



GIG
CYMRU
NHS
WALES

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



Annual report
2019/20

Contents

PERFORMANCE REPORT

Welcome from Chair and Chief Executive	6
Key facts	8
Who are we?	10
Why are we here?	11
What we do – our functions?	12
How we do it	13
Developing our people and organisation	13
Shape of our workforce	14
Attraction, recruitment and selection	14
Communicating effectively with people, stakeholders, partners and the public	15
Data analytics and intelligence	15
Digital and information systems	15
Staff health, safety and wellbeing	15
Planning and performance	15
Student and trainee voice	15
Governance	16
Contributing to the Wellbeing of Future Generations (Wales) Act 2015	16
Legal and policy context for NHS Wales	16
Performance summary	18
Performance outcomes and highlights for 2019–20	18

PERFORMANCE ANALYSIS

How we manage performance	22
Performance management framework	22
Performance against NHS Wales delivery framework	24
Performance analysis: a focus on outcomes	26
Performance analysis against objectives	27
Highlights from education and training commissioning	34
Our approach to education and training quality	35
Financial performance: our delivery against financial plans	37
Sustaining performance in a crisis	38
Sustainability	39

ACCOUNTABILITY REPORT AND ACCOUNTS

Corporate governance report	42
Annual governance statement	42
Statement of accountable officer's responsibilities	59
Directors' report	60
Statement of Directors' responsibilities in respect of the accounts	61
Remuneration and staff report	62
Statement of assurance	68
Annex 1a: Single figure of remuneration 2019–20	69
Annex 1b: Single figure of remuneration 2018–19	70
Annex 2: pension benefits	72
Annex 3: pay policy statement	73
The Welsh Parliament accountability and audit report	74
Certificate and independent auditor's report	75
HEIW annual accounts 2019–20	77



Performance report

Welcome from our Chair and Chief Executive

This has been the first full year of operation for Health Education and Improvement Wales (HEIW) and we have already taken huge strides forward, not just in establishing ourselves as a new organisation but also delivering on critical priorities for the health and care system.

Our staff have been central to our success to date, enthusiastically dealing with the challenges of new ways of working, new colleagues and, for some, new locations. They have embraced the opportunities of being a more visible and influential part of NHS Wales, and on the UK stage. We have continued to enjoy lively and well attended staff conferences and were really pleased with the results of our first staff survey which showed we are going in the right direction in terms of our values and behaviours.

We have made positive efforts to be more visible to the educators, trainers, trainees and students that we work with and support right across Wales. We learnt a lot from our first series of HEIW roadshows which visited nine hospitals and one event to get first-hand feedback about how things are going, and how we can improve.

We are seated firmly with NHS colleagues in addressing key service challenges such as cancer, unscheduled care, primary care and major trauma, and this is increasingly informing our plans and work programmes. COVID-19 has consolidated this approach, and we are proud to have been able to support NHS colleagues with agile and flexible responses to workforce and training challenges, for example, in relation to critical care and rehabilitation.

In collaboration with Social Care Wales we have delivered on one of the most important commitments in A Healthier Wales through the workforce strategy for health and social care. When implemented this will provide a ten-year platform for achieving a motivated, engaged and valued workforce with the capacity, competence and confidence to meet the needs of the people of Wales. Over 2,000 people and organisations were engaged in this work, which aims to align the health and social care workforce for the first time.

As a system leader we have championed the need for compassionate and collective leadership in the NHS, using the evidence and learning about staff wellbeing and engagement to transform the conversation about how leadership can best deliver quality of care to the people who use our services. We are passionate about unlocking the leadership potential of all staff wherever they work in the health and care system and will be designing our resources and programmes with that in mind.

At the heart of our organisation is our education and training function, and we have been able to secure significant improvements and increases in education and training across all professional groups through our annual education and training commissioning plan, as well as transformation of training for General Practitioners (GPs) and pre-foundation pharmacists. Attrition rates continue to be low, and feedback from regulators such as the General Medical Council (GMC) continues to be positive. We plan to build on this next year to continue to make Wales a great place to learn and train, and we will also be implementing the outcome of our strategic review of health professional education which was completed in 2019-20.

We were pleased to have developed our first draft integrated medium-term plan (IMTP) by the end of December 2019 which was a fantastic way of integrating the organisation further and setting out our ambitions. Although COVID-19 has since created a new set of circumstances for NHS organisations we continue to use the draft IMTP to anchor the short term plans we have needed to develop in 2020-21.

We wish to thank all our partners across Wales for the open and proactive way we have continued to work together to deliver Wales as the premier place to train work live. We look forward to continuing this engagement and commitment to build our health and care workforce for the future.



Dr. Chris Jones
Chair
26 August 2020

Alex Howells
Chief Executive
26 August 2020

Key facts

Special Health Authority – NHS Wales


All Wales remit

£215m annual budget – 96% on education and training


c. 400 directly employed staff

2,000 medical and dental trainers and supervisors


Promotes:



350+ careers in NHS Wales



29 medical libraries



NHS Wales e-library for health managed by NHS Wales Informatics Service

2,800+ subscription e-journals

2 point of care tools

18+ databases, e-learning and guidelines

Supports the education, training and CPD of:



c. 3,900 training-grade doctors and staff and associate specialist doctors across:



1,600 dentists



400+ midwives

58 specialist medical training programmes

12 district GP training schemes

9 dental training schemes



3,625 dental care professionals



2,150+ allied health professionals



750+ optometrists

60 contact lens opticians

250 dispensing opticians



300+ scientists/practitioners



5,500+ nurses



1,210 community nurses



2,500+ pharmacists

1,600+ pharmacy technicians

200+ pre-registration pharmacists and pharmacy technician trainees

80 diploma pharmacists



715 non-medical prescribers

Who are we?

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

Vision

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

We deliver this vision using our PEOPLE principles as outlined opposite.

- P** **Planning** ahead to predict and embrace changes and build a sustainable health and social care system
- E** **Educating**, training and developing staff to meet the needs of patients and citizens in line with prudent healthcare principles
- O** **Offering opportunities** for development to new and existing staff from all professional and occupational groups throughout career pathways
- P** **Partnership working** to increase value for our citizens, patients, learners and staff
- L** **Leading** the way, through continuous learning, improvement and innovation
- E** **Exciting, enthusing, engaging, enabling and empowering** staff across all professional and occupational groups

Why are we here?

Our purpose is to integrate and grow expertise and capability in planning, developing, shaping, and supporting the health workforce - ensuring we have the right staff, with the right skills, to deliver world-class health and care to the people of Wales. The publication of A Healthier Wales prior to our establishment reinforced the need for a more strategic and sustainable approach to workforce in health and social care.

Our role in education and training makes a fundamental contribution to the implementation of the Wellbeing of Future Generations (Wales) Act 2015 and the five ways of working. We see this as part of our

core purpose creating the conditions for a sustainable workforce for the future and widening access to health careers and opportunities. Plus, engaging with partners and stakeholders to shape education and training opportunities making them more accessible no matter what your background or where you live.

As a new organisation, established within NHS Wales in 2018, we are also clear that our purpose is to deliver improvements to the safety and quality of care for patients, to enhance trainee, student and staff experience and to drive benefits to the system as a whole.



What we do – our functions

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

Education and training

Education commissioning and delivery: we plan, commission and deliver education and training for a wide range of health professional groups, and incorporate the Deaneries for Medicine, Dental and Pharmacy. This includes undergraduate, postgraduate and CPD activities. This is what the majority of our budget is spent on.

Quality management: we quality manage education and training provision ensuring it meets required standards, and improvements are made where needed. This includes supporting educators, trainers, trainees, students and working closely with education providers, NHS organisations and regulators. We have a specific role supporting the GMC in relation to quality of postgraduate medical education.

Supporting regulation: we play a key role representing Wales in liaison with regulators, working within the policy framework established by the Welsh Government. We also undertake, independently of the Welsh Government, specific regulatory support roles.

Workforce

Workforce intelligence: we are recognised as a primary source for information and intelligence about the Welsh health workforce. We provide analytical insight and intelligence to support the development of the current and future shape of the workforce and act as a central body to identify and analyse sources of intelligence from Wales, UK and abroad.

Workforce strategy and planning: we provide strategic leadership for workforce planning, working with Health Boards and Trusts, Social Care Wales and the Welsh Government to produce a forward strategy to transform the workforce to deliver new health and social care models of service delivery. In addition, through this process, we identify and develop new workforce models required within the NHS.

Leadership development and succession planning: we are leading and developing the strategic direction for compassionate and collective leadership development, talent management and succession planning for NHS Wales.

Careers and widening access: we provide the strategic direction for promoting health careers and the widening access agenda, with a clear focus on opening access to the many people in our communities that have valuable skills and experience currently underrepresented in our workforce.

Workforce improvement: we provide strategic and practical support for workforce transformation and improvement, including skills development, role design, CPD and career pathway development.

Professional support for workforce and organisational development (OD): we have an express function to support the development of the workforce and OD profession within Wales.

How we do it

Developing our people and organisation

Our colleagues in HEIW have been a huge asset to us in establishing ourselves as a new organisation and continue to be pivotal in building a sustainable health and care workforce that can meet future needs.

Our aspiration is to be an excellent employer and a great place to work, recognising that our workforce is distributed across Wales in various settings. This has been a strategic aim since we were created in 2018, and we continue to develop our people, inclusion and organisational development practices to enable us to achieve this aspiration. It is critical that we have a motivated, engaged and sustainable workforce that is competent, confident and with the appropriate capacity to help us deliver our priorities. We are keen to support the development of our existing staff as well as being attractive to new staff as our organisation matures.

Effective communication and engagement with staff is critical and has been a top priority since the organisation was established. Our communications and engagement strategy describes how we communicate and engage effectively with staff to create an inclusive and respectful working environment, whether staff are based in Ty Dysgu or based in other locations across Wales.

During 2018, in partnership with all staff, we developed our organisational values and behaviours framework, for which we won the *Improvement in Colleague Engagement and Experience* award at the Healthcare People Management Association (HPMA) Wales awards in 2019. This framework underpins all of our business, key examples of which may be found in our recruitment and selection processes, performance appraisal and development review (PADR) and our health and wellbeing programmes. We have continued to embed our values and behaviours into all that we do, and during 2019 established a 'culture group' with self-selecting membership to ensure that our journey of staff engagement, motivation and excellent experience continues.

Our values are:



respect for all



together
as a team



ideas that
improve

We are committed to eliminating discrimination, valuing diversity and promoting inclusion through equality of opportunity and through everything that we do. We have continued to embed our diversity, equality and inclusion agenda which is informed by strong leadership, co-production, collaboration and direct engagement with those who are affected by the decisions we make. In February 2020 we published our inclusion and diversity policy and began developing our strategic equality plan which we anticipate will be approved in 2020. We have also established a diversity and inclusion group and a series of workplace inclusion champion roles. We have also become a signatory to disability confidence scheme, dying to work charter and Anti-violence collaborative for example.

While we do not yet come under the remit of the Welsh language Standards, we are committed and enthusiastic about embracing Welsh language and culture, as a fundamental principle underpinning every area of our work. All staff have received Welsh language Awareness training since October 2018, and this will continue as it forms part of our induction programme. Additionally, 36 staff have been supported to undertake formal Welsh language lessons across all levels. We encourage staff to use their own level of Welsh as much as possible, as part of everyday practice, and to record their ability through

the electronic staff record (ESR) system. We are taking active steps to ensure that when we recruit, all roles specify a desirable ability to speak Welsh. In addition to this are four posts which have required Welsh language skills to be essential. Further information on our Welsh language work can be found on [page 21](#).

Shape of our workforce

Our workforce is made of circa 400 staff who have come from a range of backgrounds including front line NHS services, various education settings as well as other public sector services or professional sectors such as finance and IT. Full details of the shape and composition of our workforce can be found in the remuneration and staff report 2019-20.

When HEIW was established it brought together staff from three former organisations – Workforce Education and Development Service, Wales Deanery and the Wales Centre for Pharmacy Professional Education. At this point there were 92% of HEIW staff on Cardiff university terms and conditions who transferred to HEIW under *Transfer of Undertakings (Protection of Employment) Regulations* (TUPE) arrangements.

Staff on former Cardiff university terms and conditions have their terms and conditions protected by TUPE legislation. Notwithstanding, we have made some changes to their arrangements following staff consultation and in partnership with our trade union colleagues. For example, staff in this group have been awarded a pay increase in line with our other agenda for change staff, and in late 2019-20 we commenced engagement on removing statutes and ordinances and adopting NHS Wales agenda for change employment policies in their place. We continue to look, where appropriate, for an approach to policies that can be adopted or adapted to ensure fairness and equity across our workforce. All newly appointed staff are employed on NHS Terms and Conditions, as are those who transfer into new roles within HEIW. Staff also have the option to transfer from former Cardiff university terms and conditions in their existing role and are supported to do so. Further details can be found in the remuneration and staff report.

As a newly created body a strong focus on organisational development is vital. In addition to the staff who have transferred to the

organisation from predecessor organisations we have recruited a significant number of new staff over the last two years from both NHS and non-NHS backgrounds. During this period we have also continued to rely on the contribution of agency staff to help us while recruitment processes were undertaken to fill new and vacant posts.

In order to continue to build the culture that we want we have commenced our staff surveys, including the all Wales staff survey which showed HEIW's engagement score as 3.88 out of 5 – which is just above the Wales average of 3.82. The results of the 2019 staff survey for HEIW generally compare well to the all Wales scores from the 2018 survey, but there is no room for complacency.

Attraction, recruitment and selection

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

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

Key to this is our PADR policy and procedure. During the PADR staff have the opportunity to discuss their progress against their agreed objectives with their line manager, develop ongoing objectives and create and agree a personal development plan to enable ongoing personal and professional development. We are still working hard with our managers to ensure that PADRs are completed and recorded to achieve the expected target of 85%. Our current performance is 53%. Medical staff also take part in the medical appraisal and job planning process.

All our staff are required to complete the all Wales statutory and mandatory training in line with NHS Wales Health Boards and Trusts. We have worked hard with managers to ensure that we meet the 85% tier one performance target rate as soon as possible – our current performance is 70%.

Communicating effectively with people, stakeholders, partners and the public

We work closely with a wide and diverse range of partners and stakeholders in various sectors to continuously evaluate, re-imagine, and transform how we need to work to meet the needs of an ever-changing world.

We have also established a Local Partnership Forum which meets bi-monthly and has been well supported by our trade union representatives. We have invited union colleagues to HEIW to deliver clinics to meet staff and talk about union membership, any issues they may have and how union membership can benefit them.

For further details see [page 47](#) and [55](#) of the corporate governance report.

Data analytics and intelligence

In terms of corporate and business reporting, we maintain the local ESR system and work collaboratively with the Finance Team to ensure accuracy on reporting of vacancies and resources. As data controllers of ESR within HEIW, the data and analytics team support the whole organisation with ESR related issues and provide reports and analysis and training across HEIW.

Digital and information systems

The digital team provide advice and support for the development, integration and procurement of new digital solutions for the organisation. They also take a leading role ensuring we make use of current, emerging and future technologies to their fullest potential in the context of enhancing learning, teaching and training.

Staff health, safety and wellbeing

The wellbeing of our staff is of paramount importance, and we strive to ensure that our working environments and practices support us in this. In our headquarters, the facilities team ensure the safe provision of facilities and equipment and ensure that the environment is as inclusive as possible for all staff. Work has

commenced to ensure that all staff are safe wherever they are undertaking work on behalf of HEIW regardless of where their base may be. The Health and Safety Committee established in May 2019 with representatives from across the organisation have been reviewing health and safety policy and procedures.

We have a strong wellbeing network across the organisation, and as the system leader in staff wellbeing for NHS Wales, we are able to test and promote a wide range of initiatives and resources within HEIW prior to further roll out. During 2019-20 we have begun working towards the achievement of the Bronze Corporate Health Standard, with a successful mock assessment taking place prior to COVID-19.

Planning

Throughout the year, we have been supporting the development of general planning skills across our teams. In October 2019, a member of our planning team joined the first cohort of students undertaking the new postgraduate Diploma in Healthcare Planning delivered by Cardiff university and funded by Welsh Government and NHS Wales. This will enable us to improve our approach to planning and strengthen opportunities for collaborative planning and integrated work across NHS Wales.

Student and trainee voice

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

The trainee think tank – 12-15 medical and dental trainees influence their education agenda by representing a range of specialities from across Wales, providing a unique perspective from within medical and dental training.

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

In May 2019, we launched the 'HEIW roadshows' visiting Health Boards and Trusts across Wales and meeting over 300 healthcare trainees, students, educators and those

responsible for education. The roadshows enable us to introduce HEIW and ourselves to students, trainees and colleagues across Wales and provided an opportunity to talk about and hear direct feedback on education experiences which we use to inform and shape future healthcare education in Wales.

Governance

As a statutory body, HEIW has a board consisting of a Chair, Chief Executive, six independent members and four Executive Directors. Further information about the board their roles and responsibilities can be found in the corporate governance report.

DECLARATION OF INTERESTS: Details of company directorships and other significant interests held by members of the board which may conflict with their responsibilities are maintained and updated on a regular basis. A Register of Interests is available in the [board meetings section](#) of our website. A hard copy can be obtained from the Board Secretary on request.

Organisational risk and governance

As an organisation we adhere to the HEIW risk management policy and maintain a risk management system which enables and empowers staff to identify, assess and manage risks to HEIW. Strategic risks are monitored by the board and managed by the executive team and operational risks are managed by teams at the most appropriate level. Our risk management policy and practice has been assessed by our internal and external auditors, and in a recent internal audit has been rated as providing 'reasonable assurance'.

Annual education and training commissioning meetings

Every year we hold meetings with Health Boards and Trusts to review the provision of postgraduate medical education to ensure that this complies with GMC standards. These really valuable opportunities to meet with the Executive Directors and education teams from individual organisations have taken a new format this year in expanding to cover all other health professions in line with our ambition to be a truly multi-professional organisation.

Further details on governance, assurance and risk management can be found in the corporate governance report.

Wellbeing of Future Generations (Wales) Act 2015

Our role in education and training places us in an excellent position to contribute to the implementation of the Wellbeing of Future Generations (Wales) Act 2015. The five ways of working align with our objectives as an integral part of our core purpose.

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

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

The act's five ways of working are also reflected in the inclusive way we collaborate with all our stakeholders including under-represented and marginalised groups in our society, and carry out our business reflecting our culture and core values. Our recognition of the disability confidence scheme, Dying to work charter and the anti-violence collaborative is evidence of this.

Legal and policy context for NHS Wales

As well as the Wellbeing of Future Generations (Wales) Act 2015 there are other high-level policy drivers which underpin our objectives and work. These include:

The Social Services and Wellbeing (Wales) Act 2015

This act imposes duties on local authorities and Health Boards to promote the wellbeing of those who need care and support, or carers who need support and to put in place measures that support a preventative approach and reduce the need to escalate care. HEIW and Social Care Wales are already working closely together on a number of key projects which underpin collaborative working and planning including the joint development of a [workforce strategy](#)

[for health and social care](#), and the piloting of a joint health and social care induction framework in Hywel Dda Health Board.

A Healthier Wales

A Healthier Wales – the long-term plan for Health and Social Care embraces the prudent healthcare principles and set out an ambitious plan for a whole system revolution and provides essential context for all NHS plans going forward. In addition to the workforce strategy referred to above it challenges HEIW along with other NHS organisations to develop sustainable plans and actions to deliver care closer to home, through strengthening primary and community services, and refocusing on prevention.

Nurse Staffing Act

The Nurse Staffing Act requires NHS organisations to demonstrate that they are providing safe levels of nursing care within adult acute medical and surgical inpatient wards. There are however elements of the act which are relevant for other clinical areas. We are working with partners to support the extension of the act to new clinical areas and have agreed to a TUPE transfer of the Nurse Staffing Act team from Public Health Wales into HEIW during 2020-21.



Performance summary

Our annual plan for 2019–20 set out in detail our plans for the year to achieve our seven strategic objectives. These objectives were developed in conjunction with Welsh Government, tested on partners through our stakeholder engagement and aligned to the functions set out within legislation. The HEIW strategic objectives for 2018–20 are as follows:

1	as a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand
2	building a sustainable and flexible health and care workforce for the future
3	with Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery
4	improving quality and safety by supporting NHS organisations to find faster and more suitable workforce solutions for priority service delivery challenges
5	improving opportunities for use of technology and digitalisation in the delivery of education and care
6	reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales
7	demonstrating value from investment in the workforce and the organisation.

Performance outcomes and highlights for 2019–20

We successfully delivered on the majority (22) of our projects and commitments in the annual plan including all six actions from the remit letter issued by the Welsh Government. We made significant progress on the remainder (15) with only two projects that could not be progressed materially by the end of March 2020.

Here are some of our highlights for the year:

With Social Care Wales we developed and submitted an ambitious workforce strategy for Health and Social Care, a key commitment by Welsh Government in A Healthier Wales. This was achieved through extensive engagement and consultation which involved approximately 2,000 people across a range of sectors and professions. With a primary focus on the wellbeing of the workforce woven through all

of the key themes, the strategy will play a key role in making the health and social care sector a great place to work, where people are valued, well led and supported to provide excellent care to patients.

Linked to this we laid the foundations for the launch of our work programme on leadership development building an understanding and commitment to compassionate and collective leadership, developing a digital portal to improve access, and establishing effective links with experts and innovators across the UK.

We have completed a strategic review of the health professional education programmes that we commission, to ensure that the education being delivered remains fit for purpose, and to review our approach to supporting access in all parts of Wales. This will be taken forward through a contracting process this year.

Our ability to fill education and training places has been positive, and in general we are increasing these places across a range of professional groups. We continue to have a good reputation in relation to the quality of these programmes which continues to be a central focus for all of our teams.

We also secured significant increases in investment in education and training with support of Welsh Government. This is essential given the critical nature of the workforce challenges and deficits that are affecting quality of care on a daily basis.

- an increase in GP Trainees from 136 to over 180, supported by a shift in the focus of training into primary care settings and an increase in the number of training practices. As well as increasing the pipeline for the future workforce this has the benefit of increasing capacity in primary care with immediate effect and offering additional opportunities for GPs to have portfolio roles.
- an increase in pre-registration pharmacy trainees for 2020–21 from 124 to 160, with a shift from the traditional model of training to a multi sector programme incorporating primary, community and secondary care. This will be accompanied by benefits of improving the quality of training across all sectors, equalising remuneration and lending itself to a single lead employer arrangement for these trainees. These plans have resulted in NHS Wales seeing the highest fill rates in the UK, despite the increase in commissioned places.
- a substantial increase in the education commissioning numbers across a broad range of health professions for 2020–21 extending the foundations for a locally

developed sustainable workforce. This includes undergraduate health education programmes, postgraduate health education programmes, as well as key specialties in postgraduate medical and dental programmes, and investment in advanced practice and physicians associates.

- an expansion of postgraduate education for optometrists to help them deliver an expanded range of services closer to patients and free up capacity in secondary care services for patients who need more complex care.

We also have a role ensuring the transformation and development of the workforce has a direct impact on the quality of care to patients and we have been fully involved with national programmes including single cancer pathway, urgent primary care out of hours services, strategic programme for primary care, major trauma network and mental health. These will continue to feature in our work next year, taking into account the implications of the COVID-19 pandemic.

Further detail relating to our performance in implementing our annual plan (2019–20) through the seven strategic objectives can be found in the performance analysis section and our end-of-year performance report 2019–20 which can be found in the [May board papers on our website](#).

Performance analysis



How we manage performance

Performance management framework

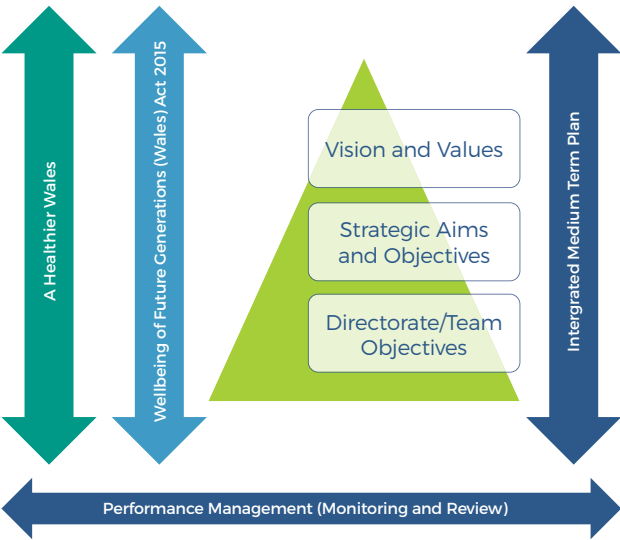
2019–20 was our first full year of operation, having been set up midway through the previous financial and reporting year.

As a new organisation, and a unique organisation in NHS Wales, we needed to develop an approach to performance management that suits the functions of our organisation, drawing on similar organisations across the UK. Our approach to measuring performance clearly differs significantly from an organisation that is patient facing and it also needs to reflect our significant commissioning responsibilities. Not only do we need to measure and monitor different things, but the tempo and cycle for this is also very different, with a greater focus on academic cycles and annual timescales than the daily, weekly and monthly beat of other NHS organisations.

Learning from 2018–19, we began the process to implement a more structured approach to performance management and reporting for 2019–20, with an outline framework setting out our overarching principles and approach to delivering a high performing organisation discussed at the HEIW Board in summer 2019.

Our performance management arrangements and dashboard aim to define and align the delivery of operational performance targets, quality indicators and outcome measures. To start with these have been constrained by the metrics and information systems that have been inherited from predecessor organisations,

- and these will continue to be developed into a more comprehensive dashboard in 2020–21.
- The key purpose of the performance management framework is:
- ensuring the organisation has effective systems and processes in place to provide assurance to the board and stakeholders that the organisation is performing to the highest standards
 - to develop the business intelligence capability of HEIW and thus inform improvement activity planning, productivity and efficiency
 - to support the delivery of strategic objectives
 - to provide assurance HEIW is achieving best value for money in its use of resources.



The framework is made up of five components:

	Internal service review meetings – introduced in 2019, these are designed to provide an opportunity for an in-depth discussion about quality and performance for individual teams, particularly those delivering services to the NHS. Chaired by the CEO the review meetings include the Executive Team and the relevant senior directorate / service team
	Performance reporting – bi-monthly reporting to executive team meetings and board aligned to our performance dashboard. This includes identification of Risk Assessment guide (RAG) status for plans and projects, as well as information and narrative regarding key performance metrics. Additional update reports on individual objectives or groups of objectives are prepared in line with timescales for delivery
	Performance dashboard – this captures corporate, quality and other available data as agreed with the HEIW board. Teams provide data monthly to populate the dashboard and to work with the planning and performance team to support data improvement
	Welsh Government review – joint executive team meetings usually take place twice a year to review progress and plans. Quality and delivery meetings have started but have not yet assumed a regular pattern in light of COVID-19
	Individual performance appraisal , development meetings and reviews, personal objectives, senior responsible officer arrangements and 1-2-1's

Performance against the NHS Wales delivery framework 2019-20 and the six domains

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

SAFE CARE:	
<p>Delivery measure 10</p> <p>Percentage of compliance for staff appointed to new roles where a child barred list check is required.</p> <p>Outcome: we had no posts for which this was a requirement.</p>	<p>Delivery measure 11</p> <p>Percentage of compliance for staff appointed to new roles where an adult barred list check is required.</p> <p>Outcome: we had no posts for which this was a requirement.</p>
EFFECTIVE CARE:	
<p>Delivery measure 29</p> <p>Percentage compliance of the completed level one information governance (Wales) training element of the core skills and training framework</p> <p>Target – 85%</p> <p>Outcome: **All staff: 58.2% NHS Wales: 76.4%</p>	
OUR STAFF and RESOURCES:	
<p>Delivery measure 87</p> <p>Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)</p> <p>Target – 85% ESR and medical appraisal and revalidation system (MARS).</p> <p>Outcome: **HEIW – all Staff: 40.2% *HEIW – core Staff: 53.2% NHS Wales: 68.7%</p>	<p>Delivery measure 88</p> <p>Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job.</p> <p>Target – Improvement</p> <p>Outcome: **HEIW NHS staff survey early 2019: 65.4% NHS Wales staff survey 2018: 54%</p>

<p>Delivery measure 89</p> <p>Overall staff engagement score – scale score method.</p> <p>Target – Improvement</p> <p>Outcome: **HEIW NHS staff survey early 2019: 3.88 HEIW local survey late 2019: 3.97 NHS Wales staff survey 2018: 3.82</p>	<p>Delivery measure 90</p> <p>Percentage compliance for all completed level one competencies within the core skills and training framework by organisation.</p> <p>Target 85%</p> <p>Outcome: **All HEIW Staff 55.2% *Core HEIW Staff 70.5% NHS Wales: 80.9%</p>
<p>Delivery measure 91</p> <p>Percentage of sickness absence rate of staff</p> <p>Outcome: **HEIW: 2.59%. NHS Wales: 5.6%</p>	

* HEIW core staff = staff for whom HEIW is their only employer.
** HEIW all staff = core staff + staff for whom HEIW is their secondary employer.
The last national NHS Wales staff survey was held in August 2018. As HEIW was not established until October 2018 HEIW staff were unable to take part. The NHS Wales staff survey was run in HEIW in January 2019 – three months after launching – as a means of establishing a baseline for future surveys and monitoring.



Performance analysis: a focus on outcomes

Our dashboard analyses our performance in four key areas, and we continue to build a comprehensive set of metrics for this:

1. Delivery of projects and programmes to improve and transform the workforce
2. Education and training activity
3. Quality of education and training
4. Corporate metrics for HEIW.



Performance analysis against objectives

Strategic objective one

As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand

Under this objective work carried out during the year includes:

1. **Implemented a communications and engagement strategy** describing how we will communicate and engage with staff to create an inclusive and respectful working environment; and with key stakeholders and partners to build on existing and establish new partnerships, and raise the profile of HEIW – particularly our all Wales role in education, training, leadership, workforce planning and digitalisation.
2. **Developed the principles for a People and OD Strategy** through a series of human resources (HR) roadshows for staff across Wales and with internal working groups and a review of best practice.
3. **Established a comprehensive framework of policies, processes and systems.** This has included a particular focus on supporting our approach to the Welsh language and equality and diversity through clear, value-based policies.

We have worked closely with the Welsh Language Commissioner to ensure that our ambition for the Welsh language is embedded in our actions although currently the Welsh Language Standards do not apply to us as an organisation. We have agreed with the Welsh Language Commissioner to produce a Welsh language scheme which we consulted on in 2020 and will implement in early 2021.

Conversations with education providers have also commenced regarding Welsh language provision over the next decade. Work is ongoing to improve opportunities for trainees and students to undertake education and training through the medium of Welsh, and to implement and embed the Welsh language framework within HEIW.

Our Welsh language team are developing a long-term strategy for **embedding Welsh language skills into the NHS workforce**. This includes working with education and qualification providers to offer health related Welsh language qualifications at various levels. Our aim is to unlock the hidden skills of Welsh speakers in the workplace and encourage those who learnt some Welsh in school to build their skills whilst delivering patient care.

36 of our staff took Welsh lessons at various levels last year – over 20% of our staff at the time. For the next year, we have broadened our provision of Welsh learning opportunities for staff, and the numbers taking up these opportunities are growing. Wherever possible, we try to use as much Welsh in meetings, presentations and learning scenarios as we pragmatically can. The use of Welsh is encouraged even if it's no more than a "Bore Da a Croeso!" at the start of a meeting, a bilingual slide heading or providing simultaneous translation for small breakout groups. We don't all profess to be fluent Welsh speakers at HEIW – but what we are aspiring towards is to respect the rights and the desires of those who are.

We also continue to be proactively supporting the healthcare workforce who are able to speak Welsh (even a small, "tipyn bach" bit of Welsh) to do so and make a big difference to patients.

Significant progress has been made embedding our approach to **diversity and equality** into our policies, procedures and organisation culture. This includes establishing Inclusion and Time to Change Champions and the HEIW diversity and inclusion group.

We have also developed an equality impact assessment process and delivered unconscious bias training for staff. In addition, we are working as part of a collaborative partnership with a number of public sector bodies to develop our first strategic equality plan for 2020–23, which will be finalised and launched later in 2020.

Strategic objective two

Building a sustainable and flexible health and care workforce for the future

Under this objective work carried out during the year includes:

1. **Submitted to Welsh Government a draft transformational workforce strategy for Health and Social Care** as per 'A Healthier Wales'. In December 2019, our board signed off the final draft of the ten-year national workforce strategy for Health and Social Care. The draft represented the culmination of almost a year's work led by HEIW and Social Care Wales in partnership with NHS Wales, Local Government, the voluntary and independent sectors as well as regulators, professional bodies and education providers. The draft strategy was submitted to Welsh Government in mid-December 2019 and is being considered by policy leads in Welsh Government. A copy of the draft strategy can be viewed [here](#).
2. **Continuing to develop and improve the education and training available to health professionals and healthcare staff.** As well as securing a significant increase in investment in education and training we have developed innovative proposals such as the new model of pre-registration training for pharmacists which provides experience and skills in hospital, community and primary care, providing a flexible and agile workforce for the future. We have introduced a similar programme for trainee pharmacy technicians. Our focus on advanced practice has continued by teaming up with the Welsh Ambulance Service NHS Trust to increase the number of paramedics becoming advanced paramedic practitioners (APPs). APPs play a key role in supporting primary care services and reducing the number of 999 calls.

With our partners in Skills for Health and NHS Wales we have created **two new apprenticeship schemes** aimed at training more assistant practitioners in healthcare support roles, and healthcare science and therapy areas. Assistant practitioners are essential and valued staff who carry out roles which align to individual professions or cross professional boundaries to meet the health and social care needs of Welsh residents. The apprenticeships help learners gain new skills to carry out these roles as well as prepare them for future employment and career progression.

3. **Continued to develop a single comprehensive framework encompassing advanced and consultant practice, extend skills and postgraduate career development.** To support this we established an all Wales steering group and established links with Health Education England (HEE) to share, align and learn from similar work/research regarding advanced practice and extended practice. We undertook an in-depth literature review of the national and international evidence/best practice and a mapping process of all the current NHS Wales and profession specific frameworks. On completion, this work will support practitioners to maximise their contribution to patient care and inform future workforce models and plans.
4. **Worked with partners to scope careers activity across health and opportunities to widen access.** During the year, we have worked with Social Care Wales to promote NHS Wales and care careers at a range of events and meetings including two Skills Cymru events reaching over 10,000 people, the majority being school age. Work to review best practice across the UK and beyond has started to inform future strategy and develop an on-line presence.

We have also established a well-attended, fully bi-lingual (including agenda and action points) careers network with membership across health, care, education and government to take forward this agenda in a consistent manner. A large network event was also held in February 2019 with stakeholders to inform a careers strategy

which establishes health (and social care) as a reputable brand and the sector of choice for our future workforce.

5. **Developed and implemented the 2020-21 education and training commissioning plan for health professionals.**

Each year we review the numbers of health professionals we need to train. In 2019 we developed the plan for 2020-21 by reviewing the future education and training needs for the medical and wider health professional workforce. The recommendations were based on an assessment of service and workforce need, which we identified through consideration of a wide range of available evidence.

The plan proposed increases in a number of student positions for the wider healthcare workforce, including: adult and mental health nursing, midwifery, radiography, physiotherapy and healthcare science. Across the medical workforce it proposed to increase the number of trainees across a range of service areas including; emergency medicine, intensive care medicine, clinical radiology and old age psychiatry.

In 2019-20 we also began a **strategic review of health professional education** to determine the shape of education for the next ten years, involving stakeholders from across Wales to gather views and information. The findings of this work are now informing a review of contracts.

Strategic objective three

With Social Care Wales shaping the workforce to deliver care closer to home

Under this objective work carried out during the year includes:

1. **Increased the number of GP training places offered in Wales** from 136 to 186 supported by a new model of training. This has been introduced in a phased manner and will continue to be rolled out in line with recruitment rounds. This is really good news and contributes not only to our efforts to create a sustainable workforce, but will also support services closer to patients.

In parallel with this, the educational infrastructure in terms of the number of GP training practices and associated staffing has also been increasing to meet the increasing number of GP trainees and ensure high quality training. This outcome will see an increase in the number of GPs working in NHS Wales who will be able to contribute to the delivery of a sustainable and flexible primary care service.

With Qualifications Wales and Social Care Wales we've developed **new health and social care, and childcare qualifications** allowing students to work towards a variety of qualifications based on their interests or job roles. The new qualifications will help to strengthen the care sector and the vital lifeline it provides to communities and families across Wales. The qualifications, which are all offered bilingually, also provide a recognised and consistent standard for all those working in health and social care, and childcare, and offer a clear career pathway for those wanting to progress.

2. Contributed to the development of the primary care workforce Model

With clusters now required to develop IMTPs it is critical they are supported to develop workforce plans. A number of actions have been taken to roll out a consistent approach, supported by training. We have put a contract in place with Skills for Health and they have supported us to develop the existing workforce planning training into a package that can be more flexibly delivered to meet the needs of primary care.

We have also undertaken an analysis of the community pharmacy workforce which has led to a realisation within the profession of the benefits of undertaking this type of analysis and a desire to be involved with workforce analysis on a wider, more formal and recurring basis i.e. as part of the national workforce reporting service (NWFRS). On this basis, similar expressions of interest have been noted in optometry and dental.

3. Worked in partnership with **Social Care Wales to address priority workforce requirements including those arising from regional partnership boards (RPB), to deliver A Healthier Wales**. This work is embedded in the scope of the Workforce Strategy, and links to the work on primary care and mental health in particular. Following approval of the Workforce Strategy we will liaise with individual RPBs to explore what support is needed.

Strategic objective four

Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges

Under this objective work carried out during the year includes:

1. **Developed a number of workforce solutions to support NHS organisations in improving care in unscheduled care, cancer diagnostics and access to eye care**, including:

- a web-based resource and associated marketing campaign was developed as a communication conduit and central access point to attract staff who may not have considered working in **urgent primary care** services previously
- A competency framework defining the core and supplementary skills and competencies for each clinical role within urgent primary care and supporting career progression and workforce flexibility
- Chaired the endoscopy workforce training group and established the first **clinical endoscopy training programme in Wales**
- With clinicians, developed an eLearning resource to support clinicians in undertaking **verification of death** in any circumstances. This resource is available via ESR and aims to support a change in clinical practice by reducing the need for medical staff to carry out this clinical function. Delivering more timely and compassionate care at the end of life for patients and their families is anticipated from this development

In partnership with Public Health Wales and Cardiff university, our dental team launched a new toolkit to help dental practice teams diagnose mouth cancers early and support patients who have the disease. Mouth cancer affects approximately 8,000 patients a year in the UK and survival rates are greatly improved if the cancers are diagnosed early and treated rapidly. Dental teams are well placed to identify any abnormalities and with the help of this toolkit play an important role in detecting mouth cancer early.

- Increased training available to optometrists to **increase eye care services** in the community and reduce demand in secondary care
- Engaged in discussions around workforce challenges in relation to the major trauma network, child and adolescent mental health services (CAMHS), critical care and mental health.

2. Commissioned a bilingual single course management system to bring together all our professional development resources and programmes and capture qualitative and quantitative data on education and training for all healthcare professionals across Wales to inform education and training provision going forward.

Thanks to our partnership work with health boards and Welsh Government, optometrists who are registered independent prescribers can now write NHS prescriptions for patients following an eye assessment. Previously patients would need to see the optometrist for their eye assessment and then their GP to obtain the prescription. This change means more patients can now be managed by an optometrist instead of being referred onwards to a GP or an eye hospital. We're also sponsoring optometrists to take independent prescribing courses so that in the next three years every cluster in Wales will have an independent prescribing optometrist.

3. Work was initiated to scope a global engagement strategy for NHS Wales' workforce, focusing initially on medical staff, but this has been paused due to COVID-19.
4. Commenced work on developing a range of resources to support new ways of working including a behavioural science programme; a successful application to extend Physician Associates from Masters to PhD level to include the patient perspective; research establishing demand for Anaesthesia Associates in NHS Wales, and in partnership with Social Care Wales the completion of delegation guidelines.

Strategic objective five
Improving opportunities for use of technology and digitalisation in the delivery of education and care

Under this objective work carried out during the year includes:

- 1. With the **NHS Wales e-library for health** service planned the development and improvement of the e-library service.
- 2. Reviewed the implications of Topol review for education and training and embedded this within the workforce strategy for Health and Social Care, with a particular focus on building a digitally ready workforce.
- 3. Scoping the potential for an **integrated digital platform to support education and training across the whole workforce.**
- 4. Scoping current simulation facilities, services and gaps in the NHS as a foundation for developing a clear strategy for simulation in Wales.

We've invested £50k in brand new IT equipment for postgraduate education centres and libraries. This digital investment provides centres across NHS Wales with the modern digital resources they need to support the education and training of undergraduate students, postgraduate trainees and the wider NHS workforce.

Strategic objective six
Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales

Under this objective work carried out during the year includes:

- 1. **Reviewed existing leadership development across NHS Wales** and undertook widespread engagement in the development of **'compassionate leadership principles'** to underpin our work, with support from UK wide networks and credible experts.
- 2. **Researched and scoped the current leadership and management resources** available across health and social care in Wales, and developed a **digital leadership portal.**
- 3. Extended the clinical leadership fellows programme to other professions as we refresh and refocus our clinical leadership programmes.
- 4. Secured agreement for a **succession planning** process for tier one to three roles.
- 5. Sourced a digital platform to enable the **creation of a collective leadership alumni network** and provide access to a range of collective leadership resources including master classes, webinars and other alumni events with push notifications to alert members.

Strategic objective seven
Demonstrating value from investment in the workforce and the organisation

Under this objective work carried out during the year includes:

- 1. Development of investment appraisal processes and standardised templates for 'business cases' and projects/programmes, as well as an organisational understanding of the need to consider the **value of investment** decisions. We will be continuing to develop this work in 2020-21 with the development of processes to facilitate investment and case for change decisions.
- 2. Developed an **integrated performance report and dashboard.**

With funding from HEIW, Swansea university opened a **brand new, state-of-the-art clinical practice suite** in Singleton Hospital, Swansea. This impressive facility has been designed to follow a patient's journey and includes areas such as intensive care, A&E, adult and paediatric wards as well as a patient's home. All of which include the latest up to date technology and include lifelike 'manikins' designed to support outstanding simulated clinical training.



Highlights from education and training commissioning

Most of our budget is invested in education and training. In general terms in 2019-20 we continued to commission an increasing number of training and student places across a range of health professions, in line with continued investment and commitment from Welsh Government.

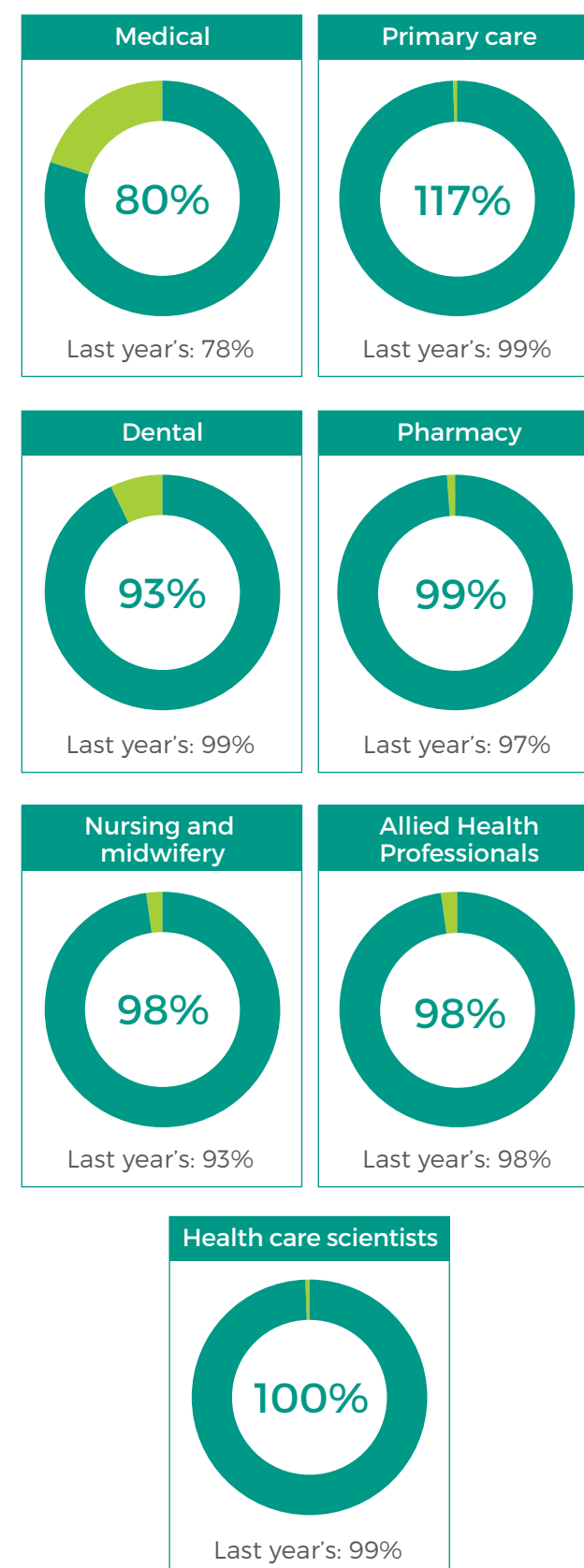
Overall our fill rates across the range of education we commission continued to be excellent this year as outlined below, notwithstanding the ambitious increase in commissioned numbers. This is very positive news for the future planning of health professional staff in Wales.

The only exception to this has been dental where 8 out of 76 dental foundation training (DFT) posts were not filled in September 2019. This was a UK-wide issue due to a number of factors but we should return to our usual 99% fill rates going forward.

We are looking forward to welcoming a record 155 trainees onto our **pre-registration pharmacist training programme** – an increase of 60% on the previous year. It is fantastic to see students from England and Scotland choosing to come to Wales to train alongside students who have undertaken their initial training at Cardiff university and decided to continue their studies here.

We also saw another record set this year when we advertised our **scientist training programme** and received 1,208 applications from around the world for the 24 trainee clinical scientist positions available. That's almost five times the number of applications in 2017 when Wales first started recruiting to the programme.

Table one: fill rates for 2019-20 compared with the previous year.



Our approach to education and training quality

New quality committee established during 2019-20

In March 2019, the board approved the establishment of the education, commissioning and quality committee to enable the board to undertake greater scrutiny in respect of commissioning, monitoring and quality assessing of education and training. More information can be found on [page 42](#).

At the prestigious **Student Nursing Times Awards 2019**, Wales had three winners out of a shortlist containing 11 Welsh nurses, mentors, educators, universities and organisations – more than ever before – spread across the award's 21 categories. There was also a record-breaking number of entries from across the UK in these awards.

We also saw two of our trainees, Dr Bnar Talabani and Mr Dmitri Shastin, selected for this year's **GW4 Clinical Academic Training Programme (GW4-CAT)** which gives exceptional early career medical, veterinary and dental graduates the chance to undertake interdisciplinary PhD training at the universities of Bristol, Bath, Cardiff and Exeter.

Quality management framework – postgraduate medical training

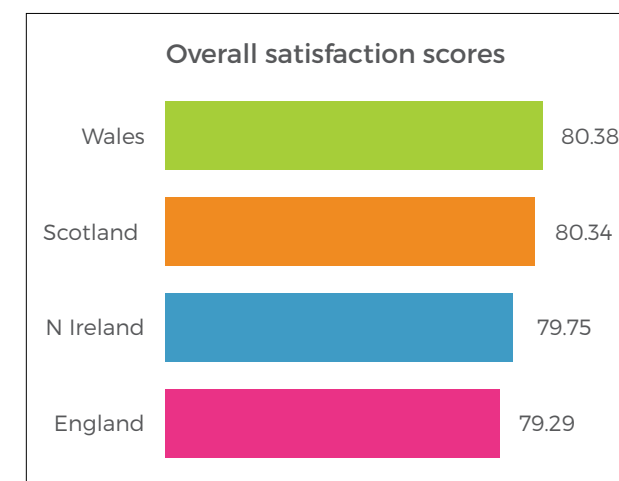
We have a comprehensive quality management framework in place in order to enable compliance with GMC regulatory standards and ensure postgraduate medical training in Wales adopts a patient centred approach that safeguards safety and promotes a positive trainee experience.

At 31 March, five sites were undergoing "enhanced monitoring" by HEIW in partnership with the relevant Health Board, as required by the GMC. These included:

- paediatric surgery at University Hospital of Wales
- obstetrics and gynaecology at Prince Charles and Royal Glamorgan Hospitals
- medicine at Wrexham Maelor Hospital
- trauma and Orthopaedics and Emergency Medicine at Morriston Hospital

- obstetrics and gynaecology at Princess of Wales Hospital.

Table two: GMC trainee survey results



Improvement plans have been developed and are being implemented with regard to these areas.

The outcomes of the 2019 GMC national training surveys released earlier this year provide a valuable insight into training grade doctors' perceptions of the quality of their training.

The survey results across all indicator scores for Wales are generally consistent with the rest of the UK, but a number of key points have been identified:

- lower rates of trainee engagement across the home nations (although the rate in Wales was 97.5%, compared to the UK average of 94.6%)
- lowest overall percentage score in the UK for clinical supervision out of hours and lowest reported by Wales since 2015 and this will require review (although the areas have already been identified by the quality unit as areas that require support and targeted visits are underway)
- workload issues impacting on the ability of trainees to access study leave
- lowest score in the UK for the 'reporting systems' indicator (Wales has had gradual erosion in the score over the last four years).

Obstetrics and gynaecology, Surgery and some areas of medicine are likely to remain target areas for the next survey in 2020. As survey data for other professions becomes available, we will endeavour to provide a similar level of analysis to enable us to reflect on performance across all health professions.

GMC annual quality assurance Summary (AQAS)

Between March 2019 and January 2020, the GMC carried out a review of our approach to ensuring the quality of postgraduate medical education in Wales. The review did not identify any areas of concern with our quality assurance approach and no requirements or recommendations were set. The report went on to state that activities observed during the review provided good evidence towards demonstrating that HEIW meets the standards in promoting excellence.

Quality management – health professional education

Key to our assessment of the quality of health professional training are the three formal business performance and quality management meetings held each year with each education provider. Following these meetings, a performance report is compiled which benchmarks and scrutinises a range of metrics including commissioning targets, application rates, fill rates, student demographics, student attrition, value for money, placement experience, destination information and supporting students on an interruption of studies. Where performance falls below set targets and nationally agreed metrics universities are requested to submit plans on the issues, mitigating actions and timescales to address performance.

Data used in reviewing quality includes; information from students including the quantitative and qualitative reports from the national student survey; feedback from the regulators from programme approval events, annual education provider self-assessment reports and monitoring submissions; data submitted by education providers including university individual programme enhancement/improvement plans and placement management data.

In addition, there are annual focused meetings with representatives from groups of pre-registration students, post-registration students and Practice Education Facilitators and placement mentors. Twice a year we chair an education partnership meeting which comprises senior staff within HEIW and all Heads of Schools of Health in Wales. During the pandemic we have been meeting fortnightly with the Council of Deans for Health.

This comprehensive approach, accompanied by open channels of communication between key stakeholders enables us to ensure compliance with regulatory standards and to drive up the quality of health professional education, and the learning experience, for students in Wales.

Other examples of HEIW’s focus on quality:

- we work collaboratively with Health Boards, local faculty, the undergraduate schools and Public Health Wales via Improvement Cymru amongst others to provide quality improvement skills training (QIST) for postgraduate doctors, dentists, dental care professionals and GP trainees. The programme equips trainees with the appropriate skills to undertake quality improvement activity that will invariably lead to improvements in patient care making healthcare safer, efficient, effective and equitable.
- our revalidation quality assurance reviews are focussed on gaining assurances regarding appraisal and revalidation processes within the designated body and ultimately Wales as a whole. At 31 March 2020, there had been a cumulative total of 15 review visits. All designated bodies within Wales were visited over a two-year period, January 2018 to December 2019. As a result of the review visits, the Chief Medical Officer was assured the appraisal and revalidation processes in Wales are robust and fit for purpose.
- our Dental Deanery provides a suite of quality improvement (QI) tools to support dental practices and their teams. These tools directly support the whole system reform to the NHS general dental services in Wales.

Financial performance: our delivery against finance plans

As a new organisation we were not required to prepare a three year IMTP for 2019–20 but instead produced an annual plan for the year. The board approved the plan at its meeting on 28 March 2019, which included an initial estimated resource allocation requirement of £214.621m. Following various adjustments throughout the year the final resource allocation was £213.104m and we reported an £84k underspend against this figure.

The underspend position was largely due to staff vacancies and unpredictable underspends on contracts with education providers due to lower recruitment, retention and take up of bursary than in the financial plan. These were offset by cost pressures associated with higher costs in medical trainee relocation expenses and in the GP specialty training scheme as a result of the new training model and expansion in numbers.

An unqualified audit opinion was given on the 2019–20 annual accounts and they were signed by the Auditor General for Wales on 2 July 2020.

The 2019–20 business plan identified that the majority of the funding received by HEIW is spent on commissioning education and training activity which has benefited from increased investment by Welsh Government over recent years. Expenditure on the two main commissioning areas for the year can be found in table three.

Our operating costs of £26.9m relate to non-commissioning expenditure including staff and director costs (£14.7m), premises and related items (£5.4m), establishment costs (£4.0m), supplies and services (£2.2m) and other expenditure (£0.6m).

Capital expenditure during the year totalled £95k, which matched the capital resource allocation from Welsh Government.

Table three: commissioning expenditure

Non-medical education and training	£'m
Student training fees (universities)	58.916
Additional training investment (universities)	1.026
Funding for healthcare education fees (Health Boards and Trusts)	2.450
Student bursaries reimbursement (universities)	23.126
Student salaries reimbursement (Health Boards and Trusts)	16.979
Advanced practice training fees	1.389
Healthcare support working training	1.935
Non-medical prescribing courses	0.287
Costs related to travel and subsistence	3.826
TOTAL	109.934

Postgraduate medical, dental and pharmacy education	£'m
Doctors in training salaries	50.319
Postgraduate centres and study leave costs	4.745
GP registrars training costs	18.452
Induction and refresher courses	0.083
Welsh clinical academic training	1.349
GP CPD and appraisal costs	0.845
Other costs	0.424
TOTAL	76.217

Sustaining performance in a crisis

Flooding

Sadly, in February 2020 our local community in Nantgarw was hit by severe flooding seeing homes and businesses destroyed. Fortunately, our headquarters is on a slight rise and therefore remained safe from the water as surrounding and access roads flooded. Due to road closures and health and safety concerns it was necessary to mobilise a response team and the decision was taken to not open Ty Dysgu on the Monday asking colleagues to work from home where possible. Communications were effectively disseminated via agreed emergency processes.

Contingency plans were put in place in case the building needed to remain closed for more than one day but this was not necessary. Unfortunately, a number of local businesses who we have come to know since we moved into the area 18 months before were not so fortunate. Colleagues were devastated for local traders and families who lost everything in the floods and immediately set about fundraising and purchasing equipment to help with the clean-up operation, as well as going out themselves to help clean up.

COVID-19

In early March, just two weeks after the flooding, it was necessary to convene another crisis management team, encompassing key individuals from across the organisation, this time to respond to the COVID-19 pandemic.

The initial task of the team was to pull together the HEIW response to the public health emergency, which was then translated into our formal response plan submitted to Welsh Government.

This team has met regularly with its frequency being dictated by the evolving situation. During the peak period of the crisis in the initial 6 weeks the team was meeting up to three times a week to monitor the HEIW response, review actions required, and to identify risks. In support of our actions we actively engaged with external stakeholders such as regulators, trade unions, Royal colleges and equivalent national bodies and established consistent dialogue and reporting mechanisms to both our board and Welsh Government.

In line with Government guidelines and to safeguard the health of staff, Ty Dysgu was closed on 24 March, and staff were asked to work from home. Opportunities were made available to enable staff to safely collect office equipment such as chairs and additional screens to enhance their homeworking capabilities. We were fortunate to be able to proactively upskill staff to enable them to work from home effectively using equipment at staff disposal. As the crisis continues, we are encouraged at how staff have responded to the challenge and mechanisms have been put in place to maintain staff health and wellbeing and which can benefit the NHS Wales system. These include initiatives such as: 'cuppa conversations' and access to health and wellbeing resources.

As the crisis unfolded we established a robust range of communications to ensure external stakeholders and staff had access to the most appropriate information. We also developed dedicated COVID-19 pages on our external website.

During March we reviewed our IMTP for 2020-21 to 2022-23 and paused all non-essential work programmes for quarter one. Where relevant we refocused our work programmes to support the COVID-19 response. We also reduced our work across our core functions which enabled us to redirect resources and capacity to support new priorities.

A revised approach to board and committee meetings was supported and ratified at the March board meeting. These changes included the use of electronic medium to facilitate board and committee meetings during April and May 2020.

We are proud of the way our staff have stepped up to the challenges they faced in the last few weeks on the year 2019-20 and into the new year. They have been prepared to innovate and support, have responded positively to the changes to priorities and programmes and have adjusted incredibly well to working in a virtual organisation within a very short space of time.

More information about our response to COVID-19 can be found in the [May board papers on our website](#).

Sustainability

HEIW has been located at Ty Dysgu, Nantgarw since its go live date in October 2018. Full occupation was achieved following the completion of building works in January 2019. 2019-20 provides the first opportunity to review the organisation's utility emissions for a full year. Table four show emissions for the whole of 2019-20 with table five providing a comparison of quarters three and four in 2018-19 with quarters three and four in 2019-20. Cost reductions can be seen for 2019-20 as we have benefited from transferring onto more favourable rates by being part of the NHS Wales all Wales utility contract arrangements.

No data for Q1 and Q2 18-19 as Ty Dysgu opened on 1 October 2018

There is insufficient data available from our waste supplier for 2019-20 and for the previous

year to be able to report on waste creation for 2019-20. We are now monitoring emissions and waste creation on an ongoing basis, taking account of the impact of COVID-19, and our responsibility and commitment under the Environment (Wales) Act 2016 and the Section six enhanced biodiversity and resilience of ecosystems duty for public authorities in the exercise of functions. We are developing actions towards combatting climate change and enhancing biodiversity, and we will review and seek to mitigate our impact in these areas in all future planning and operations.

As a unique member of the NHS Wales, our emissions differ considerably as an office-based organisation. As a responsible organisation we will monitor these details and look to reduce our consumption and environmental impact where possible. We look forward to engaging with Welsh Government and stakeholders to help take this agenda forward.

Table four: Ty Dysgu utilities emissions April 2019 to March 2020

2019-20	Electricity (KWh)	Gas (KWh)	Water and sewerage (m3)
Quarter one	86,356	86,306	1,310
Quarter two	99,748	68,459	1,316
Quarter three	91,638	115,050	1,593
Quarter four	86,365	137,486	991
Total	364,107	407,301	5,210
Total cost inc charges (£)	£78,809	£17,806	£6,549

Table five: utilities emissions quarter three and quarter four 2018-19 and 2019-20

	Electricity (KWh) 2018-19	Electricity (KWh) 2019-20	Gas (KWh) 2018-19	Gas (KWh) 2019-20	Water and sewerage (m3) 2018-19	Water and sewerage (m3) 2019-20
Quarter three and four	15,1409	17,8002	27,041	25,2537	3,209	2,584
Cost (£)	£48,074	£37,734	£21,119	£8,421	£5,381	£2,464
Difference emissions	26,594		-17914		-625	
Difference (%)	17.56%		-6.62%		-19.47%	
Difference (£)	-£10,339.75		-£12,697		£2,917	
Difference £ (%)	-21.51%		-60.12%		-54.21%	



Accountability report and accounts

For the period ending 31 March 2020

Corporate governance report

For the period ending 31 March 2020

Annual governance statement for the year ended 31 March 2020

Scope of responsibility

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

At the time of preparing this annual governance statement, the Special Health Authority and the NHS in Wales are facing unprecedented and increasing pressure in planning and providing services in response to COVID-19, while also planning to resume other activity where this has been impacted.

The required response has meant that the whole organisation has had to work differently, both internally and externally, and with our staff, partners and stakeholders. It has been necessary to revise some elements of the way that governance and the operational framework is discharged. In recognition of this, Dr Andrew Goodall, Director General of Health and Social Services Wales, wrote to all NHS Chief Executives in Wales, regarding "COVID-19- Decision making and financial guidance". The letter recognised that organisations would be likely to make potentially difficult decisions at pace, and without a firm evidence base, or the support of key individuals, which under normal operating circumstances would be available. Nevertheless, the organisation is still required to demonstrate that decision making has been efficient and will stand the test of scrutiny with respect to compliance with managing Welsh public money and demonstrating Value for Money after the COVID-19 crisis has abated

and the organisation returns to more normal operating conditions.

The main impact on HEIW's governance process during this crisis period has been the suspension of open board and committee meetings being held in public. These meetings have continued to be held in accordance with our original timetable but held virtually through video conferencing technology. To support virtual meetings, agendas have become more streamlined and focussed on supporting the response to COVID-19. There have been no other material changes to HEIW's normal decision-making process.

Where relevant, HEIW's actions taken in response to COVID-19 have been explained within this annual governance statement.

The background to HEIW, its functions, 2019-20 Annual Plan and Remit Letter objectives are set out in the Performance Report.

This annual governance statement explains the make up and organisation of HEIW's governance structures and how they support the achievement of its objectives.

During 2019-20, we have continued to develop our system of governance and assurance. Our Board Assurance Framework (BAF) was approved by the board in September. We will continue to evolve our BAF in 2020-21 through implementing the recommendations arising from Audit Wales' Structured Assessment.

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

Reporting period

The reporting period for this annual governance statement is primarily focussed on the financial year from 1 April 2019 to 31 March 2020. However, it also includes reporting on material issues that have taken place between 31 March 2020 and the date that the annual

governance statement was finally approved by the HEIW board on 25 June 2020. The length of time between the end of the financial year and the final approval of this document by the board is almost one month longer than previous years due to the revised timetable for this year's annual reporting as a result of the COVID-19 pandemic.

Our system of governance and assurance

Through engagement with staff, stakeholders and partners in 2018, we developed and agreed our vision: **"Transforming the workforce for a healthier Wales"**. We continue to deliver this vision using our PEOPLE principles as outlined below:

P	Planning ahead to predict and embrace changes and build a sustainable health and social care system
E	Educating , training and developing staff to meet the needs of patients and citizens in line with prudent healthcare principles
O	Offering opportunities for development to new and existing staff from all professional and occupational groups throughout career pathways
P	Partnership working to increase value for our citizens, patients, learners and staff
L	Leading the way, through continuous learning, improvement and innovation
E	Exciting, enthusing, engaging, enabling and empowering staff across all professional and occupational groups

With our staff, we also developed and agreed our values in 2018:

- respect for all
- together as a team
- ideas that improve.

These values are supported by a values and behaviours framework introduced in 2018-19, and together these set out clearly the expectations on all staff and the way we work.

HEIW, in line with all health boards and trusts in Wales, has agreed standing orders for the regulation of proceedings and business

of the organisation. These are designed to translate the statutory requirements set out in the HEIW (establishment and constitution) order 2017 into day-to-day operating practice. Together with the adoption of a scheme of matters reserved to the board; a scheme of delegation to officers and others; and standing financial instructions, they provide the regulatory framework for the business conduct of HEIW and define its 'ways of working'. These documents, together with the range of corporate policies set by the board, make up the governance and assurance framework.

HEIW's declarations of interest and standards of behaviour policy was rolled out across the organisation in 2018-19. Work has continued during 2019-20 in respect of communication to further embed this to better manage any conflicts of interest that might arise for our board members and staff.

1.1 The role of the board

The board has been constituted to comply with the HEIW Regulations 2017. In addition to responsibilities and accountabilities set out in terms and conditions of appointment, independent members also fulfil a number of champion roles where they act as ambassadors (see table six).

Three of our independent members were recently re-appointed. Tina Donnelly was re-appointed for a term of four years from 1 February 2020 taking her term of office to 31 January 2024. Dr Heidi Phillips was re-appointed for a term of three years from 1 February 2020 taking her term of office to 31 January 2023. John Hill-Tout was re-appointed for a term of two years from 1 February 2020 taking his term of office to 31 January 2022.

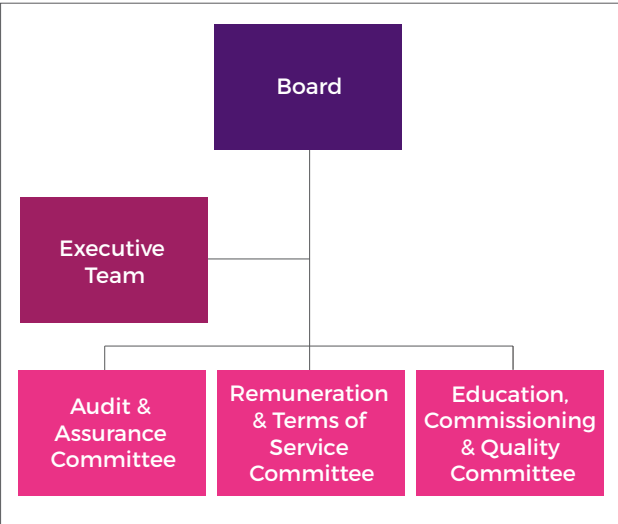
The new national programme of induction for board members, facilitated by Academi Wales, was established in 2019. Three of HEIW's independent members attended the first induction programme in December 2019.

During 2019-20, several board development sessions were undertaken, which included a focus on the following elements of governance:

- performance management framework
- quality and engagement bill
- board and committees' governance arrangements entitled 'Future Ways of Working'

- regulation – GMC
- risk appetite
- upholding professional standards for independent board members
- self-assessment of quality governance arrangements in response to the Health Inspectorate Wales (HIW) and Audit Wales (AW) joint review at Cwm Taf Morgannwg University Health Board (UHB).

The full membership of the board, their lead roles and committee responsibilities are outlined in table one. Below is a summary of the board and committee’s structure:



The board provides leadership and direction to the organisation and has a key role in ensuring the organisation has sound governance arrangements in place. The board also seeks to ensure the organisation has an open culture and high standards when conducting its work. Together, board members share corporate responsibility for all decisions and play a key role in monitoring the performance of the organisation. All the meetings of the board during 2019–20 were appropriately constituted with a quorum. The key business and risk matters considered by the board during 2019–20 are outlined in this statement and further information can be obtained from meeting papers available on our website, <https://heiw.nhs.wales/corporate/board-meetings-agendas-and-papers/>.

1.2 Committees of the board

The board has established three committees, the Audit and Assurance Committee, Remuneration and Terms of Service Committee and the Education, Commissioning

and Quality Committee. These committees are chaired by the Chair or independent members of the board and have key roles in relation to the system of governance and assurance, decision-making, scrutiny and in assessing current risks. The committees provide assurance and key issue reports to each board meeting to contribute to the board’s assessment of assurance and to provide scrutiny on the delivery of objectives.

The board is responsible for keeping the committee structure under review. Following the establishment of the Education, Commissioning and Quality Committee a review was undertaken of HEIW’s standing orders. The review entitled ‘Future Ways of Working’ focussed on the roles of the board and its committees to ensure that decision-making was taken at the appropriate level and to avoid any gaps in the governance structure. The paper on future ways of working was approved at the September board and the standing orders were updated to reflect the findings of the paper in November. The board will consider whether any changes are needed during 2020–2021 in line with the board’s governance framework and priorities of the IMTP 2020–23.

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

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

An important committee of the board in relation to this annual governance statement is the audit and assurance committee. The committee keeps under review the design and adequacy of HEIW’s governance and assurance arrangements and its system of internal control. During 2019–20, key issues considered by the committee relating to the overall

governance of the organisation included:

- reviewing its terms of reference, which will be kept under regular review
- approving the internal audit plan for 2019–20 and keeping under review the resulting internal audit reports. Noting key areas of risk and tracking the management responses made to improve systems and organisational policies
- ensuring effective financial systems and controls procedures are in place
- developing the board’s risk management systems and processes
- developing arrangements to work with AW and considering the 2019 structured assessment and AW’s 2020 audit plan
- providing assurance to the board in respect of information management and information governance.

The committee provides an annual report of its work to the board and it will undertake a self-assessment for 2019–20 in July 2020. A questionnaire based on the national audit office ‘audit and risk committee checklist’ has been developed and circulated to committee members and attendees. Respondents will include representatives from AW and internal audit. If required, an action plan will be developed.

The remuneration and terms of service committee considers and recommends salaries, pay awards and terms and conditions of employment for the executive team and other key senior staff. During 2019–20, key issues considered by the committee relating to the overall governance of the organisation included:

- performance of executive directors against individual objectives
- independent member objectives
- national pay awards for members of staff
- retire and return of senior staff
- NHS pensions flexibility
- secondment agreements.

In March 2019, the board approved the establishment of the education, commissioning and quality committee to enable the board to undertake greater scrutiny in respect of commissioning, monitoring and

quality assessing of education and training. Greater scrutiny will enable HEIW to manage and mitigate risk. The committee held its first meeting in May 2019 and has considered the following key matters in 2019–20:

- reviewed its own terms of reference upon establishment
- reviewed the draft NHS Wales education, commissioning and training plan for 2020–21 and recommended the plan for approval at the board in July 2019
- reviewed the outcome of the KPMG strategic review of health professional education and its 22 recommendations
- ensured the effective management and improvement of the quality of HEIW’s education and related research activities
- ensured the effective performance, monitoring, management and value of education and training programmes and contracts
- monitored compliance of education and training activities
- provided assurance in respect of risk areas within its area of responsibility and highlighted material areas of concern to the audit and assurance committee.

The committee will undertake a self-assessment for 2019–20. An evaluation of the results of the self-assessment will be considered by the committee at its meeting in July 2020.

1.3 Membership of the board and its committees

In table one, the membership of the board and its committees is outlined for the year ending 31 March 2020, along with attendance at board and committee meetings for this year. It also highlights the membership of the board’s committees. Members are involved in a range of other activities on behalf of the board, such as regular board development/briefing meetings, and a range of other internal and external meetings.

Any proposed changes to the structure and membership of board committees requires board approval. Each committee has considered its own terms of reference and recommended changes to the board. The board will ensure that terms of reference for

each committee are reviewed annually to ensure the work of committees clearly reflects any governance requirements, changes to delegation arrangements or areas of responsibility. Committees are also be required to develop annual reports of their business and activities.

In January, the Education, Commissioning and Quality Commission approved the establishment of two advisory groups, the Internal Multi-Professional Education Group (IMPEG) and the External Education Group (EEG).

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

In accordance with the Public Bodies (Admissions to Meetings) Act 1960, the organisation is required to meet in public. As a result of the public health risk linked to the

pandemic, the UK and Welsh Governments stopped public gatherings of more than two people. It has therefore not been possible to allow the public to attend meetings of our board and committees since 26 March 2020. To ensure business was conducted in as open and transparent manner as possible during this time the following actions were taken:

- ✦ a board or committee briefing was placed on HEIW's website within 48 hours of a meeting
- ✦ unconfirmed draft minutes of board and committee meetings were placed on HEIW's website within 14 days of the meeting.

As the duration of the pandemic and the subsequent measures to be taken to mitigate the spread are not yet known, it will be necessary to keep this under review.

Table six: board and committee membership and attendance since 1 April 2019 to 31 March 2020

Name	Position	Area of Expertise/Representation Role	Board/Committee Membership	Meeting Attendance 2019/2020	Champion Roles
Chris Jones	Chair	✦ Primary Care ✦ Widening Access ✦ Prevention	✦ Board (Chair) ✦ RATS Committee (Chair)	7/7 7/7	✦ Welsh Language Champion
John Hill-Tout	Vice-Chair	✦ Performance ✦ Governance ✦ Finance	✦ Board ✦ Audit and Assurance Committee ✦ RATS Committee	6/7 5/5 5/7	✦ Primary Care ✦ Mental Health Champion
Tina Donnelly	Independent member	✦ Leadership ✦ Students ✦ Workforce ✦ Education/ Training	✦ Board ✦ RATS Committee ✦ Education, Commissioning and Quality Committee	7/7 6/7 4/4	✦ Student/ Trainee Champion ✦ Equality and Diversity Champion
Ruth Hall	Independent member	✦ Rural Education ✦ Quality and Improvement	✦ Board ✦ Audit and Assurance Committee ✦ RATS Committee ✦ Education, Commissioning and Quality Committee (Chair)	7/7 5/5 5/7 4/4	✦ Rural Champion

Name	Position	Area of Expertise/Representation Role	Board/Committee Membership	Meeting Attendance 2019/2020	Champion Roles
Gill Lewis	Independent member	✦ Health and Social Care Workforce	✦ Board ✦ Audit and Assurance Committee (Chair) ✦ RATS Committee	7/7 4/5 7/7	✦ Health and Social Care Integration Champion
Ceri Phillips	Independent member	✦ Workforce Design ✦ Value Agenda Digitalisation	✦ Board ✦ RATS Committee	7/7 6/7	✦ Digital Champion
Heidi Phillips	Independent member	✦ Integrated Care ✦ Improvement ✦ Widening access ✦ Education ✦ Training	✦ Board ✦ RATS Committee	4/7 5/7	✦ Quality Improvement Champion ✦ Widening Access Champion
Alex Howells	Chief Executive		✦ Board	6/7	
Julie Rogers	Deputy Chief Executive/ Director of Workforce and OD		✦ Board	6/7	
Stephen Griffiths	Executive Director of Nursing		✦ Board	5/7	
Pushpinder Mangat	Executive Medical Director		✦ Board	7/7	
Eifion Williams	Director of Finance		✦ Board	5/7	

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

Table seven: dates of board and committee meetings held during the period 1 April 2019 to 31 March 2020

Board/committee	Dates meetings held						
Board	30/05/19	18/07/19	26/09/19	28/11/19	19/12/19	30/01/20	26/03/20
Audit and Assurance Committee	13/05/19	29/05/19	15/07/19	22/11/19	27/01/20		
Education, Commissioning and Quality Committee	16/05/19	01/07/19	21/10/19	16/01/20			
Remuneration and Terms of Service Committee	25/04/19	04/06/19	19/06/19	18/07/19	29/08/19	28/11/19	19/02/20

The HEIW Local Partnership Forum (LPF) was formally established on 9 May 2019.

Prior to this, informal engagement arrangements were in place with trade union representatives and matters discussed as and when appropriate. Representatives were heavily involved in the programme to establish HEIW and were given the opportunity to take part on staff events and development sessions. This has continued since the establishment of HEIW.

The LPF provides the formal mechanism for social partnership within HEIW as well as providing a vehicle for engagement, consultation, negotiation and communication between trade unions and HEIW management. During 2019-20, the LPF has met bimonthly, focussing on both strategic and practical issues including culture and organisational development, employment policies, equality and diversity, staff wellbeing and welfare. Some of our social partners have held events within HEIW's offices, Ty Dysgu, as well as provided opportunities for staff to engage with their representatives.

2. The purpose of the system of internal control

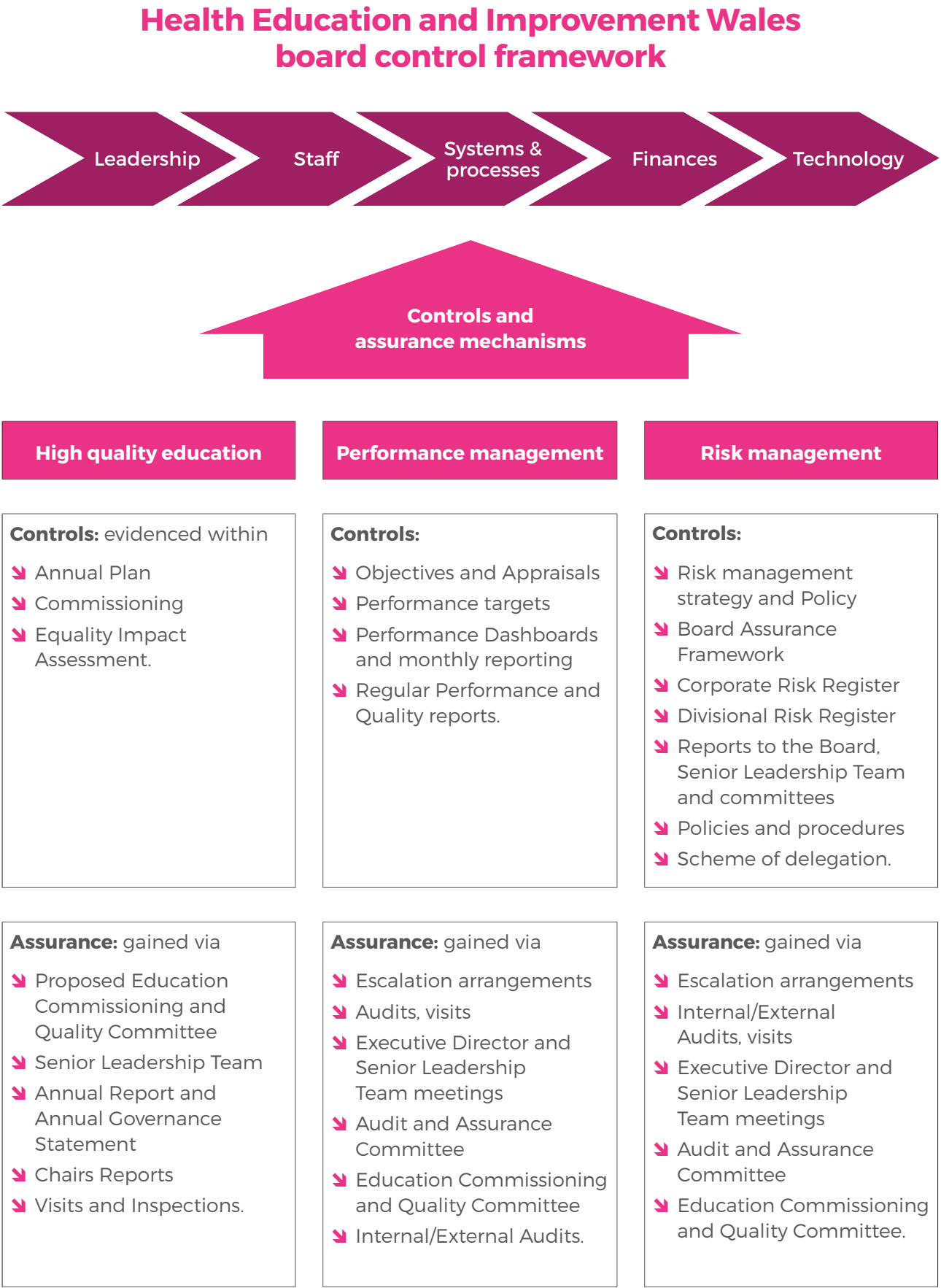
The board's system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks. It can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise risks to the achievement of policies, aims and objectives. It also evaluates the likelihood of those risks being realised and their impact, and to manage them efficiently, effectively and economically.

The system of internal control has been in place for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts. Our board assurance framework (BAF) was approved by the board in September 2019. We use the BAF system and process to monitor, seek assurance and ensure shortfalls are addressed through the scrutiny of the board and its committees.

Key controls are defined as those controls and systems in place to assist in securing the delivery of the board's strategic objective. The effectiveness of the system of internal control is assessed by our internal and external auditors.

A diagram of the board control framework is set out overleaf.



Levels of assurance

First line: operational

- organisational structures – evidence of delegation of responsibility through line management arrangements
- compliance with appraisal process
- compliance with policies and procedures
- incident reporting and thematic reviews
- compliance with risk management processes and systems
- performance reports, complaints and trainee experience reports, finance reports.



Second line: risk and compliance

Reports to assurance and oversight committees:

- audit and assurance committee
- education, commissioning and quality committee
- remuneration and terms of service committee
- health and safety groups, etc.

Findings and/or reports from inspections, annual reporting through to committees



Third line: independent

- internal audit plan
- Audit Wales Office (structured assessment)
- external audits (e.g. annual accounts and annual report)
- HIW inspections
- regulators
- reviews and reports by Royal Colleges
- external visits and accreditations
- independent reviews.

3. Capacity to handle risk

We have continued to develop and embed our approaches to risk management and emergency preparedness throughout 2019–20. In July 2019, our risk management policy was approved by the board. This policy included the requirement to develop an annual risk appetite, which was completed and approved by board in January 2020.

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

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

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

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

This is now being communicated across the organisation, combined with a review of all operational risks. This will ensure a consistent, integrated approach whereby all risks are clearly linked to organisational objectives with a line of sight to the BAF.

HEIW's risks pre-COVID-19

The key risks that have been managed during this year include:

- NHS bursary terms and conditions
- the strategic review of health professional education
- access to Eduroam; the dedicated education internet connection for trainers and trainees
- district nurse recruitment.

Areas of risk requiring HEIW's continued focus include:

- HEIW's interface with Welsh Government. If this interface is not clear, this could impact on delivery and could undermine a good relationship with the Welsh Government
- HEIW's relationship with other NHS organisations. If communication is not clear, it will undermine HEIW's ability to understand the future workforce requirements and to deliver its IMTP objectives
- the strategic review of health professional education. If this is not met within the timescale then it will impact on the quality and suitability of education in the future.

HEIW's risks arising from COVID-19

The corporate risk register is continuously updated to capture HEIW's risks as they are identified. It was updated in March/April 2020 to align it to the risk log created in response to the impact of COVID-19.

The key risks caused by COVID-19 include:

- the impact of current changes to education and training programmes having an adverse impact on progression and outcomes for students and trainees, which may also impact the NHS' workforce in the medium term
- the current pressures affecting HEIW's ability to deliver the major change programmes relating to GP trainee and pharmacy pre-registration programmes, which could impact the NHS' workforce in the medium term.

HEIW's pre-existing risks have been exacerbated by COVID-19 in the following areas and are therefore also key areas of focus for the organisation:

- the strategic review of health and professional education. This is because the timetable for the tender process has been shortened. However, the end date for the delivery of the new contracts currently remains the same
- cybersecurity. This is a result of fraudsters targeting health organisations during the crisis.

Risk management

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

The Chief Executive / Accountable Officer, has overall responsibility for the management of risk for HEIW. The board and its committees identify and monitor risks within the organisation. Specifically, executive team meetings present an opportunity for the executive function to consider and address risk, and actively engage with and report to the board and its committees on the organisation's risk profile. The corporate risk register is reviewed monthly by the executive team and at each monthly meeting of the senior leadership team. It is reviewed by the audit and assurance committee on a quarterly basis and by the board twice a year. Risks are escalated to the board as appropriate.

Further information can be found in the board papers on our website: <https://heiw.nhs.wales/corporate/board-meetings-agendas-and-papers/>

During the COVID-19 crisis, the crisis management team in HEIW, established in response to the pandemic, has had the role of monitoring and assessing the impact and risks arising. Also, for assessing which risks should be escalated and included within the corporate risk register.

The board is also committed to ensuring staff throughout the organisation are trained and equipped to appropriately assess, manage, escalate and report risk. In June 2019, members of the senior leadership team undertook specific risk management training provided by an external consultant on risk. Over 40 managers within HEIW have undertaken internal training on risk during Q3 and Q4 of the financial year.

Internal audit has undertaken a report assessing HEIW's systems and controls in place in relation to the organisation's risk management arrangements. The overall rating was one of reasonable assurance for this area. We have drafted our response to this report, which along with the final internal audit report, was considered by the audit and assurance committee in April 2020.

HEIW has a crisis management and business continuity policy, which was deployed during the flooding near to our headquarters in Nantgarw in February, and again in March in response to the COVID-19 situation.

The Deputy CEO and Board Secretary have been attending NHS Wales Senior Responsible Officer (SRO) Brexit meetings where emergency preparedness issues have been explored and discussed.

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

Our COVID-19 response has been led by the CEO and Deputy CEO. At the end of March, the CEO was asked to support Andrew Goodall as Chief Operating Officer/Deputy NHS Wales Chief Executive, dedicated to COVID-19. As such, operational responsibility for HEIW functions passed to the Deputy CEO. During this period, the CEO has continued in her role as HEIW's Accountable Officer.

HEIW has been contributing to the national response additionally via joint leadership via the Deputy CEO of the Workforce Deployment and Wellbeing Planning and Response Group (Workforce Cell).

In line with government guidelines and to safeguard the health of staff, we introduced a 60/40 operating model combining homeworking with office based. As the lockdown was introduced by the Welsh First Minister, as of 24 March 2020, our headquarters, Ty Dysgu, has been closed. The organisation transitioned successfully to 100% homeworking, which remains the operating model to date.

4. The control framework

NHS Wales organisations are not required to comply with all elements of the corporate governance code for central government departments. However, the main principles of the code stand, as they are relevant to all public sector bodies.

The information provided in this governance statement provides an assessment of how we comply with the main principles of the code as they relate to HEIW as an NHS public sector organisation. HEIW is following the spirit of the code to good effect and is conducting its business openly and in line with the code. The board recognises that not all reporting elements of the code are outlined in this governance statement but are reported more fully in the organisation's wider annual report. There have been no reported departures from the corporate governance code.

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

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

There have been no reported departures from the orange book.

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

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

4.1 Other control framework elements

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

HEIW's aspiration is to be an excellent employer and a great place to work. As such, we are fully committed to meeting the general and specific duties set out in the Public Sector Equality Duties (2011). Continued progress has been made in relation to our diversity, equality and inclusion agenda with HEIW attending Pride in Cardiff last August.

HEIW has also established its Diversity and Inclusion Group and recruited Workplace

Champions. HEIW has committed to several workforce related initiatives for example the Stonewall Diversity Champion Scheme, Time to Change, Disability Confident, TUC's Dying to Work, Anti-Violence Collaboration and Communication Access Symbol.

Our first strategic equality plan 2020-2024 is due for publication in 2020. We have published our first annual equality report 2018-19 highlighting progress so far.

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

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

The board along with its internal sources of assurance, which includes its internal audit function provided by NHS Shared Services, also uses sources of external assurance and reviews from auditors, regulators and inspectors to inform and guide our development. The outcomes of these assessments are being used by the board to further inform our planning and the embedding of good governance across a range of the organisation's responsibilities.

Annual quality statement – As HEIW does not provide direct clinical services, it has not completed an annual quality statement in 2019-20.

However, HEIW does take quality and quality improvement very seriously. During 2019-20 HEIW has implemented the measures detailed below to secure quality improvement in relation to its functions:

- the establishment of the education, commissioning and quality committee. The committee's remit includes; assuring the

board on whether effective arrangements are in place to quality manage education systems; to make recommendations in respect of the quality of education and monitoring education quality

- the work of the committee in respect of education quality will be further enhanced through the establishment of the two new sub-groups referred to at [page 8](#) above
- HEIW has focussed on the quality management process for post graduate medical education. This includes sites within NHS Wales that are in particular need of monitoring
- HEIW gathers information on student and trainee experiences. This information is used to inform improvements within the education and training provision
- HEIW monitors training through several means including national GMC surveys of medical trainers and trainees, quality assurance visits and constant feedback from education leads within the NHS
- HEIW have clearly identified roles within the organisation that support the quality agenda
- continuous improvement more generally is important to HEIW, both in terms of internal sharing of good practice as well as through learning from our sister organisations in the UK.

HEIW also engaged with Welsh Government through the joint executive team meetings and the quarterly quality and delivery meetings.

HEIW will engage with Welsh Government in 2020–21 to develop bespoke guidance for HEIW to complete an annual quality statement as a training and education organisation.

Welsh language – As HEIW is a relatively new body it has not been named as an organisation that comes under the Welsh Language Measure 2011. Given this, the Welsh Language Commissioner's office has asked HEIW to prepare a statutory language plan as prescribed under the original (1993) Welsh Language Act. Our draft welsh language scheme is based on the Welsh Language Standards. The draft scheme will be subject to a public consultation prior to its final submission to the commissioner at the end of 2020. HEIW also looks forward to receiving confirmation from Welsh Government that it

has been named under the Welsh Language Measure 2011 at the earliest opportunity.

Stakeholders and partners – As an all Wales organisation, with several strategic functions, the importance of our partners and stakeholders cannot be over emphasised. This includes trainees and students, NHS Wales, Social Care Wales, education providers, regulators, private sector (business, suppliers), professional bodies and Welsh Government.

During 2019–20, we have undertaken extensive communications and engagement activity based on our board approved communications and engagement strategy to build and strengthen relationships and to help shape our work and services. This has included:

- regular stakeholder bulletins
- social media to inform and update
- regular workshops, meetings and virtual working groups to inform and involve everyone in discussions on key topics
- continuation of stakeholder workshops across Wales including to inform development of the IMTP
- regular stakeholder specific newsletters such as trainee newsletter, dental professionals
- participation in national boards and all Wales peer groups
- collaboration and co-production of Wales's first public body equality partnership to develop and deliver Wales' first shared strategic equality plan across public sector bodies
- extensive engagement and consultation, with over 1900 contacts, during the development of the workforce strategy for health and social care
- ongoing widespread engagement and consultation as part of the development of a health and care leadership strategy for Wales
- extensive engagement in the strategic review of health professional education
- all Wales conferences and events to focus on key topics provide access to continued personal development (CPD) and support networking.

We are also working with partners across the UK, including colleagues in NHS Education

for Scotland, Health Education England, NHS Improvement, Department of Health in Northern Ireland and a number of national professional bodies and regulators. We hosted a four-nations meeting between Health Education England, NHS Scotland and the Northern Ireland Medical and Dental Training Agency earlier this year and are part of a five nations collaborative, on compassionate and collective leadership.

Beginning in early May 2019, we launched the 'HEIW roadshows' visiting health boards and trusts across Wales to meet with healthcare trainees, students, educators and those responsible for education. The roadshows enabled us to introduce HEIW and ourselves to students, trainees and colleagues across Wales. It also provided us with an opportunity to listen and gain feedback on education experiences to allow us to inform future provision of healthcare education in Wales. These will be repeated in 2020–21.

Working together, understanding each other's needs and how we can best support each other is critical if we are to succeed individually and as a system. To achieve this, we will continue to collaborate, communicate, engage and work closely with our partners and stakeholders.

Carbon reduction – The organisation has not undertaken risk assessments on carbon reduction delivery plans. This position will be reviewed in 2020–21. This is considered further within the sustainability section within the performance report part of the annual report.

Ministerial directions – No ministerial directions were received as at year-end 31 March 2020 that were applicable to HEIW.

During the year, there were no material lapses in data security and no referrals to the Information Commissioner's Office (ICO).

4.2 Planning

The board has received regular reports in respect of the implementation of the 2019–20 annual plan and remit letter through regularly reviewing the performance reports.

HEIW's annual performance report showed that the organisation was able to deliver against the vast majority of its commitments and targets at the end of 2019–20, as well as stepping up to the challenges posed by COVID-19. Highlights included the drafting of the workforce strategy for health and social

care in partnership with Social Care Wales and the positive fill rates for education and training places across the professional groups.

A key focus area for the performance report is the development of an overarching framework to support the performance management approach within HEIW to completing the report. This will articulate the roles and accountabilities for performance management and monitoring and frame the expectations more clearly in a single source document.

The board has played a central role in developing HEIW's IMTP. Detailed board discussions to support the development of the IMTP has taken place. This iterative process culminated in the board approving the IMTP for submission to Welsh Government at its meeting in January 2020.

The formal approval of the IMTP has been delayed due to the COVID-19 pandemic. Welsh Government has nevertheless confirmed that the IMTP was deemed approvable. As agreed at the board meeting in March, implementation of HEIW's IMTP objectives have been largely paused in Q1 of 2020–21, to enable the organisation to focus its resources on supporting the NHS' response to COVID-19.

5. Review of effectiveness

As the accountable officer, the CEO has responsibility for reviewing the effectiveness of the system of internal control. The review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

HEIW's May board received the audit and assurance committee's annual report. The committee chair's reflections within the committee's annual report were as follows:

The engagement and attendance of all parties has been one aspect of the audit and assurance committee that has improved this year. The agenda setting has improved considerably as have the minutes and action log. The support for the meeting is now much more streamlined and advance notice of agenda items and meeting dates now runs very smoothly.

The continuing challenges as a new

organisation will be to pursue and challenge areas of risk and ensure that these are closed down appropriately. The other area of focus going forward is to make sure that there are clear lines of responsibility between the audit and assurance committee, the education, commissioning and quality committee and the board.

The committee will receive regular performance reports from Wales Audit and internal audit, indicating areas that could merit examination that is more detailed. Similarly, the financial report could indicate areas for more detailed work. The digital agenda is also a potential area where detailed examination could add value to the IMTP.

In order to facilitate a better understanding of the committee and its business across the organisation, I think that key links to the minutes of the committee are important, and making the annual report widely available.

5.1 Internal audit

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

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

5.2 The Head of Internal Audit conclusion

The scope of the opinion of the HoIA is confined to those areas examined in the risk based audit plan, which has been agreed with senior management and approved, by the audit and assurance committee. The HoIA assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The HOIA opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

Assurance rating



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

The audit work undertaken during 2019-20, has been reported to the audit and assurance committee.

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

- an assessment of the range of individual opinions arising from risk-based audit assignments contained within the Internal Audit Plan, which have been reported to the audit and assurance committee throughout 2019-20. This assessment has taken account of the relative materiality of these areas
- other assurance reviews, which impact on the head of internal audit opinion including audit work performed at other organisations.

A summary of the reviews and associated assurance ratings in each of the domains is set out below:

Corporate governance, risk management and regulatory compliance

- **risk management** – Internal audit issued a **reasonable** assurance report for our review of risk management
- **board and committee governance arrangements** – Overall internal audit issued **substantial** assurance for this review.

Strategic planning, performance management and reporting

- **performance management** – overall internal audit issued a **reasonable** assurance report in relation to its work in this area
- **IMTP planning** – overall internal audit issued **substantial** assurance for this review.

Financial governance and management

- **core financial systems** – overall, internal audit issued a **reasonable** assurance report.

Clinical governance quality and safety

- **health and safety** – overall internal audit issued **reasonable** assurance for this area of audit work.

Information governance and security

- **IT/digital review** – overall Internal audit issued **reasonable** assurance for this review
- **freedom of information** – overall internal audit issued **reasonable** assurance for this review
- **data protection (GDPR)** – overall internal audit issued **reasonable** assurance for this review.

Operational service and functional management

- **service review – medical training commissioning** – at the time of the opinion, internal audit's work in this domain, relating to medical training commissioning, was still in progress. The HoIA has assessed the audit work completed to date and considered that there would be no impact on the overall Head of Internal Audit Opinion.

Workforce management

- **employment status of casual workers follow up** – Internal audit issued a **reasonable** assurance report for this audit review, which was undertaken to follow up on the original **limited** assurance internal audit undertaken in 2018-19
- **workforce review: values and behaviours framework** – Internal audit issued **reasonable** assurance for this review.

Capital and estates management

- Internal Audit did not plan to undertake any reviews in this domain during 2019-20.

5.3 External audit – Audit Wales (AW)

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. The AW undertakes the external auditor role for HEIW on behalf of the auditor general. As HEIW was established in October 2018 the AW undertook a baseline structured assessment which was reported in June 2019.

This baseline structured assessment fed into the full AW 2019 structured assessment in 2019. This assessment concluded overall that the organisation has strong leadership and sound arrangements have supported effective business and a positive staff culture driven by excellent staff engagement. It noted that the following areas require further development: risk, board assurance, performance management and information governance.

The AW also concluded that HEIW has a clear vision and strategic objectives are in place for IMTP production and monitoring and that financial controls and policies are in place.

Specifically, the report made a number of recommendations for the following areas:

Governance

The organisation should review board and committee oversight to ensure the breadth of its work is covered and there are no gaps in scrutiny arrangements.

Board assurance framework (BAF) and risk

The organisation should now create the assurance map required by undertaking a process to identify and map the controls and key sources of assurance against the principle risks to achieving its strategic objectives.

HEIW should improve its risk management by determining and clearly communicating its risk appetites to ensure a consistent approach to tolerance of risk; assessing and scoring of risks; and escalation/removal of risks to/from the corporate risk register.

Performance management framework

HEIW should document its performance management framework, setting out: operational performance management arrangements and lines of accountability; and what is reported to whom and by when, and board/committee oversight for performance management.

Information governance

The organisation should strengthen information governance and cyber security arrangements by: appointing a full-time information governance and data protection manager to complete the GDPR action plan and work towards full compliance; developing and reporting information governance key performance indicators (KPIs); achieving certification in cyber security arrangements; establishing effective cyber security resources and expertise to manage risks; documenting a cyber security incident response plan to manage attacks and completing its planned and prioritised actions swiftly.

Digital and IT

HEIW should strengthen its strategic approach to digital and IT by developing and approving a digital and IT strategy; considering current capacity to deliver the Head of Digital role and whether it needs to appoint to the post; developing and reporting IT KPIs for challenge and scrutiny.

Monitoring objective against strategic objectives

HEIW has not set out a framework for monitoring performance against its strategic objectives and IMTP and should: formally document arrangements for the oversight and scrutiny of performance against strategic objectives; and work with pace to develop KPIs and targets, which are clearly linked to strategic objectives, against which the board can scrutinise performance.

The recommendations from both internal audit and wales audit together with management's response are recorded within the audit tracker report. This is monitored and regularly reviewed by the audit and assurance committee.

5.4 Data quality

The quality and effectiveness of the information and data provided to the board is continually reviewed at each meeting of the board and some revisions have been made during the year to provide further clarity for the board.

6. Conclusion – Corporate governance report

As indicated throughout this statement, the need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response, which has presented a number of opportunities in

addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2020-21 and beyond. I will ensure our governance framework considers and responds to this need.

During the year ended 31 March 2020 and up to the date of the approval of the annual report and accounts, there have been no significant internal control or governance issues identified. This is due to the establishment of sound systems of internal control in place to ensure HEIW met its objectives. It is recognised that further work will be necessary in 2020-21 to further develop these arrangements. It will be important to communicate widely with staff to further embed these arrangements.

Amanda Howells

Signed by
Chief Executive:

Date: 25 June 2020

Statement of the Chief Executive's responsibilities as Accountable Officer

The Welsh ministers have directed that the Chief Executive should be the accountable officer to the Board.

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

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

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

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

Amanda Howells

Signed by
Chief Executive:

Date: 25 June 2020



Directors' Report

The information required for this report can be found in the following tables and pages:

Composition of Board: Table six (page 45) – detailed information in relation to the composition of the Board including executive directors and independent members, who have authority or responsibility for directing or controlling the major activities of HEIW during the financial year 2019–2020. This includes the names of the Chair and Chief Executive.

Board and board level committee meeting dates for the period ending 31 March 2020: Table seven (page 46)

Declaration of interest: page 12 – details of company directorships and other significant interests held by members of the Board which may conflict with the responsibilities as Board members.

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

Information Governance

There were no personal data incidents reported to the Information Commissioner's Office.

Environmental, social and community issues: page 56

Statement of directors' responsibilities in respect of the accounts

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

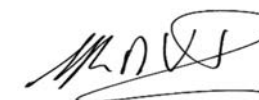
In preparing those accounts, the directors are required to:

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

The directors confirm that they have complied with the above requirements in preparing the accounts.

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

By order of the board, signed:



Chair
Date: 25 June 2020



Chief Executive
Date: 25 June 2020



Director of Finance
Date: 29 June 2020



Remuneration and staff report 2019/20

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

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

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

Remuneration and Terms of Service Committee

The terms of reference and operating arrangements for the Remuneration and terms of service committee are set out in HEIW's standing orders which were reviewed and updated in March 2019. The purpose of the committee is to provide advice to the board on the Remuneration and terms of service and performance for the Chief Executive, Executive Directors and other senior staff. It also provides assurance to the board in relation to HEIW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff.

Salary and pension disclosures

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

The single figure includes the following:

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

HEIW has paid no annual or long-term performance related bonuses.

Annual salary figures are shown prior to any reduction as a result of any salary sacrifice scheme.

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

The pension benefit figure is calculated on the basis of an increase in the value over the financial year. Prior-year comparative information is not available for staff who were not previously executive level directors in other NHS Wales organisations. Where this is the case this figure cannot be calculated and therefore is not reported in annex one (single figure of remuneration) nor annex two (pension benefits).

Annex two gives the total pension benefits for all senior managers. The inflationary rate applied to the 2018-19 figure is 2.4% as set out in the 'Disclosure of Senior Managers' Remuneration (Greenbury) 2020' guidance document.

Remuneration relationship

NHS bodies in Wales are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. This information is provided in note 9.6 to the Financial Statements.

2019-20 staff report

Number of senior staff

As of 31 March 2020, there were six senior staff that made up the executive team; they were also members of the board or regular attendees. The Director of Finance who was initially appointed through a secondment agreement is now employed on a fixed term contract until 31 December 2021. Both the Medical Director and the Director of Workforce and OD/Deputy Chief Executive are on secondment to HEIW from their substantive employers.

Their pay bands are broken down as follows:

Table eight: numbers of Senior Staff at 31 March 2020

Consultant (medical and dental)	1
Executive and senior pay scale	5

Staff numbers

The following table (table nine) shows the average number of staff employed (full time equivalent (FTE)) by HEIW by group from 1 April 2019 to 31 March 2020:

Table nine

Staff group	Permanently employed (incl. fixed term) (avg. FTE)	Agency staff (avg. FTE)	Staff on inward secondment (avg. FTE)	2019/20 total (avg. FTE)
Administrative and clerical and board members	150	14	5	169
Medical and dental	42	0	1	43
Professional scientific and technical staff	12	0	0	12
Additional clinical services	3	0	0	3
Nursing and midwifery	2	0	1	3
Totals	209	14	7	230

Staff composition

The gender breakdown of the executive team and other employees as of 31 March 2020 was as follows in table 10:

Table ten

Staff composition at 31 Mar 2020 (headcount)	Male	Female
Senior staff (executive team)	4	2
Other employees	131	273
All staff	135	275
% all staff	33%	67%

Sickness absence data

The following table (table eleven) provides information on the number of days lost due to sickness for the period 1 April 2019 – 31 March 2020:

Table eleven

	From 1 April 2019 to 31 March 2020
	Number
Days lost (long term)	1434.98
Days lost (short term)	575.01
Total days lost	2009.99
Total staff years	215
Average working days lost	21.2
Total staff employed in period (headcount)	379
Total staff employed in period with no absence (headcount)	284
Percentage staff with no sick leave	74.9%

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

Staff policies applied during the financial year

At the inception of HEIW, the coming together of staff from both the education sector and the NHS meant that HEIW inherited a wide variety of contractual employment policies and processes. Given the number of transferees from Cardiff University was significantly higher than those transferring in from the NHS, this meant that majority of our staff in our first year were on non-NHS terms.

We have recruited many new employees since the establishment of HEIW and appointed to NHS terms and conditions, which has redressed the balance a bit. Additionally, some staff have moved to new roles in the organisation or opted to transfer to NHS terms in existing roles and this created more of a balanced picture.

Of the 13 all Wales NHS policies brought over at the launch of HEIW, eight applied to staff on NHS contracts only whilst five were able to be applied to all HEIW staff.

During 2019-2020, a programme of work commenced to adopt further all Wales

employment policies and to develop bespoke HEIW policies where necessary. In each case we have – where it is practicable and legally compliant to do so – rolled out the policies to all HEIW staff including those on transferred Cardiff University contracts. We have been able to reduce the differentials between groups of staff in cases where no such equivalent Cardiff University policy exists or where the new policy is advantageous to staff on Cardiff University contracts. An example of the latter is where we have introduced a harmonised travel and subsistence policy, following discussion with staff and trade union representatives.

During the financial year 2019-2020 we contributed to the development of, and subsequently adopted, the new all Wales menopause policy. In addition, we developed four new bespoke policies of which all but one (equality, diversity and inclusion where staff on Cardiff University contracts have an equivalent policy transferred under TUPE) are applicable to all HEIW staff. These are as follows:

- access to learning and development
- carers policy
- travel and subsistence.

There are five further policies that had been developed by the end of 2019-20, three of which will apply to all HEIW staff when they are ratified by the local partnership forum and the executive team. These are as follows:

- employment references (all staff)
- alcohol and substance misuse
- flexible working (all staff)
- mental health (all staff)
- maternity, adoption, paternity and parental leave.

Staff health and wellbeing is a significant priority for the organisation and contributes to our ambition to be an exemplar employer. During 2019-20 we have continued to invest in this area and to work to introduce and improve procedures, guidelines and toolkits. Examples have included:

- establishing a wellbeing network with representation from across HEIW
- promoting access to mental health support services
- a second very successful NHS Wales staff health and wellbeing conference in October 2019: Compassion Starts with Me

- development of a health needs assessment survey which was piloted in HEIW in October 2019
- developed a health and wellbeing intranet page
- actively supporting multiple campaigns (e.g. Dry January, Movember, Stress Awareness Day etc.)
- delivery of health and wellbeing sessions e.g. mindfulness, mindful menopause, sleep).

All staff have equal access to HEIW’s values-based performance appraisal, learning development and career development. They are all expected to undertake statutory and mandatory training in line with Welsh Government expectations.

In response to the escalating COVID-19 crisis we transitioned the organisation to a 60/40 operating model, shifting to a blend of homeworking and office attendance in March. Following the ‘lockdown’ announced by ministers in late March, we closed our offices at Ty Dysgu and successfully moved to a 100% homeworking model.

This radical change in working arrangements was achieved smoothly and efficiently with the availability of the appropriate technology. Concurrent with this a staff survey was carried out in respect of ‘home working’ and which was positively received and responded to. The main concern identified was around the availability of equipment and this was quickly responded to with a temporary re-opening of the offices to allow staff to obtain any equipment that had not originally been taken. As we moved to the new model, we introduced a number of additional support measures for staff to ensure wellbeing remained a focus.

For the benefit of HEIW staff and the wider NHS in Wales, an online NHS Wales staff wellbeing COVID-19 resource was developed and implemented. This involved information and sign posting in respect of the following areas:

- compassionate leadership
- bereavement support
- wellbeing resources across NHS Wales
- sharing NHS Wales best practice
- links to trade unions.

Equality, diversity and inclusion

HEIW’s aspiration is to be an exemplar employer and a great place to work and as such we are fully committed to meeting our Public Sector Equality Duties (2011). Over the last year we have continuously adopted a co-productive and collaborative approach to our inclusion work. This approach can be best evidenced through the development of our first strategic equality plan 2020-2024 which is due for publication in 2020-21.

In compliance with the Equality Act 2010 and in line with our aspirations, HEIW has established a diversity and inclusion group and recruited inclusion champions. The group have a role in supporting the lead executive, in advising the executive team and the organisation on activity related to equality and inclusion across HEIW. The recently appointed inclusion champions disseminate messages and promote the equality, diversity and inclusion agenda for HEIW.

To ensure our values become more than words, we have made good progress in engaging with external partners to provide impartial review of our equality, diversity and inclusion policies and practices, to ensure alignment with national standards in respect of equality, diversity and inclusion. External partners we engage with include:

- Age Alliance Wales
- Disability Wales
- Mind Cymru
- Mencap Cymru
- Race Equality First
- Stonewall Cymru.

The organisation has also committed to several workforce related initiatives for example the Stonewall Diversity Champion Scheme, Time to Change, Disability Confident, TUC’s Dying to Work, Anti-Violence Collaboration and Communication Access Symbol.

We have developed the organisation’s first equality, diversity and inclusion policy and will be developing our transition policy in partnership with Stonewall over the next year. Work has been undertaken to develop the organisation’s integrated equality impact assessment approach, which will be supported by the development of an integrated equality impact assessment proforma and guidance, and a training programme available by autumn

2020. In line with the public sector reporting duties, HEIW's board has received the gender pay gap and annual equality report for 2018-19.

Expenditure on consultancy

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

During 2019-20, HEIW's expenditure on consultancy was £158k.

Tax assurance for off-payroll engagements

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

There were none during this period.

Exit packages (tables twelve, thirteen, fourteen and fifteen)

The figures disclosed in this note relate to exit packages agreed in the 2019-20 year. The actual date of departure might be in a different accounting period, and the expense in relation to the departure costs may have been accrued in a previous period. The data is therefore presented on a different basis to other staff cost and expenditure notes in the accounts.

Table twelve

	1 April 2019 to 31 March 2020			
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other Departures	Total number of exit packages	Number of departures where special payments have been made
less than £10,000	0	0	0	0
£10,000 to £25,000	0	0	0	0
£25,000 to £100,000	0	0	0	1
£100,000 to £150,000	0	0	0	0
£150,000 to £250,000	0	0	0	0
more than £250,000	0	0	0	0
TOTAL	0	0	0	1

Table thirteen

	1 April 2019 to 31 March 2020			
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other Departures	Total Cost of exit packages	Cost of departures where special payments have been made
less than £10,000	0	0	0	0
£10,000 to £25,000	0	0	0	0
£25,000 to £100,000	0	0	0	31,200
£100,000 to £150,000	0	0	0	0
£150,000 to £250,000	0	0	0	0
more than £250,000	0	0	0	0
TOTAL	0	0	0	31,200

Table fourteen

	5 October 2017* to 31 March 2019			
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other Departures	Total number of exit packages	Number of departures where special payments have been made
less than £10,000	0	0	0	0
£10,000 to £25,000	0	0	0	0
£25,000 to £100,000	0	0	0	0
£100,000 to £150,000	0	0	0	0
£150,000 to £250,000	0	0	0	0
more than £250,000	0	0	0	0
TOTAL	0	0	0	0

*Table includes previous years for comparator information

Table fifteen

Exit packages cost band (including any special payment element)	5 October 2017* to 31 March 2019			
	Cost of compulsory redundancies	Cost of other Departures	Total Cost of exit packages	Cost of departures where special payments have been made
less than £10,000	0	0	0	0
£10,000 to £25,000	0	0	0	0
£25,000 to £100,000	0	0	0	0
£100,000 to £150,000	0	0	0	0
£150,000 to £250,000	0	0	0	0
more than £250,000	0	0	0	0
TOTAL	0	0	0	0

*Table includes previous years for comparator information

Statement of Assurance

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

Alex Howells

Alex Howells
Chief Executive and Accountable Officer,
Health Education and Improvement Wales
25 June 2020

Annex one a: single figure of remuneration 2019–20

Single figure of remuneration					
Name	Title	Salary (bands of £5k)	Benefits in kind (taxable)	Pension benefit	Total to nearest
			to nearest £100	to nearest £1,000	(bands of £5k)
Alex Howells	Chief Executive	150 – 155	-	22	170 – 175
Julie Rogers ¹	Director of WOD / Deputy CEO	110 – 115	-	38	145 – 150
Dafydd Bebb	Board Secretary	85 – 90	-	22	110 – 115
Stephen Griffiths	Director of Nursing	95 – 100	-	62	160 – 165
Push Mangat ²	Medical Director	160 – 165	-	70	230 – 235
Eifion Williams ³	Director of Finance	55 – 60	-	-	55 – 60
Danielle Neale ⁴	Director of Finance and Corporate Services	0 – 5	-	-	0 – 5
Non-Executive Directors					
Chris Jones	Chair	40 – 45	-	-	40 – 45
Tina Donnelly	Non-Executive Director	5 – 10	-	-	5 – 10
Ruth Hall	Non-Executive Director	5 – 10	-	-	5 – 10
John Hill-Tout ⁵	Vice Chair	10 – 15	-	-	10 – 15
Gill Lewis	Non-Executive Director	5 – 10	-	-	5 – 10
Ceri Phillips	Non-Executive Director	5 – 10	-	-	5 – 10
Heidi Phillips	Non-Executive Director	5 – 10	-	-	5 – 10

¹ Julie Rogers is seconded from the Welsh Government and is a member of the Civil Service Pension Scheme, which uses a different inflation factor for the calculation of pension increases to the one used in the NHS scheme.

² Push Mangat is seconded from Swansea Bay UHB.

³ Eifion Williams was employed part-time (0.26 FTE) as the Interim Director of Finance until 30 June 2019 and was a member of the NHS pension scheme through his substantive employer. The figures included here for the period to 30 June 2019 do not include the pension benefit for this period. Eifion took up the substantive part-time post (0.51 FTE) from 1 July 2019 and chose not to be covered by the NHS pension scheme for the remainder of the reporting year.

⁴ Danielle Neale left HEIW on 14 March 2019. The salary payment made in 2019/20 relates to a Payment in Lieu of Notice (PILON). A further non-contractual payment was made to Ms Neale in 2019/20 as disclosed in the exit packages note in the remuneration report and note 9.5 in the annual accounts.

⁵ John Hill-Tout received remuneration in 2019/20 in respect of his role as Vice Chair of HEIW, which was backdated to the commencement of that role on 1 October 2018. The backdated payment is included within the 2019/20 single figure of remuneration table.

Annex one b: single figure of remuneration 2018–19 (covering period 5/10/2017 to 31/03/2019)

Single figure of remuneration						
Name	Title	Salary 5/10/17 to 30/09/2018 (bands of £5k)	Salary 01/10/2018 to 31/03/2019 (bands of £5k)	Benefits in kind (taxable) to nearest £100	Pension benefit to nearest £1,000	Total to nearest (bands of £5k)
Alex Howells ¹	Chief Executive	95 – 100	70 – 75	–	(65)	105 – 110
Julie Rogers ²	Director of WOD / Deputy CEO	50 – 55	50 – 55	–	***8	105 – 110
Dafydd Bebb ³	Board Secretary	5 – 10	40 – 45	–	***8	50 – 55
Stephen Griffiths ⁴	Director of Nursing	15 – 20	45 – 50	–	***8	65 – 70
Push Mangat ⁵	Medical Director	–	75 – 80	–	***8	75 – 80
Danielle Neale ⁶	Director of Finance and Corporate Services	5 – 10	65 – 70	–	***8	75 – 80
Non Executive Directors						
Chris Jones ⁷	Chair	55 – 60	20 – 25	–	–	80 – 85
Tina Donnelly ⁷	Non-Executive Director	5 – 10	0 – 5	–	–	10 – 15
Ruth Hall ⁷	Non-Executive Director	5 – 10	0 – 5	–	–	10 – 15
John Hill-Tout ⁷	Non-Executive Director	5 – 10	0 – 5	–	–	10 – 15
Gill Lewis ⁷	Non-Executive Director	5 – 10	0 – 5	–	–	10 – 15
Ceri Phillips ⁷	Non-Executive Director	5 – 10	0 – 5	–	–	10 – 15
Heidi Phillips ⁷	Non-Executive Director	5 – 10	0 – 5	–	–	10 – 15

*HEIW was established in shadow form on 5 October 2017 and continued to operate in shadow form until formally established on 1 October 2018. The first accounting period for the organisation therefore runs for 18 months from 5 October 2017, although only costs incurred from 1 October 2018 are included within the 2018/19 HEIW accounts. Costs incurred prior to this date were paid through Velindre University NHS Trust and recharged to Welsh Government. For information purposes the single figure of remuneration table above covers the full 18 month period.

¹ Alex Howells took up post on 1 February 2018.

² Julie Rogers was seconded to HEIW from Welsh Government from 12 April 2018.

³ Dafydd Bebb took up post on 28 August 2018.

⁴ Stephen Griffiths took up post on 29 July 2018.

⁵ Push Mangat was seconded from Abertawe Bro Morgannwg UHB from 1 October 2018.

⁶ Danielle Neale took up post on 28 August 2018 and left HEIW on 14 March 2019. The salary total from 1 October 2018 to 31 March 2019 includes payment in lieu of notice.

⁷ Chris Jones was appointed as interim Chair on 5 October 2017 and as formal Chair on 1 October 2018. The salary total from 5 October 2017 to 30 September 2018 includes remuneration for the role of Co-ordinating Chair of Health Boards and Trusts. Board members took up post on 1 February 2018.

⁸ A request has been made to the NHS Business Services Authority, however, prior year comparative information required for the calculation is not available.

Annex two: pension benefits – 2019/20

Name	Title	Real increase in pension at pension age (bands of £2,500)		Real increase in pension lump sum at pension age (bands of £2,500)		Total accrued pension at pension age at 31 March 2020 (bands of £5,000)		Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000)		Cash equivalent transfer value at 1 April 2020		Cash equivalent transfer value at 31 March 2019		Real increase in cash equivalent transfer value		Employer's contribution to stakeholder pension	
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Alex Howells	Chief Executive	0 – 2.5	(2.5) – 0	60 – 65	135 – 140	1,149	1,074	27	0								
Julie Rogers ¹	Director of WOD/ Deputy CEO	0 – 2.5	0 – 2.5	45 – 50	110 – 115	914	849	23	0								
Dafydd Bebb	Board Secretary	0 – 2.5	0	0 – 5	0	42	22	8	0								
Stephen Griffiths	Director of Nursing	2.5 – 5	7.5 – 10	45 – 50	140 – 145	1,079	956	87	0								
Push Mangat ²	Medical Director	2.5 – 5	10 – 12.5	70 – 75	215 – 220	****2	1,652	****2	0								
Eifion Williams ³	Director of Finance	0	0	0	0	0	0	0	0								

¹ Julie Rogers is seconded from the Welsh Government and is a member of the Civil Service Pension Scheme, which uses a different inflation factor for the calculation of the movement in the value of pension benefits to the one used in the NHS scheme.

² Push Mangat has no Cash Equivalent Transfer Value (CETV) at 31 March 2020 as he is over the normal pension age for the relevant pension scheme.

³ Eifion Williams was employed part-time as the Interim Director of Finance until 30 June 2019 and was a member of the NHS pension scheme through his substantive employer. The figures included here for the period to 30 June 2019 do not include the pension benefit for this period. Eifion took up the substantive part-time post from 1 July 2019 and chose not to be covered by the NHS pension scheme for the remainder of the reporting year.

Annex three: pay policy statement

Salary and pension entitlements of senior managers 2019-20

The pay and terms and conditions of employment for the executive team and senior managers have been, and will be determined by the board, based on the recommendations of the remuneration and terms of service committee, within the framework set by Welsh Government. The committee also considers applications relating to the voluntary release scheme. The committee members are all independent members of the board and the committee is chaired by HEIW’s chairperson. The terms of reference for the committee are regularly being reviewed.

Auditors

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

- single total figure of remuneration for each director
- CETV disclosures for each director
- payments to past directors, if relevant
- payments for loss of office, if relevant
- fair pay disclosures (included in annual accounts)
- exit packages (included in annual accounts) if relevant
- analysis of staff numbers.



The Welsh Parliament accountability and audit report

For the year ended 31 March 2020

Regularity of expenditure

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

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

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

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

Fees and charges

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

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

Remote contingent liabilities

Remote contingent liabilities are those liabilities that due to the unlikelihood of a resultant charge against HEIW are therefore not recognised as an expense nor as a contingent liability. Detailed below in table 16 are the remote contingent liabilities as at 31 March 2020.

Table sixteen:

	2019/20
Guarantees	nil
Indemnities	nil

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

Report on the audit of the financial statements

Opinion

I certify that I have audited the financial statements of HEIW for the year ended 31 March 2020 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of HEIW as at 31 March 2020 and of its net operating costs for the year then ended
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the board's ability to continue to adopt the going concern basis of accounting for a period of at least 12 months from the date when the financial statements are authorised for issue.

Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

Opinion on regularity

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

Report on other requirements

Opinion on other matters

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

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

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

Matters on which I report by exception

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

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

- proper accounting records have not been kept
- the financial statements are not in agreement with the accounting records and returns
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed
- I have not received all the information and explanations I require for my audit.

Report

I have no observations to make on these financial statements.

Responsibilities

Responsibilities of Directors and the Chief Executive for the financial statements

The Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

Responsibilities for regularity

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

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



Adrian Crompton
24 Cathedral Road

Auditor General for Wales
Cardiff

2 July 2020
CF11 9LJ

Health Education and Improvement Wales (HEIW) Annual accounts

for the year ended 31 March 2020

Foreword

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

These accounts cover the period 1 April 2019 to 31 March 2020.

Statutory background

HEIW was established by establishment order 2017 No. 913 (W. 224) which was made 11 September 2017 and came into force on the 5 October 2017.

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

On 1 October 2018 staff were transferred into HEIW and the organisation became fully operational. The initial accounting period ran from 5 October 2017 to 31 March 2019, but presented the accounting transactions only for the period of live operation from 1 October 2018 to 31 March 2019. The second accounting period runs from 1 April 2019 to 31 March 2020.

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

Performance management and financial results

HEIW must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the primary statement of in-year income and expenditure is the statement of comprehensive net expenditure, which shows the net operating cost incurred by HEIW which is funded by the Welsh Government. This funding is allocated on receipt directly to the general fund in the statement of financial position.

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

Performance against the resource limit is reported in note two of the financial statements.

Statement of comprehensive net expenditure

for the period ended 31 March 2020

	Note	2019-20 £000	05-Oct-17 to 31-Mar-19 £000
Non Medical Education And Training	3.1	109,934	56,766
Postgraduate Medical, Dental and Pharmacy Education	3.2	76,217	36,016
Other Operating Expenditure	3.3	27,567	13,177
		213,718	105,959
Less: Miscellaneous Income	4	(698)	(309)
Net operating costs before interest and other gains and losses		213,020	105,650
Investment Revenue	5	0	0
Other (Gains) / Losses	6	0	0
Finance costs	7	0	0
Net operating costs for the financial period		213,020	105,650

See note 91 on page 112 for details of performance against revenue and capital allocations.

The notes on pages 97 to 151 form part of these accounts.

Other Comprehensive Net Expenditure

	2019-20 £000	05-Oct-17 to 31-Mar-19 £000
Net gain / (loss) on revaluation of property, plant and equipment	0	0
Net gain / (loss) on revaluation of intangibles	0	0
(Gain) / loss on other reserves	0	0
Net gain / (loss) on revaluation of available for sale financial assets	0	0
Impairment and reversals	0	0
Other comprehensive net expenditure for the period	0	0
Total comprehensive net expenditure for the period	213,020	105,650

The notes on pages 97 to 151 form part of these accounts.

Statement of financial position as at 31 march 2020

Notes		As at 31 March 2020 £000	31 March 2019 £000
Non-current assets			
Property, plant and equipment	11	2,595	2,989
Intangible assets	12	0	0
Trade and other receivables	15	0	0
Other financial assets	16	0	0
Total non-current assets		2,595	2,989
Current assets			
Inventories	14	0	0
Trade and other receivables	15	1,074	801
Other financial assets	16	0	0
Cash and cash equivalents	17	7,465	6,240
		8,539	7,041
Non-current assets classified as "held for sale"	11	0	0
Total current assets		8,539	7,041
Total assets		11,134	10,030
Current liabilities			
Trade and other payables	18	(7,157)	(6,121)
Other financial liabilities	19	0	0
Provisions	20	(130)	(30)
Total current liabilities		(7,287)	(6,151)
Net current assets/ (liabilities)		1,252	890
Non-current liabilities			
Trade and other payables	18	(171)	(194)
Other financial liabilities	19	0	0
Provisions	20	0	0
Total non-current liabilities		(171)	(194)
Total assets employed		3,676	3,685
Financed by:			
Taxpayers' equity			
General Fund		3,676	3,685
Revaluation reserve		0	0
Total taxpayers' equity		3,676	3,685

The financial statements on pages 91 to 96 were approved by the Board on 25 June 2020 and signed on its behalf by:

Angela Howells

Chief Executive and
Accountable Officer
Date 25.06.2020

The notes on pages 97 to 151 form part of these accounts.

Statement of changes in taxpayers' equity for the period ended 31 March 2020

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity			
Balance at 1 April 2019	3,685	0	3,685
Net operating cost for the period	(213,020)		(213,020)
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	0	0	0
Release of reserves to SoCNE	0	0	0
Transfers to/from (please specify)	0	0	0
Total recognised income and expense for period	(213,020)	0	(213,020)
Net Welsh Government funding	212,496		212,496
Welsh Government notional funding	515		515
Balance at 31 March 2020	3,676	0	3,676

The notes on pages 97 to 151 form part of these accounts

Statement of changes in taxpayers' equity for the year ended 31 March 2019

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity			
Balance at 5 October 2017	0	0	0
Net operating cost for the year	(105,650)		(105,650)
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	0	0	0
Release of reserves to SoCNE	0	0	0
Transfers to/from local health boards (LHBs)	0	0	0
Total recognised income and expense for period	(105,650)	0	(105,650)
Net Welsh Government funding	109,335		109,335
Welsh Government notional funding	0		0
Balance at 31 March 2019	3,685	0	3,685

The notes on pages 97 to 151 form part of these accounts.

Statement of cash flows for period ended 31 March 2020

	2019-20 £000	to 31-Mar-19 £000
Cash flows from operating activities		
Net operating cost for the financial period	(213,020)	(105,650)
Movements in Working Capital	27 740	5,514
Other cash flow adjustments	28 1,112	142
Provisions utilised	20 (8)	0
Net cash outflow from operating activities	(211,176)	(99,994)
Cash flows from investing activities		
Purchase of property, plant and equipment	(95)	(3,101)
Proceeds from disposal of property, plant and equipment	0	0
Purchase of intangible assets	0	0
Proceeds from disposal of intangible assets	0	0
Payment for other financial assets	0	0
Proceeds from disposal of other financial assets	0	0
Payment for other assets	0	0
Proceeds from disposal of other assets	0	0
Net cash inflow/(outflow) from investing activities	(95)	(3,101)
Net cash inflow/(outflow) before financing	(211,271)	(103,095)
Cash flows from financing activities		
Welsh Government funding (including capital)	212,496	109,335
Capital receipts surrendered	0	0
Capital grants received	0	0
Capital element of payments in respect of finance leases and on-SoFP	0	0
Cash transferred (to)/ from other NHS bodies	0	0
Net financing	212,496	109,335
Net increase/(decrease) in cash and cash equivalents	1,225	6,240
Cash and cash equivalents (and bank overdrafts) at 1 April 2019	6,240	0
Cash and cash equivalents (and bank overdrafts) at 31 March 2020	7,465	6,240

The notes on pages 97 to 151 form part of these accounts

Notes to the accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Special Health Authorities (SHAs) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2019-20 manual for accounts. The accounting policies contained in that manual follow the 2019-20 Financial Reporting Manual (FReM), which applies European Union adopted IFRS and interpretations in effect for accounting periods commencing on or after 1 January 2019, except for IFRS 16 leases, which is deferred until 1 April 2021; to the extent that they are meaningful and appropriate to the NHS in Wales.

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

1.1. Accounting convention

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

1.2. Acquisitions and discontinued operations

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

1.3. Income and funding

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

Non-discretionary funding outside the revenue resource limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-

discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

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

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

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

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

Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

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

1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS pensions scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices (GPs) and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it

were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

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

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in the 2019-20 annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Note 34.1 within these accounts.

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

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

1.4.3. NEST pension scheme

An alternative pensions scheme for employees

not eligible to join the NHS pensions scheme has to be offered. The National Employment Savings Trust (NEST) pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5. Other expenses

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

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

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

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

1.6.2. Valuation

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

Land and buildings used for services or for administrative purposes are stated in the statement of financial position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- land and non-specialised buildings – market value for existing use
- specialised buildings – depreciated replacement cost.

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

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

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

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those

impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the statement of comprehensive net expenditure (SoCNE).

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

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

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

1.6.3. Subsequent expenditure

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

1.7. Intangible assets

1.7.1. Recognition

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

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

- the technical feasibility of completing the intangible asset so that it will be available for use

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

Measurement

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

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value.

Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8. Depreciation, amortisation and impairments

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

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

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

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

1.9. Research and development

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

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

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

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

1.11. Leases

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

1.11.1. The NHS Wales organisation as lessee

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

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

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

1.11.2. The NHS Wales organisation as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the NHS Wales organisation net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the NHS Wales organisation's net investment outstanding in respect of the leases.

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

1.12. Inventories

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

1.13. Cash and cash equivalents

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

1.14. Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

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

Present obligations arising under onerous contracts are recognised and measured as a

provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

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

1.14.1. Clinical negligence and personal injury costs

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

1.15. Financial Instruments

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

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

1.16. Financial assets

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

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

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

1.16.1. Financial assets are initially recognised at fair value

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

1.16.2. Financial assets at fair value through SoCNE

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

1.16.3 Held to maturity investments

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

1.16.4. Available for sale financial assets

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

losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5. Loans and receivables

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

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

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

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

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

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

1.17. Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions

of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1. Financial liabilities are initially recognised at fair value

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

1.17.2. Financial liabilities at fair value through the SoCNE

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

1.17.3. Other financial liabilities

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

1.18. Value added tax (VAT)

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

1.19. Foreign currencies

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

1.20. Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not

recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the notes to the accounts.

1.21. Losses and Special Payments

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

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

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

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

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

1.22. Pooled budget

The NHS Wales organisation has not entered into pooled budgets with local authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the pooled budget note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23. Critical accounting judgements and key sources of estimation uncertainty

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

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

1.24. Key sources of estimation uncertainty

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

1.25 Private finance initiative (PFI) transactions

The NHS Wales organisation has no PFI arrangements.

1.26. Contingencies

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

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the

NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

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

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

1.27. Absorption accounting

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

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

1.28. Accounting standards that have been issued but not yet been adopted

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

IFRS14 Regulatory Deferral Accounts Not EU-endorsed.

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

IFRS 16 Leases is to be effective from 1 April 2021.

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

1.29. Accounting standards issued that have been adopted early

During 2019-20 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.30. Charities

The NHS Organisation has no NHS Charitable Fund.

2. Financial duties performance

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

Section 172(1) sets out what is referred to as the 'First Financial Duty' – a duty to secure that HEIW expenditure does not exceed the aggregate of the funding allotted to it for a financial year.

Under the powers of direction in the National Health Service (Wales) Act section 172(6) WHC/2019/004 clarified that the annual statutory financial duty is set separately for revenue and capital resource allocations.

HEIW was issued with a Remit Letter on 25 October 2018, confirming that the period to 31 March 2019 would remain a transitional period as HEIW commenced full operations. Accordingly the Remit Letter set out objectives for delivery by HEIW for the period to 31 March 2019 and beyond, and set the requirement that HEIW prepare an annual plan for 2019/20 in accordance with the NHS Wales Planning Framework.

HEIW is therefore subject to a Second Financial Duty for the period of account to 31 March 2020. HEIW is expected to report in the Annual Report and Accounts for the period of account to 31 March 2020 performance against its objectives set out in the 2019-20 annual plan.

2.1 Revenue resource performance

Financial performance 2019-20	
£000	
Net operating costs for the period	213,020
Less general ophthalmic services expenditure and other non-cash limited expenditure	0
Less revenue consequences of bringing PFI schemes onto SoFP	0
Total operating expenses	213,020
Revenue Resource Allocation	213,104
Under /(over) spend against Allocation	84

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

2.2 Capital resource performance

2019-20	
£000	
Gross capital expenditure	95
Add: losses on disposal of donated assets	0
Less: NBV of property, plant and equipment and intangible assets disposed	0
Less: capital grants received	0
Less: donations received	0
Charge against Capital Resource Allocation	95
Capital Resource Allocation	95
(Over) / underspend against Capital Resource Allocation	0

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

2.3 Duty to prepare a one year plan

The NHS Wales planning framework 2019-22 issued to HEIW SHA placed a requirement upon them to prepare and submit an annual plan for 2019-20 to the Welsh Government.

HEIW has submitted an annual plan for the period 2019-20 in accordance with NHS Wales Planning Framework. However, as this was not a statutory requirement for HEIW under the NHS Finance (Wales) Act 2014 the plan did not require ministerial approval.

**2019-20
to
2020-21**

The Minister for Health and Social Services approval

Status N/A
Date N/A

HEIW with the agreement of the Welsh Government, has operated under an annual operating plan that was approved by the Board in March 2019.

HEIW has therefore met its statutory duty to have an approved financial plan for the period 2019-20.

2.4 Creditor payment

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

	2019-20	2018-19
Total number of non-NHS bills paid	6,582	1,755
Total number of non-NHS bills paid within target	6,265	1,681
Percentage of non-NHS bills paid within target	95.2%	95.8%

HEIW has met the target.

3. Analysis of gross operating costs

3.1 Non Medical Education and Training

	2019-20	05-Oct-17 to 31-Mar-19
Total	£000	£000
Student Training Fees (Universities)	58,916	30,304
Additional Training Costs (Universities)	1,026	1,258
Funding for Healthcare Education Fees (Health Boards and Trusts)	2,450	1,258
Student Bursaries Reimbursement (Universities)	23,126	12,542
Student Salaries Reimbursement (Health Boards and Trusts)	16,979	7,321
Advanced Practice Training fees	1,389	1,120
Healthcare Support Working Training	1,935	709
Non-Medical Prescribing	287	330
Training related Travel and Subsistence	3,826	1,924
Total	109,934	56,766

3.2 Postgraduate Medical, Dental and Pharmacy Education

	2019-20	05-Oct-17 to 31-Mar-19
Total	£000	£000
Training Grade Salaries	50,319	24,321
Postgraduate Centre and Study Leave	4,745	2,384
GP Registrars	18,452	7,759
Induction and Refresher	83	39
Welsh Clinical Academic Training	1,349	688
GP CPD and Appraisal Costs	845	652
Other	424	173
Total	76,217	36,016

3.3 Other Operating Expenditure

	31-Mar-20	05-Oct-17 to 31-Mar-19
	£000	£000
Directors' costs	1,052	536
Staff costs	13,604	5,763
Supplies and services - clinical	42	24
Supplies and services – general	2,230	581
Consultancy Services	158	53
Establishment	4,070	2,893
Transport	0	0
Premises	5,433	2,843
External Contractors	231	129
Depreciation	489	112
Amortisation	0	0
Fixed asset impairments and reversals (property, plant and equipment)	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments and reversals of financial assets	0	0
Impairments and reversals of non-current assets held for sale	0	0
Audit fees	172	175
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	(21)	33
Research and development	0	0
Other operating costs	107	35
Total	27,567	13,177

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

	31-Mar-20	05-Oct-17 to 31-Mar-19
	£000	£000
Increase/(decrease) in provision for future payments:		
Clinical negligence;		
Secondary care	0	0
Primary care	0	0
Redress Secondary care	0	0
Redress Primary care	0	0
Personal injury	0	0
All other losses and special payments	0	0
Defence legal fees and other administrative costs	(22)	30
Gross increase/(decrease) in provision for future payments	(22)	30
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	1	3
Less: income received/due from Welsh Risk Pool	0	0
Total	(21)	33

	31-Mar-20	05-Oct-17 to 31-Mar-19
	£	£
Permanent injury included within personal injury £:	0	0

4. Miscellaneous income

	31-Mar-20	05-Oct-17 to 31-Mar-19
	£000	£000
Local Health Boards	26	10
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
NHS trusts	85	44
Foundation Trusts	0	0
Other NHS England bodies	0	0
Local authorities	0	0
Welsh Government	100	3
Welsh Government Hosted Bodies	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	0	0
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	0	0
Other income from activities	0	0
Patient transport services	0	0
Education, training and research	487	252
Charitable and other contributions to expenditure	0	0
Receipt of donated assets	0	0
Receipt of Government granted assets	0	0
Non-patient care income generation schemes	0	0
NWSSP	0	0
Deferred income released to revenue	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	0	0
Total	698	309

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

	31-Mar-20	05-Oct-17 to 31-Mar-19
	%	%
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	21.79	21.89

5. Investment Revenue

	31-Mar-20	05-Oct-17 to 31-Mar-19
	£000	£000
Rental revenue:		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue:		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	0	0

6. Other gains and losses

	31-Mar-20	05-Oct-17 to 31-Mar-19
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	0	0

7. Finance costs

	31-Mar-20	05-Oct-17 to 31-Mar-19
£000	£000	
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under PFI contracts		
main finance cost	0	0
contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	0	0
Provisions unwinding of discount	0	0
Other finance costs	0	0
Total	0	0

8. Operating leases

HEIW as lessee

As at 31 March 2020 HEIW had two operating lease agreements in place for leases of buildings, two arrangements in respect of equipment and one in respect of vehicles. Zero leases expired during the year.

Payments recognised as an expense

Minimum lease payments

Contingent rents

Sub-lease payments

Total

Total future minimum lease payments

Payable

Not later than one year

Between one and five years

After 5 years

Total

HEIW as lessor

Rental revenue

Rent

Contingent rents

Total revenue rental

Total future minimum lease payments

Receivable

Not later than one year

Between one and five years

After five years

Total

	31-Mar-20	05-Oct-17 to 31-Mar-19
£000	£000	
Minimum lease payments	380	181
Contingent rents	0	0
Sub-lease payments	0	0
Total	380	181

	£000	£000
Not later than one year	378	363
Between one and five years	1,460	1,453
After 5 years	1,137	1,500
Total	2,975	3,316

	£000	£000
Rent	0	0
Contingent rents	0	0
Total	0	0

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

9. Employee benefits and staff numbers

9.1 Employee costs

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other Staff	Total 31-Mar-20	05-Oct-17 to 31-Mar-19
	£000	£000	£000	£000	£000	£000
Salaries and wages	10,502	724	581	0	11,807	5,289
Social security costs	1,020	0	0	0	1,020	434
Employer contributions to NHS Pension Scheme	1,689	0	0	0	1,689	513
Other pension costs	0	0	0	0	0	10
Other employment benefits	0	0	0	0	0	0
Termination benefits	31	0	0	0	31	0
Total Employee costs	13,242	724	581	0	14,547	6,246
Charged to capital					0	0
Charged to revenue					14,547	6,246
					14,547	6,246
Net movement in accrued employee benefits (untaken staff leave accrual included above).					46	79

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other Staff	Total 31-Mar-20	05-Oct-17 to 31-Mar-19
	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	150	5	14	0	169	154
Medical and dental	42	1	0	0	43	39
Nursing, midwifery registered	2	1	0	0	3	1
Professional, Scientific, and technical staff	12	0	0	0	12	11
Additional Clinical Services	3	0	0	0	3	3
Allied Health Professions	0	0	0	0	0	0
Healthcare Scientists	0	0	0	0	0	0
Estates and Ancillary	0	0	0	0	0	0
Students	0	0	0	0	0	0
Total	209	7	14	0	230	208
Administrative clerical and board members includes:						
Lay members (undertake medical appraisal and training plans)	0	0	0	0	0	0
Lecturers	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0

9.3. Retirements due to ill-health

	31-Mar-20	31-Mar-19
Number	0	0
Estimated additional pension costs £	0	0

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

9.4 Employee benefits

HEIW offers three salary sacrifice schemes for childcare vouchers, bikes and lease cars.

9.5 Reporting of other compensation schemes – exit packages

2019–20					05-Oct-17 to 31-Mar-19
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	1	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	1	0

					05-Oct-17 to 31-Mar-19
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£000s	£000s	£000s	£000s	£000s
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	31,200	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	31,200	0

Redundancy costs have been paid in accordance with the NHS Redundancy provisions, other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where HEIW has agreed early retirements, the additional costs are met by HEIW and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

An extra contractual payment was made to a former employee during 2019–20 totalling £31,200. This is not deemed to be an exit payment so has been classified as a ‘special payment’ in table 9.5 above.

9.6 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in HEIW in the financial period to 31 March 2020 was £160k to £165k (2018–19 £150k to £155k). This was 3.11 times (2018–19 3.05 times) the median remuneration of the workforce, which was £52,306 (2018–19 £49,969).

During the period, 0 (2018–19, 0) employees received remuneration in excess of the highest-paid director.

Remuneration for staff ranged from £14,265 to £162,650 (2018–19, £15,842 to £154,595).

The banded remuneration of the Chief Executive is £150k to £155k (2018–19, £145k to £150k). This is 2.92 times (2018–19, 2.95 times) the median remuneration of the workforce.

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

9.7 Pension Costs

Past and present employees are covered by the provisions of the two NHS pension schemes. Details of the benefits payable and rules of the schemes can be found on the NHS pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care

in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS pension scheme accounts. These accounts can be viewed on the NHS pensions website and are published annually. Copies can also be obtained from the stationery office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS pension scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable

from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

c) National employment savings trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the DWP. This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,136 and £50,000 for the 2019-20 tax year (2018-19 £6,032 and £46,350).

Restrictions on the annual contribution limits were removed on 1 April 2017.

10. Public sector payment policy - measure of compliance

10.1 Prompt payment code - measure of compliance

The Welsh Government requires that HEIW pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the HEIW financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

Payments made prior to HEIW becoming operational on 1 October 2018 were made by the predecessor organisations and are not included in the totals below.

	31-Mar-20	31-Mar-20	05-Oct-17 to 31-Mar-19	05-Oct-17 to 31-Mar-19
	Number	£000	Number	£000
NHS				
Total bills paid	2,623	109,713	615	18,237
Total bills paid within target	2,293	101,223	507	17,563
Percentage of bills paid within target	87.4%	92.3%	82.4%	96.3%
Non-NHS				
Total bills paid	6,582	99,008	1,755	46,875
Total bills paid within target	6,265	98,579	1,681	46,781
Percentage of bills paid within target	95.2%	99.6%	95.8%	99.8%
Total				
Total bills paid	9,205	208,721	2,370	65,112
Total bills paid within target	8,558	199,802	2,188	64,344
Percentage of bills paid within target	93.0%	95.7%	92.3%	98.8%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	31-Mar-20	05-Oct-17 to 31-Mar-19
	£	£
Amounts included within finance costs (note seven) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	0	0

11. Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2019	0	1,413	0	0	573	0	1,358	441	3,785
Indexation	0	0	0	0	0	0	0	0	0
Additions									
– purchased	0	18	0	0	0	0	36	41	95
– donated	0	0	0	0	0	0	0	0	0
– government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other organisations	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
At 31 March 2020	0	1,431	0	0	573	0	1,394	482	3,880
Depreciation at 1 April 2019	0	37	0	0	573	0	96	90	796
Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other organisations	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Provided during the period	0	147	0	0	0	0	266	76	489
At 31 March 2020	0	184	0	0	573	0	362	166	1,285

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 1 April 2019	0	1,376	0	0	0	0	1,262	351	2,989
Net book value at 31 March 2020	0	1,247	0	0	0	0	1,032	316	2,595
Net book value at 31 March 2020 comprises:									
Purchased	0	1,247	0	0	0	0	1,032	316	2,595
Donated	0	0	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0	0	0
At 31 March 2020	0	1,247	0	0	0	0	1,032	316	2,595
Asset financing:									
Owned	0	1,247	0	0	0	0	1,032	316	2,595
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2020	0	1,247	0	0	0	0	1,032	316	2,595
The net book value of land, buildings and dwellings at 31 March 2020 comprises :									£000
Freehold									0
Long leasehold									1,247
Short leasehold									0
									1,247

'Building assets' held by HEIW relate to leasehold improvements and are depreciated over the shorter of the remainder of the lease or the assessed life of the asset.

11.1 Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 5 October 2017	0	0	0	0	0	0	0	0	0
Indexation	0	0	0	0	0	0	0	0	0
Additions									
– purchased	0	1,413	0	0	0	0	1,318	370	3,101
– donated	0	0	0	0	0	0	0	0	0
– government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	573	0	40	71	684
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
At 31 March 2019	0	1,413	0	0	573	0	1,358	441	3,785
Depreciation at 5 October 2017	0	0	0	0	0	0	0	0	0
Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	573	0	40	71	684
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Provided during the year	0	37	0	0	0	0	56	19	112
At 31 March 2019	0	37	0	0	573	0	96	90	796

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 5 October 2017	0	0	0	0	0	0	0	0	0
Net book value at 31 March 2019	0	1,376	0	0	0	0	1,262	351	2,989
Net book value at 31 March 2019 comprises:									
Purchased	0	1,376	0	0	0	0	1,262	351	2,989
Donated	0	0	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0	0	0
At 31 March 2019	0	1,376	0	0	0	0	1,262	351	2,989
Asset financing :									
Owned	0	1,376	0	0	0	0	1,262	351	2,989
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2019	0	1,376	0	0	0	0	1,262	351	2,989
The net book value of land, buildings and dwellings at 31 March 2019 comprises:									£000
Freehold									0
Long leasehold									1,376
Short leasehold									0
									1,376

'Building assets' held by HEIW relate to leasehold improvements and are depreciated over the shorter of the remainder of the lease or the assessed life of the asset.

11.2 Non-current assets held for sale

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance at 1 April 2019	0	0	0	0	0	0
Plus assets classified as held for sale in the period	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the period	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2020	0	0	0	0	0	0
Balance brought forward 5 October 2017	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2019	0	0	0	0	0	0

Assets sold in the period

There were no assets sold in the period.

Assets classified as held for sale during the period

No assets were classified as held for sale during 2019–20.

12. Intangible non-current assets

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure—internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2019	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions— purchased	0	0	0	0	0	0	0
Additions— internally generated	0	0	0	0	0	0	0
Additions— donated	0	0	0	0	0	0	0
Additions— government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2020	0	0	0	0	0	0	0
Amortisation at 1 April 2019	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the period	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2020	0	0	0	0	0	0	0
Net book value at 1 April 2019	0	0	0	0	0	0	0
Net book value at 31 March 2020	0	0	0	0	0	0	0
At 31 March 2020							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2020	0	0	0	0	0	0	0

12.1 Intangible non-current assets

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure-- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 5 Oct 2017	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	0	0	0	0	0
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2019	0	0	0	0	0	0	0
Amortisation at 1 April 2017	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2019	0	0	0	0	0	0	0
Net book value at 5 Oct 2017	0	0	0	0	0	0	0
Net book value at 31 March 2019	0	0	0	0	0	0	0
At 31 March 2019							
Purchased	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2019	0	0	0	0	0	0	0

13. Impairments

Impairments arising from:

	31-Mar-20 Property, plant and equipment £000	31-Mar-20 Intangible assets £000	05-Oct-17 to 31-Mar-19 Property, plant and equipment £000	05-Oct-17 to 31-Mar-19 Intangible assets £000
Loss or damage from normal operations	0	0	0	0
Abandonment in the course of construction	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	0	0
Others (specify)	0	0	0	0
Reversal of impairments	0	0	0	0
Total of all impairments	0	0	0	0
Analysis of impairments charged to reserves in period:				
Charged to the Statement of Comprehensive Net Expenditure	0	0	0	0
Charged to Revaluation Reserve	0	0	0	0
	0	0	0	0

14.1 Inventories

	31-Mar-20 £000	31-Mar-19 £000
Drugs	0	0
Consumables	0	0
Energy	0	0
Work in progress	0	0
Other	0	0
Total	0	0
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31-Mar-20 £000	05-Oct-17 to 31-Mar-19 £000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	0	0

15. Trade and other Receivables

Current

	31-Mar-20 £000	31-Mar-19 £000
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	22	0
Welsh NHS Trusts	22	0
Non-Welsh Trusts	0	0
Other NHS	8	13
Welsh Risk Pool Claim Reimbursement;		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors – Tangibles	0	0
Capital debtors – Intangibles	0	0
Other debtors	129	297
Provision for irrecoverable debts	(4)	(3)
Pension Prepayments	0	0
Other prepayments	897	494
Other accrued income	0	0
Sub total	1,074	801

Non-current

	31-Mar-20 £000	31-Mar-19 £000
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Non-Welsh Trusts	0	0
Other NHS	0	0
Welsh Risk Pool Claim Reimbursement;		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors – Tangibles	0	0
Capital debtors – Intangibles	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments	0	0
Other prepayments	0	0
Other accrued income	0	0
Sub total	0	0
Total	1,074	801

15. Trade and other Receivables

	31-Mar-20	31-Mar-19
	£000	£000
Receivables past their due date but not impaired		
By up to three months	34	0
By three to six months	2	58
By more than six months	0	0
	36	58

No debtors past due (but not impaired) are greater than six months old.

Expected credit losses (ECL) previously allowance for bad and doubtful debts

Balance at 1 April 2019	3	0
Transfer to other NHS Wales body	0	0
Amount written off during the period	0	0
Amount recovered during the period	0	0
(Increase) / decrease in receivables impaired	1	3
ECL/Bad debts recovered during period	0	0
Balance at 31 March 2020	4	3

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

Receivables VAT

Trade receivables	69	37
Other	0	0
Total	69	37

16. Other financial assets

	Current 31-Mar-20 £000	31-Mar-19 £000	Non- current 31-Mar-20 £000	31-Mar-19 £000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Total	0	0	0	0

17. Cash and cash equivalents

	31-Mar-20 £000	31-Mar-19 £000
Opening Balance	6,240	0
Net change in cash and cash equivalent balances	1,225	6,240
Balance at 31 March 2020	7,465	6,240
Made up of:		
Cash held at Government Banking Service (GBS)	7,465	6,240
Commercial banks	0	0
Cash in hand	0	0
Current Investments	0	0
Cash and cash equivalents as in Statement of Financial Position	7,465	6,240
Bank overdraft – GBS	0	0
Bank overdraft – Commercial banks	0	0
Cash and cash equivalents as in Statement of Cash Flows	7,465	6,240

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are:

Lease Liabilities £000k

PFI liabilities £000k

The movement relates to cash, no comparative information is required by IAS 7 in 2019-20.

18. Trade and other payables

	31-Mar-20 £000	31-Mar-19 £000
Current		
Welsh Government	0	86
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	1,621	2,061
Welsh NHS Trusts	301	529
Other NHS	93	157
Taxation and social security payable / refunds	329	12
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	3,095	1,503
Local Authorities	6	0
Capital payables-Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	23	24
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	189	0
Non NHS Accruals	1,481	1,738
Deferred Income:		
Deferred Income brought forward	11	0
Deferred Income Additions	8	11
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub total	7,157	6,121
Non-current		
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0

	31-Mar-20 £000	31-Mar-19 £000
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	0	0
Local Authorities	0	0
Capital Creditors- Tangible	0	0
Capital Creditors- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	171	194
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub total	171	194
Total	7,328	6315

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

Amounts falling due more than one year are expected to be settled as follows:

Between one and two years	23	23
Between two and five years	69	69
In five years or more	79	102
Sub-total	171	194

19. Other financial liabilities

	Current 31-Mar-20 £000	31-Mar-19 £000	Non- current 31-Mar-20 £000	31-Mar-19 £000
Financial liabilities				
Financial Guarantees:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Total	0	0	0	0

20. Provisions

	At 1 April 2019 £000	Structured settlement cases transferred to Risk Pool £000	Transfer of provisions to creditors £000	Transfer between current and non-current £000	Arising during the period £000	Utilised during the period £000	Reversed unused £000	Unwinding of discount £000	At 31 March 2020 £000
Current									
Clinical negligence:	0								0
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	30	0	0	0	0	(8)	(22)		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	130	0	0		130
Total	30	0	0	0	130	(8)	(22)	0	130
Non Current									
Clinical negligence:	0								0
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0

	At 1 April 2019	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2020
	£000	£000	£000	£000	£000	£000	£000	£000	£000
TOTAL									
Clinical negligence:	0								0
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	30	0	0	0	0	(8)	(22)		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	130	0	0		130
Total	30	0	0	0	130	(8)	(22)	0	130

Expected timing of cash flows:

Clinical negligence:	0			0
Secondary care	0	0	0	0
Primary care	0	0	0	0
Redress Secondary care	0	0	0	0
Redress Primary care	0	0	0	0
Personal injury	0	0	0	0
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	0	0	0	0
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
Restructuring	0	0	0	0
Other	130	0	0	130
Total	130	0	0	130

The provision of £130k held on the balance sheet at 31 March 2020 is made up of:

- £4k for the estimated costs of holiday pay on overtime worked in HEIW since 1 October 2018. This is as a result of a case brought against the East of England Ambulance Service that is pending an appeal.

	In year to 31 March 2021	Between 1 April 2021 and 31 March 2025	Thereafter	Total £000
Clinical negligence:	0			0
Secondary care	0	0	0	0
Primary care	0	0	0	0
Redress Secondary care	0	0	0	0
Redress Primary care	0	0	0	0
Personal injury	0	0	0	0
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	0	0	0	0
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
Restructuring	0	0	0	0
Other	130	0	0	130
Total	130	0	0	130

- £78k for the estimated costs of untaken annual leave as at 31 March 2020 by Dental Trainees in non-NHS settings. This is as a result of the COVID-19 pandemic.
- £48k for the estimated costs of untaken annual leave as at 31 March 2020 by Pharmacy Technicians/Pre-reg Pharmacists in non-NHS settings. This is as a result of the COVID-19 pandemic.

20. Provisions (continued)

	At 5 October 2017	Structured settlement cases transferred to risk pool	Transfer of provisions to creditors	Transfer of provisions to current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2019
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence:	0	0	0	0	0	0	0	0	0
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	30	0	0		30
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	30	0	0	0	30
Non Current									
Clinical negligence:	0	0	0	0	0	0	0	0	0
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	0	0	0	0	0

	At 5 October 2017	Structured settlement cases transferred to risk pool	Transfer of provisions to creditors	Transfer of provisions to current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2019
	£000	£000	£000	£000	£000	£000	£000	£000	£000
TOTAL									
Clinical negligence:	0	0	0	0	0	0	0	0	0
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	30	0	0		30
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
Total	0	0	0	0	30	0	0	0	30

21. Contingencies

21.1 Contingent liabilities

Provisions have not been made in these accounts for the following amounts:

Legal claims for alleged medical or employer negligence

Secondary Care

Primary Care

Secondary Care Redress

Primary Care Redress

Doubtful debts

Equal Pay costs

Defence costs

Continuing Health Care costs

Other

Total value of disputed claims

Amounts recovered in the event of claims being successful

Net contingent liability

31-Mar-20 £000	31-Mar-19 £000
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0

21.2 Remote Contingent liabilities

Please disclose the values of the following categories of remote contingent liabilities:

Guarantees

Indemnities

Letters of Comfort

Total

31-Mar-20 £000	31-Mar-19 £000
0	0
0	0
0	0
0	0

21.3 Contingent assets

Total

31-Mar-20 £000	31-Mar-19 £000
0	0
0	0
0	0
0	0

22. Capital commitments

Contracted capital commitments

Property, plant and equipment

Intangible assets

Total

31-Mar-20 £000	31-Mar-19 £000
0	0
0	0
0	0

23. Losses and special payments

HEIW has made one payment included within the 'losses and special payments' definition during the period. Losses and special payments are charged to the Statement of Comprehensive

Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out or written-off during the financial period

Clinical negligence

Personal injury

All other losses and special payments

Total

Amounts paid out during period to 31 March 2020

Number	£
0	0
0	0
1	31,200
1	31,200

Analysis of cases which exceed £300,000 and all other cases

Cases exceeding £300,000 Number Case type

Sub-total

All other cases

Total cases

Amounts paid out in period	Cumulative amount
£	£
0	0
31,200	31,200
31,200	31,200

24. Finance leases

24.1 Finance leases obligations (as lessee)

HEIW has no finance lease obligations as lessee.

Amounts payable under finance leases: Land

Minimum lease payments

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0

Included in:

Current borrowings	0	0
Non-current borrowings	0	0
	0	0

Present value of minimum lease payments

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	0	0

Included in:

Current borrowings	0	0
Non-current borrowings	0	0
	0	0

Amounts payable under finance leases: Buildings

Minimum lease payments

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0

Included in:

Current borrowings	0	0
Non-current borrowings	0	0
	0	0

Present value of minimum lease payments

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	0	0

Included in:

Current borrowings	0	0
Non-current borrowings	0	0
	0	0

Other

Minimum lease payments

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0

Included in:

Current borrowings	0	0
Non-current borrowings	0	0
	0	0

Present value of minimum lease payments

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	0	0

Included in:

Current borrowings	0	0
Non-current borrowings	0	0
	0	0

31-Mar-20 31-Mar-19
£000 £000

0	0
0	0
0	0
0	0

0	0
0	0
0	0

0	0
0	0
0	0
0	0
0	0

0	0
0	0
0	0

0	0
0	0
0	0
0	0

0	0
0	0
0	0

24.2 Finance leases obligations (as lessor)

HEIW has no finance leases receivable as a lessor.

Amounts receivable under finance leases:

Gross Investment in leases

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0

Included in:

Current borrowings	0	0
Non-current borrowings	0	0
	0	0

Present value of minimum lease payments

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods		
Present value of minimum lease payments	0	0

Included in:

Current borrowings	0	0
Non-current borrowings	0	0
	0	0

31-Mar-20	31-Mar-19
£000	£000

25. Private finance initiative contracts

25.1 PFI schemes off-Statement of Financial Position

HEIW has no PFI schemes which are deemed to be on or off the statement of financial position.

Commitments under off-SoFP PFI contracts

Total payments due within one year	0	0
Total payments due between 1 and 5 years	0	0
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	0	0
Total estimated capital value of off-SoFP PFI contracts	0	0

Off-SoFP PFI contracts	Off-SoFP PFI contracts
31 March 2020	31 March 2019
£000	£000

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11

£000

Contract start date:

Contract end date:

£000

Contract start date:

Contract end date:

Total obligations for on-Statement of Financial Position PFI contracts due:

Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0

On SoFP PFI Capital element	On SoFP PFI Imputed interest	On SoFP PFI Service charges
31 March 2020	31 March 2020	31 March 2020
£000	£000	£000

0	0	0
0	0	0
0	0	0
0	0	0

Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0

On SoFP PFI Capital element	On SoFP PFI Imputed interest	On SoFP PFI Service charges
31 March 2019	31 March 2019	31 March 2019
£000	£000	£000
0	0	0
0	0	0
0	0	0
0	0	0

Total present value of obligations for on-SoFP PFI contracts **£0m**

25.3 Charges to expenditure

	31-Mar-20	31-Mar-19
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	0	0
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	0	0

	31-Mar-20	31-Mar-19
	£000	£000
The LHB is committed to the following annual charges		
PFI scheme expiry date:		
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	0	0
Total	0	0

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

PFI Contract

Number of PFI contracts which individually have a total commitment > £500m

PFI Contract

On / Off-statement of financial position

0

On/Off

On/Off

25.5 Public Private Partnerships during the year

HEIW has no Public Private Partnerships

26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. HEIW is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. HEIW has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing HEIW in undertaking its activities.

Currency risk

HEIW is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based.

HEIW has no overseas operations. HEIW therefore has low exposure to currency rate fluctuations.

Interest rate risk

HEIW is not permitted to borrow. HEIW therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of HEIW funding derives from funds voted by the Welsh Government HEIW has low exposure to credit risk.

Liquidity risk

HEIW is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. HEIW is not, therefore, exposed to significant liquidity risks.

27. Movements in working capital

	31-Mar-20 £000	31-Mar-19 £000
(Increase)/decrease in inventories	0	0
(Increase)/decrease in trade and other receivables – non-current	0	0
(Increase)/decrease in trade and other receivables – current	(273)	(801)
Increase/(decrease) in trade and other payables – non-current	(23)	194
Increase/(decrease) in trade and other payables – current	1,036	6,121
Total	740	5,514
Adjustment for accrual movements in fixed assets – creditors	0	0
Adjustment for accrual movements in fixed assets – debtors	0	0
Other adjustments	0	0
	740	5,514

28. Other cash flow adjustments

	31-Mar-20 £000	31-Mar-19 £000
Depreciation	489	112
Amortisation	0	0
(Gains)/Loss on Disposal	0	0
Impairments and reversals	0	0
Release of PFI deferred credits	0	0
Donated assets received credited to revenue but non-cash	0	0
Government Grant assets received credited to revenue but non-cash	0	0
Non-cash movements in provisions	108	30
Other movements	515	0
Total	1,112	142

29. Events after the reporting period

The need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2020-21 and beyond. The organisation's Governance Framework will need to consider and respond to this need.

30. Related party transactions

The Welsh Government is regarded as a related party. During the accounting period HEIW has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body:

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	189	212,596	0	0
Welsh LHBS	76,352	26	1,621	22
Welsh NHS Trusts	26,714	85	301	22
Swansea University	21,488	184	785	0
Cardiff University	26,333	0	1,001	0
University of West of England	129	0	3	0
University of South Wales	17,321	230	102	0
Royal College of Nursing	30	0	0	0
	168,556	213,121	3,813	44

During the year, other than the individuals set out below, there were no other material related party transactions involving other board members or key senior management staff.

Tina Donnelly is a fellow of the University of South Wales and Royal College of Nursing.

Ruth Hall is a visiting Chair of the University of West of England and an advisory board member, Centre for Public Policy Wales at Cardiff University.

Ceri Phillips is Head of College of Human and Health Sciences, Swansea University.

Heidi Phillips is Associate Professor Primary Care, Swansea University

Mr Eifion Williams is a Member of the Finance Committee of Swansea University and was employed by Powys Teaching Health Board until 30 June 2019.

31. Third party assets

HEIW does not hold cash on behalf of third parties.

32. Pooled budgets

HEIW does not operate any pooled budgets.

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

HEIW is deemed to operate as one segment.

34. Other Information

34.1. 6.3% Staff Employer Pension Contributions – Notional Element

The notional transactions are based on estimated costs for the 12 month period, calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions as at month eleven and the actual employer staff payments for month 12.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

Statement of Comprehensive Net Expenditure for the year ended 31 March 2020

		£000
Other Operating Expenditure	2019-20	515

Statement of Changes in Taxpayers' Equity For the year ended 31 March 2020

Net operating cost for the year	Balance at 31 March 2020	-515
Notional Welsh Government Funding	Balance at 31 March 2020	515

Statement of Cash Flows for year ended 31 March 2020

Net operating cost for the financial year	2019-20	0
Other cash flow adjustments	2019-20	515

2.1 Revenue Resource Performance

Revenue Resource Allocation	2019-20	515
-----------------------------	---------	-----

3. Analysis of gross operating costs

3.3 Expenditure on Hospital and Community Health Services

Directors' costs	2019-20	37
Staff costs	2019-20	478

9.1 Employee costs

Permanent Staff

Employer contributions to NHS Pension Scheme	2019-20	515
Charged to capital	2019-20	0
Charged to revenue	2019-20	515

18. Trade and other payables

Current

Pensions: staff	Balance at 31 March 2020	0
-----------------	--------------------------	---

28. Other cash flow adjustments

Other movements	2019-20	515
-----------------	---------	-----

34.2 IFRS 16

HM Treasury agreed with the Financial Reporting Advisory Board (FRAB), to defer the implementation of IFRS 16 Leases until 1 April 2021, because of the circumstances caused by Covid-19. To ease the pressure on NHS Wales finance departments the IFRS 16 detailed impact statement has been removed by the Welsh Government Health and Social Services Group Finance Department.

We expect the introduction of IFRS 16 will not have a significant impact and this will be worked through for disclosure in our 2020-21 financial statements.



THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH PARAGRAPH 3(1) OF SCHEDULE 9 TO THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

HEALTH EDUCATION AND IMPROVEMENT WALES

1. Health Education and Improvement Wales (HEIW), a special health authority, shall prepare accounts for the financial period 5 October 2017 to 31 March 2019 and subsequent financial years in the form specified in paragraphs two to four below.

BASIS OF PREPARATION

2. The accounts of HEIW shall comply with: the accounting principles and disclosure requirements of the Government Financial Reporting Manual ('the FReM') issued by HM Treasury which is in force for that financial year, as detailed in the NHS Wales Manual for Accounts; and any other specific guidance or disclosures required by the Welsh Government.

3. The accounts shall be prepared so as to:

(a) give a true and fair view of the state of affairs as at the year-end and of the net expenditure, financial position, cash flows and changes in taxpayers' equity for the financial year then ended; and

(b) provide disclosure of any material expenditure or income that has not been applied to the purposes intended by the National Assembly for Wales or material transactions that have not conformed to the authorities which govern them.

4. Compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts will, in all but exceptional circumstances, be necessary for the accounts to give a true and fair view. If, in these exceptional circumstances, compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts is inconsistent with the requirement to give a true and fair view, the requirements of the FReM as detailed in the NHS Wales Manual for Accounts should be departed from only to the extent necessary to give a true and fair view. In such cases, informed and unbiased judgment should be used to devise an appropriate alternative treatment which should be consistent both with the economic characteristics of the circumstances concerned and the spirit of the FReM. Any material departure from the FReM should be discussed in the first instance with the Welsh Government.

Signed by the authority of the Welsh Ministers

Signed:
Dated:
Alan Brace, Director of Finance HSSG



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

Tŷ Dysgu, Cefn Coed, Nantgarw, CF15 7QQ

Ffôn | Tel: 03300 585 005

Ebost | Email: heiw@wales.nhs.uk

Gwefan | Web: aagic.gig.cymru / heiw.nhs.wales



GIG
CYMRU
NHS
WALES

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