

# Bwrdd Agored

Thu 29 July 2021, 10:00 - 12:00

## Agenda

10:00 - 10:05

5 min

MATERION RHAGARWEINIOL

00 - Board Agenda (Open) 290721 JR (003)-en-cy-C.docx cym.pdf (2 pages)

### 1.1 Croeso a Chyflwyniadau

Llafar Cadeirydd

### 1.2 Ymddiheuriadau am Absenoldeb

Llafar Cadeirydd

### 1.3 Datgan Buddiannau

Llafar Cadeirydd

### 1.4 Cofnodion Drafft cyfarfod y Bwrdd a gynhaliwyd ar 10 Mehefin 2021

Atodiad Cadeirydd

1.4 - Board Minutes (Open) 10 June 2021.pdf (7 pages)

### 1.5 Cofnod Gweithredu o gyfarfod y Bwrdd a gynhaliwyd ar 10 Mehefin 2021

Atodiad Cadeirydd

1.5 - Board Actions (Open) 10 June 2021 (Final) cym.pdf (2 pages)

### 1.6 Materion sy'n Codi

Llafar Cadeirydd

10:05 - 10:25

20 min

2. ADRODDIADAU'R CADEIRYDD A'R PRIF WEITHREDWR

### 2.1 Adroddiad y Cadeirydd

Atodiad Cadeirydd

2.1 - Chairs Report July 2021(clean) Translation cym.pdf (7 pages)

### 2.2 Adroddiad y Prif Weithredwr

Atodiad Prif Weithredwr

2.2 - CEO Report July 2021. (Final) cym.pdf (10 pages)

2.2a Tabl Ffeil 2.2.pdf (4 pages)

10:25 - 11:10

45 min

3. MATERION STRATEGOL

### 3.1 Cynllun Addysg a Hyfforddiant Blynyddol 2022/23 I

English Cathedra  
08/06/2023 08:41:03

### 3.2 Achos Amlinellol Strategol Fferylliaeth (SOC) ac Achosion Busnes Cysylltiedig

### 3.3 Ail-brynu Cronfeydd Cyn Cofrestru Fferylliaeth

### 3.4 Strategaeth Bioamrywiaeth a Datgarboneiddio

11:10 - 11:55  
45 min

## 4. LLYWODRAETHU, PERFFORMIAD A SICRWYDD

### 4.1 Adroddiad y Cyfarwyddwr Cyllid

### 4.2 Cyfarwyddiadau Ariannol Sefydlog wedi'u diweddaru

### 4.3 Rheolau Sefydlog wedi'u Diweddaru

### 4.4 Cynnal Swyddfa'r Prif Swyddog Digidol


### 4.5 Adroddiad Blynnyddol y Pwyllgor Comisiynu Addysg ac Ansawdd 2020/21

### 4.6 Derbyn adroddiad mater allweddol gan:

English Cathedra  
08/06/2021 08:11:03

#### 4.6.1 Y Pwyllgor Comisiynu Ansawdd ac Addysg a gynhaliwyd ar 25 Mehefin 2021.

*Atodiad* *Cadeirydd y Pwyllgor*

 4.6.1a - Key Issue Report ECQC 25 June to Board (DB) (003)-en-cy-C.docx CYM.pdf (6 pages)

#### 4.6.2 Y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 21 Gorffennaf 2021

*Llafar* *Cadeirydd y Pwyllgor*

11:55 - 12:00  
5 min

## 5. MATERION ERAILL

### 5.1 Unrhyw fater brys arall

*Llafar* *Cadeirydd*

### 5.2 Dyddiadau'r Cyfarfodydd Nesaf:

*Llafar* *Cadeirydd*

- Sesiwn Datblygu Bwrdd AaGIC i'w gynnal ar 19 Awst 2021 drwy Microsoft Teams/Telegynhadledd
- Bwrdd AaGIC i'w gynnal ar 30 Medi 2021 drwy Zoom/Telegynhadledd.

## ADDYSG a GWELLA IECHYD CYMRU (AaGIC)

**Cyfarfod Bwrdd Agored – 10:00 – 12:00**

**i'w gynnal ddydd Iau, 29 Gorffennaf 2021  
drwy Zoom**

### AGENDA

<b>RHAN 1</b>	<b>MATERION RHAGARWEINIOL</b>	<b>10:00-10:05</b>
1.1	Croeso a Chyflwyniadau	Cadeirydd/Llafar
1.2	Ymddiheuriadau am Absenoldeb	Cadeirydd/Llafar
1.3	Datganiad o Fuddiannau	Cadeirydd/Llafar
1.4	Cofnodion Drafft cyfarfod y Bwrdd a gynhaliwyd ar 10 Mehefin 2021	Cadeirydd/Atodiad
1.5	Cofnod Gweithredu o gyfarfod y Bwrdd a gynhaliwyd ar 10 Mehefin 2021	Cadeirydd/Atodiad
1.6	Materion yn Codi	Cadeirydd/Llafar
<b>RHAN 2</b>	<b>ADRODDIADAU'R CADEIRYDD A'R PRIF WEITHREDWR</b>	<b>10:05-10:25</b>
2.1	Adroddiad y Cadeirydd	Cadeirydd/Atodiad
2.2	Adroddiad y Prif Weithredwr	Prif Weithredwr/ Atodiad
<b>RHAN 3</b>	<b>MATERION STRATEGOL</b>	<b>10:25-11:10</b>
3.1	Cynllun Addysg a Hyfforddiant Blynyddol 2022/23	Cyfarwyddwr Nysio ac Addysg Iechyd Proffesiynol (AaGIC) Atodiad
3.2	Achos Amlinellol Strategol Fferylliaeth (SOC) ac Achosion Busnes Cysylltiedig	Cyfarwyddiaeth Ffeddygol Atodiadau
3.3	Ail-brynu Cronfeydd Cyn Cofrestru Fferylliaeth	Cyfarwyddiaeth Ffeddygol Atodiadau
3.4	Strategaeth Bioamrywiaeth a Datgarboneiddio	Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol/Atodiad
<b>RHAN 4</b>	<b>LLYWODRAETHU, PERFFORMIAD A SICRWYDD</b>	<b>11:10-11:55</b>
4.1	Adroddiad y Cyfarwyddwr Cyllid	Cyfarwyddwr Cyllid/ Atodiad
4.2	Cyfarwyddiadau Ariannol Sefydlog wedi'u diweddaru	Cyfarwyddwr Cyllid/ Atodiadau
4.3	Rheolau Sefydlog wedi'u Diweddaru	Ysgrifennydd y Bwrdd / Atodiadau
4.4	Cynnal Swyddfa'r Prif Swyddog Digidol	Ysgrifennydd y Bwrdd / Atodiad



4.5	Adroddiad Blynyddol y Pwyllgor Comisiynu Addysg ac Ansawdd 2020/21	Cadeirydd y Pwyllgor/ Atodiad
4.6	Derbyn adroddiad mater allweddol gan: <ul style="list-style-type: none"> <li>• 4.6.1 - Y Pwyllgor Comisiynu Ansawdd ac Addysg a gynhaliwyd ar 25 Mehefin 2021.</li> <li>• 4.6.2 - Y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 21 Gorffennaf 2021</li> </ul>	Cadeirydd y Pwyllgor/ Atodiad Cadeirydd y Pwyllgor/ Llafar
<b>RHAN 5</b>	<b>MATERION ERAILL</b>	<b>11:55-12:00</b>
5.1	Unrhyw fater brys arall	Cadeirydd/Llafar
5.2	Dyddiadau'r Cyfarfodydd Nesaf: <ul style="list-style-type: none"> <li>• <b>Sesiwn Datblygu Bwrdd AaGIC</b> i'w gynnal ar <b>19 Awst 2021</b> drwy Microsoft Teams/Telegynhadledd</li> <li>• <b>Bwrdd AaGIC</b> i'w gynnal ar <b>30 Medi 2021</b> drwy Zoom/Telegynhadledd.</li> </ul>	

Yn unol â darpariaeth Adran 1 (2) o Ddeddf Cyrff Cyhoeddus (Derbyniadau i Gyfarfodydd) 1960 penderfynir bod cynrychiolwyr y wasg ac aelodau eraill o'r cyhoedd yn cael eu heithrio o ran olaf y cyfarfod ar y sail bod byddai'n niweidiol i fudd y cyhoedd oherwydd natur gyfrinachol y busnes a drafodwyd. Mae'r rhan hon o'r cyfarfod i'w chynnal mewn sesiwn breifat.

**Cofnodion heb eu Cadarnhau o Gyfarfod Bwrdd AaGIC  
a gynhaliwyd am 2pm, 10 Mehefin 2021  
drwy Zoom/Telegynadledda, drwy Tŷ Dysgu, Nantgarw**

**Yn bresennol**

Dr Chris Jones  
John Hill Tout  
Tina Donnelly  
Gill Lewis  
Alex Howells  
Angela Parry  
Julie Rogers  
Eifion Williams  
Yr Athro Pushpinder Mangat

Cadeirydd  
Is-gadeirydd, Aelod Annibynnol  
Aelod Annibynnol  
Aelod Annibynnol  
Prif Weithredwr  
Cyfarwyddwr Nyrsio Dros Dro  
Cyfarwyddwr y Gweithlu ac OD  
Cyfarwyddwr Cyllid  
Cyfarwyddwr Meddygol

**Hefyd yn bresennol:**

Dafydd Bebb  
Sian Richards  
Nicola Johnson  
  
Huw Owen  
Catherine English

Ysgrifennydd y Bwrdd  
Cyfarwyddwr Digidol  
Cyfarwyddwr Cynllunio, Perfformiad a  
Gwasanaethau Cwsmeriaid  
Rheolwr Gwasanaethau Cymraeg  
Rheolwr Llywodraethu Corfforaethol  
(Ysgrifenyddiaeth)

RHAN 1	MATERION RHAGARWEINIOL	Cam Gweithredu
1006/1.1	<b>Croeso a Chyflwyniadau</b>	
	Croesawodd y Cadeirydd bawb i'r cyfarfod a chadarnhawyd bod cworwm yn bresennol.	
1006/1.2	<b>Ymddiheuriadau am absenoldeb</b>	
	Cafwyd ymddiheuriadau gan Dr Heidi Phillips, Dr Ruth Hall a Lisa Llewelyn.	
1006/1.3	<b>Datganiad o fuddiant</b>	
	Ni chafwyd dim datganiadau o fuddiant.	
1006/1.4	<b>Derbyn a chadarnhau cofnodion y cyfarfod o'r Bwrdd a gynhaliwyd ar 27 Mai 2021</b>	
<b>Penderfynwyd</b>	Derbyniwyd a <b>chymeradwywyd</b> y cofnodion fel cofnod cywir o'r cyfarfod yn amodol ar y gwelliant canlynol:  <b>2705/4.5</b> i'w ddiwygio i ddarllen 'Cyflwynodd John Hill-Tout yr adroddiad gan nodi bod y Pwyllgor wedi cael y Cyfrifon Blyneddol drafft 2020/21 a Barn y Pennaeth Archwilio Mewnol ac Adroddiad Blyneddol 2020/21 drafft.'	<b>DB</b>
1006/1.5	<b>Log Gweithredu o gyfarfod y Bwrdd a gynhaliwyd ar 27 Mai 2021</b>	

	<b>Derbyniodd</b> y Bwrdd y Log Gweithredu a <b>nododd</b> fod y camau gweithredu naill ai wedi'u cwblhau, o fewn y flaenraglen waith neu eu bod yn faterion i'w hystyried ar agenda heddiw.	
<b>Penderfynwyd</b>	<b>Nododd</b> y Bwrdd y Log Gweithredu	
<b>1006/1.6</b>	<b>Materion yn codi</b>	
	Nid oedd dim materion yn codi.	
<b>RHAN 2</b>	<b>LLYWODRAETHU, PERFFORMIAD A SICRWYDD</b>	
<b>1006/2.1.1</b>	<b>Cynllun Blynyddol 2021/22</b>	
	<p>Derbyniodd y <b>Bwrdd</b> yr adroddiad.</p> <p>Wrth gyflwyno'r adroddiad, eglurodd Nicola Johnson fod Cynllun Blynyddol drafft terfynol 2021/22 wedi'i gymeradwyo gan Fwrdd AaGIC ym mis Mawrth i'w rannu â Llywodraeth Cymru. Cadarnhawyd ei bod yn ofynnol bod Cynlluniau Blynyddol terfynol a gymeradwywyd gan y Bwrdd cael eu cyflwyno i Lywodraeth Cymru erbyn 30 Mehefin 2021 er na fyddai Llywodraeth Cymru yn cymeradwyo'r cynlluniau'n ffurfiol oherwydd pandemig COVID-19.</p> <p>Cafwyd adborth anffurfiol cadarnhaol gan Lywodraeth Cymru ar y Cynllun drafft am ei fod yn gynllun uchelgeisiol a hyderus gyda phwyslais cryf ar leihau anghydraddoldebau a chyflawni Strategaeth y Gweithlu. Ailadroddwyd yr adborth hwn yng nghyfarfod diwedd blwyddyn y Cyd-dîm Gweithredol ar 8 Mehefin.</p> <p>Amlygodd yr adborth nifer fach o feysydd i'w gwella, ac roedd y rhain wedi'u cryfhau yn y ddogfen derfynol. Yn benodol, roedd y Cynllun Ariannol a'r Set Ddata Sylfaenol genedlaethol wedi'u diweddarau, ac roedd y Cynllun Blynyddol wedi'i ddiwygio i adlewyrchu'r adroddiad perfformiad diwedd blwyddyn.</p> <p>Bu'r Bwrdd yn ystyried llythyr adborth Llywodraeth Cymru.</p> <p>Diolchodd y Bwrdd i Nicola Johnson a'i thîm am eu gwaith o ddrafftio Cynllun Blynyddol uchelgeisiol ar gyfer 2021/22.</p>	
<b>Penderfynwyd</b>	<p>Cymerodd y Bwrdd y camau canlynol:</p> <ul style="list-style-type: none"> <li><b>Cymeradwywyd</b> Cynllun Blynyddol 2021/22 er mwyn ei gyflwyno i Lywodraeth Cymru erbyn 30 Mehefin.</li> </ul>	<b>NJ</b>
<b>1006/2.1.1</b>	<b>Cynllun Adnoddau 2021/22</b>	
	<p>Derbyniodd y <b>Bwrdd</b> yr adroddiad.</p> <p>Wrth gyflwyno'r adroddiad, eglurodd Eifion Williams ei fod yn cynnwys y dull a ddefnyddid i bennu cyllidebau 2021/22 ac i ddirprwyo i ddeiliaid cyllidebau, yn unol â'r Cynllun Blynyddol y cytunwyd arno gan Fwrdd AaGIC.</p> <p>Ar ôl cael llythyr dyrannu Llywodraeth Cymru ar gyfer 2021-22 ac adolygiad manwl o'r adnoddau sydd ar gael, diwygiwyd y Cynllun Ariannol o fewn y Cynllun Blynyddol, a dangosir y</p>	

English Catherine  
08/06/2021 08:41:03

	<p>manylion yn Atodiad 1 o'r adroddiad. Er bod y dyraniad cyllid craidd diwygiedig ar gyfer 2021/22 yn £270m, nodwyd fod cyllid afreolaidd pellach i gefnogi achosion busnes penodol a swyddi a mentrau ychwanegol wedi'u cyflwyno i Lywodraeth Cymru ac y gweithredir arnynt yn ystod y flwyddyn. Hefyd, byddai £600k o gyllid datblygu'n cael ei gario ymlaen i 2021-22 fel addasiad afreolaidd i'r dyraniad yn ystod y flwyddyn.</p> <p>Nododd Eifion Williams fod trafodaethau'n cael eu cynnal â Llywodraeth Cymru ynglŷn â'r newidiadau sefydliadol arfaethedig y cytunwyd sydd eu hangen i gyflawni gwaith craidd AaGIC. Cafodd y newidiadau sefydliadol hyn eu hariannu o gyllid datblygu rheolaidd a oedd ar gael, ond roedd natur reolaidd penodiadau perthnasol yn golygu y byddai'r hyblygrwydd a ddaw yn sgil y datblygiad yn cael ei golli oni bai bod y rhain yn cael eu cydnabod o fewn y dyraniad craidd.</p> <p>Cadarnhawyd y byddai Llywodraeth Cymru yn ariannu dyfarniadau cyflog a chwyddiant cysylltiedig yn y dyraniad referniw. O ran chwyddiant nad yw'n gysylltiedig â thâl, eglurodd Eifion Williams mai elfen fechan o wariant nad oedd yn ymwneud â thâl oedd wedi'i chynnwys yn y cyllidebau ac felly roedd y risgiau sy'n gysylltiedig â chwyddiant yn fach iawn. Roedd y rhan fwyaf o wariant AaGIC nad oedd yn gysylltiedig â thâl yn ymwneud â chomisiynu ac roedd y gweithgareddau hyn yn cael eu rheoli'n dda gyda'r contractau hynny.</p> <p>Canmolodd y Bwrdd waith y Tîm Cyllid wrth ddatblygu Cynllun Adnoddau sy'n cyd-fynd â dyheadau'r Cynllun Blynyddol.</p>	
<b>Penderfynwyd</b>	<p>Cymerodd y Bwrdd y camau canlynol:</p> <ul style="list-style-type: none"> <li>• <b>Cytunwyd</b> ar y fethodoleg a ddefnyddiwyd i bennu cyllidebau dirprwyedig 2021/22.</li> <li>• <b>Nodwyd</b> y fframwaith ariannol fel y nodir yn y Cynllun Blynyddol.</li> <li>• <b>Nodwyd</b> Dyraniad Llywodraeth Cymru.</li> <li>• <b>Nodwyd</b> ac <b>ystyriwyd</b> y risgiau allweddol a amlinellwyd.</li> </ul>	
<b>1006/2.2</b>	<b>Adroddiad Atebolrwydd Blynyddol</b>	
English Catherine 08/06/2021 08:41:03	<p><b>Derbyniodd</b> y Bwrdd yr adroddiad.</p> <p>Wrth gyflwyno'r adroddiad eglurodd Dafydd Bebb fod yr Adroddiad Atebolrwydd yn rhoi amlinelliad o raglen AaGIC mewn perthynas â threfniadau llywodraethu'r Bwrdd a'i fod yn cynnwys tair dogfen allweddol: y Datganiad Llywodraethu Blynyddol, yr Adroddiad Cydnabyddiaeth Ariannol a Staff ac Adroddiad Atebolrwydd ac Archwilio Cynulliad Cenedlaethol Cymru.</p> <p>Cadarnhawyd fod yr Adroddiad Atebolrwydd Blynyddol wedi'i ystyried gan y Pwyllgor Archwilio a Sicrwydd ar 9 Mehefin ac</p>	

	<p>argymhellwyd fod y Bwrdd yn ei gymeradwyo'n amodol ar y ddau welliant canlynol:</p> <ul style="list-style-type: none"> <li>Bod cyfeiriad at yr Adroddiad Archwilio Mewnol ar Lywodraethu, a oedd yn rhoi pwyslais ar grwpiau AaGIC, yn cael ei gynnwys ar dudalen 24 o'r Datganiad Llywodraethu Blynnyddol; a</li> <li>Dylid diweddarau tabl presenoldeb y bwrdd ar dudalen 7 i ddangos bod Tina Donnelly yn bresennol mewn chwe chyfarfod o'r bwrdd yn hytrach na phump fel y nodir ar hyn o bryd.</li> </ul>	
<b>Penderfynwyd</b>	Yn unol ag argymhelliad y Pwyllgor Archwilio a Sicrwydd, <b>cymeradwyodd</b> y Bwrdd Adroddiad Atebolrwydd Blynnyddol 2020/21 i'w lofnodi gan y Swyddog Atebol a'r Cadeirydd a'i gyflwyno i Lywodraeth Cymru yn amodol ar y diwygiadau a nodwyd.	<b>DB</b>
<b>1006/2.3</b>	<b>Adroddiad Perfformiad 2020/21</b>	
	<p>Derbyniodd y <b>Bwrdd</b> yr adroddiad.</p> <p>Wrth gyflwyno'r adroddiad, eglurodd Dafydd Bebb mai diben yr Adroddiad Perfformiad oedd rhoi'r wybodaeth ddiweddaraf am berfformiad y sefydliad yn 2020/21, gan gynnwys cynnydd o ran cyflawni Nodau Strategol a gweithgareddau busnes AaGIC.</p> <p>Cadarnhawyd fod yr Adroddiad Perfformiad wedi'i ystyried gan y Pwyllgor Archwilio a Sicrwydd ar 9 Mehefin a'i fod wedi argymhell fod y Bwrdd yn ei gymeradwyo yn amodol ar y diwygiad canlynol:</p> <ul style="list-style-type: none"> <li>Cywirwyd y gyfradd perfformiad PADR ar dudalen 9 i ddangos 61.8%.</li> </ul>	
<b>Penderfynwyd</b>	Yn unol ag argymhelliad y Pwyllgor Archwilio a Sicrwydd, <b>cymeradwyodd</b> y Bwrdd Adroddiad Perfformiad Blynnyddol 2020/21 i'w gyflwyno i Lywodraeth Cymru yn amodol ar y newid a nodwyd.	<b>DB</b>
<b>1006/2.4</b>	<b>Adolygiad y Pwyllgor Archwilio a Sicrwydd o'r Cyfrifon a'r Datganiadau Datgeliad Cyhoeddus</b>	
	Eglurodd Gill Lewis, Cadeirydd y Pwyllgor Archwilio a Sicrwydd, fod y Pwyllgor wedi cynnal adolygiad llawn a thrylwyr o'r cyfrifon a'r datganiadau datgeliadau cyhoeddus. Rhoddwyd sylw i unrhyw gwestiynau ynglŷn â'r cyfrifon ac felly roedd y Pwyllgor Archwilio a Sicrwydd yn gallu argymhell bod y Bwrdd yn cymeradwyo'r cyfrifon.	
<b>Penderfynwyd</b>	<b>Nododd</b> y Bwrdd ddiweddariad gan Gadeirydd y Pwyllgor Archwilio a Sicrwydd.	
<b>1006/2.5</b>	<b>Cyfrifon Terfynol 2020/21</b>	
	<p><b>Derbyniodd</b> y Bwrdd gyfrifon terfynol 2020/21.</p> <p>Wrth gyflwyno'r Cyfrifon Terfynol, nododd Eifion Williams:</p>	

	<ul style="list-style-type: none"> <li>• Roedd y costau gweithredu yn 2021 yn £254.7m, cynnydd o £21.7 miliwn o'i gymharu â'r flwyddyn flaenorol. Roedd y cynnydd mwyaf mewn gwariant ar hyfforddiant Meddygol, Deintyddol a Fferyllol fel y nodwyd yn nodyn 3.2 o'r Cyfrifon.</li> <li>• Bu cynnydd o £7.2m yn y gwariant ar Gofrestryddion Meddygon Teulu ynghyd â chynnydd o £2.1 yn y gwariant ar feddygon dan hyfforddiant.</li> <li>• Cafodd hyfforddiant deintyddol ei gynnwys yn y Cyfrifon am y tro cyntaf ers iddo gael ei drosglwyddo o gyllid Llywodraeth Cymru ac roedd wedi golygu cynnydd o £4.3 yng ngwariant AaGIC.</li> </ul> <p>Tynnwyd sylw at y ffaith bod AaGIC wedi cyflawni ei ddyletswyddau statudol yn 2020/21 drwy:</p> <ul style="list-style-type: none"> <li>• mantoli'r gyllideb yn erbyn y Terfyn Adnoddau Refeniw am y cyfnod gyda thanwariant o £95,000,</li> <li>• mantoli'r gyllideb yn erbyn y Terfyn Adnoddau Cyfalaf am y cyfnod cyfrifyddu gyda thanwariant o £21,000; a</li> <li>• talu 95.9% o anfonebau nad ydynt yn anfonebau'r GIG o fewn 30 diwrnod ar ôl eu cael yn erbyn y targed o 95%.</li> </ul>	
<b>Penderfynwyd</b>	<b>Nododd y Bwrdd Gyfrifon Terfynol 2020/21.</b>	
<b>1006/2.6</b>	<b>Archwilio Cymru – Adroddiad Archwilio Datganiadau Ariannol (ISA260) a Llythyr Cynrychiolaeth</b>	
	<p>Derbyniodd y Bwrdd Adroddiad Archwilio Datganiadau Ariannol Archwilio Cymru (ISA 260) a oedd yn cynnwys y Llythyr Cynrychiolaeth.</p> <p>Wrth gyflwyno'r ISA 260, rhoddodd Eifion Williams drosolwg o bwyntiau allweddol yr adroddiad a chadarnhaodd fod Archwilio Cymru yn cyhoeddi barn archwilio ddiamod ar gyfrifon AaGIC ar gyfer 2020/2021.</p> <p>Nododd y Bwrdd nad oedd:</p> <ul style="list-style-type: none"> <li>• camddatganiadau dibwys wedi'u canfod yn y cyfrifon sy'n dal heb eu cywiro,</li> <li>• cywiriadau i'r Datganiadau Ariannol; nac</li> <li>• argymhelliad sy'n deillio o'r archwiliad.</li> </ul> <p>Nododd Eifion Williams fod un pwyslais ar fater yn ymwneud ag Atebolrwydd Treth Bensiwn Clinigwyr a oedd yn fater Cymru gyfan ac a oedd yn gofyn am ddatgelu rhwymedigaeth ddibynnol yn 21.1 o'r Datganiadau Ariannol.</p>	
<b>Penderfynwyd</b>	<b>Nododd y Bwrdd gynnwys yr ISA260 a'r Llythyr Cynrychiolaeth.</b>	
<b>1006/2.7</b>	<b>Cymeradwyaeth Ffurfiol i Gyfrifon a Datganiadau Datgeliad Cyhoeddus 2020/21</b>	

	<p>Ystyriodd y Bwrdd y Cyfrifon a'r Datganiadau Datgeliadau Cyhoeddus ar gyfer 20 20/2021 ac argymhelliad y Pwyllgor Archwilio a Sicrwydd.</p> <p>Diolchodd y Bwrdd i'r Tîm Cyllid ac Archwilio Cymru am baratoi set ragorol o gyfrifon terfynol o fewn amserlen gytunedig Llywodraeth Cymru.</p> <p>Diolchodd y Bwrdd hefyd i'r Prif Weithredwr a'i Thîm Gweithredol am eu harweinyddiaeth a'u cynllunio yn ystod y flwyddyn ddiwethaf.</p>	
<b>Penderfynwyd</b>	<p>Cymerodd y Bwrdd y camau canlynol:</p> <ul style="list-style-type: none"> <li>• <b>Cymeradwyo</b> Cyfrifon a Datganiadau Datgeliadau Cyhoeddus 2020/21.</li> <li>• <b>Cymeradwyo'r</b> defnydd o lofnodion electronig ar gyfer llofnodi'r Cyfrifon, y Datganiadau Datgeliadau Cyhoeddus, ac elfennau amrywiol o'r Adroddiad Atebolrwydd cyn eu cyflwyno i Lywodraeth Cymru ar 11 Mehefin 2021.</li> </ul>	<b>EW</b>
<b>1006/2.8</b>	<b>Penderfyniadau a Wnaed yn y Pwyllgor</b>	
<b>Penderfynwyd</b>	<b>Derbyniodd a nododd</b> y Bwrdd yr adroddiad a oedd yn cynnwys y materion allweddol a drafodwyd 'yn y pwyllgor' yng nghyfarfod y Bwrdd ym mis Mai.	
<b>PART 3</b>	<b>MATERION ERAILL</b>	
<b>1006/3.1</b>	<b>Unrhyw Fater Brys Arall</b>	
	<p>Gofynnodd y Cadeirydd i'r Bwrdd gadarnhau Cam a gymerwyd gan Gadeiryddion ar 4 Mehefin i awdurdodi'r Prif Weithredwr i awdurdodi anfoneb Cyflogwr Arweiniol Sengl Misol y Cyd-wasanaeth (SLE) am hyd at £4 miliwn ar gyfer pob un o'r misoedd canlynol: Mehefin, Gorffennaf, Awst a Medi 2021.</p> <p>Roedd yr anfoneb SLE yn cynnwys:</p> <ul style="list-style-type: none"> <li>• Meddygon Teulu dan Hyfforddant</li> <li>• Hyfforddeion Deintyddol Sylfaen; a</li> <li>• Fferyllwyr cyn cofrestru (anfoneb SLE fisol).</li> </ul> <p>Cadarnhawyd, yn unol â Rheolau Sefydlog AaGIC, fod y Cadeirydd a'r Prif Weithredwr wedi cymryd camau i weithredu ar ôl ymgynghori â dau Aelod Annibynnol.</p>	
<b>Penderfynwyd</b>	<b>Cadarnhaodd</b> y Bwrdd Gam Gweithredu'r Cadeirydd yn awdurdodi'r Prif Weithredwr i gymeradwyo anfoneb Cyflogwr Arweiniol Sengl Misol y Cyd-wasanaeth am hyd at £4 miliwn ar gyfer pob un o'r misoedd canlynol: Mehefin, Gorffennaf, Awst a Medi 2021.	
<b>1006/3.2</b>	<b>Dyddiad y cyfarfod nesaf</b>	
	<p>Dyddiadau'r Cyfarfodydd Nesaf:</p> <ul style="list-style-type: none"> <li>• Sesiwn Datblygu Bwrdd AaGIC i'w chynnal ar 17 Mehefin 2021 drwy Microsoft Teams/Telegynadledda.</li> </ul>	

	<ul style="list-style-type: none"><li>Bwrdd AaGIC i'w gynnal ar 29 Gorffennaf 2021 i'w gynnal drwy Zoom/Telegynadledda.</li></ul>	
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.....  
Chris Jones (Cadeirydd)

.....  
Dyddiad

Draft

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**Bwrdd AaGIG (Agored)**  
**10 Mehefin 2021**  
**Log Gweithredu**

(Mae'r Daflen Camau Gweithredu hefyd yn cynnwys camau y cytunwyd arnynt yng nghyfarfodydd agored blaenorol Bwrdd AaGIC ac maent yn aros i gael eu cwblhau neu byddant yn cael eu hystyried gan y Bwrdd yn y dyfodol. Mae'r rhain i'w gweld gyda chefnidir llwyd yn yr adran gyntaf. Pan gânt eu cymeradwyo gan y Bwrdd, bydd y camau hyn yn cael eu tynnu oddi ar y daflen gweithredu treigl.)

Cyfeiriad yn y Cofnodion	Cam Gweithredu y Cytunwyd arno	Swyddog Arweiniol	Dyddiad Targed	Cynnydd/ Cwblhawyd
<b>2503/1.6</b>	<b>Materion yn Codi</b>			
	<ul style="list-style-type: none"> <li>Bod trefniadau ar gyfer cyfarfodydd Bwrdd a Phwyllgorau'n rhithiol yn cael eu hymestyn tan ddiwedd Medi 2021.</li> </ul>	<b>Ysgrifennydd y Bwrdd</b>	Medi 2021	Ar waith
<b>2705/3.2</b>	<b>Diweddariad ar Rôl AaGIC i Arwain Rhaglenni Cenedlaethol</b>			
	<ul style="list-style-type: none"> <li>Mae'r Tîm Gweithredol yn derbyn diagram gwifrau llywodraethu ar gyfer y Rhaglenni Cenedlaethol.</li> </ul>	<b>Cyfarwyddwr Nyrsio ac Addysg Broffesiynol Iechyd</b>	Gorffennaf 2021	Bydd y Bwrdd yn cael ei ddiweddarau yn y cyfarfod ar 29 Gorffennaf.
<b>1006/1.4</b>	<b>Cofnodion cyfarfod y Bwrdd a gynhaliwyd ar 27 Mai 2021</b>			
	<ul style="list-style-type: none"> <li>i'w newid i ddarllen "Cyflwynodd John Hill-Tout yr adroddiad gan nodi bod y Pwyllgor wedi cael y Cyfrifon Blynnyddol drafft 2020/21 a Barn y Pennaeth Archwilio Mewnol ac Adroddiad Blynnyddol 2020/21 drafft.'</li> </ul>	<b>Rheolwr Llywodraethu Corfforaethol</b>	1 Wythnos	Cwblhawyd
<b>1006/2.1.1</b>	<b>Cynllun Blynnyddol 2021/22</b>			
	<ul style="list-style-type: none"> <li>Cynllun Blynnyddol 2021/22 i'w gyflwyno i Lywodraeth Cymru erbyn 30 Mehefin.</li> </ul>	<b>Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol</b>	30 Mehefin	Cwblhawyd



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Cyfeiriad yn y Cofnodion	Cam Gweithredu y Cytunwyd arno	Swyddog Arweiniol	Dyddiad Targed	Cynnydd/ Cwblhawyd
<b>1006/2.2</b>	<b>Adroddiad Atebolrwydd Blynyddol 2020/21</b>			
	<ul style="list-style-type: none"> <li>Adroddiad Atebolrwydd Blynyddol 2020/21 i'w lofnodi gan y Swyddog Atebolrwydd a'r Cadeirydd a'i gyflwyno i Lywodraeth Cymru yn amodol ar y newidiadau a nodwyd.</li> </ul>	<b>Ysgrifennydd y Bwrdd</b>	11 Mehefin	Cwblhawyd
<b>1006/2.3</b>	<b>Adroddiad Perfformiad 2020/21</b>			
	<ul style="list-style-type: none"> <li>Adroddiad Perfformiad Blynyddol 2020/21 i'w gyflwyno i Lywodraeth Cymru yn amodol ar y newidiadau a nodwyd.</li> </ul>	<b>Ysgrifennydd y Bwrdd</b>	11 Mehefin	Cwblhawyd
<b>1006/2</b>	<b>Cymeradwyo Cyfrifon a Datganiadau Datgeliad Cyhoeddus 2020/21 yn Ffurfiol</b>			
	<ul style="list-style-type: none"> <li>Llofnodion electronig i'w defnyddio i lofnodi'r Cyfrifon, y Datganiadau Datgeliadau Cyhoeddus, ac elfennau amrywiol o'r Adroddiad Atebolrwydd cyn eu cyflwyno i Lywodraeth Cymru ar 11 Mehefin 2021.</li> </ul>	<b>Cyfarwyddwr Cyllid</b>	11 Mehefin	Cwblhawyd

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<b>Dyddiad y Cyfarfod</b>	<b>29 Gorffennaf 2021</b>	<b>Eitem ar yr Agenda</b>	<b>2.1</b>
<b>Teitl yr Adroddiad</b>	<b>Adroddiad y Cadeirydd</b>		
<b>Awdur yr Adroddiad</b>	Dr Chris Jones, Cadeirydd		
<b>Noddwr yr Adroddiad</b>	Dr Chris Jones, Cadeirydd		
<b>Cyflwynir gan</b>	Dr Chris Jones, Cadeirydd		
<b>Rhyddid Gwybodaeth</b>	Agored		
<b>Cam Penodol a Fynnir</b>	<p>Gofynnir i'r Aelodau:</p> <ul style="list-style-type: none"><li>• <b>Nodi'r</b> adroddiad er gwybodaeth a</li><li>• chadarnhau Gweithred y Cadeirydd yr ymgwymerwyd ag o ar 25 Mehefin i gadarnhau bod y contractau addysg newydd, yn gysylltiedig â Cham 1 yr Adolygiad Strategol Addysg, yn cael eu dyfarnu ar sail y cynigion llwyddiannus a ddeilliodd o'r broses gaffael helaeth ac arfarnu cadarn a gynhaliwyd yn ddiweddar gan AaGIC ac NWSSP.</li><li>• cadarnhau Gweithred y Cadeirydd yr ymgwymerwyd ag o ar 29 Mehefin yn erchi i'r Bwrdd gefnogi addasiad ar sail gweithrediad AaGIC er mwyn ei alluogi i lywyddu'r OCDO.</li></ul>		

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## ADRODDIAD Y CADEIRYDD

### 1. PWRPAS YR ADRODDIAD

Pwrpas yr adroddiad hwn yw rhoi diweddariad i'r Bwrdd ar yr ystod o weithgareddau a chyfarfodydd yr ymgymherwyd â hwy gan Gadeirydd AaGIC, Is-gadeirydd a Chadeiryddion y Pwyllgor Archwilio a Sicrwydd a'r Pwyllgor Addysg, Comisiynu ac Ansawdd ers cyfarfod diwethaf y Bwrdd.

### 2. ADRODDIAD Y CADEIRYDD

Maen nhw'n dweud ein bod ni'n byw mewn cyfnod diddorol! Yr ŷm ni ger trobwynt lle'r ydym wedi dysgu a phrofi Covid 19 ar ffurf pandemig byd-eang a bellach yn ei wynebu ar ffurf endemig. Bydd angen peth amser i ddod i arfer â hyn!

Wrth inni symud ymlaen fel sefydliad, mae angen i ni adeiladu ar arloesiadau, perthnasoedd a'r cyfleoedd y mae'r flwyddyn ddiwethaf wedi'u dadlennu. Mae angen i ni barhau i adeiladu ar ein harbenigedd a'n hegri o ran helpu i lunio gweithlu iechyd a Gofal y dyfodol tra'n cefnogi a nerthu'r gweithlu presennol trwy addysg a hyfforddiant. Ein tasg allweddol yw adeiladu gweithlu medrus, mwy cynhwysol ac amrywiol gydag arweinyddiaeth dosturiol a gwir ymrwymiad i iechyd a lles y sawl sy'n gofalu am boblogaeth Cymru.

Wedi'n cyfarfod Bwrdd heddiw, byddwn yn cynnal ein Cyfarfod Cyffredinol Blynnyddol, a ddilynir gan ddigwyddiad arddangos. Fel Bwrdd, rydym yn falch iawn o'n staff yn AaGIC a'u cyflawniadau.

Yn dilyn Etholiadau Seneddol Cymru 2021, mae gennym Weinidog Iechyd a Gwasanaethau Cymdeithasol Newydd - Eluned Morgan a Dirprwy Weinidog Iechyd Meddwl a Llesiant newydd - Lynne Neagle. Mae Julie Morgan yn parhau fel Y Dirprwy Weinidog Gwasanaethau Cymdeithasol. Mae'r Cadeiryddion a'r Prif Weithredwyr wedi cael cyfarfod gyda'r Gweinidog a'r Dirprwy Weinidogion lle bu trafodaeth wedi'i chanoli ar flaenoriaethau gweinidogol. Mae'r rhain yn cynnwys: -

- Ymateb Covid
- Adferiad y GIG
- Gweithio ochr yn ochr â Gofal Cymdeithasol
- Cymru Iachach
- Cyllid a rheolaeth y GIG oddi mewn i derfynau adnoddau
- Iechyd Meddwl a lles emosiynol
- Cefnogi'r gweithlu iechyd a gofal
- Iechyd y Boblogaeth - pandemig ac anghydraddoldebau

Yn dilyn hynny, cyfarfu Alex a minnau â'r Gweinidog - Eluned Morgan, a chawsom gyfle i fyfyrio ar rôl AaGIC yn ystod y pandemig ac, wrth symud ymlaen, ei safle allweddol o ran cefnogi adferiad ac ailosodiad y sector iechyd a gofal ehangach. Buom

yn trafod Arweinyddiaeth Dosturiol, cynllunio'r gweithlu, hyfforddiant ac addysg, gofal sylfaenol, lles ac iechyd meddwl.

Mae Alex a minnau hefyd wedi cyfarfod â Lynne Neagle (Y Dirprwy Weinidog) a swyddogion ac wedi cynnal trafodaethau eang ynghylch cefnogi'r ystod o faterion iechyd meddwl a llesiant ehangach.

## **Materion Bwrdd**

Yn dilyn penodi Ceri Phillips i swydd yr Is-gadeirydd yn BILI Caerdydd a'r Fro, rydym nawr ar fin hysbysebu ar gyfer dau aelod newydd i ymuno â'r Bwrdd a cheisio penodi aelod ychwanegol i'r Bwrdd Cyswllt.

Mae arfarniadau diwedd blwyddyn yr Aelodau Annibynnol bellach wedi'u cwblhau. Mwynheais y cyfle yn fawr i sgwrsio ar sail un i un, gan fyfyrto ar y flwyddyn ddiwethaf ac edrych ymlaen at y flwyddyn i ddod. Rwy'n ddiolchgar am yr arbenigedd, yr egni a'r ymrwymiad a ddengys yr holl Aelodau Annibynnol i gefnogi cyfeiriad a pherfformiad strategol y sefydliad.

Mae Aelodau Annibynnol yn cyfarfod gyda'i gilydd yn anffurfiol bob pythefnos i sgwrsio. Mae John Hill-Tout a minnau'n cynnal sgysiau ddwywaith yr wythnos. Rwy'n parhau i gwrdd yn ffurfiol ag Alex fel Prif Swyddog Gweithredol yn wythnosol ac aelodau o'r Tîm Gweithredol bob pythefnos.

Fel rhan o fy adolygiad arfarnu canol-blwyddyn, cyfarfûm â'r Gweinidog a Dr Andrew Goodall, Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/ Prif Weithredwr GIG Cymru. Dilynai hyn gyd-gyfarfod y Tîm Gweithredol. Cafwyd consensws eang bod y sefydliad wedi gwneud cynnydd da a'i fod wedi'i sefydlu fel rhan o deulu'r GIG ac yn cyfrannu ar sbectwm o faterion sy'n cynyddol ehangu. Mae AaGIC bellach yn ei drydedd mlwyddiant.

Ar 1 Mehefin cefais gyfarfod rhithwir gyda Syr David Behan, Cadeirydd Addysg Iechyd Lloegr. Trafodasom sut y gallai ein sefydliadau ddysgu oddi wrth ei gilydd wrth symud ymlaen.

Ar 30 Mehefin mynychais Gynhadledd Efelychu gyntaf Cymru Gyfan. Roedd hwn yn gyfle gwyh i glywed gan arbenigwyr rhwyngwladol yn ogystal â'n harbenigwyr ein hunain yma yng Nghymru. Deuthum ymaith yn llawn o wybodaeth a syniadau newydd a fydd, rwy'n siŵr, yn ein galluogi i wirioneddol wella ansawdd gofal a galluogi mynediad cynyddol i addysg a hyfforddiant - go dda! ein Deoniaid Cyswllt!

Mynychais un o gyfarfodydd y Pwyllgor Addysg, Comisiynu ac Ansawdd ar 25 Mehefin lle trafodwyd y datblygiadau i'r dyfodol o fewn Fferylliaeth israddedig. Ar 20 Gorffennaf, bûm mewn Sesiwn Briffio Bwrdd arbennig ar sail yr Achos Amlinellol Strategol ar gyfer Fferylliaeth. Mae'r sesiynau Briffio Arbennig hyn yn addysgiadol

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iawn, yn cael eu mynychu'n dda ac yn cael eu gwerthfawrogi'n fawr gan Aelodau Annibynnol.

Ar 14 Gorffennaf mynychais Adolygiad Diwedd Blwyddyn Cymroder Clinigol Cymru. Wedi'i sefydlu yn 2013 ac yn canolbwyntio ar Gymroder Meddygol, mae hon bellach yn rhaglen aml-broffesiynol sy'n cynnwys meddygon, deintyddion, fferyllwyr, nyrsys, optometryddion, gyda mwy i ddilyn. Hyd yn hyn, caed 49 o gyn-fyfyrwyr. Roedd y diwrnod yn cynnwys cyflwyniadau a myfyrdodau gan 8 Cymrawd - ar ôl blwyddyn hynod iawn lle cyflwynwyd y rhaglen drwy fformat rhithwir. Mae'r rhychwant llwyr o brosiectau - o effaith amgylcheddol ocsid nitraidd i wybodaeth ragnodi ddiogelach i ddatblygu set ddata Covid 19 - yn hollol anhygoel. Fe wnes i wirioneddol fwynhau'r diwrnod hwn drwyddo draw. Gwyn ein byd o gael y bobl ifanc hyn o fewn ein GIG yng Nghymru. Mae angen i mi ddiolch i'n Deon Cynorthwyol, Ian Collings, a arweiniodd y diwrnod ac a fu'n arwain y garfan trwy gydol y flwyddyn. Edrychaf ymlaen yn fawr at y flwyddyn nesaf pan fydd gennym 16 Cymrawd.

Ynghyd ag Aelodau'r Bwrdd, ymunais â'r gynhadledd staff ar 15 Gorffennaf. Roedd hon yn sesiwn arbennig o dda. Roedd yn wych gweld cydweithwyr (rhithwir) o bob rhan o'r sefydliad (dros 150). Cawsom rai myfyrdodau ynghylch adolygu ein cynnydd o ran gwerthoedd diwylliannol dan arweiniad Barbara Busby o lechyd Cyhoeddus Cymru.

Rhoddodd Sian Richards, ein Cyfarwyddwr Digidol, gyflwyniad i ddeffro chwylfrydedd ar Drawsnewidiad Digidol – ysgogodd hyn lawer iawn o drafodaethau – mae'r dyfodol, yn ddiamheuol, yma.

Dilynwyd hyn gan Steve Moore - Prif Weithredwr Bwrdd lechyd Hywel Dda, yn siarad am ei brofiadau o arwain yn ystod y pandemig. Roedd hwn yn adlewyrchiad ysbrydoledig, emosiynol a threiddgar iawn – rydym yn wirioneddol ddiolchgar iddo. Yn anad dim, rwy'n credu bod hyn wedi cydgysylltu'r hyn rydyn ni'n ei wneud yma yn AaGIC â'r hyn y mae rheng flaen y GIG a Gofal Cymdeithasol wedi gorfod ei wynebu. Cawsom glywed o lygad y ffynnon ynghylch arwain a rheoli mewn ansicrwydd. Yr hyn a ddaeth i'r amlwg oedd y dewrder, yr ymrwymiad a'r gofal – wedi'u tanategu gan Arweinyddiaeth Dosturiol ac ymrwymiad dwfn i ofalu am bobl. Rwy'n credu inni i gyd ymadael wedi'n hysbrydoli ac yn ddiolchgar iawn am bopeth a wnaed.

I mi, tanlinellodd bwysigrwydd gweithio'n agos i gefnogi ein holl bartneriaid.

Mae cadeiryddion holl sefydliadau lechyd Cymru yn parhau i gwrdd yn fisol. Ym mis Mehefin, cyfarfuom â Chomisiynydd Cenedlaethau'r Dyfodol a chanolbwyntio ar effaith y pandemig ar anghydraddoldebau, lles ac ieuchyd meddwl y boblogaeth, a'r agenda frys ynghylch newid hinsawdd. Derbyniodd gadeiryddion y wybodaeth ddiweddaraf gan gydweithwyr o lechyd Cyhoeddus Cymru ar faterion pandemig sy'n dod i'r amlwg, gan gynnwys yr amrywiad delta a Covid hir. Buom yn trafod yr heriau o fewn Gofal Brys ac Argyfwng. Gwnaethom hefyd drafod y pwysau a'r heriau ehangach o fewn lechyd a Gofal Cymdeithasol yn gyffredinol.

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## **Adroddiad yr Is-gadeiryddion**

Mae Is-gadeiryddion GIG Cymru wedi cael dau gyfarfod gyda'r Gweinidogion newydd sydd wedi ymgymryd â'u rolau yn yr Adran Iechyd a Gofal Cymdeithasol.

Yn ein cyfarfod ar 1 Gorffennaf, roedd y tri Gweinidog yn bresennol a gofynasant i'w diolch gael ei ledaenu ymysg yr holl staff am eu hymateb eithriadol i'r Pandemig Covid ac am eu penderfynoldeb i symud ymlaen drwy adferiad. Amlinellodd y Gweinidogion eu blaenoriaethau fel y'u nodwyd yn y rhaglen ar gyfer y llywodraeth, gan gyfeirio'n arbennig at iechyd y boblogaeth a datblygu sefydliadau'r GIG fel sefydliadau angor yn eu cymunedau. Nodwyd bod datblygiad y gweithlu a rôl AaGIC yn ganolog i lwyddiant y rhaglen.

O ystyried cyfrifoldeb penodol Is-gadeiryddion i oruchwylio gwasanaethau iechyd meddwl, cyfarfu'r grŵp â'r Dirprwy Weinidog Iechyd Meddwl ar 14 Gorffennaf. Pryder arbennig yw'r ffaith bod y GIG bellach yn gweld brig newydd o ran y galw am y gwasanaethau hyn, yn enwedig ar gyfer Gwasanaethau Iechyd Meddwl Plant a'r Glasoed. Gofynnodd y Dirprwy Weinidog am sicrwydd bod ffocws diwyro i wella mynediad at y gwasanaethau hyn, a gwnaeth ei barn yn glir i'r grŵp bod materion gweithlu yn rhan annatod o sicrhau gwell mynediad.

Ym mis Mehefin, cefais gyfle i fynychu seminar a drefnwyd gan gydffederasiwn y GIG, lle daeth arweinwyr y GIG a'r Heddlu ynghyd i drafod cyfleoedd partneru, yn enwedig ym meysydd atal ac ymyrraeth gynnar mewn gofal iechyd meddwl. Mae penderfynoldeb clir i gydweithredu'n agos ac mae barn gytûn fod yna bartneriaethau rhagorol yn bodoli yng Nghymru.

Yn olaf, yn fy rôl fel Aelod Annibynnol cyswllt, cefais gyfarfod cynhyrchiol gyda'r Tîm Perfformiad i fyfyrion ar y datblygiadau diweddaraf yn Adroddiad Perfformiad y Bwrdd.

## **Gweithredoedd y Cadeirydd**

### **Gweithred y Cadeirydd - Cam 1 yr Adolygiad Strategol o Addysg Gweithwyr Iechyd Proffesiynol**

#### **Cefndir**

Yng nghyfarfod caeedig y Bwrdd a gynhaliwyd ar 27 Mai, lle ystyriwyd arfarniad y tendrau ar gyfer Cam 1 yr Adolygiad Strategol o Addysg Gweithwyr Iechyd Proffesiynol, cytunwyd, er mwyn osgoi oediad yn y broses ddyfarnu contractau (ac ar ôl i Lywodraeth Cymru yn gyntaf nodi'r gwaith papur mewn perthynas â'r broses arfarnu), y dylid ymgymryd â Gweithred y Cadeirydd i gymeradwyo'r cynigwyr llwyddiannus.

Cytunwyd ymhellach y dylai Gweithred y Cadeirydd, yn yr achos hwn, gynnwys ymgynghoriad â holl Aelodau Annibynnol Bwrdd AaGIC.

## Gweithred y Cadeirydd

Ymgwymerwyd â Gweithred y Cadeirydd ar 25 Mehefin i gadarnhau y dylid dyfarnu contractau addysg newydd yn ymwneud â Cham 1 yr Adolygiad Strategol o Addysg yn seiliedig ar y cynigion llwyddiannus a ddeilliodd o'r broses gaffael helaeth ac arfarnu cadarn a gynhaliwyd yn ddiweddar gan AaGIC a NWSSP. Manylir ar y cynigion llwyddiannus yn Atodiad 1 o Adroddiad y Prif Swyddog Gweithredol ar gyfer Bwrdd mis Gorffennaf.

Yn unol â phenderfyniad Bwrdd mis Mai, ymgwymerodd y Cadeirydd a'r Dirprwy Brif Weithredwr â Gweithred y Cadeirydd ar ôl iddynt ymgynghori'n gyntaf â'r holl Aelodau Annibynnol.

## Gweithred y Cadeirydd – Gweithrediadau AaGIC a Swyddfa'r Prif Swyddog Digidol

Derbyniodd sesiwn gaeedig y Bwrdd mis Mai adroddiad yn darparu diweddariad o ran y cynnig, yn unol â'r cais gan Lywodraeth Cymru, i AaGIC gynnal Swyddfa'r Prif Swyddog Digidol (OCDO) ar gyfer Iechyd a Gofal. Bydd yr OCDO yn cynnwys Prif Swyddog Digidol a staff, a fydd yn cefnogi trawsnewidiad drwy ystod llwyfannau, systemau a gwasanaethau digidol. Amlygwyd yn yr adroddiad y byddai angen i Lywodraeth Cymru gyfaddasu gweithrediad AaGIC i'w alluogi i gynnal yr OCDO.

Ymgwymerwyd â Gweithred y Cadeirydd ar 29 Mehefin yn erchi i'r Bwrdd gefnogi bod gweithrediad AaGIC yn cael ei gyfaddasu i'w alluogi i gynnal yr OCDO. Yn unol â Rheolau Sefydlog AaGIC, ymgwymerodd y Cadeirydd a'r Prif Weithredwr â Gweithred y Cadeirydd ar ôl ymgynghori yn gyntaf â dau Aelod Annibynnol.

Tra'n ysgrifennu'r adroddiad hwn, rydym yn aros am gadarnhad gan Lywodraeth Cymru o'r cyfaddasiad i weithrediadau AaGIC.

### Llywodraethu a Sicrwydd

<b>Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig</b>  (✓ os gwelwch yn dda)	<b>Nod Strategol 1:</b>	<b>Nod Strategol 2:</b>	<b>Nod Strategol 3:</b>
	Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach'	Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel
	<b>Nod Strategol 4:</b>	<b>Nod Strategol 5:</b>	<b>Nod Strategol 6:</b>
	Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	Bod yn esiampl-gyflogwr ac yn lle gwych i weithio	Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol.

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<b>Ansawdd, Diogelwch a Phrofiad y Claf</b>			
Nid oes unrhyw faterion ansawdd, diogelwch na phrofiad cleifion uniongyrchol yng nghyswllt yr adroddiad hwn.			
<b>Goblygiadau Ariannol</b>			
Nid oes unrhyw oblygiadau ariannol uniongyrchol i'r adroddiad hwn			
<b>Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</b>			
Nid oes unrhyw oblygiadau cyfreithiol uniongyrchol i'r adroddiad hwn.			
<b>Goblygiadau Staffio</b>			
Nid oes unrhyw oblygiadau staffio uniongyrchol i'r adroddiad hwn.			
<b>Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</b>			
Bydd yr ystod o weithgareddau a amlinellir yn yr adroddiad yn cyfrannu at ddull AaGIC o drin Deddf Lles Cenedlaethau'r Dyfodol. Fodd bynnag, bydd y cyfraniadau'n benodol i bob un o'r meysydd unigol a gwmpesir yn gyffredinol yn yr adroddiad hwn.			
<b>Hanes yr Adroddiad</b>	Amherthnasol		
<b>Atodiadau</b>	Amherthnasol		



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

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

<b>Dyddiad y Cyfarfod</b>	<b>29 Gorffennaf 2021</b>	<b>Eitem ar yr Agenda</b>	<b>2.2</b>
<b>Teitl yr Adroddiad</b>	<b>Adroddiad y Prif Weithredwr – Gorffennaf 2021</b>		
<b>Awdur yr Adroddiad</b>	Dafydd Bebb, Ysgrifennydd y Bwrdd		
<b>Noddwr yr Adroddiad</b>	Alex Howells, Prif Weithredwr		
<b>Cyflwynwyd gan</b>	Alex Howells, Prif Weithredwr		
<b>Rhyddid Gwybodaeth</b>	Agored		

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## Adroddiad y Prif Weithredwr – Gorffennaf 2021

### 1. CYFLWYNIAD

Mae'n bwysig bob amser ein bod yn deall cyd-destun a heriau ein cydweithwyr yn sefydliadau eraill y GIG, i sicrhau ein bod yn ychwanegu gwerth a'n bod yn canolbwyntio ar y pethau cywir drwy ein gwaith yn AaGIC. Er bod effaith uniongyrchol COVID wedi newid o ganlyniad i effeithiolrwydd y rhaglen frechu, mae'r pwysau ar y ddarpariaeth wedi bod yn eithafol yn ystod yr wythnosau diwethaf. Mae cyfuniad o alw heb ei debyg am wasanaethau gofal heb eu trefnu, yr ôl-groniad gofal wedi'i drefnu, newid yn nisgwyliadau cleifion a blinder y gweithlu'n golygu amgylchiadau anodd iawn i'n cydweithwyr. Felly, mae'n hanfodol ein bod yn parhau i adolygu a rhoi prawf ar ein cynlluniau i sicrhau ein bod yn gwneud y cyfraniad mwyaf posibl at yr adferiad ac yn ailosod ein hamcanion o fewn y GIG. Rydym hefyd wedi cael blaenoriaethau'r Gweinidog ar gyfer GIG Cymru i ategu'r Rhaglen Lywodraethu a byddwn yn defnyddio'r rhain fel sail i'r gwaith rydym wedi'i gynnwys yn ein cynllun blynyddol.

### 2. GWEITHGARWCH ALLWEDDOL

#### Gweithio Ystwyth

Mae'r Tîm Gweithredol wedi cytuno ar gynllun i symud tuag at fodel o weithio ystwyth o fis Medi ymlaen ac mae hwn bellach wedi'i gyfleu i staff ynghyd â rhai Cwestiynau Cyffredin. Bydd hyn yn golygu y bydd staff swyddfa'n dychwelyd i'r swyddfa i weithio am y rhan fwyaf o'u hamser, gyda hyblygrwydd o hyd i weithio gartref am ran o'r wythnos i'w gytuno â rheolwyr. Er iddi fod yn dechnegol bosibl i weithio o bell yn ystod cyfnod estynedig yr argyfwng, cafodd hyn ei wneud yn haws oherwydd bod modd gohirio rhai o'n cynlluniau ar gyfer y flwyddyn ddiwethaf. Gan ein bod yn awr mewn amgylchiadau ailosod ac adfer bydd y galw ar y sefydliadau'n cynyddu, a bydd yr angen am waith tîm, cyfathrebu effeithiol a chyfarwyddyd clir yn hanfodol. Mae'r rhain i gyd wedi bod yn her yn ystod y cyfnod o weithio o bell ac mae pawb wedi gorfod gweithio'n galed a chanolbwyntio rhag i hyn amharu ar ein darpariaeth. Er ein bod yn awyddus i gynnig arferion gweithio hyblyg i'n gweithlu, rhaid inni hefyd gydnabod effaith y model gweithio o bell ar iechyd a llesiant. Dyna pam yr ydym wedi penderfynu symud oddi wrth ein model swyddfa gwreiddiol yn Nhŷ Dysgu a mabwysiadu trefniadau gweithio ystwyth yn y gobaith y bydd hynny'n rhoi'r gorau o'r ddau ddull. Rydym yn sylweddoli nad yw hyn yn newid y trefniadau gweithio i'r aelodau hynny o'r staff a oedd wedi'u lleoli mewn mannau eraill gydol yr amser, yn enwedig staff sy'n gysylltiedig â darparu addysg ac arfarnu, er enghraifft.

#### Ffrydio Cyfarfod y Bwrdd a'r Cyfarfod Cyffredinol Blynyddol yn Fyw

Bydd ein Cyfarfod Cyffredinol Blynyddol yn dilyn cyfarfod y Bwrdd heddiw. Mae'r Cyfarfod Cyffredinol Blynyddol yn gyfle i edrych yn ôl dros y flwyddyn ddiwethaf, gan y bydd yn derbyn yr Adroddiad Blynyddol am 2020-21 yn ffurfiol, a bydd hefyd yn gyfle i edrych ar ragolygon y Tîm Gweithredol dros weddill y flwyddyn ariannol.

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Rydym hefyd yn cynnal digwyddiad arddangos yn dilyn y Cyfarfod Blynyddol a fydd yn cynnwys y canlynol:

- Cefnogi ymateb y GIG i COVID
- Trawsnewid Addysg a Hyfforddiant
- Arweinyddiaeth ac olyniaeth

### **Effaith y Pandemig ar Addysg a Hyfforddiant**

Mae diogelu addysg a hyfforddiant ein myfyrwyr a'n hyfforddeion i'r graddau posibl, a lleihau unrhyw aflonyddwch a achoswyd, wedi bod yn flaenoriaeth allweddol i AaGIC drwy gydol y pandemig. Drwy gydweithio'n glos â Sefydliadau Addysg Uwch, rheoleiddwyr a chydweithwyr yn y GIG, rydym wedi llwyddo i barhau â'r rhan fwyaf o gyrsiau. Lle'r oedd addysg a hyfforddiant yn cael eu heffeithio gan y pandemig, buom yn cydweithio'n glos â'n rhanddeiliaid a'n partneriaid i helpu cynnydd unigol ein myfyrwyr a'n hyfforddeion.

Byddwn yn parhau i fonitro effaith y pandemig ar addysg a hyfforddiant lle bu'n rhaid gohirio a chaniatáu estyniadau.

### **Adolygiad Strategol o Addysg Broffesiynol Iechyd**

Cafodd yr ymgeiswyr llwyddiannus ar gyfer Cam 1 o'r tendr Adolygiad Strategol o Addysg Broffesiynol Iechyd eu cadarnhau'n gynharach yn y mis. Rydym yn hyderus y bydd canlyniad y broses hon yn arwain at fuddiannau sylweddol i addysg broffesiynol iechyd i israddedigion yng Nghymru. Cafodd dyfarniadau'r contract eu cadarnhau drwy Gam Gweithredu gan y Cadeirydd sydd i'w gadarnhau yng nghyfarfod heddiw o'r Bwrdd drwy adroddiad y cadeirydd. Ceir manylion am y Prifysgolion a'r lotiau contractau addysg a enillwyd ganddynt yn Atodiad 1.

Bydd AaGIC yn gweithio hefyd i ddatblygu contractau ar gyfer addysg gweithwyr cymorth gofal iechyd ac amrywiaeth o raglenni ôl-raddedig dros y blynyddoedd nesaf fel rhan o Gam 2 yr Adolygiad Strategol o Addysg Broffesiynol Iechyd i Gymru.

### **Cynllun Addysg a Hyfforddiant Blynyddol 2022/23**

Un o'n swyddogaethau statudol allweddol yw comisiynu addysg a hyfforddiant ar gyfer ystod eang o weithwyr iechyd proffesiynol a'n ffordd o wneud hyn yw drwy'r Cynllun Comisiynu Addysg a Hyfforddiant. Mae'r broses hon yn ystyried anghenion y gweithlu o gynlluniau HB, y gallu i hyfforddi, a chynghor ar flaenoriaethau a datblygiadau'r dyfodol. Yn ystod yr ychydig flynyddoedd diwethaf ers sefydlu AaGIC rydym wedi cynllunio a phrofi'r cynnydd mwyaf erioed mewn addysg a hyfforddiant. Yn ystod y flwyddyn ddiwethaf mae COVID wedi effeithio ar argaeledd lleoliadau clinigol, a bydd rhai o'r estyniadau a gohiriadau'n rhoi mwy o bwysau ar gapasiti yn ystod y blynyddoedd nesaf. Bu'n rhaid inni fod yn realistig ynglŷn â'n gallu i ehangu'r capasiti hyfforddi ymhellach fyth yn y tymor byr i sicrhau ansawdd yr addysg a'r hyfforddiant i'r holl myfyrwyr a hyfforddeion, a thrwy hynny eu diogelwch fel ymarferwyr. Er gwaethaf hyn, rydym wedi gwneud nifer o argymhellion i gynyddu nifer y rhai sy'n cael hyfforddiant o ystyried y diffygion yn y gweithlu ar hyn o bryd, yn ogystal â rhai

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argymhellion ar gyfer cyflwr sefydlog. Argymhellodd y Pwyllgor Comisiynu ac Ansawdd Addysg ym mis Mehefin fod y Cynllun yn cael ei gymeradwyo gan y Bwrdd a'i gyflwyno i Lywodraeth Cymru.

### **Trawsnewid Addysg a Hyfforddiant Fferyllol – Achos Amlinellol Strategol ac Achosion Busnes Cysylltiedig**

Cyflwynwyd sesiwn frifio i'r Bwrdd ar yr Achos Amlinellol Strategol yn gynharach y mis hwn. Bydd yr Achos Amlinellol Strategol yn helpu AaGIC i roi ar waith addysg a hyfforddiant cychwynnol uchelgeisiol newydd i Fferyllwyr yn dilyn mandad y Cyngor Fferyllol Cyffredinol. Bydd y diwygiadau'n cynhyrchu Fferyllwyr a fydd yn meddu ar nifer o sgiliau clinigol uwch ac yn eu galluogi i ennill statws rhagnodi annibynnol yn gyflymach.

### **Strategaeth Bioamrywiaeth a Datgarboneiddio**

Mae papur sy'n gofyn am gymeradwyaeth i Strategaeth Bioamrywiaeth a Datgarboneiddio 2021-24 AaGIC ar yr agenda. Mae Strategaeth a chatau gweithredu AaGIC i fynd i'r afael â newid yn yr hinsawdd a gwella bioamrywiaeth wedi'u cysylltu'n agos â'n gwaith ar lesiant. Yn amodol ar gymeradwyaeth y Bwrdd, caiff y strategaeth ei chyhoeddi'n fewnol ac yn allanol a bydd cynlluniau manwl ar gyfer pob maes gweithredu a nodir yn y strategaeth yn cael eu datblygu.

### **Athrofa Therapiau Lleiaf Ymyrrol Cymru (WIMAT)**

WIMAT yw'r ganolfan hyfforddi ar gyfer endosgopi yng Nghymru ac mae'n rhan o Brifysgol Caerdydd ar hyn o bryd. Mae AaGIC wedi cael y dasg o ddatblygu achos busnes ar gyfer WIMAT i sicrhau ei fod ar gael fel sefydliad hyfforddi ar delerau cynaliadwy i GIG Cymru. Ar ôl cynnal dadansoddiad ariannol o WIMAT ac amrywiaeth o opsiynau posibl, mae'r Tîm Gweithredol yn argymhell i Lywodraeth Cymru y dylai AaGIC fwrw ymlaen i gomisiynu gwasanaethau WIMAT gan Brifysgol Caerdydd ar delerau ffurfiol er mwyn cynnal a datblygu'r cyfleusterau hyfforddi sydd eu hangen ar gyfer GIG Cymru.

### **Cydraddoldeb, Amrywiaeth a Chynhwysiant**

Rydym wedi cwblhau ein hadolygiad o'r gweithgarwch o dan arweiniad y Gyfarwyddiaeth sydd ei angen i gyflawni'r 12 cam gweithredu ar gyfer 2021-22, fel y nodwyd yng Nghynllun Cydraddoldeb Strategol AaGIC ar gyfer 2020-2024.

Rydym hefyd wedi cwblhau diwygio ein mecanweithiau llywodraethu EDI mewnol yn dilyn yr adolygiad dan arweiniad Ysgrifennydd y Bwrdd o grwpiau AaGIC y llynedd. Mae'r trefniadau newydd yn cynnwys grŵp goruchwyllo bychan sy'n cael ei gadeirio ar y cyd gan Julie Rogers (arweinydd Gweithredol EDI) a Push Mangat (arweinydd Gweithredol Cydraddoldeb Hiliol) a fydd yn eu cynorthwyo yn eu rolau eu hunain, rhwydwaith EDI i rannu arferion gorau a dysgu (a ffurfiwyd o'r grŵp EDI blaenorol) a rhwydwaith o Hyrwyddwyr Cynhwysiant gyda TOR diwygiedig a disgwyliad mwy penodol o ran rolau/cyfraniadau. Bydd y newidiadau'n cael eu rhoi ar waith o'r mis nesaf ymlaen.

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## *Blwch Cyflog Rhwng y Rhywiau*

Mae'r adroddiad bwllch cyflog rhwng y rhywiau ar gyfer 2019-20 yn cael ei baratoi a bydd y Tîm Gweithredol yn ei gymeradwyo yn ystod yr haf cyn ei gyflwyno i'r Bwrdd ym mis Medi a'i gyhoeddi erbyn 1 Hydref 2021. Am y tro cyntaf eleni bydd yr adroddiad yn cynnwys dau ddadansoddiad, un ar gyfer cyfanswm y gweithlu, ac un ar gyfer ein 'staff craidd' h.y. heb gynnwys gweithwyr sesiynol nad ydym yn brif gyflogwr iddynt.

## *Partneriaeth Cydraddoldeb Cyrff Cyhoeddus*

Yn 2019 ymunodd AaGIC â Phartneriaeth Cydraddoldeb gyntaf Cymru ar gyfer Cyrff Cyhoeddus, menter ar y cyd rhwng 11 o gyrff y sector cyhoeddus o bob rhan o Gymru sydd wedi creu cyfres o amcanion cydraddoldeb lefel uchel. Roedd disgwyl i'r cynllun hwn gael ei gyhoeddi ar 31 Mawrth 2020, ond o ganlyniad i'r pandemig cafodd y gwaith ei ohirio ac ailgychwynnodd ym mis Medi 2020. Yn dilyn adolygiad i sicrhau bod yr amcanion yn dal yn berthnasol, cyhoeddodd y bartneriaeth ei Chydgyllun Cydraddoldeb Strategol ar 1 Mawrth 2021, gyda Jane Hutt yn cyflwyno neges fideo i lansio'r Cynllun.

Yn ystod y chwarter nesaf, bydd ystod o grwpiau gorchwyl a gorffen traws-sefydliadol yn cael eu sefydlu i gefnogi'r gwaith hwn. Mae gan nifer o'r gweithgorau hyn aliniad clir â'n Cynllun Cydraddoldeb Strategol ni gan gynnwys:

- Adnoddau Dynol – Amrywiaeth a Bwllch Cyflog rhwng y Rhywiau
- Caffael
- Casglu Data a Monitro
- Ymgysylltu a Darparu Gwasanaethau

Ni ragwelir y bydd angen i AaGIC gyfrannu adnoddau sylweddol i gefnogi'r grwpiau hyn gan y bydd llawer o'r gwaith yn cael ei wneud drwy SEP mewnol.

O ganlyniad i'r cynnydd yn nifer y sefydliadau sector cyhoeddus sy'n dymuno ymuno â'r bartneriaeth hon, datblygwyd Memorandwm Cyd-ddealltwriaeth newydd. Bydd y Memorandwm Cyd-ddealltwriaeth diwygiedig hwn yn cael ei gyflwyno cyn hir gyda'r nod o gael cymeradwyaeth gweithrediaeth AaGIC.

## **Cyllid**

Mae papur i gyflwyno'r sefyllfa dri mis ar yr agenda. Mae sefyllfa ariannol AaGIC yn dangos tanwariant o £214,693 ym mis tri.

## **Risg**

Ar hyn o bryd mae naw o risgiau ar y Gofrestr Risg Gorfforaethol a bernir fod un ohonynt yn risg goch: Seibrddiogelwch.

## **Lletya Swyddfa'r Prif Swyddog Digidol**

Cafodd y Bwrdd sesiwn frifio arbennig ym mis Mai ar y cynllun i AaGIC letya Swyddfa'r Prif Swyddog Digidol (OCDO) ar gyfer Iechyd a Gofal ar ran Llywodraeth Cymru. Mae

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cynnydd da wedi'u wneud o safbwynt y cynllun ac mae tîm prosiect wedi'i ffurfio i sefydlu'r OCDO.

Ar adeg ysgrifennu'r adroddiad hwn, mae'r broses i recriwtio Prif Swyddog Digidol ar y gweill. Hefyd, rydym bron â chwblhau'r Memorandwm Cyd-ddealltwriaeth ar Swyddfa'r Prif Swyddog Digidol gyda Llywodraeth Cymru ac rydym yn deall bydd cyfarwyddyd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol i ymestyn swyddogaeth AaGIC i gynnwys Swyddfa'r Prif Swyddog Digidol yn dod yn fuan.

3. ARGYMHELLIAD

Gofynnir i'r Bwrdd nodi'r adroddiad hwn.

Llywodraethu a Sicrwydd			
<b>Dolen at nodau strategol IMTP</b> (✓ os gwelwch yn dda)	<b>Nod Strategol 1:</b> Arwain y gwaith o gynllunio, datblygu a sicrhau llesiant gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflawni 'Cymru Iachach'	<b>Nod Strategol 2:</b> Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	<b>Nod Strategol 3:</b> Gweithio â phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel
	✓	✓	✓
	<b>Nod Strategol 4:</b> Datblygu gweithlu sy'n helpu i gyflawni diogelwch ac ansawdd	<b>Nod Strategol 5:</b> Bod yn gyflogwr enghreifftiol ac yn lle gwyh i weithio	<b>Nod Strategol 6:</b> Cael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol
	✓	✓	✓

<b>Ansawdd, Diogelwch a Phrofiad y Claf</b>
Nid oedd dim materion uniongyrchol yn ymwneud ag ansawdd, diogelwch a phrofiad y claf yn gysylltiedig â'r adroddiad hwn.
<b>Goblygiadau Ariannol</b>
Nid oes dim goblygiadau ariannol uniongyrchol i'r adroddiad hwn.
<b>Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</b>
Nid oes dim goblygiadau cyfreithiol uniongyrchol i'r adroddiad hwn.
<b>Goblygiadau Staffio</b>
Nid oes dim goblygiadau staffio uniongyrchol i'r adroddiad hwn.
<b>Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</b>

Bydd yr ystod o weithgareddau a amlinellir yn yr adroddiad yn cyfrannu at ddull AaGIC o ymdrin â Deddf Llesiant Cenedlaethau'r Dyfodol. Fodd bynnag, bydd y cyfraniadau'n benodol i bob un o'r meysydd unigol a drafodir mewn trosolwg yn yr adroddiad hwn.

<b>Hanes yr Adroddiad</b>	Cyflwynir adroddiad y Prif Swyddog Gweithredol ym mhob un o sesiynau agored y Bwrdd a gynhelir bob deufis.
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<b>Atodiadau</b>	Dim.
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Atodiad 1 – gweler y dudalen nesaf

English Catherine  
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HEIW Health Professional Education and Training Services (Phase 1)	
Lot Name	Sub-lot
<b>Nursing (Adult, Child and Mental Health)</b>	1a Cardiff and Vale including Velindre (Full Time Only)
	1b Cardiff and Vale (Full Time BSc/BN, Part Time BSc/BN, PG Dip/MSc)
	1c Aneurin Bevan Full Time Only
	1d Aneurin Bevan and Powys Full Time BSc/BN, Part Time BSc/BN, PG Dip/MSc
	1e Cwm Taf Morgannwg
	1f Swansea Bay
	1g Hywel Dda North
	1h Hywel Dda East, South and West
	1i BCU West
	1j BCU Central/East
	1k BCU Central/East (teaching across C&D and Wrexham)
<b>Nursing Learning Disability</b>	2a North Wales
	2b South East Wales and Powys
	2c South West and West Wales
<b>Dispersed Learning: Nursing (Adult and Mental Health)</b>	3a Powys
	3b Hywel Dda
<b>Nursing (Adult, Child and Mental Health)</b>	4 Distance Learning
<b>Midwifery</b>	5a South East Wales
	5b South East Wales and Powys (2 outputs)
	5c South West Wales
	5d North Wales (2 outputs)
<b>Occupational Therapy</b>	6a South East Wales (Full Time BSc, Post Graduate Diploma/MSc)
	6b South East Wales (Part Time BSc)
	6c South West and West Wales
	6d North Wales and Powys
<b>Physiotherapy</b>	7a South East Wales (Full Time BSc, Post Graduate Diploma/MSc)
	7b South East Wales (Part Time)
	7c South West and West Wales (Full Time BSc, Post Graduate Diploma/MSc)
	7d North Wales (Full Time BSc)
	7e North Wales (Post Graduate Diploma/MSc)

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<b>Diagnostic Radiography</b>	8a South East Wales
	8b South West and West Wales
	8c North Wales
<b>Radiography and Oncology</b>	9 All Wales
<b>Podiatry</b>	10 All Wales
<b>Speech and Language Therapy</b>	11a South, West and Mid-Wales
	11b North Wales
<b>Dietetics</b>	12a South, West and Mid-Wales
	12b North Wales
<b>Paramedic Science</b>	13a South, West and Mid-Wales
	13b North Wales
<b>Biomedical Sciences</b>	14 All Wales
<b>Operating Department Practice</b>	15a South East Wales and Powys
	15b South West and West Wales
	15c North Wales
<b>Dental Hygiene and Therapy</b>	16a South, West and Mid-Wales
	16b North Wales
<b>Physician Associates</b>	17a South, West and Mid-Wales
	17b North Wales
<b>PTP Healthcare Sciences</b>	18 All Wales

HEIW Health Professional Education and Training Services (Phase 1)	
Lot Name	Sub-lot
<b>Nursing (Adult, Child and Mental Health)</b>	1a Cardiff and Vale including Velindre (Full Time Only)
	1b Cardiff and Vale (Full Time BSc/BN, Part Time BSc/BN, PG Dip/MSc)
	1c Aneurin Bevan Full Time Only
	1d Aneurin Bevan and Powys Full Time BSc/BN, Part Time BSc/BN, PG Dip/MSc
	1e Cwm Taf Morgannwg
	1f Swansea Bay
	1g Hywel Dda North
	1h Hywel Dda East, South and West
	1i BCU West
	1j BCU Central/East
	1k BCU Central/East (teaching across C&D and Wrexham)
<b>Nursing Learning Disability</b>	2a North Wales
	2b South East Wales and Powys
	2c South West and West Wales
<b>Dispersed Learning: Nursing (Adult and Mental Health)</b>	3a Powys
	3b Hywel Dda
<b>Nursing (Adult, Child and Mental Health)</b>	4 Distance Learning
<b>Midwifery</b>	5a South East Wales
	5b South East Wales and Powys (2 outputs)
	5c South West Wales
	5d North Wales (2 outputs)
<b>Occupational Therapy</b>	6a South East Wales (Full Time BSc, Post Graduate Diploma/MSc)
	6b South East Wales (Part Time BSc)
	6c South West and West Wales
	6d North Wales and Powys
<b>Physiotherapy</b>	7a South East Wales (Full Time BSc, Post Graduate Diploma/MSc)
	7b South East Wales (Part Time)
	7c South West and West Wales (Full Time BSc, Post Graduate Diploma/MSc)
	7d North Wales (Full Time BSc)
	7e North Wales (Post Graduate Diploma/MSc)

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Gwasanaethau Addysg a Hyfforddiant Proffesiynol Iechyd AaGIC (Cam 1)

Enw'r Lot

Is-lot

<b>Nyrsio (Oedolion, Plant ac Iechyd Meddwl)</b>	1a Caerdydd a'r Fro gan gynnwys Felindre (Llawr Amser yn Unig)
	1b Caerdydd a'r Fro (BSc / BN Llawr Amser, BSc / BN Rhan Amser, Dip PG / MSc)
	1c Aneurin Bevan Llawr Amser yn Unig
	1d Aneurin Bevan a Powys Llawr Amser BSc / BN, Rhan Amser BSc / BN, PG Dip / MSc
	1e Cwm Taf Morgannwg
	1f Bae Abertawe
	1g Hywel Dda Gogledd
	1h Hywel Dda, Dwyrain, De a Gorllewin
	1i Bwrdd Iechyd Prifysgol Betsi Cadwaladr Gorllewin
	1j Bwrdd Iechyd Prifysgol Betsi Cadwaladr Canol / Dwyrain
	1k Bwrdd Iechyd Prifysgol Betsi Cadwaladr Canol / Dwyrain (yn dysgu ar draws C&D a Wrecsam)
<b>Nyrsio Anabledd Dysgu</b>	2a Gogledd Cymru
	2b De Dwyrain Cymru a Powys
	2c De Orllewin a Gorllewin Cymru
<b>Dysgu Gwasgaredig: Nyrsio (Oedolion ac Iechyd Meddwl)</b>	3a Powys
	3b Hywel Dda

<b>Nyrsio (Oedolion, Plant ac Iechyd Meddwl)</b>	4 Dysgu o Bell
<b>Bydwreigiaeth</b>	5a De Ddwyrain Cymru
	5b De Ddwyrain Cymru a Powys (2 allbwn)
	5c De Orllewin Cymru
	5d Gogledd Cymru (2 allbwn)
<b>Therapi Galwedigaethol</b>	6a De Ddwyrain Cymru (BSc Llawn Amser, Diploma Ôl-raddedig / MSc)
	6b De Ddwyrain Cymru (BSc Rhan Amser)
	6c De Orllewin a Gorllewin Cymru
	6d Gogledd Cymru a Powys
<b>Ffisiotherapi</b>	7a De Ddwyrain Cymru (BSc Llawn Amser, Diploma Ôl-raddedig / MSc)
	7b De Ddwyrain Cymru (Rhan Amser)
	7c De Orllewin a Gorllewin Cymru (BSc Llawn Amser, Diploma Ôl-raddedig / MSc)
	7d Gogledd Cymru (BSc Llawn Amser)
	7e Gogledd Cymru (Diploma Ôl-raddedig / MSc)
<b>Radiograffeg Ddiagnostig</b>	8a De Ddwyrain Cymru
	8b De Orllewin a Gorllewin Cymru
	8c Gogledd Cymru

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<b>Radiograffeg ac Oncoleg</b>	9 Cymru Gyfan
<b>Podiatreg</b>	10 Cymru Gyfan
<b>Therapi Lleferydd ac Iaith</b>	11a De, Gorllewin a Chanolbarth Cymru
	11b Gogledd Cymru
<b>Dieteg</b>	12a De, Gorllewin a Chanolbarth Cymru
	12b Gogledd Cymru
<b>Gwyddoniaeth Barafeddygol</b>	13a De, Gorllewin a Chanolbarth Cymru
	13b Gogledd Cymru
<b>Gwyddorau Biofeddygol</b>	14 Cymru Gyfan
<b>Ymarfer Adran Weithredu</b>	15a De Ddwyrain Cymru a Powys
	15b De Orllewin a Gorllewin Cymru
	15c Gogledd Cymru
<b>Hylendid a Therapi Deintyddol</b>	16a De, Gorllewin a Chanolbarth Cymru
	16b Gogledd Cymru
<b>Cymdeithion Meddyg</b>	17a De, Gorllewin a Chanolbarth Cymru
	17b Gogledd Cymru
<b>Gwyddorau Iechyd- Hyfforddi Ymarferwyr</b> <b>Gofal Rhaglen</b>	18 Cymru Gyfan

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<b>Dyddiad y Cyfarfod</b>	<b>29 Gorffennaf 2021</b>	<b>Eitem ar yr Agenda</b>	<b>3.1</b>
<b>Teitl yr Adroddiad</b>	<b>Cynllun Addysg a Hyfforddiant AaGIC 2022/23</b>		
<b>Awdur yr Adroddiad</b>	Martin Riley, Helen Baker a Clem Price		
<b>Noddwr yr Adroddiad</b>	Lisa Llewelyn		
<b>Cyflwynwyd gan</b>	Lisa Llewelyn		
<b>Rhyddid Gwybodaeth</b>	Agored		
<b>Diben yr Adroddiad</b>	Mae'r papur hwn yn cyflwyno trosolwg lefel uchel o Gynllun Addysg a Hyfforddiant AaGIC 2022/23. Mae'r cynllun yn cynnwys yr argymhelliad ar gyfer ein niferoedd comisiynu o ran addysg y gweithlu proffesiynol iechyd a'r argymhellion cynllunio'r gweithlu meddygol, Deintyddol, Meddygon Teulu a Fferylliaeth.		
<b>Materion Allweddol</b>	<p>Mae Cynllun Addysg a Hyfforddiant AaGIC yn parhau â'r buddsoddiad i addysg a hyfforddiant yng Nghymru sydd wedi bod yn tyfu mewn blynyddoedd diweddar. Mae'r cynllun yn:</p> <ul style="list-style-type: none"> <li>▪ Cynnal y twf yn y biblinell hyfforddiant, gyda chynnydd pellach mewn rhai meysydd.</li> <li>▪ Ystyried anghenion y gweithlu a heriau, a deallusrwydd y gweithlu ehangach gan gynnwys gwybodaeth o gynlluniau blynyddol sefydliadau.</li> <li>▪ Myfyrio ar brofiadau recriwtio graddedig yn 2020 a 2021.</li> <li>▪ Ystyried effaith Covid, y broses o adfer ac adsefydlu gwasanaethau, newidiadau i ddarpariaeth addysg yn dilyn Adolygiad Strategol Addysg Broffesiynol Gofal Iechyd a chapasiti hyfforddiant o fewn HEIau a'r gwasanaeth.</li> </ul>		
<b>Cam Penodol sy'n Ofynnol (✓un yn unig)</b>	<b>Gwybodaeth</b>	<b>Trafod</b>	<b>Sicrwydd</b>
<b>Argymhellion</b>			<b>Cymeradwyo</b>
			✓
	<p>Gofynnir i'r Bwrdd:</p> <ul style="list-style-type: none"> <li>• Nodi'r sefyllfa bresennol ynghylch cynllun Addysg a Hyfforddiant 2022/3</li> <li>• Cefnogi cyflwyniad y cynllun i Lywodraeth Cymru er mwyn cael adborth gan Fwrdd Gweithredol y GIG</li> <li>• Nodi y bydd adolygiad o'r broses er mwyn adnabod gwersi a ddysgwyd ar gyfer y flwyddyn nesaf</li> </ul>		

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# CYNLLUN ADDYSG A HYFFORDDIANT AAGIC 2022/23

## DIBEN YR ADRODDIAD

Mae'r papur hwn yn cynnwys trosolwg lefel uchel o Gynllun Addysg a Hyfforddiant AaGIC ar gyfer 2022/23. Mae'r cynllun yn cynnwys yr argymhelliad ar gyfer ein niferoedd comisiynu ar gyfer y gweithlu addysg ac iechyd proffesiynol, yn ogystal ag argymhellion ar gynllunio'r gweithlu meddygol.

Mae datblygu'r Cynllun Addysg a Hyfforddiant yn swyddogaeth statudol AaGIC, o ystyried ei rôl fel y corff gweithlu ac addysg ar gyfer GIG Cymru. Wrth ddatblygu'r cynllun, mae AaGIC yn ystyried cynlluniau'r gweithlu gan Fyrddau ac Ymddiriedolaethau Iechyd y GIG, a barn a chynghor rhanddeiliaid eraill. Yn y pen draw, cyfrifoldeb AaGIC yw creu cynllun y mae modd ei gyflawni o fewn cyd-destun y capasiti addysg a hyfforddiant sydd ar gael. Dyma'r drydedd flwyddyn y mae AaGIC wedi datblygu'r Cynllun Addysg a Hyfforddiant ar gyfer y gweithlu iechyd. Mae'n adeiladu ar y twf yn niferoedd myfyrwyr a hyfforddiant fel y'i nodwyd mewn cynlluniau blaenorol, ac yn argymhell bod buddsoddiad i gomisiyniadau addysg sy'n cynnal neu'n adeiladu ar y twf mewn blynyddoedd blaenorol (Atodiad 1).

## MATERION ALLWEDDOL

Mae Cynllun Addysg a Hyfforddiant AaGIC yn parhau â'r buddsoddiad i addysg a hyfforddiant yng Nghymru sydd wedi bod yn cynyddu mewn blynyddoedd diweddar. Mae hyn yn hanfodol er mwyn cefnogi gweithrediad Strategaeth y Gweithlu Iechyd a Gofal Cymdeithasol, a myfyrio ar brofiadau'r pandemig.

Mae'r cynllun yn:

- Cynnal y twf yn y biblinell hyfforddiant, gyda rhagor o gynnydd mewn rhai meysydd.
- Seiliedig ar ystyried anghenion y gweithlu a'r heriau, a deallusrwydd y gweithlu ehangach gan gynnwys gwybodaeth o gynlluniau blynyddol sefydliadau
- Myfyrio ar brofiadau recriwtio graddedigion yn 2020 a 2021.
- Ystyried effaith Covid, y broses o adfer ac adsefydlu gwasanaethau, capasiti hyfforddiant o fewn yr HEIau a'r GIG, a'r newidiadau i ddarpariaeth addysg yn dilyn Adolygiad Strategol Addysg Broffesiynol Gofal Iechyd. Bydd yr olaf yn ailddylunio cynnwys, darpariaeth a phatrwm addysg broffesiynol iechyd ledled Cymru.

## CYFLWYNIAD

Nid yw argymhellion Cynllun Addysg a Hyfforddiant 2022/23 AaGIC yn seiliedig ar weithlu un flwyddyn, ond mae angen wedi'i lywio gan:

- anghenion y gweithlu a'r heriau a nodwyd drwy gynlluniau sefydliadau
- deallusrwydd y gweithlu ehangach
- capasiti o fewn y system i gefnogi hyfforddiant/myfyrwyr/hyfforddeion

- anghenion nifer o feysydd â blaenoriaeth y gweithlu a rhaglenni gwaith cenedlaethol
- myfyrion ar recriwtio graddedigion yn 2020 a 2021.

Mae cynllun eleni'n seiliedig ar nifer o dybiaethau, sydd â'r nod o gynnal twf myfyrwyr a hyfforddeion, yn enwedig yn sgil effaith Covid a'r broses o adsefydlu ac adfer gwasanaethau yn dilyn y pandemig.

Mae argymhellion yn y cynllun hwn yn cynnwys:

- Cynnyddu comisiyniau nyrsio ar gyfer oedolion, iechyd meddwl ac anableddau dysgu
- Cynnal niferoedd comisiynu ar gyfer nyrsio pediatreg
- Cynnal niferoedd comisiynu presennol bydwreigiaeth
- Cynnal niferoedd comisiynu presennol ar gyfer AHPau/HCS heblaw rhai proffesiynau llai lle mae angen cynnydd
- Cynnal niferoedd comisiynu presennol ar gyfer Meddygon Cyswllt
- Cynnal niferoedd buddsoddi presennol i Weithwyr Cymorth, Ymarfer Uwch ac Addysg Ôl-raddedig
- Cynnydd yn niferoedd y hyfforddeion meddygol ledled ystod o arbenigeddau
- Cynnal yr isafswm targed presennol o 160 i Feddygon Teulu dan Hyfforddiant
- Cynnal y lefel gomisiynu presennol ar gyfer hyfforddeion fferylliaeth cyn-cofrestru/sylfaen
- Cynnal y comisiynu presennol ar gyfer y gweithlu deintyddol sydd wedi cael ei effeithio'n sylweddol gan Covid

Mae AaGIC wedi egluro'r cyd-destun strategol newidiol ar gyfer datblygu'r cynllun eleni drwy gyfres o gyflwyniadau i Brif Weithredwyr, grwpiau cymheiriaid Gweithredol, Fforwm Partneriaeth Cymru a mecanweithiau mewnol eraill gan gynnwys y Pwyllgor Ansawdd a Chomisiynu Addysg. Mae'r cynllun wedi cael ei ddatblygu a'i fireinio o ganlyniad i'r trafodaethau hyn, ac wedi cael ei gymeradwyo gan y Tîm Gweithredol. Mae'r cynllun hefyd yn cael ei gyflwyno ochr yn ochr â Bwrdd Gweithredol GIG Cymru er cymorth ar 27 Gorffennaf.

Gallwch weld manylion yr argymhellion yn Atodiadau 2 a 3. Nodir costau'r cynllun yn Atodiad 4. Mae rhagor o fanylion ar gefndir yr argymhellion hyn ar gael i'w gweld yn Atodiadau 5 - 10.

## ARGYMHELLION ADDYSG BROFFESIYNOL IECHYD

Prif gynnig Addysg Broffesiynol Iechyd yn **cynnal lefelau comisiynu addysg 21/22, sy'n adeiladu ar dair blynedd o dwf sylweddol** heblaw:

- Cynnydd ym mhroffesiynau iechyd lle does dim llawer o dderbyn, ac lle gall newidiadau bychan gael effaith fawr ar y gwasanaeth e.e. Gwyddorau Gofal Iechyd, Seicoleg Clinigol a rhai proffesiynau HP llai
- Cynnydd mewn nyrsio oedolion, iechyd meddwl ac anableddau dysgu

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**Nyrsio**

Mae comisiynau cynyddol dros y 3 blynedd ddiwethaf wedi arwain at niferoedd nas welwyd o'r blaen o nyrsys Oedolion, Iechyd Meddwl ac LD yn cael hyfforddiant, ond mae dal bwlch o ran y niferoedd y gofynnwyd amdanynt drwy'r IMTPau a niferoedd y myfyrwyr fydd yn graddio ac a fydd ar gael i weithio yma yng Nghymru. Mae'r cyfraddau ceisiadau dros nyrsio oedolion ac iechyd meddwl yn fwy nag erioed yn 2021/22, ac mae 89% o'r ymgeiswyr nyrsio i brifysgolion Cymru yn byw yng Nghymru. Bydd cyfleoedd dysgu cyfunol a dysgu wedi'i efelychu'n parhau y tu hwnt i 2021, sy'n golygu llai o bwysau ar yr ystâd ac felly llai o bwysau ar uchafswm maint y garfan. Mae symleiddio nyrsio wedi arddangos nad oes diffyg swyddi, ac y bydd mwy o raddedigion nyrsio yn lleihau effaith y bil asiantaeth. Y prif fater o ran niferoedd comisiynu cynyddol y tu hwnt i 2021/22 yw argaeledd lleoliadau, ac rydym wedi gweld **ymrwymiad gan Fyrddau ac Ymddiriedolaethau Iechyd, i weithio gydag AaGIC a Phrifysgolion i ddatblygu rhagor o gapasiti o ran lleoliadau a datrysiadau arloesol ar gyfer myfyrwyr nyrsio ychwanegol a'u cyflogaeth pan fyddant yn graddio yn 2025.**

Mae'r argymhelliad hwn yn galluogi 194 o fyfyrwyr nyrsio ychwanegol, ledled nyrsio oedolion, iechyd meddwl ac anableddau dysgu fel y'i nodwyd isod,

	Comisiynau ar lefelau 21/22	Cynydd posibl	Comisiynau 22/23 diwygiedig
Maes oedolion	1,540	111	1,651
Maes IM	410	73	483
Maes AD	77	10	87

Y costau ar gyfer cynyddu comisiynau nyrsio gan 194 pellach ar hyn o bryd yw:

BLWYDDYN ARIANNOL	2022.23 £m	2023.24 £m	2024.25 £m
CONTRACT	1.166	2.914	4.662
BWRSARIAETH	0.490	1.388	2.323
	<b>1.656</b>	<b>4.302</b>	<b>6.985</b>

## Bydwreigiaeth

Dros y bedair blynedd ddiwethaf, mae comisiynau bydwreigiaeth wedi cynyddu o 134 i'r 185 arfaethedig, sy'n cynrychioli cynnydd o 38% yn y niferoedd comisiynu. Mae'r niferoedd ychwanegol wedi'u comisiynu bellach wedi dechrau graddio, ac mae proses liflinio i baru graddedigion gyda swyddi yng Nghymru wedi cael ei chyflwyno. Mae sicrhau bod swyddi digonol ar gael ar yr adeg gywir i recriwtio graddedigion wedi bod yn uchelgais allweddol i'r cynllun. O 2022, bydd dau allan o'r pedwar o gyrsiau bydwreigiaeth, un yng Ngogledd Cymru ac un yn y De yn cael dau gyfnod derbyn, ac felly o 2025 bydd gan y GIG ddau allbwn i gynorthwyo gyda recriwtio graddedigion. Oherwydd y cynnydd sylweddol diweddar a'r pwysau ar recriwtio, **yr argymhelliad yw cynnal lefel gomisiynu 2021, sef 185.**

## Proffesiynau Iechyd Perthynol

Mae'r rhan fwyaf o Broffesiynau Iechyd Perthynol wedi gweld cynnydd comisiynu rhwng 18% a 43% dros y 3 blynedd ddiwethaf. Mae hyn wedi bod yn dwf heriol ond cyflawnadwy. Y prif ffactor sy'n cyfyngu ar dwf yw argaeledd lleoliadau clinigol ble gall myfyrwyr gronni eu deilliannau dysgu. Mae'r pwysau wedi cael ei waethgu gan effaith y pandemig ar wasanaethau. Yr argymhelliad yw cynnal comisiynau ar lefelau 21/22. Gan fod y comisiynau'n uwch nawr nag yr oedden nhw dair blynedd yn ôl, mae hyn yn golygu y bydd niferoedd mwy nag erioed o AHPau yn hyfforddi, sy'n rhoi pwysau cynyddol ar y cylch lleoliadau. Mae AaGIC wedi penodi Pennaeth Profiadau a Gwellu Lleoliadau i arwain a gweithio ar y cyd â Byrddau Iechyd / Ymddiriedolaethau'r GIG a Phrifysgolion i ddatblygu cyfleoedd lleoliadau newydd ac arloesol. Yn ogystal, mae angen trafod ymhellach gyda rhai o'r meysydd proffesiynol hyn i alinio'r cynllunio'r gweithlu, y broses gomisiynu a recriwtio graddedigion. Mae cynnal y twf yn y system yn 22/23 yn dal i fod yn darged heriol, ond mae'n cynnig sefydlogrwydd a chyfleoedd ymgysylltu i adeiladu ar gyfer twf a datblygiad i'r dyfodol.

	Increase in commissioning numbers between 19/20 & 21/22	WFP Numbers from last 3 IMTP cycles	Expected available graduates to Wales - next 3 years	Numbers available to Wales over next 3 years compared to request in IMTP	% Expected available graduates to Wales - next 3 years against WFP
Human Nutrition / Dietetics	43%	192	113	-79	59%
Occupational Therapy	35%	543	319	-224	59%
ODP	0%	169	96	-73	57%
Physiotherapy	18%	576	375	-201	65%
Podiatry	13%	61	56	-5	92%
Clinical Psychology Doctorate	19%	211	71	-140	34%
Speech & Language Therapy	11%	154	108	-46	70%
Diagnostic Radiography	25%	398	298	-100	75%
Therapeutic Radiography	30%	73	50	-23	68%

### Cymdeithion Meddygol

Eleni, bu i'r drydedd garfan o Gymdeithion Meddygol raddio. Mae'r niferoedd dan hyfforddiant wedi cynyddu'n sefydlog ac yn rhan o'r trefniadau bwrsariaeth, mae Cymdeithion Meddygol sy'n graddio yn 2021 wedi cael eu recriwtio'n rhan o'r broses liflinio. Mae AaGIC wedi gweithio gyda sefydliadau i ddod o hyd i swyddi addas i'r graddedigion, ac mae hyn wedi arwain at gynnydd mewn ddiddordeb o ran cyflogi Cymdeithion Meddygol mewn ystod eang o arbenigeddau meddygol mewn gofal eilradd ac mewn sawl practis gofal sylfaenol. Mae AaGIC yn cydweithio gyda Phrifysgol Bangor a Phrifysgol Abertawe, y Byrddau Iechyd ac arweinwyr Gofal Sylfaenol i ddatblygu rhagor o leoliadau i Gymdeithion Meddygol. Mae cynnal lefel y comisiynau ar 54 yn heriol yn yr hinsawdd fel y mae ar hyn o bryd, ac felly nes bydd rhagor o gapasiti lleoliadau arleosol yn cael ei ddatblygu **mae AaGIC yn argymhell y dylid cynnal lefel y ddarpariaeth addysg ar 54.**

### Gweithwyr Cymorth Gofal Iechyd

Bellach, AaGIC yw Partner Datblygu Llywodraeth Cymru ar gyfer y Fframweithiau Prentisiaethau Gofal Iechyd, rôl Sgiliau ar gyfer Iechyd gynt. Mae AaGIC wedi ymrwngomo i sicrhau bod gan Cymru ystod o Fframweithiau Prentisiaethau sy'n bodloni anghenion y gweithlu HCSW. Mae datblygu'r gweithlu hefyd yn rhoi cyfle i'r rheiny sy'n awyddus i barhau â'u gyrfa a symud ymlaen i raglenni hyfforddiant ffurfiol i ddod yn

weithwyr proffesiynol gofal iechyd cofrestredig, gan felly cyflawni'r ethos 'Gwnaed yng Ng'ymru' a galluogi unigolion i 'ennill wrth ddysgu'.

Bu cynnydd sylweddol yn y cyllid Gweithwyr Cymorth Gofal Iechyd mewn blynyddoedd diweddar, gyda'r gyllideb yn cynyddu o £500k yn 2016 i £2.5m yn 2021/22. Oherwydd cyfyngiadau ar absenoldebau astudio i staff yn 2020/21, ni chafodd y gyllideb ei defnyddio i gyd. Felly, bydd defnyddio'r gyllideb lawn o £2.5m yn 2021/22 yn bosibl, ond yn heriol. Bydd yn arwain at y nifer fwyaf erioed o Weithwyr Cymorth Gofal Iechyd yn cael eu cefnogi yng Nghymru. **Felly, mae AaGIC yn argymhell bod lefelau cyllid yn cael eu gosod ar £2.5m ar gyfer 2022/23, sy'n cynnal y twf yn y system.**

## Addysg Broffesiynol Iechyd ar ôl Cofrestru

Mae'r gyllideb ar ôl cofrestru wedi cynyddu'n sylweddol dros y 5 mlynedd ddiwethaf o £500k yn 2016 i £2m yn 21/22. Yn 20/21, £1.5m oedd y gyllideb ac oherwydd y pandemig a chyfyngiadau o ran absenoldebau astudio i staff, ni chafodd ei defnyddio i gyd. Mae AaGIC yn cynyddu ymhellach ei ymgysylltiad a'i gefnogaeth i Fyrddau Iechyd ac Ymddiriedolaethau'r GIG yn 21/22 i sicrhau bod y gyllideb hon yn cael ei defnyddio'n llawn, a bod modd manteisio i'r eithaf ar fuddion a gwerth y buddsoddiad. **Yr argymhelliad ar gyfer 22/23 yw cynnal y gyllideb ar £2m.** Mae hyn yn darged heriol, ond mae'n bosibl ei chyflawni, a fydd yn cynnig cyfleoedd i fwy o staff nag erioed i gyflawni modiwlau ymarfer uwch a lefel gradd meistr.

Argymhellir bod y gyllideb ar gyfer rhaglenni nyrsio iechyd y cyhoedd cymunedol (SCPHN) yn parhau ar lefelau 21/22. Mae hyn yn faes blaenoriaeth yng ngham 2 yr Adolygiad Strategol Addysg Broffesiynol Iechyd, a bydd AaGIC yn ymgysylltu gyda rhanddeiliaid i bennu'r model cyflawni gorau.

## Fferylliaeth

Yn 2021, bydd newidiadau sylweddol i'r safonau addysg a hyfforddiant cychwynnol ar gyfer fferyllwyr a thechnegwyr fferyllfa. Mae'r gofyniad i uwchsgilio'r gweithlu fferylliaeth presennol i'r un lefel o sgiliau wedi siapio'r cais gan y gwasanaeth i gynyddu buddsoddiad yn y tîm fferylliaeth. I gydnabod hyn mae AaGIC wedi:

- Cynnwys 50 o swyddi newydd sylfaen ar ôl cofrestru fydd wedi'u huwchsgilio, yn bennaf ar gyfer gofal sylfaenol a fferylliaeth gymunedol
- Parhau â 40 o swyddi diploma Fferylliaeth Glinigol ar gyfer y sector ysbyty yn 2022
- Cynyddu buddsoddiad i fwrsariaethau hyfforddiant technegwyr fferyllfa ar gyfer unedau lefel 4 Agored o 20 i 30, ac wedi cynyddu i 20 BTEC lefel 4 sgiliau clinigol
- Cynyddu nifer y cyrsiau Rhagnodi Annibynnol i fferyllwyr i 200
- Cynyddu cyllid ar gyfer ymarfer uwch ac estynedig i fferyllwyr
- Cynnwys DIP/MSc Gwasanaethau Technegol Ffarmacolegol a Sicrwydd Ansawdd i gefnogi'r rhaglen Trawsnewid Mynediad i Feddyginiaethau (TRaMS).

## Deintyddol

Bu i AaGIC gymryd drosodd y cyllid rhaglen Hyfforddiant Sylfaen Deintyddol (DFT) gan Lywodraeth Cymru ym mis Awst 2020, ac felly dyma'r tro cyntaf y mae'r gweithlu deintyddol wedi cael ei gynnwys yn y cynllun.

Bwrdd AaGIC 2021.07.29

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O ran cefndir, caiff 74 o leoedd eu hariannu bob blwyddyn ar gyfer DFT, mae hyn yn cynnwys cyflog yr hyfforddai, grant yr hyfforddai a chostau gwasanaeth i'r deintyddfeydd. Cyllideb 2020/21 oedd y tro cyntaf i AaGIC gael y cyllidi ar gyfer Hyfforddiant Sylfaen Deintyddol (DFT) a swyddi Deintyddion Datblygu Gyrfa.

Yn 2020, ar ôl trafod gyda Llywodraeth Cymru, cafodd swyddi dilyniant gyrfa (Deintyddion Datblygu Gyrfa) eu creu i gadw deintyddion ifanc ym maes Ymarfer Deintyddol Cyffredinol yng Nghymru. Mae'r rhain wedi cael eu hail-enwi'n Hyfforddeion Craidd y Gwasanaeth Deintyddol Cyffredinol (GDSCT) ar gyfer 2021.

Ar gyfer 2020-21 cafodd y lleoedd hyn eu dyrannu fel a ganlyn:

- 2 o leoedd wedi'u hariannu'n cael eu clustnodi, a dyrannu cyllid gan WG i BCUHB ar gyfer 2 Gymrawd Clinigol
- 62 o swyddi DFT a ariennir gan WG wedi'u recriwtio
- 5 o swyddi CDD wedi'u recriwtio
- 5 o swyddi'n dal i fod yn wag (Covid wedi effeithio ar recriwtio)

Ar gyfer 2021-22 mae'r rhain wedi'u dyrannu fel a ganlyn:

- 2 o leoedd wedi'u hariannu'n cael eu clustnodi, a dyrannu cyllid gan WG i BCUHB ar gyfer 2 Gymrawd Clinigol
- 65 o swyddi DFT wedi'u hariannu gan WG
- 7 o swyddi GDSCT (CDD gynt)

Ar gyfer 22-23 ymlaen, byddem yn gofyn bod dyranniad y cyllid llawn ar gyfer 74 o leoedd yn cael ei ddyrannu i AaGIC i'w rannu i DFT a GDSCT i gynnal y gweithlu deintyddol yng Nghymru. Oherwydd y ffocws cynyddol ar yr agenda atal, mae argymhellion i gynyddu comisiynu addysg ar gyfer Gweithwyr Hylendid Deintyddol a Gweithwyr Hylendid a Therapyddion Deintyddol.

## **Argymhellion Cynllunio'r Gweithlu Meddygol**

Mae sawl arbenigedd wedi cael ei adolygu'n fanwl ar sail adolygiad o ddeallusrwydd y gweithlu a data a gyflwynwyd i Gyfarwyddwyr Rhaglenni Hyfforddiant, Penaethiaid Ysgolion, Colegau Brenhinol, IMTPau Byrddau Iechyd. Roedd hyn yn cynnwys:

- Demograffeg y gweithlu meddygol presennol yn yr arbenigedd gan gynnwys data a thueddiadau dros amser
- Rhagfynegiad o alw rhanbarthol a chenedlaethol ar gyfer gweithlu'r dyfodol
- Llwybrau cyflenwad presennol ar gyfer y gweithlu
- Effaith ar ansawdd y rhaglen hyfforddiant pe byddai lleoedd yn cael eu lleihau/cynyddu
- Cyfleoedd i newid y ddarpariaeth gwasanaeth e.e. uwchsgilio gweithwyr proffesiynol gofal iechyd eraill
- Tueddiadau recriwtio a chadw o fewn yr arbenigedd

Mae hyn wedi llywio'r argymhellion ar gyfer cynyddu swyddi mewn sawl maes, sy'n glir i'w gweld yn y tabl yn Atodiad 3. Mae'r argymhellion cynllunio'r gweithlu meddygol wedi cael eu datblygu wrth ystyried gofynion y gweithlu ehangach a'r broses ar gyfer gweithwyr proffesiynol gofal eichyd eraill, gan ei bod hi'n gynyddol bwysig i ddeall sut gall rolau a ffyrdd o weithio newydd gefnogi darpariaeth gwasanaeth mewn meysydd sy'n draddodiadol yn cael eu hystyried yn rhan o gylch gwaith meddygon.

## **Meddygon Teulu (GP)**

Bwrdd AaGIC 2021.07.29

Ar ddechrau 2019, cefnogodd Lywodraeth Cymru AaGIC i gynyddu ei darged mewnbyn hyfforddiant GP o 136 i 160 gyda'r opsiwn o recriwtio hyd at 200 pe byddai ymgeiswyr addas ar gael. Mae'r capasiti hyfforddiant GP wedi cynyddu'n sylweddol i gefnogi'r estyniad hwn. Cafodd y ffenestr darged hon ei darparu gan wybod y byddai amrywiaeth i'r dyfodol o ran niferoedd yr ymgeiswyr fyddai'n pasio'r asesiadau dethol a chapasiti lleoliadau rhwng y terfynau hyn o flwyddyn i flwyddyn yn dibynnu ar gapasiti hyfforddiant, niferoedd ymgeiswyr a niferoedd fyddai'n gofyn am estyniadau i hyfforddiant. Byddai hyn yn amlwg yn cynyddu o ganlyniad i ffactorau o ran rhagor o dderbyniadau a COVID.

Yn 2019, cafodd 187 o feddygon eu recriwtio'n llwyddiannus i hyfforddiant GP yng Nghymru. Yn 2020, cynyddodd y nifer hon i 200. Mae AaGIC yn cwmpasu dulliau i helpu i ddeall lefelau'r gweithlu meddygon teulu cymwys presennol yng Nghymru, ac i helpu i ddatblygu ffyrdd i ragfynegi'r gweithlu fydd ei angen yn y dyfodol. Bydd y mentrau hyn yn helpu i lywio newidiadau i'r dyfodol i'r ffenestr darged ar gyfer recriwtio i Hyfforddiant GP Arbenigol yng Nghymru. **Yn y cyfamser, yr argymhelliad yw cynnal y targed presennol o 160, gyda'r opsiwn i or-recriwtio i 200 lle bo'n bosibl.**

CYLLID

Mae'r manylion canlynol yn nodi cyfanswm y gofynion cyllid ar gyfer Comisiynu Addysg a Hyfforddiant yn 2022/23, sef **£262.3m** gan gynyddu i **£287.4m** erbyn 2024/25.

Mae modd torri i lawr y cyfanswm gofyniad ar gyfer 2022/23 i **£146m** ar gyfer yr addysg gweithwyr proffesiynol iechyd ehangach, **£12m** ar gyfer hyfforddiant fferylliaeth, **£60.5m** ar gyfer lleoedd hyfforddiant meddygol, **£34.2m** ar gyfer hyfforddiant GP a **£9.5m** ar gyfer hyfforddiant Deintyddol.

	2022-23 £m	2023-24 £m	2024-25 £m
Comisiynu Proffesiynol Iechyd	146.009	157.956	163.790
Fferylliaeth	12.041	14.110	14.117
Hyfforddiant Meddygol	60.503	62.939	64.191
Hyfforddiant GP	34.195	33.196	35.393
Hyfforddiant Deintyddol	9.547	9.738	9.933
<b>Cyfanswm</b>	<b>262.295</b>	<b>277.939</b>	<b>287.424</b>

Y cynnydd o ran gofynion 2022/23 yn uwch na gwariant bwriedig 2021/22 yw £32.2m. Mae hyn o ganlyniad i ystod o ffactorau sydd wedi'u disgrifio'n fanylach yn y tabl isod.

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	Budget 2021-22 £m	E&T Plan 2022-23 £m	Increase £m	Notes
Health Professional Commissioning	125.355	146.009	20.654	Impact of increased commissioning numbers
Pharmacy	11.412	12.041	0.629	Post-registration foundation programme
Medical Training	56.801	60.503	3.702	£3.1m additional workforce plus impact of pay award
GP Training	28.504	34.195	5.691	£2.5m relating to increasing numbers of extensions and protected pay. Further £3.1m due to increase in numbers in original model and inflation
Dental Training	8.028	9.547	1.519	Plan based on 74 trainees. The 21/22 budget based on allocation of 68 trainees
<b>Total</b>	<b>230.100</b>	<b>262.295</b>	<b>32.195</b>	

Fodd bynnag, oherwydd effaith gronnol niferoedd cynyddol myfyrwyr a hyfforddeion yn y system, roedd lefel y gyllideb ar gyfer 2022/23 fel y'i nodwyd yng nghynllun 2021/22 yn £251m. Felly, y cynnydd o ran buddsoddiad yn uwch na'r lefel a nodwyd yng nghynllun y llynedd yw £11.3m. Mae hyn oherwydd y cynnydd sydd wedi'i argymhell yn y papur hwn, a'r rhesymau a nodwyd yn y tabl uchod.

## MYND I'R AFAEL AG AMRYWIAETH

Mae AaGIC wedi ymrwmo i annog a chefnogi amrywiaeth o fewn y gweithlu gofal iechyd a hefyd hyrwyddo'r agenda ehangu mynediad i sicrhau bod y rhai rydym yn eu hyfforddi'n cynrychioli'r cymunedau y maen nhw'n eu gwasanaethu. Mae amrywiaeth graddedigion y DU o ran ethnigrwydd a nodweddion gwarchodedig eraill yn parhau i gynyddu, a dylid croesawu a chefnogi hyn.

Rhwng 2018 a 2020, cynhaliodd AaGIC ymchwil sylweddol, dadansoddiad ac ymgysylltiad data gyda rhanddeiliaid allweddol, gan gynnwys Myfyrwyr, Defnyddwyr Gwasanaeth, Byrddau Iechyd ac Ymddiriedolaethau a Phrifysgolion i sicrhau bod strwythur addysg i'r dyfodol ledled Cymru a chynnwys addysg a hyfforddiant proffesiynol iechyd yn cefnogi amrywiaeth i bob unigolyn gyda nodweddion gwarchodedig yn unol â chyfreithiau cydraddoldeb. O ganlyniad, mae contractau proffesiynol newydd AaGIC, sy'n dechrau yn 2022, yn ymgorffori mesurau sy'n hyrwyddo'r broses o recriwtio a chefnogi'n barhaus myfyrwyr o gefndiroedd BAME. Mae data AaGIC yn cynnig sicrwydd bod ein HElau partner yn recriwtio o ystod eang o grwpiau ethnig. Fodd bynnag, er mwyn cefnogi hyn ymhellach, bydd angen i HElau weithredu polisi derbyniadau mewn cyd-destun o fewn y contract newydd, lle bydd trothwyon mynediad rhaglenni'n cael eu lleihau i fyfyrwyr sydd â nodwedd warchodedig ac sy'n cael eu tangynrychioli ym maes addysg. Bydd y contractau newydd yn golygu bod angen i'n prifysgolion partner ddarparu cyngor a chefnogaeth arbenigol i fyfyrwyr ynghylch amrywiaeth, cynhwysiant ac arfer crefydd; a hefyd yn caniatáu i ddata AaGIC gael ei gasglu ac ymgysylltu â myfyrwyr fydd yn ein galluogi i adnabod unrhyw amrywiadau posibl o ran profiad, canfyddiadau neu gyflawniad ar gyfer grwpiau gwahanol gyda nodweddion gwarchodedig.

Mae'r berthynas rhwng ethnigrwydd a dilyniant mewn hyfforddiant meddygol ôl-raddedig wedi cael sylw penodol yn y DU mewn blynyddoedd diweddar. Bu ffocws ar ddeall a mynd i'r afael â'r bwlch cyflawniad gwahaniaethol sydd wedi cael ei adnabod ar gyfer graddedigion IMG, BME DU a chefnidiroedd gwyn y DU. Mae'r ddau grŵp cyntaf yn fwy tebygol o gael materion sy'n effeithio ar eu dilyniant.

Mae AaGIC wedi pennu rhaglen waith i gynyddu dealltwriaeth o wahaniaethau o'r fath a chyflwyno ystod o fentrau i fynd i'r afael â hyn; mae hyn yn cynnwys sicrhau bod ein



hyfforddeion yn cael hyfforddiant priodol ac yn ddigon cymwys i ddeall amrywiaeth diwylliannol a rhagfarn ddjarwybod i gefnogi'r unigolion hyn yn well.

Mae'r gwaith yma'n hanfodol gan fod recriwtio graddedigion meddygol rhyngwladol (IMGau) wedi bod ac yn parhau i fod yn rhan bwysig o sicrhau cynaliadwydd y gweithlu meddygol yng Nghymru. Er gwaethaf cynlluniau i gynyddu niferoedd y myfyrwyr meddygol yn y DU ac yng Nghymru, mae'n debygol y bydd y ddibyniaeth hon ar IMGau yn parhau i fod yn elfen hanfodol ar ein cynlluniau gweithlu, ac felly mae'n gofyn am sylw penodol.

Mae AaGIC hefyd wedi ymrwymo i ddeall yn llawn y rhwystrau a'r heriau y mae ein hyfforddeion gyda nodweddion gwarchodedig yn eu hwynebu, yr effaith y mae hyn yn ei gael ar eu profiad hyfforddi a lle bo angen, i gyflwyno mesurau i fynd i'r afael ag unrhyw broblemau a nodwyd, fel bod amrywiaeth, cydraddoldeb a thegwch yn hanfodol i bob agwedd ar hyfforddiant yng Nghymru.

## **RISGIAU**

Mae'r cynllun yn heriol, ond mae modd ei gyflawni. Hyd yn oed lle argymhellir y dylid cynnal y niferoedd ar lefelau 2021, mae dal yn arwain at niferoedd mwy nag erioed o fyfyrwyr yn hyfforddi yng Nghymru gan fod y niferoedd sydd newydd gael eu comisiynu'n fwy na nifer y carfannau sy'n graddio. Felly, mae mwy o fyfyrwyr yn y Brifysgol ac ar leoliadau gyda'r GIG a'r sector iechyd ehangach nag erioed o'r blaen.

Wrth i Brifysgol barhau i ddatblygu ymagweddau dysgu cyfunol i gefnogi myfyrwyr a hyfforddeion, mae eu seilwaith ffisegol yn dod yn llai o rwystr i dwf. Fodd bynnag, mae sicrhau bod myfyrwyr a hyfforddeion yn cael profiad diogel ac o safon yn hanfodol, ac mae AaGIC yn cydweithio ledled Cyfarwyddiaethau i sicrhau ansawdd y ddarpariaeth addysg. Mae profiadau dysgu ymarfer yn rhan hanfodol o ddatblygiad personol a phroffesiynol myfyrwyr gofal iechyd, ac mae ansawdd y cyfleoedd lleoliadau'n gritigol i gefnogi'r genhedlaeth nesaf o weithwyr cofrestredig.

Mae'r pandemig wedi diwygio'r dirwedd leoliadau, a gyda mwy o fyfyrwyr a hyfforddeion, mae sicrhau bod y capasiti cywir yn y meysydd cywir ar gael i alluogi pob myfyriwr a hyfforddai i gronni eu deilliannau dysgu rheoliadol yn hanfodol. Yn ddiweddar, mae AaGIC wedi penodi Pennaeth Profiad a Gwella Lleoliadau. Mae hon yn swydd genedlaethol a fydd yn gweithio'n agos gydag addysgwyr ymarfer ledled Cymru, ond hefyd gyda chydweithwyr meddygol, fferyllol, optometreg, ymarfer cyffredinol a deintyddol yn fewnol i sicrhau bod pob myfyriwr a hyfforddai'n derbyn lleoliadau o safon a diogel ar sail egwyddorion cyffredin. Bydd hyn yn arwain, datblygu a gwella'n barhaus yr agweddau rheoli ar ddysgu a phrofiad lleoliadau yn unol â gweledigaeth strategol AaGIC.

## **CAMAU NESAF**

Bydd y cynllun yn cael ei gyflwyno i Fwrdd Gweithredol y GIG (27 Gorffennaf) a disgwylir cymeradwyaeth gan Weinidogion ym mis Medi.

## **CRYNODEB**

Gofynnir i'r Bwrdd:

- Nodi'r sefyllfa bresennol o ran Cynllun Addysg a Hyfforddiant 2022/3

- Cefnogi cyflwyniad y cynllun i Lywodraeth Cymru'n amodol ar adborth Bwrdd Gweithredol y GIG
- Nodi y bydd adolygiad o'r broses i adnabod gwersi a ddysgwyd ar gyfer y flwyddyn nesaf

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Llywodraethu a Sicrwydd			
<b>Cysylltiedig â nodau strategol yr IMTP</b> <i>(rhowch ✓)</i>	<b>Nod Strategol 1:</b> Arwain ar gynllunio, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi cyflawniad 'Cymru Iachach'	<b>Nod Strategol 2:</b> Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	<b>Nod Strategol 3:</b> Gweithio gyda phartneriaid i ddylanwadu newid diwylliant o fewn GIG Cymru drwy adeiladu arweinyddiaeth dosturiol a chapasiti cydweithredol ar bob lefel
	✓	✓	✓
	<b>Nod Strategol 4:</b> Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	<b>Nod Strategol 5:</b> Bod yn gyflogwr enghreifftiol a lle gwyd i weithio ynddo	<b>Nod Strategol 6:</b> Cael ein cydnabod fel partner, dylanwadwr ac arweinydd ardderchog
	✓		
<b>Ansawdd, Diogelwch a Phrofiad y Claf</b>			
Mae twf parhaus addysg a hyfforddiant yn gofal sy'n canolbwyntio ar y claf diogel o safon, drwy rymuso'r GIG yng Nghymru gyda rhagor o staff sydd â'r sgiliau a'r gwerthoedd cywir ar yr adeg gywir. Mae gan yr holl gomisiynu, o addysg broffesiynol iechyd, meddygol, deintyddol, fferyllol, ac ati, brosesau rheoli ar waith i sicrhau bod cofrestreion a hyfforddeion yn bodloni gofynion rheoliadol.			
<b>Goblygiadau Ariannol</b>			
Mae'r goblygiadau ariannol wedi'u nodi yn rhan Ariannol yr adroddiad hwn			
<b>Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</b>			
<b>Goblygiadau Staffio</b>			
Does dim goblygiadau staffio i AaGIC.			
<b>Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</b>			
Mae'r cynllun yn cynorthwyo o ran Chymru mwy gwydn a Chymru Iachach. Mae'r Gymraeg wedi'i hymgorffori ym mhob contract, ac mae'r gofynion wedi cael eu cryfhau o 2022 ymlaen.			
<b>Hanes yr Adroddiad</b>			
<b>Atodiadau</b>	Atodiadau 1 – 9 wedi'u nodi isod		

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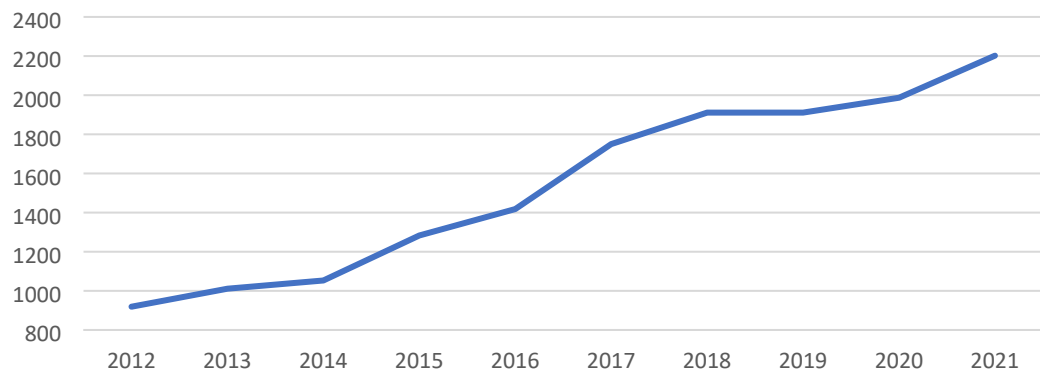
# ATODIADAU 1 - 9

Atodiad 1	<b>Twf mewn Myfyrwyr</b>
Atodiad 2	<b>Argymhellion Staff Proffesiynol Iechyd</b>
Atodiad 3	<b>Argymhellion y Gweithlu Meddygol ar gyfer 2022/23</b>
Atodiad 4	<b>Dadansoddiad o'r Gweithlu</b>
Atodiad 5	<b>Tueddiadau Comisiynu - Staff Proffesiynol Iechyd</b>
Atodiad 6	<b>Swyddi a Newidiadau Hyfforddiant Arbenigedd Meddygol</b>
Atodiad 7	<b>Cyfanswm Cost Hyfforddi Myfyriwr dros gyfnod y cwrs</b>
Atodiad 8	<b>Gwybodaeth Atebol</b>
Atodiad 9	<b>Meysydd Gweithlu â Blaenoriaeth</b>

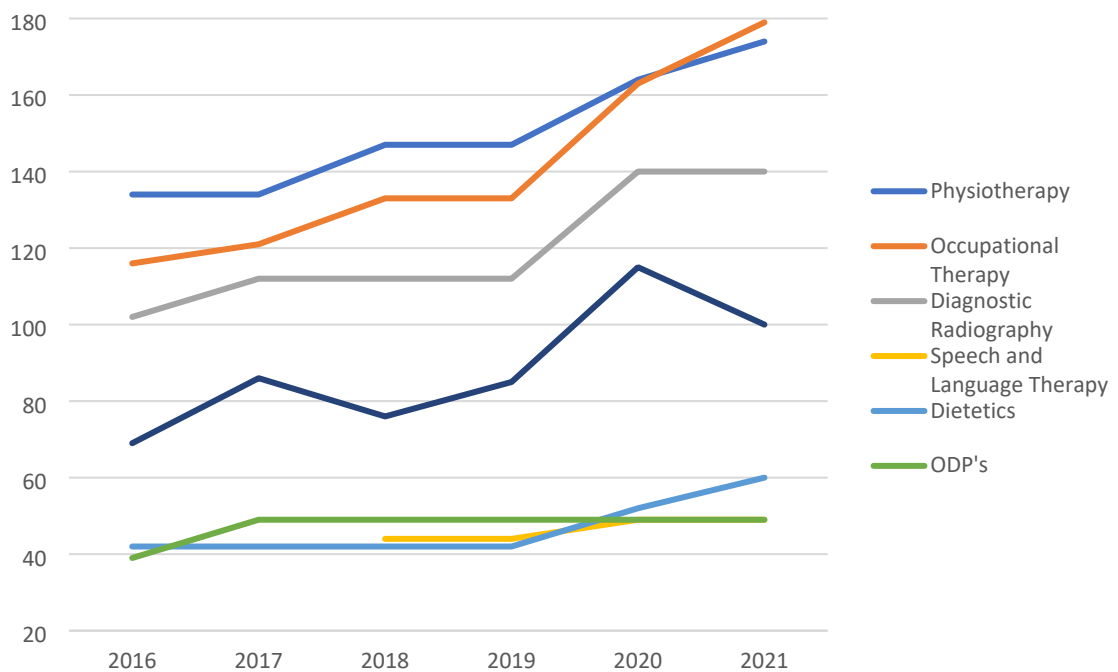
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## Growth in Students

Nurse Commissions - All fields



Larger AHP professions commissioning numbers 2016-21



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## Health Professional Staff Recommendations

Course Title	2022/23 recommendations
Adult Nursing	1,540*
Child	175
Mental Health Nursing	410*
Learning Disability Nursing	77*
<b>Total Nursing</b>	<b>2,202</b>
Midwifery	185
B.Sc. Human Nutrition - Dietician	40
PG Diploma Human Nutrition - Dietician	20
PG Diploma Medical Illustration	7
B.Sc. Occupational Therapy	129
PG Diploma Occupational Therapy	30
B.Sc. Occupational Therapy (Part Time)	20
Degree in ODP	49
B.Sc. Physiotherapy	174
B.Sc. Podiatry	27
PhD Clinical Psychology Doctorate	32
B.Sc. Speech & Language Therapy	40
B.Sc. S&LT - Welsh Language	9
B.Sc. Paramedicine	84
Paramedics - EMT conversion	30
Diploma in Dental Hygiene	18
Degree in Dental Hygiene & Therapy	13
Physicians Associates	54
BSc Diagnostic Radiography	140
BSc Therapy Radiography	26
Assistant Practitioners Radiography - Diagnostic	12
HE Cert in Audiological Practice	15
Physiological Science - PTP	
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	24
B.Sc. (Hons) Healthcare Science - Audiology	12
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science	8
B.Sc. (Hons) Healthcare Science - Neurophysiology	3
Physical and Biomedical Engineering - PTP	
B.Sc. (Hons) Healthcare Science- Clinical Engineering	2
B.Sc. (Hons) Healthcare Science - Nuclear Medicine	3
B.Sc. (Hons) Healthcare Science - Radiotherapy Physics	3
Life Science - PTP	
B.Sc. (Hons) Healthcare Science- Blood, infection, Cellular, Genetics	25
HIGHER SPECIALIST SCIENTIST TRAINING - HSST	
Physical Sciences	3
Life Sciences	3
Physiological Sciences	2
Post Graduate Healthcare Science Education	
MSc Genomic Medicine	20

## Medical Workforce Recommendations for 2022/23

Following a comprehensive review of all information and data made available to HEIW the table below details the recommendations for 2022/23.

<b>Unscheduled Care</b>	
<i>Emergency Medicine</i>	No increases are recommended for the Higher Emergency Medicine programme for 2022 (see Unscheduled Care section for further details). To review again for 2023.
<i>Higher Anaesthetics</i>	Increase of 3 Higher Anaesthetics posts.
<i>Intensive Care Medicine</i>	Increase of 4 higher Training Programme posts
<b>Cancer Care</b>	
<i>Clinical Oncology</i>	Increase by 4 additional Higher Training posts implementing year 2 of the proposal to expand by 4 posts per year for 5 years.
<i>Medical Oncology</i>	Increase by 3 additional Higher Training posts implementing year 2 of the proposal to expand by 3 posts per year for 5 years.
<i>Palliative Medicine</i>	To increase Palliative Medicine training by 2 posts for August 2022 and a further 2 posts for August 2023.
<b>Small Specialty Review</b>	
<i>Community Sexual &amp; Reproductive Health (CSRH)</i>	To temporarily convert one of the GUM posts to CSRH using existing funding to enable an additional appointment into CSRH for 2021 if possible but if not 2022.
	To recommend an increase of 2 CSRH posts for August 2022
	To explore options for increasing exposure to both CSRH and GUM on the Foundation Programme and for GUM within Internal Medicine.
<i>Oral and Maxillofacial Surgery (OMFS)</i>	To increase the OMFS training programme by 2 posts in August 2022.
<i>Clinical Genetics</i>	To increase the Clinical Genetics Training programme by 2 posts in August 2022. <i>Note - agreement and temporary funding was identified to enable one post to commence in August 2021.</i>
<i>Clinical Neurophysiology</i>	To await the recommendations of the Neurophysiology workforce review. This is considered a fragile and vulnerable training specialty.
<i>Clinical Pharmacology and Therapeutics (CPT)</i>	To retain the 2 posts in CPT and review for 2023. To explore moving one post to North Wales.
	To increase exposure to CPT during Internal Medicine training to increase recruitment in the specialty.
<b>Diagnostic Specialties</b>	
<i>Medical Microbiology/ Infectious Diseases</i>	Increase of 3 Medical Microbiology/Infectious Diseases posts implementing year 3 of a plan to increase posts every year for 5 years.
	To support the recommended expansion as required to appoint 22 trainees for the 2022 intake with 20 in the South and 2 in north Wales.
	To create an INR post which will rotate as required to specialist centres in England to enable Welsh trainees to obtain this much needed training.
<i>Histopathology</i>	To increase Histopathology training in North Wales by 1 post for August 2022.
	To undertake an urgent review exploring solutions to the training capacity challenges within Histopathology and Paediatrics and Perinatal Pathology to make recommendations to Chief Executives in June 2022.

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<b>Mental Health</b>		
<i>Child and Adolescent Psychiatry</i>		North Wales – to increase by 2 posts for 2022. <i>Note - agreement and temporary funding was identified to enable one of these posts to commence in August 2021 as part of a phased introduction.</i> South Wales – to increase by 2 posts for 2022 and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
<i>Old age psychiatry</i>		To increase by 2 training posts for 2022, 2 for 2023 and a further 2 for 2024. With a review once the HEIW review on Mental Health workforce has reported its findings.
<i>General Adult Psychiatry</i>		To make no changes to the current level of posts on the General Adult Psychiatry programme and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
<i>Forensic Psychiatry</i>		To make no changes to the current level of posts on the Forensic Psychiatry programme and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
<i>Learning Disabilities</i>		To convert the shared LD/CAMHS post in North Wales to LD thereby increasing the programme by 1 post. To review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
<b>Foundation, Core and Higher Programme Alignment</b>		
<i>Foundation</i>		To increase the number of Foundation Year 1 posts by 30 and Foundation Year 2 posts by 30 for August 2022 as detailed in the Foundation Expansion Business Case.
<i>ACCS Emergency Medicine</i>		The ACCS Programme is expanded by a further 4 posts for 2022 and a further 2 posts in 2023. This will complete the development of the Bangor Programme and enable a new Programme in Cardiff to be created to maximise current training capacity.
<i>ACCS Anaesthetics</i>		5 new posts are to be created in Emergency Medicine and Acute Medicine to enable the creation of a ACCS Anaesthetics programmes to support the alignment with Intensive Care Training
<i>Anaesthetics</i>		Increase of 5 Core Training Programme posts to ensure alignment between Core and Higher programmes and to meet training curriculum and LTFT requirements going forward.
<i>Internal Medicine</i>		To increase Internal Medicine training by 12 posts for August 2022
<i>Core Psychiatry</i>		To increase Core Psychiatry Training by 8 posts for August 2022.
<b>Additional workforce priority areas</b>		
<i>Public Health Medicine</i>		Recruitment into existing training posts is to be maximised and to support this funding for 2 posts is required for 2022 and for 3 posts in 2023. Work should be undertaken to maximise the current interest in the specialty from Junior Doctors. This includes the provision of Foundation Training Placements in Public Health Medicine within the Foundation expansion programme
<i>Rheumatology</i>		To increase Rheumatology training by 2 posts for August 2022 and a further 2 posts for August 2023.
<i>Gastroenterology – Hepatology Specialist post</i>		To create 1 Hepatology Sub-specialty post for August 2022 with 3 months of this time spent in a specialist centre outside of Wales.
<i>Paediatrics</i>		Increase of 4 ST3 posts to enable the expanded numbers of trainees created in 2020 and 2021 to progress through the training programme and to front-load the programme to maximise %WTE from ST4 onwards.
<i>General Practice</i>		Maintain the current target of 160 intake per annum, with an option to over-recruit to 200 when feasible

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## WORKFORCE ANALYSIS

The Covid-19 pandemic will impact on the workforce going forward. Health and Social Care in Wales – Covid 19: Looking Forward (March 2021) identifies that recovery from the pandemic is estimated to take 5 years, that there will be increased demand across services including in Mental Health, that there will need to be a greater focus on health and wellbeing and there will be continued working from home. Some of the impact on the workforce is yet to emerge and will need to be monitored. There could be a short-term impact on people choosing early retirements, especially in light of the recent changes to the NHS Pension scheme.

The Wales population continues to grow and age and combined with the impact of the pandemic on the delivery of services, associated backlogs and potential impact on workforce behaviours will drive the need for workforce. The pandemic has seen a rise in flexible working patterns with the requirement for non-public facing staff to work from home where possible and this coupled with the ongoing changes in attitudes towards work and career will be an import trend to monitor. NHS Wales has invested in supporting the health and wellbeing of staff during and beyond the pandemic and the need for flexibility to provide people opportunities to maintain a work-life balance will be key.

Patterns of migration are changing in the UK as a result of the changes being brought about as a result of Brexit. The Government has introduced a new points-based immigration system from January 2021 and this, coupled with the COVID-19 pandemic is likely accelerate the work to produce more 'home grown' workforce and reduced the reliance of overseas workers.

The NHS workforce is widely dispersed across Wales and different parts of the country have very different needs. This is largely due to the urban/rural geography of Wales with staff being attracted more to working in large urban centres than rural areas and thus creating recruitment issues in some of these areas. It is HEIW's role as a system leader, in partnership with NHS Organisations, for education and training to bring the different strands of the workforce together and to consider innovative ways of ensuring the provision of education and training for the NHS workforce in rural and remote areas. HEIW will continue to explore how the development of programmes such as Made in Wales, the Strategic Review of Health Professions Education and a move towards more blended learning can contribute to the sustainability of local communities as well as contributing towards the Environment (Wales) Act 2016 by reducing reliance on travel and negative impacts on the climate and environment.

HEIW regularly analyses key workforce trends and the main trends to note for the Education and Training Plan are:

- Staffing numbers continue to increase across all staff groups. The overall workforce has grown by 21% (over 15,000 FTE) over the last 6 years (2015 – 2021)  
During this period, the medical workforce has grown by 24% (up from a 16.5% growth as reported in the last plan - an increase of over 1,500 FTE) and the nursing workforce by 8% (up from a 3.2% as reported in the last plan - an increase of 1,767 FTE)

- Over the last six years agency and locum spend has increased by 47% from £135.2 million to £199.1 million (in 2019/20 it was £177 million). This

represents an increase of 13%). Nursing and Midwifery has the largest agency spend at £94.4 million for 20/21, an increase of 16% increase on the previous financial year (despite an 8% increase in the workforce between 2015 and 2021). Locum spend for Medical and Dental was £58.5 million for 20/21 a 3% decrease on the previous financial year and a reduction of 6% since 2015/16. This will have been driven by the pandemic and mass vaccination programmes.

- The cost of the directly employed workforce in 2020/21 is circa £4.8 billion, a 15% increase from the previous year. This is the biggest annual increase in over 10 years and can be attributed to increasing agency spend, the increased size of the workforce and increases in employers pension contributions.
- In 2020/21 the twelve-month rolling sickness absence level peaked at 6% as compared to 5.6% in the previous year. Over the last few years Anxiety/Stress and Back and other Musculoskeletal have been the two most common reasons for sickness however, between April 2020 and March 2021 there was an increase in sickness due to Infectious Disease/Respiratory.
- The participation rate for the female workforce equates to 0.85 and 0.95 for males. The NHS Wales workforce is predominantly female, accounting for 77% of the total workforce, however, as the workforce ages staff tend to reduce their hours especially from age 55 onwards.
- The age profile of the workforce changed between 2015 and 2021. The workforce aged 55+ has increased 7,509 in 2021 as compared to 2015. The proportion of staff in this age group has increased from 19% in 2015 to 24% in 2021. Looking at participation rates.

## Analysis of Annual Plans

Due to the ongoing Covid pressures felt across the entire NHS, organisations were asked to submit an Annual Plan as opposed to a full IMTP outlining their future strategic aims and workforce planning needs.

The Annual Plans identified a number of significant workforce risk and challenges including: -

## Recruitment Challenges

- Nursing across all four fields of practice; - adult, children, learning and disability and mental health, and further to the extension of the Nurse Staffing Levels (Wales) Act 2016 with provisions due to extend to paediatric inpatients in late 2021
- Health Care Support Workers and gaps within the funded establishment
- Existing vacancies within specialist posts which have been hard to recruit into, including CAMHs Child Psychiatrists, Dermatology, Plastic Surgery, Urology, COTE, Intensivists, Stroke and Psychiatry
- Gaps within Mental Health services, as well as Trauma/Emergency Department
- Shortages and pinch points within diagnostic testing including Radiology, Neurophysiology, Cardiac Physiology and Endoscopy
- Shortages of Junior Doctors across secondary care

## The Impact of Covid and post-Covid

The full impact of the Covid pandemic will be felt over the entire NHS system for years to come. Key concerns impacting the workforce noted in the Annual Plans included:-

- Although high levels of retirements are expected across Nursing and Consultant posts over the next five years due to an ageing workforce, the
- impact of Covid on staff retention is currently unknown. There may be an increase in desire of staff to retire earlier than planned.
- It is anticipated that there may be a reduction in the workforce available to undertake overtime or out of hours shifts, again due to Covid fatigue and where NHS organisations were previously reliant upon staff goodwill to reduce gaps in workforce cover. There has been an increase in the number of requests for flexible or part-time working which may impact upon service delivery.
- There is a concern that the focus on the immediate need to sustain services post Covid may have an impact upon organisations' ability to future-focus and undertake long-term workforce planning.

## **The Impact of Brexit**

The Annual Plans indicate that it has been impossible to fully understand the impact of Brexit following the end of the transition period in January 2020 and the beginning of the Covid pandemic in the early spring of 2020 specifically on overseas recruitment. There will need to be a re-set period as the pandemic subsides to fully consider the implications of Brexit on NHS organisations and their ability to regularly recruit from outside of the UK.

The Annual Plans have also identified a number of opportunities for workforce transformation, as follows: -

### **1. Workforce Redesign**

Whilst it will take many years to full assess and comprehend the impact of Covid on the entire NHS, the pandemic has highlighted that NHS organisations can make better use of digital technology to deliver effective patient care, utilising a range of new technology. It is unlikely that NHS services will ever return to their pre-Covid ways of operating with virtual appointments with GPs and telephone triage with 111/Phone First (as just two examples) being here to stay. There is a real appetite to make effective use of the technology available to shift how, when and where work is undertaken, making greater use of the range of skills of a diverse workforce to deliver world-class patient care.

### **2. Strengthening the Multi-Disciplinary Team**

Each of the annual plans intends to focus the delivery of care within the community setting for those with chronic or long-term conditions (as far as practicably possible) by integrating speciality practitioners into broader multi-disciplinary teams, utilising cross-organisation working and sharing resources. In addition, the desire is clear to develop Ambulatory Care Assessment Centres within the community which are integrated with acute community teams to support day cases and reduce hospital admissions, managing patients in their home environment provided that it is appropriate and clinically safe to do so.

### **3. Up-skilling the existing Workforce**

NHS organisations understand that the majority of their workforce of tomorrow is in post today. Promoting top of license working for registrants (whilst reviewing their skill mix), developing new roles and maximising the contributions of the unregistered Workforce will all help to up-skill and shape the future workforce. Organisations also see the importance of investing significantly in "Grow your Own" to meet the range of post-Covid demands, including through the development of the Band 4 Assistant Practitioner post.

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The creation of a range of new roles will not only support alternate models of care but will also help in facilitating the move towards 7 days working e.g. looking at the introduction of Surgical Scrub Technicians for day surgery cases.

Up-skilling extends beyond secondary care as support will be given to community Pharmacy development to increase the number of independent Pharmacist prescribers and contribute to a fully integrated community-based multi-disciplinary team.

Across the UK, national bodies continue to recognise the need to grow the workforce in order to meet the increasing demands, Wales is in a similar position and this plan has been developed in the knowledge that there is a need for the health care workforce in Wales to continue to grow. HEIW has undertaken an extensive modelling exercise for a number of professions to consider future changes in the workforce and used this information to underpin this year's recommendations to maintain the growth in the numbers of students and trainees.

In recent years the UK Government has made changes to the previous Shortage Professions list for England/Wales. The Skilled Worker Visa: Shortage Occupations for Healthcare and Education, published 6 April 2021 now indicates that all healthcare professionals are on the list.

The above provides important context for the Education and Training Plan, ensuring that there are clear links to these priority areas, whilst recognising the Plan will not address all of the challenges, particularly in the short term.

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## Appendix 5

### Commissioning Trends – Health Professional Staff

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

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

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Staff Group	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Diagnostic Radiographers	140	112	112	112	102	92	73	58	56	51	58	55	51	51	54	49	61	63	61	57	49	27	33
Therapeutic Radiographers	22	20	20	20	22	21	21	23	23	15	17	17	17	21	15	13	14	15	14	13	12	8	7
Asst Practitioners Radiography	12	12	12	12	0	0	17	12	15	17	18	21	10	19	13								
PTP																							
BMS - Blood/Infection/Cellular/Genetics	24	21	21	21	23	27	26	28	0	27	45	45	45	43	53	45	49	51	44	34	34	24	35
HE Cert in Audiological Practice	15																						
Clinical Physiologists - Cardiac																							
Physiology/Audiology/Respiratory and Sleep																							
Science	39	45	47	47	33	27	30	27	0	34	30	32	40	44	35	35	30	28	23	20	14	10	6
Neuro Physiology	4	3	3	3	3	4	5	5	3														
Medical Radiation Techs - Nuclear Medicine &																							
Radiotherapy Physics	3	3	3	3	3	3	2	5	0	3	3	4	3	3	3	3	7	7	4	2	2	0	2
Clinical Engineering in Rehab	2	3	3	2	1	1	2	1															
Medical Engineering	0	0	0	0		1																	
STP																							
Audiological Scientists/Neurosensory Sciences	6	6	3	3	5	4	3	4	3	3	3	3	3	3	3	5	5	3	2	2	1	1	1
Neurophysiology	0	2	2																				
Respiratory and sleep science	1	3																					
Reconstructive Science	0	1																					
Cardiac Physiology	3	1	3																				
Haematology and Transfusion Science	1																						
Biochemists/Blood Sciences	4	2	0	3	3	5	3	0	2	2	3	2	2	2	2	1	2	1	1	1	1	1	1
Cytogeneticists	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	2	2	1	1	1	1	2	1
Medical Physics/Radiotherapy Physics/INIR/IIR	7	3	3	4	4	5	4	3	4	4	5	4	4	3	3	5	6	5	4	3	2	2	2
Molecular Geneticist/Genomics/	1	1	1	1	1	1	0	0	0	1	0	0	1	0	1	1	1	1	1	1	1	0	1
Cancer Genomics	1	1	1																				
Genomic Counselling	2																						
Bioinformatics	1	1	2	1																			
Tissue Typing/Immunology/Histocompatibility	0	0	0	0	0	2		1	0	0	1	1	0	1	0	1	1	0	1	0	1	0	0
Clinical Engineering	2	1	2	4	1	3	3	4	3	2	2	1	2	2	2	1	2	2	1	0	0	0	0
Cellular Science/Embryology	1	2	0	0	2	1	0	2															
Infection Science - Clinical Microbiology	2	0	3	3	0	1	0	1															
HSST																							
Life Sciences - Genetics/Genomics	1	0	0	1	1																		
Microbiology	0	0	1																				
Life Sciences - Molecular Pathology of acquired																							
disease	0	0	1	0	1																		
Physical Sciences and Biomedical Engineering -																							
Medical Physics (Radiotherapy)	1	1	1	1	1																		
Physical Sciences and Biomedical Engineering -																							
Clinical Biomedical Engineering	1	1	0	1	1																		
Bioinformatics	0	1																					
Biology	1	0	0	1																			
Histocompatibility & Immunology	1	1	0	1																			
Transfusion Science	0	0	1																				

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## Appendix 6

### Medical Specialty Training Posts and Changes

Specialty	2022 proposals	August 2021 post numbers	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
<b>Anaesthetics/ICM</b>							
Core Anaesthetics Training/ACCS Anaesthetics	+9 <sup>1</sup>	122					
Higher Anaesthetics	+3	140	+3	+3			
ACCS Intensive Care		14					
Higher Intensive Care Medicine	+4	31	+4	+4	+2		+4
<b>Emergency Medicine</b>							
Acute Care Common Stem - Emergency Medicine	+4	23	+2				+4
Emergency Medicine (includes PEM & PHEM)		54	+5	+7	+4		+2
<b>Medicine</b>							
Core Medical Training/ACCS Acute Medicine	+12	259	+15	+13			
Acute Internal Medicine		14	+2				
Audiovestibular medicine		1					
Cardiology		38					
Clinical Genetics	+2	5					

<sup>1</sup> 5 posts for ACCS Anaesthetics to be in Emergency Medicine and Acute Medicine and 4 posts for the Core Anaesthetics programme



Clinical Neurophysiology		1					
Clinical Oncology	+4	20	+4				
Clinical Pharmacology and Therapeutics		2					
Dermatology		17		+3			
Endocrinology & Diabetes		23					
Gastroenterology	+1	26	+2				
Genito-urinary Medicine		4					
Geriatric medicine		52					+3
Haematology		18					
Immunology		1					
Medical Oncology	+3	9	+3				
Neurology		17					
Palliative Medicine	+2	13					
Rehabilitation Medicine		2		+1			
Renal medicine		17					
Respiratory Medicine		31	+2				
Rheumatology	+2	10					
<b>Surgery</b>							
Core Surgical Training		100					
Cardio-thoracic surgery		7					
General surgery		58	+4				
Neurosurgery		7	-1				
Ophthalmology		40				+4	
Oral and Maxillo-facial Surgery	+2	9					
Otolaryngology		18					

Paediatric Surgery		2					
Plastic surgery		15	+2				
Trauma & Orthopaedic surgery		45			+4		
Urology		20	+4				
Vascular surgery		9					
<b>Pathology</b>							
Chemical pathology		4					
Histopathology	+1	20					+2
Infectious diseases		2					
Medical Microbiology and Infectious Diseases	+3	16	+3	+3			
Paediatric & Perinatal pathology	-1	2					+1
<b>Psychiatry</b>							
Core Psychiatry Training	+8	85					
Child and Adolescent Psychiatry	+4	12					
Forensic Psychiatry		6					
Old Age Psychiatry	+2	11		+2	+2 (not filled)		
General Psychiatry		29					
Psychiatry of Learning Disability		5					
<b>Imaging and Radiology</b>							
Clinical Radiology	+15 <sup>2</sup>	92	+10	+ 10	+4	+7	+11
Interventional Neuro Radiology	+1	0					
Nuclear medicine		1					

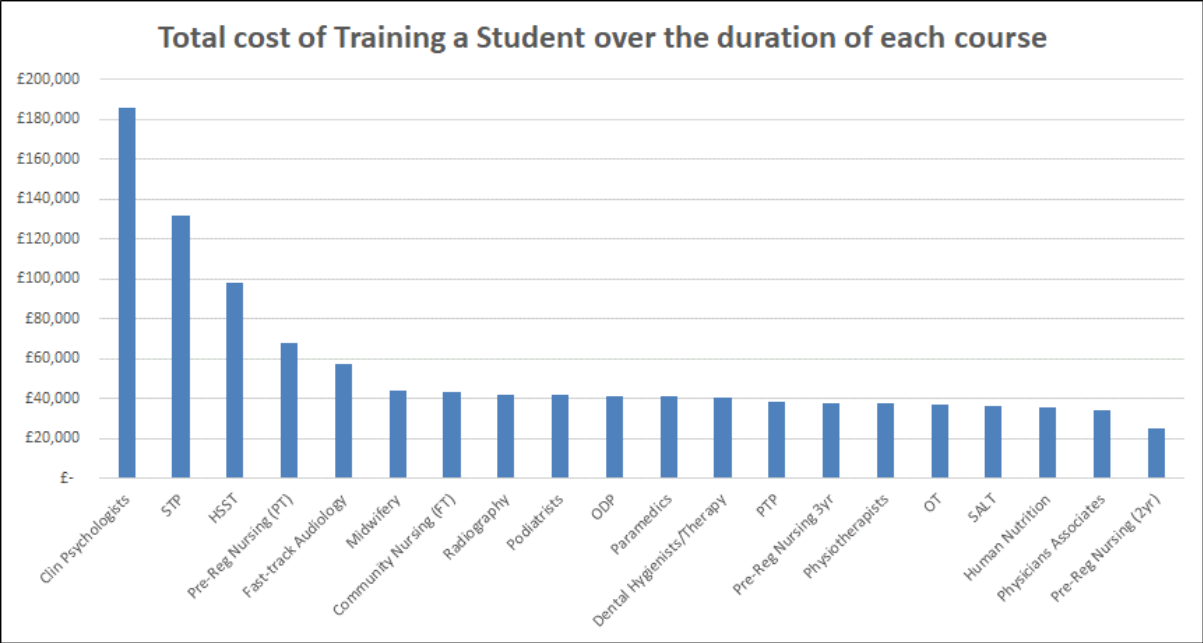
<sup>2</sup> Estimated number based on current projections of trainees completing in order to maintain an intake of 20 for August 2022

<b>Women's Health</b>							
Obstetrics and gynaecology		95	+2				
Community Sexual & Reproductive Health	+2	2					
Paediatrics	+4	149	+6				
Public Health Medicine	+2 <sup>3</sup>	23					
Foundation Training							
Foundation Year 1	+30	381	+30	+12			
Foundation Year 2	+30	351	+12				

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<sup>3</sup> This will not increase the posts numbers beyond 23 however it will maximise the use of these posts which is not currently the case.

Total Cost of Training a Student over the duration of the course



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## SUPPORTING INFORMATION

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

### 1. Nursing & Midwifery

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

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

Over the past two years HEIW has commissioned more places on the part time employed routes. These routes are an excellent route for HCSWs to progress their careers and provide a much-needed workforce of local people who want to train and stay in Wales to work on completion of the programme. HEIW propose a continuation of the increases the commissioned places for these programmes. This will provide a number of benefits, which include:

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

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

- The potential impact of Brexit on the available nursing workforce.
- The potential impact of Covid on the number of people seeking to leave the profession or taking the opportunity to retire.
- Health Board need to comply with the requirements of the Nurse Staffing Levels (Wales) Act (2016) which came into full force from 6<sup>th</sup> April 2018.
- Nursing remains a shortage profession,
- Ongoing recruitment difficulties across the UK
- Changes in work patterns – increasing levels of part time working, this results in a greater

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- Agency nursing costs and the need to invest now to prevent an escalation of the agency expenditure in the medium/long term

Following the award of the new education contracts HEIW will be able to commission more nurse pre-registration education places in Wales. In recent years the HEIs in Wales have struggled to meet the target commissioned pre-registration places in some fields. The number of applicants has not dropped but the number of training places increased. From 2022 HEIW will be commissioning two more Adult Nursing programmes in Wales that will help to attract people who previously may not have been able to access this training. There will be a full-time programme to service HDUHB North and a dispersed training programme in HDUHB and PTHB. The dispersed model will require HEIs to deliver training locally to people based in these Health Boards.

HEIW added to the distance learning commissions with a small pilot of pre-registration adult nurse training for care home HCSW. The progression of this pilot is currently being evaluated. HEIW will look to increase the number of places available through this route once the first cohort of students have completed the first year of study.

The table below summarises the number of nursing students, recommended for 2022/23 and those commissioned over the past 3 years.

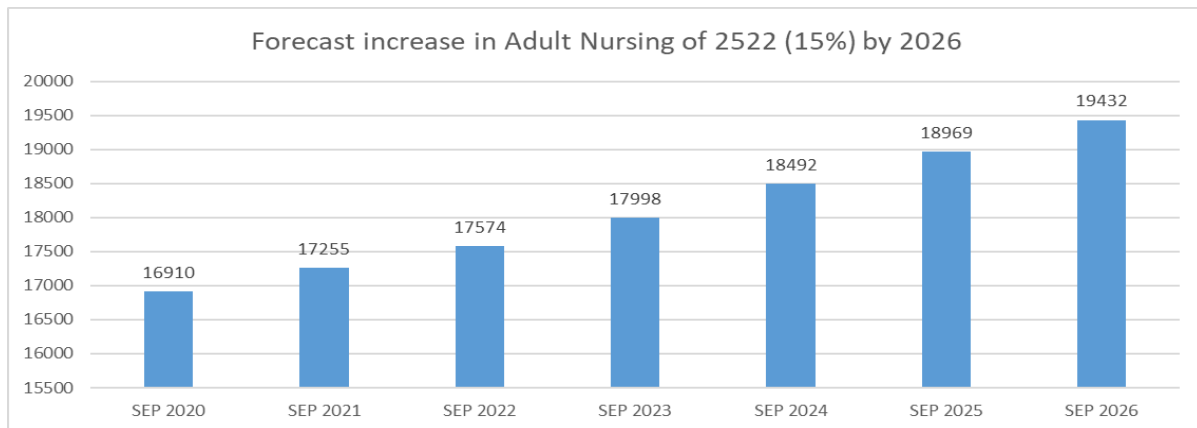
Course Title	Ed Com. 2019/20	Ed Com. 2019/20	Ed Com. 2020/21	2022/23 (WF Plans)	2022/23 - HEIW Recommendations
Adult Nursing	1,216	1,400	1,540	2,502	1,651
Child	154	154	175	234	175
Mental Health Nursing	330	356	410	576	483
Learning Disability Nursing	77	77	77	117	87
Total Nursing	1,777	1,987	2,202	3,486	2,396

### Adult Nursing

It is recommended that Adult places will increase 111 to **1,651**. In 2019/20 1,400 adult places were commissioned. Therefore in 2 years the recommendation is for a 18% increase in adult nurse training numbers.

The workforce intelligence model developed by HEIW shows that the adult nursing workforce is projected to grow by **2,522 (15%)** between September 2020 and September 2026 taking the projected workforce to **19,432 FTE's** (see table below). While this is a significant increase, the current expenditure on agency costs would indicate that there is a significant vacancy factor which is yet to be filled.

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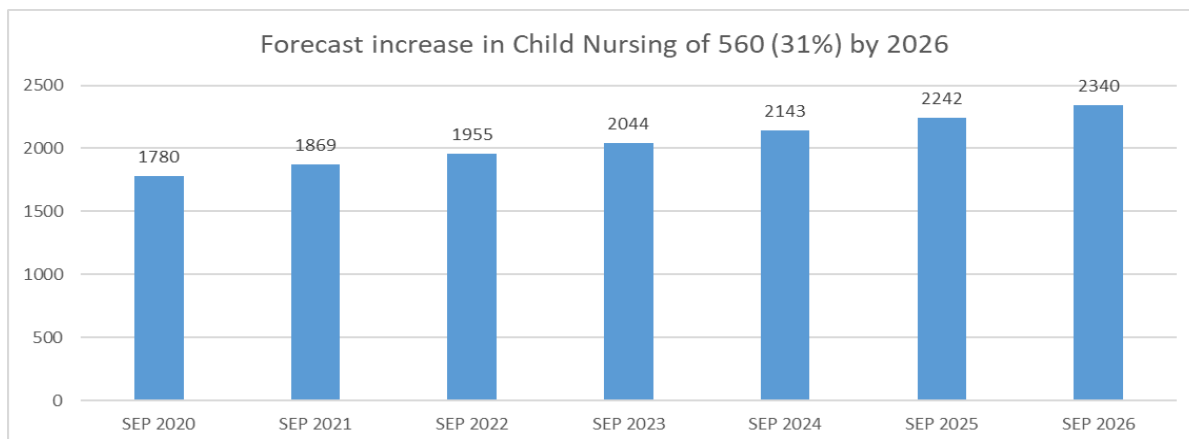
The high-level rationale is set out in the main body of the report but other contributory factors when considering this option include:

- 89% of nursing students are Welsh domiciled
- Retention is good for graduates.
- Agency costs for nursing increased last 10 years and all organisations reporting vacancies.
- Cost effective to train additional nurses.
- July first report to WG on Nurse Staffing Act – anticipating identification of vacancy factor
- 2022 introduction of 2 dispersed learning to offer education locally and for rural areas – Hywel Dda and Powys.
- New provider in Aberystwyth for North Hywel Dda.
- New contracts enable increase commissions: maximum possible in 2022 across all contracts: 1,651
- March cohort under recruited in 2021
- Streamlining very successful conversion graduates into employment
- Age profile: 22% could retire next 5 years
- Participation rate drops off with age and 85% across other age bands
- +200 HCert places in addition for existing staff
- Working to open new training placements across primary, social care, independent sector etc.
- Commissioning of max of 1,651 students likely to give output of 1,442 graduates

### Children's Nursing

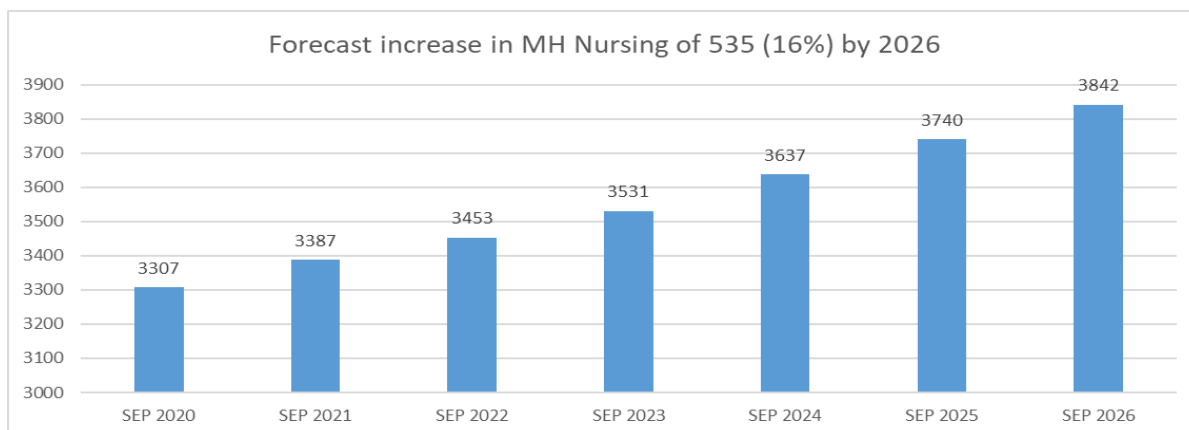
It is recommended that Children's nursing numbers are maintained at **175**. In 2021/22 years the number of pre-registration training places for children's nursing increased from **154 to 175**, this represents a 14% increase in places. Applications and fill rates for this field remain buoyant and therefore no further increase is recommended for 2022.

In addition, the workforce intelligence model developed by HEIW shows that the children nursing workforce is projected to grow by **560 (31%)** between September 2020 and September 2026 where the forecast is **2,340 FTE's** (see table below).



## Mental Health

It is recommended that Mental Health numbers increase to **483**. The workforce intelligence model identifies that the mental health nursing workforce is projected to grow by **585 (16%)** between September 2020 and September 2026 where the forecast is **3,842 FTE's** (See table below).



## Learning Disability

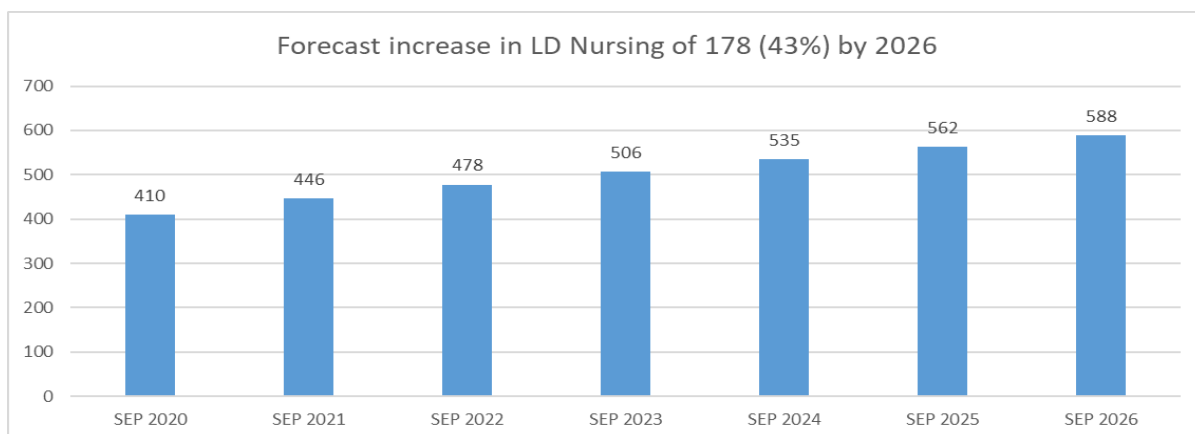
It is recommended that Learning Disability field numbers increase to **87**. Over the past three years both Welsh education providers were unable to recruit to the full commissioned education levels. This is a reflection of a national workforce challenge in this sector. The HEIs have work collaboratively to increase the profile of learning disability nurse education and career opportunities in Wales and it is anticipated that this commissioning level will be achieved in 2021 and 2022.

In addition, from 2022, HEIW will be commissioning one additional LD nursing pre-registration education programme in South West Wales which allows people to access this education who would have not been able to previously.

The workforce intelligence model identifies that the LD nursing workforce is projected to grow by 178 (43%) between September 2020 and September 2026 where the forecast is 588 FTE.

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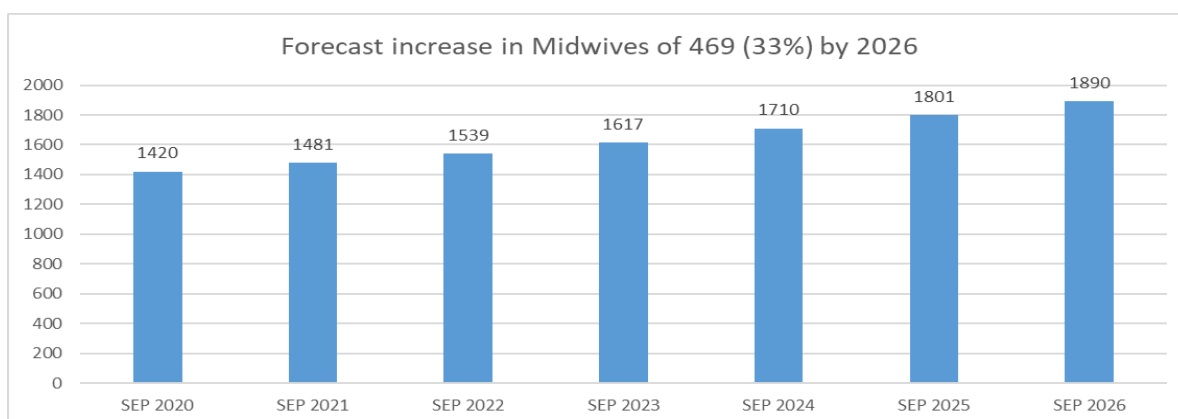
## Midwifery

It is recommended that midwifery places will be maintained at **185** (see table below).

Course Title	Ed Com. 2019/20	Ed Com. 2020/21	Ed Com. 2021/22	2022/23 (WF Plans)	2022/23 - HEIW Recommendations
Midwifery	134	161	185	169	185

Over the past four years midwifery places have increased from 134 to the proposed 185, which represents a 38% increase in commissioning numbers. The additional numbers commissioned have now begun to graduate and a streamlining process to match graduates into posts in Wales has now been introduced. Ensuring there are sufficient posts to available at the right time to recruit the graduates has been a key ambition of the scheme.

The workforce intelligence model developed by HEIW shows that the midwifery workforce is projected to grow by **469 (33%)** between September 2020 and September 2026 where the forecast is **1,890 FTE's**.



## 2. Allied Health Professionals

In recent years HEIW has invested in increasing the education commissions for the AHP workforce in order for the 'A Healthier Wales' plan to be realised. Allied Health Professionals have a key role to play in the plans to expand community/primary care

services and developing a wider range of professionally led services and support. IMTPs indicated that a number of professional roles will need to be expanded. This was in a climate of growing recruitment challenges for these professionals, with evidence of unfilled vacancies particularly in rural areas. Greater numbers of AHPs in comparison to nursing disciplines opt to work in England following graduation, therefore the bursary two-year tie in with a commitment to work in Wales following the completion of their programme was predicted to have an impact on filling vacancies.

As discussed in section 2.4 HEIW worked with NWSSP to implement a streamlining process for AHP graduates in 2021. The introduction of this process has highlighted issues with the number of vacancies available across Wales for this workforce. Health Boards were required to recruit over establishment in many cases to ensure that sufficient posts were made available at the right time. The impact of Covid on these professions has been significant with many practitioners redeployed during the first wave and a perceived reduction in service development against IMTPs.

In terms of education provision for AHPs in Wales, the majority is based in the Cardiff area and is delivered by sole providers i.e. only one training programme in Wales exists delivered by one University. The Strategic Review of Health Professional Education will address this from 2022 as where it is possible to both,

- Maintain financial viability of programmes and
- Still provide an excellent student experience

Commissions will be spread across Wales. This will add resilience to the commissioning model, attract more local students and also better meet the needs of all parts of Wales when students graduate. HEIW are increasing the numbers of providers in Wales in the following areas:

Course	Current Provision		Shape of Provision in 2022	
	Providers	Location	Providers	Location
Occupational Therapy	2	SEW, NW	3	SEW, SWW, NW
Physiotherapy	3	SEW, NW(x2)	4	SEW, SWW, NW (x2)
Diagnostic Radiography	2	SEW	3	SEW, SWW, NW
Speech & Language Therapy	1	SEW	2	SW, NW
Dietetics	1	SEW	2	SW, NW
ODPs	1	SEW	3	SEW, SWW, NW
Dental Hygiene and Therapy	1	SEW	2	SW, NW
Paramedics	1	SWW	2	SW, NW

Key: SEW - South East Wales, SW - South Wales, SWW - South West Wales, NW - North Wales

Despite recruitment challenges there have been a number of publications including the NICE guidance on managing the long term effects of Covid, UK AHP public Health Strategic Framework, AHP Framework (Wales), Healthy Weight: Healthy Wales Obesity Strategy, 3 year action plan for the delivery of outpatient services and Rehabilitation Post COVID19 Evaluation Guidance that lead HEIW to believe that supporting the ongoing growth and development of these professions in Wales is required in the following areas:

- COVID-19 Rehabilitation – e.g. supporting the multi-professional rehabilitation and self-management following acute and long COVID-19.
- Rehabilitation – e.g. supporting people indirectly affected by COVID-19 (including people with Dementia whose quality of life has been compromised by prolonged social isolation).
- Public health – e.g. reducing risk of long-term conditions / increasing awareness of existing lifestyle and risk reduction programmes (consider priority populations including childhood obesity – Healthy Weight Healthy Wales / supporting work-place health)
- Primary and community care – e.g. widening access to AHP services through direct access. Early intervention of rehabilitation and other AHP interventions from primary and community care / restructuring services to provide interventions closer to home.
- Surgical waiting list reduction – e.g. provision of multi-professional lifestyle / behaviour change interventions for people who may not be suitable for surgery.
- Surgical waiting list support– e.g. provision of pre-habilitation to ensure those on the waiting list overcome social-restriction-related debility and become fit for surgery.

The table below summarises the number of students, recommended for 2022/23 and those commissioned over the past 3 years.

Course Title	Ed Com. 2019/20	Ed Com. 2020/21	Ed Com. 2021/22	2022/23 (WF Plans)	2022/23- HEIW Recommendations
<b>Allied Health Professionals</b>					
B.Sc. Human Nutrition - Dietician	30	35	40	39	40
PG Diploma Human Nutrition - Dietician	12	17	20	25	20
PG Diploma Medical Illustration	5	5	7	7	7
B.Sc. Occupational Therapy	113	125	129	93	129
PG Diploma Occupational Therapy	20	23	30	20	30
B.Sc. Occupational Therapy (Part Time)	0	15	20	24	20
B.Sc. ODP	49	49	49	58	49
B.Sc. Physiotherapy	147	164	174	131	174
B.Sc. Podiatry	24	24	27	24	27
PhD Clinical Psychology Doctorate	27	29	32	56	32

B.Sc. Speech & Language Therapy	36	40	40	23	40
B.Sc. S&LT - Welsh Language	8	9	9	5	9
B.Sc. Paramedicine	0	52	75	86	86
Paramedics - Diploma	70	70	0	0	0
Paramedics - EMT conversion	15	30	30	30	30

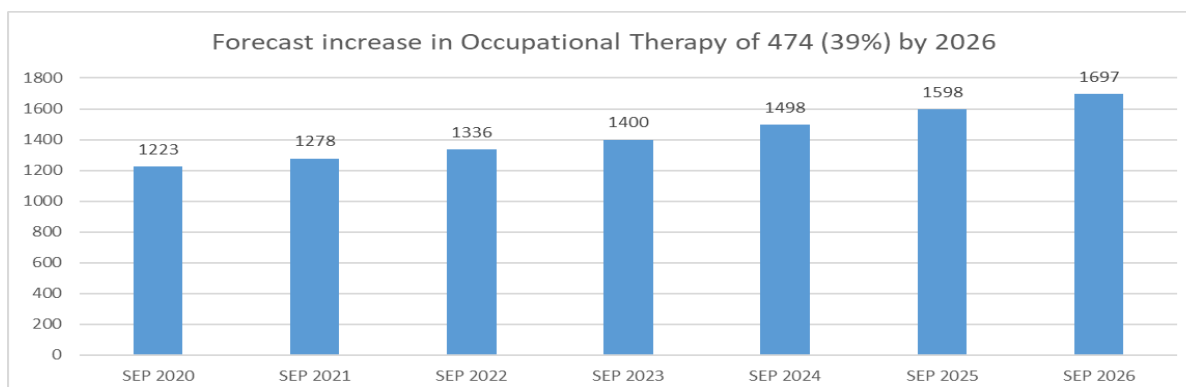
Course Title	Ed Com. 2019/20	Ed Com. 2020/21	Ed Com. 2021/22	2022/23 (WF Plans)	2022/23 - HEIW Recommendations
<b>Other</b>					
Physicians Associates	42	54	54	41	54

## Occupational Therapy

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

HEWI recommends maintaining the commissions for this profession at 179 for 2022/23. Commissions will be split across the fulltime, part time and PG Dip routes and recruitment into Local Authority posts has been included in the total commissioned places.

The workforce intelligence model developed by HEIW shows that the OT workforce is projected to grow by **474 (39%)** between September 2020 and September 2026 where the forecast is **1,697 FTE's**. Note: this does not account for professionals who will be employed outside of the NHS.



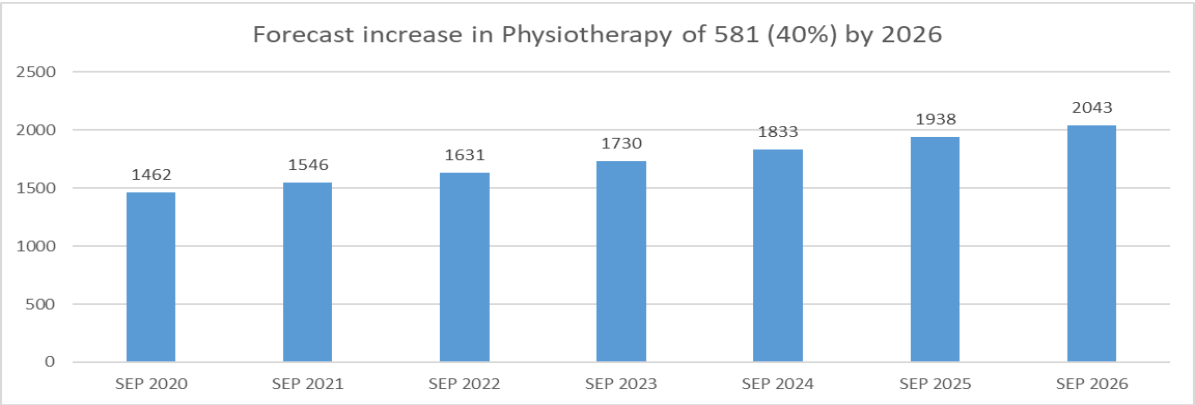
## Physiotherapy

NHS Wales currently employs circa 1,462 physiotherapists. In recent years, increasing demand has been driven by the development of first contact physiotherapy services in primary care. Success in the therapy led MSK conditions service has been identified in the IMTPs. There is a well-developed model comprising of band 7 and a smaller number of 8a advanced practice/extended role physiotherapists that undertake prescribing and therapeutic injections reducing dependency on General Practitioners and emergency services. The development of new models of physiotherapy will also potentially impact on requirements in Trauma & Orthopaedic medical requirements.

Workforce modelling undertaken by HEIW provides evidence that the recent increases in investment in pre-registration training will result in an increase in the workforce in coming years.

HEIW recommends the maintenance of the commissioning numbers of **174** places in 2022/23.

The workforce intelligence model identifies that the physiotherapy workforce is projected to grow by **581 (40%)** between September 2020 and September 2026 where the forecast is **2,043 FTE's**.



**Dietetics**

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

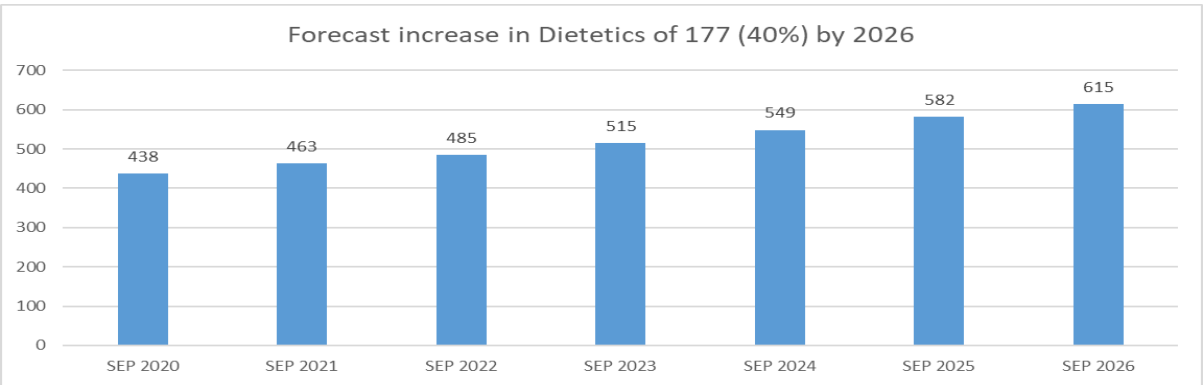
The Nutrition and Dietetic workforce in Wales need to be able to meet the challenges of Healthy Weight: Healthy Wales in its entirety from prevention to complex treatment and the long-term challenges of rehabilitation stemming from the COVID pandemic. The core clinical risk factors identified in the pandemic included Obesity and Diabetes.

The demand for dietitians is across the spectrum from prevention and chronic condition management to rehabilitation and reablement, The NHS Wales Delivery Unit has also released Right Sizing Community Services to Support Hospital Discharges. The role of nutrition and dietetics is pivotal in the recovery and reablement pathway and a key enabler to achieving the desired rehabilitation goals. There is also a role in educating the wider multi- professional team in health and social care to enable the wider workforce impact and ensure consistency of nutrition messages across a range of settings.

Evidence exists of ongoing vacancies in service particularly in rural areas of Wales and use of agency staff.

HEIW significantly increased the commissions for this profession in 2021 (52 to 60 places an increase of **43%**). HEIW recommends maintaining commissioning at **60** for 2022/23.

The workforce intelligence model identifies that the dietetics workforce is projected to grow by **177 (40%)** between September 2020 and September 2026 where the forecast is **615 FTE's**.



**Podiatry**

Within podiatry there is an ageing workforce. Over 55% of the podiatry workforce in Wales are aged 50+ (HCPC data, 2018). It is imperative for the sustainability of the profession that there are adequate numbers of podiatrists being trained to replace those who are retiring.

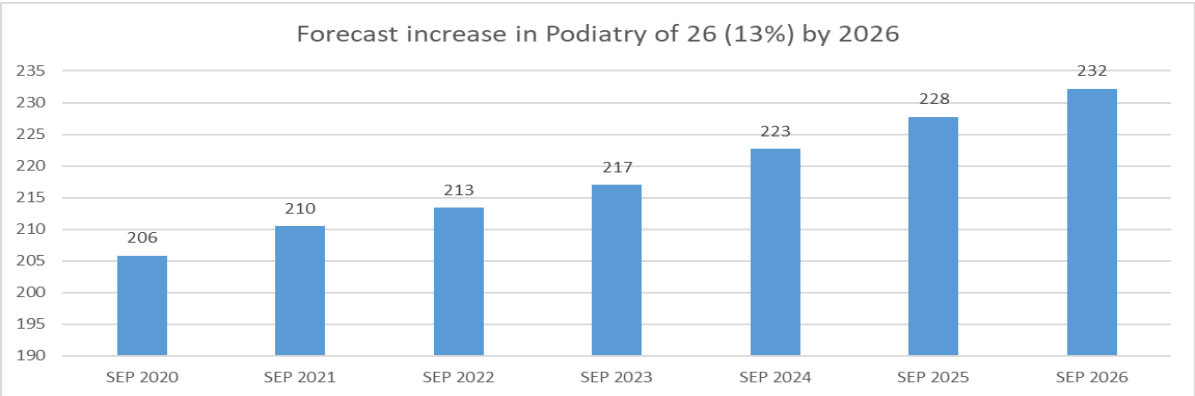
The number of people living in Wales with long term conditions which can affect the feet and lower limbs, such as rheumatoid disease, vascular disease and diabetes continues to rise, as does the population who are at risk of falls. It is vital that the podiatry workforce can meet the podiatric needs of the population both now and in the future as demand for podiatric interventions increases. Investment in the podiatry workforce will prevent a number of adverse and costly health outcomes including falls and lower limb amputations and help the population to remain healthy, mobile and active, supporting crucial public health outcomes and wellbeing of people across Wales.

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Podiatry was not included in the recent round of streaming as one of the smaller professions but also because of the likelihood of progressing to work in the private sector.

HEIW recommends maintenance of the current commissioning numbers at **27**.

The workforce intelligence model developed by HEIW shows that the Podiatry workforce is projected to grow by **26 (13%)** between September 2020 and September 2026 where the forecast is **232 FTE's**. Note: this does not account for professionals who will be employed outside of the NHS.



**Speech and Language Therapy**

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

The strategic review of healthcare professional education will help to address this with the formation of a new SLT pre-registration programme in North Wales.

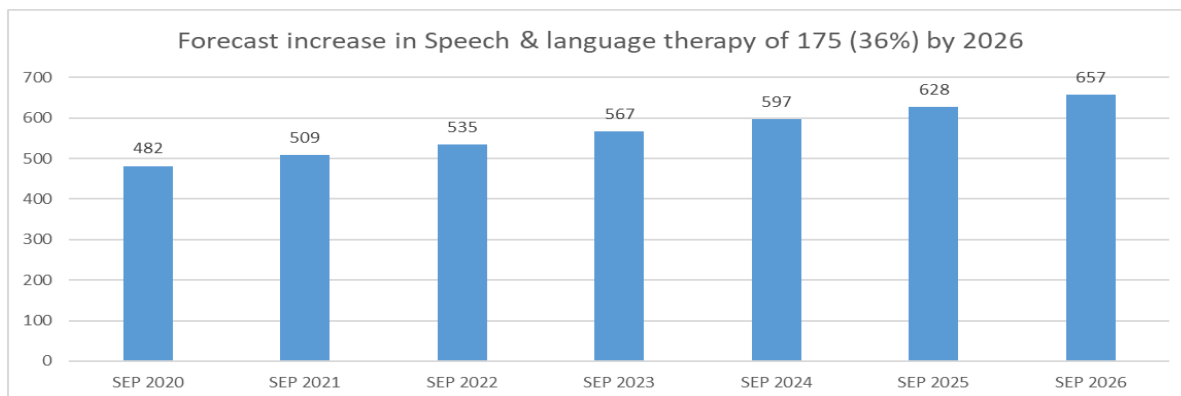
New developments within Unscheduled Care, Primary Care and Mental Health settings are predicated to lead to greater demand for SLT services. Currently, SLTs have replaced ENT Consultants' and Radiologists' time within instrumental swallowing clinics. Modelling suggests that currently, demand is being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

It is recommended that speech and language therapy numbers remain at **49**.

The workforce intelligence model identifies that the speech and language therapy workforce is projected to grow by **175 (36%)** between September 2020 and September 2026 where the forecast is **657 FTE's**.

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### Paramedics

For 2021 the WAST IMTP stated the need for 100 paramedics to be commissioned. This is not possible for a number of reasons including the move to two providers in 2022. The need to ensure stable and sustainable growth within this area is vital. Therefore, in 2021 it was recommended that 75 places are commissioned on the BSc programme (an increase of 31%) in addition to an increase in EMT places. From 2022 as a result of the education strategic review HEIW is able to commission the full number requested in the IMTP.

HEIW recommends **86** on the BSc Programme (**13% increase from last year**) and **30** EMT conversion places. (It is noted that the EMT conversion programme is now 2 years in duration due to the HCPC requirement to education to degree level for this profession).

### Physician Associates

This year saw the third cohort of Physicians Associates graduate. The numbers in training have steadily increased and as part of the bursary tie-in arrangements, Physician Associates graduating in 2021 have been recruited as part of the streamlining processes. HEIW has worked with organisations to identify suitable positions for the graduates and this has led to an increase in the interest in employing Physician Associates across a wide range of medical specialties in secondary care and in a number of practices in primary care. Regulation of Physician Associates will come under the General Medical Council in 2022 which will open the opportunity for this role to become independent prescribers.

HEIW are working collaboratively with Bangor University and Swansea University, the Health Boards and Primary Care leads to develop more placements for Physician Associates. Maintaining commissions at 54 is challenging in the current climate and therefore, until further innovative placement capacity is developed further **HEIW recommends maintaining the level of education provision at 54.**

## 3. Pharmacy

A notable change for 2022/23 is that NHS Wales, as single lead employer, is unique in moving to offer only multi-sector trainee pharmacist programmes, based on GPhC 2021 interim learning outcomes and standard curriculum which starts to move further towards the new IETPs. The single programme will drive transformational changes to



developing the pharmacist workforce. A single learning programme will improve alignment to the HEIW Strategic Equality Plan ensuring an equitable experience for all learners.

As pre-reg. foundation pharmacist recruitment is becoming more challenging, with demand for trainees exceeding supply, a very clear offering to students of a single consistent and high- quality national multi-sector programme provides Wales with a marketing and recruitment advantage.

### Pharmacy Technicians

In 2017 new initial education and training standards for pharmacy technicians were published incorporating extending learning outcomes in specific areas, such as accuracy checking of dispensed medicines and with an increased focus on person-centred care.

Our future aspiration is for multi-sector training for pharmacy technicians to become the norm to ensure person-centred care across the integrated care pathway. Initial steps have been taken with multi-sector pilots for pre-registration pharmacy technicians, but further explorations into workable models are needed during 2022-23.

Due to the fact that the learning outcomes relating to preparation of pharmaceuticals changed to 'shows how', rather than 'does', a new pathway has been created to engage a minimum number of trainees, thereby providing new registrants for the pharmacy technical and manufacturing services in Wales. The first intake for both strands of the course is autumn 2021-22.

### Existing workforce

During the whole period of implementation of the new IETs, 2021-2026, the HEIW plan is to upskill the existing pharmacist workforce to achieve independent prescribing (IP) status. A career pathway for new registrants is being developed that will provide the opportunity to achieve IP status alongside a Royal Pharmaceutical Society (RPS) credential which will offer recognition of competence at the 'early career' stage, facilitating the pathway to RPS advanced and consultant level practice.

During 2021 the GPhC are reviewing the current requirement for a pharmacist to have worked in a clinical area for two years before training to prescribe in that area. If this requirement were removed, the rate at which the existing pharmacists workforce could reach IP status could be accelerated.

The pharmacy technician workforce will be developed to lead pharmacy teams, specifically developing education, leadership and clinical skills in line with the national foundation and primary care frameworks.

Pharmacy requests in IMTPs have been prioritised in the context of the new initial education and training standards (IETs) that must be delivered for pharmacists and pharmacy technicians and the requirement to upskill the existing workforce to an equivalent level.

Recruitment challenges in specific staff groups and training capacity have been considered along with additional workforce intelligence to supplement Health Board education and training requests which have not all fully captured training needs of primary and community teams.

Recommendations are intended to support diversification within pharmacy teams. The key priorities for the pharmacy workforce in 2022-23 are:-

Priority	Purpose
<i>Provide <b>access to programme</b> for health care support staff to gain the necessary entry criteria for level 3</i>	Provides a 'widening access' route to pharmacy technician training, and a prudent workforce, releasing pharmacy technicians from historic roles (including dispensing).
<i>Implement a <b>national post-registration foundation pharmacist programme</b> that follows the multi-sector trainee pharmacist programme</i>  <i>(pending business case approval)</i>	Equitable support for novice pharmacists in all areas of practice to an RPS credential, assuring employers of 'level of competence' and expediting the registrant journey to prescriber and advanced practice.
<i>Increase annual numbers of <b>independent prescribing courses for community pharmacists</b> to 100 with supporting bursaries</i>	All patient facing pharmacists in Wales are independent prescribers.
<i>Continue to increase competency in <b>advanced practice</b> amongst the existing pharmacist and pharmacy technician workforce and for those transitioning to GP practice</i>	To deliver service transformation in medicines management close to people's homes.
<i>Introduce Wales first '<b>Pharmaceutical Sciences</b>' Science Training Programmes</i>	Support growth and diversification in the technical services and manufacturing workforce to deliver the Welsh Government Transforming Access to Medicines (TrAMs) project for three new medicines manufacturing hubs in Wales

By ensuring all training of our future pharmacy professionals is of high quality and across all the main sectors of practice, in particular within primary and community care, HEIW can ensure a seamless approach to the care of patients and deliver on the goals of A Healthier Wales.

### Pharmacy Support Staff

Health boards report increasing utilisation of pharmacy assistants in place of pharmacy technicians as they can be more easily recruited and retained and can be developed into extended roles, for example undertaking medicines management in critical care during the pandemic.

There is a need to offer routes for progression for the additional assistants recruited during COVID. The 'access to' course is a priority with initial delivery planned early in 2022 through the Made in Wales workstream.

## **Pre-reg Pharmacy Technicians**

Health Boards report difficulty recruiting and retaining Band 4 pharmacy technicians as the number and type of roles for pharmacy technicians have increased. In addition, the existing pipeline of new registrants has slowed due to the introduction of new Initial Education and Training Standards (IETs) requiring a new training programme to be tendered and implemented, delaying the start date for the 2021 cohorts until Q3.

Currently this development has a course funded through the modern apprenticeship route with NHS employers receiving full salary support for trainees and NHS contractors receiving a £2000 bursary to support workplace release over 2 years.

In hospital sites, training capacity for the 2-year, work-based apprenticeship is currently a barrier to increasing numbers. In community pharmacy, barriers are the ability of existing staff to meet the entry threshold for the training course, and the need for time with experienced tutors.

Despite the shortage of pharmacy technicians, post numbers are recommended to be maintained at 2021-22 levels for the next 12 months of commissioning. With the new training programme for pre-registration pharmacy technicians expected to commence in autumn 2021, it is recommended the course has time to 'bed-in' before increasing numbers.

During 2022-23 the priority is to introduce the 'access to' course, through the Made in Wales workstream, to create a pathway to pre-registration pharmacy technician training for pharmacy employees working at the assistant level who have potential to progress. This will create a new pipeline to increase post numbers in future years.

### **Recommendation**

- **NHS Employed 55**
- **NHS Employed Pharmacy Technical and Manufacturing services 8**
- **NHS contractor/community employed 20**

The medium-term aspiration for pharmacy technician training mirrors that for pharmacists; a quality clinical and technical experience across the whole integrated care pathway with an equitable bursary package. Whilst numbers are held constant in 2022-23, workable future models to deliver this aspiration will be explored.

## **Trainee Pharmacists**

Community pharmacists were added to the Home Office shortage occupation list in 2020 and with new GP practice and cluster pharmacist roles continuing to emerge in 2020-21, a continued gradual increase in trainee pharmacist numbers would be desirable.

However, for 2022-23 the number of trainee pharmacists must first be stabilised to facilitate an essential and accelerated transition to the new GPhC Initial Education and Training standards (IETs) through a single multi-sector model, with 100% training posts having time in hospital, community and GP practice.

Initially, a five-year financial model was generated to support an increase in training post numbers towards 180 in 2022. A revised proposal for 2022-23 outlines why the subsequent announcement of an accelerated implementation of new IETs, requires

post numbers first, to be stabilised at 132 to permit additional investment in the infrastructure that this more complex training model requires. The original increasing post funding will be re-purposed to support host organisations in all sectors via increased training grants for local administration, the introduction of Training Programme Director roles and increased staff infrastructure within the pharmacy foundation team.

The picture GB-wide is that the demand for trainee pharmacists in England, Scotland and Wales has begun to exceed the available number of graduates. It is vitally important Wales presents the best quality training model to continue its impressive 100% multi-sector fill rate, supported by the 'This is Wales: Train Work Live' campaign.

### **Recommendation: 132 multi-sector posts**

#### **Post-Reg Foundation Pharmacists**

In 2021 the new UK post-reg foundation curricula developed by the Royal Pharmaceutical Society (RPS) will be launched. The curricula and assessment strategy have been produced through extensive stakeholder engagement across all sectors of practice. In addition, the curricula has been adapted to reflect the new GPhC IETs.

HEIW welcomes an agreed UK wide post-reg foundation framework for all sectors of practice. In line with these developments, HEIW intends to reshape the current commissioned Clinical Diploma/MSc for hospital pharmacists to offer a revised programme of learning aligned to the RPS post-reg foundation curriculum.

For 2022, the Wales transition includes financial modelling for 50 pharmacists on the new 'national post-registration foundation programme', and, a final intake of 40 Clinical Diploma/MSc pharmacists in the NHS managed sector, prior to all posts being commissioned through the new national post-registration foundation programme in 2023.

#### **Foundation Pharmacy Technicians**

Requests for developments for this staff group through IMTPs have increased three-fold since last year and include requests from community, primary and secondary care. There is increasing recognition of the need to upskill the existing pharmacy technician workforce, primarily as the value of the professional role is acknowledged and secondly, in direct response to role expansion prompted by the changing pharmacist role.

In anticipation of increased development of the pharmacy technician framework in all sectors against foundation and primary care frameworks:-

### **Recommendation:**

- **Increase the number of £1000 training bursaries for Level 4 Agored units (education, leadership, professional practice, procurement) from 20 to 30 in community pharmacy**
- **Increase the BTEC Level 4 clinical skills to 20.**

## **Independent Prescribing (IP) and Advanced & Extended Practice (A&EP)**

Considering that from 2026 all new pharmacist registrants will be IPs, this presents a five-year window where the need to upskill Wales existing patient-facing pharmacist workforce is a priority as Wales moves towards greater uniformity in terms of a proposed national programme of community pharmacy services, including independent prescribing.

In 2022-23 there is a need to further increase access to independent prescribing courses and advanced and extended practice developments for pharmacy professionals.

### **Independent Prescribing**

Approximately 50% of Wales 578 NHS employed patient facing pharmacists are IPs and this is significantly lower for the 1084 NHS contractor employed pharmacists and the figure is not known for locum pharmacists.

### **Recommendation: increase IP courses to 200 in 2022-23**

- 100 hospital and**
- 100 community, including 3k bursary**

The number of IP courses cannot realistically be higher due to two limiting factors. Firstly, the availability of Designated Prescribing Practitioners (including Designated Supervising Medical Practitioners). Steps to improve access ready for a continuing increase of commissions must be addressed to realise increases in academic intakes 2022. Also, the demand for affordable IP courses in Wales has reached the current HEI capacity and may necessitate tendering outside Wales.

### **Advanced & Extended Practice for Pharmacists**

Currently rotations in the second year of the diploma provide a pipeline of pharmacists competent to cover specialist hospital wards including: - mental health, paediatrics, critical care and technical services. It is important to maintain stability in areas of national clinical priority during transition and so adequate access to advanced and extended practice resources for the hospital sector need to remain whilst other mechanisms for developing generalist advanced practice are embedded to follow on from a national foundation programme.

In community pharmacy the rate of engagement with minor ailments training has proved sustainable and remains a suitable pre-cursor to IP training.

Education is one of the 'four pillars of advanced practice'. Due to the need for more quality clinical placements for students and trainees in all sectors of practice to implement the new IETs, there is an increased need for skilled educational supervisors and mentors to be developed in the pharmacy workforce and health boards have not identified this in IMTPs.

As new courses for digital skills development of the clinical workforce are coming on-line, an increase in IMTP requests in this area has been seen and is supported as the pharmacy workforce seek to engage with this agenda.

### **Recommend: increase funds 10% for hospital and maintain 2022 level for community**

## **242k hospital and 250k community**

### **GP Transition programme**

The GP transition programme is currently the required programme for any pharmacist to achieve competence working in this sector. For 2022-23, continuing provision at current levels matches well with demand. This will be reviewed within 12 months as outputs from the primary care group aligning programmes to a central primary care training model.

### **Recommendation: 30 transition programmes**

### **Specialist Services - Pharmacy Technical Services**

Pharmacy Technical and Manufacturing Services in Wales are currently undertaking a transformation project with Welsh Government. An approved capital fund of 67 million over the next 5 years will be used to reconfigure the way in which medicines are prepared and manufactured to meet the populations growing demand of 5-10% per annum. NWSSP will be the employer for three new manufacturing hubs across Wales, with one Clinical Director.

Overall, a skilled technical and manufacturing workforce needs to be grown using existing health board sites to train the staff for the future NWSSP units. The future workforce must be more diverse using different supply lines like science graduates and health care science apprenticeships alongside the minimum number of qualified pharmacy professionals required to attain regulatory compliance with the MHRA and for the Quality Assurance of Aseptic Services Standards.

### **Pharmacy professionals**

There have been difficulties recruiting specialist pharmacists due to a lack of skills and experience in this area due to significant underfunding for training over many years. Manchester University provides the only manufacturing MSc - Pharmaceutical Technology and Quality Assurance (PTQA) which enables pharmacists to specialise in technical services and, following a pan-Wales approach, pharmacy has a plan to stabilise and sustain the service through specialist staff development which can be seen through IMTP requests.

### **Recommendation: 7 MSc/PTQA courses**

### **Pharmacy procurement**

Purchase of medicines is a specialist role outside of NHS Welsh Health Supplies and requires a team trained to a global standard. The value of this service was proven during the pandemic as high demands on a narrow range of medicines was dealt with by skilled teams for which we need to undertake succession planning.

A foundation in the area will be provided through vocational training with an Agored Level 4 qualification in Procurement. For those then looking to specialise the entry level qualification is Chartered Institute of Procurement and Supply Diploma Level 4, which has previously been considered outside of the current Advanced practice criteria but needs to be available to enable succession planning for the whole of Wales in this specialist area. Level 5 and 6 have already been supported through the Advanced Practice route.

## **Recommendation: 5 CIPS course at the required level Consultant Level Practice**

An interim review of a 'Learning Needs Analysis', of the advanced practice pharmacist workforce, provides new evidence that pharmacists need support to develop multi-professional practice research credentials.

HEIW will work with stakeholders to identify the learning needs of the pharmacist workforce, which will prepare them for Consultant Pharmacist roles.

## **4. Healthcare Scientists**

Healthcare Scientists within healthcare represent a broad range of professional groups and specialisms and represent a rich and diverse group of over 50 disciplines. Staff numbers within each specialism or discipline are relatively small and the number of staff trained each year reflects this. There are greater numbers commissioned at undergraduate level Practitioner Training Programme (PTP) with smaller numbers at MSc Clinical Scientist Training Programme (STP) and PhD Higher Specialist Scientist Training (HSST) level. There has been a year on year increase in trainees at STP and there are now the most scientist trainees in the system than ever.

### **Healthcare Science PTP**

The pathology workforce has been identified as a key area for workforce development following the demands of the pandemic and projected changes to workforce requirements in the development of diagnostic hubs and workstream progression such as the single cancer pathway. HEIW therefore recommends the expansion of the commissioned education for these professions.

HEIW Recommends **28** commissioned places (**10% increase from 2021**).

The Clinical Engineering professions have been key to meeting the demands of the pandemic and development of this very small workforce is at risk. HEIW has undertaken some work to commission a PTP programme in Wales as part of the education strategic review.

HEIW recommends **8** (**4 Rehabilitation Engineering and 4 Medical Engineering**).

Workforce shortages and the service development plans in both Neurophysiology and Respiratory physiology has led to recommendations to increase commissions **8** and **4** respectively.

### **Healthcare Science STP**

The STP trainee programme continues to be a highly competitive and sought-after training programme with the NHS Wales recruitment process for 2021 lead by HEIW yielding 1500 applicants for the 35 available posts.

New areas to be introduced within the recommended numbers **39** for 2022/23 are Cellular pathology **HEIW recommend 3 posts** and MSc Clinical Science (Pharmaceutical) **HEIW recommend 3 posts**

• MSc Clinical Science (Pharmaceutical) trainees will utilise specialist centres in Technical Services Production, Radio pharmacy, Quality Assurance and

Quality Control to create a new career pathway for science graduates. STP Pharmaceutical Sciences are already established in England. Graduates from Wales first cohort will complete in 2025 as new opportunities within Wales manufacturing units are anticipated to be coming on-line.

- The curriculum review of the cellular pathology STP programme undertaken by the National School of Healthcare Science has initiated an appetite to train STPs in this field, as previously the curriculum was not deemed suitable.

**HEIW recommends an increase of clinical scientist trainees (STP) to 39 for 22/23**

**HEIW recommends maintaining the same level of HSST at 8 for 22/23**

### **Equivalence routes to registration**

HEIW worked successfully with NHS organisations throughout 2019 to embed 'equivalence' pathways into the NHS for the healthcare science workforce. This supports individuals to gain professional registration and progress through the scientific career structure.

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

**HEIW recommends that investment in equivalence continues at current level of £80,000.**

## **5. Post Registration and Post Graduate Education**

Developing the registrant workforce is integral in supporting the transformation and redesign of clinical services. Providing clinicians with funding to access education provides the NHS with the opportunity to develop new roles and develop a flexible workforce able to keep in step with changing service requirements. This in turn ensures service users receive high quality patient care from expert practitioners.

There are a number of different funding streams to support staff development:

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

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



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

Investment has been consistently growing year on year. This has supported a wide range of clinicians to develop advanced and extended skills and has also supported health services to gain advanced practitioners. Priority areas identified for health boards and trust to target their spend for 2022 will be:

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

It is clear that the Covid 19 pandemic affected the ability for registrants to be able to be released to undertake post graduate education programmes, as we saw an underspend against this budget at year end 20-21. The pandemic affected the ability for registrants to be able to be released to undertake post-graduate education programmes. HEIW are working with Health Boards to minimise the impact on study leave in 2021/22. The post reg education budget was £500k in 2016 and has increased to £2m in 2021/22. Fully utilising the £2m in 21/22 and 22/23 is challenging and is significantly higher than previous investment levels. Full spend to maximise benefits to staff and Services is challenging but achievable and affords the opportunity for record numbers of staff to undertake masters level education.

**The recommendation is that the budget remains at £2 million**

### **Non-Medical prescribing Education**

Investment in these programmes increased for 20/21 to £500k. It is clear that the Covid 19 pandemic affected the ability for registrants to be able to be released to undertake these programmes, as we found ourselves in the same position as with advanced practice education. Also, the capacity within the university's in terms of numbers per cohort is at its upper limit.

**The recommendation is that the budget remains at the current level of £500k**

### **Reporting Radiographers**

Consultant radiologists as well as radiographers remain on the occupational shortage list, therefore there is a need to develop more reporting Radiographers and expand other areas of Advanced Practice in Radiography to better utilise and develop skills and support shortages across the profession. Due to pressures on the Service it is difficult to increase the budget above the 2020/21 level of £40k.

**The recommendation is that the budget remains at the current level of £40k**

### **Medical Ultrasound/Sonography**

The development of Medical ultrasound/sonography skills amongst clinicians is now well established within NHS Wales. In 19/20 the fund started to be accessed across a broader range of professionals e.g. podiatrists and physiotherapists. The level of need amongst the workforce continues to be significant, with some of this education requiring topping up from the advanced practice funding. This programme will be re

tendered for as part of phase 2 of the strategic review and the plan is to have new contracts in place by 2022. HEIW have had discussions with the Imaging Academy with regards to what part they can play in the delivery of this education. This funding also includes salary backfill funding at 2/3<sup>rd</sup> of the current trainee salary

**HEIW recommends that the budget remains at current level to enable new contracts to embed within the system.**

### **MSc in Genomic Medicine**

Genetics and Genomic medicine continue to build momentum within healthcare provision. Advances in this field have provided patients with earlier and more accurate diagnosis and more individualised treatment and patient care. Welsh Government has identified a need to increase the capacity and capability of the scientific workforce in genomic medicine, and the Genomics for precision medicine strategy was published in July 2017, which sets out the Welsh Government's plan to create a sustainable, internationally-competitive environment for genetics and genomics to improve health and healthcare provision for the people of Wales. Since then the Topol report (2019) has also been published which contains eight recommendations for genomics specifically, with a heavy emphasis on workforce development and planning. This budget has seen significant rises in recent years and maintaining the growth will provide a challenging but achievable target.

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

### **Community Education**

Specialist Practice Qualifications (SPQs): These programmes are currently under review by the NMC and a consultation on draft new standards is underway. The NMC states that:

*“Our new standards will ensure that people who use health and care services can be confident that they will receive high quality care from their specialist practitioner whether they're at home, in the community, or accessing public health services.”*

These standards have not been reviewed in around 15 years and now need to reflect how modern healthcare services are delivered in the community. Currently the funding supports the following:

- Programmes which lead to a **recordable** qualification i.e. District Nurse, Practice Nurse, Community Psychiatric Nurse, Community Learning Disability Nurse, Paediatric Community Nurse
- Programmes which may lead to an academic award which is not formally recognised by the NMC.

The tables below identify the number of students which it is recommended are commissioned for 2022-23.

Course Title	Ed Com. 19/20	Ed Com. 20/21	Ed Com. 21/22	22/23 (WF Plans)	2022/23 - HEIW Recommendations
<b>Community Health Studies</b>					

District Nursing (Part-time)	80	80	80	114	80
District Nursing Modules	123	123	123	100	123
Practice Nursing (Part-time)	20	20	20	22	30
Practice Nursing Modules	29	29	29	78	50
Community Paediatric (Part-time)	0	0	0	12	0
Community Paediatric Modules	24	24	24	17	24
CPN (Part-time)	30	30	30	62	30
CPN Modules	60	60	60	19	60
CLDN (Part-time)	0	0	0	10	0
CLDN Modules	10	10	10	12	10
Additional Modules	472	560	560	22	560

## Specialist Community Public Health Nursing

### Health Visiting

These programmes are currently under review by the NMC and a consultation on draft new standards is underway. Health Visiting is currently delivered through a number of routes:

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

The modular route continues to prove a challenge to service in releasing staff to undertake this programme.

**This a priority area in phase 2 of the strategic review. HEIW recommend maintaining the same level of education provision as in 2021/22.**

The tables below identify the number of students which it is recommended are commissioned for 2022/23

Course Title	Ed Com. 19/20	Ed Com. 20/21	Ed Com. 21/22	22/23 (WF Plans)	2022/23 - HEIW Recommendations
Health Visiting (Full-time)	58	58	58	85	58
Health Nursing (Part-time)	34	34	34	13	34
Health Visiting (modules)	30	30	30	6	30
School Nursing (Full-time)	14	14	20	31	20
School Nursing (Part-time)	5	5	10	8	10
School Nursing (modules)	3	3	0	0	0
Occupational Health (Full-time)	0	0	0	3	0
Occupational Health (Part-time)	0	0	0	7	0

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## 6. Healthcare Support Worker Development

Healthcare Support Workers (HCSWs) make up 41% of the NHS Wales workforce and make a valuable contribution to service delivery in all settings with over half of this 41% working in roles supporting nurses and allied health professionals. Workforce profiling suggests that 80% of tomorrow's NHS workforce is in post today, therefore greater priority needs to be given to developing the skills and competences of the current workforce, to better meet the health and care needs of service users today and tomorrow. Without building capacities and capabilities in the HCSW workforce, there is the risk of being perpetually out of step and continually training and developing a workforce to address yesterdays and not tomorrow's healthcare needs. There is an urgent need, therefore, to develop and invest in HCSWs working in primary, community and hospital services. In addition, many of the current HCSW workforce have the knowledge, skills, values and behaviours to undertake pre-registration programmes with minimal extra support. Evidence would suggest that these individuals would stay with their local Health Board/Trust employer.

In addition, there needs to be equal opportunities for all HCSWs including those who work within Healthcare Science and Facilities Services. HEIW and WEDS previously have worked to fill the education gaps within the HCSW Career Framework and broadened it to include non-clinical areas by developing appropriate work-based learning qualifications. A number of HCSW qualifications sit within Apprenticeship Frameworks and HEIW have developed a draft Governance Framework for Work Based Learning which includes examples of the different models for delivery and where HEIW could add value to the learner's experience. This workforce pipeline which starts with HCSWs needs to be underpinned by robust education and training programmes to ensure that individuals are competent to undertake their current role whilst also allowing for career progression.

Since the introduction of the Apprenticeship Levy in 2016, organisations have sort to increase the numbers of HCSWs undertaking Apprenticeships, which are referenced to within a number of the IMTPs. It is expected that organisations will continue to maximise the use of Apprenticeship funding, which would increase the breadth of support that could be given to organisations from the non-medical education budget. HEIW is now the Welsh Government's Development Partner for the Healthcare Apprenticeship Frameworks, role previously held by Skills for Health. An overarching Steering Group has been established, chaired by Alex Howells. One of the purposes of this Group is to ensure that NHS Wales has a suite of Apprenticeship Frameworks that met the needs of the HCSW workforce.

Other areas for the development of HCSWs outlined within the IMTP/Annual Plans and from ongoing discussions with Health Boards/Trusts include:

- Primary Care
- Joint Health and Social Care roles
- Theatres
- Healthcare Science
- Therapies, including Rehabilitation Support Workers

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Healthcare support workers are playing an increasingly important role in the delivery of care across all areas of healthcare provision. HEIW has reviewed and refreshed the All Wales Delegation Guidelines to support the better use of the skills and competencies of Health Care Support Workers. HEIW will continue to increase its investment in the education of this workforce to ensure they are competent and confident to take on new areas of care and registered practitioners are confident to delegate work to them.

The development of this workforce will also provide those with the aspiration to continue their career and progress on to formal training programmes to become registered healthcare professionals, thus delivering the 'Made in Wales' ethos and also enabling individuals to 'earn while they learn'. Where possible this will be achieved using existing Apprenticeship Frameworks and the development of new Frameworks should this be required.

There has been significant increases in Healthcare Support Worker funding over recent years with the budget increasing from £500k in 2016 to £2.5m in 2021/22. Due to restrictions on staff study leave during 2020/21 the budget was not fully utilised. Therefore, utilising the full budget of £2.5m in 2021/22 is achievable but challenging and will result in the highest number of Health Care Support Workers being supported in Wales.

**HEIW therefore recommends that funding levels are maintained in 2022/23 which maintains the growth in the system.**

## **7. Medical & Dental**

For 2022/23 the approach to workforce planning for the medical workforce has focused on several key themes:

- Impact of the Coronavirus pandemic on medical training
- Unscheduled Care
- Cancer Care
- Review of small specialties, which have not been considered to date
- Diagnostic Specialties
- Review of specialties aligned to supporting Mental Health
- Promoting training programme sustainability by ensuring appropriate alignment of Foundation, Core and Higher training post numbers
- Other workforce priority areas identified by national policy or local UHB need.

Following a decision on the specialties for review for 2022/23 a series of engagement and planning meetings were set up, with membership comprising the Postgraduate Medical Dean and other leads within HEIW, to review workforce intelligence and data submitted by Training Programme Directors, Heads of School, Royal Colleges, Health Board IMTPs and any other relevant source of information in the following areas:

- Description of the demographics of the current medical workforce in the specialty including data and trends over time

- Predicted regional and national demand for the future workforce
- Current supply routes for the workforce
- Impact on quality of training programme if places were increased/decreased
- Opportunities for changes to service delivery e.g. upskilling other healthcare professionals
- Recruitment and retention trends within the specialty

This systematic approach has enabled a detailed review of a large number of medical specialties (Table 1), further developing our ambition to provide a comprehensive, responsive and consistent modelling approach to medical workforce planning.

Recommendations to commission or decommission training posts as outlined in this paper were agreed following an analysis of the key data as highlighted above alongside consideration of the recruitment and retention rates and historical trends within the specialty to determine appropriate levels of change (see Table 2 for the Workforce planning 2022/23- Criteria with supporting data).

In addition to the process as outlined above a 'deep dive' analysis was undertaken for Renal Medicine and Diabetes and Endocrinology; specialties where previous workforce modelling by the Centre for Workforce Intelligence indicated a potential oversupply of trainees in Wales and elsewhere in the UK. This 'deep dive' process has analysed and mapped trainee and consultant data over time to identify potential trends to assist with modelling and forecasting future numbers. This detailed process remains a work in progress and so at the point of writing recommendations for these specialties are not yet available and so will feature in the 2023/24 plan.

The medical workforce planning process and its recommendations is not undertaken in isolation from the process for other healthcare professionals. It is increasingly important to understand how new roles and new ways of working might support delivery of service in areas which were traditionally considered the remit of the doctor. Cross sectional collaboration within HEIW is undertaken to explore future needs in this context and ensure clear understanding of progress for establishing new roles in other healthcare professionals, which could impact on the recommendations for medical training posts. This work is ongoing and at this point in time has relatively little impact on the medical recommendations in the specialty areas included for 2022/23. It is important to notice that in several specialty areas there is a limit in available medical training capacity e.g. histopathology and neurophysiology, something which impacts not just on medical training post opportunities but also on the support and supervision available to develop alternative roles for specialist/advanced practitioner provide future service.

**Table 1 – Medical specialties considered for 2022/23**

<b>Unscheduled care</b>		
<i>Intensive Care Medicine</i>	<i>Emergency Medicine</i>	<i>Anaesthetics</i>
<i>See Foundation, Core and Higher alignment for Acute Care Common Stem, Core Anaesthetics and Internal Medicine</i>		
<b>Cancer Care</b>		

Clinical Oncology	Medical oncology	Palliative Medicine
Small specialties		
Community and Sexual Reproductive Health	Oral and Maxillofacial Surgery	Clinical Genetics
Clinical Neurophysiology	Clinical Pharmacology & Therapeutics	
Diagnostic specialties		
Medical Microbiology/ Infectious Diseases	Clinical Radiology	Histopathology
Mental Health		
Child & Adolescent Psychiatry	Old Age psychiatry	Forensic Psychiatry
Learning disabilities	See Foundation, Core and Higher alignment for Core psychiatry	
Foundation, Core and Higher alignment		
Internal Medicine	Core Psychiatry	Acute Care Common Stem
Core Anaesthetics		
Additional workforce priorities		
Paediatrics	Public Health Medicine	Rheumatology
Gastroenterology/Hepatology	Diabetes & Endocrinology	Renal Medicine

## Impact of the Coronavirus Pandemic on medical training

The Coronavirus pandemic which commenced in early 2020 has impacted medical training in a number of key areas and highlighted the need for more resilience in some specialties. There has also undoubtedly been an impact on the wellbeing of the medical workforce with reports suggesting increase level of fatigue and potentially burnout. The Professional Support Unit has seen a significant increase in numbers of self-referrals from medical trainees for health reasons since the second wave of the pandemic. It remains to be seen whether this will impact future recruitment and retention

**Foundation Training:** The majority of Foundation trainees were redeployed to support the care of COVID patients during the pandemic, significantly impacting on their experience and planned placements. However, due to the generalist nature of Foundation training, this had minimal impact on their progression.

**Core & Specialty Training:** Contingency arrangements were introduced for recruitment into Core and Specialty programmes with the introduction of online interviews and increased use of situational judgment testing as a method of entry. The



necessary changes to the recruitment timetable will mean that final appointed numbers will not be available until mid-May for round 1 (core level (CT1/ST1)) and the end of June for round 2 (higher specialty (ST3/4)). Deferral arrangements and delayed start dates may need to be introduced for certain trainees who, due to VISA applications and travel restrictions, are unable to commence their programme as originally planned.

**Completion of Specialty Training:** Amendments to the Annual Review of Competence Programme (ARCP) process remain in place with the continuation of COVID specific ARCP outcomes alongside derogations of Training curriculum requirements. These have enabled the vast majority of trainees to progress in their training programme or from Core to Higher training, however the focus now is ensuring arrangements are in place going forward to support trainees and ensure outstanding competence and training requirements are met. Whilst derogations have enabled progression in the short term there is a significant cumulative risk and it is crucial this is mitigated by avoiding future redeployment of those most impacted up to this point. Of those trainees at critical progression points i.e. approaching their Certificate of Completion of Training (CCT) we anticipate 10% are at high risk and 20% at intermediate risk of non-progression.

**General Practice Specialty Training:** Following initial suspended sittings of the MRCGP examination as well as GP trainees having to shield due to the COVID pandemic, the number requiring extensions to their training has increased. Additionally, a number of recruits had to defer their start dates to 2021 because of COVID related issues. These developments will delay the achievement of some GP CCTs for mostly only a few months, and hence an equivalent number of applicants for qualified GP vacancies in Wales in the next few years. A potentially much greater impact of the pandemic on progression has however been mitigated by supporting the RCGP to create a new exam, the Recorded Consultation Assessment (RCA) instead of the cancelled Clinical Skills Assessment (CSA), enabling the vast majority of GP specialty trainees to qualify as GPs no later than they otherwise would have.

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**Table 2 –Workforce planning 2022/23- Criteria with supporting data**

Specialty	Longstanding departments	Significant projected for next 5 – 10 years	Significant	Curriculum	Impact of time taking on training output and consultant WTE	Royal College recommendations
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Intensive Care			✓			
Emergency	✓	✓	✓		✓	
Anaesthetics	✓	✓	✓	✓	✓	✓
Clinical Oncology	✓	✓	✓			✓
Medical Oncology	✓	✓	✓			
Palliative Medicine		✓	✓	✓	✓	
Community and Sexual		✓	✓			
Oral and	✓	✓	✓			
Clinical Genetics		✓	✓			
Clinical	✓	✓				
Clinical		✓	✓			
Pharmacology & Medical	✓	✓	✓			
Histopathology	✓	✓	✓			✓
Clinical Radiology		✓	✓			✓
Child & Adolescent	✓	✓	✓			
Old Age Psychiatry	✓	✓	✓			
General Adult	✓	✓	✓			
Forensic Psychiatry						
Learning	✓	✓	✓			
Paediatrics		✓			✓	✓
Public Health			✓			
Rheumatology	✓	✓	✓	✓		
Gastroenterology – Hepatology	✓			✓		
Renal Medicine						
Diabetes and Endocrinology						

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## Unscheduled Care

### **Emergency Medicine, Anaesthetics and Intensive Care Medicine:**

The supply and demand analysis for Emergency Medicine, Anaesthetics and Intensive Care highlights a need to increase training post numbers just to maintain current levels but also to increase output to futureproof services against projected consultant retirements. Each of these three specialties have seen expansion agreed through recent workforce plans however in the case of Intensive Care Medicine and Anaesthetics further expansion is required.

Emergency medicine will require further expansion, in future years due to a rapid increase in the proportion of trainees and consultant workforce choosing to work part time. The main feeder programme for emergency medicine higher training is the Acute Care Common Stem (ACCS) pathway. Although recruitment directly into higher training in Emergency Medicine is feasible, this has traditionally not been a successful route in Wales. The focus therefore needs to be on ensuring that the ACCS programme can deliver what is needed. There is currently significant attrition from the programme meaning that the alignment between ACCS and the higher programme is not ideal and needs to be addressed to ensure sustainability. A review of the ACCS programme is currently underway to address these issues. Recommendations to expand ACCS follow below.

Alongside increased post numbers in these key areas, expansion is also required in core programmes directly aligned to these specialties. i.e. Core Anaesthetics, ACCS and internal Medicine to ensure a constant pool of applicants for future Higher Programme vacancies. This is covered in more detail in the Foundation, Core and Higher alignment section.

## **Cancer Care**

### **Clinical and Medical Oncology**

Cancer services remain a priority for Welsh Government as highlighted in the Cancer delivery Plan for Wales (2016 – 2020) with incidences of new cases rising by approximately 1.5% a year and set to rise by at least 2% a year for the next 15 years<sup>4</sup>. Both Clinical and Medical oncology are projected to see a significant workforce shortfall in future years due to increase in demand and projected consultant retirements.

### **Palliative Medicine**

With a recognised increased lifespan of patients with advanced disease and comorbidities requiring longer periods of specialist palliative care and a need to support the provision of palliative care services in hospital, care home, and community with particular focus on community provision out of hours, the demand for end of life care has increased significantly. Projected consultant vacancies in Palliative Medicine over the next 5 years will not be met by the current projected supply of trainees on the training programme.

## **Small specialty review**

### **Community and Sexual Reproductive Health Medicine**

Community Sexual and Reproductive Health (CRSH) is a relatively new training programme and a small specialty with 2 training posts in Wales commencing at ST1. The Faculty for Sexual Reproductive Health (FSRH) is concerned that the CSRH

<sup>4</sup> Welsh Cancer Intelligence & Surveillance Unit (2015) Cancer in Wales: 2001-2013. <http://www.wcis.u.wales.nhs.uk/sitesplus/documents/1111/WCISU%20Official%20Stats%20Report%20Final%20English.pdf>

consultant workforce is in a succession crisis as it is estimated that one third of the current medical workforce (in Wales and the rest of the UK) could retire in the next 5

years. There is considerable overlap between Genito Urinary Medicine (GUM) and CSRH, but also a different emphasis on areas of expertise. GUM consultants work closely with CSRH colleagues to provide complex sexually transmitted diseases and HIV care as well as basic contraception services. CSRH specialists have greater expertise in complex contraception and gynaecology, but also possess some of the basic skills of a GUM physician. Whilst CSRH is a popular specialty with high competition rates across the UK, GUM has experienced sustained recruitment challenges with vacant posts despite multiple recruitment rounds. As a result of long-term vacancies on the GUM programme in Wales and for the reasons outlined above, a temporary shift of funding from GUM to enable CSRH post expansion has been agreed for August 2021.

### **Oral and Maxillofacial Surgery**

Across Wales there are ongoing recruitment challenges to Consultant Posts in Oral and Maxillofacial Surgery (OMFS). There have been reported consultant and SAS grade vacancies in almost every UHB in Wales over the past 5 years. This is despite successfully recruiting Specialty Trainees at almost every recruitment round and excellent retention post CCT, showing that the output from the training pipeline is currently insufficient to meet the needs of the service in Wales. With an ageing population and an associated significant rise in skin cancers & other malignancies of the head and neck, the demand for OMFS services will continue to rise.

### **Clinical Genetics**

The recommendations from the Genomics for Precision Medicine Strategy launched by Welsh Government in July 2017 reflect the increasingly important role of genomics in future healthcare, something that was also highlighted in the Topol Review published in 2019<sup>5</sup>. Both reports recognise the need for more genomically-trained clinicians, including consultants in clinical genetics. As a result of the Genomics for Precision Medicine Strategy funding was made available for two new full-time consultant posts within the All Wales Medical Genomics Services (AWMGS). Unfortunately, the service was unable to recruit to these posts as no Wales genetics trainees had completed their training at that point and there was no interest from outside of Wales. The lack of applicants from outside Wales is not unusual; in the last 20 years, only one of the eleven substantive consultants recruited to South Wales was not on the Wales genetics training programme. AWMGS are therefore very dependent on the Wales training programme to supply and maintain the permanent workforce. Other genetics services across the UK are in a similar situation and there are a significant number of unfilled posts nationally.

### **Clinical Neurophysiology**

Clinical Neurophysiology is a small specialty with a small number of consultants spread across Wales, one of whom is likely to retire in the next 5 years. There are long term consultant vacancies reported across most Health Boards. The training programme comprises one training post which is currently vacant following an inter-deanery transfer. Historically recruitment into the specialty is challenging with posts remaining vacant on the programme following multiple recruitment rounds. Both previous trainees completing training in Wales subsequently took up consultant posts in England. Across the UK there is a significant demand for Clinical neurophysiology

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<sup>5</sup> [The Topol Review — NHS Health Education England \(hee.nhs.uk\)](https://www.nhs.uk/health-education-topol-review/)

consultants. Previous reviews by Welsh Government have suggested that much of the work delivered by the Consultant workforce could be performed by non-medically

trained Physiologists. Swansea Bay UHB and Cardiff and Vale UHB Joint Executives, the Chief Scientific Adviser in Welsh Government agreed to sponsor an all Wales Neurophysiology project in 2019 under the [National Healthcare Science 'Looking Forward' Framework](#), bringing together Neurophysiology colleagues from across Wales to identify key issues that Neurophysiology face as a service. With concerns regarding the current training capacity, recruitment and retention impacting on the sustainability of this training programme in Wales we await the outcome of this review prior to making further recommendations.

### **Clinical Pharmacology and Therapeutics**

The Clinical Pharmacology and Therapeutics (CPT) programme comprises 2 posts with 1 trainee having recently commenced in February 2021. Recruitment into this programme has been a challenge with multiple years of unsuccessful recruitment attempts. It is a higher training programme (recruitment at ST3 level) and the fact that trainees have very little exposure to CPT during their foundation and core training is thought to be part of the reason for poor recruitment into the specialty. With recent consultant expansion in CPT across North Wales, along with an increase in the training capacity we will be exploring the movement of the current vacant training post from South Wales to North Wales. Within the proposed expansion of Internal Medicine, a post will be created in CPT to provide exposure to the specialty earlier in a trainee's career, which can influence career choices if the training experience is good.

### **Diagnostic Specialties**

#### **Medical Microbiology & Infectious Diseases**

Demand for Medical Microbiology and infectious Diseases continues to increase, a need further highlighted by the Coronavirus pandemic. There is a recognised national shortage of trained medical microbiology/infectious diseases staff and these shortages are also present for nursing and scientific staff in this specialty area. Across the current establishment of consultants in this area in Wales approximately 30% of posts are currently vacant and projected retirements over the next 5 years will exacerbate this.

### **Histopathology**

Workload in Histopathology increases year on year and complexity of reporting has dramatically increased in recent years especially around cancer reporting and the developing requirements and technology for genetic and molecular testing. The evolving field of genomics will significantly increase histopathology workforce requirements. The most recent Royal College of Pathology Census report highlighted that in Wales, 36% of consultant staff are aged 55 years or over, a disproportionate percentage compared to the other UK nations. There is a need for an increase in the number of histopathology training posts in Wales to support the current and future workforce needs. There is however a major challenge is retaining these trainees due to a significant pay differential between England and Wales and limited training capacity to support expansion. Exit interviews with 2 trainees who have been awarded CCTs in May 2021 confirm high satisfaction with the training programme but both flagged the issue of pay differential as impacting on retention of some of their trainee colleagues. Work is underway to explore the issues around training capacity and potential solutions.

The training sites in South Wales are at the limit of training capacity, however there is scope to expand by small numbers in North Wales.

### **Paediatric and Perinatal Pathology**

Paediatric and Perinatal Pathology is a relatively new specialty with two training posts in Wales, which are now vacant. The only trainee to complete training on this programme has recently finished and taken up a post in Bristol due to a lack of suitable consultant vacancies in Wales. With only one Consultant trainer on the programme, recruitment into the programme is currently frozen as the current trainer feels unable to train alone.

### **Clinical Radiology**

The 5-year Clinical Radiology training programme has seen a significant expansion in recent years resulting from recommendations in previous workforce plans. The expanded numbers of radiology trainees will result in an increased output of CCT holders from 2023 on. The expansion was driven by the stated needs from UHBs in Wales and it is essential UHBs begin to plan for this output and commit to appointing them as consultants. The most recent Royal College of Radiologists census report highlighted continued issues with the radiology workforce in Wales with 25% of the consultant workforce predicted to retire by 2024. To ensure the training programme continues to sustain an intake of 20 per year in South, Mid and West Wales and up to 2 per year in North Wales, further expansion is required for 2022 in line with the Imaging Academy Workforce recommendations.

### **Interventional Neuro Radiology**

Interventional Neuroradiology (INR) is a subspecialty within the Clinical Radiology training Programme. Across Wales there is an unmet need in INR most significantly in the south. The INR service in South Wales does not currently support a full mechanical thrombectomy service to meet the needs of patients presenting with large vessel stroke. A GMC regulated credential in mechanical thrombectomy is likely to be approved in 2021. This is intended to enable existing CCT holders with relevant endovascular catheter skills e.g. cardiologists & neurosurgeons, to undertake training to support mechanical thrombectomy services in Wales. There is however a significant concern that the training of this credential may not currently be deliverable in Wales. HEIW continues discussions with the stroke lead for Wales and radiology colleagues to explore how this might be supported. Even if deliverable, this approach is unlikely to address the service gap and patient needs long term and there is a requirement to also support radiology trainees to access the relevant INR training as part of their training programme. In the absence of current training capacity, this training will initially have to be provided outside Wales. Arrangements have been put in place to pilot this approach in a specialist centre in London commencing February 2022.

### **Mental Health**

The supply and demand analysis for Higher Psychiatry training and associated services highlights a need to increase training post numbers to address current shortfalls in consultant numbers, projected consultant retirements and future service demand.

Child and Adolescent, Old Age, General Adult Psychiatry and Learning Disabilities all report significant workforce challenges now and in the future. Forensic Psychiatry, however, has a stable NHS consultant workforce with young consultants and with good recruitment and retention in the specialty. Whilst expansion is needed within the Higher General Adult Psychiatry training programme, this is not currently recommended as recruitment to the current establishment remains challenging with ongoing vacancies; therefore, the priority for this specialty is to recruit to the current establishment before expanding further. Expansion in Child and Adolescent and Old

Age Psychiatry is also much needed and the probability of filling any vacancies within these specialties is much higher. Recruitment into Higher Psychiatry Specialty training

remains a challenge following successive years of low fill rates in the Core Psychiatry programme (the feeder stream); a range of incentives have seen an increase in recruitment to core psychiatry over the last few years and we are reviewing the impact of this on recruitment to higher psychiatry training.

**Foundation, Core and Higher alignment**

When reviewing training workforce plans and recommendations it is essential that an overall view considers the training pipeline from Foundation to Core and then to Higher training where applicable. Any increase or decrease in post numbers will impact alignment between training grades and subsequent recruitment and retention into the specialty.

**Foundation to Core alignment**

In 2019 a Business Case was shared with Welsh Government outlining a need to expand training posts at Foundation level to address to training pipeline challenges we have now and in the future with expanded Medical School output and increases across Specialty Training Programmes as detailed in this and previous Education and Workforce plans. The paper recommended a phased expansion programme commencing in August 2020 with increases to Foundation Year 1 and Year 2 posts required over a 5-year period as detailed in Table 3.

**Table 3 – Proposed Foundation Expansion Programme**

	Number of F1 posts	Number of F2 posts
August 2020	351 (+12)	339
August 2021	381 (+30)	351 (+12)
August 2022	411 (+30)	381 (+30)
August 2023	450 (+39)	411 (+30)
August 2024	450	450 (+39)

**Core to Higher Alignment**

The Medical Workforce recommendations incorporated within this paper for the August 2022 intake include expansions within Higher training programmes to ensure the output aligns to future consultant workforce needed. However, candidates for these higher programmes will need to have completed Core training or equivalent to be eligible at application. As a result, a review considering the alignment of our core to higher programme has been undertaken to ascertain what impact expanding posts at the higher level may have if no change is made to the feeder streams.

**Internal Medicine**

Within this paper recommendations have been included to increase the number of higher medicine programmes (Clinical and Medical Oncology, Clinical Genetics, Rheumatology and Palliative Medicine). Recruitment into Internal Medicine has previously been a challenge however following curriculum changes and a move to a three-year programme instead of two years has enabled a redistribution of posts across the three years. This however has reduced the number of trainees progressing through the Internal Medicine Programme which in turn will reduce the output of the

programme and trainees eligible to apply for and progress into Higher Medical Training. The ratio is currently 1:1 in terms of numbers completing Internal Medicine

training and posts advertised for Higher Training however as expansion continues across the Higher programmes this ratio will reduce in future years.

### **Core Psychiatry**

Within this paper, recommendations have been included to increase the number of training posts in higher psychiatry programmes (Child and Adolescent and Old Age Psychiatry). In addition to this there are long term vacancies across the higher programme with insufficient suitable applicants at present. Applicants to Higher Psychiatry Training must have completed Core Training or demonstrate equivalence. After years with significant recruitment challenges the Core Psychiatry Training Programme has been able to demonstrate fill rates of 100% over the last few years which will provide a throughput of more eligible applicants for higher training. However, the rates currently completing Core Training remain too low to address the significant vacancy levels across all higher Psychiatry training areas therefore an expansion to this programme is recommended to meet future current and future workforce demand across this specialty area. There is risk that the significant expansion of core psychiatry posts across England may impact on fill rates of these core posts in Wales, but it is considered important to try and align core and higher and maximise the intake at core level

### **Acute Care Common Stem and Core Anaesthetics**

The Acute Care Common Stem (ACCS) programme is made up of 2 years rotating across Emergency Medicine, Intensive Care Medicine, Anaesthetics and Acute Medicine before a final 2 years in the 'parent' specialty. This programme is the feeder programme for Higher Emergency Medicine training and provides run through training opportunities for Emergency Medicine trainees thereby removing a need to apply for the Higher Emergency Medicine Programme. In order to ensure appropriate alignment between ACCS and the Higher Emergency Medicine Programme, address attrition rates within the programme and expand CCT holders to meet service demand there remains a requirement to increase the numbers of trainees following the ACCS Emergency Medicine pathway. Whilst recruitment to Emergency Medicine training can also occur at ST3/ST4 this is a less attractive option to trainees and has been a much less successful approach in Wales.

Trainees who have undertaken the ACCS Anaesthetics programme are much more likely to dual accredit and train in Intensive Care Medicine (ICM) and Anaesthetics. For those trainees entering ICM who have not completed an ACCS programme they immediately need to take time out of programme to obtain the necessary skills in Emergency Medicine and Acute Medicine prior to commencing ICM training. This creates temporary gaps on the ICM programme and pathway. To meet ICM future demand We are recommending an increase in the number of posts on the ACCS Anaesthetics Programme. Existing Core Anaesthetics posts will be converted to ACCS Anaesthetics posts however to enable the completion of the programme additional posts in Emergency Medicine and Acute Medicine will be required.

In August 2022 the new Anaesthetics training pathway will be introduced which will see Core training increasing by one year (from 2 to 3 years) and Higher training reducing by the same amount (from 5 to 4 years). To maintain the required output of the Higher programme to meeting projected consultant demand and ensure alignment between Core and Higher training going forward a small increase in posts on the Core Anaesthetics programme will be required.

## **Additional workforce priorities**

### **Public Health Medicine**

The COVID-19 pandemic response has highlighted long-standing challenges within Public Health Medicine highlighting the work of health protection and epidemiology alongside broader work of the specialty in terms of determinants of health inequalities. The need for public health medicine to address the post-pandemic impact on health, wellbeing and inequalities will keep the demands on the specialty elevated for very many years and will necessitate expansion in the workforce.

### **Rheumatology**

Across the UK it is estimated that 40% of Rheumatology posts are unfilled with a high turnover of jobs in some areas, including parts of Wales with longstanding vacancies. The demand for rheumatology services are increasing and consultant expansion is progressing in other parts of the UK to meet this demand alongside initiatives to improve waiting times and the requirement for early and intensive treatment of inflammatory arthritis following the development of new drugs which transform patient outcomes. Several centres in Wales have explicitly outlined the need to expand their consultant workforce and there are long standing vacancies in other centres in Wales. The service need has been accentuated as trainees have been required to dual train with general medicine for the last few years and more are opting to support general medicine services as consultants thus reducing the proportion of their time to support rheumatology service delivery.

### **Gastroenterology – Hepatology**

There is currently no provision for Wales Gastroenterology trainees to undertake advanced Hepatology training leading to sub-specialty accreditation in Hepatology. Over the last few years Welsh trainees have had to apply for these posts in England/Scotland and relocate; over half of those moving returned to Wales to become Consultant Hepatologists. Liver disease is the commonest cause of premature death in men in the UK and has resulted in a major rise in outpatient and inpatient episodes. During the past 5 years, 50% of advertised gastroenterology and hepatology consultant posts particularly in district general hospitals in the UK, have been unfilled because of an undersupply of CCT holders. A significant expansion in Hepatology Consultants is required, according to workforce data and the need to improve outcomes for patients with liver disease. From September 2022 with the introduction of the new training curriculum, Gastroenterology trainees will do 2 years of core training in Gastroenterology and Hepatology and trainees will have a choice of spending the final 2 years in luminal gastroenterology or hepatology. Gastroenterology trainees currently would have to become sub-specialty accredited in Hepatology to become Consultant Hepatologists. The sub-specialty accreditation is achieved by spending 9 months in a level 2 hepatology training unit and 3 months at a transplant centre in London to address training requirements.

### **Paediatrics**

The most recent Workforce Census Overview from the Royal College of Paediatrics and Child Health (RCPCH) estimates that the demand for Paediatric Consultants in the UK is 21% higher than the workforce in place in 2017. The report notes that demand for paediatrics is increasing stating that paediatric emergency admissions have grown in Wales by 17.2% between 2013/14 and 2016/17. There has also been an increase in the numbers of children presenting to primary care and secondary care as well as increases in paediatric A&E cases. The Paediatrics Consultant workforce has a fairly even age profile in Wales, however 2017 RCPCH Census data highlighted that 49% of consultants in Wales are aged 50 or over. Within the training programme,



there is a move towards less than full time training (LTFT) with rates in paediatrics having increased across the UK. With almost 75% of UK paediatric trainees now being women, the proportion of trainees choosing to train LTFT is likely to increase further and early data suggest this may also translate into an increase in part time working at the consultant grade. The increase in the numbers of trainees opting to train LTFT, coupled with feminisation of the workforce and increased frequency of maternity leave is leading to an increase in rota gaps particularly in the higher part of the programme (ST4+). Paediatrics is predominantly a run through training programme with most recruitment occurring at ST1 level. Trainees often commence the programme working at 100% WTE at ST1 level, with at least 30% reducing to 60-80% whole time equivalent by ST4 and therefore the intake at ST1 needs to reflect this change in working pattern.

### General Practice

In early 2019, Welsh Government supported HEIW to increase its GP training input target from 136 to 160 with the option to recruit up to 200 if suitable applicants were available. GP training capacity has been increased significantly to support this expansion. This target window was provided in the knowledge that future variability both in numbers of applicants passing selection assessments and also placement capacity between these limits would be likely to vary somewhat from year to year depending on training capacity, applicant numbers and numbers requiring extensions to training which will inevitably increase as a consequence of both the increased intake and COVID related factors.

In 2019, 187 Doctors were successful recruited to GP training in Wales. In 2020, this number increased to 200. HEIW is scoping methods to help understand current qualified GP workforce levels in Wales and to help develop ways to predict the future required workforce. These initiatives will help inform future refinements to the target window for recruitment to GP Specialty Training in Wales. **In the interim, we recommend that the current target of 160 intake per annum, with an option to over-recruit to 200 when feasible, is maintained.**

### Workforce Recommendations for 2022/23

Following a comprehensive review of all information and data made available to HEIW the table below details the recommendations for 2022/23.

Unscheduled Care	
Emergency Medicine	No increases are recommended for the Higher Emergency Medicine programme for 2022 (see Unscheduled Care section for further details). To review again for 2023.
Higher Anaesthetics	Increase of 3 Higher Anaesthetics posts.
Intensive Care Medicine	Increase of 4 higher Training Programme posts
Cancer Care	
Clinical Oncology	Increase by 4 additional Higher Training posts implementing year 2 of the proposal to expand by 4 posts per year for 5 years.
Medical Oncology	Increase by 3 additional Higher Training posts implementing year 2 of the proposal to expand by 3 posts per year for 5 years.
Palliative Medicine	To increase Palliative Medicine training by 2 posts for August 2022 and a further 2 posts for August 2023.

## Small Specialty Review

Community Sexual & Reproductive Health (CSRH)	To temporarily convert one of the GUM posts to CSRH using existing funding to enable an additional appointment into CSRH for 2021 if possible but if not 2022.
	To recommend an increase of 2 CSRH posts for August 2022
	To explore options for increasing exposure to both CSRH and GUM on the Foundation Programme and for GUM within Internal Medicine.
Oral and Maxillofacial Surgery (OMFS)	To increase the OMFS training programme by 2 posts in August 2022.
Clinical Genetics	To increase the Clinical Genetics Training programme by 2 posts in August 2022. <i>Note - agreement and temporary funding was identified to enable one post to commence in August 2021.</i>
Clinical Neurophysiology	To await the recommendations of the Neurophysiology workforce review. This is considered a fragile and vulnerable training specialty.
Clinical Pharmacology and Therapeutics (CPT)	To retain the 2 posts in CPT and review for 2023. To explore moving one post to North Wales.
	To increase exposure to CPT during Internal Medicine training to increase recruitment in the specialty.

## Diagnostic Specialties

Medical Microbiology/ Infectious Diseases	Increase of 3 Medical Microbiology/Infectious Diseases posts implementing year 3 of a plan to increase posts every year for 5 years.
Clinical Radiology	To support the recommended expansion as required to appoint 22 trainees for the 2022 intake with 20 in the South and 2 in north Wales.
	To create an INR post which will rotate as required to specialist centres in England to enable Welsh trainees to obtain this much needed training.
Histopathology	To increase Histopathology training in North Wales by 1 post for August 2022.
	To undertake an urgent review exploring solutions to the training capacity challenges within Histopathology and Paediatrics and Perinatal Pathology to make recommendations to Chief Executives in June 2022.

## Mental Health

Child and Adolescent Psychiatry	North Wales – to increase by 2 posts for 2022. <i>Note - agreement and temporary funding was identified to enable one of these posts to commence in August 2021 as part of a phased introduction.</i>
	South Wales – to increase by 2 posts for 2022 and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
Old age psychiatry	To increase by 2 training posts for 2022, 2 for 2023 and a further 2 for 2024. With a review once the HEIW review on Mental Health workforce has reported its findings.

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<i>General Psychiatry</i>	<i>Adult</i>	To make no changes to the current level of posts on the General Adult Psychiatry programme and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
<i>Forensic Psychiatry</i>		To make no changes to the current level of posts on the Forensic Psychiatry programme and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
<i>Learning Disabilities</i>		To convert the shared LD/CAMHS post in North Wales to LD thereby increasing the programme by 1 post. To review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
<b>Foundation, Core and Higher Programme Alignment</b>		
<i>Foundation</i>		To increase the number of Foundation Year 1 posts by 30 and Foundation Year 2 posts by 30 for August 2022 as detailed in the Foundation Expansion Business Case.
<i>ACCS Emergency Medicine</i>		The ACCS Programme is expanded by a further 4 posts for 2022 and a further 2 posts in 2023. This will complete the development of the Bangor Programme and enable a new Programme in Cardiff to be created to maximise current training capacity.
<i>ACCS Anaesthetics</i>		5 new posts are to be created in Emergency Medicine and Acute Medicine to enable the creation of a ACCS Anaesthetics programmes to support the alignment with Intensive Care Training
<i>Anaesthetics</i>		Increase of 5 Core Training Programme posts to ensure alignment between Core and Higher programmes and to meet training curriculum and LTFT requirements going forward.
<i>Internal Medicine</i>		To increase Internal Medicine training by 12 posts for August 2022
<i>Core Psychiatry</i>		To increase Core Psychiatry Training by 8 posts for August 2022.
<b>Additional workforce priority areas</b>		
<i>Public Health Medicine</i>	<i>Health</i>	Recruitment into existing training posts is to be maximised and to support this funding for 2 posts is required for 2022 and for 3 posts in 2023.
		Work should be undertaken to maximise the current interest in the specialty from Junior Doctors. This includes the provision of Foundation Training Placements in Public Health Medicine within the Foundation expansion programme
<i>Rheumatology</i>		To increase Rheumatology training by 2 posts for August 2022 and a further 2 posts for August 2023.
<i>Gastroenterology – Hepatology Specialist post</i>		To create 1 Hepatology Sub-specialty post for August 2022 with 3 months of this time spent in a specialist centre outside of Wales.
<i>Paediatrics</i>		Increase of 4 ST3 posts to enable the expanded numbers of trainees created in 2020 and 2021 to progress through the training programme and to front-load the programme to maximise %WTE from ST4 onwards.
<i>General Practice</i>		Maintain the current target of 160 intake per annum, with an option to over-recruit to 200 when feasible

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## Medical Workforce challenges

This workforce review has highlighted several key themes which require further work and consideration over the next 12 months.

**Training Capacity:** Anaesthetics novice opportunities are currently limiting our ability to expand the ACCS Emergency Medicine pathway to the rate required to produce sufficient applicants for the Higher Emergency Medicine programme to meet future consultant workforce demands. Likewise, within Histopathology there is a clear workforce need to expand training numbers within this specialty however training capacity, particularly in the South, limits Wales' options to deliver this.

**Fragile specialties:** Paediatrics and Perinatal Pathology has seen recruitment frozen this year due to insufficient trainers on the programme to deliver sustainable training. The Occupational Medicine programme is also on hold due to limited sustainable training options. The Clinical Neurophysiology is now also vacant with concerns regarding sustainability across this programme where trainers are fragmented across Wales. These small fragile programmes require a detailed review to ascertain the most appropriate action to inform future workforce and delivery plans for Wales.

## 8. Dental

Oral health care in Wales is delivered predominantly in primary care settings with independent contractors in General Dental Practice, however dental services operate across all healthcare sectors. The dental team provide routine, urgent and out of hours emergency dental services. Dental specialist care is also available in primary and secondary care settings. Most dental speciality training is undertaken at Cardiff Dental School and District General Hospitals situated in Local Health Boards.

In order to meet current and future oral health needs, evidence suggests that there needs to be increased access to dental teams, specifically those professionals that can deal with the needs of an ageing and more vulnerable population. The emphasis on dental care is likely to shift from multiple treatments to prevention of disease and the dental team is well placed to address this. The introduction of dental contract reform will allow greater participation from Dental Care Professionals (DCPs) that would allow the capacity of the whole system including those working across the community sector to increase.

Greater numbers of consultant/specialist dental staff need to be trained, along with additional skilled DCPs to meet identified needs. In general, Wales does not have a problem recruiting undergraduate dental professionals, however there is a lack of dental expertise as there is a failure to retain many of the young professionals that are trained. Policies need to be developed to attract and encourage dental professionals to train, live and work in Wales on a long-term basis to sustain the workforce supply.

Workforce planning – Dental Specialty Training (DST) – work has commenced to bring DST into the planning cycle for the HEIW annual Education Training and Commissioning Plan. This will ensure posts are commissioned and training is provided in areas of need based upon evidence.

Workforce planning – Dentists with Enhanced Skills (DES) – a key aim of A Healthier Wales is to provide patients with rapid and increased access to specialised services close to their home, thus reducing unnecessary referrals to secondary care. HEIW are planning to develop an All-Wales Dentists with Enhanced Skills Framework that will provide quality assurance for those who wish to undertake the next level of training to

deliver specialised services in general dental practices. Health Boards will be able to commission the services of those trained to meet local need.

Workforce planning – Dental Care Professionals (DCPs) - to date there is little contemporaneous information on the DCP workforce to evidence workforce, training and education needs. This is a priority area for dental and HEIW as this workforce underpins much of the system reforms in primary dental care. We will work with Workforce Analytics colleagues in HEIW to address this.

We will engage with a range of key stakeholders to ask specific scoping questions regarding the development needs of DCPs in regard to meeting the expectations of A Healthier Wales, and the Looking Forward publication which will be produced by the CDO in the next few months to support the whole system change that dentistry will adopt later in 2021 and in to 2022.

We want to be able to accurately place the right emphasis on delivering the skills and competencies the workforce needs in order that we can meet the needs of our service users today and tomorrow. This will build on capacity and capability within our existing dental workforce. Workforce planning suggests that 80% of tomorrow's workforce is in post today.

We will work with colleagues in the All Wales Faculty for DCPs to identify career pathways and training routes for DCPs, engaging with the Made in Wales campaign. This would further support a positive route for attracting and retaining staff into a role as a dental nurse and help to support a career structure for DCPs.

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## Priority Workforce Areas

### Critical Care

In July 2018 the Minister for Health and Social Services announced an additional £15million for Critical Care in Wales and a task and finish group was established that made recommendations to Welsh Government in July 2019 on the workforce. It is recognised that the coronavirus pandemic, which commenced in March 2020, impacted on the health boards implementation plans for critical care, as emergency planning for the pandemic saw an immediate expansion of critical care capacity across all health boards. Welsh Government has established a revised group to consider workforce issues in this area and HEIW is a key stakeholder in this group, including as a representative on the UK group looking at education and training for critical care nursing.

HEIW has reviewed Health Board Annual Plans in regard to workforce planning for the critical care workforce and to inform specific recommendations within the Education and Training Plan including in relation to medical training. HEIW will prioritise requests for funding for extended practice training for critical care.

### Diagnostics

There have been a number of strategic documents published in the past 5 years that outline the issues and the need for change in diagnostic services. The recent coronavirus pandemic has also highlighted pressures on these services which has led to an increase in demand due, in part to backlogs as a result of Covid, and as a result of issues such as changes in practice and potential further increase in demand due to Long Covid.

The two Statements of Intent for Imaging and Pathology note a number of workforce challenges within diagnostic services and recommended the need for changes to the workforce including development of extended roles and the need for skill mix change. Despite the impact of the pandemic, work has started to develop strategic workforce plans and during 2021/22, HEIW will be working with the NHS Wales Collaborative to develop workforce plans for the Imaging and Cellular Pathology workforces in Wales.

HEIW has reviewed Health Board Annual Plans in regard to workforce planning for these areas and to inform any recommendations within the Education and Training Plan. For imaging this has been in relation to Diagnostic Radiographers and ongoing increase to the training of Radiologists and in Cellular Pathology this has been in relation to healthcare science and medical training. Consideration will also be given to requests for extended skills training in advance of the development of the national strategic workforce plan and to the need for Radiology Assistant Practitioners or alternative Level 4 training routes.

The National Endoscopy Programme for Wales was introduced as part of the Welsh Government initiative to ensure that services were able to meet the increasing demands for this service as part of the support for the single cancer care pathway. The demand for services is currently significantly higher than the available core services, the development of a sustainable solution is of paramount.

HEIW will work with the National Endoscopy Programme to develop approaches to support Health Boards to review their endoscopy workforce and ensure sufficient capacity is planned with commissioning of the endoscopy training programme to



include all bands of staff, developing sustainable and transformational roles to accommodate the demand, to maximise the output of the endoscopy service in Wales.

## **Infection Prevention and Control**

HEIW have been working with the service, Social Care Wales and Welsh Government to support improvements in the compliance of infection control practices across the system. HEIW worked with partners to produce Infection Prevention and Control (IP&C) educational standards which are providing the foundation for the development of new programmes of training and development. This includes a review of the current mandatory training in NHS Wales and a new programme targeted specifically at operational clinical leaders, including nursing leads within care homes.

HEIW is progressing work on the development of an IP&C workforce plan for the specialist IPO&C workforce which will be completed during 2021/22.

## **Proposals for A Primary and Community Education and Training Framework**

Working with partners, HEIW is leading a programme of work to establish an all Wales framework for primary and community care education, training and workforce transformation, that supports a network of Locality Training Hubs that will sit alongside Health Boards.

The HEIW vision will enable local training hubs to support the delivery of a multi-disciplinary team model of working through a consistent all Wales approach and influence service and workforce development in the following way, by:

1. Creating more training practices for training the future [multidisciplinary] primary care workforce
2. Increasing the impact of health professionals in primary care
3. Having more health care professionals with supervision roles
4. Ensuring that multi-disciplinary training and interprofessional learning become regarded as markers of training quality.

The aim is to establish an All-Wales Framework for education, training and workforce transformation, for a wide range of occupational groups. HEIW proposes a network of 'Locality' Training Hubs that will sit alongside and have close links with Health Boards. The Locality Hubs would be supported and guided by a multi-professional group within HEIW.

More work is required, in terms of consultation and project planning, prior to Welsh Government scrutinising HEIW's proposals.

## **Optometry/Eye Care**

Eye care is delivered across all sectors by a wide range of healthcare professionals in primary and secondary care in both scheduled and unscheduled services. Given the aging population, the development of new treatments and the cancellation of outpatients appointments during the Covid epidemic, demands on all eye care services are increasing. Ophthalmology currently has the 2nd largest waiting list of all specialities. The 'Future approach to Optometry Services in Wales' document from Welsh Government outlines the direction for the future delivery of eye care services over the next decade. Negotiations for a new optometry contract are in line with recent changes to dental and GP contracts, with emphasis on clinical service development and patient centred decision making. The new contract will be phased in from 2022.

The optometry regulator, the General Optical Council (GOC) are making major reforms to the education and training of optometrists across UK nations. The first cohort of students on the new programme will commence in 2023/24. GOC key reforms include 48 weeks of placements integrated throughout any programme and a registrable degree. Additionally, degrees are likely to include independent prescribing and take 4 years. Changes will also be introduced such that new postgraduate CPD will include reflection and targeted at scope of practice.

## Commissioning of training and education

Extended eye care services in primary care optometry practice requires personnel with appropriate training and qualifications to manage patients. NICE guidance provides clear evidence-based monitoring and management options for eye care professionals e.g. in glaucoma. Additionally, having more optometrists capable of independent prescribing enables greater numbers of patients to be treated in community without onward referral, reducing demand on secondary care and General Practice. Continuation of commissioning will continue to ensure that there is at least one optometrist in every cluster in Wales with higher qualifications and Independent Prescribing registration by 2023 to support a reduction in demand for ophthalmology. HEIW began commissioning 3 types of higher qualifications and placements in 2019 with the aim of having at least one optometrist qualified in every cluster in each health board by the end of 2022. In 2019 only one health board (Hywel Dda) had 100% coverage for one qualification. The situation by the end of this year is shown in the table below.

During 2020/21, Independent prescribing optometry services (IPOS) have been in operation in 3 health boards. These services have ensured that patients can have access to independent prescribing optometrists so that they can managed in primary care without referral. As an example of how these services have proved effective, during Covid in CAVUHB using 4 optometry practices resulted in 375 IPOS appointments between 1st April 2020 – 31st May 2020 with 95% of appointments resulting in no onward referral to the hospital (UHW). HEIW is in discussion with BCU Optometry Advisers to facilitate further placements to support the increase in

### % qualified for all clusters in each HB

Health Board	Independent Prescribing	Medical Retina	Glaucoma Certificate	Higher
Aneurin Bevan UHB	100%	100%	50%	
Betsi Cad UHB	64%	107%	29%	
Cardiff & Vale UHB	144%	178%	44%	
Cwm Taf Morg UHB	113%	175%	88%	
Hywel Dda UHB	142%	229%	114%	
Powys THB	113%	125%	50%	
Swansea Bay UHB	167%	100%	50%	

Independent Prescribing and Glaucoma Higher Certificates.



The challenges have been qualifications requiring placements; these stopped during Covid. This has meant there is a lag for Higher Certificate in Glaucoma progress. There has also been a reluctance in some health boards for optometrists to attend glaucoma clinics as there is a lack of glaucoma consultants. This is an ongoing challenge, but some health boards have taken on extra placements to ensure continuity.

HEIW supports the allied health professions and nursing workforce by funding postgraduate qualifications. Publication of the Royal College of Ophthalmologists Ophthalmic Common Clinical Competency Framework (OCCF) in 2019, creates a common educational pathway for secondary care for allied health professions and nursing teams to upskill. It includes a set of clinical competencies suitable for supporting the delivery of eye care to specific groups of patients in hospital eye care services. It assesses those competencies to defined standards in several key areas of ophthalmology. The OCCF may be useful tool to help secondary care service provision by making best use of the nursing and AHP workforce to support ophthalmology.

To optimise the nursing and orthoptists workforce to provide extended eye care services, targeted education and training is necessary. HEIW has set up a working group with representatives from each health board in Wales with the aim of delivering education and training that supports and delivers optimal patient services for all the eye care workforce. Agored Level 3 training has been developed which HEIW has supported to ensure that Health Care Support Workers and other professionals can take on roles within hospital eye units and be trained in basic ophthalmology skills. HEIW will work with health board representatives to support and build the eye care workforce from Agored Level 3 up to advanced practice.

### **Development of a workforce plan and strategy**

Optometry is a growing profession. The numbers of optometrists registered with the GOC stating that they work in a practice in Wales has grown from 602 in 2012 to 743 in 2020 (GOC, personal communication) There are currently approximately 1,000 optometrists with supplementary list numbers registered in Wales, representing all practicing optometrists, employed, locum and cross border optometrists. The discrepancy in the numbers highlights the problems associated with a changing workforce picture. Currently, to register on a Wales Supplementary list or Contractor list, each performer (optometrist) must apply to NHS Wales Shared Services Partnership via a paper application form. An optometrist performer must apply to a specific health board. Dispensing opticians and contact lens opticians are not required to be on any list. Once approved, each performer (optometrist) is issued with a list number. The list details are checked annually although if the performer is still active throughout the year, it is presumed that no details have changed. The list number is assigned to the health board to which the performer (optometrist) applied for, although the performer is able to use the same list number to work in any health board area.

To implement a workforce strategy, robust data of our existing workforce 'shape' needs to be collected. HEIW has set out to collect and collate the workforce data for optometry and the ophthalmic workforce in all areas of Wales, including a standard supply model outlining the supply, shape and skill mix of our workforce. Our current data does not allow this, therefore, HEIW has implemented a workforce survey supported by NHS SSP, Welsh Government and the profession. The results of this survey will be used to start to define the current and potential future shape of our workforce. A first proper, informed workforce plan can then start to be developed

alongside recommendations for future workforce data gathering. The results from the workforce survey will be presented in September 2021.

HEIW will continue to build on the work initiated to extend the role of optometrists through additional postgraduate education, to shift the focus of common eye conditions into primary care optometry practices. We will integrate the training, education and support of optometrists and contact lens opticians in Wales into HEIW and we have extended the Welsh Clinical Leadership Training Fellowship programme to incorporate optometrists as the next phase of developing this into a multi professional programme.

Evaluating a new mentor and support service for newly qualified optometrists will enable us to determine further plans and link into Continuing Professional Development (CPD) and scope of practice. We will build on success in providing multi-professional education and continuing professional development in line with HEIW's aspirations with a focus on quality assurance and determining value of CPD in changing practice.

## **Mental Health**

HEIW is undertaking a review of the current workforce model and is working with the Mental Health Network, Social Care Wales and Welsh Government to develop recommendations for future roles. Development of roles will focus on a sustainable long-term workforce.

The education mental health practitioner is a newly developed role within England and early indications are that this would be an opportunity to commission places in Wales specific to the CAMHS workforce with a focus on early intervention and prevention in line with Welsh Government "together for mental health, delivery plan 2019-2022". Similar roles will be explored for the entire mental health workforce with a view to commissioning appropriate training and education programmes.

We are working with the perinatal and early years CAMHS T&F group to develop an infant mental health training programme, open and accessible to a range of professions at multiple levels.

HEIW is commissioning 30 places for the CAMHS level 7 this year and is reviewing and developing in partnership with our education providers expanding a portfolio of relevant modules linked to ensuring increased skills and knowledge children and young people (including identified areas of perinatal mental health).

## **Clinical Psychology**

Demand is increasing across the service due to increased demand for mental health services, this has been exacerbated by the pandemic. The mental health workforce plan identifies a need to grow the workforce which delivers talking therapies and sufficient clinical psychology workforce is needed to ensure we have adequate numbers to support and supervise the introduction of new roles and extended team. Workforce data also shows that there is an ageing workforce with the risk of a third retiring within the next 5 years.

There have been large rises in psychology trainees in England which has been widely publicised which has led to greater pressure for Wales to follow suit. The number of trainees has been rising year on year in Wales but only by very small margins, due to placement capacity. September 2020 saw 29 trainees commence as agreed in the training plan, but we were fortunate to be able to provide an extra 2 places which have been deferred to September 2021.

The second phase of the strategic review of health professional education will include the procurement of the Clinical Psychology Doctoral programme which is currently commissioned from Bangor university and a Cardiff and Vale/Cardiff university collaboration. Numbers for these programmes are relatively small however IMTP's each year identify that more numbers of trainees need to be commissioned. This training programme is the most expensive one to fund as trainees are employed on a band 6 salary and HEIW also covers faculty costs. If numbers continue to grow sufficiently and the investment in this workforce is forthcoming, then we may be in a position to introduce a third provider to cover the west Wales hard to reach areas.

**HEIW recommends that clinical psychology doctorate trainee numbers will increase to 36.**

### **Clinical Associate Psychologists (CAPs)**

In the training plan for 2021 we introduced CAPs as an emerging role, that will help to increase access to psychological therapies. These roles have been successfully introduced in England over the past few years. This role is an exciting opportunity to expand the psychological workforce. These roles are open to psychology graduates who undergo one year of training at master's level to become part of the applied psychology workforce at pre-registration level. This is an employed model of training which is predominantly work based. There is a supply chain as there are a copious amount of these graduates exiting from HEI's annually. CAP's are an advanced practice role which deliver psychological assessments and interventions, under the supervision of a registered practitioner psychologist.

The plan for 2021-22 is to commence the procurement process to be in a position to commission these roles by 2023 hence the need to increase the clinical psychology workforce who will supervise their training. This training programme has been incorporated into phase 2 of the strategic review and we aim to go out to tender for a contract to deliver this training in Wales alongside the tender for Clinical psychology provision.

### **Rehabilitation/AHP Workforce (Advanced AHP)**

There are 13 Allied Health Professionals (AHPs) which make a diverse contribution across the whole health and care system. AHPs are core professions providing rehabilitation and other therapeutic interventions across all health and care settings, for all age groups and have played a significant role in meeting the rehabilitation needs of people directly or indirectly affected by COVID-19. Previous years' commissioning numbers reflected the key role that AHPs play in the plans to expand community/primary care services. Whilst this transition has not yet taken place across Wales, there is a continued need for transformation in this direction. This need is reinforced by the impact of the COVID-19 pandemic, greater strategic leadership for AHPs in the Strategic Programme for Primary Care and initiation of the AHP Programme to support delivery of the AHP Framework: 'Looking Forward Together'.

There has been a climate of growing recruitment challenges for AHPs, with evidence of unfilled vacancies particularly in rural areas. 2021 saw the introduction of streamlining for AHP graduates to overcome this challenge and to reduce the number of graduates trained in Wales under the bursary scheme lost to other the wider UK job market.

In terms of education provision for AHPs in Wales, the majority has been based in the Cardiff area and delivered by sole providers i.e. only one training programme in Wales delivered by one University. With the Strategic Review of Pre-Registration education contracts in 2021, for some AHP professions there will be new courses initiated in 2022. In order maintain financial viability of all courses and continue to provide an excellent student experience, minimum commissioning numbers have been included into the contracts. This will add resilience to the commissioning model, enable students to have local access to healthcare education and support more regions of Wales to develop a more local workforce.

HEIW will build on recent innovations in practice through the delivery of the Allied Health Professional (AHP) Framework for Wales – Looking Forward Together over the next two years. Through improvements in workforce design and planning, education, training, innovative service models and leadership development we aim to support the development of the AHP workforce to transform how we meet the needs of people in Wales. The AHP programme of work aims to marry the key themes from the AHP Framework, A Healthier Wales and the Workforce Strategy for Health & Social Care, to support Health & Social care recovery and reset following COVID-19 by making the most of the current spotlight on the key role AHPs play. This programme offers the opportunity for AHPs to showcase their offer to improve population resilience and enable their ability to self-care. There is a commitment to whole systems shift from hospital-centric models to out of hospital / community and primary care provision, from reactive management to early intervention and prevention. The programme embraces the need to think more broadly around how people can have their care needs met closer to home. The programme aims to build on HEIW priorities to ensure AHPs embrace digital technologies in practice, build accessible rewarding career pathways for the registered and unregistered workforce and enhance the leadership infrastructure for AHPs.

Close working with both multidisciplinary and multi-sector partners will aim to improve innovation in the provision of practice placement education to increase the range and quality of education outcomes and student experience. These partnerships will also be instrumental in shaping the AHP offer within in primary and community care, and associated education and training required to support this shift in practice.

We will also review the learning from the streamlining agreement that has been put in place for AHP graduates to ensure that the process meets the needs of services and graduates, facilitating smooth transition from education into employment across the health and care system in Wales.

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

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

<b>Dyddiad y Cyfarfod</b>	<b>14/06/2021</b>	<b>Eitem ar yr Agenda</b>	<b>2</b>
<b>Teitl yr Adroddiad</b>	<b>Rhaglen Addysg a Hyfforddiant Cychwynnol Fferyllwyr, (IETP) Achos Amlinellol Strategol (SOC)</b>		
<b>Awdur yr Adroddiad</b>	Yr Athro Margaret Allan Christian Favager		
<b>Noddwr yr Adroddiad</b>	Yr Athro Pushpinder Mangat		
<b>Cyflwynir gan</b>	Yr Athro Pushpinder Mangat		
<b>Rhyddid Gwybodaeth</b>	Agored		
<b>Pwrpas yr Adroddiad</b>	<p>Cyflwyno'r achos amlinell ôl Strategol a fydd yn arwain mewnblannu'r IETP Newydd a orchmynnwyd gan y Cyngor Fferyllol Cyffredinol i Fwrdd Addysg a Gwella Iechyd Cymru (AaGIC).</p> <p>Ceisio cymeradwyaeth Byrddau AaGIC i Achos Amlinellol Strategol Rhaglen Addysg a Hyfforddiant Cychwynnol Fferyllwyr (IETP) a'i gyflwyno i Lywodraeth Cymru.</p>		
<b>Materion Allweddol</b>	<ul style="list-style-type: none"> <li>• Datblygwyd y SOC hwn gan Ddeoniaeth y Fferyllfa ac mae wedi ei graffu gan y <ul style="list-style-type: none"> <li>○ Grŵp Llywio IETP Fferylliaeth AaGIC</li> <li>○ Tîm Gweithredol AaGIC</li> <li>○ Y Pwyllgor Comisiynu Addysg ac Ansawdd</li> <li>○ Briffio'r Bwrdd Llawn</li> </ul> </li> <li>• Mae'r SOC yn disgrifio'r <ul style="list-style-type: none"> <li>○ Ilwybr at Statws Rhagnodi Annibynnol ar gyfer pob Fferylllydd sydd newydd gofrestru erbyn 2026</li> <li>○ Yr angen am leoliadau clinigol israddedig newydd</li> <li>○ Yr angen i drawsnewid y flwyddyn cyn-gofrestru aml-sector bresennol mewn i Flwyddyn Sylfaen wahanol</li> <li>○ Yr angen am raglen ôl-raddedig newydd</li> <li>○ Y camau sy'n ofynnol mewn dull graddol i gyflawni'r uchod</li> </ul> </li> </ul>		
<b>Camau Penodol i'w cymryd</b> (✓ un yn unig)	<b>Gwybodaeth</b>	<b>Trafodaeth</b>	<b>Sicrwydd</b>
			<b>Cymeradwyaeth</b>
<b>Argymhellion</b>			✓

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08/06/2021 08:41:03

	Bod Bwrdd AaGIC yn cymeradwyo Achos Amlinellol Strategol Rhaglen Addysg a Hyfforddiant Cychwynnol Fferyllwyr (IETP) a'i gyflwyno i Lywodraeth Cymru.
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## **Rhaglen Addysg a Hyfforddiant Cychwynnol Fferyllwyr (IETP) Achos Amlinellol Strategol (SOC)**

### **1. CYFLWYNIAD / CEFNDIR**

Mae'r rheolydd Fferylliaeth, y Cyngor Fferyllol Cyffredinol (GPhC), yn gwneud diwygiadau mawr i addysg a hyfforddiant israddedig ac ôl-raddedig cynnar fferyllwyr ledled y DU. Bydd gweithredu'r newidiadau yn cychwyn ym mis Awst 2021.

Wrth i'n poblogaeth dyfu, a mwy o bobl fyw gyda chyflyrau hirdymor, mae'r gofynion a'r disgwyliadau ar ein gwasanaethau fferyllol yn newid ac yn cynyddu. Gan gydnabod yr angen hwn, bydd gweithredu'r safonau addysg a hyfforddiant cychwynnol diwygiedig (IETP) ar gyfer fferyllwyr yn cynhyrchu fferyllwyr sydd â sgiliau clinigol gwell a statws rhagnodi annibynnol (IP), yn gyflymach nag ar hyn o bryd.

Mae hyn yn golygu y bydd fferyllwyr yn gallu cynnig asesiadau, diagnosisu, cyngor, atgyfeirio yn ogystal â gwell gofal meddyginiaeth o'r pwynt cofrestru fel rhan o dîm amlddisgyblaethol ehangach.

Bydd y rhaglen bresennol yn trawsnewid i'r fframwaith newydd dros nifer o flynyddoedd, gyda'r garfan newydd gyntaf yn cofrestru ym mis Awst 2026.

Mae 4 ardal wahanol ond sy'n gorgyffwrdd i fynd i'r afael â nhw

- Lleoliadau israddedig
- Trawsnewid y flwyddyn Cyn-gofrestru i flwyddyn Sylfaen
- Trawsnewid cymorth ôl-gofrestru i'r rhai sy'n cofrestru cyn 2026 i gyflawni'r un cymwysterau a safonau â'r rhai sy'n cofrestru ar ôl 2026
- Dyfeisio fframwaith ôl-gofrestru newydd i gefnogi cofrestryddion newydd ar ôl 2026

Mae Tîm y Rhaglen wedi gwneud eu gorau glas i gymhwyso amcangyfrifon, rhagdybiaethau ac allosodiadau rhesymol wrth ddadansoddi'r data. Er bod hyn yn cael ei ystyried yn ddigonol ar gyfer achos strategol lefel uchel, dylid ystyried y ffigurau a gyflwynir fel man cychwyn ar gyfer dadansoddiad parhaus, yn hytrach na diffiniol ynddynt eu hunain.

Mae'r Tîm y Rhaglen wedi mynd ati, yn yr Achos Amlinellol Strategol hwn, i adnabod heriau a chyfleoedd, heb rag-derfynu'r atebion gorau neu'r mwyaf priodol

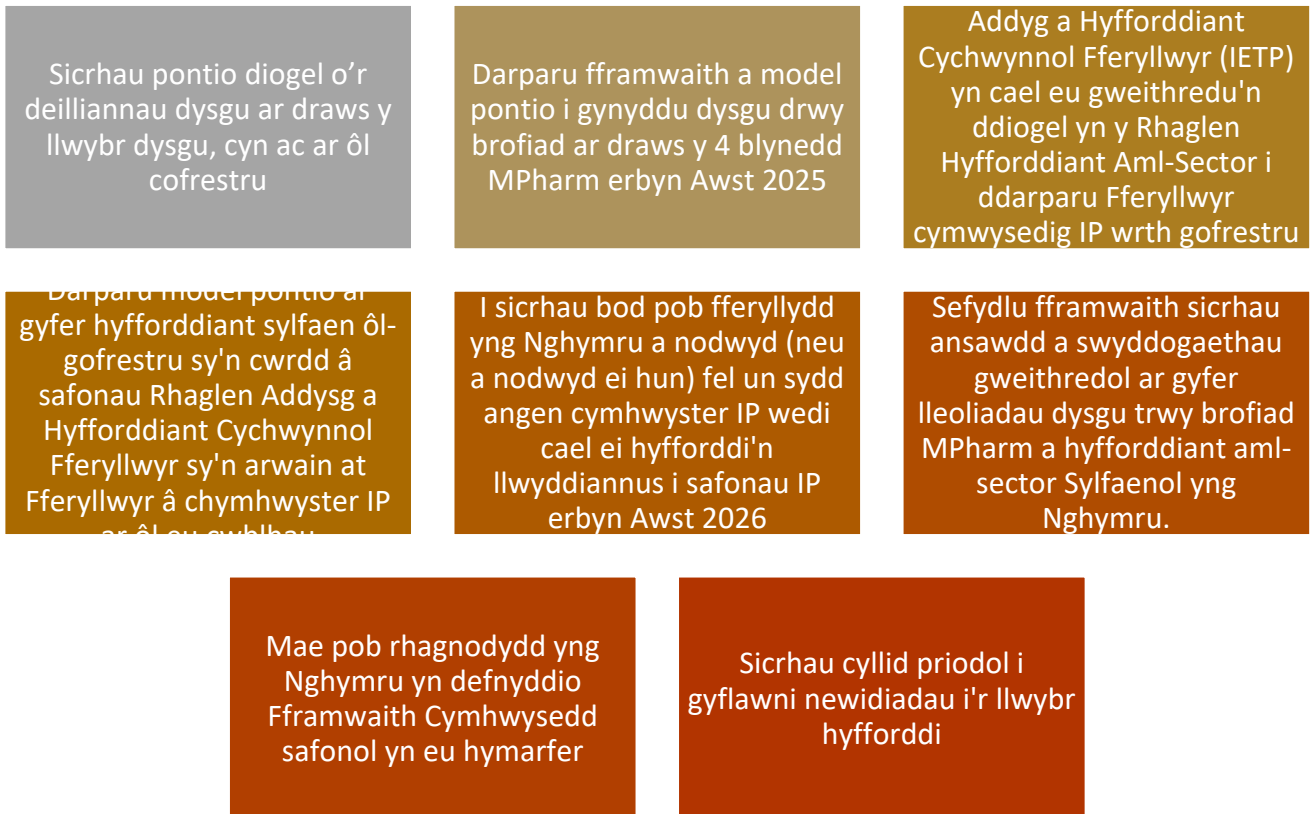
#### **Prosiectau:**

Bydd y rhaglen yn cael ei rheoli trwy saith prosiect. Bydd y prosiectau'n sicrhau bod holl amcanion gweithredu'r rhaglen bum mlynedd yn cael eu cyflawni'n ddiogel ac yn effeithiol.

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08/06/2020

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## Amcanion y rhaglen yw:



## 2. CYNNIG

Bod yr Achos Amlinellol Strategol hwn sy'n disgrifio'r achos dros roi'r newid gorfodol hwn ar waith trwy broses rhaglen rheoli newid diogel ac effeithiol yn cael ei gymeradwyo fel y ddogfen waith cychwynnol y mae AaGIC a Llywodraeth Cymru yn ei defnyddio i ddatblygu'r rhaglen hon.

## 3. MATERION LLYWODRAETHU A RISG

Mae Tîm y Rhaglen wedi gwneud eu gorau glas i gymhwyso amcangyfrifon, rhagdybiaethau ac allosodiadau rhesymol wrth ddadansoddi'r data. Er bod hyn yn cael ei ystyried yn ddigonol ar gyfer achos strategol lefel uchel, dylid ystyried y ffigurau a gyflwynir fel man cychwyn ar gyfer dadansoddiad parhaus, yn hytrach na diffiniol ynddynt eu hunain.

Bydd gofyn i graffu parhaus trwy fecanweithiau mewnol AaGIC ac adolygiadau Gateway addasu a diweddarau cynlluniau yn ôl yr angen.

Efallai y bydd canlyniadau anfwriadol o gyflwyno'r newidiadau hyn megis cymeriant gwael yn ystod rhai o'r blynyddoedd hyn gan y gallai myfyrwyr ohirio wrth aros i'r rhaglen derfynol gael ei gweithredu.

English Cymuned  
08/06/2021 18:03



#### 4. GOBLYGIADAU ARIANNOL

Bydd y rhaglen IETP yn cael ei hariannu trwy ddefnyddio'r llwybrau cyllido presennol a buddsoddiad newydd.

##### Cyllid Presennol:

Mae cyllid y flwyddyn Sylfaen amlsector unigryw (a elwid gynt yn flwyddyn cyn-gofrestru) bellach wedi'i sefydlu trwy achos busnes yn 2019. Efallai y bydd angen rhywfaint o arian ychwanegol dros y blynyddoedd i ddod yn dibynnu ar niferoedd a newidiadau gofynnol i fodloni'r safonau newydd.

Bydd hyfforddiant Sylfaen ôl-gofrestru yn cael ei ailstrwythuro i sicrhau bod cofrestryddion yn cyflawni'r deilliannau dysgu newydd. Bydd yr arian presennol yn y cynllun Comisiynu Addysg ar gyfer y Diploma Clinigol yn cael ei ailgyflwyno i gefnogi'r rhaglen hon.

Bydd arian ychwanegol i'r gweithlu sefydledig presennol i gaffael y sgiliau newydd a nodwyd yn cael ei reoli trwy'r gyllideb uwch ac estynedig yn y cynllun comisiynu.

##### Achosion Busnes:

Mae'n ofynnol yn yr Achos Amlinellol Strategol (SOC) i baratoi sawl achos busnes ar gyfer y buddsoddiad newydd a nodwyd yn y rhaglen. Bydd yr achosion hyn yn cael eu cyflwyno yn unol â'r llinellau amser a ragwelir.

Disgrifiad	Math	Dyddiad	Mae angen cyllid erbyn
Achos Busnes Adnoddau Tîm Sylfaen	Achos Busnes	Ebrill-21	Ar unwaith
Addasu cyllideb bresennol	Cyllid	Mai-21	Ar unwaith
Achos Busnes Sylfaen Ôl-gofrestru	Achos Busnes	Mai-21	Gorff-21 i gaffael erbyn Rhag-21
Rheoli Ansawdd (Blwyddyn Sylfaen) yn fyw	BAU	Awst-21	AMHERTHNASOL
Papur Fframwaith Cymhwysedd	Argymhellion	Hydref-21	AMHERTHNASOL
Achos Busnes y Fframwaith cymhwysedd (os oes angen)	Achos Busnes	Rhag-21	I'W GADARNHAU
Adolygiad adnoddau Tîm Sylfaen	Argymhellion	Ion-22	AMHERTHNASOL
Papur Dysgu Profiadol	Argymhellion	Ion-22	AMHERTHNASOL
Achos Busnes Peilot Dysgu Profiadol (os oes angen)	Achos Busnes	Chwef-22	Mehefin-22 i gychwyn Awst-22
Achos Busnes llawn Dysgu drwy profiad	Achos Busnes	Tach-22	Ebrill-23 i gychwyn Awst-23
Papur IP Newydd	Argymhellion	Mai-23	
Tafel Ôl-Gofrestru Sylfaen 1 yn fyw	BAU	Medi-22	

Achos Busnes IP Newydd (os oes angen)	Achos Busnes	Tach-23	Mehefin-24
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**\*\* Mae'r achos busnes hwn yn cael ei ddwyn i sylw'r Bwrdd ar wahân mewn papur arall**

### **Buddsoddiad Newydd:**

Buddsoddi yn y cwrs israddedig MPharm pedair blynedd ar gyfer lleoliadau clinigol ychwanegol.

Nid yw Rheoli Ansawdd y llwybr addysgol wedi'i gytuno eto. Ar ôl sefydlu'r fframwaith efallai y bydd angen buddsoddiad ychwanegol.

## **5. ARGYMHELLIAD**

Bod Bwrdd AaGIC yn cymeradwyo Achos Amlinellol Strategol Rhaglen Addysg a Hyfforddiant Cychwynnol Fferyllwyr (IETP) a'i gyflwyno i Lywodraeth Cymru.

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Llywodraethu a Sicrwydd			
<b>Cyswllt â nodau strategol Cynllun Tymor Canolig Integredig</b> <i>(✓ os gwelwch yn dda)</i>	<b>Nod Strategol 1:</b> Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach'	<b>Nod Strategol 2:</b> Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	<b>Nod Strategol 3:</b> Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel
	✓		
	<b>Nod Strategol 4:</b> Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	<b>Nod Strategol 5:</b> Bod yn esiampl-gyflogwr ac yn lle gwych i weithio	<b>Nod Strategol 6:</b> Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol.
<b>Ansawdd, Diogelwch a Phrofiad y Claf</b>			
Bydd gweithredu'r safonau hyn yn cael effaith gadarnhaol ar Ofal a Diogelwch Cleifion			
<b>Goblygiadau Ariannol</b>			
Bydd cyfnod o redeg hen gostau yn erbyn costau newydd			
<b>Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)</b>			
Mae'r rheoleiddiwr yn gorchymyn y safonau hyn ac o'r herwydd maent yn cael eu cefnogi gan statud			
<b>Goblygiadau Staffio</b>			
Bydd mwy o ofynion staffio yn AaGIC i sicrhau bod y rhaglen hon yn cael ei darparu a'i llywodraethu			
<b>Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</b>			
Yn gyson â "Gweledigaeth Fferyllfa ar gyfer Cymru Iachach"			
<b>Hanes yr Adroddiad</b>			
<b>Atodiadau</b>	<b>Atodiad 1:</b> Gweithredu Safonau Addysg a Hyfforddiant Cychwynnol ar gyfer Fferyllwyr (IETP) - Achos Amlinellol Strategol		



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

## Implementation of Initial Education and Training Standards for Pharmacists (IETP) Strategic Outline Case

Version No:	1.3
Issue Date:	08/07/21

### Version History

Version	Date Issued	Brief Summary of Change	Owners Name
1.0	18/05/21	Draft Submitted to IETP Implementation Board	Margaret Allan
1.1	07/06/21	Changes made based on IETP board and executive feedback	Margaret Allan
1.2	11/06/21	Additional Information added to section 4: <b>4.5</b> (i) IP modules (ii) Novice IP  <b>4.6</b> (i) Foundation (ii) Experiential Learning (iii) Novice IP	Margaret Allan
1.3	08/07/21	Additional information added to Section <b>1.4.2</b> based on Questions from Tina Donnelly -HEIW Board Member.	Margaret Allan

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## Glossary of Abbreviations & Acronyms

<b>GPhC</b>	General Pharmaceutical Council
<b>IETP</b>	Initial Education and Training standards for Pharmacists
<b>SOC</b>	Strategic Outline Case
<b>PDaHW</b>	Pharmacy Delivering a Healthier Wales
<b>BC</b>	Business Case
<b>SOP</b>	School of Pharmacy
<b>NES</b>	NHS Education for Scotland
<b>BAU</b>	Business as Usual
<b>FTE</b>	Full Time Equivalent
<b>QM</b>	Quality Management

## IP Independent Prescriber

### Preface

The summary Project Scope for the new Initial Education and Training standards for pharmacists (IETP) is:

“To safely and effectively fully implement the new 2021 General Pharmaceutical Council (GPhC) initial education training standards for pharmacists by 2026”

This Strategic Outline Case (SOC) presents the necessary consideration required to manage the safe implementation of this programme of work.

Implementation of various investment actions is proposed to be supported by individual Business Cases (BC) and delivered under an overarching management programme.

Stakeholders are invited to Take Note of this SOC.

### Executive Summary

The pharmacy regulator, General Pharmaceutical Council (GPhC), are making major reforms to the undergraduate and early postgraduate education and training of pharmacists across the UK.

Implementation of the changes will start in August 2021. As our population grows, and more people live with long-term conditions, the demands and expectations on our pharmacy services are changing and increasing. In recognition of this need, the implementation of the reformed initial education and training (IETP) standards for pharmacists will produce pharmacists with enhanced clinical skills and independent prescribing (IP) status, more quickly than at present. This means that pharmacists will be able to offer patients enhanced medication care from the point of registration as part of a wider multi-disciplinary team.

This SOC describes the HEIW case for implementing this mandated change via a safe and effective change management programme process.

The Programme Team have used their best endeavours to apply reasonable estimates, assumptions, and extrapolations in analysing the data. While this is considered sufficient for a high-level strategic case, the figures presented should be seen as the starting point for ongoing analysis, rather than definitive in themselves.

The Programme Team has set out in this SOC to identify challenges and opportunities, without predetermining the best or most appropriate solutions

The case for change is laid out in the HEIW document: **Pharmacist Education and Training is changing from 2021** (Appendix 1)

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# 1. Strategic Case

## 1.1 Regulatory framework

The General Pharmaceutical Council (GPhC) regulates pharmacists, pharmacy technicians and pharmacies in Great Britain.

The GPhC role is to:

- protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.
- set standards for pharmacy professionals and pharmacies to enter and remain on our register.
- seek assurance that pharmacy professionals and pharmacies continue to meet our standards, including by inspecting pharmacies.
- act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.
- promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

### GPhC Initial education and training for pharmacists (IETP)

The standards for the initial education and training of pharmacists set out the knowledge, skills, understanding and professional behaviours a student and/or trainee pharmacist must demonstrate to pass their initial education and training and to join the professional register.

The standards also set out the requirements for organisations providing initial education and training. The standards ensure that newly registered pharmacists are competent to practise safely and effectively.

### New standards for the initial education and training of pharmacists (2021)

GPhC published new standards for the initial education and training of pharmacists in January 2021. These standards will be gradually implemented from 2021 onwards and must be fully implemented by 2026.

The implementation of these standards will transform the education and training of pharmacists, so they are able to play a much greater role in providing clinical care to patients and the public from their first day on the register, including through prescribing medicines.

**Standards for the initial education and training of pharmacists (January 2021)**  
(Appendix 2)

**Standards for the initial education and training of pharmacists Welsh - January 2021**  
(Appendix 3)



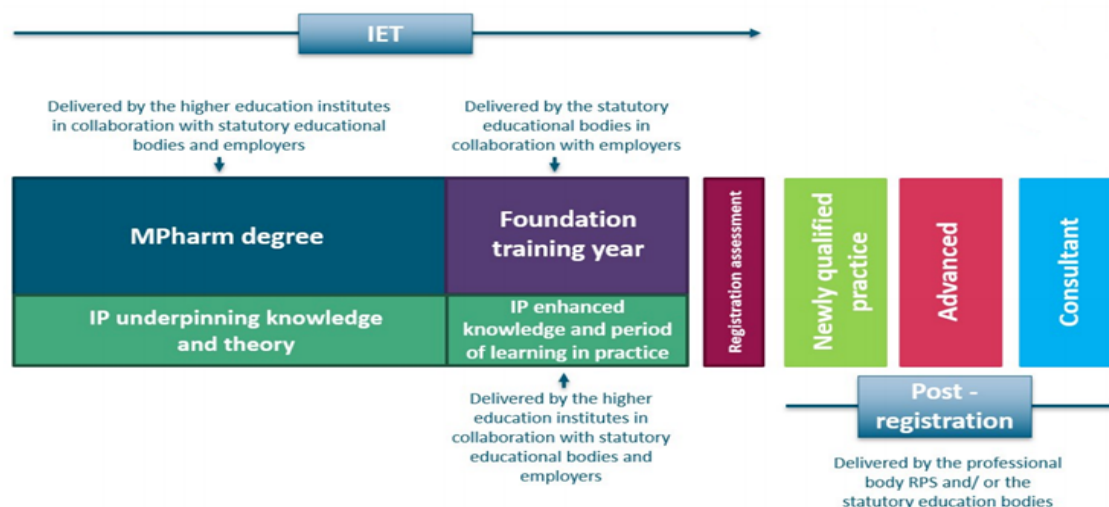


Figure 1: Pathway for Progression

## 1.2 Political framework

A Healthier Wales and the Wales Strategic Programme for Primary Care sets out the Welsh Government vision for the transformation of NHS services to provide patient care closer to home.

**A Healthier Wales ([gov.wales](http://gov.wales))** (Appendix 4)

**Strategic Programme for Primary Care.pdf ([wales.nhs.uk](http://wales.nhs.uk))** (Appendix 5)

Pharmacy: Delivering a Healthier Wales (PDaHW) is the response to A Healthier Wales and sets out the vision for the future of pharmacy services designed around patient needs.

The PDaHW strategic objectives are that care will be delivered in local communities with pharmacy teams integrated with other services to:

- Improve the health and wellbeing of the population
- Together, pharmacy teams will improve patient knowledge and use of their medicines, through co-production
- Pharmacists will focus on optimising therapeutic outcomes using tools that include prescribing
- Pharmacy services will support and drive innovation and equitable access to new medicines and related
- Technologies, providing seamless care for the citizens of Wales.

Welsh Government has established a PDaHW Delivery Board. The Board will coordinate and support the implementation of the goals of PDaHW, which have been identified as the critical building blocks underpinning the longer-term vision. The Board is chaired by Darren Hughes, Director of the Welsh NHS Confederation.

The development of the pharmacy workforce has been identified a key enabler which underpins the strategic objectives and goals of PDaHW.

### **Pharmacy: Delivering a Healthier Wales (English) (Appendix 6)**

### **Fferylliaeth: Cyflawni Cymru iachach (Cymraeg) (Appendix 7)**

The changing landscape of healthcare and population demographics requires the NHS to consider how best to utilise the valuable staff resource to meet increasing demand. Patients are living longer in our communities with multiple illnesses which often result in increasing numbers of prescribed medicines. The pharmacy workforce, as the experts in medicines, have an increasing role to work together with patients and healthcare colleagues to improve outcomes, reduce harm and increase value from their medicine use. HEIW has recognised the need to have a vision for the changing shape of Pharmacy training, which can deliver the ambition of the Welsh strategic direction. This has been described in our principles and goals for 2025 towards 2030. Our vision demonstrates a whole pharmacy workforce development which is necessary to deliver the vision of PDaHW.

This SOC describes the significant changes which are happening within the development of pharmacists but HEIW plans will still focus on the development of the whole workforce.

HEIW started our journey of pharmacist educational change in 2019 by securing a significant investment from Welsh Government for our UK-leading Welsh Pre-registration Pharmacist training programme which provides multi-sector training across the patient care pathway, NHS single lead employment and consistent quality management. By ensuring all training of our future pharmacists is of high quality and across all the main sectors of practice, in particular within primary and community care, HEIW can ensure a seamless approach to the care of patients and deliver on the goals of a Healthier Wales

## **1.3 HEIW Strategic Plans**

This SOC supports the ambition of A Healthier Wales: Our Workforce Strategy for Health and Social Care:

*To have a motivated, engaged and valued Health and Social Care workforce with the capacity, competence and confidence to meet the needs of the people of Wales. \**

### **Workforce strategy for health and social care (Appendix 8)**

This SOC aligns across the HEIW annual plan 2021/22 and specifically to the strategic aims below:

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

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- Strategic Objective: 2.5.1: Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacists (IETP)

## 1.4 Educational framework

To safely implement the mandated change to the IETP standards for pharmacists, HEIW needs to understand the strategic picture and impacts of the changes to students entering pharmacist education through to the existing workforce.

### 1.4.1 Pathway to Registration

The current pathway to registration is a four-year MPharm degree followed by the student entering a one-year pre-registration programme. The GPhC accredits the four-year degree and co-ordinates and runs the pharmacist 52-week pre-registration scheme \*Figure 2



Figure 2: Progression to becoming a registered pharmacist

#### (i) Undergraduate Courses in Wales

There are currently two Schools of Pharmacy in Wales.

Cardiff University School of Pharmacy and Pharmaceutical Science (SoP) is a long established and highly respected School. The school has a reputation for high quality education and attracts many of the best students from and to Wales. Currently Cardiff SoP recruits circa 140 to 160 students in any one year. Generally, the school is oversubscribed with applicants which is contrary to the current trend within SoPs across the UK where applications are decreasing.

Swansea School of Pharmacy is due to take its first cohort of students in September 2021. It is expected that the initial intake will be circa 50 students per year with the vision to increase numbers as the school becomes established.

The four-year MPharm degree is currently funded as a science degree. The undergraduate course therefore does not attract clinical placement funding. This limits the quantity of clinical placements across the four years.

Currently the learning outcomes and standards for the four-year MPharm and the one-year pre-registration programme are not seamlessly linked. The new IETP standards are set across the whole five continuum to registration\* Figure 3

This therefore requires a co-ordination of the MPharm course and the one-year pre-registration programme. In Wales HEIW as the provider of the fifth year will be required to have close collaboration with the HEIs to ensure the seamless delivery of the new learning outcomes.



The new learning outcomes requires the student to demonstrate their competence at “does” level of the Millers triangle \* Figure 3

The does level is described as:

*“when a student pharmacist demonstrates the learning outcomes in a complex, familiar or everyday situation repeatedly and reliably”*

To achieve this the level of learning the student will need to be exposed to an increased and increasing complexity of quality clinical placements across the whole five years.

Figure 3: Millers triangle

## (ii) Wales Pre-Registration Year

We started our journey of pharmacist educational change in 2019 by securing a significant investment from Welsh Government for our UK-leading Welsh Pre-registration Pharmacist training programme which provides multi-sector training across the patient care pathway, NHS single lead employment and consistent quality management. By ensuring all training of our future pharmacists is of high quality and across all the main sectors of practice, in particular within primary and community care, HEIW can ensure a seamless approach to the care of patients and deliver on the goals of a Healthier Wales.

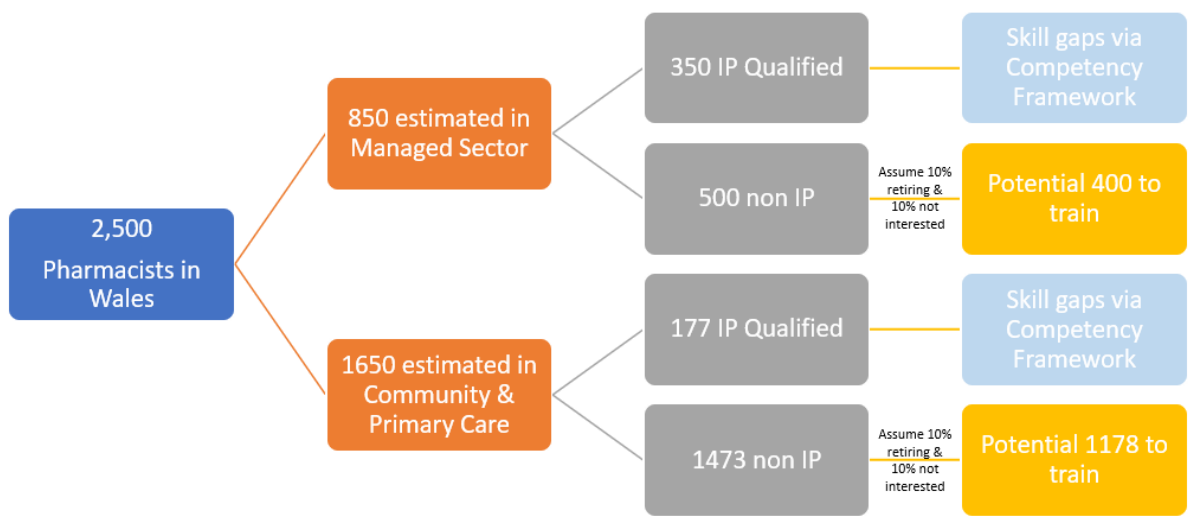
This visionary and innovative change to the HEIW pre-registration pharmacist year in 2019 has now laid the building blocks for implementing the new GPhC standards.

In 2021, the pre-registration year will be known as the Foundation year for pharmacists and the GPhC expects the programmes of learning to be mapped to the new learning outcomes from August 2021. It will not be possible to achieve the level of the learning outcomes within the 2021 programme, as significant changes to the experiential learning in the four-year MPharm programme will need to be implemented as a phased programme of change.

1.4.2 Existing Pharmacist Workforce

(i) Current Pharmacists

It is critical as the new IETP standards are implemented for the five-year programme; we consider the needs of the existing workforce.



Many of our existing workforce will not have all of the skills and competence to provide the patient services for the future vision of PDaHW. In particular, many of the established workforce will not have been trained as independent prescribers.

There is a particular issue for our community pharmacy workforce. There are currently 177 prescribing community pharmacists across Wales. This is only a small proportion of the total number of 1650 community & primary care pharmacists.

This programme of work will need to consider how we increase the numbers of pharmacist's independent prescribers over the next five years in this workforce.

(ii) Newly Registered Pharmacists

During the transition period 2021 to 2026, HEIW will need to meet the learning gaps for newly registered pharmacist who have not experienced the full five-year changes to the IETP standards. A post-registration foundation programme curriculum, which aligns to the identified skills and competence gaps of this group of pharmacists will need to be considered for the years 2022 to 2026.

## 1.5 Scope

The overall scope of the IETP Implementation Programme is to safely and effectively fully implement the new 2021 General Pharmaceutical Council (GPhC) initial education training standards for pharmacists by August 2026.

The aims and objectives of the Programme are to:

- Meet HEIW and NHS Wales strategic objectives
- Comply with mandated regulatory requirements
- Embed education and training as core principles in practice
- Ensure the safe transition of learning outcomes across the learning pathway, through MPharm and pre and post-registration
- Provide a framework and transition model to increase experiential learning across the 4 years of MPharm by August 2025
- Ensure the safe implementation of IETP standards into the Multi-Sector Training Programme to deliver IP qualified Pharmacists at registration in August 2026
- Provide an iterative transition model for post-registration foundation training that meets IETP standards leading to IP-qualified Pharmacists on completion
- To ensure all pharmacists in Wales identified (or self-identified) as requiring an IP qualification have been successfully trained to IP standards by August 2026
- Establish a quality assurance framework and operational functions for MPharm experiential learning placements and Foundation multi-sector training in Wales.
- All prescribers in Wales are utilising a standard Competency Framework in their practice by TBC
- Secure appropriate funding to deliver changes to training pathway

Areas that are excluded from this Programme are:

- Changes to Pharmacy Technician training
- All training programmes outside of Pharmacy in Wales

## 1.6 Benefits & Risk

The mandatory changes to the IETP standards are expected to benefit the wider social economy and society.

Wherever pharmaceutical care is provided, patients will be assured that the pharmacy team will be able to help patients to achieve the best from their medications and maximise their quality of life. Pharmacists will work closely with patients to minimise harm from medicines and increase the benefits which will improve patient outcomes.

All pharmacists will be able to prescribe medicines, which means that they will be able to make any necessary changes to patient medication and only to refer back to doctors



when necessary. Patients will be able to receive their care in the place of their choosing and wherever possible closer to home. Pharmacy will be part of the multi-disciplinary team managing the patient's care and referring patients appropriately to the right health care professionals at the right time.

The pandemic has demonstrated the importance of healthcare professionals working together in multi-disciplinary teams and of resources being used flexibly in the interests of patient care. The changes in pharmacy education will enable pharmacists to play an increasing role in the full range of healthcare settings, in particular primary and community care.

The greater focus on professional judgement, management of risk and diagnostic skills will enable pharmacists to increasingly use their expertise in medicines in ways that will support work such as de-prescribing and prudent healthcare, as well as helping to deliver A Healthier Wales.

In addition, the pharmacist workforce will feel professionally empowered to utilise the skills and competence they have been trained for which will provide enhanced job satisfaction and motivation.

### 1.6.1 Benefits

The Preferred Way Forward should address all the business needs in order to deliver a range of benefits including:

- Cash releasing benefits (CRB): those that can be monetised and include improved economy (i.e. reduction in costs);
- Non-cash releasing benefits (non CRB): those that can be monetised and include improved efficiency (i.e. staff time released to focus on more value-added tasks);
- Quantifiable benefits (QB): those that can be measured but not monetised (i.e. patient experience); and
- Qualitative benefits (Qual): those that cannot be measured or monetised

The table below provides an overview of the main outcomes and benefits arising from achieving the programme objectives.

Benefit	Description	Beneficiary	Type Of Benefit
Strategic alignment	Implementation of IETP standards in Wales	NHS Wales Welsh Government	Quantifiable
Regulatory alignment	Implementation of IETP standards in Wales	NHS Wales GPhC	Quantifiable

Improved Patient Experience	Increase the number of Pharmacists able to adapt to the changing patient care landscape by incorporating clinical training across the whole integrated care	NHS Wales Patient	Quantifiable
Reduction in harm Improved patient outcomes	Support the safe and effective prescribing of medication in domiciliary and managed care setting	NHS Wales Patient	Quantifiable
Improved Patient Experience Improved Patient Outcomes	Incorporate social prescribing where appropriate to meet patient needs	NHS Wales Patient	Quantifiable
Increased job opportunities contributing to Welsh economy	Attract high-calibre trainees into Wales which incentivises learners to stay and work in Wales	Economy	Quantifiable
Improved patient experience	Pharmacists providing enhanced consistent patient care across all sectors of practice from day one	NHS Wales Patient	Quantifiable
Reduced waiting times for medication reviews	All pharmacists can provide medication reviews and prescribe	NHS Wales Patient	Quantifiable

### 1.6.2 Risks

Risk is the possibility of a negative event occurring that adversely impacts on the success of the future service model.

Identifying, mitigating and managing risk is crucial to successful programme delivery. The key risks are likely to be those that mean the programme will not deliver its intended outcomes and benefits within the anticipated timescales and spend.

#### Reputational Risk

Failure by HEIW to safely and effectively manage the implementation of the mandated changes would negatively impact on the reputation of HEIW across Wales and the UK. The impacts would be:

- HEIW would not meet the vision and purpose of the organisation to “Transform the Workforce for a Healthier Wales” integrating and growing expertise in planning, developing, shaping and supporting the NHS Wales workforce-



ensuring we have the right staff, with the right skill, to deliver world-class health and care to the people of Wales.

- HEIW would not achieve the deliverables within HEIW annual plan strategic object 2.5: Support the modernisation of the pharmacy workforce, plan for and implement the Initial education and Training Standards for Pharmacy
- Wales would be disadvantaged across the UK as other devolved nations implemented the mandated changes
- HEIW would not deliver the goals of the Pharmacy: Delivering a Healthier Wales

## Programme Risks

Risk category	Risk
Workforce	Risk to business continuity due to resource within HEIW
Workforce	Risk of capacity of stakeholders to manage the change
Demand	Risk that demand and capacity requirements for training have been under or over-stated
Workforce	Risk of insufficient workforce available to provide high quality training
Workforce	Risk of challenges recruiting designated supervisors and Designated Prescribing Practitioners
Funding and finance	Risk of insufficient funding available to deliver programme
Funding and finance	Risk that programme costs have been understated
Implementation	Risk of HEIW not fulfilling Strategic Objectives and functions
Implementation	Risk of training in Wales sitting outside of HEIW quality management
Implementation	Risk of not complying with regulator in Foundation Year

All identified risks will be robustly managed and mitigated through the programme management plan. See section 5.9

### 1.6.3 Constraints

Constraints relate to the parameters that the programme is working within and any restrictions or factors that might impact on the delivery of the programme. These typically include limits on resources and compliance.

The main constraints that should be considered in developing a solution for the IETP Implementation Programme include:

- Accessibility and availability of training providers
- Available resources within HEIW to manage a 5-year programme of change
- Appropriate financial modelling and resources
- Welsh Government approval
- Timescales for completion of the work.
- Availability of physical spaces to train in Wales
- Removal of the GPhC practice requirements for entry into independent prescribing courses

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### 1.6.4 Dependencies

Dependencies include items that must be in place to enable the project or project phases to run successfully. Typically, these include links to other projects and funding requirements that are likely to be managed elsewhere.

The success of the future service model relies on the following main dependencies:

- Availability of funding
- “Buy in” from all stakeholders at a strategic level
- Availability of training placements and appropriate supervisors
- Sufficient allocation of resources within HEIW

## 2 Economic Case

### 2.1 Introduction

The purpose of the Economic Case is to identify and appraise the options for the delivery of programme and to recommend the option that is most likely to offer best value for money.

### 2.2 Critical Success Factors

Critical success factors (CSFs) are the essential attributes for successfully delivering the programme and are used along with spending objectives to evaluate the options. The CSFs for the programme are crucial, not merely desirable, and not set at a level that could exclude important options at an early stage of identification and appraisal.

- Meeting HEIW and NHS Wales strategic objectives
- Substantial discussion and agreement on the implementation proposals
- Implementation will be highly dependent on securing significant additional funding to increase the clinical learning in practice across all sectors of practice including primary and community care
- Embedding education and training as core principles in practice
- Workforce transformation: supporting and readying employers to make best use of the increased skill set of newly qualified pharmacists to deliver enhanced patient services
- Introduction of a new foundation training year to provide registered, independent prescribing pharmacists at the end of the 5-year period
- Support and deliver increased inter-professional learning and multi-disciplinary team integration
- Increase clinical training capacity across the whole integrated care pathway

- Securing the additional funding necessary to deliver increased training placements for undergraduate students across all care sectors and Wales.
- Close partnership working between universities, HEIW and training sites to ensure consistency of
- Quality, funding and geographical spread for all clinical placements.

## 2.3 Scope

The options related to the project 'scope' are concerned with establishing the service coverage and key service requirements to be included within the programme over a 5-year period. The potential scope analysis outlined provided a basis for developing these options. The evaluation results are provided in the table below.

## 2.4 Long-list Options for IETP Implementation

The following options were considered for the implementation of IETP:

Business As Usual (for comparison): HEIW ensures IETP standards are implemented into their existing Business As Usual processes only

Option 1: HEIW ensures BAU activities are IETP compliant, introducing new programmes to support newly registered pharmacists, establish a steering group to oversee learning outcomes and work closely with HEIs to help support the increase in Experiential Learning placements

Option 2: As option 2 but HEIW provides governance, quality assurance and funding for Experiential Learning, increases the support options for post-registration and practicing pharmacists and developing a competency framework to support pharmacists through their career

Option 3: As option 3 but HEIW take full responsibility for the creation and delivery of all training materials and programmes in-house

## 2.5 Long-list Options against Programme objectives

IETP Implementation Programme Objectives	BAU	Option 1	Option 2	Option 3
Meet HEIW and NHS Wales strategic objectives				
Comply with mandated regulatory requirements				
Embed education and training as core principles in practice				
Ensure the safe transition of learning outcomes across the learning pathway, through MPharm and pre and post-registration				
Provide a framework and transition model to increase experiential learning across the 4 years of MPharm by August 2025				
Ensure the safe implementation of IETP standards into the Multi-Sector Training Programme to deliver IP qualified Pharmacists at registration in August 2026				
Provide an iterative transition model for post-registration foundation training that meets IETP standards leading to IP-qualified Pharmacists on completion				
Ensure all pharmacists in Wales identified (or self-identified) as requiring an IP qualification have been successfully trained to IP standards by August 2026				
Establish a quality assurance framework and operational functions for MPharm experiential learning placements and Foundation multi-sector training in Wales.				
All prescribers in Wales are utilising a standard Competency Framework in their practice by TBC				
Secure appropriate funding to deliver changes to training pathway				

## 2.6 Conclusion of Long-List

The long-list non-financial appraisal against the programme objectives concludes that options 2 and 3 should be carried forward to financial appraisal. All these options meet the programme objectives.

Dimension	Option	Description	Conclusion
BAU (comparison)		<ul style="list-style-type: none"> <li>HEIW provide oversight and governance of changes to Foundation Pharmacy Training in Wales only, iterating the existing HEIW curriculum and training programme as required to ensure compliance with new IETP standards</li> <li>HEIs continue to manage and fund Experiential Learning directly</li> <li>Employers remain solely responsibility for the implementation of IETP and education and upskill of their employees</li> <li>No change to HEIW Business As Usual support currently provided to employers and existing Pharmacist</li> <li>Quality Management covers only Foundation Year training</li> <li>No Competency Framework post-registration</li> </ul>	Discount

Intermediate Option	1	<ul style="list-style-type: none"> <li>• HEIW provide oversight and governance of changes to Foundation Pharmacy Training in Wales, iterating the existing HEIW curriculum and training programme as required to ensure compliance with new IETP standards</li> <li>• HEIW establish steering group to oversee the transition of learning outcomes across the pathway</li> <li>• HEIW enable funding mechanism for Experiential Learning</li> <li>• No change to Business As Usual support provided to employers and existing Pharmacist</li> <li>• HEIW commission Post Reg Foundation Programme</li> <li>• Quality Management covers only Foundation Year training</li> <li>• Iterate Business As Usual support provided to employers and existing Pharmacists to achieve IP for all identified workforce</li> <li>• HEIW develop Competency Framework</li> </ul>	Carry Forward (Do Minimum)
Intermediate Option	2	<ul style="list-style-type: none"> <li>• HEIW provide oversight and governance of changes to Foundation Pharmacy Training in Wales, iterating the existing HEIW curriculum and training programme as required to ensure compliance with new IETP standards</li> <li>• HEIW establish steering group to oversee the transition of learning outcomes across the pathway</li> <li>• HEIW enable and provide fund mechanism for Experiential Learning</li> <li>• Quality Management of all clinical placements in Wales</li> <li>• HEIW commission additional IP modules within Foundation to support transition</li> <li>• HEIW commission Post Registration Foundation education</li> <li>• HEIW Commission Novice IP support programme</li> <li>• Iterate Business As Usual support provided to employers and existing Pharmacists to achieve IP for all identified workforce</li> <li>• HEIW develop Competency Framework</li> </ul>	Carry Forward (Preferred Way Forward)
Do Maximum English Catherine 08/06/2021 08:41:03	3	<ul style="list-style-type: none"> <li>• As Option 3 but all education resources, training programmes and delivery are provided by HEIW team</li> <li>• Recruit sufficient resources into HEIW to manage delivery of Post Registration Foundation, Novice IP and existing work training</li> </ul>	Discount

## 2.7 Short-listed options

Option 3 was discounted as this would require extensive internal HEIW recruitment. This could impact on delivery timescales and reduced flexibility to manage the required change over the forthcoming years. In addition, it is considered that ongoing partnership with HEIs is a benefit to a seamless approach to workforce development during undergraduate, foundation and post registration career pathways maximising the educational skills inherent within universities.

At this time Option 2 is preferred as it is the only option that fully supports the transition of learning outcomes across the entire learning pathway, ensuring consistency of quality training placements whilst meeting both strategic and regulatory objectives.

## 2.8 Estimating Costs

At this time estimated cost are outlined in the Finance Case

## 2.9 Preferred Option

At this time Option 3 is preferred as it is the only options that fully support the transition of learning outcomes across the entire learning pathway, ensured consistency of quality training placements whilst meeting both strategic and regulatory objectives

# 3 Commercial Case

There is a mandatory requirement by the GPhC to implement the changes to the IETP standards by 2026.

It is expected that new investment will be required to implement these changes. Individual Project-specific business cases will highlight the commercial case for any request for investment via the HEIW business case processes.

At this time procurement will be necessary to fulfil the requirements of the Post Registration Foundation Project. This procurement will be outlined in full in the Post Registration Foundation Business Case.

It is anticipated that further procurement could be necessary with Multi-Sector Foundation, Existing Workforce and Competency Framework Projects. Full details of any procurement requirements will be presented in their subsequent business cases if required.

All Procurement, and subsequent Contract Management required will be carried out through a compliant pre-approved framework provided by NHS Wales Shared Services Partnership - Procurement Services.

**Impact on existing contracts:**

HEIW currently has existing commissioning contracts with HEIs across Wales to provide educational post-registration programme.

*Clinical Pharmacy Diploma: Cardiff University*

This contract with Cardiff university will cease in 2023 with a final intake of students in 2022. HEIW will procure a new post-registration foundation programme during 2021, which delivers the new IETP learning outcomes.

The funding model for this training programme will also be revised from 2023 to align with the funding model for the new programme.

*Non Medical Prescribing: Bangor, Glyndwr, Swansea, Cardiff and University of South Wales*

A review of the current HEI providers will be undertaken to identify IP programmes that meet the needs of the Wales pharmacist workforce across all sectors of practice. The review will consider capacity to offer the required numbers, suitable content and hours of learning.

## 4 Financial Case

This section highlights the identified 7 Projects and where new investment is anticipated. An estimate of the anticipated costs and existing funding by Project are highlighted below.

### 4.1 Learning Outcomes

There are no specific funding requirements for this Project.

### 4.2 Experiential Learning

The anticipated costs for the investment in experiential learning for the four-year MPharm degree are based on discussion with NHS Education Scotland (NES). NES

started to introduce funded enhanced experiential learning across the two schools of pharmacy in Scotland in 2018. At the time the Scottish Government provided £3m per year to NES to support increased experiential learning across the whole five-year programme. NES are now revisiting the funding model required to meet the new IETP standards, due to the introduction of independent prescribing into the five-year programme. NES are anticipating that a further increase in volume of experiential learning to meet the new standards will require an increase in funding.

Current estimates to provide experiential learning in Wales are dependent on, but not limited to, the following factors:

- Date of implementation
- Unit costs of providing learning
- Amount of experiential learning required to support the IETP training pathway
- Number of students needing experiential learning
- Provisions for quality management
- Provisions for additional resources needed within HEIW

**Current estimates are between £2.5m - £5.5m per annum**

### 4.3 Multi Sector Foundation

#### (i) Capacity

There is significant short fall in resource within the Foundation team in HEIW to deliver BAU and implement any changes to meet the new IETP standards placing pharmacy training in Wales at significant risk of failure. In addition, the staffing shortfall will prevent resources being made available for IETP projects and ongoing IETP Programme reforms.

**Salary costs – 4 x Band 8A @ £60,356 (Gross) = £241,427 per annum**

These new roles will be funded for 2 years within the existing Foundation budget. Future funding will be agreed following a full review of Project resources which will be undertaken in early 2022.

#### (ii) Independent Prescriber Learning

It is anticipated there will be a need within the Foundation Year to procure external resources to support the requirements of Independent Prescriber learning. At this time this is not expected to be required until August 2023 at the earliest.

**Current estimates of 120 trainees requiring IP module @ £1,500 per module = £180,000 per annum**

It is anticipated that funding for 2023 will be covered within the existing Foundation Year budget. From August 2024 onwards it is possible additional investment may be



required. A full review of requirements will take place in October 2023 with any additional funding requirements highlighted in December 2023.

#### 4.4 Post Registration Foundation

Provide 4 Cohorts of two -year training programme for registered pharmacists exiting the Foundation Year in Wales, starting September 2022 continuing to September 2025.

Additional FTE required: 0.6 FTE Band 8A Programme Lead & 1 FTE Band 4 Administrator

##### **Current estimate of £2.8m per annum**

This will be funded via the Education Commissioning cycle and therefore does not require any new investment.

#### 4.5 Existing Workforce

##### **(i) IP Modules**

Independent Prescriber training for existing pharmacists does not currently require additional resource at this time. Funding for these modules is secured through the HEIW Education Commissioning plan. Any increases in placements required will be addressed through the annual Education Commissioning cycle.

##### **(ii) Novice IP**

At this time is anticipated that Novice IP support will be required from September 2024 (for those exiting our first tranche of post-registration foundation training). Requirements for Novice IP support will be considered early 2023 with recommendations and business case (if needed) submitted to the HEIW Implementation Programme Board in June 2023.

For purposes of estimation it is assumed that all pharmacists exiting the Post Registration Foundation Training will require this support for 12 months. Costs are to be half the full-year Post-Registration Trainings of £2.8m.

##### **Current estimate of £1.4m per annum**

#### 4.6 Quality Management

##### **(i) Foundation Year**

Quality Management within the Foundation Year will commence in August 2021 utilising existing resources within the Foundation Team. As noted in 4.3, there is considerable shortfall of resources within that team that will negatively impact implementation.

## (ii) Experiential Learning

It is anticipated that Quality Management for Experiential Learning will start in August 2023. Requirements for quality management and/or assurance will be defined within the Experiential Learning Business Case in May 2022. The scope of these requirements will influence the resources needed to provide quality management and may require additional staffing. If so, this will be outlined in a staff business case in May 2022.

**No current estimate available**

## (iii) Novice IP

It is anticipated that Quality Management for Novice IPs may be required from September 2024. Requirements for quality management and/or assurance will be defined within the Novice IP Business Case in June 2023. The scope of these requirements could impact the resources needed to provide quality management and may require additional staffing. If so, this will be outlined in a staff business case in June 2023.

**No current estimate available**

## 4.7 Competency Framework

No current requirements for resource. Feasibility, resourcing and funding options (if needed) will be presented to the Implementation Programme Board in December 2021 with a formal proposal and/or Business Case to be submitted May 2022.

**No current estimate available**

## 4.8 Staff & Resources within HEIW

It is proposed that programme and project management support will be required to deliver the IETP Implementation Programme over the next 5 years. This should consist of:

Programme Manager @ Band 8a – reporting to the SRO  
Responsible for the successful delivery of the whole of the proposed change, co-ordination of the programme's projects and management of their inter-dependencies and lead on complex project delivery

Project Manager @ Band 7 – reporting to the Programme Manager  
Responsible for project(s) deliverables on a day-to-day basis and lead on smaller projects

Project Support Officer @ Band 5 – reporting to the Programme Manager

Providing full administrative support to Programme and Project Managers, responsible for maintenance of project documentation, meeting administration and reporting.

**Salary costs estimate of £145,000 per Annum**

Any additional resources needed specifically to support delivery of the IETP Implementation Programme will be dependent on the requirements for Programme, Project and Change Management within HEIW.

#### 4.9 Summary of estimated programme costs

At the time of writing this Financial Case several of the component Project plans are not substantially developed enough to allow accurate financial planning. Those areas of highest concern are highlighted in red.

Projects drawing on existing investment are highlighted in Green. Amber are Projects that will utilise existing funding and any required increases would be agreed during their annual commissioning cycle.

Project	Aug-21	Aug-22	Aug-23	Aug-24	Aug-25	Aug-26	Aug-27	Total
Learning Outcomes	£0	£0	£0	£0	£0	£0	£0	£0
Experiential Learning	£0	£0	£2,330,676	£2,653,740	£2,780,658	£2,808,465	£2,836,271	£13,409,810
Multi Sector Foundation (IP Modules)	£0	£0	£180,000	£0	£0	£0	£0	£180,000
Multi Sector Foundation (IP Modules) - New investment	£0	£0	£0	£181,800	£183,618	£185,454	£187,309	£738,181
Multi Sector Foundation Resource	£154,701	£236,693	£241,427	£102,606	£0	£0	£0	£735,427
Multi Sector Foundation Resource - New investment	£0	£0	£0	£138,821	£246,256	£251,181	£256,204	£892,461
Post Registration Foundation (PRFT) Diploma (E&T Plan)	£2,056,540	£2,126,073	£1,352,007	£207,088	£0	£0	£0	£5,741,708
Post Registration Foundation (PRFT) (E&T Plan)	£0	£578,932	£2,029,190	£2,875,481	£2,916,867	£1,457,580	£0	£9,858,050
Existing Workforce (IP Modules) (E&T Plan)	£0	£642,850	£982,500	£1,232,500	£1,238,825	£0	£0	£4,096,675
Existing Workforce (Novice IP)	£0	£0	£0	£1,437,741	£1,452,118	£1,466,639	£1,466,639	£5,823,137
Quality Management	£0	TBC	TBC	TBC	TBC	TBC	TBC	£0
Competency Framework	£0	TBC	TBC	TBC	TBC	TBC	TBC	£0
Staffing & Resources (Project Manager)	£51,722	£52,756	£53,812	£54,888	£55,986	£57,105	£58,247	£384,516
Staffing & Resources - New investment (Prog Man/PSO)	£92,286	£94,132	£96,014	£97,935	£99,893	£101,891	£103,929	£686,080
<b>Total</b>	<b>£2,355,249</b>	<b>£3,731,436</b>	<b>£7,265,626</b>	<b>£8,982,599</b>	<b>£8,974,220</b>	<b>£6,328,315</b>	<b>£4,908,600</b>	<b>£42,546,045</b>

Summary	Aug-21	Aug-22	Aug-23	Aug-24	Aug-25	Aug-26	Aug-27	Total
Existing	£2,262,963	£2,415,522	£53,812	£54,888	£55,986	£57,105	£58,247	£4,958,523
E&T to be approved	£0	£1,221,782	£4,785,124	£4,417,675	£4,155,692	£1,457,580	£0	£16,037,853
New Investment	£92,286	£94,132	£2,426,690	£4,510,036	£4,762,543	£4,813,630	£4,850,352	£21,549,669

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#### 4.10 Provisional milestones for finance and executive team engagement

Description	Type	Date	Funding needed by
Foundation Team Resource Business Case	Business Case	Apr-21	Immediate
Repurposing of existing budget	Finance	May-21	Immediate
Post-Registration Foundation Business Case	Business Case	May-21	Jul-21 to procure by Dec-21
Quality Management (Foundation Year) go-live	BAU	Aug-21	N/A
Competency Framework Paper	Recommendations	Oct-21	N/A
Competency Framework Business Case (if required)	Business Case	Dec-21	TBC
Foundation Team resource review	Recommendations	Jan-22	N/A
Experiential Learning Paper	Recommendations	Jan-22	N/A
Experiential Learning Pilot Business Case (if required)	Business Case	Feb-22	Jun-22 to commence Aug-22
Experiential Learning full Business Case	Business Case	Nov-22	Apr-23 to commence Aug-23
Novice IP Paper	Recommendations	May-23	
Post-Registration Foundation Tranche 1 go-live	BAU	Sep-22	
Novice IP Business Case (if required)	Business Case	Nov-23	Jun-24

## 5 Management Case

### 5.1 Introduction

This Management Case provides a summary of the arrangements that will be put in place to ensure the successful delivery of the IETP Implementation Programme and its associated projects. To achieve an effective implementation the Programme must manage, co-ordinate and oversee the delivery of all activities and key deliverables over the next 5 years.

The IETP Implementation Programme has a robust governance structure, well defined processes and has identified projects for the delivery of the Programme.

The IETP Implementation Programme requires funding for administration support in order to facilitate the oversight, governance and delivery of the programme.

### 5.2 Programme Scope

The purpose of the IETP Implementation Programme is to plan, design, build and implement reforms within Pharmacy education in Wales and to:

- Ensure the safe transition of learning outcomes across the learning pathway, pre and post-registration
- Provide a framework and transition model to increase experiential learning across the 4 years of MPharm by August 2025
- Ensure the safe implementation of IETP standards into the Multi-Sector Training Programme to deliver IP qualified Pharmacists at registration in August 2026
- Provide an iterative transition model for post-registration foundation training that meets IETP standards leading to IP-qualified Pharmacists on completion
- To ensure all pharmacists in Wales identified (or self-identified) as requiring an IP qualification have been successfully trained to IP standards by August 2026
- Establish a quality assurance framework and operational functions for MPharm experiential learning placements and Foundation multi-sector training in Wales.
- All prescribers in Wales are utilising a standard Competency Framework in their practice by TBC
- Secure appropriate funding to deliver changes to training pathway

The scope of this Programme is limited to Pharmacist education and training in Wales.

### 5.3 Projects Within the Programme

A “Programme” can be defined as a temporary and flexible organisation created to coordinate and oversee the delivery of a set of related Projects and activities in order to deliver related outcomes and benefits.

A “Project” can be defined as a temporary organisation that exists for a shorter duration, which will deliver one or more outputs in accordance with the Programme objectives. In this case, seven Projects form the IETP Implementation Programme.

The IETP Implementation Programme consists for seven Projects each with specific objectives. Successful outputs from each Project are necessary to meet the requirements of IETP.



#### 5.3.1 Project Objectives

##### Learning Outcomes

- Ensure the safe transition of learning outcomes across the learning pathway, both pre and post-registration
- Ensure that all relevant stakeholder groups are aligned and understand the progress and impact of changes across the learning pathway

##### Experiential Learning

- With external stakeholders, describe a framework and transition model to increase experiential learning across the 4 years of MPharm and secure appropriate funding and processes to support its delivery

##### Multi Sector Foundation

- Ensure the safe implementation of IETP standards into the Multi-Sector Training Programme
- Deliver IP qualified Pharmacists at registration in August 2026 and thereafter

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## Post Registration Foundation

- Provide an iterative transition model for post-registration foundation training that meets IETP standards leading to IP-qualified Pharmacists on completion
- Secure appropriate funding to support delivery within the workforce

## Existing Workforce

- Ensure all pharmacists in Wales identified (or self-identified) as requiring an IP qualification have been successfully trained to IP standards by August 2026

## Quality Management

- Establish a quality assurance framework and operational functions for MPharm experiential learning placements and Foundation multi-sector training in Wales

## Competency Framework

- Ensure all registered prescribers in Wales are utilising a standard Competency Framework in their practice

### 5.4 IETP Implementation Programme & Project Roles & Responsibilities

The key individual roles and responsibilities required to support the delivery of the IETP Implementation Programme are set out below.

Role	Name	Responsibility
<b>Programme</b>		
Executive Sponsor	Pushpinder Mangat	Accountable for the success of the Programme and is responsible for enabling the organisation to exploit the new environment resulting from the Programme, meeting the new business needs and delivering new levels of performance, benefit, service delivery and value. The SRO owns the vision for the Programme and provides clear leadership and direction and secures the investment required to set up and run the Programme. The SRO is called upon at times of escalation.
Senior Responsible Owner	Margaret Allan	Responsible for providing the interface between Programme ownership and delivery and is accountable for defining the Programme objectives and ensuring they are met within the agreed time, cost and quality constraints. Act as the link point for stakeholders at a strategic level.
Programme Manager	Christian Favager	Responsible for leading and managing the programme through to the delivery of new capabilities, realisation of benefits and programme closure. Responsible for providing the interface between Programme and delivery of Projects.



Programme Support Officer	TBC	required to support the Programme Manager, supporting aspects of facilitating project delivery: maintaining project documentation, scheduling meeting times and locations, taking meeting minutes and capturing action points
<b>Project</b>		
Project Sponsor	Margaret Allan	Responsible for the overall accountability for the project ensuring that the project delivers the agreed upon business benefits and outcomes
Project Manager	Christian Favager	Responsible for providing leadership to the delivery. Responsible for managing the Project through to the delivery of outputs. Responsible for providing the Programme Board with updates on Project progress.
Project Support Officer	TBC	required to support the Project Manager, supporting aspects of facilitating project delivery: maintaining project documentation, scheduling meeting times and locations, taking meeting minutes and capturing action points
Project Owner (Learning Outcomes)	Laura Doyle	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual
Project Owner (Experiential Learning)	Laura Doyle	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual
Project Owner (Multi Sector Foundation)	Laura Doyle	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual
Project Owner (Post Registration Foundation)	Kathryn Hodgson	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual
Project Owner (Existing Workforce)	Debra Roberts	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual
Project Owner (Quality Management)	Laura Doyle	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual
Project Owner (Competency Framework)	Debra Roberts	Responsible for project business case and ensuring that the project is clearly defined and that project objectives are understood among all project stakeholders. Responsible for completion of project tasks and ownership of outputs on transfer to Business as Usual

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## 5.5 Programme and Project Management (The Methodology)

The Programme will be managed in accordance with 'Managing Successful Programmes', Prince2 and Agile methodologies, suitably adapted for local circumstances in order to meet the needs of this Programme.

The assigned Programme and Project Manager is a qualified Prince2, AgilePM and M\_O\_R practitioner and a full time professional within HEIW.

It is proposed a Project Support Officer within suitable qualifications is recruited to support the Programme Manager with immediate effect.

The IETP Implementation Programme is predicated on the following principles:

- Decisions on the strategic direction and future needs of pharmacy education and patient care are only made after careful consideration
- The views and interests of patients, staff and all stakeholders are fully considered
- Appropriate behaviour with respect to the codes of corporate governance and policy are maintained
- Guidance and good management practice are followed
- Open and regular reporting of Projects progress and performance.

In addition, the IETP Implementation Programme will obtain specialist and professional advice as required during the life cycle of the Programme.

In addition, the IETP Implementation Programme will obtain specialist and professional advice as required during the life cycle of the Programme.

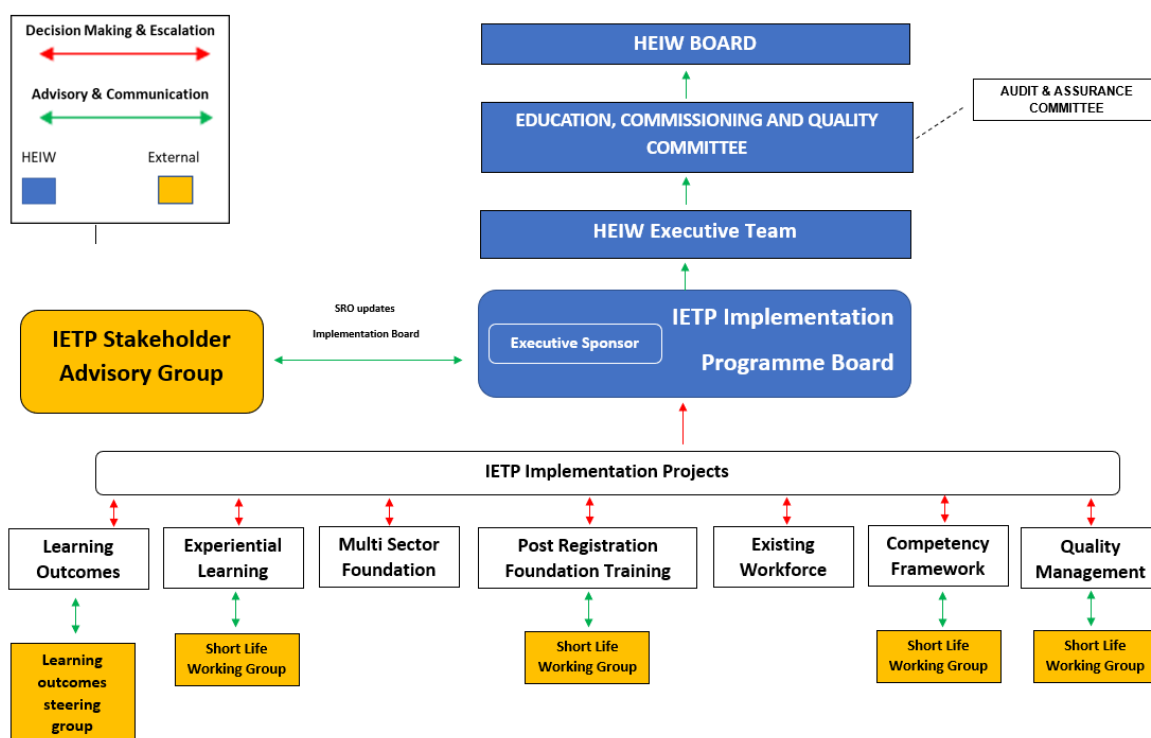
### 5.5.1 Governance Framework

Key to the success of the Programme are the programme governance and management inputs required for the co-ordination of projects and their outputs. This will include reporting progress against plans, approvals and escalations of risks and issues. The governance and management processes have been designed to allow for approvals to occur at the most appropriate level and ensure that appropriate oversight is present at all stages.

The Governance Arrangements are organised over five levels, namely:

- Level 1 – The HEIW Board
- Level 2 – The HEIW Executive Team
- Level 2 – The IETP Implementation Programme Board
- Level 3 – Project Boards (if applicable)
- Level 4 – Project Teams

The Programme structure as set out below ensures clear accountability and also deploys mechanisms to facilitate decision making, escalation, communication and alignment.



Projects will have Workstream Groups (or Short-Life Working Groups) where required and this will be reviewed regularly to ensure they are achieving their aims and objectives, and extended if necessary, to ensure that appropriate stakeholders are always included to successfully facilitate delivery.

The Programme Manager will sit on all Programme, Project and Workstream groups for continuity.

As the IETP Implementation Programme is delivered over the next five years any additional business cases required for new funding will be submitted for approval sequentially via the following route:

- IETP Implementation Programme Board
- HEIW Executive Team
- HEIW Board
- Welsh Government

At each approval stage, review and advice may also be sought from other stakeholders. This is to ensure that Project outputs are directly aligned to the Programme objectives and outcomes.

## 5.6 Programme Review and Assurance

To ensure that robust Programme Governance is achieved, clear governance arrangements are established, and a range of reviews and audits will take place. These fall into the following categories:

- Internal governance arrangements
- Gateway Reviews

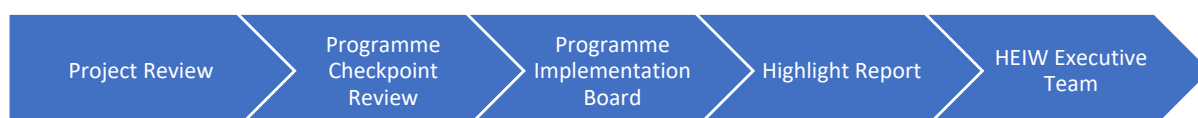
### 5.6.1 Internal Governance Arrangements

An internal governance framework to oversee the IETP Implementation Programme was established in March 2021. Governance through the introduction of the IETP Implementation Programme Board commenced in April 2021.

An external stakeholder advisory group was established in March 2021 with documented links and regular communications made available to key stakeholders throughout NHS Wales service providers.

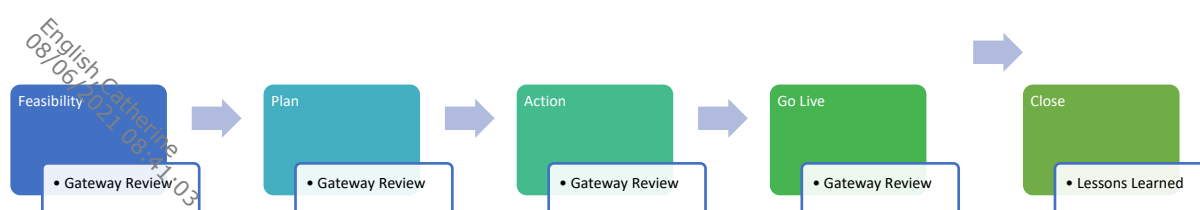
Additional advisory and short-life working groups will be created within each Project, with each Project Owner reporting progress to the Programme Manager on a weekly basis.

A Checkpoint Report will be issued by the Programme Manager on a monthly basis to the IETP Programme Implementation Board providing programme and project status updates, performance against milestones and risk review. Any exceptions, or risks, issues or decisions then requiring escalation to the HEIW Executive Board will be done so via a Highlight Report when necessary



### 5.6.2 Gateway Reviews

Project Reviews are carried out during each stage of delivery before transitioning into the next stage. Typically, a project will undergo all four of these Reviews during its lifecycle – two before commitment to invest (if investment is required), and two looking at implementation and confirmation of the operational benefits. On Close the Programme Manager and Project Team will produced Lessons Learned to provide future project teams with information that can increase effectiveness and efficiency and to build on the experience that has been earned by each completed project



## 5.7 Procurement and Contract Management

Any Procurement, and subsequent Contract Management required will be carried out through a compliant pre-approved framework provided by NHS Wales Shared Services Partnership - Procurement Services.

## 5.8 Programme Plan

At the time of writing this Management Case several of the component Project plans are not substantially developed. As such the Programme Plan will iterate over time and be presented for review during Checkpoint Reviews with the Implementation Programme Board.

The Programme plan below outlines periods of Feasibility and Planning (yellow), Action, Go Live and transition in Business As Usual (Green).

Project	Aug-21	Aug-22	Aug-23	Aug-24	Aug-25	Aug-26	Aug-27
Learning Outcomes						COMPLETE > BAU	
Experiential Learning					COMPLETE > BAU		
Multi-Sector Foundation					COMPLETE >BAU		
Competency Framework				COMPLETE > BAU			
Staffing & Resources		COMPLETE > BAU					
<b>Post-Registration Foundation</b>	<b>Aug-21</b>	<b>Aug-22</b>	<b>Aug-23</b>	<b>Aug-24</b>	<b>Aug-25</b>	<b>Aug-26</b>	<b>Aug-27</b>
PRF Training #1 - 2022/24				CLOSE			
PRF Training #2 - 2023/25					CLOSE		
PRF Training #3 - 2024/26						CLOSE	
PRF Training #4 - 2025/27							CLOSE
<b>Existing Workforce</b>	<b>Aug-21</b>	<b>Aug-22</b>	<b>Aug-23</b>	<b>Aug-24</b>	<b>Aug-25</b>	<b>Aug-26</b>	<b>Aug-27</b>
Existing Workforce (IP)					COMPLETE > BAU		
Novice IP #1 - 2024/25					CLOSE		
Novice IP #2 - 2025/26						CLOSE	
Novice IP #3 - 2026/27							
<b>Quality Management</b>	<b>Aug-21</b>	<b>Aug-22</b>	<b>Aug-23</b>	<b>Aug-24</b>	<b>Aug-25</b>	<b>Aug-26</b>	<b>Aug-27</b>
Multi-Sector		COMPLETE > BAU					
EL Placements					COMPLETE > BAU		

## 5.9 Risk Management

The IETP Implementation Programme will utilise its governance structure and arrangements to ensure the effective management of risk. The governance structures allow for risks to be escalated from Project and Workstream groups, through to the Implementation Programme Board and/or HEIW Executive Team, as appropriate.

Each Project will hold its own risk register and this will be updated dynamically but also formally reviewed on a monthly basis by the Programme Manager.

The risk register will highlight new risks, the movement in existing risks and issues and where appropriate and will recommend the closure of resolved risks or issues.

A comprehensive Programme and Project risk register will be provided within the Checkpoint Report by the Programme Manager for all Implementation Programme Board meetings.

This Report will highlight new risks across the Programme including the Projects and workstreams, the movement in existing risks and issues and recommends the closure of resolved risks or issues.

The IETP Implementation Programme Board, upon receiving a Project risk register (via the Programme Manager), will consider if the mitigating actions are sufficient and if the identified risks are receiving the right level of treatment.

The IETP Implementation Programme Board will consider the escalation of Programme Risks onto the HEIW Corporate Risk Register, as appropriate.

All Risk will be managed in accordance to the HEIW Risk Policy.

Likelihood	Probable	5	10	15	20	25	Escalation to Implementation Programme Board
	Likely	4	8	12	16	20	
	Possible	3	6	9	12	15	
	Unlikely	2	4	6	8	10	
	Rare	1	2	3	4	5	
		Negligible	Minor	Moderate	Major	Critical	Impact

Level	Colour	Score Range
Low		1 - 6
Moderate		7 - 14
High		15 - 25

As mentioned above, Project risk registers will be reviewed monthly by the relevant Project Team and by the IETP Implementation Programme Board on a monthly basis. New risks identified as "Red" on a Project risk Register will be escalated immediately to the Senior Responsible Owner and Implementation Programme Board in accordance with the HEIW Risk Policy

### 5.9.1 Issues









Issues are Risks that have materialised. Similar to risk, each Project will hold an Issues Register and follow the same escalation path discussed above.

## 5.10 Post Implementation and Evaluation Arrangements

Each Project will utilise external evaluation where required to ensure learning and training objectives are been achieved. This evaluation will be costed within the Project Business Case if required.

It is also intended to seek external evaluation for the IETP Implementation Programme as a whole. The proposals for this evaluation will be presented to the Implementation Programme Board when available

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Appendices	
1	<p>Pharmacist Education and Training is changing from 2021</p>  <p>Pharmacy Education is changi</p>
2	<p>Standards for the initial education and training of pharmacists (January 2021)</p>  <p>standards-for-the-i nitial-education-anc</p>
3	<p>Standards for the initial education and training of pharmacists Welsh - January 2021</p>  <p>standards-for-the-i nitial-education-anc</p>
4	<p>A Healthier Wales (gov.wales)</p>  <p>a-healthier-wales-a ction-plan.pdf</p>
5	<p>Strategic Programme for Primary Care.pdf (wales.nhs.uk)</p>  <p>Strategic Programme for Prim</p>
6	<p>Pharmacy: Delivering a Healthier Wales (English)</p>  <p>Pharmacy Vision English.pdf</p>
7	<p>Fferylliaeth: Cyflawni Cymru Iachach</p>  <p>Pharmacy Vision Cymraeg.pdf</p>
8	<p>Workforce strategy for health and social care</p>  <p>Workforce Strategy for Health and Socia</p>

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

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

Dyddiad y Cyfarfod	Gorffennaf 2021	Eitem ar yr Agenda	3.3
Teitl yr Adroddiad	<b>Achos busnes ailddyrannu cronfeydd presennol o fewn Fferylliaeth cyn-cofrestru/sylfaen ar gyfer 2021/22</b>		
Awdur yr Adroddiad	Yr Athro Margaret Allan Christian Favager		
Noddwr yr Adroddiad	Yr Athro Pushpinder Mangat		
Cyflwynwyd gan	Yr Athro Pushpinder Mangat		
Rhyddid Gwybodaeth	Agored		
Diben yr Adroddiad	<p>Ar ôl derbyn cymeradwyaeth Tîm Gweithredol Addysg a Gwella Iechyd Cymru (AaGIC) a chael ei nodi gan y Pwyllgor Comisiynu ac Ansawdd Addysg (ECQC), nod y papur hwn yw rhoi gwybod i'r Bwrdd AaGIC o'r cais i Lywodraeth Cymru i ailddyrannu cronfeydd yn yr achos busnes cyn-cofrestru Fferylliaeth 2019 i sicrhau cynaliadwyedd y rhaglen sylfaen cyn-cofrestru gyda'r Rhaglen Addysg a Hyfforddiant Cychwynnol (IETP) newydd i Fferyllwyr.</p> <p>Caiff y cronfeydd eu hailddyrannu i:</p> <ul style="list-style-type: none"> <li>• Gyflawni'r newidiadau sylweddol i addysg a hyfforddiant cychwynnol fferyllwyr, tra'n parhau â'r busnes fel arfer</li> <li>• Addasu niferoedd hyfforddiant i lefel newydd o 130</li> <li>• Cynyddu nifer y swyddi aml-sector i 100% erbyn 2022 (wedi'i symud ymlaen 12 mis)</li> </ul>		
Materion Allweddol	<ul style="list-style-type: none"> <li>• Dyma'r achos busnes cyntaf y cyfeirir ato yn Achos Amlinellol Strategol IETP Fferylliaeth oedd angen cymeradwyaeth gan Lywodraeth Cymru</li> <li>• Mae niferoedd hyfforddion yn cael eu heffeithio oherwydd yr angen i gynyddu graddfa'r broses o gyflwyno lleoliadau aml-sector yn rhan o'r IETP newydd, a'r angen i gefnogi grantiau hyfforddiant cynyddol</li> <li>• Mae sefydliadau cyflwyno wedi amlygu pryderon o ran capasiti i gefnogi hyfforddiant y niferoedd cynyddol</li> <li>• Mae safleoedd peilot wedi arddangos nad yw'r grant hyfforddiant presennol yn cynnig digon o gyllid i gyflawni'r rhaglen aml-sector ar raddfa gyflymach</li> <li>• Ar hyn o bryd, mae AaGIC yn dibynnu ar ewyllys da sefydliadau cyflwyno</li> </ul>		

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	<ul style="list-style-type: none"> <li>Nid yw adnodd staff AaGIC yn ddigonol i reoli'r newidiadau sylweddol i'r rhaglen sylfaen, tra'n sicrhau cyflawniad diogel busnes fel arfer o fewn yr IETP.</li> <li>Mae Llywodraeth Cymru wedi cytuno i ailddyrannu'r cronfeydd fel y'i nodir uchod</li> </ul>			
<b>Cam Penodol sy'n Ofynnol</b> <b>(✓un yn unig)</b>	<b>Gwybodaeth</b>	<b>Trafod</b>	<b>Sicrwydd</b>	<b>Cymeradwyo</b>
	✓			
<b>Argymhellion</b>	<p>Gofynnir i aelodau:</p> <ul style="list-style-type: none"> <li>Bod y Bwrdd AaGIC yn nodi'r adroddiad ac yn newid y niferoedd hyfforddiant Sylfaen o 160 i 130.</li> </ul>			

# **Ailddyrannu cronfeydd presennol o fewn yr achos busnes sylfaen cyn-cofrestru 2019 ar gyfer 2021/22**

## **1. CYFLWYNIAD**

Mae'r papur hwn yn disgrifio'r cais i ailddyrannu'r cyllid sylfaen cyn-cofrestru a gymeradwywyd yn flaenorol gan Lywodraeth Cymru yn 2019 i sicrhau cynaliadwyedd y rhaglen sylfaen cyn-cofrestru newydd ar gyfer y dair blynedd nesaf. Nid yw'r cynnig hwn yn gofyn am fuddsoddiad newydd.

Bydd ailddyrannu'r cronfeydd a gytunwyd arnynt yn flaenorol yn sicrhau y gall Cymru sefydlu niferoedd hyfforddeion sefydlog a safonau i'n busnes fel arfer newydd, tra'n rheoli'r newidiadau sylweddol i'r safonau addysg a hyfforddiant cychwynnol a nodir yn Achos Amlinellol Strategol (SOC) Addysg a Gwellu Iechyd Cymru (AaGIC).

## **2. CEFNDIR**

### **2.1 Trosolwg o'r cyllid**

Roedd yr achos busnes a gymeradwywyd gan Lywodraeth Cymru yn 2019 yn sicrhau cyllid ar gyfer rhaglen hyfforddiant fferyllwyr sylfaen cyn-cofrestru yng Nghymru hyd at 2023/24 ar sail cynyddu'r lleoliadau bob blwyddyn. Cafodd darpariaeth grant hyfforddiant ac adnodd staff AaGIC eu cynnwys yn yr achos busnes, ond nid oedd gan y costau ar gyfer y llinellau cyllidebol hyn gostiadau presennol ar gyfer rhaglenni addysgol tebyg yng Nghymru na'r DU. Roedd y rhaglen cyn-cofrestru aml-sector yn arloesol ac yn unigryw ledled y DU.

Mae effaith annisgwyl Covid a chyflwyniad cyflymach IETP ym mis Ionawr 2021 wedi rhoi pwysau sylweddol ar y sefydliadau hyfforddiant a staff AaGIC, nas ragwelwyd yn 2019. Nid oedd hi'n debygol y byddai modd cynnal niferoedd hyfforddeion cynyddol a chynyddu swyddi aml-sector i 100% yn 2022 heb gyllid ychwanegol ar gyfer sefydliadau hyfforddiant a staff AaGIC. Yn dilyn trafodaethau gyda Llywodraeth Cymru a'r Prif Grŵp Fferyllwyr (CPG), credir mai cynnal pethau fel ag y maent yw'r uchafswm o ran niferoedd hyfforddiant y gallwn gynnig. Mae hyn yn golygu ein bod yn ceisio 132 o swyddi hyfforddiant yn 2022/23 ar sail capasiti hyfforddiant, ond byddwn ond yn gallu cyflawni hyn yn effeithiol drwy gyllid ychwanegol i'n sefydliadau hyfforddiant a staff AaGIC.

Yna, y cynllun fyddai cynnal lleoliadau ar gyfer y 2 flynedd nesaf ar oddeutu 130 o swyddi i alluogi cyfnod o sefydlogrwydd ac arfarniad. Byddai hyn yn unol â'r tueddiad cenedlaethol o lai o fferyllwyr yn dechrau ar hyfforddiant ledled y DU.

Mae AaGIC wedi cyflawni adolygiad llawn gyda sefydliadau cyflwyno ynghylch y seilwaith sydd ei angen i reoli'n ddiogel y BAU newydd a'r newidiadau sylweddol sydd eu hangen dan yr IETP. Ar yr un pryd, mae AaGIC wedi cynnal adolygiad llawn o'r seilwaith AaGIC sydd ei angen i sicrhau'r safonau ansawdd ar gyfer y rhaglen sylfaen, a sut gall y rhain gael eu cynnal a gweithredu'r newidiadau dan y SOC IETP.

Er mwyn cynnig y sefydlogrwydd angenrheidiol ar gyfer y rhaglen sylfaen, mae'r cyllid wedi cael ei fodelu dros gyfnod o dair blynedd.

Daethpwyd i'r casgliad nad oes cyllid digonol o fewn y gyllideb a gytunwyd yn wreiddiol arni gan Lywodraeth Cymru yn yr achos busnes 2019 i hwyluso'r newidiadau hyn. Mae'r papur hwn yn disgrifio ailddyrannu'r llinellau cyllidebol o fewn yr achos busnes gwreiddiol er mwyn addasu ar gyfer y newidiadau angenrheidiol. Yn flaenorol, mae Prif Swyddog Ffarmacolegol Llywodraeth Cymru wedi cytuno mewn egwyddor i ailddyrannu'r cyllid hyn, ac yn dilyn cyfarfod pellach rhwng AaGIC a Llywodraeth Cymru, mae hyn wedi'i gadarnhau'n ysgrifenedig.

## **2.2 Pris hyfforddiant aml-sector**

Wrth sefydlu a gweithredu'r rhaglenni peilot yn 2020/21, nododd AaGIC bod y grant hyfforddiant o £6,000 fesul hyfforddai yn yr achos busnes gwreiddiol yn annigonol er mwyn cynnal rhaglen aml-sector sy'n cylchdroi, a pha mor gymhleth yw model hyfforddiant fel hyn. Wrth drafod gyda'r safleoedd hyfforddiant peilot, pennwyd bod cost resymol fesul hyfforddai rhwng £10,500 a £11,000. Nid oedd y grant hyfforddiant o £6,000 yn yr achos busnes gwreiddiol yn seiliedig ar unrhyw dystiolaeth feincnodi oherwydd doedd y model arloesol o hyfforddiant aml-sector heb gael ei weithredu yn unman arall yn y DU.

## **2.3 Adnodd Staff AaGIC**

Yn rhan o'r rhaglen weithredu ar gyfer y model hyfforddiant newydd, cynhaliwyd adolygiad llawn o'r adnodd staff AaGIC a gafodd ei nodi yn yr achos busnes gwreiddiol.

Bu i'r adolygiad ym mis Hydref 2020 amlygu nad oedd gan dîm AaGIC ddigon o adnoddau i:

- sicrhau cyflawniad parhaus gweithgareddau BAU a chefnogi'r cynnydd yn nifer yr hyfforddeion sy'n cael eu lleol o fewn ein rhaglen hyfforddiant aml-sector.
- bodloni gofynion rheoli ansawdd ychwanegol y rhaglen er mwyn ateb y galw GPhC.
- Roedd cefnogaeth AaGIC yn hanfodol o ran galluogi darpariaeth diogel ac effeithiol lleoliadau hyfforddiant aml-sector.

Cafodd staff rhan amser presennol eu gwneud yn staff llawn amser ym mis Ionawr 2021 fel mesur dros dro i reoli'r llwyth gwaith.

Fodd bynnag, unwaith eto mae effaith y newidiadau a nodwyd yn SOC AaGIC wedi cynyddu'r llwyth gwaith, oherwydd angen i weithredu 100% swyddi aml-sector ar gyfer 2022, tra'n cynyddu nifer y swyddi aml-sector ar gyfer 2021 a gweithredu'r newidiadau rheoliadol gofynnol i'r rhaglen sylfaen.

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### 3. CYNNIG

Y cynnig yw bod AaGIC yn ailddyrannu cronfeydd presennol sydd eisoes wedi'u sicrhau o fewn achos busnes 2019 er mwyn

- Cynyddu cyllid i sefydliadau cyflwyno a sicrhau lleoliadau hyfforddiant ar gyfer y dyfodol agos.
- Sicrhau swyddi ar secondiad ar ddwy flynedd (gydag adolygiad yn y 12 mis cyntaf) ar gyfer:
  - 3 x Arweinwyr Rhanbarthol Fferylliaeth cyfwerth â llawn amser Band 8a
  - 1 x Arweinydd Addysg Glinigol\* cyfwerth â llawn amser Band 8a

#### 3.1 Cyllid Sefydliadau Cyflwyno

##### 3.1.1 Grant hyfforddeion

Grant hyfforddeion o £9,000 fesul swydd (wedi'i alinio gyda grantiau hyfforddiant GP presennol) er mwyn sicrhau cysondeb ar draws rhaglenni

##### 3.1.2 Cyllid ychwanegol ar gyfer rolau TPD

Er mwyn cydnabod y seilwaith a'r adnoddau ychwanegol sydd eu hangen i ddarparu'r rhaglen aml-sector, y tu hwnt i'r goruchwylwyr penodol, rydym yn cynnig cyllid i amddiffyn amser o fewn sefydliadau cyflwyno i ganolbwyntio ar sicrwydd ansawdd darpariaeth rhaglenni a chefnogaeth hyfforddeion. Ar ôl adolygu rhaglenni meddygol a deintyddol o fewn AaGIC, cynigir y dylai'r rhaglen fferylliaeth sylfaen cyn-cofrestru gynnwys model cyllid cyfarwyddwr rhaglen hyfforddiant i sefydliadau cyflwyno ar sail nifer yr hyfforddeion sydd yno.

Bydd y cyllid arfaethedig yn sicrhau amser a amddiffynnir o fferylllydd band 8a sydd â chyfrifoldeb, yn ôl AaGIC, i gyflawni'r rolau canlynol:

- Darpariaeth rhaglen a chefnogi hyfforddeion
- Sicrhau bod hyfforddeion yn cael eu lleoli mewn amgylchedd addas
- Cefnogi'n weithredol y Goruchwylwyr Dynodedig
- Uwchgyfeirio pryderon i AaGIC
- Sicrhau bod y cwricwlwm yn cael ei gyflawni
- Rheoli adnoddau i gyflawni'r rhaglen (salwch ac ati)
- Amserlennu dysgu
- Cefnogi'r broses o recriwtio ar Raglen MS
- Dyrannu hyfforddeion ar leoliadau
- Adrodd am Reoli Ansawdd
- Cyngor gyrfaoedd i hyfforddeion
- Cefnogi Goruchwylwyr yn ystod adolygiadau ar ddiwedd cylchdro
- Sicrhau bod Goruchwylwyr yn cyflawni safonau QM

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## Model cyllid ar gyfer TPD

Mae'r tabl isod yn dangos pris TPD ar sail fferyllydd band 8a.

Posts (Trainees)	Per Week	£115.36 per 1/2 day
1 (3)	No payment	No payment
2 (6)	1/2 day	£6,000
3 (9)	3/4 day	£9,000
4 (12)	1 day	£12,000
5 (15)	1 1/4 day	£15,000
6 (18)	1 1/2 days	£18,000
7 (21)	1 3/4 days	£21,000
8 (24)	2 days	£24,000

Byddai'r cyllid hwn yn berthnasol ledled pob un o'r tri sector.

### 3.2 Sicrhau secondiadau/swyddi tymor penodol AaGIC am ddwy flynedd:

Mae dadansoddiad llwyth gwaith AaGIC i gynnal BAU a rheoli'r newidiadau IETP o fewn y SOC wedi dangos yr angen i recriwtio 3 x Arweinydd Rhanbarthol Fferyllo Band 8a cyfwerth â llawn amser ac 1 x Arweinydd Addysg Glinigol Band 8a cyfwerth â llawn amser.

Bydd y swyddi hyn yn cael eu recriwtio ar sail secondiadau dwy flynedd neu gontractau tymor penodol gydag adolygiad o fewn 12 mis i sicrhau bod yr adnodd yn bodloni anghenion y rhaglen sylfaen i'r dyfodol a bod unigolion yn cyflawni gofynion y swyddi.

### 3.3 Ffynhonnell y cyllid

Bydd y cynigion hyn yn cael eu rheoli o fewn y gyllideb a gytunwyd o dan achos busnes 2019. Does dim angen gofyn am fuddsoddiad newydd gan Lywodraeth Cymru. Gwnaed cais i Lywodraeth Cymru i gymeradwyo'r broses o ailddyrannu cyllidebau a ddyrannwyd eisoes.

Bu i Cyllid gadarnhau bod y cronfeydd digonol ar gael ar gyfer y dair blynedd nesaf (21/22, 22/23, 23/24) tra'n caniatáu digon o hyblygrwydd ar gyfer cynnydd posibl yn niferoedd hyfforddiant dros yr un cyfnod hyd at uchafswm o 132 heb fod angen unrhyw gyllid ychwanegol.

## 4. MATERION LLYWODRAETHU A RISGIAU

Byddai risg i gyflawniad y rhaglen sylfaen fferyllwyr newydd i Gymru pe na fyddai'r cynnig hwn yn cael ei symud ymlaen, gyda risg hefyd i enw da AaGIC.

- Byddai perthnasoedd gyda darparwyr hyfforddiant yn cael eu heffeithio'n andwyol.

- Roedd hi'n debygol y byddai nifer y lleoliadau hyfforddiant yn lleihau.

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- Byddai oedi o ran gweithredu amserlenni'r SOC IETP.
- Byddai risg o ran cynnal y model aml-sector gyda risg i gyfraddau ymgeisio cryf i'r rhaglen sylfaen yng Nghymru'n deillio o hynny.

## 5. GOBLYGIADAU ARIANNOL

Mae'r gallu i reoli'n effeithiol ein cyllideb bresennol yn hanfodol i sicrhau cyflawniad rhaglenni llwyddiannus, cynnal safonau hyfforddiant a gweithredu'r SOC IETP.

Roedd y cynnig yn gofyn i'r grant hyfforddiant 6K fesul hyfforddai gynyddu i 12K, sydd wedi cael ei dorri i lawr i grant hyfforddiant o 9K a thaliad TPD o 3K.

Roedd anghysondeb ar gyfer 2021/22 ar gyfer cymysgedd o raglenni gwahanol yn cael eu rhedeg (h.y. un sector ac aml-sector)

Ar gyfer 2021/22, bydd taliadau o £250 i raglenni un sector i fynychu hyfforddiant goruchwylwyr ar y deilliannau dysgu dros dro newydd, ac nid yw'r rhaglenni hyn yn gymwys ar gyfer unrhyw grant hyfforddiant.

Ar gyfer 2021/22, bydd practisau meddygon teulu a fferyllfeydd cymunedol sy'n cynnal hyfforddiant aml-sector yn cael eu talu ar gyfer yr hyfforddeion y maent yn eu cefnogi yn 2021/22.

Ar gyfer 2021/22, bydd Byrddau Iechyd yn cael eu talu am eu niferoedd aml-sector 2022/23 i gefnogi'r broses o gynyddu eu seilwaith ar gyfer derbyniad 2022/23.

O 2022/23, bydd pob sector yn derbyn grant hyfforddiant a thaliadau TPD ar gyfer nifer yr hyfforddeion y maen nhw'n eu cefnogi.

Pedwar o swyddi secondiad/tymor penodol dwy flynedd cyfwerth â llawn amser i gael eu recriwtio i AaGIC ar unwaith i sicrhau bod BAU y rhaglen sylfaen newydd a gweithrediad yr IETP yn cael eu rheoli'n ddiogel ac yn bodloni'r safonau gofynnol. Bydd y swyddi dwy flynedd yn cael eu hadolgyu yn ystod y deuddeg mis cyntaf i sicrhau bod gofynion y rhaglen yn cael eu bodloni.

**Gweler Atodiad 1 ar gyfer y model cyllid.** Mae'r cyllid yn nodi y byddai ailddyrannu cronfeydd i gynnig grantiau hyfforddiant gwell a mwy o staff AaGIC yn dal yn gadael gwarged ariannol o fewn y gyllideb i gynyddu niferoedd, pe byddai capasiti ar gael o fewn safleoedd hyfforddiant.

## 6. ARGYMHELLIAD

Bod Bwrdd AaGIC yn nodi'r adroddiad hwn ac yn newid y niferoedd hyfforddiant Sylfaen o 160 i 130.

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Llywodraethu a Sicrwydd			
<b>Cysylltiedig â nodau strategol yr IMTP</b> <i>(rhowch ✓)</i>	<b>Nod Strategol 1:</b> Arwain ar gynllunio, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi cyflawniad 'Cymru Iachach'	<b>Nod Strategol 2:</b> Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	<b>Nod Strategol 3:</b> Gweithio gyda phartneriaid i ddylanwadu newid diwylliant o fewn GIG Cymru drwy adeiladu arweinyddiaeth dosturiol a chapasiti cydweithredol ar bob lefel
	✓	✓	
	<b>Nod Strategol 4:</b> Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	<b>Nod Strategol 5:</b> Bod yn gyflogwr enghreifftiol a lle gwych i weithio ynddo	<b>Nod Strategol 6:</b> Cael ein cydnabod fel partner, dylanwadwr ac arweinydd ardderchog
	✓		
<b>Ansawdd, Diogelwch a Phrofiad y Claf</b> Bydd y gwaith hwn yn cefnogi'r broses o sicrhau hyfforddiant ferylliaeth sylfaen cyn-cofrestru o safon.			
<b>Goblygiadau Ariannol</b> Gweler uchod. Angen ailddyrannu'r cyllid.			
<b>Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</b> Dim			
<b>Goblygiadau Staffio</b> Gweler y cais am staff AaGIC ychwanegol o fewn y cyllid			
<b>Goblygiadau Hirdymor (gan gynnwys effaith y Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</b> Dim			
<b>Hanes yr Adroddiad</b>			
<b>Atodiadau</b>			



Atodiad 1

Pre -Registration Foundation Multi Sector Model 2022-23															
			2021/22			2022/23			2023/24			2024/25			2025/26
	August 2020 Cohort	August 2021 Cohort	Total	August 2021 Cohort	August 2022 Cohort	Total	August 2022 Cohort	August 2023 Cohort	Total	August 2023 Cohort	August 2024 Cohort	Total	August 2023 Cohort	August 2024 Cohort	Total
Total No of Trainees	131	124		124	111		111	126		126	132		132	132	
Training Grants & TPD Payments	£ 34,168	£ 653,167	£ 687,335	£ 326,583	£ 888,000	£1,214,583	£ 444,000	£ 1,008,000	£1,452,000	£ 504,000	£ 1,056,000	£1,560,000	£ 528,000	£ 1,056,000	£1,584,000
DS Training Payment - One off Payment		£ 17,500	£ 17,500		£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
Trainee Salaries	£ 1,355,064	£ 2,565,312	£ 3,920,376	£ 1,295,552	£ 2,319,456	£3,615,008	£ 1,171,272	£ 2,659,104	£3,830,376	£ 1,342,656	£ 2,813,184	£4,155,840	£ 1,420,848	£ 2,841,696	£4,262,544
Trainee Salaries - Provision for Extensions 10 % @average 3 months	£ 100,854		£ 100,854	£ 85,338	£ -	£ 85,338	£ 86,295	£ -	£ 86,295	£ 86,295	£ -	£ 86,295	£ 86,295	£ -	£ 86,295
Travel Provision	£ 8,733	£ 8,267	£ 17,000	£ 8,267	£ 14,800	£ 23,067	£ 7,400	£ 8,400	£ 15,800	£ 8,400	£ 17,600	£ 26,000	£ 8,800	£ 17,600	£ 26,400
Total Trainee Costs	£ 1,498,819	£ 3,244,245	£ 4,743,065	£ 1,715,740	£ 3,222,256	£4,937,996	£ 1,708,967	£ 3,675,504	£5,384,471	£ 1,941,351	£ 3,886,784	£5,828,135	£ 2,043,943	£ 3,915,296	£5,959,239
4 X FTE Regional Leads (8A mid point)		£ 154,701	£ 154,701		£ 236,693	£ 236,693		£ 241,427	£ 241,427	£ 102,606		£ 102,606			£ -
Staff Costs		£ 154,701	£ 154,701	£ -	£ 236,693	£ 236,693	£ -	£ 241,427	£ 241,427	£ 102,606	£ -	£ 102,606	£ -	£ -	£ -
TOTAL Costs			£ 4,897,766			£5,174,689			£5,625,898			£5,930,741			£5,959,239
Cost per Trainee (Grant and TPD)			£ 5,684			£ 10,942			£ 11,524			£ 11,818			£ 12,000
Cost per Trainee (Salary & Travel )			£ 32,566			£ 33,544			£ 31,210			£ 32,334			£ 33,146
Total Cost per Trainee			£ 38,251			£ 44,486			£ 42,734			£ 44,153			£ 45,146
WG Proposed Allocation based on 170 Trainees (2021/22)			£ 6,060,754	WG Proposed Allocation based on 132 Trainees (2022-26)		£5,631,729			£5,866,487			£5,916,471			£5,959,239
Surplus/(Deficit)			£ 1,162,988			£ 457,040			£ 240,589			(£ 14,270)			£ -

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

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

<b>Dyddiad y Cyfarfod</b>	<b>29 Gorffennaf 2021</b>	<b>Eitem ar yr Agenda</b>	<b>3.4</b>
<b>Teitl yr Adroddiad</b>	<b>Cymeradwyo Strategaeth Bioamrywiaeth a Datgarboneiddio AaGIC 2021-24</b>		
<b>Awdur yr Adroddiad</b>	Chris Payne, Cyfarwyddwr Cynorthwyol Gwasanaethau Cynllunio, Perfformiad a Chorfforaethol		
<b>Noddwr yr Adroddiad</b>	Nicola Johnson, Cyfarwyddwr Gwasanaethau Cynllunio, Perfformiad a Chorfforaethol		
<b>Cyflwynwyd gan</b>	Nicola Johnson, Cyfarwyddwr Gwasanaethau Cynllunio, Perfformiad a Chorfforaethol		
<b>Rhyddid Gwybodaeth</b>	Agored		
<b>Diben yr Adroddiad</b>	<p>Nod y papur hwn yw ceisio cymeradwyaeth gan Fwrdd AaGIC ar Strategaeth Bioamrywiaeth a Datgarboneiddio 2021-24 AaGIC yn dilyn ymgysylltu gyda staff fis Mai 2021, a chymeradwyaeth y Tîm Gweithredol ym mis Mehefin 2021.</p> <p>Yn dilyn cymeradwyaeth, bydd y strategaeth yn cael ei chyhoeddi'n fewnol ac yn allanol, a bydd cynlluniaueth manwl ar gyfer pob Maes Gweithredu'n cael eu datblygu.</p>		
<b>Materion Allweddol</b>	<p>Mae Llywodraeth Cymru wedi gosod ei hymrwymiad cyfreithiol i fodloni allyriadau sero net erbyn 2050, ac wedi datgan ei huchelgais i gael sector cyhoeddus carbon niwtral yng Nghymru erbyn 2030. Gyda dim ond degawd i leihau neu arallgyfeirio allyriadau carbon, mae GIG Cymru wedi cyhoeddi ei Gynllun Cyflawni Strategol Datgarboneiddio Cymru Gyfan, a bydd hyn yn berthnasol i bob rhan o GIG Cymru.</p> <p>Mae ein strategaeth yn ymgorffori ein dull o ran y 2 brif agenda;</p> <ol style="list-style-type: none"> <li>1) Datgarboneiddio – yn unol â Chynllun Cyflawni Gweithredol Datgarboneiddio GIG Cymru Gyfan, 2020-2030 - adrodd drwy GIG Cymru i'r Bwrdd Datgarboneiddio dan arweiniad Llywodraeth Cymru</li> <li>2) Bioamrywiaeth – yn unol â dyletswydd Adran 6 Deddf yr Amgylchedd (Cymru) 2016 - adrodd yn uniongyrchol i Lywodraeth Cymru pob tair blynedd.</li> </ol>		

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Cam Penodol sy'n Ofynnol (rhowch ✓ mewn un yn unig)	Gwybodaeth	Trafod	Sicrwydd	Cymeradwyo
				✓
Argymhellion	<p>Gofynnir i aelodau</p> <ul style="list-style-type: none"> <li><b>Gymeradwyo</b> Strategaeth Bioamrywiaeth a Datgarboneiddio 2021-24 AaGIC.</li> </ul>			

## **Cymeradwyo'r Strategaeth Bioamrywiaeth a Datgarboneiddio 2021-24 AaGIC**

### **1. CYFLWYNIAD**

Mae'r papur hwn yn cyflwyno'r Strategaeth Bioamrywiaeth a Datgarboneiddio AaGIC i'r Bwrdd AaGIC er cymeradwyaeth, sy'n galluogi AaGIC i fod â dull cyfrannol wrth gefnogi'r agenda datgarboneiddio sy'n cael ei eirioli gan Lywodraeth Cymru a GIG Cymru.

### **2. CEFNDIR**

Mae AaGIC wedi sefydlu grŵp rhanddeiliaid staff ar gyfer Bioamrywiaeth a Newid Hinsawdd ers mis Mehefin 2020, a chafodd ei lansio'n ffurfiol ym mis Hydref 2020. Prif faes gwaith â ffocws oedd cefnogi datblygiad y strategaeth hon, wedi'i halinio â gofynion Amcan Strategol 5.5 yn y Cynllun Blynyddol 2021-2022.

Yr agendâu sydd wedi'u cynnwys yn y strategaeth hon yw:

- 1) Datgarboneiddio – yn unol â Chynllun Cyflawni Gweithredol Datgarboneiddio GIG Cymru Gyfan, 2020-2030 - adrodd drwy GIG Cymru i'r Bwrdd Datgarboneiddio dan arweiniad Llywodraeth Cymru
- 2) Bioamrywiaeth – yn unol â dyletswydd Adran 6 Deddf yr Amgylchedd (Cymru) 2016 - adrodd yn uniongyrchol i Lywodraeth Cymru pob tair blynedd

Mae Llywodraeth Cymru wedi gosod ei hymrwymiad cyfreithiol i gyflawni allyriadau sero net erbyn 2050, ac wedi datgan ei huchelgais ar gyfer sector cyhoeddus carbon niwtral yng Nghymru erbyn 2030. Gyda dim ond degawd i leihau neu arallgyfeirio allyriadau carbon, mae GIG Cymru wedi cyhoeddi ei Gynllun Cyflawni Strategol Datgarboneiddio Cymru Gyfan 2020-2030, a bydd yn berthnasol i bob agwedd ar GIG Cymru. Golyga hyn fod angen i ni ystyried ffyrdd presennol o weithio ledled pob maes busnes a gwneud newidiadau priodol, yn ogystal ag ymgorffori allbynnau sero carbon neu garbon isel wrth gynllunio gweithgareddau newydd.

Ar yr un pryd, mae ffocws cynyddol ar y niwed sy'n deillio o newid hinsawdd, a'r niwed fydd yn parhau i'n hecosystemau a'n bioamrywiaeth os na fydd rhywbeth yn cael ei wneud i fynd i'r afael â hyn. Mae'r Meysydd Gweithredu hefyd wedi cael eu mapio'n unol ag amcanion a nodir yng Nghynllun Gweithredu ar Adferiad Natur Cymru 2015 (NRAP) a gafodd ei ddiweddarau yn 2020. Mae'r NRAP yn ymgorffori Strategaeth Fioamrywiaeth Cenedlaethol Cymru, a gafodd ei chreu gan Fwrdd Strategaeth Fioamrywiaeth Cymru.

Mae'r ddau agenda'n gysylltiedig iawn â'i gilydd, gan y bydd llai o allyriadau'n rhoi cyfle i'r byd naturiol a bywyd gwyllt ffynnu. Hefyd, mae'n fuddiol i iechyd pobl Cymru, sydd wedi'i alinio â'n hagenda ein hunain ar gyfer staff y GIG ac fel sefydliad sector cyhoeddus. Mae hefyd yn unol â Deddf Llesiant Cenedlaethau'r Dyfodol 2015.

Ef ei bod hi'n angenrheidiol i AaGIC fodloni gofynion ar wahân ar gyfer yr agendâu hyn, gan adrodd ar bob un drwy lwybrau gwahanol, mae Strategaeth Bioamrywiaeth a Datgarboneiddio AaGIC yn cynnwys y ddau agenda, er mwyn manteisio ar y cysylltiadau lle bo'n bosibl.

### 3. CYNNIG

Mae Strategaeth wedi cael ei datblygu sy'n cynnwys Meysydd Gweithredu, ac mae'n cynnwys amcanion hefyd i sicrhau bod AaGIC yn gallu cyflawni newid yn y meysydd fydd yn arwain at yr effaith fwyaf sylweddol, er mwyn canolbwyntio ar reoli adnoddau, a galluogi adrodd priodol ac effeithlon ledled y ddau agenda.

Dyma'r pedwar Maes Gweithredu arfaethedig:

#### *Ymgysylltu â staff a'u cefnogi*

- Sicrhau bod ein staff yn deall gofynion y ddau agenda, y goblygiadau o beidio â gweithredu a'r manteision o ymgysylltu'n llawn gyda'r strategaeth a chynlluniau i'r dyfodol
- Galw ar staff i weithredu a'u cefnogi nhw ar y daith wrth i ni fynd ati gyda'n gilydd fel sefydliad
- Sicrhau bod llywodraethu ar waith a'n bod yn cynnig yr wybodaeth a'r gefnogaeth gywir i alluogi staff i gymryd rhan mor gyflym ac mor rhwydd ag sy'n bosibl.

#### *Caffael yn gynaliadwy*

- Sicrhau bod ein prosesau caffael nwyddau a gwasanaethau gan gyflenwyr a chynnyrch sy'n cael eu rheoli neu eu cynhyrchu'n gynaliadwy, drwy Gaffael GIG a phan fyddwn ni'n gwneud hyn yn uniongyrchol.

#### *Datblygu Tŷ Dysgu a chefnogi ein cymunedau lleol*

- Datblygu ein tiroedd, er eu bod nhw'n fach, i fod yn effeithiol o ran adeiladu gwydnwch bioamrywiaeth, a chael effaith positif ar iechyd a lles ein staff, ymwelwyr a phobl o'n cwrpas
- Adeiladu perthnasoedd yn ein cymunedau lleol a gwneud gwahaniaeth positif i'r amgylchedd i bawb sy'n byw neu'n gweithio yno.

#### *Cynaliadwyedd amgylcheddol*

- Lleihau allyriadau carbon ble bo'n bosibl wrth wneud gwaith presennol ac wrth gynllunio ar gyfer gweithgareddau i'r dyfodol, er mwyn cyfrannu at fodloni'r targedau yng Nghynllun Datgarboneiddio GIG Cymru.

Yn dilyn cymeradwyaeth y strategaeth, dyma'r camau nesaf sydd wedi'u halinio â'n Hamcan Strategol:

- Datblygu a gweithredu cynllun gweithredu 3 blynedd yn unol â'r strategaeth bioamrywiaeth a datgarboneiddio
- Datblygu a gweithredu targedau sefydliadol yn unol â tharged GIG Cymru o fod yn garbon niwtral erbyn 2030
- Galluogi staff i gael cyfle i ymgysylltu er mwyn cynyddu gwybodaeth, dealltwriaeth a gofynion cefnogi o ran cyflawni'r strategaeth hon.

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## 4. MATERION LLYWODRAETHU A RISGIAU

### 4.1 Llywodraethu

Wrth gadarnhau'r strategaeth, cynhaliwyd proses ymgysylltu wnaeth bara mis yn fewnol gyda staff a'r Fforwm Partneriaeth Lleol. Cafodd y strategaeth ei diwygio'n ôl yr angen yn ystod y cyfnod hwn.

Yn dilyn cwblhau'r cyfnod ymgysylltu, cafodd y strategaeth derfynol ei chymeradwyo er mwyn ei hargymell i'r Bwrdd gan y tîm Gweithredol ym mis Mehefin 2021.

### 4.2 Risgiau

Mae hon yn dirwedd sy'n newid yn gyflym, gyda llawer o waith yn mynd rhagddo ac yn cael ei ddatblygu ar lefelau Llywodraeth, sector cyhoeddus, GIG Cymru, Cymru gyfan a sefydliadau unigol. Cynhaliwyd cynhadledd Iechyd Gwyrdd Cymru ar 29 Mehefin 2021 fel Galwad i Weithredu. Mae cyfrifoldebau AaGIC fel sefydliad GIG Cymru yn amlwg yng Nghynllun Cyflawni Strategol Datgarboneiddio Cymru Gyfan 2020-2030. Mae'r Cynllun Cyflawni'n nodi targedau lleihau allyriadau ar gyfer 2025 a 2030 a bron 50 o fentrau o fewn chwe phrif faes gweithredu sef: rheoli carbon; adeiladau; trafnidiaeth; caffael; cynllunio ystâd a defnydd tir; a dull gofal iechyd. Mae'r un cyntaf o'r rhain yn cael eu hadlewyrchu yn ein strategaeth, yn briodol i faint a math ein sefydliad.

Fodd bynnag, mae'n debyg y bydd rôl AaGIC o ran addysg a hyfforddiant ar faterion gwyrdd (ac ymgorffori hyn i'n holl addysg a hyfforddiant gofal iechyd) yn gofyn am drafodaeth bellach dros y flwyddyn i ddod.

Yn ogystal, mae'r strwythurau ar gyfer gweithredu'r strategaetho hon yn cael ei adolygu i sicrhau bod cytbwysedd cywir rhwng sicrwydd cyflawni a pharhau ag ymgysylltu a gweithgareddau staff anffurfiol.

## 5. GOBLYGIADAU ARIANNOL

Does dim goblygiadau ariannol uniongyrchol yn deillio o'r strategaeth hon. Bydd ystyried ymhellach unrhyw fuddsoddi ychwanegol neu fuddion arbedion yn cael ei gynnal yn rhan o ddatblygu'r Cynllun Gweithredu.

## 6. ARGYMHELLION

Gofynnir i Fwrdd AaGIC:

- **Gymeradwyo** Strategaeth Bioamrywiaeth a Datgarboneiddio 2021-24 AaGIC.

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Llywodraethu a Sicrwydd			
<b>Cysylltiedig â nodau strategol yr IMTP</b> (rhowch ✓)	<b>Nod Strategol 1:</b> Arwain ar gynllunio, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi cyflawniad 'Cymru Iachach'	<b>Nod Strategol 2:</b> Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	<b>Nod Strategol 3:</b> Gweithio gyda phartneriaid i ddylanwadu newid diwylliant o fewn GIG Cymru drwy adeiladu arweinyddiaeth dosturiol a chapasiti cydweithredol ar bob lefel
	<b>Nod Strategol 4:</b> Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	<b>Nod Strategol 5:</b> Bod yn gyflogwr enghreifftiol a lle gwyh i weithio ynddo	<b>Nod Strategol 6:</b> Cael ein cydnabod fel partner, dylanwadwr ac arweinydd ardderchog
		✓	
<b>Ansawdd, Diogelwch a Phrofiad y Claf</b>			
Does dim goblygiadau o ran ansawdd, diogelwch a phrofiad y claf.			
<b>Goblygiadau Ariannol</b>			
Does dim goblygiadau ariannol yn deillio'n uniongyrchol o'r ddogfen strategol hon. Bydd angen ystyried ymhellach yn dilyn datblygu'r Cynllun Gweithredu perthnasol.			
<b>Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</b>			
Fel corff cyhoeddus, mae angen i AaGIC gydymffurfio â Deddf yr Amgylchedd (Cymru) 2016, gan gynnwys y ddyletswydd A6 (gwell bioamrywiaeth a gwydnwch ecosystemau).			
Mae Llywodraeth Cymru wedi nodi ei hymrwymiad cyfreithiol i gyflawni allyriadau sero net erbyn 2050 ac wedi datgan ei huchelgais ar gyfer sector cyhoeddus carbon niwtral yng Nghymru erbyn 2030.			
<b>Goblygiadau Staffio</b>			
Does dim goblygiadau staffio penodol yn deillio o'r papur hwn.			
<b>Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</b>			
Mae gan weithrediad AaGIC o ran mynd i'r afael â newid hinsawdd a gwella bioamrywiaeth gysylltiad agos gyda gwaith AaGIC ar les. Yn hynny o beth, bydd mentrau sy'n cael eu cymeradwyo'n ymwneud yn uniongyrchol â 7 targed llesiant y Ddeddf, a'r targed llesiant 'Cymru mwy gwydn'. Bydd y 5 ffordd o weithio'n cael eu hadlewyrchu wrth bennu ymrwymiad parhaus i ddatblygu a gweithredu 'Meysydd Gweithredu' i dacio newid hinsawdd a gwella bioamrywiaeth.			
<b>Hanes yr Adroddiad</b>			
<b>Atodiadau</b>	1. Strategaeth Bioamrywiaeth a Datgarboneiddio Drafft Terfynol		

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# HEIW Biodiversity and Decarbonisation Strategy 2021-2024

## Introduction and guidance for staff

This is the approved HEIW Biodiversity and Decarbonisation Strategy 2021-24.

This strategy has been developed by the Biodiversity and Climate Change Staff Stakeholder Group, with voluntary membership from across the organisation (see Appendix 1) and has been approved by the Executive Team. The strategy takes into account feedback received from staff engagement in May 2021.

This document sets out the strategy for future action and initiatives, to ensure we are able to focus on the 'Areas of Action' that we believe will generate the greatest impact and through which HEIW will be able to deliver effective change and improvement. These will be used to develop a detailed action plan in early 2021-22.

As staff in HEIW, NHS Wales and the public sector in Wales, we are expected to respond to requirements for two distinct agendas across our existing work and in planning future activities:

- 1) Biodiversity – in line with the Environment (Wales) Act 2016 Section 6 duty – reporting directly to Welsh Government every three years (next report due in 2022)
- 2) Decarbonisation – in line with the All Wales NHS Decarbonisation Strategic Delivery Plan 2020-2030 (published 24 March 2021) – reporting likely via NHS Wales (NWSSP) to Welsh Government (Decarbonisation Board) but, at the time of writing (May 2021), yet to be confirmed

HEIW must meet separate requirements for these agendas, but the HEIW Biodiversity and Decarbonisation Strategy encompasses both, to take advantage of obvious and natural links where possible.

As individuals, we may well also be considering our personal contribution and making lifestyle changes to support the wider effort. We hope that this strategy will also help us to take positive steps to change beyond our working lives.

Whatever your situation, as a member of our staff, HEIW is calling you to action.

For further information, to forward comments or ideas, or to get involved with the Staff Stakeholder Group, please refer to the Biodiversity and Climate Change intranet pages:

[Biodiversity and Climate Change \(sharepoint.com\)](#)

Or contact [Justine.Cooper@wales.nhs.uk](mailto:Justine.Cooper@wales.nhs.uk)

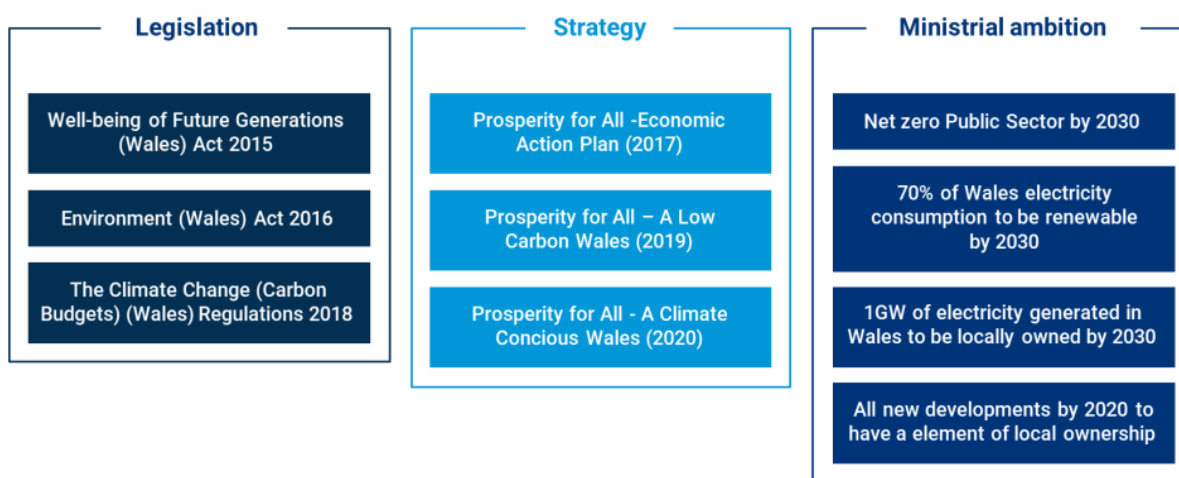
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## Context

The recognition of the impact of climate change on our planet and our health has been building slowly for some time, but the focus on the urgency to address it is relatively recent.

## National Direction

In April 2019, Welsh Government, with the backing of the Senedd, declared a [Climate Emergency for Wales](#). To implement decarbonisation, Welsh Government has put in place binding legislation, strategies, and ambitions to drive carbon reduction activity in Wales. In March 2019 the First Minister for Wales launched Prosperity for All: A Low Carbon Wales. This sets out Welsh Government's plan for decarbonisation in Wales. It also further states the ambition for the public sector to be net zero by 2030, and the specific policy to reduce emissions in the health sector.



The [NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030](#) was published on 24th March 2021 and will guide the work of all NHS organisations to reduce carbon emissions across key areas, including buildings, transport, procurement and approaches to healthcare (which includes an initiative associated with agile working). Our expectations for how this will impact HEIW had already been accounted for in the 2021-24 Plan on a Page for Strategic Objective 5.5, but the published delivery plan will be reviewed in detail now that it is finalised.

Climate change alters temperature and weather patterns, and so it is also impacting on plant and animal life and causing a decline in biodiversity. The Environment (Wales) Act 2016 incorporates the Section 6 duty to maintain and enhance biodiversity and promote the resilience of ecosystems. It is supported by the National Biodiversity Strategy and Action Plan for Wales, produced by the Wales Biodiversity Strategy Board and set out in the [Nature Recovery Action Plan \(NRAP\) for Wales 2015](#).

In 2020, the [NRAP](#) was refreshed:

*“to take into account the growing evidence around the scale of the loss of biodiversity and the changing policy context in Wales. This includes the legislative framework and the Natural Resources Policy, the expected impacts of our exit from the EU, the escalating ecological crisis and the need to respond urgently to that alongside the response to the climate emergency.*

*The coronavirus pandemic of 2020 has placed fresh emphasis on the need to clarify the urgent priorities for biodiversity and a green recovery.”*

The objectives set out in 2015 (see Appendix 2), to which we have mapped our strategy, remain unchanged, but several immediate priorities have been identified for further action. One of these, 'Aligning the responses to the climate emergency with the biodiversity crisis' recognises the importance of the link between climate change and biodiversity. Our strategy reflects this and addresses our intentions for both maintaining and enhancing biodiversity and tackling the effects of climate change via decarbonisation.

### **HEIW Approach**

As a public body, Health Education and Improvement Wales (HEIW) is subject to the requirements of the Environment (Wales) Act 2016 and the Section 6 duty. HEIW is also governed by the Well-being of Future Generations (Wales) Act 2015 and its 7 goals and, in this case, particularly developing 'a resilient Wales'.

We are actively working towards the Welsh Government (WG) ambition for a net zero carbon public sector in Wales by 2030 and will collaborate with NHS Wales colleagues to support the NHS Wales Decarbonisation Strategic Delivery Plan. The WG ambition will be a clear focus for all NHS and all public sector organisations over the coming decade and beyond.

In 2021, HEIW has committed to delivering a programme of changes to reduce its carbon emissions, offset necessary emissions and to maintain and enhance the resilience of biodiversity through the normal business of its functions. Strategic Objective 5.5, 'Implement organisational changes to meet the requirements regarding biodiversity and climate change' sits under the organisation's Strategic Aim 5, 'To be an exemplar employer and a great place to work'.

HEIW's Biodiversity and Decarbonisation Strategy sets out the organisation's high-level aspirations and intentions to meet requirements, to call its staff, stakeholders, partners and suppliers to action, and to make positive changes now to achieve longer-term goals for Wales.

HEIW submitted its first environment report to WG in December 2019. The next report will be published in 2022 and every three years thereafter.

Additional supporting considerations that set the context for this work include:

- The significant impact of COVID-19 on business practices and [green recovery plans](#)
- WG's plan to go [beyond recycling](#) and make the circular economy in Wales a reality where we keep resources in use and avoid waste
- WG's long-term ambition for 30% of the workforce in Wales to be [working remotely](#).

It is hoped that our engagement with and support for staff will encourage and enable all of us to make personal as well as professional choices, should we wish to do so.

This strategy has been formulated in line with HEIW's strategic aims, as well as Wales' well-being goals. It takes into account feedback received from staff at events in February 2020, October 2021 and January 2021, as well as engagement on the strategy specifically in May 2021, as part of our commitment to involve staff and embed thinking across the organisation.

### **Notes**

This strategy is to be read in conjunction with HEIW's Annual Plan IMTP 2021-22 (and subsequent annual plans covering the same period).

## What HEIW has done so far

### Engagement and direction setting

In February 2020, we facilitated an activity at the HEIW Staff Conference which helped to provoke thinking about this important area of work. Soon after, we established an internal stakeholder group with representatives from across the organisation who had an interest in the work of the group (Appendix 1).

Over a period of six months, the group reviewed the legislation and requirements and developed what we have termed our priority 'Areas of Action', with a key goal and objectives for each. We have developed a communications and engagement plan, from which a number of actions have already been achieved, including the official launch of the group and the organisation's Biodiversity and Climate Change intranet pages in October 2020, presentations at staff conferences and events in 2020 and early 2021, and regular blogs from group members. The Biodiversity and Decarbonisation Strategy 2021-2024 was drafted ready for staff engagement in early 2021.

The stakeholder group continues to engage with all staff via staff events and the intranet, ensuring that staff are aware of the work being undertaken and future plans, as well as creating opportunities for all staff to contribute to the discussion and become more involved if they would like to do so. At the time of writing, the most recent staff event took place on 25<sup>th</sup> January 2021, where staff were asked to post their ideas for how HEIW could help them to deliver a reduction in carbon emissions.

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#### ***Top themes from the HEIW staff event on 25<sup>th</sup> January 2021:***

*Continued home/remote and flexible working and reduced travel associated with work, aligned to an agile working policy*

*More and faster charging points for electric vehicles in the carpark*

*More recycling options in Ty Dysgu, including allowing staff to bring more of their recycling from home to be recycled via work*

*More plants in the grounds of Ty Dysgu and in the office*

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The stakeholder group will consider these as part of its wider work to develop a detailed action plan in line with this strategy.

### Being proactive

Since its inception in October 2018, HEIW has continued to make improvements to its custom-fitted offices in Ty Dysgu.

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*Since October 2018, HEIW has:*

*Installed [LED lighting and motion sensors](#) indoors and out*

*Implemented a [recycling scheme](#) to deal with our most commonly used recyclables, including food, plastics, batteries, and toner cartridges*

*[Monitored waste and how much is recycled](#) via reports from our disposal partners*

*Started using [100% green energy](#), via work with our partners, NWSSP*

*[Increased the allowance via the Cycle to Work scheme](#) to £2500 to support staff to make more sustainable transport choices*

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The COVID-19 pandemic has forced us to consider and adopt new ways of working that, over the period of a year and ongoing, have become embedded in our practices and in the delivery of our services. These have had an immediate and positive impact on reducing our carbon emissions. For HEIW, these are in the areas where we believe we can continue to make a difference by keeping emissions low, such as reduced travel, by staff and others with whom we work or to whom we provide services, a reduction in our use of consumables and in printing, and delivery of more services virtually. We have already begun to consider the benefits of these new ways of working and we are committed to adopting these on a permanent basis where they meet business needs at the same time as reducing carbon emissions and helping to maintain and enhance biodiversity.

Our Biodiversity and Decarbonisation Strategy for 2021-24 is now in place and we are developing detailed plans for each of our 'Areas of Action' (see pages 7-10) in early 2021-22. These will enable HEIW to take the next steps to challenge our organisation to think and behave differently in order to prepare for a more sustainable future for us all.

### **What we are going to do in 2021-24**

Through our four 'Areas of Action' (see pages 7-10), HEIW will support:

1. the [Section 6 duty on biodiversity in the Environment \(Wales\) Act 2016](#);
2. the Nature Recovery Action Plan (NRAP) 2015 objectives (Appendix 2); and
3. the [NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030](#) initiatives and targets.

We have determined these Areas of Action as priorities for:

- ensuring our success in supporting the NRAP objectives; and
- implementing a programme of incremental targets to reduce our carbon emissions in line with the NHS Decarbonisation Plan (as we move towards a net zero carbon position across the public sector in Wales).

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***HEIW Areas of Action:***

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

The Areas of Action are set out in more detail in the following pages. They form the framework for a more detailed set of actions to support the NRAP objectives and the NHS Wales decarbonisation initiatives and targets and to achieve our ambitions.

Our detailed action plans will be developed in 2021. We will report internally against our action plans. We will report externally to Welsh Government against the NRAP objectives and the NHS Wales decarbonisation initiatives and targets.

# Our Areas of Action

## Area of Action 1: Engaging and supporting our staff

### What we mean by this:

This is our first area of action because it is critical to the delivery of this strategy. Our staff will generate ideas, lead and drive through initiatives, and support and make changes. For us all to be able to achieve what is required, we need to share and provide access to expert and reliable information, guidance and support. We need to be engaging on the topic and model the kind of behaviour we would like to see at all levels of the organisation.

### Our goal: To raise awareness and engage internally and externally on an ongoing basis

### Our objectives:

1. Engage with staff on development of this strategy and on future plans and initiatives
2. Engage with and support staff to implement and adopt new and transformative initiatives
3. Embed biodiversity and decarbonisation in the delivery of our strategic plans
4. Collaborate across internal and external networks to develop initiatives that bring wider benefits
5. Celebrate our successes internally and externally

### Our intentions:

- We will embed an emphasis into the development of our strategic plans on reducing and offsetting carbon emissions, driven by the Welsh Government aim for a net zero carbon public sector in Wales by 2030, the NHS Decarbonisation Strategic Delivery Plan 2020-2030 and the Well-being of Future Generations Act 2015. We will embed a similar emphasis on maintaining and enhancing biodiversity and promoting the resilience of ecosystems, in line with the Section 6 duty in the Environment (Wales) Act 2016 and the Well-being of Future Generations Act 2015.
- We will work to reduce carbon emissions organisation wide and so, to help our staff help us achieve reductions, a key area of focus for us is to raise awareness and engage internally and externally on an ongoing basis, including the application of an agile working policy.
- We will implement an appropriate framework of governance, and support for delivery, including staff development, signposting to information and tools, and opportunities for staff involvement in projects and initiatives. These will ensure we are able to embed thinking and action within our organisation, and further support individuals to gain knowledge and understanding so that they are able to consider and make changes both at work and in their personal lives, if they choose to do so.
- We will measure engagement internally and externally via intranet, website and social media views, likes and comments related to specific pages, blogs and posts. We will continue to engage with staff and ask for direct feedback at staff conferences and events and via calls to action, as well as running regular polls to take quick readings of current engagement levels. We will monitor interest and engagement in specific activities and initiatives when we develop and implement our detailed action plan, and we will continue to communicate and celebrate our successes with all our stakeholders.

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## Area of Action 2: Sustainable Procurement

### **What we mean by this:**

We want to be able to ensure that HEIW is only procuring goods and services that are sustainably managed or produced and we want to be able to influence this internally and externally, as far as is possible.

### **Our goal: To undertake sustainable procurement of goods and services**

### **Our objectives:**

1. Ensure the supplies we use internally in Ty Dysgu and externally for work purposes are from sustainable sources
2. Reduce the amount of printing we undertake for work purposes on and off site
3. Improve/expand our existing recycling scheme
4. Ensure procurement of products and services is sustainable by liaising with NHS Procurement and understanding the requirements of the framework
5. Consider opportunities to procure goods that are biodegradable/made from re-used/recycled materials

### **Our intentions:**

- Within the NHS Wales procurement systems, we will ensure that the supplies we use in Ty Dysgu are from sustainable sources and are environmentally friendly, including paper and products being used by our contractors, such as cleaning products and paint.
- We will monitor and, where possible, improve our recycling scheme.
- We will work with NHS Wales Shared Services Partnership (NWSSP) Procurement to understand the requirements in place for suppliers on the NHS Procurement Framework and to consider other opportunities to procure goods that are made from re-used or recycled materials.
- We will set targets for the reduction of printing at Ty Dysgu and will consider options for how we might also ensure supplies of paper that we use external to Ty Dysgu are from sustainable sources.

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## Area of Action 3: Developing Ty Dysgu and supporting our local communities

### **What we mean by this:**

When we talk about developing Ty Dysgu in relation to biodiversity, we mean the grounds and internal offices of the building. This also relates to Area of Action 4 and environmental sustainability in terms of the carbon efficiency of the building.

Supporting our local communities is about building relationships and making a positive difference to the environment for everyone who works or lives there. This links naturally to the health and wellbeing of our own staff and our national remit for the health and wellbeing of the NHS Wales workforce.

### **Our goal: To increase the resilience of our natural environment at Ty Dysgu and through collaboration with our local communities**

### **Our objectives:**

1. Develop the small area on site at Ty Dysgu, considering opportunities to enhance biodiversity
2. Investigate opportunities to get involved in community projects in our local areas
3. Consider effective ongoing use of Ty Dysgu by us and by others

### **Our intentions:**

- We will seek advice from charities and wildlife organisations to help us to determine the best use of the small area we have available. We will consider options for planting and encouraging wildlife, such as birds, bees, butterflies and insects, and we will seek to improve our immediate environment for health and wellbeing purposes, for our staff and for others who visit our premises.
- We will investigate opportunities to get involved in community projects in our local areas by developing links with our communities, both local to Ty Dysgu and to our homes. These might be projects that we lead, or ones that we decide to sponsor, either directly via the HEIW budget, or through fundraising efforts. We will investigate more formal arrangements for staff volunteering to provide support for local projects or events and will seek opportunities to contribute to mitigation of the effects of climate change, such as flooding. We will link projects to our local and national remits for health and wellbeing of our staff and the NHS Wales workforce and look for opportunities to share good practice or collaborate with other NHS Wales organisations.
- Within NHS Wales procurement frameworks, we will ensure contractors are using environmentally friendly products and continue to monitor the use of Ty Dysgu by our staff and by others to determine best use of our facilities.

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## Area of Action 4: Environmental sustainability

### **What we mean by this:**

This Area of Action is directly related to reducing carbon emissions where we can, in our existing work and in planning for future activities, to play our part in achieving the targets in the NHS Wales Decarbonisation Plan, in line with the Welsh Government ambition for a net zero carbon public sector in Wales by 2030.

### **Our goal: To reduce HEIW's carbon footprint**

### **Our objectives:**

1. Monitor our carbon footprint and take appropriate action that will have the greatest impact on reducing it
2. Promote existing schemes and new initiatives that we develop
3. Set targets in line with Welsh Government/NHS targets and our organisational aspiration and report performance regularly via existing mechanisms
4. Collaborate with networks across NHS Wales, other public sector organisations and in our local communities to share and develop knowledge, understanding and best practice

### **Our intentions:**

- We will respond to the Welsh Government Energy Support (WGES) report 2020, by engaging WGES to undertake detailed feasibility studies for solar panels and improvements to our heating and cooling system. We will consider a range of initiatives to reduce carbon emissions and to support staff to make the necessary changes at work and at home, such as more and faster electric vehicle charging points, in line with the NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030.
- We will ensure we are collaborating with NHS colleagues and others to implement the initiatives and actions outlined in the NHS Wales Decarbonisation Plan, to build our knowledge and understanding, and to consider any appropriate new or proposed means for reducing carbon emissions.
- We will develop targets to help us reduce our carbon emissions incrementally between 2021 and 2030, and beyond. We will develop Key Performance Indicators (KPIs) to measure our progress and report regularly internally and quarterly via organisational performance reporting.

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## Appendix 1: Biodiversity and Climate Change Staff Stakeholder Group membership

Member	Title	Directorate
Ben Baker (Project Support)	Project Support Officer	Planning, Performance and Corporate Services
Beckie Chandler (currently on maternity leave)	Workforce Strategy and Planning Officer	Workforce and OD
Justine Cooper (Chair)	Planning and Performance Business Partner	Planning, Performance and Corporate Services
Georgia Croft	Receptionist and Administrative Assistant	Executive Support
Sion Ford	Careers and Widening Access Officer	Workforce and OD
Liz Hargest	Education Development Manager	Nursing
Jo Hendry	Digital Support Officer	Digital
Lauren Howells (Administrative Support)	Administrative Assistant, Planning, Performance and Corporate Services	Planning, Performance and Corporate Services
Rachel Mooney	Programme Lead (National Endoscopy Training)	Nursing
Sian Parker Hornsey	RSU Manager (Revalidation and Quality) Revalidation Support Unit	Medical
Claire Smith	Workforce Programme Manager	Workforce and OD
Rebecca Vincent (Communications Support)	Senior Communications Officer	Workforce and OD

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**Appendix 2: HEIW's Areas of Action mapped against the Nature Recovery Action Plan 2015 (NRAP) objectives**

		HEIW Areas of Action			
NRAP Objectives		Engaging and supporting our staff	Sustainable procurement	Developing Ty Dysgu and supporting our local communities	Environmental sustainability
1	Engage and support participation and understanding to embed biodiversity throughout decision making at all levels				
2	Safeguard species and habitats of principal importance and improve their management				
3	Increase the resilience of our natural environment by restoring degraded habitats and habitat creation				
4	Tackle key pressures on species and habitats				
5	Improve our evidence, understanding and monitoring				
6	Put in place a framework of governance and support for delivery				

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## References

- [Environment \(Wales\) Act 2016](#)
- *Making Space for Nature*, Public Health Wales, December 2019
- *NHS Wales and the Biodiversity Duty*, [Health & Sustainability Hub, Public Health Wales](#) (with support from Natural Resources Wales)
- [NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030](#), NHS Wales/The Carbon Trust, March 2021
- [The Nature Recovery Plan for Wales 2015, Setting the course for 2020 and beyond: Our Strategy for Nature, 2015 \(NRAP 2015\)](#), Wales Biodiversity Strategy Board [members represent both land and sea managers, Natural Resources Wales, the environmental third sector, local authorities, Wales Biodiversity Partnership and Welsh Government]
- [The Nature Recovery Action Plan for Wales 2020-21 \(NRAP 2020-21\)](#)
- Wales Biodiversity Partnership, [www.biodiversitywales.org.uk](http://www.biodiversitywales.org.uk)
- [Well-being of Future Generations \(Wales\) Act 2015](#)

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

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

<b>Dyddiad y Cyfarfod</b>	<b>29 Gorffennaf 2021</b>	<b>Eitem ar yr Agenda</b>	<b>4.1</b>
<b>Teitl yr Adroddiad</b>	Adroddiad y Cyfarwyddwr Cyllid		
<b>Awdur yr Adroddiad</b>	Rhiannon Beckett		
<b>Noddwr yr Adroddiad</b>	Eifion Williams		
<b>Cyflwynwyd gan</b>	Eifion Williams		
<b>Rhyddid Gwybodaeth</b>	Agored		
<b>Diben yr Adroddiad</b>	Cyflwyno adroddiad i Fwrdd AaGIC ar y sefyllfa ariannol ar gyfer Mehefin 2021 (Mis 3).		
<b>Materion Allweddol</b>	Mae gan AaGIC ddyletswydd statudol i adennill ar ddiwedd y flwyddyn, a dylai'r adroddiad hwn gynorthwyo'r Bwrdd, Swyddogion Gweithredol a Deiliaid Cyllidebau i ddeall y sefyllfa ariannol a nodwyd ar gyfer Mis 3 blwyddyn ariannol 2021-22 a'r camau sydd eu hangen i falansu ar ddiwedd y flwyddyn.		
<b>Cam Penodol sy'n Ofynnol</b> (✓ <i>un yn unig</i> )	<b>Gwybodaeth</b>	<b>Trafod</b>	<b>Sicrwydd</b>
	✓		
<b>Argymhellion</b>	Gofynnir i'r Bwrdd: <ul style="list-style-type: none"> <li><b>nodi'r</b> sefyllfa ariannol a nodwyd yn ystod mis 3, a'r rhesymau cyffredinol dros yr amrywiadau allweddol i'r gyllideb.</li> </ul>		

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# Adroddiad y Cyfarwyddwr Cyllid

## 1. CYFLWYNIAD

Mae'r adroddiad hwn yn nodi'r sefyllfa ariannol fel ag yr oedd ar ddiwedd mis Mehefin 2021, wedi'i hadrodd yn erbyn cyllidebau wedi'u diweddarau. Mae'r cyllidebau dirprwyedig yn deillio o Gynllun Adnoddau 2021/22. Mae'r cynllun hwn yn dod o Gynllun Blynnyddol 2021-22 a gymeradwywyd gan Fwrdd AaGIC a'r llythyr dyrannu adnoddau a dderbyniwyd gan Lywodraeth Cymru. Y sefyllfa ariannol AaGIC a nodwyd yn ystod Mis 3 yw tanwariant o £214,693, a chafodd y sefyllfa hyn ei hadrodd i Lywodraeth Cymru yn unol â gofynion monitro adenillion.

## 2. CEFNDIR

Mae'r adroddiad hwn yn darparu diweddariad ar sefyllfa ariannol ar gyfer y cyfnod hyd at 30 Mehefin 2021, ac mae'r adroddiad yn nodi'r rhesymau dros unrhyw amrywiaeth ariannol yn erbyn y cyllidebau a nodwyd. Mae diweddariadau i gynllun ariannol y flwyddyn bresennol wedi cael eu trafod gyda'r tîm Gweithredol a'r Bwrdd yn rhan o'r Cynllun Adnoddau ac wedi cael eu hadlewyrchu ers mis 2. Mae'r rhain yn cynnwys ail-ddosraniad cyllid i falansu ymrwymadau'r cynllun ariannol. Byddwn yn parhau â'r ymarferion 'Manwl' bob chwarter, a bydd y tîm Gweithredol yn cael gwybod am unrhyw gyfleoedd nad ydynt yn ailadrodd all godi eu pennau.

## 3. CYNNIG

Gofynnir i'r Bwrdd nodi'r sefyllfa ariannol a adroddwyd gan AaGIC erbyn Mis 3 ac ystyried yr eglurhad cryno dros yr amrywiaethau allweddol a nodir ar gyfer pob Cyfarwyddiaeth.

## 4. MATERION LLYWODRAETHU A RISGIAU

Mae gan AaGIC ddyletswydd ariannol statudol i adennill ar ddiwedd y flwyddyn a bydd Llywodraeth Cymru'n monitro'r sefyllfa a adroddwyd amdani o ran y ddyletswydd hon, a hefyd yn erbyn cynllun ariannol y flwyddyn bresennol o fewn Cynllun Blynnyddol 2021-22.

## 5. GOBLYGIADAU ARIANNOL

### 5.1 Sefyllfa Ariannol Refeniw fel ag yr oedd ym Mis 3

Mae AaGIC yn adrodd tanwariant o £214,693 yn erbyn cyllidebau wedi'u proffilio fel ag yr oedd ar 30 Mehefin 2021. Mae'r sefyllfa gorwario yn y cyllidebau Cyflog oherwydd gofynion i ail-alinio cyllidebau er mwyn balansu'r cynllun ariannol. Mae'r cynllun ariannol yn cynnwys dyraniadau a ragwelir gan Lywodraeth Cymru fel sydd wedi'u nodi yn y Cynllun Adnoddau, gyda chyfanswm o £3.174m sydd wedi cael eu cytuno mewn egwyddor ond heb eu derbyn eto, ac mae gwaith yn mynd rhagddo i sicrhau'r adnodd hwn yn ystod y flwyddyn ar gyfer AaGIC.

Mae'r tanwariant mewn cyllidebau nad ydynt yn ymwneud â chyflogau o ganlyniad i lai o hyfforddiant wyneb yn wyneb a gweithgareddau addysg oherwydd cyfyngiadau'r

cyfnod clo COVID-19, a fydd hefyd yn amodol ar ail-alinio i falansu'r cynllun ariannol. Mae'r tanwariant ar gyllidebau Comisiynu o ganlyniad i dan-recriwtio hyfforddeion i raglenni Fferylliaeth, hyfforddiant Sylfaen Deintyddol a graddau hyfforddiant Meddygol, yn erbyn gorwariant bychan o fewn hyfforddiant meddygon teulu o ganlyniad i gyflogau wedi'u hamddiffyn.

Bydd y sefyllfa mis 3 yn cael ei hadrodd i Lywodraeth Cymru ar ddiwrnod 5 a drwy'r dychweliad monitro fydd yn cael ei gyflwyno ar ddiwrnod 9 yn unol ag amserlen adrodd WHC. Mae'r Adroddiad Monitro a gyflwynwyd yn rhan o Atodiad 2.

Mae'r tabl isod yn dangos yr amrywiaeth lefel uchel ar gyllidebau dirprwyedig y Cyfarwyddwyr Gweithredol.



**As at 30th June 2021**

	Year to Date			Previous Month	
	Budget	Actual	Variance	Variance to Date	Movement
	£	£	£	£	£
<b>INCOME:</b>					
Welsh Government	(58,830,994)	(58,830,994)	0	0	0
Other Income	(137,690)	(122,771)	14,919	9,324	5,595
<b>Total Income</b>	<b>(58,968,684)</b>	<b>(58,953,765)</b>	<b>14,919</b>	<b>9,324</b>	<b>5,595</b>
<b>Expenditure</b>					
Board & Executive	532,658	508,768	(23,890)	(27,266)	3,376
Finance	261,436	249,909	(11,527)	(8,239)	(3,288)
Planning, Performance and Corporate Services	429,694	405,041	(24,653)	(17,936)	(6,717)
Digital and IT	1,319,698	1,307,343	(12,355)	(1,509)	(10,847)
Medical & Pharmacy	29,110,474	28,930,256	(180,218)	(144,104)	(36,114)
Nursing	26,535,559	26,585,088	49,529	26,287	23,242
Human Resources and Organisation Development	779,165	752,667	(26,498)	(33,060)	6,563
<b>Sub-Total Expenditure</b>	<b>58,968,684</b>	<b>58,739,072</b>	<b>(229,612)</b>	<b>(205,828)</b>	<b>(23,785)</b>
<b>Total</b>			<b>(214,693)</b>	<b>(196,504)</b>	<b>(18,189)</b>

Mae'r tabl isod yn cynnwys manylion pellach am amrywiaeth ariannol yn ôl categorï gwariant.

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
	£	£	£	£	£
<b>Directorate</b>					
Board and Executive		(19,068)	(4,821)		(23,890)
Chief Executive Reserve			0		0
Finance		(8,944)	(2,583)		(11,527)
Planning, Performance and Corporate Services		(8,225)	(16,428)		(24,653)
Digital and IT		(22,707)	10,351		(12,355)
Medical & Pharmacy	14,919	(64,382)	(66,307)	(49,530)	(165,299)
Nursing	0	(541)	(5,415)	55,484	49,529
Human Resources and Organisation Development		(38,448)	11,950		(26,498)
<b>Total</b>	<b>14,919</b>	<b>(162,314)</b>	<b>(73,252)</b>	<b>5,954</b>	<b>(214,693)</b>



Mae'r dadansoddiad sy'n rhan o Atodiad 1 yn cynnwys y prif resymau dros danwariant yn ôl Cyfarwyddiaeth. Y prif resymau dros amrywiadau i danwariant yw swyddi gwag yn erbyn lefelau staffio wedi'u cyllidebau ar gyfer Cyllidebau Cyflog, costau is o ran gweithgareddau cefnogi addysg a hyfforddiant a chostau teithio yn rhan o gyllidebau nad ydynt yn rhai cyflog.

Disgwylir y bydd AaGIC yn llwyddo i sicrhau ei fod yn cyflawni sefyllfa ariannol wedi'i balansu ar ddiwedd y flwyddyn.

## 5.2 Cyllid Comisiynu

Dylid nodi bod cyllidebau Comisiynu ar sail y garfan myfyrwyr presennol yn y system, a nifer y myfyrwyr wedi'i chomisiynu ar gyfer 21/22.

## 5.3 Gwariant Cyfalaf

Mae gan AaGIC ddyraniad cyfalaf o £100k ar gyfer 2021/22.

Cafodd archeb ar gyfer offer TG gwerth £15K ei gyflwyno ym mis Mehefin, ond nid yw wedi dod i law eto. Mae cynigion pellach o ran ddefnyddio'r cyllid yn 2021/22 yn cael eu paratoi ar y cyd â thimau perthnasol ledled AaGIC.

Mae cyfarfod gyda Llywodraeth Cymru wedi cael ei drefnu ar gyfer 19 Gorffennaf er mwyn trafod rhaglen gyfalaf AaGIC.

## 5.4 Mantolen

Dyma'r fantolen fel ag yr oedd ar 30 Mehefin 2021:

	<b>2021/22 Balans Cychwynnol £000s</b>	<b>30 Mehefin 2021 £000s</b>	<b>Symudiad £000s</b>
<b>Asedau nad ydynt yn gyfredol:</b>			
Asedau Sefydlog	2,179	2,050	(129)
<b>Asedau Cyfredol:</b>			
Masnach a symiau derbyniadwy eraill	1,293	1,662	369
Arian parod a banc	6,148	7,435	1,287
<b>Cyfanswm Asedau</b>	<b>9,620</b>	<b>11,147</b>	<b>1,527</b>
<b>Rhwymedigaethau:</b>			
Masnach a symiau derbyniadwy eraill	(7,337)	(12,481)	(5,144)
Darpariaethau	(7)	(7)	0
<b>Cyfanswm Rhwymedigaethau</b>	<b>(7,344)</b>	<b>(12,488)</b>	<b>(5,144)</b>

	<b>2,276</b>	<b>(1,341)</b>	<b>(3,617)</b>
Ariannwyd gan:			
Cronfa Gyffredinol	2,276	(1,341)	(3,617)
<b>Cyfanswm Cyllid</b>	<b>2,276</b>	<b>(1,341)</b>	<b>(3,617)</b>

- Mae'r symudiad o ran asedau nad ydynt yn rhai cyfredol yn adlewyrchu dibrisiad yn ystod 2021/22.
- Fel ag yr oeddent ar 30 Mehefin 2021, mae Masnach a Symiau Derbyniadwy Eraill yn £1.7m. Mae hyn yn cynnwys anfonebau ar gyfer £0.9m i brifysgolion yn dilyn cytuno ar niferoedd hyfforddeion.
- Cyfanswm masnach a symiau derbyniadwy eraill yw £12.5m fel ag yr oedd ar 30 Mehefin. Mae'r prif falansau'n cynnwys:
  - £6.8m mewn perthynas â sefydliadau eraill GIG Cymru. Mae £2.1m ar gyfer taliadau Hyfforddeion GP i NWSSP nad ydynt yn cael eu hanfondebu nes diwedd y mis.
  - £5.3m i gredydwy'r nad ydynt yn rhai GIG. Mae'r rhain yn bennaf yn daliadau i Brifysgolion sydd heb eu hanfondebu eto.
  - £0.5m ynghylch cronladau cyfrifo technegol, megis darpariaeth gwylliau blynyddol a'r cyfrif cydraddoli rhent.

Y sefyllfa arian parod ar ddiwedd mis 3 oedd £7.4m.

## 5.5 Polisi Taliadau'r Sector Cyhoeddus

Disgwylir i bob corff y GIG fodloni Polisi Taliadau'r Sector Cyhoeddus, sy'n gofyn i bob sefydliad y GIG dalu 95% o bob anfoneb nad yw'n ymwneud â'r GIG o fewn 30 diwrnod. Ar gyfer y cyfnod rhwng Ebrill a Mehefin 2021, talodd AaGIC 99.3% o anfonebau o'r fath, a 97.8% o anfonebau'n ymwneud â'r GIG o fewn 30 diwrnod. Mae'r dadansoddiad fel a ganlyn:

### Anfonebau nad ydynt yn rhai GIG

Mis	Yn ôl rhif			Yn ôl gwerth		
	Nifer wedi pasio	Nifer wedi methu	% wedi pasio	Gwerth wedi pasio £	Gwerth wedi methu £	% wedi pasio
Ebrill	291	4	98.6	6,952,151	3,096	99.96
Mai	522	2	99.6	8,785,299	2,641	99.97
Mehefin	327	2	99.4	8,202,880	4,515	99.94
<b>Cyfanswm Ch1</b>	<b>1,140</b>	<b>8</b>	<b>99.3</b>	<b>23,940,330</b>	<b>10,252</b>	<b>99.96</b>

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## Anfonebau'r GIG

Mis	Yn ôl rhif			Yn ôl gwerth		
	Nifer wedi pasio	Nifer wedi methu	% wedi pasio	Gwerth wedi pasio £	Gwerth wedi methu £	% wedi pasio
Ebrill	236	0	100.0	7,197,535	0	100.00
Mai	90	6	93.8	9,214,895	70,109	99.24
Mehefin	79	3	96.3	5,948,534	46,929	99.22
<b>Cyfanswm Ch1</b>	<b>405</b>	<b>9</b>	<b>97.8</b>	<b>22,360,964</b>	<b>117,038</b>	<b>99.48</b>

## 6. ARGYMHELLIAD

Gofynnir i'r Bwrdd nodi:

- y sefyllfa ariannol a adroddwyd ar gyfer AaGIC ym mis 3
- yr eglurhad cryno ar gyfer yr amrywiadau allweddol yn ôl Cyfarwyddiaeth
- y dyraniad Cyfalaf
- sefyllfa'r Fantolen

Llywodraethu a Sicrwydd			
<b>Cysylltiedig â nodau strategol yr IMTP</b> (rhowch ✓)	<b>Nod Strategol 1:</b> Arwain ar gynllunio, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi cyflawniad 'Cymru Iachach'	<b>Nod Strategol 2:</b> Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	<b>Nod Strategol 3:</b> Gweithio gyda phartneriaid i ddylanwadu newid diwylliant o fewn GIG Cymru drwy adeiladu arweinyddiaeth dosturiol a chapasiti cydweithredol ar bob lefel
	<b>Nod Strategol 4:</b> Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	<b>Nod Strategol 5:</b> Bod yn gyflogwr enghreifftiol a lle gwyh i weithio ynddo	<b>Nod Strategol 6:</b> Cael ein cydnabod fel partner, dylanwadrwr ac arweinydd ardderchog
<b>Ansawdd, Diogelwch a Phrofiad y Claf</b>			
Does dim goblygiadau o ran Ansawdd, Diogelwch a Phrofiad y Claf			
<b>Goblygiadau Ariannol</b>			
Mae'r goblygiadau ariannol wedi'u nodi uchod yn yr adroddiad.			
<b>Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</b>			
Mae gan AaGIC ddyletswydd statudol i adennill ar ddiwedd y flwyddyn. Mae'r adroddiad yn nodi'r sefyllfa ariannol ar gyfer Mehefin 2021. Does dim goblygiadau cydraddoldeb ac amrywiaeth yn deillio o'r adroddiad.			
<b>Goblygiadau Staffio</b>			
Does dim goblygiadau staffio.			

<b>Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</b>	
Mae'r adroddiad yn disgrifio'n fras sut mae AaGIC yn ceisio mabwysiadu dull cynaliadwy o ran rheolaeth ariannol, fydd yn galluogi AaGIC i fodloni ei amcanion hirdymor.	
<b>Hanes yr Adroddiad</b>	Mae'r adroddiad yn cyfeirio at y diweddariad cyllid blaenorol, ac yn ei ddiweddarau, a gafodd ei rannu gyda Bwrdd AaGIC ym mis Mehefin 2021.
<b>Atodiadau</b>	Nodir manylion pellach yn Atodiad 1 a 2

## REPORT OF THE DIRECTOR OF FINANCE

The following analysis of the key underspends, by Directorate, is provided below: -

### 1. Board and Executives

- Budgets have now been realigned to balance the financial plan resulting in an underspend of £19,068 as a result of vacancies in the Welsh translation team a vacant receptionist post.
- A small overspend on Non-Pay of £4,821 is due to lower than budgeted travel, catering, room hire and training expenses as a result of the Covid-19 pandemic and lockdown.

### 2. Finance.

- The pay budgets show a small underspend of £8,944 due to vacancies at band 3 and 5, the band 5 vacancy is currently covered by an agency member of staff.
- There is a favourable variance of £2,583 in Non-Pay that is predominantly related to lower than anticipated travel and subsistence costs and lower than budgeted bank charges.

### 3. Planning, Performance and Corporate Services

- The Pay budgets are underspent at month 3 by £8,225, 2 wte vacant posts are filled by agency staff and an internal secondment. One vacant post is at interview stage.
- There is an underspend of £16,428 against non-pay budgets as a result of savings in utilities costs and other variable costs associated with Ty Dysgu as a result of the home working model.

### 4. Digital and IT

- There is an underspend against the pay budgets set of £22,707 as a result of spend on agency staff to support 5 vacancies offset in part by agency backfill.
- There is an overspend against non-pay budgets of £10,351 due to an increase in Microsoft EA licence numbers above plan offset in part by

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reduced travel as a result of the COVID-19 pandemic and rephasing of software licence/network costs.

## 5. Medical and Pharmacy

- There is an adverse variance of £14,919 against the other income target as a result of lower than anticipated income from revalidation and CPD courses for Dentists and GPs.
- The underspend on pay of £64,382 is as a result of a number of administration and clerical vacancies across a range of teams which are partly offset by agency costs.
- Non-pay budgets are underspent by £66,307 as a result of reduced training expenses, travel and other costs as a result of the pandemic.
- Commissioning budgets are underspent by £49,530 year to date. The underspend is predominantly due to under-recruitment to training grade posts £40,056 £78,135 of underspend in Pharmacy budgets. There is also an underspend in GP Induction and Returners of £16,531. These underspends are offset by an overspend on GP training of £99,462 as a result of further extensions and protected salaries.

## 6. Nursing

- The Pay budgets broke even as at month 3.
- Non-Pay budgets are mainly provided for Commissioning expenditure on education and training contracts, student salary and bursary costs along with disability payments, training, travel and subsistence and expenses..
- It should be noted that the Commissioning budget is based on the existing student cohort in the system and the commissioned student numbers for 21/22. An overspend position is reported at month 3 of £55,484 and is related to higher than budgeted DSA and student salary costs combined with a catch up of travel and subsistence costs as placement activity increases.
- The other non-pay budgets are related to travel and subsistence and other expenses of the Nursing team which are of minimal value and an underspend of £5,415 is reported in month 3 predominantly due to reduced travel costs and a credit note in respect of 20/21 expenditure.

## 7. Human Resources and Organisation Development

- There are 7 wte vacancies within the core budgets of the Directorate contributing to the £38,448 underspend in month 3. Two vacancies have now been filled and a further vacancy is out to advert. Two vacancies are being covered by agency staff and a fixed term contract has been put in place to cover another.

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- A Non-Pay overspend variance of £11,950 as a result of organisational development and leadership spend that it is our assumption will be funded by additional allocation from WG offset by the ongoing impact of Covid-19 restrictions on travel.

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Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	215	0



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Table A - Movement of Opening Financial Plan to Forecast Outturn

Period : Jun 21

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-31,045	0	-31,045	-31,045
3 Planned Expenditure For Covid-19 (Negative Value)	0	0		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	31,045	0	31,045	31,045
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	0	0		
6 Planned Provider Income (Positive Value)	0	0		
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	0	0	0	0
9 Planned (Finalised) Net Income Generation	0	0	0	0
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	0	0		
14 <b>Opening IMTP / Annual Operating Plan</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
22 Additional In Year Identified Savings - Forecast	0	0	0	0
23 Variance to Planned RRL & Other Income	0	0		
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	0	0		
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	0	0		
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0		
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29 In Year Accountancy Gains (Positive Value)	0	0	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 <b>Forecast Outturn (- Deficit / + Surplus)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1													0	0
2	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-2,587	-7,761	-31,045
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	2,587	7,761	31,045
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6														0
7												0	0	0
8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10														0
11														0
12														0
13														0
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16														0
17														0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23														0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25														0
26	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	91	106	18	46	36	40	-82	-56	-65	-63	-56	-15	215	0
31														0
32														0
33														0
34														0
35														0
36														0
37														0
38														0
39														0
40	<b>91</b>	<b>106</b>	<b>18</b>	<b>46</b>	<b>36</b>	<b>40</b>	<b>-82</b>	<b>-56</b>	<b>-65</b>	<b>-63</b>	<b>-56</b>	<b>-15</b>	<b>215</b>	<b>0</b>

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Table A1 - Underlying Position

This table needs completing monthly from Month: 1

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Section A - By Spend Area		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Pay - Administrative, Clerical & Board Members				0		0
2	Pay - Medical & Dental				0		0
3	Pay - Nursing & Midwifery Registered				0		0
4	Pay - Prof Scientific & Technical				0		0
5	Pay - Additional Clinical Services				0		0
6	Pay - Allied Health Professionals				0		0
7	Pay - Healthcare Scientists				0		0
8	Pay - Estates & Ancillary				0		0
9	Pay - Students				0		0
10	Non Pay - Supplies and services - clinical				0		0
11	Non Pay - Supplies and services - general				0		0
12	Non Pay - Consultancy Services				0		0
13	Non Pay - Establishment				0		0
14	Non Pay - Transport				0		0
15	Non Pay - Premises				0		0
16	Non Pay - External Contractors				0		0
17	Health Care Provided by other Orgs – Welsh LHBs				0		0
18	Health Care Provided by other Orgs – Welsh Trusts				0		0
19	Health Care Provided by other Orgs – WHSSC				0		0
20	Health Care Provided by other Orgs – English				0		0
21	Health Care Provided by other Orgs – Private / Other				0		0
22	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Section B - By Directorate		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Primary Care				0		0
2	Mental Health				0		0
3	Continuing HealthCare				0		0
4	Commissioned Services				0		0
5	Scheduled Care				0		0
6	Unscheduled Care				0		0
7	Children & Women's				0		0
8	Community Services				0		0
9	Specialised Services				0		0
10	Executive / Corporate Areas				0		0
11	Support Services (inc. Estates & Facilities)				0		0
12	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	0	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	0	
38	Best Case Outturn Scenario	0	

Table B - Monthly Positions

YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

Period : Jun 21

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A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	19,965	20,087	18,779	20,350	24,270	25,380	23,150	22,110	24,480	23,420	23,000	29,367	58,831	274,358
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast													0	0
4	WHSSC Income	Actual/F'cast													0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast													0	0
6	Other Income	Actual/F'cast	55	48	20	27	41	41	59	43	43	43	43	43	123	506
7	Income Total		20,020	20,135	18,799	20,377	24,311	25,421	23,209	22,153	24,523	23,463	23,043	29,410	58,954	274,864
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	1,491	1,490	1,560	1,590	1,619	1,627	1,623	1,624	1,624	1,625	1,625	2,050	4,541	19,548
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	899	854	975	1,185	1,094	1,508	1,103	1,137	1,543	1,125	1,156	5,056	2,728	17,635
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast	17,496	17,642	16,203	17,512	21,519	22,203	20,522	19,405	21,378	20,733	20,274	22,275	51,341	237,162
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast													0	0
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	43	43	43	44	43	43	43	43	43	43	44	44	129	519
23	AME Donated Depreciation/Impairments	Actual/F'cast													0	0
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
26	Cost - Total	Actual/F'cast	19,929	20,029	18,781	20,331	24,275	25,381	23,291	22,209	24,588	23,526	23,099	29,425	58,739	274,864
27	Net surplus/ (deficit)	Actual/F'cast	91	106	18	46	36	40	(82)	(56)	(65)	(63)	(56)	(15)	215	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)		£'000
28 . Actual YTD surplus/ (deficit)		215
29. Actual YTD surplus/ (deficit) last month		197
30. Current month actual surplus/ (deficit)		18
		Trend
31. Average monthly surplus/ (deficit) YTD		72
32. YTD /remaining months		24

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		377
34. Year to Date Trend Scenario		860

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C. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
	DEL														
35	Baseline Provider Depreciation	Actual/Fcast	43	43	43	44	43	43	43	43	43	44	44	129	519
36	Strategic Depreciation	Actual/Fcast												0	0
37	Accelerated Depreciation	Actual/Fcast												0	0
38	Impairments	Actual/Fcast												0	0
39	Other (Specify in Narrative)	Actual/Fcast												0	0
40	Total		43	43	43	44	43	43	43	43	43	44	44	129	519
	AME														
41	Donated Asset Depreciation	Actual/Fcast												0	0
42	Impairments	Actual/Fcast												0	0
43	Other (Specify in Narrative)	Actual/Fcast												0	0
44	Total		0	0	0	0	0	0	0	0	0	0	0	0	0

D. Accountancy Gains

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
45	Accountancy Gains	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Committed Reserves & Contingencies

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.														
46	Forecast Only													0	0
47	Forecast Only													0	0
48	Forecast Only													0	0
49	Forecast Only													0	0
50	Forecast Only													0	0
51	Forecast Only													0	0
52	Forecast Only													0	0
53	Forecast Only													0	0
54	Forecast Only													0	0
55	Forecast Only													0	0
56	Forecast Only													0	0
57	Forecast Only													0	0
58	Forecast Only													0	0
59	Forecast Only													0	0
60	Forecast Only													0	0
61	Forecast Only													0	0
62	Forecast Only													0	0
63	Forecast Only													0	0
64	Forecast Only													0	0
65	Forecast Only													0	0
66	Forecast Only													0	0
67	Forecast Only													0	0
68	Forecast Only													0	0
69	Forecast Only													0	0
70	Forecast Only													0	0
71	Forecast Only													0	0
72	Forecast Only													0	0
73	Forecast Only													0	0
74	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Phasing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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Period : Jun 21

This Table is currently showing 0 errors

YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	898	917	925	987	1,016	1,011	1,007	1,008	1,008	1,009	1,009	1,260	2,740	12,055
2	Medical & Dental	440	437	442	445	445	445	445	445	445	445	445	619	1,319	5,498
3	Nursing & Midwifery Registered	21	21	30	28	28	28	28	28	28	28	28	28	72	324
4	Prof Scientific & Technical	110	93	141	107	107	120	120	120	120	120	120	117	344	1,395
5	Additional Clinical Services	9	10	10	11	11	11	11	11	11	11	11	12	29	129
6	Allied Health Professionals	12	12	12	12	12	12	12	12	12	12	12	14	36	146
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL PAY EXPENDITURE	1,490	1,490	1,560	1,590	1,619	1,627	1,623	1,624	1,624	1,625	1,625	2,050	4,540	19,547
Analysis of Pay Expenditure															
11	LHB Provided Services - Pay	1,491	1,490	1,560	1,590	1,619	1,627	1,623	1,624	1,624	1,625	1,625	2,050	4,541	19,548
12	Other Services (incl. Primary Care) - Pay													0	0
13	Total - Pay	1,491	1,490	1,560	1,590	1,619	1,627	1,623	1,624	1,624	1,625	1,625	2,050	4,541	19,548
B - Agency / Locum (premium) Expenditure		0	0	0	0	0	0	0	0	0	0	0	0		
- Analysed by Type of Staff		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	32	35	33	35	35	35	35	30	30	30	30	30	100	390
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered													0	0
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services													0	0
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	32	35	33	35	35	35	35	30	30	30	30	30	100	390
11	Agency/Locum (premium) % of pay	2.1%	2.3%	2.1%	2.2%	2.2%	2.2%	2.2%	1.8%	1.8%	1.8%	1.8%	1.5%	2.2%	2.0%
C - Agency / Locum (premium) Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
- Analysed by Reason for Using Agency/Locum (premium)		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	32	35	33	35	35	35	35	30	30	30	30	30	100	390
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) – inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)													0	0
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Agency Service													0	0
11	WCL													0	0
12	Exclusion (Suspension)													0	0
13	COVID-19													0	0
14	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	32	35	33	35	35	35	35	30	30	30	30	30	100	390
		0	0	0	0	0	0	0	0	0	0	0	0		

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

	1	2	3	4	5	6	7	8	9	10	11	12		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
A1	Enter as positive values													
1	Testing (Additional costs due to C19) enter as positive values - actual/forecast													
2	Provider Pay (Establishment, Temp & Agency)													
3	Administrative, Clerical & Board Members												0	0
4	Medical & Dental												0	0
5	Nursing & Midwifery Registered												0	0
6	Prof Scientific & Technical												0	0
7	Additional Clinical Services												0	0
8	Allied Health Professionals												0	0
9	Healthcare Scientists												0	0
10	Estates & Ancillary												0	0
11	Students												0	0
12	Sub total Testing Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Primary Care Contractor (excluding drugs)												0	0
14	Primary Care - Drugs												0	0
15	Secondary Care - Drugs												0	0
16	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7												0	0
17	Healthcare Services Provided by Other NHS Bodies												0	0
18	Non Healthcare Services Provided by Other NHS Bodies												0	0
19	Continuing Care and Funded Nursing Care												0	0
20	Other Private & Voluntary Sector												0	0
21	Joint Financing and Other (includes Local Authority)												0	0
22	Other (only use with WG agreement & state SoCNE/I line ref)												0	0
23													0	0
24													0	0
25													0	0
26	Sub total Testing Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
27	TOTAL TESTING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0
28	PLANNED TESTING EXPENDITURE (In Opening Plan)												0	0
29	MOVEMENT FROM OPENING PLANNED TESTING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0
A2	Tracing (Additional costs due to C19) enter as positive values - actual/forecast													
30	Provider Pay (Establishment, Temp & Agency)													
31	Administrative, Clerical & Board Members												0	0
32	Medical & Dental												0	0
33	Nursing & Midwifery Registered												0	0
34	Prof Scientific & Technical												0	0
35	Additional Clinical Services												0	0
36	Allied Health Professionals												0	0
37	Healthcare Scientists												0	0
38	Estates & Ancillary												0	0
39	Students												0	0
40	Sub total Tracing Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
41	Primary Care Contractor (excluding drugs)												0	0
42	Primary Care - Drugs												0	0
43	Secondary Care - Drugs												0	0
44	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7												0	0
45	Healthcare Services Provided by Other NHS Bodies												0	0
46	Non Healthcare Services Provided by Other NHS Bodies												0	0
47	Continuing Care and Funded Nursing Care												0	0
48	Other Private & Voluntary Sector												0	0
49	Joint Financing and Other (includes Local Authority)												0	0
50	Other (only use with WG agreement & state SoCNE/I line ref)												0	0
51													0	0
52													0	0
53													0	0
54	Sub total Tracing Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0
55	TOTAL TRACING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0
56	PLANNED TRACING EXPENDITURE (In Opening Plan)												0	0
57	MOVEMENT FROM OPENING PLANNED TRACING EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0





133	Other Private & Voluntary Sector																0	0
134	Joint Financing and Other (includes Local Authority)																0	0
135	Joint Financing and Other - (Compensation for Consequential Losses)																0	0
136	Other (only use with WG agreement & state SoCNE/I line ref)																0	0
137																	0	0
138																	0	0
139																	0	0
140	Sub total Field Hospital / Surge Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
141	TOTAL FIELD HOSPITAL / SURGE EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
142	PLANNED FIELD HOSPITAL / SURGE EXPENDITURE (In Opening Plan)																0	0
143	MOVEMENT FROM OPENING PLANNED FIELD HOSPITAL / SURGE EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A6	Cleaning Standards (Additional costs due to C19) enter as positive value - actual/forecast																	
144	Provider Pay (Establishment, Temp & Agency)																	
145	Administrative, Clerical & Board Members																0	0
146	Medical & Dental																0	0
147	Nursing & Midwifery Registered																0	0
148	Prof Scientific & Technical																0	0
149	Additional Clinical Services																0	0
150	Allied Health Professionals																0	0
151	Healthcare Scientists																0	0
152	Estates & Ancillary																0	0
153	Students																0	0
154	Sub total Cleaning Standards Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
155	Primary Care Contractor (excluding drugs)																0	0
156	Primary Care - Drugs																0	0
157	Secondary Care - Drugs																0	0
158	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7																0	0
159	Healthcare Services Provided by Other NHS Bodies																0	0
160	Non Healthcare Services Provided by Other NHS Bodies																0	0
161	Continuing Care and Funded Nursing Care																0	0
162	Other Private & Voluntary Sector																0	0
163	Joint Financing and Other (includes Local Authority)																0	0
164	Other (only use with WG agreement & state SoCNE/I line ref)																0	0
165																	0	0
166																	0	0
167																	0	0
168	Sub total Cleaning Standards Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
169	TOTAL CLEANING STANDARDS EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
170	PLANNED CLEANING STANDARDS EXPENDITURE (In Opening Plan)																0	0
171	MOVEMENT FROM OPENING PLANNED CLEANING STANDARDS EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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B - In Year Non Delivery of Savings / Net Income Generation Schemes Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Positive values</i>														
213	Non Delivery of Savings (due to C19) - Actual/Forecast													0	0
214	Non Delivery of Finalised (M1) Savings													0	0
215	Non finalisation of Planning Assumptions (savings) at M1													0	0
216	Non Delivery of Finalised (M1) Net Income Generation Schemes - Actual/Forecast													0	0
217	<b>TOTAL NON DELIVERY OF SAVINGS/NET INCOME GENERATION DUE TO COVID</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0

C - In Year Operational Expenditure Cost Reduction Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Negative values</i>														
218	<b>Expenditure Reductions (due to C19) - Actual/Forecast</b>													0	0
219	Reduction of non pay costs due to reduced elective activity													0	0
220	Reduction of outsourcing costs due to reduced planned activity													0	0
221	WHSSC C-19 Slippage (as advised by WHSSC)													0	0
222	Other (please specify):													0	0
223														0	0
224														0	0
225														0	0
226														0	0
227														0	0
228	<b>TOTAL EXPENDITURE REDUCTION</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

D - In Year Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Negative values</i>														
229	<b>Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19) - Actual/Forecast</b>													0	0
230														0	0
231														0	0
232														0	0
233														0	0
234														0	0
235														0	0
236														0	0
237														0	0
238														0	0
239	<b>TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
240	<b>ACTUAL / FORECAST - EXPENDITURE IMPACT DUE TO COVID-19</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E - Additional Welsh Government Funding for C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	<i>Enter as Positive values</i>														
241	<b>PLANNED WG FUNDING FOR COVID-19</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
242	<b>MOVEMENTS FROM OPENING PLANNED WG FUNDING FOR COVID-19</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
243	<b>TOTAL ACTUAL / FORECAST WG FUNDING FOR COVID-19</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
244	<b>ACTUAL / FORECAST NET IMPACT ON OVERALL FINANCIAL POSITION DUE TO COVID-19</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation &amp; Accountancy Gains)

This Table is currently showing 1 errors

Some errors will be resolved when complete rows have data or associated tables are completed

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Non Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
22	Variance in month																					
23	In month achievement against FY forecast																					

Table C1- Savings Schemes Pay Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Non Medical 'off contract to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			

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Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Income Generation	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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## HEIW

Period : Jun 21

**Table D - Income/Expenditure Assumptions  
Annual Forecast**

	<b>LHB/Trust</b>	<b>Contracted Income £'000</b>	<b>Non Contracted Income £'000</b>	<b>Total Income £'000</b>
1	Swansea Bay University		0	0
2	Aneurin Bevan University		0	0
3	Betsi Cadwaladr University		0	0
4	Cardiff & Vale University		0	0
5	Cwm Taf Morgannwg University		0	0
6	Hywel Dda University		0	0
7	Powys			0
8	Public Health Wales		122	122
9	Velindre		30	30
10	NWSSP			0
11	DHCW			0
12	Wales Ambulance Services			0
13	WHSSC			0
14	EASC			0
15	HEIW			0
16	NHS Wales Executive			0
17	<b>Total</b>	<b>0</b>	<b>152</b>	<b>152</b>

<b>Contracted Expenditure £'000</b>	<b>Non Contracted Expenditure £'000</b>	<b>Total Expenditure £'000</b>
	13,085	<b>13,085</b>
	10,222	<b>10,222</b>
	15,521	<b>15,521</b>
	21,680	<b>21,680</b>
	11,729	<b>11,729</b>
	7,684	<b>7,684</b>
	605	<b>605</b>
	1,434	<b>1,434</b>
	35,485	<b>35,485</b>
		<b>0</b>
	3,584	<b>3,584</b>
	335	<b>335</b>
		<b>0</b>
		<b>0</b>
		<b>0</b>
		<b>0</b>
<b>0</b>	<b>121,364</b>	<b>121,364</b>

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Table E - Resource Limits

1. BASE ALLOCATION

	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered into Table
	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000						
1 LATEST ALLOCATION LETTER/SCHEDULE REF:	2									
2 Total Confirmed Funding	270,093				270,093		269,573	100	100	

2. ANTICIPATED ALLOCATIONS

3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4 DEL Non Cash Depreciation - Strategic					0					
5 DEL Non Cash Depreciation - Accelerated					0					
6 DEL Non Cash Depreciation - Impairment					0					
7 AME Non Cash Depreciation - Donated Assets					0					
8 AME Non Cash Depreciation - Impairment					0					
9 AME Non Cash Depreciation - Impairment Reversals					0					
10 Removal of Donated Assets / Government Grant Receipts					0					
11 Total COVID-19 (see below analysis)	0	0	0	0	0					See below analysis
12 Leadership & Succession - Clinical Executive Leadership programme	60				60	NR	60			Month 1 - Richard Dudley
13 Leadership & Succession - Digital Leadership portal NHS Wales	60				60	NR	60			Month 1 - Richard Dudley
14 Leadership & Succession - NHS Wales Graduate Leadership programme	413				413	NR	413			Month 1 - Richard Dudley
15 Leadership & Succession - Annual Leadership Conference	10				10	NR	10			Month 1 - Richard Dudley
16 Leadership & Succession - A range of Leadership Alumni Events	30				30	NR	30			Month 1 - Richard Dudley
17 Leadership & Succession - Increase in Establishment	176				176	NR	176			Month 1 - Richard Dudley
18 Leadership & Succession - Succession Planning	136				136	NR	136			Month 1 - Richard Dudley
19 WG Business Case - Made in Wales	167				167	NR	167			Month 1 - Richard Dudley
20 WG Business Case - RCN Cadet Scheme	60				60	NR	60			Month 1 - Richard Dudley
21 WG Business Case - GP Small Group Learning (PBSGL) Option 4	48				48	NR	48			Month 1 - Richard Dudley
22 WG Business Case - Behavioural Science Training	134				134	NR	134			Month 1 - Richard Dudley
23 WG Business Case - NEP Training Vision - Governance	229				229	NR	229			Month 1 - Richard Dudley
24 WG Business Case - LD Education Framework	174				174	NR	174			Month 1 - Richard Dudley
25 Pay Changes - Additional Infrastructure Costs	1,067				1,067	NR	1,067			Month 1 - Richard Dudley
26 Development Fund	600				600	NR	600			Month 1 - Richard Dudley
27 All Wales Staffing Act	208				208	NR	208			Month 1 - Richard Dudley
28 Medical - Advanced Practice and IP	384				384	NR	384			Month 1 - Richard Dudley
29 Clinical Excellence award for Tom Lawson (Bronze)	42				42	NR	42			Month 1 - Richard Dudley
30 1 x Band 8a - IP & C Post	58				58	NR	58			Month 1 - Richard Dudley
31 Online support for Critical Care Posts (2 x Bd 7)	105				105	NR	105			Month 1 - Richard Dudley
32 Simulation & Business Skills	40				40	NR	40			Month 3 - Richard Dudley
33 Digital Skills and Competency Framework - 8a Programme Manager	49				49	NR	49			Month 3 - Richard Dudley
34 OCDO Set Up Costs	15				15	NR	15			Month 3 - Richard Dudley
35					0					
36					0					
37					0					
38					0					
39					0					
40					0					
41					0					
42					0					
43					0					
44					0					
45					0					
46					0					
47					0					
48					0					
49					0					
50					0					
51					0					
52					0					
53					0					
54					0					
55					0					
56 Total Anticipated Funding	4,265	0	0	0	4,265		4,265	0	0	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57 Confirmed Resources Per 1. above	270,093	0	0	0	270,093		269,573	100	100	
58 Anticipated Resources Per 2. above	4,265	0	0	0	4,265		4,265	0	0	
59 Total Resources	274,358	0	0	0	274,358		273,838	100	100	

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

	Allocated Total £'000	Anticipated HCHS £'000	Anticipated Pharmacy £'000	Anticipated Dental £'000	Anticipated GMS £'000	Total RRL £'000	WG Contact and date item first entered into table.
60 Testing (inc Community Testing)						0	
61 Tracing						0	
62 Mass COVID-19 Vaccination						0	
63 Extended Flu Vaccination						0	
64 Field Hospital / Surge						0	
65 Cleaning Standards						0	
66 PPE						0	
67 Private Providers						0	
68 Urgent & Emergency Care						0	
69						0	
70						0	
71						0	
72						0	
73						0	
74						0	
75						0	
76						0	
77						0	
78						0	
79						0	
80						0	
81						0	
82						0	
83						0	
84						0	
85						0	
86						0	
87						0	
88						0	
89						0	
90 Total Funding	0	0	0	0	0	0	

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Period : Jun 21

This table needs completing monthly from Month: 3  
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Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 21 £'000	Closing Balance End of Jun 21 £'000	Forecast Closing Balance End of Mar 22 £'000
<b>Non-Current Assets</b>			
1 Property, plant and equipment	2,179	2,050	1,760
2 Intangible assets			
3 Trade and other receivables			
4 Other financial assets			
5 Non-Current Assets sub total	2,179	2,050	1,760
<b>Current Assets</b>			
6 Inventories			
7 Trade and other receivables	1,765	1,662	1,765
8 Other financial assets			
9 Cash and cash equivalents	6,148	7,435	4,854
10 Non-current assets classified as held for sale			
11 Current Assets sub total	7,913	9,097	6,619
12 <b>TOTAL ASSETS</b>	10,092	11,147	8,379
<b>Current Liabilities</b>			
13 Trade and other payables	7,661	12,333	6,367
14 Borrowings (Trust Only)			
15 Other financial liabilities			
16 Provisions	7	7	0
17 Current Liabilities sub total	7,668	12,340	6,367
18 <b>NET ASSETS LESS CURRENT LIABILITIES</b>	2,424	(1,193)	2,012
<b>Non-Current Liabilities</b>			
19 Trade and other payables	148	148	125
20 Borrowings (Trust Only)			
21 Other financial liabilities			
22 Provisions			
23 Non-Current Liabilities sub total	148	148	125
24 <b>TOTAL ASSETS EMPLOYED</b>	2,276	(1,341)	1,887
<b>FINANCED BY: Taxpayers' Equity</b>			
25 General Fund	2,276	(1,341)	1,887
26 Revaluation Reserve			
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 <b>Total Taxpayers' Equity</b>	2,276	(1,341)	1,887

	Opening Balance Beginning of Apr 21	Closing Balance End of Jun 21	Closing Balance End of Mar 22
<b>EXPLANATION OF ALL PROVISIONS</b>			
31 Legal Case - Estimated costs of holiday pay due on overtime	7	7	0
32			
33			
34			
35			
36			
37			
38			
39			
40 <b>Total Provisions</b>	7	7	0

	£'000
41 Welsh NHS Receivables Aged 0 - 10 weeks	53
42 Welsh NHS Receivables Aged 11 - 16 weeks	0
43 Welsh NHS Receivables Aged 17 weeks and over	0

	£'000	£'000	£'000
<b>ANALYSIS OF TRADE &amp; OTHER PAYABLES (opening, current &amp; closing)</b>			
44 Capital	0	0	0
45 Revenue	7,809	12,481	6,492
<b>ANALYSIS OF CASH (opening, current &amp; closing)</b>			
46 Capital	0	0	0
47 Revenue	6,148	7,435	4,854

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This table needs completing monthly from Month: 2

Period : Jun 21

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	<b>RECEIPTS</b>													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	12,000	22,500	20,500	15,500	20,000	24,500	25,500	23,000	22,000	24,500	23,000	40,838	273,838
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)													0
4	WG Capital Funding - Cash Limit - LHB & SHA only					15					20	20	45	100
5	Income from other Welsh NHS Organisations	22	11	259										292
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets													0
10	Other - (Specify in narrative)	62	40	27	909	27	41	41	59	43	43	43	43	1,378
11	<b>TOTAL RECEIPTS</b>	<b>12,084</b>	<b>22,551</b>	<b>20,786</b>	<b>16,409</b>	<b>20,042</b>	<b>24,541</b>	<b>25,541</b>	<b>23,059</b>	<b>22,043</b>	<b>24,563</b>	<b>23,063</b>	<b>40,926</b>	<b>275,608</b>
	<b>PAYMENTS</b>													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Cash Limited Payments													0
17	Salaries and Wages	1,499	1,650	1,578	1,534	1,534	1,627	1,623	1,624	1,624	1,625	1,625	2,050	19,593
18	Non Pay Expenditure	14,202	18,180	17,024	19,184	20,919	22,613	23,711	21,625	20,542	22,921	21,858	34,430	257,209
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only													0
21	Capital Payment				15					20	20	25	20	100
22	Other items (Specify in narrative)													0
23	<b>TOTAL PAYMENTS</b>	<b>15,701</b>	<b>19,830</b>	<b>18,602</b>	<b>20,733</b>	<b>22,453</b>	<b>24,240</b>	<b>25,334</b>	<b>23,249</b>	<b>22,186</b>	<b>24,566</b>	<b>23,508</b>	<b>36,500</b>	<b>276,902</b>
24	Net cash inflow/outflow	(3,617)	2,721	2,184	(4,324)	(2,411)	301	207	(190)	(143)	(3)	(445)	4,426	
25	Balance b/f	6,148	2,531	5,252	7,436	3,112	701	1,002	1,209	1,019	876	873	428	
26	Balance c/f	2,531	5,252	7,436	3,112	701	1,002	1,209	1,019	876	873	428	4,854	

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Table H - PSPP

This table needs completing on a quarterly basis  
NOTE: Data to 1 decimal place

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
PROMPT PAYMENT OF INVOICE PERFORMANCE														
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	99.5%	4.5%		-95.0%		-95.0%		-95.0%	99.5%	4.5%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	97.8%	2.8%		-95.0%		-95.0%		-95.0%	97.8%	2.8%	95.0%	0.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	100.0%	5.0%		-95.0%		-95.0%		-95.0%	100.0%	5.0%	96.0%	1.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	99.3%	4.3%		-95.0%		-95.0%		-95.0%	99.3%	4.3%	96.0%	1.0%
10 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE			Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
5	% of NHS Invoices Paid Within 10 Days - By Value		68.6%								68.6%		70.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		36.0%								36.0%		35.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		70.8%								70.8%		70.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		25.4%								25.4%		35.0%	

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Table I - 2021-22 Capital Resource / Expenditure Limit Management

£'000100

Approved CRL / CEL issued at :22/6/21

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	Gross expenditure (accrued, to include capitalised finance leases)						
	All Wales Capital Programme:						
	Schemes:						
1				0			0
2				0			0
3				0			0
4				0			0
5				0			0
6				0			0
7				0			0
8				0			0
9				0			0
10				0			0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	0	0	0	0	0	0
	Discretionary:						
43	I.T.	0	0	0	15	15	0
44	Equipment			0			0
45	Statutory Compliance			0			0
46	Estates			0			0
47	Other	0	0	0	85	85	0
48	Sub Total	0	0	0	100	100	0

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	Other Schemes:							
49				0			0	
50				0			0	
51				0			0	
52				0			0	
53				0			0	
54				0			0	
55				0			0	
56				0			0	
57				0			0	
58				0			0	
59				0			0	
60				0			0	
61				0			0	
62				0			0	
63				0			0	
64				0			0	
65				0			0	
66				0			0	
67				0			0	
68				0			0	
69	Sub Total	0	0	0		0	0	0
70	Total Expenditure	0	0	0		100	100	0
	Less:							
	Capital grants:							
71				0			0	
72				0			0	
73				0			0	
74				0			0	
75				0			0	
76	Sub Total	0	0	0		0	0	0
	Donations:							
77				0			0	
78	Sub Total	0	0	0		0	0	0
	Asset Disposals:							
79				0			0	
80				0			0	
81				0			0	
82				0			0	
83				0			0	
84				0			0	
85				0			0	
86				0			0	
87				0			0	
88				0			0	
89				0			0	
90	Sub Total	0	0	0		0	0	0
91	Technical Adjustments			0				0
92	CHARGE AGAINST CRL / CEL	0	0	0		100	100	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(100)				0	

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Table J - In Year Capital Scheme Profiles

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Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
			Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1																	0	0	
2																	0	0	
3																	0	0	
4																	0	0	
5																	0	0	
6																	0	0	
7																	0	0	
8																	0	0	
9																	0	0	
10																	0	0	
11																	0	0	
12																	0	0	
13																	0	0	
14																	0	0	
15																	0	0	
16																	0	0	
17																	0	0	
18																	0	0	
19																	0	0	
20																	0	0	
21																	0	0	
22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Discretionary:																			
35	I.T.	Jay Beavan	15	15				15									0	15	Low
36	Equipment	TBC															0	0	
37	Statutory Compliance	TBC															0	0	
38	Estates																0	0	
39	Other	TBC	85	85									20	20	25	20	0	85	Low
40	Sub Total		100	100	0	0	0	15	0	0	0	0	20	20	25	20	0	100	
Other Schemes:																			
41																	0	0	
42																	0	0	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Total Capital Expenditure		100	100	0	0	0	15	0	0	0	0	20	20	25	20	0	100	

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A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 21)	MM/YY (text format, e.g. Apr 21)	MM/YY (text format, e.g. Feb 22)	£'000	£'000	£'000	£'000	
1								0	
2								0	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				0	0	0	0	

B: Future Years Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 22)	MM/YY (text format, e.g. Apr 22)	MM/YY (text format, e.g. Feb 23)	£'000	£'000	£'000	£'000	
20								0	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
31								0	
32								0	
33								0	
34								0	
35								0	
36								0	
37								0	

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38							0	
	Total for future years				0	0	0	0

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Period : Jun 21

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This table needs completing monthly from Month: 3

Table L: EXTERNAL FINANCING LIMIT

REF	NET FINANCIAL CHANGE	Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
		A	B	C	D
1	Retained surplus/(deficit) for period			0	
2	Depreciation			0	
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments			0	
5	Net gain/loss on disposal of assets			0	
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals			0	
8	Other Income (specify)			0	
9	APPLICATION OF FUNDS				
10	Capital Expenditure			0	
11	Other Expenditure			0	
	MOVEMENTS IN WORKING CAPITAL				
12	Inventories			0	
13	Current assets - Trade and other receivables			0	
14	Current liabilities - Trade and other payables			0	
15	Non current liabilities - Trade and other payables			0	
16	Provisions			0	
17	Sub total - movement in working capital	0	0	0	0
18	NET FINANCIAL CHANGE	0	0	0	0
	EFL REQUIREMENT TO BE MET BY				
19	Increase in Public Dividend Capital			0	
20	Net change in temporary borrowing			0	
21	Change in bank deposits and interest bearing securities			0	
22	Net change in finance lease payables			0	
23	TOTAL EXTERNAL FINANCE	0	0	0	0

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**Period:** \_\_\_\_\_

Jun 21

Table M - Debtors Schedule

11 weeks before end of Jun 21 =

14 April 2021

17 weeks before end of Jun 21 =

03 March 2021

[illegible]

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[illegible]

			0.00	0.00		0.00	0.00		
Invoices paid since the end of the month									
Total outstanding as per MR submission date						0.00	0.00		

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Period : Jun 21

Table N - General Medical Services  
Table to be completed from Q2 / Month:

6

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Operating Expenditure - ring fenced GMS budget

## SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION

	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Global Sum	1					
MPIG Correction Factor/Practice support payment	2					
<b>Total Global Sum and MPIG</b>	3				0	0
Quality Aspiration Payments	4					
Quality Achievement Payments	5					
Quality Assurance Improvement Framework (QAIF)	6					
QAIF (In hours Access)	7					
<b>Total Quality</b>	8				0	0
Direct Enhanced Services (To equal data in Section A (i) Line 32)	9				0	
National Enhanced Services (To equal data in Section A (ii) Line 42)	10				0	
Local Enhanced Services (To equal data in Section A (iii) Line 95)	11				0	
<b>Total Enhanced Services (To equal data in section A Line 96)</b>	12		0	0	0	0
LHB Administered (To equal data in Section B Line 109)	13				0	
Premises (To equal data in section C Line 138)	14				0	
IM & T	15				0	
Out of Hours (including OOHDF)	16				0	
Dispensing (To equal data in Line 154)	17				0	
<b>Total</b>	18	0	0	0	0	0

## SUPPLEMENTARY INFORMATION

<b>Directed Enhanced Services</b>	<b>Section A (i)</b>	LINE NO.	£000's	£000's	£000's	£000's	£000's
Learning Disabilities		19				0	
Childhood Immunisation Scheme		20				0	
Mental Health		21				0	
Influenza & Pneumococcal Immunisations Scheme		22				0	
Services for Violent Patients		23				0	
Minor Surgery Fees		24				0	
<b>MENU of Agreed DES</b>							
Asylum Seekers & Refugees		25				0	
Care of Diabetes		26				0	
Care Homes		27				0	
Extended Surgery Opening		28				0	
Gender Identity		29				0	
Homeless		30				0	
Oral Anticoagulation with Warfarin		31				0	
<b>TOTAL Directed Enhanced Services (must equal line 9)</b>		32		0	0	0	0
<b>National Enhanced Services</b>	<b>A (ii)</b>	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring		33				0	
Shared care drug monitoring (Near Patient Testing)		34				0	
Drug Misuse		35				0	
IUCD		36				0	
Alcohol misuse		37				0	
Depression		38				0	
Minor injury services		39				0	
Diabetes		40				0	
Services to the homeless		41				0	
<b>TOTAL National Enhanced Services (must equal line 10)</b>		42		0	0	0	0

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<b>Local Enhanced Services</b>	<b>A (iii)</b>	<b>LINE NO.</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
ADHD		43				0	
Asylum Seekers & Refugees		44				0	
Cardiology		45				0	
Care Homes		46				0	
Care of Diabetes		47				0	
Chiropody		48				0	
Counselling		49				0	
Depo - Provera (including Implanon & Nexplanon)		50				0	
Dermatology		51				0	
Dietetics		52				0	
DOAC/NOAC		53				0	
Drugs Misuse		54				0	
Extended Minor Surgery		55				0	
Gonaderlins		56				0	
Homeless		57				0	
HPV Vaccinations		58				0	
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)		59				0	
Learning Disabilities		60				0	
Lithium / INR Monitoring		61				0	
Local Development Schemes		62				0	
Mental Health		63				0	
Minor Injuries		64				0	
MMR		65				0	
Multiple Sclerosis		66				0	
Muscular Skeletal		67				0	
Nursing Homes		68				0	
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		69				0	
Osteopathy		70				0	
Phlebotomy		71				0	
Physiotherapy (inc MT3)		72				0	
Referral Management		73				0	
Respiratory (inc COPD)		74				0	
Ring Pessaries		75				0	
Sexual Health Services		76				0	
Shared Care		77				0	
Smoking Cessation		78				0	
Substance Misuse		79				0	
Suturing		80				0	
Swine Flu		81				0	
Transport/Ambulance costs		82				0	
Vasectomy		83				0	
Weight Loss Clinic (inc Exercise Referral)		84				0	
Wound Care		85				0	
Zoladex		86				0	
		87				0	
		88				0	
		89				0	
		90				0	
		91				0	
		92				0	
		93				0	
		94				0	
<b>TOTAL Local Enhanced Services (must equal line 11)</b>		<b>95</b>		0	0	0	0
<b>TOTAL Enhanced Services (must equal line 12)</b>		<b>96</b>		0	0	0	0
<b>GENERAL MEDICAL SERVICES</b>							
<b>Operating Expenditure</b>							

<b>LHB Administered</b>	<b>Section B</b>	<b>LINE NO.</b>	<b>WG £000's</b>	<b>Current Plan £000's</b>	<b>Forecast £000's</b>	<b>Variance £000's</b>	<b>Year to Date £000's</b>
Seniority		97					
Doctors Retention Scheme Payments		98					
Locum Allowances consists of adoptive, paternity & maternity		99					
Locum Allowances : Cover for Sick Leave		100					
Locum Allowances : Cover For Suspended Doctors		101					
Prolonged Study Leave		102					
Recruitment and Retention (including Golden Hello)		103					
Appraisal - Appraiser Costs		104					
Primary Care Development Scheme		105					
Partnership Premium		106					
Supply of syringes & needles		107					
Other (please provide detail below, this should reconcile to line 128)		108					
<b>TOTAL LHB Administered (must equal line 13)</b>		<b>109</b>				0	0

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<b>Analysis of Other Payments (line 108)</b>	<b>LINE NO.</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
COVID vaccination payments to GP practices	120					
	121					
	122					
	123					
	124					
	125					
	126					
	127					
<b>TOTAL of Other Payments (must equal line 108)</b>	128					0
<b>Premises</b>	<b>LINE NO.</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
<b>Section C</b>						
Notional Rents	129					
Actual Rents: Health Centres	130					
Actual Rents: Others	131					
Cost Rent	132					
Clinical Waste/ Trade Refuse	133					
Rates, Water, sewerage etc	134					
Health Centre Charges	135					
Improvement Grants	136					
All other Premises (please detail below which should reconcile to line 146)	137					
<b>TOTAL Premises (must equal line 14)</b>	138				0	0
<b>Analysis of Other Premises (Line 137)</b>	<b>LINE NO.</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
	139					
	140					
	141					
	142					
	143					
	144					
	145					
<b>TOTAL of Other Premises (must equal line 137)</b>	146					0
<b>Memorandum item</b>						
Enhanced Services included above but in dispute with LMC (TOTAL)	147					
Enhanced Services included above but not yet formally agreed LMC	148					
<b>GENERAL MEDICAL SERVICES</b>						
<b>Dispensing</b>						
<b>Dispensing Data</b>	<b>LINE NO.</b>	<b>WG</b>	<b>Current Plan</b>	<b>Forecast</b>	<b>Variance</b>	<b>Year to Date</b>
<b>Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)</b>		<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Dispensing Doctors	149					
Prescribing Medical Practitioners - Personal Administration	150					
Dispensing Service Quality Payment	151					
<b>Professional Fees and on-cost</b>						
Dispensing Doctors	152					
Prescribing Medical Practitioners - Personal Administration	153					
<b>TOTAL DISPENSING DATA (must equal line 17)</b>	154				0	0



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Period : Jun 21

## Table O - General Dental Services

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Table to be completed from Q2 / Month: 6

Operating Expenditure from the revenue allocation for the dental contract

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
<b>TOTAL DENTAL SERVICES EXPENDITURE</b>	<b>13</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training</b>	<b>LINE NO.</b>		<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Sedation services including GA	16					
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services	22					
Dental Foundation Training/Vocational Training	23					
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25					
Oral Surgery	26					
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29					
Improved ventilation in dental practices	30					
Attend Anywhere	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
<b>TOTAL OTHER (must equal line 12)</b>	<b>43</b>			<b>0</b>		<b>0</b>
<b>RECEIPTS</b>						
<b>TOTAL DENTAL SERVICES INCOME (Enter as a negative value)</b>	<b>44</b>				<b>0</b>	



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WALES

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

<b>Dyddiad y Cyfarfod</b>	<b>29 Gorffennaf 2021</b>	<b>Eitem ar yr Agenda</b>	<b>4.2</b>
<b>Teitl yr Adroddiad</b>	<b>Diweddariad i Gyfarwyddiadau Ariannol Sefydlog</b>		
<b>Awdur yr Adroddiad</b>	Martyn Pennell		
<b>Noddwr yr Adroddiad</b>	Eifion Williams		
<b>Cyflwynwyd gan</b>	Eifion Williams		
<b>Rhyddid Gwybodaeth</b>	Agored		
<b>Diben yr Adroddiad</b>	Ceisio cymeradwyaeth y Bwrdd i fabwysiadu'r model Cyfarwyddiadau Ariannol Sefydlog wedi'i ddiweddarau ar gyfer AaGIC.		
<b>Materion Allweddol</b>	<p>Rhaid i'r Bwrdd ystyried a chytuno i fabwysiadu'r archebion sefydlog (SOau) ar gyfer rheoleiddio ei brosesau a'i fusnes. Mae'r SOau yn cynnwys Cyfarwyddiadau Ariannol Sefydlog (SFlau), sy'n nodi manylion am y cyfrifoldebau, y polisiau a'r gweithdrefnau ariannol sydd wedi'u mabwysiadu gan AaGIC.</p> <p>Yn dilyn adolygiad Cymru gyfan, mae Llywodraeth Cymru wedi cyflwyno model Cyfarwyddiadau Ariannol Sefydlog wedi'i ddiweddarau i AaGIC er mwyn ei fabwysiadu.</p> <p>Cafodd yr SFlau wedi'u diweddarau eu hystyried gan y Pwyllgor Archwilio a Sicrwydd ar 21 Gorffennaf 2021, wnaeth argymhell bod y Bwrdd yn eu cymeradwyo.</p>		
<b>Cam Penodol sy'n Ofynnol (✓un yn unig)</b>	<b>Gwybodaeth</b>	<b>Trafod</b>	<b>Sicrwydd</b>
			<b>Cymeradwyo</b>
			✓
<b>Argymhellion</b>	<p>Gofynnir i aelodau:</p> <ul style="list-style-type: none"> <li>Gymeradwyo mabwysiadu'r model Cyfarwyddiadau Ariannol Sefydlog wedi'i ddiweddarau ar gyfer AaGIC.</li> </ul>		

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## DIWEDDARIAD I'R CYFARWYDDIADAU ARIANNOL SEFYDLOG

### 1. CYFLWYNIAD

Mae gofyn i barhau i adolygu'r Archebion Sefydlog (SOau) a'r Cyfarwyddiadau Ariannol Sefydlog (SFlau) i sicrhau eu bod yn bodloni gofynion llywodraethu parhaus y sefydliad. Mae'r adroddiad hwn yn cyflwyno'r model SFlau diwygiedig, ac yn gofyn i'r Bwrdd eu cymeradywo.

### 2. CEFNDIR

Cafodd SFlau AaGIC eu cymeradwyo a'u mabwysiadu yn ystod cyfarfod cyntaf y Bwrdd a gynhaliwyd ar 2 Hydref 2018. Ers hynny, mae grŵp Cyfarwyddwyr Ariannol (DoF) GIG Cymru wedi comisiynu adolygiad Cymru gyfan o'r SFlau, sydd bellach wedi dod i ben. Arweiniodd hyn at ddogfen fodel wedi'i diweddarau. Mae'r SFlau diwygiedig wedi cael eu hadolygu gan swyddogion Llywodraeth Cymru a'r grŵp cyfoedion Ysgrifenyddion y Bwrdd, ac wedi cael eu cyflwyno i bob sefydliad GIG Cymru yng Nghymru er mwyn eu mabwysiadu.

Cyflwynir y Cyfarwyddiadau Ariannol Sefydlog model gan Weinidogion Cymru i Addysg a Gwella lechyd Cymru gan ddefnyddio pwerau a nodir dan adran 23 (1) y Gwasanaeth lechyd Gwladol (Cymru) 2006.

Mae'r atodiadau canlynol yn rhan o'r adroddiad:

- **Atodiad 1** – Cyfarwyddiadau Ariannol Sefydlog Model Addysg a Gwella lechyd Cymru;
- **Atodiad 2** – Tabl o ddiwygiadau a roddwyd ar waith i'r SFlau gwreiddiol.

Oherwydd y diwygiadau sylweddol yn y ddogfen, yn benodol o ran symud penodau ac adrannau, does dim modd dangos y newidiadau (h.y. *tracked changes*).

Ystyriodd y Pwyllgor Archwilio ac Ansawdd yr SFlau diwygiedig yn ei gyfarfod ar 21 Gorffennaf 2021, gan argymhell fod y Bwrdd yn eu cymeradwyo a'u mabwysiadu.

### 3. MATERION LLYWODRAETHU A RISGIAU

Byddai AaGIC yn gweithredu y tu allan i'r fframwaith deddfwriaethol ac yn peri risg pe na fyddai'n mabwysiadu'r SFlau diwygiedig.

### 4. GOBLYGIADAU ARIANNOL

Mae'r goblygiadau ariannol wedi'u nodi yn adran 3 uchod.

### 5. ARGYMHELLIAD

Gofynnir i aelodau:

- **Gymeradwyo**’r model Cyfarwyddiadau Ariannol Sefydlog diwygiedig ar gyfer AaGIC, a'u mabwysiadu.

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Llywodraethu a Sicrwydd			
<b>Cysylltiedig â nodau strategol yr IMTP</b> ( <i>rhowch ✓</i> )	<b>Nod Strategol 1:</b> Arwain ar gynllunio, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi cyflawniad 'Cymru Iachach'	<b>Nod Strategol 2:</b> Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	<b>Nod Strategol 3:</b> Gweithio gyda phartneriaid i ddylanwadu newid diwylliant o fewn GIG Cymru drwy adeiladu arweinyddiaeth dosturiol a chapasiti cydweithredol ar bob lefel
	<b>Nod Strategol 4:</b> Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	<b>Nod Strategol 5:</b> Bod yn gyflogwr enghreifftiol a lle gwyh i weithio ynddo	<b>Nod Strategol 6:</b> Cael ein cydnabod fel partner, dylanwadwr ac arweinydd ardderchog
<b>Ansawdd, Diogelwch a Phrofiad y Claf</b>			
Does dim effaith ar ansawdd, diogelwch a phrofiad y claf.			
<b>Goblygiadau Ariannol</b>			
Mae'r goblygiadau ariannol wedi'u nodi yn rhan 3 uchod.			
<b>Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</b>			
Does dim goblygiadau cyfreithiol.			
<b>Goblygiadau Staffio</b>			
Does dim goblygiadau staffio uniongyrchol.			
<b>Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</b>			
Does dim goblygiadau hirdymor.			
<b>Hanes yr Adroddiad</b>	Cafodd yr SFlau gwreiddiol eu hystyried gan y Bwrdd ar 02/10/18. Derbyniodd y Pwyllgor Archwilio a Sicrwydd adroddiad ar y model SFlau diwygiedig ar 21/07/21		
<b>Atodiadau</b>	<ul style="list-style-type: none"> <li><b>Atodiad 1</b> – Cyfarwyddiadau Ariannol Sefydlog Model Addysg a Gwellu Iechyd Cymru;</li> <li><b>Atodiad 2</b> – Tabl o ddiwygiadau a roddwyd ar waith i'r SFlau gwreiddiol.</li> </ul>		

# Schedule 2.1

**MODEL STANDING FINANCIAL INSTRUCTIONS  
FOR HEALTH EDUCATION AND IMPROVEMENT  
WALES**

**This Schedule forms part of, and shall have effect as if incorporated in  
the Health Education and Improvement Wales Standing Orders  
(incorporated as Schedule 2.1 of SOs).**

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Model Standing Orders, Reservation and Delegation of Powers for HEIW  
Schedule 2.1: Standing Financial Instructions

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## Foreword

These Model Standing Financial Instructions are issued by Welsh Ministers to Health Education and Improvement Wales “HEIW” using powers of direction provided in section 23 (1) of the National Health Service (Wales) Act 2006. HEIW must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. Designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business, they translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders (SOs), a Scheme of decisions reserved to the Board and a scheme of delegations to officers and others, they provide the regulatory framework for the business conduct of HEIW.

These documents form the basis upon which HEIW's governance and accountability framework is developed and, together with the adoption of HEIW's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All HEIW Board members and officers must be made aware of these Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The Director of Finance will be able to provide further advice and guidance on any aspect of the Standing Financial Instructions. The Board Secretary will be able to provide further advice and guidance on the wider governance arrangements within HEIW. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>

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# Health Education and Improvement Wales

## 1. INTRODUCTION

### 1.1 General

- 1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Health Education and Improvement Wales “HEIW” using powers of direction provided in section 23(1) of the National Health Service (Wales) Act 2006 “NHS (Wales) Act 2006”. HEIW must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They shall have effect as if incorporated in the Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs).
- 1.1.2 These SFIs detail the financial responsibilities, policies and procedures adopted by HEIW. They are designed to ensure that HEIW's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Board and the Scheme of delegation adopted by HEIW.
- 1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for HEIW. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial control procedure notes. All financial procedures must be approved by the Director of Finance and Audit and Assurance Committee.
- 1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Board Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of HEIW's Standing Orders “SOs”.

### 1.2 Overriding Standing Financial Instructions

- 1.2.1 Full details of any non compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Board Secretary, who will ask the Audit and Assurance Committee “Audit Committee” to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and HEIW officers have a duty to report any non compliance to the Director of Finance and Board

Secretary as soon as they are aware of any circumstances that has not previously been reported.

- 1.2.2 **Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

### **1.3 Financial provisions and obligations of HEIW**

- 1.3.1 The financial provisions and obligations for Special Health Authorities, which relate to HEIW are set out under Sections 171, 172 and 173 of the NHS (Wales) Act 2006. The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure HEIW meets its statutory obligation to perform its functions within the available financial resources.

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## **2. RESPONSIBILITIES AND DELEGATION**

### **2.1 The Board**

2.1.1 The Board exercises financial supervision and control by:

- a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of the developing and approving medium term plan, reflecting longer-term planning and delivery objectives;
- b) Requiring the submission and approval of balanced annual budgets within approved allocations/resource limits
- c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and
- d) Defining specific responsibilities placed on Board members and HEIW officers, and HEIW committees and Advisory Groups as indicated in the 'Scheme of delegation' document.

2.1.2 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the 'Schedule of matters reserved to the Board' document. The Board, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated to committees, sub-committees, joint committees or joint sub-committees that HEIW has established or to an officer of HEIW in accordance with the 'Scheme of delegation' document adopted by HEIW.

### **2.2 The Chief Executive and Director of Finance**

2.2.1 The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.2 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Welsh Government, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for HEIW's activities; is

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responsible to the Chair and the Board for ensuring that financial provisions, obligations and targets are met; and has overall responsibility for HEIW's system of internal control.

- 2.2.3 It is a duty of the Chief Executive to ensure that Board members and HEIW officers, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

## **2.3 The Director of Finance**

- 2.3.1 The Director of Finance is responsible for:

- a) Implementing HEIW's financial policies and for co-coordinating any corrective action necessary to further these policies;
- b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- c) Ensuring that sufficient records are maintained to show and explain HEIW's transactions, in order to disclose, with reasonable accuracy, the financial position of HEIW at any time; and
- d) Without prejudice to any other functions of HEIW, and Board members and HEIW officers, the duties of the Director of Finance include:
  - (i) the provision of financial advice to other Board members and HEIW officers, and HEIW Committees and Advisory Groups,
  - (ii) the design, implementation and supervision of systems of internal financial control, and
  - (iii) the preparation and maintenance of such accounts, certificates, estimates, records and reports as HEIW may require for the purpose of carrying out its statutory duties.

- 2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to effect these SFIs.

## **2.4 Board members and HEIW officers, and HEIW Committees and Advisory Groups**

- 2.4.1 All Board members and HEIW officers, and HEIW Committees and

Advisory Groups, severally and collectively, are responsible for:

- a) The security of the property of HEIW;
- b) Avoiding loss;
- c) Exercising economy, efficiency and sustainability in the use of resources; and
- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Board members and HEIW officers, and HEIW Committees and Advisory Groups who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board, Committees, Advisory Groups and employees discharge their duties must be to the satisfaction of the Director of Finance.

## **2.5 Contractors and their employees**

2.5.1 Any contractor or employee of a contractor who is empowered by HEIW to commit HEIW to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

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### 3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

#### 3.1 Audit Committee

- 3.1.1 An independent Audit Committee is a central means by which a Board ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent check upon the executive arm of the Board. In accordance with SOs the Board shall formally establish an Audit Committee with clearly defined terms of reference. Detailed terms of reference and operating arrangements for the Audit Committee are set out in Schedule 3 to the SOs. This committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

<http://www.wales.nhs.uk/sitesplus/documents/1064/NHS%20Wales%20Audit%20Committee%20Handbook%20%28June%202012%29.pdf>

#### 3.2 Chief Executive

- 3.2.1 The Chief Executive is responsible for:

- a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal control including the establishment of an effective Internal Audit function;
- b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/641252/PSAIS\\_1\\_April\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf)

- c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Board. The report must cover:
  - a clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards.

- major internal control weaknesses discovered,
- progress on the implementation of Internal Audit recommendations,
- progress against plan over the previous year, and
- a detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:

- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- b) Access at all reasonable times to any land or property owned or leased by the HEIW;
- c) Access at all reasonable times to Board members and HEIW officers;
- d) The production of any cash, stores or other property of the HEIW under a Board member or a HEIW official's control; and
- e) Explanations concerning any matter under investigation.

### 3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within an Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Public Sector Internal Audit Standards. Standing Order 8.1 details the relationship between the Head of Internal Audit and the Board. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Schedule 3 of the SOs, and the NHS Wales Audit Committee Handbook.

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### 3.4 External Audit

- 3.4.1 Pursuant to the Public Audit (Wales) Act 2004 (c. 23), the Auditor General for Wales (Auditor General) is the external auditor of HEIW. The Auditor General may nominate his representative to represent him and to undertake the required audit work. The cost of the audit is paid for by HEIW. HEIW's Audit Committee should assure itself that a cost-efficient external audit service is delivered. If there are any problems relating to the service provided, this should be raised with the Auditor General's representative and referred on to the Auditor General if the issue cannot be resolved.
- 3.4.2 The objectives of the external audit fall under three broad headings, to review and report on:
- a) Whether the expenditure to which the financial statements relate has been incurred lawfully and in accordance with the authority that governs it;
  - b) The audited body's financial statements, and on its Annual Governance Statement and remuneration report;
  - c) Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 3.4.3 The Auditor General's representatives will prepare a risk-based annual audit plan, designed to deliver the Auditor General's objectives, for consideration by the Audit Committee. The Audit Committee should formally consider and review the plan. The plan will set out details of the work to be carried out, providing sufficient detail for the Audit Committee and other recipients to understand the purpose and scope of the defined work and their level of priority. The Audit Committee should review the plan and the associated fees, although in so doing it needs to recognise the statutory duties of the Auditor General. The Audit Committee should consider material changes to the plan.
- 3.4.4 The Auditor General's representative should be invited to attend every Audit Committee meeting. The cycle of approving and monitoring the progress of external audit plans and reports, culminating in the opinion on the annual report and accounts, is central to the core work of the Audit Committee.
- 3.4.5 The Auditor General's representatives will liaise with Internal Audit when developing the external audit plan. The Auditor General's representative will ensure that planned external audit work takes into

account the work of Internal Audit to avoid duplication wherever possible and considers where Internal Audit work can be relied upon for opinion purposes.

- 3.4.6 The Auditor General and his representatives shall have a right of access to the Chair of the Audit Committee at any time.
- 3.4.7 The Government of Wales Act 2006 provides that the Auditor General has statutory rights of access to all documents and information, as set out in paragraph 3.2.2a of these SFIs, that relate to the exercise of many of his core functions, including his statutory audits of accounts, value for money examinations and improvement studies. The rights of access include access to confidential information; personal information as defined by the Data Protection Act 2018 and the UK General Data Protection Legislation; information subject to legal privilege; personal information and sensitive personal information that may otherwise be subject to protection under the European Convention of Human Rights; information held by third parties; and electronic files and IT systems. Paragraph 17 of Schedule 8 to GOWA operates to provide the Auditor General with a right of access to every document relating to the Trust that appears to him to be necessary for the discharge of any of these functions. Paragraph 17(3) of Schedule 8 also requires any person that the Auditor General thinks has information related to the discharge of his functions to give any assistance, information and explanation that he thinks necessary. It also requires such persons to attend before the Auditor General and to provide any facility that he and his representatives may reasonably require, such as audit accommodation and access to IT facilities. The rights apply not just to HEIW and its officers and staff, but also to, among others, suppliers to HEIW.
- 3.4.8 The Auditor General's independence in the exercise of his audit functions is protected by statute (section 8 of the Public Audit (Wales) Act 2013), and audit independence is required by professional and ethical standards. Accordingly, HEIW (including its Audit Committee) must be careful not to seek to fetter the Auditor General's discretion in the exercise of his functions. While HEIW may offer comments on the plans and outputs of the Auditor General, it must not seek to direct the Auditor General.
- 3.4.9 The Auditor General will issue a number of reports over the year, some of which are specified in the Auditor General's Code of Audit and Inspection Practice and International Standards on Auditing. Other reports will depend on the contents of the audit plan.

The main mandatory reports are:

- Report to those charged with governance (incorporating the report required under ISA 260) that sets out the main issues arising from the audit of the financial statements and use of resources work
- Statutory report and opinion on the financial statements
- Annual audit report.

In addition to these reports, the Auditor General may prepare a report on a matter the Auditor General considers would be in the public interest to bring to the public's attention; or make a referral to the Welsh Ministers if significant breaches occur.

3.4.10 The Auditor General also has statutory powers to undertake Value for Money Examinations and Improvement Studies within HEIW and other public sector bodies. At HEIW he also undertakes a Structured Assessment to help him assess whether there are proper arrangements for securing economy, efficiency and effectiveness in the use of resources. The Auditor General will take account of audit work when planning and undertaking such examinations and studies. The Auditor General and his representatives have the same access rights in relation to these examinations and studies as they do in relation to annual audit work.

### **3.5 Fraud and Corruption**

3.5.1 In line with their responsibilities, HEIW Chief Executive and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 HEIW shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by Directions to NHS bodies on Counter Fraud Measures 2005.

<http://www.wales.nhs.uk/sitesplus/documents/1064/WHC%282005%2995%20%28Revised%29%20Directions%20to%20National%20Health%20Service%20bodies%20on%20Counter%20Fraud%20Measures%202005.pdf>

3.5.3 The LCFS shall report to the HEIW Director of Finance and the LCFS must work with NHS Counter Fraud Authority (NHSCFA) and the NHS Counter Fraud Service Wales (CFSW) Team in accordance with the Directions to NHS bodies on Counter Fraud Measures 2005.

3.5.4 The LCFS will provide a written report to the Director of Finance and Audit Committee, at least annually, on proactive and reactive counter

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fraud work within HEIW.

- 3.5.5 HEIW must participate in the annual National Fraud Initiative (NFI), which in Wales is led by Audit Wales and HEIW and must provide the necessary data for the mandatory element of the initiative by the due dates. The HEIW should participate in appropriate risk measurement or additional dataset matching exercise in order to support the detection of fraud across the whole public sector.

### **3.6 Security Management**

- 3.6.1 In line with their responsibilities, HEIW Chief Executive will monitor and ensure compliance with Directions issued by the Welsh Ministers on NHS security management.
- 3.6.2 The Chief Executive has overall responsibility for controlling and coordinating security.

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## 4. ALLOCATIONS AND FINANCIAL DUTY

- 4.1 Revenue and Capital allocations are determined by the Welsh Ministers in accordance with its allotted health budget and distribution policy.
- 4.2 The Director of Finance of HEIW will:
- a) Prior to the start of each financial year submit to the Board for approval a report showing the total allocations received, assumed in-year allocations and other adjustments and their proposed distribution to delegated budgets, including any sums to be held in reserve;
  - b) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;
  - c) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and
  - d) Regularly update the Board on significant changes to the initial allocation and the application of such funds.
- 4.3 HEIW is required by statutory provision not to breach its financial duty to secure that its expenditure does not exceed the aggregate of its resource allocations and income received. This duty applies separately to capital and revenue resource allocations. The Chief Executive has overall executive responsibility for HEIW's activities and is responsible to the Board for ensuring that it meets its financial duties as set out in section 172 of the National Health Service (Wales) Act 2006.

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## 5. INTEGRATED PLANNING

- 5.1 HEIW will prepare appropriate plans as required by legislation and the Welsh Government.
- 5.2 An annual business plan will be submitted to the Welsh Government setting out how the organisation will meet the requirements of the Minister's Remit Letter.
- 5.3 In addition, HEIW will prepare a medium term plan based over a period of three years. This plan must reflect longer-term planning and delivery objectives and should be continually reviewed based on latest Welsh Government policy and local priority requirements.
- 5.4 The Chief Executive will compile and submit to the Board, on an annual basis, the rolling 3 year plan. The Board approved plan will be submitted to Welsh Government in line with the requirements it has set out.
- 5.5 The remit letter, approved business plan and three year plan will form the basis of the accountability arrangements between HEIW and Welsh Government.
- 5.6 The Board will:
- a) Approve the annual business plan and medium term plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Board approval the Plan will be submitted to Welsh Government.
  - b) Approve a balanced annual budget as part of the annual business plan, which meets all statutory financial duties, probity and value for money requirements; and
  - c) Prepare and agree with the Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where HEIW plan is not in place or in balance.
- 5.7 The first full annual business plan and three year plan will be required from the start of 2019/20 financial year.



## **6. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL**

### **6.1 Budget Setting**

6.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval and delegation by the Board. Such budgets will:

- a) Include an annual budget for achieving compliance with HEIWs statutory financial balance to operate within its allocated resources
- b) Be in accordance with the aims and objectives set out in the Board approved annual business plan, medium term plan and Medium Term Financial Plan,
- c) Accord with Commissioning, Activity, Quality, Performance, Capital and Workforce plans contained within the Board approved plan;
- d) Take account of approved business cases and associated revenue costs and funding
- e) Be produced following discussion with appropriate Directors and budget holders;
- f) Be prepared within the limits of available funds;
- g) Take account of ring-fenced, specified and non recurring allocations and funding;
- h) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents)
- i) Be within the scope of activities and authority defined by the National Health Service (Wales) Act 2006, including pooled budget arrangements;
- j) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
- k) Identify potential risks and opportunities.

### **6.2 Budgetary Delegation**

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6.2.1 The Chief Executive may delegate, via the Director of Finance, the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

- a) The amount of the budget;
- b) The purpose(s) of each budget heading;
- c) Individual or committee responsibilities;
- d) Arrangements during periods of absence;
- e) Authority to exercise virement;
- f) Achievement of planned levels of service; and
- g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

6.2.2 The Chief Executive, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

6.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

6.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance.

6.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.

6.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.

6.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

### **6.3 Financial Management, Reporting and Budgetary Control**

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- 6.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Board meeting. Any significant variances should be reported to HEIW Board as soon as they come to light and the Board shall be advised on any action to be taken in respect of such variances.
- 6.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:
- a) Regular financial reports, for revenue and capital, to the Board in a form approved by the Board containing sufficient information for the Board to:
- Understand the current and forecast financial position;
  - Evaluate risks and opportunities;
  - Use insight to make informed decisions;
  - Be consistent with other Board reports, which as a minimum will cover:
    - i. Current and forecast year end position on statutory financial duties;
    - ii. Actual income and expenditure to date compared to budget and showing trends and run rates;
    - iii. Forecast year end positions;
    - iv. A statement of assets and liabilities, including analysis of cash flow and movements in working capital;
    - v. Explanations of material variances from plan;
    - vi. Capital expenditure and projected outturn against plan;
    - vii. Investigations and reporting of variances from financial, activity and workforce budgets;
    - viii. Details of corrective actions being taken, as advised by the relevant budget holder and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
    - ix. Statement of performance against savings targets
    - x. Key workforce and other cost drivers;
    - xi. Income and expenditure run rates, historic trends, extrapolation and explanations; and
    - xii. Clear assessment of risks and opportunities; and
  - Provide a rounded and holistic view of financial and wider organisational performance.

- b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;
- c) An accountability and escalation framework to be established for the organisation to formally address material budget variances
- d) Investigation and reporting of variances from financial, activity and workforce budgets;
- e) Monitoring of management action to correct variances;
- f) Arrangements for the authorisation of budget transfers and virements.

#### 6.3.3 Each Budget Holder will:

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

#### 6.3.4 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Executive and Director of Finance subject to the Board's scheme of delegation;
- b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;
- c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and workforce establishment as approved by the Board.

#### 6.3.5 The Chief Executive is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Annual and Medium Term Financial Plans and SFI 10.1.

### 6.4 Capital Financial Management, Reporting and Budgetary Control

#### 6.4.1 The general rules applying to revenue Financial Management,

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Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

## **6.5 Reporting to Welsh Government - Monitoring Returns**

- 6.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring returns are submitted to the Welsh Ministers in accordance with published guidance and timescales.
- 6.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Chief Executive. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.
- 6.5.3 All information made available to the Welsh Ministers should also be made available to the Board. There must be consistency between the, Annual Plan, Medium Term Financial Plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Board reports.

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## **7. ANNUAL ACCOUNTS AND REPORTS**

- 7.1 The Board must approve HEIW's annual accounts prior to submission to the Welsh Ministers and the Auditor General for Wales in accordance with the annual timetable.
- 7.2 The Chair and the Chief Executive (as Accountable Officer for HEIW) have responsibility for signing the accounts on behalf of HEIW. The Chief Executive has responsibility for signing the Annual Governance Statement and the Annual Quality Statement.
- 7.3 The Director of Finance, on behalf of HEIW is responsible for ensuring that financial reports and returns are prepared in accordance with the accounting policies, guidance and timetable determined by the Welsh Ministers, as per Welsh Government's Manual for Accounts, and consistent with Financial Reporting Manual (FReM) and International Financial Reporting Standards.
- 7.4 HEIW's audited annual accounts must be adopted by the Board at a public meeting and made available to the public.
- 7.5 HEIW must publish an Annual Report, and present it at its Annual General Meeting. The Board Secretary will ensure that the Annual Report is prepared in line with the Welsh Government's NHS Manual for Accounts. The Annual Report will include
- The Accountability Report containing:
    - Corporate Governance Report
    - Remuneration Report and Staff Report
    - Accountability and Audit Report
  - The Performance Report, which must include:
    - An overview
    - A performance Analysis

## **8. BANKING ARRANGEMENTS**

### **8.1 General**

8.1.1 The Director of Finance is responsible for managing HEIW's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Welsh Ministers. HEIW is expected to use the Government Banking Service (GBS) for its banking services unless there is sound reasoning and value for money considerations to justify the use of commercial accounts.

8.1.2 The Board shall approve the banking arrangements.

### **8.2 Bank Accounts**

8.2.1 The Director of Finance is responsible for:

- a) Establishing bank accounts and ensuring that the Government Banking Service is utilised for main Health Board business transactions;
- b) Establishing additional commercial accounts only exceptionally and where there is a clear rationale for not utilising the Government Banking Service;
- c) Establishing separate bank accounts for HEIW's non-exchequer funds;
- d) Ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
- e) Ensuring accounts are not overdrawn except in exceptional and planned situations.
- f) Reporting to the Board all arrangements made with HEIW's bankers for accounts to be overdrawn;
- g) Monitoring compliance with Welsh Ministers' guidance on the level of cleared funds.

8.2.2 With the exception of Project Bank Accounts, all bank accounts should be held in the name of HEIW. No officer other than the Director of Finance shall open any account in the name of HEIW or for the purposes of furthering HEIW activities.

8.2.3 Any Project Bank Account that is required may be held jointly in the name of HEIW and the relevant third party contractor.

### **8.3 Banking Procedures**

8.3.1 The Director of Finance will prepare detailed instructions on the operation of bank accounts, that ensure there are sound controls over the day-to-day operation of bank accounts, which must include:

- a) The conditions under which each bank account is to be operated;
- b) Those authorised to sign payable orders or other orders drawn on HEIW's accounts.
- c) Effective divisions of duty for employees working within the banking and treasury management function to minimise the risk of fraud and error.
- d) Authorised signatories are identified with sufficient seniority, and in the case of e banking approvers, together with an appropriate payment approval hierarchy.
- e) Procedures are in place for prompt banking of money received.
- f) Ensure there are physical security arrangements in place for cheque stationery, e banking access devices and payment cards.
- g) Cheques and payable orders are treated as controlled stationery with management responsibility given to a duly designated employee.
- h) Frequent reconciliations are undertaken between cash books, bank statements and the general ledger so that all differences are fully understood and accounted appropriately.
- i) Commercial bank accounts should only be used exceptionally where there is a sound rationale and demonstrates value for money. Commercial accounts should be procured through a tendering exercise and the outcome reported to the Audit Committee on behalf of the Board.

8.3.2 The Director of Finance must advise HEIW's bankers in writing of the conditions under which each account will be operated.

8.3.3 The Director of Finance shall approve security procedures for any

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payable orders issued without a hand-written signature e.g. automatically printed. All Payable Orders shall be treated as controlled stationery, in the charge of a duly designated officer controlling their issue.

#### **8.4 Review**

- 8.4.1 The Director of Finance will review banking arrangements of HEIW at regular intervals to ensure they reflect best practice and represent best value for money. The results of the review should be reported to the Audit Committee.

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## **9. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS**

### **9.1 General**

9.1.1 The Director of Finance is responsible for:

- a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- b) Ordering and securely controlling any such stationery; ensuring all cash related stationery treated as controlled stationery with management responsibility given to a duly designated employee;
- c) The provision of adequate facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
- d) Establishing systems and procedures for handling cash and negotiable securities on behalf of HEIW.
- e) Ensuring effective control systems are in place for the use of payment cards,
- f) Ensuring that there are adequate control systems in place to minimise the risk of cash/card misappropriation.

9.1.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs (informal documents acknowledging debt).

9.1.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance.

9.1.4 The holders of safe/cash box combinations/keys shall not accept unofficial funds for depositing in their safe/cash box unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that HEIW is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving HEIW from responsibility for any loss.

- 9.1.5 The opening of coin operated machines (including telephone, if applicable) and the counting and recording of takings shall be undertaken by two officers together, except as may be authorised in writing by the Director of Finance and the coin box keys shall be held by a nominated officer.
- 9.1.6 During the absence (for example, on holiday) of the holder of a safe/cash box combination/key, the officer who acts in their place shall be subject to the same controls as the normal holder of the combination/key. There shall be written discharge for the safe and/or cash box contents on the transfer of responsibilities and the discharge document must be retained for inspection.
- 9.2 Petty Cash**
- 9.2.1 The Director of Finance will issue instructions restricting the use and value of petty cash purchases.
- 9.2.2 Petty cash use should be minimised and be subject to regular cash balance reviews in order to minimise cash levels held.
- 9.2.3 Petty cash should be operated under an imprest system and be subject to regular checks to ensure physical and book cash levels are consistent.

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## **10. INCOME, FEES AND CHARGES**

### **10.1 Income Generation and Participation in/Formation of Companies**

10.1.1 HEIW shall only generate income for those goods and services that are approved by the Welsh Ministers. Any income generating activities must be complementary to the provision of NHS services and must be in accordance with the Welsh Ministers' policy and powers to raise money as set out in section 169 of the National Health Service (Wales) Act 2006 (c. 42).

10.1.2 HEIW can only form or participate in a company for income generation, improving health, healthcare care and health services, purposes with the consent and/or direction of Welsh Ministers. HEIW should obtain advice from Welsh Government officials prior to undertaking substantive work on formation or participation in any company.

### **10.2 Income Systems**

10.2.1 The Director of Finance is responsible for designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.

10.2.2 The Director of Finance is also responsible for ensuring that systems are in place for the prompt banking of all monies received.

### **10.3 Fees and Charges**

10.3.1 The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Welsh Ministers or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

10.3.2 All officers must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements and other transactions.

### **10.4 Income Due and Debt Recovery**

10.4.1 Delegated budget holders and managers are responsible for informing the Director of Finance of any income due that arises from any contracts, service levels agreements, leases, activities such as private patients or other transactions.

10.4.2 Delegated budget holders and managers must inform the Director of

Finance when overpayment of salary or expenses have been made, in order that recovery can be made.

10.4.3 The Director of Finance is responsible for recovering income due and for ensuring debt recovery procedures are in place to secure early payment and minimise bad debt risk on all outstanding debts.

10.4.4 Income not received should be dealt with in accordance with losses procedures.

10.4.5 Overpayments should be detected (or preferably prevented) and recovery initiated.

10.4.6 The Chief Executive and the Director of Finance are responsible for ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to.

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## **11. NON PAY EXPENDITURE**

### **11.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability**

11.1.1. The Board must agree a Scheme of Delegation in line with that set out in its Standing Orders Scheme of Reservation and Delegation of Powers.

11.1.2. The Chief Executive will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the HEIW scheme of delegation.

11.1.3. The Chief Executive will set out in the operational scheme of delegation and authorisation:

- The list of managers who are authorised to place requisitions for the supply of goods, services and works and for the awarding of contracts; and
- The maximum level of each requisition and the system for authorisation above that level.

### **11.2 The Director of Finance's responsibilities**

11.2.1 The Director of Finance will:

- a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs;
- b) Prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services;
- c) Ensure systems are in place for the authorisation of all accounts and claims;
- d) Ensure Directors and officers strictly follow NHS Wales system and procedures of verification, recording and payment of all amounts payable.
- e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices.

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- f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.
- g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs;
- h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures

### **11.3 Duties of Budget Holders and Managers**

11.3.1 Budget holders and managers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;
- c) Contracts above specified thresholds are approved by the Welsh Ministers prior to any commitment being made;
- d) goods have been duly received, examined and are in accordance with specification and order,
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct,
- f) No requisition/order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Board members or HEIW officers, other than:

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- (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars,
- (ii) Conventional hospitality, such as lunches in the course of working visits;

**This provision needs to be read in conjunction with Standing Order 6.5. and 6.6.**

- g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;
- h) All goods, services, or works are ordered on official orders
- i) Requisitions are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- j) Goods are not taken on trial or loan in circumstances that could commit the HEIW to a future uncompetitive purchase;

11.3.2 The Chief Executive and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the HEIW's scheme of delegation.

#### **11.4 Departures from SFI's**

11.4.1 Departing from the application of Chapters 11 and 12 of these SFI's is only possible in very exceptional circumstances. HEIW must consult with NWSSP Procurement Services, Director of Finance and Board Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the HEIW Scheme of Delegation.

#### **11.5 Accounts Payable**

11.5.1 NWSSP Finance, shall on behalf of the HEIW, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable

#### **11.6 Prepayments**

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11.6.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that “need” can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- In line with requirements of [Managing Welsh Public Money](#)
- There is specific Welsh Ministers’ approval to do so e.g. voluntary services compact.

11.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate Executive Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the HEIW if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments;
- b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations 2015 where the contract is above a stipulated financial threshold); and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

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## 12. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

### General Information

#### 12.1 Procurement Services

12.1.1 While the Chief Executive is ultimately responsible for procurement the service is delivered by NWSSP Procurement Services.

12.1.2 Procurement staff are employed by NHS Wales Shared Services Partnership (NWSSP) and provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with HEIW. Where the term Procurement staff or department is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of NWSSP Procurement Department, for example pharmacy and works who undertake procurement on a devolved basis.

#### 12.2 Policies and Procedures

12.2.1 NWSSP Procurement Services shall, on behalf of HEIW, maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes. The policies and procedures shall comply with these SFIs, Procurement Manual, and Revised General Consent to enter Individual Contracts, included as **Schedule 1** of these SFIs.

12.2.2 The Chief Executive is ultimately responsible for ensuring that HEIW's Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

12.2.3 NWSSP Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures:

- Are kept up to date;
- Conform to statutory requirements and regulations;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development;

12.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

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## 12.3 Procurement Principles

12.3.1 The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by HEIW to perform its functions, and furthermore embrace all building, equipment, consumables and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

12.3.2 The main legal and governing principles guiding public procurement and which are incorporated into these SFIs are:

- Transparency: public bodies should ensure that there is openness and clarity on procurement processes and how they are implemented;
- Non-discrimination: public bodies may not discriminate between suppliers or products on grounds of their origin;
- Equal treatment: suppliers should be treated fairly and without discrimination, including in particular equality of opportunity and access to information;
- Proportionality: requirements and conditions in the procurement should be reasonable in proportion to the object of procurement and measures taken should not go beyond what is necessary;
- Legality: public bodies must conform to European Community and other legal requirements;
- Integrity: there should be no corruption or collusion with suppliers or others;
- Effectiveness and efficiency: public bodies should meet the commercial, regulatory and socio-economic goals of government in a balanced manner appropriate to the procurement requirement;
- Efficiency: procurement processes should be carried out as cost effectively as possible and secure value for money.

## 12.4 Legislation Governing Public Procurement

12.4.1 There are a range of EU Directives which set out the EU legal framework for public procurement. These EU Directives have been implemented into UK law by statutory regulations which govern public sector procurement, the primary statutory regulations in Wales being 'The Public Contracts Regulations 2015 No. 102.' From 1 January 2021, all aspects of EU law in respect of the EU Directives relating to public procurement, except where expressly stated otherwise by domestic legislation, will continue to govern public sector procurement,

although further amendments or developments of EU related procurement law following this will not be incorporated into domestic law. The Welsh Government policy framework and the Wales Procurement Policy Statement (WPPS) also govern this area. One of the key objectives of governing legislation is to ensure public procurement markets are open and that there is free movement of supplies, services and works. Legislation, policy and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in HEIW's SFIs.

12.4.2 The main Regulations (the Public Contracts Regulations 2015 No. 102) cover the whole field of procurement, including thresholds above which special and demanding procurement protocols and legal requirements apply. All Directors and their staff are responsible for seeing that those Regulations are understood and fully implemented. The protocols set out in the Regulations, and any Procurement Policy Notices, are the model upon which all formal procurement shall be based.

12.4.3 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between HEIW and Procurement Services e.g. Engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

12.4.4 Other relevant legislation and policy include:

- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'
- The Welsh Government Policy Framework
- The Wales Procurement Policy Statement (WPPS)

## **12.5 Procurement Procedures**

12.5.1 To ensure that HEIW is fully compliant with UK Procurement Regulations, EU Procurement Directives, UK and Welsh Ministers' guidance and policy, HEIW shall, through NWSSP Procurement Services, ensure that it shall have procedures that set out:

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- a) Requirements and exceptions to formal competitive tendering requirements;
- b) Tendering processes including post tender discussions;
- c) Requirements and exceptions to obtaining quotations;
- d) Evaluation and scoring methodologies
- e) Approval of firms for providing goods and services.

12.5.2 All procedures shall reflect the Welsh Ministers' guidance and HEIW's delegation arrangements and approval processes.

## 12.6 Procurement Consent/Notification

12.6.1 As a Special Health Authority, HEIW may:

- Acquire and dispose of property;
- Enter into contracts; and
- Accept gifts of property (including property to be held on trust, either for the general or any specific purposes of the Special Health Authority or for any purposes relating to the health service).

12.6.2 Contracts exceeding the value of £1 million in each case, with the exception of those contracts specified in SFI 12.6.4, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must be notified to the Welsh Ministers before being entered into.

12.6.3 The guidance process for HEIW to notify their intent to enter into contracts exceeding £1 million is at **Schedule 1**. This requirement also applies to contracts that are to be let through a mini-competition under a public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales. Further detailed guidance is incorporated within the Procurement Procedures.

12.6.4 The requirement for notification does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

- i) Contracts of employment between HEIW and their staff;
- ii) Transfers of land or contracts effected by Statutory Instrument following the creation of HEIW;
- iii) All NHS contracts, that is where one health service body contracts with another health service body.

12.6.5 The process of notification of contracts to the Welsh Ministers does not

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remove the requirement for HEIW to comply with SOs, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

12.6.6 Further detail in relation to fair and adequate competition is set out in the Procurement Manual.

## **Planning**

### **12.7 Sustainable Procurement**

12.7.1 To further nurture the Welsh economy, in support of social, environmental and economic regeneration, HEIW must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible. The principles of the Well-being of Future Generations Act 2015 should be adopted at the earliest stage of planning. Procurement solutions must be developed embracing the five ways of working described within the Act and capture how they will deliver against the seven goals set out in the Act.

12.7.2 The Well-being of Future Generations Act 2015 requires that bodies listed under the Act must operate in a manner that embraces sustainability. The Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

12.7.3 The 7 Wellbeing goals are:

- a prosperous Wales;
- a resilient Wales;
- a healthier Wales;
- a more equal Wales;
- a Wales of cohesive communities;
- a Wales of vibrant culture and thriving Welsh language; and
- a globally responsible Wales.

These goals have been put in place to improve the social, economic, environmental, and cultural well-being of Wales.

12.7.4 Public sector organisations in Wales not listed in the act are expected to operate to those principles. HEIW is not specifically listed in the Act.

12.7.5 Public bodies need to make sure that when making their decisions they

take into account the impact they could have on people living their lives in Wales in the future. The Act expects them to:

- work together better
- involve people reflecting the diversity of our communities
- look to the long term as well as focusing on now
- take action to try and stop problems getting worse - or even stop them happening in the first place.

12.7.6 HEIW is required to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.

12.7.7 HEIW shall make use of the tools developed by Value Wales in implementing the principles of the WBFGA 2015. HEIW shall benchmark its performance. For all contracts over £25,000, HEIW shall take account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA).

## **12.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)**

12.8.1 In accordance with Welsh Government commitments policy set out in the current Wales Procurement Policy Statement (WPPS) and subsequent versions of this statement HEIW shall ensure that it provides opportunities for these organisations to quote or tender for its business.

## **12.9 Planning Procurements**

12.9.1 HEIW must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks governing public procurement and the requirement of open competition.

12.9.2 Depending on the value of the procurement, a process of planning the procurement must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders. The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost

- the likely 'route to market' which will consider the legislative and policy framework set out above.
- The availability of funding to be able to award a contract following a successful procurement process.
- That the procurement follows current legislative and policy frameworks including Value Based Procurement.

#### 12.9.3 The procurement specification should factor in the 4 principles of prudent healthcare

- Equal partners through co-production
- Care for those with the greatest health need first
- Do only what is needed
- Reduce inappropriate variation

Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

#### 12.9.4 Where free of charge services are made available to HEIW, NWSSP Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that HEIW does not unintentionally commit itself to a single provider or longer term commitment. Regular reports on free of charge services provided to HEIW should be submitted by Board Secretary to Audit Committee.

#### 12.9.5 HEIW is required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

### **Joint or Collaborative Initiatives**

#### 12.9.6 Specialist advice should be obtained from Welsh Government and the opinions of NWSSP Procurement Services and NWSSP Legal and Risk prior to external opinion being sought where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

### **12.10 Procurement Process**

#### 12.10.1 Where there is a requirement for goods or services, the manager

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must source those goods or services from HEIW's approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales.

12.10.2 In the absence of an existing suitable procurement framework to source the required item, a competition must be run in accordance with the table below. HEIW must ensure the value of their requirement considers cumulative spend across HEIW for like requirements and opportunity for collaboration with other Health Boards and Trusts:

12.10.3 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

### **Competition Requirements**

#### **12.11 Procurement Thresholds**

12.11.1 The following table summarises the minimum thresholds for quotes and competitive tendering arrangements. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in UK Procurement Regulations and EU Procurement Directives and UK Regulations.

<b>Goods/Services/Works</b>  <b>Whole Life Cost</b> <b>Contract value</b> <b>(excl. VAT)</b>	<b>Minimum competition<sup>1</sup></b>	<b>Form of Contract</b>
<£5,000	Evidence of value for money has been achieved	Purchase Order
>£5,000 - <£25,000	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
>£25,000 – Prevailing OJEU threshold	Advertised open call for competition. Minimum of 4 tenders received if available.	Formal contract and Purchase Order
>OJEU threshold	Advertised open call for competition. Minimum of 5	Formal contract and Purchase Order

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<b>Goods/Services/Works</b> <b>Whole Life Cost</b> <b>Contract value</b> <b>(excl. VAT)</b>	<b>Minimum competition<sup>1</sup></b>	<b>Form of Contract</b>
	tenders received if available or appropriate to the procurement route.	
Contracts above £1 million	Welsh Government approval required <sup>2</sup>	Formal contract and Purchase Order

<sup>1</sup> subject to the existence of suitable suppliers

<sup>2</sup> in accordance with the requirements set out in SFI 12.6.3.

12.11.2 Advice from the Procurement Services must be sought for all requirements in excess of £5,000.

12.11.3 The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].

12.11.4 Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000, must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 and require competition.

12.11.5 The approval of award of contracts must follow the Board's Scheme of Delegation.

## 12.12 Designing Competitions

12.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- Required timescales are achievable
- Specifications are drafted which:
  - are fit for inclusion in competition documents;
  - are drafted in a manner encouraging innovation by the market;
  - are capable of being responded to and do not narrow competition;
  - deliver in line with legislative and policy frameworks;
  - include robust performance measures to effectively measure

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- and manage supplier performance; and
- consider the ability of the market to deliver.

12.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider health and social care communities.

12.12.3 Criteria for selecting suppliers and achieving an award recommendation must:

- be appropriately weighted in consideration of quality/price;
- consider cost of change where relevant;
- be transparent and proportionate;
- deliver value for money outcomes;
- fully explore complexity/risk; and
- consider whole life cost.

## **12.13 Single Quotation Application or Single Tender Application**

12.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause;
- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all Wales competition/National strategy

12.13.2 Procurement Services must be consulted prior to any such application being submitted for approval. The Director of Finance must approve such applications up to £25,000, the Chief Executive or designated deputy, and Director of Finance, are required to approve applications exceeding £25,000. A register must be kept for

monitoring purposes and all single tender actions must be reported to the Audit Committee.

12.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and Director of Finance, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:

- Robust justification is provided;
- A value for money test has been undertaken;
- No bias towards a particular supplier;
- Future competitive processes are not adversely affected;
- No distortion of the market is intended;
- An acceptable level of assurance is available before presentation for approval in line with HEIW Scheme of Delegation; and
- An “or equivalent” test has been considered proving the request is justified.

12.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the HEIW has already entered into an arrangement directly.

12.13.5 As SQA/STAs are only used in exceptional circumstances HEIW, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, Director of Finance or NWSSP Director of Procurement Services to prevent recurrence by HEIW.

12.13.6 The Audit Committee may consider further steps to be appropriate, such as:

- Instruct a representative of HEIW to attend Audit Committee;
- Escalate to the Board;
- Request an internal Audit Review;
- Request further training; or
- Take internal disciplinary action.

12.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. Procurement Manual details schedule of departures from SQA/STA

where competition not possible.

- 12.13.8 For performance monitoring purposes, the NWSSP Procurement Service will retain a central register of all such activity including SQA/STA's not endorsed by Procurement or any exceptional matters.

## **12.14 Disposals**

- 12.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.
- 12.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g. Waste Electrical and Electronic Equipment (WEEE)) and the procedures of HEIW making use of any agreements covering the disposal of such items.
- 12.14.3 HEIW must obtain the best possible market price.

## **Approval & Award**

### **12.15 Evaluation, Approval and Award**

- 12.15.1 The evaluation of competitions via quotation or tender, must be undertaken by a minimum of 2 evaluators from within the operational service of HEIW. Evaluation Teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.
- 12.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.
- 12.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.
- 12.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.
- 12.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

## **Implementation & Contract Management**

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## **12.16 Contract Management**

12.16.1 Contract Management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money. The relevant budget holder shall oversee and manage each contract on behalf of HEIW so as to ensure that these implicit obligations are met. This contract management will include:

- Retaining accurate records
- Monitoring contract performance measures
- Engaging suppliers to ensure performance delivery
- Implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and
- Permitting stage payments as part of a formally agreed implementation/delivery plan which must be supported by written evidence issued by the budget holder.

12.16.2 Contract management on All Wales contracts will be provided by NWSSP Procurement Services

11.19 Advice on best practice on Contract Management is available from NWSSP Procurement Services.

## **12.17 Extending and Varying Contracts**

12.17.1 Extending, modifying or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g. scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

12.17.2 If there is no such provision, the Public Contracts Regulations 2015 defines such limitations.

12.17.3 The Public Contracts Regulations 2015 provide further constraints on this matter, under which modifications/variations/extensions are capped at 50% of the original award value.

12.17.4 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

12.17.5 If there was no provision to extend, further approvals are required

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from the HEIW budget holder and the local Head of Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

12.17.6 This ensures an appropriate identification and assessment of potential risks to the HEIW compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

12.17.7 The budget holder must seek advice from NWSSP Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The budget holder must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

### ***Transactional Processes***

#### **12.18 Requisitioning**

12.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the HEIW. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

12.18.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with SFI 11.10 thresholds.

12.18.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

#### **12.19 No Purchase Order, No Pay**

12.19.1 HEIW will ensure compliance with 'No Purchase Order, No Pay' policy, the All Wales policy introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

12.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

## **12.20 Official orders**

12.20.1 Official Orders, issued following approved requisition and sourcing, must:

- a) Be consecutively numbered;
- b) State the HEIW's terms and conditions of trade.

12.20.2 Official Orders will be issued on behalf of HEIW by NWSSP Procurement Services.

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## **13 AGREEMENTS AND CONTRACTS FOR EDUCATION AND TRAINING**

### **13.1 Education and Training Agreements**

13.1.1 The Chief Executive is responsible for ensuring HEIW enters into suitable Education and Training Agreements for its provision of healthcare professionals education and training.

13.1.2 All Education and Training Agreements should aim to implement the agreed priorities contained within the agreed plans. In discharging this responsibility, the Chief Executive should take into account:

- The standards of service quality expected;
- The standards required to be achieved by health professionals' regulatory bodies;
- The provision of education and training for students and / or trainees based within Health Boards and NHS Trusts in a high quality, safe environment;
- The provision of reliable information on quality, volume and cost of service.

13.1.3 All agreements must be in accordance with the functions conferred on HEIW by the Welsh Ministers.

13.1.4 For all agreements entered into in the form of a contract, the process for notifying the Welsh Ministers of NHS contracts set out in section 12 and Schedule 2 of these SFIs must be followed.

13.1.5 For all agreements entered into they must be approved in accordance with delegations set out in Standing Orders:

- Schedule 1 Scheme of Reservation and Delegation of Powers – Schedule of Matters Reserved for Board.
- Schedule 1 Scheme of Reservation and Delegation of Powers – Scheme of Delegation to Executive Directors, Other Directors and Officers
- Schedule 1 Scheme of Reservation and Delegation of Powers – Delegated Financial Limits

### **13.2 Education and Training Agreements – Annual Commissioning and Variations**

13.2.1 The Chief Executive is responsible for ensuring HEIW enters into suitable annual commissioning and contract variations for Education and Training Agreements for its provision of healthcare professionals

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education and training.

13.2.2 All annual commissioning and contract variations within Education and Training Agreements should aim to implement the agreed priorities contained within the agreed plans. In discharging this responsibility, the Chief Executive should take into account:

- The standards of service quality expected;
- Current contract performance of suppliers regarding
  - Delivery against benchmarking standards
  - Course attrition rates
  - Quality indicators including student satisfaction surveys
  - Financial indicators performance
- Consultation with key stakeholders regarding requirements e.g. NHS Bodies, regulators and professional leads.

13.2.3 The Chief Executive is responsible for preparing a report to the Board recommending the annual commissioning and contract variations.

13.2.4 The Board is responsible for agreeing the proposed commissioning and contract variations, and for submission of recommendations to Welsh Government for Ministerial approval.

13.2.5 For all commissioning and contract variations entered into they must be approved in accordance with delegations set out in Standing Orders:

- Schedule 1 Scheme of Reservation and Delegation of Powers – Schedule of Matters Reserved for Board.
- Schedule 1 Scheme of Reservation and Delegation of Powers – Scheme of Delegation to Executive Directors, Other Directors and Officers
- Schedule 1 Scheme of Reservation and Delegation of Powers – Delegated Financial Limits

### **13.3 Statutory provisions**

13.3.1 The Health Education and Improvement Wales (Establishment and Constitution) Order 2017 sets out the functions of HEIW.

13.3.2 Article 3 of the order requires HEIW to exercise such functions in relation to the planning, commissioning and delivery of education and training for persons who are employed, or who are considering becoming employed, in any activity which involves or is connected with the provision of health services, and such other functions as the Welsh Ministers may direct.

#### **13.4 Reports to Board on Agreements and Contracts for Education and Training**

13.4.1 The Chief Executive will need to ensure that regular reports are provided to the Board detailing performance, quality and associated financial implications of all education and training agreements.

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## 14 GRANT FUNDING

It is a matter for HEIW to determine whether individual activities should be procured, or be eligible to receive grant funding, seeking legal advice as necessary. (Grants are defined as all non-procured payments to external bodies or individuals for activities which are linked to delivering policy objectives and statutory obligations. Payments are made to fund or reimburse expenditure on agreed items or functions in accordance with legally binding conditions.)

### 14.1 Legal Advice

14.1.1 Before the award of funding is made, legal advice where necessary must be sought to ensure that:

- The award does not breach HEIW's functions or its regularity of expenditure duty (that is, the activities for which the grant is made are within the scope of activities that the HEIW has a legal remit to undertake);
- The activities would not be deemed to be normally subject to procurement legislation and policy; and
- A legally binding agreement is made with all delivery organisations.

*See attached toolkit for grants v procurement:*



Grant v  
Procurement.doc

### 14.2 Policies and procedures

14.2.1 HEIW shall maintain detailed policies and procedures for all aspects of grant funding. The policies and procedures shall comply with these SFIs, and where appropriate the Welsh Minister's Code of Practice to funding the third sector:

<https://gov.wales/sites/default/files/publications/2019-01/third-sector-scheme-2014.pdf>

14.2.2 The Chief Executive is ultimately responsible for ensuring that HEIW's grant procedures:

- Are kept up to date;
- Conform to statutory requirements;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development; and

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- Are strictly followed by all Executive Directors, Independent Members and staff within the organisation.

14.2.3 The award of grant funding must comply with the policy and principles set out in the Procurement section of these SFIs and ensure that the award meets the requirements of regularity, propriety and value for money.

14.2.4 All grant guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

### 14.3 Corporate Principles underpinning Grants Management

14.3.1 While there is a need to make the financial arrangements for awarding funding as simple and streamlined as possible, HEIW should also ensure that taxpayers' money is spent appropriately and that it provides good value for money.

14.3.2 The overarching principles for managing public resources in Wales are set out in [Managing Welsh Public Money](#). The document states that the award of funding should be made in accordance with the law and the requirements of propriety, regularity and value for money.

14.3.3 Regularity requires compliance with appropriate authorities, regulations and legislation. Propriety requires both public authorities and funded bodies to deliver appropriate standards of conduct, behaviour and corporate governance. In addition, the public expects official decisions to be made fairly and impartially with public money spent wisely and appropriately, delivering value for money and ensuring that best use is made of resources.

14.3.4 The **corporate principles** of grants management are:

- The development of grant management processes and procedures that are transparent, accountable, proportionate and consistent;
- The delivery of a high quality regulatory framework that responds to demands but does not place unnecessary administrative burdens on HEIW or funded bodies;
- A regulatory framework that will take into consideration the need for proportionality, balancing the need for governance with the burden of administration, thus striking an appropriate balance between accountability and simplicity;
- An effective grant management process to ensure funded bodies spend the funding efficiently, transparently and for the purpose intended, with a view to maximising the impact and outcome from budgets;

- An appropriate evidence-based approach to underpin the design and development of all new funding programmes to ensure efficient and effective use of public funds, ensuring that the funding programme is the optimal solution and that funding is targeted where it is most needed and where it can have most impact;
- A consistent framework that will reinforce respect and effectiveness of the rules for both administrators and funded bodies; and
- Compliance of the grant funding with State aid requirements in accordance with the State aid rules.

#### 14.4 Grant Procedures

14.4.1 It is vital that money is put to use in a way that delivers the maximum benefit to the people of Wales. Grants funding programmes need to be managed as efficiently and cost effectively as possible to make sure that every penny is spent appropriately and in an accountable manner. When establishing grant funding programmes, HEIW should ensure principles of good practice available from a number of external sources are considered and reflected in grant programmes. Information on grants management is available on the Audit Wales website at:

<https://www.audit.wales/good-practice/grants-management-miniguides>

14.4.2 HEIW must agree a clear purpose for each grant and how it will measure the delivery organisation's success in delivering those purposes. It should also agree appropriate targets with the delivery organisation.

14.4.3 For grant programmes that span a number of financial years, HEIW is responsible for evaluating the programmes to ensure they are fit for purpose, are achieving required outcomes and continue to provide value for money.

14.4.4 HEIW is responsible for ensuring that appropriate procedures exist in relation to all the grants and funding for which they are accountable. **They are also responsible for ensuring that any grant provided to an entity that engages in economic activity complies with the State aid rules.**

14.4.5 HEIW is required to undertake due diligence checks on all potential delivery organisations to determine the economic and financial viability of any organisation(s) to administer public funds, and the reliability of the organisation(s). These checks are important in order to identify any risks or issues that could expose HEIW to potential financial loss, fraud

or reputational damage. A proportionate level of due diligence should be carried out, both prior to the award of any grant funding and throughout the life of the award.

14.4.6 HEIW must enter into legally binding funding agreements with all delivery organisations. When developing funding agreements, HEIW should ensure principles of good practice available from a number of external sources are considered and reflected.

14.4.7 HEIW is responsible for ensuring that all third party delivery organisations comply with and adhere to the terms and conditions of the Funding Agreement.

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## **15. PAY EXPENDITURE**

### **15.1 Remuneration and Terms of Service Committee**

- 15.1.1 In accordance with SOs the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference and operating arrangements that specify which posts fall within its area of responsibility. This Standing Financial Instruction should be read in conjunction with Standing Order 3.3.
- 15.1.2 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Directors and other senior employees, in accordance with the framework set by the Welsh Ministers. Minutes of the Board's meetings should record such decisions.
- 15.1.3 The Board will, after due consideration and amendment if appropriate approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for those employees and officers not covered by the Committee.
- 15.1.4 HEIW will remunerate the Chair, Chief Executive, Executive Directors and Independent Members of the Board in accordance with instructions issued by the Welsh Ministers. Welsh Ministers approval will be required in the exceptional event that remuneration needs to be above the maximum of the salary band range, administratively this approval will be exercised by the Director General HSSG.
- 15.1.5 The Remuneration and Terms of Service Committee will consider cases of redundancy and Voluntary Early Release applications. The Remuneration and Terms of Service Committee will consider any novel employment and pay cases, such as compromise agreements and non-disclosure agreements, ensuring Welsh Government advice has been sought and considered.

### **15.2 Funded Establishment**

- 15.2.1 The workforce plans incorporated within agreed plans will form the funded establishment, i.e. the budget for all approved posts. (The financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents) as per SFI 6.1.1 h)



15.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive as set out in the Scheme of Delegation contained within SO's.

### **15.3 Staff Appointments**

15.3.1 Staff must only be engaged by authorised managers, in accordance with the Board's Scheme of Delegation. The engagement must be within the approved budget and funded establishment.

15.3.2 No Board member or HEIW official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.

### **15.4 Pay Rates and Terms and Conditions**

15.4.1 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees in accordance with pay, terms and conditions set out in contractual arrangements in Ministerial directions on Agenda for Change and Medical and Dental pay, and any staff with pre-existing terms and conditions of service, following a TUPE transfer into employment or ad hoc salaried staff.

15.4.2 The Remuneration Committee will determine pay rates and conditions of services for board members, and other senior employees, in accordance with ministerial instructions.

### **15.5 Payroll**

15.5.1 The Director of Workforce and Organisational Development, has responsibility for securing an efficient, well-controlled payroll service from NHS Wales Shared Services Partnership that:

- pays the correct staff with the correct amount
- all payments are supported by properly authorised documentation

15.5.2 The Director of Workforce and Organisational Development is responsible for:

- a) The control framework and detailed procedures which are in place to:
  - To ensure all payments comply with HMRC, Pensions Agency and other regulation in relation to the deduction and payment of

- tax, national insurance, pension or other payments.
  - reduce the risk of fraud and error within the payroll function
- b) Specifying timetables for submission of properly authorised time records and other notifications;
- c) The final determination of pay and allowances including verification that the rate of pay and relevant conditions of service are in accordance with current agreements;
- d) Agreeing the timing and method of payment with the payroll service;
- e) Authorising the release of payroll data where in accordance with the provisions of the applicable Data Protection Legislation (the Data Protection Act 2018 and the UK General Data Protection Legislation);
- f) Verification and documentation of data;
- g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- i) Security and confidentiality of payroll information;
- j) Checks to be applied to completed payroll before and after payment; and
- k) A system to ensure the recovery from those leaving the employment of HEIW of sums of money and property due by them to HEIW.

#### 15.5.3 The Chief Executive is responsible for:

- a) Ensuring that arrangements for a payroll service from NHS Wales Shared Services Partnership (NWSSP) is supported by appropriate Service Level Agreements, terms and conditions, adequate internal controls and internal audit review procedures;
- b) Ensuring a sound system of internal control and audit review of any internally provided payroll service; and
- c) Maintenance and/or the authorisation of regular and independent

reconciliation of pay control accounts.

15.5.4 Appropriately nominated managers have delegated responsibility for:

- a) Submitting time records, and other notifications in accordance with agreed timetables;
- b) Completing time records and other notifications in accordance with the Service Level Agreements; and
- c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Director of Workforce and Organisational Development and/or Chief Executive must be informed immediately. In circumstances where fraud is suspected, this must be reported to the Director of Finance.

## **15.6 Contracts of Employment**

15.6.1 The Director of Workforce and Organisational Development must:

- a) Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and
- b) Deal with variations to, or termination of, contracts of employment.

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## **16. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS**

### **16.1 Capital Plan**

- 16.1.1 Capital plans, and annual capital programmes, must be approved by the Board before the commencement of a financial year and should be in line with the objectives set out in the approved Plan for the organisation. The capital plan and programmes must be delivered within Welsh Government capital finance resource limits.
- 16.1.2 The Director of Planning (or nominated responsible director) will develop a capital plan, and detailed capital programme, for the organisation that sets out a detailed capital investment plan to support the objectives set out in the Plan. The capital programme must be affordable and within the capital allocations, as set out in the Welsh Government (WG) Capital Resource Limit for the year, and the HEIW must not exceed the allocation resource limit. There must be an approved revenue funding plan in place to support any revenue costs associated with the capital plan. Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.
- 16.1.3 The Board must approve a three year Capital Plan, and an annual Capital Programme.

### **16.2 Capital Investment Decisions**

- 16.2.1 Robust business case and capital investment appraisal must be undertaken prior to formal submission to Welsh Government, the level of detail within the appraisal commensurate with the value and risk of the investment. Capital investment decisions should be undertaken in line with Welsh Government requirements and guidance for the development of business cases as set out in
- NHS Wales Infrastructure Investment Guidance (Welsh Health Circular WHC (2018) 043)  
<https://gov.wales/nhs-wales-infrastructure-investment-guidance>
  - Better business cases: investment decision-making framework  
<https://gov.wales/better-business-cases-investment-decision-making-framework>
- 16.2.2 The Director of Finance must provide a professional opinion on the financial elements of the business case. Capital investment decisions will be taken by the organisation in line with the financial thresholds specified by Welsh Government and in the Health Board's Scheme of

Delegation.

### **16.3 Capital Projects**

16.3.1 The Chief Executive shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received.

16.3.2 When capital investment decisions are taken and a Capital Programme approved the Project cannot be initiated until the authority to commit expenditure is formally delegated to a manager, in line with the organisation's Scheme of Delegation. The capital project must then be procured in line with normal procurement procedures or the Designed for Life or other approved procurement framework and in line with Welsh Government requirements and guidance and the applicable procurement legislation. Management control and financial reporting systems must be established to ensure that the project is:

- delivered on time
- on budget
- within contractual obligations.

16.3.3 Project management controls and financial reporting systems must be established to ensure these objectives are met. Reporting requirements to Welsh Government will be set out in the approval letter provided post Ministerial approval.

16.3.4 Regular updates must be provided to the Board, and relevant Board Committees, during the financial year

### **16.4 Capital Procedures and Responsibilities**

16.4.1 The Chief Executive:

- a) Shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) Is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) Shall ensure that any capital investment above the Welsh Ministers' delegated limit (i.e. other than discretionary capital) is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received;

- d) Shall ensure that the three year Capital Plan, and detailed annual capital programme is approved by the Board, as part of the Plan, prior to the commencement of the financial year;
- e) Shall ensure the availability of resources to finance all revenue consequences of the investment, including capital charges; and
- f) Shall ensure that any 3<sup>rd</sup> party use of NHS estate is properly controlled, reimbursed and reported. This will include ensuring that appropriate security, insurance and indemnity arrangements are in place and that there is a written agreement as to each party's responsibilities and liabilities.

16.4.2 For every capital expenditure proposal the Chief Executive shall ensure:

- a) That a business case is produced in line with Welsh Ministers' guidance and where appropriate the 5-case Model;
- b) That the Director of Finance has sought appropriate professional advice from HEIW and external agencies in the preparation of capital expenditure costs, and on that basis professionally certifies the capital costs and revenue consequences detailed in the business case.

16.4.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management in accordance with the Welsh Ministers' guidance.

16.4.4 The approval of a capital programme by HEIW Board shall not constitute approval for the initiation of expenditure on any scheme.

16.4.5 The Chief Executive shall issue to the manager responsible for any scheme:

- a) Specific authority to commit expenditure;
- b) Authority to proceed to tender; and
- c) Approval to accept a successful tender.

16.4.6 The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and HEIW's SOs.

16.4.7 The Director of Planning and Director of Finance shall issue detailed

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procedures governing the project, financial and contractual management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the requirements and delegated limits for capital schemes set out in Welsh Ministers' guidance and approval letters. The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure – and where applicable, provide returns to the Welsh Government.

16.4.8 The Director of Finance shall ensure, for each capital project over £2m, that the Welsh Government Project Bank Accounts policy is applied unless there are compelling reasons not to do so. The Director of Finance should apply to Welsh Government officials for exemption from use of Project Bank Accounts, setting out the compelling reasons.

## **16.5 Capital Financing with the Private Sector**

16.5.1 HEIW must not enter into any new capital financing arrangements with the private sector, including Private Financing Initiatives, Mutual Investment Model and 3<sup>rd</sup> Party Developments, without the consent of the Welsh Ministers.

## **16.6 Asset Registers**

16.6.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Planning and Director of Finance concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically.

16.6.2 HEIW shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be in accordance with the Welsh Ministers' guidance and to satisfy the financial disclosure requirements for the Annual Accounts.

16.6.3 Additions to the fixed asset register must be clearly identified to the operational or departmental manager or delegated budget holder and be validated by reference to appropriate documentation to provide evidence of the financial value recorded, including:

- a) Properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- b) Stores, requisitions and wages records for own materials and labour including appropriate overheads; and

- c) Lease agreements in respect of assets held under a finance lease and included on HEIW's balance sheet.

16.6.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Disposal receipts are to be treated in accordance with the Welsh Ministers' guidance.

16.6.5 The Director of Finance shall apply accounting policies for fixed assets in line with Welsh Government guidance and accounting standards and values recorded in the asset register, including depreciation and revaluations. The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

16.6.6 The value, and depreciation, of each asset shall be considered annually in accordance with valuation guidance and methods specified by the Welsh Ministers. Assets should be considered for early revaluation where there is the likelihood of impairment as a result in a change of valuation or asset life.

## **16.7 Security of Assets**

16.7.1 The overall control of fixed assets is the responsibility of the Chief Executive.

16.7.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure shall make provision for:

- a) Recording managerial responsibility for each asset;
- b) Identification of additions and disposals;
- c) Identification of all repairs and maintenance expenses;
- d) Physical security of assets;
- e) Regular verification of the existence of, condition of, and title to, assets recorded;
- f) Identification and reporting of all costs associated with the retention



of an asset; and

- g) Reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

16.7.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Planning and Director of Finance.

16.7.4 Whilst individual officers have a responsibility for the security of property of HEIW, it is the responsibility of Board members and senior HEIW officers in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

16.7.5 Any damage to HEIW's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and HEIW officers in accordance with the procedure for reporting losses.

16.7.6 Where practical, assets should be marked as HEIW property.

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## **17 STORES AND RECEIPT OF GOODS**

### **17.1 General position**

17.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- a) Kept to a minimum;
- b) Subjected to annual stock take; and
- c) Valued at the lower of cost and net realisable value.

### **17.2 Control of Stores, Stocktaking, condemnations and disposal**

17.2.1 Subject to the responsibility of the Director of Finance for the systems of financial control, overall responsibility for the control of stores shall be delegated to a senior officer by the Chief Executive. The day-to-day responsibility may be delegated by them to departmental officers/managers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of any fuel oil and coal of a designated estates manager.

17.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager. Wherever practicable, stocks should be marked as health service property.

17.2.3 The Director of Finance is responsible for developing financial control systems and procedures for the regulation and operation of the stores, to include the accounting arrangements for receipt, issues, and returns of goods to stores and losses.

17.2.4 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year.

17.2.5 Where a complete system of controlled stores is not justified, alternative stores arrangements shall require the approval of the Director of Finance.

17.2.6 The designated officer/manager shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer/manager shall report to the Director of Finance any evidence of significant overstocking and of

any negligence or malpractice (see also overlap with SFI 18, Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

### **17.3 Goods supplied by an NHS supplies agency**

17.3.1 For goods supplied via NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) or any other NHS purchasing and supplies agency central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance or authorised officer who shall satisfy himself that the goods have been received before accepting the recharge.

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## **18. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS**

### **18.1 Disposals and Condemnations**

18.1.1 The Director of Finance must prepare detailed procedures for the disposal of assets and goods, including condemnations, and ensure that these are notified to managers.

18.1.2 When it is decided to dispose of a HEIW asset and goods, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

18.1.3 All unserviceable assets and goods shall be:

- a) Condemned or otherwise disposed of by an officer, the Condemning Officer, authorised for that purpose by the Director of Finance;
- b) Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the asset and goods are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second officer authorised for the purpose by the Director of Finance.

18.1.4 The Condemning Officer shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

### **18.2 Losses and Special Payments**

18.2.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales 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, and special notation in the accounts to draw them to the attention of the Welsh Government.

18.2.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

18.2.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Chief Executive.

18.2.4 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the Local Counter Fraud Specialist (LCFS) and the CFS Wales Team accordance with Directions issued by the Welsh Ministers on fraud and corruption.

18.2.5 The Director of Finance or the LCFS must notify the Audit & Assurance Committee, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.

18.2.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:

- a) The Audit & Assurance Committee on behalf of the Board, and
- b) An Auditor General's representative.

18.2.7 The Director of Finance shall be authorised to take any necessary steps to safeguard HEIW's interests in bankruptcies and company liquidations.

18.2.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).

18.2.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in Schedule 3 of the SOs.

18.2.10 For any loss or special payments, the Director of Finance should consider whether any reimbursement claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.

- 18.2.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.
- 18.2.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group – Finance Directorate, irrespective of the delegated limit.
- 18.2.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit & Assurance Committee at every meeting.
- 18.2.14 HEIW must obtain the Health and Social Services Group Director General's approval for special severance payments.

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## **19. DIGITAL, DATA and TECHNOLOGY**

### **19.1 Digital Data and Technology Strategy**

19.1.1 The Board shall approve a Digital Data and Technology Strategy which sets out the development needs of HEIW for the medium term based on an appropriate assessment of risk. The agreed plans shall include costed implementation plans of the strategy. The Board shall also ensure that a Director has responsibility for Digital Data and Technology.

19.1.2 HEIW shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about HEIW that are made publicly available.

### **19.2 Responsibilities and duties of the responsible Director**

19.2.1 The responsible Director for Digital Data and Technology has responsibility for the accuracy, availability and security of HEIW digital systems and data and shall:

- a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection and availability of HEIW's digital systems and data for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Network and Information Systems Regulations 2018, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018;
- b) Ensure that, following risk assessment of threats, adequate (reasonable) controls exist over access to systems, data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) Ensure that an adequate management (audit) trail is maintained of access to digital systems and data and that such audit reviews as the Director may consider necessary to meet the organisational requirements under the Network and Information Systems Regulations 2018 are being carried out.
- d) Shall ensure that policies, procedures and training arrangements

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are in place to ensure compliance with information governance law and Network and Information Systems Regulations 2018; and

e) Shall ensure comprehensive incident reporting.

### **19.3 Responsibilities and duties of the Director of Finance**

19.3.1 The Director of Finance shall need to ensure that new financial data and systems and amendments to current financial data and systems are developed in a controlled manner and thoroughly tested prior to implementation and business as usual phases. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation and business as usual phases.

### **19.4 Contracts for data and digital services with other health bodies or outside agencies**

19.4.1 The responsible Director for Digital Data and Technology shall ensure that contracts for data and digital services for clinical, management and financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for

- the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage, and
- the availability of the service including the resilience required to maintain continuity of the service.

The contract should also ensure rights of access for audit purposes.

19.4.2 Where another health organisation or any other agency provides a data or digital service for clinical, management and financial applications, the responsible Director for Digital Data and Technology shall, to maintain the confidentiality, integrity and availability of the service provided, periodically seek assurances that adequate controls, based on risk assessment, are in operation.

### **19.5 Risk assurance**

19.5.1 The responsible Director for Digital Data and Technology shall ensure that the risks to HEIW arising from the use of data, information and IT are effectively identified and considered and that appropriate action is taken to mitigate or control risk. This shall include the preparation and testing of appropriate resilience plans, including both a business continuity and disaster recovery plan.



## **20. FUNDS HELD ON TRUST (CHARITABLE FUNDS)**

### **20.1 Corporate Trustee**

20.1.1 Paragraph (iii) of Section A to the SOs refers to HEIW having specified powers to act as corporate trustee for the management of funds it holds on trust (charitable funds). SFI 20.2 defines the need for compliance with Charities Commission latest guidance and best practice.

20.1.2 The discharge of HEIW's corporate trustee responsibilities for funds held on trust are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.

20.1.3 HEIW shall establish a Charitable Funds Committee as set out in Standing Order 3.4 to ensure that each fund held on trust which HEIW is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

### **20.2 Accountability to Charity Commission and the Welsh Ministers**

20.2.1 The trustee responsibilities must be discharged separately and full recognition given to HEIW's dual accountabilities to the Charity Commission for charitable funds and to the Welsh Ministers for exchequer funds.

20.2.2 The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Board members and HEIW officers must take account of that guidance before taking action.

20.2.3 HEIW shall make appropriate arrangements for the Annual Accounts and audit of Funds held on Trust in accordance with Charity Commission requirements.

### **20.3 Applicability of Standing Financial Instructions to funds held on Trust**

20.3.1 In so far as it is possible to do so, most of the sections of these SFIs will apply to the management of funds held on trust.

20.3.2 The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

## **21. RETENTION OF RECORDS**

### **21.1 Responsibilities of the Chief Executive**

21.1.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018 and the Freedom of Information Act 2000 (c. 36).

21.1.2 The records held in archives shall be capable of retrieval by authorised persons.

21.1.3 Records held shall only be destroyed in accordance with the applicable data protection laws and at the express instigation of the Chief Executive. Details shall be maintained of records so destroyed.

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## SCHEDULE 1

### REVISED GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol  
Health & Social Services Group



Llywodraeth Cymru  
Welsh Government

Directors of Finance  
Deputy Directors of Finance  
Local Health Boards, NHS Trusts Wales & HEIW

Our Ref: SE&IG/

Date: 30 November, 2020

Dear All

#### **RE: PROCESSES FOR LOCAL HEALTH BOARDS AND NHS TRUSTS CONTRACTS, AND INTERESTS IN PROPERTY EXCEEDING £0.5M**

Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on Local Health Boards (LHBs) to obtain the consent of Welsh Ministers before:

- Acquiring and disposing of property;
- Entering into contracts; and
- Accepting gifts of property (including property to be held on trust).

#### **Acquiring and disposing of property**

WHC (2018) 043 NHS Wales Infrastructure Investment Guidance issued 22 October 2018 sets out at section 10.1:



BUDDSODDWYR | INVESTORS  
MEWN POBL | IN PEOPLE

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## **LHBs and HEIW**

*Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.*

*Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process will be included in a Welsh Health Circular WHC(2015)031. Organisations should ensure that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements.*

## **NHS Trusts**

*Whilst formal Ministerial consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above.*

Guidance on disposals is contained in Section 11

WHC (2015) 031 issued 22 June 2015 clarified the approval process linked to the acquisition or disposal of a lease, where approval does not form part of a business case process. A lease being a property right requires the consent of the Welsh Ministers in accordance with paragraph 13(2) (a). The WHC set out for NHS Trusts and LHBs a notification and consent process mirroring the contract processes noted below.

## **Entering into contracts**

Guidance was issued to NHS Wales bodies on 27<sup>th</sup> January 2017 in a letter to Directors of Finance issued jointly by the Deputy Directors of Finance and Capital Estates and Facilities. This letter now updates that guidance to reconfirm to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisitions or disposals of a lease or any interest in property are delegated to the Director General, Health and Social Services Group.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Minister for Health and Social Services on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

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Accordingly any issues relevant to the exercise of the Minister for Health and Social Service's consent will, as a matter of course, be drawn to his attention.

The process which NHS Wales bodies entering into contracts must follow is:

- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSSG prior to tendering for the contract;
- All eligible LHB and HEIW contracts >£1m in total to be submitted to the Director General HSSG for consent prior to award;
- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSSG for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSSG for notification prior to award.

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

- (i) Contracts of employment between LHBs and their staff;
- (ii) Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs;
- (iii) Out of Hours contracts; and
- (iv) All NHS contracts; that is where one health services body contracts with another health service body.

For non- capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team : [Robert.Eveleigh@gov.wales](mailto:Robert.Eveleigh@gov.wales)

Kind regards,



**Steve Elliot & Ian Gunney**

Diprwy Cyfarwyddwr Cyllid - Deputy Director of Finance

Dirprwy Gyfarwyddwr, Cyfalaf Ystadau a Cyfleusterau - Deputy Director Capital Estates & Facilities

Finance Directorate / Cyfarwyddiaeth Cyllid

Y Grwp Iechyd a Gwasanaethau/Health and Social Services Group

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# HEIW - SHA

## Review of NHS Wales HEIW Model Standing Financial Instructions – Table of Amendments, Cross Reference to Legislation and Confirmation of Sections which are not for variation by NHS Body

# HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
1.1.1	1.1.1	Introduction - General	explicit cross reference to Schedule 2.1 of SOs	N/A
2.1.1	2.1.1	The Board	Wording expanded to be more explicit about approving plans etc.	N/A
2.1.2	2.1.2	The Board	Clarifying arrangements for delegation, that is those matters not reserved to Board	N/A
3.1.1	3.1.1	Audit Committee	Hyperlink to NHS Wales Audit Committee Handbook inserted	N/A
3.2.1	3.2.1	Chief Executive	Section updated to latest Public Sector Internal Audit Standards & hyperlink inserted	N/A
3.3.1	3.3.1	Internal Audit	Section updated to latest Public Sector Internal Audit Standards	N/A
3.4.4	3.4.3	External Audit	Section deleted as Audit Wales produce an annual audit plan for audited bodies, an audit strategy is not used.	N/A
	3.4.8 & 3.4.9	External Audit	New paragraphs added to LHB & Trust SFIs - from the 2018 HEIW SFI. To ensure consistency, where appropriate, across LHB, NHS Trusts and HEIW SFIs	N/A
3.4.10	3.4.11	External Audit	reference included for "Structured Assessments"	N/A
3.5.2	3.5.2	Fraud and Corruption	Section corrected to link Local Counter Fraud Specialist (LCFS) requirement to Directions to NHS bodies on Counter Fraud Measures 2005 - not Counter Fraud manual	N/A
3.5.3	3.5.3	Fraud and Corruption	Section updated to latest name for NHS Counter Fraud Authority NHSCFA	N/A

# HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
3.5.4	3.5.4	Fraud and Corruption	explicit reference to "proactive and reactive" counter fraud work	N/A
3.5.5	3.5.5	Fraud and Corruption	section updated to latest requirement to participate in National Fraud Initiative(NFI)	N/A
4 & 5	4	Alloctions & Financial Duty & Integrated Planning Chapters	Section added for HEIW	N/A
6	6	Financial Management & Budgetary Control	Chapter heading and contents updated in language to be consistent with that used in NHS financial management and reporting. "Budgetary Control" in the way wording was used and structured was more 1980s and 1990s style.	N/A
	6.1	Budget Setting	Section updated and enhanced to include specific reference to Board approved plans and business cases, Well-being of Future Generations Act etc.	Well Being and Future Generations Act (2015)
	6.2	Budgetary Delegation	Tidy up of section to include relevant delegation requirements from Chief Executive to budget holders & letters of accountability	N/A
	6.3	Financial Management, Reporting and Budgetary Control	Section updated and enhanced to reflect current Financial Management rather than just Budgetary Control. The section has more details on financial management reporting including NHS Finance Academy best practice guide to Board financial reporting	N/A
	6.5	Reporting to Welsh Government - Monitoring Returns	Hyperlink to financial monitoring returns circular inserted	
7	7	Annual Accounts	Minor changes to chapter - mainly cross referencing Welsh Government's Manual for Accounts requirements	N/A
		Shared and Hosted Services Arrangements	Chapter deleted as this is fully covered in Standing Orders Chapter 4 "NHS Wales Shared Services Partnership"	N/A
9	8	Banking Arrangements	Chapter updated to reflect requirement, not option, to use Government Banking Service and also to update to reflect best banking arrangements practice	N/A

# HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
10	9 & 10	Income, Fees and Charges and Security of Cash, Cheques and other Negotiable Instruments	Chapter split into two for clarity - one on <b>cash, and handling of cash</b> , and one on <b>income and debt recovery</b> . Previous chapter too mixed up.	N/A
	9.1	General	Section has been updated and enhanced - specifically around use of payment cards	N/A
	10.4	Income Due and Debt Recovery	Explicit reference now included for role of budget holders to inform on income due and on any salary & expenses overpayments	N/A
14	11	Non-Pay Expenditure	Non-Pay Expenditure chapter brought forward to chapter 10 (just before the Procurement chapter). This aligns with Procure To Pay (P2P) process for non pay goods and services - that is the authority to initiate expenditure just before the requisitioning & procuring of those goods and service.	N/A
	11.2	Director of Finance's responsibilities	Elements of responsibility taken out as responsibilities for national systems & national processes now lie with NWSSP	N/A
	11.4	Departures from SFI's	New section - similar section applies in WG SFIs	N/A
11	12 & 14	Grant Funding, Procurement and Contracting for Goods and Services	Grant Funding section transferred to its own separate chapter 14	N/A
11.1, 11.2 & 11.3	14.2, 14.3 & 14.4	Grant Funding	Grant Funding paragraph transfers from Chapter 11 to 14	N/A

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# HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
11	12	Procurement and Contracting for Goods and Services	Chapter rewritten to align with the arrangements in NHS Wales, including clarifying responsibilities of both LHBs and also NWSSP Procurement. Procurement chapter has been reordered so that sections are in line with Procurement Manual, specifically the Procure To Pay (P2P) process.	N/A
	12.1	Procurement Services	New section to clarify responsibilities of both LHBs and also NWSSP Procurement. Also noting that "procurement" also refers to local procurement - for example pharmacy and works who undertake procurement on a devolved basis	N/A
	12.2	Policies and procedures	Reference to Procurement Manual included. <b>Procurement Manual now replaces Supplementary Guidance as Schedule 1 of the SFIs - thereby formally adopted and incorporated within the SFIs.</b> Further specific clarification of responsibilities of both LHBs and also NWSSP Procurement	N/A
	12.3	Procurement Principles	Reference made to the primary regulations/guidance the updated - "The Public Contract Regulations (2015, No. 102) and Wales Procurement Policy Statement (WPPS)	The Public Contract Regulations (2015, No. 102)
	12.4	Procurement Regulations and Legislation Governing Public Procurement	Reference made to latest relevant legislation & regulations - "The Public Contract Regulations (2015, No. 102), Well Being and Future Generations Act (2015) as well as other relevant legislation and regulation, e.g. Welsh language (Wales) Measure 2011. Reference to EU Directives removed, focus on PCR (adopted in UK Law)	The Public Contract Regulations (2015, No. 102) and Well Being and Future Generations Act (2015)
	12.5	Procurement Procedures	Responsibility for setting and maintaining and making procedures available with NWSSP. Responsibility for following with HEIW.	N/A
	12.6	Procurement Consent / Notification	Reference to Procurement Manual added and to requirements for HEIW to notify Welsh Government for contracts £1 million, and above, prior to the contract being let. Additional sentence to note notification requirements apply to goods and services procured through public sector contract frameworks.	N/A

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# HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
	12.7	Sustainable Development	Section inserted to emphasise requirement for Sustainable Development & Wellbeing goals. New paragraph detailing requirement to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains	N/A
	12.9 & 12.10	Planning Procurements & Procurement Process	Procurement Procedures section improved, updated and enhanced into two sections Planning Procurements & Procurement Process - as recommended by NWSSP Procurement professional colleagues	N/A
	12.11	Procurement Thresholds	Additional narrative on application of thresholds now included	N/A
	12.12	Designing Competitions	New section - as recommended by NWSSP Procurement. Details on budget holder responsibilities, performance measures and criteria	N/A
	12.13	Single Quotation or Single Tender Application	New section - as recommended by NWSSP Procurement. Detailing the exceptionality, steps required ,authorisation and reporting requirements etc.	N/A
	12.14	Disposals	New small section - as recommended by NWSSP Procurement.	N/A
	12.15	Evaluation, Approval and Award	New section on Evaluation, Approval and Award which is aligned with detail contained in Procurement Manual.	N/A
	12.16	Contract Management	Additional bullet points added on obligations/actions	N/A
	12.17	Extending & Varying Contracts	New section - as recommended by NWSSP Procurement. Detailing when varying is applicable, limits, process and risks etc.	N/A
	12.18	Transactional Processes - Requisitioning	Clarified as part of the core transactional processes and separated to provide greater emphasis i.e. supportive of No PO No Pay Policy. Also supported by Finance Academy Transactional Process Manual	N/A
	12.19	No Purchase Order, No Pay	New section to ensure compliance with 'No Purchase Order, No Pay' policy	N/A
	14.1	Grant Funding - Legal Advice	New section emphasising need, under Grant Funding, to seek legal advice and to follow grants toolkit.	N/A
	15.1.5	Remuneration and Terms of Service Committee	New paragraph defining role for Committee on redundancy cases, Voluntary Early Release applications as well as any novel employment and pay cases, such as compromise agreements and non-disclosure agreements	N/A
	15.3.1	Staff Appointments	New paragraph linking staff appointment to authorisation in accordance with Scheme of Delegation	N/A

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# HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
	15.4.2	Pay Rates and Terms and Conditions	New paragraph on pay for board members, and other senior employees- linking to paragraphs 15.1.2 and 15.1.3	N/A
	15.5.1	Payroll	Defining payroll service from NHS Wales Shared Services Partnership	N/A
	15.5.2	Payroll	Explicit reference to comply with HMRC, Pensions Agency and other regulations etc	N/A
	15.5.3	Payroll	Reference to Service Level Agreement, not contract, for payroll service from NHS Wales Shared Services Partnership	N/A
	16.1, 16.2 & 16.3	Capital Investment, Fixed Asset Registers and Security of Assets	Additional sections added to the chapter on Capital Plan(16.1), Capital Investment Decisions(15.2) and Capital Projects(16.3). These comprehensive additions include aligning with Planning Framework, NHS Wales Infrastructure Investment Guidance and Better Business Cases (including hyperlinks to both)	N/A
	16.4	Capital Investment Procedures and Responsibilities	Explicit reference for CEO responsibility to ensure Capital Plan approved by Board, and for Directors of Planning and Finance to issue detailed procedures.	N/A
	16.4.8	Capital Procedures and Responsibilities	Reference included to application of Welsh Government Project Bank Accounts policy on capital schemes greater than £2m	N/A
	16.5	Capital Financing with the Private Sector	Reference made to the new Mutual Investment Model within this section.	N/A
	16.6	Asset Registers	Responsibilities explicitly identified and updated in this section	N/A
	17.2.3	Control of Stores, Stocktaking, condemnations and disposal	Director of Finance responsibilities paragraph expanded	N/A

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# HEIW - SHA

Previous Paragraph Reference	New Paragraph Reference	Section Heading	Reason for Amendment (if applicable)	Cross reference to legislation
	18	Disposals and Condemnations, Losses and Special Payments	Chapter updated to reflect current names for Welsh Government, the Health & Social Services Group etc. Also emphasised that disposals and condemnation applied to assets and goods, not just assets.	N/A
	19	Informatics and Digital	Chapter updated to reflect current landscape, and naming convention, from "Information Management and Technology" to "Digital, Data and Technology". Chapter more focused on informatics, and the governance thereof, rather than IM&T (in the traditional sense of IT etc)	N/A
	19.2	Responsibilities and duties of the responsible Director	References updated to include Network and Information Systems Regulations 2018, General Data Protection Regulations and any relevant domestic law considerations via the Data Protection Act 2018.	Network and Information Systems Regulations 2018, Data Protection Act 2018
	20	Funds Held on Trust (Charitable Funds)	Minor wording changes - reflect they are called both Funds Held on Trust & Charitable Funds. Added reference to Annual Accounts requirement	N/A
	21	Retention of Records	References updated to Data Protection Act 2018.	Data Protection Act 2019
	Schedule 1	General Consent to Enter Individual Contracts	Letter of 30 November 2020 added	

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<b>Dyddiad y Cyfarfod</b>	<b>21 Gorffennaf 2021</b>	<b>Eitem ar yr Agenda</b>	<b>XX</b>
<b>Teitl yr Adroddiad</b>	<b>Rheolau Sefydlog wedi'u Diweddarau</b>		
<b>Awdur yr Adroddiad</b>	Catherine English, Rheolwr Llywodraethu Corfforaethol		
<b>Noddwr yr Adroddiad</b>	Dafydd Bebb, Ysgrifennydd y Bwrdd		
<b>Cyflwynwyd gan</b>	Dafydd Bebb, Ysgrifennydd y Bwrdd		
<b>Rhyddid Gwybodaeth</b>	Agored		
<b>Diben yr Adroddiad</b>	Cyflwyno i'r Bwrdd, i'w hystyried a'u cymeradwyo, Rheolau Sefydlog drafft AaGIC wedi'u diweddarau yn unol â'r Rheolau Sefydlog Enghreifftiol a gyhoeddwyd yn ddiweddar gan Lywodraeth Cymru a diwygiadau lleol i'r terfynau ariannol dirprwyedig		
<b>Materion Allweddol</b>	<p>Cafodd Rheolau Sefydlog Enghreifftiol Diwygiedig eu cyhoeddi'n ddiweddar gan Lywodraeth Cymru.</p> <p>Yn unol â hyn, cafodd Rheolau Sefydlog AaGIC eu hadolygu a'u diweddarau gan ystyried newidiadau a wnaed i'r fersiynau Enghreifftiol ac unrhyw ddiwygiadau lleol.</p> <p>Gofynnir i'r Bwrdd hefyd gymeradwyo diwygiadau i derfynau ariannol dirprwyedig AaGIC.</p> <p>Ystyriwyd y diwygiadau arfaethedig mewn cyfarfod o'r Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 21 Gorffennaf. Yn y cyfarfod hwnnw, argymhellodd y Pwyllgor y dylai'r Bwrdd gymeradwyo'r diwygiadau arfaethedig i'r Rheolau Sefydlog.</p> <p>Mae'r Rheolau Sefydlog diwygiedig i'w gweld yn Atodiad 1.</p>		
<b>Gweithredu Penodol Gofynnol (✓un yn unig)</b>	<b>Gwybodaeth</b>	<b>Trafodaeth</b>	<b>Sicrwydd</b>
			<b>Cymeradwyaeth</b>
			✓
<b>Argymhellion</b>	<p>Gofynnir i'r Bwrdd:</p> <ul style="list-style-type: none"> <li><b>Adolygu a chymeradwyo</b> Rheolau Sefydlog diwygiedig AaGIC (Atodiad 1).</li> </ul>		

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# RHEOLAU SEFYDLOG WEDI’U DIWEDDARU

## 1. CYFLWYNIAD

Er bod gofyniad i adolygu'r Rheolau Sefydlog yn flynyddol er mwyn sicrhau eu bod yn parhau i fod yn gywir ac yn gyfredol, cafodd Rheolau Sefydlog Enghreifftiol diwygiedig eu hadolygu'n ddiweddar gan Lywodraeth Cymru ar y cyd â chynrychiolwyr grŵp cyfoedion Bwrdd yr Ysgrifenyddion. Cyhoeddwyd y dogfennau enghreifftiol diwygiedig hyn yn unol â phwerau cyfarwyddo'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol mewn gohebiaeth dyddiedig 7 Ebrill 2021.

Yn unol â hyn, mae Rheolau Sefydlog AaGIC wedi'u hadolygu a'u diweddarau i adlewyrchu'r newidiadau a wnaed i'r fersiynau enghreifftiol. Cynigir diwygiadau lleol hefyd i'r terfynau ariannol dirprwyedig. Mae'r diwygiadau hyn yn ymwneud â chynyddu'r terfyn ar gyfer cymeradwyo taliadau sy'n ymwneud â'r Cyflogwr Arweiniol Sengl a nodi gwariant 'Cyfalaf' ar wahân a phennu terfynau unigol.

## 2. CEFNDIR

Mae angen sicrhau bod Rheolau Sefydlog Enghreifftiol sefydliadau GIG Cymru yn gyfredol. O ganlyniad i hyn mae gofyniad ar AaGIC i adolygu ei Reolau Sefydlog yn erbyn y Rheolau Sefydlog Enghreifftiol hyn yn flynyddol.

## 3. CYNNIG

### Rheolau Sefydlog

Amgaeir copi o'r Rheolau Sefydlog wedi'u diweddarau yn Atodiad 1.

Ceir gwybodaeth gefndir ychwanegol o ran y diwygiadau i'r Rheolau Sefydlog isod.

### Cyffredinol

Cafodd y Rheolau Sefydlog eu diweddarau ar gyfer y ddeddfwriaeth a'r rheoliadau diweddaraf gyda geiriad newydd a hyperddolenni wedi'u mewnosod lle bo angen, er enghraifft at ddeddfwriaeth newydd neu ddeddfwriaeth wedi'i diwygio, ac mae'r geiriad hefyd wedi'i ddiwygio i adlewyrchu teitlau cywir neu ddiwygiedig sefydliadau ynghyd â diwygiadau lleol i'r terfynau ariannol dirprwyedig.

### Ymlaen

- Paragraff 1 – mae'r cyfeiriad at y cyfan neu unrhyw rai o'r rheolau sefydlog wedi'i ddileu gan fod yn rhaid i ddarpariaethau gydymffurfio â'r Rheoliadau a Chyfarwyddiadau ac ni chaiff AaGIC ddirymu'r holl Reolau Sefydlog.

### Adran A – Cyflwyniad

#### *Fframwaith Statudol*

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- Paragraff vi – mae wedi'i ddiwygio i gadarnhau'r darpariaethau cyfreithiol sy'n ymwneud ag aelodau a gweithdrefnau AaGIC.
- Paragraff xii – (Indemniad i'r Cadeirydd neu Aelod Annibynnol) wedi'i symud i Baragraff 1.4.4.

### *Fframwaith y GIG*

- Paragraff xv – mae'r paragraff wedi'i ddiwygio i gyfeirio at ddyletswyddau cyfreithiol AaGIC o dan Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 ac i ddileu'r cyfeiriad at y GIG wedi'i ailstrwythuro.
- Paragraff xvi – mae'r paragraff wedi'i ychwanegu er mwyn sicrhau cysondeb â Rheolau Sefydlog Enghreifftiol Ymddiriedolaethau.
- Paragraff xvii – dolen wedi'i diweddaru at E-lawlyfr Llywodraethu GIG Cymru.

### *Cymhwyso'r Rheolau Sefydlog*

- Paragraff xx – mae'r paragraff hwn wedi'i ddiwygio i adlewyrchu'r farn nad oes gan AaGIC awdurdod i sefydlu cydbwyllgorau.
- Paragraff xxii – mae'r paragraff hwn wedi'i ychwanegu i bwysleisio'r ffaith bod methu â chydymffurfio â'r Rheolau Sefydlog yn fater disgyblu a allai arwain at ddiswyddo unigolyn o'i swydd neu eu tynnu oddi ar y Bwrdd.

### *Rôl Ysgrifennydd y Bwrdd*

- Paragraff xxvii – wedi'i ddiweddaru i adlewyrchu'r farn bod Ysgrifennydd y Bwrdd yn atebol yn uniongyrchol i'r Cadeirydd, ac yn adrodd i'r Prif Weithredwr o ddydd i ddydd. Fe'i diwygiwyd i sicrhau cysondeb â Phroffil Rôl Enghreifftiol Ysgrifennydd Bwrdd ac i sicrhau cysondeb â diwygiadau a wnaed i Reolau Sefydlog Enghreifftiol Byrddau ac Ymddiriedolaethau Iechyd Lleol.

### Adran B – Rheolau Sefydlog

#### *1.1 – Aelodaeth o Fwrdd Addysg a Gwella Iechyd Cymru*

- Paragraff 1.1.1 – mae wedi'i ddiweddaru i adlewyrchu teitl newydd y Gweinidog.
- Paragraff 1.1.3 – mae'r paragraff hwn yn egluro bod modd i'r Cadeirydd ac Aelodau nad ydynt yn Swyddogion benodi Aelod Swyddog, gan gydymffurfio â Rheoliad 3(1)(d) o Reoliadau AaGIC 2017.
- Paragraff 1.1.5 – mae geiriau wedi'u hychwanegu i adlewyrchu barn y Gweinidog nad yw'n briodol fel arfer i Aelod nad yw'n Swyddog i wasanaethu ar Fwrdd mwy nag un o gyrff y GIG yng Nghymru.
- Paragraff 1.1.6 – mae'r paragraff hwn wedi'i ddiwygio i adlewyrchu teitl newydd y Gweinidog.

#### *1.2 – Cyd-aelodaeth*

- Adran 1.2 – mae wedi'i hychwanegu i sicrhau cysondeb â Rheolau Sefydlog Enghreifftiol Byrddau ac Ymddiriedolaethau Iechyd Lleol ac mae'n egluro'r sefyllfa pan fydd rôl Bwrdd yn cael ei rhannu rhwng mwy nag un o bobl.

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### *1.3– Tymor Aelodau'r Bwrdd*

- Paragraff 1.3.1 – cafodd ei ddiwygio i adlewyrchu teitl newydd y Gweinidog.
- Paragraff 1.3.4 – mae'n adlewyrchu'r ffaith bod gofynion cymhwysra wedi'u pennu yn Atodlen 1 o Reoliadau AaGIC. Nid oes gan AaGIC Reoliad Cyfansoddiad.

### *1.4 – Rôl Bwrdd AaGIC a Chyfrifoldebau Aelodau Unigol*

- Paragraff 1.4.4 – Mae'r paragraff hwn ar indemniad y Cadeirydd ac Aelodau Annibynnol wedi'i symud o Adran A Paragraff xii i sicrhau cysondeb gyda'r Rheolau Sefydlog Enghreifftiol ar gyfer Byrddau ac Ymddiriedolaethau Iechyd Lleol.

### *2- Cadw a Dirprwyo Swyddogaethau AaGIC*

- Paragraff 2.0.4 – mae'r paragraff ar Gytundebau Cydwasanaethau ac a Letyir wedi'i ddileu a'i ychwanegu yn Adran 4.
- Paragraff 2.2.2 - mae'r paragraff wedi'i ddiwygio i adlewyrchu'r farn nad oes gan AaGIC yr awdurdod i sefydlu cydbwyllgorau.

### *3- Pwyllgorau*

- Paragraff 3.1.2 – mae'r paragraff wedi'i ddiweddarau i adlewyrchu'r farn nad oes gan AaGIC yr awdurdod i sefydlu cydbwyllgorau.
- Paragraff 3.3.6 – mae geiriau wedi'u hychwanegu i adlewyrchu'r farn na ddylai aelodaeth Pwyllgorau gynnwys swyddogion na chyfarwyddwyr gweithredol AaGIC. Mae'r geiriad yn gydnaws â'r Rheolau Sefydlog Enghreifftiol ar gyfer Byrddau ac Ymddiriedolaethau Iechyd Lleol.

### *4- Partneriaeth Cydwasanaethau GIG Cymru*

- Adran 4 – mae wedi'i symud o Baragraff 2.0.4 a'i diweddarau i adlewyrchu diwygiadau i'r Rheoliadau

### *6 – Cyfarfodydd*

- Paragraff 6.1.1 – mae ail bwynt bwled y paragraff wedi'i newid i ddangos bod modd i gyfarfodydd gael eu cynnal yn rhithiol
- Paragraff 6.1.1 – mae trydydd pwynt bwled y paragraff wedi'i newid i ddangos bod modd darparu fformatau hygyrch pan fydd angen a phan wneir cais amdanynt
- Paragraff 6.2.4 – mae'r paragraff hwn wedi'i ddiwygio i adlewyrchu ymarfer yn GIG Cymru ac i sicrhau cysondeb â Rheolau Sefydlog Enghreifftiol ar gyfer Byrddau ac Ymddiriedolaethau Iechyd Lleol.
- Paragraff 6.2.5 – mae dyddiad y Cyfarfod Blyneddol Cyffredinol wedi'i newid i sicrhau cysondeb â Rheolau Sefydlog Enghreifftiol ar gyfer Byrddau ac Ymddiriedolaethau Iechyd Lleol a Phennod 3 y Llawlyfr Cyfrifon.
- Paragraff 6.2.6 – mae'r paragraff wedi'i ychwanegu i sicrhau cysondeb â Deddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960. Nid yw bellach yn un o ofynion y Ddeddf i arddangos copïau caled.

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- Paragraff 6.2.7 – mae cyfeiriad at yr Adroddiad Cydraddoldeb Blynyddol wedi'i ddileu i sicrhau disgresiwn i AaGIC a chysondeb â Rheolau Sefydlog Enghreifftiol ar gyfer Byrddau ac Ymddiriedolaethau Iechyd Lleol.
- Paragraff 6.4.4 – mae'r paragraff wedi'i ail-eirio i ehangu'r cwmphas i allu cynnwys pob asesiad o effaith perthnasol.
- Paragraff 6.4.7 – mae'r pwynt bwled cyntaf wedi'i ddileu i adlewyrchu'r ffaith nad yw Deddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960 bellach yn mynnu hysbysiad ar brif safleoedd.
- Paragraff 6.5.1 – mae cyfeiriad at system dolen sain wedi'i ddileu.
- Paragraff 6.5.13 – wedi'i ddiwygio er mwyn eglurder.

## 7 – Gwerthoedd a Safonau Ymddygiad

- Paragraff 7.2.8 – wedi'i ddiwygio i adlewyrchu ffynhonnell y darpariaethau yn gywir.
- Paragraffau 7.5, 7.7, 7.7.1 a 7.7.5 – maent wedi'u diweddaru i gynnwys cyfeiriad at nawdd yn unol â'r Diwygiad i Reolau Sefydlog Ymddiriedolaethau a Byrddau Iechyd Lleol ym mis Medi 2019.
- Adran 7.6 – mae'r adran wedi'i hychwanegu i adlewyrchu'r Diwygiad i Reolau Sefydlog Ymddiriedolaethau a Byrddau Iechyd Lleol ym mis Medi 2019.

## 8 – Selio a Llofnodi Dogfennau

- Paragraff 8.0.1 – mae'r geiriad wedi'i ddiwygio i ddangos bod y Cynllun Dirprwyo'n datgan bod penderfyniadau a chymeradwyaeth i ddefnyddio'r sêl wedi'i neilltuo i'r Bwrdd.
- Paragraff 8.2.2 – wedi'i ddiwygio i osgoi dyblygu.

## 9 – Cael Sicrwydd ar Gynnal Busnes AaGIC

- Paragraff 9.0.3 – mae'r geiriad wedi'i ddiwygio i sicrhau cysondeb â Rheolau Sefydlog Enghreifftiol Byrddau ac Ymddiriedolaethau Iechyd Lleol.
- Paragraff 9.1.1 – mae'r geiriad wedi'i ddiweddaru i adlewyrchu Safonau Archwilio Mewnol GIG Cymru.
- Paragraff 9.2.3 – mae'r geiriad wedi'i ddiweddaru i adlewyrchu teitl newydd Llywodraeth Cymru.
- Paragraff 9.3.3 – mae'r geiriad wedi'i ddiweddaru i ddangos enwau sefydliadau Llywodraeth Cymru yn gywir.

## 11 – Adolygu Rheolau Sefydlog

- Paragraff 11.0.1 – mae wedi'i ail-eirio i adlewyrchu'r angen i gynnal unrhyw asesiad gofynnol.

## Atodlen 1 – Cynllun Cadw a Dirprwyo Pwerau

Cyflwyniad – mae pwynt iii wedi'i ddileu i adlewyrchu'r farn nad oes gan AaGIC awdurdod i sefydlu cydbwyllgorau.

## Rhestr o Faterion a Gedwir yn ôl i'r Bwrdd

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- 2/2 – AaGIC i fewnosod manylion yma i sicrhau cysondeb â Chynlluniau Dirprwyo Enghreifftiol eraill.
- 3/18 – Mae'r derminoleg wedi'i diwygio i adlewyrchu'r angen i gytuno ar drefniadau ar gyfer penderfynu sut y caiff safonau eu mabwysiadu yn hytrach na dweud y bydd AaGIC yn mabwysiadu pob safon.
- NA/3 – Mae'r angen i gymeradwyo'r Fframwaith Llywodraethu yn ofyniad newydd y cytunwyd arno gan Grŵp Gorchwyl a Gorffen y Cynllun Dirprwyo.
- 5/9 – Teitl y polisi perthnasol i'w ychwanegu yma.
- 6/15 – Mae cyfeiriad at risg a sicrwydd wedi'i ddileu i adlewyrchu penderfyniad Grŵp Gorchwyl a Gorffen y Cynllun Dirprwyo i wahanu perfformiad oddi wrth risg a sicrwydd.
- NA/6 – Wedi'i ychwanegu i sicrhau cysondeb â'r Rheolau Sefydlog a'r argymhellion a wnaed gan Grŵp Gorchwyl a Gorffen y Cynllun Dirprwyo.
- 9/7 – wedi'i ddiwygio i sicrhau cysondeb â'r Rheolau Sefydlog a'r argymhellion a wnaed gan Grŵp Gorchwyl a Gorffen y Cynllun Dirprwyo.
- 11/17 – Y geiriad wedi'i ddiwygio i ddangos bod modd dirprwyo cymeradwyaeth i Bwyllgor. Mae'r geiriad hefyd wedi'i ddiwygio i gyfeirio at bryderon a'r angen i ystyried gofynion iechyd a diogelwch.
- 12/28 – mae cyfeiriad at y darpariaethau cyfreithiol wedi'i ddiweddarau i gynnwys Llawlyfr Cyfrifon Llywodraeth Cymru.
- 16/20 – mae'r geiriad wedi'i ddiweddarau i adlewyrchu Rheoliad 3(1)(d) a 3(4) o Reoliadau AaGIC, bod aelodau nad ydynt yn swyddogion yn penodi pob aelod sy'n swyddog.
- 17/21 – mae cyfeiriad at aelodau o'r Bwrdd sy'n swyddogion wedi'i ddileu ac ychwanegwyd cyfeiriad at Gyfarwyddiadau Gweinidogol ac Ysgrifennydd y Bwrdd.
- NA/22 – wedi'i ychwanegu i roi eglurder ynglŷn â'r angen i roi cyngor i Lywodraeth Cymru ar unrhyw setliadau o £50,000 neu fwy.
- 18/10 – ychwanegwyd cyfeiriad at Ysgrifennydd y Bwrdd.
- 20/24 – mae cyfeiriad at unrhyw gydbwyllgor wedi'i ddileu i adlewyrchu'r farn nad oes gan AaGIC awdurdod i sefydlu cydbwyllgorau.
- 23/27 - mae cyfeiriad at unrhyw gydbwyllgor wedi'i ddileu i adlewyrchu'r farn nad oes gan AaGIC awdurdod i sefydlu cydbwyllgorau.
- 27/16 – mae'r geiriad wedi'i ddiweddarau i gyfeirio at fframwaith a strategaeth AaGIC ar gyfer risg a sicrwydd.
- 28 a 29 – wedi'u dileu ac maent yn awr wedi'u cynnwys yn 30/12.
- 30/12 – wedi'i ddiweddarau i gynnwys cyfeiriad at y cyfathrebu a'r ymgysylltu â rhanddeiliaid a oedd wedi'i gynnwys cyn hynny o fewn darpariaethau 28 a 29.
- 32/31 – mae teitl Ysgrifennydd y Cabinet wedi'i newid i Weinidog.
- 33/32 – mae'r geiriad wedi'i ddiwygio i gyfeirio at y Cyfarwyddiadau Ariannol Safonol yn ychwanegol at y Cynllun Dirprwyo.
- 35/34 – ychwanegwyd y geiriau 'fel y bo'n briodol'.
- 36/35 – ychwanegwyd y geiriau 'fel y bo'n briodol'.
- 37/36 – ychwanegwyd y term 'arwyddocaol' i adlewyrchu rôl y Pwyllgor o ran derbyn adroddiadau mwy rheolaidd.
- 41/40 – ychwanegwyd y geiriau 'lle bo'n ofynnol'.
- 42/41 – ychwanegwyd cyfeiriad at unrhyw ganllawiau a chyfarwyddiadau y gellir eu cyhoeddi.
- Diweddarwyd teitl y Cyfarwyddwr Nyrsio i Gyfarwyddwr Nyrsio ac Addysg Broffesiynol.

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## Terfynau Ariannol Dirprwyedig

Gwneir cais am y diwygiadau canlynol i'r Terfynau Ariannol Dirprwyedig:

- Taliadau Cyflogwr Arweiniol Sengl (SLE) – O ganlyniad i ehangu'r broses SLE sy'n cael ei rheoli gan Bartneriaeth Cydwasanaethau GIG Cymru (NWSSP) mae newid i'r ffordd y caiff costau eu hailgodi, ac wrth i fwy o hyfforddeion gael eu derbyn mae cyfanswm y costau'n codi. Yn flaenorol, roedd AaGIC, a lle y bo'n berthnasol, y Byrddau Iechyd, yn cael eu hanfonebu am elfennau ar wahân o'r cynllun ar ôl i'r costau gael eu talu. Oherwydd yr effaith gynyddol ar lif arian Felindre (sy'n cynnal NWSSP), mae'r CLG newydd yn nodi amserlen dalu sy'n cyfuno pob elfen o'r SLE mewn un taliad misol. Mae'r taliadau misol hyn bellach yn fwy na'r terfyn ariannol dirprwyedig o £3m ar gyfer y Prif Weithredwr ac mae wedi ei gwneud yn ofynnol i Gam Gweithredu'r Cadeirydd gymeradwyo'r taliad ar gyfer Mehefin 2021 (wedi'i ymestyn i fis Medi 2021 i gael cymeradwyaeth ar gyfer newidiadau). Felly, y cynnig yw cynyddu'r terfyn ariannol dirprwyedig ar gyfer y Prif Weithredwr a'r Dirprwy Brif Weithredwr (pan fydd yn gweithredu yn y rôl honno) ar gyfer taliadau misol NWSSP SLE hyd at £4m.
- Gwariant Cyfalaf – Ar hyn o bryd mae gan AaGIC gyllideb gyfalaf flynyddol o £100k ac fel y nodir yng Ngweithdrefn Rheolaeth Ariannol 2 (FCP2) rhaid i unrhyw geisiadau cyfalaf gael eu hystyried gan y Tîm Gweithredol i'w cymeradwyo. Yn unol â pharagraff 6.4.1 o'r Cyfarwyddiadau Ariannol Sefydlog, sy'n nodi, *'Bydd y rheolau cyffredinol sy'n berthnasol i ddirprwyo ac adrodd hefyd yn berthnasol i variant cyfalaf yn amodol ar unrhyw ofynion adrodd penodol sy'n ofynnol gan Weinidogion Cymru'* mae'r broses archebu derfynol wedi'i chymeradwyo'n hanesyddol yn unol â'r terfynau 'refeniw' priodol. Yn sgil y twf posibl mewn gofynion cyfalaf yn y dyfodol agos, yn fewnol a thrwy newidiadau allanol fel cynnal Swyddfa'r Prif Swyddog Digidol, byddai'n ddoeth nodi terfynau ariannol dirprwyedig ar wahân ar gyfer gwariant cyfalaf er mwyn gwneud y trefniadau rheoli'n fwy tryloyw. Felly, y cynnig yw diwygio'r Terfynau Ariannol Dirprwyedig i restru eitemau cyfalaf a refeniw ar wahân, a gosod y terfyn cymeradwyo cyfalaf yn £100k ar gyfer y Prif Weithredwr, y Dirprwy Brif Weithredwr (pan fydd yn gweithredu yn y rôl honno) a'r Cyfarwyddwr Cyllid. Byddai'r Bwrdd yn cadw lefel gymeradwyaeth ddiderfyn i gyfateb i'r terfynau refeniw.

### Atodlen 2 – Canllawiau Allweddol, Cyfarwyddiadau a Dogfennau Cysylltiedig Eraill

Fframwaith AaGIC – mae pwynt bwled wedi'i ychwanegu i gynnwys y Polisi Cydraddoldeb a Hawliau Dynol.

### Atodlen 3 – Trefniadau Pwyllgorau'r Bwrdd

Mae'r Cylch Gorchwyl ar gyfer Pwyllgorau AaGIC yn cael ei adolygu'n flynyddol a bydd yn cael ei gyflwyno i'r Bwrdd i'w gymeradwyo.

### MATERION LLYWODRAETHU A RISGIAU

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Cyhoeddir Rheolau Sefydlog Enghreifftiol gan Weinidogion Cymru i gyrrf perthnasol gan ddefnyddio pwerau cyfarwyddo a ddarperir o dan adran 12(3) o Ddeddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006. Rhaid i AaGIC gytuno ar y Rheolau Sefydlog ar gyfer rheoleiddio ei drafodion a'i fusnes. Mae'r Rheolau Sefydlog wedi'u cynllunio i drosi gofynion statudol yn arferion gweithredu o ddydd i ddydd ac i greu fframwaith rheoleiddio ar gyfer cynnal busnes AaGIC. Mae system gadarn o reolaeth fewnol yn sicrhau bod unrhyw risgiau o ran cyflawni amcanion AaGIC yn cael eu canfod, eu hasesu a'u rheoli.

## 5. GOBLYGIADAU ARIANNOL

Nid oedd dim goblygiadau ariannol i'r Bwrdd eu hystyried/eu cymeradwyo.

## 6. ARGYMHELLIAD

Gofynnir i'r Bwrdd:

- **Adolygu a chymeradwyo Rheolau Sefydlog AaGIC (Atodiad 1).**

Llywodraethu a Sicrwydd			
<b>Dolen at nodau strategol IMTP</b> <i>(✓ os gwelwch yn dda)</i>	<b>Nod Strategol 1:</b> Arwain y gwaith o gynllunio, datblygu a sicrhau llesiant gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflawni 'Cymru Iachach'	<b>Nod Strategol 2:</b> Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	<b>Nod Strategol 3:</b> Gweithio â phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel
	✓	✓	✓
	<b>Nod Strategol 4:</b> Datblygu gweithlu sy'n helpu i gyflawni diogelwch ac ansawdd	<b>Nod Strategol 5:</b> Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	<b>Nod Strategol 6:</b> Cael ei gydnabod fel partner, dylanwadrwr ac arweinydd rhagorol
	✓	✓	✓
<b>Ansawdd, Diogelwch a Phrofiad y Claf</b>			
Dim			
<b>Goblygiadau Ariannol</b>			
Dim			
<b>Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</b>			
Mae'n hanfodol bod AaGIC yn cydymffurfio â chyfarwyddiadau a gyhoeddwyd gan Lywodraeth Cymru			
<b>Goblygiadau Staffio</b>			
Dim.			
<b>Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</b>			
Dim			
<b>Hanes Adroddiad</b>	<b>yr</b>	Cafodd y diwygiadau arfaethedig i Reolau Sefydlog AaGIC eu hystyried yng nghyfarfod y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 21 Gorffennaf.	
<b>Atodiadau</b>		<ul style="list-style-type: none"> <li>• Atodiad 1 – Rheolau Sefydlog diwygiedig AaGIC.</li> </ul>	



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

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

## Standing Orders

**Executive Sponsor & Function:**

Board Secretary

**Document Author:**

Board Secretary

**Approved by:**

HEIW Board

**Approval Date:**

28 January 2021

**Date of Equality Impact Assessment:**

19 March 2019

**Equality Impact Assessment Outcome:**

No impact

**Review Date:**

January 2022

**Version: V4**

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Health Education and Improvement Wales  
Model Standing Orders

Status: Version 4 – January 2021

## Foreword

The Health Education and Improvement Wales 'HEIW' Regulations 2017 provides that HEIW must make standing orders for the regulation of its proceedings and business.

The HEIW Board must consider and agree to adopt the Standing Orders (SOs) for the regulation of their proceedings and business. They are designed to translate the statutory requirements set out in legislation into day to day operating practice, and, together with the adoption of a Scheme of Decisions reserved to the Board; a Scheme of Delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of HEIW.

These documents form the basis upon which HEIW's governance and accountability framework is developed and, together with the adoption of the HEIW's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for health organisations in Wales.

All HEIW Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Board Secretary will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements within HEIW.

Further information on governance in the NHS in Wales may be accessed at [www.wales.nhs.uk/governance-emanual/](http://www.wales.nhs.uk/governance-emanual/)

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## Section A – Introduction

### Statutory framework

- i) Health Education and Improvement Wales (HEIW) is a Special Health Authority (SHA) that was established on 05 October 2017 and became operational on the 01 October 2018, following a six month period in shadow form under The Health Education and Improvement Wales (Establishment and Constitution) Order 2017 (SI No. 913 (W. 224)) “the Establishment Order”.
- ii) The principal place of business of HEIW is – Ty Dysgu, Cefn Coed Parc, Nantgarw, Cardiff. CF15 7QQ.
- iii) All business shall be conducted in the name of HEIW, and all funds received in trust shall be held in the name of HEIW as a corporate Trustee.
- iv) HEIW is a corporate body and its functions must be carried out in accordance with its statutory powers and duties. HEIW’s functions are set out in the Establishment Order and in Directions issued by Welsh Ministers.
- v) In addition to Directions the Welsh Ministers will issue an annual remit letter and may from time to time issue guidance which HEIW must take into account when exercising any function.
- vi) Under powers set out in in section 25(1)(b), 25(2) and 203(9) and (10) of, and paragraphs 3(3) and (4), 5 and 13 of Schedule 5 to the the NHS (Wales) Act 2006, the Welsh Ministers has made **the Health Education and Improvement (Wales) Regulations 2017 (S.I. 2017/909 (W.221))** (“the Constitution Regulations”) which make provision concerning the membership and procedures of HEIW.
- vii) In carrying out its duties it will co-operate with others.
- viii) Section 72 of the NHS Act 2006 places a duty on NHS bodies, including an SHA to co-operate with each other in exercising their functions.
- ix) Section 82 of the NHS Act 2006 places a duty on NHS bodies, including an SHA, and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.
- x) The Welsh Language (Wales) Measure 2011 makes provision with regards to the development of standards relating to the Welsh language. The Welsh Language Standards (No 7) Regulations 2018 for the health sector do not currently apply to HEIW. They will apply at a future date but in the interim

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HEIW will develop a Welsh Language policy/scheme to deliver commitments relating to Welsh language.

- xi) As a SHA, HEIW is also bound by any other statutes and legal provisions which govern the way that NHS bodies do business. The powers of NHS bodies established under statute shall be exercised by NHS bodies meeting in public session, except as otherwise provided by these SOs.

## **NHS framework**

- xii) In addition to the statutory requirements set out above, NHS bodies including SHAs must carry out all business in a manner that enables them to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xiii) Adoption of the principles will better equip NHS bodies to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.
- xiv) The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the *'Doing Well, Doing Better: Standards for Health Services in Wales'* (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
- xv) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the Well-being of Future Generations (Wales) Act 2015, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does. The Well-being of Future Generations (Wales) Act 2015 explains what is meant by sustainable development and requires bodies that are designated as 'public bodies' under section 6 of the 2015 Act to set well-being objectives and contribute to the achievement of well-being goals.
- xvi) HEIW is not considered a public body under the Act but is committed to achieving the Well-being Goals and the Sustainable Development Principle.
- xvii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government's

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Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. . Directions or guidance on specific aspects of business are also issued in hard copy, usually under cover of a Ministerial letter.

- xviii) HEIW will from time to time agree and approve policy statements which apply to the Board members and/all or specific groups of staff employed by HEIW. The decisions to approve these policies will be recorded in the appropriate Board minute and, where appropriate will be considered to be an integral part of HEIW's SOs and SFIs. Details of the key policy statements will be included in Schedule 2.
- xix) HEIW shall ensure that an official is designated to undertake the role of the Board Secretary (the role of which is set out in paragraph xxv below).

### Applying Standing Orders

- xx) The SOs of HEIW (together with SFIs and the Values and Standards of Behaviour Framework), will, as far as they are applicable, also apply to meetings of any formal Committees established by HEIW including any Advisory Groups and sub-Committees.. These SOs may be amended or adapted for the Committees as appropriate, with the approval of the Board. Further detail on the Committees may be found in Schedule 3 of these SOs.
- xxi) Full details of any non-compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Board Secretary, who will ask the Audit and Assurance Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and HEIW officers have a duty to report any non-compliance to the Board Secretary as soon as they are aware of any circumstance that has not previously been reported.
- xxii) **Ultimately, failure to comply with SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

### Variation and amendment of Standing Orders

- xxiii) Although these SOs are subject to regular, annual review by HEIW, there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made by the Board if:
  - The variation or amendment is in accordance with regulation 15 of the Constitution Regulations and does not contravene a statutory provision

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- or direction made by the Welsh Ministers;
- The proposed variation or amendment has been considered and approved by the Audit and Assurance Committee and is the subject of a formal report to the Board; and
- A formal notice of motion under Standing Order 5.5.14 has been given.

## Interpretation

- xxiv) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of HEIW shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Board Secretary and, where appropriate the Chief Executive or the Director responsible for finance (in the case of SFIs).
- xxv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

## The role of the Board Secretary

- xxvi) The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within HEIW and is a key source of advice and support to the HEIW Chair and other Board members. Independent of the Board, the Board Secretary acts as the guardian of good governance within HEIW:
  - Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
  - Facilitating the effective conduct of HEIW business through meetings of the Board, its Advisory Groups and Committees;
  - Ensuring that Board members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
  - Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
  - Contributing to the development of an organisational culture that embodies public services values and standards of behaviour; and
  - Monitoring HEIW's compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers.

- xxvii) As advisor to the Board, the *Board Secretary's* role does not affect the specific responsibilities of Board members for governing the organisation. The Board Secretary is directly accountable for the conduct of their role to the Chair in respect of matters relating to responsibilities of the Board and its Committees, and reports on a day to day basis to the Chief Executive with

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regard to the wider governance of the organisation and their personal responsibilities.

xxviii) Further details on the role of the Board Secretary within HEIW, including details on how to contact them, are available at [www.heiw.nhs.wales](http://www.heiw.nhs.wales)

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## Section B – Standing Orders

### 1. HEALTH EDUCATION AND IMPROVEMENT WALES

#### 1.0.1 **HEIW's principal role is to take a** strategic approach to developing the Welsh health workforce for now and for the future. Its functions include:

**Workforce intelligence** – HEIW will be the central, recognised source for information and intelligence about the Welsh health workforce;

**Workforce planning** – HEIW will provide strategic leadership for workforce planning, working with health boards/trusts and the Welsh Government to produce a forward strategy to transform the workforce to deliver new health and social models of service delivery;

**Education commissioning, planning and delivery** – HEIW will utilise its funding to ensure value for money and the provision of a workforce which reflects future healthcare needs;

**Quality management** – HEIW will quality manage education and training provision ensuring it meets required standards, and improvements are made where required;

**Supporting regulation** – HEIW will play a key role representing Wales in liaison with regulators, working within the policy framework established by the Welsh Government. HEIW will also undertake, independently of the Welsh Government, specific regulatory support roles;

**Leadership development** – HEIW will establish the strategic direction and delivery of leadership development for staff within NHS Wales at all levels;

Careers and widening access – HEIW will provide the strategic direction for health careers and the widening access agenda, delivering an ongoing agenda to promote health careers;

**Workforce improvement** – HEIW will provide a strategic leadership role for workforce transformation and improvement, and deliver within its functions a ongoing programme to meet that role;

**Professional support for workforce and organisational development (OD) in NHS Wales** – HEIW will support the professional workforce and OD profession within Wales.

#### 1.0.2 HEIW was established by the Health Education and Improvement Wales (Establishment and Constitution) Order 2017 (SI No. 913 (W. 224)). HEIW must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it through directions issued by the Welsh Ministers.

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- 1.0.3 To fulfil this role, HEIW will work with all its partners and stakeholders in the best interests of the population of Wales.

## **1.1 Membership of Health Education and Improvement Wales Board**

- 1.1.1 The membership of the HEIW Board shall be no more than 12 members comprising the Chair (appointed by the Minister for Health and Social Services), the Chief Executive and officer and non-officer members. A Vice Chair may also be appointed by the Board from the existing Independent Board Members.

- 1.1.2 For the purposes of these SOs, the members of the HEIW Board shall collectively be known as “the Board” or “Board members”; the officer and non-officer members (which will include the Chair) shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance. All such members shall have full voting rights. There may also be Associate Members who do not have voting rights.

### *Officer Members [to be known as Executive Directors]*

- 1.1.3 A total of 5 (including the Chief Executive), appointed by the Chair and non-officer members.

### *Non-Officer Members [to be known as Independent Members]*

- 1.1.4 A total of 7 (including the Chair), appointed by the Minister for Health and Social Services.

- 1.1.5 In addition to the eligibility, disqualification, suspension and removal provisions contained with Regulations 5, 6, 8 and 9 the HEIW Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of more than one NHS body in Wales.

### *Associate Members*

- 1.1.6 A total of up to 3 Associate Members may be appointed by the Board to assist in carrying out its functions subject to the agreement of the Minister for Health and Social Services. They will attend Board meetings on an ex-officio basis but will not form part of the Board or have any voting rights.

### *Use of the term ‘Independent Members’*

- 1.1.7 For the purposes of these SOs, use of the term ‘Independent Members’ refers to the following voting members of the Board:

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- Chair
- Vice Chair (if appointed)
- Non-Officer Members

unless otherwise stated.

## 1.2 Joint Post Holders

1.2.1. Where a Board position is shared between more than one person because of their being appointed jointly to a post:

- i) Either or both persons may attend and take part in Board meetings;
- ii) If both are present at a meeting they shall cast one vote if they agree;
- iii) In the case of disagreement no vote shall be cast; and
- iv) The presence of both or one person will count as one person in relation to the quorum.

## 1.3 Tenure of Board members

1.3.1. Independent Members appointed by the *Minister for Health and Social Services* shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 7 of the **National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020**. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.3.2. Any Associate Member appointed to the Board under 1.1.5 will be for a period of up to one year, with a maximum term of four years if re-appointed.

1.3.3. Executive Directors' tenure of office as Board members will be determined by their contract of appointment.

1.3.4. All Independent Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in Schedule 1 of the HEIW Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.

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1.3.5. HEIW will require Independent Board members to confirm in writing their continued eligibility on an annual basis.

#### **1.4. The Role of the HEIW Board and responsibilities of individual members**

##### Role

1.4.1 The principal role of HEIW is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour; and
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of HEIW performance across all areas of activity.

##### Responsibilities

1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.

1.4.3 Independent Members who are appointed to bring a particular perspective, skill or area of expertise to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of delivering education and improvement in the health service. Similarly, Board members must not place an over reliance on those individual members with specialist expertise to cover specific aspects of Board business, and must be prepared to scrutinise and ask questions about any contribution that may be made by that member.

1.4.4 HEIW shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith".

1.4.5 Associate Members, whilst not sharing corporate responsibility for the decisions of the Board, are nevertheless required to act in a corporate manner at all times, as Board members who have voting rights.

1.4.6 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating

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in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting HEIW within the communities it serves.

- 1.4.7 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.
- 1.4.8 The Chair shall work in close harmony with the Chief Executive and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.
- 1.4.9 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason and will do so until either the existing chair resumes their duties, or a new chair is appointed.
- 1.4.10 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of HEIW. They are the appointed Accountable Officer for HEIW and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.
- 1.4.11 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or “champions” as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by HEIW, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

## 2. RESERVATION AND DELEGATION OF HEIW FUNCTIONS

- 2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any delegation is being made.

- 2.0.2 The Board’s determination of those matters that it will retain, and those that

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will be delegated to others shall be set out in a:

- i Schedule of matters reserved to the Board;
- ii Scheme of delegation to committees and others; and
- iii Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of these SOs.

- 2.0.3 HEIW retains full responsibility for any functions delegated to others to carry out on its behalf. Where HEIW has a joint duty, it remains fully responsible for its part, and shall agree through the determination of a written Partnership Agreement the governance and assurance arrangements for the partnership, setting out respective responsibilities, ways of working, accountabilities and sources of assurance of the partner organisations.

## **2.1 Chair's action on urgent matters**

- 2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.
- 2.1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.

## **2.2 Delegation of Board functions**

- 2.2.1 The Board shall agree the delegation of any of their functions except for those set out within the 'Schedule of Matters reserved to the Board' to Committees and others, setting any conditions and restrictions it considers necessary and following any directions or regulations given by the Welsh Ministers. These functions may be carried out:
- i By a Committee, sub-Committee or officer of HEIW
- 2.2.2 The Board shall agree and formally approve the delegation of specific executive powers to be exercised by Committees and sub-Committees, which it has formally constituted.

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## **2.3 Delegation to officers**

- 2.3.1 The Board may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.
- 2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendment to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.
- 2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

## **3. COMMITTEES**

### **3.1 HEIW Committees**

- 3.1.1 The Board may, and where directed by the Welsh Ministers must, appoint Committees of HEIW either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so.

#### *Use of the term 'Committee'*

- 3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:

- Board Committee
- Sub-Committee

### **3.2 Sub-Committees/ Advisory Groups**

- 3.2.1 A Committee appointed by the Board may establish a sub-Committee and/or advisory groups to assist it in the conduct of its business provided that the Board approves such action. Where the Board has authorised a Committee to establish sub-Committees, they cannot delegate any executive powers to the sub-Committee unless authorised to do so by the Board.

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### **3.3 Committees established by HEIW**

3.3.1 The Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which covers the following aspect of Board business:

- Audit and Assurance;
- Remuneration and Terms of Service, and
- Education, Commissioning and Quality Committee.

3.3.2 In designing its Committee structure and operating arrangements, the Board shall take full account of the need to:

- Embed corporate standards, priorities and requirements, e.g., equality and human rights across all areas of activity; and
- Maximise cohesion and integration across all aspects of governance and assurance.

3.3.3 Each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others (including the Board its Committees and Advisory Groups)
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

3.3.4 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the Committee, keeping any such aspects to the minimum necessary. Detailed terms of reference and operating arrangements for the Committees established by the Board are set out in Schedule 3.

3.3.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of HEIW Chair, and subject to any specific requirements, directions or regulations made by the

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Welsh Ministers. Depending on the Committee's defined role and remit, membership may be drawn from the HEIW Board, its staff (subject to the conditions set in Standing Order 3.3.6) or others not employed by HEIW.

- 3.3.6 Executive Directors or other HEIW officers shall not normally be appointed as Committee Chairs, nor should they be appointed to serve as members on any Committee set up to review the exercise of functions delegated to officers. Designated HEIW officers shall, however, be in attendance at such Committees, as appropriate.

### **3.4 Other Committees**

- 3.4.1 The Board may also establish other Committees to help HEIW conduct its business.

### **3.5 Confidentiality**

- 3.5.1 Committee members and attendees must not disclose any matter dealt with by or brought before a Committee in confidence without the permission of the Committee's Chair.

### **3.6 Reporting activity to the Board**

- 3.6.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs' shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

## **4. NHS WALES SHARED SERVICES PARTNERSHIP**

- 4.0.1. From 1 June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The Trust's Establishment Order has been amended to reflect the fact that the Shared Services function has been conferred on it.

- 4.0.2. The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261 (W.156)) ("the Shared Services Regulations") require the Trust to establish a Shared Services Committee (known for operational purposes as the Shared Services Partnership Committee) which will be responsible for exercising the Trust's Shared Services functions. The Shared Services Regulations (as amended) prescribe the membership of the Shared Services Committee in order to ensure that all Local Health Boards, Trusts and SHAs in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

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4.0.3 The Director of Shared Services will be designated as Accountable Officer for Shared Services.

4.0.4 These arrangements necessitate putting in place a Memorandum of Co-operation and a Hosting Agreement between all OHBs, Trusts and SHAs setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.

4.0.5 The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

## **5. WORKING IN PARTNERSHIP**

5.0.1 HEIW shall work constructively in partnership with others to plan and secure the provision and delivery of health education and improvement, in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers.

5.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of HEIW.

5.0.3 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

## **6. MEETINGS**

### **6.1 Putting Citizens first**

6.1.1 HEIW's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders. HEIW, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings when these are not held by electronic means;
- The availability of papers in English and Welsh languages and in

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accessible formats, such as Braille, large print, easy read (where requested and required) and in electronic formats in accordance with its Welsh language and equality requirements and commitments;

- Requesting that attendees notify HEIW of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh, and
- In accordance with legislative requirements, e.g., Disability Discrimination Act, as well as its Communication Strategy and Welsh language requirements.

6.1.2 The Chair will ensure that, in determining the matters to be considered by the Board, full account is taken of the views of partners and stakeholder and interests of the communities served by HEIW.

## **6.2 Annual Plan of Board Business**

6.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.

6.2.2 The plan shall set out the arrangements in place to enable HEIW to meet its obligations whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.

6.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees.

6.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be published on the organisation's website.

### **Annual General Meeting (AGM)**

6.2.5 HEIW must hold an AGM in public no later than 30 July of each year. At least 10 calendar days prior to the meeting a public notice of the intention to hold the meeting, the time and place of them meeting, and the agenda shall be displayed bilingually (in English and Welsh) on the SHA's website.

6.2.6 The notice shall state:

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- Electronic and paper copies of the Annual Report and Accounts of the SHA are available, on request, prior to the meeting; and
- State how copies can be obtained, in what language and in what format, e.g. Braille, large print, easy read etc.

6.2.7 The AGM must include presentation of the Annual Report and audited accounts, together with (where applicable), an audited abridged version of the annual accounts and, if applicable funds held on trust accounts, and may also include presentation of other reports of interest to citizens and others,

6.2.8 A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

### **6.3 Calling Meetings**

6.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.

6.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

### **6.4 Preparing for Meetings**

#### *Setting the agenda*

6.4.1 The Chair, in consultation with the Chief Executive and Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees; and the priorities facing HEIW. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.

6.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Board Secretary, at least 12 calendar days before the meeting. The request must set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12-day notice period if this would be beneficial to the conduct of board business.

#### *Notifying and equipping Board members*

6.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 7 calendar days before a formal Board meeting. This

information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.

- 6.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. It will include evidence that appropriate impact assessments have been undertaken and taken in to consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of the assessment shall accompany the report to the Board to enable the Board to make an informed decision.
- 6.4.5 In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 6.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

#### Notifying the public and others

- 6.4.7 Except for meetings called in accordance with Standing Order 5.3, at least 7 days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- On the HEIW website, together with the papers supporting the public part of the Agenda; as well as
  - Through other methods of communication as set out in HEIW's communication strategy.
- 6.4.8 When providing notification of the forthcoming meeting, HEIW shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

### **6.5 Conducting Board Meetings**

### Admission of the public, the press and other observers

6.5.1 HEIW shall encourage attendance at its formal Board meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in HEIW business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and appropriate facilities wherever practicable to maximise accessibility.

6.5.2 The Board and its Committees 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, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers 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 accordance with Section 1(2) F (c.67).

6.5.3 In the circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.

6.5.4 The Board Secretary, on behalf of the Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

### Addressing the Board, its Committees and Advisory Groups

6.5.6 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens

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and stakeholders in its work and to demonstrate openness and transparency in the conduct of business.

### Chairing Board Meetings

- 6.5.7 The Chair of HEIW will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and vice-chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 6.5.8 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the meeting through the attendance of the nominated Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

### Quorum

- 6.5.9 At least six Board members, at least two of whom are Executive Directors and four are Independent Members (including the Chair), must be present to allow any formal business to take place at a Board meeting.
- 6.5.10 If the Chief Executive or an Executive Director is unable to attend a Board meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an Executive Director, they will be able to exercise their own vote in the usual way, but they will not have any additional voting rights.
- 6.5.11 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting and must be noted in the minutes.

### Dealing with motions

- 6.5.12 In the normal course of Board business items included on the agenda are

subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).

**6.5.13 Proposing a formal notice of motion** – Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 calendar days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

**6.5.14** The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.

**6.5.15 Amendments** - Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Board alongside the motion.

**6.5.16** If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

**6.5.17 Motions under discussion** – When a motion is under discussion, any Board member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned, and the meeting proceed to the next item of business;
- A Board member may not be heard further;
- The Board decides upon the motion before them;
- An ad hoc Committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

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6.5.18 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.5.19 **Withdrawal of motion or amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Chair.

6.5.20 **Motion to rescind a resolution** – The Board may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Board members.

6.5.21 A motion that has been decided upon by the Board cannot be proposed again within six months except by the Chair, unless the motion relates to the receipt of a report or the recommendations of a Committee/Chief Executive to which a matter has been referred.

### Voting

6.5.22 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Board.

6.5.23 In determining every question at a meeting, the Board members must take account, where relevant, of the views expressed and representations made by individuals and organisations who represent the interests of stakeholders.

6.5.24 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.

6.5.25 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

## **6.6 Record of Proceedings**

6.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Board member

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attendance (including the Chair) together with apologies for absence and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

- 6.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on HEIW's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act 2018, General Data Protection Regulations and HEIW's Communication Strategy and Welsh language requirements.

## 6.7 Confidentiality

- 6.7.1 All Board members (including Associate Members), together with members of any Committee or Advisory Group established by or on behalf of the Board and HEIW officials must respect the confidentiality of all matters considered by the Board in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board or relevant Committee, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework or legislation such as the Freedom of Information Act 2000, etc.

## 7. VALUES AND STANDARDS OF BEHAVIOUR

- 7.0.1 The Board must adopt a set of values and standards of behaviour for HEIW that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of HEIW, including Board members, HEIW officers and others, as appropriate. The framework adopted by the Board will form part of these SOs.

### 7.1 Declaring and recording Board members' interests

- 7.1.1 **Declaration of interests** – It is a requirement that all Board members must declare any personal or business interests they may have which may affect or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the Constitution Regulations. Board members must notify the Board of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.

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- 7.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Board Secretary. However, the onus regarding declaration will reside with the individual Board member.
- 7.1.3 **Register of interests** – The Chief Executive, through the Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.
- 7.1.4 The register will be held by the Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.
- 7.1.5 In line with the Board's commitment to openness and transparency, the Board Secretary must take reasonable steps to ensure that the citizens served by HEIW are made aware of and have access to view the HEIW's Register of Interests. This may include publication on the HEIW website.
- 7.1.6 **Publication of declared interests in Annual Report** – Board members' declared directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in HEIW's Annual Report.

## 7.2 Dealing with Members' interests during Board meetings

- 7.2.1 The Chair, advised by the Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's decision making is based upon the best interests of HEIW and the NHS in Wales.
- 7.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare

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an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.

7.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:

- i The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of healthcare and an Independent Member is a healthcare professional whose profession may be affected by that strategy determined by the Board;
- ii The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;
- iii The declaration is formally noted and recorded, and the Board member takes no part in the Board discussion or decision;
- iv The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Board.

7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.

7.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice Chair, on behalf of the Board.

7.2.6 In all cases the decision of the Chair (or the Vice Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

7.2.7 **Members with pecuniary (financial) interests** – Where a Board member, or any person they are connected with<sup>1</sup> has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or

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<sup>1</sup> In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

proposed contract, that member must at the meeting and as soon as practicable after its commencement, disclose the interest and must not take part in the consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.

7.2.8 The Digital Health Care Wales Regulations define 'direct' and 'indirect' pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.

7.2.9 **Members with Professional Interests** - During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a HEIW Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Board Secretary.

### 7.3 Dealing with officers' interests

7.3.1 The Board must ensure that the Board Secretary, on behalf of the Chief Executive, establishes and maintains a system for the declaration, recording and handling of HEIW officers' interests in accordance with the Values and Standards of Behaviour Framework.

### 7.4 Reviewing how Interests are handled

7.4.1 The Audit and Assurance Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

### 7.5 Dealing with offers of gifts<sup>2</sup> hospitality and sponsorship

7.5.1 The Values and Standards of Behaviour Framework adopted by the Board prohibits Board members and HEIW officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Board member or HEIW officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a

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<sup>2</sup> The term gift refers also to any reward or benefit.

family member of a Board member or HEIW officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Board Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit HEIW;
- **Value:** Gifts and benefits of a trivial or inexpensive (below £25), e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, and sport, cultural or social events would only be acceptable if attendance is justifiable in that it benefits HEIW ; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

7.5.4 A distinction may be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

## 7.6 Sponsorship

7.6.1. In addition to gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual,

department or the organisation as whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or working visit. The sponsorship may cover some or all of the costs.

- 7.6.2. All sponsorship must be approved prior to acceptance in accordance with the Values and Behaviour Framework and Standards of Behaviour policy and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

## 7.7 Register of Gifts,Hospitality and Sponsorship

- 7.7.1 The Board Secretary, on behalf of the Chair, will maintain a register of Gifts,Hospitality and Sponsorship to record offers of gifts,hospitality and sponsorship made to Board members. Executive Directors will adopt a similar mechanism in relation to HEIW officers working within their Directorates.

- 7.7.2 Every Board member and HEIW officer has a personal responsibility to volunteer information in relation to offers of gifts and hospitality, including those offers that have been refused. The Board Secretary, on behalf of the Chair and Chief Executive, will ensure the incidence and patterns of offers and receipt of gifts and hospitality are kept under active review, taking appropriate action where necessary.

- 7.7.3 When determining what should be included in the Register, individuals shall apply the following principles, subject to the considerations in Standing Order 6.5.3:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value, e.g., seasonal items such as diaries/calendars would not usually need to be recorded.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of ‘modest and proportionate<sup>3</sup>’ hospitality need not be included in the Register. Further detail is provided in the framework policy on standards of behaviour.

- 7.7.4 Board members and HEIW officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

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<sup>3</sup> Examples of ‘modest and proportionate’ hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

- Acceptance would further the aims of HEIW;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.7.5 The Board Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by HEIW to be submitted to the Audit and Assurance Committee (or equivalent) at least annually. The Audit and Assurance Committee will then review and report to the Board upon the adequacy of the HEIW's arrangements for dealing with offers of gifts, hospitality and sponsorship.

## **8. SIGNING AND SEALING DOCUMENTS**

8.0.1 The common seal of the HEIW is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board..

8.0.2 Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive or Deputy Chief Executive (or another authorised individual) both of whom must witness the seal.

### **8.1 Register of Sealing**

8.1.1 The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.

### **8.2 Signature of Documents**

8.2.1 Where a signature is required for any document connected with legal proceedings involving HEIW, it shall normally be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.

8.2.2 The Chief Executive or Deputy Chief Executive nominated officers may be authorised by the Board to sign on behalf of HEIW any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority.

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### **8.3 Custody of Seal**

8.3.1 The Common Seal of HEIW shall be kept securely by the Board Secretary.

## **9. GAINING ASSURANCE ON THE CONDUCT OF HEIW BUSINESS**

9.0.1 The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of HEIW business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

9.0.2 The Board shall ensure that its assurance arrangements are operating effectively, advised by its Audit and Assurance Committee.

9.0.3 Assurances in respect of the services provided by the NHS Wales Shared Services Partnership shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee and reported back by the Chief Executive (or their nominated representative). Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of HEIW.

### **9.1 The role of Internal Audit in providing independent internal assurance**

9.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Audit Standards and any other requirements determined by the Welsh Ministers.

9.1.2 The Board shall set out the relationship between the Head of Internal Audit (HIA), the Audit and Assurance Committee (or equivalent) and the Board. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);
- Ensure the HIA communicates and interacts directly with the Board, facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the Board on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and

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significant risk exposures.

## **9.2 Reviewing the performance of the Board, its Committees and Advisory Groups**

- 9.2.1 The Board shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and if established, Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated.
- 9.2.2 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.
- 9.2.3 The Board shall use the information from this evaluation activity to inform:
- The ongoing development of its governance arrangements, including its structures and processes;
  - Its Board Development Programme, as part of an overall Organisation Development framework; and
  - The Board's report of its alignment with the Welsh Government's Citizen Centred Governance Principles.

## **9.3 External Assurance**

- 9.3.1 The Board shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on HEIW's operations, e.g., the Auditor General for Wales.
- 9.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.
- 9.3.3 The Board shall keep under review and ensure that, where appropriate, HEIW implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the Senedd Cymru/Welsh Parliament's Public Accounts Committee and other appropriate bodies.
- 9.3.4 HEIW shall provide the Auditor General for Wales with any assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

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## **10. DEMONSTRATING ACCOUNTABILITY**

10.0.1 Taking account of the arrangements set out within these SOs, the Board shall demonstrate to the communities it serves and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, Higher Education and Further Education establishments, regulators, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the communities it serves and other stakeholders, including its officers and healthcare professionals.

10.0.2 The Board shall, in publishing its strategic and operational level plans, set out how those plans have been developed taking account of the views of others, and how they will be delivered by working with their community and other partners.

10.0.3 The Board shall also facilitate effective scrutiny of the HEIW's operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

10.0.4 The Board shall ensure that within HEIW, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

## **11. REVIEW OF STANDING ORDERS**

11.0.1 The Board Secretary shall arrange for an appropriate impact assessment to be carried out on a draft of these SOs prior to their formal adoption by the Board, the results of which shall be presented to the Board for consideration and action, as appropriate. The fact that an assessment has been carried out shall be noted in the SOs.

11.0.2 These SOs shall be reviewed annually by the Audit and Assurance Committee [or equivalent], which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including the appropriate impact assessments.

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# Schedule 1

## SCHEME OF RESERVATION AND DELEGATION OF POWERS

**This Scheme of Reservation and Delegation of Powers forms part of, and shall have effect as if incorporated in the Standing Orders**

### Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be given by Welsh Ministers - should make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of HEIW may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

- i) a committee, e.g. Remuneration and Terms of Service Committee;
- ii) a sub-committee. Any such delegation would, subject to the Board's authority, usually be via a main committee of the Board; and
- iii) Officers of HEIW (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of HEIW.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to Officers.

all of which form part of HEIW's Standing Orders.

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## **DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES**

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in Standing Orders or Standing Financial Instructions
- The Board must retain that which it is required to retain (whether by statute or as determined by Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management
- Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility
- The Board must ensure that those to whom it has delegated powers (whether a committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development
- The Board must take appropriate action to assure itself that all matters delegated are effectively carried out
- The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes
- Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others
- The Board may delegate authority to act, but retains overall responsibility and accountability
- When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

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## HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT?

### The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

### The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally, and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- the guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles)
- their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer
- associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in Standing Financial Instructions).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

### The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- a proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- effective arrangements are in place for the delegation of HEIW functions within the organisation and to others, as appropriate; and
- arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

### The Audit & Assurance Committee

The Audit & Assurance Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

**Individuals to who powers have been delegated**  
Individuals will be personally

- equipping themselves to deliver on any matter delegated to them,

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- through the conduct of appropriate training and development activity; and
- exercising any powers delegated to them in a manner that accords with HEIW's values and standards of behavior.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Chief Executive of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

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## **SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS**

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within HEIW. The Scheme is to be used in conjunction with the system of control and other established procedures within HEIW.

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## SCHEDULE OF MATTERS RESERVED TO THE BOARD<sup>1</sup>

OLD PARA	New Para		AREA	DECISIONS RESERVED TO THE BOARD
1	1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority, in accordance with Standing Orders
2	2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board.
3	18	FULL	OPERATING ARRANGEMENTS	Agree the arrangements for ensuring the adoption of standards of governance and performance to be met by HEIW, including standards/requirements determined by Welsh Government, regulators, professional bodies/others e.g. Royal Colleges.
N/A	3	FULL	GENERAL	Approve HEIW's Governance Framework
4	4	FULL	OPERATING ARRANGEMENTS	<p>Approve, vary and</p> <ul style="list-style-type: none"> <li>• Standing Orders (SOs);</li> <li>• Standing Financial Instructions (SFIs);</li> </ul>

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				<ul style="list-style-type: none"> <li>• Schedule of matters reserved to HEIW;</li> <li>• Scheme of delegation to Committees and others; and</li> <li>• Scheme of delegation to Officers.</li> </ul> <p>In accordance with any directions set by Welsh Ministers.</p>
5	9	FULL	OPERATING ARRANGEMENTS	Approve HEIW's Values and Standards of Behavior Framework, Standards of Behavior Policy
6	15	FULL	OPERATING ARRANGEMENTS	Approve HEIW's framework for performance management.
7	19	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of HEIW's aims, objectives and priorities

*1 Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements*

OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
8	5	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
NA	6	No- Can delegate to Audit and Assurance Committee	OPERATING ARRANGEMENTS	Formal consideration of report of Board Secretary on any non compliance with Standing Orders, making proposals to the Board on any actions to be taken.

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9	7	FULL	OPERATING ARRANGEMENTS	~Receive report and proposals regarding non-compliance with Standing Orders, and where required ratify in public session any instances of failure to comply with Standing Orders and Standing Financial Instructions.
11	17	FULL	OPERATING ARRANGEMENTS	Ratify policies for dealing with concerns, complaints and incidents. in accordance with the Complaints Handling Policy and health and safety requirements.
12	28	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manuel for Accounts. Instructions
13	29	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers.
14	30	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of HEIW
15	8	FULL	OPERATING ARRANGEMENTS	Authorise use of the HEIW's official seal.
16	20	FULL	ORGANISATION STRUCTURE & STAFFING	Non-officer members to appoint, discipline and dismiss the Chief Executive and officer members of the Board.
17	21	No Remuneration and Terms of Service Committee	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments in accordance with Ministerial Instructions e.g. the Board Secretary.
N/A	22	No – Remuneration and Terms of Service Committee	ORGANISATIONAL STRUCTURE & STAFFING	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.

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18	10	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. from Audit & Assurance Committee or Board Secretary
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OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
19	23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, review, and revise HEIW's top level organisation structure and corporate policies
20	24	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, review, revise and dismiss Board committees, directly accountable to the Board
21	25	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any committee or Group set up by the Board
22	26	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
23	27	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all committees, and groups established by the Board
25	11	FULL	STRATEGY & PLANNING	Determine HEIW's strategic aims, objectives and priorities
26	13	FULL	STRATEGY & PLANNING	Approve HEIW's annual business plan and three-year plan setting out how HEIW will meet the requirements set out in the remit letter.
27	16	FULL	STRATEGY & PLANNING	Approve HEIW's framework and strategy for risk and assurance.

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OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
30	12	FULL	STRATEGY & PLANNING	<p>Approve the HEIWs key strategies and programmes related to:</p> <ul style="list-style-type: none"> <li>• Workforce and Organisational Development</li> <li>• Health education and training;</li> <li>• Research/evaluation;</li> <li>• Quality of education and training programmes;</li> <li>• Leadership and career development for staff within NHS Wales;</li> <li>• Workforce transformation &amp; improvement;</li> <li>• Infrastructure, including IM &amp;T, Estates and Capital;</li> <li>• Communication, partnership and stakeholder engagement.</li> </ul> <p>Supporting delivery of 'A Healthier Wales including development of a high-level strategic workforce plan for Wales in partnership with Social</p>
31	14	FULL	STRATEGY & PLANNING	Approve HEIW's budget and financial framework (including overall distribution of the financial allocation)
32	31	FULL	STRATEGY & PLANNING	Proposed commissioning, specification and contract variations on education and training agreements before submission of recommendation to Welsh Government for Ministerial approval in accordance with delegations set on in the Financial Delegations
33	32	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions and Scheme of Delegation.
	42	FULL	STRATEGY & PLANNING	Approve the National Annual Education and Training Plan before submission of recommendation to the Welsh Government for approval.
OLD PARA	THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD

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	35	FULL	STRATEGY & PLANNING	Approve the forward work programme for the Education Commissioning and Quality Committee.
34	33	FULL	PERFORMANCE & ASSURANCE	Approve HEIW's internal audit and assurance arrangements
35	34	FULL	PERFORMANCE & ASSURANCE	Receive reports from HEIW's Executive on progress and performance in the delivery of HEIW's strategic aims, objectives and priorities and approve action required, including improvement plans as appropriate.
36	35	FULL	PERFORMANCE & ASSURANCE	Receive assurance reports from the Board's committees, groups and other internal sources on HEIW's performance and approve action required, including improvement plans as appropriate.
37	36	FULL	PERFORMANCE & ASSURANCE	Receive reports on HEIW's performance produced by external auditors, regulators and inspectors that raise significant issue or concerns impacting on HEIW's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees as appropriate
38	37	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of HEIW's Chief Internal Auditor and approve action required, including improvement plans
39	38	FULL	PERFORMANCE & ASSURANCE	Receive the annual audit report from the Auditor General for Wales and approve the action required, including improvement plans
40	39	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on HEIW's performance against appropriate Health and Care Standards for Wales and approve action required, including improvement plans.
41	40	FULL	REPORTING	Approve HEIW's Reporting Arrangements, including reports on activity and performance to partners and stakeholders and nationally to the Welsh Government where required.

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42	41	FULL	REPORTING	Receive, approve and ensure the publication of HEIW reports, including its Annual Report & Accounts in accordance with directions and guidance issued.
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ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS				
	CHAIR			
	VICE CHAIR			
	CHAMPION/ NOMINATED LEAD			

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## DELEGATION OF POWERS TO COMMITTEES AND OTHERS<sup>3</sup>

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

Any delegated powers to Board Committees are set out in the Terms of reference of the relevant committee, which are appended to these SOs for the following Committees:

- Audit and Assurance Committee
- Remuneration and Terms of Service Committee
- Education, Commissioning and Quality Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee Terms of Reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Board's Scheme of Delegation to Committees.

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<sup>3</sup>As defined in Standing Orders

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## 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 SHA's Scheme of Delegation to Officers.

DELEGATED MATTER	RESPONSIBLE OFFICER(S)
Representation in statutory partnerships	Chief Executive
Performance Management arrangements	Director of Planning, Performance and Corporate Services
Receipt and opening of quotations	Director of Finance
Land, Buildings and assets	Director of Planning, Performance and Corporate Services
Facilities Management	Director of Planning, Performance and Corporate Services
Sustainable Development	Director of Planning, Performance and Corporate Services
Health, Safety & Fire	Director of Planning, Performance and Corporate Services
I M & T	Director of Digital
Senior Information Risk Owner (SIRO)	Board Secretary
CRB checks	Deputy Chief Executive and Director of Workforce & OD
Data Protection	Director of Digital

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<b>DELEGATED MATTER</b>	<b>RESPONSIBLE OFFICER(S)</b>
Equality & Human Rights	Deputy Chief Executive and Director of Workforce & OD
Issuing tenders and post tender negotiations	Chief Executive/ Director of Finance
Budgetary delegation arrangements	Director of Finance
Banking arrangements	Director of Finance
Ex-gratia payments	Director of Finance
Losses and special payments	Director of Finance
Professional advice on supply of goods and services	Director of Finance
External Communications incl. Media enquiries	Chief Executive, supported by Board Secretary
Healthcare Standards	Director of Nurse and Professional Education / Medical Director
Risk Management	Board Secretary
Legal Claims	Director of Finance
Caldicott Guardian	Medical Director
Freedom of Information Act	Board Secretary
Welsh Language	Board Secretary
Legal advice	Board Secretary

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<b>DELEGATED MATTER</b>	<b>RESPONSIBLE OFFICER(S)</b>
Receipt and opening of tenders	Board Secretary
Civil Contingencies /Emergency Planning	Director of Planning, Performance and Corporate Services
Variation of Funded Establishment	Chief Executive
Responsible Officer for medical trainees	Medical Director

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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## Delegated Financial Limits

Post	Education and Training Contracts	Education and Training Invoices	Revenue (Other Than Education & Training Contracts)	Capital
Board	Above £5m		No Limit	No Limit
Chief Executive	up to £5m	No Limit (subject to Appropriate Contract Approval). NWSSP monthly payments for Single Lead Employer(SLE) £4m.	£250,000	£100,000
Deputy Chief Executive (when acting in that capacity)	up to £5m	No Limit (subject to Appropriate Contract Approval). NWSSP monthly invoices for SLE £4m.	£250,000	100,000
Director of Finance	up to £2m	£2m	£100,000	£100,000
Director of Nurse and Professional Education & Medical Director within delegated budget area		£500,000	£50,000	
Executive Directors within delegated directorate budget area, Director of Digital and Director of Planning, Performance and Corporate Services			£50,000	
Deputy Director of Finance		£50,000	£50,000	
Delegated Budget Managers (within delegated budget area)			£25,000	
Delegated Budget Managers (within delegated budget area)			£10,000	

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Delegated Budget Managers (within delegated budget area)			£5,000	
Delegated Budget Managers (within delegated budget area)			£1,000	

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# Schedule 2

## KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

**This Schedule forms part of, and shall have effect as if incorporated in the  
HEIW Standing Orders**

### HEIW Framework

The HEIW governance and accountability framework comprises these SOs, incorporating schedules of Powers reserved for the Board and Delegation to others, together with the following documents:

- ***SFIs***
- ***Values and Standards of Behaviour Framework***
- ***Risk and Assurance Framework***
- ***Key policy documents agreed by the Board including:***
  - ***Policies, procedures and other written control documents policy and procedure;***
  - Equality and Human Rights Policy***
  - ***Welsh Language Scheme;***

These documents must be read in conjunction with the SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.

### NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at [www.wales.nhs.uk/governance-emanual/](http://www.wales.nhs.uk/governance-emanual/). Directions or guidance on specific aspects of HEIW business are also issued in hard copy, usually under cover of a Ministerial Letter.

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# Schedule 3

## BOARD COMMITTEE ARRANGEMENTS

**This Schedule forms part of, and shall have effect as if incorporated in the HEIW Standing Orders**

The HEIW Shadow Board has agreed initially to set up two committees:

Audit and Assurance Committee; and  
Remuneration and Terms of Service Committee

The Terms of Reference and Operating arrangement for each Committee is detailed below:

### Audit and Assurance Committee

The **Audit and Assurance Committee** is responsible for reviewing the system of governance and assurance established within HEIW and the arrangements for internal control, including risk management, for the organisation and, in particular, advises on the Annual Governance Statement signed by the Chief Executive.

The Committee also keeps under review the risk approach of the organisation and utilises information gathered from the work of the Board, its own work, the work of other Committees and also other activity in the organisation in order to advise the Board regarding its conclusions in relation to the effectiveness of the system of governance and control

The Committee also has the role of providing *assurance* to the Board in relation to the arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information in accordance with its stated objectives, legislative responsibilities, e.g., the Data Protection Act, General Data Protection Regulations and Freedom of Information Act; and any relevant requirements and standards determined for the NHS in Wales.

### Remuneration and Terms of Service Committee

The **Remuneration and Terms of Service Committee** has the purpose of providing advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government and provide *assurance* to the Board in relation to HEIW arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

## Education, Commissioning and Quality Committee

The **Education, Commissioning and Quality Committee** has the purpose 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.
- Recommend to the Board education training plans including investment in new programmes and disinvestment in others. .
- Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.
- **Recommend** the specification of tender documents in respect of Education to the Board

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## Standard Terms of Reference and Operating Arrangements for all Committees of the Board

**Date:** 1 October 2018

**Version:** Draft 1.0

**Review Date:** Annually

### 1. Introduction:

Section 3.1 of the HEIW standing orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.

In line with Section 3.3 of the standing orders, the Board shall as a minimum nominate annually committees which cover the following aspects of Board business:

- Audit and Assurance;
- Remuneration and Terms of Service; and
- Education, Commissioning and Quality Committee

This document includes content common to all committees and should be read alongside the specific terms of reference and operating arrangements for each committee.

The provisions of Section 5 of the Standing Orders have also been taken into account when developing the committee Terms of Reference. This relates to transparency of meetings, planning board/committee business, setting agenda’s etc.

### 2. Authority:

Each Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Authority relevant to the Committee’s remit, ensuring staff confidentiality, as appropriate. It may seek relevant information from any:

- employee (and all employees are directed to co-operate with any reasonable request made by the Committee); and
- any other Committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

Each Committee is authorised by the Board to obtain outside legal or other

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independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

### **3. Sub-Committees and Groups**

Each Committee may, subject to the approval of the Board, establish sub-committees or groups to carry out on its behalf specific aspects of Committee business.

### **4. Membership and Attendees:**

#### **4.1 Secretariat**

As determined by the Board Secretary.

#### **4.2 Member Appointments**

- The second and third paragraph of this section 4.2 shall not be applicable to the Remuneration and Terms of Service Committee as section 4.1 of the same Committee's Terms of Reference shall take precedence.
- The membership of each Committee shall be determined by the Board, based on the recommendation of the Chair - taking account of the balance of skills and expertise necessary to deliver each Committee's remit and subject to any specific requirements or directions made by the Welsh Government. The Board shall ensure succession planning arrangements are in place.
- Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should, as a matter of good practice, review the membership of each Committee every two years in order to ensure each Committee is refreshed on a regular basis whilst maintaining continuity.
- Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) will be in accordance with their terms of appointment to HEIW. Where a member has been co-opted to fulfil a specific function and where they are not Independent Members or employees of HEIW this will be determined by the Board, based upon the recommendation of the Chair and on the basis of advice from the Remuneration and Terms of Service Committee.

#### **4.3 Support to Committee Members**

The Board Secretary, on behalf of each Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect relating to the conduct of their role; and

- Ensure the provision of a programme of organisational development for Committee members as part of the overall Organisational Development programme developed by the Deputy Chief Executive.

#### **4.4 Withdrawal of individuals in attendance**

Each Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

Members and attendees will also withdraw from the meeting, as appropriate, where there is a conflict of interest or a potential conflict of interest.

### **5. Relationships and accountabilities with the Board and its Committees/Groups<sup>4</sup>**

Although the Board has delegated authority to the Committees for the exercise of certain functions, as set out within each Committee's terms of reference, it retains overall responsibility and accountability for ensuring a strategic approach to developing the Welsh health workforce for now and for the future through the effective governance of the organisation.

Each Committee is directly accountable to the Board for its performance in exercising the functions set out in each Committee's terms of reference.

Each Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information.

Through acting in accordance with the preceding paragraph, each Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- Each Committee shall embed HEIW values, corporate standards, priorities and requirements through the conduct of its business.

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<sup>4</sup> Reference to the Board's Committees/Groups incorporates its sub committees, joint committees and joint sub committees as well as other groups, such as Task and Finish Groups, where this is appropriate to the remit of the Committee.

## **6. Reporting and Assurance Arrangements:**

Each Committee Chair shall:

- bring to the Board's specific attention any significant matters under consideration by their Committee
- ensure appropriate escalation arrangements are in place to alert the Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent or critical matters that may affect the operation and/or reputation of HEIW.
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports when appropriate, as well as the presentation of an annual report;

The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, or to community partners and other stakeholders, where this is considered appropriate. This could be where the Committee's assurance role relates to a joint or shared responsibility.

The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of each Committee's performance and operation including that of any sub committees established and groups.

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<b>Terms of Reference and Operating Arrangements Audit and Assurance Committee</b>	
<b>Date:</b> October 2020	
<b>Review Date:</b> Annually	
<b>1. Introduction</b>	<p>In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers Audit. This remit of this Committee will be extended to include Assurance and Corporate Governance and will be known as the <b>Audit and Assurance Committee</b>.</p> <p>The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.</p> <p>These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees.</p>
<b>2. Purpose</b>	<p>The purpose of the Audit and Assurance Committee (“the Committee”) is to:</p> <ul style="list-style-type: none"> <li>• <b>Advise</b> and <b>assure</b> the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place, through the design and operation of HEIW’s assurance framework, to support them in their decision taking and in discharging their accountabilities for securing the achievement of its objectives, in accordance with the standards of good governance determined for the NHS in Wales</li> <li>• Where appropriate, the Committee will <b>advise</b> the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further</li> <li>• <b>Approve</b> on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation.</li> </ul>
<b>3. Delegated Powers</b>	<p>With regard to its role in providing advice to the Board, the Committee will comment specifically on the:</p> <ul style="list-style-type: none"> <li>• adequacy of HEIW’s strategic governance and assurance framework, systems and processes for the maintenance of an effective system of governance, internal control, and risk management across the whole organisation’s activities, designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement, providing reasonable assurance on:</li> </ul>

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- the organisations ability to achieve its objectives
- compliance with relevant regulatory requirements and other directions and requirements set by the Welsh Government and others
- reliability, integrity, safety and security of the information collected and used by the organisation
- the efficiency, effectiveness and economic use of resources
- the extent to which the organisation safeguards and protects all its assets, including its people.

In undertaking its work and responsibility the Committee will comment specifically on:

- Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate)
- accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors
- Schedule of Losses and Special Payments
- planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports)
- adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity
- anti-fraud policies, whistle-blowing (raising concerns) processes and arrangements for special investigations
- issues upon which the Board, its Committees or the Chief Executive may seek advice
- contracting and tendering process
- provide assurance and undertake scrutiny of ensuring value for money

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

- all risk and control related disclosure statements, in particular the Annual

Governance Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board

- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements
- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on the:

- comprehensiveness of assurances in meeting the Board and the Chief Executives assurance needs across the whole of HEIW activities;
- the reliability and integrity of these assurances

To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Chief Executive through the Committee
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Chief Executive through the Committee
- there is an effective improvement function that provides appropriate assurance to the Board and the Chief Executive
- there are effective arrangements in place to secure active, ongoing assurance

from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Chief Executive or through the work of the Board's committees

- the work carried out by key sources of external assurance, in particular, but not limited to HEIW's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply
- systems for financial reporting to the Board, including those of budgetary control, are effective
- results of audit and assurance work specific to HEIW, and the implications of the findings of wider audit and assurance activity relevant to the HEIW's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements

The Committee will review and agree the programme of work on an annual basis and will recommend it to the Board for approval.

#### **4. Access**

The Head of Internal Audit and the Auditor General and his representatives shall have unrestricted and confidential access to the Chair of the Audit and Assurance Committee at any time, and vice versa.

The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

The Chair of the Audit and Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

#### **5. Membership, Attendees and Quorum**

##### **5.1 Members**

A minimum of three members, comprising:

Chair	Independent Member
Vice Chair	Independent Member
Members	Independent Members

The Chair of the organisation shall not be a member of the Audit and Assurance Committee but may be invited to attend by the Chair of the

Committee as appropriate.

## 5.2 Attendees

In attendance:

Director of Finance  
Board Secretary  
Head of Internal Audit (or representative)  
Local Counter Fraud Specialist  
Representative of the Auditor General for Wales  
Head of Financial Accounting

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.

## 5.3 Quorum

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

## 6. 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. The External Auditor or Head of Internal Audit may request that the Chair convene a meeting if they consider this necessary.

## 7. Relationships and accountabilities with the board and its Committees/Groups:<sup>5</sup>

The Audit and Assurance 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 Audit and Assurance Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of HEIW's overall framework of assurance.

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<sup>5</sup> Reference to the Board's Committees/Groups incorporates its sub committees, joint committees and joint sub committees as well as other groups, such as Task and Finish Groups, where this is appropriate to the remit of this Audit and Assurance Committee



## **8. Reporting and Assurance Arrangements**

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

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<b>Remuneration and Terms of Service Committee</b> <b>Terms of Reference and Operating Arrangements</b>	
<b>Date:</b> 1 October 2018	<b>Version:</b> Draft 1.0
<b>Review Date:</b> Annually	
<b>1. Introduction</b>  <p>In line with Section 3 of the Standing Orders and HEIW's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Remuneration and Terms of Service Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.</p> <p>These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all Committees.</p>	
<b>2. Purpose</b>  <p>The purpose of the Remuneration and Terms of Service Committee ("the Committee") is to provide:</p> <ul style="list-style-type: none"> <li>• <b>advice</b> to the Board on remuneration and terms of service and performance for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government</li> <li>• <b>assurance</b> to the Board in relation to HEIW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.</li> </ul> <p>The Committee shall have no powers to exercise on behalf of the Board.</p>	
<b>3. Delegated Powers</b>  <p>With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:</p> <ul style="list-style-type: none"> <li>• remuneration and terms of service for the Chief Executive, Executive Directors, members of the Executive Team and other Very Senior Managers (VSMs); ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently</li> <li>• objectives for Executive Directors and members of the Executive Team and their performance assessment</li> <li>• performance management system in place for those in the positions mentioned above and its application</li> <li>• proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.</li> </ul>	

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## **4. Membership, Attendees and Quorum**

### **4.1 Members**

Chair: HEIW Chair

Members: Every Independent Member of HEIW

**4.2 By Invitation** As required but usually to include:  
Chief Executive  
Deputy Chief Executive  
Director of Finance  
Board Secretary

The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- any other official;
- and/or any others from within or outside the organisation

### **4.3 Quorum**

At least **three** members must be present to ensure the quorum of the Committee, one of whom must be the Chair (or Vice Chair where appointed).

## **5. Frequency of Meetings**

The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the annual plan of Board Business.

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## Education, Commissioning and Quality Committee Terms of Reference and Operating Arrangements

**Date:** October 2020

**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.
- Recommend to the Board education training plans including investment in new programmes and disinvestment in others. .
- Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.
- **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

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and improvement of the quality of HEIW's education and related research activities.

- ii. Recommend to the Board areas for investment/disinvestment in education and training plans taking into account value-based commissioning.
- iii. Recommend to the Board the national annual education and training plan.
- 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. Seek assurance of the effective performance, monitoring, management and value of education and training programmes and contracts, 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. Scrutinise the specification of education tender documents.
- xii. Recommend the specification of tender documents to the Board for Education.

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- xiii. Recommend undertaking research on Education, Quality and Commissioning to the Board.
- xiv. Engage with Board Development Sessions with regards to making recommendations on strategic matters relating to Education Commissioning and Education Quality.
- xv. Seek assurance in respect of risk areas within its area of responsibility and highlight material areas of concern to the Audit and Assurance Committee.
- xvi. Highlight any issues out of the ordinary to the Board.

The Committee will review and agree its forward work programme on an annual basis and will recommend it to the Board for approval.

## **4. Membership, Attendees Quorum and Term**

### **4.1.1 Members**

A minimum of two members, comprising of at least:

- Chair: Independent Member
- Vice Chair: Independent Member

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.

### **4.1.2 Deputy Independent Member**

The Board may appoint a Deputy Independent Member for the Committee. Where a member of the Committee is unable to attend a Committee meeting, then the nominated Deputy may attend in his or her absence as a member of the Committee. If a Deputy attends a Committee as a member of the Committee then the Deputy shall be included for the calculation of a quorum and may exercise voting rights.

### **4.2 Attendees**

In attendance:

- Director of Nurse and Professional Education.
- Medical Director
- Director of Finance
- Board Secretary
- Deputy Director of Education, Commissioning and Quality
- Dental Dean

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- Pharmacy Dean
- Postgraduate Medical Dean

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 two 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.

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**NHS**  
WALES

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

<b>Dyddiad y Cyfarfod</b>	<b>29 Gorffennaf 2021</b>	<b>Eitem ar yr Agenda</b>	<b>4.4</b>
<b>Teitl yr Adroddiad</b>	Lletya Swyddfa'r Prif Swyddog Digidol Iechyd a Gofal - Diweddariad		
<b>Awdur yr Adroddiad</b>	Foula Evans, SRO a Phennaeth Prosiect Sefydlu Prif Swyddog Digidol a Dafydd Bebb, Ysgrifennydd y Bwrdd		
<b>Noddwr yr Adroddiad</b>	Dafydd Bebb, Ysgrifennydd y Bwrdd		
<b>A gyflwynir gan</b>	Dafydd Bebb, Ysgrifennydd y Bwrdd		
<b>Rhyddid Gwybodaeth</b>	Agored		
<b>Pwrpas yr Adroddiad</b>	Pwrpas yr adroddiad hwn yw rhoi diweddariad ar sefydlu Swyddfa'r Prif Swyddog Digidol a chrynodeb o'r cynnydd hyd yma.		
<b>Materion Allweddol</b>	<p>Deallir bod Cyfarwyddyd ar fin digwydd gan Weinidog Iechyd a Gwasanaethau Cymdeithasol Cymru yn cadarnhau bod Swyddfa'r Prif Swyddog Digidol Iechyd a Gofal (OCDO) wedi'i hychwanegu at swyddogaethau AaGIC.</p> <p>Mae AaGIC wedi cymryd Camau Cadeirydd i gefnogi ymestyn swyddogaeth AaGIC i gynnwys cynnal yr OCDO yn barhaol.</p> <p>Memorandwm Cyd-ddealltwriaeth (MOU) gyda Llywodraeth Cymru yn amlinellu'r trefniadau gweithredu ar gyfer yr OCDO wedi'i ddrafftio ac mae'n agos at gael ei gwblhau.</p> <p>Rydym wedi ffurfio Tîm Prosiect pwrpasol i oruchwylio sefydlu'r OCDO ynghyd â Bwrdd Prosiect Rhaglen gyda Llywodraeth Cymru.</p> <p>Mae cyfarfod cyntaf Grŵp Llywio Prosiect AaGIC wedi'i drefnu ar gyfer 27 Gorffennaf.</p>		
<b>Cam Penodol a Fynnir</b> (✓ un yn unig)	<b>Gwybodaeth</b>	<b>Trafodaeth</b>	<b>Sicrwydd</b>
	✓		
<b>Argymhellion</b>	Gofynnir i'r aelodau nodi'r diweddariad er gwybodaeth.		

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## SEFYDLU SWYDDFA PRIF SWYDDOG DIGIDOL - DIWEDDARIAD

### 1. CYFLWYNIAD

Pwrpas yr adroddiad yw rhoi diweddariad i'r Bwrdd mewn perthynas â sefydlu Swyddfa'r Prif Swyddog Digidol Iechyd a Gofal (OCDO).

### 2. CEFNDIR

Cyhoeddwyd yr OCDO ym mis Medi 2019 gan y Gweinidog Iechyd a Gofal Cymdeithasol. Deallir bod cyfarwyddyd ar fin digwydd gan Weinidog Cymru i ehangu swyddogaethau AaGIC i gynnwys cynnal yr OCDO. Cymerwyd Camau'r Cadeirydd i gefnogi ychwanegu'r OCDO fel swyddogaeth AaGIC ac ystyrir cadarnhau'r penderfyniad hwn ar wahân ar agenda'r Bwrdd heddiw o dan Adroddiad y Cadeirydd.

Er y bydd Gweinidogion Cymru yn cyfarwyddo AaGIC i ymgymryd â swyddogaethau OCDO, bydd Prif Weithredwr GIG Cymru yn gyfrifol am osod cyfeiriad strategol a chylch gwaith yr OCDO.

Gyda chefnogaeth y fframwaith llywodraethu digidol newydd, bydd yr OCDO yn diffinio safonau a gwasanaethau cenedlaethol fel rhan o gylch gwaith 'system gyfan' ac yn cefnogi'r symudiad i bensaernïaeth agored ar draws yr holl systemau digidol.

Bydd yr OCDO hefyd yn darparu cyngor a chefnogaeth ar strategaeth ddigidol yn y dyfodol, yn gweithredu fel arweinydd proffesiynol ar gyfer y gweithlu digidol ac yn hyrwyddwr dros iechyd a gofal digidol yng Nghymru.

Mae Memorandwm Cyd-ddealltwriaeth (MOU) rhwng Llywodraeth Cymru ac AaGIC i amlinellu'r trefniadau gweithredu ar gyfer yr OCDO yn agos at gael ei gwblhau.

### 3. Cynnig

Mae sylfaen y prosiect wedi'i nodi yng Nghynllun Blyneddol AaGIC 2021/22. Bydd y Bwrdd yn derbyn diweddariadau rheolaidd ar hynt y prosiect sefydlu yn unol â'r fframwaith perfformiad.

#### Diweddariad MOU

Ers i'r Bwrdd dderbyn ei adroddiad diwethaf mewn perthynas â'r MOU, yn ei gyfarfod o fewn y pwyllgor ym mis Mai, mae trafodaethau wedi mynd rhagddynt gyda Llywodraeth Cymru, ac rydym yn agos at gwblhau'r ddogfen.

Nododd adroddiad y Bwrdd ym mis Mai feysydd risg allweddol i AaGIC mewn perthynas â chynnal yr OCDO. Manylir isod ar y camau lliniaru y cytunwyd arnynt gyda Llywodraeth Cymru ac a ymgorfforwyd yn y Memorandwm Cyd-ddealltwriaeth.

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3.1 Rhifyn. Atebolrwydd. O ystyried y bydd yr OCDO yn ffurfio rhan o AaGIC ac y bydd AaGIC yn cyflogi'r CDO a holl staff yr OCDO, bydd AaGIC yn gyfrifol am rwymedigaethau'r CDO & OCDO.

Camau lliniaru cytunedig. Cytunwyd ar fecanwaith i Lywodraeth Cymru ad-dalu AaGIC am unrhyw atebolrwydd y mae'r sefydliad yn ei ysgwyddo oherwydd y Cytundeb Lletya. Bydd Llywodraeth Cymru yn ad-dalu AaGIC am holl rwymedigaethau ariannol yr OCDO, gan gynnwys rhwymedigaethau i AaGIC, lle na ellir cwrdd â rhwymedigaethau o'r fath o fewn cyllideb yr OCDO.

3.2 Testun. Enw da. Gan y bydd yr OCDO yn rhan o AaGIC, mae risg y bydd materion yn ymwneud ag OCDO yn cael effaith enw da negyddol ar AaGIC.

Camau lliniaru cytunedig. Sefydlir trefniadau i sicrhau bod AaGIC yn cael rhybudd cynnar o unrhyw gyfathrebiadau y nodwyd bod ganddynt risg enw da posibl i AaGIC neu Lywodraeth Cymru fel nad oes 'unrhyw bethau annisgwyl'. Na fydd yr OCDO yn cario nac yn defnyddio brandio AaGIC.

3.3 Testun. Diogelu Data. Cyfrifoldeb AaGIC yn y pen draw fydd torri data gan yr OCDO.

Camau lliniaru cytunedig. Bydd yn ofynnol i'r OCDO gydymffurfio â holl bolisiâu a gweithdrefnau AaGIC mewn perthynas â Llywodraethu Gwybodaeth (IG) a Diogelu Data. Yn ogystal, bydd yn ofynnol i'r OCDO benodi Swyddog Diogelu Data mewnol a fydd yn atebol i Swyddog Diogelu Data ac Uwch Swyddog Risg Gwybodaeth AaGIC.

3.4 Testun. Risg. Nid oes gan AaGIC olwg ar risgiau OCDO.

Camau lliniaru cytunedig. Y bydd yn ofynnol i'r OCDO ddilyn polisiâu a gweithdrefnau AaGIC mewn perthynas â rheoli prosesau risg ac adrodd mewn perthynas â chofrestrau risg. Bydd hyn yn cynnwys adrodd i'r Grŵp IG ac IG ynghyd â'r Pwyllgor Archwilio.

## **Sefydlu Tîm Prosiect OCDO**

Dechreuodd Tîm Prosiect pwrpasol i oruchwylio sefydlu'r OCDO ar 1 Mehefin 2021. Mae gan y tîm gylch gwaith i reoli recriwtio'r CDO, recriwtio staff OCDO (tua 30 swydd), a darparu cefnogaeth rheoli prosiect ar gyfer yr amrywiol ffrydiau gwaith y bydd angen iddynt gwmpasu darpariaeth gwasanaeth, datblygu CLGau, nodi costau a gweithredu ymlaen llaw o'r dyddiad mynd yn fyw ar 1 Ebrill 2022. Bydd y prosiect yn cael ei oruchwylio gan Grŵp Llywio Prosiect AaGIC (gweler isod), a fydd hefyd yn nodi agweddau llywodraethu cynnal.

## **Recriwtio OCDO**

Mae'r broses recriwtio, gyda chefnogaeth AaGIC, ar gyfer y CDO ar y gweill. Cynhaliwyd canolfan asesu gadarn yn cynnwys panel rhanddeiliaid, cyfweiliadau cyfryngau a chyfweiliadau ar 21 a 23 Gorffennaf yn y drefn honno. Rhagwelir y bydd yr ymgeisydd llwyddiannus yn ymgymryd â'r rôl ddiwedd mis Hydref.

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Y rownd nesaf o recriwtio fydd adroddiadau uniongyrchol y CDO, sef eu gwerthusiad cyfranogol, eu Prif Swyddog Safonau Technegol (CTSO) a'u Prif Swyddog Gwybodeg Glinigol (CCIO). Disgwylir i'r recriwtio hwn fynd yn fyw tua diwedd mis Gorffennaf a dechrau mis Awst.

Cynlluniau rhaglen / prosiect

Mae Bwrdd Prosiect Rhaglen wedi'i sefydlu ar y cyd â Llywodraeth Cymru. Cynhaliwyd ei gyfarfod cyntaf ar 19 Gorffennaf. Mae aelodaeth y Bwrdd hwn yn cynnwys staff Llywodraeth Cymru ac AaGIC.

### **Grŵp Llywio Prosiect AaGIC**

Mae'r MOU yn amlinellu'r gwasanaethau corfforaethol sydd i'w darparu gan AaGIC a bydd yn cwmpasu'r meysydd canlynol; llywodraethu corfforaethol, y gweithlu, cyllid, caffael, technoleg gwybodaeth a'r Gymraeg. Disgwylir i Grŵp Llywio Prosiect AaGIC gwrdd am y tro cyntaf ar 27 Gorffennaf. Cylch gwaith y grŵp yw sicrhau bod sefydlu'r OCDO yn cael ei weithredu'n llwyddiannus.

## **4. MATERION LLYWODRAETHU A RISG**

Bydd SRO Grŵp Llywio Prosiect AaGIC yn darparu adroddiadau chwarterol i'r Weithrediaeth a'r Bwrdd yn unol â'r fframwaith perfformiad, gan dynnu sylw at gynnydd yn erbyn y cerrig milltir allweddol hyd yma a'r risgiau a nodwyd. Bydd adroddiadau ad hoc hefyd yn cael eu darparu o bryd i'w gilydd.

## **5. GOBLYGIADAU ARIANNOL**

Bydd AaGIC yn ysgwyddo costau uniongyrchol staffio tîm y prosiect rhwng Mehefin a Hydref 2021. Bydd Llywodraeth Cymru yn ad-dalu AaGIC am gost prosiect gweithredu OCDO. Mae'r Cyfarwyddwr Cyllid mewn trafodaethau â LIC i sefydlu'r costau cyfredol a pharhaus i AaGIC sy'n deillio o'r OCDO.

Ni fydd AaGIC yn ariannu pwysau costau OCDO. Mae'r rhain i'w hariannu o fewn cyllideb OCDO y cytunwyd arni.

## **6. ARGYMHELLIAD**

Gofynnir i'r aelodau nodi'r adroddiad er gwybodaeth.

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**Llywodraethu a Sicrwydd**

<b>Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig (✓ os gwelwch yn dda)</b>	<b>Nod Strategol 1:</b> Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach'	<b>Nod Strategol 2:</b> Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	<b>Nod Strategol 3:</b> Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel
			✓
	<b>Nod Strategol 4:</b> Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	<b>Nod Strategol 5:</b> Bod yn esiampl-gyflogwr ac yn lle gwych i weithio	<b>Nod Strategol 6:</b> Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol.
		✓	✓
<b>Ansawdd, Diogelwch a Phrofiad y Claf</b>			
n/a			
<b>Goblygiadau Ariannol</b>			
Bydd Llywodraeth Cymru yn ad-dalu AaGIC am yr holl gostau a rhwymedigaethau sy'n gysylltiedig â'r OCDO.			
<b>Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</b>			
Mae Cyfarwyddiadau Gweinidogol a Memorandwm Cyd-ddealltwriaeth yn cael eu hadolygu gan Ysgrifennydd y Bwrdd.			
<b>Goblygiadau Staffio</b>			
Tua 30 o staff OCDO i gael eu cynnal yn barhaol gan AaGIC a'u hariannu gan Lywodraeth Cymru mewn cyllideb gylchol. Mae tîm prosiect AaGIC (tua 4 aelod o staff) hefyd yn cael ei ariannu gan Lywodraeth Cymru.			
<b>Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</b>			
n/a			
<b>Hanes yr Adroddiad</b>	Darparwyd diweddariad mewn perthynas â'r OCDO yn sesiwn gaeedig y Bwrdd Mai.		
<b>Atodiadau</b>	Dim		



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Health Education and  
Improvement Wales (HEIW)

<b>Dyddiad y Cyfarfod</b>	<b>21 Gorffennaf 2021</b>	<b>Eitem ar yr Agenda</b>	<b>4.5</b>
<b>Teitl yr Adroddiad</b>	<b>Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd 2020/21</b>		
<b>Awdur yr Adroddiad</b>	Catherine English, Rheolwr Llywodraethu Corfforaethol		
<b>Noddwr yr Adroddiad</b>	Dafydd Bebb, Ysgrifennydd y Bwrdd		
<b>Cyflwynwyd gan</b>	Dafydd Bebb, Ysgrifennydd y Bwrdd		
<b>Rhyddid Gwybodaeth</b>	Agored		
<b>Diben yr Adroddiad</b>	Prif ddiben Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd yw sicrhau'r Bwrdd bod y system sicrwydd yn ateb y gofynion a'i bod yn gweithredu'n effeithiol. Mae'r adroddiad yn crynhoi'r meysydd gweithgarwch busnes allweddol a gyflawnwyd gan y Pwyllgor yn ystod 2020/21.		
<b>Materion Allweddol</b>	Mae'r adroddiad hwn yn crynhoi'r meysydd gweithgarwch busnes allweddol a gyflawnwyd gan y Pwyllgor yn ystod 2020/21 ac mae'n tynnu sylw at rai o'r materion allweddol y mae'r Pwyllgor yn bwriadu rhoi sylw iddynt yn ystod y deuddeng mis nesaf.		
<b>Gweithredu Penodol Gofynnol (✓ un yn unig)</b>	<b>Gwybodaeth</b>	<b>Trafodaeth</b>	<b>Sicrwydd Cymeradwyaeth</b>
	✓		
<b>Argymhellion</b>	<p>Gofynnir i'r Bwrdd:</p> <ul style="list-style-type: none"> <li>• <b>Nodi</b> bod y Pwyllgor Addysg, Comisiynu ac Ansawdd wedi cymeradwyo Adroddiad Blynyddol 2020/21 i'w gyflwyno i'r Bwrdd er sicrwydd.</li> <li>• <b>Nodi</b> Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd 2020/21 er gwybodaeth.</li> </ul>		

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# ADRODDIAD BLYNYDDOL Y PWYLLGOR ADDYSG, COMISIYNU AC ANSAWDD 2020/21

## 1. CYFLWYNIAD

Prif ddiben Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd yw sicrhau'r Bwrdd bod y system sicrwydd a ddarperir gan y Pwyllgor yn ateb y gofynion a'i bod yn gweithredu'n effeithiol. Mae'r adroddiad hefyd yn cadarnhau bod y Pwyllgor wedi cyflawni ei Gylch Gorchwyl yn effeithiol.

## 2. CEFNDIR

Paratowyd Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd yn dilyn adolygiad o gofnodion a phapurau cymeradwy'r pwyllgor, gydag ystyriaeth briodol i gylch gwaith y Pwyllgor fel y nodwyd yn ei Gylch Gorchwyl.

## 3. CYNNIG

Mae'r Adroddiad Blynyddol yn crynhoi meysydd allweddol y gweithgarwch busnes a gyflawnwyd gan y Pwyllgor Addysg, Comisiynu ac Ansawdd yn ystod 2020/21 ac mae'n tynnu sylw at rai o'r materion allweddol y mae'r Pwyllgor yn bwriadu rhoi sylw iddynt yn ystod y deuddeng mis nesaf.

## 4. MATERION LLYWODRAETHU A RISGIAU

Mae unrhyw faterion llywodraethu a risgiau'n cael eu rheoli drwy gyfarfodydd y Pwyllgor a bydd adroddiadau eithrio'n cael eu cyflwyno i'r Bwrdd gan y cadeiryddion perthnasol.

## 5. GOBLYGIADAU ARIANNOL

Nid oes dim goblygiadau ariannol i'r Pwyllgor eu hystyried/eu cymeradwyo.

## 6. ARGYMHELLIAD

Gofynnir i'r Bwrdd:

- **Nodi** bod y Pwyllgor Addysg, Comisiynu ac Ansawdd wedi cymeradwyo Adroddiad Blynyddol 2020/21 i'w gyflwyno i'r Bwrdd er sicrwydd.
- **Nodi** Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd 2020/21 er gwybodaeth.

Llywodraethu a Sicrwydd			
<b>Dolen at nodau strategol IMTP</b> <i>(✓ os gwelwch yn dda)</i>	<b>Nod Strategol 1:</b> Arwain y gwaith o gynllunio, datblygu a sicrhau llesiant gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflawni 'Cymru Iachach'	<b>Nod Strategol 2:</b> Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	<b>Nod Strategol 3:</b> Gweithio â phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel
		✓	
	<b>Nod Strategol 4:</b> Datblygu gweithlu sy'n helpu i gyflawni diogelwch ac ansawdd	<b>Nod Strategol 5:</b> Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	<b>Nod Strategol 6:</b> Cael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol
<b>Ansawdd, Diogelwch a Phrofiad y Claf</b>			
Mae sicrhau bod y Bwrdd yn cyflawni ei fusnes yn briodol drwy ei Bwyllgorau ac yn cyd-fynd â'i reolau sefydlog yn ffactor allweddol yn ansawdd, diogelwch a phrofiad cleifion sy'n cael gofal.			
<b>Goblygiadau Ariannol</b>			
Dim			
<b>Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</b>			
Mae'n hanfodol bod y Bwrdd yn cydymffurfio â'i reolau sefydlog, sy'n cynnwys cael diweddariadau gan ei bwyllgorau.			
<b>Goblygiadau Staffio</b>			
Dim.			
<b>Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</b>			
Mae'r adroddiad yn disgrifio'r gwaith a wnaed gan y Pwyllgor i gynghori ac i roi sicrwydd i'r Bwrdd o ran addysg, comisiynu addysg a rheoli ansawdd darpariaeth a chontractau addysg. Mae strwythur llywodraethu'r Pwyllgor yn ymdrechu i ganfod problemau'n gynnar i'w hatal rhag dwysau; i gydweithio'n glos â'r Pwyllgor Archwilio a Sicrwydd ac i integreiddio i drefniadau cyffredinol y Bwrdd.			
<b>Hanes yr Adroddiad</b>	Cymeradwywyd gan y Pwyllgor Addysg, Comisiynu ac Ansawdd ac fe'i nodwyd gan y Pwyllgor Archwilio a Sicrwydd ar 22 Gorffennaf.		
<b>Atodiadau</b>	<ul style="list-style-type: none"> <li>Adroddiad Blyneddol y Pwyllgor Addysg, Comisiynu ac Ansawdd 2020/21</li> </ul>		



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Health Education and  
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### **Committee Chairs Reflection**

Reflecting on the past year, the second full year of the Education Commissioning and Quality Committee (ECQC), the onset of COVID 19 inevitably comes first to mind. As the months progressed and impacts of the pandemic grew, it became a year we are unlikely to forget.

Early on, our meetings were transferred on-line to enable remote working. Members adjusted quickly to the new arrangements which have worked well. The Committee's membership was strengthened with welcome additional appointments. ECQC's new internal advisory sub-committee (MPQEG) was convened and, although it proved more challenging to inaugurate the external sub-committee (EAG) in these circumstances, this is now established. I am grateful to both groups for their on-going contributions.

Through these means, and through incredible hard work from executive and secretariat staff, it has been possible to cover planned commitments, as well as contribute to education and training aspects of the COVID pandemic response.

The Committee has overseen a range of major initiatives on behalf of HEIW Board during the year, summarised in this Annual Report including Phase 1 and emerging work on Phase 11 of the Strategic Review of Health Professional Education; adapting approaches to assure quality of training and education during the COVID emergency response; and monitoring the wellbeing of those in training.

Thank you to all who have contributed, including my non-executive colleagues on the Committee.

Looking ahead new priorities are emerging, not least to ensure education programmes are restored fully, and capture and build on lessons of recent times. Digital technologies will be key to future education and training; ECQC will support the HEIW Board as this area of work escalates. Phase 11 of the Strategic Review is gathering pace and quality assurance remains a priority. The education and training implications of the Workforce Plan for Health and Social Care are significant and will also influence the Committee's agenda.

Monitoring the progress and facilitating support services for young people aspiring to and training for health service careers has already been a priority for HEIW. ECQC remains glad to contribute. The needs of health-professional refugee and asylum seekers will also be on our agenda.

Finally, it would be difficult to overstate the depth of appreciation due to the HEIW staff who have responded to the pandemic, kept substantial routine business on track, and supported the Committee and its sub-committees valiantly throughout. Thank you wholeheartedly.



## 1. Introduction and Background

The purpose of the Education, Commissioning and Quality Committee (the 'Committee') is to **advise** and **assure** the Board and Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provides assurance on behalf of the organisation.

Membership of the Education, Commissioning and Quality Committee:

The membership of the Committee during 2020/21 was as follows:

<b>Chair:</b>	Dr Ruth Hall, Independent Member
<b>Vice Chair:</b>	Tina Donnelly, Independent Member
<b>Deputy Member:</b>	Gill Lewis, Independent Member*
<b>Member</b>	Ceri Phillips, Independent Member**

\* The Deputy Member is a substitute Independent Member who is only required to attend Committee meetings if another Independent Member is unable to attend.

\*\*In September 2020, the Board appointed Ceri Phillips to the Committee. Ceri Phillips resigned from HEIW on 31<sup>st</sup> March 2021 to take up the Vice Chair's role at Cardiff and Vale University Health Board.

HEIW officers also attend to support key matters.

The Committee met on five occasions between April 2020 and March 2021 and was well attended with good engagement from all attendees. The Committee continues to report regularly to the HEIW Board and to ensure an appropriate interaction with the Audit and Assurance Committee.

## 2. Planning and Review

In line with good practice, the Education, Commissioning and Quality Committee reviewed its Terms of Reference in October 2020 endorsing a number of revisions including the alignment of the appointment date of Committee Members with that of the Audit and Assurance Committee, the appointment of a Committee Vice Chair and the addition of the Dental Dean, Pharmacy Dean and Postgraduate Medical Dean as standing 'in attendance' members of the Committee.

The Committee also considered the revised **Terms of Reference for the Multi-Professional Quality Education Group (MPQEG) and Education Advisory Group (EAG)**, approving several changes in September. These were reviewed by each of the groups at their inaugural meetings and a number of additional members to the MPQEG were approved by the Committee in October.

During the year a review of the effectiveness of the Committee was carried out and the **Evaluation of Committee Effectiveness** was considered by the Committee at its meeting in October. The review highlighted how the Committee had been strengthened by the creation of two sub Committees the Education and

Advisory Group (EAG) and Multi-Professional Quality and Education Group (MPQEG), and the addition of a further Independent Member. The review also highlighted a number of areas for focus for the Committee including the development of an induction programme for new Committee members.

The Committee approved its **Annual Report 2019-20** which was noted and approved for publication by the Board in July 2020.

### 3. Key Achievements in 2020/21

Throughout the year, the Committee has received and considered regular updates on the progress of **Phase 1 of the Strategic Review of Health Professional Education**. This review sought to secure pre-registration health professional education in Wales for the next seven to ten years. The programme of work provided an opportunity to take a whole system review of the shape and focus of the education and training provision needed to support the NHS in Wales.

In April, the Committee received an update on the impact of COVID-19 on **Phase 1 of the Strategic Review of Health Professional Education** and the timetable of the impending tendering process. Recognising the significance of the procurement exercise and satisfied the decision had received due consideration, the Committee was supportive of revising the procurement timescales which retained the original September 2022 student start date. In September, the Committee considered the final procurement proposals in detail and endorsed the plan and procurement strategy, recommending submission of the Invitation to Tender (ITT) and Contract Specification to Board, and the submission of the Procurement Report to Welsh Government. The Committee received an update on the contract specification in October following the submission of the procurement report to Welsh Government. In February 2021, following the closing of the tendering window, the Committee received an overview of the next stage of the procurement process, including an update on the development and planning of the **Evaluation Framework**.

The Committee also received an overview of **Phase 2 of the Strategic Review of Health Professional Education**, and considered the lessons learned from Phase 1 of the review. Acknowledging the scale of the Phase 2 procurement exercise the Committee supported the creation of a three-year fixed term Project Manager post recognising it would help provide the due diligence required to ensure the new contracts were fit for purpose.

In July, the Committee considered the draft **Annual Education and Training Plan 2021/22** and highlighted the need to closely monitor the impact of COVID-19 on trainers to ensure there was sufficient capacity to support delivery of the Plan. The final Plan was supported by the HEIW Board on 30 July 2020 and submitted to Welsh Government for approval.

### 4. Scrutiny and Monitoring

The Committee received:

- The first **All Wales Quality Report of Health Education Contracts in April 2020** which summarised the quality measures in place to ensure the delivery of health professional contracts in Wales.

- Regular reports on the **Quality Assurance Review of Post Graduate Medical Education (PGME)** and were reassured that despite service pressures in response to COVID-19, HEIW had maintained its regulatory accountability and had adopted an alternative approach to quality management during the crisis.
- Regular **Quality Management Reports** which provided an overview of the quality management monitoring arrangements within the Medical Deanery. This included updates on the areas within the Medical Deanery which were in enhanced monitoring status. The Committee noted the impact of COVID-19 on the Medical Deanery, in particular the pausing of routine elective operations and the impact on the progress of surgical trainees and were encouraged by efforts to mitigate the impact of a lack of face to face surgical operating time.
- A **Simulation Team Report** at its meeting in February 2021.
- A summary of the **Local Education Provider Commissioning Review 2019/2020** and welcomed the multi-professional format, noting the emergence of a number of all Wales themes including workforce development, curriculum change and simulation and several actions arising from lessons learned.
- The **General Medical Council (GMC) Annual Quality Assurance Summary** and were pleased with the positive outcome.
- A briefing on the **Four Nations Discussions on Quality Issues** in July 2020. Following feedback from the previous year's GMC Trainee Survey, the Committee requested HEIW review its complaint handling process and compare the approach to Quality Assurance Visits across the UK. The review highlighted the importance of communication throughout the complaints process and of sharing lessons learned. While the approach to quality assurance visits in Wales was similar to that in Scotland and Northern Ireland, feedback on the modified visits in Wales was shared with other nations.
- An update on the **Work-Based Learning and Apprenticeship Framework in Wales** and noted the potential additional resource required to facilitate implementation in July 2020. It also considered the **Open University Annual Report on Nurse Education for 2018-2019** and the potential to widen access to health professional education and learning into other professional disciplines.
- A presentation by members of the **South Wales Trauma Network (SWTN)** on their education and training plan and were encouraged by the multi-professional approach to education and training in October 2020.

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- The **GMC National Trainee Survey** and **Health Professional Education 2020 National Student Survey (NSS) Summary** and **All Wales Health Professional Education Performance Report for Academic Year 2019/20** in February 2021.

## 5. Key Risks/Issues

### Impact of Covid-19 on Education, Commissioning and Quality

As a result of the Board approval to change its governance arrangements temporarily, members of the public were unable to attend or observe the Committee. To facilitate as much transparency and openness as possible during this extraordinary time, the Committee published on the HEIW website a synopsis of the meetings within 72 hours and the unconfirmed minutes within two weeks of a meeting.

HEIW has been and continues to be actively involved in the emergency planning response to the current COVID-19 crisis. The priority for HEIW during this time has been to mobilise the organisation to both fulfil the leadership and support requirements and to use its expertise and resources to support the NHS Wales frontline services in light of the increasing demands from the pandemic, and to maintain the safety and wellbeing of its staff and learners across Wales.

In response to the pandemic, the Committee received regular updates on COVID-19 and its impact on a number of key education and commissioning programmes throughout the year. In October 2020, the Committee noted the briefing paper **Enshrining the Positive Lessons from COVID-19: Defining the 'New Normal' in Education and Training in Wales** and considered the learning opportunities for education and training in Wales as a result of the NHS response to COVID-19. Recognising the importance of continuous improvement, the Committee recommended a briefing paper on the 'new normal' be drafted so the lessons learned could be captured for the purposes of implementation and monitoring.

## 6. Key Areas of Focus for 2021/22

To keep pace with the many developments in education and training currently taking place, the Committee will review its forward work programme regularly. However, the following are key areas that will be addressed during 2021/22:

- Lessons learned from COVID-19 and the implications on Education & Training
- Phase 2 of the Strategic Review of Health Professional Education.
- Emerging approaches from workforce planning and the impact on training programmes.
- Impacts and opportunities of digitalisation on health education.
- Widening access to education through differential attainment and alternative education routes.
- The development of an induction process for Committee members.

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**Sponsored by:** Dr Ruth Hall

**Chair of Education, Commissioning and Quality Committee**

**Date:** June 2021

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

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

<b>Dyddiad y Cyfarfod</b>	<b>29 Gorffennaf 2021</b>	<b>Eitem ar yr Agenda</b>	<b>4.6.1</b>
<b>Teitl yr Adroddiad</b>	<b>Adroddiad Cadeirydd y Pwyllgor - Pwyllgor Comisiynu Addysg ac Ansawdd</b>		
<b>Awdur yr Adroddiad</b>	Catherine English, Rheolwr Llywodraethu Corfforaethol		
<b>Noddwr yr Adroddiad</b>	Dafydd Bebb, Ysgrifennydd y Bwrdd		
<b>A gyflwynir gan</b>	<b>Dr Ruth Hall (Cadeirydd)</b>		
<b>Rhyddid Gwybodaeth</b>	Agored		
<b>Pwrpas yr Adroddiad</b>	Pwrpas yr adroddiad yw amlinellu trafodaethau a gynhaliwyd gan Bwyllgor Comisiynu Addysg ac Ansawdd.		
<b>Materion Allweddol</b>	Mae'r adroddiad hwn yn canolbwyntio ar y materion allweddol a godwyd yng nghyfarfod y Pwyllgor Comisiynu Addysg ac Ansawdd a gynhaliwyd ar 25 Hydref 2021.		
<b>Angen Camau Penodol</b>	<b>Gwybodaeth</b>	<b>Trafodaeth</b>	<b>Sicrwydd</b>
			✓
<b>Argymhellion</b>	<p>Gofynnir i aelodau'r Bwrdd:</p> <ul style="list-style-type: none"> <li>• <b>Sylwi</b> ar gynnwys yr adroddiad er mwyn cael sicrwydd.</li> <li>• <b>Cymeradwyo</b> Achos Amlinellol Strategol y Rhaglen Addysg a Hyfforddiant Cychwynnol i Fferyllwyr (mae hon yn eitem ar wahân ar gyfer Bwrdd Gorffennaf o dan eitem 3.2 ar yr agenda).</li> <li>• <b>Cymeradwyo</b> Cynllun Addysg a Hyfforddiant Blynnyddol Cenedlaethol drafft 2022/23 (mae hon yn eitem ar wahân ar gyfer Bwrdd Gorffennaf o dan eitem 3.1 ar yr agenda).</li> <li>• <b>Adolygu</b> perfformiad y Pwyllgor fel y nodir yn Adroddiad Blynnyddol y Pwyllgor ar gyfer 2020-21 (mae hon yn eitem ar wahân ar gyfer Bwrdd Gorffennaf o dan eitem 4.5 ar yr agenda)</li> </ul>		

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## Adroddiad Cadeirydd y Pwyllgor - Pwyllgor Comisiynu Addysg ac Ansawdd

### 1. CYFLWYNIAD

Pwrpas yr adroddiad yw rhoi diweddariad ar faterion a ystyriwyd gan y Pwyllgor Comisiynu Addysg ac Ansawdd. Gofynnir i'r Bwrdd nodi'r adroddiad cryno gan y Cadeirydd ynghyd â'r argymhellion a wnaed gan y Pwyllgor.

### 2. CEFNDIR

Bydd y Bwrdd yn ymwybodol bod tri phwyllgor wedi'u sefydlu o dan reoliadau sefydlog AaGIC; y Pwyllgor Archwilio a Sicrwydd; y Pwyllgor Taliadau a Thelerau Gwasanaeth a'r Pwyllgor Comisiynu Addysg ac Ansawdd. Bydd pob pwyllgor yn cyflwyno adroddiadau i'r Bwrdd yn ystod y flwyddyn yn amlinellu trafodaethau, materion a risgiau allweddol a drafodwyd yn ystod cyfarfodydd.

### 3. CYNNIG

25 - Y Pwyllgor Comisiynu Ansawdd ac Addysg a gynhaliwyd ar 25 Mehefin 2021. Mae Atodiad 1 yn rhoi crynodeb i'r Bwrdd o'r meysydd a ystyriwyd yn y cyfarfod. Cofnod ffurfiol y cyfarfod yw'r cofnodion cymeradwy o hyd.

### 4. MATERION LLYWODRAETHU A RISG

Rheolir unrhyw risgiau a materion llywodraethu drwy gyfarfodydd y pwyllgor a bydd adroddiadau eithriedig yn cael eu darparu i'r Bwrdd gan y cadeiryddion perthnasol.

### 5. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol i'r Bwrdd eu hystyried.

### 6. ARGYMHELLIAD

Gofynnir i aelodau'r Bwrdd:

- **Sylwi** ar gynnwys yr adroddiad er mwyn cael sicrwydd.
- **Cymeradwyo** Achos Amlinellol Strategol y Rhaglen Addysg a Hyfforddiant Cychwynnol i Fferyllwyr (mae hon yn eitem ar wahân ar gyfer Bwrdd Gorffennaf o dan eitem 3.2 ar yr agenda).
- **Cymeradwyo** Cynllun Addysg a Hyfforddiant Blynnyddol Cenedlaethol drafft 2022/23 (mae hon yn eitem ar wahân ar gyfer Bwrdd Gorffennaf o dan eitem 3.1 ar yr agenda).
- **Adolygu** perfformiad y Pwyllgor fel y nodir yn Adroddiad Blynnyddol y Pwyllgor ar gyfer 2020-21 (mae hon yn eitem ar wahân ar gyfer Bwrdd Gorffennaf o dan eitem 4.5 ar yr agenda)

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Llywodraethu a Sicrwydd

<b>Linc i nodau strategol Cynllun Tymor Canolig Integredig</b> (os gwelwch yn dda)	<b>Nod Strategol 1:</b> Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach'	<b>Nod Strategol 2:</b> Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol	<b>Nod Strategol 3:</b> Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel
	✓	✓	✓
	<b>Nod Strategol 4:</b> Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd	<b>Nod Strategol 5:</b> Bod yn esiampl-gyflogwr ac yn lle gwych i weithio	<b>Nod Strategol 6:</b> Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol.
	✓	✓	✓
<b>Ansawdd, Diogelwch a Phrofiad y Claf</b>			
Mae sicrhau bod y Bwrdd yn cyflawni ei fusnes yn briodol drwy ei Bwyllgorau ac yn cyd-fynd â'i reolau sefydlog yn ffactor allweddol yn ansawdd, diogelwch a phrofiad cleifion sy'n derbyn gofal.			
<b>Goblygiadau Ariannol</b>			
Dim goblygiadau ariannol i'r Bwrdd fod yn ymwybodol ohonynt.			
<b>Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</b>			
Mae'n hanfodol bod y Bwrdd yn cydymffurfio â'i reolau sefydlog, sy'n cynnwys derbyn diweddariadau gan ei bwyllgorau.			
<b>Goblygiadau Staffio</b>			
Dim goblygiadau staffio i'r pwyllgor fod yn ymwybodol ohonynt.			
<b>Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Lles Cenedlaethau'r Dyfodol (Cymru) 2015)</b>			
Mae'r adroddiad yn amlinellu'r gwaith a wnaed gan y Pwyllgor i gynghori a sicrhau'r Bwrdd mewn perthynas ag addysg, comisiynu addysg a rheoli ansawdd darpariaeth a chontractau addysg. Mae strwythur llywodraethu'r Pwyllgor yn anelu at nodi materion yn gynnar er mwyn atal gwaethygu; gweithio'n agos gyda'r Pwyllgor Archwilio a Sicrwydd ac integreiddio i drefniadau cyffredinol y Bwrdd.			
<b>Hanes Adroddiad</b>	<b>yr</b>	Bydd yr adroddiad hwn yn eitem sefydlog ar agenda'r Bwrdd.	
<b>Atodiadau</b>		Atodiad 1 - Crynodeb y Cadeirydd - Y Pwyllgor Comisiynu Addysg ac Ansawdd	



## Atodiad 1

Dyddiad y Cyfarfod	29 Gorffennaf 2021	Eitem ar yr Agenda	4.6.1
Statws Rhyddid Gwybodaeth	Agored		
Pwyllgor Adrodd	Pwyllgor Addysg, Comisiwn ac Ansawdd		
Awdur yr Adroddiad	Catherine English, Rheolwr Llywodraethu Corfforaethol		
Cadeirir gan	Ruth Hall		
Cyfarwyddwr Gweithredol Arweiniol	Lisa Llewelyn a'r Athro Pushpinder Mangat		
Dyddiad y cyfarfod diwethaf	25 Mehefin 2021		
Crynodeb o'r materion allweddol a ystyriwyd gan y pwyllgor ac unrhyw benderfyniadau cysylltiedig a wnaed:			
<p>Oherwydd y cyfyngiadau a osodwyd gan Lywodraeth Cymru o ganlyniad i Bandemig COVID-19, nid oedd AaGIC yn gallu cynnal ei Bwyllgor Archwilio a Sicrwydd ar 25 Ionawr 2021 yn gyhoeddus. Fodd bynnag, yn dilyn y broses briodol, cynhaliwyd y cyfarfod trwy dechnoleg Telegynadledau.</p> <p>Derbyniodd y Pwyllgor trosolwg llafar o <b>Achos Amlinellol Strategol y Rhaglen Addysg Gychwynnol a Hyfforddiant Fferyllwyr</b> a nododd y byddai'n arwain gweithrediad hyfforddiant cychwynnol newydd fferyllwyr. I gydnabod galwadau a disgwyliadau cynyddol ar wasanaethau fferyllol, nod gweithredu'r safonau addysg a hyfforddiant cychwynnol newydd ar gyfer fferyllwyr yw cynhyrchu fferyllwyr â sgiliau clinigol gwell a statws rhagnodi annibynnol. Trafododd y Pwyllgor yr angen i sicrhau bod fframwaith rheoli ansawdd cadarn ar waith ar gyfer y rhaglen fferylliaeth ac roedd yn teimlo bod angen mwy o ddadansoddiad o'r risgiau o ystyried cwmpas a chymhlethdod y rhaglen.</p> <p>Argymhellodd y Pwyllgor y dylai'r Bwrdd gymeradwyo Rhaglen Gychwynnol Addysg a Hyfforddiant Fferyllwyr SOC (yn amodol ar gylchredeg y SOC a bod y mater yn destun sesiwn frifio'r Bwrdd)</p> <p>Darparwyd trosolwg o'r <b>Gweithgaredd Rheoli Ansawdd Deoniaeth Feddygol</b> a'r pum maes risg sydd ar hyn o bryd mewn statws monitro gwell gyda'r GMC. Roedd y Pwyllgor yn falch o nodi y byddai trefniadau monitro gwell ar gyfer llawfeddygaeth bediatreg yn Ysbyty Athrofaol Cymru yn dod i ben yn dilyn cynnydd sylweddol ac y byddai grŵp goruchwyllo ar y cyd yn cael ei greu i fonitro a mynd i'r afael â phryderon yn UHB Aneurin Bevan.</p> <p>Derbyniodd y Pwyllgor trosolwg o <b>Weithgaredd Rheoli Ansawdd Deoniaeth Deintyddiaeth</b> a nododd yr angen am fframwaith mwy ffurfiol, systematig ac adroddadwy wedi'i alinio â'r model meddygol i alluogi monitro ac adrodd ar hyfforddiant o ansawdd gwell.</p> <p>Derbyniodd a nododd y Pwyllgor ddiweddariad ar y trefniadau sydd ar waith ar gyfer <b>sicrhau ansawdd ar gyfer Fferyllwyr Sylfaen cyn-gofrestru Fferyllwyr a rhaglenni hyfforddi Technegydd Fferylliaeth cyn-gofrestru</b>. Cytunwyd y byddai'r Pwyllgor yn derbyn y Fframwaith Datganiad Ansawdd Blyneddol yn ei gyfarfod nesaf.</p>			

Derbyniodd y Pwyllgor y **Cynllun Addysg a Hyfforddiant Blynyddol Cenedlaethol 2022/23 drafft**. Ystyriodd y Pwyllgor gyflwyniad a ddarparwyd gan y Coleg Nyrsio Brenhinol ar flaenoriaethau gwasanaeth a ffigurau comisiynu addysg ar gyfer nyrsio. Trafododd y Pwyllgor y diffyg mewn recriwtio nyrsio pediatreg yn erbyn yr IMTP ac ystyriodd ffyrdd o annog unigolion i ddychwelyd i nyrsio. Ystyriodd y Pwyllgor y cyfyngiadau ar dwf, yn enwedig capasiti lleoliadau ond nododd fod AaGIC yn parhau i wneud cynnydd i alinio ceisiadau IMTP â rhifau comisiynu.

Cytunodd y Pwyllgor i gydnabod cyflwyno'r RCN a bod y Cadeirydd hefyd yn ysgrifennu at yr RCN i ymateb i'r llythyr a'r cyflwyniad a dderbyniwyd ganddynt.

Cytunwyd hefyd bod y Pwyllgor yn argymhell y dylid cyflwyno'r Cynllun Addysg a Hyfforddiant Cenedlaethol 2022/23 drafft i'r Bwrdd i'w gymeradwyo yn amodol ar gynnwys y sylwadau a wnaed gan y Pwyllgor yn y cynllun terfynol.

Derbyniodd y Pwyllgor ddiweddariad ar **Gam 2 yr Adolygiad Strategol o Addysg Gweithwyr Iechyd Proffesiynol** a bydd yn derbyn trosolwg cyflawn o'r broses cam 2 yn ei gyfarfod ym mis Medi.

Ystyriodd y Pwyllgor **Flaenoriaethau Newydd a Blaenorol**, gan argymhell canllaw sefydlu ar gyfer aelodau newydd y Pwyllgor.

Cymeradwyodd y Pwyllgor **Restr Wirio Hunanasesu 2021/22** i'w chylchredeg a chymeradwyodd **Adroddiad Blynyddol 2020/21 y Pwyllgor Addysg, Comisiynu ac Ansawdd** i'w gyflwyno i'r Bwrdd.

**Risgiau a materion allweddol/materion sy'n peri pryder y mae angen i'r Bwrdd fod yn ymwybodol ohonynt:**

AMHERTHNASOL

**Argymhelliad i'w ystyried gan y Bwrdd**

Yn dilyn ystyriaeth ddyledus o Achos Amlinellol Strategol Fferylliaeth, mae'r Pwyllgor yn argymhell bod y Bwrdd yn cymeradwyo **Achos Amlinellol Strategol Rhaglen Addysg a Hyfforddiant Cychwynnol Fferyllwyr** (mae hon yn eitem ar wahân ar yr agenda ar gyfer Bwrdd mis Gorffennaf).

Mae'r Pwyllgor yn argymhell bod y Bwrdd yn cymeradwyo'r **Cynllun Addysg a Hyfforddiant Blynyddol Cenedlaethol** drafft 2022/23 ar yr amod bod y sylwadau a wneir gan y Pwyllgor yn cael eu hymgorffori yn y cynllun terfynol (mae hon yn eitem agenda ar wahân ar gyfer Bwrdd mis Gorffennaf).

Cymeradwyodd y **Pwyllgor Adroddiad Blynyddol 2020/21 y Pwyllgor Addysg, Comisiynu ac Ansawdd** i'w gyflwyno i'r Bwrdd.

**Camau dirprwyedig gan y Pwyllgor**

AMHERTHNASOL

**Y prif ffynonellau gwybodaeth a dderbyniwyd**

- Adroddiadau cysylltiedig yn ymwneud â'r Achos Amlinellol Strategol.
- Diweddariadau Meddygol, Deintyddol a Fferylliaeth Ôl-raddedig
- Cynllun Addysg a Hyfforddiant Blynyddol Cenedlaethol Drafft 2022/23
- Rhestr Wirio Hunanasesu'r Pwyllgor Comisiynu Addysg ac Ansawdd
- Adroddiad Blynyddol y Pwyllgor Comisiynu Addysg ac Ansawdd 2020/21

<ul style="list-style-type: none"> <li>Cofnodion Drafft heb eu Cadarnhau o'r Grŵp Cyngori ar Addysg a gynhaliwyd ar 8 Mehefin 2021.</li> </ul>
<b>Uchafbwyntiau is-grwpiau sy'n adrodd i'r pwyllgor hwn</b>
Derbyniodd a nododd y Pwyllgor gofnodion drafft heb eu cadarnhau y <b>Grŵp Cyngori ar Addysg (EAG)</b> a gynhaliwyd ar 8 Mehefin 2021.
<b>Materion a gyfeiriwyd at Bwyllgorau eraill</b>
AMHERTHNASOL

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