse Case	Included in Forecast
			£000's	£000's	£000's
Medical	Pharmacy	Pharmacy Post Foundation - Under Recruitment for Sept and Feb Cohort	0	(45)	(135)
Medical	Pharmacy	Pharmacy Technician - February Cohort provision for under recruitment at 10% non fill rate	0	(80)	0
Medical	Pharmacy	Undergraduate Clinical Placement Programme - Potential for reduction in placements	0	(59)	0
Medical	GP Training	GP Training: Recruitment & Extensions (TBC throughout the year)	130	(200)	382
Medical	DFT	Dental Foundation Training - Under Recruitment & Additional Budget	41	(125)	(41)
Medical	I&R	GP Induction & Returner Programme - Additional Trainee's Start	16	(4)	(6)
Medical	TGS	Training Grade Allocations - Potential for movement during rest of year	30	0	0
Medical	Primary Care	GP Integrated Care Programme - Delays to start date	0	(12)	0
Medical	Medical	WCAT - Potential for Increased Pay Costs	66	0	20
Medical	Medical	Relocation Expenses - Variations in claim pattern	96	0	0
Medical	Medical	Delays in Recruitment associated with Foundation Business Case	0	(31)	0
Medical	Medical	GP Appraisal Payments	0	(30)	0
Nursing & HPE	Nursing & HPE	Autumn 23 fill rate - Bursary & Contract	969	(427)	0
Nursing & HPE	Nursing & HPE	Autumn Attrition, Interruption of Studies & Repeats yrs 2 & 3 -Bursary & Contract	345	(345)	0
Nursing & HPE	Nursing & HPE	Autumn Intake - Impact of Bursaries to be confirmed in Jan 24	345	(646)	0
Nursing & HPE	Nursing & HPE	Spring 24 Cohort - Contract & Bursary - TBC Mar 24	0	(36)	0
Nursing & HPE	Nursing & HPE	Student Travel - dependant on student claims	0	130	0
Nursing & HPE	Nursing & HPE	Health Board Employed Students - Salary Costs - Variation in uptake and attrition	99	(101)	0
Nursing & HPE	Nursing & HPE	Disability Student Allowance- Variation in Need	50	(50)	0
Nursing & HPE	Nursing & HPE	Health Care Support Worker Level 4 qualification -under -recruitment to Spring Start	0	(87)	0
Nursing & HPE	Nursing & HPE	Genomics Uptake Spring 24	0	(61)	0
Nursing & HPE	Nursing & HPE	Mental Health Workforce Plan Commissioning - CPD, dependant on uptake	0	(244)	0

Division	Area	Overview Of Key Risks & Opportunities Affecting Forecast Outturn	Risk Best Case	Risk Worse Case	Included in Forecast
			£000's	£000's	£000's
Nursing & HPE	Nursing & HPE	Community Nursing - Variation in Take-up	0	(160)	0
Nursing & HPE	Nursing & HPE	Specialist Practitioner Qualification - Variation in Update	282	0	0
Nursing & HPE	Nursing & HPE	Return to Practice, Nursing - Fluctuations dependant on update Spring 24	10	0	0
Nursing & HPE	Nursing & HPE	Independent Prescribing - Non-Medical Staff - Uptake	50	(50)	0
Nursing & HPE	Nursing & HPE	Advanced Practice / Critical Care - Variation in Uptake	47	(53)	0
Nursing & HPE	Nursing & HPE	Critical Care - Variation in Uptake	17	(23)	0
Nursing & HPE	Nursing & HPE	Clinical Photography - Variation in Uptake	36	(20)	0
Nursing & HPE	Nursing & HPE	Healthcare Support Worker Costs	0	(100)	(135)
Workforce & OD	Facilities	Firestopping Works potential	0	(30)	0
Workforce & OD	Leadership & Succession	Potential delay in ACE programme pushing expenditure into 2024/25	0	(30)	0
Digital	Digital	Delays in Recruitment of 3 posts	0	(14)	0
Digital	Digital	Network cost saving	0	(41)	0
Digital	Digital	Potential for Pay and Non-Pay costs to be capitalised for Single Platform	0	(311)	0
Digital	Data	National Data Repository Phase 2 Data Warehouse - Delays to expenditure	0	(50)	0
Finance, Planning & Performance	Finance	Dispute on Oxygen Finance Charge	0	(6)	0
Executive Team	Executive Team	Translation Costs Less than budgeted	0	(30)	0
Executive Team	Executive Team	COVID-19 Public Inquiry legal fees	0	15	0
		Total Risks	2,629	(3,356)	85 (*)

(*) this figure is contained within the overall forecast surplus of £0.7m

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REPORT OF THE DIRECTOR OF FINANCE

Glossary of Terms

Below is a table of acronyms which may be used throughout the Finance Report.
This will be reviewed on a monthly basis.

COS	Certificate of Sponsorship
DFT	Dental Foundation Training
HCSW	Healthcare Support Worker
HEI	Higher Education Institution
I&R	GP Induction & Returner Programme
MMR	Monthly Monitoring Return
NWSSP	NHS Wales Shared Services Partnership
PGMDE	Postgraduate Medical and Dental Education Allocations
PSPP	Public Sector Payment Policy
PSU	Professional Support Unit
SPQ	Specialist Practice Qualifications
TGS	Training Grade Salary Allocations
WCAT	Welsh Clinical Academic Trainee's
WDTFT	Welsh Dental Therapist Foundation Training

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Meeting Date	25 January 2024	Agenda Item	4.2
Report Title	Update on the Development of the IMTP for Board		
Report Author	Jane Powell, Planning and Performance Business Partner		
Report Sponsor	Sophie Fuller, Assistant Director of Finance, Planning and Performance		
Presented by	Glyn Jones, Director of Finance, Planning and Performance		
Freedom of Information	Open		
Purpose of the Report	To provide an update on IMTP planning including the recently published NHS Wales Planning Framework.		
Key Issues	A prioritisation exercise was undertaken by the Executive Team in December with actions identified to inform the final deliverables. The proposed deliverables were presented at the Board Development Session in December with an outline of the additional costs. This included a recognition of an increased financial risk as part of delivering the IMTP. The NHS Wales Planning Framework was issued on the 18 December 2023 outlining key priorities by the Health Minister and confirming the IMTP submission date to Welsh Government as the 29 March 2024. It is recommended that the Board receive and approve the IMTP for submission, at its meeting on the 28th March 2024. Engagement meetings held recently with NHS organisations highlighted their workforce challenges including shortages of staff across different professions, recruitment issues and their proposals to address these in the light of challenging financial constraints. The use of fixed-term staff and funding to deliver some core priorities presents a financial risk.		
	Information	Discussion	Assurance
			Approval
			✓
Recommendations	The Board is asked to: • Receive the progress update and note the next steps for assurance. • Approve the change to the original timeline, whilst ensuring that the IMTP can be submitted to Welsh Government by the deadline set out in the NHS Planning Framework. • Approve the level of financial risk proposed – in section 5 – as part of finalising the IMTP.		

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UPDATE ON THE DEVELOPMENT OF THE IMTP (2024-27)

1. INTRODUCTION

The purpose of this paper is to provide a progress update on IMTP planning including the recently published NHS Wales Planning Framework.

2. BACKGROUND

Following the Executive Team prioritisation session on the 6 December 2023, further action is being undertaken by SROs and Executive Leads to validate their plans by the 12 January 2024.

The emerging priorities for the IMTP were shared at the Board Development Session on the 14 December 2023. Several deliverables were identified as important to do, however without dedicated funding are unable to be taken forward at this time. These will be included in the plan for transparency and for discussion with Welsh Government, should funding become available. In addition, a small number of new areas of work were identified for assessment and costing.

Work is being undertaken with Welsh Government finance colleagues, to confirm the funding position in 2024-25, which is expected to be broadly in line with the funding baseline for the 2023-24 financial year.

3. PROPOSAL

3.1 THE NHS WALES PLANNING FRAMEWORK

The NHS Wales Planning Framework (included in appendix 1) was issued on the 18 December 2023 and is a different format to previous years. Comprising two letters - one from Eluned Morgan, the Minister for Health and Social Services to Chairs and the second, from Judith Paget, Director General Health, and Social Services to NHS Wales Chief Executives – setting out the key priorities and expectations.

The Minister expects a consistent and significant impact on both a local and national basis on the following priority areas and progress on these will be a key feature of their assessment of IMTPs:

- Continued progress in reducing the reliance on high-cost agency staff.
- Ensuring strengthened 'Once for Wales' arrangements to key workforce enablers such as recruitment, and digital.
- Maximising opportunities for regional working.
- Redistributing resources to community and primary care where appropriate and maximising the opportunities offered by key policies such as Further Faster (see attached).
- Reducing unwarranted variation and low value interventions.
- Increasing administrative efficiency, to enable a reduction in administrative and management costs as a proportion of the spend base.

The NHS Wales Planning Framework documentation has been shared with SROs, Executive Team, and Enabling Plan Leads. A subsequent piece of guidance was issued by Welsh Government - on 15 January 2024 – stating that “Attention must be given to the

quality and levels of services to ensure that women and children, and other sections of the communities in Wales, are not disadvantaged in accessing care and treatment'. This will be considered in finalising the IMTP priorities.

The deadline for submission of IMTPs is Friday 29 March 2024. As such, it is recommended that the Board agrees to change the dates – to consider the draft plan at the Board Development Session in February, with formal approval by the Board on the 28 March and final submission to Welsh Government on the 28 March 2024 (29 March 2024 is a bank holiday).

3.2 ENGAGEMENT WITH STAKEHOLDERS AND STAFF

Colleagues from the Planning, Strategic Workforce Planning and Education, Commissioning and Quality teams met with representatives from the Health Boards, Trusts and other NHS organisations in November and December to exchange information on the key workforce challenges and considered specific proposals to address these during the forthcoming year, taking into account the current financial situation.

Discussion focused on the financial constraints placed on all NHS organisations and the financial risks associated with this. The organisations shared their proposals to address the challenges in the light of the financial constraints.

The majority of organisations identified shortages of staff, recruitment issues and the potential impact of the ageing workforce as their key challenges. These included a number of examples of difficulties in filling vacancies across a range of consultant, nursing, paramedic and clinical support service roles. Whilst a number of organisations cited the positive success of the overseas nursing recruitment campaign, in filling a number of their nursing vacancies, there are still significant workforce challenges.

In terms of solutions, attraction and retention plans, service transformation and workforce redesign and upskilling the existing workforce were identified as key themes.

There were two organisations not able to meet in December, the HEIW Planning team have rescheduled the engagement sessions with Powys and Velindre for January.

HEIW staff have been kept informed on development of the IMTP through updates at the Staff Forum. HEIW's local partnership forum have also received regular updates on IMTP development. The Planning Team have produced an IMTP interactive document explaining the purpose of the IMTP for sharing with the staff.

3.3 NEXT STEPS & TIMESCALES

- The Executive Team will prioritise the revised deliverable plans within available resources (7 February).
- The Executive Team will review the draft IMTP (14 February).
- The Board will review the draft IMTP at Board Development Session (29 February).
- The Executive Team will approve final IMTP, MDS and EIA (13 March).
- The Board will approve the final IMTP, MDS and EIA (28 March).
- HEIW will submit the final IMTP to Welsh Government (28 March).

4. GOVERNANCE AND RISK ISSUES

On the basis that funding will be maintained at the 2023-24 level for the 2024-25 financial year, HEIW will need to review its use of fixed-term staff, some of whom are currently supporting ongoing priorities (highlighted in the section 2).

To mitigate against this, the People team have worked with the SROs to confirm arrangements for the fixed term contracts, some which may need to be extended. This includes SROs confirming outstanding resource requirements and associated costs by the 12 January 2024.

Based on experience, there is an assumption that commissioning fill rates and staff turnover will generate a level of financial surplus next year, within which a degree of financial risk (or overcommitment) can be managed, whilst still ensuring that a breakeven position is delivered by the end of the 2024-25 financial year. Consequently, the Board indicated its support in taking a level of financial risk in prioritising and agreeing the IMTP for the coming year.

A joint equality impact assessment for the IMTP and Education and Training Plan has been developed. It will also be important that the agreed priorities are measured in term of value and impact.

5. FINANCIAL IMPLICATIONS

Financial planning assumptions are contained within the paper for consideration and approval.

At the December Board Development Session, there was a discussion about financial risk appetite and the extent to which the Board is prepared to make financial commitments prior to the start of next financial year, on the basis that there will be some financial flexibility in-year to cover these commitments.

There are a number of staff posts for which there is not recurrent funding, and which are required to continue to deliver some core functions. Indicatively, a range of between £1m and £1.5m spend, for which there is no recurrent budget, was considered to be a reasonable financial commitment to make, ahead of finalising the IMTP and confirming any in-year financial flexibility.

In addition, it is possible that there will be some additional financial costs within the Education & Training Plan for 2024-25, currently assessed as c£1.2m. Taking these two items together would potentially present a financial risk of between £2.2m and £2.7m. The final IMTP will incorporate the financial plan and associated financial risks and assumptions. However, given the timing of committing to fund some of these staff posts, during Q4 of this year, the Board is being asked to commit to a combined financial risk of up to £2.7m ahead of submitting the IMTP in March 2024

6. RECOMMENDATION

The Board is asked to:

- Receive the progress update and note the next steps for assurance.

- **Approve** the change to the original timeline, whilst ensuring that the IMTP can be submitted to Welsh Government by the deadline set out in the NHS Planning Framework.
- **Approve** the level of financial risk proposed – in section 5 – as part of finalising the IMTP.

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Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
			
Compliance with the Duty of Quality There is a clear expectation that Quality must be at the centre of our thinking, in the commissioning and delivery of services and in all our engagement with partners, citizens and service users, whatever the setting. Improving quality is therefore ensuring that all we do is Safe, Timely, Effective, Efficient, Equitable and Patient-Centred.			
Legal Implications (including equality and diversity assessment) The equality impact assessment for the IMTP and Education and Training Plan is being finalised.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) The IMTP (2024-27) will be developed to reflect all of wellbeing goals described in the "The Well-being of Future Generations (Wales) Act 2015. It will help lead to a prosperous Wales, a resilient Wales, a healthier Wales, a more equal Wales, a Wales of cohesive communities, a Wales of vibrant culture and thriving Welsh language, a globally responsible Wales. It will also include all of the sustainable development principle, 5 ways of working: Long-term thinking, Prevention of problems, Integration of sustainable development into all aspects of operation, collaboration between departments, organisations and sectors and involvement of service-users, communities, and staff.			
Report History	IMTP 2024-2027, Progress and Emerging Priorities Presentation		
Appendices	Appendix 1 - NHS Wales Planning Framework Appendix 2 – Letter dated 18 December 2023 from Judith Paget to Chief Executives Appendix 3 – Letter dated 18 December 2023 from Eluned Morgan to Chairs		

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NHS Wales Planning Guidance (2024-2027)			Planning Framework received 18 December 2023
Statutory requirement for approvable plans (Integrated Medium -Term Plan/ IMTP) which comprises the duty to break -even, whilst setting out the improvements to services and their future sustainability within the resources available to reduce inequalities and to improve the health outcomes of the population served.			
General Requirements (Director General & Minister's Letters) Plans targeted to pressures: - Challenging financial outlook; - Impact on CYPs and other disadvantaged sectors. Recovery and sustainability - Optimisation of resources to deliver the best care and treatment for the people of Wales; - Reduction in inequalities and improving health outcomes – focus on gaps in service provision; - Stabilisation of the NHS.	Ministerial Priorities (Planning Framework): The national programmes will continue to support the delivery of services, whilst reinforcing best practice (quality, efficiency and patient experience) and not driving costs. Accountability Conditions for these programmes were issued in September 2023 and will provide continuity between 2023/24 Plans. Enhanced Care in the Community - Focus on reducing delayed pathways of care Primary and Community Care - Focus on improving access and shifting resources into primary and community care Urgent and Emergency Care - Focus on delivering the 6 Goals Programme Planned Care and Cancer - Focus on reducing the longest waits Mental Health, including CAMHS - Focus on delivery of the national programme	Further Requirements & Considerations (Director General & Minister's Letters) Process & governance arrangements - Consolidation of plans and ensuring collective progression against sustainability agenda and delivery of A Healthier Wales' - More detailed expectations are being produced– i.e. PHW mandate letter – follow in 2024. - Three-year plan – incl. Firm, indicative, Outline levels of detail with clear progression captured. - Detail of operational delivery, management of risk and financial sustainability. - Agile and dynamic planning to adapt to changing environment. Inclusions - Quality, prevention, health inequity, impacts on CYPs particularly; - Anti-Racism Action Plans– employment and service delivery; - Duty of Quality – 12 Health and Care Quality Standards. Financial - Unprecedented level of financial deficit– continue to reduce funding deficits and ensure financial sustainability– driving down financial risk. Integrated Arrangements - Performance Framework will be issued ASAP and will reflect key performance information, complementing the Minimum Data Set (MDS) - Templates – focus on areas of risk; - Collaboration across HB and public sector boundaries. Enablers & Influencers - A Healthier Wales – Accountability Review - NHS Wales Joint Commissioning Committee - Value & Sustainability Board - NHS Executive – phase two - Social Partnership & Public Procurement (Wales) Act 2023 - Health Service Procurement (Wales) Bill - Duty of Quality and Duty of Candour	Core Supporting Functions & Triangulations Plans must take advantage of transformation, innovation, partnership/regional working and digital opportunities. - Embrace the Accelerated Cluster Development and Regional Partnership Board Plans; - Strengthen 'Once for Wales' arrangements for digital; - Maximise opportunities for regional working; - Redistribution of resources to community & primary care; - Maximise opportunities offered by key policies – i.e. Further Faster; - Increasing administrative efficiency, to enable a reduction in administrative/management costs as proportion of the spend base.

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

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



Llywodraeth Cymru
Welsh Government

To Chief Executives
NHS Wales

18 December 2023

Dear Colleagues

NHS Wales Planning Framework 2024-27

I am writing to confirm the process and governance arrangements for NHS organisations following the Minister's letter communicating the NHS Planning Framework for 2024-27. In addition, to the challenge and context set out by the Minister, this is a critical milestone for organisations to consolidate plans and ensure we collectively progress our sustainability agenda and the delivery of 'A Healthier Wales' more broadly.

All health boards and NHS Trusts have a statutory duty to produce an Integrated Medium-Term Plan (IMTP) that sets out how they will secure compliance with their break-even duty over a rolling three-year period, while improving the health of the people for whom they are responsible and the provision of healthcare to such people. In support of this, I recognise that planning for the longer term helps organisations to align to their strategic objectives and provide a strong sense of direction for staff to work cohesively. This will supplement the Planning Framework.

Officials are working up more detailed expectations for some NHS organisations such as the mandate letter for Public Health Wales, recognising their more specialist roles in the system, and further advice will follow on these early in the New Year. This will supplement the Planning Framework.

IMTPs will need to follow the familiar formula for the three-year plans with 'Firm, Indicative and Outline' levels of detail and a clear progression over time. Submissions should therefore include a narrative three-year plan, and the jointly agreed templates. This must align to the Minimum Data Set (MDS) which also complements the plans. The narrative three-year plan should set out what has been delivered, what has been progressed and what was unable to be delivered from the previous submission. Year one of your plans must contain a level of detail that provides clarity on milestones, actions and projections that set the ambition for operational delivery and management of risk for the year ahead, along with financial sustainability.

I also want to draw your attention to quality, prevention, health inequity, and particularly how these elements impact children and young people. I am keen to see evidence of the approaches being taken across these areas set out in the narrative three-year plans. Quality and equity are important threads running through all service and care provision that organisations will want to demonstrate. Your Anti Racism Action Plans should continue to address employment and service delivery as a specific part of your wider approach to equality, inclusion and diversity. The Duty of Quality in particular places a requirement on all of us, as individuals and organisations, and we must take into account the 12 Health and Care Quality Standards when making decisions and planning services. This framing will also be used in the assessment of plans. Children's access to specific and universal care and services must be considered more carefully to ensure that they receive timely and appropriate care and that all preventative actions are taken to optimise future health outcomes.

Financial Planning

The financial challenges being faced at the beginning of this financial year were significant and the level of financial deficit being carried by the NHS in Wales genuinely unprecedented. Through our actions across the system in this financial year more funding has been secured for the NHS on a recurrent basis, progress is being made on actions to reduce deficits, and target control totals have been set by Health Board. You will be aware that the recurrent element of those in-year allocations are contingent on progress towards target control totals. The detail of the allocation and budgetary framework for the NHS for 2024/25 will follow once the draft budget for Welsh Government has been set. All plans will need to demonstrate how they can go further in reducing deficits and ensuring financial sustainability.

Continued scrutiny, nationally and locally, on financial management is central to understanding the progress of organisations in driving down financial risk. Please ensure that there are mechanisms in place to constantly align and understand the impact of any financial or workforce decisions on the delivery of plans.

The challenges of the financial outlook are well understood and therefore maximising all opportunities for transformation, utilising new technologies that create efficiency and improved patient experience must be delivered. The rollout of digital solutions is clearly part of our future service provision and must be accelerated where it is possible to do so within available resources. I will be ensuring the Value & Sustainability Board agenda nationally continues with the good progress we are making and focusses on the additional priorities set out by the Minister. Organisations must develop plans locally that deliver on these requirements.

Integrated arrangements

The Performance Framework will be issued in due course and will reflect a broad range of key performance information that complements the Minimum Data Set (MDS), that you will provide alongside your narrative three-year plans.

The Minister will require templates for the commitments, aligned to your plans to accompany the submission, and these should focus on areas of risk.

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NHS plans must continue to be underpinned by collaboration across health board and public sector boundaries and for example ensure they are aligned to both Accelerated Cluster Development plans (ACD) and Regional Partnership Board (RPB) plans.

2024 Developments

It is important to note that there are a number of ongoing and new developments that will influence plans next year. The Accountability Review that the Minister has requested; the review of *A Healthier Wales* actions; the emergence of the new NHS Wales Joint Commissioning Committee; the continued work of Value and Sustainability Board that I Chair; and the phase two of the NHS Executive will be implemented. Planning will need to be agile and dynamic and continue to respond and adapt to the changing environment. This is the forte of the NHS and I know you will demonstrate the leadership and innovation that will deliver the stability needed.

There are new legislative requirements that impact in 2024 and will require action by NHS organisations:

Social Partnership and Public Procurement (Wales) Act 2023 – complements the Wellbeing of Future Generations (Wales) Act 2015 and will require NHS bodies to refresh their wellbeing goals in light of the new requirements. The NHS is already a leader in social partnership and procurement and much of the legislation will already be familiar. The link to key information is attached [Social Partnership and Public Procurement \(Wales\) Act | GOV.WALES](#)

The Health Service Procurement (Wales) Bill is intended to gain royal assent in December 2023 and for associated regulations and statutory guidance to be laid in summer 2024. This legislation will give organisations such as the NHS and local authorities the ability to implement more flexible procurement practices when sourcing services provided as part of the health service in Wales. [Health Service Procurement \(Wales\) Bill \(senedd.wales\)](#)

The Duty of Quality and Duty of Candour came into effect this April. It is incumbent on all of us to ensure we are delivering safe quality services. We need to keep in mind the 12 'Health and Care Quality Standards'. Similarly, the series of Quality Statements that have been issued by Welsh Government, offer strong guiding principles on what 'good services' should aspire to, and boards must satisfy themselves that they have achieved the right balance in their planning.

Timetable for submission

The plan submission is due by 29 March 2024. Welsh Government will support early assessment and decisions on plans to help ensure that there is no pause in the delivery of key priority areas. Accountability conditions and escalation status already in place will remain extant until any further communication is made.

Chief Executives will be required to submit an Accountable Officer letter to me by 16 February 2024 if their organisation is unable to produce a balanced IMTP. It will be clear at this point whether the organisation will have breached its statutory duty which may lead to further required actions and potentially escalation.

The escalation status of your organisation, that has been confirmed recently, and specifically alignment with any de-escalation criteria (where applicable) will need to be

reflected in your plans. Colleagues within the NHS Executive should support your actions where appropriate.

By 16 February 2024 - Accountable Officer letter (if appropriate)

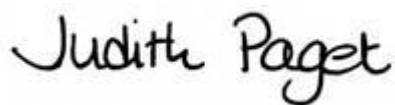
By 29 March 2024 – Plan, Ministerial templates and MDS submission, including the financial templates. Earlier submissions will be welcomed.

Given the challenges with the planning process in 2023/24, there is an increased expectation that plans received will be strengthened and bring clarity to the delivery requirements set. Any plans that do not meet these requirements on review will be subject to immediate escalation and assessment of the options and choices required to deliver the necessary improvements.

Thank you for your leadership and support for these crucial strategic and operational planning arrangements. A secure planned system is essential to deliver the improvements we all want to see, and I look forward to receiving your plans in March.

If you have any questions, please contact Samia Edmonds, Director of Planning who will provide further details if required and will continue to liaise with NHS Directors of Planning.

Yours sincerely



Judith Paget CBE

cc: Directors of Planning
Director of Finance

Griffiths, Sarah
24/01/2024 13:36:49



Our ref: MA/EM/3060/23

NHS Chairs

18 December 2023

Dear Colleagues,

NHS Wales Planning Framework 2024-2027

I am writing to set out the statutory planning Directions for NHS organisations that clarify the requirements for the coming year. This will set the ambition and direction for your plans over the three-year period.

Integrated planning, rather than through the market, is the way that NHS services are delivered in Wales. The NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014, sets out requirements for NHS planning in Wales. Under the legislative framework, local health boards and NHS trusts, have a statutory duty to prepare a plan, which is submitted to and approved by the Welsh Ministers, and which sets out how their organisation will secure compliance with their financial break-even duties while improving the health of the people for whom they are responsible and the provision of healthcare to such people. To satisfy these duties, the boards of those organisations must submit a three year Integrated Medium Term Plan (IMTP) for my consideration.

This Framework is set in the most challenging circumstances that the NHS has had to deal with since its inception. This is primarily as a result of the legacy from covid and Brexit, the challenging financial outlook and the wider system pressures on workforce and the cost-of-living position. Given the unprecedented challenges, operational, workforce, demand and financial pressures, it is crucial that our resources are optimised to deliver the best care and treatment for the people of Wales. Organisational plans will set out the improvements to be made to services and their future sustainability within the resources available to reduce inequalities and to improve the health outcomes of the populations you serve.

The Well-being of Future Generations (Wales) Act 2015 set in law the need to consider the long-term strategic approach to deliver a better future. This was underpinned by 'A Healthier Wales', and which remains the vision and long-term plan for health and social care in Wales. I have asked for the actions in A Healthier Wales to be reviewed and refreshed to ensure that they reflect the current and expected challenges over the coming years. This work will be undertaken over the coming months. Following the refresh of the A Healthier Wales actions, your plans will be assessed and aggregated into a national picture to determine how far they go in delivering that vision. Clarity of delivery commitments within your plans is therefore vital.

Griffiths, Sarah
24/01/2024 13:36:49

Bae Caerdydd • Cardiff Bay
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CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Improving population health outcomes continues to drive our strategic planning ambitions. We must understand the impact of the burden of disease modelling and the opportunities this provides to plan our services. The recent Senedd debate on the Chief Scientific Adviser's report – NHS in 10+ years – recognises the pressures the system will face as almost a fifth of the Welsh population will be aged 70 or above, those with diabetes could rise by almost 22% and the number of people suffering four or more chronic conditions could double. This shows that wherever possible a focus on prevention should be taken to stabilise the NHS to reduce acute demand for both the medium and the longer term. This includes initiatives such as weight management and diabetes that will support health outcomes and reduce pressure on health services over time.

To do this, it is essential that we make prudent use of our resources through quality and value-based approaches that ensure that there is a reduction in waste, harm and unwarranted variation. There are already excellent examples in terms of diabetes and cardiac through the Welsh Value in Health programme that must be drawn on to consistently implement high value interventions and reduce those that are of lower value, while delivering best outcomes for patients.

In this financial year you will know the significant work that was undertaken in-year to identify and allocate more funding to the NHS, reduce deficits and the delivery expectation I have set for target control totals by Health Board. Progress is being made by a number of organisations with further work required to deliver the control totals set. Next year's financial outlook remains very challenging, and my expectation is that the actions delivered this year are maintained on a recurrent basis, before identifying the further improvements that must be made in efficiency and savings for 2024-25.

The allocation and budgetary framework for the NHS will be issued once the Welsh Government draft budget is issued on the 19 December, and it is crucial that NHS organisations make further progress towards financial sustainability.

Plans must take advantage of transformation, innovation and digital opportunities in designing services and treatment pathways. Digital developments are essential to transforming efficiency, access and care, for example, through an ambition to have a paperless NHS. Digital transformation will also ensure the quality and safety of patients. All these elements will support preventative work and make a difference to stabilise the system in the short term as well as help mitigate some of the unrelenting pressures on services.

Primary and community care sees around 90% of the patients in contact with the NHS in Wales. A Healthier Wales made clear that shifting resources and making sure that more patients can be seen, diagnosed and treated in the community was key to long term improvements in health. Helping people to stay well at home will rely heavily on genuine collaboration and partnership across the health, social care and third sectors. If we are to see transformational change in our health and care services, to make it fit for the next 75 years, we need to make that change a reality. I want to see organisations embracing the plans coming forward from the Accelerated Cluster Developments and the Regional Partnership Boards; showing primary and community care as a bedrock of the IMTPs and progressing the cross programme work to develop a consistent Enhanced Community Care model for Wales.

It is clear that the ongoing pressures are having a disproportionate impact on children and young people as well as exacerbating health inequalities. Attention must be given to the quality and levels of services to ensure that women and children, and other sections of the communities in Wales, are not disadvantaged in accessing care and treatment. Attention must be given to reducing health inequalities experienced by sectors of our communities.

Reductions in some health inequalities can be achieved by identifying gaps in health service provision, considering areas of best practice and developing actions to address these gaps. Equitable access to all services remains at the centre of the values of the NHS in Wales and even more so when the impact can have a disproportionate effect during the 'cost of living' crisis. I encourage you to take account of these areas in your planning.

The national programmes will continue to support the delivery of services that make the most of the finite resources available. They must not drive costs but reinforce best practice through quality, efficiency, and patient experience. The National Programme areas remain:

- Enhanced Care in the Community, with a focus on reducing delayed pathways of care.
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.
- Planned Care and Cancer, with a focus on reducing the longest waits.
- Mental Health, including CAMHS, with a focus on delivery of the national programme.

The accountability conditions for these programmes were issued in September and will provide continuity between 2023 and 2024 plans.

To provide guidance and support the Value and Sustainability Board, chaired by Judith Paget, has agreed five workstreams to maximise resource utilisation across the system. The thematic areas are:

- Workforce
- Medicines Management
- Continuing Health Care (CHC)/Funded Nursing Care (FNC)
- Procurement and non-pay, and
- Clinical Variation/Service Configuration

The Board has already issued a range of requirements in relation to low value interventions, prescribing and continuing health care that must be implemented to ensure a consistent approach across Wales. I want to see material progress made across all workstreams.

As part of the Value & Sustainability agenda I am clear in my expectation that for 2024-25 there must be a consistent and significant impact in the following areas on both a local and national basis, I will be asking my officials to focus on ensuring these are delivered, and progress on these areas will be a key feature of assessing organisations plans:

- Continued progress in reducing the reliance on high-cost agency staff.
- Ensuring strengthened 'Once for Wales' arrangements to key workforce enablers such as recruitment, and digital.
- Maximising opportunities for regional working.
- Redistributing resources to community and primary care where appropriate and maximising the opportunities offered by key policies such as Further Faster.
- Reducing unwarranted variation and low value interventions.
- Increasing administrative efficiency, to enable a reduction in administrative and management costs as a proportion of the spend base.

NHS Wales commands a major share of the Welsh Government's budget. It is therefore incumbent upon NHS organisations to ensure that the role as Anchor Institutions is fully exploited. I want to see NHS organisations demonstrate their contributions to the foundation economy, the climate change agenda, as well as supporting the wider Welsh Government goals; demonstrating the partnership and collaboration opportunities across sectors that comes with this responsibility.

As we strive to progress immediate operational delivery in this challenging environment, we must not lose sight of the future health improvements we aspire to. Applying the sustainable development principle (5 ways of working) consistently will allow us to reap the benefits of the Wellbeing of Future Generations (Wales) Act 2015. Complementing this groundbreaking legislation are two other recent key Acts - the [Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#) and the [Social Partnership and Public Procurement \(Wales\) Act 2023](#), from which further provisions will come into force in April 2024. These provide a context for how NHS organisations should work collaboratively with an unrelenting consideration of quality in all that is done, to deliver the best NHS care consistently across Wales. April 2024 will also see the establishment of the new NHS Wales Joint Commissioning Committee, which will streamline the commissioning landscape.

Judith Paget, NHS Chief Executive, will write to you imminently setting out the process and governance that will underpin your submissions. NHS plans will continue to form a strong foundation for NHS Chief Executive and Chairs' objectives and will be central to our discussions throughout the year.

Finally, my personal thanks go out to all NHS staff for the commitment and care they demonstrate every day that make a difference to patients in Wales. I know you will agree, that we owe it to them to ensure our collective ambitions for improvement in outcomes will be realised.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Griffiths, Sarah
24/01/2024 13:36:49



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NHS
WALES

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

Meeting Date	25 January 2024	Agenda Item	4.3
Report Title	Welsh Language Update		
Report Author	Huw Owen, Welsh Language Services Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	This report provides an update on the following areas of work undertaken by HEIW in respect of the Welsh Language: 1. Compliance with our Welsh Language Scheme including translation, in the context of our Compliance activities 2. Work on the Welsh Government's Mwy na Geiriau (MnG) five year plan, which is a plan launched in 2022 to promote the 'active offer' of a Welsh language service to patients and clients in the Health and Social Care sectors. HEIW has two main area of focus in terms of the Welsh language – ensuring internal compliance towards our Language Scheme and externally, supporting the Welsh language skills of the workforce, now focussed on our responsibilities under the MnG initiative.		
Key Issues	• Progress towards compliance against our Welsh Language Scheme. • Update on the Translation service. • Our progress on the Mwy na Geiriau (MnG) five-year plan initiative.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to: • Recognise progress in respect of the embedding of our Welsh Language Scheme • Recognise our progress in respect of the Mwy Na Geiriau Five year plan • Note the update on our translation services		

Griffiths, Sarah
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Welsh Language Update

1. INTRODUCTION

This report focusses mainly on two distinct areas of activity and progress – Compliance with our Welsh Language Scheme (WL Scheme) (including translation) and our work on the MnG initiative.

2. BACKGROUND

Our WL Scheme, which comes under the Welsh Language Act of 1993, was approved for publication by our Board in October 2021. We hope to come under the Welsh Language Standards set by Welsh Government in due course. Nevertheless, our WL Scheme is based on the Standards so that HEIW's language policy is in line with those of other Welsh NHS organisations who already come under them. The WL Scheme is reviewed at three yearly intervals and will therefore be reviewed in Q3 of next year. An annual report on the WL Scheme will be provided to the Board in Q1 of next year.

3, CURRENT POSITION

3.1 Welsh Language Scheme

In the past 6 months, we welcomed our Welsh Language Facilitation Officer, Kieran Owen, to HEIW. This is a new role and is designed to proactively prepare colleagues in HEIW to ensure optimum compliance with our WL Scheme. This will provide us with an improved data trail of activity to allow the Executive and the Board to monitor compliance against our WL Scheme, to improve the Welsh language skills of our workforce and increase the use of the Welsh language internally and through the services that we provide.

Our WL Scheme focusses on 38 key areas of operation, which mirror the themes covered by the Welsh Language Standards. Whilst last year's WL Scheme annual report confirmed good progress in many areas we are nevertheless aware that awareness of legislative compliance needs to be constantly refreshed due to staff growth and turnover, and the need to remind staff of their responsibilities.

Welsh Language Skills

All HEIW staff are expected to note their Welsh language skills on ESR, our workforce system. We do this by noting whether we have skills in writing Welsh, listening/speaking in Welsh and reading in Welsh.

We've encouraged staff throughout the year to note their Welsh language skills on ESR in co-operation with Communications and Workforce Information colleagues. The percentage of staff who have recorded their Welsh language skills on ESR has increased substantially over the past six months, rising from 56% to 82% of all core staff during this period. The target for core staff is 85%, so we hope to reach this target in Q4.

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We currently have 74 registered Welsh learners at HEIW. This equates to over 20% of our core staff and highlights that we are achieving high levels of engagement with staff in respect of the Welsh language.

WL Scheme areas of focus next year

The following four areas shall be the areas of focus for embedding the WL Scheme in 2024-25;

1. The proper focus on the Welsh language in all recruitment issues (which also ties in with initiatives already in motion under the MnG initiative)
2. Telephone Services – ensuring that all staff who answer telephones are aware of the legislative requirements, and that training is put in place to help those who need it.
3. Ensuring that our websites are fully compliant with the legislative requirements – and also raising awareness amongst those who are creating new pages.
4. Reinforcing the legislative requirements surrounding the receiving, responding to and initiating correspondence.

Promotion and Engagement

The Welsh Language Facilitation Officer represented HEIW and the Welsh Language Team at the Nursing and Midwifery Council (NMC) showcase at Tramsheds, University of South Wales. This was a fantastic opportunity to promote the work HEIW does in championing Welsh Language opportunities to staff and external stakeholders as well as sharing good news stories from across our partners in Higher Education.

HEIW recognizes we need to promote our commitment to Welsh to inspire confidence to use the Welsh Language Services.. Welsh Language Rights Day is promoted annually every December. We've capitalized on the opportunity this day provides to talk about the right to use Welsh with us.

Over the coming year we will continue to highlight important events in the Welsh language calendar such as highlighting and delivering awareness raising days including St David's Day, Santes Dwynwen Day, Shwmae Day and the 'Mae gen ti hawl.' Initiative.

It's important to note that 2024 sees the Eisteddfod Genedlaethol Cymru (National Eisteddfod of Wales), one of Europe's largest cultural festivals, coming to Pontypridd. This offers a fantastic opportunity on our doorstep to showcase and celebrate Welsh Language and culture.

We are actively seeking to have a stand there for the week, where we will concentrate on promoting the importance of Welsh language skills in careers within NHS Wales.

Translation

Translation is fundamental to ensure legislative compliance within HEIW as well as ensuring that we are able to offer our learners and ultimately their patients a service in the language of their choice. Over the past two years (2021 and 2022), the

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translation team has translated well over 4 million words annually – 4.9 m in 2021, and 4.4 m in 2022. In 2023, we passed 5 m words in a year for the first time.

The team currently consists of 4 internal translators, who are translating more than 66% of that total between them. The remainder is being bought in from the external market. The team has further developed this year by recruiting an apprentice translator, who is undertaking an MA (Cert) in Professional Translation. On average, it is between 33% and 75% cheaper to translate internally than externally.. We also provide a comprehensive simultaneous translation service for HEIW and over the past 6 months provided such services at 16 public meetings.

Duty of Quality

We have developed and refined a HEIW “house process” of translating, Significant progress in the technical side of translation has been made to speed up the process as well as ensuring greater accuracy. This has had a positive impact on efficiency and overall costs per word.

We invest in training our translators.

Two team members are undertaking the MA (Dip) in Professional Translation this semester, leading on to the full MA by the end of the calendar year – giving us greater mitigation against risk within the translation function as well as increasing the skills base of the group. This training progression ladder is helping us to attract, recruit and retain people into the profession.

Through offering high quality training and development and enabling the use of cutting-edge technology we aim to make translation services a more attractive, accessible and sustainable profession, whilst bringing down the overall cost of the process significantly. We are increasingly being asked to share our methodology with other bodies active in the field, most recently when we were asked to present at the Annual Meeting of the Welsh Translator’s Society in October.

Mwy na Geiriau (More than Just Words)

We have set up a working group within HEIW which meets regularly to implement the actions required of us in the 5 year Mwy na Geiriau Plan.

The job description for the Head of MnG has been drafted and is being finalised through the job matching process. We anticipate that we will appoint to the role in Q1 of next year.

Our work on Mwy na Geiriau (MnG) has made significant progress over the past year and this was highlighted in the Welsh Government Annual Report on MnG published in December, which draws particular attention to the following achievements;

- Our Awareness Module created for the undergraduates on our HEI courses.
- Our work in producing the “Strategic Workforce Planning for the Welsh Language” strategy, and an acknowledgement that this work needs to be further developed. This embeds a comprehensive methodology into all Workforce planning activities to ensure that Welsh language legislation, and

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therefore the needs of the patients, is properly considered in all Workforce Development activity across the NHS in Wales.

- Our above average performance in completing the new mandatory internal Welsh language awareness course.
- The work that we have done through Tregyrfa, our Welsh language careers portal, in engaging with the future NHS workforce.
- The significant improvement we've made in increasing our ESR Skills Welsh Language Skills Completion rate (further progress on this is highlighted in the "Welsh Language Skills" section of the report above.
- The work that we have been doing jointly with Social Care Wales (SCW) in promoting the importance of Welsh language skills within the Health and Care workforce.

Next year, the MnG Working Group will focus mainly on the following three areas;

1. The development of the Workforce Planning initiative, which aims to agree best practice and consistency across all elements of the Welsh language in organisational development – from attraction and recruitment, to skills development and sustainability.
2. Focus on recruitment to careers in health and care, working specifically with SCW and Careers Wales; and
3. The rolling out of our commissioned course to raise confidence of staff in using the Welsh language under the branding "Welsh – Why and How", The title has changed from Raising Confidence to reflect the broadened scope of the offering, which now also extends to offering pragmatic solutions to learning, reviving and sustaining Welsh language skills.

3. GOVERNANCE AND RISK ISSUES

Our WL Scheme comes under the Welsh Language Act of 1993. Any breach in compliance to this plan can lead to an investigation by the Welsh Language Commissioner. Any such investigation would require a significant input from HEIW staff, as well as potentially risking a monetary punishment and reputational damage.

Poor quality or non-translation of documents can directly lead to non-compliance also. Given the current position and the steps taken in terms of the implementing the WL Scheme, the risk is currently considered to be low.

4. FINANCIAL IMPLICATIONS

Some of the actions proposed in the MnG Five Year Plan could have resource implications for HEIW. It is currently difficult to assess how many further Welsh language courses will need to be commissioned in accordance with the requirements of the Plan and associated costs. HEIW will seek, where possible, to meet any such requirement from existing resource. Where it will not be possible for these additional costs to be met by HEIW we have raised these areas with Welsh Government and seek confirmation as to whether any additional resource will be made available.

5. RECOMMENDATION

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Members are asked to:

- Recognise progress in respect of the embedding of our Welsh Language Scheme
- Recognise our progress in respect of the Mwy Na Geiriau Five year plan
- Note the update on our translation services

Governance and Assurance			
Link to IMTP strategic aims (please ☐)	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	☐	☐	☐
Compliance with Duty of Quality At HEIW we promote bilingual working practice as we know that it can lead to better clinical outcomes. Every patient in Wales has the right to receive treatment in the language of their choice; and members of the public (including our students and other stakeholders) equally have the right to receive services in the language of their choice. Our WLScheme is what we have to comply with to meet the requirements of Welsh Language legislation. Constantly reaffirming the messages within the Scheme leads to higher levels of Compliance, which in turn leads to better patient care.			
Legal Implications (including equality and diversity assessment) There are no legal implications associated with this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) This activity feeds into Strategic our IMTP. This objective meets the Wellbeing of Future Generations 5 ways of working in that it promotes the Welsh language and culture. This also aligns with <i>A Healthier Wales</i> in terms of prevention, safety, higher value within the system through enabling us to prepare the workforce to give patients care in the language of their choice or need.			

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Equality Impact Assessment (EIA)	
Equality Impact Assessment not required.	
Report History	A report on the Welsh language is presented to the Board twice a year.
Appendices	

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Health Education and
Improvement Wales (HEIW)

Meeting Date	25 January 2024		Agenda Item	4.4
Report Title	Board Self-Assessment			
Report Author	Sarah Griffiths, Corporate Governance Manager			
Report Sponsor	Dafydd Bebb, Board Secretary			
Presented by	Dafydd Bebb, Board Secretary			
Freedom of Information	Open			
Purpose of the Report	To present the Board with an - update on the progress against the implementation of the Board self-assessment Action Plan for this year and - outline of the Board self-assessment action plan for next year.			
Key Issues	The Board self-assessment is undertaken on an annual basis. Good progress made in completing the self-assessment action plan for this year - 2023/34 with 10 of the 11 actions assessed as completed and one as ongoing. Results for the Board's self-assessment questionnaires were considered at the Board Development Session in December 2023. It is proposed that the key area of focus for the Board self-assessment action plan for 2024/25 includes: managing the Board transition process in response to the turnover in membership, board development and supporting Welsh Government's Aspiring Board Members Programme (January) .			
Specific Action Required <i>(please one only)</i>	Information	Discussion	Assurance	Approval
				✓
Recommendations	The Board is asked to: • note the progress made against the 2022/23 Board Self-Assessment Action Plan (paragraph 3.1 and Appendix 1) • approve the Board self-assessment actions for next year as outlined in the proposals paragraph (paragraph 3.2).			

BOARD SELF-ASSESSMENT

1. INTRODUCTION

The Board undertakes an annual process of self-assessment and evaluation to identify any areas requiring focus, improvement or development with a view to improving performance to ensure that the Board continues to evolve and develop. This process enables Board members to contribute both individually and together as a group. Members contribute individually through the completion of the self-assessment questionnaires and as a group where the results are considered at a Board Development Sessions. The process is further strengthened through taking into account ongoing learning from reviews of audit reports and enquiries on governance and leadership.

The lessons learnt from the self-assessment are captured in an annual self-assessment action plan (Board Action Plan) and help inform HEIW's Board Development Sessions, Board recruitment and our Board induction processes.

2. BACKGROUND

The purpose of this report is to present the Board:

- with an update on the progress made against the Board Action Plan for this year, 2022/23, as summarised in paragraph 3.1 and outlined in full in Appendix 1.
- with the focus areas for the Board Action Plan for next year 2024/25 as outlined in paragraph 3.2.

3. PROPOSAL

3.1 Implementation of Board Action Plan for this year

The action plan for this year, attached at appendix 1 contained a total of 11 actions. Good progress has been achieved this year in implementing the actions with 10 of the 11 assessed as completed. One action is assessed as ongoing and will form part of the Board self-assessment Actions for next year. This is:

Action 9. Board to take part in Welsh Government initiative to enable potential Board members with a Black, Asian and Minority Ethnic background to shadow and observe the work of the Board and its Committees.

Current position: The Welsh Government initiative commenced in earlier this month – Aspiring Board Members Programme (January) and is ongoing. Consequently, it will roll over into next year's action plan.

3.2 Board Action plan for next year 2024/25

Results for this year's Board self-assessment questionnaires were considered at the Board Development Session in December.

Overall, the responses from the Board were positive. It should be noted that a positive response to the self-assessment questionnaire statement reflects a positive view of Board performance, while a negative response indicates a negative view on the matter. 400 individual responses strongly agreed with statements within the questionnaire, 134 partially agreed with the statements, 5 partially disagreed while there was a nil return on strongly disagreeing with a statement.

While the positive response rate was welcomed at December Board the methodology for recording responses to questions was queried and will be reviewed. A further consideration informing the Board action plan for next year is the fact that Board is going through a transition period. Over the past year we have welcomed two new Independent Members and a new Executive Director. In the next quarter we will welcome a further two new Independent Members. We are also experiencing a turnover of our original senior independent members and a loss of organisational memory has been identified by the Board as a strategic risk. Consequently, our Board Action Plan for next year will include steps to mitigate this challenge.

The following areas of focus have therefore been identified for the Board's Action Plan for next year:

Managing the Board Transition process.

Action: Induction processes for new members to be reviewed to better reflect HEIW's unique functions – in particular the funding, commissioning and performance arrangements for education and training (Board Secretary)

Action: 'Market stall' approach, to demonstrate the breadth of HEIW's work, to be included on a regular basis at staff conferences (Director of Workforce and Organisational Development).

Action: Board Development Session forward work programme to include a focus on team development for Board Members (Board Secretary and Director of Workforce and Organisational Development)

Action: Continued updates and special briefing sessions (Chair and Board Secretary)

Methodology for responding to the questionnaire to be reviewed.

Action: Board Secretary, John Gammon and Jayne Sadgrove to review the questionnaire methodology

WG initiative to develop independent member with BAME background (ongoing from last year) .

Action: HEIW to take part and support the WG initiative.

5 GOVERNANCE AND RISK ISSUES

In accordance with Section 9.2.1 of HEIW's Standing Orders, the Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment.

Undertaking an annual self-assessment provides part of the assurance to the Board that it is discharging its duties effectively. The Board shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structure and processes.
- Its Board Development Programme as part of an overall organisation development framework.
- The Board's report of its alignment with the Welsh Government's Citizen Centred Governance Principles.

6. FINANCIAL IMPLICATIONS

There are no financial implications associated with the actions arising from the Board self-assessment.

7. RECOMMENDATION

The Board is asked to:

- **note** the progress made against the 2022/23 Board Self-Assessment Action Plan (paragraph 3.1 and Appendix 1)
- **approve** the Board self-assessment actions for next year as outlined in the proposals paragraph (paragraph 3.2).

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
Compliance with Duty of Quality			
The Board undertakes an annual process of self-assessment and evaluation to identify any areas requiring focus, improvement or development with a view to improving performance.			
Legal Implications (including equality and diversity assessment)			
There are no legal implications.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The review of effectiveness will be completed regularly and supported by a rolling programme of improvement and training/development.			
Equality Impact Assessment (EIA)			
Equality Impact Assessment not required.			
Report History	The results of the Board's 2022/23 self-assessment questionnaire were considered at December 2022 Board Development Session. The draft actions arising from the self-assessment were considered at February 2022 Board		

	Development Session and actions approved at the Board meeting in March 2022.
Appendices	Appendix 1 – Board Self-Assessment Action Plan 2022/23

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BOARD SELF ASSESSMENT ACTION PLAN 2022/23

No	Action	Progress	Action Required
Area of Focus 1: Engagement with Stakeholders			
1	Need to consistently focus on engagement with stakeholders (All)	Completed	The Stakeholder Reference Group is established.
2	HEIW to invite stakeholders to Ty Dysgu to witness the good work undertaken by HEIW. Consideration be given to an annual event for Welsh Government, for both civil service and politicians. (Director of Workforce and Organisational Development)	Completed	Action was included in the Comms Programme for the year. We have held political briefings online on a regular basis throughout the year. We have been advised that attending the Senedd directly would have a greater impact in terms of highlighting our work and will adapt our approach next year accordingly. We have also held a showcase event at Ty Dysgu which was well received. HEIW has attended numerous conferences throughout the year rolling out the organisation's stand on a regular basis. Leads from Welsh Government have attended Ty Dysgu regularly. Given this good progress has been achieved throughout the year
3	Ensure continued engagement with the Stakeholder Reference Group (All)	Completed	The Stakeholder Reference Group meets regularly, and updates provided at the Education, Commissioning and Quality Committee and Board.
Area of Focus 2: Induction programme to ensure that Board members are fully prepared for their roles			
4	Induction processes for new members to be reviewed to better reflect HEIW's unique functions – in particular education and quality, performance report and HEIW's recurring underspend (Board Secretary)	Completed	The Independent Member induction process has been reviewed.
5	Board members to be introduced to more senior staff below Executive level (Board Secretary)	Completed	Induction process has been amended accordingly.
6	All Board members to attend a session with staff in person at least once a year (Director of Workforce and Organisational Development)	Completed	Independent Members have been invited to in person staff events throughout the year including attendance at the in-person staff conference at the All Nations Centre.
Area of Focus 3: Information Board needs to discharge its duties			

7	The Board felt further discussion was needed at a Board Development Session on what information is required by the Board as a collective to discharge its duties (Chair and Board Secretary)	Completed	Development of Performance monitoring and workforce planning considered regularly at Board Development sessions.
Area of Focus 4: Board has the right blend of skills, experience and personalities and the appropriate degree of diversity to enable it to face current and future challenges successfully			
8	Board to attend equality and diversity training (Completed)	Completed	
9	Board to take part in Welsh Government initiative to enable potential Board members with a BAME background to shadow and observe the work of the Board and its Committees (Chair and Board Secretary)	Ongoing	Welsh Government initiative on Aspiring Board Members Programme has commenced in January 2024 and HEIW is engaging with the process.
Area of Focus 5: Board regularly review progress against its performance evaluation action plan			
10	Board to receive an action plan arising from its self-assessment and to monitor the same (Board Secretary)	Completed	Board Self-Assessment Action Plan presented to the Board in January 2024
Area of Focus 6: Board members have sufficient knowledge about the organisation's activities to provide critical oversight and leadership, without attempting to micromanage			
11	Actions linked to improvements to the induction process (see focus area 2 above), continued updates and special briefing sessions (Chair and Board Secretary)	Completed	The Independent Member induction process has been reviewed. Board Briefings have taken place throughout 2022/23 on the following topics: Strategic Workforce Plan for Primary Care, Nursing Workforce Plan, Education and Training Plan and Performance, Single Platform Business Case and Perinatal Workforce Plan. The Board have also received special briefings on the NHS Wales financial situation.

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Meeting Date	25 January 2024	Agenda Item	4.5.1
Report Title	Committee Chair's Key Issues Report – Education, Commissioning and Quality Committee		
Report Author	Sarah Griffiths, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Tina Donnelly, ECQC Chair and Independent Member		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Education, Commissioning and Quality Committee.		
Key Issues	This report focuses on the key issues raised at the Education, Commissioning, and Quality Committee meeting held on 7 December 2023.		
Specific Action Required	Information	Discussion	Assurance
			✓
Recommendations	The Board is asked to: • note the content of the report from the Chair of the Education, Commissioning and Quality Committee.		

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KEY ISSUES REPORT – EDUCATION, COMMISSIONING AND QUALITY COMMITTEE, 7 DECEMBER 2023

1. INTRODUCTION

The purpose of the report is to provide an update on matters considered by the Education, Commissioning and Quality Committee held on 7 December 2023. The Board is asked to note the summary report from the Chair of the ECQC Committee.

2. BACKGROUND

The Board will be aware that three committees have been established under HEIW's standing orders; the Audit and Assurance Committee; the Remuneration and Terms of Service Committee, and the Education, Commissioning and Quality Committee. Each Committee will present reports to the Board during the year outlining key discussions, issues and risks discussed during meetings.

3. PROPOSAL

The Education, Commissioning and Quality Committee met on 7 December 2023. Appendix 1 provides the Board with a summary of the areas considered at the meeting. The formal record of the meeting remains the approved minutes.

4. GOVERNANCE AND RISK ISSUES

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

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATION

Members of the Board are asked to:

- **note** the content of the report from the Chair of the Education, Commissioning and Quality Committee.

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
Compliance with Duty of Quality			
Ensuring the Board carries out its business appropriately through its Committees, and aligned with its standing orders is a key factor in enabling the quality, safety and experience of patients receiving care. Ensuring the Board and its Committees make fully informed decisions is dependent on the timeliness of information provided and the quality and accuracy of the information presented and considered by those making decisions.			
Legal Implications (including equality and diversity assessment)			
The Board must comply with its standing orders, which includes receiving updates from its Committees.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The report outlines work undertaken by the Committee to advise and assure the Board in relation to education, commissioning and quality management of education provision and contracts. The Committee governance structure aims to identify issues early to prevent escalations, work closely with the Audit and Assurance Committee and integrate into the overall Board arrangements.			
Equality Impact Assessment (EIA)			
Equality Impact Assessment not required.			
Report History	This report shall be a standing item on the Board's agenda.		
Appendices	Appendix 1 - Education, Commissioning and Quality Committee Chair's Summary		

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Appendix 1

Meeting Date	25 January 2024	Agenda Item	4.5.1
Freedom of Information Status	Open		
Reporting Committee	Education, Commission and Quality Committee		
Report Author	Sarah Griffiths, Corporate Governance Manager		
Chaired by	Tina Donnelly, Chair and Independent Member		
Lead Executive Director(s)	Lisa Llewelyn, Director of Nurse and Health Professional Education, and Professor Pushpinder Mangat, Medical Director		
Date of last meeting	7 December 2023		
Summary of key matters considered by the Committee and any related decisions made:			
The Committee received the Medical Quality Assurance Report which included the General Medical Council National training survey findings and August fill rates. The Committee noted the report which provided an overview of current risks and exceptions in relation to postgraduate medical training and the actions taken by HEIW to address these. It was confirmed that a new report format had been used. It was confirmed that there had been 100% fill rate to postgraduate medical training posts in General Practice. It was noted that for foundation recruitment there had been a 100% fill rate following the recruitment process, however by the end of October 2023, there were 61 vacancies across the programme. It was noted that work was underway to identify whether anything could be done differently in the future to avoid such a reduction in the fill rate. It was confirmed that the General Medical Council had undertaken an annual trainee and trainer survey and that there had been an 88% response rate for trainees and a 63% response rate for trainers in Wales. The Committee noted the positive exceptions and progress and agreed that an update would be provided to the Committee on the distribution of foundation doctor vacancies across Wales in one year to see if inequality was demonstrated. The Committee received and noted the Dental Quality Assurance Report which confirmed that the recruitment position was positive and that there had been satisfactory progression and training outcomes for dental trainees to date. It was confirmed that the new dental trainee survey had received a 67% response rate. Issues relating to the ability to access dentistry services and the balance between private and NHS dentistry was raised. The Committee received and noted the Pharmacy Quality Assurance Report which confirmed that there were no significant issues and that there had been improvement to the oversight of quality data within the Pharmacy Deanery. The Committee agreed that information would be brought to the Committee in six months on independent prescribing and quality from the work completed by the independent prescribing steering group. The Committee received and noted the Optometry Quality Assurance Report which highlighted that within the next twelve months postgraduate placements in optometry practices would begin. It was confirmed that there was an increase of 30% commissioning for all postgraduate qualifications this year to accommodate the expected increase in demands and that there had been a 96% course fill rate. It was noted that there was a need to ensure data was obtained to understand how HEIW commissioning led to an increase in service provision and that this would be reported to the Committee in the future. The Committee accepted the report as assurance of quality processes in the role of commissioning in optometry. The Committee agreed that information regarding the impact of courses during COVID-19 would be shared with the Committee.			

The Committee **received** and **noted** the **Nursing and Health Professional Education Quality Assurance Report** which confirmed that there had been a record number of nurses recruited in September 2023 and that progress had been reported against Allied Health Professional and Healthcare Science graduate recruitment. It was noted that conversations had taken place between professions regarding attrition and that a consistent terminology was being considered where interruption of studies would be considered separately. It was confirmed that the Bursary consultation proposed by Welsh Government had been delayed until 2024. The dispersed learning model with Powys Teaching Health Board was highlighted and it was confirmed that learning from the model was being discussed with Hywel Dda University Health Board and Swansea University.

The Committee **received** and **noted** the **Targeted Visit in Medical Training Case Study report** which provided a case study in order to provide assurance to the Committee that the targeted visit process was objective, fair, robust and effective.

The Committee **received** and **noted** the **Highlight Report on Phase 2 of the Strategic Review of Health Professional Education** which provided a summary of the activity undertaken between 14 October and 9 November 2023. It was confirmed that since the report had been approved, the status of the Distance Learning Part Time Pre-Registration Nursing and Ultrasound had been changed to green.

The Committee **received** the **Draft Committee Self-Assessment 2023-24 report** and **approved** the content of the Committee Effectiveness Review Document.

The Committee **received** and **approved** the **2024/25 Education, Commissioning and Quality Committee Forward Work Programme**, subject to the following amendments: the Medical Quality Assurance Lead being updated, the placement capacity and attrition and fill rate reports being removed, the Duty of Quality report being removed, and the Optometry Quality Assurance report being presented to every Committee meeting.

The Committee **received** and **noted** the verbal update regarding the items discussed at the **Stakeholder Reference Group** on 23 November 2023. It was confirmed that the Group received information which included Strategic Workforce Implementation Plan, Retention and Nurse Retention Programme, Mental Health Update, Pharmacy Plan, Nursing Workforce Plan, Genomics, the Digital, Data Strategy, the Integrated Medium-Term Plan and the Careers Strategy.

The Committee **received** and **noted** the **Care Home Education Facilitators Report** which confirmed the recommendations and next steps for 2024/25. It was confirmed that discussions were underway regarding how the work could be taken forward.

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

N/A

Recommendation for Board consideration

N/A

Delegated action by the Committee

N/A

Main sources of information received

- Medical Quality Assurance Update Report
- Pharmacy Quality Assurance Update Report
- Dental Quality Assurance Update Report
- Optometry Quality Assurance Update Report
- Nursing and Health Professional Education Quality Assurance Update Report

• Targeted Visit in Medical Training Case Study • Education and Task and Finish Group Update Report • Highlight Report on Phase 2 of the Strategic Review of Health Professional Education (SREP2) • Draft Committee Self-Assessment 2023-24 • Forward Work Programme 2024/25 • Care Home Education Facilitators Report
Highlights from sub-groups reporting into this Committee
N/A
Matters referred to other Committees
N/A

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Improvement Wales (HEIW)

Meeting Date	25 January 2024		Agenda Item	4.6
Report Title	In-Committee Decisions			
Report Author	Sarah Griffiths, Corporate Governance Manager			
Report Sponsor	Dafydd Bebb, Board Secretary			
Presented by	Dafydd Bebb, Board Secretary			
Freedom of Information	Open			
Purpose of the Report	To set out key issues discussed at the In-Committee Board Meeting held on 30 November 2023.			
Key Issues	In accordance with the Standing Orders, HEIW is required to report any decisions made in private session to the next available public meeting of the Board. This report sets out the decisions made by Board In-Committee on 30 November 2023.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
	✓			
Recommendation	The Board is asked to note the report for information.			

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DECISIONS MADE DURING THE IN-COMMITTEE BOARD MEETING HELD ON 30 NOVEMBER 2023

1. INTRODUCTION

The purpose of the paper is to report on items considered by the In-Committee Board Meeting held on 30 November 2023.

2. BACKGROUND

The Board shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases, the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observer withdraw from the meeting. In doing so, the Board shall resolve:

'That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'.

In these circumstances, when the Board is not meeting in public session, it shall operate in a private session, formally reporting any decisions taken at the Board's next public session meeting.

3. PROPOSAL

The following matters were discussed in the in-committee meeting of the HEIW Board on 30 November 2023:

- **Chair's Report:** The Board received and noted the verbal update.
- **Chief Executive's Report:** The Board received and noted the verbal update. It was agreed that an update on the Band four Regulated Nursing Associates in Wales would be provided to the Board.
- **Cyber Security Update:** The Board received the report which provided an update on cyber risk management and the progress made against the cyber security plan. The Board noted the current cyber security plan progress and gained assurance that actions were progressing. The Board commented that cyber security would always be a red risk for all organisations. The Board agreed that the Corporate Risk Register, risk 1 regarding cyber security would be reviewed. The Board agreed that an annual summary of the phishing position in HEIW would be included in the next cyber security update.
- **Education and Training Plan 2024-25 Prioritisation:** The Board received the report which detailed the outcomes of the prioritisation exercise undertaken by the leads of each area for the 2024/25 Education and Training Plan. The Board approved the proposed commissioning approach, including rationale and impact, which would be shared with Welsh Government. The Board agreed that

the Education and Training Plan Update would be presented to the Board in January. The Board agreed that the Chair would escalate prioritisation relating to the Education and Training Plan at Ministerial Level and that Board members would be kept up to date of the outcome of discussions with Welsh Government. The Board asked that a Communications Strategy with partners be developed which would incorporate the implications and rational of decision making. The Board noted the risk associated with the assumptions made and recognised the Board's concerns on quality, particularly in relation to primary care components of education and commissioning. The Board noted the decisions taken to date and the upcoming decisions required to commission within flat cash funding.

- **Strengthening Senior Team Capacity:** The Board received a verbal update and approved the recommendation from the Remuneration and Terms of Service Committee held on 30 November to implement plans to commence recruitment in quarter four to strengthen senior team capacity.
- **Single Platform Business Case – Approval of Contract Award:** The Board received the report which provided an update on the outcome of the single platform procurement exercise. The Board approved the selection of the preferred partner, which would enable the contract ratification papers to be sent to Welsh Government to conclude the procurement, subject to confirmation of Welsh Government funding.
- **Gwella Leadership Platform – Approval of Contract Award:** The Board received the report which explained that approval to award was sought by the Board for the Gwella contract to ensure continuity of Gwella@HEIW. The Board approved the award of the Gwella contract for the period of 2-Years plus an optional 1-year extension.
- **Staff Survey System Procurement:** The Board received and noted the report. The Board agreed that the contract, awarded to Iqvua Ltd, would be approved for an initial period of two years only. It was confirmed that Board approval would be required for exercising the option of an additional one year.

4. GOVERNANCE AND RISK ISSUES

The report provides an overview of matters considered by the In-Committee Board Meeting held on 30 November 2023 and is intended to further demonstrate HEIW's commitment to open and transparent decision-making.

5. FINANCIAL IMPLICATIONS

There are no direct financial implications associated with this report.

6. RECOMMENDATION

The Board is asked to **note** the report for information.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
Compliance with Duty of Quality Ensuring the Board and its Committees make fully informed decisions is dependent on the timeliness of information provided and the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.			
Legal Implications (including equality and diversity assessment) There are no legal implications associated with this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) There are no direct implications on the Act.			
Equality Impact Assessment (EIA) Equality Impact Assessment not required.			
Report History	This report is provided at each meeting of the Board.		
Appendices	None.		

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Meeting Date	25 January 2024		Agenda Item	5.1
Report Title	Corporate Risk Register			
Report Author	Sarah Griffiths, Corporate Governance Manager			
Report Sponsor	Dafydd Bebb, Board Secretary			
Presented by	Dafydd Bebb, Board Secretary			
Freedom of Information	Open			
Purpose of the Report	To provide an overview of the risks currently detailed within the Corporate Risk Register (CRR).			
Key Issues	The report provides an update on the CRR, which is attached at Appendix 1. There are currently a total of 8 risks on the CRR broken down as follows: ○ Two 'red' status risks; ○ Five 'amber' status risks and ○ One 'green' status risk Risk 1 has been reworded to take into consideration feedback received at November Board regarding cyber security. Risk 8 has been reassessed. This has resulted in the score decreasing from 12 to 9. The risk status has remained as amber. No new risks have been removed or added to the register since the last report.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	The Board is asked to: • note the report for assurance.			

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CORPORATE RISK REGISTER

1. INTRODUCTION

The Board is asked to note the current position regarding the Corporate Risk Register (CRR) (**Appendix 1**) as outlined in this report.

2. ASSESSMENT

There are currently **8** risks on the CRR, and these risks have been assessed as follows: **2** 'Red' status risks, **5** 'Amber' status risks and **1** 'Green' status risk. Except for paragraph 2.1, which provides an update on the pre-existing Red Risks, the commentary below highlights the changes to the CRR since the last report.

2.1. Red Risk

Risk 1 has been reworded to take into consideration feedback received at November Board regarding cyber security.

Risk 1 – If reasonable steps are not taken in respect of cyber security and resilience, HEIW may not be able to adequately protect itself, detect, respond, and recover from a cyber-attack resulting in critical system(s) disruption; disruption of operational functions and output; breach of critical and personal data; financial penalties and reputational damage.

Mitigation: This requires the implementation of recommendations highlighted within HEIW's Cyber Security Assessment Report. This includes the implementation of the Security Implementation Plan.

Assessment: The risk currently has a score of 20. Therefore, the risk continues to be assessed as 'Red'.

Progress: The Cyber Security Plan paper (October 2023), previously shared with members of the Executive team and the Audit and Assurance Committee, was shared with the Board on 30 November. Work to deliver the security plan continues and the team are also working to define the 24/25 security plan. The team has also recently published the second in its series of cyber security newsletters for staff.

Risk 20 – If the Education and Training Plan 2024-25 as recommended by HEIW's July Board is not approved by Welsh Government or before national recruitment processes commence, commitments may be made at risk or training numbers reduced or not included which will impact on future workforce supply.

Mitigation: Ongoing dialogue with Welsh Government on the Education and Training Plan following submission, approval mechanisms and timescales.

Assessment: The risk currently has a score of 20. Therefore, the risk continues to be assessed as 'Red'.

Progress: A report was submitted to November Board on the Education and Training Plan and the Board supported the commissioning approach, if Welsh Government funding decision was still outstanding when critical timelines were reached. Following this, Welsh Government confirmed funding will be maintained at 2023-24 levels which is consistent with the commissioning approach agreed at November Board.

2.2. Risks with an Increased Score

There have been no risks with an increased score since the last report.

2.3. Risks with a Reduced Score

There has been one risk with a reduced score since the last report.

Risk 8 – Single Lead Employer arrangements via NWSSP: If implementation of the single lead employer model processes does not meet expected standards and impacts on trainee experience, then this would potentially have an adverse reputational impact for HEIW and for Wales as a place to train.

Mitigation:

- Group established between NWSSP, HEIW and Health Board's to begin process mapping of data flow and other employment processes to identify weaknesses.
- Paused roll out for secondary care specialities from December 2021 until Clarity on resolution of existing issues.
- NWSSP to review and where appropriate address internal capacity to deliver the service.
- NWSSP to provide update report on issues arising and progress reports following each onboarding cycle aligned to agreed KPIs.

Assessment: The risk has been reassessed. This has resulted in the score decreasing from 12 to 9. The risk status has remained as amber.

Progress: Feedback from HEIW link with NWSSP and Managing Director of NWSSP has concluded that the recent onboarding was an improvement on previous years. A number of areas still require attention, and a joint improvement plan is to be completed. Internal audit to undertake work to assess HEIW's role in the Single Lead Employer process.

2.4. Risk Removal

No risks have been removed from the CRR since the last report.

2.5. New Risks

There have been no new risks added to the CRR.

3. GOVERNANCE AND RISK ISSUES

Risk management through the CCR and Strategic Risks is a core tool for the governance of risk within HEIW.

4. FINANCIAL IMPLICATIONS

Risk management through the CRR and Strategic Risks is a core function of HEIW as a Special Health Authority. There are no anticipated additional cost implications.

5. RECOMMENDATION

The Board is asked to **note** the report for assurance.

Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: Building our Future Workforce Developing and implementing plans that align the future demand for workforce with supply.	Strategic Aim 2: Developing our Current Workforce Transforming today's workforce to contribute to new models of care which improve quality and safety.	Strategic Aim 3: Shaping Culture and Leadership in NHS Wales Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.
	✓	✓	✓
Compliance with Duty of Quality The CRR is the core tool to ensure effective risk management within HEIW. A robust approach to the management of risk is more likely to impact favourably on the safety and experience of patients and staff. The CRR is presented to the Executive Team, Audit and Assurance Committee and Board as part of the system of governance and assurance established within HEIW.			
Legal Implications (including equality and diversity assessment) There are no legal implications associated with this report.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) The CRR is HEIW's core tool to manage risk.			
Equality Impact Assessment (EIA) Equality Impact Assessment not required.			
Report History	The CRR is presented to the Executive Team and Senior Leadership Team on a monthly basis. The Audit and Assurance Committee review it on a quarterly basis. The CRR is provided for noting at each meeting of the Board.		
Appendices	Appendix 1 – CRR		

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HEIW CORPORATE RISK REGISTER - 2023/24

Date Added	Ref SA	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Date of impact	Residual Risk			RAG Status	Progress
			Impact	Probability	Overall Score				Impact	Probability	Overall Score		
		Details of the risk. If... then... impact				None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.					R/A/G & Trend	
1 April 2020	1	If reasonable steps are not taken in respect of cyber security and resilience, HEIW may not be able to adequately protect itself, detect, respond, and recover from a cyber-attack resulting in critical system(s) disruption; disruption of operational functions and output; breach of critical and personal data; financial penalties and reputational damage. Board Secretary	5	5	25	LOW	This requires the implementation of recommendations highlighted within HEIW's Cyber Security assessment report. Cyber Security Implementation Plan to be drafted and implemented.	Ongoing	5	4	20	R ↔	December/January 2024 The Cyber Security Plan paper (October 2023), previously shared with members of the Executive team and AAC, was shared with the Board on 30 November. Work to deliver the security plan continues and the team are also working to define the 24/25 security plan. The team has also recently published the second in its series of cyber security newsletters for staff (published on the intranet 1 December).
3 July 2020	1	If HEIW does not have sufficient capacity this may have an impact on its ability to support the NHS, delivery of Annual Plan commitments and levels of performance. Director of Workforce and Organisational Development	4	4	16	LOW	Assessment and costing of workforce requirements made as part of the development of the Integrated Medium Term Plan.		4	2	8	A ↔	December/ January 2024 As previously reported, close working continues between Finance & Workforce and Organisational Development teams. Additional control measures in place ensuring that vacancies are closely monitored. Actions being explored/underway aimed at maximising the benefits of ESR for HEIW and streamlining processes.

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Date Added	Ref SA	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Date of impact	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.		Impact	Probability	Overall Score	R/A/G & Trend	
8 Oct 2021	4	Single Lead Employer arrangements via NWSSP If implementation of the single lead employer model processes does not meet expected standards and impacts on trainee experience, then this would potentially have an adverse reputational impact for HEIW and for Wales as a place to train. Medical Director	4	5	20	MODERATE	- Group established between NWSSP, HEIW and UHBs to begin process mapping of data flow and other employment processes to identify weaknesses. - Paused roll out for secondary care specialties from December 2021 until clarity on resolution of existing issues. - NWSSP to review and where appropriate address internal capacity to deliver the service. - NWSSP to provide update report on issues arising and progress reports following each onboarding cycle aligned to agreed KPIs.		3	3	9	A ↓	December 2023 Feedback from HEIW link with NWSSP and MD of NWSSP has concluded that the recent onboarding was an improvement on previous years. A number of areas still require attention, and a joint improvement plan is to be completed. Risk can be reduced to impact 3, probability 3, but remains amber. January 2024 Internal audit to undertake work to assess HEIW's role in the Single Lead Employer process.
18 March 2023	2	If the Higher Education Institutions (HEIs) do not achieve all the commissioned levels under the education and training contracts entered with HEIW, then HEIW shall not meet its commitments within the Annual Education and Training Plan for workforce supply to the NHS or utilise the full investment agreed through the plan. Director of Nurse and Health Professional Education	5	5	25	HIGH	- Strategic review phase 1 programme - Strategic review phase 2 programme - Executive Team - Education commission and Quality Committee - Performance Management Framework - Education and Training plan performance oversight group		3	4	12	A ↓	January 2024 September 2023 Pre-registration nursing fill rate is 84%. 1,612 nursing students recruited in September 2023 (24% higher than 2022 filled places). Highest number of nursing students ever recruited in September in Wales. 10% more Nursing, Midwifery, Allied Health Professional and Healthcare Science places filled (2,717 compared to 2,474), due to a combination of education commissions and collaborative work, led by HEIW, with NHS Wales and Higher Education Institution partners. Midwifery fill rate is 100%.

Date Added	Ref SA	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Date of impact	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.		Impact	Probability	Overall Score	R/A/G & Trend	
													March intake being progressed and monitored. Additional risks have been identified with Mental Health nursing fill rates. Identified universities are in enhanced monitoring and have improvement plans in place to increase Mental Health fill rate.
19 March 2023	2	If the current Bursary package becomes less attractive due to the cost-of-living crisis, students will be discouraged from applying to health professional courses or cause existing students to leave before completion which will impact on future workforce supply. Director of Nurse and Health Professional Education	4	4	16	HIGH	- Executive team reports - Welsh Government Bursary Oversight Board. HEIW is a key stakeholder in providing expertise and input to shape future policy direction.	Ongoing	4	3	12	A	December 2023 Welsh Government has confirmed: - Extension to Bursary for academic year 24/25. - Eligible NHS Bursary students can access full maintenance loan from 24/25. - Consultation on Bursary delayed to 2024. This may impact on 2023/24 spring cohort if students decide to defer to 2024/25 programmes. January 2024 No further update.
20 July 2023	1	If the Education and Training Plan (ETP) 2024-25 as recommended by HEIW's July Board is not approved by Welsh Government or before national recruitment processes commence, commitments may be made at risk or training numbers reduced or not included which will impact on future workforce supply. Director of Finance Planning and Performance	4	5	20	MODERATE	Ongoing dialogue with Welsh Government on the Education and Training plan following submission, approval mechanisms and timescales.	Ongoing	4	5	20	R	December 2023 Paper supported at 30 November Board regarding commissioning approach, if Welsh Government funding decision is still outstanding when critical timelines are reached. January 2024 Welsh Govt confirmed funding will be maintained at 2023-24 level which is consistent with commissioning approach agreed at November Board. Awaiting ministerial approval of the Education and Training Plan.
21 July	2	If the Nursing Retention plan is not delivered in line with NHS Workforce Implementation Plan (NWIP) timescale	3	5	15	HIGH	Retention workstream	Ongoing	3	2	6	G	December 2023

Date Added	Ref SA	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Date of impact	Residual Risk			RAG Status	Progress
		Details of the risk. If... then... impact	Impact	Probability	Overall Score	None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.		Impact	Probability	Overall Score	R/A/G & Trend	
2023		this will impact HEIW's relationship with stakeholders. Director of Nurse and Health Professional Education					- Nursing workforce plan steering group - HEIW NWIP plan - WG Strategic workforce implementation group					↔	Nurse Retention Plan completed. Launched in September 2023 alongside HEIW Retention Programme launch. It is recommended that the risk is closed and removed.
22 July 2023	1	If transition of WIMAT functions are not planned carefully there may be an impact on education and training and on our reputation. Medical Director	3	4	12	MODERATE	HEIW finalising transition plans for endoscopy and surgical bootcamp. Ongoing discussions with all parties in WIMAT, Cardiff University and Sponsors of courses in WIMAT. Task and finish group to be established led by Cardiff and Vale Medical Director to manage transition of those activities outside HEIW's responsibilities.	APRIL 2024	3	4	12	A ↔	December 2023 Transition of endoscopy training is proceeding well with an alternative site for training identified with advanced plans for implementation from January 2024. The task and finish group are making slow progress with the functions outside HEIW's responsibility. Completion of its work likely to be later than January. January 2024 No change since last update.

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Risk Scoring Matrix

L I K E L I H O O D	Probable	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical
		IMPACT				

Level	Colour	Score Range
Low	G	1 – 6
Moderate	A	7 – 14
High	R	15 – 25

Risk Appetite Levels

Appetite Level	Described as:	What this means
None	Avoidance of risk and uncertainty is a key organisational objective.	Avoidance of loss is key objective, play safe, avoidance of developments. Priority for tight controls and oversight.
Low	Minimal, or as little as reasonably possible, is preferred for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.	Prepared to accept the possibility of very limited financial loss if essential. Win any challenges re compliance. Innovations avoided unless essential.
Moderate	Cautious is preferred for safe delivery options that have low degree of inherent risk and may only have limited potential for reward.	Prepare to accept some possibility of some financial loss. Limited tolerance for sticking neck out. Tendency to stick with status quo, innovation in practice avoided unless really necessary.
High	Open and willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and Value for Money).	Prepared to invest for return & minimise the possibility of financial loss. Value and benefits considered. Gains outweigh adverse consequences. Innovation supported.
Very High	Seek and be eager to be innovative and too chose options offering potentially higher business rewards (despite greater inherent risk). Or also described as mature and confident in setting high levels of risk appetite because controls, forwards scanning, and responsiveness systems are robust.	Investing for best possible return & acceptance of possibility of financial loss. Chances of losing any challenge are real and consequences would be significant. Desire to break the mould. High levels of devolved authority – management by trust, not control.

Strategic Aims

1	Building our Future Workforce: Developing and implementing plans that align the future demand for workforce with supply.
2	Developing our Current Workforce: Transforming today’s workforce to contribute to new models of care which improve quality and safety.
3	Shaping Culture and Leadership in NHS Wales: Embedding compassionate leadership principles to develop cultures that support inclusion, wellbeing, and quality.

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