

Bundle HEIW Board 30 May 2019

Agenda

May Agenda HEIW (Open) (F).docx

1 PART ONE - PRELIMINARY MATTERS

1.1 Welcome and Introductions

1.2 Apologies for absence

1.3 Declarations of Interest

1.4 Trainee and Trainer Achievements

1.5 Minutes of the last meeting of the Board

1.5 March Board Minutes (Open) (F)ah.docx

1.6 Action Log

1.6 Action Log - March (Open)(D).docx

1.7 Matters Arising

2 PART TWO - CHAIR AND CHIEF EXECUTIVE REPORTS

2.1 Chair's Report and Affixing of the Common Seal

2.1 Chairs Report.docx

2.2 Chief Executive's Report

2.2 CEO report may (F).docx

3 PART THREE - STRATEGIC ITEMS

3.1 Update on Optometry

3.1a Eye Care cover paper.(F)docx.docx

3.1b Appendix 1 Business Case Template - Higher cert glaucoma Med Ret and IP April 2019 Draft v7.(F).docx

4 PART FOUR - GOVERNANCE, PERFORMANCE AND ASSURANCE

4.1 Audit Committee Review of Accounts and Public Disclosure Statements

4.2 Final Accounts 2018/19

4.2 HEIW Final Accounts 2018-19 24.05.19.pdf

4.3 Accountability Report 2018/19

4.3a Accountability Report _.docx

4.3b Appendix 1 HEIW Accountability report (24.05.19) (F).docx

4.4 Wales Audit Office - Audit of Financial Statements Report

4.4 1287A2019-20_HEIW_Audit_of_Financial_Statements_Report.pdf

4.5 Formal Approval of the Accounts and Public Disclosure Statements 2018/19

4.6 Finance Report

4.6 Report of the Director of Finance_Board 200519_.docx

4.7 Update on Integrated Performance Management Framework

4.7a Board Report May 19- Performance FrameworkFinaldocx.docx

4.7b Appendix 1 110419 - HEIW - Performance Reporting - Jan19.pdf

4.8 Consolidated Plan

4.8 - Consolidated Plan Mar19.docx

4.9 Update on Policies

4.9 Update on Policies (F)_(002).docx

4.10 Welsh Language Policy

4.10a Board report on Welsh Lanaguage Scheme mai 21 2019 3ydd.docx

4.10b Apendix 1 HEIW proposed LANGUAGE SCHEME chwef 19.docx

4.10c Appendix 2 Arrangements for Complying with the Welsh Language Scheme May 14 2019v.docx

4.10d Appendix 3 Top 10 priorities towards WL Compliance May 2019.docx

4.11 Risk Management Policy

- 4.11a Risk Management Policy Cover Report.docx
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- 4.12 Finance Limits Schedule of Delegation
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- 4.14 To Receive Key Issue Reports from the:
 - 4.14.1 Audit and Assurance Committee
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- 5 PART FIVE - OTHER MATTERS
 - 5.1 Any Other Urgent Business
 - 5.2 Summary of Key Actions
 - 5.3 Next meeting of the HEIW Board: 18 July 2019 in the Post Graduate Meeting Room, Hywel Dda University Health Board, Corporate Offices, Ystwyth Building, Hafan Derwen, St Davids Park, Jobswell Road, Carmarthen, SA31 3BB



A Meeting of the Health Education Improvement Wales (HEIW) Board will be held at 10.00am-12.35pm on Thursday, 30 May 2019 in the Board Room, Glasbury House, Bronllys Hospital Site, Bronllys, LD3 0LU

AGENDA

PART 1	PRELIMINARY MATTERS	10.00-10.30
1.1	Welcome and Introductions	Chair/Oral
1.2	Apologies for Absence	Chair/Oral
1.3	Declaration of Interests	Chair/Oral
1.4	Trainee and Trainer Achievements	Medical Director/ Video
1.5	To receive and confirm the minutes of the Board held on 28 March 2019	Chair/ Attachment
1.6	Action Log	Chair/ Attachment
1.7	Matters Arising	Chair/Oral
PART 2	CHAIR AND CHIEF EXECUTIVE REPORTS	10.30-10.55
2.1	Chair's Report and Affixing of the Common Seal	Chair/ Attachment
2.2	Chief Executive's Report	Chief Executive/ Attachment
PART 3	STRATEGIC ITEMS	10.55-11.15
3.1	Update on Optometry	Director of Nursing
PART 4	GOVERNANCE, PERFORMANCE AND ASSURANCE	11.15-12.30
4.1	Audit Committee Review of Accounts and Public Disclosure Statements	Chair of the Audit and Assurance Committee/ Oral
4.2	Final Accounts 2018/19	Interim Director of Finance/ Attachment
4.3	Accountability Report 2018/19	Corporate Governance Manager/ Attachment
4.4	Wales Audit Office – Audit of Financial Statements Report	Wales Audit Office/Oral

4.5	Formal Approval of the Accounts and Public Disclosure Statements 2018/19	Interim Director of Finance/ Attachment
4.6	Finance Report	Interim Director of Finance/ Attachment
4.7	Update on Integrated Performance Management Framework	Chief Executive/ Attachment
4.8	Consolidated Plan	Chief Executive/ Attachment
4.9	Update on Policies	Corporate Governance Manager/ Attachment
4.10	Welsh Language Policy	Welsh Language Manager/ Attachment
4.11	Risk Management Policy	Corporate Governance Manager/ Attachment
4.12	Finance Limits Schedule of Delegation	Interim Director of Finance/ Attachment
4.13	Executive Director Schedule of Delegation	Corporate Governance Manager/ Attachment
4.14	To receive key issue reports from the: <ul style="list-style-type: none"> • Audit and Assurance Committee • Education Commissioning and Quality Committee 	Chair of the Committee/ Attachment
4.15	In-Committee Decisions	Corporate Governance Manager/ Attachment
PART 5	OTHER MATTERS	12.30-12.35
5.1	Any Other Urgent Business	Chair/ Oral
5.2	Summary of Key Actions	Chair/Oral

Next meeting of the HEIW Board: 18 July 2019 in the Post Graduate Meeting Room, Hywel Dda University Health Board, Corporate Offices, Ystwyth Building, Hafan Derwen, St Davids Park, Jobswell Road, Carmarthen, SA31 3BB

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.

HEIW

Unconfirmed

Minutes of the Board Meeting of HEIW held on 28 March, 2019 at 10:30 am at Auditorium, Catrin Finch Centre, Mold Rd, Glyndwr University, Wrexham, LL112AW

Present:

Dr Chris Jones	Chair
Tina Donnelly	Independent Member
Alex Howells	Chief Executive
Stephen Griffiths	Director of Nursing
Dr Ruth Hall	Independent Member
Gill Lewis	Independent Member
Professor Pushpinder Mangat	Medical Director
Professor Ceri Phillips	Independent Member
Dr Heidi Phillips	Independent Member
Julie Rogers	Director of Workforce and OD
John Hill-Tout	Independent Member

In attendance:

Dafydd Bebb	Board Secretary
Rhiannon Beckett	Deputy Director of Finance
Anna Hughes	Regional Co-ordinator Pharmacy North Wales

In attendance for the improvement stories:

Julian D’Enrico	Pre-registration Pharmacist Lead and Pharmacist, Wrexham Maelor Hospital
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		Action
2803/1.1	WELCOME AND INTRODUCTIONS	
	The Chair welcomed everybody to the meeting of the HEIW Board.	
2803/1.2	APOLOGIES FOR ABSENCE	
	It was confirmed that Gill Lewis had advised that she would be late attending due to traffic.	
2803/1.3	Declarations of Interest	
	None was received.	
2803/1.4	Improvement Story – Pharmacy multi sector pre-registration training	

	<p>A presentation by Julian D’Enrico on the Pharmacy multi sector pre-registration training model was received.</p> <p>The presentation highlighted that the new training model aimed to reflect the modern requirements for a Pharmacist and in particular:</p> <ul style="list-style-type: none"> - aimed to deliver a patient centred pharmacist on day one of registration moving the trainee from student to professional; - utilised a multi-sector training programme to ensure that trainees have a complete understanding of the patient journey. <p>It was confirmed the new model of training had received positive reviews from the programme evaluation.</p> <p>The presentation was discussed by the Board in a question and answer session.</p> <p>The importance of having a patient centred approach to training was discussed by the Board.</p> <p>Julian D’Enrico also highlighted that obtaining evidence outlining the beneficial outcomes of the new training model had been crucial in engaging regulators.</p> <p>The Chair conveyed the thanks of Board to the team for the presentation.</p>	
Resolved	- The Improvement Story be noted .	
2803/1.5	To receive and confirm the minutes of the Board held on 31 January 2019	
	The minutes of the meeting held on 31 January 2019 were confirmed as an accurate record.	
2803/1.6	Action Log	
	The Action Log was received and noted .	
2803/1.7	Matters arising	
	There was none.	
2803/2	CHAIR AND CHIEF EXECUTIVE REPORTS	
2803/2.1	Chair’s Report & Affixing the Common Seal	
	The Chair’s written report was received .	

	<p>In presenting the report the Chair highlighted the importance of preparing for Brexit and ensuring it was taken into account in the workforce strategy.</p> <p>The Chair confirmed that he is aiming to meet all Independent Members by mid April to finalise their objectives.</p> <p>John Hill-Tout provided an update on the work undertaken by the Vice Chair Group. He emphasise the importance of ensuring that Health Boards are aware of HEIW’s work to ensure that workforce planning is aligned across NHS Wales.</p> <p>The Chair confirmed he had attended numerous events on behalf of HEIW since January Board. He commended the work undertaken at the recent HEIW staff event and the quality of the presentation on risk at the Board Development Session in February. He encouraged all Board Members who had not attended the risk session to attend a future session.</p> <p>The Board considered the contribution of all Independent Members (IMs) at stakeholder meetings. It was considered that the Chair’s report was an opportunity for all IMs to provide an update in respect of their engagement work. It was noted that Board Members have an important role in raising HEIW’s profile as HEIW Ambassadors and ensuring that expectations were aligned with HEIW’s objectives.</p>	
<p>Resolved</p>	<ul style="list-style-type: none"> - That: - the Chair’s report be noted; - Individual IMs objectives to be shared with the Board; - Risk management training undertaken at the February Board Development Session to be rolled out to SLT, IMs who had missed the training to be provided with an opportunity to attend; - Chair’s report to be an opportunity for all IMs to report back on engagement with key stakeholders. <p>[11.05- Gill Lewis joined the meeting]</p>	<p>DB</p> <p>DB</p> <p>All IMs</p>
<p>2803/2.2</p>	<p>Chief Executive’s Report</p>	
	<p>A report setting out key issues from the Chief Executive was received.</p>	

	<p>In introducing the report Alex Howells highlighted:</p> <ul style="list-style-type: none"> - that the response rate to the staff survey was positive and this would be considered further at the April Board Development Session; - the substantial work and engagement undertaken in respect of the workforce strategy for health and social care and that the strategy shall be considered further in April's joint Board meeting with Social Care Wales; - that the Performance Framework is being finalised and will be presented at May Board; - that the Director of Finance and Corporate Services had left HEIW and appropriate steps were being put in place to ensure adequate cover. <p>The Board discussed HEIW's role in respect of leadership and how this aligned with the work undertaken by other stakeholders. It was noted that this would be clarified through the development of the leadership strategy and this would be a topic for a future Board Development Session</p> <p>The Chair emphasised the importance of the role of Board Members in raising awareness and understanding about HEIW's profile.</p>	
Resolved	<p>That:</p> <ul style="list-style-type: none"> - Julie Rogers to share a basic presentation on the development of the leadership strategy with Board members to assist their role as a HEIW ambassador; - The report be noted. 	JR
2803/3	STRATEGIC ITEMS	
2803/3.1	Approval of 19/20 Draft Annual Plan	
	<p>The 19/20 Draft Annual Plan (Plan) was received by the Board.</p> <p>In presenting the Plan, Alex Howells highlighted the following:</p> <ul style="list-style-type: none"> - since the draft Plan had been approved at January Board the main changes to the Plan related to inputting risks and financial information; - the Plan and, in particular its objectives, had been shared widely with key NHS partners - Welsh Government were content with the progress on the Plan; 	

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	<ul style="list-style-type: none"> - the Plan attempted to strike a balance between being ambitious and being realistic given the challenges of assessing the capacity of a new organisation. <p>It was confirmed that there had been a useful dialogue with Welsh Government in respect of finance. The development fund of £1 million had been mapped against commitments in the plan and this was still being worked through in detail.</p> <p>It was confirmed that business cases for training in respect of both GPs and Pharmacy had been discussed positively with Welsh Government and that both business cases were subject to Board approval at today's Board meeting.</p> <p>The Board discussed the £100k discretionary capital. Concern was expressed as to whether this was sufficient for HEIW going forward. Alex Howells agreed to have a further discussion regarding this, to ensure that there would be flexibility about this going forward.</p>	
Resolved	<ul style="list-style-type: none"> - That: - the Annual Plan 2019/20 was approved; - the Board to receive regular feedback on HEIW's performance against the Annual Plan; - Business cases arising from the Annual Plan to be presented to the Board as appropriate. 	<p>JR</p> <p>JR</p>
2803/3.2.1	Business Case Pharmacy Multi Sector Pre-registration Training	
	<p>The paper outlining the business case for Pharmacy Multi Sector Pre-Registration Training was received.</p> <p>It was confirmed that the business case would be presented to the Welsh Government Executive Team on 8 April by the Chief Pharmaceutical Officer and Alex Howells.</p>	
Resolved	<ul style="list-style-type: none"> - That: - the business case to implement a new model of Pre-registration Pharmacist Training in Wales was approved; - AH to provide an update to Board Members on the outcome of the submission of the Pharmacy Pre- 	<p>PM</p>

	<p>registration training to the Welsh Government Executive on 8 April;</p> <ul style="list-style-type: none"> - an update on progress in implementing the Pre-Registration Pharmacist Training to be provided to Board through the new performance management framework. 	AH PM
2803/3.2.2	Business Case GP training	
	<p>The paper outlining the business case for GP training was received.</p> <p>In presenting the paper PM emphasised that the business case proposed to increase the number of GP trainees trained within Wales and also change the nature of training so that more training time will be spent in primary care. Another aim was to target GP training in areas where there was currently insufficient number of GPs.</p> <p>AH emphasised that it was expected that the implementation of the business case will result in making Wales a more attractive destination for GP trainees.</p> <p>The Board discussed GP trainee retention rates and consideration was given to the optimum number of GP trainees for Wales. It was noted that this was complex due to changes in the model of primary care and changes in working patterns. However, on the basis of the information available and comparisons with other countries 200 was felt to be the appropriate number. The Board welcomed the focus on introducing GP trainees to the areas most in need of GPs.</p>	
Resolved	<p>That:</p> <ul style="list-style-type: none"> - the business case on increasing GP training places and to implement a new model of GP training and its submission at WG was approved; - information held by HEIW relating to training in the primary care setting to be considered at a Board Development Session. 	PM JR
2803/3.3	Communications and Engagement Plan	
	<p>The paper on the Communication and Engagement Plan (Plan) was received.</p> <p>In presenting the Plan Julie Rogers highlighted that:</p>	

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	<ul style="list-style-type: none"> - the Plan built on the transitional plan that had been presented to the shadow Board in the summer of 2018; - it was designed to support the Annual Plan over the next 12 months and it was proposed it be implemented from 1 April; - a further Communications and Engagement Plan would be drafted to support the forthcoming IMTP. <p>The Board discussed the Plan. A number of members stated that a balance needed to be struck between highlighting the objectives of HEIW and managing expectations.</p>	
Resolved	<ul style="list-style-type: none"> - That the Communications and Engagement Plan was approved and that it be implemented from 1 April. 	JR
2803/4	Governance, Performance and Assurance	
2803/4.1	Finance Report	
	<p>The finance report was received.</p> <p>In presenting the Finance Report, Rhiannon Becket confirmed that for the period from October to February there was an underspend totalling £587k. £541k of the underspend related to staff vacancies. There was also an overspend of £179k relating to non pay against budget.</p> <p>It was confirmed that HEIW will break even at year end.</p> <p>Rhiannon Becket said that the finance team were focused on improving payments for invoices in line with the Public Sector Policy Payment.</p> <p>The Chair thanked the finance team for their report.</p>	
Resolved	<ul style="list-style-type: none"> - That the HEIW Board note the finance report and progress made to date. 	
2803/4.2	Risk Register	
	<p>The Transitional Corporate Risk Register was received.</p> <p>In presenting the register Alex Howells confirmed that the sole red status item on the register, relating to the procurement of pension advice for former Cardiff University staff, was to be downgraded to amber. This was because a third party provider had confirmed, subject to contract, that they will provided pension advice.</p>	

	It was clarified that the register will now be updated to reflect HEIW's objectives from the Annual Plan.	
Resolved	That the report be noted for assurance .	
2803/4.3	Education, Commissioning and Quality Committee Draft Terms of Reference	
	<p>The paper requesting the approval of the establishment of the Education, Commissioning and Quality Committee (Committee) was received.</p> <p>It was confirmed that the terms of reference for the Committee had been considered recently by Ruth Hall and Gill Lewis who had focused on the relationship between the proposed Committee and the Audit and Assurance Committee. The following amendments were recommended to the Committee's terms of reference:</p> <p>2nd section/2nd bullet – insert after “<i>education</i>” “<i>systems and quality assurance framework</i>”;</p> <p>3rd section, iv insert after “<i>Alert the</i>” “<i>Audit Committee and the</i>”;</p> <p>3rd section, vii and ix to be amalgamated and to refer to both NHS Wales policies and other relevant policies;</p> <p>Final (6th) section, insert: <i>“The Committee will maintain effective working relationships with HEIW’S Audit and Assurance Committee (AAC), and with HEIW’s other Board subcommittees and committees. To strengthen liaison with the AAC, one non-executive member will serve on both committees. The Committee will review these Terms of Reference after its initial six months.”</i></p>	
Resolved	<p>That:</p> <ul style="list-style-type: none"> - the terms of reference of the Education, Commissioning and Quality Committee (Committee) be approved (incorporating the comments of RH and GL above); - Establishment of the Committee be approved; - RH and TD's nomination as members of the Committee be approved; - that RH's nomination as Chair of the Committee be approved. 	<p>DB</p> <p>DB</p> <p>DB</p> <p>DB</p>
2803/4.4	Review of Standing Orders	

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	<p>The paper providing an update on the Standing Orders (SOs) was received.</p> <p>It was confirmed that the SOs had been reviewed and that two amendments were recommended to the Board:</p> <ul style="list-style-type: none"> - amending the SOs to incorporate the terms of reference of the Education, Commissioning and Quality Committee as previously agreed at agenda item 4.3 above; - that the SOs Responsible Officer section be amended to include the Medical Director's responsibility as '<i>Responsible Officer for the medical trainees</i>'. 	
Resolved	<ul style="list-style-type: none"> - That the Standing Orders(SO) be amended to: - Incorporate the terms of reference of the Education, Quality and Commissioning Committee as approved at agenda item 4.3; - The Responsible Officer section of the SO be amended to include the following additional responsibility for the Medical Director '<i>Responsible Officer for the medical trainees</i>'. 	<p>DB</p> <p>DB</p>
2803/4.5	Forward Work Programme	
	The paper containing the Forward Work Programme for both Board Meetings and Board Development Session was received.	
Resolved	<p>That the Forward Work Programme be approved:</p> <ul style="list-style-type: none"> - for Board Meetings as outlined in Appendix 1 of the paper; - for Board Development Sessions as outlined in Appendix 2 of the paper. 	
2803/4.6	Update on Policies	
	<p>The paper providing an update in respect of policies was received.</p> <p>The Board was advised that, while policies had been drafted, further work was required in finalising a number of definitions in respect of staff, trainees and the position in respect of work undertaken outside of Ty Dysgu.</p> <p>Given the above it was recommended that a further paper on policies be presented at May Board.</p>	
Resolved	- That:	

	<ul style="list-style-type: none"> - the paper on policies to be noted; - a further paper on policies to be provided at May Board. 	DB
2803/4.7	Update on the Board Assurance Framework	
	<p>The paper providing an update on the development of the Board Assurance Framework was received.</p> <p>In presenting the paper Dafydd Bebb asked that the Board note the progress made in respect of identifying key risks against objectives.</p> <p>It was noted that the BAF be considered by the Senior Leadership Team.</p>	
Resolved	<p>That the Board note the progress on the development of the BAF for information.</p> <p>DB to liaise with other Board Secretaries in respect of consistent approach to the implementation of BAF.</p>	DB
2803/4.8	To receive a key issue report from the Audit and Assurance Committee	
Resolved	A key issues report was received and noted. The report included a confirmation that the Committee had requested a further update in respect of the Annual Report.	
2803/4.9	In-Committee Decisions	
Resolved	A report outlining matters reported In-Committee at the January 2019 meeting was received and noted .	
2803/5	OTHER MATTERS	
2803/5.1	Any other urgent business	
2803/5.1.1	A verbal report was received in respect of the proposed £3 million asset transfer from Felindre Trust to HEIW.	
Resolved	<ul style="list-style-type: none"> - That: - the Board approve tomorrow's £3 million asset transfer from Felindre Trust to HEIW; - Delegated Authority be given to the CEO to effect the £3m asset transfer. 	AH
2803/5.1.2	A verbal report was received in respect of the proposed signing of the NWIS SLA.	
	It was noted that the SLA exceeded the delegated financial limit of the CEO.	
Resolved	<ul style="list-style-type: none"> - That the Board approve the signing of the NWIS SLA and that delegated authority be given to the CEO to sign the agreement. 	AH

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2803/5.2	Closed	
	There being no other urgent business for the open session the meeting moved into the closed session	

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Chris Jones (Chairman)

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Date:

Action Log – March Board (Open)

Ref:	Matter	Owner	Current position
2.1	Individual IM's objectives to be shared with the Board.	DB	Completed.
2.1	JR to share basic presentation with Board members to assist their role as a HEIW ambassador.	JR	Completed
2.1	Risk training undertaken at the February Board Development Session to be rolled out to SLT and Board members who missed this session also to be offered to attend.	DB	Completed. Scheduled for June SLT.
2.1	Chair's report to be an opportunity for all Independent Members to report back on engagement with key stakeholders.	All	Completed. To be standard element of Chair's report going forward.
3.1	The Board to receive regular feedback on HEIW's performance against the Annual Plan.	AH	Completed. Added to forward work programme.
	Business cases arising from the Annual Plan to be presented to the Board as appropriate.	AH	Completed.
3.2.1	AH to provide an update to Board Members on the outcome of the submission of the Pharmacy Pre-registration training to the WG Executive on 8 April.	AH	Completed.
3.2.1	Update on the performance of the Pre-Registration Pharmacist Training to be provided to Board at the 2020 March Board.	PM	Completed. Added to forward work programme.

Ref:	Matter	Owner	Current position
3.2.2	Information held by HEIW relating to training in the primary care setting to be considered at a BDS.	JR	Completed.
4.	Underspends to shown in blue within the finance report.	RHB	Completed.
4.3	Terms of reference of the Education, Commissioning and Quality Committee (Committee) be approved (incorporating the comments of RH and GL).	DB	Completed
4.4	That the Standing Orders(SO) be amended to: Incorporate the terms of reference of the Education, Quality and Commissioning Committee as approved at agenda item 4.3; The Responsible Officer section of the SO be amended to include the following additional responsibility for the Medical Director 'Responsible Officer for the medical trainees'.	DB	Completed
4.6	The paper on policies to be noted. Further paper on policies to be provided at May Board.	DB	Completed. On May Agenda.
4.7	DB to liaise with other Board Secretaries in respect of consistent approach to the implementation of BAF.	DB	Completed.
AOB	Board approved tomorrow's £3million asset transfer from Felindre to HEIW. Delegated Authority be given to the CEO to effect the £3m asset transfer.	AH AH	Completed. Completed.
AOB	Board approved the signing of the NWIS SLA and that delegated authority be given to the CEO to sign the agreement.	AH	Completed.

Chairs Report – May 2019

Since the last Board meeting in March I have continued to meet with wider stakeholders and staff. The list below gives a flavour of some of these meetings. The real highlight was the Joint Development Session in April with Social Care Wales, in which we discussed our emerging joint workforce strategy. It is very clear that this is a fundamental step in delivering “*a healthier wales*”. There was genuine commitment from both Boards to support this work and deliver on this exciting opportunity.

I have completed the Independent Members’ appraisals and objectives. The new Education, Commissioning and Quality Sub-Committee has held its first meeting and I have subsequently had discussions with Ruth Hall and Tina Donnelly to discuss progress and focus.

I have met with Wales Audit Office to discuss the annual plan. I have also met with the All Wales NHS Chairs, discussing wide ranging areas of issues where HEIW, Health Boards and Trusts should be working together.

I have listed the meetings I have attended since the last Board meeting:

Date	Meeting Title
25/03/19	Met with Chrissy Love, Education & Contracting Manager
	Met with Gill Lewis, Independent Member
26/03/19	Telecall with Sam Horwill, Managing Director of Practice Unbound
27/03/19	Meeting between HEIW and Council of Deans of Health Wales
28/03/19	HEIW Board Meeting
29/03/19	The Valleys Regional Park
02/04/19	Visit to University of Wales Trinity Saint David
03/04/19	All Wales IPFR Panel
04/04/19	Ministerial Taskforce for the South Valleys in Wales
	Digital & IT Strategy
08/04/19	Met with Liz Hargest, Education Development Manager
08/04/19	Met with Ryan Cunningham, Head of Workforce Data & Analytics
09/04/19	Met with Phillip Wardle, Academy Director
	Met with Jonathan Morgan, ADSS
	Meet with Gary Baxter & Carolyn Donoghue from Cardiff Uni
10/04/19	Met with Sam Horwill, Managing Director of Practice Unbound
12/04/19	Advanced In Healthcare Awards (AHA)
15/04/19	Two @ The Top Individual Session with Ken Jarrold
16/04/19	Resource Allocation Review – Technical Advisory Group
	Met with Gail Harries-Huntley, Workforce Modernisation
	Met with Debra Roberts - Associate Dean, Pharmacy
17/04/19	TfW Bus IRT Meeting
18/04/19	Meeting between BMA & HEIW
	Meeting between WAST & HEIW
24/04/19	Meeting with WHSSC
	All Wales IPFR Panel
	Met with Nik Sheen, Eye Care
25/04/19	RATS Committee

Date	Meeting Title
	HEIW Board Development Session
	Joint Board – HEIW & Social Care Wales
30/04/19	Met with Helen Baker, Secondary Care
	Introductory meeting with Emma Kwaya-James
	Met with Michelle Sehwat, Pharmacy Workforce Planning
01/05/19	Attended IPFR Network Event
02/05/19	Revalidation Quality Assurance Reviews
15/05/19	WAO Interview
16/05/19	European Advisory Group

John Hill-Tout continues to meet with NHS Wales Vice Chairs. His main focus has been representing HEIW at these meetings and since the Board last met, Vice Chairs have met with the Minister and Deputy Minister, and focussed on primary care and mental health services particularly.

A Healthier Wales is approaching its anniversary and LHBs are building new service models into their plans. HEIW will then address the workforce requirements through our own plans and through the Health and Social Care Workforce Strategy.

The Strategic Programme for Primary Care includes a number of new delivery milestones which will have implications for the workforce in future. Similarly LHBS are responding to increasing demands for local mental health services, which will require new service models, and new staff and skills.



GIG
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NHS
WALES

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

Meeting Date	30 May 2019	Agenda Item	2.2
Report Title	Chief Executives Report		
Report Author	Alex Howells, Chief Executive		
Report Sponsor	Alex Howells, Chief Executive		
Presented by	Alex Howells, Chief Executive		
Freedom of information	Open		
Specific action required	This report is for information only.		

CHIEF EXECUTIVE'S REPORT – MAY 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 since we started the new financial year in April 2019, our first full year of operation.

3. KEY ACTIVITIES

Annual Plan 19/20

We are still waiting to receive confirmation that our Annual Plan for 19/20 has been approved by Welsh Government and we are also in discussion about a draft remit letter, which will sit alongside the Annual Plan.

People & OD Strategy

Following initial engagement at our staff event in March, the process for developing the People and OD Strategy has been discussed at the April Board Development session and with the Senior Leadership Team. This relates to Objective 1.B in our Annual Plan. Further engagement is planned to ensure that there is an opportunity for all staff to contribute and we anticipate bringing a draft strategy to the newly established HEIW 'Working in Partnership' Forum and the Board in November 2019.

Staff Survey

Following the briefing at the Board Development session in March 2019, we have received a final version of the report for our organisation. Headlines have been shared with the Senior Leadership Team and the HEIW partnership Forum this month. We are expecting a final bilingual version for launch and external publication in June 2019. The initial findings have also been discussed at Executive Team and there are some actions that have already been taken, e.g. a communications survey, agreement to establish 'meet the CEO' sessions, and some initial activity to establish connections between staff working outside of Ty Dysgu. As discussed previously, the HEIW Culture Champions Group have been asked to take the lead in developing an action plan with staff.

Workforce Strategy for Health and Social Care

Work has continued on the development of the workforce strategy to support implementation of A Healthier Wales (Objective 2.1 in our Annual Plan). This was the focus of discussion at the first **joint meeting of the HEIW and Social Care Wales Boards** in April. During May, a number of workshops are being held to shape the material collected through the analysis and engagement phases into a draft strategy for further discussion and consultations. Partners have identified a very wide range of

challenges and opportunities, as well as priorities. The emerging themes broadly fall into the following categories:

- Workforce planning & intelligence – limited feedback during the engagement phase other than from HR specialists. However recognised as key and needing development particularly in the areas of analysis, prediction and core planning skills.
- Attraction & Recruitment - need to draw the right people into the sector and ensure they have successful and productive careers for as long as possible. Single brand? Single campaigns? Single recruitment portal?
- Conditions & Deployment – this theme generated the most discussion during the engagement phase, including from professional bodies and across all parts of the sector. Parity of esteem and reward.
- Wellbeing, support & retention – fundamental to the effectiveness of the workforce in the future and a core element of the vision in ‘A healthier Wales’
- Learning & Development – wide range of ideas and proposals from partners, including a common concern about professional silos, that students are still taught primarily ‘within their tribes’ without real engagement in the wider sector.
- Leadership & management – strong messages about the need for leading & managing the workforce in an environment that will require much greater flexibility of deployment, rather than traditional inflexible ways as is the case now. Also the need for investment in and development of middle managers.

Business Cases

The business case for **Multi Sector Pre registration Pharmacy Training** (Annual Plan Objective 2Biv) that we considered at the March Board meeting has been supported by Welsh Government and we will be implementing the change to training from 20/21.

A business case for enhancing cluster based optometry education (Annual Plan Objective 4Aiii) has been submitted to Welsh Government, and is the subject of a separate agenda item following consideration at the Board Development session in April. A business case for delivering further improvements and increases in GP training (Annual Plan Objective 3A) will be discussed with Welsh Government in June.

Development of Education and Training Commissioning Plan

The historical process previously led by WEDs for developing an education and training commissioning plan on the basis of NHS IMTPs and plans has started, and HEIW will be overseeing this for the first time. A separate paper is included on the agenda setting out how this will be taken forward in 2019/20. (Annual Plan Objective 2E)

Recruitment

Recruitment remains a key focus for the organisation and is continuing at pace and scale. In the period October to end April, we ran 49 recruitment campaigns and appointed 50 new staff. Despite this activity, the vacancy rate remains higher than we would like at circa 13%, which is why the risk continues to be rated amber on our

corporate risk register. Board members will be aware from previous updates that we have relied on support from the national job evaluation panels and other NHS organisations that have local arrangements in place. These arrangements, which have been in place for over a year, are not sustainable and so we have been investing in training for HEIW staff and talking to trade union partners about securing local trade union/staff representatives to form a local panel. Our trade unions have agreed to attend job evaluation training, which is due to take place in June. This will enable us to run more frequent panels in the forthcoming weeks, and a plan is being developed to clear the backlog.

Communications and Engagement - HEIW Roadshow 2019

As you are aware, as part of our work to raise awareness of HEIW, we have set up a series of drop in events across Wales under the banner HEIW Roadshow 2019. The main focus of these is to meet trainees, students and staff involved in delivering training, education and appraisal across the NHS. The first roadshow took place on Friday 10th May in Aneurin Bevan and was attended by around 30 people from a number of professions including pharmacy, nursing, medical and education. The quality of conversation was very good with discussion not just about the work of HEIW and healthcare education, but about wider healthcare issues that will help to inform our work going forwards. A list of upcoming events can be found below.

HB / Trust	Date	Venue	Session 1	Session 2
Betsi Cadwaladr	06/06/2019	Postgraduate Medical Education Centre, Ysbyty Gwynedd, Bangor, LL57 2PW	10.30am – 11:30am	11:45am – 12:45pm
	06/06/2019	Postgraduate Medical Education Centre, Ysbyty Glan Clwyd, LL18 5UJ	2:30pm - 3:30pm	3:45pm - 4:45pm
	07/06/2019	Postgraduate Medical Education Centre, Wrexham Maelor Hospital, LL13 7TD	10:30am - 11:30am	11:45am - 12:45pm
Swansea Bay	24/06/2019	Lecture Theatre, Morriston Hospital	10am – 11.30am	11.30 – 1pm
Velindre	26/06/2019	Conference Room,	2.00pm – 3.30pm	3.30pm – 5pm

		Velindre Cancer Centre, Cardiff		
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Integrated Performance Framework

There is a more detailed report on the Board agenda regarding the performance framework and the first set of data will be available at the July Board meeting. **The first Quality and Delivery Meeting** with Welsh Government is due to be held on 23 May.

Joint Meeting with Public Health Wales

The Executive Teams of HEIW and Public Health Wales held a joint meeting on 2 May to consider joint priorities for 2019/20 and opportunities to collaborate and work together.

Four Nations Meeting

A CEO meeting was recently held with colleagues from England (HEE), Scotland (NES) and Northern Ireland to share plans and work programmes for this year, and identify areas of mutual interest and support. The next meeting will include wider members of the Executive Team to broaden the learning across our various portfolios.

Policies

In line with Objective 1C in the Annual Plan there are important papers on the organisation’s policy framework and the development of the Welsh Language Policy on the Board’s agenda today.

Finance

We have started to submit monthly monitoring returns to Welsh Government on our financial position, and details of the month 1 position are included in a separate Board paper.

Risk Register

The Risk Register has been refreshed to ensure it supports delivery of the Annual Plan for 2019/20 and was considered at the Audit Committee on 29 May.

4. RECOMMENDATION

The Board is asked to note this report



GIG
CYMRU
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WALES

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

Meeting Date	30.5.2019	Agenda Item	3.1
Report Title	Developing Cluster Based Optometry Services - Commissioning of postgraduate modules in Medical Retina, Glaucoma and independent prescribing.		
Report Author	Nik Sheen		
Report Sponsor	Stephen Griffiths		
Presented by	Stephen Griffiths		
Freedom of Information	Open		
Purpose of the Report	This paper sets out proposals to invest in additional education for optometrists to provide a viable alternative to present models of care, supporting the shift to community with development of an integrated eye care pathway with sustainable high quality patient service accessible in community settings.		
Key Issues	<p>The present configuration of eye care services is predominantly hospital based and faces pressures of increasing demand and insufficient capacity due to the treatment and subsequent monitoring of patients.</p> <p>This paper sets out the case for the investment in knowledge and skills to enable optometrists to manage glaucoma and age related macular degeneration. This will also include enabling optometrists to become Independent prescribers.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> Approve the business case attached at Appendix 1 		
			✓

Governance and Assurance				
Link to corporate objectives <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				
Appropriately trained staff within recognised nationally agreed frameworks will deliver this service. Patient experience will be enhanced as they will have greater access from a local optometrist.				
Financial Implications				
Funding requirement for commissioning of 83 places on 3 courses plus payment to cover time spent on a placement and 0.4 FTE post to manage course places and placements.				
<p>Yr 1: £73,224</p> <p>Yr 2: £152,955</p> <p>Yr 3: £118,688</p> <p>Yr 4: £30,454</p> <p>Total =£375,321 over 4 years.</p>				
Legal Implications (including equality and diversity assessment)				
None known at this time				
Staffing Implications				
This will require an additional 0.4FTE to manage clinical placements and is included in the financial requirements identified within the paper				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
This will change the delivery of care and shift services from hospital to the community				
Report History	Nil			
Appendices	Appendix 1 – Business Case			



Title of Business Case:	Developing Cluster Based Optometry Services - Commissioning of postgraduate modules in Medical Retina, Glaucoma and independent prescribing.
Submitted to Welsh Government by	Alex Howells
Executive Sponsor:	Stephen Griffiths
Document Author:	Nik Sheen, Eye Care Transformation Lead
Date:	25th April 2019

1. Executive Summary

This case puts forward a simple approach to commission qualifications designed to facilitate additional community optometry practice management of: patients with suspect glaucoma and ocular hypertension; triage referrals for Wet Age related Macular Degeneration (AMD); acute eye care presentations, through the prescribing of medication. A unique approach to training placements for qualifications is proposed where optometrists would work in hospital glaucoma and acute services with an NHS contract. By ensuring that qualifications are offered to optometrists working in every cluster in Wales we would achieve national coverage, targeting a reduction in demand for secondary care across Wales.

The present configuration of eye care services is predominantly hospital based and faces pressures of increasing demand and insufficient capacity due to the treatment and subsequent monitoring of patients. This results in:

- Long referral to treatment times
- Delays to follow-up in ophthalmology secondary care
- Risk of irreversible sight loss from eye diseases such as glaucoma.
- Underutilisation of alternative pathways in the community
- High cost premiums for the system as a result of reliance on waiting list initiatives
- Impact on staff morale and wellbeing in secondary care

Placing glaucoma and medical retina services in community requires personnel with appropriate training and qualifications to manage patients. NICE guidance provides clear evidence-based guidance for eye conditions such as glaucoma and sets out how patients can be monitored and managed independently or in an integrated care scenario by optometrists. A framework of the necessary competencies for glaucoma and medical retina has been devised, see Appendices (The Royal College of Ophthalmologists, 2017) and there are existing qualifications meeting these requirements. Additionally, having more optometrists in the community capable of independent prescribing, facilitates the transfer of services and enables greater numbers of patients to be treated in community without onward referral and reducing demand on General Practice.

Patient access to community optometry practice is excellent with practices in all areas of Wales, both rural and urban services all cluster populations. Optometry practices are well equipped with the majority of optometry practices in Wales having advanced equipment such as the Ocular Coherence Tomography (OCT). Finally, levels of patient satisfaction with optometry services is very high and enabling more services in community will lead to continuity of the patient experience.

Glaucoma

Glaucoma Ophthalmic Diagnostic and Treatment Centres (ODTCs) have been established in all health boards in Wales. ODTCs currently enable nurses, orthoptists and/ or optometrists to assess and manage patients with varying levels of virtual review by a consultant. In most health boards ODTCs are also situated in community optometry practices with the necessary equipment and technology set up to do this. The present model of virtual review by consultants takes up valuable clinic time when a suitably trained and qualified optometrist could make autonomous treatment and management decisions. This could be carried out community ODTCs or practices that have suitable equipment.

Age related Macular Degeneration (AMD)

At present there is one AMD pathfinder optometry practice in Wales which screens AMD patient referrals from across the health board. However, optometrists in the practice do not make decisions on referral and triage but instead use equipment to take images and send these images off for virtual review by a consultant. With suitable training and qualifications, optometrists could reduce the numbers of patients needing to be referred into secondary care. If this could be repeated in each cluster it would substantially reduce the numbers of patients being referred into the AMD secondary care service.

Independent Prescribing

Enhanced eye care services, such as the Eye Health Examinations Wales (EHEW) enable patients with acute eye care problems to attend an optometry practice. Last year (2018-2019) 81,804 patients were seen by optometrists in primary care with acute eye problems (EHEW data; NHS SSP). This reduces the numbers of patients attending GP surgeries or secondary care. However instigating treatment options for many eye conditions is not possible without an optometrist holding an Independent Prescribing qualification. Currently there are two options; referral to the GP for medication provision or refer onto secondary care treatment. If optometrists in all clusters in Wales had an Independent Prescribing qualifications this would reduce the numbers of patients presenting to the GP for treatment and being referred into secondary care.

If optometrists working in ODTs and pathfinder optometry practices had the necessary glaucoma, medical retina and independent prescribing qualifications, they could make autonomous patient management and treatment decisions using numbers of patients referred to secondary care. Furthermore, once the principle is established, patients with eye disease such as glaucoma can be managed in community optometry practices instead of secondary care; moving patients out into the community. Furthermore with an electronic referral and review system, seamless, integrated care could be established in community optometry.

In order to make this happen, it is necessary for optometrists in Wales to be trained to the appropriate standard in medical retina, glaucoma and independent prescribing. Fortunately, NICE endorsed qualifications are available at Cardiff University and other Universities and we can identify optometrists to take these qualifications. Once qualified, these optometrists could prevent up to a third of referrals into secondary care for Wet AMD and could manage thousands more patients with suspect glaucoma and acute eye disease in primary care.

Whilst electronic patient records (EPR) are a potential barrier to the transfer of services, a Wales-wide bid to develop and refine an EPR is approved and it is expected to be delivered within 2 years. Currently, most secondary care ophthalmology units do not have an EPR but demonstrate that it is possible to run eye care services in different geographical locations without an EPR.

The Higher Certificate glaucoma and Independent Prescribing qualifications do require a placement in secondary care of 6 month duration at 1 session per week; a total of 24 sessions or 12 whole days. Whilst it may be challenging to find placements. We propose a unique method to achieve this; not available anywhere else in the UK (see below).

Placements in hospital eye care clinics

We propose for each optometrist studying for Independent Prescribing and Higher Certificate in Glaucoma qualifications, the required placements are carried with an NHS contract with a Health Board. HEIW would pay for a 7 month NHS contracted position within

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an eye hospital in Wales. This ensures that optometrist are paid for their work and that the health board has an additional staff member to see patients. Where optometrists work in glaucoma clinics/ eye casualty for 7 months, they become an asset for the health board because they will start to become more autonomous after the first 1-2 months and can increase capacity of the clinics by seeing patients. Whilst there needs to be supervision, it is far less than Foundation Level and early career specialist trainees requirements.

1.1 Link to HEIW Strategic Priorities

This business case directly supports HEIW's strategic priorities and objectives set out in its annual plan for 2019/20, including:

Strategic Objective 4A (iii)

By the end of 2019/20 we will have developed workforce solutions to support NHS Organisations in improving Eye Care. To provide an increase in the number of optometrists with nationally recognised eye care higher qualifications by commissioning of higher qualifications education for optometrists.

1.2 Summary of Financial Costs and Funding to support Business Case

Funding requirement for commissioning of 83 places on 3 courses plus payment to cover time spent on a placement and 0.4 FTE post to manage course places and placements.

Yr 1: £73,224

Yr 2: £152,955

Yr 3: £118,688

Yr 4: £30,454

Total =£375,321 over 4 years.

1.3 Timescale

September 2019 –September 2023

2. Outline Business Case

2.1 Purpose

This case sets out proposals to invest in additional education for optometrists to provide a viable alternative to present models of care, supporting the shift to community with development of an integrated eye care pathway with sustainable high quality patient service accessible in community settings.

2.1 Current Service Provision

Glaucoma and glaucoma related eye disease and Age related Macular Degeneration represent the majority of all ophthalmology work. Despite significant investment in eye care, demand is outstripping current capacity of the workforce (see Section 2.2). This trend of increasing need for services will continue alongside an increasing opportunity and demand for new treatments in eye care. There have been some annual increases in capacity in new and follow-up cases for ophthalmology outpatients. However, the increase in activity has not kept in step with the increase in demand. Additionally, the current service provision for patients is based largely in secondary care hospital sites meaning care is not closer to home. Optometrists in primary care are a contractor NHS service with a terms of service agreement for basic eye care services. They are not NHS employees and so cannot gain access to funds for training available for NHS staff. Optometrists currently provide enhanced eye care services such as the Eye Health Examinations Wales (EHEW) service where they manage over two thirds of patients presenting with acute eye care problems without onward referral. However, there is scope and potential to upskill optometrists to provide more services in primary care transferring patients to care closer to home.

2.1.1 Wet Age related Macular Degeneration

At present, wet AMD is treated by injecting anti-VEGF drugs directly into the eye. This treatment slows or arrests the progress of wet (AMD) but it is not a cure for the condition. Optometrists refer patients with suspected Wet age related macular degeneration (AMD) within 2 weeks to be seen and treated. Patients with wet AMD need 4 to 8 weekly review and injections into the eye. Currently, when patients with potential wet AMD are referred, at least a third are discharged (Chris Blyth, personal communication). The Ocular Coherence Tomography (OCT) scanner is crucial for clinical decision making in deciding if a patient has Wet AMD or not. Ophthalmologists make these decisions. Other professional groups can be trained to read the OCT scans and examine patients to determine if treatment is required. Increasingly, primary care optometry practices are equipped with OCTs (current estimate is over 50% of practices in Wales) and it would be appropriate for them to be used to monitor patients in primary care optometry. However, interpretation of the results is challenging, and further qualifications are required. The College of Optometrists Professional Certificate in Medical Retina is an appropriate qualification for this role and is recognised in the College of Ophthalmology Clinical Competency Framework.

Currently, one optometry primary care practice in Aneurin Bevan University Health Board, all AMD referrals in the area are diverted to this practice where data is gathered and processed before being sent virtually to a Consultant. However, with the Medical Retina qualification much of the clinical decision-making could be done without Consultant input, resulting in freeing up capacity for Medical Retina Consultants. The regular review of patients once treatment has been instigated could also be carried out in primary care according to local protocols.

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2.1.2 Glaucoma, Ocular Hypertension and Suspect Glaucoma

Patients with suspect glaucoma, ocular hypertension (raised eye pressure without glaucoma damage) and glaucoma are referred into secondary care hospital eye services for diagnosis, management and treatment. Glaucoma Ophthalmic Diagnostic and Treatment Centres (ODTCs) are increasingly established in primary care optometry practices and provide a mechanism for patients with OHT, suspect glaucoma and low risk glaucoma to be managed. Furthermore, with the Higher Certificate in Glaucoma qualification and independent prescribing, optometrists can manage and change treatment for these patients.

2.1.3 Independent Prescribing

Enhanced eye care services in Wales currently enable optometrists to manage approximately two thirds of patients presenting with acute eye problems. However, where ocular medication is required for ocular conditions such as Herpes Simplex keratitis, the optometrists must either co-manage with the GP or refer to secondary care. With independent prescribing these cases could be managed in primary care. This releases capacity for GPs and secondary care eye casualty.

2.2 Case for change – Service need

Nearly 10% (9 million annually) of all outpatient appointments are for eye clinics in the UK. Research undertaken by NHS Digital in 2017–18 found that ophthalmology is now the busiest outpatient speciality. Research undertaken by The Way Forward Project for ophthalmology (2017) looking at prevalence of disease and population projections suggests an increase in demand over the next 10 years of 30% for medical retina services and 22% for glaucoma services. The demand for glaucoma and medical retina services is not currently manageable within secondary care and this is unlikely to change in the near future. For example, age related macular degeneration (AMD), a medical retina condition, is the leading cause of sight loss in Wales. The workload associated with wet AMD treatment is growing rapidly due to the ageing population and the requirement for regular long term follow up visits for patients post treatment.

In Wales, the Planned Care Programme in Welsh Government, in agreement with the clinical leads for eye care, has agreed a number of priorities for eye care services. The general consensus is if these actions are fully implemented then services should start to improve:

- For Wet AMD, an integrated clinical pathway, to include refinement systems based on OCT equipment
- Glaucoma follow-up. Health board compliance with recommended follow-up and new patient targets

Additionally, the use and expansion of ophthalmic diagnostic treatment centres (ODTCs) was recommended. Furthermore, the recommendations of a Pathfinder evaluation of Wet AMD services in Wales (2018) is to increase capacity by streamlining the patient journey. This includes increase capacity in wet AMD services by reducing the number of unnecessary referrals into the hospital eye service (Referral Refinement).

To enact these recommendations, transformation at primary care optometry practices with appropriately qualified staff on hand needs to occur. With the ODTC models in all health boards transformation at the practices has begun. Training optometrists to operate referral refinement in AMD and the management of patients with glaucoma and glaucoma related

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eye disease can achieve service transformation in a sustainable manner in all cluster regions.

2.3 Impact on other services/ departments

2.3.1 Optometry

In primary care, there is currently no wait for appointments and capacity is available to meet the demand. A recent survey of the profession in Wales, undertaken by Optometry Wales in 2018, indicated that whilst some optometry practices are struggling to meet demand for optometry services there is an equal number that has some spare capacity. This indicates that the optometric workforce is well placed to deliver further enhanced services. The Eye Health Examination Wales (EHEW) service is currently used as a payment mechanism to optometrists to deliver enhanced eye care services and could also be used to pay for additional services such as glaucoma monitoring. The impact of additional training for the optometry professional adds value by increasing confidence in clinical decision making, the opportunity to discuss with peers challenging cases in training and encouraging further education. This would result in better service delivery in primary care eye care services through improved clinical decision making and confidence in managing more patients resulting from additional learning.

2.3.2 Ophthalmology

Wet AMD services would potentially see a 33% drop in numbers of cases being referred for intra-vitreous injections. Glaucoma outpatients would have capacity released as patients would be seen in primary care. Qualified independent prescribing optometrists would refer fewer patients to eye casualty thereby reducing unmet demand.

2.3.3 GPs

GPs last year (2018-2019) sent 18,202 patients to optometrists for eye problems. Approximately 20% of these were then co-managed with the GP for medication (EHEW data; NHS SSP). This demand on GPs for provision of ocular medication would be reduced if optometrists had Independent Prescribing qualifications and WP10 pads to prescribe. A plan is in place to provide these pads via an NHS Shared Service Partnership budget from September 2019.

2.4 Evidence Base (eg: From Pilots/ Quality Improvements)

2.4.1 Medical Retina

An independent evaluation of several pathfinder models of Wet Age Related Macular Degeneration services in the community (Pathfinder evaluation, 2018) in Wales made 7 recommendations, two of which related to community optometrists and their training:

1. To expand capacity and reduce the pressure on ophthalmologists' workload, non-medical health care professionals should be trained to provide elements of the care pathway. Community optometrists are ideally situated for patient convenience and for carrying out referral refinement and monitor stable patients in their practices.
2. Nationally agreed competencies and training for non-medical Health Care Professionals

An evaluation of 708 consecutive patient presentations in the pathfinder treatment centre in ABUHB found that the time from referral to first treatment for Wet AMD suspects was reduced from a mean of 36.7 days for the traditional pathway to 22.8 days for the refinement pathway (Chris Blyth, personal communication).

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For the qualifications, the College of Optometrists Professional Certificate Medical Retina is the UK-agreed training for optometrists to carry out referral refinement and monitoring of stable patients with wet AMD in their practice. It is endorsed by NICE and the Royal College of Ophthalmologists for this purpose.

2.4.2 Glaucoma

All Health Boards have been running at least one Ophthalmic Diagnostic Treatment Centres (ODTC) manned by non-medical professionals in hospitals for some time. Aneurin Bevan University Health Board has 5 primary care sites in optometry practices. An evaluation of the ODTCs (Lee, 2015) found that waiting times between appointments was reduced and patient satisfaction was almost universal. However, the ODTC sites are currently using virtual review rather than autonomous decision making by optometrists. With the appropriate qualifications, optometrists can make the clinical decisions necessary to keep patients out of outpatients and either reviewed or discharged to primary care.

For qualifications themselves, NICE (2016) has reviewed the evidence and advised that optometrists with higher certificate in glaucoma can be more autonomous and make decisions. Specifically:

- Management of OHT and suspected glaucoma including changing treatment where necessary if they also have an Independent Prescribing qualification.
- Manage and monitor patients with low risk glaucoma if provided with a management plan

Adoption and implementation of these nationally recognised competency framework for extended roles will be possible provided optometrists achieve the aforementioned qualifications. This would provide sustainability and flexibility in the workforce and enable mobility of personnel within Wales, and it is essential to ensuring safe patient care.

2.4.3 Independent Prescribing

In Scotland, all optometrists are funded to take Independent Prescribing qualification. The impact has mainly been on eye casualty and walk-in emergency centres. For example, in 2009 the level of walk-ins at one hospital in Grampian was at 6,000 annually and increasing, leading to long travel times and waits for patients, a chaotic environment, and specialist resources being used to treat non-urgent cases. An audit demonstrated that over 90% of patients could have been treated within community optometrists. Following the introduction of independent prescribing and signposting of patients, nearly all patients care is provided by optometrists.

2.5 Service Demand & Capacity Analysis (including workforce analysis and challenges)

2.5.1 Ophthalmology

Glaucoma and Age related Macular Degeneration (AMD) are amongst the most prevalent eye conditions in Wales. By 2030 there will be a large increase in the number of new patients needing eye health care services because of the aging population, particularly in glaucoma and AMD – see Table below.

Eye Condition	Estimated number of people in Wales living with the condition in 2015	Estimated number of people in Wales living with the condition in 2030	Percentage increase 2015 to 2030
Late stage dry AMD	10,660	15,320	44%
Late stage wet AMD	21,870	31,890	46%
Glaucoma	27,230	29,940	10%

Health Boards received 91,846 referrals for ophthalmology in 2016-17. In outpatients in ophthalmology, there have been some annual increases in capacity in new and follow-up cases. However, the increase in activity has not kept in step with the increase in demand.

At the end of the financial year 2017-18, 2,549 patients were waiting longer than 26 weeks for their first outpatient appointment. By the end of October 2018, this had risen by 89% to 4,811. At the end of the financial year 2017-18, 247 patients were waiting longer than 36 weeks at the treatment stage of their pathway. By the end of September 2018, this had risen by 93% to 477.

Follow up appointments for patients, pre and post treatment continues to increase. At the end of the financial year 2017-18, 114,913 follow-up patients were waiting for an appointment. This is an increase of 44% from 79,560 follow-up patients waiting at the end of 2016-17. By the end of October 2018, this had risen by 1,743 patients to 116,656.

The current ophthalmology workforce in Wales would not be sufficient to keep up with increasing demand with the ophthalmology workforce census (2018) suggesting there should be 22% more consultants to meet expected demands. In Wales, there have been struggles to attract consultants to posts. In ABUHB, for example, there have been 2 glaucoma consultant posts available and unfilled for 2 years. Ophthalmology will require other ways of delivering services.

2.6 Service Performance - Baseline Information (Productivity and efficiency measures and metrics, bench-marking)

The following metrics can be monitored to provide evidence of effectiveness.

Direct

1. The number of optometrists with the Higher Certificate in Glaucoma before and after in each cluster
2. The number of optometrists with the Medical Retina Certificate before and after in each cluster
3. The number of optometrists with the Independent Prescribing Certificate before and after in each cluster
4. The proportion of suspect glaucoma, OHT and glaucoma patients discharged to community optometry practices in each cluster

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5. The proportion of AMD referral refinements received in secondary care from community and development ODTs
6. Analysis of optometrist ocular medication prescribing data per cluster compared with the numbers of GP ocular medication prescribing data.
7. Comparative analysis of clusters with and without services to evaluate the impact of the new services on patient numbers.

Indirect

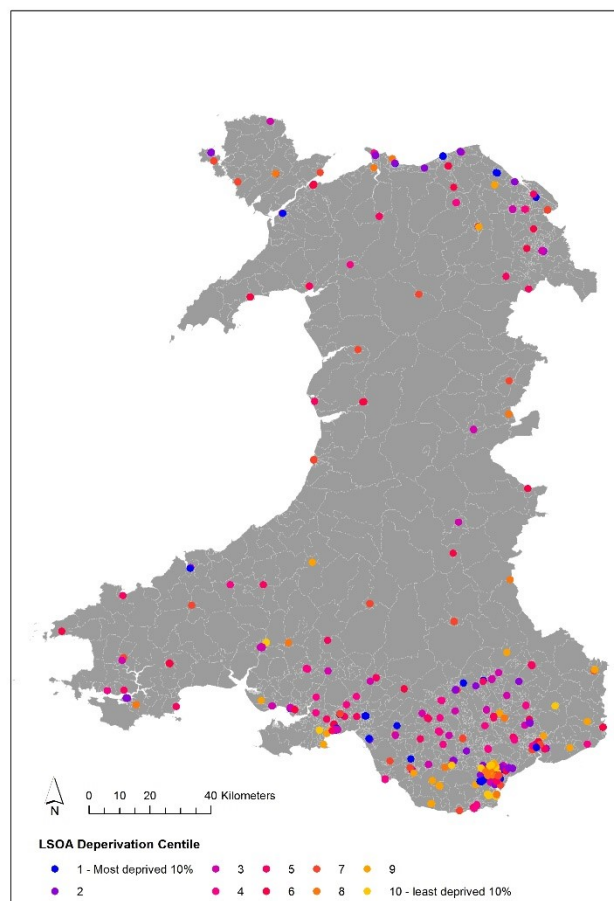
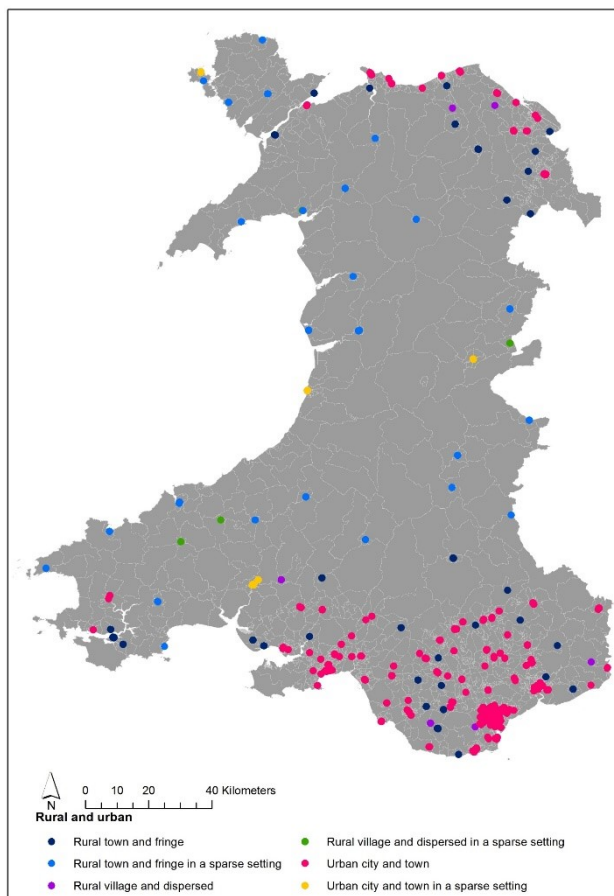
Ophthalmic Planned Care Board Monitoring:

1. Waiting times for new and follow-up for patients with Glaucoma
2. Waiting times for new and follow-up for patients with AMD
3. The number of new referrals received in eye casualty from optometrists.

The increased value from additional qualifications, such as: Improved clinical decision making; confidence in clinical decision making; improved diagnostic capabilities and change in clinical practice are difficult to measure but pre and post qualification qualitative questionnaires will be in place to test optometrist perceived benefits and change to practice. In addition qualitative analysis of patient satisfaction with services can be carried out.

2.6 Workforce Implications

When registered optometrists were asked about their aspirations in specific clinical and professional areas, the two top areas, chosen by half or more of respondents, are the management of specific conditions such as glaucoma and medical retina (68%) (AOP workforce survey, 2018) indicating a willingness of the profession to train in these areas. In Wales, OW workforce survey (2018) also demonstrated that there is an appetite to study Higher qualifications across all age groups. Geographically, optometry practice coverage is excellent in all areas of Wales, including in deprived areas and rural populations (see maps below). In analysis of journey times to an optometrist practice taken from real visits between 2017-2018, the average was 10.6 minutes and the distance between a patient's home and the optometrist practice was 4.2 miles. Additionally, patients in more deprived areas travelled less distance to reach an optometry practice.



Current numbers of optometrists with higher qualifications.

Health Board and of clusters	Independent Prescribing	Medical Retina	Glaucoma
ABMUHB 11 clusters	3 in 3 clusters	6 in 4 clusters	8 in 7 clusters
ABUHB 12 clusters	12 in 12 clusters	0	7 in 5 clusters
BCUHB 14 clusters	1 in 1 cluster	8 in 8 clusters	1 in 1 cluster
CTUHB 4 clusters	4 in 4 clusters	6 in 4 clusters	5 in 4 clusters
CVUHB 11 clusters	6 in 5 clusters	5 in 4 clusters	5 in 5 clusters
HDUHB 7 clusters	4 in 3 clusters	7 in 7 clusters	6 in 5 clusters
Powys 3 clusters	3 in 2 clusters	0	6 in 5 clusters
TOTAL	33	32	38

62-33 = 29

62-32 = 30

62-38=24

In Wales there are a number of optometrists already trained in the higher qualifications necessary to provide services in the community (see table above). However, if the services are going to be equitable for patients and scalable it is necessary over the next 3 years to have at least 1 optometrist qualified in Independent Prescribing and Medical Retina qualifications in each of the 62 clusters. This will ensure there is coverage in all areas of Wales and ensure a reliable, consistent and equitable service. Optometrists working in primary care optometry practices with an ODTC or referral refinement centre will be prioritised to take up qualifications.

3. HEIW Strategic Priorities

This business case directly supports HEIW's following strategic priorities and objectives set out in its annual plan for 2019/20.

<p>Link to HEIW Annual Plan/ Integrated Medium Term Plan/Corporate Objectives</p>	<p>Strategic Objective 2 - Building a sustainable and flexible health and care workforce for the future. 2B Developed and improved the education and training available to (i) Health professionals and healthcare staff.</p> <p>Strategic Objective 3. With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery. 3B Developed a workforce plan for the new primary care model based on enhanced and extended multidisciplinary teams.</p> <p>Strategic Objective 4A (iii). By the end of 2019/20 we will have developed workforce solutions to support NHS Organisations in improving Eye Care.</p>
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4. Desired Outcomes and Benefits Realisation Plan

The desired outcomes are to:

1. Patients managed closer to home
2. Improve patient experience and satisfaction
3. Improve services in eye hospital for patients by:
 - Releasing capacity in secondary care in wet AMD services
 - Releasing capacity in secondary care in glaucoma outpatients
 - Releasing capacity in secondary care in eye casualty.
4. Improve utilisation, career pathways, recruitment and retention of optometrists
5. Extend capacity in hospital eye care outpatient clinics when optometrists are on placement in these clinics.

Outcome 3 are complex measures that are challenging as services are already at capacity and effectively we will release unmet capacity which is unknown. However, as a surrogate measure we can determine the numbers of patients seen in primary care as this gives us a measure of what the potential of released unmet capacity is in secondary care.

5. Option Appraisal

Cost/Benefit Analysis of Options

5.1 Option 1 - Do Nothing (baseline):

Benefits/Value: No finance allocated to qualification commissioning. Maintains the status quo with services in primary and secondary care so that no shifts in services are carried out. Continuation of current service provision is familiar and reporting mechanisms pre-exist in health boards and clusters.

Pay & Non Pay Costs: No change, although waiting list initiative clinics and outsourcing are increasingly likely and are associated with increased costs to health boards.

There would be no business case and no associated pay and non pay costs.

Risks including consequence, likelihood and mitigating action/s:

There will be no incentive for health boards to move patients with glaucoma to primary care. Ophthalmology services will continue to fail to meet RTT and new prioritisation targets and patients will be at risk of blindness whilst on waiting lists. Consequently, there is a risk of patient litigation and the associated costs and increasing funding given to waiting list initiatives and outsourcing.

Referral refinement of patients with Age related macular degeneration (AMD) will not take place in primary care continuing the trend of 33% of unnecessary referrals going in to secondary care. Further AMD monitoring services in primary care will not happen. The impact in secondary care will be to continue to put pressure on patient waiting targets.

The numbers of ocular medications prescribed by GPs will remain the same and there will be no decrease in the time that GPs would spend on eye care; including co-management of patient medications with optometrists.

There will be continue to be barriers between primary and secondary care as the workforces will not be working together to manage patients.

5.2 Option 2 – Qualification commissioning only with no costs for placements given

Benefits/Value: Optometrists complete higher qualifications providing an additional resource in primary care to manage more patients.

This would have the following benefits:

- There would be fewer unnecessary patient referrals into secondary care for Age related Macular Degeneration (AMD)
- More patients could be managed in primary care for acute eye problems because of access to a full range of ocular medications
- Some patients with glaucoma could be managed in primary care

This is the cheapest option to provide training only.

Pay & Non Pay Costs: The costs will only include commissioning for qualifications. See below

Risks including consequence, likelihood and mitigating action/s: The major risk is that optometrists will not complete the placements. Optometrists are asked to attend the course

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and carry out many hours of study time without payment. Optometrists are business owners and do not hold NHS contracts and whilst optometry is protected through a terms of service agreement with the NHS, nearly all optometrists are employed by private businesses. Primary care optometrists are not paid to do the placements or paid for any study time. Attending placements for at least 6 months for half day per week without any pay adds financial pressure. Previous optometrists who have done courses have pulled out due to financial reasons at the placement stage. Providing a payment mitigates against this.

COSTS BASED ON OPTION 2					
Financial Assessment, including Value for Money	Summary	Year 1	Year 2	Year 3	Year 4
		£	£	£	£
	Income/ Disinvestment in existing service/s?	0	0	0	0
	*Pay costs (backfill to cover placements)	0	0	0	0
	*Non Pay costs				
	Total – Recurring Costs (*To include support costs & overheads)				
	Non-recurring costs: Pay costs (modules)	£41,947	£75,020	£44,770	£8,873
	Non Pay costs (*To include support costs & overheads)				
	Total Cost	41,947	75,020	44,770	8,873

5.3 Option 3 – Qualification commissioning with additional backfill costs given to cover placements

Benefits/Value:

Optometrists complete higher qualifications providing an additional resource in primary care to manage more patients.

This would have the following benefits:

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- There would be fewer unnecessary patient referrals into secondary care for Age related Macular Degeneration (AMD)
- More patients could be managed in primary care for acute eye problems because of access to a full range of ocular medications
- Some patients with glaucoma could be managed in primary care

Optometrists will be provided with a mechanism to do the course and complete placement time with backfill payments to ensure they complete the placements. They will attach value to the idea of studying and working alongside ophthalmologists. By having funding to cover their time out of practice they will not be at a financial disadvantage by spending half a day per week out of practice. Many optometrists are practice owners and they need to arrange cover for time out of the business. A locum fee of 250 pounds per day is the national average (Association of Optometrists).

Pay & Non Pay Costs: See below.

Risks including consequence, likelihood and mitigating action/s: Optometrists will not complete the placements but receive funding. Contracts with the optometrists will be exchanged to ensure any payments made must be repaid if the course and placement is not completed. Alternatively, placement payments will only be paid on completion of the placement. Completion of courses and placements evidence is readily obtainable from Universities and/ or the regulator.

There is a risk that health boards and clusters will not move services to primary care for glaucoma. This can be mitigated by involvement of the health boards at an early stage of negotiations.

There is a risk that eye hospitals do not facilitate and provide placements. Hospitals would not be mandated to provide placements, instead this would need to be negotiated individually with each health board.

COSTS BASED ON OPTION 3					
Financial Assessment, including Value for Money	Summary	Year 1	Year 2	Year 3	Year 4
		£	£	£	£
	Income/ Disinvestment in existing service/s?	0	0	0	0
	*Pay costs (backfill to cover placements and project worker)	32,645	77,749	70,531	20,104
	*Non Pay costs				
	Total – Recurring Costs				

	(*To include support costs & overheads)				
	Non-recurring costs: Pay costs (modules)	41,947	75,020	44,770	8,873
	Non Pay costs (*To include support costs & overheads)				
	Total Cost	74,592	152,766	115,301	28,977
TOTAL COST = 371,636					

5.4 Option 4 – Qualification commissioning with NHS contract for placement

Benefits/Value:

There are the same benefits and value as Option 3 with the additional benefit that a paid post with the NHS for the 7 month time of the placement would ensure that HBs provide the placements and that optometrists are committed to the placement whilst receiving payment. HBs employing the optometrists would gain an asset because optometrist will start to become more autonomous after the first 1-2 months and eye clinics can then increase capacity of the clinics. Whilst there needs to be supervision it is less than Foundation Level trainees and early career specialist trainees. Effectively the Health Board gets a net gain from the placement.

Additionally, optometrists undergoing placement will have access to medical journals and other NHS provisions.

Pay & Non Pay Costs:

See below.

Risks including consequence, likelihood and mitigating action/s:

Most risks previously detailed are mitigated by having an NHS contract so that placements are available in health boards.

There is a risk that optometrists will not complete their training. To mitigate against this we would ask that optometrists who do not have extenuating circumstances would have to pay back their costs for the module.

There is a risk that the training placements in secondary care would not be fit for purpose. We would produce training contracts in place with the health boards so that an identified Mentor would need to provide an appropriate and safe training environment. A designated mentor will provide supervision, support and appropriate clinical exposure so that the trainee can develop links between theory and practice.

COSTS BASED ON OPTION 4

Financial Assessment, including Value for Money	Summary	Year 1	Year 2	Year 3	Year 4
		£	£	£	£
	Income/ Disinvestment in existing service/s?	0	0	0	0
	*Pay costs NHS contract and project manager	31,277	77,935	73,918	21,580
	*Non Pay costs				
	Total – Recurring Costs (*To include support costs & overheads)				
	Non-recurring costs: Pay costs (modules)	41,947	75,020	44,770	8,873
	Non Pay costs (*To include support costs & overheads)				
	Total Cost	73,224	152,955	118,688	30,454
	TOTAL = 375,321				

6. Financial Summary

Financial costs

Number of places required on each course (NB: Years are academic years from Sept-Sept and, therefore, costs are spread over 4 years).

Medical Retina Cert (20 credits level 7)	30	(academic Year 1,2,3)
Glaucoma Higher Cert (Cert + 20 credits level 7)	24	(academic Year 2 & 3)
Therapeutic Prescribing Cert (60 credits level 7)	29	(academic Year 1 & 2)

Approximate costs of modules to meet need:*

Medical Retina Certificate (20 credits level 7)	=	£36,300
Glaucoma Higher Certificate (Cert + 20 credits level 7)=		£29,040
Therapeutic Prescribing Certificate (60 credits level 7) =		£105,270
TOTAL Spend for modules	=	£170,610

* Cost of modules is correct as of 29/04/19, however, this does not include any future increase in fees that may occur. Additionally the module costs are based on Cardiff University only. A procurement process to examine costs elsewhere may be required.

Placement requirements

For both the Glaucoma Higher Certificate and Independent Prescribing courses (but not for Medical Retina), there is a minimum 6 month requirement of 1 session per week; a total of 24 sessions or 12 whole days for a placement. The minimum requirement is to ensure that enough patient numbers are gained. In order to ensure patient numbers we have put a contingency of 7 months placements.

We have outlined two methods of carrying out placements in this business case:

1. Protected time for optometrists or backfill payments
2. Paid employment via contract for 7 months for each optometrist (preferred option)

1. Protected time to attend placements or backfill payments:

In order for optometrists to backfill their time in practice and to encourage them to commit an incentive of 12 days cover at a locum fee average rate of £250 per day would cost £3000 per optometrist undertaking the training. Optometrists in primary care are not paid by the NHS to do the placement. They do up to a hundred hours of study time and attend practical days on the course without any payment. Then to ask them to complete a placement at half a day per week for no payment for 6 months can significantly affect their earnings.

Optometrists would be funded to do the courses directly by HEIW but if they did not complete the placement they would have to refund the money.

- Placement for Higher Certificate in glaucoma to precede the start of course (as required by module) = 24 students x 3000 = £72,000 (over years 1, 2 and 3)
- Placements for IP = 29 students x 3000 = £87,000 (over years 2, 3 and 4)

Total for all placements = £3000 x 53 placements = £159,000

2. Paid employment via NHS contract for placement

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To ensure placements take place then a paid employment post for 7 months within an eye hospital is an option. This has the advantage of the optometrist being paid for the sessional work, the hospital having an employee who can see patients in increasing number as the confidence and competence of the optometrist increases. A contract for the employment would be considered either through 100% paid to health board post or managed centrally through NHS Shared Service Partnership. A training contract from HEIW would be used to detail the requirements of the placement.

Mid Band 7 post 1 session per week for each student.

financial years	19/20	20/21	21/22	22/23
Med Ret	£ -	£ -	£ -	
IP		£ 28,468	£ 47,186	£ 16,476
Glaucoma Higher Cert	£ 22,632	£ 35,718	£ 12,201	
total	£ 22,632	£ 64,186	£ 59,387	£ 16,476

total costs	Aug-19	Aug-20	Aug-21
Placements			
Med Ret	£ -	£ -	£ -
IP*	£ -	£ 42,703	£ 49,428
Glaucoma Higher Cert*	£ 33,949	£ 36,602	£ -

Total for placements = £162,681

Management of course places and placements

As part of the management of placement finances and student course allocation, it would be necessary to employ a manager to oversee the project. It is estimated that this would be 2 days per week work.

Project manager NHS Bnd 5	19/20	20/21	21/22	22/23
0.4 wte over 3 years of project	£8,645	£13,749	£14,531	£5,104

7. Impact Assessment

Quality, Safety and Patient Experience

Any patient presenting with either glaucoma or glaucoma related disease or AMD related disease to an optometrist who has gained the new qualification should receive a better patient experience and better quality examination as they will have better diagnostic and management skills by virtue of completing the course. Patient safety is unlikely to be adversely affected and more likely to be enhanced.

However, the aim of upskilling optometrists is that they are utilising their skills in primary care services. This creates a risk profile where regular audit and governance is necessary to evaluate the service.

Legal Implications (including equality and diversity assessment)

Qualifications themselves would not be exposed to legal implications. Places on the course would be allocated in order of priority;

1. Pre-existing ODTs/ glaucoma or AMD refinement service practice personnel.
2. Optometrists working solely within HB areas where there are no optometrists with these qualifications
3. Optometrists working solely within cluster areas where there are no optometrists with these qualifications.

All applicants would be assessed on this criteria only. Any new primary care service would need to complete the Health Board impact assessment. Previously, all primary care ODTs in ABUHB, for example, were required to complete a tendering document and demonstrate necessary governance training. This is outside the scope of this document.

Risk Assessment

The following are potential risks to the commissioning of postgraduate modules

Risk ID	Risk	Risk description	Risk mitigation
1	Courses not available	There may not be courses available within the timeframe	Confirmation from Cardiff University that there are places available for the courses has been received
2	Following qualifications services will not be moved into primary care	Glaucoma services that could be moved to primary care are not	Independent prescribing qualifications will allow increased numbers of patients to be managed through ocular medication provision and does not rely on transfer of services but, instead, increases capacity of optometrists to manage what they do in primary care already. Additionally, the medical retina qualifications will enable optometrists to prevent unnecessary referrals into hospital even if future services are not transferred. However, not putting glaucoma services into primary care is a real risk which can only be mitigated by ensuring health boards are fully behind the transfer of services.
3	Shared electronic patient records between primary and secondary care	A lack of an electronic patient record (EPR) in primary and secondary care is a potential barrier to the transfer of services,	A Wales-wide bid to develop and refine an EPR is approved and it is expected to be delivered within 2 years. Currently, most secondary care ophthalmology units do not have an EPR and it is possible to run eye care services in different geographical

			locations without an EPR as demonstrated in secondary care.
4	Placements cannot be found	Placements are essential for the Higher Certificate in glaucoma and Independent Prescribing qualifications. There is a risk that optometrists are denied placements by eye hospitals	This is a real threat. Currently, optometrists have been able to access placements in some parts of Wales so there is a precedent. However, a if option 4 is chosen then this threat is mitigated by having an NHS contract through the health board.
5	Optometrists not completing courses	Optometrists fail the course or fail to complete the course	There is an acceptable level of risk that course fails may be possible (previously less than 5% of attendees on the courses who completed have failed). Normal procedures will be in place for extenuating circumstances. Failure to complete can be mitigated by withholding payments to attend placements. Contracts between HEIW and student that ensure course fees will be repaid if candidates drop out without having extenuating circumstances. The University extenuating circumstances committees would rule on this.
Appendices		The Common Clinical Competency Framework for Non-medical Ophthalmic Healthcare Professionals in Secondary Care –Glaucoma. Accessed at https://www.rcophth.ac.uk/wp-content/uploads/2016/06/Glaucoma-Commissioning-Guide-Long-June-2016-Final.pdf	

	<p>Workforce census for ophthalmology. Accessed at https://www.rcophth.ac.uk/wp-content/uploads/2019/02/RCOphth-Workforce-Census-2018.pdf</p> <p>The Way Forward - January 2017 The Royal College of Ophthalmologists. Accessed at https://www.rcophth.ac.uk/standards-publications-research/the-way-forward/</p> <p>AOP Optometrists' futures service survey report. Accessed at https://www.aop.org.uk/career-development/optometrists-futures</p> <p>Wet Age Related Macular Degeneration Services in the Community. A pathfinder evaluation. May 2018.</p> <p>Lee H. Expanding Community Care for Glaucoma: A Pilot Ophthalmic Diagnostic and Treatment Centre, RNIB: London, 2015.</p>
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8. Implementation Plan

	Task Description	Named Lead	Estimated start date (ESD)	Estimated finish date (EFD)	Dependent on any preceding task/s	Status
1.	Complete* mapping of optometry practices with Medical retina, IP and glaucoma qualified optometrists in Wales	Project manager and eye care transformation lead	June 2019	September 2019	See*	Partially complete currently*
2.	Commission course places for medical retina – first cohort of	Project manager and finance	September 2019	March 2020	No	

	students (10 places)					
3.	Commission course places for IP – first cohort of students (14 places)	Project manager and finance	September 2019	September 2020	No	
4.	Begin NHS contracts for Glaucoma Higher cert placements – first cohort of students (6 places)	Project manager and finance	September 2019	March 2020	No	
5.	Begin contracts for Glaucoma Higher cert placements – second cohort of students (6 places)	Project manager and finance	April 2020	September 2020	No	
6.	Commission course places for Higher Cert in Glaucoma – first cohort (12 students)	Project manager and finance	September 2020	September 2021	Yes – dependant on successful completion of placement	
7.	Commission course places for IP – second	Project manager	September 2020	September 2021	No	

	cohort of students (15 students)	and finance				
8.	Commission course places for Medical Retina – second cohort of students (10 students)	Project manager and finance	September 2020	September 2021	No	
9.	Begin payments to backfill for IP placements – first cohort of students (14 places)	Project manager and finance	September 2020	September 2021	Yes – dependant on successful completion of IP course	
10.	Commission course places for Higher Cert in Glaucoma – second cohort (12 students)	Project manager and finance	September 2021	September 2022	Yes – dependant on successful completion of placement	
11.	Begin NHS contracts for IP placements – second cohort of students (15 places)	Project manager and finance	September 2021	September 2022	Yes – dependant on successful completion of IP course	
12.	Confirm final numbers and locations of	Project manager	April 2023			

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	fully qualified professionals					
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* There are already existing HB mapping but cluster mapping would need completing

9. Conclusion & Recommendation:

Recommend adaption of Option 4.

- To commission places on existing postgraduate modules in medical retina, glaucoma and independent prescribing.
- To fund training placements through an NHS contract.
- To recruit a manager for the project.

Total costs over 4 years = 375,321

Health Education and Improvement Wales (HEIW)

FOREWORD

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

Statutory background

HEIW was established by establishment order 2017 No. 913 (W. 224) which was made 11th September 2017 and came into force on the 5th October 2017. These accounts cover the period 5th October 2017 to 31st March 2019.

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

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

These accounts, whilst covering the period 5th October 2017 to 31st March 2019, present the accounting transactions only for the period of live operation from 1st October 2018 to 31st March 2019.

Performance Management and Financial Results

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

HEIW has an annual requirement to achieve a balanced year-end position against the Resource Limits set for the year.

**Statement of Comprehensive Net Expenditure
for the period ended 31 March 2019**

	Note	05 October 2017 to 31 March 2019 £000
Non Medical Education And Training	3.1	56,766
Postgraduate Medical, Dental & Pharmacy Education	3.2	36,016
Other Operating Expenditure	3.3	<u>13,177</u>
		105,959
Less: Miscellaneous Income	4	<u>(309)</u>
Net operating costs before interest and other gains and losses		105,650
Investment Revenue	5	0
Other (Gains) / Losses	6	0
Finance costs	7	<u>0</u>
Net operating costs for the financial period		<u>105,650</u>

See note 2 on page 20 for details of performance against Revenue and Capital allocations.

The notes on pages 7 to 52 form part of these accounts

Other Comprehensive Net Expenditure	05 October 2017
	to
	31 March 2019
	£000
Net gain / (loss) on revaluation of property, plant and equipment	0
Net gain / (loss) on revaluation of intangibles	0
Net gain / (loss) on revaluation of available for sale financial assets	0
(Gain) / loss on other reserves	0
Impairment and reversals	0
Release of Reserves to Statement of Comprehensive Net Expenditure	0
Other comprehensive net expenditure for the period	0
	<hr/>
Total comprehensive net expenditure for the period	105,650
	<hr/> <hr/>

The notes on pages 7 to 52 form part of these accounts

Statement of Financial Position as at 31 March 2019

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

The financial statements on pages 2 to 6 were approved by the Board on 30th May 2019 and signed on its behalf by:

Chief Executive and Accountable Officer

30th May 2019

The notes on pages 7 to 52 form part of these accounts

Statement of Changes in Taxpayers' Equity For the period ended 31 March 2019

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

The notes on pages 7 to 52 form part of these accounts

		05 October 2017
		to
		31 March 2019
		£'000
Statement of Cash Flows for period ended 31 March 2019		
Cash Flows from operating activities	notes	
Net operating cost for the financial period		(105,650)
Movements in Working Capital	27	5,514
Other cash flow adjustments	28	142
Provisions utilised	20	0
Net cash outflow from operating activities		(99,994)
Cash Flows from investing activities		
Purchase of property, plant and equipment		(3,101)
Proceeds from disposal of property, plant and equipment		0
Purchase of intangible assets		0
Proceeds from disposal of intangible assets		0
Payment for other financial assets		0
Proceeds from disposal of other financial assets		0
Payment for other assets		0
Proceeds from disposal of other assets		0
Net cash inflow/(outflow) from investing activities		(3,101)
Net cash inflow/(outflow) before financing		(103,095)
Cash Flows from financing activities		
Welsh Government funding (including capital)		109,335
Capital receipts surrendered		0
Capital grants received		0
Capital element of payments in respect of finance leases and on-SoFP		0
Cash transferred (to)/ from other NHS bodies		0
Net financing		109,335
Net increase/(decrease) in cash and cash equivalents		6,240
Cash and cash equivalents (and bank overdrafts) at 5 October 2017		0
Cash and cash equivalents (and bank overdrafts) at 31 March 2019		6,240

The notes on pages 7 to 52 form part of these accounts

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Health Education and Improvement Wales (HEIW) shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2018-19 Manual for Accounts. The accounting policies contained in that manual follow the European Union version of the International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of HEIW for the purpose of giving a true and fair view has been selected. The particular policies adopted by HEIW are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

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

1.2 Acquisitions and discontinued operations

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

1.3 Income and funding

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

Non discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

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

Miscellaneous income is income which relates directly to the operating activities of HEIW and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the HEIW for the Welsh Government such as funding provided to agencies and non-activity costs incurred by HEIW in its provider role. Income received from HEIW transacting with other NHS bodies is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers is applied, as interpreted and adapted for the public sector, in the Financial Reporting Manual (FReM). It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. Upon transition the accounting policy to retrospectively restate in accordance with IAS 8 has been withdrawn. All entities applying the FReM shall recognise the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that includes the date of initial application in the opening general fund within Taxpayer's equity. A review consistent with the portfolio approach was undertaken by the NHS Technical Accounting Group members, which

- identified that the only material income that would potentially require adjustment under IFRS 15 was that for patient care provided under Long term Agreements (LTAs) for episodes of care which had started but not concluded as at the end of the financial period;
- demonstrated that the potential amendments to NHS Wales NHS Trust and Local Health Board Accounts as a result of the adoption of IFRS 15 are significantly below materiality levels.

Under the Conceptual IFRS Framework due consideration must be given to the users of the accounts and the cost restraint of compliance and reporting and production of financial reporting. Given the income for LTA activity is recognised in accordance with established NHS Terms and Conditions affecting multiple parties across NHS Wales it was considered reasonable to continue recognising in accordance with those established terms on the basis that this provides information that is relevant to the user and to do so does not result in a material misstatement of the figures reported.

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

1.4 Employee benefits

Short-term employee benefits

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

Retirement benefit costs

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

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

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

NEST Pension Scheme

HEIW has to offer an alternative pensions scheme for employees not eligible to join the NHS Pensions scheme. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5 Other expenses

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

1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

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

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

Valuation

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

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

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

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

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

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

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

HEIW must comply with IFRS 13 Fair Value Measurement in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential.

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

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the entity or the asset which would prevent access to the market at the reporting date. If the LHB could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

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

Subsequent expenditure

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

1.7 Intangible assets

Recognition

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

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

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

Measurement

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

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

1.8 Depreciation, amortisation and impairments

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

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

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

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

1.9 Research and Development

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

1.10 Non-current assets held for sale

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

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

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

1.11 Leases

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

1.11.1 HEIW as lessee

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

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

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

1.11.2 HEIW as lessor

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

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

1.12 Inventories

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

1.13 Cash and cash equivalents

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

1.14 Provisions

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

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

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

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

1.14.1 Clinical negligence and personal injury costs

The Welsh Risk Pool (WRP) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was not implemented in 2018-19. The WRP is hosted by Velindre NHS Trust.

1.15 Financial Instruments

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

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

1.16 Financial assets

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

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease

receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

NHS Wales Technical Accounting Group members reviewed the IFRS 9 requirements and determined a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS9 to construct a provision matrix.

1.16.1 Financial assets are initially recognised at fair value

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

1.16.2 Financial assets at fair value through SoCNE

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

1.16.3 Held to maturity investments

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

1.16.4 Available for sale financial assets

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

1.16.5 Loans and receivables

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

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

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

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

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

Comprehensive Net Expenditure and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

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

1.17 Financial liabilities

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

1.17.1 Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the Statement of Comprehensive Net Expenditure or other financial liabilities.

1.17.2 Financial liabilities at fair value through the Statement of Comprehensive Net Expenditure

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

1.17.3 Other financial liabilities

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

1.18 Value Added Tax

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

1.19 Foreign currencies

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

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since HEIW has no beneficial interest in them. Details of third party assets are given in Note 29 to the accounts.

1.21 Losses and Special Payments

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

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

HEIW accounts for all losses and special payments gross (including assistance from the WRP). HEIW accrues or provides for the best estimate of future payouts for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

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

1.22 Pooled budget

HEIW has not entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in Note 33.

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

1.23 Critical Accounting Judgements and key sources of estimation uncertainty

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

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

1.24 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the Statement of Financial Position date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

A) The Authority has provided £30k within note 20 in respect of potential legal defence claims. These provisions have been arrived at on the advice of Legal and Risk Services.

B) In line with IAS19 the Authority has reviewed the level of annual leave taken by its staff to 31st March 2019. Based on the sample HEIW has accrued £155k re untaken leave. This is based on a sample of the leave records of 28% of the WTE staff in the organisation.

1.25 Private Finance Initiative (PFI) transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. HEIW therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with HEIW approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Net Expenditure.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the LHBs criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the SHA to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the LHBs Statement of Financial Position.

Other assets contributed by the SHA to the operator

Assets contributed (e.g. cash payments, surplus property) by the LHB to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the LHB, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the LHB through the asset being made available to third party users.

1.26 Contingencies

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

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

Where the time value of money is material, contingencies are disclosed at their present value. Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.27 Carbon Reduction Commitment Scheme

Carbon Reduction Commitment Scheme allowances are accounted for as government grant funded intangible assets if they are not realised within twelve months and otherwise as current assets. The asset should be measured initially at cost. Scheme assets in respect of allowances shall be valued at fair value where there is evidence of an active market.

1.28 Absorption accounting

The formation of HEIW from its predecessor organisations has been recognised in line with the Financial Reporting Manual. Net assets transferred from Velindre University NHS Trust are recognised as a transfer by absorption. This means that the assets and liabilities are removed from the former organisations during 2018/19 and included within the financial statements of HEIW for the period ended 31st March 2019 at their carrying value. No restatement of performance is required under this method.

Net liabilities transferred from Cardiff University have also been transferred in at their carrying value as in the opinion of HEIW there is no material difference between their carrying value and their fair value as would be required by International Financial Reporting Standard 3.

There are no gains or losses arising from these transfers. More details, including the impact on these statements is included in Note 35.

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

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

IFRS14 Regulatory Deferral Accounts (The European Financial Reporting Advisory Group recommended in October 2015 that the Standard should not be endorsed as it is unlikely to be adopted by many EU countries.), IFRS 16 Leases, HMT have confirmed that IFRS 16 Leases, as interpreted and adapted by the FReM is to be effective from 1st April 2020.

IFRS 17 Insurance Contracts,

IFRIC 23 Uncertainty over Income Tax Treatment.

1.30 Accounting standards issued that have been adopted early

During 2018-19 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.31 Charities

HEIW is not a corporate trustee of any charities.

2. Financial Duties Performance

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

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

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

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

HEIW is therefore not subject to a Second Financial Duty for the period of account to 31 March 2019. HEIW is expected to report in the Annual Report and Accounts for the period of account to 31 March 2019 performance against its objectives set out in the Remit Letter. There will be no performance note to the Accounts for the Second Financial Duty for the period of account to 31 March 2019.

2.1 Revenue Resource Performance

	Financial performance
	05-Oct 17 to
	31-Mar-19
	£'000
Net operating costs for the period	105,650
Revenue Resource Allocation	<u>105,718</u>
Under /(over) spend against Allocation	<u>68</u>

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

2.2 Capital Resource Performance

	05-Oct 17 to
	31-Mar-19
	£'000
Gross capital expenditure	3,101
Add: Losses on disposal of donated assets	0
Less: NBV of property, plant and equipment and intangible assets disposed	0
Less: capital grants received	0
Less: donations received	0
Charge against Capital Resource Allocation	<u>3,101</u>
Capital Resource Allocation	<u>3,101</u>
(Over) / Underspend against Capital Resource Allocation	<u>0</u>

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

3. Analysis of gross operating costs

3.1 Non Medical Education and Training	05-Oct-17 to 31-Mar-19 Total £'000
Student Training Fees (Universities)	30,304
Additional Training Costs (Universities)	1,258
Funding for Healthcare Education Fees (Health Boards & Trusts)	1,258
Student Bursaries Reimbursement (Universities)	12,542
Student Salaries Reimbursement (Health Boards & Trusts)	7,321
Advanced Practice Training fees	1,120
Healthcare Support Working Training	709
Non-Medical Prescribing	330
Training related Travel and Subsistence	1,924
Total	56,766

3.2 Postgraduate Medical, Dental & Pharmacy Education	05-Oct-17 to 31-Mar-19 £'000
Training Grade Salaries	24,321
Postgraduate Centre and Study Leave	2,384
GP Registrars	7,759
Induction & Refresher	39
Welsh Clinical Academic Training	688
GP CPD and Appraisal Costs	652
Other	173
Total	36,016

3.3 Other Operating Expenditure	05-Oct-17 to 31-Mar-19 £'000
Directors' costs	536
Staff costs	5,763
Supplies and services - clinical	24
Supplies and services - general	581
Consultancy Services	53
Establishment	2,893
Transport	0
Premises	2,843
External Contractors	129
Depreciation	112
Amortisation	0
Fixed asset impairments and reversals (Property, plant & equipment)	0
Fixed asset impairments and reversals (Intangible assets)	0
Impairments & reversals of financial assets	0
Impairments & reversals of non-current assets held for sale	0
Audit fees	175
Other auditors' remuneration	0
Losses, special payments and irrecoverable debts	33
Research and Development	0
Other operating costs	35
Total	13,177
3.4 Losses, special payments and irrecoverable debts: charges to operating expenses	05-Oct-17 to 31-Mar-19 £'000
Increase/(decrease) in provision for future payments:	
Clinical negligence	0
Personal injury	0
All other losses and special payments	0
Defence legal fees and other administrative costs	30
Gross increase/(decrease) in provision for future payments	30
Contribution to Welsh Risk Pool	0
Premium for other insurance arrangements	0
Irrecoverable debts	3
Less: income received/due from Welsh Risk Pool	0
Total	33

4. Miscellaneous Income

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

	05-Oct-17
	to
	31-Mar-19
	£000
5. Investment Revenue	
Rental revenue :	
PFI Finance lease income	
planned	0
contingent	0
Other finance lease revenue	0
Interest revenue :	
Bank accounts	0
Other loans and receivables	0
Impaired financial assets	0
Other financial assets	0
Total	<u>0</u>
6. Other gains and losses	
	05-Oct-17
	to
	31-Mar-19
	£000
Gain/(loss) on disposal of property, plant and equipment	0
Gain/(loss) on disposal of intangible assets	0
Gain/(loss) on disposal of assets held for sale	0
Gain/(loss) on disposal of financial assets	0
Change on foreign exchange	0
Change in fair value of financial assets at fair value through SoCNE	0
Change in fair value of financial liabilities at fair value through SoCNE	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0
Total	<u>0</u>
7. Finance costs	
	05-Oct-17
	to
	31-Mar-19
	£000
Interest on loans and overdrafts	0
Interest on obligations under finance leases	0
Interest on obligations under PFI contracts	
main finance cost	0
contingent finance cost	0
Interest on late payment of commercial debt	0
Other interest expense	0
Total interest expense	<u>0</u>
Provisions unwinding of discount	0
Other finance costs	0
Total	<u>0</u>

8. Operating leases

HEIW as lessee

	05-Oct-17 to 31-Mar-19
Payments recognised as an expense	£000
Minimum lease payments	181
Contingent rents	0
Sub-lease payments	0
Total	181

Total future minimum lease payments Payable	£000
Not later than one year	363
Between one and five years	1,453
After 5 years	1,500
Total	3,316

Number of operating leases expiring	Land & Buildings	Vehicles	Equipment	Total
Not later than one year	0	0	0	0
Between one and five years	0	0	0	0
After 5 years	1	0	0	1
Total	1	0	0	1
Charged to the income statement	0	0	0	0

There are no future sublease payments expected to be received

HEIW as lessor

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

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

9. Employee benefits and staff numbers

9.1 Employee costs

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other Staff	Total 05-Oct-17 to 31-Mar-19
	£000	£000	£000	£000	£000
Salaries and wages	4,695	320	274	0	5,289
Social security costs	434	0	0	0	434
Employer contributions to NHS Pension Scheme	513	0	0	0	513
Other pension costs	10	0	0	0	10
Other employment benefits	0	0	0	0	0
Termination benefits	0	0	0	0	0
Total Employee costs from 1st October 2018	5,652	320	274	0	6,246

No employee costs incurred prior to 1 Oct 2018 are included within this note as they were borne by Welsh Government.

Charged to capital	0
Charged to revenue	6,246
	6,246
Net movement in accrued employee benefits (untaken staff leave accrual included above)	79

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other Staff	Total 05-Oct-17 to 31-Mar-19
	Number	Number	Number	Number	Number
Administrative, clerical and board members	139	5	10	0	154
Medical and dental	39	0	0	0	39
Nursing, midwifery registered	1	0	0	0	1
Professional, Scientific, and technical staff	11	0	0	0	11
Additional Clinical Services	3	0	0	0	3
Allied Health Professions	0	0	0	0	0
Healthcare Scientists	0	0	0	0	0
Estates and Ancillary	0	0	0	0	0
Students	0	0	0	0	0
Total	193	5	10	0	208
Administrative clerical and board members includes:					
Lay members (undertake medical appraisal and training plans)	0	0	0	0	0
Lecturers	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0

The average number of employees are calculated for the period 1st October 2018 to 31st March 2019, reflecting the period that the organisation was operational.

9.3. Retirements due to ill-health

During the period there were 0 early retirements from HEIW agreed on the grounds of ill-health. The estimated additional pension costs of these ill-health retirements (calculated on an average basis and borne by the NHS Pension Scheme) will be £0.

9.4 Employee benefits

HEIW offers a salary sacrifice scheme for childcare vouchers.

9.5 Reporting of other compensation schemes - exit packages

05 Oct 2017 to 31 March 2019

Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0
£10,000 to £25,000	0	0	0	0
£25,000 to £50,000	0	0	0	0
£50,000 to £100,000	0	0	0	0
£100,000 to £150,000	0	0	0	0
£150,000 to £200,000	0	0	0	0
more than £200,000	0	0	0	0
Total	0	0	0	0

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

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

9.6 Remuneration Relationship

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

The banded remuneration of the highest-paid director in HEIW in the financial period to 31 March 2019 was £150k to £155k. This was 3.05 times the median remuneration of the workforce, which was £49,969.

During the period, 0 employees received remuneration in excess of the highest-paid director. Remuneration for staff ranged from £15,842 to £154,595.

The banded remuneration of the Chief Executive is £145k to £150k. This is 2.95 times the median remuneration of the workforce.

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

9.7 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

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

c) National Employment Savings Trust (NEST)

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

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

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

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 5% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 2% of this. The legal minimum level of contribution level is due to increase to 8% in April 2019.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,032 and £46,350 for the 2018-19 tax year (2017-18 £5,876 and £45,000).

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

10. Public Sector Payment Policy - Measure of Compliance

10.1 Prompt payment code - measure of compliance

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

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

	05-Oct-17 to 31-Mar-19	05-Oct-17 to 31-Mar-19
	Number	£000
NHS		
Total bills paid	615	18,237
Total bills paid within target	507	17,563
Percentage of bills paid within target	82.4%	96.3%
Non-NHS		
Total bills paid	1,755	46,875
Total bills paid within target	1,681	46,781
Percentage of bills paid within target	95.8%	99.8%
Total		
Total bills paid	2,370	65,112
Total bills paid within target	2,188	64,344
Percentage of bills paid within target	92.3%	98.8%

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

	05-Oct-17 to 31-Mar-19
	£
Amounts included within finance costs (note 7) from claims made under this legislation	0
Compensation paid to cover debt recovery costs under this legislation	0
Total	0

11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 5 October 2017	0	0	0	0	0	0	0	0	0
Indexation	0	0	0	0	0	0	0	0	0
Additions									
- purchased	0	1,413	0	0	0	0	1,318	370	3,101
- donated	0	0	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other organisations	0	0	0	0	573	0	40	71	684
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
At 31 March 2019	0	1,413	0	0	573	0	1,358	441	3,785
Depreciation at 5 October 2017	0	0	0	0	0	0	0	0	0
Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other organisations	0	0	0	0	573	0	40	71	684
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
Provided during the period	0	37	0	0	0	0	56	19	112
At 31 March 2019	0	37	0	0	573	0	96	90	796
Net book value at 5 Oct 2017	0	0	0	0	0	0	0	0	0
Net book value at 31 March 2019	0	1,376	0	0	0	0	1,262	351	2,989
Net book value at 31 March 2019 comprises :									
Purchased	0	1,376	0	0	0	0	1,262	351	2,989
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2019	0	1,376	0	0	0	0	1,262	351	2,989
Asset financing :									
Owned	0	1,376	0	0	0	0	1,262	351	2,989
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2019	0	1,376	0	0	0	0	1,262	351	2,989

The net book value of land, buildings and dwellings at 31 March 2019 comprises :

	£000
Freehold	0
Long Leasehold	1,376
Short Leasehold	0
	1,376

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

11. Property, plant and equipment

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

Assets sold in the period

There were no assets sold in the period

Assets classified as held for sale during the period

No assets were classified as held for sale during 2018/19.

12. Intangible non-current assets

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

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

14.1 Inventories

	As at 31-Mar-19 £000
Drugs	0
Consumables	0
Energy	0
Work in progress	0
Other	0
Total	<u>0</u>
Of which held at realisable value	<u>0</u>

14.2 Inventories recognised in expenses

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

15. Trade and other Receivables

Current	As at 31-Mar-19 £000
Welsh Government	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0
Welsh Health Boards	0
Welsh NHS Trusts	0
Non - Welsh Trusts	0
Other NHS	13
Welsh Risk Pool	0
Local Authorities	0
Capital debtors	0
Other debtors	297
Provision for irrecoverable debts	(3)
Pension Prepayments	0
Other prepayments	494
Other accrued income	0
Sub total	801
Non-current	
Welsh Government	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0
Welsh Health Boards	0
Welsh NHS Trusts	0
Non - Welsh Trusts	0
Other NHS	0
Welsh Risk Pool	0
Local Authorities	0
Capital debtors	0
Other debtors	0
Provision for irrecoverable debts	0
Pension Prepayments	0
Other prepayments	0
Other accrued income	0
Sub total	0
Total	801
Receivables past their due date but not impaired	
By up to three months	0
By three to six months	58
By more than six months	0
	58

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

Expected Credit Losses (ECL) previously Allowance for bad and doubtful debts

Balance at 5 Oct 2017	0
Transfer to other NHS Wales body	0
Amount written off during the period	0
Amount recovered during the period	0
(Increase) / decrease in receivables impaired	3
ECL/Bad debts recovered during period	0
Balance at 31 March 2019	3

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

Receivables VAT

Trade receivables	37
Other	0
Total	37

16. Other Financial Assets

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

17. Cash and cash equivalents

	As at 31-Mar-19 £000
Balance at 5 Oct 2017	0
Net change in cash and cash equivalent balances	6,240
Balance at 31 March 2019	<u>6,240</u>
Made up of:	
Cash held at Government Banking Service (GBS)	6,240
Commercial banks	0
Cash in hand	0
Current Investments	0
Cash and cash equivalents as in Statement of Financial Position	<u>6,240</u>
Bank overdraft - GBS	0
Bank overdraft - Commercial banks	0
Cash and cash equivalents as in Statement of Cash Flows	<u>6,240</u>

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

Lease Liabilities £0k
PFI liabilities £0k

The movement relates to cash, no comparative information is required by IAS 7 in 2018-19.

18. Trade and other payables

Current	As at 31-Mar-19
	£000
Welsh Government	86
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0
Welsh Health Boards	2,061
Welsh NHS Trusts	529
Other NHS	157
Taxation and social security payable / refunds	12
Refunds of taxation by HMRC	0
VAT payable to HMRC	0
Other taxes payable to HMRC	0
NI contributions payable to HMRC	0
Non-NHS creditors	1,503
Local Authorities	0
Capital Creditors	0
Overdraft	0
Rentals due under operating leases	24
Obligations under finance leases, HP contracts	0
Imputed finance lease element of on SoFP PFI contracts	0
Pensions: staff	0
Accruals	1,738
Deferred Income:	
Deferred Income brought forward	0
Deferred Income Additions	11
Transfer to / from current/non current deferred income	0
Released to SoCNE	0
Other creditors	0
PFI assets –deferred credits	0
Payments on account	0
Total	6,121
Non-current	
Welsh Government	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0
Welsh Health Boards	0
Welsh NHS Trusts	0
Other NHS	0
Taxation and social security payable / refunds	0
Refunds of taxation by HMRC	0
VAT payable to HMRC	0
Other taxes payable to HMRC	0
NI contributions payable to HMRC	0
Non-NHS creditors	0
Local Authorities	0
Capital Creditors	0
Overdraft	0
Rentals due under operating leases	194
Obligations under finance leases, HP contracts	0
Imputed finance lease element of on SoFP PFI contracts	0
Pensions: staff	0
Accruals	0
Deferred Income :	
Deferred Income brought forward	0
Deferred Income Additions	0
Transfer to / from current/non current deferred income	0
Released to SoCNE	0
Other creditors	0
PFI assets –deferred credits	0
Payments on account	0
Total	194

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

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

	£000
Between one and two years	23
Between two and five years	69
In five years or more	102
Sub-total	194

19. Other financial liabilities

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

20. Provisions

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

Expected timing of cash flows:

	in year to 31 March 2020	Between 1 April 2020 and 31 March 2024	Thereafter	Total
				£000
Clinical negligence	0	0	0	0
Personal injury	0	0	0	0
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	30	0	0	30
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
Restructuring	0	0	0	0
Other	0	0	0	0
Total	30	0	0	30

21. Contingencies

21.1 Contingent liabilities

	As at 31-Mar-19 £'000
Provisions have not been made in these accounts for the following amounts :	
Legal claims for alleged medical or employer negligence	0
Doubtful debts	0
Equal Pay costs	0
Defence costs	0
Continuing Health Care costs	0
Other	0
Total value of disputed claims	<u>0</u>
Amounts recovered in the event of claims being successful	0
Net contingent liability	<u>0</u>

21.2 Remote Contingent liabilities	As at 31-Mar-19 £'000
Please disclose the values of the following categories of remote contingent liabilities :	
Guarantees	0
Indemnities	0
Letters of Comfort	0
Total	0

21.3 Contingent assets	As at 31-Mar-19 £'000
	0
	0
	0
Total	0

22. Capital commitments

Contracted capital commitments	As at 31-Mar-19 £'000
Property, plant and equipment	0
Intangible assets	0
Total	0

23. Losses and special payments

HEIW has no losses and special payments during the period. Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

Gross loss to the Exchequer

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

	Amounts paid out during period to 31 March 2019		Approved to write-off to 31 March 2019	
	Number	£	Number	£
Clinical negligence	0	0	0	0
Personal injury	0	0	0	0
All other losses and special payments	0	0	0	0
Total	0	0	0	0

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

Cases exceeding £300,000	Case type	Amounts paid out in period	Cumulative amount	Approved to write-off in period
		£	£	£
Sub-total		0	0	0
All other cases		0	0	0
Total cases		0	0	0

24. Finance leases

24.1 Finance leases obligations (as lessee)

HEIW has no finance lease obligations as lessee.

Amounts payable under finance leases:

Land	As at 31-Mar-19 £000
Minimum lease payments	
Within one year	0
Between one and five years	0
After five years	0
Less finance charges allocated to future periods	0
Minimum lease payments	<u>0</u>
Included in:	
Current borrowings	0
Non-current borrowings	<u>0</u>
Present value of minimum lease payments	
Within one year	0
Between one and five years	0
After five years	0
Present value of minimum lease payments	<u>0</u>
Included in:	
Current borrowings	0
Non-current borrowings	<u>0</u>
	<u>0</u>

24.1 Finance leases obligations (as lessee) continue**Amounts payable under finance leases:****Buildings**As at
31-Mar-19**Minimum lease payments**

£000

Within one year	0
Between one and five years	0
After five years	0
Less finance charges allocated to future periods	0
Minimum lease payments	<u>0</u>
Included in:	
Current borrowings	0
Non-current borrowings	0
	<u>0</u>

Present value of minimum lease payments

Within one year	0
Between one and five years	0
After five years	0
Present value of minimum lease payments	<u>0</u>
Included in:	
Current borrowings	0
Non-current borrowings	0
	<u>0</u>

OtherAs at
31-Mar-19**Minimum lease payments**

£000

Within one year	0
Between one and five years	0
After five years	0
Less finance charges allocated to future periods	0
Minimum lease payments	<u>0</u>
Included in:	
Current borrowings	0
Non-current borrowings	0
	<u>0</u>

Present value of minimum lease payments

Within one year	0
Between one and five years	0
After five years	0
Present value of minimum lease payments	<u>0</u>
Included in:	
Current borrowings	0
Non-current borrowings	0
	<u>0</u>

24.2 Finance leases obligations (as lessor) continued

HEIW has no finance leases receivable as a lessor.

Amounts receivable under finance leases:

	As at 31-Mar-19 £000
Gross Investment in leases	
Within one year	0
Between one and five years	0
After five years	0
Less finance charges allocated to future periods	0
Minimum lease payments	<u>0</u>
Included in:	
Current borrowings	0
Non-current borrowings	<u>0</u>
	<u>0</u>
Present value of minimum lease payments	
Within one year	0
Between one and five years	0
After five years	0
Present value of minimum lease payments	<u>0</u>
Included in:	
Current borrowings	0
Non-current borrowings	<u>0</u>
	<u>0</u>

25. Private Finance Initiative contracts**25.1 PFI schemes off-Statement of Financial Position**

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

26. Financial risk management

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

Currency risk

HEIW is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. HEIW has no overseas operations. HEIW therefore has low exposure to currency rate fluctuations.

Interest rate risk

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

Credit risk

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

Liquidity risk

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

	05-Oct-17
	to
	31-Mar-19
	£000
27. Movements in working capital	
(Increase)/decrease in inventories	0
(Increase)/decrease in trade and other receivables - non-current	0
(Increase)/decrease in trade and other receivables - current	(801)
Increase/(decrease) in trade and other payables - non-current	194
Increase/(decrease) in trade and other payables - current	6,121
Total	5,514
Adjustment for accrual movements in fixed assets - creditors	0
Adjustment for accrual movements in fixed assets - debtors	0
Other adjustments	0
	5,514
28. Other cash flow adjustments	
	05-Oct-17
	to
	31-Mar-19
	£000
Depreciation	112
Amortisation	0
(Gains)/Loss on Disposal	0
Impairments and reversals	0
Release of PFI deferred credits	0
Donated assets received credited to revenue but non-cash	0
Government Grant assets received credited to revenue but non-cash	0
Non-cash movements in provisions	30
Total	142

29. Third Party assets

HEIW does not hold cash on behalf of third parties.

30. Events after the Reporting Period

HEIW has not experienced any events having a material effect on the accounts, between the date of the statement of financial position and the date on which these accounts were approved by its Board.

31. Related Party Transactions

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

	Debtor @ 31-Mar-19 £'000s	Creditor @ 31-Mar-19 £'000s	Income @ 31-Mar-19 £'000s	Expenditure @ 31-Mar- 19 £'000s
Welsh Government	0	86	109,338	87
Abertawe Bro Morgannwg University LHB	0	329	0	7,311
Aneurin Bevan Health Board	0	424	1	4,557
Betsi Cadwaladr LHB	0	152	6	7,132
Cardiff & Vale LHB	0	653	3	9,978
Cwm Taf LHB	0	250	0	3,510
Hywel Dda LHB	0	96	0	3,187
Powys LHB	0	157	0	325
Veliindre University NHS Trust	0	435	44	11,098
Public Health Wales NHS Trust	0	45	0	597
Welsh Ambulance Trust	0	49	0	362
Welsh Health Specialised Services Committee	0	0	0	0
Total £'000s	0	2,676	109,392	48,144

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

Tina Donnelly is a Fellow of the **University of South Wales**.

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

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

Heidi Phillips is Associate Professor Primary Care, **Swansea University**

	Debtor @ 31-Mar-19 £'000s	Creditor @ 31-Mar-19 £'000s	Income @ 31-Mar-19 £'000s	Expenditure @ 31-Mar- 19 £'000s
University of South Wales	0	1	0	8,022
University of West of England	0	10	0	31
Cardiff University	44	166	92	13,720
Swansea University	0	32	0	10,918
	44	209	92	32,691

32. Operating segments

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

HEIW is deemed to operate as one segment.

33. Pooled budgets

HEIW does not operate any pooled budgets.

34. Other Information

IFRS15

Work was undertaken by the TAG IFRS sub group, consistent with the 'portfolio' approach allowed by the standard. Each income line in the notes from a previous year's annual accounts (either 2016/17 or 2017/18) was considered to determine how it would be affected by the implementation of IFRS 15. It was determined that the following types of consideration received from customers for goods and services (hereon referred to as income) fell outside the scope of the standard, as the body providing the income does not contract with the body to receive any direct goods or services in return for the income flow.

- Charitable Income and other contributions to Expenditure.
- Receipt of Donated Assets.
- WG Funding without direct performance obligation (e.g. SIFT/SIFT®/Junior Doctors & PDGME Funding).

Income that fell wholly or partially within the scope of the standard included:

- Welsh LHB & WHSCC LTA Income;
- Non Welsh Commissioner Income;
- NHS Trust Income;
- Foundation Trust Income;
- Other WG Income;
- Local Authority Income;
- ICR Income ;
- Training & Education income ;
- Accommodation & Catering income

It was identified that the only material income flows likely to require adjustment for compliance with IFRS15 was that for patient care provided under Long Term Agreements (LTA's). The adjustment being, for episodes of patient care which had started but not concluded (FCE's), as at period end, e.g. 31 March.

These income flows are not relevant to HEIW and therefore there is no impact in the HEIW accounts.

IFRS 9

For consistency across Wales, the practical expedient provision matrix is used to estimate expected credit losses (ECLs) based on the 'age' of receivables.

However, as HEIW has been operational for only 6 months it does not have sufficient data in which to analyse historical loss rate. Due to the relatively low number of outstanding debts as at 31st March 2019 ECLs were estimated individually for all period-end receivables. For future years the practical expedient matrix will be used for calculation purposes.

BREXIT

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. The triggering of Article 50 started a two-year negotiation process between the UK and the EU. On 11 April 2019, the government confirmed agreement with the EU on an extension until 31 October 2019 at the latest, with the option to leave earlier as soon as a deal has been ratified.

35. ESTABLISHMENT OF HEALTH EDUCATION & IMPROVEMENT WALES

For the agreement of assets and liabilities that transferred, HEIW completed and agreed 'S1' and 'S2' forms with Velindre University NHS Trust and Cardiff University. The forms respectively record:

- S1 - The value of Property, Plant & Equipment transferred.
- S2 - The value of other non-current assets and liabilities transferred.

HEIW paid Velindre University NHS Trust for the value of non-current assets purchased during the period and are shown as non-current asset additions in note 11.1. This cost of the purchase was funded by Welsh Government and £3.101m was credited to the General Fund, which will offset depreciation on the assets as charges are incurred.

Included within the S1 form with Cardiff University was £0.684m of fully depreciated non-current assets, which transferred to HEIW at nil cost. These assets have been shown gross within note 11.1.

HEIW paid Velindre University NHS Trust £0.038m for the transfer of their net current assets, which comprised £0.173m of trade and other receivables and £0.135m of trade and other payables. The payment to Velindre NHS Trust was funded by the Welsh Government through HEIW's resource allocation.

HEIW have a debtor of £0.028m with Cardiff University for the transfer of their net liabilities, which comprised of £0.100 of trade and other receivables and £0.128m of trade and other payables.

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH PARAGRAPH 3(1) OF SCHEDULE 9 TO THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

HEALTH EDUCATION AND IMPROVEMENT WALES

1. Health Education and Improvement Wales (HEIW), a special health authority, shall prepare accounts for the financial period 5th October 2017 to 31 March 2019 and subsequent financial years in the form specified in paragraphs 2 to 4 below.

BASIS OF PREPARATION

2. The accounts of HEIW shall comply with:

(a) the accounting principles and disclosure requirements of the Government Financial Reporting Manual ('the FReM') issued by HM Treasury which is in force for that financial year, as detailed in the NHS Wales Manual for Accounts; and

(b) any other specific guidance or disclosures required by the Welsh Government.

3. The accounts shall be prepared so as to:

(a) give a true and fair view of the state of affairs as at the year-end and of the net expenditure, financial position, cash flows and changes in taxpayers' equity for the financial year then ended; and

(b) provide disclosure of any material expenditure or income that has not been applied to the purposes intended by the National Assembly for Wales or material transactions that have not conformed to the authorities which govern them.

4. Compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts will, in all but exceptional circumstances, be necessary for the accounts to give a true and fair view. If, in these exceptional circumstances, compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts is inconsistent with the requirement to give a true and fair view, the requirements of the FReM as detailed in the NHS Wales Manual for Accounts should be departed from only to the extent necessary to give a true and fair view. In such cases, informed and unbiased judgment should be used to devise an appropriate alternative treatment which should be consistent both with the economic characteristics of the circumstances concerned and the spirit of the FReM. Any material departure from the FReM should be discussed in the first instance with the Welsh Government.

Signed by the authority of the Welsh Ministers

Signed:

Dated:

Alan Brace, Director of Finance HSSG



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

Meeting Date	30 May 2019	Agenda Item	4.3
Report Title	The Accountability Report		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Kay Barrow, Corporate Governance Manager		
Freedom of Information	Open		
Purpose of the Report	To set out HEIW's Accountability Report for 2018-19*.		
Key Issues	<ul style="list-style-type: none"> As HEIW was established operationally on 1 October 2018 the period covered by the Accountability Report is from 1 October 2018 to 31 March 2019 (2018-19)* The Chief Executive as accountable officer has been fully involved in the development of the Accountability Report and subject to review scrutiny and approval by the Audit Committee and the board, will sign the statement of the chief executive's responsibilities. The Accountability Report provides an outline of the HEIW's programme in relation to the board's governance arrangements; The Accountability Report has been reviewed by the Audit Committee as well as internal and external audit. 		
Specific Action Required	Information	Discussion	Assurance
Recommendations	Approval		
	✓		
Recommendations	Members are asked to: <ul style="list-style-type: none"> - receive and approve the accountability report 2018-19 		

Accountability Report 2018-19

1. INTRODUCTION

The purpose of the report is to set out HEIW's Accountability Report for 2018-19.

2. BACKGROUND

The purpose of the Accountability Report 2018-19 is for the accountable officer to present how she has discharged her role during the year in compliance with the manual for accounts issued by Welsh Government.

Members will note that a draft version was considered by Audit Committee on 13th May 2019 and has been developed further, following receipt of comments from members, Welsh Government and auditors.

NHS bodies are required to publish, as a single document, a three part Annual Report and Accounts which includes:

1. the Performance Report;
2. the Accountability Report; and
3. the Financial Statements

Sections 2 and 3 are received for approval at today's Board.

3. GOVERNANCE AND RISK ISSUES

According to the Manual of Accounts, the annual report and accounts "as a whole must be fair, balanced and understandable and the accountable officer takes personal responsibility for it and the judgments required for determining that it is fair, balanced and understandable". The accountable officer must also sign and date all of the relevant sections of the report.

4. FINANCIAL IMPLICATIONS

There are no financial implications. Production of the Annual Report is deemed a core matter for HEIW.

5. RECOMMENDATION

To receive and approve the accountability report 2018-19.

Governance and Assurance				
Link to corporate objectives <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				
This report does not specifically impact patient experience, the report gives an overview of the work of the special health authority during the period from 1 October 2018 to 31 March 2019.				
Financial Implications				
Financial Implications There are no specific financial implications identified.				
Legal Implications (including equality and diversity assessment)				
There are no specific legal implications identified.				
Staffing Implications				
There are no specific staffing implications identified.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
No direct implication.				
Report History	n/a			
Appendices	Appendix 1 Accountability Report 2018/19			



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

Accountability Report

For the Period Ended 31 March 2019*

*HEIW became operational on 1st October 2018. All references to 2018/2019 in these reports cover the period 1st October 2018 to 31st March 2019.

Signed: Alex Howells
(Chief Executive)

Date:

1 INTRODUCTION

The Government Financial Reporting Manual (FReM) is the technical accounting guide to the preparation of the financial statements. HM Treasury published a revised version of the Government Financial Reporting Manual (FReM) in December 2017 and states that NHS bodies are required to publish, as a single document, a three-part annual report and accounts document which includes:

1.1 The Performance Report

The purpose of the performance section of the annual report is to provide information on the organisation, its main objectives and strategies and the principal risks that it faces. The report must include:

- An overview;
- A Performance analysis.

1.2 The Accountability Report

The purpose of the accountability section of the annual report is to meet key accountability requirements to the National Assembly for Wales, which must include the following 3 sections:

- A Corporate Governance Report;
- A Remuneration and Staff Report;
- A National Assembly for Wales Accountability and Audit Report.

1.3 The Financial Statements

- The Audited Annual Accounts for the period ended 31 March 2019.

2 THE ACCOUNTABILITY REPORT

a. The Corporate Governance Report

This explains the composition and organisation of Health Education Improvement Wales (HEIW's) governance structures and how they support the achievement of the organisation's objectives. This section includes the Directors report, the statement of Accounting Officers responsibilities and a governance statement. The Board Secretary has compiled the report, the main document being the Annual Governance Statement (AGS). The compilation of this section of the report has been informed by a review of the business undertaken by the Board and its Committees over the 6 months since its establishment and has had input from the Chief Executive, as Accountable Officer, the Executive Team and Members of the Audit and Assurance Committee.

b. Remuneration and Staff Report

The remuneration and staff report sets out HEIW's remuneration policy for directors, reports on how that policy has been implemented and sets out the amounts awarded to directors and where relevant the link between performance and remuneration. This section contains information about the remuneration of senior management, fair pay ratios, sickness absence rates etc. and has been compiled by the Finance department and the Workforce & Organisational Development department.

c. National Assembly for Wales Accountability and Audit Report

This contains a range of disclosures on the regularity of expenditure, fees and charges, compliance with the cost allocation and charging requirements set out in HM Treasury guidance, material remote contingent liabilities, long-term expenditure trends, and the audit certificate and report.

The Annual Report must be produced in a bilingual format in time for presentation at the Annual General Meeting (AGM) in July 2019, having been reviewed by the Auditor General for Wales.



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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Corporate Governance Report

For the Period Ended 31 March 2019

Annual Governance Statement for the period ended 31 March 2019

1. Scope of Responsibility

The Board of Health Education Improvement Wales (HEIW) is accountable for Governance, Risk Management and Internal Control. As Chief Executive of the Board, I have responsibility for maintaining appropriate governance structures and procedures, as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst also safeguarding public funds and this organisation's assets, for which I am personally responsible. These are carried out in accordance with the responsibilities assigned to me as Accountable Officer by the Chief Executive of NHS Wales.

The background to the establishment of HEIW and the organisation becoming operational on 1 October 2018, its function and Remit Letter objectives are set out in the Performance Report.

This Annual Governance Statement explains the composition and organisation of the HEIW's governance structures and how they support the achievement of its objectives.

During its period of operation, HEIW has started to develop a system of governance and assurance. These will be further developed in 2019/20 with a Board Assurance Framework being considered by the Board in July 2019. The Board sits at the top of the organisation's governance and assurance system and sets strategic objectives, monitors progress, agrees actions to achieve these objectives and ensures appropriate controls are in place and are working properly. The Board also takes assurance from its Committees and assessments and against professional standards and regulatory frameworks.

1.1 Our System of Governance and Assurance

HEIW has agreed its vision, which is “**Transforming the workforce for a healthier Wales**” which has been developed through engagement with staff, stakeholders and partners. We will deliver this vision using our PEOPLE principles as outlined below:

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

HEIW has also developed a Values and Behaviour Framework. These values and behaviours have been developed by the 400 staff who have come together as a team to form HEIW and are:

- **Respect for all**
- **Together as a Team**
- **Ideas that Improve**

The Vision and Behaviours Framework, was approved by the Board in October 2018 and activity has started to embed this throughout the organisation. Further work has also been undertaken on the development of a People and Organisational Development Strategy and this will be completed in 2019/20.

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

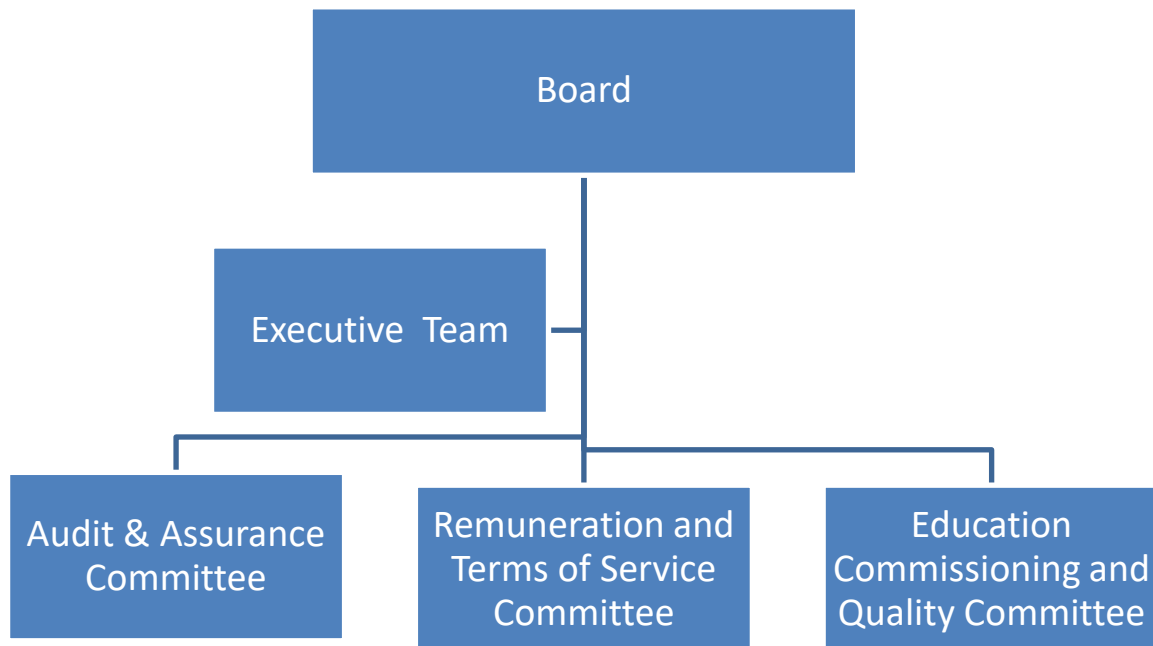
The Board is in the process of developing a written Board Assurance Framework, which will outline the sources of assurance used by the Board to assist the organisation in making judgements about the progress it is making against its stated objectives. It is anticipated this will be considered by the Board in July 2019.

During the year HEIW's Declarations of Interest and Standards of Behaviour Policy has been developed and work continues to further embed this to better manage any conflicts of interest that might arise for our Board Members and staff. This continues to be rolled out across the organisation and communication and engagement undertaken on the requirements of the policy.

1.2 The Role of the Board

As a newly established body HEIW has a new Board. The organisation's Chair, Chris Jones CBE was formally appointed as Chair on 1 October 2018. All of the seven Independent Members have been appointed for a period of between two and three years. The Chief Executive, other Executive Members and the Board Secretary were also appointed in 2018. These appointments are outlined in Table One. The programme of induction at a national level facilitated by Academi Wales is currently under review and new members will be required to attend the new programme in 2019/20. HEIW's experienced members will have already undertaken equivalent training through their previous roles on Boards. During the shadow period for HEIW, which pre-dated the organisation becoming operational, a number of Board Development Sessions were undertaken which included an extensive day on governance in spring 2018.

The full membership of the Board and their lead roles and committee responsibilities are outlined in Table One and summarised in the table below:



The Board provides leadership and direction to the organisation and has a key role in ensuring that the organisation has sound governance arrangements in place. The Board also seeks to ensure that it has an open culture and high standards in the ways in which its work is conducted. Together, Board Members share corporate responsibility for all decisions and play a key role in monitoring the performance of the organisation. All the meetings of the Board for the period ending 31 March 2019 were appropriately constituted with a quorum. The key business and risk matters considered by the Board during 2018/2019 are outlined in this Statement and further information can be obtained from the published Health Board meeting papers on the Health Board's web pages via the following link.

<https://heiw.nhs.wales/corporate/board-meetings-agendas-and-papers/>.

1.3 Committees of the Board

The Board has established three committees, the Audit and Assurance Committee, Remuneration and Terms of Service Committee and the Education Commissioning and Quality Committee. The latter committee was established by the Board in March 2019 and will not come into being until 2019/20. These committees are chaired by the Chair or Independent Members of the Board and have key roles in relation to the system of governance and assurance, decision making, scrutiny and in assessing current risks. The committees provide assurance and key issue reports to each Board meeting to contribute to the Board's assessment of assurance and to provide scrutiny on the delivery of objectives.

The Chair of the Board and the Board are keeping the committee structure under review and will consider whether to further revise the structure during 2019/2020 in line with the Board's governance framework and priorities of the Annual Plan 2019/20.

HEIW is committed to openness and transparency with regard to the way in which it conducts its committee business. The majority of the work undertaken by the Board and the Audit and Assurance Committee is undertaken in public. Open session papers are published on HEIW's website.

The link to the HEIW's web page where the papers are published is provided below:

<https://heiw.nhs.wales/corporate/board-meetings-agendas-and-papers/>

The Remuneration and Terms of Service (RATS) Committee undertakes its work in closed session only. The closed session elements of Board and Committee meetings are undertaken because of the confidential nature of the business. Such confidential issues may include commercially sensitive issues, matters relating to personal issues or discussing plans in their formative stages.

The HEIW Board and its committees have also sought to undertake the minimum of its business in closed sessions and ensure business wherever possible is considered in public. In 2019/20 the Board will approve guidance clarifying the basis upon which matters are ordinarily to be considered in open or closed session.

An important committee of the Board in relation to this Annual Governance Statement is the Audit and Assurance Committee, which keeps under review the design and adequacy of HEIW's governance and assurance arrangements and its system of internal control. During the period ending 31 March 2019, key issues considered by the Audit and Assurance Committee relating to the overall governance of the organisation have been:

- Reviewing the transitional arrangements enabling HEIW to become operational.
- Reviewing the terms of reference on its establishment, these will be kept under regular review.
- Approving the Internal Audit Plan for 2018/19 and has kept under review the resulting Internal Audit Reports. Noted key areas of risk and will track the management responses made to improve systems and organisational policies.
- Ensuring effective financial systems and controls procedures are established through the Finance Transition Plan.
- Developing the Board's risk management systems and processes.
- Developing arrangements to work with the Wales Audit Office (WAO), and has considered the WAO's 2019 Audit Plan.

1.4 Membership of the Board and its Committees

In Table One the membership of the Board is outlined for the period ended 31 March 2019 and the attendance at Board meetings for this period. It also highlights the membership of Board's committees.

A report of any proposed changes to the structure and membership of Board committees is approved by the Board. Each committee has considered its own terms reference and recommended changes to the Board. The Board will ensure that terms of reference for each committee are reviewed annually to ensure the work of committees clearly reflects any required governance requirements or changes to

delegation arrangements or areas of responsibility from the Board. Committees will also be required develop Annual Reports of their business and activities.

Board and committee membership and attendance since 1 October 2018 to 31 March 2019:

Table One

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP	Meeting Attendance 18/19	[CHAMPION ROLES – check with Steve Combes]
<i>Chris Jones</i>	<i>Chair</i>	<i>Primary Care Widening Access Prevention</i>	<i>Board (Chair) RATS Committee (Chair)</i>	<i>4/4 4/4</i>	<i>Welsh Language Champion</i>
<i>John Hill-Tout</i>	<i>Vice Chair</i>	<ul style="list-style-type: none"> • Performance • Governance • Finance 	<i>Board Audit and Assurance Committee; RATS Committee</i>	<i>3/4 3/3 4/4</i>	<i>Primary care and mental health champion</i>
<i>Tina Donnelly</i>	<i>Independent Member</i>	<ul style="list-style-type: none"> • Leadership • Students • Workforce • Education/Training 	<i>Board RATS Committee Education, Commissioning and Quality Committee</i>	<i>3/4 4/4 Established at March Board and yet to meet.</i>	<i>Student/Trainee Champion Equality and Diversity Champion</i>
<i>Ruth Hall</i>	<i>Independent Member</i>	<ul style="list-style-type: none"> • Rural Education Quality and Improvement 	<i>Board Audit and Assurance Committee; RATS Committee Education, Commissioning and Quality Committee (Chair)</i>	<i>4/4 3/3 2/4 Established at March Board and yet to meet.</i>	<i>Rural Champion</i>
<i>Gill Lewis</i>	<i>Independent Member</i>	<ul style="list-style-type: none"> • Health & Social Care Workforce • Digitalisation 	<i>Board Audit and Assurance Committee (Chair) RATS Committee</i>	<i>3/4 3/3 4/4</i>	<i>Health & Social Care Integration Champion</i>

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP	Meeting Attendance 18/19	[CHAMPION ROLES – check with Steve Combes]
<i>Ceri Phillips</i>	<i>Independent Member</i>	<ul style="list-style-type: none"> • Workforce Design • Value Agenda Digitalisation 	<i>Board RATS Committee</i>	3/4 2/4	<i>Digital Champion</i>
<i>Heidi Phillips</i>	<i>Independent Member</i>	<ul style="list-style-type: none"> • Integrated Care • Improvement • Widening Access • Education • Training 	<i>Board RATS Committee</i>	3/4 4/4	<i>Quality Improvement Champion</i> <i>Widening Access Champion</i>
<i>Alex Howells</i>	<i>Chief Executive</i>		<i>Board</i>	4/4	
<i>Julie Rogers</i>	<i>Deputy Chief Executive; Director of Workforce and OD</i>		<i>Board</i>	4/4	
<i>Stephen Griffiths</i>	<i>Executive Director of Nursing</i>		<i>Board</i>	4/4	
<i>Pushpinder Mangat</i>	<i>Executive Medical Director</i>		<i>Board</i>	4/4	
<i>Danielle Neale Until 14th March 2019</i>	<i>Executive Director of Finance and Corporate Services</i>		<i>Board</i>	2/3	

Please note that the Director of Finance and Corporate Services is the lead officer for the Audit and Assurance Committee. The Director of Workforce & OD is the lead officer for the Remuneration and Terms of Service Committee.

The following table outlines dates of Board and committee meetings held during the period from 1 October 2018 to 31 March 2019. All of the meetings of the committees of the Board during the period ended 31 March 2019 were appropriately constituted and were quorate.

Board/ Committee				
Board	2/10/18	29/11/18	31/1/19	28/3/19
Audit and Assurance	13/11/18	12/2/19	29/3/19	
Remuneration and Terms of Service	29/11/18	20/12/18	11/03/19	14/03/19

The attendance of Board Members at the public Board meetings during the last year is shown in Table One. However, Members are involved in a range of other activities on

behalf of the Board, such as Board Development/Briefing Meetings (at least six a year), meetings of committees of the Board and a range of other internal and external meetings.

HEIW has not established any Advisory Groups to date.

2. The Purpose of the System of Internal Control

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

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

The system of internal control has been developing since HEIW became operational in October 2018 and continues to evolve. HEIW approved its Standing Orders (SOs), which contain the scheme of delegation, and Standing Financial Instructions (SFIs) at its first Board Meeting in October 2018. Both the Standing Orders and SFIs were reviewed at HEIW March Board. HEIW adopted a number of all-Wales and key policies at its first Board meeting in October 2018. Since October, work has been ongoing to identify, draft and adopt local policies in a range of other key areas, as well as adopting new national policies. It is anticipated that work on the key policies will be completed in time for the May Board. HEIW is currently finalising its plans for a Performance Management Framework and Board Assurance Framework.

A diagram setting out the assurance and control framework is set out overleaf.

Health Education Improvement Wales Board Control Framework



Controls and Assurance Mechanisms

High Quality Education

Controls: evidenced within

- Annual Plan
- Commissioning
- Equality Impact Assessment

Assurance: gained via

- Proposed Education Commissioning and Quality Committee
- Senior Leadership Team
- Annual Report and Annual Governance Statement
- Chairs Reports
- Visits and Inspections

Performance Management

Controls:

- Objectives and Appraisals
- Performance targets
- Performance Dashboards and monthly reporting
- Regular Performance and Quality reports

Assurance: gained via

- Escalation arrangements
- Audits, visits
- Executive Director and Senior Leadership Team meetings
- Audit and Assurance Committee
- Proposed Education Commissioning and Quality Committee
- Internal/External Audits

Risk Management

Controls:

- Risk management strategy and Policy
- Board Assurance Framework
- Corporate Risk Register
- Divisional Risk Register
- Reports to the Board, Senior Leadership Team and sub committees
- Policies and Procedures
- Scheme of Delegation

Assurance: gained via

- Escalation arrangements
- Internal/External Audits, visits
- Executive Director and Senior Leadership Team meetings
- Audit and Assurance Committee
- Proposed Education Commissioning and Quality Committee

Levels of Assurance

First Line Operational

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



Second Line Risk and Compliance

Reports to Assurance and Oversight Committees:

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

Findings and/or reports from inspections, Annual Reporting through to Committees



Third Line Independent

- Internal Audit
- External Audit
- Healthcare Inspectorate Wales Inspections
- Other Regulators
- Reviews and Reports by Royal Colleges
- External visits and accreditations
- Independent Reviews

3. Capacity to Handle Risk

HEIW is continuing to develop and embed its approaches to risk management and emergency preparedness. Since its establishment, it has developed a corporate risk register. The risk register captures risks inherited from the three organisations (Wales Deanery, Wales Centre for Pharmacy Professional Education and NHS Workforce and Education Development Service) when services transferred on 1 October 2018 to HEIW and is aligned with the transition plan. The risk register is updated to capture HEIW's risks as they are identified. The register has been developed to score risks in line with risk appetite and mitigating actions and controls recorded against each risk.

The risk register will be further developed in 2019/20, aligned to the first HEIW Annual Plan and incorporated in the development of an Assurance Framework.

Work continues to develop the corporate risk approaches, to respond to the risks to HEIW's delivery of the agreed Annual Plan, and the assurances the Board will require to know that it is on track to deliver its stated objectives in the ways it intended and to the level of quality it expected.

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

The Board also recognises that risks can arise from not taking opportunities to develop and deliver improved services. The Board recognises it might need to take controlled risks over time or at certain times to enable the delivery of new forms of services or different ways of delivering services in changing economic, political and social contexts and the Board's appetite for risk is assessed on an issue by issue basis bearing in mind the issues outlined above.

As Chief Executive and Accountable Officer, I have overall responsibility for the management of risk for HEIW. The Board and its committees identify and monitor risks within the organisation. Specifically, the Executive Team meetings present an opportunity for the executive function to consider and address risk and actively engage with and report to the Board and its committees on the organisation's risk profile. The risk register is also reviewed at each monthly meeting of the Senior Leadership Team, regularly by the Audit and Assurance Committee and at March Board. The Board undertook specific risk management training provided by an external consultant on risk at a Board Development Session in February 2019.

The Board is also committed to ensuring staff throughout the organisation are trained and equipped to appropriately assess, manage, escalate and report risk.

This work undertaken by HEIW Board is being informed by best practice examples through advice from its Internal Auditors and the Wales Audit Office and also the engagement of external advice.

The risk profile of the HEIW is continually changing, but the key risks that emerge and can impact upon the HEIW's achievement of its objectives are considered by the Board. The Corporate Risk Register is continually reviewed by the executive team members. This

register is also reviewed at the formal monthly meetings of the executive team. These were last reviewed by the Board in March 2019 and are available at:

<https://heiw.nhs.wales/corporate/board-meetings-agendas-and-papers/>

These risks are categorised into the following sections:

- Programme legacy risks
- Business continuity risks
- Core business risks

As a new organisation many of the current risks link to the establishment of HEIW and the bringing together of different disciplines into one organisation. In the Board's view, robust mitigation arrangements are in place and so no current key risk is scored above 12, out of a possible maximum risk score of 25.

Internal Audit has undertaken a report assessing HEIW's systems and controls in place in relation to the organisations risk management arrangements. The overall rating given by the draft report was one of Reasonable Assurance for this area. HEIW has drafted its management response to the report. The final Internal Audit Report, together with the management response was considered by the Audit and Assurance Committee in May 2019.

HEIW is in the process of finalising its policies in respect of emergency preparedness. The HEIW Crisis Management and Business Continuity Policy and Plan were considered by the Board in March 2019 and approved by the Executive Team in May 2019.

The Deputy CEO has been attending NHS Wales SRO Brexit meetings where emergency preparedness issues have been explored and discussed.

4. The Control Framework

NHS Wales organisations are not required to comply with all elements of the Corporate Governance Code for Central Government Departments. However, the main principles of the Code stand as they are relevant to all public sector bodies.

In accordance with current guidelines appertaining to the Corporate Governance Code and its application to public bodies in Wales, HEIW has undertaken an initial assessment of its compliance with the Code. We are satisfied that we are complying with the main principles of, and are conducting our business in an open and transparent manner in line with the Code. Whilst there may be areas for improvement, the informal internal assessment against the Corporate Governance Code undertaken by HEIW was clear in that the organisation has complied with and has not identified any departures from the Code during the year.

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

In 2017-18 a revised set of Health and Care Standards were issued to organisations in NHS Wales. As a newly established body HEIW has not assessed itself against these Standards in

2018/19, and some of the standards are of limited direct relevance to HEIW's remit and activities. This position will be reviewed in 2019/20.

4.1 Other Control Framework Elements

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

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

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

Structured Assessment - As HEIW was established in October 2018 and 2018/19 is a transition part year it has not undergone a full Wales Audit Office Structured Assessment review. Wales Audit Office will be presenting to the Board on a baseline Structured Assessment process in June 2019. A more formal assessment in line with other NHS organisations will be undertaken later in 2019/20.

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

Annual Quality Statement - As HEIW does not provide direct clinical services it has not completed an Annual Quality Statement in 2018/19. Further advice will be sought as to whether HEIW needs to produce such a Statement in 2019/20.

Welsh Language - As HEIW is a new body it has not been named as a body that comes under the Welsh Language Measure. However, HEIW has decided to voluntarily adopt an approach to the Welsh language, which is in line with as far as is possible at this stage the Standards that apply to other health bodies. A clear plan for achieving our ambition to be a progressively bilingual organisation will be presented to May Board and will then be subject to public consultation.

Partnership working - As an All Wales organisation the importance of partnership working and collaboration cannot be over emphasised. This includes the need for effective working relationships with each of the other NHS organisations and Welsh Government policy and professional leads, but extends to professional bodies, regulators, education providers at all levels, and our counterparts in similar organisations

across the UK. The relationships with Social Care Wales is particularly important given the emphasis on integration and system improvement in A Healthier Wales.

From early 2018, before HEIW was fully established, partnership working with staff, and stakeholders was a key part of our work recognising the particular challenges associated with the organisational change process and creating a new body. The Chairman, Chief Executive and Deputy Chief Executive began by meeting with staff, peer groups and stakeholders across Wales and the UK to help raise awareness of HEIW, build on already existing partnerships, develop new ones and build the foundations for joint working.

Staff and stakeholder bulletins were also regularly issued from the Chief Executive highlighting progress, providing information, and inviting contributions to the HEIW work programme. In the same way, regular engagement events were held with stakeholders and staff, including the successful HEIW launch event which was attended by over 450 people.

This focus on partnership working has continued since the establishment of HEIW on 1st October 2018, with regular communications, meetings and events. Each Executive Director has a clear responsibility for continuing to raise awareness about the new organisation and to establish positive relationships with external organisations as a key part of our values. Members of the Executive team and senior leadership team sit on a wide variety of national groups alongside their peers. Independent Members are increasingly using opportunities available to them to promote and raise awareness of the new organisation and its functions. The Board has also started to hold its bi-monthly meetings across Wales provide opportunities for partners and stakeholders from all areas of the country to take part.

Staff representatives and trade unions have been included in the engagement process and a HEIW Partnership Forum will be fully functional by 1 May 2019.

The relationship with Social Care Wales has been strengthened by the establishment of a Joint Steering Group to develop the Workforce Strategy for Health and Social Care, and the national Leadership Strategy. Both of these pieces of work in themselves are supported by a strong engagement model across a diverse range of partners and stakeholders. Joint Executive Team meetings and Board to Board meetings with Social Care Wales have also commenced.

A strong partnership is being developed with NHS organisations on a range of service and workforce delivery issues including urgent primary care out of hours services, single cancer pathway, diagnostics and the new primary care model. In addition, HEIW is refocusing its approach to the commissioning and quality management of post graduate medical education to ensure that it is based on a partnership model, recognising the need for shared ownership of trainees. This is also now based on the first “trainer recognition agreement” which has been developed in partnership with Cardiff and Swansea Universities.

The education and training commissioning process needs to be underpinned by effective partnership working with a range of professional bodies and NHS organisations. This will change as a result of the establishment of HEIW and a new process has been designed for 2019/20.

Our partnerships and joint working are all underpinned by effective communications and engagement. In HEIW, communications and engagement is seen as the responsibility of all staff, who are supported by our corporate communications and engagement team.

In March 2019, the HEIW Board agreed our communications and engagement strategy outlining our commitment to communications and engagement during our first full year of operation commencing 1st April 2019.

The strategy has our purpose, objectives and values at its heart and has been shaped by feedback from staff and stakeholders at meetings and events during 2018/19. It's an active document which we will review regularly and adapt to reflect new challenges as well as feedback from staff, partners and stakeholders. A copy of the strategy can be found on our website.

Carbon Reduction - The organisation has not undertaken risk assessments on Carbon Reduction Delivery Plans as it is newly established. This position will be reviewed in 2019/20.

Ministerial directions

No ministerial directions were received as at year end 31 March 2019.

During the period there were no material lapses in data security and no referrals to the ICO.

4.2 Planning

HEIW submitted a Consolidated Plan for the period ending 31 March 2019 to Welsh Government, following Board approval on 29th November 2018.

In line with its planning duty, the Board approved for submission to Welsh Government a draft Annual Plan for 2019/20 at its meeting on the 31 January 2019, it approved an updated version of the plan at its meeting on 28th March 2019. The final version of the Annual Plan was submitted to Welsh Government for approval by Welsh Ministers in March 2019.

In terms of progress against the Consolidated Plan and the actions set out in the Remit Letter, HEIW has assessed that it has progressed well. It has achieved what it set out to do in 2018/19 and maintained business continuity. Further information regarding this progress is provided in the Performance Section of HEIW's Annual Report.

Approval for the Annual Plan 2019/20 is awaited from Welsh Ministers. HEIW will be aiming (in agreement with Welsh Government) to develop a three year Integrated Medium Term Plan in place for 20/21- 22/23 in line with other NHS organisations.

5. Review of Effectiveness

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


5.1 Internal Audit

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

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

5.2 The Head of Internal Audit has concluded:

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

 <p>- + Yellow</p>	<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>
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The audit work undertaken during 2018/19, has been reported to the Audit and Assurance Committee.

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

- An assessment of the range of individual opinions arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to

the Audit and Assurance Committee throughout 2018/19. This assessment has taken account of the relative materiality of these areas.

- Other assurance reviews, which impact on the Head of Internal Audit opinion including audit work performed at other organisations.

As stated above, these detailed results have been aggregated to build a picture of assurance across the organisation.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported. Where changes are made to the audit plan then the reasons are presented to the Audit and Assurance Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit considers the impact of changes made to the plan when forming their overall opinion. In 2018/19 there have not been any changes to the plan.

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

Corporate governance, risk management and regulatory compliance

- **Risk management** – We issued a **reasonable** assurance report for our review of risk management.
- **Governance arrangements** – Our fieldwork identified one low priority recommendation and as such, we gave **substantial** assurance for this review.

Strategic planning, performance management & reporting

- **Performance management** – Overall we issued a **reasonable** assurance report in relation to our work in this area.
- **Corporate transitional plan (Draft)** - We issued a **reasonable** assurance report for our review of the corporate transitional plan.

Financial governance and management

- **Core financial systems – financial accounting** – Overall, we issued a **reasonable** assurance report.
- **Core financial systems – budgetary control** – Overall we issued a **reasonable** assurance report.

Clinical governance quality & safety

- We did not plan to undertake any reviews in this domain during 2018/19.

Information governance & security

- **IT Baseline assessment** – We issued a baseline assessment of the arrangements in place for the management and control of Information Governance (IG) and Information Communications Technology (ICT) within the organisation. We made observations in relation to governance, policies and procedures, planning and strategy, risk and compliance, continuity, and resourcing. As this was a baseline review, the assignment was not allocated an assurance rating, but advice and recommendations were provided to facilitate change and improvement.

Operational service and functional management

- We did not plan to undertake any reviews in this domain during 2018/19.

Workforce management

- **Employment status of casual workers** – We issued a **limited** assurance report for this review that identified three high and two medium priority recommendations. The high priority recommendations related to timesheets for casual workers on payroll, and employment status records and monitoring of casual workers.

Capital & estates management

- We did not plan to undertake any reviews in this domain during 2018/19.

Limitations to the Audit Opinion

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems.

As mentioned above, the scope of the audit opinion is restricted to those areas, which were the subject of audit review through the performance of the risk-based Internal Audit plan. In accordance with Public Sector Internal Audit Standards (PSIAS) and, with the agreement of senior management and the Board, Internal Audit work is deliberately prioritised according to risk and materiality. Accordingly, the Internal Audit work and reported outcomes will bias towards known weaknesses as a driver to improve governance risk management and control. This context is important in understanding the overall opinion and balancing that across the various assurances which feature in the Annual Governance Statement.

Period covered by the Opinion

Internal Audit provides a continuous flow of assurance to the Board and subject to the key financials and other mandated items being completed in-year the cut-off point for annual reporting purposes can be set by agreement with management. To enable the Head of Internal Audit opinion to be better aligned with the production of the Annual Governance Statement a pragmatic cut-off point has been applied to Internal Audit work in progress.

Audit work reported to draft stage has been included in the overall assessment, all other work in progress will be rolled-forward and reported within the overall opinion for next year.

The majority of audit reviews will relate to the systems and processes in operation during 2018/19 unless otherwise stated and reflect the condition of internal controls pertaining at the point of audit assessment. Follow-up work will provide an assessment of action taken by management on recommendations made in prior periods and will therefore provide a limited scope update on the current condition of control and a measure of direction of travel.

As stated previously there has been no formal annual Wales Audit Office Structured Assessment during 2018/19.

6. Conclusion

During the period October 2018 – end of March 2019 there have been no significant internal control or governance issues identified. This is due to the establishment of sound systems of internal control in place to ensure HEIW met its objectives. It is recognised that further work will be necessary in 2019/20 to further develop these arrangements. It will be important to communicate widely with staff to further embed these arrangements.

Signed by
Chief Executive:

Date.



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Health Education and
Improvement Wales (HEIW)

Directors Report

**For the Period
Ended 31 March
2019**

The Directors' Report

The following tables contain:

- Table 1** Board and Board Level committee meeting dates for the period ending 31 March 2019
- Table 2** Detailed information in relation to the composition of the Board and including Executive Directors and Independent Members, who have authority or responsibility for directing or controlling the major activities of HEIW during the financial year 2018-2019.
- Table 3** Details of company directorships and other significant interests held by members of the Board which may conflict with the responsibilities as Board members.
- Table 4** Details relating to membership of the Board level Audit and Assurance Committee.

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

TABLE 1 - BOARD LEVEL COMMITTEES

The Board and its committees are fully established and operating in line with the Board's Standing Orders. The following table outlines dates of Board (and development Board) and committee meetings held during period ending 31 March 2019.

Board/Committee / Group	Oct	Nov	Dec	Jan	Feb	Mar
Board	2	29	* 20	31	* 28	28
Remuneration and Terms of Service		29	20		11,14	
Audit and Assurance Committee		13			12	29

Note * Development Board Meetings
All meetings of the Board were quorate.

Table 2 Note – This is set out in Table 1 of the Annual Governance Statement

Table 3 – DIRECTORS' INTERESTS

Directors of the Board have declared the following interests which may be relevant to the business of the Board.

Declaration of Interest Register

HEIW's current Declaration of Interest Register is available at:

<https://heiw.nhs.wales/corporate/board-meetings-agendas-and-papers/>

Table 4 - Membership of the Board's Audit and Assurance Committee

Name Gill Lewis	Chair (Audit and Assurance Committee) Since October 2018
John Hill-Tout	Member from October 2018
Ruth Hall	Member from October 2018

Information Governance

There are no Information governance issues to report in 2018/19.

Environmental, Social and Community Issues

HEIW is not a major local employer or public service provider but is cognisant of the impact it has on the environment and takes steps to minimise this, where possible.

In particular we shall:

- Ensure that all employees, including contractors, are responsible for working in a manner that protects the environment;
- Ensure we remain committed to continual improvement and the prevention of pollution in all areas of potential environmental impact; and
- Ensure compliance with all relevant environmental legislation, Health and Care Standards for Wales and Welsh Government Directives.

As the Board is newly established this area will be further reviewed in 2019/20.

Corporate Social Responsibility

The Well-Being of Future Generations (Wales) Act 2015 seeks to ensure that sustainable development is at the centre of the strategic decision making process for the Welsh Government and public bodies in Wales. The general purpose is to ensure that the governance arrangements of public bodies take the needs of future generations into account and the aim is for public bodies to improve the economic, social and environmental well-being of Wales in accordance with the sustainable development principles. HEIW is not listed in the 2015 legislation but we are committed to developing our policies and procedures to comply with the requirement of the Act in 2019-20.

As an employer providing public services and spending public money, our activities need to take place in the most sustainable way, and we will be considering how best to achieve this in 2019/20.



Statement of Accountability For the Period Ended 31 March 2019

Statement of the Chief Executive's responsibilities as Accountable Officer of HEIW

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the Board. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

As Accountable Officer I can confirm that as far as I am aware there is no relevant audit information of which HEIW's auditors are unaware, and as Accountable Officer, I have taken all the steps that I ought to have taken to ensure that I and the auditors are aware of relevant audit information.

I can confirm that the annual report and accounts as a whole are fair, balanced and understandable and I take personal responsibility for these and the judgement required for doing so.

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

Date:2019

Alex Howells
Chief Executive

Statement of Directors' Responsibilities To be reviewed on completion of Accounts

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

In preparing those accounts, the directors are required to:

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

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

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

By Order of the Board

Signed:

Chair:..... Dated:.....2019

Chief Executive: Dated:.....2019

Director of Finance: Dated:2019



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Remuneration and Staff Report For the Period Ended 31 March 2019

REMUNERATION AND STAFF REPORT

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

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

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

Remuneration & Terms of Service Committee

The terms of reference and operating arrangements for the Remuneration and Terms of Service Committee are set out in HEIW's standing orders approved in October 2018 and updated in March 2019. The purpose of the Committee is to provide advice to the Board on the remuneration and terms of service and performance for the Chief Executive, Executive Directors and other senior staff. It also provides assurance to the Board in relation to HEIW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff.

Salary and Pension Disclosures

Details of salaries and pension benefits for Senior Managers captured within this report are given in Annexes 1 and 2. The single figure of remuneration (Annex 1) is intended to be a comprehensive figure that includes all types of reward received by senior managers in the period ending 31 March 2019, including fixed and variable elements as well as pension provision.

The single figure includes the following:

- Salary and fees both pensionable and non pensionable elements.
- benefits in kind (taxable, total to the nearest £100)

- pension related benefits - those benefits accruing to senior managers from membership of a participating defined benefit pension scheme.

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

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

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

The pension benefit figure is calculated on the basis of an increase in the value over the financial year. Prior-year comparative information is not available for staff who were not previously Executive level directors in other NHS Wales organisations. Where this is the case this figure cannot be calculated and therefore is not reported in Annex 1a (Single Figure of Remuneration) nor Annex 2 (Pension Benefits).

Annex 2 gives the total pension benefits for all senior managers. The inflationary rate applied to the 2017/18 figure is 3% as set out by the 2018/19 Greenbury guidance.

Remuneration Relationship

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

2018/19 Staff Report

Number of Senior Staff

As of 31 March 2019 there were five senior staff that made up the Executive Team. The Director of Finance left HEIW on 14/03/2019. There were also Board members or regular attendees. Their pay bands are broken down as follows:

Numbers of Senior Staff @ 31 March 2019

Consultant (Medical & Dental)	1
Executive and Senior Pay Payscale	4

Staff Numbers

The following table shows the average number of staff employed by Health Education & Improvement Wales, by group from 1 October 2018 to 31 March 2019:

Staff Group	Permanently Employed (Inc. Fixed Term) WTE	Agency Staff WTE	Staff on Inward Secondment WTE	2018/19 Total WTE
Administrative and Clerical and Board Members	139	10	5	154
Medical & Dental	39	0	0	39
Professional Scientific and Technical Staff	11	0	0	11
Additional Clinical Services	3	0	0	3
Nursing & Midwifery	1	0	0	1
Totals	193	10	5	208

Staff Composition

The gender breakdown of the Executive Team and other employees as of 31 March 2019 was as follows:

Staff Composition @ 31 Mar 2019	Male	Female
Senior Staff (Exec Team)	3	2
Other Employees	128	243
All Staff	131	245
% Other Employees	34.0%	64.7%

Sickness Absence data

The following table provides information on the number of days lost due to sickness during 2018/19:

	From 1 October 2018 to 31 March 2019
	Number
Days lost (long term)	472
Days lost (short term)	330
Total days lost	802
Total staff years	104
Average working days lost	13.4
Total staff employed in period (headcount)	363
Total staff employed in period with no absence (headcount)	302
Percentage staff with no sick leave	83.4%

Staff Policies Applied During the Financial Year

The Health Education and Improvement Wales workforce of 208 WTE staff was created through the TUPE transfer of staff from three organisations on 1 October 2018, as well as through the recruitment of a number of new staff. The TUPE transfer, and open recruitment processes have brought individuals from a range of backgrounds and experiences into our organisation.

The vast majority of our staff worked previously for Cardiff University in either the Wales Deanery or the Wales Centre for Professional Pharmacy Education and were education sector employees. The remainder of the transferred staff worked within the Workforce Education Development Service, which was a Unit hosted within NHS Wales Shared Services Partnership – which is hosted by Velindre NHS Trust.

Prior to the transfer, an extensive exercise was commissioned by the Chief Executive, to set a new culture for the transferring staff. Staff and stakeholder consultation sessions were held and surveys were undertaken, whose feedback led to the creation of HEIW's new values and behaviours framework. These values and behaviours of 'Together as a Team; Respect for All; Ideas that Improve' are guiding principles that influence our workforce policies, procedures, recruitment, performance appraisal, learning and development, health, wellbeing, equality and diversity and expectations of our staff.

Some of these policies were developed by NHS Wales in partnership with the Welsh NHS Partnership Forum, and are to be adopted on an 'All Wales' basis. Other policies, for example our values based performance appraisal policy are bespoke to HEIW and have been co-produced locally with our staff. HEIW also have a range of policies which enable people with a protected characteristic (including disability) to gain employment with HEIW. We have flexible working arrangements for staff to enable them to accommodate their domestic situations and personal requirements, as well as Occupational Health who can advise on reasonable adjustments for those who require them.

The All-Wales NHS Sickness Absence Policy provides guidance on the support available and provided to employees if they become disabled during their employment. This policy is designed to support employees through periods of illness which could lead to a disability. It offers employees the option of a phased return or period of rehabilitation with no reduction of pay, and includes the duty to make reasonable adjustments that will enable a disabled employee to remain in work. Where an employee is unable to continue in their role due to ill health, HEIW will seek, wherever possible, to redeploy to an alternative role which would be considered to be suitable, with a period of re-training. TUPE measures set out the application of policies and processes to staff who transferred into HEIW from Cardiff University.

There are also a number of policies, procedures, guidelines and toolkits that support staff health and wellbeing, such as for the menopause, purchase of annual leave, special leave and support for carers. HEIW is committed to supporting the learning and development of its staff. The Access to Learning and Development policy provides a framework of support for staff who wish to study.

All staff have equal access to HEIW's values based performance appraisal, learning development and career development. They are all expected to undertake statutory and mandatory training applicable to their post.

Health Education and Improvement Wales is committed to providing a working environment free from harassment and bullying and ensuring all staff are treated with dignity and treat others with dignity and respect. Our Dignity at Work policy promotes dignity and respect at work and supports employees who may be experiencing bullying, harassment and/or victimisation.

In relation to organisational change, the staff transferring to HEIW received a wide range of support from one to one consultation sessions to bespoke policies for the transfer, such as Relocation Policy.

Other Employee Matters

We have an Equality and Inclusion Staff Group who advise the executive team and the organisation on activity related to Equality and Inclusion across HEIW. The recently appointed Equality Champions disseminate messages and promote the Equality and Inclusion agenda for HEIW.

A Culture and Wellbeing group has been established comprising a cross section of staff to continue with the embedding of our values and behaviours. Their aim is to support and maintain the necessary focus and energy required to drive the successful integration of workplace cultures, without compromising staff satisfaction, well-being and service provision. Their role is to enhance the internal staff communications, engagement and change management strategies on the cultural perspective.

In support of the Equality, Inclusion, Culture and Wellbeing initiatives, several 'Lunch and Learn' sessions have taken place for example, Stonewall to raise staff awareness.

Expenditure on Consultancy

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

During the period ending 31 March 2019, HEIW's expenditure on consultancy was £53k.

Tax Assurance for Off-Payroll Engagements

HEIW is required to disclose any arrangements it has whereby individuals are paid through their own companies or off payroll. There were none during the period.

Exit Packages

No exit packages have been awarded in this accounting period.

Table 1 Exit packages cost band (including any special payment element)	5th October 2017 to 31st March 2019			
	Number of compulsory redundancies	Number of other Departures	Total number of exit packages	Number of departures where special payments have been made
less than £10,000	0	0	0	0
£10,000 to £25,000	0	0	0	0
£25,000 to £100,000	0	0	0	0
£100,000 to £150,000	0	0	0	0
£150,000 to £250,000	0	0	0	0
more than £250,000	0	0	0	0
TOTAL	0	0	0	0

Table 1 Exit packages cost band (including any special payment element)	5th October 2017 to 31st March 2019			
	Number of compulsory redundancies	Number of other Departures	Total number of exit packages	Number of departures where special payments have been made
less than £10,000	0	0	0	0
£10,000 to £25,000	0	0	0	0
£25,000 to £100,000	0	0	0	0
£100,000 to £150,000	0	0	0	0
£150,000 to £250,000	0	0	0	0
more than £250,000	0	0	0	0
TOTAL	0	0	0	0

Statement of Assurance

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

Alex Howells
Chief Executive and Accountable Officer, Health Education & Improvement Wales
30 May 2019

Annex 1: Single Figure of Remuneration

Single Figure of Remuneration						
Name	Title	Salary 5/10/17 to 30/09/2018 (Bands of £5k)	Salary 01/10/2018 to 31/03/2018 (Bands of £5k)	Benefits in Kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Alex Howells ¹	Chief Executive	95 - 100	70 - 75	-	(47)	25 - 30
Julie Rogers ²	Director of WOD / Deputy CEO	50 - 55	50 - 55	-	***8	50 - 55
Dafydd Bebb ³	Board Secretary	5 - 10	40 - 45	-	***8	40 - 45
Stephen Griffiths ⁴	Director of Nursing	15 - 20	45 - 50	-	***8	45 - 50
Push Mangat ⁵	Medical Director	-	75 - 80	-	***8	75 - 80
Danielle Neale ⁶	Director of Finance & Corporate Services	5 - 10	65 - 70	-	***8	65 - 70
Non Executive Directors						
Chris Jones ⁷	Chair	55 - 60	20 - 25	-	-	20 - 25
Tina Donnelly ⁷	Non-Executive Director	0 - 5	0 - 5	-	-	0 - 5
Ruth Hall ⁷	Non-Executive Director	0 - 5	0 - 5	-	-	0 - 5
John Hill-Tout ⁷	Non-Executive Director	0 - 5	0 - 5	-	-	0 - 5
Gill Lewis ⁷	Non-Executive Director	0 - 5	0 - 5	-	-	0 - 5
Ceri Phillips ⁷	Non-Executive Director	0 - 5	0 - 5	-	-	0 - 5
Heidi Phillips ⁷	Non-Executive Director	0 - 5	0 - 5	-	-	0 - 5

Only costs incurred from 01/10/2018 are included within the 2018/19 HEIW accounts. Costs incurred for the period 05/07/2017 to 30/09/2018 were paid through Velindre University NHS Trust and recharged to Welsh Government.

¹ Alex Howells took up post on 01/02/2018. Pension benefits relate to the period 1/10/18 to 31/3/2019

² Julie Rogers was seconded to HEIW from Welsh Government from 12/04/2018.

³ Dafydd Bebb took up post on 28/08/2018.

⁴ Stephen Griffiths took up post on 29/07/2018

⁵ Push Mangat was seconded from Abertawe Bro Morgannwg UHB from 1/10/2018

⁶ Danielle Neale took up post on 28/8/2018 and left HEIW on 14/03/2019. The salary total from 01/10/2018 to 31/03/2019 includes payment in lieu of notice.

⁷ Chris Jones was appointed as interim Chair on 5 October, 2017 and as formal Chair on 1 October, 2018. The salary total from 05/10/17 to 30/09/18 includes remuneration for the role of Co-ordinating Chair of Health Boards and Trusts. Board Members took up post on 01/02/2018

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

Annex 2: Pension Benefits

Pension Benefits - For the period 1/10/2018 to 31/03/2018									
Name	Title	Real increase in pension at pension age (bands of £2,500) £'000	Real increase in pension lump sum at pension age (bands of £2,500) £'000	Total accrued pension at pension age at 31 March 2019 (bands of £5,000) £'000	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2019 £'000	Cash Equivalent Transfer Value at 31 March 2018 £'000	Real increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Alex Howells	Chief Executive	***2	***2	55 - 60	135 - 140	1,074	993	14	0
Julie Rogers	Director of WOD / Deputy CEO	***2	***2	***2	***2	***2	***2	0	0
Dafydd Bebb	Board Secretary	***2	***2	0 - 5	0	22	***2	***2	0
Stephen Griffiths	Director of Nursing	***2	***2	40 - 45	125 - 130	956	***2	***2	0
Push Mangat	Medical Director	***2	***2	65 - 70	200 - 205	1,652	***2	***2	0
Danielle Neale ¹	Director of Finance & Corporate Services	***2	***2	10 - 15	35 - 40	262	***2	***2	0

¹ Danielle Neale left HEIW on 14/03/2019

² A request has been made to the NHS Business Services Authority, however, prior year comparative information required for the calculation is not available

Annex 3: Pay Policy Statement

Salary and Pension Entitlements of Senior Managers 2017-18

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

Auditors

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

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



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National Assembly for Wales Accountability and Audit Report

For the Period Ended 31 March 2019

Regularity of Expenditure

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

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

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

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

Fees and Charges

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

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

Key documents /areas of interest	Web link
Consolidated Plan 2018/19	
Annual Plan 2019/20	
HEIW members	
Board Papers	
Organisational Risk Register	
Board Committee papers	
Audit and Assurance Committee	

Remote Contingent Liabilities

Remote contingent liabilities are those liabilities which due to the unlikelihood of a resultant charge against HEIW are therefore not recognised as an expense nor as a contingent liability. Detailed below are the remote contingent liabilities as at 31st March 2019:

	2018-2019
Guarantees	nil
Indemnities	nil



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Archwilydd Cyffredinol Cymru
Auditor General for Wales

Audit of Financial Statements Report – Health Education and Improvement Wales

Audit period ended: 31 March 2019

Date issued: May 2019

Document reference: 1287A2019-20



This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at

infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

The Auditor General intends to issue an unqualified audit report on your financial statements. There are some issues to report to you prior to their approval.

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Summary report

Introduction

- 1 The Auditor General is responsible for providing an opinion on whether the financial statements give a true and fair view of the financial position of Health Education and Improvement Wales at 31 March 2019 and its income and expenditure for the period then ended.
- 2 We do not try to obtain absolute assurance that the financial statements are correctly stated, but adopt the concept of materiality. In planning and conducting the audit, we seek to identify material misstatements in your financial statements, namely, those that might result in a reader of the accounts being misled.
- 3 The quantitative level at which we judge such misstatements to be material for Health Education and Improvement Wales is £1.058 million. Whether an item is judged to be material can also be affected by certain qualitative issues such as legal and regulatory requirements and political sensitivity.
- 4 International Standard on Auditing (ISA) 260 requires us to report certain matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action.
- 5 This report sets out for consideration the matters arising from the audit of the financial statements of Health Education and Improvement Wales, for the period ended 31 March 2019, that require reporting under ISA 260.

Status of the audit

- 6 We received the draft financial statements for the period ended 31 March 2019 on 26 April 2019 as agreed and have now substantially completed the audit work.
- 7 We are reporting to you the more significant issues arising from the audit, which we believe you must consider prior to approval of the financial statements. The audit team has already discussed these issues with the Interim Director of Finance and Head of Financial Accounting.

Proposed audit report

- 8 It is the Auditor General's intention to issue an unqualified audit report on the financial statements once you have provided us with a Letter of Representation based on that set out in [Appendix 1](#).
- 9 The proposed audit report is set out in [Appendix 2](#).

Significant issues arising from the audit

Uncorrected misstatements

- 10 We set out below a misstatement that we identified in the financial statements, which has been discussed with management but remains uncorrected, and request that it is corrected. If you decide not to correct this misstatement, we ask that you provide us with the reason for non-correction.

Property plant and equipment: IT assets are overstated by £64,000

- IT assets totalling £64,000 are included within Property, plant and equipment but were not in HEIW's possession and in use by 31 March 2019. We confirm receipt of these assets very soon after the period end.

Corrected misstatements

- 11 There are misstatements that have been corrected by management, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process. They are set out with explanations in [Appendix 3](#).

Other significant issues arising from the audit

- 12 In the course of the audit, we consider a number of matters both qualitative and quantitative relating to the accounts and report any significant issues arising to you. There were some issues arising in these areas this period:

- **We have some concerns about the qualitative aspects of your accounting practices and financial reporting.**

Officers submitted for audit a good quality draft account to timetable, supported by good quality working papers. It is commendable how the staff within the finance team worked together to overcome deficiencies in accumulated knowledge/continuity for the six-month operational period with some vacancies and turnover within the new staffing structure.

Generally we found the information provided to be relevant, reliable, comparable, material and easy to understand. We concluded that accounting policies and estimates are appropriate and financial statement disclosures unbiased, fair and clear.

We did find that some classification of expenditure, accruals and accounting for prepayments could be improved, but in our view this is not unexpected for an organisation still in its relative infancy where both staff and operating procedures are yet to be fully embedded.

- **We did not encounter any significant difficulties during the audit.**

We are grateful for the help and assistance provided to us by the staff of the finance and other departments throughout the audit. We received information in a timely and helpful manner and were not restricted in our work.

- **There is one significant matter which we discussed and corresponded upon with management which we need to report to you.**

In February 2019, HEIW issued supplementary allocations to Welsh Universities in order to strengthen and supplement healthcare professional education and training. Bids were invited and assessed by the executive team. We have sought assurance as to whether the timing of the process was satisfactory for ensuring good value for money and appropriate use of resources. We understand that it is unlikely that the process will be repeated in 2019-20 due to the strategic review of University Contracts and procurement exercise but recommend that the core criteria and consideration of timing for requests for bids/utilisation be strengthened if further funding is provided in-year.

- **There are no other matters significant to the oversight of the financial reporting process that we need to report to you.**
- **We did not identify any material weaknesses in your internal controls.** However, our audit procedures highlighted that HEIW does not hold signed contracts of employment for two members of the Executive team.
- **There are no other matters specifically required by auditing standards to be communicated to those charged with governance.**

Recommendations arising from our financial audit work for the period ended 31 March 2019

- 13 The recommendations arising from our financial audit work will be set out in our Management Letter to be presented to the Audit and Assurance Committee in July 2019. We will request management responses to our recommendations, for inclusion in that paper, and we will follow up progress on implementation of each agreed recommendation during next year's audit. Where any actions remain outstanding, we will report this to you.

Independence and objectivity

- 14 As part of the finalisation process, we are required to provide you with representations concerning our independence.
- 15 We have complied with ethical standards and in our professional judgment, we are independent and our objectivity is not compromised. There are no relationships between the Wales Audit Office and Health Education and Improvement Wales that we consider to bear on our objectivity and independence.

Appendix 1

Final Letter of Representation

[Audited body's letterhead]

Auditor General for Wales
Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

[Date]

Representations regarding the financial statements for the period ended 31 March 2019

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Health Education and Improvement Wales for the period ended 31 March 2019 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- Preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers with the approval of HM Treasury, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;
 - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
 - prepare them on a going concern basis on the presumption that the services of Health Education and Improvement Wales will continue in operation.
- Ensuring the regularity of any expenditure and other transactions incurred.

- The design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- Full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects Health Education and Improvement Wales and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.
- Our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

Significant assumptions used in making accounting estimates, including those measured at fair value, are reasonable.

Related party relationships and transactions have been appropriately accounted for and disclosed.

Disclosures in the Remuneration and Staff Report are accurate but incomplete as despite best endeavours, information regarding senior officer pension benefits remains unavailable at the time of approval of the Financial Statements and Accountability Report.

The arrangements put in place to obtain good value for money from the Supplementary Allocation to Welsh Universities during the period ended 31 March 2019 were sufficiently robust to ensure proper use of resources, and I am satisfied that the disbursement of this funding in the 2018-19 financial year did not constitute payments in advance of need.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

Three cases relating to claims by former employees are currently considered as remote contingent liabilities and thereby only the legal costs have been provided for.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by the Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 30 May 2019.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Chief Executive

Date:

Signed by:

Chair

Date:

Appendix 2

Proposed Certificate and independent auditor's report of the Auditor General for Wales to the National Assembly for Wales

Report on the audit of the financial statements

Opinion

I certify that I have audited the financial statements of Health Education and Improvement Wales for the period ended 31 March 2019 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Health Education and Improvement Wales as at 31 March 2019 and of its net operating costs for the period then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Basis for opinion

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

Conclusions relating to going concern

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

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

Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. My opinion on the

financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

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

Opinion on regularity

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

Report on other requirements

Opinion on other matters

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

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

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

Matters on which I report by exception

In the light of the knowledge and understanding of Health Education and Improvement Wales and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword and Accountability Report or the Governance Statement.

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

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

Report

I have no observations to make on these financial statements.

Responsibilities

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities set out on pages 36 and 37, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

Responsibilities for regularity

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

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

Adrian Crompton
Auditor General for Wales
11 June 2019

24 Cathedral Road
Cardiff
CF11 9LJ

Appendix 3

Summary of corrections made to the draft financial statements which should be drawn to the attention of the Board

During our audit we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process.

Exhibit 1: summary of corrections made to the draft financial statements

Value of correction	Nature of correction	Reason for correction
£87,000	<p>Note 2.1 Revenue resource performance Increase net operating costs for the period by £87,000. Decrease underspend against allocation by £87,000.</p> <p>Note 3.3 Other Operating Expenditure Disclose the total fee of £175,000 within the Audit Fees line, removal of £40,000 from Other auditors remuneration.</p> <p>Note 18 Trade and other payables Increase Accruals by £87,000.</p>	To accrue for the full fee for 2019 audit and inspection work to be undertaken by the AGW and his staff and to re-categorise within Note 3.3 in accordance with the Manual for Accounts.
£825,000	<p>Note 3.2 Postgraduate Medical, Dental & Pharmacy Education Increase in GP CPD and appraisal costs £652,000 and increase in Other costs £173,000</p> <p>Note 3.3 Other Operating Expenditure Increase in Premises costs £67,000 and decrease in Other operating costs £892,000.</p>	To reclassify a proportion of Other operating costs to categories within Notes 3.2 and 3.3 to more accurately reflect the nature of the transaction.
£1,481,000	<p>Note 18 Trade and other payables Increase Accruals by £1,481,000 and decrease Non-NHS creditors by £1,481,000.</p>	To correctly classify those expenditure transactions incurred during the reporting period for which no invoice was received prior to the period end.

During our audit we recommended a number of additions, amendments and deletions to disclosures within the financial statements to ensure completeness, clarity, accuracy and consistency throughout, and to comply with best practice as set out in the NHS Wales 2018-19 Manual for Accounts.

Exhibit 2: summary of disclosure amendments made to the draft financial statements

Disclosure Note	Nature of amendment
Note 1.28 and Note 34 Accounting for the establishment of HEIW	Inclusion of disclosures relevant to accounting for the net assets/liabilities transferred into HEIW from Velindre University NHS Trust and Cardiff University. To increase the amount due from Cardiff University in respect of the transfer of balances as at 1 October 2018 by £5,000.
Note 3.1 Non-Medical Education and training	To amend the categorisation of expenditure disclosed within Note 3.1 to appropriately reflect the nature of the transaction. To use descriptive headings for categories that are understandable to the reader of the account.
Note 11 Property, plant and equipment	Removal of disclosures not relevant to HEIW and insertion of a narrative to explain the buildings relate to leasehold improvements and are depreciated over the shorter of the remainder of the lease term or the assessed life of the asset.
Note 15 Trade and other receivables	To disclose the aging of debts past their due date erroneously omitted from the initial draft account.
Note 18 Trade and other payables	To disclose the expected year of settlement for those amounts falling due after more than one year.
Remuneration report	Amendments to Single Figure of Remuneration salary disclosures to correctly reflect the salary received pre and post 1 October 2018.
Various disclosure notes	A number of narrative and disclosure amendments, not identified separately in this table, as not regarded as material to the financial statements.

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Addysg a Gwella Iechyd
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Meeting Date	30 May, 2019	Agenda Item	4.6
Report Title	Report of the Director of Finance		
Report Author	Rhiannon Beckett		
Report Sponsor	Eifion Williams		
Presented by	Eifion Williams		
Freedom of Information	Open		
Purpose of the Report	To provide the HEIW Board with a Financial Report for April 2019.		
Key Issues	HEIW has a statutory duty to break even at year-end and consequently this report should assist Executives and Budget Holders in managing the financial position through the new 2019-20 financial year.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	1. For the HEIW Board to note the financial position reported at month 1.		

Report of the Director of Finance

1. INTRODUCTION

The report sets out the HEIW financial position for April 2019, the first month reported against updated budgets derived through the 2019-20 Financial Plan and full year core allocation received from Welsh Government.

2. BACKGROUND

This report provides an update on the financial position as at 30st April 2019 and details the reasons for any financial variation to date against the budgets set. Given that it is early in the financial year, information to enable a full assessment of actual spend at month one is not yet available across every area. Therefore, for commissioning budgets, month 01 expenditure has been reported as equal to budget or using historical data, thereby giving a minimal or zero variance.

3. GOVERNANCE AND RISK ISSUES

HEIW has a statutory financial duty to break even at year-end and 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 month of 2019-20.

The finance department will provide support to budget holders throughout the year to ensure that there is good understanding of any financial issues that emerge and that prompt corrective action can be undertaken to manage any significant variances.

4. FINANCIAL POSITION

HEIW is reporting an underspend of £19,849 against profiled budgets for the period of April 2019. Although there was no requirement to report a day 5 position to Welsh Government in month 1, the standard monitoring returns were required and these were submitted on day 9 in accordance with the template and guidance issued. A copy of the monitoring return tables is included as Appendix 1.

**Health Education And Improvement Wales
Executive Team Financial Report
As at 30th April 2019**



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

	Year to Date			Forecast
	Budget	Actual	Variance	as at 31/03/20
	£	£	£	£
<u>INCOME:</u>				
Welsh Government	(16,458,467)	(16,458,467)	0	
Other Income	(52,517)	(52,123)	395	0
Total Income	(16,510,984)	(16,510,590)	395	0
<u>Expenditure</u>				
Board & Executive	134,253	133,763	(490)	0
Finance & Corporate Services, Digital and IT	665,860	687,651	21,791	0
Medical & Pharmacy	7,229,244	7,184,153	(45,486)	0
Nursing	8,276,131	8,278,614	2,483	0
Human Resources and Organisation Development	152,979	154,438	1,459	0
Sub-Total Expenditure	16,458,467	16,438,618	(20,244)	0
Total		0	(19,849)	0

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

Directorate	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
	£	£	£	£	£
Board and Executive		311	(801)		(490)
Chief Executive Reserve			0		0
Finance & Corporate Services, Digital and IT	0	11,147	10,644		21,791
Medical & Pharmacy	395	(46,587)	1,102	0	(45,091)
Nursing	0	0	(483)	2,965	2,483
Human Resources and Organisation Development		1,661	(203)		1,459
Total	395	(33,468)	10,259	2,965	(19,849)

An analysis of the key reasons for the underspend, by Directorate are outlined below:-

1. Board and Executives

- A small overspend of £311 on pay is as a result of budget phasing in respect of the pay award that will be reviewed in Month 2.
- A small underspend on Non Pay is related to Travel and Subsistence costs in month 1 against a flat budget profile. The budget phasing will be reviewed in month 2 to ensure it more accurately reflects the anticipated pattern of spend.

2. Finance, Corporate Services, Digital and IT.

- The overspend of £11,147 on pay relates to the cost of agency staff covering vacant posts in the Finance team. As the posts had not been recruited to, they were inadvertently included in the vacancy factor calculation although covered by agency staff. It is proposed that this be corrected via a budget transfer of £23,000 from the Chief Exec reserve in month 2.
- For Non Pay, there was a reported overspend of £10,644, predominantly due to costs incurred in respect of emergency lighting £7,703. Further investigation is required to establish whether this cost was accrued at year-end 2018/19, or if not whether it could be capitalised and so charged against the discretionary capital allocation of £100,000.

3. Medical and Pharmacy

- A small variation on other income in Medical of £395 is related to a lag between the timing of CPD courses and when income in respect of fees is received against a flat budget profile.
- Underspend against Pay budgets of £46,587 is related to a number of factors including four staff leavers across the Pharmacy, Dental and Quality teams, budget phasing in respect of maternity costs, and GP sessions being less than budgeted due to vacancies in GP Appraisers. The number and attrition of GP Appraisers is being closely monitored and the expectation is that this trajectory will flatten.
- An overspend of £1,102 on non-pay is related to budget phasing in respect of travel and subsistence. This will be reviewed for month 2 reports.

4. Nursing

- Non-pay budgets are mainly provided for commissioning expenditure on education and training contracts, student salary and bursary charges along with disability payments, training, travel and subsistence and expenses. The Commissioning budget is based on numbers in the system and commissioned numbers for 19/20, which may or may not be fully recruited to. There are also assumptions within the budget around how many students will accept bursary funding or will choose to self-fund through student loans. The actual number of self-funding students is currently unknown so the assumptions around numbers are as per the Commissioning plan. The actual number of self-funding students will be confirmed by the end of June with invoices raised to recover from the Universities any funding received in respect of self-funding students. Although a small overspend of £2,965 is reported in month 1 for the reasons and variables outlined above this is likely to change significantly over the coming months.

- 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 underspend of £482 reported.

5. Human Resources and Organisation Development

- An overspend of £1,661 on pay relates to non-consolidated pay awards included in April salaries. A review of the assumptions made in the budget setting process will be undertaken and phasing reviewed before month 2 close.
- A small non-pay variance of £203 is related to over and underspends across a range of subjective codes. All non-pay budgets have been phased on a flat profile and so following the first round of budget holder meetings this can be reviewed and amended to ensure the phasing mirrors the pattern of anticipated spend.

The Balance sheet as at 30th April 2019 is shown below

Balance sheet as at 30/04/2019			
	2019/20 Opening balance £000s	30th Apr 2019 £000s	Movement £000s
Non Current Assets:			
Fixed Assets	2,989	2,989	0
Other Non Current Assets	0	0	0
Current Assets:			
Inventories	0	0	0
Trade and other receivables	801	614	-187
Cash	6,240	10,634	4,394
Total Assets	10,030	14,237	4,207
Liabilities:			
Trade and other payables	6,228	10,415	4,187
provisions	30	30	0
Total Liabilities	6,258	10,445	4,187
	3,772	3,792	20
Financed by:			
General Fund	3,772	3,792	20
Revaluation Reserve			0
Total Funding	3,772	3,792	20

- Trade & other payables have increased during the month, primarily relating to accruals to other NHS organisations who have not yet invoiced for costs incurred by HEIW during April 2019.

- The resource allocation income of £17.3m was received from Welsh Government during the month, of which £841k was deferred into May 2019.
- No capital expenditure has been incurred during the month. The total capital allocation is £100k for 2019/20.
- The increase in cash of £4.4m reflects the net movement in trade payables and receivables.
- The movement in the general fund reflects the surplus reported of £20k for the month.

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 30th April 2019, HEIW has achieved a 95.5% achievement against this target.

Target	Unit	Current Month	Year to Date	Year-end Forecast
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods/invoice	%	95.5	95.5	>95%

5. RECOMMENDATION

The HEIW Board is asked to note the small underspent financial position reported for HEIW at month 1 and the summarised explanation of key variations by Directorate.

Governance and Assurance

Link to corporate objectives <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				
There are no implications for Quality, Safety and Patient Experience				
Financial Implications				
The financial implications are set out above in the body of the report.				
Legal Implications (including equality and diversity assessment)				
HEIW has a statutory responsibility to break even at year end the report sets out the financial position for April 2019. There are no equality and diversity implications of this report.				
Staffing Implications				
There are no staffing implications of this report.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
The report briefly describes how HEIW are seeking to adopt a sustainable approach to financial management that will enable HEIW to meet its long term objectives.				
Report History	The report references and updates the previous finance update shared with the HEIW Board in April 2019.			
Appendices				



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

Meeting Date	30 May 2019	Agenda Item	4.7
Report Title	Performance Framework Development		
Report Author	Chris Payne		
Report Sponsor	Julie Rogers		
Presented by	Julie Rogers/Alex Howells		
Freedom of Information	Open		
Purpose of the Report	To provide the board with an update on the development of the HEIW performance framework in advance of the first quarterly report for the period to the end of Quarter 1 2019/20.		
Key Issues	<p>This is a key piece of work being developed for the organisation.</p> <p>Board to be aware that a dashboard is being developed to provide high-level visibility for key performance framework metrics and the process is being finalised in readiness for the first report.</p> <p>Sections and directorates are engaged in the process and working closely to ensure the consistency and validity of the data. The dashboard approach to performance metrics will be supplemented with an accompanying narrative report providing more detailed information on the data highlighted.</p> <p>HEIW is developing this process given its unique status within NHS Wales and therefore it is expected that the performance framework and accompanying documentation will develop on an iterative basis over the course of 2019/20 as data becomes more readily available and as data is considered holistically across the organisation.</p> <p>Given legacy issues, data is currently collected on an individual basis. As the framework develops over the financial year, we will consider how best to approach and co-ordinate data collection to enhance the process and provide consistency of approach.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to: Consider the contents of the report		

Performance Framework Development

1. INTRODUCTION

To provide an update on the development of a HEIW performance framework

2. BACKGROUND

Health Education and Improvement Wales was officially established on 1 October and as this was the mid-year point it had inherited the pre-existing work programmes, plans and performance processes of predecessor organisations for the remainder of 18/19.

In 2019/20 it is essential that HEIW puts in place appropriate performance arrangements and establishes a framework which supports delivery of its functions and strategic objectives.

HEIW is by definition a special type of organisation, with a specialist role and set of functions that are unique within NHS Wales. Consequently, the majority of the measures in the NHS Wales Delivery Framework do not apply directly to the organisation as they are primarily service based – although over time we would hope to support our NHS colleagues in improving their local delivery of against these measures.

To support HEIW framework development, a review has been undertaken of the performance frameworks and approaches in NES and HEE, which are similar organisations with significant experience in this area of work.

3. DEVELOPMENT APPROACH

The draft dashboard has been developed through engagement across HEIW directorates and sections to consider the information available and the information that would add value from a high-level dashboard perspective.

Following a desktop review of comparator organisations, the HEIW dashboard has been developed across four main categories;

1. Projects and Programmes that deliver HEIW Strategic Objectives

Within this section, performance will be monitored against key projects and programmes identified within the Annual Plan 2019/20 fundamental to the success of HEIW achieving its strategic objectives. Senior responsible officers and project leads will identify key milestones and review progress against these to determine an appropriate RAG status of project progress. Board will be able to identify projects requiring specific attention and will have the ability to review reasons through linkages milestones.

2. Investments in Education, training and workforce development

This section will provide an opportunity to review how the significant investments made by HEIW are impacting on the NHS environment and the level of education and training being offered.

Metrics available will include trainee fill rates at key points in the training year within the medical arena with additional information on key factors such as those working Less Than Full Time (LTFT) and the numbers of trainees on maternity leave. For health professionals, it is anticipated commissioning targets and fill rates will be reported alongside reporting on the breadth and type of Continuous Professional Development (CPD) provided by HEIW across a range of areas.

Key high-level data will be available as well as through the detailed narrative, an ability to further consider the data on a health board, specialty perspective where required.

It will be important to caveat that for certain metrics, HEIW is not solely responsible for performance and therefore risks and mitigation will need to be reflective of that fact.

As further validated organisational data becomes available and is shown to add value to the dashboard, it will be included for review.

3. Quality and Outcomes

This section will complement section 2 by providing more of a qualitative approach to our activities.

- **ARCP Outcomes**

Annual Review of Competency Progression (ARCP) is held at least once over 12 months to determine and make judgement about a trainees progress against competences expected to have been evidenced, and whether they are ready to move onto the next stage of training or complete training. The mechanism provides a valuable insight into the quality of training being provided and utilised alongside other data including ARCP appeals can provide a level of reassurance as to the quality of training provided and the processes being undertaken to support trainees in Wales.

Appeals data will be incorporated in the first live version of the dashboard.

- **Quality Management**

Within the Medical Deanery, the Quality and Postgraduate Education Support Unit is responsible for the quality management of postgraduate medical and dental education and training in Wales.

This responsibility is discharged through the application of a Quality Management Framework (QMF), which is essential in ensuring compliance

with national training standards and ultimately in ensuring a patient centred approach, which safeguards safety.

The Targeted Process is the mechanism by which concerns around the quality of training are managed. The process can be triggered at any stage to enable HEIW to respond to concerns at the earliest opportunity. A particular feature of the process is that there are varying levels of escalation which enables HEIW to adopt a proportionate response to concerns.

The Medical Deanery utilises multiple sources of evidence which are triangulated in order to assess the quality of training. These evidence sources include:

- National sources such as the National GMC Trainee and Trainer Surveys
- Local training programme structures such as ARCP outcomes or end of placement evaluation data;
- Direct feedback from trainees or Local Education Providers.

Whilst the dashboard will only provide an indicative metric to highlight work being undertaken, the narrative report will provide the detailed information to provide Board the assurance and detail of work being undertaken and the rationale decisions being made in relation to targeted interventions progress and monitoring.

For the first live report it is also anticipated that we will be able to report on our input in support of trainees requiring support from Professional Support Unit which will provide a further layer of information into understanding educational and training requirements.

When results are available the dashboard will also look to include key details furnished from respective GMC trainee and trainer surveys as well as the results of National Student surveys (NSS).

4. Corporate Governance and Management (i.e. internal)

This section will provide Board with key details around organisational specific metrics including finance, workforce, and communication.

Core workforce metrics extracted from the Electronic Staff record (ESR) System will be provided in line with the national workforce dashboard and will include performance metrics in relation to headcount, turnover, and sickness levels, alongside key details in relation to training and appraisal completion rates.

The HEIW performance dashboard will remain “under construction” during this first year to ensure that it is fit for purpose.

The data incorporated in the performance dashboard will be supported via a narrative report to provide further granular detail and explanation as to the

metrics reported, as well as highlighting successes or risks that the Board need to be aware of in relation to specific areas of activity.

Some aspects of the above performance information will be reported to the Education Committee in the first instance and this will evolve over time.

- **Links to further work**

As processes are being developed, it is important that we make the most efficient use of the data across a range of operational requirements.

- **Internal Performance Reviews**

Information collated to support performance reporting will also inform internal directorate performance management. We are starting work with the executives and their teams to identify appropriate and effective arrangements for managing performance internally against the full range of deliverables (not just the ones included in the HEIW reporting framework). We envisage these to commence later in 2019, and they will include as a minimum a forum for the Executive Team to have an open conversation with senior leaders of each area with regard to all activities undertaken. It will also support and enable the identification of any challenges or risks to their success, sharing best practice and to ascertain the actions required to break down barriers or resources required to help deliver these.

- **Data Collection and processes**

In the initial phase of developing the dashboard, it has become apparent that there is work to be done to clarify and rationalise our requirements and processes for data collection, analysis and modelling, This includes looking at the information flows both internally and externally within HEIW. There are a number of opportunities to enhance the efficiency of processes and effectiveness of operations through standardising data processing and collection, reviewing our reliance on external sources of data, and making and considering the digital literacy needs of staff to support working practices. This is something we will be looking to review during 2019-20.

- **Welsh Government Interactions**

It is anticipated that the performance framework will be central to the engagement with senior Welsh Government colleagues in formal joint executive team meetings (JET) and Quality and Delivery meetings. The first quality and delivery meeting is scheduled for 23 May with the first JET meeting scheduled for 3 July.

Following initial interactions, we will review our approach to see if any changes to the framework are required to support specific information requirements moving forward.

- **Internal Audit**

A recent internal audit (April 2019 – Appendix 2) considered the development of the performance dashboard for 2019/20 alongside how HEIW was monitoring performance of legacy objectives and remit letter obligations in the first six months of operation. Pleasingly the report concluded reasonable assurance on our approach.

4. FINANCIAL IMPLICATIONS

The development of the framework is being supported through existing budgeted resources

5. RECOMMENDATION

The board notes the work undertaken to date in advance of the first performance report, accompanying narrative and dashboard for the period April-June 2019 to be presented at July Board.

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 development of a performance framework will enable the collation and analysis of a wide range of information to support HEIW achieve its strategic objectives and support NHS Wales across the range of HEIW functions. As a result, this will support the improvement of quality, safety and patient experience.

Financial Implications

Not applicable

Legal Implications (including equality and diversity assessment)

Staffing Implications

Existing and budgeted resources utilised to support work.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

The information collated and analysed over the upcoming periods will enable more informed discussions and decisions to be held both internally and with colleagues in the NHS across the main themes of the Wellbeing of Future Generations Act.

Report History

Discussion at April Board Development session of draft dashboard

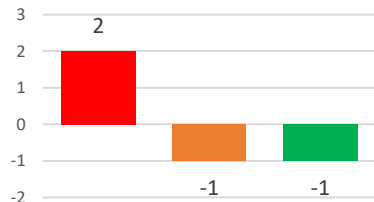
Appendices

Draft copy of Performance Dashboard

HEIW Workforce Performance Metrics - January 2019

HEIW Strategic Objectives as at Jan-19

Status of Projects Compared to



Obj1: As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand

RED	AMBER	GREEN
0	0	2

Obj2: Building a sustainable and flexible health and care workforce for the future

RED	AMBER	GREEN
0	4	3

Obj3: With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery

RED	AMBER	GREEN
0	1	2

Obj4: Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges

RED	AMBER	GREEN
1	3	2

Obj5: Improving opportunities for use of technology and digitalisation in the delivery of education and care

RED	AMBER	GREEN
3	0	0

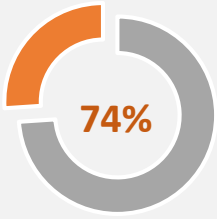
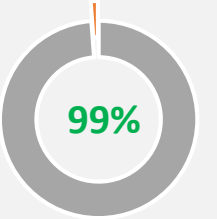
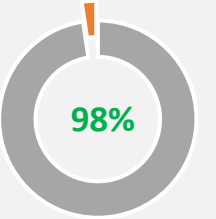
Obj6: Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales

RED	AMBER	GREEN
3	0	0

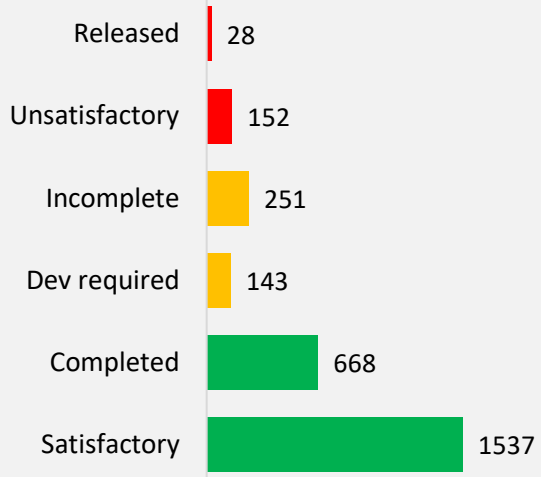
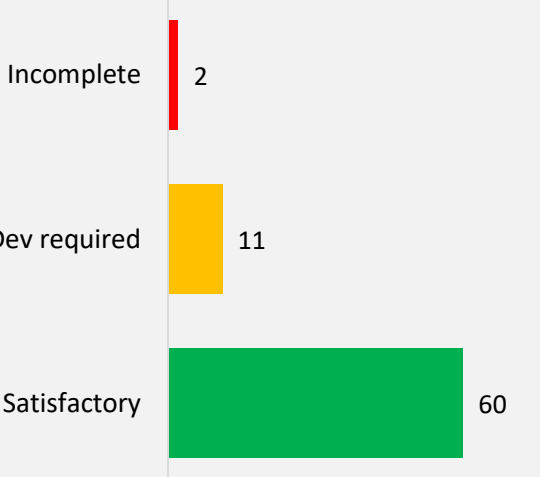
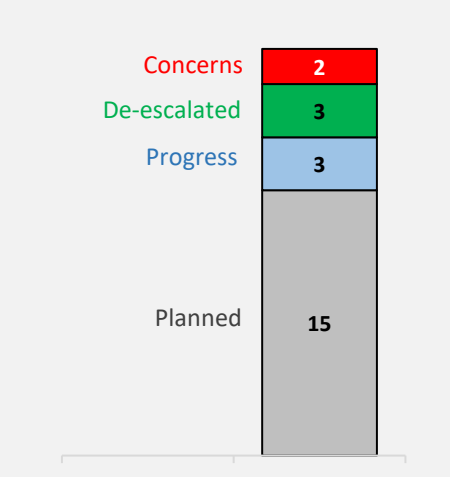
Obj7: Demonstrating value from investment in the workforce and the organisation

RED	AMBER	GREEN
1	0	0

Commissioned Places - Sept 18

Medical	Dental	Non Medical
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px;"> <p>Fill Rate</p>  <p>74%</p> </div> <div> <p>Working LTFT</p> <div style="border: 1px solid black; padding: 5px; width: 60px; text-align: center;">18%</div> <p>Maternity Leave</p> <div style="border: 1px solid black; padding: 5px; width: 60px; text-align: center;">4%</div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px;"> <p>Fill Rate</p>  <p>99%</p> </div> <div> <p>Working LTFT</p> <div style="border: 1px solid black; padding: 5px; width: 60px; text-align: center;">2%</div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px;"> <p>Fill Rate</p>  <p>98%</p> </div> <div> <p>2 Year Tie in</p> <div style="border: 1px solid black; padding: 5px; width: 60px; text-align: center;">88%</div> </div> </div>

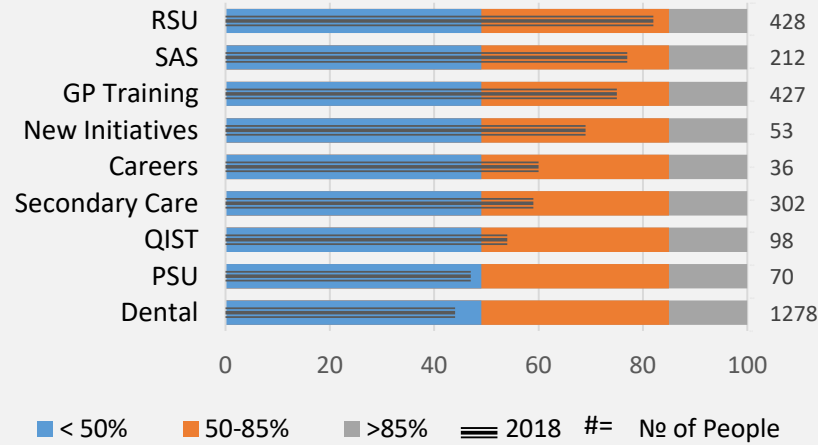
Annual Review Of Competency Progression (Dec-18) & Quality Management (Mar-19)

Medical ARCP - Dec-18	Dental ARCP - Dec-18	Quality Management - Targeted Visits																												
 <table border="1"> <tr><td>Released</td><td>28</td></tr> <tr><td>Unsatisfactory</td><td>152</td></tr> <tr><td>Incomplete</td><td>251</td></tr> <tr><td>Dev required</td><td>143</td></tr> <tr><td>Completed</td><td>668</td></tr> <tr><td>Satisfactory</td><td>1537</td></tr> </table>	Released	28	Unsatisfactory	152	Incomplete	251	Dev required	143	Completed	668	Satisfactory	1537	 <table border="1"> <tr><td>Incomplete</td><td>2</td></tr> <tr><td>Dev required</td><td>11</td></tr> <tr><td>Satisfactory</td><td>60</td></tr> </table>	Incomplete	2	Dev required	11	Satisfactory	60	 <table border="1"> <tr><td>Concerns</td><td>2</td></tr> <tr><td>De-escalated</td><td>3</td></tr> <tr><td>Progress</td><td>3</td></tr> <tr><td>Planned</td><td>15</td></tr> <tr><td>Total</td><td>23</td></tr> </table> <p style="text-align: center;">Mar-19</p>	Concerns	2	De-escalated	3	Progress	3	Planned	15	Total	23
Released	28																													
Unsatisfactory	152																													
Incomplete	251																													
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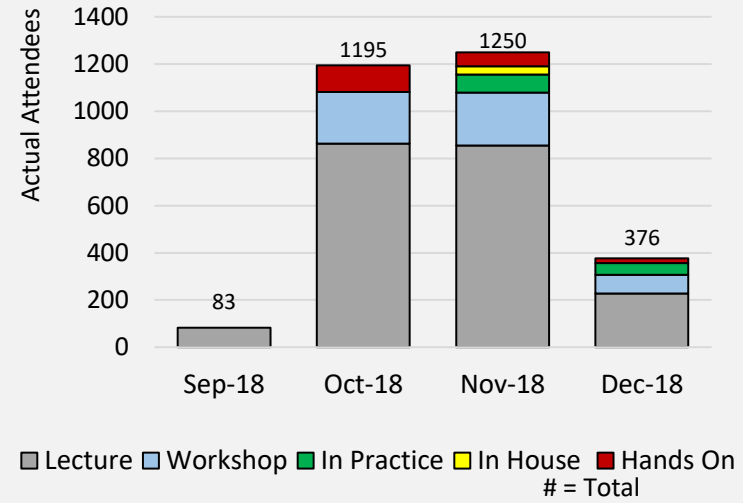
CPD Course Activity Sept 18 - Dec-18

CPD Course Attendance: 2018 (Attended / Capacity)

Select type of course ▼



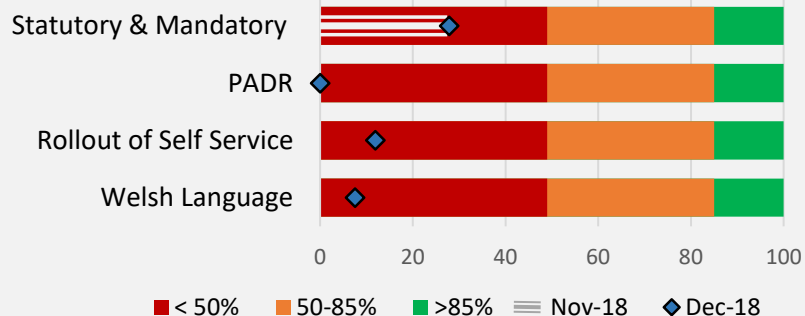
CPD Activity per Month



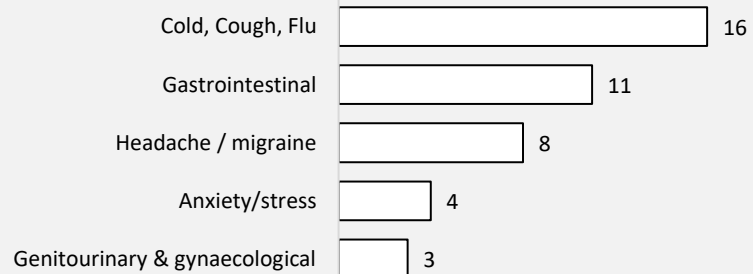
HEIW Workforce Performance Metrics - January 2019

Staff in Post	Staff Change	Turnover	Monthly Sickness	Equality Data
<p>Headcount</p> <p>383</p> <p>Last Month: 379</p> <p>Change: ▲4</p>	<p>Dec-18: 2 Leavers, 3 Starters</p> <p>Jan-19: 2 Leavers, 6 Starters</p>	<p>0.5%</p> <p>Last Month: 0.5%</p>	<p>1.7%</p> <p>Last Month: 1.3%</p> <p>Change: ▲0.5</p>	<p>20%</p> <p>Last Month: 18%</p>

Performance Targets: Nov-18 vs Dec-18



FTE Days Lost by Sicknees Reason in Jan-19





GIG
CYMRU
NHS
WALES

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

Meeting Date	30 May 2019	Agenda Item	4.8
Report Title	Consolidated Plan and remit letter 2018/19		
Report Author	Chris Payne		
Report Sponsor	Julie Rogers		
Presented by	Julie Rogers		
Freedom of Information	Open		
Purpose of the Report	To provide the board with a final update on the achievements of HEIW against the legacy annual plans and work programmes for 2018/19 of the Wales Deanery, WEDS and WCPPE to the period of March 2019, and progress against initial HEIW remit letter actions for the same period		
Key Issues	<p>Progress has continued and been delivered against the three legacy organisation plans and work programmes across 17 overall objectives with no critical exceptions to report and business continuity has been maintained.</p> <p>Initial remit letter actions are being progressed in line with initial timescales set by Welsh Government.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note 		

Consolidated Plan and Remit Letter 2018/19

1. INTRODUCTION

To provide an update on the delivery of legacy plans and work programmes for 2018/19 and the Welsh Government remit letter actions.

2. BACKGROUND

Board have been previously provided with progress assurance of legacy plans as at the end of quarter 2 (September 2018) and Quarter 3 (December 2018) and the scope the scope of legacy work programmes was outlined in the November Board paper. In addition, progress against the initial remit letter from Welsh Government identified some additional actions for 18/19, which were reported at January board.

3. GOVERNANCE AND RISK ISSUES

Quarterly monitoring of legacy action plans and work programmes and remit letter actions has been undertaken up to the end of March 2019 against the overarching 17 objectives previously agreed within respective legacy organisations and the ten actions required and assigned to executive directors for the initial remit letter for the same period. Below are consolidated progress updates and identified risks where appropriate against the objectives set for the period 2018/19.

3.1 Legacy Plans

Wales Deanery

To ensure delivery of high quality postgraduate education and training that supports service provision in NHS Wales, the following 6 obligations for 2018-19 were identified

- 1. Working with outside agencies to recruit to and provide sustainable high quality medical and dental training programmes which meet education and curriculum requirements and maximises opportunities for access to community and rural placements ensuring patient safety is at the centre of training for the health service in Wales.**

Progress

- Improving surgical training pilot implemented in Wales.
- A range of mechanisms has been put in place to support the change to Internal Medicine training pathway from the previous 2-year Core Medical training programme
- Development of business case to revise the number of trainees and the model of training to support GP training in Wales.
- Education contract are being further developed and enhanced taking on board feedback from respective specialities.

- Supported the GMC's review of its implementation plan for formal trainer recognition to inform planning and any future iteration of the implementation plan
- Continued engagement with undergraduate structures to ensure harmonisation of approaches to trainer recognition

2. Ensure a programme of support and assessment systems are in place across Wales to underpin the medical and dental training programmes.

Progress

- Appeals process has been developed within the Dental section in conjunction with Trainee Progression Governance team for Foundation dentists with further developments planned for Core dental trainees.
- Following transition to HEIW, THE All Wales Annual Review of Competency progression (ARCP) has been updated in both English and Welsh.
- A large number of workshops have been delivered to faculty and trainees across Wales on professional support management in Wales leading to a positive increase in those seeking support year on year.

3. Ensure the methods of delivering medical and dental education and training across Wales to deliver the highest standards, represent value for money and provide a range of learning methods / environments for trainees.

Progress

- Harmonisation of trainer recognition across Wales with undergraduate medical schools (Cardiff and Swansea) in development. Single Medical Trainer Agreement incorporating undergraduate and postgraduate secondary care trainer roles launched.
- Continued application of a Quality Management Framework that enables the Deanery to commission and quality manage training whilst providing required accountability to the regulator.
- **Risk** – The loss of EDUROAM following the transition of Wales Deanery outside of Cardiff University and the planned implementation of GOVROAM being delayed has led to trainees & trainers having difficulty accessing the complete range of resources required to undertake verifiable research studies. The loss of the Eduroam Wi-fi service which was a reliable source of access is also impacting on the ability to deliver and receive training to the highest standards. Discussions are being progressed with NWIS and Welsh Government to mitigate the risks and identify alternative solutions.

4. Delivery and maintenance of an appraisal system that satisfies the requirements of the General Medical Council (GMC).

Progress

- Appraisal offered to every GP with a prescribed connection in Wales - 92% completion rate due to maintenance of appropriate number of appropriately skilled appraisers.
- MARS system continues to be updated and has been used as a base platform for the pilot of Dental Appraisal System (DAS).

5. Contribute to the quality and safety agenda by supporting revalidation systems, including appraisal, and the delivery of and support for continuing professional development (CPD), that meet the needs of the Welsh medical and dental workforce, the Health Boards and the Regulatory Bodies (GMC, GDC).

Progress

- A number of multi-professional learning events were undertaken throughout the period
- Designed to smile Quality improvement e-resource launched
- Dental skills optimiser evaluation tool launched
- Dental appraisal system (DAS) pilot launched
- Gained support from Welsh Government to match GP returner funding to align with that made by HEE.

6. Contribute to the Workforce Education Development Service's workforce planning arrangements for medical and dental staff in Wales.

Progress

- Workforce data continues to be collated and analysed from a Medical and Dental perspective to support the workforce planning recommendations and investment decision to be made by Welsh Government

Sub Tasks 2018-19:

- **To support and actively participate in the development and formation of Health Education Wales.**
 - The Wales Deanery fully supported the formation of HEIW.
- **To continue to work with the Welsh Medical Schools (Cardiff, Swansea) to ensure enhanced collaboration across a range of areas, with the purpose of improving the learning experience for undergraduate and postgraduate learners in their relevant fields.**

- Liaison continues between all parties with the Chair having rotated to Cardiff University School of Medicine. Postgraduate Dean has reaffirmed commitment to the group.
- The collaboration enabled the development and launch of the All Wales Single Trainer agreement in November 2018.
- **To review and implement a new CPD strategy that develops a united, consistent, streamlined approach to CPD across the Wales Deanery for medical and dental professionals in Wales and ensures that all CPD is high quality and represents value for money.**
 - This has been further developed with HEIW with a new working group developed which will report to the Education subcommittee. Business cases are being developed to consider the most effective approach to take the work forward.

WEDS

The core functions delivered by the former WEDS organisation included

- Workforce Planning (including horizon scanning)
- Workforce Intelligence/informatics (including pay modelling)
- Workforce transformation and redesign
- Education development, commissioning and contracting
- Careers service

To support this work programme, seven objectives were identified within 2018/19

1. Priority areas

Progress

- Joint Medical/non-medical training plan for 2019/20 completed
- Preparatory work undertaken to inform future education commissioning intention in the non-medical arena. KPMG to commence work to review current service provision.

2. Population based workforce planning - Lead the development of population based workforce planning which will complement and fit within the IMTP process.

Progress

- Work continues with policy leads to develop whole system workforce planning on priority areas of service delivery across areas such as mental health alongside contributing to Critical care, unscheduled care and out of hours service discussions.

- Undertook a range of work to support the development and provide recommendations for future implementation of cluster level workforce plans

3. Education - Develop education at all levels and commission appropriate provision to support future needs of the health sector in Wales

Progress

- Preparatory work undertaken to support the future provision of education commissioning for non-medical education with HEI's.
- Revised bursary documentation produced to support Welsh offer
- Implemented the Buurtzorg community nursing model supporting increased support for community nurse education.
- Worked with Social Care Wales to develop a joint induction framework to be utilise for its first cohort in May 2019.
- Progressed work in partnership with Qualifications Wales and Social Care Wales to develop a new suite of health and social care and child qualifications at education levels 2-5 that meet the needs of all sectors

4. Workforce transformation and redesign to develop a prudent workforce - Facilitate transformation of the workforce in priority areas as agreed by NHS organisations.

Progress

- Developed guidance to support the understanding and utilisation of delegation will align with the nurse staffing Wales Act and will assist with the application of a flexible approach
- Review of Physician Associate role being undertaken
- Work progressed to evaluate the impact of centrally funded Advanced Practice modules for pharmacists and technicians supporting community health care.
- Supported the development of proposals to revise the pre-registration pharmacy training programme in Wales.

5. Workforce analytics and workforce planning modelling - Further develop workforce analytics and workforce planning modelling capacity for NHS Wales which supports strategic development of the workforce and in particular the 10 Year Workforce Strategy and Primary Care workforce plan

Progress

- Workforce benchmarking tools updated with current workforce metrics
- 'NHS Wales Workforce Trends' document completed
- Workforce performance dashboard has continued to be enhanced enabling greater visibility in both NHS organisations and Welsh Government to enable a holistic view of organisational performance

- Tender awarded to enable robust workforce scenario planning and manage modelling requests
- Pay modelling analysis completed to support Agenda for Change and Medical contract negotiations

6. Careers/Widening access - To promote the wide range of career opportunities available within the NHS and to promote NHS Wales to be recognised as the employer of choice.

Progress

- Your Health Career booklet developed specifically for NHS Wales distributed
- Development of an options paper to consider establishing an NHS Wales schools competition.

7. Effective communications

Progress

- Resources available have continued to be promoted across Wales at a range of workshops, events and roadshows.
- Collaboration has been strengthened through membership on a range of All Wales networks and programmes

WCPPE

The WCPPE work programme was set against four high level objectives;

1. Developing the post registration pharmacy workforce to meet the changing needs of patients and the NHS

Progress

- Competence and governance framework developed in collaboration with Royal Pharmaceutical Society to support transition of pharmacists into General practice settings. Competence framework still to be developed.
- Quality and Skills training being undertaken across the pharmacy workforce and ELearning IQT Bronze programme developed and launched in 2018.
- National Enhanced Services Accreditation (NESA) process launched including the launch of Welsh language versions of avatars
- Developed advanced practice pharmacy technician framework with APTUK

2. Developing the pre-registration pharmacy workforce to meet the changing needs of patients and the NHS

Progress

- Welsh Government have committed to the business case proposal submitted to launch a new transformational training programme for pre-registration trainee pharmacists starting in 2020.
- This funding will enable collaborative working with NHS partners and placement providers, and modernising our pre-registration training programme. It will align NHS training standards with the proposed new initial education and training standards from the General Pharmaceutical Council (GPhC).
- It will also ensure the number of trainees are in line with the number of pharmacists needed to deliver the patient services of the future.
- A pilot utilisation of an E-Portfolio has been undertaken across over 60 sites in Wales to support the quality management of the programme across Wales.

3. Working in partnership with Social Care Wales

Progress

- The pharmacy team have been actively involved in supporting the Newport Carer project and Medicines and young carers project. This has included supporting the Carers Trust in developing resources for health care professionals and supporting the development of an All Wales strategy for training and assessment of Health & Social Care teams regarding administration of medicines.

4. Workforce Intelligence and Planning

Progress

- The first bi-lingual workforce survey of the community pharmacy team was launched and closed on March 31 and will provide new intelligence on the development required for community pharmacy teams to deliver services closer to home.

3.2 Remit letter

All remit letter actions have an assigned Executive lead and progress is outlined below:

Objective	Lead Exec	Actions and progress made to deliver objectives – updated January 2019	RAG Status Q4
Objective 1a. – HEIW will develop a clear, integrated annual plan for 19/10, in accordance with the planning guidance	AH	On track to deliver plan, three meetings have taken place with WG to review progress. Update plan will be	G

Objective	Lead Exec	Actions and progress made to deliver objectives – updated January 2019	RAG Status Q4
issued, by the end of January 2019 for submission to WG		permitted in March to allow for further work on the financial framework. Completed and due to be approved	
Objective 1b – HEIW will maintain the delivery of business as usual from the merging organisations (including a range of initiatives and projects that are already underway and maintaining service levels to support students, trainees and others).	ALL –	A Risk Register has been developed for actions to manage any ongoing risks and is reviewed regularly. To date business continuity has been maintained. Completed and internal audit gave reasonable assurance	G
Objective 1c – HEIW will have completed, by end of March 2019, the development and implementation of its policies, processes and procedures to support the operation of the organisation and effective governance.	DB	Policies drafted for March Board. However, further work to be undertaken to standardise policies in particular to recognise HEIW governance position and to standardise key definitions. Delays in recruitment have impacted our capacity to complete the work. Welsh language standards drafted with plans for presentation at May Board and then subject to public consultation.	G
Objective 2/3a.– HEIW will develop in partnership with Social Care Wales a whole system workforce strategy for health and care in Wales, as required by A Healthier Wales, co-designed in partnership with relevant stakeholders. To support a well coordinated partnership between organisations and ensure shared expectations of the final product, we are proposing a series of phased milestones to the delivery of the strategy, these are: <ul style="list-style-type: none"> • By December 2018, HEIW and SCW will provide a clear action plan to develop the strategy including cost requirements, research requirements and a plan of engagement with expertise inside and outside Wales. • By March 2019, HEIW and SCW will provide a high level outline of the strategy which will enable Welsh Government and other appropriate stakeholders to offer views on the direction and proposed content to shape the final version. 	JR	December 2018 - deadline achieved Steering group established with SCW and WG Process for development of strategy and milestones agreed as per Board paper details, and being implemented. Contract awarded to IPC Cymru Consultants. March 2019 – significant engagement activity underway between Jan & March 2019 as part of the diagnostics phase of development of the strategy. Emerging themes will form part of the workshop engagement events to support the drafting phase.	G

Objective	Lead Exec	Actions and progress made to deliver objectives – updated January 2019	RAG Status Q4
Objective 5a - The plans and outputs from this partnership work with stakeholders should be included in HEIW's plan and remit proposals for 2019-20 and beyond.	AH	<p>This is detailed in the annual plan. Various meetings or workshops have been held, and draft objectives have been shared with all NHS organisations for comment prior to the finalisation of the plan.</p> <p>Completed</p>	G
Objective 5b - Following the additional funding agreed by the Welsh Government for e-Resources, and the existing significant investment in postgraduate centres across Wales, the Welsh Government will require an initial scoping of how to improve the development of knowledge across the workforce from 2019/20. This initial scoping should be provided to the Welsh Government for consideration by the end of March 2019, this should include a plan and timeline for the submission of a comprehensive report to WG.	AH	<p>The e resources investment has expanded the e library that is provided by NWIS. We have met with the lead from NWIS to discuss our engagement in this going forward, and to share plans for 19/20 to get maximum value from this investment.</p> <p>Further guidance will be requested about the exact requirements for this plan from WG as NWIS and HBs clearly have key roles in this alongside HEIW. Currently this is not a priority in annual plan.</p>	A
Objective 5c – Fundamental to ensuring a multi professional approach to education and training is the need to consider the current education and training landscape across Wales including the quantity, quality and location of placements. The Welsh Government will require the completion of an initial scoping exercise about the training landscape, including, simulation facilities together with a set of recommendations about future arrangements including how clusters can be used to facilitate training and development. This report should be delivered by end of March 2019, with a plan and timeline for producing a comprehensive report.	SG/P M	<p>A review of simulation facilities is being undertaken by a Clinical Fellow with the aim of completing the scoping by the end of March.</p> <p>The annual plan for 19/20 has a key objective about education and training capacity in primary and community settings, and this needs to be done in a structured way through the strategic programme for primary care.</p> <p>Placements for the wider health professional education programmes are managed through commissioned universities. The contracts expire in 2021 and HEIW has engaged KPMG to advise on future education provision. The new education contracts will determine future placements to maximise multi-professional work.</p>	A

Objective	Lead Exec	Actions and progress made to deliver objectives – updated January 2019	RAG Status Q4
Objective 5d – A key priority for Welsh Government is the increase of general practitioners across Wales. The Welsh Government will require HEIW to establish whether the current training arrangements are fit for purpose in terms of their size, location and quality to deliver an increased number of GP trainees in Wales. This review should be conducted and report to Welsh Government by March 2019.	PM	A proposal has been developed to increase the number of GP trainee places alongside implementing a new training model offering increased exposure to GP training. Investment will be needed in this area as part of our annual plan for 19/20.	A
Objective 7a – HEIW and Welsh Government to work together and with key stakeholders to develop a suite of short, medium and long term benefits to be realised by the organisation. These should be used to create a set of Key Performance Indicators against which a baseline and progress to realise the agreed benefits can be tracked as the organisation and matures. This process should be completed by the end of 2018 so milestones can be included within HEIW’s annual plan for 2019-20.	AH	Work ongoing.	A
Objective 7b. The Welsh Government has committed that support for three funding streams, previously funded through the Deanery will continue at least to March 2019. The Welsh Government requires HEIW to honour these funding streams through its allocation. It is expected therefore that HEIW will utilise the period of this remit arrangement to consider and make any arrangements, including notification of the end of funding, with Cardiff University. HEIW may choose to postpone this, however any further funding requirements beyond March 2019 will be a matter for HEIW, to be funded from its general allocation.	PM	These issues have been reviewed and decisions made regarding next steps.	G
Objective 7c. The funding allocation provided to HEIW via this agreement also includes significant funds to support the work of WOPEC within Cardiff University. This funding should not be reduced without the agreement of the Welsh Government. HEIW will be expected to work with the Chief Optometric Officer and the Welsh Government policy team in planning the future support in this area.	SG	Funding allocated as intended	G

4. FINANCIAL IMPLICATIONS

Where applicable, any resources required will be incorporate into budget setting processes in 2019/20.

5. RECOMMENDATION

The board notes the work undertaken to maintain business continuity and to meet expectations of legacy organisations and to note progress against the agreed remit letter for 2018/19.

Governance and Assurance				
Link to corporate objectives <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				
The work with regards to maintaining business continuity and supporting linkages to HEIW strategic objectives is inclusive of our overall aim of improving the quality, safety and experiences of patients.				
Financial Implications				
No applicable				
Legal Implications (including equality and diversity assessment)				
Staffing Implications				
Existing and budgeted resources utilised to support work.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
Report History	Previous update – November 2018, January 2019			
Appendices	Full document available if requested			



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

Meeting Date	30 May, 2019	Agenda Item	4.9
Report Title	Update on Policies		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	The purpose of the Report is for the Board to be provided with a further update in respect of HEIW policies in accordance with the resolution made at March Board.		
Key Issues	<ul style="list-style-type: none"> • HEIW was required to finalise its policies and procedures by 1 April. • March Board was advised that, while policies had been drafted, further work was required in finalising the policies. • It is confirmed that this further work has been completed and the policies have been approved by the Executive Team. • Appendix 1 and Appendix 2 detail the policies that have been reviewed and approved by the Executive Team. • Member are asked to note both sets of policies as detailed within the appendices for information. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to note for Information : <ul style="list-style-type: none"> • HEIW Policies detailed in Appendix 1 and Appendix 2 that have been approved by the Executive Team. 		

TITLE OF REPORT

1. INTRODUCTION

The purpose of the Report is for the Board to be provided with an update in respect of HEIW policies.

2. BACKGROUND

At October Board members were asked to note three sets of policies which had been categorised by the HEIW Programme Team as follows: All Wales Policies (which are not considered further in this report), policies whose adoption was deemed essential upon establishment of HEIW but required further development ("Policies 1" detailed at Appendix 1) and policies that were required to be developed by 1 April ("Policies 2") detailed at Appendix 2.

March Board was advised that, while policies had been drafted, further work was required in finalising the policies. It is confirmed that this further work has been completed and the policies have been approved by the Executive Team.

Two of the policies identified by the HEIW programme, Risk Management Policy and Welsh Language Policy require Board approval. These policies are considered under separate agenda items at today's Board.

The policies are available upon request and will be made available to staff through HEIW's intranet.

3. GOVERNANCE AND RISK ISSUES

The policies have been drafted with the aim of enabling HEIW to meet regulatory and governance requirements and to mitigate risk.

The policies considered within this report are deemed to have a neutral impact on equality.

4. FINANCIAL IMPLICATIONS

The policies have been identified as essential policies of HEIW. These are deemed to form a core part of the provision of services of HEIW and its core budget.

5. RECOMMENDATION

Members are asked to note for Information:

HEIW Policies 1 as detailed in Appendix 1 and Appendix 2 approved by the Executive Team.

Governance and Assurance

Link to corporate objectives <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

The policies have been drafted to enable HEIW to comply with its regulatory and governance requirements. Compliance with these requirements is more likely to impact favourably on the safety and experience of patients and staff.

Financial Implications

The policies are deemed to form a core part of the provision of HEIW's service and therefore core costs.

Legal Implications (including equality and diversity assessment)

The policies are deemed to have a neutral impact on equality and diversity.

Staffing Implications

There are no direct implications on workforce in this report.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

There are no implications on the Well Being of Future Generations (Wales) Act 2015.

Report History

A report on the policies was received at March Board.

Appendices

Appendix 1 and 2

Appendix 1 - (Policies 1)

HEIW Policies whose adoption was deemed essential from establishment and required further development.

- Policies, Procedures and Other Written Control Documents Policy and Procedure
- Declarations of interests, gifts, hospitality and sponsorship policy and Procedure
- Standing Financial Instructions (finance limits considered by Audit Committee on 29 March)
- Standing Orders (subject of a separate report at March Board)
- Smoke Free Environment Policy
- Waste Management Policy and Procedures
- Adverse weather conditions policy (assessed as unnecessary)
- Records Management Policy
- Freedom of Information Act Policy
- Data Quality Policy
- Information security Policy
- Software Policy
- Anti-Virus Policy
- Data Protection & Confidentiality Policy
- Information asset policy
- Information governance policy
- Health and Safety Policy
- Fire safety policy / procedure
- Incident Reporting Policy and Procedure (See Health and Safety Policy)
- Business Continuity
- Travel & Subsistence Policies

Appendix 2 - Policies 2

Policies to be developed by 1 April 2019:

- Equality and Human Rights Policy
- Risk Management Policy – draft to be presented to May Board
- Welsh Language Policy – Draft Welsh Language policy presented at February Board Development Session and a draft will be presented to May Board for approval before being presented for public consultation.
- New and Expectant Mothers Policy and Procedure
- Security and Counter Terrorism Policy
- Emergency Planning
- Appraisal Policy and Procedures
- Flexible Working/Work Life Balance Policy
- Maternity, Adoption, Paternity/Maternity Support and IVF policy
- Recruitment and selection policy
- Relocation Policy
- Prevent policy and referral process – (see Security and Counter Terrorism policy)



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

Meeting Date	30th May 2019	Agenda Item	4.10
Report Title	Welsh Language Scheme		
Report Author	Huw Owen Welsh Language Services Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Huw Owen Welsh Language Services Manager		
Freedom of Information	Open		
Purpose of the Report	To seek endorsement of the Welsh Language Scheme (Appendix 1) and consequential Action Plan (Appendix 2) by the Board.		
Key Issues	<p>The Board expressed a wish in 2018 to produce a robust Welsh Language Scheme.</p> <p>We have gone through a series of steps to produce a set of Draft Standards (Scheme) and an accompanying Action Plan over the past 6 months.</p> <p>Our Welsh Language working group has provided detailed feedback to the Welsh Language Services Manager (WLSM) on the draft Scheme and Action Plan.</p> <p>The Executive team has discussed the risks arising from this feedback and the WLSM has been asked to produce a list of Top 10 priorities (Appendix 3).</p> <p>The Board is now asked to endorse the adoption of the Scheme as it stands, so that it can go to public consultation, with a view to being re-presented to the Board for final approval.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note, Consider and Approve the Scheme; (Appendix 1) and associated Action Plan (Appendix 2); • Note the Top 10 priorities (Appendix 3). 		

WELSH LANGUAGE SCHEME

1. INTRODUCTION

This report seeks the support of the Board for the proposed Welsh Language Scheme and the associated Action Plan.

2. BACKGROUND

The Board expressed a wish in 2018 to produce a robust Welsh Language Scheme in anticipation of being served with a Standards Regulations Compliance notice by the Welsh Language Commissioner at some point in the future.

In order to proactively steer how we manage the Welsh Language within HEIW, and to put ourselves in a strong position to negotiate a Compliance Settlement with the Welsh Language Commissioner when the Compliance Notice arrives, we have gone through a series of steps to produce a set of Draft Standards (Scheme) and an accompanying Action Plan over the past 6 months.

HEIW's Welsh Language working group has provided detailed feedback to the Welsh Language Services Manager (WLSM) on the draft Welsh Language Scheme and associated Action Plan.

The Executive team has discussed the risks arising from this feedback and the WLSM has been asked to produce a list of Top 10 priorities. This list is attached at Appendix 3.

The Board is now asked to endorse the adoption of the Scheme as it stands, so that it can go to public consultation, with a view to being re-presented to the Board for final approval in the Autumn.

3. GOVERNANCE AND RISK ISSUES

The Welsh Language Measure is now enacted; Compliance with it will be mandatory for us – this plan is our response to trying to ensure that risk is mitigated by training and informing staff to best meet our legal obligations.

The Welsh Language is not a protected characteristic at this time; however, the Welsh Language Measure states that the Welsh and English languages must be treated on a basis of Equality in Wales; any non-compliance to this ideal leaves us open to reputational risk, operational shortfall and financial penalty.

4. FINANCIAL IMPLICATIONS

There are some financial implications in creating a Welsh Language Scheme but these are all covered within current staffing levels and approved budgets. Therefore, no additional expenditure is anticipated from introducing these measures.

However, non-compliance with Standards can mean lengthy investigations, which can incur a significant opportunity cost on management time.

Additionally, fines of up to £5,000 per individual Standard breach can be imposed by the Commissioner in cases of non-Compliance.

5. RECOMMENDATION

Members are asked to:

- Note, Consider and Approve the Scheme; (Appendix 1) and associated Action Plan (Appendix 2);
- Note the Top 10 priorities (Appendix 3).

Governance and Assurance				
Link to corporate objectives <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				
Providing more Welsh language services across Wales will ensure better patient care in the long term.				
Financial Implications				
<p>There are some financial implications in creating a Welsh Language Scheme – but these are all covered within current (proposed” staffing levels and approved budgets) – therefore no additional expenditure is anticipated from introducing these measures.</p> <p>However, non-compliance with Standards can mean lengthy investigations, which can incur a significant opportunity cost on management time. Additionally, fines of up to £5,000 per individual Standard breach can be imposed by the Commissioner in cases of non-Compliance.</p>				
Legal Implications (including equality and diversity assessment)				
The Welsh Language Measure is now enacted. It is anticipated that it will be mandatory for HEIW. This plan is our response to trying to ensure that risk is mitigated by training and informing staff to best meet our legal obligations.				
Staffing Implications				
<p>Success or failure will hinge on the following factors;</p> <p>a. Our ability to interpret the implications of the Scheme on our activities</p> <p>b. Our ability to communicate these obligations to staff</p>				

- c. Our staff's willingness/ abilities to respond to these obligations
 - d. Our ability to manage non-performance constructively, so that mistakes aren't repeated.
- There are no short term implications on staffing levels – training will be given where appropriate to bring key staff up to minimum compliance levels. In the long term, successfully adopting the strategies proposed within the plan will mean more Welsh skills becoming available to workforce requirements.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

- Corporate benefits of strong delivery against the Scheme;
- 1. We will be in a better position to answer the linguistic aspirations of all of those who deal with us – so better customer service, and better learning outcomes.
 - 2. We mitigate the downside risk of non-performance and associated punitive measures.
 - 3. We have the opportunity (uniquely) to improve the bilingual performance of all Health Bodies operative in Wales, both in the short term and long term.
 - 4. We will be seen as strong advocates of Welsh Government language aspirations.

Report History	This was discussed in the Board Development meeting in February, following consideration by the Executive Team and the SLT. It has now been discussed and developed in the Staff Working Group, and re-presented to the Executive Team. It is now re-presented to the Board for approval.
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Appendices	Appendix 1; Proposed Language Scheme Appendix 2; Proposed Plan to help us work towards delivering the Scheme Appendix 3; 10 Priority Areas over the remainder of the Year.
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LANGUAGE SCHEME –1st DRAFT – HEIW, JANUARY 2019

Standard 1:

If you receive correspondence from a person in Welsh you must reply in Welsh (if an answer is required), unless the person has indicated that there is no need to reply in Welsh.

Standard 4:

When you send the same correspondence to several persons, you must send a Welsh language version of the correspondence at the same time as you send any English language version.

Standard 5:

If you do not know whether a person wishes to receive correspondence from you in Welsh, when you correspond with that person, you must provide a Welsh language version of the correspondence.

Standard 6:

If you produce a Welsh language version and a corresponding English language version of correspondence, you must not treat the Welsh language version less favourably than the English language version (for example, if the English version is signed, or if contact details are provided on the English version, then the Welsh version must be treated in the same way).

Standard 7:

You must state— (a) in correspondence, and (b) in publications and notices that invite persons to respond to you or to correspond with you, that you welcome receiving correspondence in Welsh, that you will respond to correspondence in Welsh, and that corresponding in Welsh will not lead to delay.

Standard 8:

When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must greet the person in Welsh.

Standard 9:

When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform the person that a Welsh language service is available.

Standard 10:

When a person contacts you on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must deal with the call in Welsh if that is the person's wish until such point as— (a) it is necessary to transfer the call to

a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and

(b) No Welsh speaking member of staff is available to provide a service on that specific subject matter.

Standard 11:

When you advertise telephone numbers, helpline numbers or call centre services, you must not treat the Welsh language less favourably than the English language.

Standard 12:

If you offer a Welsh language service on your main telephone number (or numbers), on any helpline numbers or call centre numbers, the telephone number for the Welsh language service must be the same as for the corresponding English language service

Standard 13:

When you publish your main telephone number or any helpline numbers or call centre service numbers, you must state (in Welsh) that you welcome calls in Welsh.

Standard 14:

If you have performance indicators for dealing with telephone calls, you must ensure that those performance indicators do not treat telephone calls made in Welsh any less favourably than calls made in English.

Standard 15:

Your main telephone call answering service (or services) must inform persons calling, in Welsh, that they can leave a message in Welsh.

Standard 16:

When there is no Welsh language service available on your main telephone number (or numbers), or on any helpline numbers or call centre numbers, you must inform persons calling, in Welsh (by way of an automated message or otherwise), when a Welsh language service will be available.

Standard 17:

If a person contacts one of your departments on a direct line telephone number (including on staff members' direct line numbers), and that person wishes to receive a service in Welsh, you must deal with the call in Welsh until such point as— (a) it is necessary to transfer the call to a member of staff who does not speak Welsh who can provide a service on a specific subject matter; and

(b) No Welsh speaking member of staff is available to provide a service on that specific subject matter.

Standard 18:

When a person contacts you on a direct line number (whether on a department's direct line number or on the direct line number of a member of staff), you must ensure that, when greeting the person, the Welsh language is not treated less favourably than the English language.

Standard 19:

When you telephone an individual ("A") for the first time you must ask A whether A wishes to receive telephone calls from you in Welsh, and if A responds to say that A wishes to receive telephone calls in Welsh you must keep a record of that wish, and conduct telephone calls made to A from then onwards in Welsh.

Standard 20:

Any automated telephone systems that you have must provide the complete automated service in Welsh.

Standard 21:

If you invite one person only ("P") to a meeting— (a) you must ask P whether P wishes to use the Welsh language at the meeting, and inform P that you will conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose, and

(b) If P has informed you that P wishes to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting. 22 Os byddwch yn gwahodd mwy nag un person i gyfarfod, rhaid ichi ofyn i bob person a yw'n dymuno defnyddio'r Gymraeg yn y cyfarfod.

Standard 22:

If you invite more than one person to a meeting, you must ask each person whether they wish to use the Welsh language at the meeting

Standard 22A:

If you have invited more than one person to a meeting, and at least 10% (but less than 100%) of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.

Standard 22B:

If you have invited more than one person to a meeting, and at least 20% (but less than 100%) of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.

Standard 22C:

If you have invited more than one person to a meeting, and at least 30% (but less than 100%) of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting. (b) if P has informed you that P wishes to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting.

Standard 22CH:

If you have invited more than one person to a meeting, and all of the persons invited have informed you that they wish to use the Welsh language at the meeting, you must conduct the meeting in Welsh or, if necessary, arrange for a simultaneous or consecutive translation service from Welsh to English to be available at the meeting

Standard 23:

You must ask an in-patient (“A”) on the first day of A’s in-patient admission whether A wishes to use the Welsh language to communicate with you during that in-patient admission.

Standard 23A:

If the in-patient (“A”) informs you that A wishes to use the Welsh language to communicate with you during an in-patient admission you must identify to your staff who are likely to communicate with A, that A wishes to use the Welsh language to communicate with you during that in-patient admission.

Standard 24:

You must produce and publish a policy on how to establish whether an in-patient (“A”) wishes to use the Welsh language during A’s inpatient admission if A is unable to inform you that A wishes to use the Welsh language to communicate with you during an in-patient admission.

Standard 25:

If you invite an individual (“A”), to a case conference which will be held 5 or more working days after the invitation is sent—

(a) you must ask A whether A wishes to use the Welsh language at the case conference, and inform A that, you will conduct the conference in Welsh, or if necessary provide a translation service from Welsh to English and from English to Welsh for that purpose, and

(b) If A has informed you that A wishes to use the Welsh language at the case conference, you must conduct the conference in Welsh or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English and from English to Welsh.

Standard 26:

If you arrange a meeting that is open to the public and at which public participation is allowed you must state on any material advertising it, and on any invitation to it, that anyone attending is welcome to use the Welsh language at the meeting.

Standard 27:

When you send invitations to a meeting that you arrange which is open to the public and at which public participation is allowed, you must send the invitations in Welsh.

Standard 28:

If you invite persons to speak at a meeting that you arrange which is open to the public and at which public participation is allowed, you must—

(a) ask each person invited to speak whether he or she wishes to use the Welsh language, and

(b) if that person (or at least one of those persons) has informed you that he or she wishes to use the Welsh language at the meeting, provide a simultaneous or consecutive translation service from Welsh to English for that purpose (unless you conduct the meeting in Welsh without a translation service).

Standard 29:

If you arrange a meeting that is open to the public and at which public participation is allowed, you must ensure that a simultaneous translation service from Welsh to English is available at the meeting, and you must orally inform those present in Welsh—

(a) that they are welcome to use the Welsh language, and

(b) that a simultaneous translation service is available.

Standard 30:

If you produce and display any written material at a meeting that you arrange which is open to the public, you must ensure that the material is displayed in Welsh, and you must not treat any Welsh language text less favourably than the English language text.

Standard 31:

If you organise a public event, or fund at least 50% of a public event, you must ensure that, in promoting the event, the Welsh language is treated no less favourably than the English language (for example, in the way the event is advertised or publicised).

Standard 32:

If you organise a public event, or fund at least 50% of a public event, you must ensure that the Welsh language is treated no less favourably than the English language at the event (for example, in relation to services offered to persons

attending the event, in relation to signs you produce and display at the event and in relation to audio announcements made at the event).

Standard 33:

Any publicity or advertising material that you produce must be produced in Welsh, and if you produce the material in Welsh and in English, you must not treat the Welsh language version less favourably than you treat the English language version.

Standard 34:

Any material that you produce and display in public must be displayed in Welsh, and you must not treat any Welsh language version of the material less favourably than the English language version

Standard 36:

If you produce a form that is to be completed by an individual, you must produce it in Welsh.

Standard 37:

If you produce a document (but not a form) which is available to one or more individuals, you must produce it in Welsh— (a) if the subject matter of the document suggests that it should be produced in Welsh, or (b) if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh.

Standard 38:

If you produce a document or a form in Welsh and in English, you must—

- (a) not treat any Welsh language version less favourably than you treat the English language version (whether separate versions or not);
- (b) not differentiate between the Welsh and English version in relation to any requirements that are relevant to the document or form (for example in relation to any deadline for submitting the form, or in relation to the time allowed to respond to the content of the document or form); and
- (c) ensure that the English language version clearly states that the document or form is also available in Welsh

Standard 39:

You must ensure that— (a) the text of each page of your website is available in Welsh, (b) every Welsh language page on your website is fully functional, and (c) the Welsh language is not treated less favourably than the English language on your website.

Standard 40:

You must ensure that— (a) the text of the homepage of your website is available in Welsh, (b) any Welsh language text on your homepage (or, where relevant, your Welsh language homepage) is fully functional, and (c) the Welsh language is treated

no less favourably than the English language in relation to the homepage of your website.

Standard 41:

You must ensure that when you publish a new page on your website or amend a page—

- (a) the text of that page is available in Welsh,
- (b) any Welsh language version of that page is fully functional, and
- (c) the Welsh language is treated no less favourably than the English language in relation to that page.

Standard 42:

If you have a Welsh language web page that corresponds to an English language web page, you must state clearly on the English language web page that the page is also available in Welsh, and you must provide a direct link to the Welsh page on the corresponding English page.

Standard 43:

You must provide the interface and menus on every page of your website in Welsh.

Standard 44:

All apps that you publish must function fully in Welsh, and the Welsh language must be treated no less favourably than the English language in relation to that app.

Standard 45:

When you use social media you must not treat the Welsh language less favourably than the English language.

Standard 46:

If a person contacts you by social media in Welsh, you must reply in Welsh (if an answer is required).

Standard 47:

When you— (a) erect a new sign or renew a sign (including temporary signs); or (b) publish or display a notice; any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as you display corresponding English language text or on a separate sign or notice); and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.

Standard 48:

When you — (a) erect a new sign or renew a sign (including temporary signs); or

(b) publish or display a notice; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.

Standard 49:

You must ensure that the Welsh language text on signs and notices is accurate in terms of meaning and expression.

Standard 50:

Any reception service you make available in English at your reception must also be available in Welsh, and any person who requires a Welsh language reception service at your reception must not be treated less favourably than a person who requires an English language reception service.

Standard 52:

You must display a sign in your reception which states (in Welsh) that persons are welcome to use the Welsh language at the reception.

Standard 53:

You must ensure that staff at the reception who are able to provide a Welsh language reception service wear a badge to convey that.

Standard 54:

Any documents that you publish which relate to applications for a grant must be published in Welsh, and you must not treat a Welsh language version of such documents less favourably than an English language version.

Standard 55:

When you invite applications for a grant, you must— (a) state in the invitation that applications may be submitted in Welsh and that any application submitted in Welsh will be treated no less favourably than an application submitted in English; and

(b) not treat applications for a grant submitted in Welsh less favourably than applications submitted in English (including, amongst other matters, in relation to the closing date for receiving applications and in relation to the timescale for informing applicants of decisions).

Standard 56:

When you inform an applicant of your decision in relation to an application for a grant, you must do so in Welsh if the application was submitted in Welsh.

Standard 57:

Any invitations to tender for a contract that you publish must be published in Welsh if the subject matter of the contract suggests that it should be produced in Welsh, and you must not treat a Welsh language version of any invitation less favourably than an English language version.

Standard 58:

When you publish invitations to tender for a contract, you must—

- (a) state in the invitation that tenders may be submitted in Welsh, and that a tender submitted in Welsh will be treated no less favourably than a tender submitted in English, and
- (b) not treat a tender for a contract submitted in Welsh less favourably than a tender submitted in English (including, amongst other matters, in relation to the closing date for receiving tenders, and in relation to the timescale for informing tenderers of decisions).

Standard 59:

When you inform a tenderer of your decision in relation to a tender, you must do so in Welsh if the tender was submitted in Welsh.

Standard 60:

You must promote any Welsh language service that you provide, and advertise that service in Welsh.

Standard 61:

If you provide a service in Welsh that corresponds to a service you provide in English, any publicity or document that you produce, or website that you publish, which refers to the English service must also state that a corresponding service is available in Welsh.

Standard 62:

When you form, revise or present your corporate identity, you must not treat the Welsh language less favourably than the English language.

Standard 63:

If you offer an education course to one or more individuals, you must— (a) undertake an assessment of the need for that course to be offered in Welsh; (b) offer that course in Welsh if the assessment indicated that the course needs to be offered in Welsh.

Standard 64:

When you announce a recorded message over a public address system, you must make that announcement in Welsh and, if the announcement is made in Welsh and in English, the announcement must be made in Welsh first.

Standard 69:

When you formulate a new policy, or review or revise an existing policy, you must consider what effects, if any (whether positive or adverse), the policy decision would have on—

(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 70:

When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would have positive effects, or increased positive effects, on—

(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 71:

When you formulate a new policy, or review or revise an existing policy, you must consider how the policy could be formulated (or how an existing policy could be changed) so that the policy decision would not have adverse effects, or so that it would have decreased adverse effects, on—

(a) opportunities for persons to use the Welsh language, and

(b) treating the Welsh language no less favourably than the English language.

Standard 72:

When you publish a consultation document which relates to a policy decision, the document must consider, and seek views on, the effects (whether positive or adverse) that the policy decision under consideration would have on—

(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 73:

When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would have positive effects, or increased positive effects, on—

(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 74:

When you publish a consultation document which relates to a policy decision the document must consider, and seek views on, how the policy under consideration could be formulated or revised so that it would not have adverse effects, or so that it would have decreased adverse effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 75:

When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers what effects, if any (and whether positive or adverse), the policy decision under consideration would have on —

(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 76:

When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would have positive effects, or so that it would have increased positive effects, on— (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 77:

When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers how the policy decision under consideration could be made so that it would not have adverse effects, or so that it would have decreased adverse effects, on—

(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 79:

You must develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language, and you must publish that policy on your intranet.

Standard 80:

When you offer a new post to an individual, you must ask that individual whether he or she wishes for the contract of employment or contract for services to be provided in Welsh; and if that is the individual's wish you must provide the contract in Welsh.

Standard 81:

You must ask each employee ("A") whether A wishes to receive any of the following in Welsh, and if A wishes to receive one or more in Welsh you must provide it (or them) to A in Welsh—

(a) any paper correspondence that relates to A's employment, and which is addressed to A; (b) any documents that outline A's training needs or requirements; (c) any documents that outline A's performance objectives;

(ch) any documents that outline or record A's career plan;

(d) any forms that record and authorise annual leave;

(dd) any forms that record and authorise absences from work; (e) any forms that record and authorise flexible working hours.

Standard 82:

If you publish any of the following, you must publish it in Welsh—

(a) a policy relating to behaviour in the workplace; (b) a policy relating to health and well-being at work; (c) a policy relating to salaries or workplace benefits; (ch) a policy relating to performance management; (d) a policy relating to absence from work; (dd) a policy relating to working conditions; (e) a policy relating to work patterns.

Standard 83:

You must allow and state in any document that you have that sets out your procedures for making complaints that each member of staff may— (a) make a complaint to you in Welsh, and (b) respond to a complaint made about him or about her in Welsh; and you must also inform each member of staff of that right.

Standard 84:

If you receive a complaint from a member of staff or a complaint about a member of staff, and a meeting is required with that member of staff, you must— (a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and

Standard 85:

When you inform a member of staff (“A”) of a decision you have reached in relation to a complaint made by A, or in relation to a complaint made about A, you must do so in Welsh if A—

(a) made the complaint in Welsh, (b) responded in Welsh to a complaint about A, (c) asked for a meeting about the complaint to be conducted in Welsh, or (ch) asked to use the Welsh language at a meeting about the complaint.

Standard 86:

You must— (a) allow and state in any document that you have which sets out your arrangements for disciplining staff that any member of staff may respond in Welsh to any allegations made against him or against her, and (b) if you commence a disciplinary procedure in relation to a member of staff, inform that member of staff of that right.

Standard 87:

If you organise a meeting with a member of staff regarding a disciplinary matter that relates to his or to her conduct you must—

(a) offer to conduct the meeting in Welsh or, if necessary, provide a translation service from Welsh to English for that purpose; and

(b) if the member of staff wishes for the meeting to be conducted in Welsh, conduct the meeting in Welsh, or if necessary with the assistance of a simultaneous or consecutive translation service from Welsh to English.

Standard 88:

When you inform a member of staff (“A”) of a decision you have reached following a disciplinary procedure, you must do so in Welsh if A— (a) responded to allegations made against A in Welsh, (b) asked for a meeting regarding the disciplinary procedure to be conducted in Welsh, or (c) asked to use the Welsh language at a meeting regarding the disciplinary procedure.

Standard 89:

You must provide staff with computer software for checking spelling and grammar in Welsh, and provide Welsh language interfaces for software (where an interface exists).

Standard 90:

You must ensure that— (a) the text of each page of your intranet is available in Welsh, (b) every Welsh language page on your intranet is fully functional, and (c) the Welsh language is treated no less favourably than the English language on your intranet.

Standard 91:

You must ensure that— (a) the text of the homepage of your intranet is available in Welsh, (b) any Welsh language text on your intranet’s homepage (or, where relevant, your Welsh language intranet homepage) is fully functional, and (c) the Welsh language is treated no less favourably than the English language in relation to the homepage of your intranet.

Standard 93:

If you have a Welsh language page on your intranet that corresponds to an English language page, you must state clearly on the English language page that the page is also available in Welsh, and must provide a direct link to the Welsh language page on the corresponding English language page.

Standard 94:

You must designate and maintain a page (or pages) on your intranet which provides services and support material to promote the Welsh language and to assist your staff to use the Welsh language.

Standard 95:

You must provide the interface and menus on your intranet pages in Welsh.

Standard 96:

You must assess the Welsh language skills of your employees.

Standard 97:

You must provide opportunities for training in Welsh in the following areas, if you provide such training in English—

(a) recruitment and interviewing; (b) performance management; (c) complaints and disciplinary procedures; (ch) induction; (d) dealing with the public; and (dd) health and safety.

Standard 98:

You must provide opportunities for training in Welsh on using Welsh effectively in—

(a) meetings; (b) interviews; and (c) complaints and disciplinary procedures

Standard 99:

You must provide opportunities during working hours— (a) for your employees to receive basic Welsh language lessons, and (b) for employees who manage others to receive training on using the Welsh language in their role as managers.

Standard 100:

You must provide opportunities for employees who have completed basic Welsh language training to receive further training, free of charge, to develop their language skills.

Standard 101:

You must provide opportunities for employees to receive training, free of charge, to improve their Welsh language skills.

Standard 102:

You must provide training courses so that your employees can develop— (a) awareness of the Welsh language (including awareness of its history and its role in Welsh culture);

(b) an understanding of the duty to operate in accordance with the Welsh language standards; and (c) an understanding of how the Welsh language can be used in the workplace.

Standard 103:

When you provide information to new employees (for example by means of an induction process), you must provide information for the purpose of raising their awareness of the Welsh language.

Standard 104:

You must provide— (a) wording or a logo for your staff to include in e-mail signatures which will enable them to indicate whether they speak Welsh fluently or whether they are learning the language, and (b) wording for your employees which will enable them to include a Welsh language version of their contact details in e-mail

messages, and to provide a Welsh language version of any message which informs others that they are unavailable to respond to email messages.

Standard 105:

You must— (a) make available to members of staff who are able to speak Welsh a badge for them to wear to convey that; and (b) promote the wearing of the badge to members of staff.

Standard 106:

When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, and categorise it as a post where one or more of the following apply—

(a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.

Standard 106A:

If you have categorised a post as one where Welsh language skills are essential, desirable or need to be learnt you must—

(a) specify that when advertising the post, and (b) advertise the post in Welsh.

Standard 107:

When you advertise a post, you must state that applications may be submitted in Welsh, and that an application submitted in Welsh will not be treated less favourably than an application submitted in English.

Standard 107A:

If you publish— (a) application forms for posts; (b) material that explains your procedure for applying for posts;

(c) information about your interview process, or about other assessment methods when applying for posts; or

(ch) job descriptions; you must publish them in Welsh; and you must ensure that the Welsh language versions of the documents are treated no less favourably than any English language versions of those documents.

Standard 107B:

You must not treat an application for a post made in Welsh less favourably than you treat an application made in English (including, amongst other matters, in relation to the closing date you set for receiving applications and in relation to any timescale for informing applicants of decisions).

Standard 108:

You must ensure that your application forms for posts provide a space for applicants to indicate that they wish an interview or other method of assessment in Welsh and if

an applicant so wishes, you must conduct any interview or other method of assessment in Welsh, or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English for that purpose.

Standard 109:

When you inform an applicant of your decision in relation to an application for a post, you must do so in Welsh if the application was made in Welsh.

Standard 110:

You must publish a plan for each 5 year period setting out—

(a) the extent to which you are able to offer to carry out a clinical consultation in Welsh; (b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh;

(c) a timetable for the actions that you have detailed in (b).

Standard 110A:

Three years after publishing a plan in accordance with standard 110, and at the end of a plan's 5 year period you must— (a) assess the extent to which you have complied with the plan; and (b) publish that assessment within 6 months.

Standard 111:

When you— (a) erect a new sign or renew a sign in your workplace (including temporary signs), or

(b) publish or display a notice in your workplace;

any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as the corresponding English language text or on a separate sign or notice), and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.

Standard 112:

When you— (a) erect a new sign or renew a sign in your workplace (including temporary signs); or

(b) publish or display a notice in your workplace; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.

Standard 113:

You must ensure that the Welsh language text on signs and notices displayed in your workplace is accurate in terms of meaning and expression. 9 Standard relating to audio announcements and messages in a body's workplace

Standard 114: When you make a recorded announcement in the workplace using audio equipment, that announcement must be made in Welsh, and if the announcement is made in Welsh and in English, the announcement must be made in Welsh first.

Standard 115:

You must keep a record, in relation to each financial year, of the number of complaints you receive relating to your compliance with standards.

Standard 116:

You must keep a record (following assessments of your employees' Welsh language skills made in accordance with standard 96), of the number of employees who have Welsh language skills at the end of each financial year and, where you have that information, you must keep a record of the skill level of those employees.

Standard 117:

You must keep a record, in relation to each financial year, of the number of new and vacant posts which were categorised (in accordance with standard 106) as posts where— (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.

Standard 118:

You must ensure that a document which records the standards with which you are under a duty to comply, and the extent to which you are under a duty to comply with those standards, is available on your website.

Standard 119:

You must— (a) ensure that you have a complaints procedure that deals with how you intend to deal with complaints relating to your compliance with the standards with which you are under a duty to comply, and

(b) publish a document that records that procedure on your website.

Standard 120:

(1) You must produce a report (an “annual report”), in Welsh, in relation to each financial year, which deals with the way in which you have complied with the standards with which you were under a duty to comply during that year.

(2) The annual report must include the following information (where relevant, to the extent you are under a duty to comply with the standards referred to)—

(a) the number of complaints that you received during the year in question which related to compliance with the standards with which you were under a duty to comply (on the basis of the records you kept in accordance with standard 115);

(b) the number of employees who have Welsh language skills at the end of the year in question (on the basis of the records you kept in accordance with standard 116);

- (c) the number (on the basis of the records you kept in accordance with standard 117) of new and vacant posts that you advertised during the year which were categorised as posts where— (i) Welsh language skills were essential; (ii) Welsh language skills needed to be learnt when appointed to the post; (iii) Welsh language skills were desirable; or (iv) Welsh language skills were not necessary.
- (3) You must publish the annual report no later than 6 months following the end of the financial year to which the report relates.
- (4) You must ensure that a current copy of your annual report is available on your website.

Standard 121:

You must provide the Welsh Language Commissioner (if requested by the Commissioner) with any information which relates to your compliance with the service delivery standards, the policy making standards or the operational standards with which you are under a duty to comply.

From Standards Regulations no 6, pertaining to Education

Standard 40:

If you arrange a public lecture you must ensure that a simultaneous translation service from Welsh to English is available for the purpose of any questions asked by the audience during or after the lecture where— (a) the subject matter of the public lecture suggests that such a service should be provided, or (b) the anticipated audience and their expectation suggests that such a service should be provided.

Standard 40A:

If you arrange a public lecture and you provide a simultaneous translation service you must orally inform those present in Welsh that they are welcome to use the Welsh language

Standard 49:

When you issue any statement to the press you must issue it in Welsh and, if there is a Welsh language version and an English language version of a statement, you must issue both versions at the same time.

Standard 50:

If you produce a document which is available to the public or to students, and no other standard has required you to produce the document in Welsh, you must produce it in Welsh — (a) if the subject matter of the document suggests that it should be produced in Welsh, or (b) if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh.

Standard 88:

If you offer a learning opportunity that is open to the public, you must offer it in Welsh.

Standard 89:

If you develop a learning opportunity that is to be offered to the public, you must assess the need for that opportunity to be offered in Welsh; and you must ensure that the assessment is published on your website.

Explanatory note;

For the purposes of standards 88 and 89 (learning opportunities) and paragraph 31, —learning opportunitiesll means any seminar, training, workshop, taster session, or similar provision which is provided in order to educate or to improve the skills of members of the public; but does not include—

(a) any seminar, training, workshop, taster session or similar provision provided as part of a course; or

(b) seminars or oral presentations relating to a performance or production.

Standard 90:

You must inform your students that any written work submitted to you as part of an assessment or examination may be submitted in Welsh, and that work submitted to you in Welsh will be treated no less favourably than written work submitted to you in English as part of that assessment or examination.

Standard 90A:

You must not treat any written work submitted to you in Welsh as part of an assessment or examination less favourably than written work submitted to you in English as part of that assessment or examination.

Standard 101:

When you commission or undertake research that is intended to assist you to make a policy decision, you must ensure that the research considers what effects, if any (and whether positive or adverse), the policy decision under consideration would have on—

(a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.

Standard 104:

When you develop or revise a course (or any component of a course) you must consider— (a) what effects, if any (and whether positive or negative), that course would have on—

(i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language; (b) how that course would have positive effects, or increased positive effects, on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably

than the English language; (c) how that course would not have adverse effects, or so that it would have decreased adverse effects on— (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh language no less favourably than the English language.

Health Education and Improvement Wales (HEIW)

Arrangements for Complying with the Proposed Welsh Language Scheme

Welsh Language Standards

1. Health Education and Improvement Wales (HEIW) is required to comply with the requirements of a Welsh Language Scheme (The Scheme) as set out in agreement with the Welsh Language Commissioner.
2. The draft Scheme Appended at Appendix 1 contains 129 Standards relating to how we will provide services in Welsh. This policy document explains how HEIW will provide Welsh language services and work towards implementing the Standards.
3. The Scheme explains how the organisation is expected to use the Welsh language in different situations in order to ensure that the Welsh language is not treated less favourably than the English language.
4. The relevant requirements fall into 5 categories:
 - Service Delivery requirements – that apply, for example, to the production of documents, call centre services, websites and social media;
 - Operational requirements, in respect of the promotion and the culture in the workplace for the Welsh language to flourish;
 - Policy Making requirements – for the consideration of the effects of a policy, such as the use of social media or recruitment policy and the use of the Welsh language;
 - Record Keeping requirements;
 - Supplementary requirements.
5. It is anticipated that HEIW will be required to comply with the Scheme as of August 2019. Our Scheme will be published on our website to coincide with its proposed launch in August.
6. We are committed to ensuring that Health Boards, Trusts, other NHS Organisations, health practitioners, the public and patients are able to access our services in either Welsh or English. All other Health Bodies operating in Wales are subject to Welsh Language Standards, which were introduced under the Welsh Language (Wales) Measure 2011. As a newly created body, HEIW does not currently come under the Welsh Language Standards. In anticipation of this happening at a date in the future, we have voluntarily opted to introduce a Welsh Language Scheme – a plan, published in line with the Welsh Language Act 1993, detailing our objectives and means of ensuring that we continued to make progress towards becoming a bilingual organisation. This is a prudent move aimed

at improving levels of customer service, aligning ourselves with other NHS Wales organizations as well as Welsh Government strategy, and minimizing risk in operational procedures when we are eventually under duties to comply with the Welsh Language (Wales) Measure 2011.

7. This document has been produced to outline our compliance arrangements and will be updated as necessary. It is published in line with the following (Each Welsh Language Standard is headed and numbered below):

Service Delivery requirements:

- Correspondence Requirements 1 – 7
- Telephone communication and systems Requirements 8 – 20
- Meetings: Requirements 21 – 22
- Events: Requirements 31 – 32
- Publicity and Advertising Materials: Requirements 33 – 34
- Forms: Requirement 36
- Documents: Requirements 37 & 38
- Website: Requirements 39 – 43
- Apps: Requirement 44
- Social Media: Requirements 45 – 46
- Signs: Requirements 47 – 49
- Reception Services: Requirements 50 – 53
- Documents in relation to Grants: Requirements 54 – 56
- Invitations to Tender: Requirements 57 – 59
- Service Promotion: Requirements 60 – 61
- Corporate Identity: Requirement 62
- EDUC: Public Lecture Arrangements 40-40A
- EDUC: Issuing Press releases 49
- EDUC: Production of Documents 50
- EDUC: Public Learning Opportunities 88-89
- EDUC: Submission of written work 90-90A

Policy Making Requirements: 69 – 77, & EDUC: 101, 104

Operational Requirements:

- Welsh Language Policy: Requirement 79
- Workforce & OD Policies: Requirement 82
- Internal complaints & disciplinary: Requirements 83 – 88
- Software: Requirement 89
- Intranet: Requirements 91 – 95
- Welsh Language Skills: Requirement 96
- Welsh Language Training and Classes: Requirements 97 – 103
- Email signatures: 104
- Welsh promotion: Requirement 105
- Recruitment & Requirements for vacant posts: Requirements 106 – 109
- Permanent and Temporary Signs: Requirements 111 – 113
- Complaints in relation to Welsh Language Services: Requirement 115

- Advertising vacancies: Requirement 117

Supplementary Requirements:

- Make available the Requirements with which we're required to comply available on the HEIW Website: Requirement 118
- Ensure that the complaints procedure deals with how we intend to deal with complaints relating to our compliance with the Requirements.
Requirement: 119
- Produce an Annual Report on or performance against the Requirements by which we must comply.

General arrangements for compliance

8. HEIW employs a full time, permanent Welsh Language Services Manager who has a specific remit to drive the HEIW compliance with the Requirements.
HEIW will be putting in place translation arrangements early in 2019 to enable the organisation to improve its bilingual service provision. The HEIW Executive Team and the Board have committed to supporting the arrangements for compliance.
9. Progress towards compliance and any issues of non-compliance will be reported as a standing item on Executive team and Board meetings on a Quarterly basis.
Any exceptions will be reported in the appropriate team meeting matrix. An internal and an external complaints procedure will be set up on our Intranet and Website accordingly, with complaints dealt with in the first instance by the Welsh Language Services Manager.
Any complaints will be reported in line with the requirements of Standards 115 and 120 from the Health Regulations Section of our Scheme. Staff and User Forums will be established to improve service. A risk analysis of non-compliance across the organization will be undertaken in conjunction with the People team, and this will form the basis for targeted training activities.

Specific Arrangements

Requirement Type	Activity	Arrangements and Date to complete.	Overall owner and Due date
Service Delivery 1, 4, 5, 6 & 7	Correspondence	Every three years, HEIW will undertake a language preference survey of all our contacts in each department, asking which	Board Secretary Supported by:

Requirement Type	Activity	Arrangements and Date to complete.	Overall owner and Due date
	<p>What?</p> <p>As a default, we will correspond bilingually.</p> <p>Any correspondence in Welsh will be answered in Welsh</p>	<p>language they would prefer to be sent formal and informal correspondence.</p> <p>The information will need to be stored on a local level per service delivery area/directorate or an existing system that can accommodate this requirement.</p> <p>Commence this work in Spring 2019.</p> <p>Staff are advised to send out bilingual correspondence when an individual's language preference is unknown. Letterhead templates to be amended to include statements such as 'Corresponding in Welsh is welcome'.</p> <p>This statement should also be appended to all outgoing emails. In addition, staff will be provided with a logo and wording for their email signatures which will indicate that they are happy to be contacted in either Welsh or English.</p>	<p>Welsh Language Services Manager (WLSM).</p> <p>Head of People Communications Manager.</p> <p>Corporate Communications Team by 30th May 2019. Working in partnership with the Welsh language unit.</p>
<p>Service Delivery 8, 11, 12, 14,15, 18</p> <p>Service Delivery Requirements 9, 10, 13, 16, 17, 19 and 20</p>	<p>Telephone Calls</p>	<p>Welsh language meet and greet training is on offer for all staff by the following means:</p> <ul style="list-style-type: none"> - Support on the HEIW Intranet; - 2 x free 10 hour Welsh Language Course online. - Welsh Language Awareness Sessions (class room based) - Welsh Language Classes for Staff across all our sites providing long term support for staff to develop their Welsh language skills. - Organisation wide communications to notify staff of this obligation through emails, MD's Blog, Posters and other display 	<p>Board Secretary</p> <p>Supported by:</p> <p>People Team</p> <p>Workforce Development?</p> <p>WLSM</p> <p>Communications Manager</p> <p>Completed by the 30th June 2019.</p>

Requirement Type	Activity	Arrangements and Date to complete.	Overall owner and Due date
	<p>What?</p> <p>All phone calls will be answered bilingually – and will be continued in Welsh until language preference is established.</p> <p>Where a Welsh language conversation is required, we will attempt to facilitate this wherever practical</p>	<p>material, management briefings and Intranet.</p>	
<p>Service Delivery Requirements 21, 22, 22A, 22CH, 26, 27, 28, 29, 30</p>	<p>Meetings</p> <p>What?</p> <p>People attending meetings hosted/ organized by us will be allowed to choose to use Welsh if they want to.</p>	<p>Our triennial language preference survey of all individuals and organisations that we work with will ask in which language they would prefer to conduct meetings with us.</p> <p>Work is ongoing to ensure that all staff are aware of the need to fulfil any such requests from meeting attendees.</p> <p>Work is also ongoing to find a way of storing this information centrally for each service delivery area.</p> <p>Any meeting that is hosted by the HEIW and is open to the public</p>	<p>Board Secretary</p> <p>Supported by:</p> <p>Managers across all services.</p> <p>WLSM</p> <p>Process in place by July 2019, then Ongoing, reviewed annually?</p>

Requirement Type	Activity	Arrangements and Date to complete.	Overall owner and Due date
Service Delivery Requirements 30, 31, 32,	Events	HEIW events are generally not open to the public – our conferences and seminars are mostly attended by officers from other NHS organisations or public sector bodies. However all of our events will be bilingual – prior, during and after an event – and a language choice is offered to all attendees. Our events checklists will be updated to prompt organisers to also extend the offer of language choice to anyone contributing to an event as a speaker.	Board Secretary Supported by: Each Director/ manager responsible for their own events. Communications Manager WLSM Process in place by June 2019, then ongoing
	What? Anyone attending an event hosted by HEIW will be able to use Welsh if they choose to do so.		
Service Delivery Requirements 33, 34	Publicity and Advertising Materials	A protocol will be produced to advise all staff within HEIW of the steps needed to take to enable this to happen. This will be available on the Welsh Language Intranet page.	Board Secretary Supported by: WLSM & Comms Team. Protocol in place by June 2019, then ongoing
	What? As a default position, any publication appearing under the HEIW brand will be produced bilingually.		
Service Delivery Requirement 36	Forms	HEIW has a number of forms that are made available to individuals* Every directorate and service delivery areas that engage with individuals* will need to undertake a comprehensive audit	Board Secretary Supported by: All Managers and the WLSM Initial sweep to be

Requirement Type	Activity	Arrangements and Date to complete.	Overall owner and Due date
	<p>What?</p> <p>All forms produced by HEIW will appear bilingually.</p>	<p>of forms made available to individuals*.</p> <p>Forms to be reviewed, updated and submitted for translation.</p> <p>This includes hard copy and electronic copies of forms online.</p> <p>This will be incorporated into local Welsh Language action plans for each directorate and service delivery area. In the main: Employment Services and all Educational Services, but not exclusively these directorates.</p>	<p>completed by 31st July 2019, then ongoing</p>
<p>Service Delivery Requirements 37 & 38</p>	<p>Documents</p> <p>What?</p> <p>As a default position, all documents produced by HEIW will appear bilingually.</p>	<p>Any document that is available to an individual* must be produced in Welsh if the subject matter of the document suggests that it should be produced in Welsh, or if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh. A list of the types of documents will be available in the Translation Guidance document on the Welsh Language intranet page.</p> <p>This will be promoted in internal communications to all staff through the communications platforms available to us within the HEIW.</p>	<p>Board Secretary</p> <p>All appropriate Managers</p> <p>WLSM</p> <p>Translation Guidance Document to be made available by end May 2019</p>
<p>Service Delivery Requirement 39</p>	<p>Websites</p> <p>What?</p> <p>All HEIW web pages will appear bilingually</p>	<p>HEIW website pages being updated in English must be updated in Welsh at the same time.</p> <p>A Process to ensure that the HEIW website is updated bilingually at ALL times must be established, and adhered to.</p>	<p>Board Secretary</p> <p>Corp Comms</p> <p>WLSM</p> <p>Process established by May 2019, implemented from June 2019 ongoing</p>

Requirement Type	Activity	Arrangements and Date to complete.	Overall owner and Due date
Service Delivery 44	Apps	Any HEIW app content being updated in English must be updated in Welsh at the same time.	Board Secretary Relevant Managers Comms WLSM Process established by May 2019, implemented from June 2019 ongoing
	What? Any app content appearing under the HEIW brand will appear bilingually	A Process to ensure that any HEIW apps are updated bilingually at must be established, and adhered to.	
Service Delivery 45,46	Social Media	Any HEIW Social Media content appearing in English must be updated in Welsh at the same time.	WLSM Corp Comms Process established by May 2019, implemented from June 2019 ongoing
	What? All HEIW social media content will be available bilingually, simultaneously	A Process to ensure that all HEIW social media content is updated bilingually at ALL times must be established, and adhered to.	
Service Delivery 47,48, 49, 111, 112, 113,	Signs	All signs appearing on HEIW premises, and elsewhere under our branding or sponsorship, must appear bilingually, with the Welsh first.	Board Secretary Building Management All Managers WLSM Initial sweep undertaken, and changes made (January 2019). Now ongoing with all new signs Design Guide to be produced and given to all contractors, by end July 2019
	What? All signs will appear bilingually	A good design guide, along with translation guidelines, will appear on our intranet. Any suppliers of signage must be provided with clear guidelines on the appearance and composition of any signage, and provided with the necessary guidelines if necessary.	

Requirement Type	Activity	Arrangements and Date to complete.	Overall owner and Due date
Service Delivery 50,52,53	Reception Services	HEIW offers one reception service at its office in Ty Dysgu in Nantgarw.	Board Secretary
	What? Visitors communicating with our reception desk over the phone/ in person will be able to do so through the medium of Welsh if they want to.	A flexible approach will be taken to ensure that the reception services are available in Welsh or that evidence is available that the organisation is working towards offering a bilingual service. An intensive course for existing staff until the member(s) of staff can provide an access level bilingual reception service; And/Or for posts that are vacant, the posts will be advertised as (Reception level) Welsh Essential posts.	Appropriate Managers WLSM Welsh speaking Receptionist employed, and will commence duties on March 1 st 2019 All cover receptionists to be given Reception Welsh Course
Service Delivery 54,55,56	Documents and other services in relation to Grants	When we are administering grants, we will be able to conduct the whole process in English and Welsh.	Board Secretary
	What? People applying for and receiving grants from us can deal with us in Welsh or English at every stage of the process.	Those wishing to deal with grant applications and administration through the medium of Welsh with us will be able to do so with no difference in the quality of service they receive from us in either language. If we do not have a bilingual officer who is able to deal with a specific grant, then we will need to make arrangements for all documentation and correspondence to be translated in a timely manner, and, if appropriate, arrange for simultaneous translation services to be available.	Relevant Managers WLSM Policy agreed and in place by end June 2019
Service Delivery 57,58,59,	Invitations to Tender	When we are commissioning and administering tenders, we will be able to conduct the whole process in English and Welsh.	Board Secretary
	What? People bidding to win tenders	Those wishing to deal with tender submissions and administration	Finance Appropriate Managers

Requirement Type	Activity	Arrangements and Date to complete.	Overall owner and Due date
	generated by us can deal with us in Welsh or English at every stage of the process.	<p>through the medium of Welsh with us will be able to do so with no difference in the quality of service they receive from us in either language.</p> <p>If we do not have a bilingual officer who is able to deal with a specific tender, then we will need to make arrangements for all documentation and correspondence to be translated in a timely manner, and, if appropriate, arrange for simultaneous translation services to be available.</p>	WLSM
Service Delivery 60, 79, 94	Service Promotion	We need to list the services our service users can expect to receive from us in Welsh (essentially, a "Customer Charter", based on the specific services contained in the previous column), and this should be displayed in places where service users will be able to see this commitment e.g. Website, Intranet, on notice boards, annual reports etc.	Board Secretary WLSM Corp Comms Digital team To be written and published by end June 2019
	What? Promotion of the services we offer in Welsh to all of our service users.		
Service Delivery 62	Corporate Identity	<p>This means ensuring that our corporate identity is bilingual, and that both languages are treated equally. This is currently the case.</p> <p>However, it also means that this identity is replicated every time our logo appears – on documents, in advertising materials, online and in e-mails and other digital emanations.</p> <p>Ideally, we will produce an HEIW "Design Guide" which shows how our corporate identity should appear in every practical circumstance.</p>	Board Secretary Corp Comms WLSM All Managers, officers responsible for generating corporately branded materials. Design Guide to be produced by end June 2019
	What? Our corporate identity will be bilingual, with both languages being treated equally, wherever it appears.		

These additional proposed Service Delivery Standards are included from the Regulations No 6 , pertaining to Educational establishments;			
Service Delivery 40,40A	Public Lectures	This means we must follow a simple protocol in the organization of Public lectures; we must ask lecturers if they wish to deliver part or all of their lecture in Welsh and we must ask those attending if they want to contribute in Welsh, ideally at least a fortnight before the event, so that we have sufficient time to organise simultaneous translation facilities.	Board Secretary WLSM All Managers, officers responsible for organizing Public Lectures Policy Put in place by June 2019
	What? People attending Public Lectures arranged by us will be able to take part through the medium of Welsh		
Service Delivery 50	Press Releases	This means that any Press release which appears in our name appears bilingually.	Board Secretary Head of Comms, Comms Department WLSM Policy put in place by end May 2019
	What? All Press Releases will appear bilingually		
Service Delivery 88,89	Learning Opportunities	We must offer any learning course we deliver through the medium of Welsh.	Board Secretary WLSM All departments responsible for delivering Learning Opportunities
	What? We must assess the need for any learning opportunities to be offered in Welsh, and where there is sufficient	We must assess the demand for these courses by working out what the minimum take up for any course (in either Welsh or English) needs to be before it is viable. Then if the demand exceeds the minimum threshold, that learning opportunity needs to	

	demand, these learning opportunities will be offered in Welsh	be delivered in the appropriate language(s)	Policy put in place by July 2019
Service Delivery 90-90A	Submission of Written work	We need to be prepared to accept written assignments from Students in Welsh, and we must not treat any written work submitted to us in Welsh as part of an assessment or examination less favourably than written work submitted to us in English. This is fundamentally a process issue – during the enrolment process, students must be offered the opportunity to submit work through the medium of Welsh – and if any students choose to do this, we must make appropriate translation arrangements.	Board Secretary WLSM All departments responsible for delivering Learning Opportunities, and receiving for marking any assignments or examinations To commence Autumn 2019
	What? We must inform our students that any written work submitted to us as part of an assessment or examination may be submitted in Welsh		

These additional proposed Policy Standards are included from the **Regulations No 6**, pertaining to Educational establishments;

Policy 101	Research into Policy Decisions	If we undertake any research that is likely to have an effect on future policy, that research must include an impact assessment on the Welsh Language. Process Issue	Board Secretary Exec team Process put in place by end May 2019
	What? Any research that we make into potential policy decisions must consider the impact that implementing the policy will have on the Welsh language		

Policy 104	Content of courses	If we develop or revise any course content, that we must consider what impact that will have on the Welsh Language. Process Issue	Board Secretary All departments responsible for developing and delivering Learning Opportunities Policy put in place by June 2019
	When we develop or revise a course (or any component of a course) you must consider— (a) what effects, if any (and whether positive or negative), that course would have on The Welsh Language		

Communicating the Requirements with Staff

10. Communicating the requirements of the requirements to staff is important to ensure they understand the Welsh language provision available to them – including learning opportunities, technology and human resource material. It is also important for ensuring staff understand their responsibilities under the requirements, for example when answering external phone calls or correspondence.
11. When new staff join the organisation, they receive a dedicated induction where they are introduced to the requirements in relation to their work and employment with us. Non-Welsh speaking new starters are also required to complete the National Centre for Learning Welsh's 'Work Welsh' online course where they are taught some basic Welsh for the workplace and Welsh language awareness. More information on this will be found on the intranet or through contacting the Welsh Language Services Manager.
12. We will provide staff with numerous tools and guidance on the Welsh language and the Welsh Language Services Manager will lead on reviewing these tools to make them more relevant to the Requirements so that the tools we provide give further guidance on the Requirements that impact on the way they work. For example, we will provide guidance templates for email signatures and 'out of office' emails, including a comprehensive list of job titles. A suite of Welsh language technologies is also available for staff upon request that includes 'Cysill' and 'Cysgeir', Welsh Language Microsoft Office spell check and 'To Bach'.

13. The Welsh Language Services Manager will produce a policy on using the Welsh language. The policy will be called 'HEIW Welsh Language Policy' and it will outline the relevant requirements that have an impact on our staff's day-to-day responsibilities. These include answering telephone calls, replying to correspondence, respecting the language preferences of individuals, organisations and individuals that we work with as well as members of the public, and the considerations for displaying posters and signage around our offices. Any all-staff emails must be bilingual with the Welsh positioned so that it is likely to be read first. The policy will also outline the new rights that staff have under the requirements such as the availability of Welsh language technologies, their access to Welsh language training, and training through the medium of Welsh. It also highlights their rights to have disciplinary and grievance meetings and HR documents in Welsh.
- 13 Once the new Welsh Language Policy is produced, approved by the HEIW Executive in January 2019 and the Board in February/ March 2019, it will be readily available for staff to read on our intranet and will be publicised through staff emails from the Executive through to news articles on the intranet. The Welsh Language Policy will also be required to dovetail with other critical Policies that we have in HEIW.
- 14 Obligations to meet the demands of the Welsh Language Scheme will be communicated to staff through awareness sessions, inductions and all-staff communications from the Chief Executive Officer, Directors and Managers. To address the need to answer calls with a Welsh greeting, we will host a '**Shwmae - Bore da / Prynhawn da**' campaign, with posters, intranet news, articles, messages on electronic screens across the HEIW offices, to support and encourage staff to answer calls using appropriate Welsh phrases. It is hoped that these can also be hosted on the intranet in audio files.
- 15 To encourage staff to communicate with each other in Welsh over email, we will utilise Outlook to automatically notify the sender if the recipient is 'happy to communicate in Welsh' or is learning, together with an indication of which level they're at. This will increase knowledge amongst staff of who else can speak Welsh and will encourage and remind staff to practice their written Welsh with colleagues, especially amongst learners.
- 16 A Welsh Language Steering Group will be set-up to assist the Welsh Language Services Manager so that as well as complying with our statutory duties, we ensure that HEIW is capable of delivering high quality services to our clients in both Welsh and English but also ensure there are activities that promote the language and culture within the organisation. The aim of the group will not be to police compliance with the Requirements, but to look at innovative ways to promote the language and share good practice.

17 The Welsh Language Service Manager along with Directors and Managers of services will launch a 'Use Your Welsh Campaign'. The campaign will be innovative and continuous which will be led by the WLSM and supported by the Welsh Language Team, Welsh Language Champions and confident Welsh speakers.

The organisation's staff often say that they are not confident enough to speak Welsh in the workplace, or that their Welsh isn't good enough. Therefore, the purpose of the campaign is to encourage staff to use as much Welsh as possible in the workplace, in every aspect of providing professional services to our service users, as well as in less formal work situations.

The campaign will encourage staff to use Welsh with their colleagues and to practice Welsh with learners within their teams. It will target fluent Welsh speakers, learners and individuals who can only say a few simple greetings.

By introducing this campaign across our site, awareness of the Welsh language will be greater amongst staff and the overall aim is to create behavioural change, where staff feel more able to use as much Welsh as possible in the workplace, but also increase opportunities for everyone to use the language.

Promotional materials will be developed to advertise and promote the campaign, as well as questionnaires to measure how staff use the language and monitor whether their use has increased since launching the campaign. Activities will be organised to promote the campaign.

Supporting resources will be shared with staff, such as the 'Cymraeg' lanyards and badges, various cards with Welsh phrases on them and audio files. These will also be available on our Welsh Language Support Intranet page.

Recruiting

18 When recruiting across the organisation, recruiting managers will be required to review the Welsh language capabilities of the whole team that they manage and take into consideration the percentage of Welsh speakers already within the team along with the requirements and the responses to the triennial language preference survey. As a base-line a minimum of 20% [average of 1 in 5] of each team should have compliance appropriate bilingual skills in both Welsh and English in order to ensure that service delivery is available in both languages. This is a 5+ year aim.

19 When a new or vacant post arises, a process needs to be established where the essential and desirable criteria for Welsh language skills is clearly identified. The level of Welsh required across the ALTE scale for

each post also needs to be established, so that training can be provided where necessary to bring an otherwise competent candidate up to the specific linguistic ability requirements of a post.

Welsh Language Skills and Training

20 One of the requirements on us will be to produce annual figures of the language skills levels of our staff. In theory, the Welsh Language skills of our staff are self-evaluated and recorded on ESR. However, the system is having teething problems, particularly in relation to recording whether the self assessment has actually been accessed or not. At the time of writing, only 18 staff records are recorded on the ESR. Further work needs to be done to ensure that all staff can access the system, that the system is recording properly, and that the self assessment process is effective in recording correct language level abilities. The all Wales NHS compliance target percentage for completing the self-assessment is 80%+.

21 The organisation requires adequate staff capacity to provide bilingual services. Therefore, providing training to improve the Welsh language skills of staff is a key priority.

A robust training programme will be made available HEIW staff in readiness for the Requirements and this support will continue as a matter of course.

In 2019/2020 Training will be provided as follows:

- Welsh Language Awareness Session on the Corporate induction
- Welsh Language Awareness relating specifically to the Welsh Language Requirements
- Tailored Welsh Language Training modules to be developed to focus on the following specific areas (most of these are implicit in the Requirements):
 - Corresponding with individuals/persons/the public;
 - Making and receiving calls in Welsh;
 - Dealing with Complaints in Welsh;
 - Policy Making Training;
 - Training for Managers (outlining the rights of staff and how to manage this requirement);
 - Recruitment and Interviewing;
 - Performance Management;
 - Internal Complaints and Disciplinary procedures and the Welsh language;
 - Corporate induction;
 - Dealing with the public;
 - Health and Safety – online module should be available in Welsh;
 - Training on hosting meetings;
 - Training on Websites, Intranet and Social Media and the Welsh Language.

22 In addition to the training available above, Welsh language learning courses will be available to HEIW Staff in our office in Nantgarw, as outlined below.

Classes are scheduled to start before the end of January 2019, will take place in Ty Dysgu, Nantgarw and will be shared with NWSSP and Velindre NHS Trust staff.

Current numbers of participants from HEIW are as follows;

<u>Class Level</u>	<u>Expected No. Participants</u>
Entry/ Mynediad	26
Sylfaen/ Foundation	8
Canolradd/ Intermediate	4
Uwchradd/ Higher (referred)	1

These are all classroom based courses for staff who have indicated to managers that they wish to learn Welsh to support their teams, departments and organisation to be able to deliver more services through the medium of Welsh in the medium and long term.

24. As well as these classroom learning opportunities outlined above, we have registered HEIW as a Corporate user of the Dysgu Cymraeg – Cymraeg Gwaith Online courses, hosted by Learn Welsh National Centre. It is hoped that the online Duolingo Welsh Skills courses can also be tailored to provide specific online lessons for staff using healthcare settings.
25. It is recommended that **all** staff that have scored levels 0, 1 and 2 Welsh skills on ESR are **encouraged** to undertake the 10 hour free online course that is hosted by Learn Welsh National Centre. This is an interactive and helpful module to enable our staff to gain confidence in the basics of greetings, numbers, the alphabet, days of the week, months of the year.

Similarly, it would be useful if completion of an Awareness Course is also made available for all staff. This is now delivered to all new starters as part of every Induction day

Encouraging internal use of the Welsh language

26. Encouraging the internal use of the Welsh language within HEIW is critical to encourage the growth of bilingualism within the organisation. The next natural progression for the organisation is to produce a focus for using the Welsh language internally as will be required by the operational requirements.

By organising and considering how to maximise the use of the Welsh language within the organisation's operational arrangements, providing a new procedure will offer an opportunity to focus on and achieve the requirements of the operational requirements.

The procedure will focus on the following areas:

- Telephone communication;
- All internal meetings;
- Internal Communication including bilingual corporate messages;
- Signage
- IT Packages
- Policies
- Raising Concerns
- Disciplinary cases / complaints / dignity at work
- Training
- Bilingual Skills – recruitment
- ESR

The Policy on Using Welsh Internally will need to be approved by HEIW Executive/ Board.

Further Welsh Language Support

27. **Cornel Cymraeg – Welsh Corner**

It is requested that the feasibility of establishing a **Cornel Cymraeg – Welsh Corner** somewhere in a prominent position in the HEIW building is considered.

This would comprise of some noticeboards, a table and some magazine racks displaying posters, adverts for all sorts of products and events and activities, Welsh resources, files outlining simple Welsh phrases, benefits of using the language and so on. "Iaith Gwaith/ Cymraeg" merchandise, references/ links to online apps and learning courses, a simple library (books/ Files/ CD's and so on), and possibly a "slave" computer outlining some of the resources and guidelines available to staff – or stills of the same pointing towards the Intranet.

The WLSM along with various other members of staff can sit there at certain times of the week, and/ or on special event occasions, and talk to staff about learning opportunities/ use of Welsh.

28. Culture and History awareness events

A number of staff members have suggested various ideas for events to raise awareness of Welsh language, cultural and historical issues. The nature of these events are quite social, and are not therefore part of any formal programmes, but should be seen instead as supplementary to the notion of enhancing staff levels of awareness about language and cultural issues.

Some of the potential events suggested are;

- Visits to St Fagans, and other Welsh Museums
- Visits to see Welsh language entertainment programmes such as Jonathan, Noson Lawen and other musical programmes being recorded.
- Visits to Welsh language concerts and theatre performances.
- Guest speakers – to speak on local history topics (Nantgarw Pottery, Taff Vale Coal Mines, The Legend of Guto Nyth Bran, Dic Penderyn and the Merthyr Rising, The Man who went up a hill and came down a mountain (The Garth) etc.)
- Quiz nights
- Guest authors/ poets
- Book club – with a local/ Welsh bias
- Sponsored learning marathons
- Sponsor a young writer
- A reading chair – where people come and read one chapter of a book at a time and write a precis in an exercise book for the next readers to be bought up to speed.
- (Welsh) book exchange
- Regular Intranet Book Previews – to encourage learners/ Welsh speakers to read specific books
- Staff Eisteddfod
- Gwefan y Mis – Interesting Welsh Website of the Month
- Duolingo/ Working Welsh competitions

Top 10 priorities for Welsh Language Compliance from May 2019

1. Awareness increasing exercise regarding bilingual correspondence – Huw to work with Comms.
2. Awareness increasing exercise regarding bilingual phone answering – Huw to work with Comms.
3. Huw to create list of Welsh speakers within HEIW so that Welsh language phone calls can be directed to these people.
4. Huw to supply telephone crib sheets for all areas of the organization
5. Huw to write a note on the Simultaneous translation equipment – and organise publicity (with Comms?)
6. Guideline for Organising Meetings – Huw to produce and publicise
7. Design Guidelines and Translation Guidelines – Huw to produce and to distribute, and raise awareness of their existence.
8. Huw and Cath Williams to organise telephone greeting training sessions for all those covering Reception.
9. Promotion of Services – we need to use social media and the Comms team to regularly promote our Welsh language services. HO to talk with Comms to devise a mechanism for doing this.
10. The Welsh Language and our Learners. This is a massive strategic topic for us. To begin with, we can start thinking about how we can establish the need for Welsh language learning. If we are going to plan to shape learning services in Welsh in the future, establishing baseline needs is critical. Any ideas on how we can begin to plan strategically in your areas will be gratefully received!



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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	30 May 2019	Agenda Item	4.11
Report Title	Risk Management Policy		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To seek the Board's approval of the Risk Management Policy (Appendix 1)		
Key Issues	<p>The Risk Management Policy has been developed to integrate and formalise the processes in existence across the previous organisations.</p> <p>The newly proposed Policy has been submitted to the Executive Team and received approval.</p> <p>The Board is now asked to approve the Risk Management Policy, to enable its full implementation within HEIW. This is required at Board level in accordance with the overarching policy within the organisation.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
Recommendations	Members are asked to approve the Risk Management Policy (Appendix 1)		

RISK MANAGEMENT POLICY

1. INTRODUCTION

Risk management is essentially the identification and prioritisation of all risks and uncertainties that relate to the organisation, allied to a policy that seeks to manage, minimise or reduce those risks effectively and efficiently. It also relates to using this information to guide service development and improvement, as well as wider organisational development. 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 and structured systems and processes for the identification, management and reporting of risks across the organisation to support our staff and facilitate informed decision making and improve quality and safety.

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 HEIW Board and its Committees to further inform corporate decision making.

The objective of the Risk Management Policy is to ensure that an understanding and appreciation of risk guides decision making by the Board and our staff every day to ensure that services are provided to the best possible standard and quality.

3 IMPLEMENTATION

HEIW will work to minimise risk to as low a level as reasonable. Details of the actions required to mitigate (reduce) 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 to approve of the Risk Management Policy (Appendix 1)

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 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.				
Financial Implications				
Risk management is a core function of HEIW as a Special Health Authority. There are no anticipated additional costs.				
Legal Implications (including equality and diversity assessment)				
N/A				
Staffing Implications				
The Risk Management Policy is a Core function of HEIW. There are no additional staffing implications.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
The Risk Management Policy is a key enabler to ensure effective risk management within HEIW				
Report History	N/A.			
Appendices	The Risk Management Policy is attached at Appendix 1			



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Health Education and
Improvement Wales (HEIW)

RISK MANAGEMENT POLICY

Executive Sponsor and Function: Board Secretary

Document Author: Board Secretary

Approved by: HEIW Executive Team

Approval Date: [May Board] 2019

Scope:

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.¹

- **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

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.

¹ 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.

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.

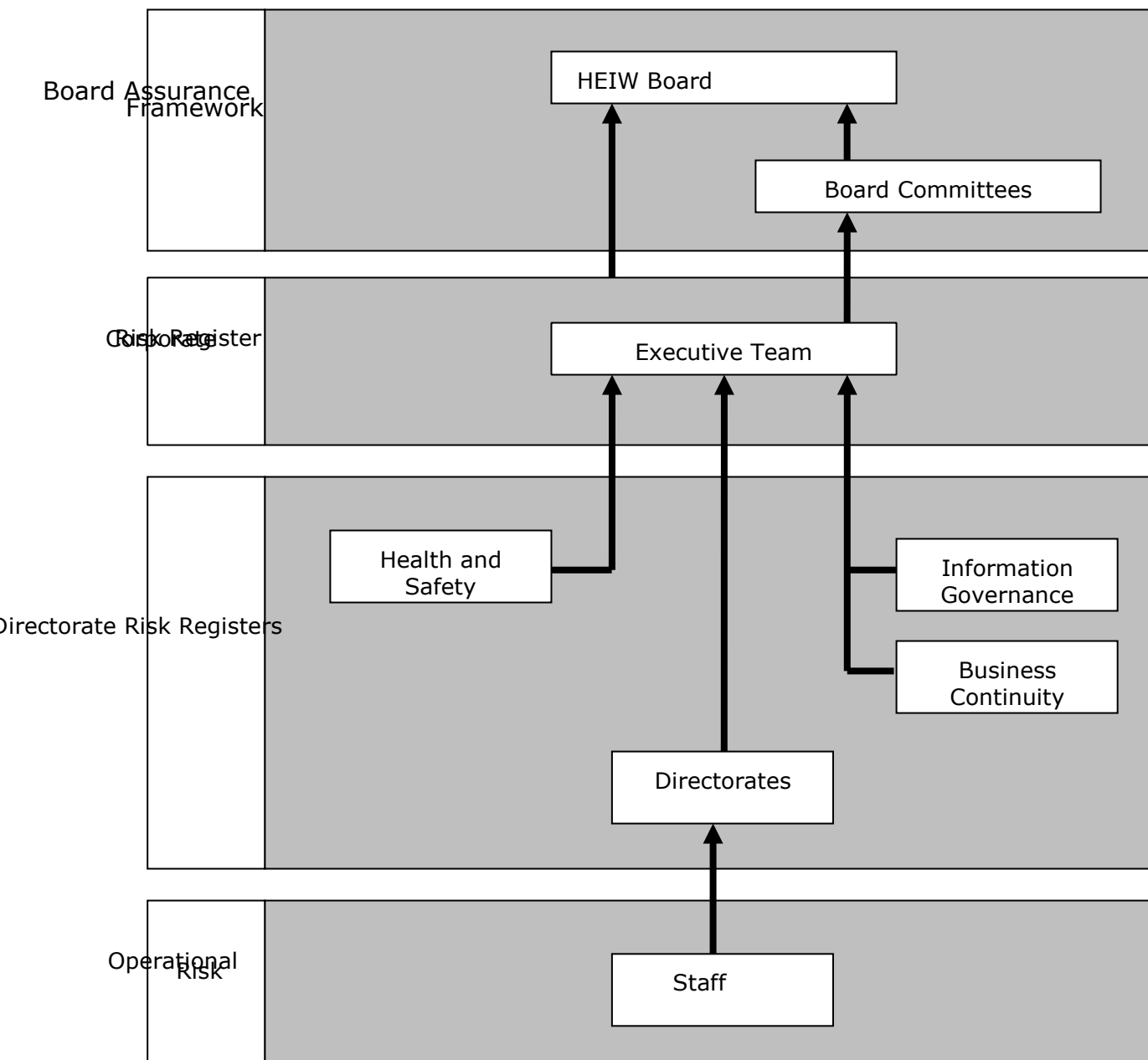
Section 3 – Management of Risk

- **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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Meeting Date	30 May, 2019	Agenda Item	4.12
Report Title	Revision of Delegated Financial Limits		
Report Author	Martyn Pennell, Head of Financial Accounting		
Report Sponsor	Eifion Williams, Interim Director of Finance		
Presented by	TBC		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to outline the proposed amendments to the schedule of Delegated Financial Limits for Health Education & Improvement Wales		
Key Issues	<p>The Delegated Financial Limits agreed by the Board on 2nd October 2018 have been reviewed to reflect the operational requirements of the organisation.</p> <p>The proposed changes will not impact on the current governance arrangements.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Review the revised schedule of Delegated Financial Limits in Appendix 1; and • Approve the revised Delegated Limits 		

1. Introduction

The purpose of this report is to outline the proposed amendments to the schedule of Delegated Financial Limits for Health Education & Improvement Wales.

2. Background

On commencement of the organisation, and as required by the Standing Orders and Standing Financial Instructions, a schedule of Delegated Financial Limits for HEIW was agreed by the Board on 2nd October 2018. This schedule sets out the maximum levels of expenditure that can be approved by specified officers of the organisation, as delegated by the Chief Executive.

At the Audit & Assurance Committee on 12th February 2019, the Financial Update Report (agenda item 2.7) recommended that the schedule of Delegated Limits was reviewed to take account of the operational requirements of the organisation.

This review was carried out and at the Audit & Assurance Committee on 29th March 2019 revised proposals were presented (agenda item 2.8), with a request to recommend approval of the amended delegated limits to Board.

The Audit & Assurance Committee recommended the revised limits for approval, subject to one amendment in relation to the approval of invoices where the contract has already been approved by the Board. This adjustment has been made and is reflected in the comparison of the current and proposed Schedule of Delegated Financial Limits is included in Appendix 1.

3. Governance and risk issues

The proposals will not reduce the governance arrangements as:

- The Executive Officer can only sign off invoices within their own service area;
- Segregation of duties will remain in place. This is strengthened with the appointment of the Head of Education, Commissioning & Quality;
- Education and Training Contracts with Universities will continue to be signed by the Director of Finance and Corporate Services (<£2m), the Chief Executive or Deputy Chief Executive when acting in that capacity (<£5m), or the Board (>£5m);

Following approval of the revised delegation limits they will be published on the HEIW intranet for information.

4. Financial Implication

There are no direct financial implications arising from this report.

5. RECOMMENDATION

Members are asked to:

- **Review** the revised schedule of Delegated Financial Limits in Appendix 1; and
- **Approve** the revised Delegated Limits

Governance and Assurance				
Link to corporate objectives <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				
There is no impact on quality, safety and patient experience.				
Financial Implications				
The financial controls and processes which have been developed by the Finance Department, support the SO's and SFI's to provide a robust Financial Control Framework for HEIW.				
Legal Implications (including equality and diversity assessment)				
There are no legal implications.				
Staffing Implications				
There are no direct implications on workforce in this report.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				

There are no implications on the Well Being of Future Generations (Wales) Act 2015.

Report History

Recommendation received at Audit & Assurance Committee
29 March 2019.

Appendices

Appendix 1 – Comparison of Current & Proposed Delegated
Financial Limits

Appendix 1 – Comparison of Current & Proposed Delegated Financial Limits

Post	Current			Proposed		
	Education and Training Contracts with Universities	Education and Training Invoices	Revenue (Other Than Education & Training Contracts)	Education and Training Contracts with Universities	Education and Training Invoices	Revenue (Other Than Education & Training Contracts)
Board	Above £5m	Above £2m	No Limit	Above £5m		No Limit
Chief Executive	up to £5m	£2m	£250,000	up to £5m	No Limit (subject to Appropriate Contract Approval)	£250,000
Deputy Chief Executive (when acting in that capacity)	up to £5m	£2m	£250,000	up to £5m	No Limit (subject to Appropriate Contract Approval)	£250,000
Director of Finance & Corporate Services	up to £2m	£2m	£100,000	up to £2m	£2m	£100,000
Director of Nursing & Medical Director within delegated budget area			£50,000		£500,000	£50,000
Executive Directors within delegated directorate budget area			£50,000			£50,000
Deputy Director of Finance		£50,000	£50,000		£50,000	£50,000
Delegated Budget Managers (within delegated budget area)			£25,000			£25,000
Delegated Budget Managers (within delegated budget area)			£10,000			£10,000
Delegated Budget Managers (within delegated budget area)			£5,000			£5,000
Delegated Budget Managers (within delegated budget area)			£1,000			£1,000



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Meeting Date	30 May, 2019	Agenda Item	4.13
Report Title	Executive Director Schedule of Delegation		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Kay Barrow, Corporate Governance Manager		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is seek Board approval for the proposed amendments to the Executive Director Schedule of Delegation.		
Key Issues	<p>The Executive Director Schedule of Delegation (Schedule) forms a part of HEIW's Standing Orders. Any amendment to the Schedule therefore requires Board approval.</p> <p>The Schedule has been amended to identify the proposed re-allocation of roles to the Deputy Chief Executive and Director of Workforce and Organisational Development on an interim basis (attached at Appendix 1). The new interim roles are marked with an asterix.</p> <p>The amended Schedule also proposes the re-allocation of Risk Management to the Board Secretary role.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Approve the updated Executive Director Schedule of Delegation attached at Appendix 1. 		

Agenda item: 4.13 – Appendix 1

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The HEIW Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions form the basis of the LHB's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Representation in statutory partnerships	Chief Executive
Performance Management arrangements	Deputy Chief Executive and Director of Workforce & OD
Receipt and opening of quotations	Director of Finance and Corporate Services
*Land, Buildings and assets	Deputy Chief Executive and Director of Workforce & OD
*Facilities Management	Deputy Chief Executive and Director of Workforce & OD
*Sustainable Development	Deputy Chief Executive and Director of Workforce & OD
*Health, Safety & Fire	Deputy Chief Executive and Director of Workforce & OD

*I M & T	Deputy Chief Executive and Director of Workforce
Senior Information Risk Owner (SIRO)	Board Secretary
CRB checks	Deputy Chief Executive and Director of Workforce & OD
Data Protection	Board Secretary
Equality & Human Rights	Deputy Chief Executive and Director of Workforce & OD
Issuing tenders and post tender negotiations	Chief Executive/ Director of Finance and Corporate Services
Budgetary delegation arrangements	Director of Finance and Corporate Services
Banking arrangements	Director of Finance and Corporate Services
Ex-gratia payments	Director of Finance and Corporate Services
Losses and special payments	Director of Finance and Corporate Services
Professional advice on supply of goods and services	Director of Finance and Corporate
External Communications incl. Media enquiries	Chief Executive, supported by Board Secretary
Healthcare Standards	Executive Director of Nursing/ Medical Director
Risk Management	Board Secretary
Legal Claims	Director of Finance and Corporate Services

Caldicott Guardian	Medical Director
Freedom of Information Act	Board Secretary
Welsh Language	Board Secretary
Legal advice	Board Secretary
Receipt and opening of tenders	Board Secretary
*Civil Contingencies /Emergency Planning	Deputy Chief Executive and Director of Workforce
Variation of Funded Establishment	Chief Executive

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in Standing Financial Instructions.

Each Executive Director is responsible for delegation within their department. They should produce a scheme of delegation for matters within their department, which should also set out how departmental budget and procedures for approval of expenditure are delegated.



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Meeting Date	30 May, 2019	Agenda Item	4.14
Report Title	Committee Chair's Report – Audit and Assurance Committee		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Gill Lewis, Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee.		
Key Issues	<p>This report focuses on the key issues raised at the Audit and Assurance Committee meeting held on 29 March.</p> <p>The Board is asked to note the summary from the Chair for assurance.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members 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 29th March 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.

Governance and Assurance				
Link to corporate objectives <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 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.				
Financial Implications				
No financial implications for the Board to be aware of.				
Legal Implications (including equality and diversity assessment)				
It is essential that the Board complies with its standing orders, which includes receiving updates from its committees.				
Staffing Implications				
No staffing implications for the Board to be aware of.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
The report outlines work undertaken by the Committee to review the short term performance and finance of HEIW as well as focussing on the longer term sustainability. The governance structure aims to identify issues early to prevent escalations and the Committee integrates into the overall Board arrangements.				
Report History	This report shall be a standing item on the Board's agenda.			
Appendices	Chair's summary - Audit and Assurance Committee (Appendix 1).			

Appendix 1

Meeting Date	30 May, 2019	Agenda Item	
Freedom of Information Status	Open		
Reporting Committee	Audit and Assurance Committee		
Report Author	Dafydd Bebb, Board Secretary		
Chaired by	Gill Lewis		
Lead Executive Director	Eifion Williams		
Date of last meeting	29 March, 2019		
Summary of key matters considered by the committee and any related decisions made:			
<p>The meeting focussed substantially on the continued challenges faced by HEIW as a newly incorporated entity, reviewing both the Internal Audit Plans and External Audit Plans in respect of Structural Assessment. In particular:</p> <p>Internal Audit. The Audit Report on Budgetary Control, which was assessed as providing reasonable assurance, was received. It was confirmed that the one medium recommendation in the report on L1 (Finance Limit Form) budget forms was completed. The Audit Report on Governance Arrangements, which was assessed as providing substantial assurance, was received.</p> <p>Self Assessment of the Audit Committee was considered and it was agreed that this be included within the Committee's Forward Work Programme.</p> <p>Wales Audit Office (WAO) – Structural Assessment. A report on Structural Assessment was received. It was confirmed that an initial baseline review will be undertaken in the summer followed by a full Structural Assessment before the year end.</p> <p>Counter fraud. The Committee determined that it should receive reports on broad lessons learnt from across Wales in respect of counter fraud.</p> <p>Financial Update. Noted that risk relating to financial returns had changed from green to amber as the deadline for month 11 was missed due to a number system issue. This issue has since been resolved. Financial position agreed with Velindre Trust in respect of monies paid by them on behalf of HEIW. It was noted that £3.1 million had been paid by Velindre Trust on behalf of HEIW and that this sum would be paid by HEIW to Velindre on 29 March.</p> <p>Annual Plan. Timetable was received and noted.</p>			
Key risks and issues/matters of concern of which the Board needs to be made aware:			
<p>Vacancies still a concern but reducing.</p> <p>Outstanding work in respect of Cardiff University staff annual leave accrual noted.</p>			

Finance Limits. Committee recommended amendments to the delegated finance limits within the Standing Orders. This is considered as a separate agenda item for May Board.

Delegated action by the Committee

n/a

Main sources of information received

Internal Audit reports on Budgetary Control and Governance Arrangements
2019/20 Internal Audit Plan and Internal Audit Charter
Report on Structured Assessment
Report on Counter Fraud Services
Circular for Local Counter Fraud Specialist
Finance Update Report
Plan and Timetable for Annual Report

Highlights from sub-groups reporting into this committee

n/a

Matters referred to other Committees

None identified.



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Meeting Date	30 May, 2019	Agenda Item	
Report Title	Committee Chair's Report – Audit and Assurance Committee		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	John Hill Tout, Acting Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Audit and Assurance Committee.		
Key Issues	<p>This report focuses on the key issues raised at the Audit and Assurance Committee meeting held on 13 May 2019.</p> <p>The Board is asked to note the summary from the Chair for assurance.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members 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 13 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.

Governance and Assurance				
Link to corporate objectives <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 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.				
Financial Implications				
No financial implications for the Board to be aware of.				
Legal Implications (including equality and diversity assessment)				
It is essential that the Board complies with its standing orders, which includes receiving updates from its committees.				
Staffing Implications				
No staffing implications for the Board to be aware of.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
The report outlines work undertaken by the Committee to review the short term performance and finance of HEIW as well as focussing on the longer term sustainability. The governance structure aims to identify issues early to prevent escalations and the Committee integrates into the overall Board arrangements.				
Report History	This report shall be a standing item on the Board's agenda.			
Appendices	Chair's summary - Audit and Assurance Committee (Appendix 1).			

Appendix 1

Meeting Date	30 May 2019	Agenda Item	
Freedom of Information Status	Open		
Reporting Committee	Audit and Assurance Committee		
Report Author	Dafydd Bebb, Board Secretary		
Chaired by	John Hill Tout, Acting Chair		
Lead Executive Director	Eifion Williams		
Date of last meeting	13 May 2019		
Summary of key matters considered by the committee and any related decisions made:			
<p>The meeting focussed substantially on the review of the draft Accounts for 2018/19 and the draft Annual Accountability Report:</p> <p>Draft Accounts 2018/19: The Committee reviewed the draft accounts for the accounting period 5 October 2017 to 31 March 2019. This covered the 12 month period from when HEIW was established as a shadow organisation and the ‘go live’ from October 2018 to 31 March 2019. Subject to the adjustment in relation to the External Audit Fee and the addition of a cover note to explain the accounting period, the Committee would receive the final audited accounts at its next meeting on 29 May 2019.</p> <p>Draft Annual Accountability Report: The Committee considered the draft Annual Accountability Report for 2018/19 and, subject to the amendments reflected in the Committee discussion, would receive the final draft at its next meeting on 29 May 2019.</p>			
Key risks and issues/matters of concern of which the Board needs to be made aware:			
<p>The draft 2018/19 year-end outturn position was an underspend of £155k although there was an adjustment to be made of £88k which related to the advance payment of the 2019/20 external audit fee.</p>			
Delegated action by the Committee			
n/a			
Main sources of information received			
<p>Draft Annual Accounts 2018/19 Draft Annual Accountability Report 2018/19</p>			
Highlights from sub-groups reporting into this committee			
n/a			
Matters referred to other Committees			
None identified.			



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

Meeting Date	30 May 2019	Agenda Item	4.14
Report Title	Committee Chair's Report – Education, Commissioning and Quality Committee		
Report Author	Kay Barrow, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Ruth Hall, Chair		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to outline discussions undertaken by the Education, Commissioning and Quality Committee.		
Key Issues	<p>This report focuses on the key issues raised at the Education, Commissioning and Quality Committee meeting held on 16 May 2019.</p> <p>The Board is asked to note the summary from the Chair for assurance.</p>		
Specific Action Required	Information	Discussion	Assurance
			✓
Recommendations	<p>Members are asked to note the report for Assurance and consider increasing Independent Membership.</p> <p>Approve the recommended amendments made by the Education, Commissioning and Quality Committee to its own Terms of Reference as attached as Appendix 1.1</p>		

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 16 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 report for **Assurance** and consider increasing the minimum number of Independent Members from 2 to 3.
- **Approve** the recommended amendments made by the Education, Commissioning and Quality Committee to its own Terms of Reference as attached as Appendix 1.1

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				
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.				
Financial Implications				
No financial implications for the Board to be aware of.				
Legal Implications (including equality and diversity assessment)				
It is essential that the Board complies with its standing orders, which includes receiving updates from its committees.				
Staffing Implications				
No staffing implications for the Board to be aware of.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
The report outlines work undertaken by the Committee to advise and assure the Board in relation to education, education commissioning and quality management of education provision and contracts. The Committee governance structure aims to identify issues early to prevent escalations; work closely with the Audit and Assurance Committee and integrate into the overall Board arrangements.				
Report History	This report shall be a standing item on the Board's agenda.			
Appendices	Chair's summary – Education, Commissioning and Quality Committee (Appendix 1). Updated Terms of Reference for the Education, Commissioning and Quality Committee (Appendix 1.1)			

Appendix 1

Meeting Date	30 May 2019	Agenda Item	
Freedom of Information Status	Open		
Reporting Committee	Education, Commission and Quality Committee		
Report Author	Dafydd Bebb, Board Secretary		
Chaired by	Ruth Hall		
Lead Executive Director(s)	Stephen Griffiths and Professor Pushpinder Mangat		
Date of last meeting	16 May 2019		
Summary of key matters considered by the committee and any related decisions made:			
<p>This first meeting primarily focussed on the Committee's Terms of Reference, education performance and quality matters and progress in relation to the Strategic Review of Health Professional Education. In particular:</p> <p>Terms of Reference: The Committee discussed the Terms of Reference, previously agreed by the HEIW Board, and proposed some minor amendments. It was agreed, in respect of ensuring quorate meetings, that an additional independent member would improve resilience. The Chair agreed to raise this with HEIW's Chair.</p> <p>Strategic Review of Health Professional Education: The Committee received an update in relation to the appointment of KPG to undertake a programme of work around the pre-market consultation that would inform the tender specifications. It was noted that this important preliminary work, due to be completed by 30 June 2019, had been extended by 5 weeks to enable further stakeholder engagement to be undertaken.</p> <p>The Committee recognised the significant financial investment required in the awarding of the contracts and the substantial degree of assurance that would be required for the Committee to make its recommendation to the Board.</p> <p>Monthly QA Review of Post Graduate Medical Education: The Committee was updated in relation to the performance of local education providers across Wales. Reporting requirements were discussed and will be considered further at future meetings.</p> <p>NHS Wales Bursary: The Committee received an update in relation to the position in Wales and noted current concerns as the education sector awaited a decision from Welsh Government.</p> <p>Business Cases: The Committee received progress reports in relation to 3 business cases:</p> <ul style="list-style-type: none"> • Developing Cluster Based Optometry Services – Commissioning of Postgraduate Modules in Medical Retina, Glaucoma and Independent Prescribing; 			

- Proposal to Increase the number of GP Training Places Utilising a New Model of GP Training in Wales;
- Implementation at Pace of a New Model of Pre-Registration Pharmacist Training in Wales.

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

The Committee proposed consideration of an additional Independent Member. This would provide resilience in ensuring each meeting is quorate.

The Committee also recommended that the Board approve the minor amendments to its Terms of Reference as contained within Appendix 1.1.

Delegated action by the Committee

n/a

Main sources of information received

Committee Terms of Reference
 Progress on the Strategic Review of Health Professional Education
 Education Performance and Quality Information
 NHS Wales Bursary for 2020/21 – Implications for HEIW
 Business Cases
 GMC Quality Response

Highlights from sub-groups reporting into this committee

n/a

Matters referred to other Committees

None identified.

Terms of Reference and Operating Arrangements

Education, Commissioning and Quality Committee

Date: 16 May 2019

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers education, education commissioning and quality management of education provision and contracts. This Committee will be known as the **Education, Commissioning and Quality Committee**.

The terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.

2. Purpose

The purpose of the Education, Commissioning and Quality Committee (“the Committee”) is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.
- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its education systems and assurance framework may be strengthened and developed further.
- **Approve** on behalf of the Board education training plans including investment in new programmes and disinvestment in others which shall be recommended to Welsh Government for approval.
- **Recommend** the specification of tender documents in respect of Education to the Board

3. Delegated Powers

With regard to its role in providing advice to the Board, the Committee will:

- i. Provide assurance to the Board as to the effective management and improvement of the quality of HEIW's education and related research activities.
- ii. Identify and approve areas for investment/disinvestment in education and training plans on behalf of the Board taking into account value based commissioning.
- iii. On behalf of the Board agree the national annual education and training plan and recommend to Welsh Government for approval.
- iv. Alert the Audit and Assurance Committee and the Board to any matters requiring governance action, and oversee such action on behalf of the Board.
- v. Oversee the development, implementation and updating of strategies, policies, structures and processes for the governance of education and training which shall including taking a forward looking and strategic view.
- vi. Establish robust mechanisms to be assured of the effective monitoring and management of education and training programmes, including the identification and management of related risk.
- vii. Monitor compliance of education and training activities with:
 - a. statutory and regulatory requirements, including equity, equality legislation and Welsh language requirements and;
 - b. with NHS Wales policy and other relevant policies and HEIW's priorities in relation to equity, equality and diversity, person-centred care and participation, and educational quality.
- viii. Monitor HEIW's compliance with delegated responsibilities given to it by health regulators i.e. GMC, GDC and GPhC as delegated to HEIW.
- ix. Promote collaboration within HEIW and with external agencies in relation to educational and training governance which shall include wellbeing.
- x. To work collaboratively with other HEIW Board standing committees.
- xi. Recommend the specification of tender documents to the Board for Education.

- xii. Recommend undertaking research on Education, Quality and Commissioning to the Board.

The Committee will review and agree the programme of work on an annual basis, and will recommend it to the Board for approval.

4. Membership, Attendees Quorum and Term

4.1 Members

A minimum of three members, comprising:

- Chair - Independent Member
- Members - 2 Independent Member in addition to the Chair

The Chair of the organisation shall not be a member of the Committee, but may be invited to attend by the Chair of the Committee as appropriate.

4.2 Attendees

In attendance:

- Director of Nursing
- Medical Director
- Director of Finance and Corporate Services
- Board Secretary
- Head of Education, Commissioning and Quality

In addition to this, others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

4.3 Quorum

At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

4.4 Terms

Immediately following the establishment of HEIW the Members shall be appointed for an initial period of two years. Thereafter Members shall be appointed for a term of one year.

5. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW’s annual plan of Board Business.

6. Relationships and accountabilities with the Board and its Committees/ Groups

The Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will maintain effective working relationships with HEIW’S Audit and Assurance Committee (AAC), and with HEIW’s other Board committees and subcommittees. To strengthen liaison with the AAC, one Independent Member will serve on both committees.

The Committee will review these Terms of Reference after its initial six months.



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

Meeting Date	30 May, 2019	Agenda Item	4.15
Report Title	Matters reported In-Committee		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Kay Barrow, Corporate Governance Manager		
Freedom of Information	Open		
Purpose of the Report	To set out key issues discussed in-committee at the March Board Meeting.		
Key Issues	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 in March 2019.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to: <ul style="list-style-type: none"> Note the report for information. 		

DECISIONS MADE DURING THE IN-COMMITTEE BOARD MEETING MARCH 2019

1. INTRODUCTION

The purpose of the report is to report on items considered in-committee by the Board meeting in March 2019.

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 in March 2019:

- **Training Contracts.** Chair’s action was ratified in respect of the direct award of contracts to two Universities to provide training for physiotherapy.
- **IT Contract.** A report proposing the award of a single source contract for an IT solution supporting medical and dental training was approved.
- **Key issue report from an In-Committee Audit and Assurance Committee Meeting.** A report on key issues discussed at a recent Audit and Assurance Committee was discussed for assurance.
- **Key issue report from RATS Committee Meetings.** A report on key issues discussed at recent RATS Committee meetings was discussed for assurance.
- **Update on Brexit.** An update on Brexit was received.
- **NWIS.** An update in respect of NWIS was received.

4. FINANCIAL IMPLICATIONS

There are no financial implications in noting the update.

5. RECOMMENDATION

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

Governance and Assurance				
Link to corporate objectives <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.				
Financial Implications				
There are no direct resource implications related to this report. However, any resource implications would have been detailed in the original requests for ratification.				
Legal Implications (including equality and diversity assessment)				
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.				
Staffing Implications				
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.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
There are no direct implications on the Act. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.				
Report History	This report was not in reference to a previous report.			
Appendices	None.			