# Cyfarfod Bwrdd (Agored) Medi 2022

*Thu 29 September 2022, 10:00 - 12:00*

**Ty Dysgu**

## Agenda

**10:00 - 10:00** 0 min

### 1. MATERION RHAGARWEINIOL

#### 1.1. Croesawu a Chyflwyno

#### 1.2. Ymddiheuriadau am Absenoldeb

#### 1.3. Datganiadau Buddiant

#### 1.4. Hanes Gwelliant

#### 1.5. Cofnodion heb eu Cadarnhau ar sail Cyfarfod Cyffredinol Blynyddol AaGIC a gynhaliwyd ar 28 Gorffennaf 2022

1.5 - Cofnodion heb eu Cadarnhau CCB220728 (F).pdf (3 pages)

#### 1.6. Cofnodion Drafft ar sail cyfarfod y Bwrdd a gynhaliwyd ar 28 Gorffennaf 2022

1.6 - Cofnodion heb eu Cadarnhau (Agored) BD220728 (F).pdf (8 pages)

#### 1.7. Cofnod Gweithredu ar sail cyfarfod y Bwrdd a gynhaliwyd ar 28 Gorffennaf 2022

1.7 - Cofnod Gweithredu (Agored) BD220728 (F).pdf (1 pages)

#### 1.8. Materion sy'n Codi

**10:00 - 10:00** 0 min

### 2. ADRODDIADAU'R CADEIRYDD A'R PRIF WEITHREDWR

#### 2.1. Adroddiad y Cadeirydd

#### 2.2. Adroddiad y Prif Weithredwr

2.2 - Adroddiad y Prif Weithredwr BD220929(F).pdf (6 pages)

**10:00 - 10:00** 0 min

### 3. MATERION STRATEGOL

#### 3.1. Trosolwg o'r Rhaglen Arweinyddiaeth ac Olyniaeth

3.1 - Trosolwg o'r Rhaglen Arweinyddiaeth ac Olyniaeth BD220929(F).pdf (7 pages)

#### 3.2. Diweddariad ar Ddatblygiad y Cynllun Tymor Canolig Integredig

### 3.3. Diweddariad ar y cynllun Mwy na Geiriau

10:00 - 10:00
0 min

## 4. LLYWODRAETHU, CYFLAWNI A SICRWYDD

### 4.1. Adroddiad y Cyfarwyddwr Cyllid

- 4.1a - Adroddiad y Cyfarwyddwr Cyllid BD220929 (F).pdf (7 pages)
- 4.1b - Appendix 1- DoF BD220929(F).pdf (2 pages)
- 4.1c - Appendix 2 - DoF BD220929(F).pdf (30 pages)

### 4.2. Adroddiad Cyflawniad (Chwarter 1)

- 4.2a - Adroddiad Perfformiad Integredig BD220929 (F).pdf (4 pages)
- 4.2b - Intergrated Performance Report BD220929(F).pdf (24 pages)
- 4.2c - Appendix 2 - Performance Report BD220929 (F).pdf (1 pages)
- 4.2d - Appendix 3 - Performance Report BD220929 (F).pdf (15 pages)

### 4.3. Ailbenodi Aelodau Annibynnol i'r Pwyllgor

### 4.4. Cofrestr Risg Gorfforaethol a Risgiau Strategol

### 4.5. Penderfyniadau'r Pwyllgor Mewnol

### 4.6. Derbyn yr Adroddiad Materion Allweddol ar sail

#### 4.6.1. Cyfarfod y Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 6 Medi

- 4.6.1 - Adroddiad Materion Allweddol - ECQC220906 to BD220929 (F).pdf (5 pages)

10:00 - 10:00
0 min

## 5. AT DDIBENION NODI

### 5.1. Dim

10:00 - 10:00
0 min

## 6. MATERION ERAILL

### 6.1. Unrhyw Fater Brys Arall

### 6.2. Dyddiadau'r Cyfarfodydd Nesaf

**Cofnodion heb eu Cadarnhau ar sail Cyfarfod Cyffredinol Blynyddol AaGIC a gynhaliwyd am 11:30am ar 28 Gorffennaf 2022 drwy gyfrwng *Zoom***

**Yn bresennol:**

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| Dr Chris Jones | Cadeirydd |
| Dr Ruth Hall | Aelod Annibynnol / Is-Gadeirydd |
| Gill Lewis | Aelod Annibynnol |
| Tina Donnelly | Aelod Annibynnol |
| Jonathan Morgan | Aelod Annibynnol |
| Alex Howells | Prif Weithredwr |
| Yr Athro Pushpinder Mangat | Cyfarwyddwr Meddygol |
| Lisa Llewelyn | Cyfarwyddwr Addysg Nyrsio a Gweithwyr Iechyd Proffesiynol |
| Rhiannon Beckett | Cyfarwyddwr Cyllid a Gwasanaethau Corfforaethol Dros Dro |

**Yn mynychu:**

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| Sian Richards | Cyfarwyddwr Digidol |
| Angie Oliver | Dirprwy Gyfarwyddwr y Gweithlu a DS |
| Catherine English | Rheolwr Llywodraethu Corfforaethol (Ysgrifennydd) |

| RHAN 1 | MATERION RHAGARWEINIOL | Gweithred |
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| AGM 2807/1.1 | **Croesawu a Chyflwyno** | |
| | Croesawodd y Cadeirydd bawb i Gyfarfod Cyffredinol Blynyddol AaGIC. | |
| AGM 2807/1.2 | **Sylwadau Rhagarweiniol** | |
| | Agorwyd y Cyfarfod Cyffredinol Blynyddol gan y Cadeirydd a chroesawyd pawb a oedd yn bresennol. Myfyriodd y Cadeirydd ynghylch y flwyddyn a thalodd deyrnged i'r staff, y partneriaid, hyfforddeion, a'r myfyrwyr a gynorthwyodd y GIG a'r gwasanaethau gofal trwy gyfnod heriol. Eglurodd fod y Cyfarfod Cyffredinol Blynyddol yn gyfle i AaGIC fwrw trem yn ôl ar y flwyddyn ddiwethaf ac edrych ymlaen at yr heriau a'r cyfleoedd sydd i ddod. Cadarnhaodd y Cadeirydd y byddai sesiwn cwestiwn ac ateb deng munud gyda'r cyhoedd yn dilyn cyflwyno'r Adroddiad Blynyddol a'r Rhagolygon ar gyfer 2022/23. Nododd hefyd fod Arddangosfa Gyhoeddus o waith AaGIC i'w chynnal wedi'r CCB.<br><br>Yn olaf, diolchodd y Cadeirydd i staff AaGIC, y GIG a'i bartneriaid am eu gwaith caled a'u hymrwymiad. | |
| **RHAN 2** | **ADRODDIAD BLYNYDDOL 2021/22** | |
| **AGM** | **Trosolwg gan y Prif Weithredwr** | |

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| **2807/2.1** | | |
| | Derbyniodd y Cyfarfod Cyffredinol Blynyddol gyflwyniad y Prif Weithredwr ar y gwaith a wnaed gan AaGIC yn 2021/22.<br><br>Pwysleisiodd Alex Howells fod AaGIC wedi cyflawni'r rhan fwyaf o'i amcanion strategol yn ystod 2021/22. Nododd hefyd ei fod wedi parhau i gynllunio a sicrhau cynnydd o ran niferoedd hyfforddeion a myfyrwyr dros rychwant eang o raglenni a phroffesiynau. Tanlinellodd fod AaGIC wedi parhau i ganolbwyntio ar addysg a hyfforddiant o safon, gan alluogi cymorth wedi'i dargedu lle'r oedd angen. Nododd fod y sefydliad wedi arwain y gwaith o reoli'r polisi bwrsariaethau ar lawr gwlad i sicrhau cymaint o raddedigion wedi'u haddysgu yng Nghymru â phosibl.<br><br>Er gwaethaf heriau'r pandemig, parhaodd AaGIC i dyfu ac ehangu yn 2021/22 a chynorthwyodd system y GIG lle bynnag y bo modd. Gan amlygu cyflawniadau AaGIC, cadarnhaodd Alex Howells fod AaGIC wedi lansio Strategaeth y Gweithlu Iechyd Meddwl yn ystod 2021/22, mewn partneriaeth â Gofal Cymdeithasol Cymru. Cadarnhaodd hefyd fod AaGIC wedi gweithredu cam cyntaf yr Adolygiad Strategol o Addysg a fyddai'n golygu bod addysg a hyfforddiant yn dod yn fwy hygyrch yn lleol i gymunedau yng Nghymru. Roedd AaGIC hefyd wedi datblygu rolau newydd gan gynnwys rôl y Cydymaith Clinigol mewn Seicoleg Gymhwysol. Yn ogystal, bu iddo hybu'r gwaith o wireddu prif gyflawniadau'r fframwaith ar gyfer Gweithwyr Proffesiynol Perthynol i Iechyd a chydweithwyr Gwyddor Gofal Iechyd. Bu i AaGIC hefyd lansio nifer o raglenni newydd i ehangu'r maes datblygu arweinyddiaeth a rheoli talent ymhellach. Roedd y rhain yn cynnwys y Rhaglen i Raddedigion a'r Rhaglen Darpar Brif Weithredwyr.<br><br>Yn ystod 2021/22, parhaodd AaGIC i ddatblygu ei drefniannau o ran ymgysylltu â rhanddeiliaid a gweithio mewn partneriaeth. Ffurfiodd Grŵp Cyfeirio Rhanddeiliaid newydd â'r nod o ysgogi trafodaethau ynghylch gwaith AaGIC ymysg lliaws o randdeiliad. Cyflwynodd AaGIC hefyd sesiynau briffio i aelodau etholedig a chyflwynodd ryngwyneb strategol newydd ymhlith partneriaid addysg.<br><br>Yn olaf, amlinellodd Alex Howells rai o'r cyflawniadau sefydliadol mewnol yn ystod 2021/22, gan gynnwys ffocws o'r newydd ar ddatblygu gweithlu dwyieithog, cyflwyno arweinyddiaeth dosturiol, twf parhaus o ran gwasanaethau digidol a chyflawni targedau statudol. | |
| **Penderfynwyd** | **Nododd** yr AGM drosolwg y Prif Weithredwr. | |
| **AGM 2807/2.2** | **Trosolwg gan y Cyfarwyddwr Cyllid** | |
| | **Derbyniodd** yr AGM y cyflwyniad ar gyflawniad ariannol 2021/22. | |

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| | Wrth gyflwyno cyflawniad ariannol 2021/22, cadarnhaodd Rhiannon Beckett fod AaGIC wedi bodloni ei holl ddyletswyddau ariannol yn ystod y flwyddyn a bod y cyfrifon wedi derbyn barn archwilio ddiamod. Nodwyd bod y sefyllfa ariannol ddiwedd blwyddyn yn gyfystyr â thanwariant o £343,000 gyferbyn â dyraniad refeniw o £266.158m. Gyferbyn â dyraniad cyfalaf o £283,000, roedd tanwariant o £3,000 ar ddiwedd y flwyddyn. Cadarnhawyd hefyd fod AaGIC wedi rhagori ar darged Polisi Taliadau'r Sector Cyhoeddus. | |
| **Penderfynwyd** | **Nododd** yr AGM drosolwg y Cyfarwyddwr Cyllid. | |
| **AGM 2807/2.3** | **Derbyn a Chymeradwyo'r Adroddiad Blynyddol 2021/22** | |
| **Penderfynwyd** | **Derbyniodd** a **chymeradwyodd** yr AGM Adroddiad Blynyddol 2021/22 | |
| **RHAN 3** | **RHAGOLYGON AR GYFER Y FLWYDDYN HON 2022/23** | |
| **AGM 2807/3.1** | Derbyniodd yr AGM gyflwyniadau gan y Tîm Gweithredol ar gynlluniau AaGIC ar gyfer y misoedd i ddod. | |
| **Penderfynwyd** | **Nododd** yr AGM gyflwyniadau'r Tîm Gweithredol ar y rhagolygon ar gyfer 2022/23. | |
| **RHAN 4** | **Sesiwn Holi ac Ateb** | |
| **AGM 2807/4.1** | **Y Bwrdd i ystyried cwestiynau ysgrifenedig gan arsylwyr y Cyfarfod Cyffredinol Blynyddol** | |
| | Ni dderbyniwyd unrhyw gwestiynau gan arsylwyr. | |
| **RHAN 5** | **DWYN Y CYFARFOD I BEN** | |
| **AGM 2807/5.1** | **Dirwyn i ben** | |
| **Penderfynwyd** | Gan nad oedd unrhyw gwestiynau pellach, daeth y Cadeirydd â'r Cyfarfod Cyffredinol Blynyddol i ben. | |

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Chris Jones (Cadeirydd)

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Dyddiad:

**Cofnodion heb eu Cadarnhau ar sail Cyfarfod Bwrdd AaGIC (Adroddiadau Terfynol)**
**cynhaliwyd am 09:00am ar 28 Gorffennaf 2022**
**drwy gyfrwng *Zoom***



**Yn bresennol:**

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| Dr Chris Jones | Cadeirydd |
| Dr Ruth Hall | Aelod Annibynnol / Is-Gadeirydd |
| Gill Lewis | Aelod Annibynnol |
| Tina Donnelly | Aelod Annibynnol |
| Jonathan Morgan | Aelod Annibynnol |
| Alex Howells | Prif Weithredwr |
| Lisa Llewelyn | Cyfarwyddwr Addysg Nyrsio a Gweithwyr Iechyd Proffesiynol |
| Rhiannon Beckett | Cyfarwyddwr Cyllid Dros Dro |
| Yr Athro Pushpinder Mangat | Cyfarwyddwr Meddygol. |

**Yn mynychu:**

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| Sian Richards | Cyfarwyddwr Digidol |
| Angie Oliver | Dirprwy Gyfarwyddwr y Gweithlu a DS |
| Julie Nallon | Rheolwr y Swyddfa Rheoli Rhaglenni |
| Marie-Claire Griffiths | Cyfarwyddwr Cynorthwyol Cynllunio a Chyflawni |
| Rhiannon Windsor | Pennaeth DS a Chynhwysiant |
| Catherine English | Rheolwr Llywodraethu Corfforaethol (Ysgrifennydd) |

| **RHAN 1** | **MATERION RHAGARWEINIOL** | **Gweithred** |
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| **2807/1.1** | **Croesawu a Chyflwyno** | |
| | Estynnwyd croeso i bawb i'r cyfarfod gan y Cadeirydd, a chroesawyd yr aelodau canlynol yn arbennig:<br><br>• Angie Oliver, Dirprwy Gyfarwyddwr y Gweithlu a DS, a fynychodd ar ran Julie Rogers;<br>• Julie Nallon, Rheolwr y Swyddfa Rheoli Rhaglenni, a Marie-Claire Griffiths, Cyfarwyddwr Cynorthwyol Cynllunio a Chyflawni, a fynychodd i ategu'r gwaith o gyflwyno'r Cynllun Addysg a Hyfforddiant;<br>• Rhiannon Windsor, Pennaeth DS a Chynhwysiant, a fynychodd i gyflwyno Trosolwg Cydraddoldeb, Amrywiaeth a Chynhwysiant AaGIC; a<br>• Cymen, a fynychodd i ddarparu gwasanaeth cyfieithu ar y pryd.<br><br>Cadarnhawyd bod cworwm yn bresennol. | |
| **2807/1.2** | **Ymddiheuriadau am absenoldeb** | |
| | Cafwyd ymddiheuriadau gan Julie Rogers, Dirprwy Brif Weithredwr a Chyfarwyddwr y Gweithlu a Datblygu Sefydliadol, a Dafydd Bebb, Ysgrifennydd y Bwrdd. | |

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| **2807/1.3** | **Datganiadau Buddiant** | |
| | Datganodd y Cadeirydd iddo gael ei urddo'n Gymrawd er Anrhydedd Prifysgol Caerdydd yn ddiweddar. | |
| **2807/1.4** | **Derbyn a chadarnhau cofnodion y Cyfarfod Bwrdd a gynhaliwyd ar 13 Mehefin 2022** | |
| **Penderfynwyd** | **Derbyniwyd** a **chymeradwywyd** cofnodion y Cyfarfod Bwrdd ym mis Mehefin fel cofnod cywir o'r cyfarfod. | |
| **2807/1.5** | **Cofnod Gweithredu o gyfarfod y Bwrdd a gynhaliwyd ar 13 Mehefin 2022** | |
| | **Derbyniodd** y Bwrdd y Cofnod Gweithredu a **nododd** nad oedd unrhyw gamau gweithredu yn weddill. | |
| **Penderfynwyd** | **Nododd** y Bwrdd y Cofnod Gweithredu | |
| **2807/1.6** | **Materion sy'n Codi** | |
| | Nid oedd unrhyw faterion yn codi | |
| **RHAN 2** | **ADRODDIADAU'R CADEIRYDD A'R PRIF WEITHREDWR** | |
| **2807/2.1.1** | **Adroddiad y Cadeirydd** | |
| | Derbyniodd y Bwrdd yr adroddiad.<br><br>Wrth gyflwyno'r adroddiad, tynnodd y Cadeirydd sylw at yr heriau economaidd sy'n gysylltiedig â chostau byw cynyddol, chwyddiant, a chyfraddau llog ar gynnydd, sy'n effeithio ar gymunedau a staff. Nododd y Cadeirydd yr heriau digynsail sy'n wynebu gwasanaethau iechyd a gofal, y bydd eu heffaith yn debygol o fod yn hirhoedlog. Nododd hefyd sut y byddai'r hydref a'r gaeaf sydd ar ddod yn rhoi straen pellach ar y system.<br><br>Amlygwyd bod Mehefin a Gorffennaf wedi bod yn fisoedd prysur i AaGIC; cymeradwywyd y Cynllun Tymor Canolig Integredig (IMTP) a oedd wedi'i gyflwyno i Lywodraeth Cymru ym mis Mawrth 2022; cyflwynwyd y Cynllun Gweithlu Iechyd Meddwl ar y cyd i Lywodraeth Cymru i'w ystyried; ac roedd y Cynllun Addysg a Hyfforddiant Blynyddol ar agenda Bwrdd mis Gorffennaf i'w ystyried a'i gymeradwyo. Nododd y Cadeirydd bod yr elfennau hyn yn gonglfeini creiddiol i gyfnerthu adferiad y GIG a'r system gofal, i gyflawni blaenoriaethau gweinidogol, ac i ategu 'Cymru Iachach'.<br><br>Cadarnhawyd bod y Cadeirydd a'r Prif Weithredwr wedi cwrdd â Phartneriaid Addysg Uwch; bu iddynt gwrdd yn arbennig ag Is-Ganghellor Prifysgol Aberystwyth, Elizabeth Treasure. Bu'n gyfarfyddiad buddiol i ddysgu am waith ac uchelgeisiau'r Brifysgol.<br><br>Yn olaf, diolchodd y Cadeirydd i staff AaGIC am eu hymroddiad parhaus a dyfal i'r gwaith sy'n tanategu agenda AaGIC. Diolchodd hefyd i'r Aelodau Annibynnol am eu cefnogaeth dros y misoedd diwethaf. | |
| **Penderfynwyd** | **Nododd** y Bwrdd yr adroddiad er **gwybodaeth**. | |
| **2807/2.1.2** | **Gosod y Sêl Gyffredin** | |
| | Derbyniodd y Bwrdd yr adroddiad. | |

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| | Cadarnhaodd y Cadeirydd fod AaGIC, ers yr adroddiad diwethaf, wedi ymrwymo i un weithred ynghlwm wrth Gam 1 yr Adolygiad Strategol o Addysg i Weithwyr Iechyd Proffesiynol. Nodwyd bod y weithred wedi'i llofnodi ar ffurf ddyblyg ac wedi'i hawdurdodi i dderbyn sêl yn unol ag Adran 7 o'r Rheolau Sefydlog. Nodwyd bod y weithred yn ymwneud â darparu addysg a hyfforddiant Gwyddoniaeth Barafeddygol ym Mhrifysgol Abertawe. | |
| **Penderfynwyd** | **Nododd** y Bwrdd yr adroddiad er **gwybodaeth**. | |
| **2807/2.2** | **Adroddiad y Prif Weithredwr** | |
| | Derbyniodd y Bwrdd yr adroddiad.<br><br>Cadarnhaodd Alex Howells fod Cydgyfarfod y Tîm Gweithredol (JET) gyda chydweithwyr o Lywodraeth Cymru ddechrau mis Gorffennaf wedi bod yn gadarnhaol. Nododd ei fod wedi galluogi AaGIC i ddangos ehangder y gwaith sydd ar y gweill ar draws y sefydliad i gyfnerthu rhai o'r heriau critigol sy'n wynebu'r GIG.<br><br>Cadarnhawyd y byddai'r pecyn sleidiau JET yn cael ei rannu gydag aelodau'r Bwrdd. Nodwyd hefyd y byddai Aelodau Annibynnol yn cael eu cynnwys mewn cyfarfodydd dilynol ar gyfer digwyddiadau ymgysylltu â rhanddeiliaid er budd gweithredu Strategaeth y Gweithlu. | |
| **Penderfynwyd** | Gweithredodd y Bwrdd fel a ganlyn:<br>• **Nododd** yr adroddiad er **gwybodaeth**.<br>• **Cytunodd** y byddai'r pecyn sleidiau JET yn cael ei rannu gydag aelodau'r Bwrdd er gwybodaeth.<br>• **Cytunodd** y byddai Aelodau Annibynnol yn cael eu cynnwys mewn cyfarfodydd dilynol ar gyfer digwyddiadau ymgysylltu â rhanddeiliaid er budd gweithredu Strategaeth y Gweithlu. | **AH**<br><br>**JR** |
| **RHAN 3** | **MATERION STRATEGOL** | |
| **2807/3.1** | **Y Cynllun Addysg a Hyfforddiant Blynyddol** | |
| | Derbyniodd y Pwyllgor yr adroddiad a'r cyflwyniad.<br><br>Cyflwynodd Lisa Llewelyn yr adroddiad gan egluro ei fod yn cyflwyno drafft terfynol i'r Bwrdd o Gynllun Addysg a Hyfforddiant AaGIC 2023-24 cyn ei osod gerbron Llywodraeth Cymru.<br><br>Cadarnhawyd bod y cynllun wedi'i ddatblygu drwy ymgynghori â rhanddeiliaid a bod un ar hugain o ymatebion wedi'u derbyn gan ddeunaw sefydliad.<br><br>Nodwyd bod y cynllun yn cydnabod yr angen i ehangu'r gweithlu mewn sawl maes i fynd i'r afael â diffygion a fodolai cyn y pandemig, ac i ymateb i'r pwysau newydd o fewn y system. Mae'r cynllun yn adeiladu ar y lefelau ehangiad a gymeradwywyd yn ystod y blynyddoedd diwethaf a'r nod yw naill ai cynnal y lefelau hynny o gomisiynu neu eu cynyddu. Roedd cynllun 2023-24 wedi'i alinio â gweledigaeth ac uchelgeisiau AaGIC fel y nodir o fewn yr IMTP.Adlewyrchai hyn rôl AaGIC fel | |

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| | arweinydd y gweithlu strategol a'i fuddsoddiad parhaus mewn Addysg a Hyfforddiant.<br><br>Cadarnhawyd bod cynnydd wedi bod o ran costau rhwng 2022/23 a 2023/24 o £31.46m. Roedd hyn yn cynnwys y costau o £7.36m yn gysylltiedig â'r Cynllun Gweithlu Iechyd Meddwl a £0.28 miliwn yn gysylltiedig â'r Cynllun Gofal Sylfaenol.<br><br>Ystyriodd y Bwrdd y cynllun gan groesawu'r dull amlbroffesiynol. Cadarnhawyd bod AaGIC yn cynnal trafodaethau cyson â'r rheoleiddwyr i sicrhau bod y cwricwla'n cydymffurfio â'u gofynion a bod y rheoleiddwyr yn croesawu'r dull amlbroffesiynol. Nodwyd ei bod yn ofynnol i ddarparwyr feithrin dull amlbroffesiynol, integredig ar gyfer lleoliadau yn unol ag amodau'r contractau comisiynu newydd. Nod hyn yw sicrhau bod digon o leoliadau o ansawdd da ar gyfer yr hyfforddiant a gomisiynir a bod gwaith yn mynd rhagddo i sicrhau bod nifer digonol o leoliadau ar gael i fyfyrwyr. Tynnwyd sylw at y ffaith bod y cynllun yn ceisio ehangu'r holl grwpiau proffesiynol a bod gwaith ar y gweill i drawsnewid rolau presennol.<br><br>Cadarnhaodd Cadeirydd y Pwyllgor Addysg, Comisiynu ac Ansawdd bod y Pwyllgor wedi adolygu'r cynllun a'i argymell i'r Bwrdd i'w gymeradwyo. Nodwyd y byddai mapio data'r cyrchfannau cyntaf yn broses hanfodol ar gyfer mesur adenillion ar fuddsoddiad Cymru.<br><br>Diolchodd y Bwrdd i'r timau am eu gwaith ar ddrafftio Cynllun Addysg a Hyfforddiant Blynyddol 2023-24 a chafodd ei galonogi gan y ffocws o'r newydd ar y seilwaith addysg a Gofal Sylfaenol. | |
| **Penderfynwyd** | Gweithredodd y Bwrdd fel a ganlyn:<br>• **Nodi** bod y cynllun hwn wedi'i argymell i Fwrdd AaGIC i'w gymeradwyo gan y Pwyllgor Addysg, Comisiynu ac Ansawdd ar 15 Gorffennaf a'i drafod gyda Bwrdd Gweithredol y GIG ar 19 Gorffennaf.<br>• **Cymeradwyo** Cynllun Addysg a Hyfforddiant 2023-24, gan gynnwys yr atodiadau, i'w gyflwyno i Lywodraeth Cymru. | **AH** |
| **2807/3.2** | **Trosolwg Cydraddoldeb, Amrywiaeth a Chynhwysiant AaGIC** | |
|  | Derbyniodd y Bwrdd yr adroddiad a'r cyflwyniad.<br><br>Wrth gyflwyno'r adroddiad, eglurodd Rhiannon Windsor ei fod yn rhoi trosolwg o'r gweithgarwch o fewn yr adran Cydraddoldeb, Amrywiaeth a Chynhwysiant (EDI) yn AaGIC ers y diweddariad diwethaf yng Ngorffennaf 2021.<br><br>Cadarnhawyd bod y trefniannau llywodraethu diwygiedig yn darparu prosesau monitro ac adrodd cadarn yn ôl Amcan Strategol 5.2, y Cynllun Cydraddoldeb Strategol, a Chynllun Gweithredu Cymru Wrth-hiliol. Nodwyd bod yr Adroddiadau | |

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| | Bwlch Cyflog Rhwng y Rhywiau a'r Adroddiadau Cydraddoldeb Blynyddol wedi'u cyhoeddi ac yn amlygu cynnydd yn ôl cynllun AaGIC.<br><br>Amlygwyd bod gwaith parhaus ar y gweill i ymwreiddio cyfiawnder, cydraddoldeb, a dathliad amrywiaeth drwy ystod y sefydliad drwy gyfrwng y Rhwydwaith Amrywiaeth, Cydraddoldeb a Chynhwysiant (EDI) a'r Rhwydwaith Hyrwyddwyr Cynhwysiant.<br><br>Bu'r Bwrdd yn ystyried yr adroddiad a chafodd ei galonogi gan y gwaith i ymwreiddio cydraddoldeb ac amrywiaeth drwy ystod y sefydliad. Awgrymwyd y dylid gwahodd Aelodau Annibynnol i fynychu cyfarfodydd y Grŵp Cydraddoldeb, Amrywiaeth a Chynhwysiant. Diolchodd y Bwrdd i'r tîm am eu gwaith hyd yma gan edrych ymlaen at dderbyn diweddariadau pellach maes o law. | |
| **Penderfynwyd** | Gweithredodd y Bwrdd fel a ganlyn:<br>• **nododd** a **gwerthfawrogodd** y cynnydd a wnaed hyd yma o ran Cydraddoldeb, Amrywiaeth a Chynhwysiant o fewn AaGIC.<br>• **cytunodd y** byddai Aelodau Annibynnol yn cael eu gwahodd i fynychu cyfarfodydd y Grŵp Cydraddoldeb, Amrywiaeth a Chynhwysiant. | **JR** |
| **RHAN 4** | **LLYWODRAETHU, CYFLAWNI A SICRWYDD** | |
| **2807/4.1** | **Adroddiad y Cyfarwyddwr Cyllid** | |
| | Derbyniodd y Bwrdd Adroddiad y Cyfarwyddwr Cyllid.<br><br>Wrth gyflwyno'r adroddiad, eglurodd Rhiannon Beckett ei fod yn rhoi diweddariad ar y sefyllfa ariannol fel y saif yn nhrydedd mis y flwyddyn ariannol 2022/23. Eglurodd ei fod hefyd yn nodi unrhyw gamau gweithredu sy'n angenrheidiol i fantoli'r gyllideb ar ddiwedd y flwyddyn.<br><br>Amlygwyd bod AaGIC, yn nhrydedd mis y flwyddyn ariannol, â thanwariant o £260,408. Nodwyd bod y sefyllfa hon wedi cael ei hadrodd arni wrth Lywodraeth Cymru yn unol â gofynion cyflwyno'r ffurflenni monitro. Cadarnhawyd bod y tanwariant yn gysylltiedig â chostau cyflog yn ymwneud ag amryw o swyddi gwag; costau heb fod ar sail cyflog yn ymwneud â theithio a hyfforddiant, ble caed llai o weithgarwch na'r hyn a gyllidebwyd ar ei gyfer; ac mewn perthynas â chomisiynu, lle'r oedd y tanwariant yn cynrychioli llai na 3% o'r gyllideb gronnol. Nodwyd bod gan AaGIC ddyraniad cyfalaf dewisol o £76,000 ar gyfer 2022/23 ac nad oedd unrhyw wariant wedi'i ysgwyddo hyd yn hyn.<br><br>Cadarnhawyd bod AaGIC wedi talu 93.45% o anfonebau nad oeddent yn perthyn i'r GIG a 96.14% o anfonebau'r GIG o fewn 30 niwrnod ar gyfer y cyfnod rhwng mis Ebrill ac Awst 2022. | |
| **Penderfynwyd** | **Nododd** y Bwrdd y canlynol: | |

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| | • y sefyllfa ariannol o danwario yr adroddwyd arni ar gyfer AaGIC yn nhrydedd mis y flwyddyn ariannol a'r camau gweithredu i fantoli'r gyllideb erbyn diwedd y flwyddyn;<br>• yr esboniad cryno o amrywiadau allweddol gan y Gyfarwyddiaeth;<br>• y dyraniad Cyfalaf a'r gwariant hyd yma; a<br>• sefyllfa'r Fantolen. | |
| **2807/4.2** | **Adolygiad o'r Cyfarwyddiadau Ariannol Sefydlog** | |
| | Derbyniodd y Bwrdd yr adroddiad.<br><br>Wrth gyflwyno'r adroddiad, eglurodd Rhiannon Beckett fod Llywodraeth Cymru wedi cyhoeddi set o Gyfarwyddiadau Ariannol Sefydlog (SFI) enghreifftiol yn ystod 2021, i'w mabwysiadu gan holl gyrff GIG Cymru. Fel rhan o'r broses adolygu, nodwyd anghysondeb o fewn y ddogfen a oedd yn effeithio ar drothwyon hysbysu caffael AaGIC. O ganlyniad, nid oedd modd i'r sefydliad fabwysiadu'r Cyfarwyddiadau ar y pryd. Yn dilyn hyn, cyhoeddodd Llywodraeth Cymru amserlen ddiwygiedig ar gyfer yr SFI, sydd wedi adfer y sefyllfa.<br><br>Cadarnhawyd bod yr SFI diweddaredig wedi cael eu hystyried yng nghyfarfod y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 12 Gorffennaf 2022. Nodwyd bod y Pwyllgor yn argymell i'r Bwrdd gymeradwyo'r SFI diweddaredig. | |
| **Penderfynwyd** | **Adolygodd** y Bwrdd y Cyfarwyddiadau Ariannol Sefydlog a'u **cymeradwyo**. | |
| **2807/4.3** | **Adolygiad Blynyddol o'r Rheolau Sefydlog** | |
| **Penderfynwyd** | **Adolygodd** y Bwrdd Orchmynion Sefydlog diwygiedig AaGIC a'u **cymeradwyo**. | |
| **2807/4.4** | **Polisi Risg** | |
| **Penderfynwyd** | **Adolygodd** y Bwrdd y Polisi Rheoli Risg diweddaredig a'i **gymeradwyo**. | |
| **2807/4.5** | **Adroddiadau Materion Allweddol** | |
| **2807/4.5.1** | **Cyfarfod y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 10 Mehefin 2022** | |
| | Derbyniodd y Bwrdd yr adroddiad.<br><br>Nododd Cadeirydd y Pwyllgor fod yr Adroddiad Archwilio Mewnol ar sail Rheoli Cyflawniad a Threfniannau Llywodraethu yn destun sicrwydd sylweddol. Roedd Adroddiad Archwilio Mewnol y Cynllun Bwrsari ac Adroddiad Archwilio Mewnol y Cyfarwyddwyr Rhaglenni Hyfforddi yn destun sicrwydd rhesymol. Nodwyd bod y Pwyllgor yn falch o dderbyn y farn ddiamod gyffredinol ar Gyfrifon Blynyddol 2021/22, a'u bod yn parhau i fonitro'r defnydd o Weithredoedd Tendr Sengl. | |
| **Penderfynwyd** | Bu i'r Bwrdd **nodi** cynnwys yr adroddiad er sicrwydd. | |
| **2807/4.5.2** | **Cyfarfod y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 12 Gorffennaf 2022** | |
| | Derbyniodd y Bwrdd yr adroddiad. | |

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| | Nododd Cadeirydd y Pwyllgor fod y gyfarwyddiaeth ddigidol yn parhau i wneud cynnydd da ar draws agenda strategol gymhleth. Nododd byddai'r adran Ddigidol, yn amodol ar adroddiad terfynol ym mis Hydref, yn cael ei eithrio o drefniadau monitro'r Pwyllgorau yn sgil y cynnydd sylweddol a wnaed.<br><br>Cadarnhawyd bod gwaith ar y gweill ym maes Gwrth-dwyll i sicrhau bod adnoddau digonol ar gael i draddodi'r Cynllun Gwrth-dwyll. | |
| | Gweithredodd y Bwrdd fel a ganlyn:<br><br>• **nododd** gynnwys yr adroddiad gan Gadeirydd y Pwyllgor Archwilio a Sicrwydd er sicrwydd;<br>• **nododd** argymhelliad y Pwyllgor i'r Bwrdd gymeradwyo'r Rheolau Sefydlog diwygiedig yn ei gyfarfod ar 28 Gorffennaf 2022;<br>• **nododd** argymhelliad y Pwyllgor i'r Cyfarwyddiadau Ariannol Sefydlog gael eu cymeradwyo gan y Bwrdd yn ei gyfarfod ar 28 Gorffennaf 2022;<br>• **nododd** argymhelliad y Pwyllgor i Bolisi Rheoli Risg AaGIC gael ei gymeradwyo gan y Bwrdd yn ei gyfarfod ar 28 Gorffennaf 2022 (mae hwn yn eitem agenda neilltuol ar agenda Bwrdd Gorffennaf);<br>• **cymeradwyodd** y Cylch Gorchwyl diwygiedig ar gyfer y Pwyllgor Archwilio a Sicrwydd. | |
| **2807/4.5.3** | **Cyfarfod y Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 15 Gorffennaf** | |
| | Derbyniodd y Bwrdd yr adroddiad.<br><br>Tynnodd Cadeirydd y Pwyllgor sylw at y ffaith fod y Pwyllgor wedi derbyn Cynllun Addysg a Hyfforddiant Blynyddol Cenedlaethol 2023/24 ac wedi ei argymell i'r Bwrdd ei gymeradwyo.<br><br>Bu'r Pwyllgor hefyd yn ystyried adroddiad ar y Grŵp Ansawdd ac Addysg Amlbroffesiynol (MPQEG). Cafodd ei fodloni bod strwythurau cadarn ar waith i ddarparu goruchwyliaeth a sicrwydd parhaus ar gyfer y Pwyllgor. O ganlyniad, argymhellodd y dylid datgomisiynu'r Grŵp Ansawdd ac Addysg Amlbroffesiynol. | |
| **Penderfynwyd** | Gweithredodd y Bwrdd fel a ganlyn:<br>• **Nododd** gynnwys yr adroddiad er sicrwydd.<br>• **Nododd** Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd 2021/22 er sicrwydd<br>• **Nododd** argymhelliad y Pwyllgor (yn amodol ar dderbyn sylwadau ychwanegol) i'r Bwrdd gymeradwyo'r Cynllun Addysg a Hyfforddiant drafft 2023-24 yn ei gyfarfod ar 28 Gorffennaf 2022.<br>• **Argymhellodd** i'r Grŵp Ansawdd ac Addysg Amlbroffesiynol gael ei ddatgomisiynu. | |

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| | • **Cymeradwyodd** y Cylch Gorchwyl diwygiedig ar gyfer y Pwyllgor Addysg, Comisiynu ac Ansawdd. | |
| **RHAN 5** | **At Ddibenion Nodi** | |
| **2807/5.1** | **Cofrestr Risg Gorfforaethol** | |
| **Penderfynwyd** | **Nododd** y Bwrdd yr adroddiad er sicrwydd. | |
| **2807/5.2** | **Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru – Mai 2022** | |
| **Penderfynwyd** | **Nododd** y Bwrdd yr adroddiad er gwybodaeth. | |
| **2807/5.3** | **Fforwm Arweinyddiaeth Cydweithrediaeth Iechyd GIG Cymru**<br>**Cofnodion Cymeradwy y Cyfarfod a gynhaliwyd ar 6 Rhagfyr 2021** | |
| **Penderfynwyd** | **Nododd** y Bwrdd y cofnodion er gwybodaeth. | |
| **RHAN 6** | **MATERION ERAILL** | |
| **1306/6.1** | **Unrhyw Fater Brys Arall** | |
| | Nid oedd unrhyw fater brys arall. | |
| **1306/6.2** | **Dyddiad y cyfarfod nesaf** | |
| | Dyddiadau'r Cyfarfodydd Nesaf:<br>• **Sesiwn Datblygu Bwrdd** AaGIC i'w chynnal ar **25 Awst 2022** drwy gyfrwng Ystafell Gynadledda Tŷ Dysgu.<br>• Cyfarfod **Bwrdd** AaGIC i'w gynnal ar **29 Medi 2022** drwy gyfrwng *Zoom* | |
| | Penderfynodd y Bwrdd gynnal pwyllgor mewnol. | |

..................................................... Chris Jones (Cadeirydd)

............................. Dyddiad:

**Bwrdd AaGIC (Agored)**
**28 Gorffennaf 2022**
**Cofnod Gweithredu**

**(Mae'r Daflen Weithredu hefyd yn cynnwys camau y cytunwyd arnynt yng nghyfarfodydd blaenorol Bwrdd Agored AaGIC ac yn aros i'w cwblhau neu wedi'u hamserlennu i'w hystyried yn y dyfodol gan y Bwrdd. Mae'r rhain wedi'u graddliwio yn yr adran gyntaf. Pan fydd y Bwrdd wedi'u cymeradwyo, bydd y camau hyn yn cael eu tynnu oddi ar y daflen weithredu dreigl.)**

| Cyfeirnod y Cofnod | Gweithred Gytunedig | Arweinydd | Dyddiad Targed | Cynnydd / Cwblhawyd |
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| **2807/2.2** | **Adroddiad y Prif Weithredwr** | | | |
| | • y pecyn sleidiau JET i'w rannu ag aelodau'r Bwrdd er gwybodaeth. | **Prif Weithredwr** | 3 diwrnod | Cwblhawyd |
| | • Aelodau Annibynnol i gael eu cynnwys mewn cyfarfodydd dilynol ar gyfer digwyddiadau ymgysylltu â rhanddeiliaid er budd gweithredu Cynllun y Gweithlu. | **Cyfarwyddwr y Gweithlu a DS** | Medi 2022 | Cwblhawyd - mae gwahoddiadau wedi'u hestyn i'r holl Aelodau Annibynnol |
| **2807/3.1** | **Y Cynllun Addysg a Hyfforddiant Blynyddol** | | | |
| | • Cynllun Addysg a Hyfforddiant 2023-24, gan gynnwys yr atodiadau, i'w gyflwyno i Lywodraeth Cymru. | **Prif Weithredwr** | Gorffennaf 2022 | Cwblhawyd – cyflwynwyd i Lywodraeth Cymru ar 29 Gorffennaf 2022. |
| **2807/3.2** | **Trosolwg o waith Cydraddoldeb, Amrywiaeth a Chynhwysiant AaGIC** | | | |
| | • Aelodau Annibynnol i gael eu gwahodd i fynychu cyfarfodydd y Grŵp Cydraddoldeb, Amrywiaeth a Chynhwysiant. | **Cyfarwyddwr y Gweithlu a DS** | Ionawr 2023 | Caiff gwahoddiad ei ddanfon ar gyfer cyfarfod nesaf Rhwydwaith EDI AaGIC |

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| **Dyddiad y Cyfarfod** | **30 Medi 2022** | **Eitem ar yr Agenda** | **2.2** |
| **Teitl yr Adroddiad** | **Adroddiad y Prif Weithredwr – Gorffennaf 2022** | | |
| **Awdur yr Adroddiad** | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| **Noddwr yr Adroddiad** | Alex Howells, Prif Weithredwr | | |
| **A gyflwynir gan** | Alex Howells, Prif Weithredwr | | |
| **Rhyddid Gwybodaeth** | Agored | | |

**Adroddiad y Prif Weithredwr - Ionawr 2022**

## 1. CYFLWYNIAD

Fel erioed, mae'n bwysig dechrau'r adroddiad hwn drwy fyfyrio ar y sefyllfa gyffredinol ar draws GIG Cymru, sy'n parhau i fod yn hynod heriol o ran y galw ar wasanaethau, cyfyngiadau'r gweithlu a phwysau ariannol. Mae sefydliadau'r GIG ar hyn o bryd yn cydweithio â phartneriaid i ddatblygu cynlluniau ac atebion ar gyfer gwytnwch dros y gaeaf, gan gydnabod y gallai'r cynnydd mewn costau byw waethygu'r hyn sydd bob amser yn gyfnod hynod heriol. Mae deall y cyd-destun hwn yn hanfodol er mwyn i ni yn AaGIC allu gwneud y cyfraniad gorau y gallwn, a pharhau i ganolbwyntio ar sut y gallwn sicrhau gwelliannau a gwerth ychwanegol.

## 2. GWEITHGAREDDAU ALLWEDDOL

- **Datblygu'r Cynllun Integredig Tymor Canolig**

Mae papur sy'n rhoi'r wybodaeth ddiweddaraf am ddatblygu Cynllun Tymor Canolig Integredig tair blynedd AaGIC ar gyfer 2023-26 ar yr agenda. Mae'r papur yn nodi'r amserlen a'r dull gweithredu ar gyfer datblygu'r CTCI gan gynnwys cytuno ar yr egwyddorion cynllunio.

Bydd hefyd yn ofynnol i'r Cynllun Trafnidiaeth Integredig gydymffurfio â Fframwaith Cynllunio'r GIG Llywodraeth Cymru a fydd yn cael ei gynnal ym mis Hydref. Ar gyfer AaGIC mae'r broses gynllunio yn parhau i fod yn gyfrwng pwysig ar gyfer integreiddio ein sefydliad ymhellach ac i sicrhau ein bod yn dangos y gwerth ychwanegol i GIG Cymru a'r system iechyd a gofal ehangach.

Y dyddiad cau ar gyfer cyflwyno'r CTCI i Lywodraeth Cymru yw 31 Ionawr a bydd y Bwrdd yn ymwneud â'r broses hon ar nifer o bwyntiau allweddol.

- **Adroddiad Perfformiad**

Mae ein Hadroddiad Perfformiad, sy'n rhoi sicrwydd ar berfformiad y sefydliad yn Ch1 yn erbyn Cynllun Blynyddol 2021/22, wedi'i gynnwys ar agenda heddiw.

Yn gyffredinol, mae'r adroddiad yn dangos bod AaGIC wedi gwneud cynnydd da o ran cyflawni yn erbyn Amcanion Strategol yr IMTP ganol blwyddyn, ac mae angen rhywfaint o ddal i fyny neu ailffocysu mewn rhai meysydd gan gynnwys Sefydliad Technoleg â Chymorth Meddygol Cymru, Lefelau Staff Nyrsio a'r Cynllun Gweithlu Nyrsio. Er nad yw wedi'i gynnwys yn yr IMTP gwreiddiol, rydym yn rhagweld y byddwn yn datblygu atebion ar gyfer y gweithlu mamolaeth a newyddenedigol yn ystod ail ran y flwyddyn. Mae'r adroddiad yn amlygu dangosyddion allweddol mewn perthynas â'n gweithgarwch a gomisiynwyd. sy'n gadarnhaol ar y cyfan, yn enwedig yng nghyd-destun cynnydd o flwyddyn i flwyddyn mewn llawer o broffesiynau. Rydym eisoes wedi nodi heriau ynghylch cyfraddau llenwi Anabledd Dysgu a chyfraddau llenwi carfanau mis Mawrth. Mae ansawdd addysg a hyfforddiant yn parhau i fod yn ffocws allweddol wrth i ni ddatblygu ein fframwaith rheoli ansawdd, ac mae Canlyniadau'r Arolwg Cenedlaethol o Fyfyrwyr diweddar wedi nodi rhai meysydd ar gyfer gweithredu dilynol. Rydym hefyd yn adrodd ar ychwanegiad i'r monitro gwell o Addysg Feddygol Ôl-raddedig gyda chynnwys yr Adran Achosion Brys yn Wrecsam

Byddwn yn dechrau cyfres o adolygiadau gwasanaeth canol blwyddyn ym mis Hydref gyda thimau unigol a fydd yn gyfle i blymio'n ddwfn i gynlluniau a pherfformiad ar gyfer pob ardal.

- Trosolwg o'r Rhaglen Arweinyddiaeth ac Olyniaeth

Mae papur yn rhoi trosolwg o raglen Arwain ac Olyniaeth AaGIC ar yr agenda i roi'r wybodaeth ddiweddaraf i'r Bwrdd am y swyddogaeth bwysig hon. Mae gan AaGIC gyfrifoldeb statudol am arwain a datblygu cyfeiriad strategol arweinyddiaeth a chynllunio olyniaeth ar gyfer GIG Cymru. Mae'r trosolwg yn amlygu cynnydd ar draws nifer o amcanion strategol, gan gynnwys:

  - Datblygu Arweinyddiaeth Weithredol
  - Rheoli Talent Cenedlaethol
  - Porth Arweinyddiaeth Gwella
  - Arweinyddiaeth glinigol amlddisgyblaethol
  - Rhaglen Genedlaethol Rheoli Graddedigion GIG Cymru

Cyfarfu'r Bwrdd Talent Cenedlaethol ym mis Gorffennaf ac mae'n parhau i oruchwylio'r gwaith ar reoli talent uwch a chynllunio olyniaeth ar gyfer GIG Cymru, gyda diweddariadau rheolaidd i grwpiau cymheiriaid Cadeiryddion a Phrif Weithredwyr.

- **Datblygu Cynlluniau Gweithlu Strategol**

Mae'r Bwrdd yn ymwybodol o'r gwaith a wnaed i ddatblygu'r Cynllun Gweithlu Iechyd Meddwl Strategol a'r amcanion i ddatblygu cynlluniau tebyg ar gyfer nyrsio, deintyddiaeth a fferylliaeth yn ystod y flwyddyn hon. Mae'r gwersi a ddysgwyd o'r profiad iechyd meddwl wedi llywio datblygiad model syml a fframwaith cyson i arwain datblygiad cynlluniau gweithlu strategol i sicrhau y gellir eu datblygu'n effeithlon ac yn effeithiol. Bydd hyn yn ein galluogi i gyflymu'r cymorth a'r gwelliant y gallwn eu cyflawni. Rydym yn gweithio gyda phartneriaid i gwmpasu cynlluniau tebyg ar gyfer gofal sylfaenol a'r gweithlu mamolaeth a newyddenedigol fel rhan o CTCI y flwyddyn nesaf. Byddwn yn diweddaru'r Bwrdd ar hyn yn fanylach yng nghyfarfod mis Tachwedd.

- **Cyfrannu at Raglenni Cenedlaethol**

Mae'r Tîm Gweithredol ac uwch arweinwyr eraill yn parhau i gymryd rhan ym mhob un o'r rhaglenni cenedlaethol, er mwyn sicrhau bod AaGIC yn gallu hysbysu ac ymateb i'r materion gweithlu sy'n dod i'r amlwg. Mae hyn yn cynnwys Gofal wedi'i Gynllunio, Gofal Brys ac Argyfwng, Gofal Sylfaenol a Chymunedol, Iechyd Meddwl a'r Rhaglen Diagnosteg a ffurfiwyd yn ddiweddar. Mae'r olaf yn cwmpasu'r gwaith y mae AaGIC eisoes yn ymwneud ag ef, megis y Rhaglen Patholeg Genedlaethol, y Rhaglen Ddelweddu Genedlaethol a'r Rhaglen Endosgopi Genedlaethol. Mae'r rhyngwyneb agos hwn â heriau gwasanaeth y GIG yn hanfodol, er mwyn sicrhau ein bod yn cefnogi cymaint â phosibl ar y materion diogelwch ac ansawdd sy'n wynebu staff o ddydd i ddydd. Byddwn yn cyflwyno diweddariad ar y rhaglenni hyn i'r Bwrdd yn ddiweddarach yn y flwyddyn.

- **Mwy Na Geiriau Cynllun Pum Mlynedd**

Mae papur yn rhoi diweddariad ar y Cynllun Pum Mlynedd Mwy Na Geiriau (MTJW) ar yr agenda. MTJW yw fframwaith strategol Llywodraeth Cymru ar gyfer hybu'r Gymraeg mewn iechyd a gofal cymdeithasol, gyda'r nod o gefnogi siaradwyr Cymraeg i dderbyn gofal yn eu hiaith gyntaf. Mae'r Cynllun Pum Mlynedd yn ceisio galluogi MTJW i gael mwy o sylw o fewn GIG Cymru a gofal cymdeithasol ac rydym yn falch ei fod wedi cydnabod cyfraniad canolog AaGIC.

- **Cynhadledd Staff**

Mae'n bleser gennyf gadarnhau y byddwn yn cynnal Cynhadledd Staff ddydd Llun 3 Hydref, 2022 yng Nghlwb Pêl-droed Dinas Caerdydd. Hwn fydd ein digwyddiad "mewn person" cyntaf i'w gynnal ers mis Mawrth 2020 ac mae'n cyd-fynd â dathlu ein pen-blwydd yn 4 oed. Mae gennym agenda gyffrous ar gyfer y diwrnod a fydd yn cynnwys; 'Stondinau Marchnad' lle bydd pob adran yn cael y cyfle i amlygu eu gwaith, ystyried cenhadaeth, gweledigaeth a gwerthoedd AaGIC, ynghyd â sesiwn i staff gwrdd â'r Bwrdd.

- **Cyfarwyddwr Cyllid, Cynllunio a Chyflawni**

Roeddwn hefyd eisiau tynnu sylw at ein bod yn hysbysebu rôl y Cyfarwyddwr Cyllid, Cynllunio a Pherfformiad y mis hwn. Fel y gwyddoch, mae Rhiannon Becket wedi ymgymryd â rôl Cyfarwyddwr Cyllid interim ers 1 Ionawr ac, yn unol â'n cynlluniau gwreiddiol, rydym am sicrhau bod trefniadau sylweddol ar waith ar gyfer y rôl allweddol hon. Hefyd ers 5 Medi mae'r meysydd Cynllunio a Pherfformiad wedi'u dychwelyd i bortffolio'r Cyfarwyddwr Cyllid.

Mae proses benodi lawn wedi'i chynllunio gyda staff, rhanddeiliaid a'r Bwrdd yn cymryd rhan er mwyn galluogi penodiad ar ddiwedd mis Hydref

- **Ffyrdd Newydd o Weithio**

Fe wnaethom rannu rhai ffyrdd newydd o weithio y cytunwyd arnynt dros y 6 mis diwethaf yn ein Sesiwn Datblygu Bwrdd diwethaf ac mae mwyafrif yr addasiadau i'n trefniadau sefydliadol bellach wedi'u gwneud. Bydd agweddau eraill megis gwelliannau mewn gwybodaeth am y gweithlu, datblygu ein gallu i sganio'r gorwel a gwelliannau i'r ffordd y rheolir cydberthnasau â rhanddeiliaid yn cael eu hymgorffori yn ein IMTP.

- **Cyllid**

Mae papur yn amlinellu sefyllfa mis saith ar yr agenda. Mae sefyllfa ariannol AaGIC, yn ystod mis tri, yn danwariant o £561,556.

Yn dilyn ein plymio dwfn chwarterol mae tanwariant a ragwelir wedi'i nodi o fewn ein cyllideb ac mae ein hargymhellion ar gyfer hyn wedi'u cynnwys yn y papur i'r Bwrdd benderfynu arno. Mae hyn yng nghyd-destun sefyllfa ariannol hynod anodd i GIG Cymru sy'n cael ei hysgogi gan bwysau amrywiol gan gynnwys adferiad, cynnydd mewn costau byw a heriau gweddilliol COVID.

- **Risg**

Mae'r Gofrestr Risg Gorfforaethol yn cael ei hystyried yn y Bwrdd heddiw. Ar hyn o bryd, mae naw risg ar y Gofrestr Risgiau Corfforaethol, ac mae un yn cael ei hasesu fel risg coch: **Seiber Ddiogelwch**

- **Seiber Ddiogelwch**

Dros y misoedd diwethaf mae GIG Cymru wedi profi toriad yn y gwasanaeth Meddygon Teulu y Tu Allan i Oriau, a achoswyd gan ymosodiad seibr ar gwmni meddalwedd 'Advanced', sef cyflenwr platfform Adastra. Mae'n ein hatgoffa'n amserol bod bygythiad seiber-ymosodiad yn fythol bresennol.

Yn GIG Cymru, mae'r Uned Seiber Gydnerth (CRU) wedi'i sefydlu i ddarparu her, craffu a sicrwydd o seiberddiogelwch. Mae AaGIC wedi bod yn gweithio gyda'r UCT ac yn defnyddio'r Fframwaith Asesu Seiber (FfAS/ CAF) ar gyfer Iechyd yn weithredol fel offeryn i ddarparu dull trefnus ac eang o asesu i ba raddau y mae risgiau seiberddiogelwch i swyddogaethau hanfodol yn cael eu rheoli gan sefydliadau o dan y Rhwydwaith a Rheoliadau Systemau Gwybodaeth (NIS). Cynhaliwyd yr asesiad cyntaf ar AaGIC ym mis Awst 2021 a hysbysodd hyn y broses asesu risg a'r cynllun gwella. Ers hynny mae nifer o'r risgiau a nodwyd wedi'u rheoli a'u lleihau wrth i systemau symud i'r Cwmwl / Azure. Mae'r tîm seiber wrthi'n ailasesu'r risgiau, ac yn ystod adolygiad dilynol o'r gofrestr risg ym mis Medi 2022, cydnabu'r CRU fod gwelliannau a gwaith sylweddol wedi'u gwneud. Yn ystod y sesiwn Seiber yn natblygiad y Bwrdd ym mis Ebrill 2022, cytunwyd y byddai diweddariadau seiber rheolaidd yn cael eu rhannu â'r Bwrdd. Er mwyn darparu'r sefyllfa ddiweddaraf a gwybodaeth fanwl, bydd yr asesiad CAF diwygiedig yn cael ei rannu â'r Bwrdd unwaith y bydd wedi'i gwblhau gan yr UCT yn yr hydref.

- Cynnal Swyddfa'r Prif Swyddog Digidol

Cadarnhaf, yn dilyn derbyn cais Llywodraeth Cymru i oedi'r prosiect sy'n ymwneud â Chroesawu Swyddfa'r Prif Swyddfa Ddigidol (OCDO), i'w galluogi i gynnal adolygiad o'r gofynion mewn perthynas â'r mater, fod AaGIC wedi rhoi'r gorau i'n tîm prosiect OCDO hyd nes y clywir yn wahanol.

## 3. Argymhelliad

Gofynnir i'r Bwrdd nodi'r adroddiad hwn.

| **Llywodraethu a Sicrwydd** | | | |
|---|---|---|---|
| **Cyswllt â nodau strategol y Cynllun** | **Nod Strategol 1:** Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach' | **Nod Strategol 2:** Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd gan sicrhau ei bod yn bodloni anghenion y dyfodol | **Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel |

<table>
<tr><td rowspan="3">Tymor Canolig Integredig<br>(✓os gwelwch yn dda)</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Nod Strategol 4:<br>Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd</td><td>Nod Strategol 5:<br>Bod yn esiampl-gyflogwr ac yn lle gwych i weithio</td><td>Nod Strategol 6:<br>Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol.</td></tr>
<tr><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td colspan="4">Ansawdd, Diogelwch a Phrofiad y Claf</td></tr>
<tr><td colspan="4">Nid oes unrhyw faterion ansawdd, diogelwch na phrofiad cleifion uniongyrchol yng nghyswllt yr adroddiad hwn.</td></tr>
<tr><td colspan="4">Goblygiadau Ariannol</td></tr>
<tr><td colspan="4">Nid oes unrhyw oblygiadau ariannol uniongyrchol i'r adroddiad hwn.</td></tr>
<tr><td colspan="4">Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</td></tr>
<tr><td colspan="4">Nid oes unrhyw oblygiadau cyfreithiol uniongyrchol i'r adroddiad hwn.</td></tr>
<tr><td colspan="4">Goblygiadau Staffio</td></tr>
<tr><td colspan="4">Nid oes unrhyw oblygiadau staffio uniongyrchol i'r adroddiad hwn</td></tr>
<tr><td colspan="4">Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Lles Cenedlaethau'r Dyfodol (Cymru) 2015)</td></tr>
<tr><td colspan="4">Bydd yr ystod o weithgareddau a amlinellir yn yr adroddiad yn cyfrannu at ddull AaGIC o ymdrin â 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.</td></tr>
<tr><td>Hanes yr Adroddiad</td><td colspan="3">Cyflwynir adroddiad y Prif Swyddog Gweithredol ym mhob sesiwn Bwrdd agored a gynhelir unwaith bob deufis.</td></tr>
<tr><td>Atodiadau</td><td colspan="3">AMHERTHNASOL</td></tr>
</table>

| | | | | | |
|---|---|---|---|---|---|
| **Dyddiad y Cyfarfod** | **29 Medi 2022** | | **Eitem ar yr Agenda** | **3.1** | |
| **Teitl yr Adroddiad** | **Trosolwg o'r Rhaglen Arweinyddiaeth ac Olyniaeth** | | | | |
| **Awdur yr Adroddiad** | Helen Thomas, Cyfarwyddwr Cynorthwyol Arweinyddiaeth ac Olyniaeth | | | | |
| **Noddwr yr Adroddiad** | Julie Rogers, Dirprwy Brif Swyddog Gweithredol / Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol, AaGIC | | | | |
| **Cyflwynir gan** | Julie Rogers, Dirprwy Brif Swyddog Gweithredol / Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol, AaGIC | | | | |
| **Rhyddid Gwybodaeth** | Agored | | | | |
| **Pwrpas yr Adroddiad** | I roi trosolwg o'r rhaglen Arweinyddiaeth ac Olyniaeth o waith, sy'n ymwneud yn uniongyrchol â chyflawni nod strategol 3 AaGIC: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel. | | | | |
| **Materion Allweddol** | Mae gan AaGIC gyfrifoldeb statudol ar gyfer arwain a datblygu cyfeiriad strategol arweinyddiaeth a chynllunio olyniaeth GIG Cymru.<br><br>Cyflwynir yr uchelgais hon trwy IMTP AaGIC 2022-25, yn benodol amcanion 3.1 i 3.4.<br><br>Mae'r adroddiad hwn yn diweddaru ar gynnydd yn erbyn yr amcanion strategol hyn, yn benodol:<br>• Datblygiad arweinyddiaeth weithredol<br>• Rheoli Talentau Cenedlaethol<br>• Porth Arweinyddiaeth Gwella<br>• Arweinyddiaeth glinigol aml-ddisgyblaeth<br>• Rhaglen Rheoli Graddedigion Cenedlaethol GIG Cymru | | | | |
| **Cam Penodol a Fynnir** *(✓un yn unig)* | Gwybodaeth | Trafodaeth | nodi Sicrwydd | Cymeradwyaeth | |
| | ✓ | | | | |
| **Argymhellion** | Gofynnir i'r Bwrdd **nodi** cynnwys yr adroddiad hwn a chael sicrwydd am y cynnydd a gyflawnwyd hyd yn hyn. | | | | |

## 1. CYFLWYNIAD

Mae gan arweinyddiaeth dosturiol a chyfunol sylfaen dystiolaeth gref, a ddatblygwyd dros flynyddoedd lawer o ymchwil academaidd ac ymarferol. Fe'i mabwysiadwyd gan GIG Cymru yn 2019 ac mae'n rhoi ffocws ar gyfer datblygu arweinyddiaeth ar bob lefel yn ogystal a bod ar gyfer ein myfyrwyr a'n hyfforddeion. Mae'n adeiladu ar waith blaenorol ar arweinyddiaeth gyfunol, gwaith tîm, meithrin diwylliannau gofal o ansawdd uchel, ac effeithiolrwydd sefydliadol. Mae hefyd yn cyd-fynd â gwerthoedd ein gweithlu ac yn adlewyrchu'r dulliau arwain a ddefnyddir ar draws gwledydd eraill y DU wrth gyfrannu at agendâu allweddol cynhwysiant, cadw a lles. Mae'r papur hwn yn crynhoi cynnydd yn erbyn ein nod strategol IMTP 2022-25 - amcanion strategol 3.1 i 3.4.

## 2. CEFNDIR

Ers 2019, un o'n chwe nod strategol yw 'gweithio gyda phartneriaid i *ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu arwain tosturiol ac ar y cyd ar bob lefel.*' Adlewyrchir hyn hefyd yn Strategaeth y Gweithlu Cenedlaethol deng mlynedd ar gyfer Iechyd a Gofal, a gyhoeddwyd yn ystod 2020, a osododd yr uchelgais '*gan 2030 o arweinwyr yn y system iechyd a gofal cymdeithasol yn arddangos arweinyddiaeth ar y cyd a thosturiol'*. Dros y tair blynedd ddiwethaf, gwnaed cynnydd sylweddol i ymgorffori arweinyddiaeth dosturiol drwy ddatblygu a darparu rhaglenni newydd a chefnogaeth well i sefydliadau, i gyd yn gweithio tuag at ein huchelgais strategaeth gweithlu 2030.

## 3. DIWEDDARIAD CYNNYDD

Mae sawl rhaglen gyd-ddibyniaeth o waith o fewn nod strategol 3, sydd i gyd yn cefnogi ein cynnydd tuag at uchelgais 2030 a nodir yn y Strategaeth Gweithlu genedlaethol. Gwnaed cynnydd da hyd yma eleni mewn perthynas â'r danfoniadau a nodwyd yn yr IMTP, sy'n cael ei grynhoi isod.

### 3.1 RHEOLI TALENT AC ARWEINYDDIAETH WEITHREDOL

#### 3.1.1 Sefydlu Pwll Talent Cyfarwyddwr Gweithredol 2023-25

Rydym yn cymryd camau i sicrhau gwelliannau yn amrywiaeth y Pwll Talent Cyfarwyddwr Gweithredol Uchelgeisiol nesaf drwy broses gynhwysol Rheoli Talent i GIG Cymru, sy'n cael ei datblygu a'i lywio gan aelodau'r Grŵp Gweithredol Talent ac Olyniaeth (TSOG) a'r Bwrdd Rheoli Talent. Bydd y broses hon yn hwyluso cofrestriad hunanwasanaeth a enwebwyd gan reolwr, wedi'i ategu gan offeryn hunan-asesu digidol i wella a chefnogi'r broses ymgeisio.

Rydym hefyd yn gweithio gyda phartneriaid i ddatblygu proses i gefnogi adolygiad trylwyr o bob cais, i gwblhau'r ceisiadau llwyddiannus a fydd yn ymuno â Phwll Talent Weithredol Uchelgeisiol 2023-25. Bydd gwelliannau i'r broses gofrestru Pwll Talent yn galluogi casglu ystod eang o ddata demograffig tra'n darparu tryloywder o ecwiti, cynhwysiant, ac amrywiaeth ar bob cam o'r broses.

### 3.1.2 Model Datblygu Prif Weithredwr Arfaethedig

Mae'r diffyg pibell Brif Weithredwyr dyheadol/arfaethedig yn GIG Cymru wedi cael ei amlygu a'i waethygu yn dilyn heriau apwyntiad diweddar gafodd eu hadrodd gan Gadeiryddion a Phrif Weithredwyr. Ym Mwrdd Rheoli Talent mis Gorffennaf, fe wnaethom sicrhau cytundeb i broses arfaethedig ar gyfer adnabod talent prif weithredwr arfaethedig yn gyflym a darparu rhaglen datblygu arweinyddiaeth weithredol (tua 12 mis), sy'n cynnwys yr elfennau canlynol:

- Cynnig addysgol gweithredol a chyfresi arbenigol, gan gynnwys 'sgyrsiau ar ochr tân'
- Rhaglen mentora gweithredol
- Cyfres seicometrig o diagnosteg
- Cyfnewid ymgynghori â chenhedloedd eraill y DU
- Grŵp cefnogi cyfoedion
- Cyfleoedd bywyd go iawn / profiad diogel


Unwaith y bydd enwebiadau wedi'u derbyn gan sefydliadau, byddwn yn gweithio gyda phartneriaid i flaenoriaethu'r cyfranogwyr ar gyfer y garfan gyntaf hon o tua 6 Prifweithredwr dyheadol a fydd yn dechrau'n ddelfrydol cyn diwedd y flwyddyn galendr hon. Mae hyn yn golygu na fyddai'n ofynnol i bob sefydliad gyflwyno enwebiad ar gyfer y peilot hwn, er y byddai'r cyfan yn cael y cyfle i wneud hynny. Bydd adnabod talent y Prif Weithredwr uchelgeisiol yn y dyfodol yn cael ei wneud drwy ddefnyddio canolfan datblygu gweithredol, yn unol â chyfeiriad teithio ar gyfer rolau gweithredol dyheadol eraill.

### 3.1.3 Sefydlu Canolfannau Datblygu Gweithredol

Mae'r defnydd o Ganolfannau Datblygu Gweithredol yn hanfodol i greu pyllau credadwy o dalent Gweithredol Uchelgeisiol. Mae proses gaffael sylweddol wedi bod ar y gweill dros y 6 mis diwethaf i nodi'r arbenigedd cywir i weithio ochr yn ochr â ni i helpu i greu, sefydlu a chynnal y ddarpariaeth o Ganolfannau Datblygu Gweithredol, gan sicrhau bod gennym biblinellau parhaus o dalent ar gyfer holl swyddi Gweithredol GIG Cymru yn unol â strategaeth Olyniaeth GIG Cymru (2017-2027). Rhagwelir y bydd contract y Ganolfan Ddatblygu yn cael ei ddyfarnu erbyn diwedd medi 2022 a bydd yn garreg filltir allweddol wrth baratoi ar gyfer ein Pwll Talent Cyfarwyddwr Gweithredol Arfaethedig 2023-25.

### 3.1.4 Gwella Aeddfedrwydd Rheoli Talent ar draws GIG Cymru

I gwmpasu effeithiolrwydd ac aeddfedrwydd y prosesau rheoli talent presennol a ddefnyddir ar draws sefydliadau GIG Cymru, datblygwyd a defnyddiwyd arolwg Diagnostig Talent gan ddefnyddio arferion gorau o bob rhan o'r DU. Datgelodd yr arolwg ddiffyg aeddfedrwydd a chysondeb yn y defnydd o brosesau rheoli talent ac fe'i defnyddiwyd i lywio cynnwys rhaglen dalent ac addysg genedlaethol. Adeiladwyd y rhaglen i uwchsgilio Arweinwyr Talent ym mhob sefydliad lleol ac i gefnogi datblygiad safonau rheoli talent cyffredin drwy ddefnyddio offer, adnoddau a phrosesau y cytunwyd arnynt. Rhedodd rhwng Mehefin a Medi 2022, a bydd yn cael ei ddilyn gan lansiad Cymuned Ymarfer Talent a Thalentau GIG Cymru ac amrywiaeth gytûn o offer ac adnoddau Rheoli Talent.

### 3.1.5 Rhaglen Genedlaethol Rheoli Graddedigion a Rhaglen Interniaeth AaGIC

Mae Rhaglenni Graddedigion ac Interniaethau yn chwarae rhan bwysig wrth ddenu talent a gwella ein gweithlu GIG Cymru.  Y llynedd ail-lansiodd AaGIC y Rhaglen Rheoli Graddedigion genedlaethol a ddenodd dros 300 o ymgeiswyr gan arwain at 22 o leoliadau ar y Rhaglen newydd ei sefydlu. Daeth y flwyddyn gyntaf i ben gyda phob unigolyn yn llwyddo i gyflawni'r elfen academaidd. Mae graddedigion wedi parhau'n raddol i weithio tuag at gyflawni eu cymwyseddau rheoli ac maent yn cynnal adolygiadau diwedd blwyddyn gyda Chyfarwyddwyr noddi perthnasol yn eu sefydliad. Mae gwerthusiad o brofiad y Graddedigion hyd yn hyn yn cael ei wneud a bydd yn cael ei adrodd yn ein hadolygiad canol blwyddyn.

Yn dilyn ymrwymiad gan y Tîm Gweithredol i Raglen flynyddol i Raddedigion, mae'r gwaith wedi dechrau tendro am elfennau craidd y rhaglen hon, gan gynnwys canolfan asesu i gefnogi proses recriwtio gynhwysol a gradd meistr yn sail i'r rhaglen â chywirdeb academaidd.

Mae ail Raglen Interniaethau Haf AaGIC, sy'n cefnogi 15 o fyfyrwyr israddedig i gymryd rhan mewn rhaglen profiad gwaith cyflogedig, wedi'i chydlynu, am 8 wythnos wedi dod i ben yn ddiweddar. Roedd y myfyrwyr yn cyd-fynd â meysydd gwaith a phrosiectau o'u dewis ac fe'u cefnogwyd gan reolwyr a mentoriaid gan eu galluogi i gwblhau eu prosiectau yn llwyddiannus. Cawsant gyfle i gymryd rhan mewn saffaris sefydliadol a sesiynau addysg a datblygu yn y gwaith a oedd yn cynnwys hanfodion gwella, cyflwyniad i arweinyddiaeth dosturiol a gweithdai cydraddoldeb, amrywiaeth a chynhwysiant. Roedd ansawdd y gwaith a'r angerdd a ddangoswyd gan yr Interniaid yn amlwg ar ddiwedd eu cyflwyniadau lleoliad. Yn dilyn llwyddiant yr ail garfan hon llwyddwyd i gynnig interniaeth blwyddyn o hyd i 4 myfyriwr. Bydd y lleoliadau hyn yn dechrau Hydref 2022 ac yn cael eu lleoli yn y Timau Cynllunio Digidol, Diwylliant, Arweinyddiaeth a Chynllunio'r Gweithlu.

## 3.2. DATBLYGIAD ARWEINYDDIAETH GLINIGOL AMLDDISGYBLAETHOL

### 3.2.1 Cymrodoriaeth Hyfforddai Arweinyddiaeth Glinigol Cymru (WCLTF)

Mae rheoli'r Rhaglen hon yn nwylo'r Tîm Diwylliant, Arweinyddiaeth ac Olyniaeth gyda Dr Ian Collings yn parhau fel Cyfarwyddwr Rhaglen i ddarparu arbenigedd clinigol a goruchwyliaeth. Mae'r rhaglen wedi tyfu o ran maint o flwyddyn i flwyddyn ac wedi'i thrawsnewid o raglen arweinyddiaeth feddygol a deintyddol yn bennaf i fod yn rhaglen amlddisgyblaethol ehangach wedi'i halinio â'n strategaeth arweinyddiaeth a'n huchelgais i gynyddu'r amrywiaeth a nifer y clinigwyr mewn rolau uwch arweinyddiaeth.

Mae carfan 2022-23 yn cynnwys Optometryddion, Gweithwyr Proffesiynol Perthynol i Iechyd, Fferyllwyr a Gwyddonwyr Gofal Iechyd, yn ogystal â gweithwyr meddygol a deintyddol proffesiynol. Bydd rhaglen 2023-24 yn cynnwys dau Awdiolegwr.  Mae trafodaethau ar y gweill am ymestyn y rhaglen i'r proffesiwn nyrsio; ar hyn o bryd mae gan nyrsys y budd o allu gwneud cais i raglen ysgoloriaeth genedlaethol Sefydliad Florence Nightingale (FNF) dros gyfnod o dair blynedd rhwng 2020 a 2023.  Ar hyn o bryd, rydyn ni'n cefnogi pedair nyrs ar y rhaglen FNF.

**Rhaglen Arweinyddiaeth Glinigol Uwch**

Mae'r rhaglen amlddisgyblaethol hon wedi'i chynllunio i gefnogi uwch glinigwyr sydd eisoes â chyfrifoldebau arweinyddiaeth sylweddol sydd â'r uchelgais a'r gallu i ymgymryd â rolau Arweinyddiaeth uwch iawn ledled GIG Cymru. Bydd y rhai sy'n mynychu yn elwa ar well dealltwriaeth o'u heffaith a'u dylanwad presennol a phosibl ar lefel unigol, tîm a system, yn ogystal a chael y cyfle i ymuno â rhwydwaith amlbroffesiynol cynaliadwy a chefnogol, a bydd yn siwr o bara y tu hwnt i amserlen y rhaglen. Derbyniwyd dros 200 o ddatganiadau o ddiddordeb i ddechrau ar gyfer y rhaglen hon, gan gyfieithu i 88 o geisiadau gorffenedig a gafodd eu hasesu wedyn a'u cysoni. Mae'r maint o geisiadau o safon uchel a dderbyniwyd ar gyfer y rhaglen newydd hon wedi arwain at drefnu rhaglen bellach yn ddiweddarach yn y flwyddyn ariannol bresennol. Mae lleoedd ychwanegol wedi'u dyrannu i gefnogi sefydliadau mewn 'ymyrraeth wedi'i thargedu' gan arwain at ddyrannu cyfanswm o 56 lle ar draws 2 garfan ar gyfer 2022-23.

**3.2.3 Rhaglen Datblygu Cyfarwyddwyr Meddygol Gweithredol**

Mae dyluniad y rhaglen bwrpasol hon yn cyd-fynd â'n dull arwain amlddisgyblaethol, tra hefyd yn bodloni gofynion penodol y proffesiwn a'r Prif Swyddog Meddygol. Dechreuodd y Rhaglen yn haf 2022 gyda sesiwn dda ar arweinyddiaeth dosturiol a gyflwynwyd gan Michael West. Cynhelir Sesiwn 2 'Arweinyddiaeth System' ym mis Hydref gyda chyfraniadau gan arbenigwyr sy'n gyfrifol am Arwain i Gymru, Arwain gyda Thechnoleg a Arwain at Arloesi a Gwella Ansawdd. Bydd sesiynau ychwanegol yn 2023 yn cynnwys setiau dysgu gweithredu ledled y DU a gefnogir gan y Gyfadran Arweinyddiaeth Feddygol a Rheolaeth.

3.3 PORTH ARWEINYDDIAETH CENEDLAETHOL GWELLA

Mae Gwella wedi dod yn elfen feirniadol a galluogol i'n strategaeth arweinyddiaeth. Hyd yma, mae ystod helaeth o rwydweithiau arwain ac adnoddau tosturiol wedi'u sefydlu, gan gynnwys rhwydweithiau cenedlaethol a reolir gan AaGIC yn ogystal â rhwydweithiau lleol wedi'u creu a'u rheoli gan sefydliadau GIG Cymru. Mae'r rhwydweithiau hyn yn galluogi aelodau i gyfathrebu'n ddigidol â'i gilydd, mynediad at ystod eang o adnoddau arweinyddiaeth, cynnig cyfleoedd i ymuno â rhwydweithiau eraill a derbyn rhybuddion yn ymwneud ag adnoddau perthnasol newydd a digwyddiadau arwain. Maent wedi dod yn ganolog i ddatblygu mudiad bywiog o arweinwyr tosturiol ar draws GIG Cymru. Mae gwaith yn parhau mewn partneriaeth i ddatblygu cymunedau a rhwydweithiau newydd o arweinwyr tosturiol ac ar y cyd, ac i ddarparu dysgu a digwyddiadau arwain.

Mae'r rhwydweithiau diweddaraf, tudalennau gwe sy'n wynebu'r cyhoedd a hybiau arwain wedi'u creu neu mewn datblygiad yn cynnwys:

- Datblygwyd tudalennau Iechyd a Lles a'u cyhoeddi, gan bwysleisio pwysigrwydd hunandosturi a lles
- Sefydlu rhwydweithiau arwain Iechyd a Gofal Digidol Cymru a thudalennau gwe

- Tudalennau gwe Sefydliad Iechyd a Rheoli Gofal Cymdeithasol a sefydlwyd yn arddangos AaGIC yn ganolbwynt rhanbarthol Cymru a hyrwyddo aelodaeth am ddim i staff iechyd a gofal
- Trafodaethau parhaus i sefydlu tudalennau gwe a rhwydweithiau wedi'u halinio â rhaglen Pencampwyr Cyn-fyfyrwyr Florence Nightingale
- **Mae cydweithredwyr proffesiynol a gwaith arweiniol** Clwstwr yn cynnwys Nyrsio, AHPau, meddygon teulu, **Optometryddion** a Fferyllwyr. Bydd hyn yn cael ei gefnogi gan dudalennau sy'n wynebu'r cyhoedd a chwe rhwydwaith sy'n breifat.
- Cynnal Digwyddiad Iechyd Gwyrdd Cymru a chefnogi rhwydweithiau ac adnoddau
- Cynnal y gynhadledd sydd ar y gweill ar gyfer y Gyfadran Gofal Iechyd Cynaliadwy, creu tudalen we sy'n wynebu'r cyhoedd i hybu a darparu mynediad at adnoddau, a sefydlu rhwydweithiau i sefydliadau ledled Cymru
- Creu Canolfan Arweinyddiaeth Gofal Cymdeithasol Cymru a chynnal Rhaglenni Arweinyddiaeth Gofal Cymdeithasol ar Gwella

Mae canolfan ddefnyddwyr Gwella wedi parhau i dyfu, gan gyrraedd cynulleidfaoedd cynyddol eang. Mae'r data yn dangos bod gweithgarwch ers Ebrill 2022 hefyd wedi dilyn y tueddiad hwn:

| | |
|---|---|
| • 33 Erthyglau a gyhoeddwyd<br>• Cyhoeddi 29 o adnoddau<br>• 97 Tudalen Gwe wedi'u cyhoeddi<br>• 35 o fannau rhwydwaith wedi'u sefydlu | • 10 Rhaglenni Hyfforddi Arweinyddiaeth yn cael eu cynnal a'u cefnogi ar Gwella<br>• 6,500 deiliaid cyfrif<br>• 16,641 o ddefnyddwyr cyffredinol yn cyrchu'r safle gyda chyfrifon neu heb gyfrifon<br>• 231,224 tudalen wedi eu gweld yn yr amser hwnnw ar draws y safle (603,982 ers ei lansio) |

Mae datblygiadau newydd ar y gweill yn cynnwys - ymarferoldeb asesu hunan a 360gradd, cofrestru gwell - EDI a gwybodaeth am yrfa, y gallu i gynnal proffiliau llwyddiant a fframweithiau cymhwysedd ar gyfer ystod o rolau a rhaglenni datblygu.

## 4. LLYWODRAETHU A RISGIAU

Nid oes unrhyw lywodraethu na risgiau sy'n deillio o'r papur diweddaru hwn. Mae'r rhaglen waith yn cael ei fonitro'n agos, ac rydym ar y trywydd iawn i gyflawni'r amcanion amlinellwyd yn yr IMTP.

## 5. GOBLYGIADAU ARIANNOL

Yn ddiweddar, mae'r tîm wedi elwa o fuddsoddiad ychwanegol mewn capasiti a chyllid rhaglenni a gytunwyd gan y Tîm Gweithredol i gydnabod y disgwyliadau cyflenwi rheolaidd a'r galw cynyddol gan ein partneriaid. Nid oes unrhyw oblygiadau ariannol yn deillio o'r diweddariad hwn.

## 6. ARGYMHELLION

Gofynnir i'r Bwrdd **nodi** cynnwys yr adroddiad hwn a chael sicrwydd am y cynnydd a gyflawnwyd hyd yn hyn.

<table>
<tr><td colspan="4">Llywodraethu a Sicrwydd</td></tr>
<tr><td rowspan="4">Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig<br>(✓ os gwelwch yn dda)</td><td>Nod Strategol 1:<br>Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni ‘Cymru Iachach’</td><td>Nod Strategol 2:<br>Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd gan sicrhau ei fod yn bodloni anghenion y dyfodol</td><td>Nod Strategol 3:<br>Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel</td></tr>
<tr><td></td><td></td><td>✓</td></tr>
<tr><td>Nod Strategol 4:<br>Datblygu'r gweithlu i gefnogi cyflawniad diogelwch ac ansawdd</td><td>Nod Strategol 5:<br>Bod yn esiampl-gyflogwr ac yn lle gwych i weithio</td><td>Nod Strategol 6:<br>Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol.</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td colspan="4">Ansawdd, Diogelwch a Phrofiad y Claf</td></tr>
<tr><td colspan="4">Mae creu capasiti a diwylliannau arweinyddiaeth dosturiol yn ganolog i wella ansawdd, diogelwch a phrofiad cleifion. Cydnabyddir hyn drwy Strategaeth y Gweithlu ar gyfer iechyd a gofal cymdeithasol (2020) a'r nodau strategol sy'n sail i'r canlynol:<ul><li>Rhoi mynediad at adnoddau arweinyddiaeth sy'n seiliedig ar dystiolaeth</li><li>Darparu datblygiad arweinyddiaeth i unigolion a sefydliadau</li><li>Darparu'r biblinell dalent ar gyfer rolau mwyaf blaenllaw'r arweinyddiaeth ledled GIG Cymru</li></ul></td></tr>
<tr><td colspan="4">Goblygiadau Ariannol</td></tr>
<tr><td colspan="4">AMHERTHNASOL</td></tr>
<tr><td colspan="4">Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</td></tr>
<tr><td colspan="4">AMHERTHNASOL</td></tr>
<tr><td colspan="4">Goblygiadau Staffio</td></tr>
<tr><td colspan="4">AMHERTHNASOL</td></tr>
<tr><td colspan="4">Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</td></tr>
<tr><td colspan="4">AMHERTHNASOL</td></tr>
<tr><td>Hanes yr Adroddiad</td><td colspan="3">AMHERTHNASOL</td></tr>
<tr><td>Atodiadau</td><td colspan="3">Dim</td></tr>
</table>

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

| | | | |
|---|---|---|---|
| **Dyddiad y Cyfarfod** | **29 Medi 2022** | **Eitem ar yr Agenda** | **4.1** |
| **Teitl yr Adroddiad** | **Adroddiad y Cyfarwyddwr Cyllid** | | |
| **Awdur yr Adroddiad** | Joe Draper-Orr, Pennaeth Adnoddau | | |
| **Noddwr yr Adroddiad** | Rhiannon Beckett, Cyfarwyddwr Cyllid a Gwasanaethau Corfforaethol Dros Dro | | |
| **Cyflwynir gan** | Rhiannon Beckett, Cyfarwyddwr Cyllid a Gwasanaethau Corfforaethol Dros Dro | | |
| **Rhyddid Gwybodaeth** | Agored | | |
| **Pwrpas yr Adroddiad** | Darparu adroddiad i Fwrdd AaGIC ar sail sefyllfa ariannol Mehefin 2022 (Mis 5). | | |
| **Materion Allweddol** | Mae gan AaGIC ddyletswydd statudol i fantoli'r cyfrifon a'r gyllideb ar ddiwedd y flwyddyn a dylai'r adroddiad hwn gynorthwyo'r Bwrdd, y Swyddogion Gweithredol a Deiliaid Cyllidebau i ddeall y sefyllfa ariannol yr adroddwyd arni ar gyfer Mis 5 ym mlwyddyn ariannol 2022-23 a'r camau gweithredu yr oedd angen cymryd er mwyn iddynt fod wedi'u mantoli ar ddiwedd y flwyddyn. | | |

| **Cam Penodol a Fynnir (✓un yn unig)** | **Gwybodaeth** | **Trafodaeth** | **Sicrwydd** | **Cymeradwyaeth** |
|---|---|---|---|---|
| | | | | ✓ |

| | |
|---|---|
| **Argymhellion** | Gofynnir i'r Bwrdd nodi a gweithredu fel a ganlyn:<br>• y sefyllfa ariannol o danwariant a adroddwyd ar gyfer AaGIC ym mis 5,<br>• **Cymeradwyo'r** camau sy'n cael eu cymryd i fod mewn cydbwysedd ar ddiwedd y flwyddyn, gan fod ar hyn o bryd ddychweliad o £7m yn mynd i LIC,<br>• yr esboniad cryno o amrywiadau allweddol gan y Gyfarwyddiaeth,<br>• **nodi'r** dyraniad a'r gwariant Cyfalaf hyd yma; a<br>• **nodi** sefyllfa'r Fantolen; |

## ADRODDIAD Y CYFARWYDDWR CYLLID

### 1. CYFLWYNIAD

Mae'r adroddiad yn nodi'r sefyllfa ariannol ar ddiwedd mis Rhagfyr 2022, a adroddwyd yn erbyn cyllidebau wedi'u diweddaru. Mae'r cyllidebau dirprwyedig wedi deillio o Gynllun Adnoddau 2022-23 a dynnwyd o Gynllun Tymor Canolig Integredig 2022-25 (IMTP). Cafodd yr IMTP ei gymeradwyo gan Fwrdd AaGIC, a'r llythyr Dyrannu Adnoddau ddaeth i law gan Lywodraeth Cymru (LlC). Y sefyllfa ariannol a gofnodwyd gan AaGIC ym Mis 5 yw tanwariant o £561,556, a rhoddwyd gwybod i Lywodraeth Cymru am y sefyllfa hon yn unol â gofynion cyflwyno'r ffurflen fonitro flynyddol.

### 2. CEFNDIR

Mae'r adroddiad hwn yn nodi'r rhesymau dros unrhyw amrywiad ariannol yn erbyn y cyllidebau a bennwyd. Bydd y Cyfarwyddwr Cyllid a'i thîm yn cynnal ymarferion 'Plymio Dwfn' i'r sefyllfa ariannol bob chwarter, gan hysbysu'r Tîm Gweithredol am unrhyw sefyllfaoedd anghylchol sy'n bresennol.

### 3. CYNNIG

Gofynnir i'r Bwrdd nodi'r sefyllfa ariannol a adroddwyd gan AaGIC ar gyfer Mis 5 ac ystyried yr esboniadau cryno o'r amrywiadau allweddol a ddisgrifir ar gyfer pob Cyfarwyddiaeth.

### 4. MATERION LLYWODRAETHU A RISG

Mae gan AaGIC ddyletswydd ariannol statudol i fantoli'r cyfrifon ar ddiwedd y flwyddyn a bydd Llywodraeth Cymru yn monitro'r sefyllfa a adroddwyd o ran y ddyletswydd hon a hefyd yn erbyn cynllun ariannol y flwyddyn gyfredol a gyflwynwyd o fewn Cynllun Tymor Canolig Integredig 2022-23.

### 5. GOBLYGIADAU ARIANNOL

#### 5.1 Sefyllfa Ariannol Refeniw ar Fis 5

Mae AaGIC yn adrodd am danwariant o £31,490k yn erbyn cyllidebau wedi'u proffilio ar 31 Rhagfyr 561,556. Mae'r tanwariant wedi'i rannu rhwng costau cyflog, lle mae nifer o swyddi gwag, tangofrestru Cymrodyr Clinigol, costau heb dâl sy'n ymwneud â theithio a hyfforddiant lle mae gweithgarwch yn is na'r hyn a gyllidebwyd ac yn erbyn comisiynu, lle mae'r tanwariant yn cynrychioli llai na 0.01% o'r gyllideb gronnol. Roedd y cynllun ariannol yn cynnwys dyraniadau disgwyliedig gan Lywodraeth Cymru, fel y nodir yn y Cynllun Adnoddau.

Ar gyfer mis 5, adroddwyd y sefyllfa ariannol i Lywodraeth Cymru ar ddiwrnod 5, a chyflwynwyd y ffurflen fonitro yn unol ag amserlen adrodd ofynnol WHC. Mae'r Ffurflen Fonitro a gyflwynwyd i LlC wedi'i chynnwys fel Atodiad 2.

Mae'r tabl isod yn dangos yr amrywiant lefel uchel ar gyllidebau dirprwyedig y Cyfarwyddwyr Gweithredol.

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

| **As at 31st August 2022** | Year to Date | | | Month 5 | |
|---|---|---|---|---|---|
| | **Budget** | **Actual** | **Variance to Date** | **Variance to Date** | **Movement** |
| | £ | £ | £ | £ | |
| **INCOME:** | | | | | |
| Welsh Government | (109,210,976) | (109,210,976) | 0 | 0 | 0 |
| Other Income | (325,141) | (289,227) | 35,914 | 25,019 | 10,894 |
| **Total Income** | **(109,536,117)** | **(109,500,203)** | **35,914** | **25,019** | **10,894** |
| **Expenditure** | | | | | |
| Board & Executive | 922,666 | 907,036 | (15,630) | (11,692) | (3,937) |
| Finance & Corporate Services | 1,119,962 | 1,067,170 | (52,792) | (37,022) | (15,770) |
| Planning & Performance | 217,914 | 197,027 | (20,887) | (13,952) | (6,935) |
| Digital and IT | 1,558,548 | 1,427,197 | (131,351) | (88,136) | (43,215) |
| Medical & Pharmacy | 55,412,956 | 55,117,634 | (295,322) | (166,929) | (128,393) |
| Nursing | 48,280,457 | 48,247,200 | (33,257) | (20,454) | (12,803) |
| Workforce and Organisation Development | 2,023,614 | 1,975,384 | (48,230) | (53,789) | 5,559 |
| **Sub-Total Expenditure** | **109,536,117** | **108,938,648** | **(597,469)** | **(391,975)** | **(205,494)** |
| **Total Board & Executive** | **0** | **(561,556)** | **(561,556)** | **(366,956)** | **(194,600)** |

Mae'r tabl canlynol yn rhoi dadansoddiad pellach o'r amrywiant ariannol yn ôl categori gwariant.

| | Income | Expenditure | | | Total |
|---|---|---|---|---|---|
| | | Pay | Non Pay | Commissioning | |
| **Directorate** | £ | £ | £ | £ | £ |
| Board and Executive | | (15,040) | (590) | | (15,630) |
| Chief Executive Reserve | | | | | |
| Finance and Corporate Services | | (43,062) | (9,730) | | (52,792) |
| Planning and Performance | | (20,856) | (31) | | (20,887) |
| Digital and IT | | (134,807) | 3,455 | | (131,351) |
| Medical & Pharmacy | 35,914 | (69,637) | (178,319) | (47,366) | (259,409) |
| Nursing and Health Professional Education | | (25,298) | (9,197) | 1,238 | (33,257) |
| Human Resources and Organisation Development | | (56,396) | 8,166 | | (48,230) |
| **Total** | **35,914** | **(365,096)** | **(186,245)** | **(46,128)** | **(561,556)** |

Mae'r dadansoddiad sydd ynghlwm fel Atodiad 1, yn rhoi'r rhesymau allweddol dros yr amrywiad fesul Cyfarwyddiaeth. Y rhesymau allweddol dros y tanwariant yw swyddi gwag mewn cyllidebau cyflog, llai o weithgarwch mewn meysydd fel cynadledda a hyfforddiant yn ogystal â theithio a chynhaliaeth a lefelau isel o fewn cyllidebau comisiynu.



Fel ym mis 5 yn dilyn y broses chwarterol o ymarferion plymio dwfn a chais gan LIC am olwg gynnar ar unrhyw ddychwelyd ariannu posib, mae tanwariant darogan wedi'i nodi. Mae'r tanwariant yn cynnwys amrywiad mewn gwariant gwirioneddol yn erbyn cyllideb ar draws tâl a diffyg tâl ond hefyd gwerthoedd materol o fewn ardaloedd Comisiynu sy'n gysylltiedig yn bennaf â chyrsiau proffesiynol gofal iechyd mewn Sefydliadau Addysg Uwch (AAU). Mae tanwariant o £5.8m wedi'i nodi a'i ddilysu sy'n ymwneud â recriwtio i dderbyn myfyrwyr ar gyrsiau proffesiynol gofal iechyd. Mae'r £5.8m yn cynnwys £1.4m o ran daliadau Bwrsariaeth fyddai wedi cael eu gwneud i fyfyrwyr a £4.4m o ffioedd a fyddai wedi bod yn daladwy i'r Sefydliadau Addysg Uwch trwy gydol y cyfnod talu o fewn y contract addysg ac at ddiwedd y flwyddyn ariannol.

Mae £2.9m arall wedi ei nodi o ganlyniad i oedi i ddyddiadau cychwyn disgwyliedig ym Medi 2022 ar gyfer cyrsiau newydd a ddyfarnwyd drwy'r ymarfer caffael diweddar. Mae'r dyddiadau cychwyn a ohiriwyd yn gysylltiedig â'r lotiau hynny a ddyfarnwyd ar gyfer dysgu gwasgaredig a phellter ar gyfer Nyrsio ym Mhrifysgol Bangor oherwydd trafodaethau parhaus ac eglurhad sy'n ofynnol gan y rheoleiddiwr cyn cael eu cymeradwyo; a dysgu Nyrsio Anabledd ym Mhrifysgol Abertawe ble cytunwyd i ohirio dyddiad dechrau rhaglenni oherwydd niferoedd ymgeisio isel ar gyfer mis Medi 2022.

Mae'r tanwariant mewn perthynas â'r ardaloedd hyn yn hysbys a bydd yn aros heb ei newid drwy weddill y flwyddyn ac felly argymhellir dychwelyd £7m ar hyn o bryd fel rhan o gynllun i sicrhau llyfnder yn y flwyddyn dros ei oes, ac i gefnogi pwysau eraill yn y system. Ar y lefel hon mae rhywfaint o hyblygrwydd hefyd yn cael ei gadw gan AaGIC i allu ymateb i unrhyw amrywiad sydd heb ei ragweld yn y safle yn y flwyddyn.

### 5.2 Cyllid Comisiynu

Dylid nodi bod y gyllideb Gomisiynu yn seiliedig ar y garfan bresennol o fyfyrwyr yn y system a'r niferoedd myfyrwyr a gomisiynwyd ar gyfer 22/23.

### 5.3 Mantolen

Dangosir y fantolen ar 2022ain o Awst 31 isod:

| | **Balans Agoriadol 2022/23** | 31ain Awst 2021 **2022** | **Newid** |
|---|---|---|---|
| | **£000au** | **£000au** | **£000au** |
| **Asedau Nad ydynt yn Gyfredol:** | | | |
| Asedau Sefydlog | 1,940 | 3,351 | 1,411 |
| **Asedau Cyfredol:** | | | |
| Masnach a symiau derbyniadwy eraill | 2,125 | 884 | (1,241) |
| Arian parod a banc | 5,955 | 2,605 | (3,350) |
| **Cyfanswm asedau** | **10,020** | **6,840** | **(3,180)** |
| **Rhwymedigaethau:** | | | |
| Masnach a symiau taladwy eraill | (8,543) | (13,013) | (4,470) |
| Darpariaethau | 0 | 0 | 0 |

| | | | |
|---|---|---|---|
| **Cyfanswm Rhwymedigaethau** | **(8,543)** | **(13,013)** | **(4,470)** |
| | | | |
| | **1,477** | **(6,173)** | **(7,650)** |
| **Ariennir gan:** | | | |
| Cronfa Gyffredinol | 1,477 | (6,173) | (7,650) |
| **Cyfanswm y Cyllid** | **1,477** | **(6,173)** | **(7,650)** |

- Mae'r symudiad ar asedau anghyfredol yn adlewyrchu:
  - Dibrisiant a godir yn ystod y mis.
  - Trosglwyddo prydles Tŷ Dysgu i'r fantolen o ganlyniad i gyflwyno IFRS16 o 1 Ebrill 2022. Mae hyn yn newid mewn polisi cyfrifyddu sy'n effeithio ar bob corff yn y sector cyhoeddus. Mae'r cynnydd mewn asedau yn cyfateb i gynnydd cyfatebol yn yr atebolrwydd i dalu costau'r brydles, sy'n cael ei adlewyrchu yn 'Masnach a Symiau Taladwy Eraill'.
- Mae Masnach a Derbyniadwy Eraill yn sefyll am £0.9m ar 31 Awst 2022, gostyngiad o £2.0m yn ystod y mis. Mae hyn o ganlyniad i dalu anfonebau sydd heb eu talu yn dilyn cytundeb niferoedd myfyrwyr â'r prifysgolion.
- Masnach a Symiau Taladwy Eraill – Cynnydd cyffredinol o £4.4m ers dechrau'r flwyddyn. Mae’r balans o £13.0m yn cynnwys:
  - £1.7m o anfonebau ar y system cyfrifon sy'n daladwy sy'n aros am daliad yn unol â'r polisi talu 30 diwrnod.
  - £4.6 miliwn mewn perthynas â sefydliadau eraill GIG Cymru, £4.3m yn groniadau a amcangyfrifir.
  - £3.4m yn daladwy i gredydwyr nad ydynt yn perthyn i'r GIG, ac amcangyfrifir bod £1.5m o'r rhain yn groniadau.
  - Mae £0.4m yn ymwneud â ychwanegiadau cyfrifo technegol fel y ddarpariaeth gwyliau blynyddol.
  - £0.7m o CThEM a chredydwyr pensiwn sy'n ddyledus yn y mis yn dilyn cyfnod y gyflogres.
  - £1.8m sy'n ymwneud â'r atebolrwydd prydlesu yn dilyn gweithredu IFRS16 o 1 Ebrill 2022.

Roedd y balans arian ar ddiwedd mis Awst 2022 yn £2.6m. Roedd hyn yn uwch na'r disgwyl o ganlyniad i ad-daliad gafodd ei dderbyn yn dilyn cytundeb niferoedd myfyrwyr. Nid oedd amseriad hyn yn sicr, ac felly nid oedd wedi cael ei adeiladu i'r rhagolygon am y mis.

**5.3 Gwariant Cyfalaf**

Mae gan AaGIC ddyraniad cyfalaf dewisol o £76k ar gyfer 2022/23. Ni chafwyd unrhyw wariant hyd yma.



**Polisi Talu'r Sector Cyhoeddus**

Disgwylir i bob corff y GIG fodloni Polisi Taliadau'r Sector Cyhoeddus, sy'n ei gwneud yn ofynnol i sefydliadau dalu 95% o'r holl anfonebau nad ydynt yn perthyn i'r GIG o fewn 30 diwrnod. Ar gyfer y cyfnod rhwng mis Ebrill a mis Awst 2022, talodd AaGIC 2022% o anfonebau nad ydynt yn perthyn i'r GIG a 95.4% o anfonebau'r GIG o fewn 92.63 diwrnod.

**Anfonebau nad ydynt yn rhai GIG**

| | Yn ôl Rhif | | | Yn ôl Gwerth | | |
|---|---|---|---|---|---|---|
| **Mis** | **Rhif Pasiwyd** | **Rhif Methwyd** | **% Pasiwyd** | **Gwerth a basiwyd £** | **Gwerth Methwyd £** | **% Pasiwyd** |
| Ebrill | 330 | 8 | 97.63 | 7,221,258 | 5,223 | 99.93 |
| Mai | 334 | 21 | 94.08 | 8,119,129 | 65,308 | 99.20 |
| Mehefin | 421 | 47 | 89.96 | 7,734,526 | 41,413 | 99.47 |
| **Chwarter 1** | **1,085** | **76** | **93.45** | **23,074,914** | **111,944** | **99.52** |
| Gorffennaf | 473 | 12 | 97.53 | 9,457,372 | 14,570 | 99.85 |
| Awst | 601 | 16 | 97.41 | 8,952,309 | 15,988 | 99.82 |
| **Cyfanswm** | **2,159** | **104** | **95.40** | **41,484,594** | **142,503** | **99.66** |

**Anfonebau'r GIG**

| | Yn ôl Rhif | | | Yn ôl Gwerth | | |
|---|---|---|---|---|---|---|
| **Mis** | **Rhif Pasiwyd** | **Rhif Methwyd** | **% Pasiwyd** | **Gwerth a basiwyd £** | **Gwerth Methwyd £** | **% Pasiwyd** |
| Ebrill | 239 | 5 | 97.95 | 6,557,522 | 46,818 | 99.29 |
| Mai | 120 | 4 | 96.77 | 9,231,954 | 48,316 | 99.48 |
| Mehefin | 64 | 8 | 88.89 | 7,244,445 | 1,235,225 | 85.43 |
| **Chwarter 1** | **423** | **17** | **96.14** | **23,033,921** | **1,330,360** | **94.54** |
| Gorffennaf | 151 | 8 | 94.97 | 8,523,309 | 36,900 | 99.57 |
| Awst | 130 | 31 | 80.75 | 7,449,254 | 171,687 | 97.75 |
| **Cyfanswm** | **704** | **56** | **92.63** | **39,006,484** | **1,538,947** | **96.20** |

## 6. ARGYMHELLIAD

Gofynnir i'r Bwrdd weithredu fel a ganlyn:

- **Nodi’r** sefyllfa ariannol o danwariant a adroddwyd ar gyfer AaGIC ym mis 5,
- **Cymeradwyo'r** camau sy'n cael eu cymryd sy’n arwain at fod mewn cydbwysedd ar ddiwedd y flwyddyn, sydd ar hyn o bryd yn ddychweliad o £7m i LIC,
- **Nodi’r** esboniad cryno o amrywiadau allweddol gan y Gyfarwyddiaeth,

- **Nodi'r** dyraniad Cyfalaf a'r gwariant hyd yma; a
- **Nodi** sefyllfa'r Fantolen.

<table>
<tr><th colspan="4">Llywodraethu a Sicrwydd</th></tr>
<tr><td rowspan="4">Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig<br>(✓os gwelwch yn dda)</td><td>Nod Strategol 1:<br>Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach'</td><td>Nod Strategol 2:<br>Trawsnewid addysg a hyfforddiant gofal iechyd i wella cyfle, mynediad ac iechyd y boblogaeth.</td><td>Nod Strategol 3:<br>Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel</td></tr>
<tr><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Nod Strategol 4:<br>Datblygu atebion gweithlu cenedlaethol i gefnogi darparu blaenoriaethau gwasanaeth cenedlaethol a gofal cleifion o ansawdd uchel.</td><td>Nod Strategol 5:<br>Bod yn esiampl-gyflogwr ac yn lle gwych i weithio</td><td>Nod Strategol 6:<br>Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol.</td></tr>
<tr><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td colspan="4">Ansawdd, Diogelwch a Phrofiad Cleifion</td></tr>
<tr><td colspan="4">Nid oes unrhyw oblygiadau o ran Ansawdd, Diogelwch a Phrofiad Cleifion</td></tr>
<tr><td colspan="4">Goblygiadau Ariannol</td></tr>
<tr><td colspan="4">Nodir y goblygiadau ariannol uchod yng nghorff yr adroddiad.</td></tr>
<tr><td colspan="4">Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)</td></tr>
<tr><td colspan="4">Mae gan AaGIC gyfrifoldeb statudol i dorri hyd yn oed ar ddiwedd y flwyddyn mae'r adroddiad yn nodi'r sefyllfa ariannol ar gyfer mis Rhagfyr 2022.<br>Nid oes unrhyw oblygiadau o ran cydraddoldeb ac amrywiaeth.</td></tr>
<tr><td colspan="4">Goblygiadau Staffio</td></tr>
<tr><td colspan="4">Nid oes unrhyw oblygiadau staffio</td></tr>
<tr><td colspan="4">Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</td></tr>
<tr><td colspan="4">Mae'r adroddiad yn disgrifio'n gryno sut mae AaGIC yn ceisio mabwysiadu dull cynaliadwy o reoli ariannol a fydd yn galluogi AaGIC i gyflawni ei amcanion hirdymor.</td></tr>
<tr><td>Hanes yr Adroddiad</td><td colspan="3">Mae'r adroddiad yn cyfeirio ac yn diweddaru'r diweddariad cyllid blaenorol a rannwyd gyda Bwrdd AaGIC ym mis Rhagfyr 2022.</td></tr>
<tr><td>Atodiadau</td><td colspan="3">Atodiad 1 - Manylion Pellach<br>Atodiad 2 - Ffurflen Fonitro</td></tr>
</table>

**APPENDIX 1**

# REPORT OF THE DIRECTOR OF FINANCE

The variances for each of the directorates are explained below:

1. Board & Executive

There is an overall underspend of £16k within the Board and Executive directorate as a result of underspends pay (£15k) due to a small number of vacancies and a member of the team working at less than full time, some of which is offset against agency spend. There is also £1k of underspend in non-pay budget lines as a result of travel and subsistence being less than budgeted.

2. Finance & Corporate Services

Within Finance & Corporate Services, there is an underspend of £53k, of which £43k related to pay which is due to a vacancy at Band 5 for which the recruitment process is complete, lower apprentice levy than budgeted to date which is partly offset by agency costs. In addition, there has been a non-pay underspend of £10k made up of lower costs than budgeted for Bank Charges (£2k), underspend on cleaning materials (£2k), as well as other minor underspends (£6k).

3. Planning & Performance

There is an underspend in pay of just over £20k which is made up of an underspend of £4k against Band 3, a Band 4 post of £3k which is offset by agency usage of £4k. There is in addition underspends of £5k in Band 7 due to a delay in appointment to a post and an underspend of £13k in Band 8c which was filled mid-month.

4. Digital & IT

There is an £135k underspend as at the end of August, most of which relates to pay and a wide range of vacancies. These vacancies are at bands 5, 6, 7 and 8a but most posts will be recruited into over the coming months or will be covered using agency staff.

5. Medical, Dental & Pharmacy

The underspend within this directorate of £295k is made up of an underspend against pay of £70k a non-pay underspend of £178k, and an underspend on commissioning of £47k offset by an underachievement of income of £36k. The underspend is broken down into a few areas:

- The underspend of £178k within pay budgets represents mostly vacancies across the directorate from Band 2 to Consultant Level. These underspends have been offset by spend on Agency staff of £45k and additional costs for assessors for the Technician Project within Pharmacy as well as a small number of staff acting up into higher bands and costs for Maternity backfill.
- Within Non-pay, £126k of underspend is against Conference, Travel and Catering subjective lines which is likely to continue over the next few months,
- An underspend of £49k as a result of Faculty Leads and Dental Admin posts being vacant.

- £27k underspend against locums which is partially offset against pay lines,
- Underspend of £27k against GP Payments for appraisals due to a reduction in the number of GP Appraisals taking place.

These underspends are offset against an overspend of £66k against the additional costs of psychological support for trainees within the PSU which has been out to tender with the new contract to commence in October.

As well as the above an underspend against commissioning areas of £2k is made up of:

- Underspend of £81k against GP Induction and Returners due to only one being in post with budget set for 5.
- Training grade salary allocations for Foundation and Specialty school trainees, an underspend of £67k due to unfilled posts and budget not fully allocated.
- An underspend within Pharmacy of £4k as a result of costs from the prior year not having been invoiced by Health Boards previously, offset by some minor underspends to date.
- £2k overspend in Dental Foundation Training as a result of additional travel expenses being received.
- £104k overspend against relocation expenses. There is currently a pilot to increase the amount individuals can claim that has been extended for a longer period which is resulting in spend being higher than budgeted.

6. Nursing & Health Professional Education

As at the end of August there was an underspend of £33k. This relates to an underspend in pay of £25k as a result of a small number of vacancies and an underspend in non-pay of £10k mostly due to a vat refund on some non-pay costs, offset against an overspend in the commissioning budgets of £1k. It is expected that this underspend in commissioning will increase during the year, and this will be reported to Board each month.

7. Workforce and Organisational Development

As at the end of August there was an underspend of £48k. There is an underspend within pay costs of £56k because of an under recruitment of Clinical Fellows (£35k) and as a result of a number of vacancies across a range of bands. Some of this underspend is being offset by agency spend of £25k. There is also a minor underspend of £8k as a result of some VAT adjustments and minor underspends in a few areas.

**HEIW** **Period : Aug 22**

**Table A - Movement of Opening Financial Plan to Forecast Outturn**

**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 | Non Recurring | Recurring | FYE of Recurring |
|---|---|---|---|---|---|
| | | £'000 | £'000 | £'000 | £'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) | -30,883 | 0 | -30,883 | -30,883 |
| 3 | Planned Expenditure For Covid-19 (Negative Value) | 0 | 0 | | |
| 4 | Planned Welsh Government Funding (Non Covid-19) (Positive Value) | 30,883 | 0 | 30,883 | 30,883 |
| 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 | **Opening IMTP / Annual Operating Plan** | **0** | **0** | **0** | **0** |
| 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 | Other Movement in Month 1 Planned & In Year Net Income Generation | 0 | 0 | 0 | 0 |
| 19 | Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement | 0 | 0 | 0 | 0 |
| 20 | Additional In Year Identified Savings - Forecast | 0 | 0 | 0 | 0 |
| 21 | Variance to Planned RRL & Other Income | 0 | 0 | | |
| 22 | Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional) | 0 | 0 | | |
| 23 | Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional) | 0 | 0 | | |
| 24 | Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction) | 0 | 0 | | |
| 25 | In Year Accountancy Gains (Positive Value) | 0 | 0 | 0 | 0 |
| 26 | Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately) | 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 | **Forecast Outturn (- Deficit / + Surplus)** | **0** | **0** | **0** | **0** |
| 37 | **Covid-19 - Forecast Outturn (- Deficit / + Surplus)** | **0** | | | |

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD | In Year Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| 1 | | | | | | | | | | | | | 0 | 0 |
| 2 | -2,574 | -2,574 | -2,574 | -2,574 | -2,574 | -2,574 | -2,574 | -2,574 | -2,574 | -2,574 | -2,574 | -2,574 | -12,868 | -30,883 |
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | 2,574 | 2,574 | 2,574 | 2,574 | 2,574 | 2,574 | 2,574 | 2,574 | 2,574 | 2,574 | 2,574 | 2,574 | 12,868 | 30,883 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | | | | | | | | | | | | | 0 | 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 | 0 |
| 11 | | | | | | | | | | | | | 0 | 0 |
| 12 | | | | | | | | | | | | | 0 | 0 |
| 13 | | | | | | | | | | | | | 0 | 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 | 0 |
| 17 | | | | | | | | | | | | | 0 | 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 |
| 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | | | | | | | | | | | | | 0 | 0 |
| 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | 97 | 95 | 68 | 107 | 194 | -19 | -93 | -77 | -135 | -64 | -76 | -97 | 561 | 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 | **97** | **95** | **68** | **107** | **194** | **-19** | **-93** | **-77** | **-135** | **-64** | **-76** | **-97** | **561** | **0** |
| 37 | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

**HEIW** **Period : Aug 22**

**Table A1 - Underlying Position**

**This table needs completing monthly from Month: 1**

**This Table is currently showing 0 errors**

| | Section A - By Spend Area | IMTP Underlying Position b/f £'000 | Full Year Effect of Actions Recurring Savings (+ve) £'000 | Recurring Allocations / Income (+ve) £'000 | Subtotal £'000 | New, Recurring, Full Year Effect of Unmitigated Pressures (-ve) £'000 | IMTP Underlying Position c/f £'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 | **Total** | **0** | **0** | **0** | **0** | **0** | **0** |

| | Section B - By Directorate | IMTP Underlying Position b/f £'000 | Full Year Effect of Actions Recurring Savings (+ve) £'000 | Recurring Allocations / Income (+ve) £'000 | Subtotal £'000 | New, Recurring, Full Year Effect of Unmitigated Pressures (-ve) £'000 | IMTP Underlying Position c/f £'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 | **Total** | **0** | **0** | **0** | **0** | **0** | **0** |

# HEIW

**Period :** **Aug 22**

**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 | |

# HEIW

**Table B - Monthly Positions**

**YTD Months to be completed from Month: 1**
**Forecast Months to be completed from Month: 1**

**Period : Aug 22**

**This Table is currently showing 0 errors**

| | **A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income** | | 1 Apr £'000 | 2 May £'000 | 3 Jun £'000 | 4 Jul £'000 | 5 Aug £'000 | 6 Sep £'000 | 7 Oct £'000 | 8 Nov £'000 | 9 Dec £'000 | 10 Jan £'000 | 11 Feb £'000 | 12 Mar £'000 | Total YTD £'000 | Forecast year-end position £'000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Revenue Resource Limit | Actual/F'cast | 21,545 | 22,631 | 21,872 | 19,932 | 23,364 | 26,680 | 26,350 | 24,675 | 27,780 | 26,850 | 25,740 | 37,927 | 109,344 | 305,346 |
| 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 | | | | | | | | | | | | 80 | 0 | 80 |
| 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 | 29 | 20 | 19 | 80 | 8 | 44 | 42 | 42 | 44 | 26 | 42 | 57 | 156 | 453 |
| 7 | **Income Total** | | **21,574** | **22,651** | **21,891** | **20,012** | **23,372** | **26,724** | **26,392** | **24,717** | **27,824** | **26,876** | **25,782** | **38,064** | **109,500** | **305,879** |
| 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 | 1,841 | 1,902 | 1,844 | 1,897 | 1,922 | 2,250 | 2,004 | 2,008 | 2,012 | 2,012 | 2,006 | 2,168 | 9,406 | 23,866 |
| 11 | Provider Services - Non Pay (excluding drugs & depreciation) | Actual/F'cast | 584 | 767 | 832 | 850 | 842 | 1,422 | 1,272 | 989 | 1,625 | 1,029 | 865 | 6,145 | 3,875 | 17,222 |
| 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 | 19,004 | 19,791 | 19,075 | 17,086 | 20,342 | 22,999 | 23,137 | 21,725 | 24,250 | 23,827 | 22,915 | 29,777 | 95,298 | 263,928 |
| 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 | 48 | 96 | 72 | 72 | 72 | 72 | 72 | 72 | 72 | 72 | 72 | 71 | 360 | 863 |
| 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 | **21,477** | **22,556** | **21,823** | **19,905** | **23,178** | **26,743** | **26,485** | **24,794** | **27,959** | **26,940** | **25,858** | **38,161** | **108,939** | **305,879** |
| 27 | **Net surplus/ (deficit)** | Actual/F'cast | **97** | **95** | **68** | **107** | **194** | **(19)** | **(93)** | **(77)** | **(135)** | **(64)** | **(76)** | **(97)** | **561** | **0** |

| | **B. Cost Total by Directorate** | | 1 Apr £'000 | 2 May £'000 | 3 Jun £'000 | 4 Jul £'000 | 5 Aug £'000 | 6 Sep £'000 | 7 Oct £'000 | 8 Nov £'000 | 9 Dec £'000 | 10 Jan £'000 | 11 Feb £'000 | 12 Mar £'000 | Total YTD £'000 | Forecast year-end position £'000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 28 | Primary Care | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 29 | Mental Health | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 30 | Continuing HealthCare | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 31 | Commissioned Services | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 32 | Scheduled Care | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 33 | Unscheduled Care | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 34 | Children & Women's | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 35 | Community Services | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 36 | Specialised Services | Actual/F'cast | 20,731 | 21,803 | 21,181 | 19,048 | 22,320 | 25,928 | 25,592 | 24,011 | 27,057 | 26,044 | 25,094 | 34,004 | 105,083 | 292,813 |
| 37 | Executive / Corporate Areas | Actual/F'cast | 367 | 276 | 58 | 244 | 229 | 246 | 336 | 239 | 248 | 336 | 225 | 3,318 | 1,174 | 6,122 |
| 38 | Support Services (inc. Estates & Facilities) | Actual/F'cast | 331 | 381 | 512 | 541 | 557 | 497 | 485 | 472 | 582 | 488 | 467 | 768 | 2,322 | 6,081 |
| 39 | Reserves | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 40 | **Cost - Total (Excluding DEL & AME Non-Cash Charges)** | Actual/F'cast | **21,429** | **22,460** | **21,751** | **19,833** | **23,106** | **26,671** | **26,413** | **24,722** | **27,887** | **26,868** | **25,786** | **38,090** | **108,579** | **305,016** |

**C. Assessment of Financial Forecast Positions**

| Year-to-date (YTD) | £'000 | |
|---|---|---|
| 28 . Actual YTD surplus/ (deficit) | 561 | |
| 29. Actual YTD surplus/ (deficit) last month | 367 | |
| 30. Current month actual surplus/ (deficit) | 194 | |
| | | Trend |
| 31. Average monthly surplus/ (deficit) YTD | 112 | ▲ |
| 32. YTD /remaining months | 80 | |

| Full-year surplus/ (deficit) scenarios | £'000 |
|---|---|
| 33. Extrapolated Scenario | 1,919 |
| 34. Year to Date Trend Scenario | 1,346 |

**D. DEL/AME Depreciation & Impairments**

| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Apr £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 | Total YTD | Forecast year-end position |
| | **DEL** | | | | | | | | | | | | | | | |
| 41 | Baseline Provider Depreciation | Actual/F'cast | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 240 | 576 |
| 42 | Strategic Depreciation | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 43 | Accelerated Depreciation | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 44 | Impairments | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 45 | IFRS 16 Leases | Actual/F'cast | | 48 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 23 | 120 | 287 |
| 46 | **Total** | | **48** | **96** | **72** | **72** | **72** | **72** | **72** | **72** | **72** | **72** | **72** | **71** | **360** | **863** |
| | **AME** | | | | | | | | | | | | | | | |
| 47 | Donated Asset Depreciation | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 48 | Impairments (including Reversals) | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 49 | IFRS 16 Leases (Peppercorn) | Actual/F'cast | | | | | | | | | | | | | 0 | 0 |
| 50 | **Total** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

**E. Accountancy Gains**

| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Apr £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 | Total YTD | Forecast year-end position |
| 51 | Accountancy Gains | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** |

**F. Committed Reserves & Contingencies**

| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Apr £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 | Total YTD | Forecast year-end position |
| | **List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.** | | | | | | | | | | | | | | | |
| 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 | | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 75 | | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 76 | | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 77 | | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 78 | | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 79 | | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 80 | **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! | |

# HEIW

Period : Aug 22

YTD Months to be completed from Month: 1

This Table is currently showing 0 errors — Forecast Months to be completed from Month: 1

**Table B2 - Pay Expenditure Analysis**

**A - Pay Expenditure**

| REF | TYPE | 1<br>Apr<br>£'000 | 2<br>May<br>£'000 | 3<br>Jun<br>£'000 | 4<br>Jul<br>£'000 | 5<br>Aug<br>£'000 | 6<br>Sep<br>£'000 | 7<br>Oct<br>£'000 | 8<br>Nov<br>£'000 | 9<br>Dec<br>£'000 | 10<br>Jan<br>£'000 | 11<br>Feb<br>£'000 | 12<br>Mar<br>£'000 | Total YTD<br>£'000 | Forecast year-end position<br>£'000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Administrative, Clerical & Board Members | 1,114 | 1,149 | 1,145 | 1,176 | 1,206 | 1,570 | 1,309 | 1,237 | 1,227 | 1,250 | 1,244 | 1,480 | 5,790 | 15,107 |
| 2 | Medical & Dental | 475 | 496 | 454 | 464 | 466 | 526 | 462 | 616 | 626 | 605 | 605 | 528 | 2,355 | 6,323 |
| 3 | Nursing & Midwifery Registered | 44 | 49 | 36 | 53 | 44 | 38 | 45 | 25 | 31 | 33 | 33 | 47 | 226 | 478 |
| 4 | Prof Scientific & Technical | 177 | 177 | 178 | 173 | 173 | 97 | 153 | 103 | 103 | 104 | 104 | 96 | 878 | 1,638 |
| 5 | Additional Clinical Services | 13 | 13 | 13 | 13 | 14 | 12 | 11 | 10 | 10 | 11 | 11 | 5 | 66 | 136 |
| 6 | Allied Health Professionals | 18 | 18 | 18 | 18 | 18 | 7 | 24 | 17 | 15 | 10 | 10 | 11 | 90 | 184 |
| 7 | Healthcare Scientists | | | | | | | | | | | | | 0 | 0 |
| 8 | Estates & Ancillary | | | | | | | | | | | | | 0 | 0 |
| 9 | Students | | | | | | | | | | | | | 0 | 0 |
| 10 | **TOTAL PAY EXPENDITURE** | 1,841 | 1,902 | 1,844 | 1,897 | 1,921 | 2,250 | 2,004 | 2,008 | 2,012 | 2,013 | 2,007 | 2,167 | 9,405 | 23,866 |

**Analysis of Pay Expenditure**

| REF | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Forecast year-end position |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | **LHB Provided Services - Pay** | 1,841 | 1,902 | 1,844 | 1,897 | 1,922 | 2,250 | 2,004 | 2,008 | 2,012 | 2,012 | 2,006 | 2,168 | 9,406 | 23,866 |
| 12 | **Other Services (incl. Primary Care) - Pay** | | | | | | | | | | | | | 0 | 0 |
| 13 | **Total - Pay** | 1,841 | 1,902 | 1,844 | 1,897 | 1,922 | 2,250 | 2,004 | 2,008 | 2,012 | 2,012 | 2,006 | 2,168 | 9,406 | 23,866 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |

**B - Agency / Locum (premium) Expenditure**
**- Analysed by Type of Staff**

| REF | TYPE | 1<br>Apr<br>£'000 | 2<br>May<br>£'000 | 3<br>Jun<br>£'000 | 4<br>Jul<br>£'000 | 5<br>Aug<br>£'000 | 6<br>Sep<br>£'000 | 7<br>Oct<br>£'000 | 8<br>Nov<br>£'000 | 9<br>Dec<br>£'000 | 10<br>Jan<br>£'000 | 11<br>Feb<br>£'000 | 12<br>Mar<br>£'000 | Total YTD<br>£'000 | Forecast year-end position<br>£'000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Administrative, Clerical & Board Members | 33 | 47 | 43 | 42 | 30 | 40 | 40 | 40 | 43 | 43 | 40 | 40 | 195 | 481 |
| 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** | 33 | 47 | 43 | 42 | 30 | 40 | 40 | 40 | 43 | 43 | 40 | 40 | 195 | 481 |
| 11 | **Agency/Locum (premium) % of pay** | 1.8% | 2.5% | 2.3% | 2.2% | 1.6% | 1.8% | 2.0% | 2.0% | 2.1% | 2.1% | 2.0% | 1.8% | 2.1% | 2.0% |

**C - Agency / Locum (premium) Expenditure**
**- Analysed by Reason for Using Agency/Locum (premium)**

| REF | REASON | 1<br>Apr<br>£'000 | 2<br>May<br>£'000 | 3<br>Jun<br>£'000 | 4<br>Jul<br>£'000 | 5<br>Aug<br>£'000 | 6<br>Sep<br>£'000 | 7<br>Oct<br>£'000 | 8<br>Nov<br>£'000 | 9<br>Dec<br>£'000 | 10<br>Jan<br>£'000 | 11<br>Feb<br>£'000 | 12<br>Mar<br>£'000 | Total YTD<br>£'000 | Forecast year-end position<br>£'000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Vacancy | 33 | 47 | 43 | 42 | 30 | 40 | 40 | 40 | 43 | 43 | 40 | 40 | 195 | 481 |
| 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 | Jury Service | | | | | | | | | | | | | 0 | 0 |
| 11 | WLI | | | | | | | | | | | | | 0 | 0 |
| 12 | Exclusion (Suspension) | | | | | | | | | | | | | 0 | 0 |
| 13 | COVID-19 | | | | | | | | | | | | | 0 | 0 |
| 14 | **TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE** | 33 | 47 | 43 | 42 | 30 | 40 | 40 | 40 | 43 | 43 | 40 | 40 | 195 | 481 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |

# HEIW

Period : Aug 22

**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 |
| A1 | *Enter as positive values* | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| 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 | 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 A6** | | | | | | | | | | | | | 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 | 0 |
| 27 | **TOTAL TESTING EXPENDITURE** | 0 | 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 | 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 | 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 A6** | | | | | | | | | | | | | 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 | 0 |
| 55 | **TOTAL TRACING EXPENDITURE** | 0 | 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 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **A3** | ***Mass COVID-19 Vaccination (Additional costs due to C19) enter as positive values - actual/forecast*** | | | | | | | | | | | | | | |
| **58** | **Provider Pay (Establishment, Temp & Agency)** | | | | | | | | | | | | | | |
| **59** | Administrative, Clerical & Board Members | | | | | | | | | | | | | **0** | **0** |
| **60** | Medical & Dental | | | | | | | | | | | | | **0** | **0** |
| **61** | Nursing & Midwifery Registered | | | | | | | | | | | | | **0** | **0** |
| **62** | Prof Scientific & Technical | | | | | | | | | | | | | **0** | **0** |
| **63** | Additional Clinical Services | | | | | | | | | | | | | **0** | **0** |
| **64** | Allied Health Professionals | | | | | | | | | | | | | **0** | **0** |
| **65** | Healthcare Scientists | | | | | | | | | | | | | **0** | **0** |
| **66** | Estates & Ancillary | | | | | | | | | | | | | **0** | **0** |
| **67** | Students | | | | | | | | | | | | | **0** | **0** |
| **68** | **Sub total Mass COVID-19 Vaccination Provider Pay** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **69** | Primary Care Contractor (excluding drugs) | | | | | | | | | | | | | **0** | **0** |
| **70** | Primary Care - Drugs | | | | | | | | | | | | | **0** | **0** |
| **71** | Secondary Care - Drugs | | | | | | | | | | | | | **0** | **0** |
| **72** | Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A6** | | | | | | | | | | | | | **0** | **0** |
| **73** | Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | **0** | **0** |
| **74** | Non Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | **0** | **0** |
| **75** | Continuing Care and Funded Nursing Care | | | | | | | | | | | | | **0** | **0** |
| **76** | Other Private & Voluntary Sector | | | | | | | | | | | | | **0** | **0** |
| **77** | Joint Financing and Other (includes Local Authority) | | | | | | | | | | | | | **0** | **0** |
| **78** | Other (only use with WG agreement & state SoCNE/I line ref) | | | | | | | | | | | | | **0** | **0** |
| **79** | | | | | | | | | | | | | | **0** | **0** |
| **80** | | | | | | | | | | | | | | **0** | **0** |
| **81** | | | | | | | | | | | | | | **0** | **0** |
| **82** | **Sub total Mass COVID-19 Vaccination Non Pay** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **83** | **TOTAL MASS COVID-19 VACC EXPENDITURE** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **84** | **PLANNED MASS COVID-19 VACC EXPENDITURE (In Opening Plan)** | | | | | | | | | | | | | **0** | **0** |
| **85** | **MOVEMENT FROM OPENING PLANNED MASS COVID-19 VACC EXPENDITURE** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **A4** | ***Extended Flu Vaccination (Additional costs due to C19) enter as positive values - actual/forecast*** | | | | | | | | | | | | | | |
| **86** | **Provider Pay (Establishment, Temp & Agency)** | | | | | | | | | | | | | | |
| **87** | Administrative, Clerical & Board Members | | | | | | | | | | | | | **0** | **0** |
| **88** | Medical & Dental | | | | | | | | | | | | | **0** | **0** |
| **89** | Nursing & Midwifery Registered | | | | | | | | | | | | | **0** | **0** |
| **90** | Prof Scientific & Technical | | | | | | | | | | | | | **0** | **0** |
| **91** | Additional Clinical Services | | | | | | | | | | | | | **0** | **0** |
| **92** | Allied Health Professionals | | | | | | | | | | | | | **0** | **0** |
| **93** | Healthcare Scientists | | | | | | | | | | | | | **0** | **0** |
| **94** | Estates & Ancillary | | | | | | | | | | | | | **0** | **0** |
| **95** | Students | | | | | | | | | | | | | **0** | **0** |
| **96** | **Sub total Extended Flu Vaccination Provider Pay** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **97** | Primary Care Contractor (excluding drugs) | | | | | | | | | | | | | **0** | **0** |
| **98** | Primary Care - Drugs | | | | | | | | | | | | | **0** | **0** |
| **99** | Secondary Care - Drugs | | | | | | | | | | | | | **0** | **0** |
| **100** | Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A6** | | | | | | | | | | | | | **0** | **0** |
| **101** | Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | **0** | **0** |
| **102** | Non Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | **0** | **0** |
| **103** | Continuing Care and Funded Nursing Care | | | | | | | | | | | | | **0** | **0** |
| **104** | Other Private & Voluntary Sector | | | | | | | | | | | | | **0** | **0** |
| **105** | Joint Financing and Other (includes Local Authority) | | | | | | | | | | | | | **0** | **0** |
| **106** | Other (only use with WG agreement & state SoCNE/I line ref) | | | | | | | | | | | | | **0** | **0** |
| **107** | | | | | | | | | | | | | | **0** | **0** |
| **108** | | | | | | | | | | | | | | **0** | **0** |
| **109** | | | | | | | | | | | | | | **0** | **0** |
| **110** | **Sub total Extended Flu Vaccination Non Pay** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **111** | **TOTAL EXTENDED FLU VACC EXPENDITURE** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **112** | **PLANNED EXTENDED FLU VACC EXPENDITURE (In Opening Plan)** | | | | | | | | | | | | | **0** | **0** |
| **113** | **MOVEMENT FROM OPENING PLANNED EXTENDED FLU VACC EXPENDITURE** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A5 | **Cleaning Standards (Additional costs due to C19) enter as positive values - actual/forecast** | | | | | | | | | | | | | | |
| 114 | **Provider Pay (Establishment, Temp & Agency)** | | | | | | | | | | | | | | |
| 115 | Administrative, Clerical & Board Members | | | | | | | | | | | | | 0 | 0 |
| 116 | Medical & Dental | | | | | | | | | | | | | 0 | 0 |
| 117 | Nursing & Midwifery Registered | | | | | | | | | | | | | 0 | 0 |
| 118 | Prof Scientific & Technical | | | | | | | | | | | | | 0 | 0 |
| 119 | Additional Clinical Services | | | | | | | | | | | | | 0 | 0 |
| 120 | Allied Health Professionals | | | | | | | | | | | | | 0 | 0 |
| 121 | Healthcare Scientists | | | | | | | | | | | | | 0 | 0 |
| 122 | Estates & Ancillary | | | | | | | | | | | | | 0 | 0 |
| 123 | Students | | | | | | | | | | | | | 0 | 0 |
| 124 | **Sub total Cleaning Standards Provider Pay** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 125 | Primary Care Contractor (excluding drugs) | | | | | | | | | | | | | 0 | 0 |
| 126 | Primary Care - Drugs | | | | | | | | | | | | | 0 | 0 |
| 127 | Secondary Care - Drugs | | | | | | | | | | | | | 0 | 0 |
| 128 | Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A6** | | | | | | | | | | | | | 0 | 0 |
| 129 | Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | 0 | 0 |
| 130 | Non Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | 0 | 0 |
| 131 | Continuing Care and Funded Nursing Care | | | | | | | | | | | | | 0 | 0 |
| 132 | Other Private & Voluntary Sector | | | | | | | | | | | | | 0 | 0 |
| 133 | Joint Financing and Other (includes Local Authority) | | | | | | | | | | | | | 0 | 0 |
| 134 | Other (only use with WG agreement & state SoCNE/I line ref) | | | | | | | | | | | | | 0 | 0 |
| 135 | | | | | | | | | | | | | | 0 | 0 |
| 136 | | | | | | | | | | | | | | 0 | 0 |
| 137 | | | | | | | | | | | | | | 0 | 0 |
| 138 | **Sub total Cleaning Standards Non Pay** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 139 | **TOTAL CLEANING STANDARDS EXPENDITURE** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | |
| 140 | **PLANNED CLEANING STANDARDS EXPENDITURE (In Opening Plan)** | | | | | | | | | | | | | 0 | 0 |
| 141 | **MOVEMENT FROM OPENING PLANNED CLEANING STANDARDS EXPENDITURE** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **A6** | **PPE, Long Covid & Other (Additional costs due to C19)** ***enter as positive value - actual/forecast*** | | | | | | | | | | | | | | |
| **142** | **Provider Pay (Establishment, Temp & Agency)** | | | | | | | | | | | | | | |
| **143** | Administrative, Clerical & Board Members | | | | | | | | | | | | | 0 | 0 |
| **144** | Medical & Dental | | | | | | | | | | | | | 0 | 0 |
| **145** | Nursing & Midwifery Registered | | | | | | | | | | | | | 0 | 0 |
| **146** | Prof Scientific & Technical | | | | | | | | | | | | | 0 | 0 |
| **147** | Additional Clinical Services | | | | | | | | | | | | | 0 | 0 |
| **148** | Allied Health Professionals | | | | | | | | | | | | | 0 | 0 |
| **149** | Healthcare Scientists | | | | | | | | | | | | | 0 | 0 |
| **150** | Estates & Ancillary | | | | | | | | | | | | | 0 | 0 |
| **151** | Students | | | | | | | | | | | | | 0 | 0 |
| **152** | Movement of Annual Leave Accrual | | | | | | | | | | | | | 0 | 0 |
| **153** | Other (only use with WG Agreement & state SoCNE/I line ref) | | | | | | | | | | | | | 0 | 0 |
| **154** | | | | | | | | | | | | | | 0 | 0 |
| **155** | | | | | | | | | | | | | | 0 | 0 |
| **156** | **Sub total Other C-19 Provider Pay** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **157** | Primary Care Contractor (excluding drugs) | | | | | | | | | | | | | 0 | 0 |
| **158** | Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income | | | | | | | | | | | | | 0 | 0 |
| **159** | Primary Care - Drugs | | | | | | | | | | | | | 0 | 0 |
| **160** | Secondary Care - Drugs | | | | | | | | | | | | | 0 | 0 |
| **161** | Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see separate line** | | | | | | | | | | | | | 0 | 0 |
| **162** | Provider - Non Pay - PPE | | | | | | | | | | | | | 0 | 0 |
| **163** | Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | 0 | 0 |
| **164** | Non Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | 0 | 0 |
| **165** | Continuing Care and Funded Nursing Care | | | | | | | | | | | | | 0 | 0 |
| **166** | Other Private & Voluntary Sector | | | | | | | | | | | | | 0 | 0 |
| **167** | Joint Financing and Other (includes Local Authority) | | | | | | | | | | | | | 0 | 0 |
| **168** | Other (only use with WG Agreement & state SoCNE/I line ref) | | | | | | | | | | | | | 0 | 0 |
| **169** | | | | | | | | | | | | | | 0 | 0 |
| **170** | | | | | | | | | | | | | | 0 | 0 |
| **171** | | | | | | | | | | | | | | 0 | 0 |
| **172** | | | | | | | | | | | | | | 0 | 0 |
| **173** | | | | | | | | | | | | | | 0 | 0 |
| **174** | | | | | | | | | | | | | | 0 | 0 |
| **175** | | | | | | | | | | | | | | 0 | 0 |
| **176** | **Sub total Other C-19 Non Pay** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **177** | **TOTAL OTHER C-19 EXPENDITURE** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **178** | **PLANNED OTHER C-19 EXPENDITURE (In Opening Plan)** | | | | | | | | | | | | | 0 | 0 |
| **179** | **MOVEMENT FROM OPENING PLANNED OTHER C-19 EXPENDITURE** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **180** | **TOTAL ADDITIONAL EXPENDITURE DUE TO COVID** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **181** | **PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (In Opening Plan)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **182** | **MOVEMENT FROM OPENING PLANNED ADDITIONAL COVID EXPENDITURE** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**B - 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 |
| | ***Enter as Positive values*** | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| **183** | **PLANNED WG FUNDING FOR COVID-19** | | | | | | | | | | | | | 0 | 0 |
| **184** | **MOVEMENTS FROM OPENING PLANNED WG FUNDING FOR COVID-19** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **185** | **TOTAL ACTUAL / FORECAST WG FUNDING FOR COVID-19** | | | | | | | | | | | | | 0 | 0 |
| **186** | **ACTUAL / FORECAST NET IMPACT ON OVERALL FINANCIAL POSITION DUE TO COVID-19** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**HEIW**

**Period : Aug 22**

**Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & 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 | | | | | | | | | | | | | | | | | | | | |

**HEIW** **Period : Aug 22**

### Table C1- Savings Schemes Pay Analysis

| | | Month | 1 Apr £'000 | 2 May £'000 | 3 Jun £'000 | 4 Jul £'000 | 5 Aug £'000 | 6 Sep £'000 | 7 Oct £'000 | 8 Nov £'000 | 9 Dec £'000 | 10 Jan £'000 | 11 Feb £'000 | 12 Mar £'000 | Total YTD | Full-year forecast | YTD as %age of FY / YTD variance as %age of YTD Budget/Plan | Assessment: Green £'000 | Assessment: Amber £'000 | Full In-Year forecast: non recurring £'000 | Full In-Year forecast: recurring £'000 | Full-Year Effect of Recurring Savings £'000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 2 | Changes in Staffing Establishment | 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 | | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 5 | Variable Pay | 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 | | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 8 | Locum | 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 | | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 11 | Agency / Locum paid at a premium | 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 | | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 14 | Changes in Bank Staff | 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 | | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 17 | Other (Please Specify) | 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 | | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 20 | Total | 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 Apr £'000 | 2 May £'000 | 3 Jun £'000 | 4 Jul £'000 | 5 Aug £'000 | 6 Sep £'000 | 7 Oct £'000 | 8 Nov £'000 | 9 Dec £'000 | 10 Jan £'000 | 11 Feb £'000 | 12 Mar £'000 | Total YTD | Full-year forecast | YTD as %age of FY / YTD variance as %age of YTD Budget/Plan | Assessment: Green £'000 | Assessment: Amber £'000 | Full In-Year forecast: non recurring £'000 | Full In-Year forecast: recurring £'000 | Full-Year Effect of Recurring Savings £'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 | | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 11 | Other (Please Specify) | 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 | | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 14 | Total | 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 | | | |

**HEIW**

**Aug 22**

**This Table is currently showing 0 errors**

**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 |
| 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 |
| 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 |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 |

# HEIW

**Period : Aug 22**

**Table D - Income/Expenditure Assumptions**

**Annual Forecast**

| | LHB/Trust | Contracted Income | Non Contracted Income | Total Income | Contracted Expenditure | Non Contracted Expenditure | Total Expenditure |
|---|---|---|---|---|---|---|---|
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| 1 | Swansea Bay University | | 6 | **6** | | 14,076 | **14,076** |
| 2 | Aneurin Bevan University | | 39 | **39** | | 11,669 | **11,669** |
| 3 | Betsi Cadwaladr University | | 39 | **39** | | 17,425 | **17,425** |
| 4 | Cardiff & Vale University | | 112 | **112** | | 26,572 | **26,572** |
| 5 | Cwm Taf Morgannwg University | | 89 | **89** | | 12,523 | **12,523** |
| 6 | Hywel Dda University | | 3 | **3** | | 8,564 | **8,564** |
| 7 | Powys | | | **0** | | 951 | **951** |
| 8 | Public Health Wales | | 27 | **27** | | 1,420 | **1,420** |
| 9 | Velindre | | 9 | **9** | | 52,287 | **52,287** |
| 10 | NWSSP | | | **0** | | | **0** |
| 11 | DHCW | | 3 | **3** | | 685 | **685** |
| 12 | Wales Ambulance Services | | 3 | **3** | | 772 | **772** |
| 13 | WHSSC | | 30 | **30** | | | **0** |
| 14 | EASC | | | **0** | | | **0** |
| 15 | HEIW | | | **0** | | | **0** |
| 16 | NHS Wales Executive | | | **0** | | | **0** |
| 17 | **Total** | **0** | **360** | **360** | **0** | **146,944** | **146,944** |

## HEIW

**This Table is currently showing 0 errors**

**Period : Aug 22**

**Table E - Resource Limits**

### 1. BASE ALLOCATION

| No. | Item | STATUS OF ISSUED RESOURCE LIMIT ITEMS: HCHS £'000 | Pharmacy £'000 | Dental £'000 | GMS £'000 | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **LATEST ALLOCATION LETTER/SCHEDULE REF:** | 3 | | | | | | | | | |
| 2 | **Total Confirmed Funding** | 304,301 | | | | **304,301** | | 303,726 | 76 | 76 | |

### 2. ANTICIPATED ALLOCATIONS

| No. | Item | HCHS £'000 | Pharmacy £'000 | Dental £'000 | GMS £'000 | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | DEL Non Cash Depreciation - Baseline Surplus / Shortfall | | | | | **0** | **R** | | | | |
| 4 | DEL Non Cash Depreciation - Strategic | | | | | **0** | | | | | |
| 5 | DEL Non Cash Depreciation - Accelerated | | | | | **0** | | | | | |
| 6 | DEL Non Cash Depreciation - Impairment | | | | | **0** | | | | | |
| 7 | DEL Non Cash Depreciation - IFRS 16 Leases | 287 | | | | **287** | **R** | | | | A Hughes - May 2022 |
| 8 | AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn) | | | | | **0** | | | | | |
| 9 | AME Non Cash Depreciation - Donated Assets | | | | | **0** | | | | | |
| 10 | AME Non Cash Depreciation - Impairment | | | | | **0** | | | | | |
| 11 | AME Non Cash Depreciation - Impairment Reversals | | | | | **0** | | | | | |
| 12 | Removal of Donated Assets / Government Grant Receipts | | | | | **0** | | | | | |
| 13 | Total COVID-19 (see below analysis) | 0 | 0 | 0 | 0 | **0** | | | | | See below analysis |
| 14 | Removal of IFRS-16 Leases (Revenue) | (304) | | | | **(304)** | **R** | | | | A Hughes - May 2022 |
| 15 | Energy (Price Increase) | | | | | **0** | | | | | |
| 16 | Employers NI Increase (1.25%) | | | | | **0** | | | | | |
| 17 | Real Living Wage | | | | | **0** | | | | | |
| 18 | Critical Care | 58 | | | | **58** | **NR** | 58 | | | Gillian Knight - April 22 |
| 19 | WIMAT | 242 | | | | **242** | **NR** | 242 | | | R Dudley - April 22 |
| 20 | CHEF pilot | 157 | | | | **157** | **NR** | 157 | | | A Goodall - April 22 |
| 21 | | | | | | **0** | | | | | |
| 22 | WG - Digital Priorities Investment Fund for Building a Digitally Ready Workfo | 104 | | | | **104** | **NR** | 104 | | | As per letter from Ryan Parry dated 01/0 |
| 23 | WG -Project Co-ordinator and Project Support Officer for Mental Health | 87 | | | | **87** | **NR** | 87 | | | As per letter fromTracey Breheny dated |
| 24 | WG - National Programme for the Allied Health Professions (AHP) Framewor | 299 | | | | **299** | **NR** | 292 | | | As per letter from Alex Slade dated 25/0 |
| 25 | | | | | | **0** | | | | | |
| 26 | WCLFT Anticipated Income | 53 | | | | **53** | **NR** | 53 | | | R Dudley - April 22 |
| 27 | | | | | | **0** | | | | | |
| 28 | 22-23 Clinical Excellence Awards | 62 | | | | **62** | **NR** | 62 | | | R Dudley - May 22 |
| 29 | | | | | | **0** | | | | | |
| 30 | | | | | | **0** | | | | | |
| 31 | | | | | | **0** | | | | | |
| 32 | | | | | | **0** | | | | | |
| 33 | | | | | | **0** | | | | | |
| 34 | | | | | | **0** | | | | | |
| 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 | | | | | | **0** | | | | | |
| 57 | | | | | | **0** | | | | | |
| 58 | **Total Anticipated Funding** | **1,045** | **0** | **0** | **0** | **1,045** | | **1,055** | **0** | **0** | |

### 3. TOTAL RESOURCES & BUDGET RECONCILIATION

| No. | Item | HCHS £'000 | Pharmacy £'000 | Dental £'000 | GMS £'000 | 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 59 | Confirmed Resources Per 1. above | 304,301 | 0 | 0 | 0 | 304,301 | | 303,726 | 76 | 76 |
| 60 | Anticipated Resources Per 2. above | 1,045 | 0 | 0 | 0 | 1,045 | | 1,055 | 0 | 0 |
| 61 | **Total Resources** | **305,346** | **0** | **0** | **0** | **305,346** | | **304,781** | **76** | **76** |

### ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

| No. | Item | 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. |
|---|---|---|---|---|---|---|---|---|
| 62 | Testing (inc Community Testing) | | | | | | 0 | |
| 63 | Tracing | | | | | | 0 | |
| 64 | Mass COVID-19 Vaccination | | | | | | 0 | |
| 65 | PPE | | | | | | 0 | |
| 66 | Extended Flu | | | | | | 0 | |
| 67 | Cleaning Standards | | | | | | 0 | |
| 68 | Long Covid | | | | | | 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 | | | | | | | 0 | |
| 91 | | | | | | | 0 | |
| 92 | **Total Funding** | **0** | **0** | **0** | **0** | **0** | **0** | |

## HEIW

**Period :** **Aug 22**

**This Table is currently showing 0 errors**

### Table E1 - Invoiced Income Streams - TRUSTS ONLY

| Ref | | Swansea Bay ULHB | Aneurin Bevan ULHB | Betsi Cadwaladr ULHB | Cardiff & Vale ULHB | Cwm Taf Morgannwg ULHB | Hywel Dda ULHB | Powys LHB | Public Health Wales NHS Trust | Welsh Ambulance NHS Trust | Velindre NHS Trust | NWSSP | DHCW | HEIW | WG | EASC | WHSSC | Other (please specify) | Total | WG Contact, date item first entered into table and whether any invoice has been raised. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | |
| 1 | **Agreed full year income** | | | | | | | | | | | | | | | | | | 0 | |
| | **Details of Anticipated Income** | | | | | | | | | | | | | | | | | | | |
| 2 | DEL Non Cash Depreciation - Baseline Surplus / Shortfall | | | | | | | | | | | | | | | | | | 0 | |
| 3 | DEL Non Cash Depreciation - Strategic | | | | | | | | | | | | | | | | | | 0 | |
| 4 | DEL Non Cash Depreciation - Accelerated | | | | | | | | | | | | | | | | | | 0 | |
| 5 | DEL Non Cash Depreciation - Impairment | | | | | | | | | | | | | | | | | | 0 | |
| 6 | DEL Non Cash Depreciation - IFRS 16 Leases | | | | | | | | | | | | | | | | | | 0 | |
| 7 | AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn) | | | | | | | | | | | | | | | | | | 0 | |
| 8 | AME Non Cash Depreciation - Donated Assets | | | | | | | | | | | | | | | | | | 0 | |
| 9 | AME Non Cash Depreciation - Impairment | | | | | | | | | | | | | | | | | | 0 | |
| 10 | AME Non Cash Depreciation - Impairment Reversals | | | | | | | | | | | | | | | | | | 0 | |
| 11 | Total COVID-19 (see below analysis) | | | | | | | | | | | | | | 0 | | | | 0 | See below analysis |
| 12 | Removal of IFRS-16 Leases (Revenue) | | | | | | | | | | | | | | | | | | 0 | |
| 13 | Energy (Price Increase) | | | | | | | | | | | | | | | | | | 0 | |
| 14 | Employers NI Increase (1.25%) | | | | | | | | | | | | | | | | | | 0 | |
| 15 | Real Living Wage | | | | | | | | | | | | | | | | | | 0 | |
| 16 | | | | | | | | | | | | | | | | | | | 0 | |
| 17 | | | | | | | | | | | | | | | | | | | 0 | |
| 18 | | | | | | | | | | | | | | | | | | | 0 | |
| 19 | | | | | | | | | | | | | | | | | | | 0 | |
| 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 | **Total Income** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

| ANALYSIS OF WG FUNDING DUE FOR COVID-19 INCLUDED ABOVE | | Allocated £'000 | Anticipated £'000 | Total £'000 | WG Contact, date item first entered into table and whether any invoice has been raised. |
|---|---|---|---|---|---|
| 38 | Testing (inc Community Testing) | | | 0 | |
| 39 | Tracing | | | 0 | |
| 40 | Mass COVID-19 Vaccination | | | 0 | |
| 41 | PPE | | | 0 | |
| 42 | Extended Flu | | | 0 | |
| 43 | Cleaning Standards | | | 0 | |
| 44 | Long Covid | | | 0 | |
| 45 | | | | 0 | |
| 46 | | | | 0 | |
| 47 | | | | 0 | |
| 48 | | | | 0 | |
| 49 | | | | 0 | |
| 50 | | | | 0 | |
| 51 | | | | 0 | |
| 52 | | | | 0 | |
| 53 | | | | 0 | |
| 54 | | | | 0 | |
| 55 | | | | 0 | |
| 56 | | | | 0 | |
| 57 | | | | 0 | |
| 58 | | | | 0 | |
| 59 | | | | 0 | |
| 60 | | | | 0 | |
| 61 | | | | 0 | |
| 62 | | | | 0 | |
| 63 | | | | 0 | |
| 64 | | | | 0 | |
| 65 | | | | 0 | |
| 66 | | | | 0 | |
| 67 | | | | 0 | |
| 68 | **Total Funding** | 0 | 0 | 0 | |

**HEIW** **Period :** **Aug 22**

**This table needs completing monthly from Month: 3**
**This Table is currently showing 0 errors**

| | Table F - Statement of Financial Position For Monthly Period | Opening Balance Beginning of Apr 22 | Closing Balance End of Aug 22 | Forecast Closing Balance End of Mar 23 |
|---|---|---|---|---|
| | **Non-Current Assets** | **£'000** | **£'000** | **£'000** |
| 1 | Property, plant and equipment | 1,940 | 3,351 | 2,924 |
| 2 | Intangible assets | | | |
| 3 | Trade and other receivables | | | |
| 4 | Other financial assets | | | |
| 5 | **Non-Current Assets sub total** | **1,940** | **3,351** | **2,924** |
| | **Current Assets** | | | |
| 6 | Inventories | | | |
| 7 | Trade and other receivables | 2,125 | 884 | 1,997 |
| 8 | Other financial assets | | | |
| 9 | Cash and cash equivalents | 5,955 | 2,605 | 1,998 |
| 10 | Non-current assets classified as held for sale | | | |
| 11 | **Current Assets sub total** | **8,080** | **3,489** | **3,995** |
| | | | | |
| 12 | **TOTAL ASSETS** | **10,020** | **6,840** | **6,919** |
| | **Current Liabilities** | | | |
| 13 | Trade and other payables | 8,418 | 11,557 | 7,110 |
| 14 | Borrowings (Trust Only) | | | |
| 15 | Other financial liabilities | | | |
| 16 | Provisions | | | |
| 17 | **Current Liabilities sub total** | **8,418** | **11,557** | **7,110** |
| | | | | |
| 18 | **NET ASSETS LESS CURRENT LIABILITIES** | **1,602** | **(4,717)** | **(191)** |
| | **Non-Current Liabilities** | | | |
| 19 | Trade and other payables | 125 | 1,456 | 1,304 |
| 20 | Borrowings (Trust Only) | | | |
| 21 | Other financial liabilities | | | |
| 22 | Provisions | | | |
| 23 | **Non-Current Liabilities sub total** | **125** | **1,456** | **1,304** |
| | | | | |
| 24 | **TOTAL ASSETS EMPLOYED** | **1,477** | **(6,173)** | **(1,495)** |
| | **FINANCED BY:** **Taxpayers' Equity** | | | |
| 25 | General Fund | 1,477 | (6,173) | (1,495) |
| 26 | Revaluation Reserve | | | |
| 27 | PDC (Trust only) | | | |
| 28 | Retained earnings (Trust Only) | | | |
| 29 | Other reserve | | | |
| 30 | **Total Taxpayers' Equity** | **1,477** | **(6,173)** | **(1,495)** |

| | EXPLANATION OF ALL PROVISIONS | Opening Balance Beginning of Apr 22 | Closing Balance End of Aug 22 | Closing Balance End of Mar 23 |
|---|---|---|---|---|
| 31 | | | | |
| 32 | | | | |
| 33 | | | | |
| 34 | | | | |
| 35 | | | | |
| 36 | | | | |
| 37 | | | | |
| 38 | | | | |
| 39 | | | | |
| 40 | **Total Provisions** | **0** | **0** | **0** |

| | ANALYSIS OF WELSH NHS RECEIVABLES (current month) | £'000 |
|---|---|---|
| 41 | Welsh NHS Receivables Aged 0 - 10 weeks | 287 |
| 42 | Welsh NHS Receivables Aged 11 - 16 weeks | 0 |
| 43 | Welsh NHS Receivables Aged 17 weeks and over | 0 |

| | ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing) | £'000 | £'000 | £'000 |
|---|---|---|---|---|
| 44 | Capital | 0 | 1,764 | 1,612 |
| 45 | Revenue | 8,543 | 11,249 | 6,802 |

| | ANALYSIS OF CASH (opening, current & closing) | £'000 | £'000 | £'000 |
|---|---|---|---|---|
| 46 | Capital | 0 | 0 | 0 |
| 47 | Revenue | 5,955 | 2,605 | 1,998 |

# HEIW

Period : Aug 22

**This Table is currently showing 0 errors** **This table needs completing monthly from Month: 2**

**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ***RECEIPTS*** | | | | | | | | | | | | | |
| 1 | **WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only** | 15,000 | 21,500 | 21,500 | 22,000 | 21,000 | 21,500 | 23,000 | 24,669 | 28,361 | 26,984 | 25,903 | 53,364 | 304,781 |
| 2 | **WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only** | | | | | | | | | | | | | 0 |
| 3 | **WG Revenue Funding - Other (e.g. invoices)** | | | | | | 48 | 48 | | | 48 | | 48 | 192 |
| 4 | **WG Capital Funding - Cash Limit - LHB & SHA only** | | | | | | 38 | | | | | 38 | | 76 |
| 5 | **Income from other Welsh NHS Organisations** | 132 | 6 | 6 | 2 | 107 | 6 | 28 | 6 | 6 | 28 | 6 | 25 | 358 |
| 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)** | 35 | 24 | 53 | 827 | 1,829 | 30 | 30 | 30 | 30 | 30 | 30 | 593 | 3,541 |
| 11 | **TOTAL RECEIPTS** | **15,167** | **21,530** | **21,559** | **22,829** | **22,936** | **21,622** | **23,106** | **24,705** | **28,397** | **27,090** | **25,977** | **54,030** | **308,948** |
| | ***PAYMENTS*** | | | | | | | | | | | | | |
| 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** | 1,252 | 1,742 | 1,744 | 1,284 | 1,785 | 1,987 | 1,973 | 1,976 | 1,978 | 1,979 | 1,973 | 3,865 | 23,538 |
| 18 | **Non Pay Expenditure** | 17,533 | 20,675 | 19,521 | 21,842 | 19,993 | 19,513 | 22,127 | 22,269 | 25,269 | 25,942 | 24,861 | 49,746 | 289,291 |
| 19 | **Short Term Loan Repayment - Trust only** | | | | | | | | | | | | | 0 |
| 20 | **PDC Repayment - Trust only** | | | | | | | | | | | | | 0 |
| 21 | **Capital Payment** | | | | | | 38 | | | | | 38 | | 76 |
| 22 | **Other items (Specify in narrative)** | | | | | | | | | | | | | 0 |
| 23 | **TOTAL PAYMENTS** | **18,785** | **22,417** | **21,265** | **23,126** | **21,778** | **21,538** | **24,100** | **24,245** | **27,247** | **27,921** | **26,872** | **53,611** | **312,905** |
| | | | | | | | | | | | | | | |
| 24 | **Net cash inflow/outflow** | (3,618) | (887) | 294 | (297) | 1,158 | 84 | (994) | 460 | 1,150 | (831) | (895) | 419 | |
| 25 | **Balance b/f** | 5,955 | 2,337 | 1,450 | 1,744 | 1,447 | 2,605 | 2,689 | 1,695 | 2,155 | 3,305 | 2,474 | 1,579 | |
| 26 | **Balance c/f** | 2,337 | 1,450 | 1,744 | 1,447 | 2,605 | 2,689 | 1,695 | 2,155 | 3,305 | 2,474 | 1,579 | 1,998 | |

# HEIW

Period : Aug 22

This table needs completing on a quarterly basis
NOTE: Data to 1 decimal place

Table H - PSPP

## 30 DAY COMPLIANCE

| | PROMPT PAYMENT OF INVOICE PERFORMANCE | | 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 % |
| 1 | % of NHS Invoices Paid Within 30 Days - By Value | **95.0%** | 94.5% | -0.5% | | -95.0% | | -95.0% | | -95.0% | 94.5% | -0.5% | 95.0% | 0.0% |
| 2 | % of NHS Invoices Paid Within 30 Days - By Number | **95.0%** | 96.1% | 1.1% | | -95.0% | | -95.0% | | -95.0% | 96.1% | 1.1% | 95.0% | 0.0% |
| 3 | % of Non 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% |
| 4 | % of Non NHS Invoices Paid Within 30 Days - By Number | **95.0%** | 93.5% | -1.6% | | -95.0% | | -95.0% | | -95.0% | 93.5% | -1.6% | 95.0% | 0.0% |

## 10 DAY COMPLIANCE

| | PROMPT PAYMENT OF INVOICE PERFORMANCE | | ACTUAL Q1 | | ACTUAL Q2 | | ACTUAL Q3 | | ACTUAL Q4 | | YEAR TO DATE | | FORECAST YEAR END | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Actual % | | Actual % | | Actual % | | Actual % | | Actual % | | Actual % | |
| 5 | % of NHS Invoices Paid Within 10 Days - By Value | | 74.1% | | | | | | | | 74.1% | | 70.0% | |
| 6 | % of NHS Invoices Paid Within 10 Days - By Number | | 31.1% | | | | | | | | 31.1% | | 30.0% | |
| 7 | % of Non NHS Invoices Paid Within 10 Days - By Value | | 70.5% | | | | | | | | 70.5% | | 70.0% | |
| 8 | % of Non NHS Invoices Paid Within 10 Days - By Number | | 26.7% | | | | | | | | 26.7% | | 30.0% | |

## HEIW

Period : Aug 22

This Table is currently showing 0 errors

**Table I - 2022-23 Capital Resource / Expenditure Limit Management**

| | |
|---|---|
| £'000 | 76 |
| Approved CRL / CEL issued at : | 4/5/22 |

| Ref: | Performance against CRL / CEL | Year To Date Plan £'000 | Year To Date Actual £'000 | Year To Date Variance £'000 | Forecast Plan £'000 | Forecast F'cast £'000 | Forecast Variance £'000 |
|---|---|---|---|---|---|---|---|
| | *Gross expenditure* | | | | | | |
| | **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 |
| 44 | Equipment | | | 0 | | | 0 |
| 45 | Statutory Compliance | | | 0 | | | 0 |
| 46 | Estates | | | 0 | | | 0 |
| 47 | Other | | | 0 | 76 | 76 | 0 |
| 48 | **Sub Total** | **0** | **0** | **0** | **76** | **76** | **0** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Other (Including IFRS 16 Leases) 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** | **76** | **76** | **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** | **76** | **76** | **0** |
| **93** | **PERFORMANCE AGAINST CRL / CEL (Under)/Over** | | **(76)** | | | **0** | |

## HEIW

Period : Aug 22

YTD Months to be completed from Month: 2
Forecast Months to be completed from Month: 2

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

| Ref: | All Wales Capital Programme: Schemes: | Project Manager | In Year Forecast Min. £'000 | Max. £'000 | Capital Expenditure Monthly Profile April £'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 | Total £'000 | Risk Level |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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. | * | | | | | | | | | | | | | | | 0 | 0 | |
| 36 | Equipment | * | | | | | | | | | | | | | | | 0 | 0 | |
| 37 | Statutory Compliance | * | | | | | | | | | | | | | | | 0 | 0 | |
| 38 | Estates | * | | | | | | | | | | | | | | | 0 | 0 | |
| 39 | Other | TBC | 76 | 76 | | | | | | 38 | | | | 38 | | | 0 | 76 | Low |
| 40 | Sub Total | | 76 | 76 | 0 | 0 | 0 | 0 | 0 | 38 | 0 | 0 | 0 | 38 | 0 | 0 | 0 | 76 | |
| | | | | | | | | | | | | | | | | | | | |
| | Other Schemes (Including IFRS 16 Leases): | | | | | | | | | | | | | | | | | | |
| 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 | | 76 | 76 | 0 | 0 | 0 | 0 | 0 | 38 | 0 | 0 | 0 | 38 | 0 | 0 | 0 | 76 | |

# HEIW

Period : Aug 22

## Table K - Capital Disposals

This Table is currently showing 0 errors

### 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 22) | MM/YY (text format, e.g. Apr 22) | MM/YY (text format, e.g. Feb 23) | £'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 23) | MM/YY (text format, e.g. Apr 23) | MM/YY (text format, e.g. Feb 24) | £'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 | |
| 38 | | | | | | | | 0 | |
| | **Total for future years** | | | | 0 | 0 | 0 | 0 | |

# HEIW

**Period : Aug 22**

**This Table is currently showing 0 errors**
**This table needs completing monthly from Month: 3**

## Table L: EXTERNAL FINANCING LIMIT

| | | Full Year Per WG £'000 | Full Year Per Trust £'000 | Planning Variance £'000 | Actual to date £'000 |
|---|---|---|---|---|---|
| **REF** | ***NET FINANCIAL CHANGE*** | **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** |

HEIW

Period: Aug 22

11 weeks before end of Aug 22 = 15 June 2022

17 weeks before end of Aug 22 = 04 May 2022

Table M - Debtors Schedule

| Debtor | Inv # | Inv Date | Orig Inv £ | Outstand. Inv £ | Valid Entry | >11 weeks but <17 weeks | Over 17 weeks | Arbitration Due Date | Comments |
|---|---|---|---|---|---|---|---|---|---|
| | | | 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 |

**HEIW** Period : Aug 22

**Table N - General Medical Services**
**Table to be completed from Q2 / Month: 6**

This Table is currently showing 0 errors

**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 | | | | | |
| Practice support payment | 2 | | | | | |
| **Total Global Sum and MPIG** | 3 | | | | 0 | 0 |
| QAIF Aspiration Payments | 4 | | | | | |
| QAIF Achievement Payments | 5 | | | | | |
| QAIF - Access Achievement Payments | 6 | | | | | |
| **Total Quality** | 7 | | | | 0 | 0 |
| Direct Enhanced Services (To equal data in Section A (i) Line 31) | 8 | | | | 0 | |
| National Enhanced Services (To equal data in Section A (ii) Line 41) | 9 | | | | 0 | |
| Local Enhanced Services (To equal data in Section A (iii) Line 94) | 10 | | | | 0 | |
| **Total Enhanced Services (To equal data in section A Line 95)** | 11 | | 0 | 0 | 0 | 0 |
| LHB Administered (To equal data in Section B Line 109) | 12 | | | | 0 | |
| Premises (To equal data in section C Line 138) | 13 | | | | 0 | |
| IM & T | 14 | | | | 0 | |
| Out of Hours (including OOHDF) | 15 | | | | 0 | |
| Dispensing (To equal data in Line 154) | 16 | | | | 0 | |
| **Total** | 17 | 0 | 0 | 0 | 0 | 0 |

**SUPPLEMENTARY INFORMATION**

| **Directed Enhanced Services** ***Section A (i)*** | LINE NO. | £000's | £000's | £000's | £000's | £000's |
|---|---|---|---|---|---|---|
| Learning Disabilities | 18 | | | | 0 | |
| Childhood Immunisation Scheme | 19 | | | | 0 | |
| Mental Health | 20 | | | | 0 | |
| Influenza & Pneumococcal Immunisations Scheme | 21 | | | | 0 | |
| Services for Violent Patients | 22 | | | | 0 | |
| Minor Surgery Fees | 23 | | | | 0 | |
| **MENU of Agreed DES** | | | | | | |
| Asylum Seekers & Refugees | 24 | | | | 0 | |
| Care of Diabetes | 25 | | | | 0 | |
| Care Homes | 26 | | | | 0 | |
| Extended Surgery Opening | 27 | | | | 0 | |
| Gender Identity | 28 | | | | 0 | |
| Homeless | 29 | | | | 0 | |
| Oral Anticoagulation with Warfarin | 30 | | | | 0 | |
| **TOTAL Directed Enhanced Services (must equal line 8)** | 31 | | 0 | 0 | 0 | 0 |

| **National Enhanced Services** ***A (ii)*** | LINE NO. | £000's | £000's | £000's | £000's | £000's |
|---|---|---|---|---|---|---|
| INR Monitoring | 32 | | | | 0 | |
| Shared care drug monitoring (Near Patient Testing) | 33 | | | | 0 | |
| Drug Misuse | 34 | | | | 0 | |
| IUCD | 35 | | | | 0 | |
| Alcohol misuse | 36 | | | | 0 | |
| Depression | 37 | | | | 0 | |
| Minor injury services | 38 | | | | 0 | |
| Diabetes | 39 | | | | 0 | |
| Services to the homeless | 40 | | | | 0 | |
| **TOTAL National Enhanced Services (must equal line 9)** | 41 | | 0 | 0 | 0 | 0 |

| Local Enhanced Services *A (iii)* | LINE NO. | £000's | £000's | £000's | £000's | £000's |
|---|---|---|---|---|---|---|
| ADHD | 42 | | | | 0 | |
| Asylum Seekers & Refugees | 43 | | | | 0 | |
| Cardiology | 44 | | | | 0 | |
| Care Homes | 45 | | | | 0 | |
| Care of Diabetes | 46 | | | | 0 | |
| Chiropody | 47 | | | | 0 | |
| Counselling | 48 | | | | 0 | |
| Depo - Provera (including Implanon & Nexplanon) | 49 | | | | 0 | |
| Dermatology | 50 | | | | 0 | |
| Dietetics | 51 | | | | 0 | |
| DOAC/NOAC | 52 | | | | 0 | |
| Drugs Misuse | 53 | | | | 0 | |
| Extended Minor Surgery | 54 | | | | 0 | |
| Gonaderlins | 55 | | | | 0 | |
| Homeless | 56 | | | | 0 | |
| HPV Vaccinations | 57 | | | | 0 | |
| Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm | 58 | | | | 0 | |
| Learning Disabilities | 59 | | | | 0 | |
| Lithium / INR Monitoring | 60 | | | | 0 | |
| Local Development Schemes | 61 | | | | 0 | |
| Mental Health | 62 | | | | 0 | |
| Minor Injuries | 63 | | | | 0 | |
| MMR | 64 | | | | 0 | |
| Multiple Sclerosis | 65 | | | | 0 | |
| Muscular Skeletal | 66 | | | | 0 | |
| Nursing Homes | 67 | | | | 0 | |
| Orthopaedic (Upper Limb GPwSi/Clinical Assessments) | 68 | | | | 0 | |
| Osteopathy | 69 | | | | 0 | |
| Phlebotomy | 70 | | | | 0 | |
| Physiotherapy (inc MT3) | 71 | | | | 0 | |
| Referral Management | 72 | | | | 0 | |
| Respiratory (inc COPD) | 73 | | | | 0 | |
| Ring Pessaries | 74 | | | | 0 | |
| Sexual Health Services | 75 | | | | 0 | |
| Shared Care | 76 | | | | 0 | |
| Smoking Cessation | 77 | | | | 0 | |
| Substance Misuse | 78 | | | | 0 | |
| Suturing | 79 | | | | 0 | |
| Swine Flu | 80 | | | | 0 | |
| Transport/Ambulance costs | 81 | | | | 0 | |
| Vasectomy | 82 | | | | 0 | |
| Weight Loss Clinic (inc Exercise Referral) | 83 | | | | 0 | |
| Wound Care | 84 | | | | 0 | |
| Zoladex | 85 | | | | 0 | |
| | 86 | | | | 0 | |
| | 87 | | | | 0 | |
| | 88 | | | | 0 | |
| | 89 | | | | 0 | |
| | 90 | | | | 0 | |
| | 91 | | | | 0 | |
| | 92 | | | | 0 | |
| | 93 | | | | 0 | |
| **TOTAL Local Enhanced Services (must equal line 10)** | 94 | | 0 | 0 | 0 | 0 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **TOTAL Enhanced Services (must equal line 11)** | 95 | | 0 | 0 | 0 | 0 |

**GENERAL MEDICAL SERVICES**
**Operating Expenditure**

| LHB Administered *Section B* | LINE NO. | WG Allocation £000's | Current Plan £000's | Forecast Outturn £000's | Variance £000's | Year to Date £000's |
|---|---|---|---|---|---|---|
| Seniority | 96 | | | | | |
| Doctors Retention Scheme Payments | 97 | | | | | |
| Locum Allowances consists of adoptive, paternity & maternity | 98 | | | | | |
| Locum Allowances : Cover for Sick Leave | 99 | | | | | |
| Locum Allowances : Cover For Suspended Doctors | 100 | | | | | |
| Prolonged Study Leave | 101 | | | | | |
| Recruitment and Retention (including Golden Hello) | 102 | | | | | |
| Appraisal - Appraiser Costs | 103 | | | | | |
| Primary Care Development Scheme | 104 | | | | | |
| Partnership Premium - GP partners | 105 | | | | | |
| Partnership Premium - Non GP Partners | 106 | | | | | |
| Supply of syringes & needles | 107 | | | | | |
| Other (please provide detail below, this should reconcile to line 128) | 108 | | | | | |
| **TOTAL LHB Administered (must equal line 12)** | 109 | | | | 0 | 0 |

| Analysis of Other Payments (line 108) | LINE NO. | £000's | £000's | £000's | £000's | £000's |
|---|---|---|---|---|---|---|
| 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 | | | | | |
| **TOTAL of Other Payments (must equal line 108)** | 128 | | | | | 0 |

| Premises *Section C* | LINE NO. | £000's | £000's | £000's | £000's | £000's |
|---|---|---|---|---|---|---|
| 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 | | | | | |
| **TOTAL Premises (must equal line 13)** | 138 | | | | 0 | 0 |

| Analysis of Other Premises (Line 137) | LINE NO. | £000's | £000's | £000's | £000's | £000's |
|---|---|---|---|---|---|---|
| | 139 | | | | | |
| | 140 | | | | | |
| | 141 | | | | | |
| | 142 | | | | | |
| | 143 | | | | | |
| | 144 | | | | | |
| | 145 | | | | | |
| **TOTAL of Other Premises (must equal line 137)** | 146 | | | | | 0 |

**Memorandum item**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Enhanced Services included above but in dispute with LMC (TOTAL)** | 147 | | | | | |
| **Enhanced Services included above but not yet formally agreed LMC** | 148 | | | | | |

**GENERAL MEDICAL SERVICES**
**Dispensing**

| | | WG Allocation | Current Plan | Forecast Outturn | Variance | Year to Date |
|---|---|---|---|---|---|---|
| **Dispensing Data** | LINE NO. | £000's | £000's | £000's | £000's | £000's |
| **Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)** | | | | | | |
| Dispensing Doctors | 149 | | | | | |
| Prescribing Medical Practitioners - Personal Administration | 150 | | | | | |
| Dispensing Service Quality Payment | 151 | | | | | |
| **Professional Fees and on-cost** | | | | | | |
| Dispensing Doctors | 152 | | | | | |
| Prescribing Medical Practitioners - Personal Administration | 153 | | | | | |
| **TOTAL DISPENSING DATA (must equal line 16)** | 154 | | | | 0 | 0 |

**HEIW** **Period :** **Aug 22**

## Table O - General Dental Services

**This Table is currently showing 0 errors**

**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 | |
| **TOTAL DENTAL SERVICES EXPENDITURE** | 13 | | 0 | 0 | 0 | 0 |

| **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** | **LINE NO.** | | **£000's** | **£000's** | **£000's** | **£000's** |
|---|---|---|---|---|---|---|
| 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 | | | | | |
| **TOTAL OTHER (must equal line 12)** | 43 | | | 0 | | 0 |
| **RECEIPTS** | | | | | | |
| **TOTAL DENTAL SERVICES INCOME (Enter as a negative value)** | 44 | | | | 0 | |

<table>
<tr><td>Dyddiad y Cyfarfod</td><td colspan="2">29 Medi 2022</td><td>Eitem ar yr Agenda</td><td>4.2</td></tr>
<tr><td>Teitl yr Adroddiad</td><td colspan="4">Adroddiad Perfformiad Integredig AaGIC Tachwedd 2022/23</td></tr>
<tr><td>Awdur yr Adroddiad</td><td colspan="4">Jane Powell, Partner Busnes Cynllunio a Pherfformio, Justine Cooper, Rheolwr Perfformiad a Neil Povall, Dadansoddwr Data</td></tr>
<tr><td>Noddwr yr Adroddiad</td><td colspan="4">Marie-Claire Griffiths, Cyfarwyddwr Cynorthwyol Cynllunio a Pherfformio</td></tr>
<tr><td>Cyflwynir gan</td><td colspan="4">Rhiannon Beckett, Cyfarwyddwr Cyllid, Cynllunio a Pherfformio</td></tr>
<tr><td>Rhyddid Gwybodaeth</td><td colspan="4">Agored</td></tr>
<tr><td>Pwrpas yr Adroddiad</td><td colspan="4">Darparu'r diweddariad chwarterol ar berfformiad AaGIC ar gyfer Chwarter 1 (Ch1) 2022/23</td></tr>
<tr><td>Materion Allweddol</td><td colspan="4">Yn Chwarter 1 rydym wedi gwneud cynnydd da o ran cyflawni ein 56 Amcan Strategol ar draws ein 6 Nod Strategol ac mae'r sefydliad wedi perfformio'n effeithiol yn ystod y cyfnod a gwmpesir gan yr adroddiad hwn.<br><br>Mae 54 o Amcanion Strategol sydd wedi'u graddio'n Wyrdd a 2 Amcan Strategol wedi'u graddio'n Amber ac mae'r ddau ohonynt yn dod o dan Nod Strategol 4, Diagnosteg (4.6) a Gofal Llygaid (4.9). Nid oes unrhyw Amcanion Strategol wedi'u graddio'n Goch yn y chwarter hwn.</td></tr>
<tr><td rowspan="2">Cam Penodol a Fynnir<br>(✓un yn unig)</td><td>Gwybodaeth</td><td>Trafodaeth</td><td>Sicrwydd</td><td>Cymeradwyaeth</td></tr>
<tr><td></td><td></td><td>✓</td><td></td></tr>
<tr><td>Argymhellion</td><td colspan="4">Gofynnir i'r Bwrdd nodi cynnwys yr adroddiad hwn a'r atodiadau i'w sicrhau.</td></tr>
</table>

## HEIW Q1 REORT PERFFORMIAD INTEGREDIG 2022/23

## 1. CYFLWYNIAD

Dyma adroddiad perfformiad cyntaf 2022-23 a manylion Chwarter 1 (Ch1), 1 Ebrill tan 30 Mehefin yn erbyn ein Cynllun Tymor Canolig Integredig (IMTP) 2022-25 a'n dangosyddion perfformiad allweddol sefydliadol.

## 2. CEFNDIR

Fel rhan o'r gwelliant parhaus o adrodd perfformiad ar gyfer AaGIC mae'r tîm cynllunio wedi gweithio'n agos gyda'r Tîm Cyfathrebu i ail-ddylunio adroddiad perfformiad Ch1. Yn ogystal rydym wedi cytuno ar ymatebion safonol i adrodd ar gyflawni cerrig milltir er mwyn cryfhau ein hadroddiad.

Ein cynllun unigol i gynorthwyo adferiad y system wedi’r pandemig ac i gyflawni ein chwe nod strategol Fel rhan o dderbyn ein IMTP gan Lywodraeth Cymru fe osodon nhw bedwar cyflwr atebolrwydd (AC) ar gyfer gweithredu demonstrative;

**AC1**. Sut rydym yn cefnogi sefydliadau'r GIG i liniaru eu risgiau gweithlu uniongyrchol.
**AC2**. Sut rydym yn ymgorffori datgarboneiddio a'r agenda hinsawdd mewn arweinyddiaeth gofal iechyd, ymarfer, hyfforddiant ac addysg.
**AC3.** Sut rydym yn gweithio mewn partneriaeth i gyflawni'r Strategaeth Gweithlu.
**AC4.** Sut rydym yn cefnogi blaenoriaethau'r rhaglen Diagnosteg Genedlaethol.

Mae Llywodraeth Cymru wedi cyhoeddi Fframwaith Perfformiad y GIG yn ddiweddar (2022-23) a Chanllawiau i holl sefydliadau'r GIG. Mae'r holl fesurau perfformiad yn y ddogfen hon wedi cael eu mapio i nodruple 'Cymru Iachach' ac i adlewyrchu'r meysydd ffocws blaenoriaeth Gweinidogion. Nid yw llawer o'r rhain yn berthnasol i AaGIC. Mae tri adroddiad a threfniadau ychwanegol ar waith i'w hadlewyrchu yn ein hadroddiadau perfformiad;

| Adroddiad Perfformiad Ychwanegol | Trefniadau adrodd AaGIC |
|---|---|
| • Allyriadau carbon yn unol â Dull Adrodd Carbon Sero Carbon Net Sector Cyhoeddus Cymru.<br>• Adroddiad Blynyddol. | • Mae 2021/22 wedi'i gynnwys yn adroddiad Ch1 oherwydd newid yn dyddiad cyflwyno LIC.<br>• Bydd 2022/23 yn cael ei gynnwys yn adroddiad Ch4. |
| • Adroddiad ansoddol sy'n manylu ar dystiolaeth o GIG Cymru yn hyrwyddo ei ddealltwriaeth a'i rôl o fewn yr economi sylfaenol.<br>• Adroddiad Bi-Flynyddol. | • Cyflwyno'n llawn a ddarperir i'r Tîm Gweithredol i'w gymeradwyo.<br>• Crynodeb o'r cyflwyniad a gynhwysir yn adroddiad Ch2 a Ch4. |
| • Adroddiad ansoddol yn adfywio cynnydd yn erbyn cynllun gweithredu datgarboneiddio eich sefydliad<br>• Adroddiad Bi-Flynyddol. | • Cyflwyno'n llawn a ddarperir i'r Tîm Gweithredol i'w gymeradwyo.<br>• Crynodeb o'r cyflwyniad a gynhwysir yn adroddiad Ch2 a Ch4. |

## 3. TROSOLWG O BERFFORMIAD

Eleni mae gennym 56 o amcanion strategol ar draws y chwe nod strategol. Rydyn ni'n mesur ein cynnydd drwy adrodd safonol am gyflawni cerrig milltir. Rydym yn defnyddio statws Coch, Amber a Gwyrdd i ddangos tystiolaeth o'n cynnydd.

- Gwyrdd, mae 70- 100% yn cael eu cyflawni'n llawn neu'n fwriad i'w cyflawni eleni.
- Ni chyflawnwyd ambr, 50 -69% neu mae'n fwriad i'w cyflawni eleni.
- Does dim modd cyflawni coch, <50% neu mae'n fwriad i'w cyflawni eleni.

Ar ddiwedd y cyfnod, mae 54 o Amcanion Strategol sydd wedi'u graddio'n Wyrdd a 2 Amcan Strategol wedi cael eu graddio'n Amber ac mae'r ddau ohonynt yn dod o dan Nod Strategol 4;

Moderneiddio modelau gweithlu i drawsnewid gwasanaethau yn deillio o raglenni strategol Cydweithrediad GIG Cymru ar gyfer Trawma Mawr Diagnosteg

**4.9** Cefnogi'r gwaith o weithredu polisi cenedlaethol a fframweithiau phroffesiynol a deddfwriaeth sy'n ymwneud â'r gweithlu iechyd proffesiynol gan gynnwys: Gofal llygaid

Nid oes unrhyw Amcanion Strategol wedi'u graddio'n Goch yn y chwarter hwn.

Mae Adroddiad Perfformiad Integredig Ch1 yn manylu ar ein cyflawniadau, cynnydd ac yn dadansoddi ein dangosyddion perfformiad allweddol sefydliadol a gynhwysir fel Atodiad 1 a gefnogir gan y Dangosfwrdd Perfformiad, Atodiad 2. Mae rhagor o wybodaeth ategol dechnegol a ddarperir gan dimau wedi'i chynnwys yn y canllaw cyfeirio perfformiad Atodiad 3.

## 4. MATERION LLYWODRAETHU A RISG

Darperir yr Adroddiad Perfformiad Integredig Ch1 hwn i sicrwydd yn unol â Fframwaith Perfformiad AaGIC a lle bo hynny'n berthnasol wedi ymgorffori cyfres o welliannau i wella ein hadroddiad.

Lluniwyd yr adroddiad gyda chefnogaeth ac ymgysylltiad Uwch Swyddogion Cyfrifol ac Arweinwyr Gweithredol i ddilysu cynnydd a mesurau perfformiad yn unol â disgwyliadau'r Fframwaith Perfformiad.

## 5. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol yn deillio'n benodol o'r adroddiad hwn.

## 6. ARGYMHELLIAD

Gofynnir i'r Bwrdd nodi cynnwys yr adroddiad hwn a'r atodiadau am sicrwydd.

| **Llywodraethu a Sicrwydd** | | | |
|---|---|---|---|
| **Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig** *(✓os gwelwch yn dda)* | **Nod Strategol 1:** Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach' | **Nod Strategol 2:** Trawsnewid addysg a hyfforddiant gofal iechyd i wella cyfle, mynediad ac iechyd y boblogaeth. | **Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy feithrin arweinyddiaeth dosturiol a chyfunol ar bob lefel |
| | ✓ | ✓ | ✓ |
| | **Nod Strategol 4:** Datblygu atebion gweithlu cenedlaethol i gefnogi darparu blaenoriaethau gwasanaeth cenedlaethol a gofal cleifion o ansawdd uchel. | **Nod Strategol 5:** Bod yn esiampl-gyflogwr ac yn lle gwych i weithio | **Nod Strategol 6:** Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol. |
| | ✓ | ✓ | ✓ |
| **Ansawdd, Diogelwch a Phrofiad y Claf** | | | |
| AMHERTHNASOL | | | |
| **Goblygiadau Ariannol** | | | |
| Nid oes unrhyw oblygiadau ariannol yn deillio o'r adroddiad hwn. | | | |
| **Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)** | | | |
| AMHERTHNASOL<br>Mae sylw dyledus wedi'i gymryd o unrhyw oblygiadau cyfleoedd cyfartal posib sy'n deillio o faterion sy'n cael sylw yn y papur hwn. | | | |
| **Goblygiadau Staffio** | | | |
| AMHERTHNASOL | | | |
| **Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)** | | | |
| Bydd y papur hwn yn cael effaith o "Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015, 5 ffordd o weithio. | | | |
| **Hanes yr Adroddiad** | AMHERTHNASOL | | |
| **Atodiadau** | Atodiad 1 – Adroddiad Perfformiad Integredig Ch1<br>Atodiad 2 - Dangosfwrdd Perfformiad Ch1<br>Atodiad 3 – Canllaw Cyfeirio Adroddiad Perfformiad Integredig Ch1 | | |

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

# Quarterly Integrated Performance Report 2022/23

## Contents





Further technical supporting information provided by teams is contained in the detailed supporting information.

# Section 1:
# PERFORMANCE OVERVIEW

**6 Strategic Aims with 56 Strategic Objectives**

| Strategic Aim | Strategic Objectives |
|---|---|
| 1 **To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'** | 11 Strategic Objectives |
| 2 **To transform healthcare education and training to improve opportunity, access and population health** | 14 Strategic Objectives |
| 3 **To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels** | 5 Strategic Objectives |
| 4 **To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care** | 15 Strategic Objectives |
| 5 **To be an exemplar employer and a great place to work** | 7 Strategic Objectives |
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**Context**

This is the first performance report of 2022-23 and details performance against our Integrated Medium-Term Plan (IMTP) 2022-25 and organisational key performance so far this year.

The HEIW IMTP is our plan to support the system recovery from the pandemic and to deliver our six Strategic Aims.

This year we have 56 strategic objectives across the six strategic aims. Strategic Aims 1-4 evidence how we are supporting NHS Wales through leading workforce planning, transforming education and training, influencing cultural change and developing workforce solutions. Strategic Aims 5-6 focuses on the actions we take to be an exemplar employer and excellent partner.

**Progress**

We have made good progress delivering our ambitious IMTP making some landmark achievements such as the publication of the first strategic mental health workforce plan for Wales. Our work programme is not without its challenges and delays in recruitment of dedicated resource to drive change did limit progress in some areas during Quarter 1, these are detailed throughout the report. Following the commencement of new appointments in Quarter 2 we have begun to see traction in those areas or have progressed recruitment where needed. Our organisation has exponentially grown over the past four years and this has included our procurement needs. We are currently assessing procurement capacity to ensure delays don't affect the achievement of our strategic objectives.

Our core business activity continues to drive change across NHS Wales through the growth in Education and Training. We are committed to high quality undergraduate and post graduate education and mindful of student and trainee feedback. We are working in partnership with Higher Education institutions and Health Boards through our quality assurance processes to make improvements where required.

# PERFORMANCE HIGHLIGHTS

Throughout the report you will see our achievements and the progress we have made against our key performance measures. Below is a summary of our performance highlights so far this year:

- The first Strategic Mental Health Workforce Plan for Wales was submitted to Welsh Government in June, following extensive research and consultation.
- With Social Care Wales we launched “in person” engagement events to gather stakeholder feedback on the second phase actions for the implementation of the Workforce Strategy for Health and Social Care. Analysing the feedback and drafting the next phase of actions will be a priority for Q3.
- We continued to build the multi professional Primary and Community Care Education and Training Framework, with education lead posts appointed to the HEIW unit and resources allocated to local academies in Health Boards.
- The contract for Y Ty Dysgu Education Delivery System has been successfully awarded enabling us to develop critical infrastructure to support CPD and training activities across HEIW.
- The overall annual recruitment rate into a Health Education Programme was 93.7% and we are working in partnership with higher and further education institutions to enhance this rate, particularly for spring cohorts.
- A fill rate of 79% was achieved for entry to higher Specialty Training and Foundation training achieved a fill rate of 100%. We anticipate over-recruiting in GP training (>160) following the second-round recruitment.
- As part of our work for the National Imaging Programme we have developed an Imaging Workforce Model which will make an important contribution to developing the diagnostics workforce.
- The first cohort of the Post-Registration Pharmacy Foundation training programme has been recruited to ensure pharmacists in our current workforce have the opportunity to become independent prescriber ready, and on an equal playing field with new registrants.
- Primary Care Networks have been established on Gwella and a Professional Collaboratives hub has been developed to sign post to endorsed leadership resources.
- The Advanced Clinical Leadership Programme has been developed, recruited, and commenced and the Medical Directors Leadership Programme has been developed and module 1 completed by delegates.
- Following a successful marketing and recruitment campaign, year two of the HEIW Summer internship programme was fully recruited. Further to the Summer programme, we have offered 4 of the interns a year-long placement.
- The Sustainability Steering Group successfully bid for Welsh Government funding to progress recruitment of climate smart champions across NHS Wales. We have mapped and collected education resources to support the champions after their training has taken place.
- The compliance rate for statutory and mandatory training is 87.5% for core HEIW staff at the end of Q1 exceeding the Welsh Government target figure of 85%.

# Section 2:
# STRATEGIC AIM 1

## To lead the planning, development, and wellbeing of a competent, sustainable, and flexible workforce to support the delivery of A Healthier Wales.

## PROGRESS:

Overall, we made steady progress for Strategic Aim 1 with 7 of the 10 strategic objectives achieving their planned activity.;

**1.1. Establish a programme of work with sound governance arrangements, to ensure the implementation of our Workforce Strategy for Health and Social Care remains on track for full delivery by 2030.**

Executive Lead: Director of Workforce and OD/ Deputy Chief Executive

We held regional in person engagement events to gather stakeholder feedback on the phase two actions for the implementation of the Workforce Strategy as well as two virtual events. We further strengthened the governance by establishing an oversight group jointly led by the Chief Executives of HEIW and Social Care Wales and have re-established a regular joint meeting of key leads in both organisations.

**1.2. Lead and develop a sustainable national workforce plan for nursing to achieve a better match between demand and supply in Wales.**

Executive Lead: Director of Nursing and Health Professional Education

Discussions regarding the scope of this work have taken longer than anticipated, recognising that it needs to meet the needs and expectations of both employers and Welsh Government, as well as responding to the views of key partners. Demand and supply modelling has progressed to inform the immediate priorities within this work which will include retention, international recruitment and education. A Steering Group is being established in October to oversee this work.

**1.3 Scope solutions for the dental workforce in Wales to ensure the workforce is identified, trained, supported and available to deliver dental services for the future to meet the oral health needs of the Welsh population**

Executive Lead: Medical Director

We are currently out to advert for the role of Programme Manager for Dental Workforce Transformation that will be required to progress this work.

**1.4. Support the modernisation of the pharmacy workforce, through finding workforce solutions and planning for the future workforce.**

Executive Lead: Medical Director

We have undertaken a number of stakeholder engagement events including facilitated half day sessions with the Chief Pharmacists from across Wales to ascertain workforce issues and to scope solutions that will drive the modernisation of the pharmacy workforce. We have created a summary document of all the issues raised as part of the engagement to inform our modernisation of the pharmacy workforce.

**1.5. Lead the development of a multi-professional Continuous Professional Development (CPD) strategy and drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills and capabilities required for the future.**

Executive Lead: Medical Director

We are in the process of recruiting to the role that will be required to progress this work during the remained of the year.

**1.6. Fully implement and evaluate the 'Y Ty Dysgu' Education Delivery System (EDS)**

Executive Lead: Director of Digital Development

We are pleased to confirm the contract has been awarded for Y Ty Dysgu Education Delivery System despite previous procurement challenges. Engagement with the supplier has gone well to develop the project plan for implementation. A super user community is being established to support a devolved operating model and to maximise pace.

**1.7. Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience.**

Executive Lead: Director of Workforce and OD/ Deputy Chief Executive

We have continued to promote awareness of the national wellbeing resources hosted on our Gwella portal. We published a report on improving junior doctors working lives titled "Improving Medical Training in Wales".

**1.8. Improve recruitment and access to careers in the health and care sector in partnership with Social Care Wales (SCW).**

Executive Lead: Director of Workforce and OD/ Deputy Chief Executive

We have continued to add to the content on Careersville to attract workforce to short supply areas such as Primary and Community Care, Dental and Mental Health Nursing. We have begun to reinstate our in-person attendance at national careers events and are mapping a programme of events to target over the next 12 months.

**1.9. Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales.**

Executive Lead: Director of Digital Development

We have commenced engagement with the key partners to support this work and ensured the appropriate governance is in place. Further development in this area will be dovetailed into the development of digital and data strategy supported by the Assistant Director of Data and Analytics being recruited in Quarter 3.

**1.10. Develop education and training to support NHS organisations to improve the quality of workforce planning expertise and capability across the system.**

Executive Lead: Director of Workforce and OD/ Deputy Chief Executive

The definition and approach to strategic workforce planning has been completed and work is underway on the supporting resources and detailed guidance. The resources will be hosted digitally on the HEIW learning platform in the long term however the Gwella platform is being utilised in the interim to share a range of mixed medium resources with the system and provide an opportunity for networking, this includes work to initiate a community of practice. The workforce planning training needs analysis will be undertaken in the later quarters of this financial year to inform the development of a 3-year plan to improve the workforce planning capabilities in the system. Work has commenced with four nations colleagues to identify opportunities for planning research and an initial collaboration opportunity is being scoped.

# Section 2:

# STRATEGIC AIM 2

## To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs.

## PROGRESS:

Overall, we made excellent progress for Strategic Aim 2 with 13 out of 14 strategic objectives achieving their planned activity. The progress made against each strategic objective was;

**2.1. Improve and develop roles (including 'Generalist' and 'Extensivist' roles) and programmes, informed by and aligned to the recommendations of 'The Future Doctor Programme' (2020).**

Executive Lead: Medical Director

The adoption of HEIW Quality Framework is being extended to include Nursing and Allied Health Professionals. We have an agreement on HEIW Standards for Clinical Learning environment. In addition, the business case for integrated GP fellowships was approved. We continue to progress the implementation of Medical generic curricula.

**2.2. Lead the implementation of new contracts for Phase 1 of the Strategic Review of the commissioning of health professional education.**

Executive Lead: Director of Nursing and Health Professional Education

Phase 1 Strategic Review continues its successful track record, with the majority of new pre-registration education programme contracts on track to commence in September 2022, having been accredited and approved by Professional Statutory and Regulatory Bodies and a quality and performance framework agreed with universities.

We have worked in partnership with Higher Education Institutions to ensure changes to provider programmes accredited and approved by Professional Statutory and Regulatory Bodies for Operating Department Practitioner education will have minimal impact on Students.

**2.3. Lead Phase 2 of the Strategic Review of the commissioning of health professional education.**

Executive Lead: Director of Nursing and Health Professional Education

Phase 2 Strategic Review continues to meet procurement timelines whilst ensuring extensive stakeholder engagement for all fourteen of the areas under consideration. We have completed the procurement to ensure greater access to Genomics education by changing the delivery of the Masters to modular approach. In addition, there will be six free to access packages of learning on the fundamentals. Genomics education is pivotal to transform the workforce of the future in proactive medicine.

**2.4. Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacists (IETP).**

Executive Lead: Medical Director

The first cohort of the Post-Registration Foundation training programme was recruited, to ensure pharmacists in our current workforce will be independent prescriber ready and on an equal footing with new registrants who will benefit from the new Initial Education and Training Standards. Welsh government approved the business case for MPharm funded undergraduate clinical placement with work progressing in setting up placements for the academic year 22-23. New posts to facilitate this have been filled which include a Pharmacy clinical placement lead and senior administrator. Implementation of funded clinical placements for academic year 22-23 have commenced working in partnership with Cardiff University and training sites.

**2.5. Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacy Technicians (IETPT)**

Executive Lead: Medical Director

The first cohort commenced in February 2022, and we have appointed a pre-registration lead to develop a strategic plan and an associated implementation plan for the pharmacy technician career pathway following registration.

**2.6. Lead and promote a reduction in differential attainment in education and training in line with the Strategic Equality Plan.**

Executive Lead: Medical Director

We have established the "Advancing Equality in Education and Training multi-disciplinary group" to take the learning and resources from Differential Attainment evidence and resources in medicine to ensure equality and inclusion for all trainees and students.

**2.7. Maximise opportunities for work-based learning (WBL) and apprenticeships in health to promote the 'Made in Wales' ethos.**

Executive Lead: Director of Nursing and Health Professional Education

We identified a requirement to procure Level 4 Healthcare Support Worker (Nursing) education that allows transition into year 2 of a Welsh Nursing degree programme on successful completion. The bids of potential suppliers for the level 4 Healthcare Support Worker education have been evaluated to ensure we are on track to award the contract.

**2.8. Develop and implement a multi-professional education and training quality framework.**

Executive Lead: Medical Director

The Multi-professional education and training quality framework has been developed through robust engagement and approval is expected in Q2.

**2.9. Implement improvements to ensure equitable access to education and training for Staff Grade, Associate Specialist and Specialty Doctors (SAS) and locally employed doctors.**

Executive Lead: Medical Director

An expert advisory group has been established with representation from HEIW, NHS Wales, General Medical Council, Staff Grade, Associate Specialist and Specialty Doctors (SAS). All SAS tutor posts are now filled. We are supporting 25 SAS doctors in progressing to specialty registration. Specific support is being scoped for SAS doctors in the Anaesthesia specialty.

**2.10. Lead the development and implementation of a multi-professional strategy for Simulation-Based Education and Training.**

Executive Lead: Medical Director

The All-Wales Simulation Conference was held in June with 167 delegates, and this will inform the strategy that will be finalised in Q3.

**2.11. Lead the development and implementation of a digital capability framework for the healthcare workforce in partnership with Digital Health and Care Wales (for staff who are not digital specialists).**

Executive Lead: Director of Digital Development

Following last year’s success that saw the delivery of a digital capability framework for Allied Health Professionals and Health Care Sciences, the implementation has now moved to the nursing workforce. The Nursing and Midwifery Working Group has been meeting regularly to review and refine the wording of the framework and ensure its suitability and application to the nursing workforce. Building on lessons learned last year, a synchronous workshop approach has been employed to ensure participants have appropriate protected time to look through the framework, as well as the opportunity to add comments and feedback asynchronously for anyone who cannot attend. The delivery of the updated framework is on schedule. The Programme Lead now also meets regularly and is a member of the All Wales Nursing and Midwifery Digital and Clinical Informatics Advisory Group and attended The Federation for Informatics Professionals conference in Cardiff: Digital Professionalism in Health and Care: Developing the Workforce, Building the Future. HEIWs new learning management system will host an online self-evaluation tool and offer signposting to learning resources, the tool will be delivered by the end of the financial year. During this period the learning resources that support the digital capabilities framework has increased by 12%.

**2.13. Support the development of placement availability and quality to underpin delivery of education and training across healthcare programmes.**

Executive Lead: Director of Nursing and Health Professional Education

Work progressed to maximise placement capacity and access in GP practices. A major programme of work commenced to open placement opportunities in care homes and to address potential under-utilisation of placements in more remote locations where accommodation and travel is required. These initiatives have been supported by collation of interprofessional placement rotation exemplars.

**2.14. Develop, review and implement sustainable longer-term provision of services provided by the Welsh Institute for Minimal Access Therapy**

Executive Lead: Director of Finance, Planning and Performance

There has been a delay in this project so l Q1 milestones have been reforecast within the year and dedicated resource identified to progress the work required to be back on track. An interim report will be developed in the next month.

# Section 2:
# STRATEGIC AIM 3

## To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels

## PROGRESS:

Overall, we made great progress for Strategic Aim 3 with all 5 strategic objectives achieving their planned activity. The progress made against each strategic objective was;

**3.1. Lead, embed and evaluate the value chain and impact of the Health and Care Leadership Strategy across NHS Wales**

<u>Executive Lead: Director of Workforce and OD/ Deputy Chief Executive</u>

The HEIW Wales Hub with the Institute of Health and Social Care Management (IHSCM) is now live. Gwella continues to grow its leadership resources for NHS Wales with at least 10 new resources to be published each quarter.

**3.2. Lead the development of sustainable pipelines of senior leaders and executive talent in line with the NHS Wales Succession Planning Strategy.**

<u>Executive Lead: Director of Workforce and OD/ Deputy Chief Executive</u>

We have developed the Senior Leadership Experience for tier 3 managers as part of the Executive Leadership Development Framework. We have successfully commenced the Talent Management Programme for NHS Wales Talent Leads, and agreed a set of once for Wales standards, tools and resources to be launched at the end of September 2022. Although not in our original work programme, following a request from Chairs and CEOs of NHS Wales we rapidly developed an outline for a new development offer for aspiring CEOs. Nominations of circa 6 individuals from across NHS Wales are expected shortly so we can commence working with them in Q3.

**3.3. Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds.**

<u>Executive Lead: Director of Workforce and OD/ Deputy Chief Executive</u>

The Primary Care Networks were established on Gwella and a Professional Collaboratives hub developed to sign post to endorsed leadership resources. The Medical Directors Leadership Programme has been developed and module 1 completed by delegates. The Advance Clinical Leadership programme has been developed, recruited, and commenced. Given the significant interest in the programme from all organisations, we have taken the decision to run a second cohort in 2022-23. Following an impressive number of applications, the Welsh Clinical Leadership Training Fellowship 2023 was recruited to as a multi-disciplinary cohort.

**3.4. Robustly evaluate the re-established NHS Wales Graduate Programme and develop a financially viable operating model that ensures a continuous pipeline of future leadership talent.**

Executive Lead: Director of Workforce and OD/ Deputy Chief Executive

Following a successful marketing and recruitment campaign year two of the HEIW Summer internship programme was fully recruited and completed successfully. We were pleased that we were able to offer 4 year-long internship placements across HEIW following on from the Summer scheme. We have issued surveys to our graduates and graduate leads in all organisations and will be collating and evaluating their experiences of the first year of the new programme at the start of Q3. The operating model for an annual graduate programme has been developed, tested, and signed off by the Executive Team.

**3.5. Lead the Development of the Workforce and Organisational Development Profession creating sustainable career pathways and pipelines of Workforce and Organisational Development professionals across NHS Wales**

Executive Lead: Director of Workforce and OD/ Deputy Chief Executive

Collaborative working through engagement sessions with the profession and supplier has yielded new branding for the development of the Workforce and Organisational Development profession including a range of graphics and logos aimed at promoting 'People Profession Cymru' which is the agreed brand name. An in person event will take place in late September, to showcase the emerging vision for the people profession, engage the community in developing actions and next steps and to launch the community of practice network hosted on Gwella.

# Section 2:
# STRATEGIC AIM 4

## To develop national workforce solutions to support the delivery of national service priorities and high-quality patient care

## PROGRESS:

Overall, progress was made for Strategic Aim 4 with 9 of 15 strategic objectives achieving their planned activity. The progress made against each strategic objective was;

**4.1. Support the development and implementation of multi-professional workforce models for Primary and Community Care, in line with the Strategic Programme for Primary Care**

<u>Executive Lead: Chief Executive</u>

We continued to build the multi professional Primary and Community Care Education and Training Framework, with education lead posts appointed to the HEIW unit and resources allocated to local academies in Health Boards. The project has explored proposals for clinical placements, educator roles, advanced practice competence frameworks for primary care, and has started to roll out the GP Nurse education and training programme with input from the majority of Health Boards across Wales. Engagement with a range of partners continues to be a high priority.

**4.2. Develop a mental health workforce model and plan in collaboration with Welsh Government and Social Care Wales to support the implementation of Together for Mental Health.**

<u>Executive Lead: Chief Executive</u>

The plan has been submitted, and the formal launch is planned in November. Discussions with policy leads are underway regarding funding, and implementation arrangements will be established from October.

**4.3. Support the development of the workforce needed to deliver the Planned Care Recovery Programme**

<u>Executive Lead: Chief Executive</u>

HEIW is contributing to this work in a number of areas by supporting development of prudent health care approaches by extending clinical skills in areas such as audiology and optometry, to reduce demand on secondary care. Another key area is the development of the support workforce, ensuring that apprenticeship frameworks are up to date and available for key areas.

**4.4. Support the recovery of Endoscopy services through increasing workforce capacity and capability through education and training.**

<u>Executive Lead: Director of Nursing and Health Professional Education</u>

We continue to grow the endoscopy workforce through education by recruiting the third cohort of clinical endoscopists. We delivered regional forums and workshops for endoscopists, nursing staff and subspecialities with particular focus on education and training needs and faculty.

**4.5. Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes: Cancer**

<u>Executive Lead: Medical Director</u>

We have engaged with the Cancer Network and commenced the development of workforce options that underpin national optimal cancer pathway planning.

**4.6. Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes: Diagnostics**

Executive Lead: Medical Director

We completed a summary of the diagnostics workforce and actions currently underway for the national Diagnostics Board and this will be discussed in November.

**4.7. Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes Critical Care**

Executive Lead: Medical Director

We have mapped the skills required for the care of the critically ill and identified the multi-professional input needed and the final report is imminent. We have run several compassionate leadership study events.

**4.8. Support the delivery of the Six Goals for Urgent and Emergency Care through workforce modernisation, education and training.**

Executive Lead: Director of Digital Development

The National Six Goals Urgent and Emergency Care Programme continues to mature, following regular meetings with individual goal leads, key deliverables continue to be identified and actions planned. Funding for the remote clinical decision-making training has been agreed with partner organisations to be made available via the education commissioning process. The advanced paramedic practitioner and independent prescribing education commissioning funding requirements have been enacted with further work on the workforce model exploring rotational placements in primary care and independent prescribing. The scoping work for educational requirements in support of the mental health 111 service continues as more health boards adopt the service and requirements become clearer. Work to develop the stage 2 content for the urgent care practitioner education programme continues and a revised timeline for completion will be agreed by a task and finish group in September.

**4.9. Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce: Eye Care**

Executive Lead: Medical Director

We are leading on workforce and skills implementation and held the first meeting this quarter to agree outputs and terms of reference. The group includes stakeholders from health boards, NHS Wales Shared Services Partnership and optometric advisors.

**4.10. Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce Allied Health Professionals**

Executive Lead: Director of Nursing and Health Professional Education

Having listened to our stakeholders and learned from the evaluation of the Allied Health Professional and Health Care Sciences recruitment process over the last two years, HEIW has decided, with the support from the Directors of Therapists peer group, to discontinue the Streamlining process for allied health professions and certain healthcare science students due to graduate in 2023 and onward. The responsibility for recruiting these particular groups of graduates has been transferred to Health Boards and Trusts. The national programme of work to embed the Allied Health Professionals framework has successfully recruited its Clinical Director who will commence in November. The programme has continued to progress work where possible. This includes the preparation and publication of the person-centred rehabilitation project plan, initial mapping work of the current senior Allied Health Professionals leadership roles across the four pillars of practice and the ongoing implementation work of the public health, prevention Allied Health Professional strategy.

**4.11. Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce: All Wales Nurse Staffing Programme**

Executive Lead: Director of Nursing and Health Professional Education

The 2nd duty of Nurse Staffing Levels (Wales) Act 2016 has only been extended to the adult acute medical and surgical inpatient and paediatric Inpatient areas. The systems and reporting tools are now in place and work is progressing for Health Boards to take on the responsibility and respond to the requirements of the Nurse Staffing Levels (Wales) Act 2016. This year's milestones are under review pending further direction with WG. The work on Nurse Staffing Levels will inform the development of the nursing workforce plan given it has a critical impact on demand.

**4.12. Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce: Healthcare Sciences.**

Executive Lead: Director of Nursing and Health Professional Education

We have identified the initial resources needed to establish profession wide continuing professional development to be enabled by Y Ty Dysgu. We have created an annual plan of communications and events for Healthcare Sciences enabling collaboration and celebrating success. Baseline workforce data for healthcare science has been captured and being reviewed with Data Analytics to agree a plan for the coding and healthcare science data review to inform future workforce planning

**4.13. Plan and implement improvements to develop and embed further the roles of physician and anaesthesia associates in Wales, including ensuring educational and careers infrastructure is developed to support future regulation**

Executive Lead: Medical Director

We have been looking across the UK to see what structures are in place to support the qualified Physician Associate in Wales. We have been working with Society of Physician Associates in Wales (SOPAW) to develop showcase events to further raise the profile of the role across Wales. Work is ongoing to explore postgraduate structures to support future regulation, continuing professional development and careers. A business case for a "school structure" is currently under development.

**4.14. Develop assurance framework for multi-professional Advanced Practice (AP) and Consultant Practice**

Executive Lead: Director of Nursing and Health Professional Education

There were delays to the recruitment of the advanced practice and consultant practice development manager who started work in July 2022. This has meant the work on stakeholder engagement, mapping the current workforce, their educational attainment, position and practice had experienced delays but is now being progressed.

**4.15. Support development of the four social prescribing deliverables of Connected Communities Strategy and to lead on deliverable number 2 - National skills and competency framework for social prescribers in Wales**

Executive Lead: Director of Workforce and OD/ Deputy Chief Executive

Work has progressed on the development of the framework to the point where we have an agreed skeletal outline and the detailed information is currently being determined in preparation for the first meeting (of 2) of an Expert Reference Group (30th Sept). The expert group's purpose is to review and comment on the materials being developed, ensuring fidelity, relevance and applicability.

# Section 2:
# STRATEGIC AIM 5
## To be an exemplar employer and a great place to work

## PROGRESS:

Overall, we made great progress for Strategic Aim 5 with all 7 strategic objectives achieving their planned activity. The progress made against each strategic objective was;

**5.1. Initiate measures to further improve staff & customer experience including implementation of the People and Organisational Development Strategy**
Executive Lead: Director of Workforce and OD/ Deputy Chief Executive
The HEIW Learning & Development Plan has been developed for 2022-23, aligned to our organisational priorities and reflecting identified development needs gathered through Personal Appraisal Development Reviews. In addition, we have undertaken consultation on some key policies including our Values Based Recruitment and Selection Policy and Procedure.

**5.2. Deliver the external element of the Race Equality Action Plan and implementation of HEIW Strategic Equality Plan**
Executive Lead: Director of Workforce and OD/ Deputy Chief Executive
Equality Diversity & Inclusion development opportunities were marketed in an inclusive way through Gwella.

**5.3. Implement and embed the Welsh Language Scheme within HEIW**
Executive Lead: Board Secretary
Support continues for our staff to learn Welsh and organised training is provided to empower our staff to undertake basic Welsh translation.

**5.4. Implement organisational changes to meet expectations regarding biodiversity and climate change**
Executive Lead: Director of Finance, Planning and Performance
The Sustainability Steering Group successfully bid for Welsh Government funding to progress recruitment of climate smart champions across NHS Wales. We have mapped and collected education resources to support the champions after their training has taken place.

**5.5. Embed multi-disciplinary Quality Improvement (QI) capacity and capability within HEIW**.
Executive Lead: Medical Director
Our 'Fundamentals of Improvement' pilot workshops received excellent evaluation and feedback.

**5.6. Develop the capacity and capability for evaluation, innovation and research.**
Executive Lead: Medical Director
A business case being prepared for executive team for infrastructure required to support this function. The research governance structure is established for the organisation and a procurement framework is being developed for future evaluation work

**5.7. Reduce HEIW's organisational risks relating to cyber security and information governance**
Executive Lead: Director of Digital Development
The findings of the Cyber Assessment Framework for Health continue to be actioned to continue to strengthen our cyber security.

# Section 2:

# STRATEGIC AIM 6

## To be recognised as an excellent partner, influencer, and leader

## PROGRESS:

Overall, we made great progress for Strategic Aim 6 with 4 strategic objectives achieving their planned activity. The progress made against each strategic objective was;

**6.1. Initiate measures to further improve customer experience and organisational profile including refresh and relaunch the HEIW Communications and Engagement Strategy**.

Executive Lead: Director of Workforce and OD/ Deputy Chief Executive

The HEIW engagement approach continues to build through our successful Stakeholder Reference Group. A key activity to date has been developing our engagement relationships with seldom heard groups and communities such as the British Deaf Association, Hafal Housing Services and Women Connect First. Our website has been streamlined, the improvements include the transformation section, combining careers and jobs sections and a feedback pop up. Delays in procurement have impacted on securing specialist marketing expertise to work alongside the Communications & Engagement Team but this is expected to be resolved in Q3.

**6.2. Scope and agree our future single digital platform**

Executive Lead: Director of Digital Development

The initial scoping and engagement work to gather requirements has commenced for the future single data platform including discussions on placement intelligence solution needs.

**6.3. Lead the development of a Digital and Data Strategy for HEIW**

Executive Lead: Director of Digital Development

Four nations intelligence gathering, and evaluation has taken place to inform our approach for the digital strategy. In addition, the baseline is underway to fully understand the current digital infrastructure.

**6.4. Partnership with Education Sector**

Executive Lead: Chief Executive

An annual calendar of events has been established with education bodies to develop our position as a strategic partner and we have started our programme of strategic meetings with Higher Education Institutions. Meetings with Swansea, Aberystwyth, USW, Wrexham Glyndwr University and Cardiff University have taken place.

**6.5. Establish and temporarily host the Office of the Chief Digital Officer on behalf of Welsh Government**

Executive Lead: Director of Workforce and OD/ Deputy Chief Executive

Welsh Government have requested we no longer take forward the establishment of the Office of the Chief Digital Officer as its not required this strategic objective is now closed and will not be included in future reports.

# ORGANISATIONAL PERFORMANCE

## Education and Training: Recruitment

### Specialty Training:

- **Specialty Recruitment Round 1** – entry to Core/Specialty training usually at Speciality Training (ST)1 level plus various Sub-Specialty Programmes recorded a recruitment rate of 97% (441/453 accepted/advertised).
  - The recruitment rate last year was 97%.

- **Specialty Recruitment Round 2 –** entry to higher Specialty training at ST3/ST4 level recorded a recruitment rate of 79% (120/151accepted/advertised).
  - The recruitment rate last year was 89%.

### Dental:

- There has been no change in reporting **Dental Foundation Training (DFT)** numbers since Q4 of 2021/22 with 67 posts remaining filled.
- **Dental Core Training (DCT)** are currently awaiting the outcome of national and local recruitment for 2022-23 intake of trainees. The current training year will see 93.5% (29/31) of DCT1 trainees complete and undergo Final Review of Competence Progression (FRCP) in July.
- Of the 24 posts available for **Dental Specialty Training (DST)**, 18 have been filled (including 2 in a period of grace).

### Health Professional Education:

- The recruitment rate for the Spring cohort was 76% (626/823). The recruitment rate for the Autumn cohort was 99.4% (2544/2560).
- The overall annual recruitment rate was 93.7%.
  - This compares favourably with Q1 of last year when the recruitment rate was 93.4%.
- Applications for 2022/23 are being assessed by universities. Numbers are similar to pre-covid but need to meet an increase in commissioned places.

### Foundation:

- **Foundation Recruitment -** entry to the 2-year Foundation Programme recorded a recruitment rate of 100% (411 accepted/advertised).
  - The recruitment rate last year was 100%.

### Primary Care:

- **GP Training -** 155 posts were advertised in Round 1 recruitment for posts commencing August 2022. 155 posts were accepted; however, 2 candidates then withdrew from the process.
- Round 2 recruitment for posts commencing in February 2023 opened on 13 July 2022 and will be complete by November 2022. There will be 24 vacancies in this round.

### Pharmacy:

- Trainee Pharmacist 1 year programme Figures remain unchanged from the previous quarter with 115/124 (92.7%).
- The 2020-2022 Hospital cohort of **Pre-registration Pharmacy Technicians** (2-year programme) has recorded 33 hospital trainees remaining in the second year of their programme.
- **Pre-registration Pharmacy Technicians has recorded 50 trainees commencing the new Level 4 programme.**
- There are currently 2 cohorts of HEIW funded **Diploma Pharmacists** in-programme, totaling 74 at the last count.
- 11 **community trainees** remain on the HEIW programme in Q1.

# ORGANISATIONAL PERFORMANCE

## Education and Training: Continuing Professional Development

### Dental:

- In Q1 a total of 16 workshops were delivered to 585 attendees.
- New dates from September 2022 to July 2023 have been agreed and will shortly be circulated to faculty and trainees and advertised by the HEIW Communications Team. +

### Revalidation Support Unit:

- 63 Continuing Professional Development (CPD) courses delivered in Q1, 36 online and 27 face to face, training 1059 dental professionals during this period.
- In April and May, the All-Wales Dental Radiography and Dental Sedation post qualification courses commenced for Dental Nurses.
- In May, we hosted ‘Menopause and the Dental Team’ with over 80 delegates in attendance.
- Visits to Practices to support with their quality improvement projects and audits have resumed.

### Pharmacy:

- The CPD programme of events for Q1 22/23 continues to be virtual in the main with 5 webinars delivered to 153 attendees.
- The peer discussion event, Thyroid and Parathyroid Disorders focal had mixed uptake. 3 out of 5 face-to-face events were cancelled due to low numbers (8 delegates attended). The 3 online events recorded 26 delegates virtually attending
- Continued training support for community pharmacies is ongoing with excellent uptake (29 sessions for “basic life support” with 168 attendees; 35 sessions for “sore throat test and treat” with 74 attendees).

### Professional Support Unit:

- 9 webinars were delivered to a total of 230 attendees on a range of topics such as Long COVID, Safeguarding – county lines and child exploitation, Diabetes and Unscheduled bleeding among many others.
- There have been 24,047 views of the GP CPD website, this is comparable with the number of views for the same period last year.

# ORGANISATIONAL PERFORMANCE

## Quality and Standards of Care: Training Concerns Exception Reporting

| Enhanced Monitoring Areas: Medical | |
|---|---|
| **Existing referrals** | |
| **Obstetrics and Gynaecology** *Prince Charles & Royal Glamorgan Hospital* | • Evidence from the Health Board suggests there has been progress with the recommendations previously outlined.<br>• A further visit is being arranged for the Autumn when the need for continued enhanced monitoring status will be reviewed with ongoing monitoring of evidence in the interim period |
| **Medicine,** *Wrexham Maelor Hospital* | • Evidence including the recently released GMC National Training Survey results demonstrate that previous improvements have been sustained.<br>• A further visit is being arranged for the Autumn to monitor progress more formally with ongoing monitoring of evidence in the interim period. |
| **Emergency Medicine** *Morriston Hospital* | • A recent visit demonstrated improvement in pastoral support for difficult clinical cases and clinical support in paediatrics due to increased staffing.<br>• Feedback from recent Annual Review of Competence Progression (ARCP) suggests there are concerns regarding curriculum delivery and supervision not apparent at the visit.<br>• A further visit will be arranged with ongoing monitoring of evidence in the interim period to ensure that previous improvements are sustainable. |
| **Trauma & Orthopaedic Surgery** *Morriston Hospital* | • The department had been subject to more frequent updates to the GMC due to some concerns over progress.<br>• A recent visit highlighted that progress was being made in many areas including access to clinics and clinical supervision.<br>• There is ongoing collaboration to deliver further improvements in particular access to elective activity with appropriate action in place. We will continue to monitor progress through further visits. |
| **New referrals** | |
| **Medicine,** Aneurin Bevan University Health Board (ABUHB) | • There have been significant training implications in medicine due to the service reconfiguration. An oversight group was established with good senior engagement regarding improvement plans.<br>• There is concern around the speed of implementation following recent visits to three acute sites. Especially as the impact on training is coupled with implications for patient safety.<br>• This department will be referred to the GMC to consider the application of Enhanced Monitoring status. |
| **De-escalation** | |
| **Ophthalmology,** *Royal Glamorgan Hospital* | • Due to the sustained evidence of progress in addressing the concerns the GMC has approved the application to de-escalate from Enhanced Monitoring status.<br>• Monitoring will continue including a further Targeted Visit prior to any further de-escalation. |

# ORGANISATIONAL PERFORMANCE

## Quality and Standards of Care: Training Concerns Exception Reporting

### Enhanced Performance Scrutiny: Health Professional Education

- Following satisfaction scores from the National Student Survey (NSS) 2021, three courses were identified as requiring enhanced performance scrutiny.
- In all cases the Higher Education Institutions (HEI) identified staff changes and recruitment challenges they feel directly impacted on the student experience.
- All three courses have provided an improvement plan. Actions identified include:
    - Enhancing student communication through multiple modalities.
    - Ensuring that all staff have been trained in digital learning and teaching methodologies.
    - Enhancing student support through multiple modalities.
    - Focussed, regular, in year evaluation by enhancing opportunities to hear the student voice and respond effectively.
- Updates from the HEIs implementing student survey improvement plans are monitored through the regular fora with the HEIs.
- The 2022 NSS scores will be released in July 2022 from which improvement plans will be required where satisfaction scores are less than favourable.
- Concerns from the 2022 NSS will be flagged as risk and will be placed on the escalation process and managed accordingly. These will be raised as risks through our governance processes and reported to the Phase 1 implementation board.

# ORGANISATIONAL PERFORMANCE

## Quality and Standards of Care: Trainee Progression & Support

### Annual Review of Competence Progression (ARCP):

- Three full ARCPs were held in Dental Training: one for Special Care Dentistry and two for Paediatric Dentistry (all were awarded Outcome 1 Satisfactory Progress).
- Outcomes for Medical ARCPs for August 2021 to August 2022 will be reported in the Q2 report in November 2022 following the GMC validation process.

### Trainee Progression Governance (TPG):

- There were no Appeal Hearings in Q1.
- There were two Reviews: one Outcome 4 (released from training programme) was changed to an Outcome 3 (additional training time needed) and one Outcome 3 was upheld.

### Professional Support Unit (PSU):

- At 30th June 2022, the PSU were supporting 521 trainees with136 trainees receiving additional psychological support (25% of active cases).
- There has been an increase of 35% in demand for support since Q1 2021/22, along with an increase in the level of complexity, burnout and moral injury in the presentations.
- In Q1 the PSU has taken on 127 new cases (14% increase since Q4 2021/22) with 45% being via self-referral.
- As expected during the ARCP period for trainees, a higher number of trainees sought support in Q1 due to their ARCP Outcome (28%), but we continued to see a high demand for support related to COVID-19 pandemic issues and health in general (54%).
- The PSU are currently able to offer appointments within 5 working days to urgent referrals (in line with KPIs), however for less urgent referrals, the 'referral to meeting' period exceeds the KPI period of 10 days. There is currently a 4-week waiting time for non-urgent cases.

## Quality and Standards of Care: Medical Appraisal & Revalidation (MARS)

- There were 1634 virtual appraisals completed in Q1.
- Virtual appraisal continues to be used across NHS Wales although the uptake in primary care is far higher at approximately 90% with 45% in secondary care. This may be due to the geographical distance between GPs and their appraisers, in secondary care both appraisee and Appraiser often work on the same site.
- Following the first cycle of Revalidation Quality Assurance Review Visits to all Designated Bodies (DBs) in 2018/19, the second cycle commenced April 2022 and 4 visits have been undertaken during Q1 2022/23.
- Network meetings held with stakeholders including Health Boards and the GMC included the Revalidation Oversight Support Network and the Appraisal Lead/Revalidation Manager Network.
- At 30th June 2022, 4739 users had registered on the Orbit360™ system, compared to 4134 at the end of March 2021-22.

# ORGANISATIONAL PERFORMANCE

## Our Organisation: Workforce Metrics

### Workforce Movement & Turnover

- The headcount increased to 559 by the end of Q1, an increase of 13 since end of year 2021/22. This reflects new roles across a number of areas.
- The 12-month rolling turnover rate for HEIW at the end of Q1 was 10%, which represents a very marginal change to the turnover rate of 10.4% at the end of 2021/22. Turnover is consistently around this area and there are no obvious hot spots to be concerned about.

### Recruitment & Employee Relations Activity

- The headcount increased to 558 by the end of Q1, an increase of 12 (2%) since end of year 2021/22. This reflects new roles across a number of areas.
- The 12-month rolling turnover rate for HEIW at the end of Q1 was 10%, which represents a very marginal change to the turnover rate of 10.4% at the end of 2021/22. Turnover is consistently around this area and there are no obvious hot spots to be concerned about.

### Equality Data:

- Compliance for recording equality data is 73% at the end of Q1, a 1% improvement from the end of year 2021/22 position.

### Sickness:

- HEIW's rolling 12-month sickness rate at the end of Q1 was 2.01% a marginal reduction of 0.2% Q4 2021/22 and substantially below the NHS Wales target of 4.1%.
- The ratio between short- and long-term sickness also remains relatively constant at around 25%:75% respectively.
- Most days lost due to sickness are related to long-term episodes for a very small number of staff.
- The largest number of days lost continue to be for reasons of anxiety and stress these relate to a very small number of staff and can be reasons which are home or work related.
- We recorded 25 cases of COVID-19 in respect of staff in Q1.

### Personal Appraisal Development Review (PADR)

- The overall compliance level for core staff (excluding clinical staff who work 3 sessions or less) is 63.2% which has reduced by 7% since the end of 2021/22.



### Statutory & Mandatory Compliance

- The compliance rate is 87.5% for core staff at the end of Q1 exceeding the Welsh Government target figure of 85%.
- This also represents a marginal increase of 1.5% since the end of 2021/22.

# ORGANISATIONAL PERFORMANCE

## Our Organisation: Finance

- The timescale for the payment of non-NHS invoices was below target for May and June 2022. Work is ongoing to understand the reasons for the reduced performance and to put in place corrective action for the remainder of the year.
- HEIW is reporting an underspend of £260,408 against profiled budgets at 30th June 2022. The underspend is split between pay costs (vacancies including the under-recruitment of Clinical Fellows), non-pay costs (travel and training where activity is lower than budgeted), and commissioning (underspend represents less than 3% of the cumulative budget).
- Agency spend is incurred as a result of filling some of the vacant posts in the agreed HEIW structure with agency staff until recruitment processes enable substantive appointments. Cumulative agency costs to the end of June 2022 are £123k.

## Our Organisation: Decarbonisation

- Public Sector Wales Net Zero carbon emissions reporting for 2021/22 was undertaken in September 2022. Information was therefore unavailable in May for the 2021/22 yearend report and is being included in the Q1 2022/23 report.
- HEIW's total carbon emissions increased by 28% in 2021/22 compared to 2020/21, but by 2% when allocated to the average number of full-time equivalent (FTE) staff for each year.
- There are increases in staff commuting and business travel in 2021/22 due to an increase in FTE and increased use of the building and travel for business purposes after reduced use in the previous year as a result of COVID restrictions.
- There is also an increase in waste emissions due to increased numbers of staff returning to the building after Covid-19. This has contributed to increase in food waste and general waste.
- There are decreases in buildings emissions due to a reduction in use of air conditioning, heating and fridges and supply chain emissions due to reduction in new building project works and reduction in the use of consumables due to the new agile working model.
- HEIW has indicated to the Health and Social Care Climate Emergency National Programme Board an amber confidence rating for achieving a 16% reduction in emissions by 2025 in line with the NHS Wales target. Further work is required to gain a more detailed understanding of HEIW's carbon footprint in order to determine appropriate and realistic organisational targets.

# ORGANISATIONAL PERFORMANCE

## Our Organisation: Enabling Functions

### WELSH LANGUAGE:

- Welsh Language has three competencies; 1. speaking and listening, 2. reading and 3. writing. All staff self-report their abilities for each competency from level 1 – 5 (level 1 being the lowest).
- The average data compliance for self-reporting across all competencies is 37%. This is a slight improvement on the position at the end of 2021/22, which was 36%.
- As part of the NHS Wales performance framework, we are required to report on level 2-5 compliance for speaking and listening skills. For this quarter this is 37.7% and percentage against headcount is 12.2%.
- We will aim increase the percentage of staff who record Welsh language skills on ESR through:
    - presenting a guide and a short film for staff on the Intranet on how to complete this requirement on ESR.
    - Publicising the guide and film at staff meetings and events, and reiterated at every opportunity by managers and supervisors across the organization.
- During Q1, the Translation team has translated 942,129 words.

### COMMUNICATION AND ENGAGEMENT:

- We continue to promote and raise awareness of how HEIW makes a difference to the NHS Wales workforce, services, and patients through our regular communications channels of press releases, news articles, webpages and social media posts.
- This quarter we showcased the good work of the organisation through the stakeholder reference group, a political briefing session and the first of six national workforce strategy engagement events. We are developing our engagement relationships with seldom heard groups and communities such as; British Deaf Association, Disability Wales, Hafal Housing Services, NAS Cymru (National Autistic Society) and Women Connect First.
- Themes and topics have included the mental health workforce plan, the education and training plan, progress implementing the workforce strategy, plus updates on developments in primary care education and training.
- There have been numerous opportunities for our stakeholders to engage on, contribute to and help shape our work in person and online.
- We have used our channels to promote healthcare careers, education and training in Wales. Including lesser-known careers such as physician associates and care home education facilitators, as well as professions such as nursing and pharmacy.

# ORGANISATIONAL PERFORMANCE

## Our Organisation: Enabling Functions

### LEARNING AND DEVELOPMENT AND STAFF EVENTS:

- Our second Learning and Development plan was approved by the Executive Team.
- Planning began for 'in person' all staff conference on 3 October 2022. This will take place 18 months after the last in person conference pre pandemic and to coincide with our fourth birthday.
- The second cohort of the Management Development programme will launch in September, following the successful launch of the pilot programme in Spring.
- Due to automatic pay increments being stopped across NHS Wales with effect from 1 October 2022, planning took place for workshops for managers and staff in September.

### DIGITAL:

- Work on the digital and data strategy is gaining momentum and the team are preparing for a number of focused stakeholder workshops to share and engage on the work carried out to date.
- The team continues to work closely with the Workforce Analytics team to streamline reporting for education to employment pipeline data and scope requirements for placement intelligence needs.
- Internal infrastructure improvements are moving forward with the migration of the Directorates to the new SharePoint architecture. The Digital team has started to maximise the efficiencies and digitisation opportunity this brings to data management and a comprehensive Microsoft 365 programme of work has been planned.
- The next stage of the move to cloud for the single integrated platform architecture is nearing completion. The team are now working on the architecture design and considering business case approaches which will transform the infrastructure of the currently siloed systems and provide improved reporting capability. This work is being informed and supported by a significant amount of user engagement being led by the database team.
- A contract was awarded for the Y Ty Dysgu learning management system and the team are leading the ambitious programme to implement the platform for the onboarding of the first teams in early Q3.

### HEALTH AND SAFETY:

- There were no health and safety accidents, or incidents reported/recorded in Q1.

**Health Education and Improvement Wales Performance Dashboard (2022/23)**

GIG CYMRU NHS WALES

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

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales' | | | improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs | | | with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels | | | develop the workforce to support the delivery of safety and quality | | | an exemplar employer and a great place to work | | | recognised as an excellent partner, influencer and leader | | |
| **HEIW Strategic Objectives** | RED | AMBER | GREEN | RED | AMBER | GREEN | RED | AMBER | GREEN | RED | AMBER | GREEN | RED | AMBER | GREEN | RED | AMBER | GREEN |
| | 0 | 0 | 10 | 0 | 0 | 14 | 0 | 0 | 5 | 0 | 2 | 13 | 0 | 0 | 7 | 0 | 0 | 5 |
| **HEIW Closed Objectives as at Jun-22** | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | |

| | Q4 2021/22 | Q1 2022/23 |
|---|---|---|
| Red | 1 | 0 |
| Amber | 15 | 2 |
| Green | 39 | 54 |

**Recruitment Rate: Number of places recruited to, following completion of national/local recruitment processes (as % of total places available following agreement on ap**

**Start Rate: Number of places taken up following the start of the programme (as % of total places available following agreement on final number of places available)**

**n the relevant academic or training programme calendar**

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

# Quarterly Organisational Performance Supporting Detail Q1 2022/23

## Contents

### Organisational Performance



**Education and Training: Recruitment**

This report incorporates data provided manually by each of the professions and from Health Professional Education, which follows the usual process for data collection up to this point. However, the Education to Employment Pipeline, currently in development, is now helping to inform and validate these numbers and to give access to additional stages in the Pipeline not previously available. The Pipeline has been populated with data related to:

- Foundation Training
- GP Training
- Nursing
- Pharmacy
- Specialty Training

Data for Dental and for all Health Professional Education other than Nursing is not yet available via the Pipeline.

The data provided relates to recruitment and to learners starting their programmes. We are now using the following agreed definitions for 'recruitment rate', 'start rate' and 'retention rate', linked to the stages of the new Pipeline:

| | |
|---|---|
| Recruitment rate | Number of places recruited to, following completion of national/local recruitment processes (as a percentage of total places available following agreement on approved number) |

| | |
|---|---|
| Start rate | Number of places taken up following the start of the programme (as a percentage of total places available following agreement on final number of places available) |
| Retention rate | Number of learners in places at an agreed point in time, or at multiple points in time during the academic or training year (as a percentage of the fill following the start of the programme) |

**Medical**

Foundation and Specialty recruitment has reached the final stages for all posts commencing in August 2022.

Recruitment for the 2022 cohort maintained previous arrangements put in place during COVID i.e. multi station face to face interviews were replaced by virtual interviews and/or portfolio/digital assessments with ongoing discussions taking place across the UK on the future format of recruitment.

Three separate recruitment rounds took place for the August 2022 intake:

As with 2021, there was no need to run Round 1 Re-advert as most posts were filled across the UK following Round 1.

**Foundation Recruitment** – entry to the 2-year Foundation Programme recorded a recruitment rate of 100% (411 posts accepted/advertised). The recruitment rate last year was 100%

**Specialty Recruitment Round 1** – entry to Core/Specialty training usually at ST1 level plus various Sub-Specialty Programmes recorded a recruitment rate of 97% (441/453 posts accepted/advertised). The recruitment rate last year was 97%

**Specialty Recruitment Round 2** – entry to higher Specialty training at ST3/ST4 level recorded a recruitment rate of 79% (120/151 posts accepted/advertised). The recruitment rate last year was 89% (145/163 posts accepted/advertised). Even though this may represent a deterioration in percentage recruitment rate performance from last year it must be noted that an increased number of higher medicine posts were advertised for 2022 (82) compared with 2021 (69). This is a result of the changes to the curriculum and pathway for Internal Medicine training which saw UK recruitment into several higher medicine posts and programmes paused for 2021 (Wales advertised a small number locally but not usual levels). Resuming to normal levels of vacancies for Medicine recruitment has impacted on the overall recruitment rate for Round 2, however the recruitment rate is still comparable to that recorded in 2018, 2019 and 2020 (all 79%).

In addition to this, there remain challenges in recruitment to specialty posts. These include:

- Stroke Medicine – these subspecialty posts are challenging to fill. They provide optional additional training experience in this area for trainees in acute medicine, neurology or geriatrics, but this is not a popular option, and this is reflected across the UK. The vacant post has been integrated into the Neurology programme for 2022 to meet changing curriculum requirements with regards to Stroke.

- Higher Psychiatry Specialties – historical recruitment challenges remain across these programmes and across the UK. It is hoped with increased fill at Core level in recent years we will begin to see increased fill within the higher programme in future years. Across the 21 higher posts advertised for 2022 in Wales 9 have been recruited to.
- GUM medicine – a challenging specialty to recruit to across the UK leading to discussions around the future of this specialty. We have increased exposure to this area with placements on the Foundation and Internal Medicine programmes. Vacant higher posts in GUM are currently on loan to CSRH as this specialty provides similar training/service and has seen high fill.

**Dental**

There has been no change in reporting **Dental Foundation Training (DFT)** numbers since Q4 of 2021/22 with 67 posts remaining filled.

**Dental Core Training (DCT)** are currently awaiting the outcome of national and local recruitment for the 2022-23 intake of trainees. The current training year will see 93.5% (29/31) of DCT1 trainees complete and undergo Final Review of Competence Progression (FRCP) in July. The two vacant posts are due to early resignations. Of the 34 DCT2 posts, 25 official DCT2 trainees will finish the current training year and undergo FRCP in July. 1 DCT2 is currently on maternity leave. 6 specialist registrar locum appointments for training (LATs) will see out the training year without FRCP. 2 posts remain vacant. 7 official DCT3 trainees will finish the current training year and undergo FRCP in July, 2 LATS are also due to finish the training year without FRCP.

Of the 24 posts available for **Dental Specialty Training (DST)**, 18 have been filled (including 2 in a period of grace). The 6 vacant posts are as follows: 2 in Special care dentistry (1 South and 1 North Wales) with 1 currently being recruited into this year locally, and the 1 in North Wales on hold until next year; 1 in Oral Surgery currently recruiting into this year; 1 in Restorative Dentistry currently recruiting into this year; 1 Post CCST in Orthodontics currently recruiting into locally; 1 Pre CCST in Orthodontics North Wales recruiting into via NR.

There were 3 ARCP's held in April (1 full for Special care and 2 interims for paediatric). All three achieved outcome 1.

**Pharmacy**

The 2021-22 cohort of **Trainee Pharmacists** from August 2021 are coming to the end of their 1 year practice-based multi-sector programme in July 2022. Figures remain unchanged from the previous quarter with 115/124 (92.7%) trainees remaining on the HEIW programme. Of the 115 trainees that remain, 99 of these were entered into their first sit of the GPhC registration assessment by their designated supervisors and 16 were not.

In Q1 it is now clear that 13 trainees will need extensions beyond the usual 31st July end date. Four of these were expected due to a late start date and 1 is parental leave.

A further 8 are required to have an extension due to extenuating circumstances such as ill health and capability issues.

GPhC registration assessment took place on 29 June. There were significant issues experienced in the registration assessment (29 June) in one of the assessment centres in Wales. This has been reported back to the GPhC to consider, with some appeals pending. Results were published on 29 July 2022. The overall pass rate for Wales is 88.4% which is comparable to Scotland and above the GPhC average of 80%. This may change if any trainees who failed at the assessment centre highlighted above are successful at appeal. The Pharmacy Foundation team have begun collecting information from the cohort on their intended first destination following course completion, so that retention into the workforce in Wales can be reported in Q2.

The 2020-2022 Hospital cohort_of **Pre-registration Pharmacy Technicians** (2-year programme) has recorded 33 hospital trainees remaining in the second year of their programme. These are progressing towards completion of their NVQ Level 3 and anticipated to register with GPhC this calendar year. A further 3 trainees have an 'Interruption of Studies' processes in place.

Community trainees on the same Modern Apprenticeship have not previously been reported (as salaries are not centrally commissioned by HEIW, although the course fees and an employer bursary are paid). It is important to report that a further 11 community trainees remain on the HEIW programme in Q1 and are expected to register with GPhC during the calendar year with a further 2 currently on an 'Interruption of Studies' for parental leave. This is an additional number expected to join the pharmacy workforce in Wales, many of whom may go on to work in hospitals and GP practices during their careers.

The 2022-24 Hospital and Community cohort of **Pre-registration Pharmacy Technicians** has recorded 50 trainees commencing the new Level 4 programme. These all remain on the programme (33 Hospital and 16 Community), with 49 active on the programme and 1 Interruption of Studies in Community pharmacy.

There are currently 2 cohorts of HEIW funded **Diploma Pharmacists** 'in-programme', totalling 74 at the last count. The course is superseded by the centrally funded 'Post-registration Foundation Programme', which is recruiting to the first cohort to commence in Q2. Recruitment to the final 2022-24 programme began in Q1 and number of enrolments have not been confirmed by the school**.**

**Health Professional Education**

The recruitment rate for the Spring cohort was 76%. The recruitment rate for the Autumn cohort was 99.4%. The overall recruitment rate was 93.7%.

Demand from the health boards via their IMTPs continues to show an upward trend hence there is a requirement to commission and fill more nursing courses; reduce loss and smooth throughput. The last four years have demonstrated an upward curve in commissioned places by circa 51%, with under recruitment being more prevalent in the Spring intake.

Discussions are ongoing with universities and the HEIW Workforce team to consider options to increase application numbers.

Bangor was given the opportunity to increase places in their spring cohorts and The Open University received approval to use their 70 commissioned places, extending the recruits across all four nursing specialities, rather than specifically adult and mental health. This fitted with the need and interests of the applicants, which in turn matched to workforce plans. Indicative figures suggest excellent spring nursing fill in Bangor (115%) and the Open University (102%) because of this flexibility, which in part offsets lower levels of recruitment achieved along the M4 corridor.

A partnership meeting with universities held in May initiated discussions on the adverse recruitment number in the spring 2022 cohort and looked at initiatives deployed by the universities. All Universities have worked tirelessly to ensure the commissioning numbers are achieved, through innovations and ideas to maximise recruitment.

Following this meeting HEIW have developed three key themes for further examination, with task and finish groups being set up to address International Recruitment, Targeted Spring Cohorts and National Campaigns.

Application numbers for 2022/23 are being reported as similar to pre-Covid. The application process for the Autumn 2022 cohort runs until mid-June. The recruitment process will continue following the release of exam results in mid-August, followed by the offers and clearing process. Indicative recruitment numbers for students are expected to be realised by the end of September. The number of places commissioned by HEIW is at its highest ever level. The consequence is that the ratio of applications to commissioned places will show a dip; but the true indicators are the numbers recruited.

**<u>Education and Training: Continuing Professional Development (CPD)</u>**

**Dental**

The Dental section continue to deliver CPD courses with 63 delivered in Q1 (36 online and 27 face to face, training 1,059 dental professionals during this period).

The past few months have seen an increase in face-to-face delivery of courses and events (20) where possible and safe to do so. Delivery through a blended learning approach will continue to be a feature, but for the Dental profession; ‘hands-on’ courses enable delegates to put theory in to practice.

In April and May, the All-Wales Dental Radiography and Dental Sedation post qualification courses commenced for Dental Nurses. This is reassuring with HEIW encouraging Dental Nurses to develop their careers and widen their GDC Scope of Practice.

In May, the event, 'Menopause and the Dental Team' was hosted with over 80 delegates being in attendance.

Delivering workshop style sessions face-to-face has enabled our Quality Improvement Dental Educators to visit practices and clinics once again across Wales.

**Revalidation Support Unit**

The aim for 2022-23 is a transition towards a blended approach for CPD delivery, having face to face events alongside those delivered virtually. This will offer several advantages. Firstly, this approach will offer networking opportunities for attendees. Secondly, the recording of events will ensure that online CPD resources are built, grow, and give flexibility to view at any point. The first face to face CPD events are planned for the Autumn and will be reviewed to determine the demand for that style of delivery.

Within the RSU the CPD team have taken significant steps to upskill in all aspects of virtual delivery in response to the blended learning approach. This now means the team can support webinars and online events from learning design and structure through to editing and delivery.

There are however some challenges in this area such as support for transcription of online content, although the technology does help, currently this is taking up approximately 6 hours to complete for each webinar which has an impact on the team's capacity and ability to turnaround online content in a timely fashion.

Work is continuing with wider HEIW teams such as Pharmacy to provide CPD that has a Primary Care multi-disciplinary approach. Attendees are invited from across the Primary Care workforce.

In addition to our existing library of modules on a range of clinical and non-clinical topics, the GP CPD website also includes opportunities to book onto virtual learning events and to access on-demand content. An extensive review of all existing modules is currently taking place to ensure the modules remain fit for purpose, the review will continue throughout 2022/23.

During Q1 2022-23 there have been 24,047 views of the GP CPD website, this is comparable with the number of views for the same period last year. The consistent level of views reflects the high engagement with our CPD activity and the demand for online offerings since the start of the pandemic.

***3D, Discovering, Developing and Delivering in Healthcare***

The RSU delivers the 3D educational programme, which is designed to address the educational requirements of clinicians in all parts of the NHS in Wales who wish to extend their abilities in engaging with and influencing the service improvement agenda.

In May 2022 the RSU held a conference to celebrate the completion of the 2021/22 programme and the progress of the quality improvement projects developed during the year. The conference also marked a 10 year anniversary and celebrated the success of the programme and the impact this had on NHS Wales.

A recruitment campaign took place in June/July 2022 for the 2022-23 programme cohort with excellent submissions. 26 applicants have been selected, including doctors working in primary and secondary care, pharmacists, and dentists. This reflects the increasingly inter-disciplinary nature of the programme and enables sharing of ideas and innovation across the full scope of health care services.

**Pharmacy**

The CPD programme of events for Q1 22/23 continues to be virtual in the main with 5 webinars delivered. A wide range of topics were delivered, including:

- What difference do independent prescribers make to delivering eye care services in the community? A joint event with Optometry, which attracted 46 Pharmacy professionals
- Long Covid. A joint event with RSU, which attracted 21 Pharmacy professionals
- Supporting patients taking direct oral anticoagulants, which attracted 36 Pharmacy professionals
- Long-term and prophylactic antibiotics, which attracted 25 Pharmacy professionals

Webinars are recorded and posted as an ongoing CPD resource. As with RSU, there are continuing challenges in this area such as support for transcription of the recorded content, efficiency of a timely turnaround and the need to provide a Welsh transcript with a set of slides.

The peer discussion event, Thyroid and Parathyroid Disorders focal had mixed uptake. 3 out of 5 face to face events were cancelled due to low numbers (8 delegates attended). The 3 online events recorded 26 delegates virtually attending.

Continued training support for service delivery with community pharmacies is ongoing with excellent uptake (29 sessions for “basic life support” with 168 attendees; 35 sessions for “sore throat test and treat” with 74 attendees).

For COVID-19 resources, the medicines administration module for support staff workforce in social care settings has now been completed by a further 226 individuals since the end of March 22.

CPD+ programmes “Introduction to Healthcare Leadership” and “Introduction to Healthcare Education” were also delivered during quarter 1.

The leadership programme is now back face to face and the final (5th) day in North Wales was delivered. A good mix of pharmacy professionals including medics were part of this cohort.

### Professional Support Unit

In Q1 a total of 16 workshops to 585 attendees were delivered. New dates from September 2022 to July 2023 have been agreed and will shortly be circulated to faculty and trainees and advertised by the HEIW Communications Team.

From September onwards, PSU will focus delivery on workshops specifically related to PSU activity i.e. Supporting Trainees through Training, Minimising Imposter Syndrome, Crucial Conversations, Keeping Well, Mentor and Mentee Training. We are working with the digital and communication teams on digitalising workshops suitable for this mode of delivery.

Over the last year we have developed a faculty for the delivery of workshops related to Differential Attainment i.e., Active Bystander Training, Addressing Differential Attainment, Unconscious Bias and Civility in the Workplace and these will now be delivered by the faculty. PSU will continue to administer the workshops for the time being.

## Quality and Standards of Care: Training Concerns Exception Reporting

### Medicine

*Quality Planning – Commissioning*

The remaining Commissioning meetings with each of the NHS Wales Health Boards/Trusts have been undertaken. Multi-professional discussion was incorporated where possible. Discussion focused on issues of strategic importance/impact to Local Education Providers (LEPs):

- Increased focus on assessment of need including expected numbers of medical (and non-medical) staff required for the future delivery of healthcare, within an LEP area.
- Assessment of educational support structures and finance required to deliver training to meet the above expected need and ensure high quality learning environments.
- Streamlined and focused self-reporting to reduce administrative burden for LEPs and greater utilisation of access to already-available information.

### Quality Management & Educational Governance

*GMC National Training Surveys*



The overall response rate for HEIW was positive once again albeit lower than in previous years due to a UK context of reduced trainee engagement. However, as illustrated below, HEIW's response rates were the highest in the UK with a trainee return rate of 87% against a UK average of 76%. Similarly, the trainer response rate was 52% against a UK average of 32%.

Table: National Training Surveys UK Response Rates

| | UK | Wales | England | Scotland | Northern Ireland |
|---|---|---|---|---|---|
| **Trainee Response Rate** | 76% | 87% | 76% | 69% | 78% |
| **Trainer Response Rate** | 32% | 52% | 32% | 20% | 43% |

The Quality Unit are taking steps to scrutinize the results in terms of areas of good practice and those which may require further attention. Initial analysis suggests that the results for Wales are broadly in line with the rest of the UK. A further update on findings will be provided in Q2.

*Faculty Development*

An online 'Medical Educational Leads' portal was launched on 1st April to provide a platform for resources and information to be shared with training leads. The (SharePoint) portal was jointly developed by the Quality Unit, Secondary Care, General Practice and Foundation Training colleagues. The aim of the portal is to provide easy access to educational policies, processes, information and resources for Faculty Leads, Heads of Specialty School, Training Programme Directors, Foundation Programme Directors and GP Programme Directors in the first instance. Initial feedback from Faculty Leads has been very positive.

The Quality Unit hosted a networking meeting for Faculty Leads in May 2022. As there have been multiple changes to the Faculty Lead cohort over the previous months, the primary aims of the meeting were to provide an opportunity for Faculty Leads to meet the Associate Dean (Postgraduate Education Support and Improvement) and each other and to start the development of a supportive network of peer support. It was agreed that the creation of a Microsoft Teams Channel for Faculty Leads should be considered to facilitate communication between Faculty Leads on an ongoing basis. It was also agreed that future meetings should be held on a 4-6 monthly basis with the next one scheduled for October 2022.

A networking meeting for Medical Education Managers was also hosted by the Quality Unit in May 2022. This was the first meeting to be held post-pandemic and provided an opportunity for Medical Education Managers to meet the Associate Dean (Postgraduate Education Support and Improvement) and each other and to re-start the development of a supportive network for Medical Education Managers. Again, it was agreed that the creation of a Microsoft Teams Channel should be considered to facilitate communication between Medical Education Managers on an ongoing basis. A meeting in June 2022 focused on developing induction for trainees to enable Medical Education Managers to share ideas and challenges.

The Quality Unit continues to work with colleagues in Postgraduate Secondary Care to deliver joint learning and networking opportunities for Faculty and Specialty training leads. Following the success of the joint Faculty Leads/Specialty Leads Forum held in October 2021, a second event was held in June 2022. In addition, Faculty Leads have the opportunity to attend monthly development webinars on a range of topics relevant to their roles.

The annual Simulation conference was held virtually in June 2022. The key themes for the day were immersive technologies and interprofessional simulation-based education and training. Speakers included Sigrun Qvindesland based in Norway, Huw Williams and Owen Crawford for the Wales Virtual Hospital, Paul Twose from Cardiff and Vale UHB with regards to a tracheostomy-based VR project.

Members of the Simulation team sat on the planning committee for the RCNi conference on 13 June 2022 and contributed as speakers with other Simulation team members on the day.

*Faculty Team Appraisal*

Planning was undertaken for Annual Faculty Team Appraisals to take place in Autumn 2022. Faculty Team Appraisal will continue to be a key component of HEIW's Commissioning Process for medical education and training, particularly in light of the GMC's standards which place an emphasis on standards reflecting the characteristics of a 'good learning environment and culture' which are underpinned in Local Education Providers by Faculty Teams and structures.

*Faculty Lead Recruitment*

Recruitment is in progress for:

- Faculty Lead (Quality) at Aneurin Bevan UHB following retirement of the current postholder at the end of May 2022.
- Faculty Lead (Royal Glamorgan) at Cwm Taf Morgannwg UHB following the resignation of the previous post holder with effect from 7 May 2022

The Faculty Lead (Princess of Wales) is on a locum consultant contract that is due to end in June 2022. The Quality Unit is currently liaising with relevant parties to find out whether the locum contract will be extended, thus enabling us to also extend the Faculty Lead contract.

**Quality Assurance**

*GMC Quality Assurance*

Following the submission of HEIW's self-assessment questionnaire to the GMC, confirmation of the activities that the GMC would like to observe as part of the 2022 annual reporting cycle have been provided. These include the following:



- Observation of an Assistant Medical Director (Education and Training) engagement meeting which will be scheduled for the Autumn.

- Observation of a joint activity exploring HEIW's work on Simulation and Multi-professional learning. This was undertaken on 7th July 2022 and the feedback recognises that this is a new area of activity and does not raise concerns about HEIW's compliance with the GMC's standards in this area. There are plans for further follow up through routine processes as is standard practice.
- Trainee think tank follow up has been completed and did not raise concerns in terms of compliance with the GMC's standards. As is standard practice, a further update against specific points is required as part of the self-reporting process.
- Meeting with trainees is being arranged for the Autumn.

The Quality Unit is currently identifying appropriate dates for these activities in liaison with the GMC.

*Externality*

The Quality Unit have provided a series of training events for Lay Representatives to enable them to understand some of the key processes, better equipping them to undertake their roles. An annual report around utilisation of the Lay Representative pool is being prepared.

**Health Professional Education**

Universities are a key partner of the NHS as they provide large volumes of education and training at undergraduate and postgraduate level. The quality aspects of the contract management process assure HEIW, Welsh Government and Health Boards that health professional education commissioned and delivered in Wales adheres to the highest academic and vocational standards in line with contractual agreements. As part of this contract assurance process HEIW provides its education partners with an individual annual quality review. This review is only possible due to the open, collaborative approach undertaken by all parties. The aim of each individual review is to guide the continuous improvement of education programmes and, as such, action plans set out in the individual quality report for each University are incorporated into their own improvement processes.

Information used in reviewing quality include:

a. HEIW produced performance reports (previously reported to Committee) including actions relating to University under-performance against set Key Performance Indicators (KPIs)
b. Results from the National Students Survey (NSS), including specific health professional placement questions
c. Individual student comments submitted as part of the NSS
d. Regulators Approved Education Institution (AEI) and Practice Learning Partners annual self-assessment reports
e. Health and Care Professions Council (HCPC) annual monitoring Submissions and HCPC approval
f. University quality and equality report for HEIW incorporating results of the NSS and Regulator Reviews
g. University Individual Programme Enhancement/Improvement Plans

After review of the above information, there is further stakeholder engagement conducted by HEIW's Education, Commissioning and Quality Team:

i. Annual focus group with pre-registration students
ii. Annual focus group with post-registration students
iii. Annual focus group with Practice Education Facilitators and placement mentors

In addition to this, HEIW holds three formal business performance and quality management meetings with each education provider and, twice a year, hosts an Education Partnership meeting which comprises senior staff within HEIW and all Heads of Schools of Health in Wales.

As part of the quality performance management cycle, HEIW has scrutinised the NSS results and triangulated these against feedback comments from students and practice educators in the quality focus groups.

It is important to note that NSS scores generally were impacted by the pandemic in 2021 across all programme subject areas throughout the UK. The scores are benchmarked against other UK providers and those providers in Wales.

The Performance Management Framework also sets out the principles and practices deployed to manage concerns via a staged escalation process facilitating a risk based approach.

HEIW draws on several data and mechanisms for assurance that Education Providers meet their responsibilities for provision of placement quality. These measures link with all elements of a quality cycle (planning, management, improvement, and assurance). The following diagram shows the quality process. All quality issues are included in the main report.

Placement quality also forms part of a Health Professional Education Contract annual meeting scheduled with Education Providers, including Education Partnership Meetings, Contract Performance Meetings (quarterly), and operational meetings with individual and joint Education Providers. From 2022, HEIW will be convening Regional Partnership Boards to ensure full implementation of the HEIW Procurement for the provision of Health Professional Education & Training Services (Phase 1 - 2021), including heavily weighted placement quality criteria.

## Quality and Standards of Care: Trainee Progression and Support

### Annual Review of Competence Progression (ARCP)

ARCP data for Medicine is reported annually in the Q2 integrated performance report (November) in line with the annual GMC validation process.

ARCP data for the period 5 August 2020 to 3 August 2021 is presented in the 2022/23 Q1 report (September 2022). Data for the period August 2021 to August 2022 will be presented in the 2022/23 Q2 report (November 2022).

Dental ARCP data is presented separately on the performance dashboard as Dental does not follow similar validation protocols to Medical and this allows for quarterly reporting.

HEIW is working to align the processes relating to submission and consideration of Reviews and Appeals across medical and dental training.

## Quality and Standards of Care: Medical Appraisal and Revalidation

### Medical Appraisal

Since the suspension of appraisal for the pandemic in 2020-21 and a subsequent 'approved missed' appraisal period until 1 April 2021 the RSU has been working with colleagues across the four nations including the Chief Medical Officer (CMO), Medical Directors, GMC and appraisal leads to ensure that the future model of medical appraisal is robust and remains wellbeing focussed. We have reviewed the latest recommendations released by the Academy of Royal Colleges *Fit for the future: the Medical Appraisal Guide for beyond the pandemic,* which has incorporated lots of the principles that have been embedded in Wales for many years.

### Revalidation Quality Assurance Review Visits

The RSU were tasked by the Wales Revalidation Oversight Group to undertake a programme of Revalidation Quality Assurance Review Visits to all Designated Bodies (DBs) in Wales, exploring the quality and robustness of appraisal and revalidation systems within each organisation. The purpose of the visits is to provide assurances to the CMO as Higher-Level RO in Wales. The first cycle of visits took place 2018/19, the cycle was fully evaluated and reported back to WROG chaired by the CMO.

The second cycle commenced April 2022 and 4 visits have been undertaken during Q1 2022-23. Each visit is based upon a desk review of relevant data the RSU holds in terms of appraisal, revalidation and quality assurance. Following a visit in which the review team will explore areas of good practice and areas for development with the DB a recommendations report is produced that includes an improvement action plan. Once finalised and agreed by all parties each visit report is sent to the CMO for information.

Additional key activity includes:

- The GP National Appraiser Conference was held in July – the first face to face event for our Appraisers since 2019 and it was very well received by all who attended. The evening prior also included a dinner and an opportunity for networking among the group. Topics held in breakout sessions during the event included Discrimination, Quality Improvement Activity and our key note speakers were from Canopi (previously Health for Health professionals) highlighting support and resources for doctors who may be struggling during this difficult time.
- Network meetings held with stakeholders including Health Boards and the GMC included the Responsible Officer (RO) Support Network and the Appraisal Lead/Revalidation Manager Network.

MARS (Medical Appraisal and Revalidation System) is part of a suite of online resources that also includes the **Wales Professional Review Optometry (WPRO),** the platform for the UK's first newly-qualified optometrist mentoring programme, the **Dental Appraisal System (DAS) for Community Dentists,** a bespoke version of MARS developed to support Community Dentists meet their terms and conditions of service and GDC requirements, and the **Orbit360™** system, a multi-source feedback system linked to MARS and launched last year to support doctors in Wales with gathering patient and colleague feedback.

## Our Organisation: Workforce Metrics

### Personal Appraisal Development Review (PADR)

PADR forms part of contractual arrangements for staff and is one of the key performance indicators (KPIs) in the NHS Wales Delivery Framework. The target rate for PADR/Appraisal is 85% as recorded on the ESR system. This recognises that factors such as long-term sickness, maternity leave and career breaks would mean that 100% compliance is difficult to achieve. New starters are excluded from PADR compliance figures for the first 3 months in post.

### Statutory and Mandatory Compliance

The NHS Wales delivery Framework requires 85% compliance at a minimum level in the 10 UK Core Skills Framework for NHS Staff, hosted on the ESR system. Most of these learning modules require a 3-year refresher period, although specific modules may differ in this. New starters are excluded from this report for the first 3 months in post.

The sessional clinical staff who work for 3 sessions or less are not included in the directorate figures as their primary employment is predominantly with other employers. They are however still required to undertake a lighter version of appraisal with HEIW to both monitor performance and objectives and to identify relevant training needs. Similarly, with Statutory and Mandatory training where their prime employment is elsewhere, they can provide confirmation of having undertaken the relevant training with their prime employer. For information, currently recorded compliance figures are included within the dashboard. However, it is noted that as part of the implementation of the People and OD Strategy the engagement of sessional and other remote workers will be a key strategic element, part of which will encompass pragmatic and effective ways of addressing PADR and Statutory and Mandatory Training compliance.

Whilst it remains the responsibility of individual staff and managers to ensure that they achieve compliance in statutory/mandatory training requirements, the People Team and the wider Workforce and OD teams will continue to support and encourage staff in this process.

| Dyddiad y Cyfarfod | 29 Medi 2022 | | Eitem ar yr Agenda | 4.5.3 |
|---|---|---|---|---|
| **Teitl yr Adroddiad** | **Adroddiad Materion Allweddol – y Pwyllgor Addysg, Comisiynu ac Ansawdd** | | | |
| **Awdur yr Adroddiad** | Catherine English, Rheolwr Llywodraethu Corfforaethol | | | |
| **Noddwr yr Adroddiad** | Dafydd Bebb, Ysgrifennydd y Bwrdd | | | |
| **Cyflwynir gan** | Tina Donnelly, Cadeirydd | | | |
| **Rhyddid Gwybodaeth** | Agored | | | |
| **Pwrpas yr Adroddiad** | Pwrpas yr adroddiad yw amlinellu trafodaethau a gynhaliwyd gan y Pwyllgor Addysg, Comisiynu ac Ansawdd. | | | |
| **Materion Allweddol** | Mae'r adroddiad hwn yn canolbwyntio ar y materion allweddol a godwyd yng nghyfarfod y Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 6 Mawrth 2022. | | | |
| **Cam Penodol a Fynnir** | **Gwybodaeth** | **Trafodaeth** | **Sicrwydd** | **Cymeradwyaeth** |
| | | | ✓ | |
| **Argymhellion** | Gofynnir i'r Bwrdd:<br><br>• **Nodi** cynnwys yr adroddiad er sicrwydd. | | | |

## ADRODDIAD MATERION ALLWEDDOL – Y PWYLLGOR ADDYSG, COMISIYNU AC ANSAWDD

### 1. CYFLWYNIAD

Pwrpas yr adroddiad yw rhoi diweddariad ar faterion a ystyriwyd gan y Pwyllgor Addysg, Comisiynu ac Ansawdd yn ystod ei gyfarfod ar 6 Mawrth 2022. Gofynnir i'r Bwrdd nodi'r adroddiad cryno gan y Cadeirydd ynghyd â'r argymhellion a wnaed gan y Pwyllgor.

### 2. CEFNDIR

Mae'n hysbys i'r Bwrdd bod tri phwyllgor wedi'u sefydlu dan reoliadau sefydlog AaGIC; y Pwyllgor Archwilio a Sicrwydd; y Pwyllgor Taliadau a Thelerau Gwasanaeth a'r Pwyllgor Addysg, Comisiynu 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

Cyfarfu'r Pwyllgor Addysg, Comisiynu ac Ansawdd ar 6 Mawrth 2022. Mae Atodiad 1 yn rhoi crynodeb i'r Bwrdd o'r meysydd a ystyriwyd yn y cyfarfod. Cedwir at y cofnodion cymeradwy fel y cofnod ffurfiol ar gyfer y cyfarfod.

### 4. MATERION LLYWODRAETHU A RISG

Bydd unrhyw risgiau a materion llywodraethu a drafodir drwy gyfrwng cyfarfodydd y pwyllgor a'r adroddiadau eithrio yn cael eu darparu i'r Bwrdd gan y cadeiryddion perthnasol.

### 5. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol i'r Bwrdd eu hystyried/cymeradwyo.

### 6. ARGYMHELLIAD

Gofynnir i aelodau'r Bwrdd:

- **Nodi** cynnwys yr adroddiad er **sicrwydd**.

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

| |
|---|
| **Ansawdd, Diogelwch a Phrofiad y Claf** |
| Mae sicrhau bod y Bwrdd yn cyflawni ei orchwyl yn briodol drwy ystod ei Bwyllgorau ac yn cydweddu â'i reolau sefydlog yn ffactor allweddol o ran ansawdd, diogelwch a phrofiad cleifion sy'n derbyn gofal. |
| **Goblygiadau Ariannol** |
| Dim |
| **Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)** |
| Mae'n hanfodol i'r Bwrdd gydymffurfio â'i reolau sefydlog, sy'n cynnwys derbyn diweddariadau gan ei bwyllgorau. |
| **Goblygiadau Staffio** |
| Dim |
| **Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)** |
| Mae'r adroddiad yn amlinellu gwaith a wnaed gan y Pwyllgor i gynghori a rhoi sicrwydd i'r Bwrdd o ran addysg, comisiynu addysg a rheoli ansawdd darpariaeth a chontractau addysg. Bwriedir i strwythur llywodraethu'r Pwyllgor nodi materion yn gynnar er mwyn atal gwaethygiad, gweithio'n agos gyda'r Pwyllgor Archwilio a Sicrwydd a chymathu â threfniadau cyffredinol y Bwrdd. |

| | |
|---|---|
| **Hanes yr Adroddiad** | Bydd yr adroddiad hwn yn eitem sefydlog ar agenda'r Bwrdd. |
| **Atodiadau** | Atodiad 1 - Crynodeb y Cadeirydd – Y Pwyllgor Addysg, Comisiynu ac Ansawdd |

# Atodiad 1

| | | | |
|---|---|---|---|
| **Dyddiad y Cyfarfod** | **29 Medi 2022** | **Eitem ar yr Agenda** | **4.6.1** |
| **Statws Rhyddid Gwybodaeth** | Agored | | |
| **Pwyllgor Adrodd** | Pwyllgor Addysg, Comisiynu ac Ansawdd | | |
| **Awdur yr Adroddiad** | Catherine English, Rheolwr Llywodraethu Corfforaethol | | |
| **Cadeiriwyd gan** | Tina Donnelly, Aelod Annibynnol | | |
| **Cyfarwyddwyr Gweithredol Arweiniol** | Lisa Llewelyn, Cyfarwyddwr Addysg Nyrsio a Gweithwyr Iechyd Proffesiynol; a'r<br>Athro Pushpinder Mangat, Cyfarwyddwr Meddygol | | |
| **Dyddiad y cyfarfod diwethaf** | 6 Medi 2022 | | |

**Crynodeb o'r materion allweddol a ystyriwyd gan y Pwyllgor ac unrhyw benderfyniadau cysylltiedig a wnaed:**

**Derbyniwyd datganiadau o ddiddordeb** gan yr Athro John Gammon, Dr. Ruth Hall, Tina Donnelly, yr Athro Pushpinder Mangat, yr Athro Margaret Allan, a'r Athro Tom Lawson mewn perthynas ag eitem agenda 2.1.4 Nyrsio ac Addysg Broffesiynol Iechyd fel Rhan o'r Adolygiad Strategol o Gam 2 Addysg (SREP2).

Derbyniodd a **nododd** y Pwyllgor adroddiad ar **Weithgarwch Sicrwydd Ansawdd y Ddeoniaeth Feddygol** a'r meysydd risg sydd â statws monitro uwch dan law y Cyngor Meddygol Cyffredinol ar hyn o bryd. Cafodd y Pwyllgor ei galonogi gan y lefel o archwilio a gaed ac roedd yn falch o weld materion yn symud yn eu blaenau.

Derbyniodd y Pwyllgor a nododd adroddiad ar y **Gweithgaredd Sicrhau Ansawdd Deoniaeth Deintyddiaeth,** a gadarnhaodd fod Hyfforddiant Craidd Deintyddol ar y cyfan yn is na'r llynedd a bod hyn yn cyd-fynd â'r duedd gyffredinol yn y DU.

Derbyniodd y Pwyllgor a nododd adroddiad ar Weithgaredd Sicrhau Ansawdd Deoniaeth Fferylliaeth a **gadarnhaodd fod y sefyllfa adrodd gyffredinol yn gadarnhaol heb unrhyw faterion o ansawdd mawr i'w nodi.** Amlygwyd cynnydd da o ran y Brentisiaeth Fodern.

Derbyniodd a **nododd** y Pwyllgor adroddiad ar **Weithgarwch Sicrwydd Ansawdd Addysg Nyrsio a Gweithwyr Iechyd Proffesiynol.** Amlygwyd fod yr ysgol nyrsio newydd ym Mhrifysgol Aberystwyth wedi agor a bod hyn yn ganlyniad uniongyrchol i un o'r contractau a gomisiynwyd dan Gam Un o'r Adolygiad Strategol o Addysg. Adroddwyd cynnydd da mewn perthynas â chyflwyno'r contractau yn ymwneud â Cham 2 yr Adolygiad Strategol o Addysg. Nododd y Pwyllgor y camau sy'n cael eu cynnal i gefnogi Ffisiotherapi, Therapi Galwedigaethol, a Lleoliadau Radiograffeg Diagnostig a bod y Cytundeb Lefel Lleol wedi'i gwblhau a'i gyhoeddi. Nododd y Pwyllgor hefyd bod y Cyfnod 2 Adolygu Strategol ar Addysg Broffesiynol Iechyd ar y trywydd iawn, mae'r fframwaith perfformiad ansawdd newydd bellach yn ei le a bod cynnydd da wedi'i wneud ar bontio Prifysgol De Cymru (PDC) o fyfyrwyr Bydwreigiaeth 2021 i'r Safonau Addysg Bydwreigiaeth newydd. Nodwyd bod y diweddariad ar yr Arolwg Cenedlaethol o Fyfyrwyr a'r cynlluniau gwella yn tynnu sylw at feysydd ffocws

Derbyniodd y Pwyllgor ddiweddariad ar **Weithgaredd y Tîm Efelychu** a nododd y cyflawniadau a'r gweithgareddau a gynhaliwyd gan y Tîm Efelychu dros y flwyddyn ddiwethaf. Cadarnhawyd bod y dull o fewn y strategaeth Efelychu ar sail aml-

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| ddisgyblaeth a bod Efelychu yn cael ei ystyried yn elfen hanfodol o ddull AaGIC o ymdrin ag addysg a hyfforddiant.<br><br>Derbyniodd y Pwyllgor a nododd ddiweddariad ar **Proses Symleiddio'r Gweithiwr Proffesiynol Perthynol i Iechyd (AHPau)** a gadarnhaodd fod y Tîm Gweithredol, yn ei gyfarfod ar 10 Awst, wedi penderfynu y byddai symleiddio yn parhau ar gyfer nyrsys, bydwragedd, cyswllt meddyg, ac ymarferwyr adran weithredu ac y byddai Symleiddio yn dod i ben ar gyfer gweithwyr iechyd proffesiynol perthynol a rhai gweithwyr proffesiynol ym maes gofal iechyd. Nododd y Pwyllgor farn aelodau'r bwrdd iechyd ac aelodau Grŵp Cynllunio'r Ymddiriedolaeth ar y flwyddyn olaf a'r trefniadau diwygiedig ar gyfer recriwtio 2023 o raddedigion ar gyfer proffesiynau perthynol i'r gwyddorau iechyd a gofal iechyd yng Nghymru fel y cymeradwywyd y tîm gweithredol ar 10 Awst 2022. |
| **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** |
| Amherthnasol |
| **Gweithred ddirprwyol gan y Pwyllgor** |
| AMHERTHNASOL |
| **Y prif ffynonellau gwybodaeth a dderbyniwyd** |
| • Diweddariadau Sicrwydd Ansawdd Addysg a Hyfforddiant Aml-Broffesiynol<br>• Adroddiad Gweithgaredd Tîm Efelychu<br>• **SYMLEIDDIO GWEITHIWR PROFFESIYNOL PERTHYNOL I IECHYD (AHP)** |
| **Uchafbwyntiau gan is-grwpiau sy'n adrodd wrth y pwyllgor hwn** |
| AMHERTHNASOL |
| **Materion a gyfeiriwyd at Bwyllgorau eraill** |
| AMHERTHNASOL |