

## Bundle HEIW Board 18 July 2019

### AGENDA

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- 5.3.2 HEIW Board to be held on 26 September 2019 in Ty Dysgu, Nantgarw

## HEALTH EDUCATION IMPROVEMENT WALES (HEIW)

**Board Meeting - 10.00am-12.00pm**  
**Annual General Meeting (AGM) – 2.00pm-3.00pm**

**to be held on Thursday, 18 July 2019**  
**in the Boardroom, Ystwyth Building, Hafan Derwen,**  
**St David's Park, Carmarthen, SA31 3BB**

### AGENDA

<b>BOARD MEETING [10.00-12.00]</b>		
<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>10.00-10.30</b>
1.1	Welcome and Introductions	Chair/Oral
1.2	Apologies for absence	Chair/Oral
1.3	Declaration of interests	Chair/Oral
1.4	Improvement Story – HEIW's Impact on Primary Care	Charlette Middlemiss, Head of Workforce Modernisation/ Oral
1.5	To receive and confirm the minutes of the Board held on 30 May 2019	Chair/ Attachment
1.6	Action Log	Chair/ Attachment
1.7	Matters Arising	Chair/Oral
<b>PART 2</b>	<b>CHAIR AND CHIEF EXECUTIVE REPORTS</b>	<b>10.30-10.50</b>
2.1	Chair's Report	Chair/ Attachment
2.2	Chief Executive's Report	Deputy Chief Executive/ Attachment
<b>PART 3</b>	<b>STRATEGIC ITEMS</b>	<b>10.50-11.10</b>
3.1	NHS Wales Education, Commissioning and Training Plan 2020/21	Director of Nursing/ Attachment
<b>PART 4</b>	<b>GOVERNANCE, PERFORMANCE AND ASSURANCE</b>	<b>11.10-11.45</b>
4.1	Finance Report	Interim Director of Finance/ Attachment
4.2	Risk Management Policy	Board Secretary/ Attachment

4.3	To receive key issue reports from the:  - Audit and Assurance Committee held on 29 May 2019 - Audit and Assurance Committee held on 15 July 2019 - Education Commissioning and Quality Committee held on 1 July 2019	Chair of the Committee/ Attachment Chair of the Committee/ Oral Chair of the Committee/ Attachment
4.4	In-Committee Decisions	Board Secretary/ Attachment
<b>PART 5</b>	<b>OTHER MATTERS</b>	<b>11.45-11.55</b>
5.1	Any other urgent business	Chair/ Oral
5.2	Summary of key actions	Chair/Oral
5.3	Dates of Next Meetings: <ul style="list-style-type: none"> <li>• HEIW <b>Board Development Session</b> to be held on <b>29 August 2019</b> in Ty Dysgu, Nantgarw.</li> <li>• HEIW <b>Board</b> to be held on <b>26 September 2019</b> in Ty Dysgu, Nantgarw.</li> </ul>	

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

## AGENDA

<b>ANNUAL GENERAL MEETING [2.00-3.00]</b>		
<b>1</b>	<b>PRELIMINARY MATTERS</b>	<b>2.00-2.15</b>
1.1	Welcome	Chair/Oral
1.2	Introductory Remarks	Chair/Oral
<b>2.</b>	<b>ANNUAL REPORT</b>	<b>2.15-2.55</b>
2.1	Chief Executive Overview	Deputy Chief Executive/ Oral
2.2	Director of Finance Overview	Interim Director of Finance/ Oral
2.3	To receive and approve the Annual Report for 2018/19	Deputy Chief Executive/ Attachment
2.4	Questions	Chair/Oral
<b>3.</b>	<b>MEETING CLOSES</b>	<b>2.55-3.00</b>
3.1	Close	Chair/Oral

## ADDYSG A GWELA IECHYD CYMRU (AaGIC)

**Cyfarfod y Bwrdd - 10.00am-12.00pm**  
**Cyfarfod Cyffredinol Blynyddol (CCB) - 2.00pm-3.00pm**

**I'w gynnal ddydd Iau, 18 Gorffennaf 2019**  
**yn Ystafell y Bwrdd, Adeilad Ystwyth, Hafan Derwen,**  
**Parc Dewi Sant, Caerfyrddin, SA31 3BB**

### AGENDA

<b>CYFARFOD Y BWRDD [10.00-12.00]</b>		
<b>RHAN 1</b>	<b>MATERION RHAGARWEINIOL</b>	<b>10.00-10.30</b>
1.1	Croeso a Chyflwyniadau	Cadair/Ar Lafar
1.2	Ymddiheuriadau am absenoldeb	Cadair/Ar Lafar
1.3	Datgan buddiannau	Cadair/Ar Lafar
1.4	Stori Gwella - Effaith AaGIC ar Ofal Sylfaenol	Charlette Middlemiss, Pennaeth Moderneiddio'r Gweithlu / Ar Lafar
1.5	Derbyn a chadarnhau cofnodion y Bwrdd a gynhaliwyd ar 30 Mai 2019	Cadair/Atodiad
1.6	Log Gweithredu	Cadair/Atodiad
1.7	Materion yn codi	Cadair/Ar Lafar
<b>RHAN 2</b>	<b>ADRODDIADAU'R CADEIRYDD A'R PRIF WEITHREDWR</b>	<b>10.30-10.50</b>
2.1	Adroddiad y Cadeirydd	Cadeirydd/ Atodiad
2.2	Adroddiad y Prif Weithredwr	Dirprwy Brif Weithredwr / Atodiad
<b>RHAN 3</b>	<b>EITEMAU STRATEGOL</b>	<b>10.50-11.10</b>
3.1	Cynllun Addysg, Comisiynu a Hyfforddi GIG Cymru 2020/21	Cyfarwyddwr Nyrsio/ Atodiad
<b>RHAN 4</b>	<b>LLYWODRAETHU, PERFFORMIAD A SICRWYDD</b>	<b>11.10-11.45</b>
4.1	Adroddiad Cyllid	Cyfarwyddwr Cyllid Dros Dro/ Atodiad
4.2	Polisi Rheoli Risg	Ysgrifennydd y Bwrdd / Atodiad

4.3	I dderbyn adroddiadau materion allweddol gan:  - Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 29 Mai 2019 - Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 15 Gorffennaf 2019 - Pwyllgor Comisiynu ac Ansawdd Addysg a gynhaliwyd ar 1 Gorffennaf 2019	Cadeirydd y Pwyllgor/ Atodiad Cadeirydd y Pwyllgor/ Ar Lafar Cadeirydd y Pwyllgor/ Atodiad
4.4	Penderfyniadau Mewn Pwyllgor	Ysgrifennydd y Bwrdd / Atodiad
<b>RHAN 5</b>	<b>MATERION ERAILL</b>	<b>11.45-11.55</b>
5.1	Unrhyw fusnes brys arall	Cadair/ Ar Lafar
5.2	Crynodeb o'r camau gweithredu allweddol	Cadair/Ar Lafar
5.3	Dyddiadau Cyfarfodydd Nesaf: <ul style="list-style-type: none"> <li>• <b>Sesiwn Datblygu Bwrdd</b> AaGIC i'w chynnal ar <b>29 Awst 2019</b> yn Tŷ Dysgu, Nantgarw.</li> <li>• Cynhelir <b>Bwrdd</b> AaGIC ar <b>26 Medi 2019</b> yn Tŷ Dysgu, Nantgarw.</li> </ul>	

Yn unol â darpariaeth Adran 1 (2) o Ddeddf Cyrff Cyhoeddus (Derbyniadau i Gyfarfodydd) 1960, penderfynir gwahardd cynrychiolwyr y wasg ac aelodau eraill o'r cyhoedd o ran olaf y cyfarfod ar y sail bod byddai'n niweidiol i fudd y cyhoedd oherwydd natur gyfrinachol y busnes a drafodwyd. Cynhelir yr adran hon o'r cyfarfod mewn sesiwn breifat.

## AGENDA

<b>CYFARFOD CYFFREDINOL BLYNYDDOL [2.00-3.00]</b>		
<b>1</b>	<b>MATERION RHAGARWEINIOL</b>	<b>2.00-2.15</b>
1.1	Croeso	Cadair/Ar Lafar
1.2	Sylwadau Rhagarweiniol	Cadair/Ar Lafar
<b>2.</b>	<b>ADRODDIAD BLYNYDDOL</b>	<b>2.15-2.55</b>
2.1	Trosolwg y Prif Weithredwr	Dirprwy Prif Weithredwr / Ar Lafar
2.2	Trosolwg Cyfarwyddwr Cyllid	Cyfarwyddwr Cyllid Dros Dro/ Ar Lafar
2.3	Derbyn a chymeradwyo'r Adroddiad Blynyddol ar gyfer 2018/19	Dirprwy Prif Weithredwr / Atodiad
2.4	Cwestiynau	Cadair/Ar Lafar
<b>3.</b>	<b>CYFARFOD YN CAU</b>	<b>2.55-3.00</b>
3.1	Cau	Cadair/Ar Lafar

## **'HEIW's Impact on Primary Care'**

Workforce challenges in urgent Primary Care service have been increasing over recent years and this has a considerable impact on the effective operation of the wider unscheduled care system. Sustainable workforce solutions were identified as a key priority from the Urgent Primary Care Out of Hours Peer Review process which reported recently. Running in parallel with the Peer Reviews HEIW set up a Task and Finish Group which was chaired by Alex Howells and consisted of various clinicians and managers involved in both urgent primary care services and workforce development.

The Task and Finish Group progressed a number of workforce and education initiatives between September 2018 and May 2019 to support the development of clinical teams. Many of these are based on taking a once for Wales approach to existing good practice both within Wales and beyond.

The Task and Finish group set the agenda for the programme of work by making certain assumptions including:

1. Need to build a Multi-Disciplinary Team approach, and use prudent principles to ensure GPs are only doing what only they can do, and utilise other members of the team for the other work.
2. Staff across many professional groups may not feel confident about working in the urgent primary care setting.

Summary of developments:

- Introduction and induction to attract GPs and the wider professional team into urgent primary care service
- An urgent primary care module that could be delivered on an inter-professional basis, building on work undertaken re-pharmacy and 111
- Develop a targeted leadership programme for clinical leaders in the urgent primary services
- Maximise the role of Health Care Support Worker within urgent primary care services.
- Develop a Behavioural Science Approach to help empower teams in managing risk.
- Develop an all Wales approach to training on Verification of Death.

The above initiatives were presented to the first Urgent Primary Care Conference held in June 2019 which provided the launch pad for sharing/learning opportunities from the work completed.

**UNCONFIRMED**

**Minutes of the HEIW Public Board Meeting  
held on 30 May 2019 at 10:00 am  
in the Board Room, Glasbury House, Bronllys Hospital Site,  
Bronllys, LD3 0LU**

**Present:**

Dr Chris Jones	Chair
Alex Howells	Chief Executive
Tina Donnelly	Independent Member
Dr Ruth Hall	Independent Member
Gill Lewis	Independent Member
Professor Ceri Phillips	Independent Member
Stephen Griffiths	Director of Nursing
Professor Pushpinder Mangat	Medical Director
Eifion Williams	Interim Director of Finance

**In attendance:**

Kay Barrow	Corporate Governance Manager (Secretariat)
Huw Owen	Welsh Language Manager

<b>PART 1</b>	<b>PRELIMINARY MATTERS</b>	<b>Action</b>
<b>3005/1.1</b>	<b>Welcome And Introductions</b>	
	The Chair welcomed everybody to the meeting of the HEIW Board and extended his gratitude to Powys Health Board for co-ordinating the hosting arrangements.	
<b>3005/1.2</b>	<b>Apologies for Absence</b>	
	It was noted that apologies had been received from: Dr Heidi Phillips (Independent Member), Julie Rogers (Deputy CEO/Director of Workforce and OD), John Hill-Tout (Vice Chair HEIW) and Dafydd Bebb (Board Secretary).	
<b>3005/1.3</b>	<b>Declarations of Interest</b>	
	Eifion Williams declared that he was currently employed by Powys Health Board.	
<b>3005/1.4</b>	<b>Trainee and Trainer Achievements</b>	
	The Board <b>received</b> a video presentation by Madhu Kannan, Acute Medicine Registrar Trainee, who had received the Award for Best Trainee Contribution to the Training Programme. She explained the work she had undertaken to raise the profile of Acute Medicine in Wales	

	<p>and the improvements she had helped facilitate with the Training Programme with the support of NHS organisations such as HEIW.</p> <p>The Board was encouraged by Madhu Kannan's enthusiasm and leadership qualities and commented on how her approach had managed to bridge the gap between trainee and service.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the video presentation;</li> <li>• <b>agreed</b>, for those Board members who would be interested, to attend as observers at the Junior Doctors Round Table in July, if possible. If not, feedback following the event to be provided.</li> </ul>	PM
<b>3005/1.5</b>	<b>To receive and confirm the minutes of the Board held on 28 March 2019</b>	
	The minutes of the meeting held on <b>28 March 2019</b> were confirmed as an accurate record.	
<b>3005/1.6</b>	<b>Action Log</b>	
	The Action Log was <b>received</b> and <b>noted</b> .	
<b>3005/1.7</b>	<b>Matters Arising</b>	
	There were no matters arising from the previous meeting.	
<b>PART 2</b>	<b>CHAIR AND CHIEF EXECUTIVE REPORTS</b>	
<b>3005/2.1</b>	<b>Chair's Report and Affixing of the Common Seal</b>	
	<p>The Chair's report was <b>received</b>.</p> <p>In presenting the report, the Chair highlighted that he was participating in the Ministerial Taskforce for the South Wales Valleys which is seeking to implement an Alumni to provide career support for postgraduate students. In this respect, the Chair asked that Board members support the work of this Taskforce as it develops going forward.</p> <p>The Chair advised that the First Minister had established an EU Advisory Group to tackle the challenges associated with workforce shortages and the implications of Brexit. He confirmed that he had shared the Topol Review Report with Board Members. The Workforce Strategy for Health and Social Care would also need to align with this review to ensure that the digital agenda was maximised.</p> <p>The Chair advised that he had attended a Revalidation Quality Assurance Review at Velindre and had observed a very robust and fair process.</p> <p>The focus of the All Wales Chairs Meeting was the review of the Cwm Taf Maternity Services.</p> <p>The Chair advised that there had been no affixing of the common seal of HEIW in the period since the last Board meeting.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the content of the report;</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>agreed</b> that future reporting of the Affixing of the Common Seal would be by exception;</li> <li>• <b>agreed</b> that Independent Members to have the opportunity to observe Revalidation Quality Assurance Reviews.</li> </ul>	DB PM
<b>3005/2.2</b>	<b>Chief Executive's Report</b>	
	<p>The Chief Executive's report was <b>received</b>.</p> <p>In presenting the report, Alex Howells highlighted that a great deal of engagement activity and analyses was being undertaken to inform the development of the Workforce Strategy. It was anticipated that a draft of the Workforce Strategy would be available to share with key partners during the Summer.</p> <p>In relation to the Business Case to increase the number of GP training places, Alex Howells informed the Board that she had attended a meeting with the Minister in order to formalise the position.</p> <p>Alex Howells advised that the item referred to in the report 'Development of Education and Training Commissioning Plan', should read 'Development of Education Commissioning and Training Plan.'</p> <p>Initial feedback from the inaugural HEIW Roadshow at Aneurin Bevan University Health Board was positive despite low numbers attending. Visible support had been provided from the Aneurin Bevan Executive Team. It was confirmed that lessons learnt from each Roadshow would be used to inform future events.</p> <p>Alex Howells advised that she had received a letter from Mick Giannasi, Chair of the Independent Maternity Services Oversight Panel, which sets out the format, Terms of Reference and timetable of the Panel. She explained that the Executive Team would be reviewing the Royal College's Review of Maternity Services at Cwm Taf in detail and, in particular, the wider issues relating to midwifery trainees. The Board noted that members of the Executive Team had met with the Cwm Taf Board Members and would be providing support and focussing on addressing the actions arising from that meeting.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the content of the report;</li> <li>• <b>agreed</b> that the CTM Review Letter from Mick Gianassi be shared with Independent Members.</li> </ul>	AH
<b>PART 3</b>	<b>STRATEGIC ITEMS</b>	
<b>3005/3.1</b>	<b>Update on Optometry</b>	
	<p>The Board <b>received</b> the Business Case which detailed the proposals to invest in additional education for Optometrists in Medical Retina, Glaucoma and independent prescribing. This would support the shift in service provision from secondary care to community based services.</p>	

	<p>In presenting the Business Case, Stephen Griffiths explained that funding was being sought from Welsh Government.</p> <p>The Board discussed the proposal and, in particular, the benefits of care closer to home and reducing secondary care waiting times for complex cases. It was emphasised that communication was an important factor in conveying the patient experience benefits of transferring services out of the hospital settings and that further work was required in this regard to include the third sector.</p> <p>The Board recognised that the proposal needed to focus on a return on investment rather than the current cost benefit case.</p>	
<b>Resolved</b>	<p>The Board <b>approved</b> the proposal subject to:</p> <ul style="list-style-type: none"> <li>• further work be undertaken on benefits realisation and patient experience including third sector;</li> <li>• Ceri Phillips providing support in relation to the development of a 'return on investment' methodology and business case for the resource shift from secondary care to primary care/community settings.</li> </ul>	<p>SG</p> <p>CP</p>
<b>PART 4</b>	<b>GOVERNANCE, PERFORMANCE AND ASSURANCE</b>	
<b>3005/4.1</b>	<b>Final Accounts 2018/19</b>	
	<p>The Board <b>received</b> the Final Accounts for 2018/19.</p> <p>In presenting the Final Accounts, Eifion Williams explained that the accounts had been prepared for the accounting period 5/10/2018 to 31/03/2019. This reflected an eighteen month period from when HEIW was established and not its operational 'go live' date. It was reported there were only six months of actual transactions to report, for the period 1 October 2018 to 31 March 2019. Eifion Williams clarified that, from an accounting perspective, HEIW's predecessor organisations had accountability for any expenditure prior to 1 October 2018.</p> <p>The year-end financial position for 2018/19 was a surplus of £68k, with net operating costs for the financial period of £105.65m. It was noted that some agreed amendments had been made to the accounting template reporting lines to allow for more meaningful reporting, a better understanding of the expenditure and enable comparative analysis going forward.</p> <p>The position reported against pensions in Section 20 – 'Provisions' was based on the current position to date. It was noted that a response was awaited from the Pensions Agency regarding the pensions of Board Members who were not previously employed by an NHS organisation. It was recognised that this section may need to be corrected should the pension information become available prior to the Auditor General signing off the Final Accounts.</p>	

<p><b>Resolved</b></p>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the content of the Final Accounts for 2018/19;</li> <li>• <b>noted</b> that Pension Benefits of Board Members from previous non NHS Organisations to be updated, if received prior to the Auditor General signing of the Accounts;</li> <li>• <b>noted</b> that the signed Final Accounts to be taken to WAO on Monday, 3 June 2019;</li> <li>• <b>requested</b> that their thanks be passed to the Finance Team</li> </ul>	<p>EW EW EW</p>
<p><b>3005/4.2</b></p>	<p><b>Wales Audit Office – Audit of Financial Statements Report (ISA 260)</b></p>	
	<p>The Board <b>received</b> the Wales Audit Office’s Audit of Financial Statements Report (ISA 260).</p> <p>In presenting the report, Eifion Williams advised that the Wales Audit Office had identified one aspect within the accounts that related to the receipt of high value equipment after 31 March 2019 but this had not been accounted for. He explained that he had made the decision not to adjust the final accounts because the item was below the materiality level; had arrived on 2 April 2019; would have increased the year-end surplus and created a financial risk moving into the new financial year. It was confirmed that the WAO was content with the decision for the non-adjustment.</p> <p>It was confirmed that WAO had highlighted that some classification of expenditure, accruals and accounting for prepayments could be improved, but acknowledged that this was not unexpected for a relatively new organisation.</p> <p>The Board’s attention was drawn to the one significant matter highlighted by the WAO in relation to HEIW issuing supplementary allocations to Welsh Universities in February 2019 in order to strengthen and supplement healthcare professional education and training. Although bids had been invited and assessed by the Executive Team, WAO had raised concerns around the timing of the process in terms of the requests for bids and the need to be strengthened should further funding be provided in-year. However, HEIW had provided assurance to WAO that it was unlikely that the process would be repeated in 2019/20 due to the strategic review of University Contracts and procurement exercise currently being undertaken.</p> <p>The Board noted that these matters had been discussed at the Audit and Assurance Committee at its meeting held the previous day (29 May 2019). It was further noted that HEIW had worked with WAO throughout the accounts process and that WAO had no further concerns with the financial statements.</p>	

	It was acknowledged that WAO would be issuing a Management Letter later in the year which would provide recommendations to improve practice.	
<b>Resolved</b>	The Board <b>noted</b> the content of the report.	
<b>2803/4.3</b>	<b>Audit Committee Review of Accounts and Public Disclosure Statements</b>	
	Gill Lewis, Chair of the Audit and Assurance Committee, explained that the Committee had met on two occasions and carried out a full and robust review of the accounts and public disclosure statements. It was acknowledged that the accounting template had been amended in consultation with Welsh Government and provided more clarity in terms of narrative and reporting lines for a more meaningful overview of the organisation. Any questions regarding the accounts had been addressed and the Audit and Assurance Committee was therefore able to recommend the accounts to the Board for approval.	
<b>Resolved</b>	The Board <b>noted</b> the recommendation of the Audit and Assurance Committee.	
<b>3005/4.4</b>	<b>Formal Approval of the Accounts and Public Disclosure Statements 2018/19</b>	
	The Board considered the Accounts and Public Disclosure Statements for 2018/19 and the recommendation from the Audit and Assurance Committee.  The Board acknowledged the positive feedback received from the WAO; the good team ethos within HEIW and wished to thank Eifion Williams for leading the organisation in meeting its statutory financial obligations.	
<b>Resolved</b>	The Board formally <b>approved</b> the Accounts and Public Disclosure Statements for 2018/19.	
<b>3005/4.5</b>	<b>Accountability Report 2018/19</b>	
	The Board <b>received</b> the Accountability Report for 2018/19.  In presenting the report, Kay Barrow highlighted that the Accountability Report was one part of the three elements that contributed to the overall Annual Report. The development had been an iterative process with scrutiny and discussion at the Audit and Assurance Committee.  It was noted that the Audit and Assurance Committee had considered the Accountability Report at its meeting held on 29 May 2019 and was approved, subject to editorial amendments; removal of duplication that were also contained within the Performance Report, and the removal of the reference to the word 'Plan' on page 15, third paragraph.  The Board discussed the annual reporting process and agreed that a Standard Operating Procedure be developed to outline the process for future reporting.	

<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>approved</b> the Accountability Report, subject to the Editorial amendments; removal of duplications that are also contained in the Performance Report and removal of reference to the word 'Plan' on page 15, third paragraph.</li> <li>• <b>agreed</b> for the Development of a Standard Operating Procedure regarding the annual reporting process.</li> </ul>	<p>AP</p> <p>DB</p>
<b>3005/4.6</b>	<b>Finance Report</b>	
	<p>The Board received the finance report and noted the provisional month 1 position for 2019/20 of a circa £20k underspend.</p> <p>In presenting the report, Eifion Williams explained that as it was early in the financial year, information to enable a full assessment of actual spend at month one was not yet available across every area. Given this the reported position was equal to budget - giving a minimal or zero variance.</p> <p>The Board noted that compliance against the Public Sector Payment Policy was reported at 95.5%.</p>	
<b>Resolved</b>	The Board <b>noted</b> the caveated financial position.	
<b>3005/4.7</b>	<b>Welsh Language Policy</b>	
	<p>(Huw Owen joined the meeting)</p> <p>The Board <b>received</b> the Welsh Language Scheme, Action Plan and Top 10 Priorities.</p> <p>In presenting the paper, Huw Owen advised that, whilst the Welsh Language Measure was now enacted, it was not currently mandatory for HEIW at the present time. However, the Board had requested the development of a robust Welsh Language Scheme, in anticipation of being served with a Standards Regulations Compliance notice by the Welsh Language Commissioner.</p> <p>An assessment of HEIW's compliance against the Welsh Language Standards was undertaken to help inform the development of the Welsh Language Scheme and Action Plan. A Welsh Language Working Group has been established and provided feedback in the development of the Scheme. The Executive Team considered the Scheme; Action Plan and the associated risks and, following feedback, requested a priority list of the top 10 areas for complying with the statutory duties. The priorities would be the focus of the initial work to start to embed the standards within HEIW.</p> <p>The Board considered and discussed the Scheme; Action Plan and Top 10 priority areas. One key area of risk for the organisation related to training in the medium of Welsh although, this would be based on an assessment of need. It was highlighted that developments in digital</p>	

	<p>technology and its utilisation as a platform to assist in the delivery of training in the medium of Welsh would be explored for necessary investment.</p> <p>The Board questioned whether HEIW had the required resources in order to deliver the standards. It was highlighted that there were external resource opportunities such as Coleg Cymraeg Cenedlaethol and the Welsh National Learning Centre that could be explored to support HEIW to deliver blended learning systems. Further exploratory work would be undertaken both internally and externally to maximise any potential for any collaborative working.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted and approved</b> the Welsh Language Scheme; Action Plan and Top 10 Priorities;</li> <li>• <b>agreed</b> that the Welsh Language Measure be added to the Corporate Risk Register.</li> </ul>	DB
	(Huw Owen left the meeting)	
<b>3005/4.8</b>	<b>Update on Integrated Performance Management Framework</b>	
	<p>The Board <b>received</b> the update on the development of the Performance Framework.</p> <p>In presenting the update, Alex Howells explained that the example of the Dashboard within the report was based on historic data. The report formalised the discussion at the recent Board Development Session and reinforced the approach being taken. Although, it was recognised that further consideration was required on the reporting and escalation of quality and safety concerns and how it fitted into the tripartite process including the interfaces with Welsh Government; professional leads; Regulators; Royal Colleges and Inspectorate Bodies</p> <p>It was confirmed that the Internal Audit Report on Performance Management had provided overall reasonable assurance. However, limited assurance had been provided in relation to the potential risks around limited monitoring and reporting of performance information. Therefore consideration would be required in relation to the wider discussion about the reporting arrangements to the Board and its Committees.</p> <p>Discussions ensued in relation to ‘live’ reporting to the Board and it was highlighted that reporting should not be delayed as it was recognised that the Dashboard was a ‘work in progress’.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>agreed</b> to receive ‘live’ reporting on Performance Management at its July meeting;</li> <li>• <b>agreed</b> further consideration on the reporting and escalating of quality and safety concerns and how it fits with the tripartite process;</li> </ul>	AH SG

	<ul style="list-style-type: none"> <li>• <b>agreed</b> that the Framework be considered further by the Board during the summer in relation to reporting arrangements with the Board and its Committees.</li> </ul>	DB
<b>3005/4.9</b>	<b>Consolidated Plan</b>	
	The Board <b>received</b> the report which provided progress against the legacy annual plans and work programmes for the predecessor organisations and progress against the initial HEIW remit letter actions for 2018/19.	
<b>Resolved</b>	The Board <b>noted</b> the report.	
<b>3005/4.10</b>	<b>Update on Policies</b>	
	<p>The Board <b>received</b> the report which provided an update regarding the current position with the work being undertaken in relation to the three categories of policies mandated for implementation by the HEIW Programme.</p> <p>In presenting the report, Kay Barrow explained that all such policies had now been completed and approved by the Executive Team.</p> <p>The Board questioned how HEIW would be notified of all Wales policy reviews.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the update;</li> <li>• <b>agreed</b> for Policy reviews to be scheduled into the Board Forward Programme;</li> </ul> <p>Alex Howells agreed to review how HEIW is notified of policy reviews with key stakeholders.</p>	DB AH
<b>3005/4.11</b>	<b>Risk Management Policy</b>	
	<p>The Board <b>received</b> the Policy.</p> <p>In presenting the policy, Kay Barrow highlighted that the development of the policy integrates and formalises the risk management processes in existence across the predecessor organisations. The Executive Team had considered and approved the Policy for submission to the Board. She explained that formal approval of the Policy was a matter reserved for the Board in accordance with the overarching policy within the organisation.</p> <p>It was clarified that the Audit and Assurance Committee should consider the Risk Management Policy before being considered by the Board. Given this the Board requested that the Audit and Assurance Committee provide assurance in relation to the Policy before being returned to the July Board for consideration.</p> <p>The Board also requested that the Report Checklist include the ratification process for policies.</p>	

<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the Policy;</li> <li>• <b>agreed</b> that the Policy to be considered at the next Audit and Assurance Committee for endorsement for Board approval.</li> <li>• <b>agreed</b> that the Report Checklist be updated to include the ratification process for policies.</li> </ul>	DB DB
<b>3005/4.12</b>	<b>Finance Limits Schedule of Delegation</b>	
	<p>The Board <b>received</b> the report.</p> <p>In presenting the revisions to the delegated limits, Eifion Williams highlighted that the Scheme of Delegation, approved by the Board in October 2018, had been reviewed by the Audit and Assurance Committee at its meeting on 12 February 2018. He confirmed that the recommended revisions would enable the day to day business of HEIW to be carried out effectively.</p> <p>The Board questioned what process was in place to notify when a delegation was in place. Eifion Williams clarified that the ‘acting up’ arrangements only applied for periods of designated leave for the CEO and, on such occasions, the Deputy CEO would be made aware via email.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>approved</b> the revisions to the financial limits within the Scheme of Delegation;</li> <li>• <b>agreed</b> to the formalisation of the delegation process for periods of leave.</li> </ul>	EW
<b>3005/4.13</b>	<b>Executive Director Schedule of Delegation</b>	
	<p>The Board <b>received</b> the report.</p> <p>In presenting the revisions to the delegated key responsibilities, Kay Barrow explained that the amendments to the Scheme of Delegation related to the reallocation of roles to the Deputy CEO/Director of Workforce &amp; OD on an interim basis, and also the reallocation of Risk Management to the Board Secretary.</p>	
<b>Resolved</b>	The Board <b>approved</b> the revisions to the delegated key responsibilities.	
<b>3005/4.14</b>	<b>To Receive Key Issue Reports from the:</b>	
	<ul style="list-style-type: none"> <li>• <b>Audit and Assurance Committee</b></li> </ul> <p>The Board <b>received</b> the key issues report.</p> <p>In presenting the report, Gill Lewis drew the Board’s attention to the Committee’s discussion regarding the self-assessment checklist and explained that the Committee had agreed that it would undertake its self-assessment in January 2020. An informal meeting of the Audit and Assurance Committee would take place prior to its July meeting to discuss the self-assessment checklist in</p>	

	<p>detail. Gill Lewis invited comments from Board members in relation to the Committee’s self-assessment checklist.</p> <p>Gill Lewis advised that a number of internal audit reports had been considered. She highlighted that an update regarding the Contract Management Arrangements would be presented to the Committee at its July meeting. A final Contract Register would be considered at the September meeting.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>agreed</b> for the Audit and Assurance Committee’s Self-Assessment Checklist to be circulated to Board members;</li> <li>• <b>agreed</b> for comments on the Self-Assessment Checklist to be sent to Gill Lewis by the end of June 2019;</li> <li>• <b>noted</b> that the WAO Structured Assessment would be presented at the June Board Development Session;</li> <li>• <b>noted</b> a Contract Register would be considered by the Audit and Assurance Committee in September.</li> </ul>	<p>KB</p> <p>All</p> <p>DB</p> <p>JR</p>
	<ul style="list-style-type: none"> <li>• <b>Education, Commissioning and Quality Committee</b></li> </ul> <p>The Board <b>received</b> the key issues report.</p> <p>In presenting the report, Ruth Hall updated the Board in terms of the Committee’s discussion about its Terms of Reference, previously agreed by the HEIW Board, and proposed some minor amendments. She explained that the Committee had considered increasing the quorum from two to three members.</p> <p>It was determined that further discussion was required regarding the remit of the Committee and its relationships with the Board and the Audit and Assurance Committee.</p>	
<b>Resolved</b>	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>agreed</b> the changes to the Committee Terms of Reference subject to the Committee membership remaining at 2 Independent Members;</li> <li>• <b>agreed</b> that further consideration of the Terms of Reference relating to Committee membership be considered by the Board during the summer.</li> </ul>	<p>KB</p> <p>DB</p>
<b>3005/4.15</b>	<b>In-Committee Decisions</b>	
	The Board <b>received</b> the report which provided the key issues discussed ‘in committee’ at the March Board meeting.	
<b>Resolved</b>	The Board <b>noted</b> the report.	
<b>PART 5</b>	<b>OTHER MATTERS</b>	
<b>3005/5.1</b>	<b>Any Other Urgent Business</b>	
	There being no other urgent business for the open session, the meeting moved into the closed session.	

<b>3005/5.2</b>	<b>Date of Next Meeting</b>	
	The date of the next Open HEIW Board was confirmed as 18 July 2019 in the Board Room, Hywel Dda University Health Board, Corporate Offices, Ystwyth Building, Hafan Derwen, St Davids Park, Jobswell Road, Carmarthen, SA31 3BB.	

.....  
Chris Jones (Chairman)

.....  
Date:



**HEB GADARNHAU**

**Cofnodion Cyfarfod Bwrdd Cyhoeddus AaGIC  
a gynhaliwyd ar 30 Mai 2019 am 10:00 am  
yn Ystafell y Bwrdd, Glasbury House, Safle Ysbyty Bronllys,  
Bronllys, LD3 0LU**

**Yn bresennol:**

Dr Chris Jones	Cadair
Alex Howells	Prif Weithredwr
Tina Donnelly	Aelod Annibynnol
Dr Ruth Hall	Aelod Annibynnol
Gill Lewis	Aelod Annibynnol
Yr Athro Ceri Phillips	Aelod Annibynnol
Stephen Griffiths	Cyfarwyddwr Nyrsio
Yr Athro Pushpinder Mangat	Cyfarwyddwr Meddygol
Eifion Williams	Cyfarwyddwr Cyllid Dros Dro

**Yn mynychu:**

Kay Barrow	Rheolwr Llywodraethu Corfforaethol (Ysgrifenyddiaeth)
Huw Owen	Rheolwr Gwasanaethau Cymraeg

<b>RHAN 1</b>	<b>MATERION RHAGARWEINIOL</b>	<b>Gweithred</b>
<b>3005/1.1</b>	<b>Croeso a Chyflwyniadau</b>	
	Croesawodd y Cadeirydd bawb i gyfarfod Bwrdd AaGIC a diolchodd i Fwrdd Iechyd Powys am gydlynu'r trefniadau cynnal.	
<b>3005/1.2</b>	<b>Ymddiheuriadau am Absenoldeb</b>	
	Nodwyd bod ymddiheuriadau wedi dod i law oddi wrth: Dr Heidi Phillips (Aelod Annibynnol), Julie Rogers (Dirprwy Brif Weithredwr / Cyfarwyddwr Gweithlu a Datblygu Sefydliadol), John Hill-Tout (Is-gadeirydd AaGIC) a Dafydd Bebb (Ysgrifennydd y Bwrdd).	
<b>3005/1.3</b>	<b>Datganiadau o Ddiddordeb</b>	
	Datganodd Eifion Williams ei fod yn cael ei gyflogi ar hyn o bryd gan Fwrdd Iechyd Powys.	
<b>3005/1.4</b>	<b>Cyflawniadau Hyfforddai a Hyfforddwyr</b>	
	<b>Derbyniodd</b> y Bwrdd gyflwyniad fideo gan Madhu Kannan, Cofrestrydd Meddygaeth Acíwt dan Hyfforddiant, a oedd wedi derbyn y Wobr am Gyfraniad Hyfforddai Gorau i'r Rhaglen Hyfforddi. Esboniodd y gwaith yr oedd wedi'i wneud i godi proffil Meddygaeth Acíwt yng Nghymru a'r gwelliannau yr oedd wedi'u	

	<p>helpu i hwyluso'r Rhaglen Hyfforddi gyda chefnogaeth sefydliadau GIG fel AaGIC.</p> <p>Anogwyd y Bwrdd gan frwdfrydedd a rhinweddau arweinyddiaeth Madhu Kannan a soniodd am sut roedd ei dull wedi llwyddo i bontio'r bwlch rhwng yr hyfforddai a'r gwasanaeth.</p>	
<b>Penderfynwyd</b>	<p>Fod y Bwrdd yn:</p> <ul style="list-style-type: none"> <li>• <b>Nodi'r</b> cyflwyniad fideo;</li> <li>• <b>cytuno</b>, i'r aelodau hynny o'r Bwrdd a fyddai â diddordeb, fynychu fel sylwedyddion yn Ford Gron Meddygon Iau ym mis Gorffennaf, os yn bosibl. Os na, dylid darparu adborth yn dilyn y digwyddiad.</li> </ul>	PM
<b>3005/1.5</b>	<b>Derbyn a chadarnhau cofnodion y Bwrdd a gynhaliwyd ar 28 Mawrth 2019</b>	
	Cadarnhawyd bod cofnodion y cyfarfod a gynhaliwyd ar <b>28 Mawrth 2019</b> yn gofnod cywir.	
<b>3005/1.6</b>	<b>Log Gweithredu</b>	
	<b>Derbyniwyd a nodwyd</b> y Log Gweithredu.	
<b>3005/1.7</b>	<b>Materion yn Codi</b>	
	Nid oedd unrhyw faterion yn codi o'r cyfarfod blaenorol.	
<b>RHAN 2</b>	<b>ADRODDIADAU CADEIRYDD A'R PRIF WEITHREDWR</b>	
<b>3005/2.1</b>	<b>Adroddiad y Cadeirydd a Gosod y Sêl Gyffredin</b>	
	<p><b>Derbyniwyd</b> adroddiad y Cadeirydd.</p> <p>Wrth gyflwyno'r adroddiad, tynnodd y Cadeirydd sylw at y ffaith ei fod yn cymryd rhan yn y Tasglu Gweinidogol ar gyfer Cymoedd De Cymru sy'n ceisio gweithredu Cyn-fyfyrywyr i ddarparu cymorth gyrfaoel i fyfyrwyr ôl-raddedig. Yn hyn o beth, gofynnodd y Cadeirydd i aelodau'r Bwrdd gefnogi gwaith y Tasglu hwn wrth iddo ddatblygu wrth symud ymlaen.</p> <p>Dywedodd y Cadeirydd fod y Prif Weinidog wedi sefydlu Grŵp Cynghori'r UE i fynd i'r afael â'r heriau sy'n gysylltiedig â phrinder gweithlu a goblygiadau Brexit. Cadarnhaodd ei fod wedi rhannu Adroddiad Adolygiad Topol gydag Aelodau'r Bwrdd. Byddai angen i Strategaeth y Gweithlu ar gyfer lechyd a Gofal Cymdeithasol hefyd alinio â'r adolygiad hwn i sicrhau bod yr agenda ddigidol yn cael ei huchafu.</p> <p>Dywedodd y Cadeirydd ei fod wedi mynychu Adolygiad Sicrwydd Ansawdd Ail-ddilysu yn Felindre ac wedi gweld proses gadarn a theg iawn.</p> <p>Ffocws Cyfarfod Cadeiryddion Cymru Gyfan oedd yr adolygiad o Wasanaethau Mamolaeth Cwm Taf.</p> <p>Dywedodd y Cadeirydd na osodwyd sêl gyffredin AaGIC yn y cyfnod ers cyfarfod diwethaf y Bwrdd.</p>	

<p><b>Penderfynwyd</b></p>	<p>Fod y Bwrdd yn:</p> <ul style="list-style-type: none"> <li>• <b>nodi</b> cynnwys yr adroddiad;</li> <li>• <b>cytuno</b> y byddai adrodd yn y dyfodol ar Osod y Sêl Gyffredin yn eithriad;</li> <li>• <b>cytuno</b> y dylai Aelodau Annibynnol gael cyfle i arsylwi Adolygiadau Sicrwydd Ansawdd Ailddilysu.</li> </ul>	<p>DB PM</p>
<p><b>3005/2.2</b></p>	<p><b>Adroddiad y Prif Weithredwr</b></p>	
	<p><b>Derbyniwyd</b> adroddiad y Prif Weithredwr.</p> <p>Wrth gyflwyno'r adroddiad, tynnodd Alex Howells sylw at y ffaith bod llawer iawn o weithgarwch ymgysylltu a dadansoddi yn cael eu gwneud i lywio datblygiad Strategaeth y Gweithlu. Rhagwelwyd y byddai drafft o'r Strategaeth Gweithlu ar gael i'w rannu gyda phartneriaid allweddol yn ystod yr Haf.</p> <p>Mewn perthynas â'r Achos Busnes i gynyddu nifer y lleoedd hyfforddi meddygon teulu, hysbysodd Alex Howells y Bwrdd ei bod wedi mynychu cyfarfod gyda'r Gweinidog er mwyn ffurfioli'r sefyllfa.</p> <p>Dywedodd Alex Howells y dylai'r eitem y cyfeirir ati yn yr adroddiad 'Datblygu Cynllun Comisiynu Addysg a Hyfforddiant', ddarllen 'Datblygu Cynllun Comisiynu a Hyfforddi Addysg'</p> <p>Roedd yr adborth cychwynnol o Sioe Deithiol gyntaf AaGIC ym Mwrdd Iechyd Prifysgol Aneurin Bevan yn gadarnhaol er bod niferoedd isel wedi mynychu. Darparwyd cefnogaeth weladwy gan Dîm Gweithredol Aneurin Bevan. Cadarnhawyd y byddai'r gwersi a ddysgwyd o bob Sioe Deithiol yn cael eu defnyddio i hysbysu digwyddiadau yn y dyfodol.</p> <p>Dywedodd Alex Howells ei bod wedi derbyn llythyr gan Mick Giannasi, Cadeirydd y Panel Goruchwylio Gwasanaethau Mamolaeth Annibynnol, sy'n nodi fformat, Cylch Gorchwyl ac amserlen y Panel. Eglurodd y byddai'r Tîm Gweithredol yn adolygu'n fanwl Adolygiad y Coleg Brenhinol o Wasanaethau Mamolaeth yng Nghwm Taf ac, yn benodol, y materion ehangach sy'n ymwneud â hyfforddeion bydwreigiaeth. Nododd y Bwrdd fod aelodau'r Tîm Gweithredol wedi cyfarfod ag Aelodau Bwrdd Cwm Taf a byddent yn darparu cefnogaeth ac yn canolbwyntio ar fynd i'r afael â'r camau gweithredu sy'n codi o'r cyfarfod hwnnw.</p>	
<p><b>Penderfynwyd</b></p>	<p>Fod y Bwrdd yn:</p> <ul style="list-style-type: none"> <li>• <b>nodi</b> cynnwys yr adroddiad;</li> <li>• <b>cytuno</b> bod y Llythyr Adolygu CTM wrth Mick Gianassi yn cael ei rannu gydag Aelodau Annibynnol.</li> </ul>	<p>AH</p>

<b>RHAN 3</b>	<b>EITEMAU STRATEGOL</b>	
<b>3005/3.1</b>	<b>Diweddariad ar Optometreg</b>	
	<p><b>Derbyniodd</b> y Bwrdd yr Achos Busnes a oedd yn manylu ar y cynigion i fuddsoddi mewn addysg ychwanegol ar gyfer Optometryddion mewn Retina Meddygol, Glawcoma a rhagnodi annibynnol. Byddai hyn yn cefnogi'r newid mewn darpariaeth gwasanaeth o ofal eilaidd i wasanaethau yn y gymuned.</p> <p>Wrth gyflwyno'r Achos Busnes, eglurodd Stephen Griffiths fod cyllid yn cael ei geisio gan Lywodraeth Cymru.</p> <p>Trafododd y Bwrdd y cynnig ac, yn benodol, manteision gofal yn nes at adref a lleihau amseroedd aros gofal eilaidd ar gyfer achosion cymhleth. Pwysleisiwyd bod cyfathrebu yn ffactor pwysig wrth gyfleu manteision profiad cleifion o drosglwyddo gwasanaethau y tu allan i ysbytai a bod angen gwaith pellach yn hyn o beth i gynnwys y trydydd sector.</p> <p>Cydnabu'r Bwrdd fod angen i'r cynnig ganolbwyntio ar adenillion ar fuddsoddiad yn hytrach na'r achos cost a budd cyfredol.</p>	
<b>Penderfynwyd</b>	<p><b>Cymeradwyodd</b> y Bwrdd y cynnig yn amodol ar:</p> <ul style="list-style-type: none"> <li>• dylid gwneud gwaith pellach ar wireddu buddion a phrofiad cleifion gan gynnwys y trydydd sector;</li> <li>• Ceri Phillips yn darparu cefnogaeth mewn perthynas â datblygu methodoleg 'adenillion ar fuddsoddiad' ac achos busnes ar gyfer y newid adnoddau o ofal eilaidd i ofal sylfaenol / lleoliadau cymunedol.</li> </ul>	SG CP
<b>RHAN 4</b>	<b>LLYWODRAETHU, PERFFORMIAD A SICRWYDD</b>	
<b>3005/4.1</b>	<b>Cyfrifon Terfynol 2018/19</b>	
	<p>Derbyniodd y Bwrdd y Cyfrifon Terfynol ar gyfer 2018/19.</p> <p>Wrth gyflwyno'r Cyfrifon Terfynol, eglurodd Eifion Williams fod y cyfrifon wedi'u paratoi ar gyfer y cyfnod cyfrifyddu 5/10/2018 i 31/03/2019. Roedd hyn yn adlewyrchu cyfnod o ddeunaw mis pan sefydlwyd AaGIC ac nid ei dyddiad 'mynd yn fyw'. Dywedwyd mai dim ond chwe mis o drafodion gwirioneddol oedd i'w hadrodd, am y cyfnod rhwng 1 Hydref 2018 a 31 Mawrth 2019. Eglurodd Eifion Williams, o safbwynt cyfrifyddu, bod gan sefydliadau rhagflaenol AaGIC atebolrwydd am unrhyw wariant cyn 1 Hydref 2018.</p> <p>Roedd y sefyllfa ariannol diwedd blwyddyn ar gyfer 2018/19 yn warged o £ 68k, gyda chostau gweithredu net ar gyfer y cyfnod ariannol o £ 105.65m. Nodwyd bod rhai newidiadau y cytunwyd arnynt wedi'u gwneud i linellau adrodd y templed cyfrifyddu er</p>	

	<p>mwyn caniatâu adrodd mwy ystyrion, gwell dealltwriaeth o'r gwariant a galluogi dadansoddiad cymharol yn y dyfodol.</p> <p>Roedd y sefyllfa a adroddwyd yn erbyn pensiynau yn Adran 20 - 'Darpariaethau' yn seiliedig ar y sefyllfa bresennol hyd yma. Nodwyd y disgwylir ymateb gan yr Asiantaeth Pensiynau ynghylch pensiynau Aelodau'r Bwrdd nad oeddent yn cael eu cyflogi gan sefydliad GIG o'r blaen. Cydnabuwyd y gallai fod angen cywiro'r adran hon pe bai'r wybodaeth am bensiwn ar gael cyn i'r Archwilydd Cyffredinol arwyddo'r Cyfrifon Terfynol.</p>	
<b>Penderfynwyd</b>	<p>Fod y Bwrdd yn:</p> <ul style="list-style-type: none"> <li>• <b>nodi</b> cynnwys y Cyfrifon Terfynol ar gyfer 2018/19;</li> <li>• <b>nodi</b> y byddai Budd-daliadau Pensiwn Aelodau'r Bwrdd o Sefydliadau nad ydynt yn rhai GIG yn cael eu diweddarau, os cânt eu derbyn cyn i'r Archwilydd Cyffredinol arwyddo'r Cyfrifon;</li> <li>• <b>nodi</b> bod y Cyfrifon Terfynol wedi'u llofnodi i'w cymryd i Swyddfa Archwilio Cymru ddydd Llun, 3 Mehefin 2019;</li> <li>• <b>gofyn</b> am i'w diolch gael ei drosglwyddo i'r Tîm Cyllid</li> </ul>	<p>EW</p> <p>EW</p> <p>EW</p>
<b>3005/4.2</b>	<p><b>Swyddfa Archwilio Cymru - Adroddiad yr Archwiliad o Ddatganiadau Ariannol (ISA 260)</b></p>	
	<p><b>Derbyniodd</b> y Bwrdd Adroddiad Archwiliad o Ddatganiadau Ariannol Swyddfa Archwilio Cymru (ISA 260).</p> <p>Wrth gyflwyno'r adroddiad, dywedodd Eifion Williams fod Swyddfa Archwilio Cymru wedi nodi un agwedd o fewn y cyfrifon a oedd yn ymwneud â derbyn offer gwerth uchel ar ôl 31 Mawrth 2019 ond na roddwyd cyfrif am hyn. Eglurodd ei fod wedi gwneud y penderfyniad i beidio ag addasu'r cyfrifon terfynol oherwydd bod yr eitem yn is na lefel perthnasedd; wedi cyrraedd ar 2 Ebrill 2019, byddai wedi cynyddu'r gwagedd diwedd blwyddyn ac wedi creu risg ariannol yn symud i mewn i'r flwyddyn ariannol newydd. Cadarnhawyd bod Swyddfa Archwilio Cymru yn fodlon ar y penderfyniad am yr addasiad.</p> <p>Cadarnhawyd bod Swyddfa Archwilio Cymru wedi tynnu sylw at y ffaith y gellid gwella rhywfaint ar ddsbarthiad gwariant, cronladau a chyfrifyddu ar gyfer rhagdaliadau, ond cydnabu nad oedd hyn yn annisgwyl i sefydliad cymharol newydd.</p> <p>Tynnwyd sylw'r Bwrdd at yr un mater arwyddocaol a amlygwyd gan Swyddfa Archwilio Cymru mewn perthynas âg AaGIC yn dosbarthu dyraniadau atodol i Brifysgolion Cymru ym mis Chwefror 2019 er mwyn cryfhau ac ychwanegu at addysg a hyfforddiant proffesiynol gofal iechyd. Er bod y bidiau wedi eu gwahodd a'u hasesu gan y Tîm Gweithredol, roedd Swyddfa</p>	

	<p>Archwilio Cymru wedi codi pryderon ynghylch amseriad y broses o ran y ceisiadau a'r angen i gael ei gryfhau pe bai cyllid pellach yn cael ei ddarparu yn ystod y flwyddyn. Fodd bynnag, roedd yr Arolygiaeth wedi rhoi sicrwydd i Swyddfa Archwilio Cymru ei bod yn annhebygol y byddai'r broses yn cael ei hailadrodd yn 2019/20 oherwydd yr adolygiad strategol o Gontractau Prifysgol ac ymarfer caffael sy'n cael ei gynnal ar hyn o bryd.</p> <p>Nododd y Bwrdd fod y materion hyn wedi'u trafod yn y Pwyllgor Archwilio a Sicrwydd yn ei gyfarfod y diwrnod blaenorol (29 Mai 2019). Nodwyd ymhellach bod AaGIC wedi gweithio gyda Swyddfa Archwilio Cymru drwy gydol y broses gyfrifon ac nad oedd gan SAC bryderon pellach gyda'r datganiadau ariannol.</p> <p>Cydnabuwyd y byddai Swyddfa Archwilio Cymru yn cyhoeddi Llythyr Rheoli yn ddiweddarach yn y flwyddyn a fyddai'n darparu argymhellion i wella ymarfer.</p>	
<b>Penderfynwyd</b>	<b>Nododd</b> y Bwrdd gynnwys yr adroddiad.	
<b>2803/4.3</b>	<b>Adolygiad y Pwyllgor Archwilio o Gyfrifon a Datganiadau Datgelu Cyhoeddus</b>	
	<p>Esboniodd Gill Lewis, Cadeirydd y Pwyllgor Archwilio a Sicrwydd, fod y Pwyllgor wedi cyfarfod ddwywaith ac wedi cynnal adolygiad llawn a chadarn o'r datganiadau cyfrifon a datgelu cyhoeddus. Cydnabuwyd bod y templed cyfrifyddu wedi cael ei ddiwygio mewn ymgynghoriad â Llywodraeth Cymru a bod mwy o eglurder o ran llinellau naratif ac adrodd ar gyfer trosolwg mwy ystyrlon o'r sefydliad. Roedd unrhyw gwestiynau ynghylch y cyfrifon wedi cael sylw ac felly roedd y Pwyllgor Archwilio a Sicrwydd yn gallu argymhell y cyfrifon i'r Bwrdd i'w cymeradwyo.</p>	
<b>Penderfynwyd</b>	<b>Nododd</b> y Bwrdd argymhelliad y Pwyllgor Archwilio a Sicrwydd.	
<b>3005/4.4</b>	<b>Cymeradwyo Ffurfiol y Cyfrifon a'r Datganiadau Datgelu Cyhoeddus 2018/19</b>	
	<p>Ystyriodd y Bwrdd y Datganiadau Cyfrifon a Datgeliadau Cyhoeddus ar gyfer 2018/19 a'r argymhelliad gan y Pwyllgor Archwilio a Sicrwydd.</p> <p>Cydnabu'r Bwrdd yr adborth cadarnhaol a gafwyd gan Swyddfa Archwilio Cymru; yr ethos tîm da o fewn AaGIC ac yn dymuno diolch i Eifion Williams am arwain y sefydliad wrth gyflawni ei rwymedigaethau ariannol statudol.</p>	
<b>Penderfynwyd</b>	<b>Cymeradwyodd</b> y Bwrdd y Datganiadau Cyfrifon a Datgelu Cyhoeddus yn ffurfiol ar gyfer 2018/19.	
<b>3005/4.5</b>	<b>Adroddiad Atebolrwydd 2018/19</b>	
	<b>Derbyniodd</b> y Bwrdd yr Adroddiad Atebolrwydd ar gyfer 2018/19.	

	<p>Wrth gyflwyno'r adroddiad, amlygodd Kay Barrow fod yr Adroddiad Atebolwydd yn un rhan o'r tair elfen a gyfrannodd at yr Adroddiad Blynyddol cyffredinol. Bu'r datblygiad yn broses iteraidd gyda chraffu a thrafodaeth yn y Pwyllgor Archwilio a Sicrwydd.</p> <p>Nodwyd bod y Pwyllgor Archwilio a Sicrwydd wedi ystyried yr Adroddiad Atebolwydd yn ei gyfarfod a gynhaliwyd ar 29 Mai 2019 ac a gymeradwywyd, yn amodol ar newidiadau golygyddol; dileu'r dyblygu a gynhwyswyd hefyd yn yr Adroddiad Perfformiad, a dileu'r cyfeiriad at y gair 'Plan' ar drydydd paragraff, trydydd paragraff.</p> <p>Trafododd y Bwrdd y broses adrodd flynyddol a chytunodd y dylid datblygu Gweithdrefn Weithredu Safonol i amlinellu'r broses ar gyfer adrodd yn y dyfodol.</p>	
<b>Penderfynwyd</b>	<p>Fod y Bwrdd yn:</p> <ul style="list-style-type: none"> <li>• <b>cymeradwyo'r</b> Adroddiad Atebolwydd, yn amodol ar y diwygiadau Golygyddol; dileu'r dyblygu sydd hefyd yn yr Adroddiad Perfformiad a dileu'r cyfeiriad at y gair 'Plan' ar dudalen 15, trydydd paragraff.</li> <li>• <b>cytuno</b> i Ddatblygu Gweithdrefn Weithredu Safonol ynghylch y broses adrodd flynyddol.</li> </ul>	<p>AP</p> <p>DB</p>
<b>3005/4.6</b>	<b>Adroddiad Cyllid</b>	
	<p>Derbyniodd y Bwrdd yr adroddiad cyllid a nododd y sefyllfa fisol dros dro ar gyfer 2019/20 o danwariant o tua £ 20k.</p> <p>Wrth gyflwyno'r adroddiad, eglurodd Eifion Williams, gan ei bod yn gynnar yn y flwyddyn ariannol, nad oedd gwybodaeth i alluogi asesiad llawn o'r gwariant gwirioneddol ym mis un ar gael eto ym mhob ardal. O ystyried hyn, roedd y sefyllfa a adroddwyd yn gyfartal â'r gyllideb - gan roi amrywiad minimol neu ddim.</p> <p>Nododd y Bwrdd fod 95.5% yn cydymffurfio â Pholisi Talu'r Sector Cyhoeddus.</p>	
<b>Penderfynwyd</b>	<b>Nododd</b> y Bwrdd y sefyllfa ariannol dan gafeat.	
<b>3005/4.7</b>	<b>Polisi Iaith Gymraeg</b>	
	<p>(Ymunodd Huw Owen â'r cyfarfod)</p> <p><b>Derbyniodd</b> y Bwrdd y Cynllun Iaith Gymraeg, y Cynllun Gweithredu a'r 10 Blaenoriaeth Uchaf.</p> <p>Wrth gyflwyno'r papur, dywedodd Huw Owen, er bod Mesur yr Iaith Gymraeg wedi'i ddeddfu erbyn hyn, nad oedd yn orfodol</p>	

	<p>ar AaGIC ar hyn o bryd. Fodd bynnag, roedd y Bwrdd wedi gofyn am ddatblygu Cynllun Iaith Gymraeg cadarn, gan ragweld y byddai Comisiynydd y Gymraeg yn cyflwyno hysbysiad Cydymffurfio â Rheoliadau Safonau iddo.</p> <p>Cynhaliwyd asesiad o gydymffurfiaeth AaGIC yn erbyn Safonau'r Gymraeg er mwyn helpu i lywio datblygiad y Cynllun Iaith Gymraeg a'r Cynllun Gweithredu. Mae Gweithgor Iaith Gymraeg wedi ei sefydlu ac wedi darparu adborth yn natblygiad y Cynllun. Ystyriodd y Tîm Gweithredol y Cynllun, y Cynllun Gweithredu a'r risgiau cysylltiedig ac, yn dilyn adborth, wedi gofyn am restr flaenoriaeth o'r 10 maes uchaf ar gyfer cydymffurfio â'r dyletswyddau statudol. Y blaenoriaethau fyddai ffocws y gwaith cychwynnol i ddechrau ymwreiddio'r safonau o fewn AaGIC.</p> <p>Ystyriodd a thrafododd y Bwrdd y Cynllun; Cynllun Gweithredu a 10 maes blaenoriaeth uchaf. Un maes risg allweddol i'r sefydliad oedd yn ymwneud â hyfforddiant trwy gyfrwng y Gymraeg, er y byddai hyn yn seiliedig ar asesiad o angen. Amlygwyd y byddai datblygiadau mewn technoleg ddigidol a'i ddefnydd fel llwyfan i gynorthwyo gyda darparu hyfforddiant drwy gyfrwng y Gymraeg yn cael eu harchwilio ar gyfer y buddsoddiad angenrheidiol.</p> <p>Gofynnodd y Bwrdd a oedd gan AaGIC yr adnoddau gofynnol er mwyn cyflawni'r safonau. Amlygwyd bod cyfleoedd adnoddau allanol fel y Coleg Cymraeg Cenedlaethol a Chanolfan Ddysgu Genedlaethol Cymru y gellid eu harchwilio i gefnogi AaGIC i gyflwyno systemau dysgu cyfunol. Byddai gwaith archwilio pellach yn cael ei wneud yn fewnol ac yn allanol i wneud y gorau o unrhyw botensial ar gyfer unrhyw gydweithio.</p>	
<b>Penderfynwyd</b>	<p>Fod y Bwrdd yn:</p> <ul style="list-style-type: none"> <li>• <b>nodi a chymeradwyo'r</b> Cynllun Iaith Gymraeg; Cynllun Gweithredu a'r 10 Blaenoriaeth Uchaf;</li> <li>• <b>cytuno</b> i ychwanegu Mesur y Gymraeg at y Gofrestr Risg Gorfforaethol.</li> </ul>	DB
	(Gadawodd Huw Owen y cyfarfod)	
<b>3005/4.8</b>	<b>Diweddariad ar y Fframwaith Rheoli Perfformiad Integredig</b>	
	<p><b>Derbyniodd</b> y Bwrdd y wybodaeth ddiweddaraf am ddatblygu'r Fframwaith Perfformiad.</p> <p>Wrth gyflwyno'r diweddariad, eglurodd Alex Howells fod yr enghraifft o'r Dangosfwrdd yn yr adroddiad yn seiliedig ar ddata hanesyddol. Roedd yr adroddiad yn ffurfioli'r drafodaeth yn Sesiwn Ddatblygu ddiweddar y Bwrdd ac yn atgyfnerthu'r dull o</p>	

	<p>weithredu. Er, cydnabuwyd bod angen rhoi ystyriaeth bellach i adrodd a dwysáu pryderon ansawdd a diogelwch a sut yr oedd yn rhan o'r broses dairochrog gan gynnwys y rhyngwynebâu â Llywodraeth Cymru; arweinwyr proffesiynol; Rheoleiddwyr; Cyrff Colegau ac Arolygiaethau Brenhinol.</p> <p>Cadarnhawyd bod yr Adroddiad Archwilio Mewnol ar Reoli Perfformiad wedi rhoi sicrwydd rhesymol cyffredinol. Fodd bynnag, roedd sicrwydd cyfyngedig wedi'i ddarparu mewn perthynas â'r risgiau posibl o ran monitro ac adrodd ar wybodaeth am berfformiad yn gyfyngedig. Felly byddai angen ystyried y drafodaeth ehangach am y trefniadau adrodd i'r Bwrdd a'i Bwyllgorau.</p> <p>Cafwyd trafodaethau mewn perthynas ag adrodd 'byw' i'r Bwrdd a thynnwyd sylw at y ffaith na ddylid gohirio adrodd gan y cydnabuwyd bod y Dangosfwrdd yn 'waith ar y gweill'.</p>	
<b>Penderfynwyd</b>	<p>Fod y Bwrdd yn:</p> <ul style="list-style-type: none"> <li>• <b>cytuno</b> i dderbyn adroddiad 'byw' ar Reoli Perfformiad yn ei gyfarfod ym mis Gorffennaf;</li> <li>• <b>cytuno</b> ar ystyriaeth bellach o ran adrodd am bryderon ansawdd a diogelwch a'u cyfeirio ymlaen a sut mae'n cydfynd â'r broses dairochrog;</li> <li>• <b>cytuno</b> bod y Bwrdd yn ystyried y Fframwaith ymhellach yn ystod yr haf mewn perthynas â threfniadau adrodd gyda'r Bwrdd a'i Bwyllgorau.</li> </ul>	AH SG DB
<b>3005/4.9</b>	<b>Cynllun Cyfunol</b>	
	<b>Derbyniodd</b> y Bwrdd yr adroddiad a oedd yn darparu cynnydd yn erbyn y cynlluniau blynyddol a'r rhaglenni gwaith etifeddol ar gyfer y sefydliadau rhagflaenol a chynnydd yn erbyn camau gweithredu llythyr cylch gwaith cychwynnol AaGIC ar gyfer 2018/19.	
<b>Penderfynwyd</b>	<b>Nododd</b> y Bwrdd yr adroddiad.	
<b>3005/4.10</b>	<b>Diweddariad ar Bolisiau</b>	
	<p><b>Derbyniodd</b> y Bwrdd yr adroddiad a oedd yn rhoi diweddariad ar y sefyllfa bresennol gyda'r gwaith sy'n cael ei wneud mewn perthynas â'r tri chategori o bolisiau a orchmynnwyd i'w gweithredu gan Raglen AaGIC.</p> <p>Wrth gyflwyno'r adroddiad, eglurodd Kay Barrow fod yr holl bolisiau o'r fath bellach wedi'u cwblhau a'u cymeradwyo gan y Tîm Gweithredol.</p> <p>Gofynnodd y Bwrdd sut y byddai AaGIC yn cael ei hysbysu o adolygiadau polisi Cymru gyfan.</p>	
<b>Penderfynwyd</b>	<p>Fod y Bwrdd yn:</p> <ul style="list-style-type: none"> <li>• <b>nodi'r</b> diweddariad:</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>cytuno</b> i adolygiadau polisi gael eu cynnwys yn Rhaglen Blaen y Bwrdd;</li> </ul> <p>Cytunodd Alex Howells i adolygu sut mae AaGIC yn cael ei hysbysu o adolygiadau polisi gyda rhanddeiliaid allweddol.</p>	DB AH
<b>3005/4.11</b>	<b>Polisi Rheoli Risg</b>	
	<p><b>Derbyniodd</b> y Bwrdd y Polisi.</p> <p>Wrth gyflwyno'r polisi, tynnodd Kay Barrow sylw at y ffaith bod datblygu'r polisi yn integreiddio ac yn ffurfioli'r prosesau rheoli risg sy'n bodoli ar draws y sefydliadau rhagflaenol. Roedd y Tîm Gweithredol wedi ystyried a chymeradwyo'r Polisi i'w gyflwyno i'r Bwrdd. Eglurodd fod cymeradwyo'r Polisi yn ffurfiol yn fater a gadwyd yn ôl i'r Bwrdd yn unol â'r polisi trosfwaol o fewn y sefydliad.</p> <p>Eglurwyd y dylai'r Pwyllgor Archwilio a Sicrwydd ystyried y Polisi Rheoli Risg cyn iddo gael ei ystyried gan y Bwrdd. O gofio hyn, gofynnodd y Bwrdd i'r Pwyllgor Archwilio a Sicrwydd roi sicrwydd mewn perthynas â'r Polisi cyn ei ddychwelyd i Fwrdd Gorffennaf i'w ystyried.</p> <p>Gofynnodd y Bwrdd hefyd i'r Rhestr Wirio Adroddiad gynnwys y broses gadarnhau ar gyfer polisïau.</p>	
<b>Penderfynwyd</b>	<p>Fod y Bwrdd yn:</p> <ul style="list-style-type: none"> <li>• <b>nodi'r</b> Polisi;</li> <li>• <b>cytuno</b> bod y Polisi i'w ystyried yn y Pwyllgor Archwilio a Sicrwydd nesaf i'w gymeradwyo gan y Bwrdd.</li> <li>• <b>cytuno</b> i ddiweddarau'r Rhestr Wirio Adroddiad i gynnwys y broses gadarnhau ar gyfer polisïau.</li> </ul>	DB DB
<b>3005/4.12</b>	<b>Terfynau Cyllid Rhestr Dirprwyo</b>	
	<p><b>Derbyniodd</b> y Bwrdd yr adroddiad.</p> <p>Wrth gyflwyno'r diwygiadau i'r terfynau dirprwyedig, tynnodd Eifion Williams sylw at y ffaith bod y Pwyllgor Dirprwyo, a gymeradwywyd gan y Bwrdd ym mis Hydref 2018, wedi cael ei adolygu gan y Pwyllgor Archwilio a Sicrwydd yn ei gyfarfod ar 12 Chwefror 2018. Cadarnhaodd y byddai'r diwygiadau a argymhellwyd yn galluogi busnes AaGIC o ddydd i ddydd i gael ei gynnal yn effeithiol.</p> <p>Cwestiynodd y Bwrdd pa broses oedd ar waith i hysbysu pan oedd dirprwyaeth yn ei lle. Eglurodd Eifion Williams mai dim ond ar gyfer cyfnodau o absenoldeb dynodedig ar gyfer y Prif Swyddog Gweithredol yr oedd y trefniadau gweithredu mewn</p>	

	grym, ac ar yr achlysuron hynny, byddai'r Dirprwy Brif Weithredwr yn cael gwybod drwy e-bost.	
<b>Penderfynwyd</b>	<p>Fod y Bwrdd yn:</p> <ul style="list-style-type: none"> <li>• <b>cymeradwyo'r</b> diwygiadau i'r terfynau ariannol o fewn y Cynllun Dirprwyo;</li> <li>• <b>cytuno</b> i ffurfioli'r broses ddirprwyo ar gyfer cyfnodau o absenoldeb.</li> </ul>	EW
<b>3005/4.13</b>	<b>Cyfarwyddwr Gweithredol Atodlen y Dirprwyo</b>	
	<p><b>Derbyniodd</b> y Bwrdd yr adroddiad.</p> <p>Wrth gyflwyno'r diwygiadau i'r cyfrifoldebau allweddol a ddirprwywyd, eglurodd Kay Barrow fod y newidiadau i'r Cynllun Dirprwyo yn ymwneud ag ailddyrranu rolau i'r Dirprwy Brif Weithredwr / Cyfarwyddwr Gweithlu a Datblygu Sefydliadol ar sail dros dro, a hefyd ailddyrranu Rheoli Risg i Ysgrifennydd y Bwrdd.</p>	
<b>Penderfynwyd</b>	<b>Cymeradwyodd</b> y Bwrdd y diwygiadau i'r cyfrifoldebau allweddol dirprwyedig.	
<b>3005/4.14</b>	<b>Derbyn Adroddiadau Materion Allweddol gan:</b>	
	<ul style="list-style-type: none"> <li>• <b>Pwyllgor Archwilio a Sicrwydd</b></li> </ul> <p><b>Derbyniodd</b> y Bwrdd yr adroddiad materion allweddol.</p> <p>Wrth gyflwyno'r adroddiad, tynnodd Gill Lewis sylw'r Bwrdd at drafodaeth y Pwyllgor ynghylch y rhestr wirio hunanasesu ac eglurodd fod y Pwyllgor wedi cytuno y byddai'n cynnal ei hunanasesiad ym mis Ionawr 2020. Byddai cyfarfod anffurfiol o'r Pwyllgor Archwilio a Sicrwydd cyn ei gyfarfod ym mis Gorffennaf i drafod y rhestr wirio hunanasesu yn fanwl. Gwahoddodd Gill Lewis sylwadau gan aelodau'r Bwrdd mewn perthynas â rhestr wirio hunanasesu'r Pwyllgor.</p> <p>Dywedodd Gill Lewis fod nifer o adroddiadau archwilio mewnol wedi cael eu hystyried. Pwysleisiodd y byddai diweddariad ynghylch y Trefniadau Rheoli Contractau yn cael ei gyflwyno i'r Pwyllgor yn ei gyfarfod ym mis Gorffennaf. Byddai Cofrestr Contractau terfynol yn cael ei hystyried yng nghyfarfod mis Medi.</p>	
<b>Penderfynwyd</b>	<p>Fod y Bwrdd yn:</p> <ul style="list-style-type: none"> <li>• <b>cytunwyd</b> i ddsbarthu Rhestr Wirio Hunanasesu'r Pwyllgor Archwilio a Sicrwydd i aelodau'r Bwrdd;</li> <li>• <b>cytuno</b> i sylwadau ar y Rhestr Wirio Hunanasesu gael eu hanfon at Gill Lewis erbyn diwedd Mehefin 2019;</li> <li>• <b>nodi</b> y byddai Aseiad Strwythuredig SAC yn cael ei gyflwyno yn Sesiwn Datblygu'r Bwrdd ym mis Mehefin;</li> </ul>	<p>KB</p> <p>All</p> <p>DB</p>

	<ul style="list-style-type: none"> <li>• <b>nodwyd</b> y byddai Cofrestr Contractau yn cael ei hystyried gan y Pwyllgor Archwilio a Sicrwydd ym mis Medi.</li> </ul>	JR
	<ul style="list-style-type: none"> <li>• <b>Pwyllgor Addysg, Comisiynu ac Ansawdd</b></li> </ul> <p><b>Derbyniodd</b> y Bwrdd yr adroddiad materion allweddol.</p> <p>Wrth gyflwyno'r adroddiad, rhoddodd Ruth Hall y wybodaeth ddiweddaraf i'r Bwrdd o ran trafodaeth y Pwyllgor ar ei Gylch Gorchwyl, a gytunwyd yn flaenorol gan Fwrdd AaGIC, a chynigiodd rai mân newidiadau. Eglurodd fod y Pwyllgor wedi ystyried cynyddu'r cworwm o ddau i dri aelod.</p> <p>Penderfynwyd bod angen trafodaeth bellach ynglŷn â chylch gwaith y Pwyllgor a'i berthynas â'r Bwrdd a'r Pwyllgor Archwilio a Sicrwydd.</p>	
<b>Penderfynwyd</b>	<p>Fod y Bwrdd yn:</p> <ul style="list-style-type: none"> <li>• <b>cytuno</b> ar y newidiadau i Gylch Gorchwyl y Pwyllgor yn amodol ar aelodaeth y Pwyllgor yn cadw at 2 Aelod Annibynnol;</li> <li>• <b>cytuno</b> y dylai'r Bwrdd ystyried ymhellach y Cylch Gorchwyl sy'n ymwneud ag aelodaeth y Pwyllgor yn ystod yr haf.</li> </ul>	KB DB
<b>3005/4.15</b>	<b>Penderfyniadau Mewn-Pwyllgor</b>	
	<b>Derbyniodd</b> y Bwrdd yr adroddiad a oedd yn darparu'r materion allweddol a drafodwyd 'mewn pwyllgor' yng nghyfarfod y Bwrdd ym mis Mawrth.	
<b>Penderfynwyd</b>	<b>Nododd</b> y Bwrdd yr adroddiad.	
<b>RHAN 5</b>	<b>MATERION ERAILL</b>	
<b>3005/5.1</b>	<b>Unrhyw Fater Brys Arall</b>	
	Gan nad oedd unrhyw fater brys arall ar gyfer y sesiwn agored, symudodd y cyfarfod i'r sesiwn gaeedig.	
<b>3005/5.2</b>	<b>Dyddiad y Cyfarfod Nesaf</b>	
	Cadarnhawyd mai dyddiad y Bwrdd AaGIC Agored nesaf yw 18 Gorffennaf 2019 yn Ystafell y Bwrdd, Bwrdd Iechyd Prifysgol Hywel Dda, Swyddfeydd Corfforaethol, Adeilad Ystwyth, Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job, Caerfyrddin, SA31 3BB.	

.....  
Chris Jones (Cadeirydd)

.....  
Dyddiad:

**HEIW Board (Open)**  
**30 May 2019**  
**Action Log**

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

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
3005/1.4	<b>Trainee and Trainer Achievements</b>			
	<ul style="list-style-type: none"> <li>Board members who would be interested, to attend as observers at the Junior Doctors Round Table in July if possible. If not, feedback following the event to be provided.</li> </ul>	<b>Medical Director</b>	July 2019	A new cohort of Junior Doctors due to commence shortly. Dates of future meetings of the Junior Doctors Round Table are being arranged and will be circulated to Board Members when available.
3005/2.1	<b>Chair's Report and Affixing of the Common Seal</b>			
	<ul style="list-style-type: none"> <li>Independent Members to have the opportunity to observe Revalidation Quality Assurance Reviews</li> </ul>	<b>Medical Director</b>	Immediate	Completed.
	<ul style="list-style-type: none"> <li>Affixing of the Common Seal – future reporting by exception.</li> </ul>	<b>Board Secretary</b>	Ongoing	Noted for future reporting.
3005/2.2	<b>Chief Executive's Report</b>			
	<ul style="list-style-type: none"> <li>CTM Review Letter from Mick Gianassi to be shared with Independent Members.</li> </ul>	<b>Chief Executive</b>	Immediate	Completed.



Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
3005/3.1	<b>Update on Optometry</b>			
	<ul style="list-style-type: none"> <li>Further work to be undertaken on to benefits realisation and patient experience including third sector.</li> </ul>	<b>Director of Nursing</b>	September 2019	Meeting held with Ceri Phillips 4.7.2019. Work being undertaken to develop the Business Case as an example for HEIW on a benefits approach to Business Case development.
	<ul style="list-style-type: none"> <li>Return on investment – Ceri Phillips to provide support in relation to the development of a methodology and business case for the resource shift from secondary care to primary care/community settings</li> </ul>	<b>Ceri Phillips</b>	Immediate	Completed.
3005/4.1	<b>Final Accounts 2018/19</b>			
	<ul style="list-style-type: none"> <li>Pension Benefits of Board Members from previous non NHS Organisations to be updated, if received prior to the Auditor General signing of the Accounts.</li> </ul>	<b>Interim Director of Finance</b>	June 2019	Completed. (Accounts signed off as submitted to the July Board Committee).
	<ul style="list-style-type: none"> <li>Signed Final Accounts to be taken to WAO on Monday, 3 June 2019</li> </ul>	<b>Interim Director of Finance</b>	3 June 2019	Completed.
	<ul style="list-style-type: none"> <li>Board thanks to be passed to Finance Team</li> </ul>	<b>Interim Director of Finance</b>	Immediate	Completed.
3005/4.5	<b>Accountability Report 2018/19</b>			
	<ul style="list-style-type: none"> <li>Editorial amendments; removal of duplications that are also contained in the Performance Report and removal of reference to the word 'Plan' on page 15, third paragraph.</li> </ul>	<b>Head of Communications</b>	June 2019	Completed.



Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	<ul style="list-style-type: none"> <li>Development of a Standard Operating Procedure regarding the annual reporting process</li> </ul>	<b>Board Secretary</b>	July 2019	Completed.
<b>3005/4.7</b>	<b>Welsh Language Policy</b>			
	<ul style="list-style-type: none"> <li>Add compliance with Welsh Language Measure to the Risk Register.</li> </ul>	<b>Board Secretary</b>	Immediate	Completed.
<b>3005/4.8</b>	<b>Update on Integrated Performance Management Framework</b>			
	<ul style="list-style-type: none"> <li>Draft 'Live' Reporting for July Board meeting</li> </ul>	<b>Chief Executive</b>	July 2019	Noted for the July Board Reporting.
	<ul style="list-style-type: none"> <li>Further consideration on the reporting and escalating of quality and safety concerns and how it fits with the tripartite process including the interfaces with Welsh Government; professional leads; Regulators; Royal Colleges and Inspectorate Bodies.</li> </ul>	<b>Director of Nursing</b>	September 2019	Internal discussions held and CM to continue to represent HEIW in this forum. Work is ongoing to ensure the breadth of HEIW's work is understood in the context of this group.
	<ul style="list-style-type: none"> <li>Framework to be considered further by the Board during the summer in relation to reporting arrangements with the Board and its Committees.</li> </ul>	<b>Board Secretary</b>	By the end of Summer 2019	Added to the Board Development forward work programme.
<b>3005/4.10</b>	<b>Update on Policies</b>			
	<ul style="list-style-type: none"> <li>Policy reviews to be scheduled into the Board Forward Programme.</li> </ul>	<b>Board Secretary</b>	August 2019	Work in progress to update Policy Register with review and ratification process.



Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	<ul style="list-style-type: none"> <li>Alex Howells to review how HEIW is notified of policy reviews with key stakeholders i.e. WHC, etc.</li> </ul>	<b>Chief Executive</b>	Immediate	Request sent to Welsh Government for HEIW to be added to the relevant email distribution.
<b>3005/4.11</b>	<b>Risk Management Policy</b>			
	<ul style="list-style-type: none"> <li>Policy to be considered at the next Audit and Assurance Committee for endorsement for Board approval</li> </ul>	<b>Board Secretary</b>	July 2019	Completed. Policy being presented to the July Audit and Assurance Committee for recommendation for Board approval. Policy added to the July Board agenda.
	<ul style="list-style-type: none"> <li>Report Checklist to include ratification process for policies</li> </ul>	<b>Board Secretary</b>	August 2019	Work in progress to update report checklist with policy ratification process.
<b>3005/4.12</b>	<b>Finance Limits Schedule of Delegation</b>			
	<ul style="list-style-type: none"> <li>Formalisation of the delegation process for periods of leave.</li> </ul>	<b>Interim Director of Finance</b>	Immediate	New process has been established for notification that Deputy Chief Executive is Acting in Chief Executive capacity, when CEO is on leave.
<b>3005/4.14</b>	<b>Committee Key Issue Reports:</b>			
	<ul style="list-style-type: none"> <li>The Board to further consider the relationship and reporting arrangements to the Board for Committees during the summer.</li> </ul>	<b>Board Secretary</b>	By the end of Summer 2019	Added to the Board Development forward work programme.
	<b>Audit and Assurance Committee:</b>			
	<ul style="list-style-type: none"> <li>The Audit and Assurance Self-Assessment Checklist to be circulated to Board Members.</li> </ul>	<b>Secretariat</b>	Immediate	Completed.



Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	<ul style="list-style-type: none"> <li>Comments on the self-assessment checklist to be sent to Gill Lewis.</li> </ul>	<b>All</b>	By the end of June 2019	Completed. The Audit and Assurance Committee met on 15 July 2019 to discuss the self-assessment Checklist in detail in preparation for its completion in January 2020.
	<ul style="list-style-type: none"> <li>Structured Assessment to be presented at the June Board Development Session.</li> </ul>	<b>Board Secretary</b>	June 2019	Completed.
	<ul style="list-style-type: none"> <li>Contract Register to be considered by the Audit and Assurance Committee in September.</li> </ul>	<b>Deputy CEO/ Director of Workforce and OD</b>	September 2019	Added to the Executive Team work programme for August 2019. Added to the Audit and Assurance Committee work programme for September 2019.
	<b>Education, Commissioning and Quality Committee:</b>			
	<ul style="list-style-type: none"> <li>Terms of Reference to be amended to reflect membership of 2 IMs.</li> </ul>	<b>Secretariat</b>	Immediate	Completed.
	<ul style="list-style-type: none"> <li>Further consider the terms of reference relating to the Committee membership during the Summer.</li> </ul>	<b>Board Secretary</b>	By the end of Summer 2019	Members of the Education, Commissioning and Quality Committee and Audit and Assurance Committee met with the HEIW Chair and CEO on 1 July 2019 to discuss ways of working. Paper to be presented to August Board Development Session. Added to the Board Development forward work programme for August 2019.

## CHAIRS REPORT JULY 2019

Since the HEIW BOARD meeting in May, I have attended a broad spectrum of internal and external meetings. I have met with members of staff and HEIW teams as part of my weekly programme. It has been really great to witness first-hand the expertise and professionalism of our HEIW teams. The Road Show in North Wales underlined for me the really important work that our regional HEIW people contribute within the Health Board, leading and supporting clinical education and appraisal. At the staff event we had a session on Equality and diversity- core principles in developing our HEIW culture.

### HIGHLIGHTS

- HEIW roadshows - North Wales
- Attended end of year student occupational therapists Glyndwr University
- All wales NHS Chairs meeting
- Meeting with HIW
- CEO Performance Review with Director General
- Meeting Mick Gionassi New Chair Social Care Wales
- Staff event.
- Attended Annual Appraisal Review Velindre NHS Trust
- GP Appraisers Conference Llandrindod Wells
- Valleys Task Force Ebbw Vale
- General Dental Council Meeting and Dinner
- ARCP – 9 ENT Specialist Trainees, 5 Haematology Specialist Trainees, 10 Intensive Care Specialist Trainees
- Education Quality and Commissioning SubCommittee Development Session
- Child Health Seminar Children's Commissioner
- Peer Review Urgent Primary Care
- Librarians Conference attended Tina Donnelly
- Health and Social Care Leadership Event Llandudno attended by Ruth Hall

I Chaired our June Board Development Session. It was really interesting to receive a presentation on the Topol report from Patrick Mitchell, Director of Innovation and Transformation, Health Education England. This report highlights the digital innovations in health care - this will have considerable influence on the future educational and training needs for the health and social care workforce, essential to delivering A Healthier Wales:

- Education Plan
- Topol Report presentation
- Structured Assessment
- Leadership Strategy
- Wales Governance Bill



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Improvement Wales (HEIW)

<b>Meeting Date</b>	<b>18 July 2019</b>	<b>Agenda Item</b>	<b>2.2</b>
<b>Report Title</b>	<b>Chief Executive's Report</b>		
<b>Report Author</b>	Alex Howells, Chief Executive		
<b>Report Sponsor</b>	Alex Howells, Chief Executive		
<b>Presented by</b>	Julie Rogers, Deputy Chief Executive		
<b>Freedom of information</b>	Open		
<b>Specific action required</b>	This report is for information only.		

## CHIEF EXECUTIVE'S REPORT – JULY 2019

### 1. PURPOSE OF REPORT

The purpose of this report is to update the Board on key activities undertaken since the last Board meeting and to set the context for a number of issues that feature more prominently within reports of Executive Directors as part of the Board's business.

### 2. BACKGROUND

This overarching report highlights for Board Members the key areas of activity at the end of the first quarter.

### 3. KEY ACTIVITIES

- **Annual Plan 19/20**

Our Annual Plan has been approved by Welsh Government. A mid-year report on progress against the plan will be submitted to the September Board meeting. In the meantime work has commenced on the development of our first Integrated Medium Term Plan.

- **Annual General Meeting**

Our Annual General Meeting is being held on 18 July. It is positive to note that publication of the Annual Report including the approved Annual Accounts.

- **Joint Executive Team Meeting**

We have had our first Joint Executive Team meeting chaired by Andrew Goodall, Director General and involving other members of his team. The focus of discussion was a look back at progress since establishing the organisation and a focus on the key priorities for 19/20 in our annual plan. The meeting was positive and we were encouraged to build on the strong foundations that we have laid since October, as a result of the hard work and enthusiasm of staff, the team and the Board

- **Workforce Strategy for Health and Social Care**

Following an engagement process which captured views from over 1,000 people we have developed a set of priorities and questions for consultation phase on the strategy which will start later in July. HEIW and Social Care Wales presented on this work at the Health and Social Care Leadership Event on 10 July in Llandudno, where the focus was progress since the launch of A Healthier Wales one year on. The Board will have the opportunity to contribute to the consultation at the Board Development Session in August.

- **Development of Education and Training Commissioning Plan 20/21**

Following discussion by the Education Quality and Commissioning Committee the recommendations for education and training numbers have been submitted to NHS CEOs and the NHS Executive Board for discussion on 16<sup>th</sup> July. Overall we are recommending further investment in education and training to help address some of the significant staffing deficits affecting the NHS and to support deliver of A Healthier Wales.

- **Improving GP training in Wales**

A positive meeting was held with the Minister for Health and Social Services regarding progress on increasing GP trainee places in Wales and he has announced his support for an in year increase to 160, and further increases to be considered as we build up the education and training infrastructure.

- **Consultation on Bursary Arrangements**

On the 18 June 2019 the Minister for Health and Social Services confirmed the existing NHS Wales Bursary Scheme would remain in place for those commencing pre-registration programmes in 2020/21. The purpose of the NHS Wales Bursary Scheme is to provide financial support for students who are studying health education courses and to incentivise them following qualification to work within the healthcare sector in Wales. The current terms and conditions have been in existence since 2017 and include a requirement for students to make a commitment to work in Wales on graduation.

The extension for a one year period is to enable the Welsh Government to engage further with students to understand more fully what is most important to them i.e. a greater level of financial support whilst studying or not having a significant student loan to repay on graduation.

This could have significant implications for our future commissioning responsibilities.

- **Progressing International Recruitment**

One of the papers on the Board agenda today relates to an international recruitment exercise being planned in the autumn. This is part of the wider objective included in our annual plan to establish a more intensive approach to overseas recruitment and exchanges of medical staff, as an essential part of our workforce strategy for the future. A business case for the wider project is under development.

- **Single Cancer Pathway**

HEIW is closely involved with the work to deliver the Single Cancer Pathway and is particularly focused on addressing deficits in the diagnostic workforce. This will include the development of; a national clinical endoscopy training programme, development of specific workforce models to identify the opportunities for workforce redesign, the accreditation of local training to ensure recognition across Wales, development of workforce intelligence specific to this part of the workforce to enable workforce planning. There will be a further discussion about this work at the August Board development session.

- **Feedback from HEIW Roadshows 2019**

Over the past two months the HEIW Roadshow has visited Aneurin Bevan, Betsi Cadwaladr, Swansea Bay and Velindre meeting with over 250 healthcare trainees, students, educators and those responsible for education. We've received a warm welcome at all stops and are very pleased to have met so many people involved in healthcare education.

- **Finance**

A paper outlining the month 3 position is on the agenda. This will form the basis for a “deep dive” by the finance team to understand any variances against our budgets over the first quarter of the year, to help inform our financial planning and financial management going forward.

- **Risk Register**

The Corporate Risk Register which is aligned with the objectives of the Annual Plan for 2019/20 was considered at the Audit and Assurance Committee on 15 July. There are 24 risks on the Corporate Risk Register, of which the following 3 are red: Eduroam access for trainees and trainers; interface with WG; district nursing education.

#### **4. RECOMMENDATION**

The Board is asked to note this report



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<b>Meeting Date</b>	<b>18 July 2019</b>	<b>Agenda Item</b>	<b>3.1</b>
<b>Report Title</b>	NHS Wales Education Commissioning and Training Plan for 2020/21		
<b>Report Author</b>	Stephen Griffiths, Director of Nursing		
<b>Report Sponsor</b>	Alex Howells, Chief Executive		
<b>Presented by</b>	Stephen Griffiths, Director of Nursing		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This paper provides recommendations on the level of national education and training to be supported in 2020/21 for the medical and wider health professional workforce.		
<b>Key Issues</b>	<p>The recommendations are based on <b>workforce need</b> having taken into account:</p> <ol style="list-style-type: none"> <li>i. information from NHS organisations IMTP's (previous three years),</li> <li>ii. workforce modelling and wider available workforce intelligence</li> <li>iii. Welsh Government strategic direction (<i>A Healthier Wales</i>) and wider policy requirements,</li> <li>iv. capacity within the system to support training/student/trainees,</li> <li>v. opportunities to transform the workforce through innovation/new roles and new ways of working.</li> </ol> <p>HEIW is recommending a growth in education and training places across a range of staff groups as set out in Section 7.</p> <p>Recommendations are based on a whole workforce solution and recognise the contribution of the multidisciplinary team.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	Approval ✓		
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• Approve the recommendations as set out in section 7 of the main report for submission to Welsh Government for the Ministers of Health and Social Services consideration.</li> </ul>		

## Governance and Assurance

### Link to corporate objectives (please ✓)

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

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

With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.

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

✓

✓

✓

✓

Improving opportunities for use of technology and digitalisation in the delivery of education and care.

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

Demonstrating value from investment in the workforce and the organisation.

✓

### Quality, Safety and Patient Experience

The provision of high quality education in the preparation of the future workforce is critical to the delivery of high quality patient care. The recommendations within this paper outline the future investment in health education during 2020/21.

### Financial Implications

The following detail sets out the total funding requirement for Education Commissioning and Training for 2020/21 calculated as **£184.3m** increasing to **£206.2m** by 2022/23. This can be broken down into £127.8m for the wider health professional education with more detail in section 8.1, £3.2m for pre-registration pharmacy training following agreement of the business case and £53.2m for medical training places summarised in section 8.2.

	2020-21 £m	2021-22 £m	2022-23 £m
Health professional commissioning	127.798	138.585	145.810
Pre-Registration Pharmacy	3.240	3.648	4.056
Medical training	53.247	55.234	56.290
<b>Total</b>	<b>184.285</b>	<b>197.467</b>	<b>206.156</b>

### Legal Implications (including equality and diversity assessment)

There are no known legal implications associated with these recommendations.

### Staffing Implications

There are no known staff implications associated with these recommendations.

<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
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The recommendations within this report will support individuals as they undertake education. This will support the following goals:	
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- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• A prosperous Wales</li><li>• A resilient Wales</li><li>• A Healthier Wales</li><li>• A more equal Wales</li></ul> |  |
|---|--|

<b>Report History</b>	No previous reports have been submitted to the Board
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<b>Appendices</b>	NHS Wales Education Commissioning and Training Plan for 2020/21
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# **NHS Wales Education Commissioning and Training Plan for 2020/21**

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**July 2019**

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## Appendices

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Appendix 1	Commissioning Trends Health Professional
Appendix 2	Medical Speciality Training Posts and Changes
Appendix 3	Total Cost of Training a Student over the duration of the course 2020/21
Appendix 4	Supporting Information

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# NHS Wales Education Commissioning and Training Plan for 2020/21

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## PURPOSE

This paper provides recommendations on the level of national education and training to be supported in 2020/21 for the medical and wider health professional workforce.

## 1. Introduction

Health Education and Improvement Wales (HEIW) was established in October 2018 as a Special Health Authority and provides the strategic leadership for NHS Wales on a wide range of education and workforce issues. This is the first year HEIW has developed a national education commissioning and training plan for the health workforce. This plan is for one year as HEIW develops a new approach to the planning of education and training for future years, as such this is a transitional plan from the current system to a new approach. The publication of the health and social care workforce strategy will play a key role informing the future long-term education and training needs of the health and social care sectors.

This plan includes recommendations for the future education and training (centrally commissioned) for the medical and wider health professional workforce.

The report makes recommendations on the level of education and training required for 2020/21, across the following areas:

- Centrally funded Healthcare Support Worker development
- Undergraduate health professional education and training (nurses, midwives, allied health professionals and health care science)
- Non-medical prescribing
- Post-registration education programmes/modules
- Post graduate medical education training places
- Pre-Registration Pharmacy and Pharmacy Technicians

In developing this plan, HEIW has agreed with Welsh Government:

- a. The recommendations are to be based on **workforce need** having taken into account:
  - i. information from NHS organisations IMTP's (previous three years),
  - ii. workforce modelling and wider available workforce intelligence
  - iii. Welsh Government strategic direction (*A Healthier Wales*) and wider policy requirements,
  - iv. capacity within the system to support training/student/trainees,
  - v. opportunities to transform the workforce through innovation/new roles and new ways of working.
- b. The Minister for Health and Social Services will sign off the final education and training numbers and investment required. This will require investment in education and training for 2020/21 to be agreed by the end of September 2019.

## 2. Strategic & Policy context

**A Healthier Wales: our Plan for Health and Social Care** was published in June 2018 in response to the Parliamentary Review of the Long Term Future of Health and Social Care.

Healthier Wales set the intent for *'Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to develop a long-term workforce strategy in partnership with NHS and Local Government, the voluntary and independent sectors as well as regulators, professional bodies, and education providers.'* HEIW and SCW are currently working with The Institute of Public Care at Oxford Brooke University (IPC) to develop this strategy.

This workforce strategy is critical to deliver *A Healthier Wales*, which sets out a long-term future vision of a 'whole system approach to health and social care', focussed on health and wellbeing and on preventing illness.

Planning for transformative models of care requires an understanding of the impact on the workforce in terms of numbers and skills needed in the future, to ensure safe, effective care, continuous improvement and staff health and wellbeing. The development of the workforce strategy and its associated implementation will inform future education and training plans.

Whilst the purpose of this paper is to make recommendations on future education and training levels it is recognised that there will also be significant work to do around the type of training and where it is delivered.

HEIW is responsible for ensuring that staff have the appropriate knowledge, skills and attitudes to provide care that enables individuals to manage their future health and wellbeing: This will include:

- Creating opportunities for staff to learn together, across multi-disciplinary and multi-agency teams, working towards joined-up training and development for professionals, volunteers and carers, particularly promoting generalist skills delivered in the local areas.
- Supporting access to good quality care for rural communities with a focus on rural health and design principles.
- Encouraging and supporting joint workforce planning at regional and local levels
- Expanding and advancing generalist skills and new ways of working that supports the prudent healthcare agenda and capitalising on this expertise across professional boundaries
- Working with Social Care Wales (SCW) on new skills development and the creation of specific integrated career paths for the health and social care workforce at a scale aligned with the new models of care
- Continuing to address key staff shortages and deficits that affect service delivery and patient care.

The development of this education and training plan therefore reflects where possible these priorities and priority areas which have been identified through the work on the Health and Care Strategy to date. The plan has also taken note of national work undertaken by bodies such as the Kings Fund, Nuffield Trust and Health Foundation on the challenges facing the

health and social care workforce, how the workforce should be developed and opportunities for modernisation and growth.

It is suggested that the biggest threat to the health and social care system is the workforce rather than finance and health systems need to invest and grow the workforce. This means expanding the training and education numbers in priority areas.

HEIW is currently undertaking a strategic review of its health professional education as the current contracts with education providers are due to expire in July 2021. This will enable HEIW to set out its strategic direction for education for the coming years and ensure alignment with the workforce strategy.

### 3. Workforce planning and trends

#### 3.1 Workforce trends

HEIW has produced a range of key trends and data analysis reports. Key points to note are:

- Staffing numbers continue to increase across all staff groups. The overall workforce has grown by 10.4% (7,579 FTE) over the last 5 years (2014 – 2019)
- During this period, the medical workforce has grown by 11.0% (684.8 FTE) and the nursing workforce by 3.2% (693.8 FTE)
- Agency costs have increased by 6% and in 2018/19 were £143 million
- Cost of the directly employed workforce in 2018/19 is circa £3.8 billion
- Sickness rates remain at around 5%
- The age profile of the workforce shows that at March 2019 23.4% (17,295 FTE) of staff employed are now aged 55 or over.

The workforce is also changing for example the increasing number of staff working less than full time, workforce mobility and long-term career planning/investment in local services.

Across the UK, national bodies are recognising the need to grow the workforce in order to meet the increasing demands, Wales is in a similar position and this plan has been developed in the knowledge that there is a need for the health care workforce in Wales to grow. HEIW has undertaken an extensive modelling exercise [Appendix 4](#) for a number of professions to consider future changes in the workforce and used this information in the development of the recommendations.

Investment in education and training is a key enabler to growing the workforce, [Appendix 1 and 2](#) provides information on education and training over recent years.

There are a number of staff groups, which the UK Government includes on a Nationally Recognised Shortage Professions list for England/Wales. Inclusion on this list influences visa and migration status. Staff groups include Nursing, Radiographers, Paramedics, Sonographers, Medical Consultants in Clinical Radiology, Emergency Medicine, Old Age

Psychiatry, Neurophysiology Scientists, Nuclear Medicine Scientists and others<sup>1</sup>. This has been taken into account in this plan.

### 3.2 Integrated Medium Term Plans 2019

The NHS Wales Planning Framework 2019/22 sets the tone and direction for the next three years and focuses on the delivery of *A Healthier Wales*. Organisations were required to ensure their IMTP's continue to demonstrate a truly integrated planning approach with the overarching strategic priority being to improve population health, focussing on prevention and reducing health inequalities based on the prudent health and care philosophy.

The integrated plans for seven organisations have been approved following a robust assessment process. At the time of preparing this report, three organisations were unable to submit Board approved three-year plans, however they have provided their workforce information which has been taken into consideration in developing this plan. Education commissioning numbers have been collated and reviewed using centrally available data. HEIW has worked closely with NHS organisations in developing this plan.

The IMTPs identified a number of areas of significant workforce risk and challenge including:

- Recruitment challenges in a range of areas including:
  - Nursing across all fields of practice,
  - Medical specialties including Psychiatry, GPs (including out of hours), Radiologists, Acute Physicians, Emergency Medicine and Occupational Health. PH Consultants, Oncologists, Trauma & Orthopaedics, General Surgery, O&G, Diabetes, Pathology specialties, Ortho-geriatrics, Dermatology, Care of the Elderly Anaesthetics, Neurophysiology, Palliative, Haematology, Paediatrics, Histopathology, Microbiology, Urology, Geneticist, Sexual Health, Endoscopy and ENT,
  - Allied health professionals,
  - Pharmacy,
  - Biomedical scientists in some organisations,
  - Others including, Bio-informaticians IT technicians and Information Analysts, Estates staff, Cyber security, Business Intelligence, Clinical coders and experienced senior and executive level managers, CBT therapists.

IMTPs also identify a number of **opportunities** for workforce transformation:

- Redesign: The majority of the plans emphasise the need to redesign their workforce to mitigate against recruitment challenges and ensure the workforce sustains fragile services, especially for the medical workforce. The emphasis seems to be on skill mix particularly the development of extended roles, advanced practitioners and prescribing rights with most focusing their target on primary care.

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<sup>1</sup> <https://www.gov.uk/guidance/immigration-rules/immigration-rules-appendix-k-shortage-occupation-list>

- Growing the multi-disciplinary team particularly in primary care:
  - Pharmacists including Pharmacy Technicians
  - Paramedics – Pilots of advanced paramedics planned in a number of areas supporting GP sustainability and admissions avoidance
  - Advanced practitioner roles across nursing and AHP professions
  - Physicians Associates
  - Independent prescribing for Nurses/Pharmacists/Dietetics
  - Extended roles for example within Cardiac Physiology
  - Non-medical consultant roles – Consultant Midwife, Clinical Biochemist, CAMHS and Microbiology
- New emerging roles including
  - Care Navigators
  - Social care co-ordinators
  - Non-medical social prescribing
- Delivering a cluster model

Workforce implications of the 111 service are not specifically referred to in the plans, but direct links to that work stream highlight ongoing additional paramedics and pharmacy requirements.

Additional detail on the above risks and opportunities from IMTPs is incorporated in the detailed staff group narrative contained in the appendices to this report.

### 3.3 Agency costs

**Nursing & Midwifery** agency cost across NHS Wales increased in 2018/19 by 27.2% from 2017/18. In 2017/18, the nurse agency bill for NHS Wales was £51.4m and this has risen by £14m to £65.4m in 2018/19. This is a historical high. For comparison, in 2012/13 the total nurse agency bill to NHS Wales was £9.2m, therefore the last 6 years has seen a 609% increase in costs.

The agency costs for **Allied Health Professionals** (AHP) across NHS Wales is also increasing with approximately £600k spent on AHP agency staff every month. In 2018/19 the total spend on AHP agency staff was £8.3 million, which compares to £800k in 2014/15 a 938% increase.

**Medical & Dental** locum cost across NHS Wales has seen a large reduction, £22.7 million (48% reduction) over the last two years. In 2016/17, the locum cost was £77.3 million and in 2018/19, the cost reduced to £54.6 million. This is in part a result of the introduction of the locum cap.

For the first time Nursing and Midwifery agency costs exceeds Medical & Dental agency costs, with Nursing and Midwifery agency cost £10.8m higher than Medical and Dental costs.

The increase in agency expenditure is a reflection of the vacancies across the health sector and the ongoing difficulties organisations are experiencing in recruitment and retention of staff. The need for increased training places has been reflected in the IMTP's and in response to this, the numbers commissioned increased significantly from 2015.

Nurse and AHP commissions are now at a record high. This increased investment, whilst not providing a short-term benefit to the service, builds the infrastructure, capacity and resilience in both the higher education sector and the service (in terms of placements) and provides a strong base for nurturing, providing and developing the workforce to meet the needs of an increasingly complex health and social care system.

This investment in the workforce will assist in the delivery of *A Healthier Wales*.

## 4. Priority Service and Workforce Areas

This multi-professional education and training plan reflects future workforce priorities. While each individual professional/staff group is identified separately, there are many inter-related training/workforce issues. In many cases, the solution to one workforce challenge cuts across many different staff groups, for example, the current challenges in providing the primary care service/workforce, requires additional GP trainees but also requires investment in, physicians associates, advanced practitioners/extended skills practitioners (nurses and AHP), pharmacists, healthcare support workers and non-medical prescribing etc..

HEIW has identified a number of national service/workforce priorities, which are identified in its annual plan for 2019/20 and which require a multi-professions workforce response; these are identified below along with associated workforce implications:

### 4.1 Unscheduled care including OOH Primary Care

The challenges facing unscheduled and primary care are well known and HEIW has worked over recent months with Welsh Government and the NHS across a number of areas. Examples includes:

- increasing the number of GP trainee places for 2019, with an ambition to increase this in future years
- development of an integrated pre-registration pharmacy programme to increase the contribution of pharmacists
- changing the optometry workforce
- increase the number of advanced practitioners and staff with extended skills
- increase the number and utilisation of physician associates to support unscheduled and primary care
- increase the use of the wider workforce e.g. nursing, allied health professionals, paramedic and pharmacy in unscheduled care and primary care
- continue investment in education and training for non-registered (both clinical and non-clinical) staff
- develop workforce tools to support workforce modernisations e.g. online verification of death training resource for non-medical staff
- roll out of the behavioural science approach resulting in a less risk averse culture and practice
- increase in non-medical prescribing to upskill the workforce

## **4.2 Cancer/Diagnostics**

The workforce challenges facing the cancer and diagnostics workforce are complex and require a whole system approach. The Welsh Government has launched the Single Cancer Pathway, which is an ambitious plan to improve cancer services. HEIW is working with NHS organisations to ensure plans are in place to deliver the workforce required. In addition to training additional medical consultants across a range of specialities, there are many other workforce opportunities, these include:

- Advanced practitioner roles/extended skills, e.g. reporting radiographers, radiography assistant practitioners etc.
- Clinical endoscopist's
- Sonographers
- Development of Scientific Training Programme (STP) and Higher Specialist Scientific Training (HSST) roles
- Ability to develop the clinical scientist workforce through equivalence routes

## **4.3 Access (eye care)**

Eye care is delivered across all sectors by a wide range of healthcare professionals and is both a scheduled and unscheduled service. Given the aging population and the development of new technologies, demands on eye care services are set to increase. In light of this, new care-pathways are currently under development that utilise the skills of the multi-professional team and the capacity of the whole system including those working across the community sector.

The new care-pathways will provide greater access to eye health care within the community setting and enable specialist services delivered by secondary care to focus on those areas of practice, which require the level of expertise delivered from them.

Additional training for optometry staff working in the community to manage glaucoma and wet macular degeneration pathways are already being developed, however, additional training for nurses and other clinical staff needs to be considered as part of the overall implications for this education and training plan.

## **4.4 Maternity services**

In recent months, maternity services have been under significant scrutiny following the publication of the Royal College of Obstetricians and Gynaecologists report into maternity services in Cwm Taff University Health Board. This review has highlighted workforce challenges across a number of staff groups and these have been reflected in this report.

## **4.5 Other national priorities**

The Welsh Government and NHS have established a number of national programmes in response to service priorities, which will have workforce implications. While the specific implications are not known for all areas, these areas of work have been taken into consideration when developing this plan. The areas include:

#### All Wales Networks

- All Wales Mental Health Network
- Cancer Network
- Cardiac Network
- Critical Care
- Maternity
- Neonatal

#### National Strategic Programmes

- Imaging
- Pathology
- Lymphoedema
- Endoscopy
- LINK

#### Major Conditions

- Diabetes
- End of Life
- Liver
- Respiratory
- Stroke and Neurological conditions

It is likely that during the time students and trainees undertake their education further service priorities will be identified which will have workforce implications and as such have not been identified in developing this plan.

## 5. Factors which influence education commissioning numbers

In section 1, of this paper it was identified that the recommendations for future education and training are based on **workforce need**. There are other factors, however which influence future education intentions, these include:

- Recruitment challenges which are reflected through increasing agency costs
- The overall funding available and the cost of training each individual. The funding of post-graduate medical trainees differs significantly to that of the wider health professional workforce. Medical trainee funding is shared between the service and HEIW due to the service provision they deliver as part of their training.
- Overall cost of the student/trainees education – see **Appendix 3** (health professional staff). Given the variation in costs, small changes in the commissioned numbers for the higher cost groups can have a substantial impact on the education budget. Small or moderate changes to commissioned numbers for the lower cost student groups have far less impact.
- The number of students being supported for each professional group
- The capacity of the service to provide clinical placements, e.g. nursing.
- The complexity of placements across professions which use common areas for training e.g. Emergency Departments need to support: nurses, paramedics, physicians associates, medical trainees from a number of specialty programmes
- Viable cohort sizes for smaller professional groups

- The need to increase multiple pathways e.g. full time, part time and accelerated pathways requires viable numbers

A common and increasingly significant issue, which affects the number of students and trainees needed across all professions, is the increasing popularity of part-time working as seen below. The effect of this change in working practice means that additional students have to be trained just to maintain the full time equivalent workforce at the same level, yet alone increase the workforce.

<b>Percentage of Full Time / Part Time by Staff Group based on Headcount @ Apr 19</b>			
<b>Staff Group</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Total</b>
Allied Health Professionals	66%	34%	100%
Medical and Dental	81%	19%	100%
Nursing and Midwifery Registered	58%	42%	100%
<b>Total</b>	<b>64%</b>	<b>36%</b>	<b>100%</b>

In developing this plan, all of these factors have been taken into consideration.

## 6. Engagement in developing this plan

In developing this plan, HEIW has engaged with a wide range of stakeholders and received their support for the recommendations made. Stakeholders include:

- Chief Executive officers
- Directors of Workforce and OD
- Nurse Directors,
- Directors of Therapy and Healthcare Science
- Medical Directors
- Professional bodies/trade unions
- Welsh Government Policy leads
- Training Programme Directors and Heads of Specialty Schools

In the discussions held with the above there has been wide spread support for the need to develop the workforce in the community and primary care setting to support the shift of services from secondary care. There has also been support to extend the role of health professionals and support staff in meeting the workforce challenges and enabling the prudent principles to apply. Inevitably there were comments regarding the need to invest in some areas of the workforce, which have not been recommended through this report, this was a reflection of single comments being made with no triangulation with other sources.

HEIW plans to develop its engagement process to include stakeholder forums and close working relationships with the social care/independent health care providers.

## 7. Summary of commissioning recommendations

Detailed information, which has been considered during the preparation of this plan, is contained in **Appendices 4**. Having reviewed all of the available evidence, including identified organisation needs, capacity within the system, published evidence and the information from HEIW workforce intelligence tools, the following recommendations are made:

### 7.1 Wider health professional staff

#### a. Education commissions should continue to:

- i. Expand the number of education programmes delivered through part time and shortened programmes
- ii. Increase the proportion of pre-registration nursing places delivered by the part time/distance learning route
- iii. Expand the provision of part time nursing places available to the care home sector.
- iv. Maintain current level of investment in advanced practice and health care support worker development

#### b. Increases are proposed in the following areas:

	FROM	TO	% change
Adult Nursing places	1,216	<b>1,400</b>	15.13%
Mental Health Nursing places	324	<b>356</b>	9.88%
Midwifery places	134	<b>161</b>	20.15%
Diagnostic Radiography places	112	<b>140</b>	25.00%
Therapeutic Radiography places	20	<b>22</b>	10.00%
Dietetic places	42	<b>52</b>	23.81%
Physiotherapy places	147	<b>164</b>	11.56%
Speech and Language Therapy places including Welsh Language Provision	44	<b>49</b>	11.36%
Doctorate in Clinical Psychology places	27	<b>29</b>	7.41%
Healthcare Science:			
▪ STP's places	24	<b>30</b>	25.00%
▪ PTP BMS places	21	<b>24</b>	14.29%
Physicians Associates	42	<b>54</b>	28.57%
Increase post registration modules for community staff	472	<b>560</b>	18.64%
To increase the Non-Medical Prescribing budget	£300k	<b>£500k</b>	66.67%

#### c. New areas for investment

- i. To commission education to enable existing radiographers to extend their practice and undertake radiography 'reporting' this will support the cancer/diagnostic workforce challenges by optimising their contribution to the MDT in line with the prudent healthcare principles. It is proposed to fund this at **£40,000 recurring annually for 2 years initially**
- ii. The HCPC have announced that from 2021 paramedic science education must be at degree level. In order to maintain high calibre application for this

programme it is recommended that the degree programme is introduced in Wales from 2020. This will also support the service demands for this critical workforce. This has no financial implication in year 1 and 2 of this programme.

## 7.2 Medical

<b>General Practice</b>	HEIW has agreed with the Welsh Government that following the successful recruitment to the GP trainee scheme the available places can increase from the current 136 to 160 with the intention to increase to 200 by 2021. The Welsh Government have indicated that additional funding will be made available for students recruited in addition to the 136, these costs have not been reflected in the financial assessment set out in section 8.
<b>Emergency Medicine:</b>	7 higher training posts to commence in 2020; 4 posts to ensure that the additional trainees appointed to the ACCS training scheme are able to complete their training in Emergency Medicine and 3 posts to provide training in Paediatric Emergency Medicine and Pre Hospital Emergency Medicine.
<b>Intensive Care Medicine</b>	13 additional CT2 posts from August 2020 to meet the Internal Medicine curriculum requirements for the CT1 trainees appointed in 2019 to progress into CT2. This is an ongoing cost commitment for Internal Medicine Training. No change to training numbers for higher ICM trainees and to be reviewed again in 2020.
<b>Anaesthetics:</b>	3 additional higher training posts for 1 cohort and the specialty reviewed for 2021.
<b>Old Age Psychiatry:</b>	2 additional higher specialty training posts per annum in Old Age Psychiatry using a roll forward of the funding from the 2019 plan. Continuation of the incentive payment for the MRPsych examination fees.
<b>Paediatrics:</b>	No additional funded posts requested through this plan for 2020 but expansion explored with Health Boards directly. Specialty requirements are reviewed again for 2021.
<b>Community Sexual &amp; Reproductive Health (CSRH)</b>	No change to training numbers and a review of the specialty in a couple of years
<b>Dermatology:</b>	Additional higher training posts to address the current deficit in consultant numbers and provide opportunities for Clinical Fellows appointed following agreement of the CEOs to move into a training programme.
<b>Medical Microbiology:</b>	3 additional posts per year for 5 years and to expand the training programme into Swansea and North Wales to support the increase in the Clinical Infection workforce.
<b>Clinical Radiology</b>	Increase the current intake to 20 trainees for 2020 intake and review again for 2021. This maximises the capacity of the Imaging Academy.
<b>Rehabilitation Medicine</b>	1 additional post in Rehabilitation Medicine to be created from August 2021 to support the workforce requirements of the Major Trauma Network.

## 8. Education Commissioning and Training Financial Impact

Following the establishment of HEIW, commissioning budgets associated with the activities of the legacy organisations transferred into HEIW to form part of the core allocation. The budget set for 2018/19 was effectively managed through the transition process and a break-even position was reported as at 31<sup>st</sup> March 2019, subsequently the audit opinion was unqualified.

The following detail sets out the total funding requirement for Education Commissioning and Training for 2020/21 calculated as **£183.6m** increasing to **£205.6m** by 2022/23. This can be broken down into **£127.8m** for the wider health professional education with more detail in section 8.1 below, **£3.2m** for pre-registration pharmacy training following agreement of the business case and **£52.6m** for medical training places summarised in section 8.2.

	2020-21 £m	2021-22 £m	2022-23 £m
Health professional commissioning	127.798	138.585	145.81
Pre-Registration Pharmacy	3.24	3.648	4.056
Medical training	52.6	54.5	55.7
<b>Total</b>	<b>183.638</b>	<b>196.733</b>	<b>205.566</b>

### 8.1 Health professional education commissioning

#### Budget Requirements 2020/21

The table below summaries the calculated requirement for 2020/21:

	Budget Requirement £m	Commissions (WTE)	Increase / (Decrease) Against 19/20 Levels:	
			Commissions	Budget
2020/21 HEIW Recommendations	127.8m	4,227	19%	12%

To commission the numbers set out above funding of **£127.8m** would be required. A number of assumptions underpin the calculation of this value as set out below:

- All newly commissioned places will be fully recruited to,
- An inflationary uplift of 2% has been applied to the fee per student
- A 1% inflationary uplift has been applied to the value of the bursary.
- The top sliced running costs for Student Awards remains unchanged.
- It is proposed to maintain the level of investment for Healthcare Support Workers and Advanced Practice at the same level as 2019/20
- Take up of bursary funding will remain at 96%. This assumption is set out in more detail below.

A total requirement of £127.8m would represent an increase of £14.2m (12%) above the 2019/20 budget level of £113.6m. The additional cost is due to a number of factors including:

- an overall increase in the commissioned numbers to meet demand (circa £9m);
- Initiatives to improve flexibility and access which include but are not limited to an increase in the number of places for training through 4 year part time routes which incur higher costs due to the extended length of the course and the commitment to fund backfill costs (circa £2m);
- Inflationary pressures based on the assumptions set out above (circa £3m).

### Implications for future years

It is important to note that the increased number of commissioned places will only affect 7 months of the 2020/21 financial year and therefore the full impact of the increase will not be apparent until 2021/22 and beyond. The increased number of students will be in the system for the full financial year 2021/22 and 2022/23 therefore it is important to highlight the associated funding requirements for future years.

The tables below shows the future impact of the current funding requirement described above:

Financial Year	2020-21 £m	2021-22 £m	2022-23 £m
Core Budget	100.775	111.429	118.016
Bursary	31.408	34.336	36.092
Non-take up of tie in Fees Element	-2.977	-4.859	-5.576
Non-take up of tie in Bursary Element	-1.409	-2.321	-2.722
<b>Total</b>	<b>127.798</b>	<b>138.585</b>	<b>145.810</b>

Predicting funding requirements beyond 2020/21 is difficult as the needs of the service, which inform the commissioning numbers for 2021/22 and beyond, will not be known until NHS organisations have submitted and agreed their IMTPs for the period 2021/22 to 2023/24, likely to be between December 2019 and March 2020. However the numbers set out above demonstrate the future full year impact of the funding requirement based on the broad assumptions that are set out here:

- The level of attrition will remain at current levels.
- Commissioning numbers will remain at similar levels.
- Inflationary pressures in future years will be consistent with current levels.
- The regulatory environment for education provision remains unchanged.
- The bursary system remains unchanged.

### Impact of students selecting to take the Student Finance support package

The figures presented above include an assumption firstly that the bursary system will remain unchanged, and secondly that a number of students will select student loans instead of the NHS Wales Bursary and so will not be subject to the 2 year commitment to work in Wales.

There were 59 students that selected student loans over the option of NHS Wales Bursary funding with the associated two-year tie-in in September 2017. The position for September 2018 was circa 165 based on actual autumn numbers and estimated for spring 2019. The assumption made for the calculation in the table below, is that this could increase to 200 per year, which would represent circa 7% of the total numbers commissioned.

The increase is thought to be due to the enhanced package offered as a result of the “Diamond Review” which was implemented across Higher Education in Wales in 2018.

The table below illustrates the anticipated impact across a three-year time scale. It is important to note that if a higher number of students select student loans instead of the NHS Wales Bursary option the actual costs would reduce further. Any material favourable or adverse change in bursary uptake would change the total requirement. The assumption made is deemed reasonable based on information available at this time but further dialogue with Welsh Government may be required in this event to manage significant variation to the figures quoted below.

<b>Bursary</b>	<b>20/21 Student No</b>	<b>21/22 Student No</b>	<b>22/23 Student no</b>
Sep-19	200	200	83.3
Sep-20	116.7	200	200
Sep-21		116.7	200
Sep-22			116.7
Sep-23			
<b>Total Students</b>	<b>316.7</b>	<b>516.7</b>	<b>600</b>
<b>Average bursary £</b>	<b>-£4,448</b>	<b>-£4,493</b>	<b>-£4,537</b>
<b>Total bursary</b>	<b>-£1,408,546</b>	<b>-£2,321,136</b>	<b>-£2,722,467</b>
<b>Fees</b>	<b>20/21 Student No</b>	<b>21/22 Student No</b>	<b>22/23 Student No</b>
Sep-19	200	200	66.7
Sep-20	133.3	200	200
Sep-21		133.3	200
Sep-22			133.3
Sep-23			
<b>Total Students</b>	<b>333.3</b>	<b>533.3</b>	<b>600</b>
<b>Average fees £</b>	<b>-£8,932</b>	<b>-£9,110</b>	<b>-£9,293</b>
<b>Total fees</b>	<b>-£2,977,278</b>	<b>-£4,858,918</b>	<b>-£5,575,608</b>
<b>Overall Total</b>	<b>-£4,385,824</b>	<b>-£7,180,053</b>	<b>-£8,298,075</b>

## Value for Money

Pre-registration nursing attrition in Wales is 10.5%. This is significantly lower than England. The gap between Wales and England continues to increase with England still reporting attrition at a minimum of 20%. The Welsh average midwifery rate is 7.8%. Midwifery attrition

in England is quoted at 21%. The Welsh average Allied Health Profession rate is 8.8% the English comparator is 13%.

The Welsh and English funding systems have historically been different, in the way Universities were paid etc. although there has always been some commonality surrounding the bursary scheme. The systems have diversified further following England's decision to remove the bursary scheme from September 2017.

A model has been developed to compare the two systems. The fundamental principle is to review the output (graduates) that Wales derives from its system compared to its inputs (commissions) and by undertaking a full economic costing exercise to identify the total cost of producing the number of graduates.

This is compared against the English costs by ascertaining the number of commissions they would need in order to produce the same number of graduates as Wales. This is based on their published attrition rates, the English benchmark prices for contracts, etc. the comparison is based on 2016/17 benchmark contract prices.

In summary, England would need to commission 595 (10.5%) more students than Wales. In terms of contract fees, England would pay £9.4m more than Wales and an additional £2.5m in student support costs. This equates to a value for money cost benefit for Wales of **£11.9m**.

## 8.2 Pre-Registration Pharmacy Training

Following the submission and agreement of a business case to expand the pre-registration pharmacist training programme for 2020/21 to 2023/24 the following additional funding will be required. This is reflected in the overall cost for the education commissioning and training budget.

		2020-2021	2021-2022	2022-2023	2023-2024
	Current No	£'000	£'000	£'000	£'000
NHS Pre Registration Pharmacist Trainees	60	60	60	60	60
Community Practice Pre Registration Pharmacy Trainees	64	100	110	120	130
Total	124	160	170	180	190
<b>Additional Funding Required</b>		<b>£3,240</b>	<b>£3,648</b>	<b>£4,056</b>	<b>£4,466</b>

## 8.3 Medical training places – funding implications

The financial analysis below relates to the cost of existing and additional medical training posts and assumes the ongoing funding for existing trainees as indicated by the training grade salary allocation in the table below.

## Total Allocation

	2020/21	2021/22	2022/23	2023/24
Training Grade Salary Allocation	£ 51,218,280	£ 52,242,646	£ 53,287,499	£ 54,353,248
Additional Workforce	£ 1,425,604	£ 2,267,414	£ 2,460,573	£ 2,492,512
<b>Total</b>	<b>£ 52,643,884</b>	<b>£ 54,510,059</b>	<b>£ 55,748,072</b>	<b>£ 56,845,760</b>

## Revised Salary and Support Costs Schedule

A revised cost schedule, comprising salary and support (study leave) costs is shown in the following tables. Costs have been provided based upon a 100% contribution increase from the Welsh Government for the additional posts recommended into the Training Grade Salary budget reflected from August 2020 to August 2025, including a 2% provision for inflation uplift

Costing is based on STRH grade with the exception of radiology at STRL grade.

### Total of Salary plus Support Costs - Per Trainee

Speciality	Total				
	2020/21	2021/22	2022/23	2023/24	2024/25
Intensive Care Medicine	£31,107	£46,429	£46,429	£46,429	£46,429
Clinical Radiology	£26,815	£40,022	£40,022	£40,022	£40,022
Dermatology	£31,107	£46,429	£46,429	£46,429	£46,429
Old Age Psychiatry	£31,107	£46,429	£46,429	£46,429	£46,429
Emergency Medicine	£31,107	£46,429	£46,429	£46,429	£46,429
Rehabilitation Medicine	£31,107	£46,429	£46,429	£46,429	£46,429
Medical Microbiology	£31,107	£38,768	£41,321	£44,896	£43,875
Anaesthetics	£31,107	£45,964	£46,429	£46,429	£46,429

### Total of Salary plus Support Costs - Overall Cost

Speciality	Total				
	2020/21	2021/22	2022/23	2023/24	2024/25
Intensive Care Medicine	£404,393	£603,572	£603,572	£603,572	£603,572
Clinical Radiology	£402,221	£600,330	£600,330	£600,330	£600,330
Dermatology	£93,321	£139,286	£139,286	£139,286	£139,286
Old Age Psychiatry	£62,214	£92,857	£92,857	£92,857	£92,857
Emergency Medicine	£217,750	£325,000	£325,000	£325,000	£325,000
Rehabilitation Medicine	£31,107	£46,429	£46,429	£46,429	£46,429
Medical Microbiology	£93,321	£232,607	£371,893	£448,965	£526,500
Anaesthetics	£93,321	£139,286	£139,286	£139,286	£139,286
<b>Total</b>	<b>£1,397,651</b>	<b>£2,179,367</b>	<b>£2,318,653</b>	<b>£2,395,725</b>	<b>£2,473,260</b>
Total plus 2% inflation	<b>£1,425,604</b>	<b>£2,267,414</b>	<b>£2,460,573</b>	<b>£2,492,512</b>	<b>£2,573,180</b>

## Incentive Payments

Incentive payments are not included in the total funding requirement above as they are held centrally by Welsh Government and drawn down as required on an actual basis.

## **GP Incentives:**

The “targeted” incentive is targeted at selected training areas within Hywel Dda University Health Board (‘H DUHB’), Betsi Cadwaladr University Health Board (‘BCUHB’) and Powys Teaching Health Board (‘PtHB’) (‘Eligible Health Board Areas’). Currently the incentive covers a maximum of 38 incentive places and is based on an incentive payment of £20,000 with NI contribution. The planned expansion in the number of GP trainees will have an impact on the total number of trainees eligible to claim an incentive and so total cost but is dependent on whether recruitment to eligible schemes increases.

The Universal incentive: All trainees who start or have started in their first post of the GP training programme in the 2017, 2018, 2019 and February 2020 recruitment rounds will be eligible to receive reimbursement of the costs of the first sitting of the Clinical Skills Assessment (CSA) and the first sitting of the Applied Knowledge Test (AKT) (approximately £2,000)

Based on 136 GP trainees at a cost of £2,000 per trainee, the total cost of GP examination fees would be **£272k**. It should be noted that the GP expansion business case will result in an increase in the total cost of the universal incentive if the terms of the offer remain unchanged. At present this figure cannot be determined with certainty as recruitment is not yet complete for 2019/20. The assessment of total anticipated cost is further complicated by factors including requests for flexible working and less than full time trainees which are difficult to predict.

## **GP Psychiatry Examination Fees:**

All trainees commencing their first post in the psychiatry core training programme from August 2018 will be eligible to receive reimbursement for the costs of the first sitting of Paper A, Paper B and the Clinical Assessment of Skills and Competencies exam (CASC)

The cost of Part A is £445 and the costs of Part B & CASC is £1,318. Based upon the modelling of claimants, the potential impact could be **£149k** per annum.

## Commissioning Trends - Health Professional Staff

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

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

Staff Group	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Diagnostic Radiographers	112	112	112	102	92	73	58	56	51	58	55	51	51	54	49	61	63	61	57	49	27	33
Therapeutic Radiographers	20	20	20	22	21	21	23	23	15	17	17	17	21	15	13	14	15	14	13	12	8	7
Asst Practitioners Radiography	12	12	12	0	0	17	12	15	17	18	21	10	19	13								
PTP																						
BMS - Blood/Infection/Cellular/Genetics	21	21	21	23	27	26	28	0	27	45	45	45	43	53	45	49	51	44	34	34	24	35
Clinical Physiologists - Cardiac																						
Physiology/Audiology/Respiratory and Sleep Science	45	47	47	33	27	30	27	0	34	30	32	40	44	35	35	30	28	23	20	14	10	6
Neuro Physiology	3	3	3	3	4	5	5	3														
Medical Radiation Techs - Nuclear Medicine & Radiotherapy Physics	3	3	3	3	3	2	5	0	3	3	4	3	3	3	3	7	7	4	2	2	0	2
Clinical Engineering in Rehab	3	3	2	1	1	2	1															
Medical Engineering	0	0	0		1																	
STP																						
Audiological Scientists/Neurosensory Sciences	6	3	3	5	4	3	4	3	3	3	3	3	3	3	5	5	3	2	2	1	1	1
Neurophysiology	2	2																				
Respiratory and sleep science	3																					
Reconstructive Science	1																					
Cardiac Physiology	1	3																				
Biochemists/Blood Sciences	2	0	3	3	5	3	0	2	2	3	2	2	2	2	1	2	1	1	1	1	1	1
Cytogeneticists	0	0	0	0	0	0	0	0	1	1	1	1	1	1	2	2	1	1	1	1	2	1
Medical Physics/Radiotherapy Physics/INIR/IIR	3	3	4	4	5	4	3	4	4	5	4	4	3	3	5	6	5	4	3	2	2	2
Molecular Geneticist/Genomics/Cancer Genomics	1	1	1	1	1	0	0	0	1	0	0	1	0	1	1	1	1	1	1	1	0	1
Bioinformatics	1	2	1																			
Tissue Typing/Immunology/Histocompatibility	0	0	0	0	2		1	0	0	1	1	0	1	0	1	1	0	1	0	1	0	0
Clinical Engineering	1	2	4	1	3	3	4	3	2	2	1	2	2	2	1	2	2	1	0	0	0	0
Cellular Science/Embryology	2	0	0	2	1	0	2															
Infection Science - Clinical Microbiology	0	3	3	0	1	0	1															
HSST																						
Life Sciences - Genetics/Genomics	0	0	1	1																		
Microbiology	0	1																				
Life Sciences - Molecular Pathology of acquired disease	0	1	0	1																		
Physical Sciences and Biomedical Engineering - Medical Physics (Radiotherapy)	1	1	1	1																		
Physical Sciences and Biomedical Engineering - Clinical Biomedical Engineering	1	0	1	1																		
Bioinformatics	1																					
Audiology	0	0	1																			
Histocompatibility & Immunology	1	0	1																			
Transfusion Science	0	1																				

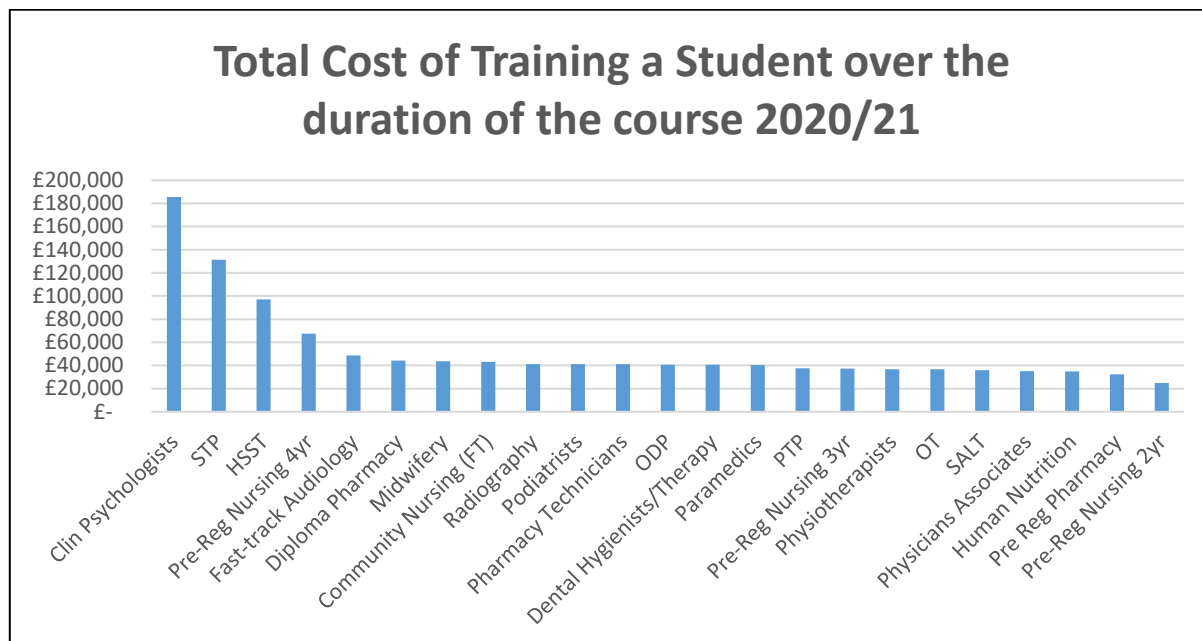
## Medical Specialty Training Posts and Changes

Specialty	2020 Recommendations	Current training post	Changes August 2019	Changes August 2018	Changes August 2017
<b>Anaesthetics/ICM</b>					
Core Anaesthetics Training/ACCS Anaesthetics		122			
Higher Anaesthetics	+3	134			
ACCS Intensive Care		14			
Higher Intensive Care Medicine		21			+4
<b>Emergency Medicine</b>					
Acute Care Common Stem - Emergency Medicine		21			+4
Emergency Medicine (includes PEM & PHEM)	+7	42	+4		+2
<b>Medicine</b>					
Core Medical Training/ACCS Acute Medicine	+13	241			
Acute Internal Medicine		12			
Audiovestibular medicine		1			
Cardiology		38			
Clinical Genetics		5			
Clinical Neurophysiology		1			
Clinical Oncology		18			
Clinical Pharmacology and Therapeutics		3			
Dermatology	+3	14			
Endocrinology and Diabetes Mellitus		23			
Gastroenterology		24			
Genito-urinary Medicine		4			
Geriatric medicine		52			+3
Haematology		18			
Immunology		1			
Medical Oncology		6			
Neurology		17			
Palliative Medicine		13			
Rehabilitation Medicine	+1	1			
Renal medicine		17			
Respiratory Medicine		29			
Rheumatology		10			

<b>Surgery</b>					
Core Surgical Training		100			
Cardio-thoracic surgery		7			
General surgery		54			
Neurosurgery		8			
Ophthalmology		40		+4	
Oral and Maxillo-facial Surgery		9			
Otolaryngology		18			
Paediatric Surgery		2			
Plastic surgery		13			
Trauma and orthopaedic surgery		45	+4		
Urology		16			
Vascular surgery		9			
<b>Pathology</b>					
Chemical pathology		4			
Histopathology		20			+2
Infectious diseases		2			
Medical Microbiology and Virology	+3	10			
Paediatric and Perinatal pathology		2			+1
<b>Psychiatry</b>					
Core Psychiatry Training		85			
Child and Adolescent Psychiatry		12			
Forensic Psychiatry		6			
Old Age Psychiatry	+2	9	+2 (not filled)		
General Psychiatry		29			
Psychiatry of Learning Disability		5			
<b>Imaging and Radiology</b>					
Clinical Radiology	+ 20	72	+4	+7	+11
Nuclear medicine		1			
<b>Women's Health</b>					
Obstetrics and gynaecology		93			
Community Sexual & Reproductive Health		2			
<b>Paediatrics</b>		143			
<b>Public Health Medicine</b>		23			
<b>Foundation Training</b>					

Foundation Year 1	Separate business case	339			
Foundation Year 2		339			
<b>General Practice</b>	Subject to separate business case				
<b>Wales Clinical Academic Track</b>		37			
<b>Total</b>	<b>+52</b>	<b>2461</b>	<b>+12</b>	<b>+11</b>	<b>+27</b>

The table below highlights the total cost over the duration of the programme to train a range of health professional staff. This demonstrates the variance and highlights those areas where it is more costly to train some staff in comparison to others.



## SUPPORTING INFORMATION

In developing the recommendations made within this plan a wide range of information has been taken into consideration, the following section provides a commentary on this to inform the position taken within this paper.

### 1. Nursing & Midwifery

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

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

Over the past two years HEIW has established a four year part-time and two year accelerated pre-registration nursing programme. Numbers allocated to these programmes have initially been modest as there was a need to establish them within the universities and health boards. HEIW now propose to increase the commissioned places for these programmes. This will provide a number of benefits, which include:

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

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

- Health Board need to comply with the requirements of the Nurse Staffing Levels (Wales) Act (2016) which came into full force from 6<sup>th</sup> April 2018.
- Nursing remains a shortage profession,
- Ongoing recruitment difficulties across the UK
- Changes in work patterns – increasing levels of part time working, this results in a greater
- Significant increase in agency nursing costs and the need to invest now to reduce the agency expenditure in the medium/long term

The table below summarises the number of nursing students, recommended for 2020/21 and those commissioned over the past 3 years.

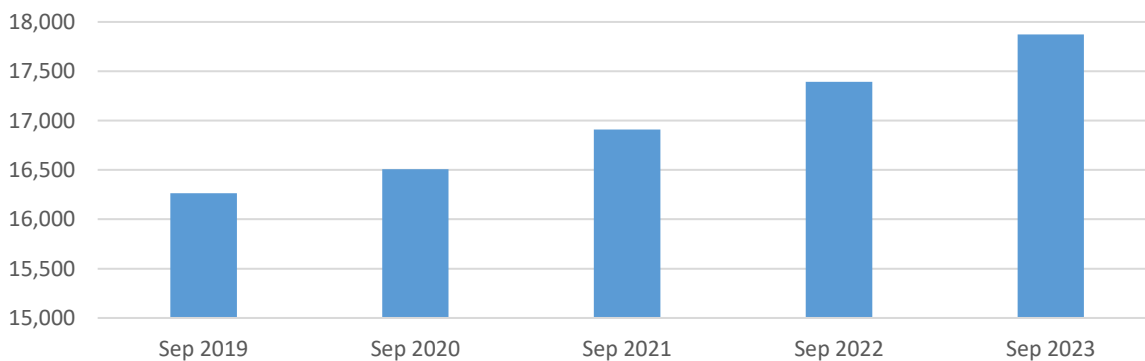
Course Title	Ed Com. 2017/18	Ed Com. 2018/19	Ed Com. 2019/20	2020/21 (WF Plans)	2020/21 - HEIW Recommendations
Adult Nursing	1100	1210	1216	2193	1400
Child	140	154	154	278	154
Mental Health Nursing	300	330	324	533	356
Learning Disability Nursing	70	77	77	131	77
Total Nursing	1610	1771	1771	3135	1987

## Adult Nursing

It is recommended that Adult places will increase from 1,216 to **1400**. This is an increase of 184 from 2019/20 levels, representing a 15.1% increase.

The workforce intelligence model developed by HEIW shows that the adult nursing workforce is projected to grow by **1,610 (10%)** between September 2019 (16,264 FTE's) and September 2023 taking the projected workforce to **17,874 FTE's** (see table below). While this is a significant increase, the current expenditure on agency costs would indicate that there is a significant vacancy factor which is yet to be filled.

Forecast increase in **Adult Nursing** FTE's of **1,610 (10%)** by 2023

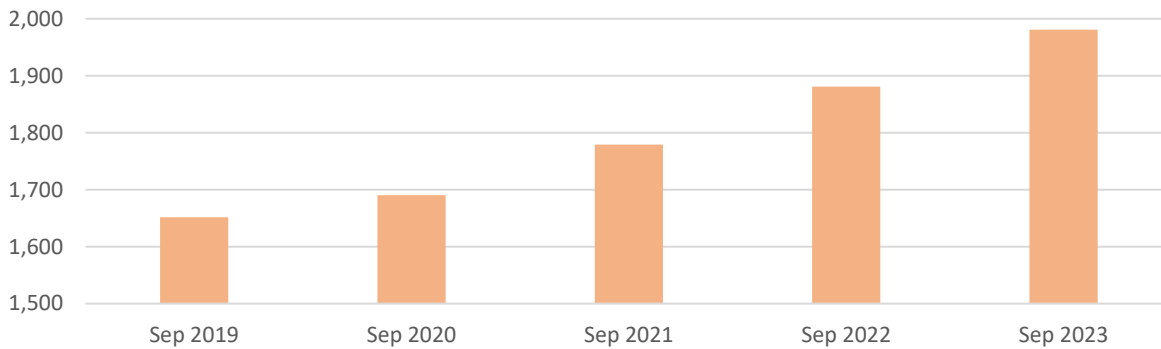


## Children's Nursing

It is recommended that Children's nursing numbers are maintained at **154**. However, commissioning numbers in 2016/17 were 100 and commissioning numbers have increased by 54% over the last 4 years.

In addition the workforce intelligence model developed by HEIW shows that the children nursing workforce is projected to grow by **329 (20%)** between September 2019 (1,652 FTE's) and September 2023 where the forecast is **1,981 FTE's** (see table below).

### Forecast increase in **Child Nursing** FTE's of **329 (20%)** by 2023

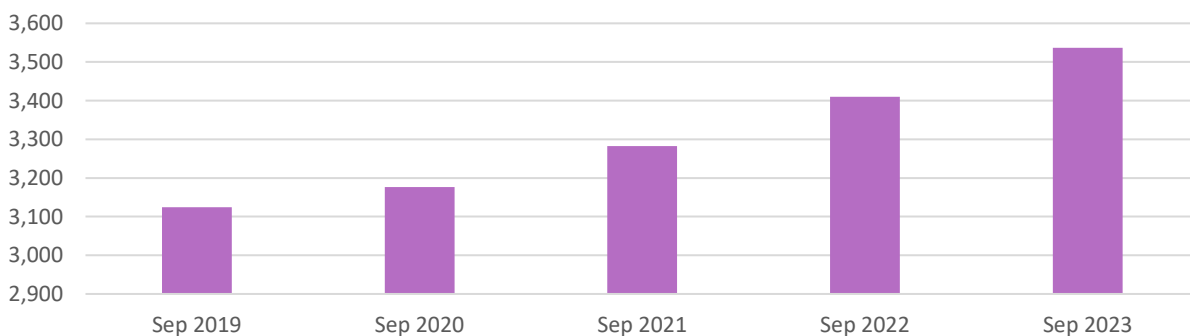


### Mental Health

It is recommended that Mental Health numbers will increase from 324 to **356**. This is an increase of 32 from 2019/20 levels, representing a 10% increase.

The workforce intelligence model identifies that the mental health nursing workforce is projected to grow by **413 (13%)** between September 2019 (3,124 FTE's) and September 2023 where the forecast is **3,537 FTE's** (See table below).

### Forecast increase in **Mental Health Nursing** FTE's of **413 (13%)** by 2023

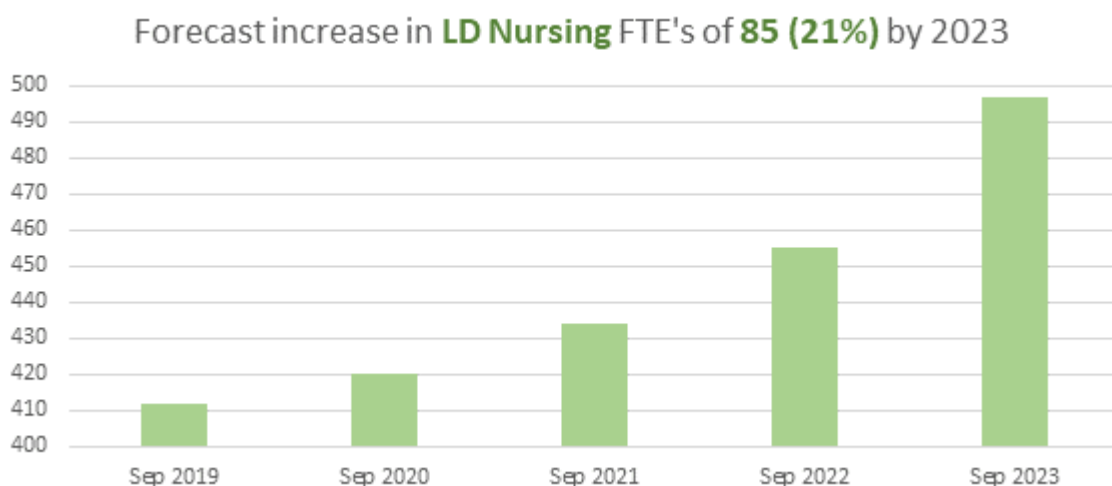


### Learning Disability

It is recommended that Learning Disability field numbers are maintained at **77**. The number of Learning Disability Places has increased over the past three years, however both Welsh education providers were unable to recruit to the commissioned education levels previously agreed. This is a reflection of a national workforce challenge in this sector. Work has commenced between both education providers to increase the profile of learning disability nurse education and careers in Wales and the Welsh Government has prioritised this workforce as part of its Train, Work, Live, campaign.

Additionally, it is proposed to explore the development of joint Learning Disability programmes with other programmes to deliver a dual qualification such as Learning Disability and Mental Health qualification or Learning Disability Nursing and Children’s Nursing qualification etc.

The workforce intelligence model identifies that the LD nursing workforce is projected to grow by 85(21%) between September 2019 (412 FTE) and September 2023 where the forecast is 497 FTE.



## Midwifery

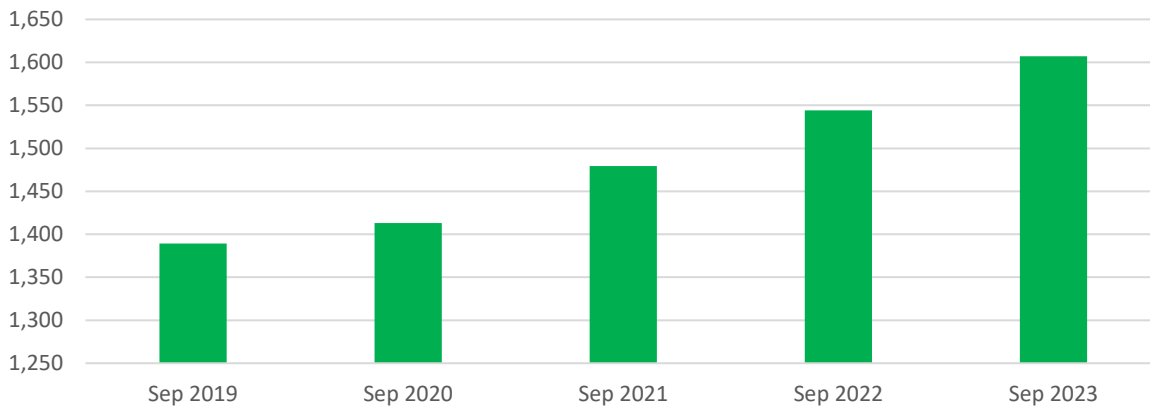
It is recommended that midwifery places will increase from 134 to 161 (see table below). This is an increase of 27 from the 2019/20 levels, representing a 20% increase.

Course Title	Ed Com. 2017/18	Ed Com. 2018/19	Ed Com. 2019/20	2020/21 (WF Plans)	2020/21 - HEIW Recommendations
Midwifery	134	134	134	210	161

Over the past four years midwifery places have increased from 94 to the current 134. The additional numbers commissioned from 2017/18 will start to graduate in 2020 and therefore the service has not yet received the benefit of the additional investment. This, together with the further increase in commissioned places proposed for 2020 has the following effect on the workforce,

The workforce intelligence model developed by HEIW shows that the midwifery workforce is projected to grow by **218 (15%)** between September 2019 (1,389 FTE’s) and September 2023 where the forecast is **1,607 FTE’s**.

Forecast increase in **Midwifery** FTE's of **218 (15%)** by 2023



## 2. Allied Health Professionals

In order for the 'A Healthier Wales' plan to be realised the requirement to expand the AHP workforce has been highlighted in the IMTPs. Allied Health Professionals have a key role to play in the plans to expand community/primary care services and developing a wider range of professionally led services and support. IMTPs predict that a number of professional roles will need to be expanded. This is in a climate of growing recruitment challenges for these professionals, with evidence of unfilled vacancies particularly in rural areas. Greater numbers of AHPs in comparison to nursing disciplines opt to work in England following graduation, therefore the bursary two year tie in with a commitment to work in Wales following the completion of their programme will go some way to meeting the demands of the current workforce in the coming years.

In terms of education provision for AHPs in Wales, the majority is based in the Cardiff area and is delivered by sole providers i.e. only one training programme in Wales exists delivered by one University. Glyndwr University is set to run a part time Occupational Therapy programme commencing in 2020 and this is the sole part time route available in Wales for AHPs. Meeting the service needs of the local population in more rural locations is problematic. In order to meet the needs of rural populations and provide development opportunities for the existing workforce HEIW seeks to build the support worker progression routes to pre-registration education. Development of the 'Therapy support worker framework' will contribute to a widening access to pre-registration training programmes into the future. Additionally, in recent years, universities have not always been able to fill the commissioned places for some disciplines and this has been taken into account when planning the commissioned numbers.

The table below summarises the number of nursing students, recommended for 2020/21 and those commissioned over the past 3 years.

Course Title	Ed Com. 2017/18	Ed Com. 2018/19	Ed Com. 2019/20	2020/21 (WF Plans)	2020/21 - HEIW Recommendations
<b>Allied Health Professionals</b>					
B.Sc. Human Nutrition - Dietician	30	30	30	39	35
PG Diploma Human Nutrition - Dietician	12	12	12	22	17
PG Diploma Medical Illustration	5	5	5	7	5
B.Sc. Occupational Therapy	101	113	125	150	125
PG Diploma Occupational Therapy	20	20	23	46	23
B.Sc Occupational Therapy (Part Time)	0	0	0	0	15
Degree in ODP	49	49	49	58	49
B.Sc. Physiotherapy	134	147	147	204	164
B.Sc. Podiatry	24	24	24	21	24
B.Sc Orthoptist	5	5	5	8	5
PhD Clinical Psychology Doctorate	27	27	27	70	29
B.Sc. Speech & Language Therapy	<i>Fallow</i>	36	36	40	40
B.Sc. Speech & Language Therapy - Welsh Language	<i>Year</i>	8	8	10	9
B.Sc Paramedicine	0	0	0	0	52
Ambulance Paramedics - EMT conversion	38	28	15	30	30

## Allied Health Professionals: academic intake 2020/21

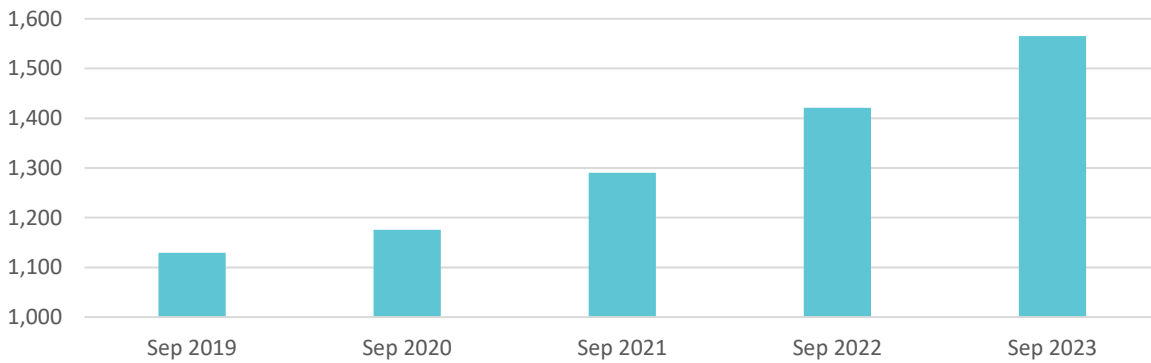
Increases to the workforce are recommended in the following areas:

### Occupational Therapy

Occupational Therapists (OT) are key to realising the plan to develop primary care services. Areas of work where OTs can evidence impact and a requirement for future growth include; frailty, social prescribing, self-management of chronic conditions, mental health and fitness for work, all linked with the Healthier Wales values of developing health and wellbeing; keeping people in their homes for longer. Occupational Therapists can reduce demand on General Practitioners by addressing and resolving underlying functional issues that are the root cause of multiple and regular contacts with the Practice. Workforce modelling undertaken by HEIW provides evidence that the recent investment in pre-registration training will result in an increase in the workforce in coming years. **However, a 10% increase in commissions via the part time training route is recommended whilst maintaining the overall number of places at the same level as 2019.**

The workforce intelligence model developed by HEIW shows that the OT workforce is projected to grow by **436 (39%)** between September 2019 (1,129 FTE's) and September 2023 where the forecast is **1,565 FTE's**. Note: this does not account for professionals who will be employed outside of the NHS.

Forecast increase in **Occupational Therapy** FTE's of **436 (39%)**  
by 2023



### Physiotherapy

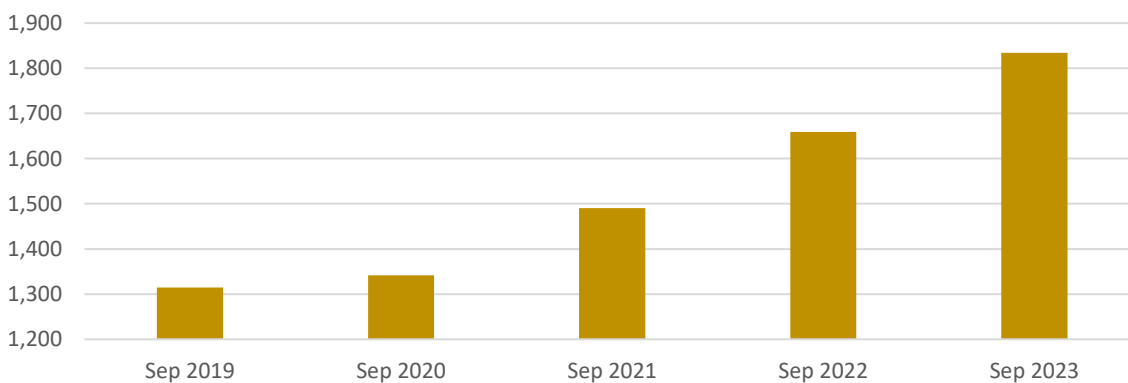
It is recommended that Physiotherapy numbers will increase from 147 to 164. This is an increase of 17 from 2019/20 levels, representing a 12% increase.

NHS Wales currently employs circa 1,290 physiotherapists. In many areas, increasing demand is being driven by the development of first contact physiotherapy services in primary care. Success in the therapy led MSK conditions service is identified in the IMTPs. There is a well-developed model comprising of band 7 and a smaller number of 8a advanced practice/extended role physiotherapists that undertake prescribing and therapeutic injections reducing dependency on General Practitioners and emergency services. The development of new models of physiotherapy will also potentially impact on requirements in Trauma & Orthopaedic medical requirements.

Workforce modelling undertaken by HEIW provides evidence that the recent increases in investment in pre-registration training will result in an increase in the workforce in coming years. **However, a 12% increase in commissions via the full time and part time training routes are recommended to support growth in service demand.**

The workforce intelligence model identifies that the physiotherapy workforce is projected to grow by **520 (39%)** between September 2019 (1,315 FTE's) and September 2023 where the forecast is **1,834 FTE's**.

Forecast increase in **Physiotherapy** FTE's of **520 (39%)** by  
2023



## Dietetics

It is recommended that dietician numbers will increase from 42 to 52. This is an increase of 9 from 2019/20 levels, representing a 21% increase.

Escalating rates and earlier presentation of diabetes and unacceptably high levels of obesity across Wales are well documented. In line with the obesity pathway dietetic services have been developed in all health boards and, working with their partners, are providing level one and two services. Aneurin Bevan University Health Board, Cardiff, and Vale University Health Board offer adult level 3 services. Other health boards are also currently developing their level 3 specifications, emphasising a future requirement for growth in dietetic services. There has also been a growth in requirement for patient group education to support diabetes management in addition to irritable bowel FODMAP dietary therapy group support. Other developments that will require dietetic services include the single cancer pathway and expansion of eating disorder services.

There has been no increase in commissioned places for pre-registration dietitians in recent years. Evidence exists of ongoing vacancies in service particularly in rural areas of Wales and use of agency staff. **Therefore, a 21% increase in commissions is recommended via the 2 year post grad and 3 year BSc routes to meet the predicted demand of dietetic services in 2022-23.**

## Speech and Language Therapy

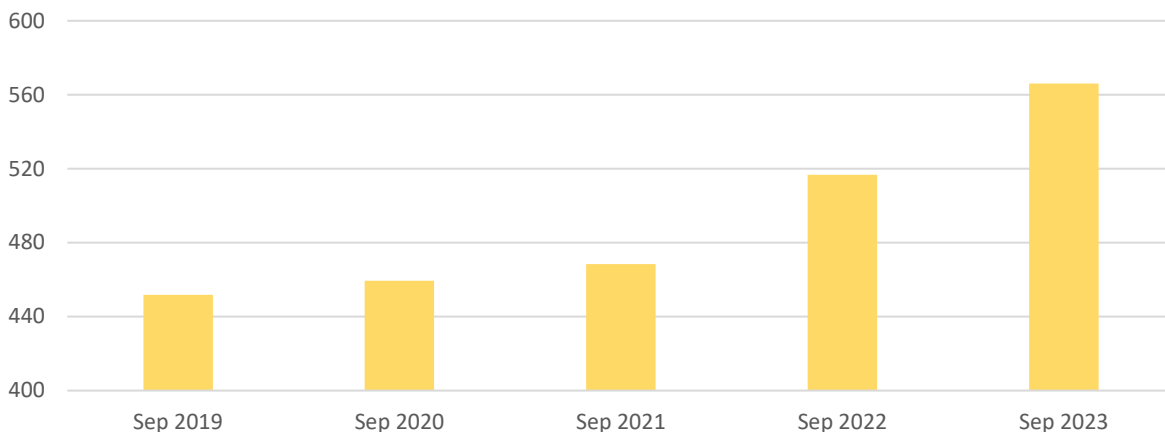
It is recommended that speech and language therapy numbers will increase from 44 to 49. This is an increase of 5 from 2019/20 levels, representing a 10% increase.

All health boards are required to provide clinical services through the medium of Welsh however the pressures in North Wales are more acute than other parts of Wales. Clinical posts exist which are deemed to be Welsh-essential and it is increasingly challenging to recruit suitably qualified and experienced staff to fill these posts. Welsh language use reported in Anglesey is 57% and Gwynedd 65% of the population. The BCU IMTP highlights the need for Welsh speaking SLT professionals specifically.

New developments within Unscheduled Care, Primary Care and Mental Health settings are predicated to lead to greater demand for SLT services. Currently, SLTs have replaced ENT Consultants' and Radiologists' time within instrumental swallowing clinics. Modelling suggests that currently, demand is being met by the existing training provision apart from Welsh language medium training. **However, 10% increase in commissioned training is recommended to meet the future increase in service demand.**

The workforce intelligence model identifies that the speech and language therapy workforce is projected to grow by **114 (25%)** between September 2019 (452 FTE's) and September 2023 where the forecast is **566 FTE's**.

## Forecast increase in **Speech & Language Therapy** FTE's of **114 (25%)** by 2023



### **Clinical Psychology**

It is recommended that clinical psychology numbers will increase from 27 to 29.

Increased prevalence in mental health problems (as discussed elsewhere in this document) have led to developments in mental health services, which are highlighted on the IMTPs. Service improvements include collaborative approaches to mental health requiring a cross cutting approach from health boards, the local authority, police, ambulance and third sector agencies. **In order to support new models of service delivery an increase of 8% in commissioned training places for clinical psychologists is recommended.**

### **Paramedics**

The intention to increase paramedic roles in changing the way primary care services is delivered is one of the strongest themes in IMTPs this year. This includes reference to a number of pilots including paramedic practitioners supporting GP sustainability working across in hours and OOH; home visits to assess and report to GP and me visits to assess, treat, refer, resolve.

Whilst formal evaluation is not yet available for pilots, early assessment is that they are successful in terms of admission avoidance. Nuffield Trust research summary "Shifting the balance of care: Great expectations" identified paramedic triage to the community as providing the most positive evidence of relative strength of evidence of reduction in activity and whole-system cost.

WAST's IMTP recognises that additional paramedics would be needed in order to release existing paramedics to undertake training in advanced practice to support new models of delivery in primary care, if such ambition is to be effectively realised without adversely affecting the delivery of WAST services.

HCPC has announced that from 1<sup>st</sup> September 2021 they will withdraw approval from existing paramedic's programmes that are below degree level. HEIW have discussed the implications of this with WAST and Swansea University.

It is recommended that the programme delivered in 2020/21 is at degree level. This will ensure Swansea University can continue to recruit to its programme.

It is recommended that 52 places are commissioned in 2020/21 on the BSc programme. In addition, HEIW will continue to commission the EMT programme with 30 places divided between two cohorts of 15 to be delivered in 2020/21.

### 3. Additional Professional Scientific & Technical and other professions

The tables below identifies the number of students which it is recommended are commissioned for 2020/21.

Course Title	Ed Com. 2017/18	Ed Com. 2018/19	Ed Com. 2019/20	2020/21 (WF Plans)	2020/21 - HEIW Recommendations
Diploma in Dental Hygiene	18	18	18	4	18
Degree in Dental Hygiene & Therapy	13	13	13	3	13
Physicians Associates	27	32	42	54	54
Pharmacy Technician	35	35	45	58	45

Course Title	Ed Com. 2017/18	Ed Com. 2018/19	Ed Com. 2019/20	Already committed 2020/2021	2020/21 (WF Plans)
Pharmacy Diploma	32	40	40	40	40
Pre Reg Pharmacy - Combined Programme	0	50	0	160*	63

Commentary is provided below only on those professions where there is something exceptional to highlight.

#### Physicians Associates

The first cohort of Physicians Associates in 2016/17 have now graduated and are now undertaking a period of internship within the health boards. Physicians Associates are identified as a solution to fragile rotas and medical recruitment challenges across all IMTPs. The majority of IMTPs indicate a need to train more PAs to support the development and transformation and sustainability of services. Some refer to evaluating the role in primary care with an aim to expand the role, and also exploring the option of rotational roles across Mental Health, Primary Care and Medicine.

**HEIW recommends increasing the level of education provision by 28% from 42 to 54 places in 2020/21.**

#### Pharmacy

The pharmacist role is to optimise clinical and therapeutic outcomes from medicines, which includes a prescribing role. The pharmacy technician role is leading on medicines management including medicines administration and use. Other health and social care staff who make decisions or

administer medicines will have a named pharmacy professional for support. This will include all nursing homes and community reablement teams by 2030.

Pharmacy team growth requires an appropriate skill mix of pharmacists and pharmacy technicians to be commissioned to deliver A Healthier Wales in line with prudent healthcare.

### **Modernisation of services with more clinical care from the community and primary care workforce.**

In future only people who require urgent, intensive or highly specialised care will require access to pharmacy teams in the hospital sector. Primary Care Cluster or GP practice pharmacists will see newly diagnosed or people with worsening LTC's. All pharmacists in these patient facing roles will be prescribers by 2022.

Community pharmacies are often open longer hours and at weekends when GP practices are closed. Each community pharmacy will have an independent prescribing pharmacist by 2030 so that consistent services can be commissioned out of hours. By 2022, 30% of community pharmacies will have an active independent prescribing pharmacist.

### **Pre-registration Pharmacists**

To secure a sustained increase in the number of appropriately trained pharmacists in the workforce, Welsh Government signed off a 2019 HEIW business case for additional funding to transform pre-registration pharmacist training. The additional funding confirms total pre-registration pharmacist training commissions (all sectors) will grow from 160 in 2020-21 to 200 by 2023-24 with all trainees being NHS employed and multi-sector trained. The funding for the business case identified the additional cost for delivering the integrated programme and increasing the numbers above that agreed for 2020/21. Therefore within the funding identified within this plan it only includes the costs for the previously agreed number of places for the hospital pre-registration programme.

### **Foundation pharmacists**

To enable timely recruitment of pre-registration pharmacists into Band 6 jobs, the diploma commissions have traditionally been 2 years in advance of recruitment. The diploma numbers for 2020 academic intake are already set at 40 posts. As the Welsh Government have confirmed that the commissioning numbers will be agreed in the autumn of 2019 it removes the necessity to agree the numbers a year in advance. Therefore, as the places for 2020 have been agreed previously this is taken forward into this year's plan.

### **Pharmacy Technicians**

HEIW has traditionally supported pharmacy technicians who work in the NHS, although in the past year the Welsh Government have funded HEIW separately to support the training of community technicians as well. This plan identifies the number of pharmacy technicians specifically for NHS organisations.

HEIW recommends 45 commissions for the 2020 intake.

## 4. Healthcare Scientists

The tables below identifies the number of students which it is recommended are commissioned for 2020/21.

Course Title	Ed Com. 2017/18	Ed Com. 2018/19	Ed Com. 2019/20	2020/21 (WF Plans)	2020/21 - HEIW Recommendations
B.Sc. Diagnostic Radiography	112	112	112	140	140
B.Sc Therapy Radiography	20	20	20	22	22
<b>HEALTHCARE SCIENTIST - PTP</b>					
<b>Physiological Science - PTP</b>					
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	24	24	24	27	24
B.Sc. (Hons) Healthcare Science - Audiology	18	18	16	19	10
HE Cert in Audiological Practice	0	0	0	0	15
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science	5	5	5	13	5
B.Sc. (Hons) Healthcare Science - Neurophysiology	3	3	3	4	4
<b>Physical and Biomedical Engineering - PTP</b>					
Clinical Engineering	3	3	0	0	0
B.Sc. (Hons) Healthcare Science - Nuclear Medicine & Radiotherapy Physics	3	3	3	2	3
<b>Life Science - PTP</b>					
B.Sc. (Hons) Healthcare Science - Biomedical Science	21	21	21	28	24
<b>Total PTP Programmes</b>	<b>77</b>	<b>77</b>	<b>72</b>	<b>93</b>	<b>85</b>

<b>SCIENTIST TRAINING PROGRAMME - STP</b>					
<b>Physiological Sciences - STP</b>					
M.Sc. Clinical Science in Neurosensory Sciences - Audiology	3	3	6	7	6
M.Sc. Clinical Science in Neurosensory Sciences - Neurophysiology	0	2	2	3	2
MSc in Clinical Science in Cardiac Physiology	0	3	1	1	1
MSc in Clinical Science in Respiratory & Sleep	0	0	3	0	0
<b>Life Science -STP</b>					
M.Sc. in Infection Science - Clinical Microbiology	3	3	0	4	3
M.Sc. in Blood Sciences - Clinical Immunology	0	0	0	0	0
M.Sc in (Blood Sciences) Haematology and Transfusion Science	0	0	0	1	1
M.Sc in (Blood Sciences) Histocompatibility and Immunogenetics	0	0	0	1	1
M.Sc. in Blood Sciences - Clinical Biochemistry	3	0	2	4	3
M.Sc. in Blood Sciences - Genomics	1	2	1	3	2
M.Sc. in Blood Sciences - Cancer Genomics	0	0	1	1	1
M.Sc in Genomic Counselling	0	0	0	0	0
M.Sc in Cellular Sciences - Reproductive Sciences - Clinical Embryology and Andrology	0	0	2	3	2
M.Sc in Cellular Sciences - Histopathology	0	0	0	1	1
M.Sc in Cellular Sciences - Cytopathology	0	0	0	0	0
<b>Physical Sciences and Biomedical Engineering - STP</b>					
M.Sc. in Clinical Science - Medical Physics	4	3	0	0	3
M.Sc. in Clinical Engineering	4	2	1	3	2
MSc in Clinical Bioinformatics	0	2	1	0	2
<b>Total STP Programmes</b>	<b>18</b>	<b>20</b>	<b>20</b>	<b>32</b>	<b>30</b>

<b>HIGHER SPECIALIST SCIENTIST TRAINING - HSST</b>					
Physical Sciences	2	2	2	3	2
Life Sciences	2	2	3	0	2
Physiological Sciences	1	1	0	0	1
<b>Toal HSST Programmes</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>5</b>

<b>Post Graduate Healthcare Science Education</b>					
M.Sc. Genomic Medicine	20	20	20	4	20

## Diagnostic radiotherapy

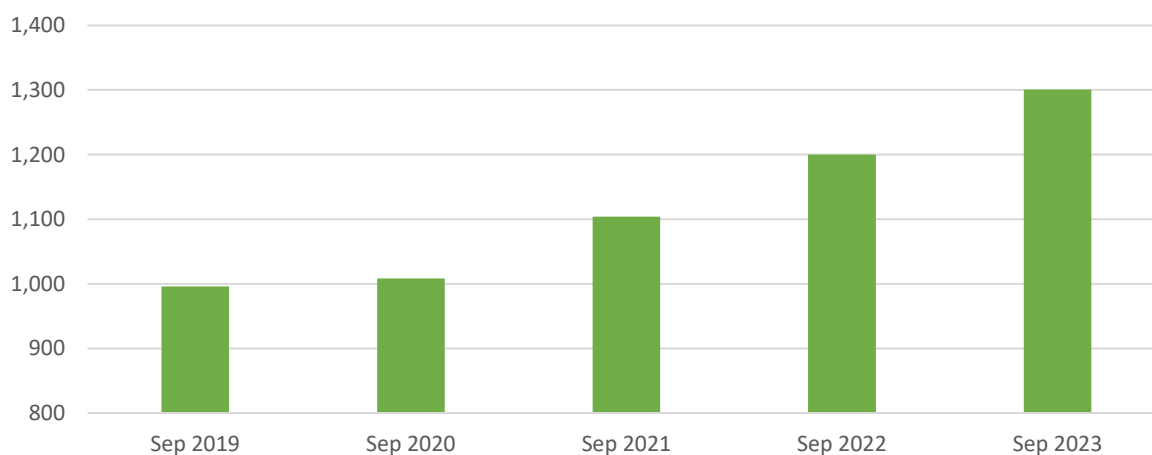
It is recommended that diagnostic radiography numbers will increase from 112 to 140. This is an increase of 28 from 2019/20 levels, representing a 25% increase.

One of the core objectives aligned to the Wales Cancer Delivery plan has been detecting cancer earlier. This has led to an increase demand for radiotherapy services to speed up diagnosis. The single cancer pathway builds on the success of rapid diagnostic clinics. IMTPs highlight the future requirement for growth in these services.

**A 25% increase in commissioned training places is recommended to meet the service demand.**

The workforce intelligence model identifies that the diagnostic radiography workforce is projected to grow by **305 (30%)** between September 2019 (996 FTE's) and September 2023 where the forecast is **1,301 FTE's**.

Forecast increase in **Diagnostic Radiography FTE's of 305 (30%)** by 2023



## Healthcare Scientists

Healthcare Scientists within healthcare represent a broad range of professional groups and specialisms and represent a rich and diverse group of over 50 disciplines. Staff numbers within each specialism or discipline can be relatively small in number and the number of staff trained each year reflects this. There are greater numbers commissioned at undergraduate level Practitioner Training Programme (PTP) with smaller numbers at MSc Scientist Training Programme (STP) and PhD Higher Specialist Scientist Training (HSST) level, however, a gradual increase in trainees at STP and HSST/consultant level is being realised, which is encouraging.

The STP trainee programme continues to be a highly competitive and sought after training programme with the NHS Wales recruitment process for 2019 lead by HEIW yielding 1,208 applicants for the 24 available posts.

Advances in technology including, the development of artificial intelligence, informatics, genomics, regenerative medicine including cell and gene therapy, and precision medicine, along with investment in education for the Healthcare Scientist workforce provide many opportunities to not only reshape, extend and provide new service provision, but also to reconfigure the workforce. The “Healthcare Science in NHS Wales Looking Forward” is a framework that sets out how the skills and knowledge of the healthcare scientist can make a major contribution to the changing landscape of healthcare, through integrated service planning and delivery, research, innovation, improvement, education and system leadership.

The majority of IMTPs have reported the need to increase clinical scientists within the workforce seeing them being used increasingly in primary care to prevent people coming into hospital ensuring that they stay well in the community.

### **HEIW recommends and increase in STP commission to 30 places for 2020/21**

#### **Equivalence routes to registration**

HEIW will continue to work with NHS organisations to embed ‘equivalence’ pathways into the NHS, which will support individuals to gain professional registration and progress through the scientific career structure.

Some IMTPs report a need for “grow-your own” and for in-house training to extend practice for Healthcare Science. Using equivalence to develop clinical and consultant scientists is a cost-effective way of realising the increase in numbers as reported in the IMTPs, whilst recognising the value and skills currently employed. This will enable the workforce to grow and develop and will support staff within the service to progress their careers whilst continuing to work.

HEIW will continue to investment in equivalence (£40,000) for education to enable the equivalence route to registration with further evaluation of the benefits.

## **5. Post Registration Education**

### **Introduction**

Post registration education is essential in supporting the vision set out in *A Healthier Wales* in terms of transforming services for the Welsh population, care closer to home and echoes the core values that underpin the NHS in Wales specifically:

- *Putting quality and safety above all else – providing high value evidence based care for our patients at all times.*
- *Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.*

Post registration education that supports the training of clinicians to undertake a new role or that advances or extends their scope of practice is integral in supporting health organisations with the transformation and redesign of clinical services. It also promotes and supports the diversification within teams and a healthy balance of skill mix. Supporting clinicians to access education provides the NHS with the opportunity to develop new roles and develop a flexible workforce able to keep in

step with changing service requirements. This in turn ensures service users receive high quality patient care from expert practitioners.

HEIW supports staff at post registration level in a number of ways, these include:

- Advanced and extended Practice education
- Non Medical prescribing
- Community Health studies
- Specialist Community Public Health Nursing (SCPHN)
- Medical ultrasound education
- Genomic Medicine Education

The recommendations in relation to the proposed commissioning arrangements for each of these budget areas are outlined below.

### **Advanced and Extended Practice Education Funding**

Welsh Government has made significant investment in advanced/extended education and since 2016 the budget has grown from 500k to 1.5m in 2019/20. This investment has supported a wide range of clinicians to develop additional skills and knowledge and has also supported health services to gain advanced practitioners.

During 2018/19 the budget of £1.25m funded 726 individuals to undertake advanced/extended practice education, which equates to an investment on average of £1721.00 per head. Use across the larger professions is fairly balanced which is encouraging with 50% of the budget utilised by therapy roles, 37% by nursing, 9% by Pharmacists and 4% by healthcare scientists.

HEIW are committed to supporting organisations with the development of their workforce and strictly monitors the use of this budget. The allocation of the funding should be reflective of the requests that are submitted on the education commissioning template via the IMTP process and meet the priority areas identified each year. Priority areas identified for 2019/20 are:

- Community and Primary care/GP OOHs
- Unscheduled care to include, emergency care, critical care
- Cancer services
- Diagnostics
- Eye Health/Ophthalmology access

The trend is for Health Boards to develop a multi-disciplinary approach to care especially in Primary Care; Advanced Practitioner roles replacing what were traditionally Medical roles.

As this budget has seen significant increase over the last few years the recommendation is that the budget remains at the current level with further evaluation of the benefits.

### **Reporting radiographers**

Consultant radiologists as well as radiographers remain on the occupational shortage list, therefore there is a need to develop more reporting Radiographers and expand other areas of Advanced Practice in Radiography to better utilise and develop skills and support shortages across the profession. Therefore it is proposed that an additional budget ring fenced for development of these roles is supported for 2020/21.

**HEIW's proposal is to fund 10 individuals to undertake PG Dip in radiographic reporting.**

## Non-Medical Prescribing

HEIW currently supports the funding of a number of prescribing courses:

- Independent prescribing.
- Supplementary prescribing
- Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners
- Non-Authorisation of blood transfusion

This funding provides education for additional professional groups to undertake a prescribing role to support the workforce modernisation and redesign agenda across NHS Wales. For 2018/19, the first paramedics were funded to train as independent prescribers, leading the way to further increase prescribing paramedics for the future. Although nurses remain the dominant professional group accessing this training, it is increasingly being utilised by pharmacists who used 23% of the allocations in 2018/19.

Investment in this education has remained at £300k for a number of years. Increases in university fees have in effect reduced the availability of this programme and there is an increasing demand to train prescribers especially with the development of community services. The establishment of a National Endoscopy Training Programme for non-medical endoscopists will also require health professionals on this programme to train as prescribers, which will increase the demand.

**HEIW is recommending an increase in the budget for 2020/21 to 500k.**

## Community

The community health studies programmes actively support the Government's policy to move services from secondary care to community/primary care. Investment in this area can be categorised into three main areas:

Programmes which lead to a **recordable** qualification i.e. District Nurse, Practice Nurse, Community Psychiatric Nurse, Community Learning Disability Nurse, Paediatric Community Nurse

- Programmes which may lead to an academic award which is not formally recognised by the NMC.
- Programmes which lead to a **registerable** qualification with the Nursing and Midwifery Council (NMC) i.e. Health Visiting, School Nursing and Occupational Health Nursing.

The tables below identifies the number of students which it is recommended are commissioned for 2020/21.

Course Title	Ed Com. 2017/18	Ed Com. 2018/19	Ed Com. 2019/20	2020/21 (WF Plans)	2020/21 - HEIW Recommendations
Health Visiting (Full-time)	48	63	58	72	58
Health Nursing (Part-time)	34	27	34	6	34
Health Visiting (modules)	40	30	30	7	30
School Nursing (Full-time)	14	14	14	26	14
School Nursing (Part-time)	5	5	5	6	5
School Nursing (modules)	3	3	3	0	3
Occupational Health (Full-time)		0	0	4	0
Occupational Health (Part-time)		0	0	8	0
<b>Community Health Studies</b>					
District Nursing (Part-time)	80	80	80	96	80
District Nursing Modules (in modules)	123	123	123	92	123
Practice Nursing (Part-time)	20	20	20	73	20
Practice Nursing Modules (in modules)	29	29	29	84	29
Community Paediatric Nursing (Part-time)	16	0	0	18	0
Community Paediatric Nursing Modules (in modules)	24	24	24	20	24
CPN (Part-time)	39	30	30	37	30
CPN Modules (in modules)	40	60	60	36	60
CLDN (Part-time)	0	0	0	15	0
CLDN Modules (in modules)	10	10	10	14	10
Additional Modules	472	472	472	18	560
Return To Practice	140	140	140	152	140

## Community Health Nursing

Community nurse education currently funds the development of staff working in the community and is delivered either part time or on a modular basis. Part time education is completed over a two-year period and the modular route can take a number of years. All pathways commence with completion of the foundation module for Community/Practice. Additional modules are also funded to support staff to complete the programme on the modular basis and to undertake additional education to support role development.

As previously identified, community and primary care are priority service areas and it is critical we have the right workforce in place to support these. In 2017/18, the Welsh Government identified additional funding for 2018/19 and 2019/20 to increase the number of district nurses. The funding will support existing staff to be released to commence and or complete education programmes funded through this budget.

**HEIW recommends an increase in the additional modules from 472 modules to 560.**

## Health Visiting

Health Visiting is delivered through a number of routes:

- Full time: This is a full-time continuous 45 week course with a period of consolidation which takes the student up to 52 weeks.
- Part time: The part time route is undertaken on a part-time basis and usually completed over a period of 2 years
- Modular: Students undertake one or more specific taught modules over an undefined period of time.

The modular route introduced in 2017/18 continues to prove a particular challenge to service in releasing staff to undertake this programme.

Welsh Government policy is for the introduction of skill mix into all clinical teams and for flexible modular routes to education to be available and the modular route meets these requirements. This approach is supported by HEIW as it provides the opportunity for skill mix and better use of the available resources. The Chief Nursing Officers Office and HEIW will work with the NHS to continue to embed this route.

**HEIW recommend maintaining the same level of education provision as in 2019/20.**

### **Medical Ultrasound/Sonography**

Medical ultrasound/sonography education has been funded for two years and has been fully utilised by the NHS organisations across Wales. The level of need amongst the workforce continues to be significant, with increases in demand identified within the IMTP's submitted this year. There was an increase in commissioned numbers for 2019/20 of which the impact is yet to be felt.

**HEIW recommends that the budget remains at the current level of 15 places per year with further evaluation of the benefits**

### **MSc in Genomic Medicine**

Genetics and Genomic medicine is a growing field of healthcare provision. Advances in this field have provided patients with earlier and more accurate diagnosis and more individualised treatment and patient care. Welsh Government has identified a need to increase the capacity and capability of the scientific workforce in genomic medicine, and the Genomics for precision medicine strategy was published in July 2017, which sets out the Welsh Government's plan to create a sustainable, internationally-competitive environment for genetics and genomics to improve health and healthcare provision for the people of Wales.

The MSc genomics medicine programme is delivered via Swansea and Bangor universities and is aimed at a wide range of health care professionals, and has been particularly sort after in Swansea University. It can be undertaken either as modular or part time study. Part time study is over 2 years, with successful completion leading to a Masters degree in Genomic Medicine. The intention is to increase the intellectual capacity in this growing area of medicine and to support future innovation and development of services.

**HEIW recommends that the budget remains at the current level.**

## **6. Healthcare Support Worker Development**

Healthcare Support Workers (HCSWs) make up 41% of the NHS Wales workforce and make a valuable contribution to service delivery in all settings with over half of this 41% working in roles supporting nurses and allied health professionals. Workforce profiling suggests that 80% of tomorrow's NHS workforce is in post today, therefore greater priority needs to be given to developing the skills and competences of the current workforce, to better meet the health and care needs of service users today and tomorrow. Without building capacities and capabilities in the HCSW workforce, there is the risk of being perpetually out of step and continually training and developing a workforce to address yesterdays and not tomorrow's healthcare needs. There is an urgent need, therefore, to develop and invest in HCSWs working in primary, community and hospital

services. In addition, many of the current HCSW workforce have the knowledge, skills, values and behaviours to undertake pre-registration programmes with minimal extra support. Evidence would suggest that these individuals would stay with their local Health Board/Trust employer. This workforce pipeline which starts with HCSWs needs to be underpinned by robust education and training programmes to ensure that individuals are competent to undertake their current role whilst also allowing for career progression.

Since the introduction of the Apprenticeship Levy in 2016, organisations have sought to increase the numbers of HCSWs undertaking Apprenticeships, which are referenced to within a number of the IMTPs. This has resulted in the development of partnership arrangements between Health Boards/Trusts and their local Education or Training Provider. It is expected that organisations will continue to maximise the use of Apprenticeship funding, which would increase the breadth of support that could be given to organisations from the non-medical education budget.

Other areas for the development of HCSWs outlined within the IMTPs include:

- Primary Care
- Joint Health and Social Care roles
- Theatres
- Critical Care
- Midwifery
- Ophthalmology

## 7. Medical & Dental

The 2019 – 2022 IMTPs refer to a number of areas of **medical recruitment difficulties**, which vary across specialties, organisations and grades but include:

- Ophthalmology
- Emergency Medicine
- Psychiatry
- Radiology
- Oncology
- Acute Physicians
- General Practice
- Occupational Health
- Urology (Female)
- Haematology
- Microbiology
- Histopathology
- Anaesthetics

It was agreed that the following medical specialties would be reviewed for the 2020 intake:

- **Emergency Medicine** - to explore and make workforce planning recommendations based on recommendations made as part of the current work being undertaken by the Unscheduled Care Sub Group.
- **Anaesthetics** - consideration of the impact of dual accreditation with Intensive Care Medicine
- **Intensive Care Medicine** – a further review of Higher Specialty training in Intensive Care Medicine and to review the requirements needed to deliver the new Internal Medicine training programme
- **Old Age Psychiatry** - a further review of Higher Specialty training in Old Age Psychiatry, considering the impact of the previous recommended changes and ongoing recruitment.
- **Paediatrics** - a review to explore supply considering the recent work undertaken by the Royal College of Paediatrics and Child Health which indicated that there is now potential for undersupply.
- **Community Sexual and Reproductive Health (CSRH)** - a review of current training provision in view of NHS England's recent decision to increase training places.
- **Dermatology** - a review of training numbers following recent recommendations to CEOs from the Welsh Dermatology Board to create clinical fellow posts to address a shortage of consultants.
- **Clinical Radiology** - a review of the impact of the recent increases in the number of trainees in this specialty.
- **Medical Microbiology** – a review of the specialty in light of discussions with CEOs and Public Health Wales regarding infection control.

In addition to the above, work has been undertaken by HEIW to review a number of further specialties:

**General Practice and Foundation Training** - Separate to this paper, HEIW has also been undertaking a review of General Practice training and capacity alongside the development of a series of recommendations to expand the Foundation training programme, to accommodate the anticipated increases in medical graduates and to increase exposure to general practice.

Bids and business cases have been developed and are being considered to expand training opportunities in General Practice at both the Foundation and Specialty Training grades. These recommendations are therefore not included within these main recommendations, but should be considered alongside it as part of the overall expansion programme for Wales.

**Rehabilitation Medicine** - Following discussion with the NHS Wales Collaborative regarding the development of the Major Trauma Network and the associated workforce requirements to establish the Network, it is noted that rehabilitation medicine will be a key contributor to the success of the Network.

**Internal Medicine** - The new Internal Medicine training programme and curriculum was introduced from the August 2019 intake. From previous Workforce modelling it is recognised that there are a number of Medicine specialties in which Wales is currently projected an oversupply of CCT holders and should therefore be considered for disestablishment. These posts have not yet been incorporated into any workforce plan as it is anticipated that these posts will be reallocated to Internal Medicine (IM3) posts from 2021 onwards to meet the demand of the Internal Medicine

training programme. The implementation of the Internal Medicine curriculum will cause significant issues for service delivery across medicine particularly in August 2021 when recruitment into Stage 2 programmes will be frozen due to the introduction of the IM3 year. With this instability in mind there are no plans for 2020 to decommission medicine training posts until the requirements going forward have been explored with Health Boards and service implications during this transition period mitigated.

This complex piece of work will continue to be worked through in the forthcoming year and a number of medical specialties will be reviewed, including the consideration of any implications of these changes and any recommendation for changes.

**Clinical Oncology** - This specialty was reviewed in a previous workforce plan, with no recommendation to change the training numbers at that point. With recent developments to deliver a single cancer pathway further work is required to understand the workforce requirements for Clinical and Medical Oncology. As a result it is recommended that these specialties are reviewed for August 2021.

### **Summary of Recommendations:**

➤ **No recommendation to increase training places**

Follow analysis for the specialties of Paediatrics, Community Sexual & Reproductive Health and Intensive Care Medicine, the recommendation is not to make any changes to current training numbers but that these specialties are reviewed again.

The specialty of Intensive Care Medicine will be impacted on by the introduction of the new Internal Medicine curriculum (introduced from August 2019 as part of the Shape of Training review). Whilst the recommendation is for no change to higher training numbers in ICM at this point, there will need to be increases to Core Trainees (see below). ICM should be reviewed again in 2021.

➤ **Recommendation to increase training places**

The following provides a summary of the specialties where changes to current training numbers are recommended and the reasons for these increases. The table below provides a summary of those changes:

## Training Recommendations 2020/21 Summary

### Core & Specialty Training in priority order

Specialty	Increase/Decrease required August 2019
Intensive Care Medicine	+ 13. (CT2 for the Internal Medicine curriculum changes)
Emergency Medicine	+7 HST to accommodate ACCS and PHEM and PEM
Medical Microbiology	+3 p.a. for 5 years
Dermatology	+3 HST (progression of Clinical Fellows into training)
Radiology	Increase intake to 20
Rehabilitation Medicine	+1 HST
Anaesthetics	+ 3 for 1 year (then review for years 2 and 3)
Old Age Psychiatry	+2 (second year out of a 3 year increase)
Paediatrics	No change but reviewed following introduction of HB funded posts
Community Sexual & Reproductive Health	No change

#### Emergency Medicine:

Demand for Emergency Medicine continues to increase. Recent Royal College of Emergency Medicine (RCEM) publications, including work undertaken with Health Education England, has indicated that additional Consultant posts are needed to meet increased demand and that Wales also requires additional Consultant posts to meet demand. Several organisations are reporting recruitment difficulties for Emergency Medicine in their IMTPs. It is projected that up to 8 trainees will gain their CCT over the summer.

The Consultant workforce is ageing and there is a recognition that Emergency Units, across Wales are currently under staffed as compared to Royal College recommendations. In Wales, the National Unscheduled Care Board has been established and has reviewed the workforce requirements for Emergency Medicine. Work is continuing to ensure that Consultant numbers in Emergency Units across Wales are increased in line with the RCEM recommendations. HEIW is supporting the work of the Unscheduled Care Board and has considered the demand for the expansion of the Consultant workforce in line with this work.

Previous medical workforce planning recommendations have included recommendations to expand the Acute Common Stem (ACCS) programme. ACCS is the feeder training programme for Emergency Medicine and almost all of the Emergency Medicine trainees undertake this training programme before entering higher training in Emergency Medicine. Over recent years, the ACCS training programme has been expanded to enable increased output with the posts to support this coming from the conversion of unfilled higher posts into the lower grade of ACCS and newly funded posts. As the expanded number of ACCS trainees are now working through the system additional higher

training posts are required in Emergency Medicine to ensure the retention of these ACCS trainees within the higher Emergency Medicine training programme but also to provide opportunities for growth within Emergency Medicine.

There are many examples, across Wales of the development of the wider multidisciplinary team within Emergency Medicine, but it is recognised that within the short term, there remains a need for Consultants to provide the training and supervision for the new and emerging roles. There is also an increased demand for Consultants with sub specialty experience including Pre-Hospital Emergency Medicine and Paediatric Emergency Medicine along with a need to increase the training opportunities for trainees to develop these sub specialty skills. Wales currently has a very limited number of such posts and Wales's trainees are often required to undertake out of programme training placements in England to obtain this experience with the associated risk of losing these trainees to take up consultant posts in England.

### **Intensive Care Medicine**

There remains a steady increase in demand for intensive care due to the ageing population, associated increases in complexity of patients and the move towards an increased expectation of out of hours care being delivered by consultants. A survey in 2014 indicated that NHS Wales had a lower average number of intensive care beds per head of population compared to the rest of the UK. ICU beds are running at occupancy rates of over 80%. The Intensive Care National Audit and Research Centre (ICNARC) has undertaken a long-term overview of critical care bed needs and concluded that if trends continue that there would need to be an estimated increase of approximately 4% per annum in overall bed days. Welsh Government has established a Critical Care Task and Finish Group, specifically to consider how and where capacity could be improved. The recommendations of this work were received by the NHS Wales Executive Board including a recommendation for a phased expansion of level 3 critical care beds. These recommendations included that further consideration should be given to increasing the number of medical training posts.

With the implementation of the new Internal Medicine training programme, introduced from August 2019, the new curriculum requires all medical trainees in their second year of the programme to have exposure to intensive care, spending a minimum of 10 weeks in intensive care and to be fully integrated in all aspects of the Intensive Care Unit's work, including delivery of out of hours. To meet these curriculum requirements and to enable the additional CT1s appointed to Internal Medicine in August 2019 to progress to CT2, an additional 13 training placements in ICM will need to be created at CT2 from August 2020.

ICM training has been expanded over the past 5 years to now incorporate 20 posts and there are currently 24 trainees progressing through the programme. Trainees enter this programme at higher training and often dual accredit (work towards 2 CCTs) with either Anaesthetics, Emergency Medicine or Acute Medical specialties. Each programme is unique to an individual as it will depend upon existing competence levels and the programme they are dual accrediting which results in gaps of varying duration in the ICM training programme. Recruitment to this training programme is good and the expansion in posts in recent years have been filled successfully.

Due to the projected gaps within the programme as a result of existing trainees requirements it is recommended that no additional ICM higher training posts are created for the August 2020 intake however this position will need to be continually monitored and reviewed once more information is obtained regarding the destinations of these dual accrediting trainees, post CCT.

## **Anaesthetics**

Demand for anaesthetics is increasing due to the age of the population, increasing complexity, demand for out of hours consultant cover, increases in post anaesthesia care and peri-operative medicine and the move to 7 day working and ICU requiring 24 hour consultant cover. The consultant workforce works sessionally and increasing numbers are opting to work 10 sessions or less. The workforce is ageing with a large proportion of both the consultant and SAS workforce likely to retire over the next 5 years; this coupled with increases in part time working, the increase in potential retirements could mean an increase in vacancies. Recent changes to pension rules are leading to some consultants retiring earlier than initially projected and returning on a small number of sessions making modelling more challenging. The bulk of retirements anticipated over the next 5 to 10 years could mean that up to 81 consultants retire.

Anaesthetics department tend to have a high proportion of SAS doctors working within them and this workforce is also ageing and both recruitment and retention are proving challenging in a number of areas. Smaller and more rural hospitals in Wales are more dependent on the SAS workforce. A continued failure to recruit to vacant SAS posts could lead to some of these clinical sessions having to be covered by consultants.

There are currently 129 training posts in Anaesthetics and fill rates for training in anaesthetics are good, however, high numbers of trainees are opting for less than full time training (LTFT). There is scope to develop additional training capacity within Wales. There are a high number of trainees gaining their CCT this year and it will be important to track whether these trainees take up consultant posts in Wales. Anaesthetics trainees also form part of the route in to ICM.

Given the level of anticipated retirements over the forthcoming years a small and sustained increase to training numbers is required and the specialty should be reviewed to monitor the impact of these changes.

## **Old Age Psychiatry**

The demand for Old Age Psychiatry is influenced by the ageing of the population with increasing prevalence of age related mental health problems e.g. dementia. There is an increasing recognition of other mental health problems and increasing complexity of mental health presentations, with patients having increased prevalence of dual diagnosis. The life expectancy of people with existing mental disorders is also lengthening, increasing demand for Old Age Psychiatry. It is estimated that 1:4 people will suffer from a mental illness at some point in their life-time and there is a continued drive towards providing more Mental Health within community settings and Primary Care, including earlier intervention, combined with a drive toward provision of an 'ageless service' as patients transition between Adult and Old Age Psychiatry. Mental Health is key priority for Welsh Government.

Consultants in Old Age Psychiatry are on the Shortage Occupation List and Wales has an ageing workforce as explored in previous workforce plans. Several organisations are reporting difficulties

in recruiting to Old Age Psychiatry within their IMTPs. Whilst there has been an improvement in recruitment to Core Psychiatry Training, the two dual accredited higher training posts (Adult and Old Age Psychiatry), approved as part of previous recommendation, were not been recruit to as part of the 2019 intake.

The Psychiatry sub group has continued to meet and has been undertaking work to explore and make recommendations on how to improve the recruitment into Psychiatry training. To date this has included:

- The continued focus on Psychiatry, and specifically Old Age Psychiatry, as part of the Train, Work, Live campaign.
- The National Psychiatry Student Conference was held in Cardiff in February 2019. The sub group worked with the student committee to ensure that there was a focus on opportunity to train in Wales and on research and developments in Psychiatry within Wales.
- A second year of the incentives has been made available for all Core Trainees to have one sitting of the MRCPsych membership examinations paid (paper A,B and the CASC) mirroring the incentive scheme in place for GP trainees. Work is underway to evaluate whether the availability of the incentive has impacted on trainees' decisions to train in Wales (the second year of trainees eligible for the incentive payment commenced training in August 2019)
- Work is ongoing to explore the experiences of those foundation doctors who have had placements in Psychiatry and to explore their perceptions of training in Psychiatry.
- Work is ongoing to explore medical students' perceptions of training in psychiatry and to identify recommendations to improve the chances that these students will go on to decide to train in psychiatry in Wales. This work is being led by a higher trainee in conjunction with Cardiff and Swansea University and the RCPsych.

Of note the fill rates for Core Psychiatry have increased incrementally each year following the introduction of these recommendations.

## **Paediatrics**

In January 2019, the Royal College of Paediatrics and Child Health (RCPCH) published the 2017 Workforce Census Overview as the first part of their RCPCH State of Child Health Reports with the focus on Wales published in May 2019. This report estimates that the demand for Paediatric Consultants in the UK is 21% higher than the workforce in place in 2017. The report notes that demand for paediatrics is increasing stating that paediatric emergency admissions have grown in Wales by 17.2% between 2013/14 and 2016/17. There has also been an increase in the numbers of children presenting to primary care, secondary care as well as increases in paediatric A&E.

The South Wales Plan has seen Health Boards concentrating their inpatients units. This has been completed at Glangwilli Hospital for West Wales and from March 2019 paediatric inpatients for Cwm Taf Morgannwg UHB will have concentrated their paediatrics inpatients in Prince Charles Hospital and in North Wales the SURNICC has opened.

There is a move towards more part time working and less than full time training (LTFT) rates have increased across the UK with almost  $\frac{3}{4}$  of UK trainees now being women, the proportion of trainees choosing to train LTFT is likely to increase further. The proportion of female consultants has also

increased across the UK from 52% in 2015 to 54% in 2017. The RCPCH report found that there has been a 5.1% increase in Consultants in Wales, the lowest rate of increase across the 4 nations. In recent years there have been difficulties in filling training places in Paediatrics, and in 2018 the fill rate across the UK was 87.5%. In Wales the fill rates have improved and for round one of the 2019 recruitment we saw a fill rate of 100% for the first time in a number of years. There are, however, gaps in the training programme due to maternity leave and LTFT training. A number of MTI appointments have been made into Paediatrics across Wales, with overseas trainees appointed into training for a period of two years (MTI trainees do not take up a training placement on completion of the programme).

Work undertaken by the specialty, to consider training capacity if additional posts were allocated has indicated that there are training capacity issues if we were to increase the training numbers. Work is currently on going with Health Boards to explore which of them would like to expand their training posts in line with their local workforce requirements. Following expressions of interest from Health Boards to increase training posts across Wales the creation or conversion of fully funded Health Board posts will be explored in the first instance prior to future recommendations for additional funding to support further increases. This work is due to be completed by autumn 2019.

### **Community Sexual & Reproductive Health (CSRH)**

Community Sexual and Reproductive Health was recognised as an independent specialty in 2010 and prior to this, training was via a sub specialty path in Obstetrics and Gynaecology. Consultants currently in post come from a variety of backgrounds, including O&G, Public Health and General Practice.

Whilst there is scope to diversify the workforce, with nurses in more recent years undertaking a wider range of practices including coil fitting, pressures on General Practice have impacted on this services. Consultant vacancies can be difficult to recruit to, with one organisation reporting a recruitment difficulty in their IMTP this year, training schemes are popular.

Two trainees are due to gain their CCT in 2019 and two new recruits in the training programme are commencing in August 2019. The current workforce is younger and no additional consultant vacancies were reported by organisations. There is a need to undertake further work in forthcoming years to explore this specialty further alongside GUM.

### **Dermatology**

The ageing population, increased skin cancer rates (including melanoma) coupled with the development of newer therapies and an ability to treat is increasing demand for Dermatology across Wales. Dermatology as a specialty, relies on the ability to diagnose, which requires medically trained staff, however, it is possible to train the multi-disciplinary team to perform treatments post diagnosis and there is potential to develop the multi-disciplinary team to support the medical workforce. In Wales there have been successful developments in using tele-dermatology consultations and moving enhanced services for skin into the community setting.

The Dermatology workforce is ageing, with 34% of consultants aged over 50 and 12% over 60. Similarly the SAS workforce has 57% of its workforce aged over 50 and 14% over 60. A number of posts are also vacant across Wales or covered by locums. Whereas previously, many GPs developed a special interest in Dermatology, this is no longer the case and, coupled with the reduction in the

numbers of GPs and GP trainees has impacted on Dermatology. There are emerging difficulties with retention in Dermatology in Wales with a proportion of trainees requesting inter-deanery transfers during their training. The training scheme in Wales has no difficulty in recruiting, however, across the UK recruitment into Dermatology training is highly competitive, which can mean that doctors training in Wales often have intentions to return to different geographical locations on completion of their CCT.

Following approval by the NHS Wales Chief Executives, a Dermatology Clinical Fellowship programme has been developed with the aim of enabling junior doctors to gain more exposure and training in Dermatology. It is hoped that this programme will lead to increased numbers of doctors choosing to remain as Specialty Doctors in Dermatology, progressing to Consultant posts via the CESR route or having gained extra skills and training that will enable them to be more competitive for training numbers. The Clinical Fellows are equivalent of ST3 for a period of 12 months and 6 posts have been created

### **Medical Microbiology**

Demand for Medical Microbiology is increasing with a noted increase in antimicrobial resistance (AMR), Healthcare Associated Infections (HCAI), increased complexity of infections, emerging infection threats and the move towards delivering healthcare in the community. The Welsh Government has signed up to the UK AMR Action Plan with health security becoming a greater public health priority whilst recognising that Health Protection/Infection Services are fragile.

There is a recognised national shortage of trained medical staff and these shortages are also present for nursing and scientific staff. There are currently a high number of vacant Consultant posts within the Wales Medical Microbiology establishment, with only approximately 71% of posts filled – if the RCPATH guidelines are considered, this percentage rate would be lower.

There will be up to 5 retirements of Consultant Medical Microbiologists over the next 5 years and it is estimated that up to 10 trainees will complete CCT in the next 5 years, with 2 completing this year. Assuming full retention of these staff within Wales, this will not fill all the existing vacancies. Recruitment to training is currently not difficult within Wales however there are difficulties at a UK level.

Welsh Government have agreed with Public Health Wales (PHW) to invest in the Clinical Infection workforce and PHW has committed to employing an additional 12 Consultants in infection. Alongside these workforce changes, there are plans to increase the numbers of Consultant Clinical Scientists from the current 4 (plus one in training) by an additional 5 posts and to develop Biomedical Scientists with extended skills. PHW is also looking to appoint Physician Associates as part of the wider workforce changes.

To enable these workforce changes, it is proposed that training is expanded with programmes covering Swansea and North Wales to be developed to attract and retain trainees and future consultants into those areas of Wales. PHW have funded 2 new trainees from August 2019 at no financial impact to HEIW.

## **Radiology**

The recommendation in previous workforce plans was to increase to, and maintain an intake of 13 trainees per annum for three years. The last year of the three year recommendation was 2019/20 and all additional posts have been filled for the 2019 intake. Overall, the additional Welsh Government funding over the past 4 workforce planning rounds, plus funding from the Deanery, has meant that there has been an overall increase in trainees from 42 in July 2016 to 72 in August 2019. The average programme length is 5 ½ years therefore the first cohort of the additional trainees is likely to gain their CCT in 2022.

Demand for imaging continues to increase. Estimates are that demand for CT will increase by 33% and MRI by 31% and developments such as the single cancer pathway will increase demand for diagnostics. The recent Census conducted by the Royal College of Radiology has identified that whilst Consultant posts have increased since 2010 across the whole of the UK, Wales still has a lower proportion of Consultants per head of population than the rest of the UK. Overall the UK has one of the lowest proportions of Consultants per population than the rest of Europe.

The increase in demand for imaging is noted and the Business Case for the National Imaging Academy identified a need of 20 training posts, it is therefore recommended that the intake for 2020 is increased to 20 (previously 13).



<b>Meeting Date</b>	<b>18 July 2019</b>	<b>Agenda Item</b>	<b>4.1</b>	
<b>Report Title</b>	<b>Report of the Director of Finance</b>			
<b>Report Author</b>	Rhiannon Beckett			
<b>Report Sponsor</b>	Eifion Williams			
<b>Presented by</b>	Eifion Williams			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	To provide the HEIW Board with the Financial Report for Month 03 (June 2019).			
<b>Key Issues</b>	HEIW has a statutory duty to break even at year end and consequently this report should assist the Board, Executives and Budget Holders in managing the financial position through the new 2019-20 financial year.			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓			
<b>Recommendations</b>	For the HEIW Board to note the financial position reported at month 3.			

# REPORT OF THE DIRECTOR OF FINANCE

## 1. INTRODUCTION

This report sets out the cumulative HEIW financial position as at 30th June 2019, reported against updated budgets established by the 2019-20 Financial Plan and the full year Financial Allocation received from Welsh Government.

## 2. BACKGROUND

This report provides an update on the cumulative financial position as at 30th June 2019 and details the reasons for any financial variation to date against the budgets set. During July, an in-depth assessment of the reported position as at Month 03 will be undertaken to inform a review of the likely year end forecast based on the latest available information. The figures reported against commissioning budgets remain largely based on historic trend data. However, any significant variation has been reflected in the year to date position to highlight that any necessary corrective action should be taken.

## 3. GOVERNANCE AND RISK ISSUES

HEIW has a statutory financial duty to break even at year end and the Welsh Government will monitor the reported position in terms of this duty and also against the financial plan submitted for 2019-20.

This report provides a high level analysis and summary of spend in the first three months of 2019-20.

## 4. FINANCIAL POSITION

HEIW is reporting a cumulative underspend of £54,666 against profiled budgets as at 30<sup>th</sup> June 2019 and a break even forecast outturn for the year end. This position was reported to Welsh Government on day 5 in accordance with the Welsh Health Circular and a detailed monitoring return will be submitted on day 9. The monitoring return will be shared with the Board following submission.

The table below shows the high level variance for the Executive Directors.

## Health Education and Improvement Financial Report as at 30<sup>th</sup> June 2019:

	Year to Date			Month 2		Forecast
	Budget	Actual	Variance	Variance to Date	Movement	as at 31/03/20
	£	£	£	£	£	£
<b><u>INCOME:</u></b>						
Welsh Government	(50,289,273)	(50,289,273)	0	0	0	0
Other Income	(158,153)	(188,534)	(30,381)	2,500	(32,881)	0
<b>Total Income</b>	<b>(50,447,426)</b>	<b>(50,477,807)</b>	<b>(30,381)</b>	<b>2,500</b>	<b>(32,881)</b>	<b>0</b>
<b><u>Expenditure</u></b>						
Board & Executive	402,426	382,266	(20,160)	(10,644)	(9,516)	0
Finance & Corporate Services, Digital and IT	1,509,575	1,524,875	15,300	3,318	11,982	0
Medical & Pharmacy	21,971,444	22,008,042	36,598	(41,754)	78,352	0
Nursing	25,550,246	25,546,335	(3,911)	2,751	(6,662)	0
Human Resources and Organisation Development	435,471	383,358	(52,113)	5,464	(57,577)	0
<b>Sub-Total Expenditure</b>	<b>49,869,162</b>	<b>49,844,876</b>	<b>(24,286)</b>	<b>(40,866)</b>	<b>16,580</b>	<b>0</b>
<b>Total</b>			<b>(54,667)</b>	<b>(38,366)</b>	<b>(16,301)</b>	<b>0</b>

The following table provides a further breakdown of the financial variance by Pay, Non Pay and Commissioning.

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
<b><u>Directorate</u></b>	£	£	£	£	£
Board and Executive		(19,883)	(277)		(20,160)
Chief Executive Reserve			0		0
Finance & Corporate Services, Digital and IT	0	(1,267)	16,568		15,301
Medical & Pharmacy	(30,381)	(11,213)	121,829	(74,018)	6,217
Nursing	0	(1,041)	250	(3,120)	(3,911)
Human Resources and Organisation Development		(40,434)	(11,680)		(52,114)
<b>Total</b>	<b>(30,381)</b>	<b>(73,837)</b>	<b>126,689</b>	<b>(77,138)</b>	<b>(54,667)</b>

The attached Appendix A provides further detail of the key reasons for the reported Position

## 5. BALANCE SHEET

The balance sheet as at 30<sup>th</sup> June 2019 is shown below:

<b>Balance Sheet as at 30/06/2019</b>			
	<b>2019/20 Opening Balance £000s</b>	<b>30<sup>th</sup> June 2019 £000s</b>	<b>Movement £000s</b>
<b>Non-Current Assets:</b>			
Fixed Assets	2,989	2,868	(121)
<b>Current Assets:</b>			
Trade and other receivables	801	694	(107)
Cash & bank	6,240	10,053	3,813
<b>Total Assets</b>	<b>10,030</b>	<b>13,615</b>	<b>3,585</b>
<b>Liabilities:</b>			
Trade and other payables	(6,228)	(14,336)	(8,108)
<b>Provisions</b>	<b>(30)</b>	<b>(30)</b>	<b>0</b>
<b>Total Liabilities</b>	<b>(6,258)</b>	<b>(14,366)</b>	<b>(8,108)</b>
	<b>3,772</b>	<b>(751)</b>	<b>(4,523)</b>
Financed by:			
General Fund	3,772	(751)	(4,523)
<b>Total Funding</b>	<b>3,772</b>	<b>(751)</b>	<b>(4,523)</b>

- The movement on non-current assets reflects depreciation charges for April and May 2019. No capital expenditure has been incurred during the year to date. The total capital allocation for 2019/20 is £100k.
- Trade and other payables have increased by £8.1m since the start of the financial year. This relates to accruals for NHS organisations and Universities who have not yet invoiced for costs incurred during the first quarter of 2019/20.
- The Resource allocation received from Welsh Government was £14.5m during the month.
- The increase in cash of £3.8m reflects the net movement in trade payables and receivables.
- The movement in general fund reflects the difference between costs incurred and accrued for the first three months of the financial year (£50.4m) and the actual funding requested and received from Welsh Government (£45.8m). Actual cash requirement is monitored daily to ensure that sufficient funds are available to make payments as they become due. Due to the fact that the current bank balance is sufficient to

meet our financing needs, the monthly draw-down requests to Welsh Government for the first quarter of 2018/19 have been below the actual value of total expenditure reported. This has resulted in a reduction in the General Fund as at the end of June 2019. This is a phasing issue and does not affect the total value of the revenue resource allocation for the year.

## 6. PUBLIC SECTOR PAYMENT POLICY

All NHS bodies are expected to meet the Public Sector Payment Policy, which requires NHS organisations to pay 95% of all invoices within 30 days and is based on a cumulative position. For the period from the 1st April to the 31st May 2019, HEIW paid 95.9% of non-NHS invoices within this target.

Target	Unit	Current Month	Year to Date	Year-end Forecast
<b>Public Sector Payment Policy</b> To pay a minimum of 95% of all non-NHS creditors within 30 days of receipt of goods/invoice	%	96.81	96.24	>95%

## 7. RECOMMENDATION

The HEIW Board is asked to note the financial position reported for HEIW at month 3 and the summarised explanation of key variations by Directorate and other performance indicators.

<b>Governance and Assurance</b>				
<b>Link to corporate objectives</b> (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
<b>Quality, Safety and Patient Experience</b>				
There are no implications for Quality, Safety and Patient Experience				
<b>Financial Implications</b>				
The financial implications are set out above in the body of the report.				
<b>Legal Implications (including equality and diversity assessment)</b>				
HEIW has a statutory responsibility to break even at year end the report sets out the financial position for June 2019. There are no equality and diversity implications of this report.				
<b>Staffing Implications</b>				
There are no staffing implications of this report.				
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>				
The report briefly describes how HEIW are seeking to adopt a sustainable approach to financial management that will enable HEIW to meet its long term objectives.				
<b>Report History</b>	The report references and updates the previous finance update shared with the HEIW Board in June 2019.			
<b>Appendices</b>				

## FURTHER DETAIL ON THE KEY VARIANCES FOR THE REPORTED REVENUE POSITION

### 1. BOARD AND EXECUTIVES

- The underspend of £19,883 on pay is as a result of less than full time salary costs for the interim Director of Finance.
- A small underspend on Non Pay of £277 is due to expenditure being lower than budgeted for Room Hire costs in month 3.

### 2. FINANCE, CORPORATE SERVICES, DIGITAL AND IT

- The favourable variance of £1,267 on pay budgets relates to vacancies within the Digital and Planning teams, which is partly offset by agency costs in finance due to ongoing recruitment. Two vacant posts have been successfully recruited to in July with expected start dates of September.
- For Non Pay, there was a reported adverse variance of £16,568, predominantly due to one off costs incurred in respect of lift repairs, privacy glass wraps for meeting rooms and ongoing repairs associated with water damage. Also on receipt of invoices for the telephone installation and maintenance contract it became apparent that VAT had not been included in the annual value included in budget setting. The total impact of the VAT liability is estimated at £8,241.

### 3. MEDICAL AND PHARMACY

- The favourable variance against the Other Income target in Medical of £30,381 relates to an increase in professional support charges for activity undertaken by the Dental team of £8,179 in month 3 and £25,000 in respect of additional invoiced income from WG for the piloting of advanced skills for managing acute minor ailments for pharmacists. This is offset by additional costs in the expenditure codes and by the continuing planned reduction in charges for prospective GP trainer courses to support the expansion of the GP training programme £2,935.
- The underspend against Pay budgets of £11,213 is due to a number of factors including a favourable variance of c£3k in the Postgraduate Dean's cost centre is as a result of a newly vacated post , offset by agency spend in the Quality and Professional Support Unit teams covering long term sickness. In GP training, two programme director posts have been funded on an ongoing basis and the cost is partly offset by savings as a result of maternity leave. Pay costs for the revalidation support unit are less than budgeted due to maternity leave and GP sessions being less than expected because of retirements and GP Appraisers reduced sessions in May and June. An underspend against secondary care budgets relates to a vacant

post and two staff members on maternity leave. Foundation training is also underspent due to a band 4 vacancy but the pharmacy team are reporting an adverse variance attributable to a project manager and additional hours for an existing staff member.

- The overspend of £121,829 against non-pay budgets consists of a number of elements. The greatest adverse variance amounting to £101,500 is due to higher trainee relocation fees incurred against the funding available. Data on claims over the last two years obtained from NWSSP, who manage and recharge costs to HEIW, indicates a potential shortfall of budget against anticipated full year costs. It is now understood that this was previously funded on an actual year on year basis and therefore dialogue with WG will be considered to establish whether additional funding for this purpose will be provided. Pharmacy is also reporting an overspend as a result of the non-pay costs associated with piloting advanced skills for managing acute minor ailments scheme. This is matched by invoiced income from WG as set out above.
- Within commissioning budgets, there is a £74,018 underspend in total. This is as a result of a number of factors including changes in the current cohort undertaking the Welsh Clinical Academic Training qualification due to early completion resulting in a favourable variance of £64,260. There is also a £30,001 favourable variance due to salary allocations and placements for hospital training grade posts in Wales being less than budgeted; and a further underspend of £27,249 as a result of a lower number of supported GPs returning to the workplace via the supported placement mechanism. These are offset by a £47,750 adverse variance within GP specialty training due to a larger total cohort resulting from the time taken to complete due to flexible working.

#### **4. NURSING**

- The small favourable variance on pay £1,041 relates to a small delay in appointment of staff to the budgets available.
- Non pay budgets are mainly provided for commissioning expenditure on education and training contracts, student salary and bursary costs along with disability payments, training, travel and subsistence and expenses. In total, a small underspend of £3,120 is reported in month 3 for the following reasons:
  - The Commissioning budget established is based on the existing student cohort in the system and the anticipated commissioned student numbers for 19/20, which may or may not be fully recruited to. The commissioning budget for 2019/20 includes an assumption that within the Spring 2019 cohort, some 239 of students would choose student loans instead of bursary funding. The actual number of self-funding students at the end of June was 204 thereby creating an overspend of £84k. The impact of

the Autumn 2019 cohort may produce further variation, which will not be known until late Autumn 2019.

- This overspend is offset by an underspend due to lower than planned recruitment levels in University contracts amounting to £83k and lower reimbursement of student salary costs. In addition budgets have been re-phased to reflect the agreement to fund additional part time nurse courses from October 2019 utilising funding released due to under recruitment to ODP courses and the Spring 2019 nursing co-hort.
- Other non-pay budgets are of minimal value and are related to travel and subsistence and other expenses of the Nursing team. There is a small overspend of £250 reported.

## **5. HUMAN RESOURCES AND ORGANISATION DEVELOPMENT**

- The favourable variance of £40,433 on pay budgets in June relates to the number of vacancies in the Directorate. During the budget setting exercise, a vacancy factor was applied to the first two months which removed the funding, but in month three the full impact of vacancies against the budgeted establishment is apparent within these budgets.
- The non-pay favourable variance of £11,680 is due to a wide range of small variances and an underspend on external consultancy fees.



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

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

<b>Meeting Date</b>	<b>18 July 2019</b>	<b>Agenda Item</b>	<b>4.2</b>
<b>Report Title</b>	<b>Risk Management Policy</b>		
<b>Report Author</b>	Dafydd Bebb, Board Secretary		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To seek the Board's approval of the Risk Management Policy (Appendix 1)		
<b>Key Issues</b>	<p>The Risk Management Policy (Policy) has been developed to integrate and formalise the processes in existence across the previous organisations.</p> <p>May Board received the Policy and directed that it first be considered by the Audit and Assurance Committee.</p> <p>The Policy was considered by the Audit and Assurance Committee on 15 July. A verbal update will be provided to July Board in respect of the Committee's deliberations.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
<b>Recommendations</b>	<p>Members are asked to, subject to the receipt of comments from the Audit and Assurance Committee, to approve the Risk Management Policy (Appendix 1).</p>		

# **RISK MANAGEMENT POLICY**

## **1. INTRODUCTION**

Risk management is essentially the identification and prioritisation of risks that relate to an organisation; allied to a policy that seeks to manage, minimise or reduce those risks. It also relates to using this information to guide service development and improvement. As a new organisation, it is important that HEIW develops an effective risk management system through the adoption and implementation of a Risk Management Policy.

## **2. BACKGROUND**

The aim of the Risk Management Policy is to provide a framework for the identification, management and reporting of risks across the organisation to support our staff and facilitate informed decision making.

These systems and processes will allow HEIW and its staff to:

- consider risks and implement necessary actions at all organisational levels;
- facilitate the reporting of risks throughout the organisation, escalating to senior levels of management, when appropriate, for action or response;
- report risks to the Board and its Committees to further inform decision making.

## **3 IMPLEMENTATION**

HEIW will work to minimise risk to as low a level as reasonable. Details of the actions required to mitigate risks will be included in corporate and directorate Risk Registers.

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

Risk management through the implementation of a Risk Management Policy is a key enabler in the governance of risk within HEIW.

## **5. FINANCIAL IMPLICATIONS**

Risk management through the implementation of a Risk Management Policy is a key enabler of HEIW as a Special Health Authority. There are no anticipated additional cost implications.

## **6. RECOMMENDATION**

The Members are asked, subject to the receipt of comments from the Audit and Assurance Committee, to approve of the Risk Management Policy (Appendix 1)

<b>Governance and Assurance</b>				
<b>Link to corporate objectives (please )</b>	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	√			√
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
<b>Quality, Safety and Patient Experience</b>				
The Risk Management Policy is a key enabler to ensure effective risk management within HEIW. A robust approach to the management of risk is more likely to impact favourably on the safety and experience of patients and staff.				
<b>Financial Implications</b>				
Risk management is a core function of HEIW as a Special Health Authority. There are no anticipated additional costs.				
<b>Legal Implications (including equality and diversity assessment)</b>				
N/A				
<b>Staffing Implications</b>				
The Risk Management Policy is a Core function of HEIW. There are no additional staffing implications.				
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>				
The Risk Management Policy is a key enabler to ensure effective risk management within HEIW				
<b>Report History</b>	The Risk Management Policy was considered by May Board who directed that the policy be first considered by the Audit and Assurance Committee.			

<b>Appendices</b>	The Risk Management Policy is attached at Appendix 1
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## **RISK MANAGEMENT POLICY**

**Executive Sponsor & Function:** Board Secretary

**Document Author:** Board Secretary

**Approved by:** HEIW Executive Team

**Approval Date:** [May Board] 2019

**Scope:**

1.2 This Risk Management Policy and any arrangements made under it applies to:

- all persons employed or engaged by Health Education and Improvement Wales (HEIW) including part time workers, temporary and agency workers and those holding honorary contracts.
- Visitors, contractors and volunteers.

Other NHS Health Boards and Trusts will have their own health and safety policies which will apply to HEIW staff working in NHS premises elsewhere across Wales.

**Date of Equality Impact Assessment:**  
19/04/19

**Equality Impact Assessment Outcome:**

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

**Review Date:** May 2020 **Version:** v2

## **Policy Statement**

Health Education Improvement Wales (HEIW) recognises that no organisation can operate in a risk free environment. Risk however is not something to be feared, rather if it is understood and managed properly it can benefit the organisation, its staff and key stakeholders. The purpose of this Policy is to lay the foundations for an effective risk management system.

HEIW will manage risks at all levels. Strategic risks will be identified by the Board and managed by the Executive Team, whereas operational risks will be identified and managed at the most appropriate level. The organisation will maintain a risk management system which will enable and empower staff to identify, assess, manage and where appropriate exploit risks to the benefit of HEIW.

## **Policy Commitment**

HEIW is committed to the effective management of risk throughout the organisation, and will develop and maintain the appropriate systems to allow such management. The organisation will lay out clearly the roles and responsibilities of all staff when it comes to the management of risk. All staff are required to understand their role and responsibilities and to comply with the requirements of both this policy and all relevant processes.

All staff will be expected to use the appropriate corporate systems for risk management. It is planned that risk will be managed through the Datix\* platform and the use of risk registers (for operational risk) and the Board Assurance Framework for strategic risks.

Whilst there is no specific mandatory training requirement for staff in Corporate Risk Management, those staff who have specific responsibilities will have the appropriate training in order to allow them to carry out the roles.

(\*-HEIW will be making arrangements to use Datix as a reporting tool but for now we are using a paper based reporting tool.)

## **Introduction**

This policy introduces the HEIW position and expectations in relation to risk management. The document outlines the roles and responsibilities of staff and how they will be trained, and describes the way HEIW categorises risk and the risk architecture of the organisation.

## **Section 1 – General**

### ***Scope, Aim and Objectives***

#### *Scope*

This is a Policy which is intended to cover the identification, assessment and management of risk in all forms. The policy and associated procedures relating to risk and will apply to all staff, contractors and visitors.<sup>1</sup>

#### *Aim*

The aim of this document is to outline the high level arrangements within which HEIW will achieve a holistic and effective approach to risk management.

#### *Objectives*

This policy will:

- Detail the specific roles and responsibilities for those staff who are charged with the management of risk;
- List the specific policies which HEIW will publish to ensure that all staff understand what is required of them;
- Outline the training requirements for staff;
- Explain the arrangements for complying with all relevant legislation.

## ***Strategic Context***

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<sup>1</sup> In the interests of brevity, the term staff is used throughout this document to refer to staff, contractors, agency staff, volunteers, and secondees and visitors.

HEIW's strategy for 2019/20 is contained within its Annual Plan. HEIW is planning from 2020/21 to annually to produce an Interim Medium Term Plan (IMTP), which details what the organisation plans to do over the coming years. The plan sets out the organisational priorities and sets strategic objectives. In order to deliver these objectives, it is necessary to understand the environment in which we operate, and to have clear visibility on what might get in the way of our delivering them. This is why an effective Risk Management System is necessary.

Risk Management starts at the top of the organisation, with the Board setting our direction and our risk appetite, and then permeates down through every level.

## ***Roles and Responsibilities***

### ***HEIW Board***

The role of the Board is to govern HEIW effectively. In order for the Board to discharge its responsibilities, it needs to receive assurances that the organisation is effectively managing its risks to ensure delivery of its mission and objectives. One of the principle assurance tools for the Board is the Board Assurance Framework (BAF).

The Board will receive the BAF for the purpose of scrutiny and challenge. Through the scheme of delegation, the Audit and Assurance Committee meetings will also receive the BAF.

### ***Chief Executive***

The Chief Executive is the responsible officer for HEIW and is accountable for ensuring that HEIW can discharge its legal duty for all aspects of risk. As the accountable officer, the Chief Executive has overall responsibility for maintaining a sound system of internal control, as described in the annual governance statement. Operationally, the Chief Executive has designated responsibility for implementation of this policy to the Board Secretary.

### ***Board Secretary***

Is responsible for:

- operational implementation of the risk management policy;
- as the Senior Information Risk Owner (SIRO), ultimate responsibility lies here for information risk management;
- development of policies and procedures relating to the above;

- development and ongoing review of the Board Assurance Framework;
- ensuring that the Board and its Committees receive the appropriate reports and assurance for consideration.

## **Director of Workforce and Organisational Development**

Is responsible for:

- Executive Team level management of risk in relation to both Health and Safety and Business Continuity.

## ***Executive Directors***

Are responsible for:

- the management of risk both collectively as the Executive Team and also at a Directorate level for the risks specifically relating to their directorate;
- assuming ownership of risks assigned to them in either the Board Assurance Framework or the Corporate Risk Register and reporting as required to the Executive Team and the Board and its committees on the management of that risk;
- appointing of sufficient risk handlers for their Directorate to enable effective management of their risks.

## ***Directorate Managers***

Directorate Managers are responsible for:

- assuming ownership of risks which are assigned to them in the Directorate Risk Registers and reporting as required to their Executive Director on the management of that risk;
- Supporting their Directorate risk owners in the management of risk;
- ensuring that new risks are assigned an owner, correctly articulated and assessed by their owner.

## ***All staff***

All HEIW staff are responsible for identifying and reporting anything which they believe could present a risk to our business functions or people.

## ***Training***

### *Level 1 – Staff required to report risks*

Whilst there are many different training requirements for specific aspects of risk management (e.g. Health and Safety, Fire, Information Governance), there is no mandatory training requirement for Risk Management in the broader context. All staff who need to report a risk are signposted to a short self directed study package which will cover the basics of identifying, articulating and reporting risks.

### *Level 2 – Risk Owners*

Face to face training will be delivered to Risk Owners and is aimed at Executive Directors and other members of the senior leadership team who need to understand the implications of risk ownership, risk appetite, risk decision making and the escalation of risk.

### *Level 3 – SIRO and other specialist roles*

This will be any bespoke training required for those charge managing the Risk Management System.

## **Section 2 – Categories of Risk**

### ***Strategic Risk***

These are the highest level risks that could threaten the organisation's ability to deliver on the strategic priorities, as laid out in the Annual Plan or Integrated Medium Term Plan (IMTP). Strategic Risks are identified at Board level during the annual development of the Annual Plan or IMTP. All strategic risks are assigned an Executive lead and this person will review their strategic risks and associated action plans on a regular basis and provide updates to both the Executive Team and Board.

### ***Corporate Risk***

Corporate Risk in all its forms is subject of this policy.

The term Corporate Risk is used in HEIW to encompass all of the operational risks that pose a direct risk to the day to day business of the organisation, or could lead to Directorates failing to meet their objectives. This can include:

- Operational Risk
- Project / Programme Risk
- Educational Risk
- Financial Risk

All of these risks will be captured and managed through both Datix and a system of policies and procedures.

### ***Health and Safety Risk***

Health and Safety Risk is subject to a specific policy.

Health and Safety is a complex area of legislation one requirement of which is for the organisation to have a Health and Safety Policy. Senior management of Health and Safety Risk is the responsibility of the Director of Workforce and Organisational Development.

### ***Information Risk***

Information Risk is subject to a specific policy.

Information Risk Management is an integral element of good Information Governance. It encompasses numerous disciplines, including use of IT systems, management of paper records, cyber security and physical security of our facilities. Information Risk Management is the responsibility of the SIRO.

### ***Service or Business Continuity Risk***

Business Continuity Risk is subject to a specific policy.

Business Continuity risks are those derived from those possible events which threaten the organisation's ability to deliver its key products and services.

The majority of Business Continuity risks will tend to be high impact / low likelihood events.

Business Continuity Risk Management is the responsibility of the Director of Workforce and Organisational Development.

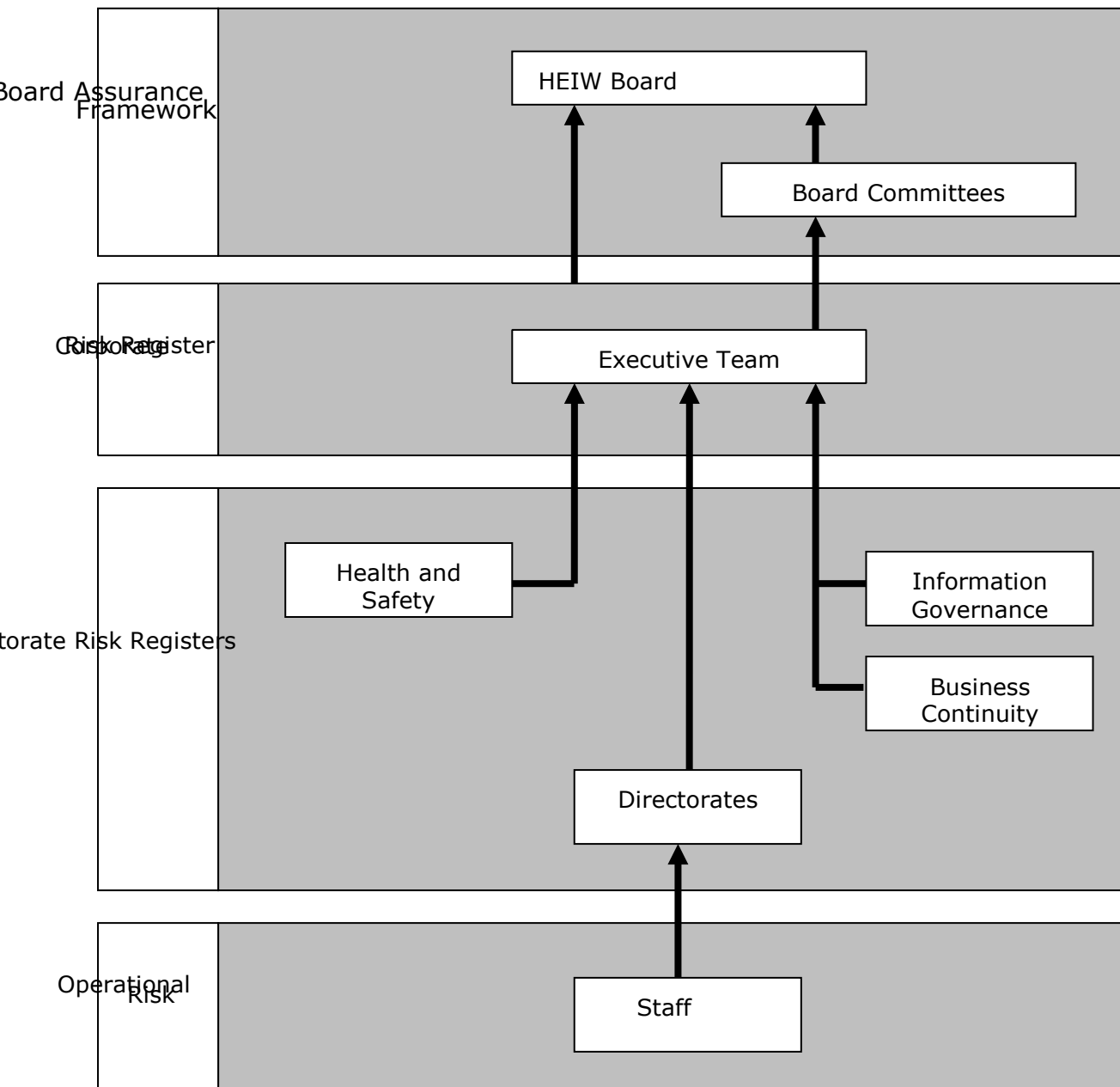
## **Section 3 – Management of Risk**

### ***Introduction***

This section gives an overview of how risk is managed throughout HEIW.

## Risk architecture

The risk architecture is the structure within which an organisation manages risk. The risk architecture within HEIW is shown below.



## ***Risk Appetite***

Risk appetite is defined as

*'The amount of risk that HEIW is willing to seek or accept in the pursuit of its long term objectives.'*

HEIW's risk appetite is set on an annual basis by the Board, when the decisions are being made around the organisation's strategic priorities for the following year. The purpose of setting the risk appetite is to ensure that all staff throughout HEIW are aware of it and understand the amount of risk to which the organisation is prepared to be exposed whilst going about their day to day business.

## ***Identification and capturing of risks***

All staff should be aware of the potential for risks to emerge which may affect the business and all staff should be prepared to identify and report risks as appropriate. When a possible risk is identified, staff should normally discuss it first with their line manager. This is to avoid duplication of effort, as sometimes risks are identified which are already being managed but have perhaps been articulated differently.

Once it is confirmed that a new risk has been identified, the details should be entered onto the Datix system. This will normally be achieved through one of the Directorate's risk handlers.

Once correctly identified and assessed, the risk will then be transferred to one of a series of risk registers, depending on the seriousness of the risk. Generally risk should be managed at the lowest level possible, proportionate to the level of exposure to which the risk.

## ***Risk Registers***

A Risk Register is simply a visual representation of the identified risks, together with an assessment of their severity, the risk management measures in place, the control environment and any further actions which are planned or required. The register is a snapshot of the risk information at the moment it is taken.



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<b>Meeting Date</b>	<b>18 July 2019</b>	<b>Agenda Item</b>	<b>4.3.1</b>
<b>Report Title</b>	<b>Committee Chair's Report – Audit and Assurance Committee</b>		
<b>Report Author</b>	Kay Barrow, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Gill Lewis, Chair		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee.		
<b>Key Issues</b>	<p>This report focuses on the key issues raised at the Audit and Assurance Committee meeting held on 29 May 2019.</p> <p>The Board is asked to note the summary from the Chair for assurance.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	Members of the Board are asked to note the report for Assurance.		

## **Committee Chair's Report – Audit and Assurance Committee**

### **1. INTRODUCTION**

The purpose of the report is to provide an update on matters considered by the Audit and Assurance Committee. The Board is asked to note the summary report from the Chair.

### **2. BACKGROUND**

The Board will be aware that three committees have been established under HEIW's standing orders. Each committee will present reports to the Board during the course of the year outlining key discussions, issues and risks discussed during meetings.

### **3. REPORT FROM COMMITTEE CHAIR**

The Board is asked to **receive** and **note** the Audit and Assurance Committee Chair's summary of the meeting held on 29 May 2019.

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

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

### **5. FINANCIAL IMPLICATIONS**

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

### **6. RECOMMENDATION**

Members of the Board are asked to:

- **NOTE** the content of the report for assurance.

<b>Governance and Assurance</b>				
<b>Link to corporate objectives</b> <i>(please ✓)</i>	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓			
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
<b>Quality, Safety and Patient Experience</b>				
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in the quality, safety and experience of patients receiving care.				
<b>Financial Implications</b>				
No financial implications for the Board to be aware of.				
<b>Legal Implications (including equality and diversity assessment)</b>				
It is essential that the Board complies with its standing orders, which includes receiving updates from its committees.				
<b>Staffing Implications</b>				
No staffing implications for the Board to be aware of.				
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>				
The report outlines work undertaken by the Committee to review the short term performance and finance of HEIW as well as focussing on the longer term sustainability. The governance structure aims to identify issues early to prevent escalations and the Committee integrates into the overall Board arrangements.				
<b>Report History</b>	This report shall be a standing item on the Board's agenda.			
<b>Appendices</b>	Chair's summary - Audit and Assurance Committee (Appendix 1).			

## Appendix 1

<b>Meeting Date</b>	<b>18 July 2019</b>	<b>Agenda Item</b>	<b>4.3.1</b>
<b>Freedom of Information Status</b>	Open		
<b>Reporting Committee</b>	<b>Audit and Assurance Committee</b>		
<b>Report Author</b>	Dafydd Bebb, Board Secretary		
<b>Chaired by</b>	Gill Lewis, Independent Member		
<b>Lead Executive Director</b>	Eifion Williams, Interim Director of Finance		
<b>Date of last meeting</b>	29 May 2019		
<b>Summary of key matters considered by the committee and any related decisions made:</b>			
<p>The meeting predominantly focussed on the approval of the Annual Accounts for 2018/19 and the associated reporting:</p> <p><b>Financial Statements for 2018/19:</b> The Committee considered the Annual Accounts, WAO Audit of Financial Statements Report (ISA 260) and Letter of Representation. The Committee was made aware of some amendments to the accounts reporting template and that the Finance Team would be working with Welsh Government over the next year to analyse the expenditure further, learn lessons about spending patterns and agreed any necessary additional changes to the reporting template. The Committee supported the decision made by the interim Director of Finance in relation to the non-adjustment of the uncorrected misstatement highlighted within the WAO report. The final year-end financial position was confirmed as a surplus of £68k. The Committee agreed to recommend to the Board to sign off the Final Accounts for 2018/19.</p> <p><b>Annual Accountability Report for 2018/19:</b> The Committee considered the Annual Accountability Report for 2018/19 which was one of the three parts of the HEIW Annual Report and Accounts. Subject to the editorial amendments and removal of duplications that are also contained in the Performance Report, would be recommending to the Board for approval.</p> <p><b>Performance Report for 2018/19:</b> The Committee considered the Performance Report which formed part of the HEIW Annual Report and Accounts, and approved for its submission to Welsh Government.</p> <p><b>Head of Internal Audit Opinion and Annual Report for 2018/19:</b> The Committee received the Head of Internal Audit Opinion which had been attributed a reasonable assurance rating overall and was pleased with the positive and encouraging report. The Committee agreed that the Head of Internal Audit Opinion be included as part of the Committee Review of Accounts and Public Disclosure Statements to the Board at its May meeting.</p> <p>Draft Response to WAO Governance Letter: The Committee considered the draft response and approved for its submission to Welsh Government. It also noted the</p>			

suggestion for earlier presentation within the Committee's meeting cycle to allow for comments to be incorporated into the final draft.

**Transitional Management Internal Audit Report:** The Committee received the Internal Audit Report and Management Response and noted the overall reasonable assurance rating. The Committee will be receiving updates in relation to contract management and the transition of workforce objectives recorded on ESR relating to mandatory training and staff appraisals at its next meeting.

**Workforce Review: Casual Workers Internal Audit Report:** The Committee received the Internal Audit Report and Management Response and noted the overall limited assurance rating. A number of actions were being implemented to address the recommendations and Internal Audit would be undertaking a follow up review during 2019/20.

**Risk Management Internal Audit Report:** The Committee received the Internal Audit Report and Management Response and noted the overall reasonable assurance rating. It was noted that a Risk Management Policy had been developed and was to be presented for approval at the May Board, and that the Board Assurance Framework was in development.

**Performance Management Internal Audit Report:** The Committee received the Internal Audit Report and Management Report and noted the overall reasonable assurance rating. The Committee was encouraged with the progress being made in the development of the performance management framework and dashboard.

**Internal Audit IT Baseline Review:** The Committee received the report, noting that this was a review of HEIW's ICT and Information Governance arrangements and was a work in progress. The Committee considered the requirement for a formal Committee of the Board for Information Governance and agreed to ask the Board to consider the recommendation.

**Counter Fraud Reporting for 2018/19:** The Committee considered the Counter Fraud Annual Report for 2018/19 and the Annual Declaration against the Counter Fraud Self Review Tool 2018/19. The Committee was assured that the Counter Fraud Department has delivered on all legal aspects and responsibilities and agreed that a progress report be presented at the next meeting to include case study examples related to Code of Conduct; Declarations of Interest and Gifts, Hospitality & Sponsorship.

**Counter Fraud Work Plan for 2019/20:** The Committee endorsed the work plan for the year 2019/20.

**Corporate Risk Register:** The Committee considered the Corporate Risk Register and asked that Risks 8 and 22 be reviewed by the Executive Team in relation to the impact score.

**Draft Audit Recommendations Tracker:** The Committee considered the draft Audit Recommendations Tracker and agreed to the removal of recommendations with a Green status if they had been assessed as fully completed.

<b>Key risks and issues/matters of concern of which the Board needs to be made aware:</b>
The Board is asked to consider the recommendation within the Internal Audit IT Baseline Review relating to a sub-committee focussed on Information Governance.
<b>Delegated action by the Committee</b>
n/a
<b>Main sources of information received</b>
Annual Accounts 2018/19 WAO Audit of Financial Statements Report (ISA 260) and Letter of Representation Annual Accountability Report 2018/19 Performance Report for 2018/19 Head of Internal Audit Opinion and Annual Report for 2018/19 Corporate Risk Register Draft Response to Wales Audit Office Governance Letter Internal Audit Reporting: <ul style="list-style-type: none"> <li>• Transitional Management Internal Audit Report</li> <li>• Workforce Review: Casual Workers Internal Audit Report</li> <li>• Risk Management Internal Audit Report</li> <li>• Performance Management Internal Audit Report</li> <li>• IT Baseline Review</li> </ul> Draft Audit Recommendations Tracker Counter Fraud Annual Report and Self Review Tool 2018/19 Counter Fraud Work Plan for 2019/20 Draft Committee Self-Assessment Checklist
<b>Highlights from sub-groups reporting into this committee</b>
n/a
<b>Matters referred to other Committees</b>
None identified.



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<b>Meeting Date</b>	<b>18 July 2019</b>	<b>Agenda Item</b>	<b>4.3.3</b>
<b>Report Title</b>	<b>Committee Chair's Report – Education, Commissioning and Quality Committee</b>		
<b>Report Author</b>	Kay Barrow, Corporate Governance Manager		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Ruth Hall, Chair		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of the report is to outline discussions undertaken by the Education, Commissioning and Quality Committee.		
<b>Key Issues</b>	<p>This report focuses on the key issues raised at the Education, Commissioning and Quality Committee meeting held on 1 July 2019.</p> <p>The Board is asked to note the summary from the Chair for assurance.</p>		
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	Members of the Board are asked to note the report for Assurance.		

## **Committee Chair's Report – Education, Commissioning and Quality Committee**

### **1. INTRODUCTION**

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

### **2. BACKGROUND**

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

### **3. REPORT FROM COMMITTEE CHAIR**

The Board is asked to **receive** and **note** the Education, Commissioning and Quality Committee Chair's summary of the meeting held on 1 July 2019.

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

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

### **5. FINANCIAL IMPLICATIONS**

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

### **6. RECOMMENDATION**

Members of the Board are asked to:

- **NOTE** the content of the report for assurance.

<b>Governance and Assurance</b>				
<b>Link to corporate objectives</b> <i>(please ✓)</i>	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓			
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
<b>Quality, Safety and Patient Experience</b>				
Ensuring the Board carries out its business appropriately through its Committees and aligned with its standing orders is a key factor in the quality, safety and experience of patients receiving care.				
<b>Financial Implications</b>				
No financial implications for the Board to be aware of.				
<b>Legal Implications (including equality and diversity assessment)</b>				
It is essential that the Board complies with its standing orders, which includes receiving updates from its committees.				
<b>Staffing Implications</b>				
No staffing implications for the Board to be aware of.				
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>				
The report outlines work undertaken by the Committee to advise and assure the Board in relation to education, education commissioning and quality management of education provision and contracts. The Committee governance structure aims to identify issues early to prevent escalations; work closely with the Audit and Assurance Committee and integrate into the overall Board arrangements.				
<b>Report History</b>	This report shall be a standing item on the Board's agenda.			
<b>Appendices</b>	Chair's summary – Education, Commissioning and Quality Committee (Appendix 1).			

## Appendix 1

<b>Meeting Date</b>	<b>18 July 2019</b>	<b>Agenda Item</b>	<b>4.3.3</b>
<b>Freedom of Information Status</b>	Open		
<b>Reporting Committee</b>	<b>Education, Commission and Quality Committee</b>		
<b>Report Author</b>	Kay Barrow, Corporate Governance Manager		
<b>Chaired by</b>	Ruth Hall		
<b>Lead Executive Director(s)</b>	Stephen Griffiths and Professor Pushpinder Mangat		
<b>Date of last meeting</b>	1 July 2019		
<b>Summary of key matters considered by the committee and any related decisions made:</b>			
<p>The meeting focussed substantially on the NHS Wales Education, Commissioning and Training Plan 2020/21 which the Committee considered in detail and provided comments for the next iteration of the Plan. The Committee noted that the timelines for the consideration of the draft Plan which was scheduled to be presented at the CEOs meeting and National Executive Board on 16 July 2019 and to the HEIW Board on 18 July 2019. The comments received from the Committee will be incorporated into the draft Plan for consideration at those meetings. When all comments have been received the final Plan will inform the recommendations to Welsh Government.</p>			
<b>Key risks and issues/matters of concern of which the Board needs to be made aware:</b>			
n/a			
<b>Delegated action by the Committee</b>			
n/a			
<b>Main sources of information received</b>			
NHS Wales Education, Commissioning and Training Plan 2020/21			
<b>Highlights from sub-groups reporting into this committee</b>			
n/a			
<b>Matters referred to other Committees</b>			
None identified.			



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

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

<b>Meeting Date</b>	<b>18 July, 2019</b>	<b>Agenda Item</b>	<b>4.4</b>
<b>Report Title</b>	<b>Matters reported In-Committee</b>		
<b>Report Author</b>	Dafydd Bebb, Board Secretary		
<b>Report Sponsor</b>	Dafydd Bebb, Board Secretary		
<b>Presented by</b>	Dafydd Bebb, Board Secretary		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To set out key issues discussed at the in-committee Board Meetings held on 30 May and 27 June.		
<b>Key Issues</b>	In accordance with Standing Orders, HEIW is required to report any decisions made in private session to the next available public meeting of the Board. The report sets out the decisions made by the Board in-committee on 30 May and 27 June.		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	✓		
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• note the report for <b>information</b>.</li> </ul>		

## DECISIONS MADE DURING THE IN-COMMITTEE BOARD MEETINGS ON 30 MAY AND 27 JUNE 2019

### 1. INTRODUCTION

The purpose of the report is to report on items considered by the in-committee Board meetings on 30 May and 27 June.

### 2. BACKGROUND

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

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

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

### 3. GOVERNANCE AND RISK ISSUES

The following items were discussed in the **in-committee meeting of HEIW on 30 May 2019**:

- **Contract Register.** It was agreed that HEIW develop a Register of its contracts.
- **Pre-registration Nursing Education Contracts.** It was agreed that the CEO be given delegated authority to approve the Variation Orders for the Education and Training of Pre-registration Nursing Students to the four Welsh University Education Providers for the Academic Year 2018/19.  
It was also agreed that the Board undertake further discussion on the contracting process and the reporting arrangements to the Board for the Committees.
- **Key issue report from In-Committee Audit and Assurance Committee Meetings.** The key issues report on recent Audit Committee meetings held on 29 March and 13 May was considered and noted for assurance.
- **Key issue report from the Education Commissioning and Quality Committee.** A report on key issues discussed at a recent meeting of the Education Committee held on 16 May was considered and noted for assurance.
- **Key issue report from a RATS Committee Meeting.** A report on key issues discussed at recent RATS Committee meeting on 25 April was discussed for assurance and it was agreed to convene an extraordinary meeting of the Committee.

The following items were discussed in the **in-committee meeting of HEIW on 27 June 2019**:

- **Key issue report from the RATS Committee Meeting.** A report on key issues discussed at recent RATS Committee meeting held on 7 June was noted. It was recorded that Chair’s actions had been undertaken in respect of:
  - the offer of a fixed term 18 month contract for a senior role; and
  - authorising the Director of Workforce and OD to be given delegated authority to negotiate a settlement agreement with a former member of staff.
  
- **Key issue report from the RATS Committee Meeting.** A report on key issues discussed at recent RATS Committee meeting held on 19 June was discussed for assurance. The remuneration for the Interim DOF was ratified. The settlement scope relating to a former member of staff were ratified.

#### 4. FINANCIAL IMPLICATIONS

There are no financial implications in noting the update. However, any resource implications would have been detailed in the original requests for ratification.

#### 5. RECOMMENDATION

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

Governance and Assurance				
<b>Link to corporate objectives</b> <i>(please ✓)</i>	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	✓			
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
Quality, Safety and Patient Experience				
Ensuring that the Board and its Committee make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.				

<b>Financial Implications</b>	
There are no direct resource implications related to this report. However, any resource implications would have been detailed in the original requests for ratification.	
<b>Legal Implications (including equality and diversity assessment)</b>	
There are no legal implications contained within this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.	
<b>Staffing Implications</b>	
There are no direct implications on workforce in this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.	
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
There are no direct implications on the Act. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.	
<b>Report History</b>	This report is provided at each meeting of the Board.
<b>Appendices</b>	None.