

Bwrdd (Agored) - 26 Mai 2022

Thu 26 May 2022, 10:30 - 12:20

Zoom

Agenda

10:30 - 10:50
20 min

1. MATERION RHAGARWEINIOL

00 - Bwrdd Agenda (Agored) (220526)(F).pdf (2 pages)

1.1. Croeso a Chyflwyniadau

1.2. Ymddiheuriadau am Absenoldeb

1.3. Datganiad o Ddiddordeb

1.4. Stori am Wellhad

1.5. Cofnodion drafft y cyfarfod Bwrdd a gynhaliwyd ar 31 Mawrth 2022

1.5 - Cofnodion drafft y Cyfarfod Bwrdd a Gynhaliwyd ar (Agored) 220331 (F).pdf (11 pages)

1.6. Log Gweithredu'r cyfarfod Bwrdd a gynhaliwyd ar 31 Mawrth 2022

1.6 - Log Gweithredu'r Cyfarfod Bwrdd a Gynhaliwyd ar (Agored) 220331 (F).pdf (2 pages)

1.7. Materion yn Codi

10:50 - 11:10
20 min

2. ADRODDIADAU'R CADEIRYDD A'R PRIF WEITHREDWR

2.1. Adroddiad y Cadeirydd

2.1 - Adroddiad y Cadeirydd Mai 22.pdf (5 pages)

2.2. Adroddiad y Prif Weithredwr

2.2 - Adroddiad y Prif Weithredwr BD220526 (F).pdf (5 pages)

11:10 - 11:40
30 min

3. MATERION STRATEGOL

3.1. Cynllun Iechyd Meddwl y Gweithlu

3.1a - Cynllun Gweithlu Iechyd Meddwl Strategol ar gyfer Iechyd a Gofal Cymdeithasol BD220526 (F).pdf (5 pages)

3.1b - Draft Strategic Mental Health Workforce Plan.pdf (62 pages)

3.1c - Technical Document Consultation Report v0.5.pdf (33 pages)

3.2. Diweddariad ar Ddatblygiad Addysg a Hyfforddiant Aml-Broffesiynol mewn Gofal Syifaenol

English Catherine
05/26/2022 14:15:22

3.3. Lleoliadau Clinigol i Fyfyrrwyr Israddedig a Ariennir gan Fferylliaeth – Achos Busnes

📄 3.3a - Lleoliadau Clinigol wedi'u Cyllido ar gyfer Israddedigion Fferyllol.pdf (4 pages)

📄 3.3b - Appendix 1 - Pharmacy Business Case (F) - Copy.pdf (41 pages)

📄 3.3c - Supporting Info - Stakeholder Engagement – Advice and Comments.pdf (1 pages)

3.4. Cynllun Adnoddau

📄 3.4a - Cynllun Adnoddau AaGIC 2022-23.pdf (9 pages)

📄 3.4b - Appendix A Resource Plan 2022-23 (F).pdf (10 pages)

11:40 - 12:10
30 min

4. LLYWODRAETHU, CYFLAWNIAD A SICRWYDD

4.1. Adroddiad ar Gyflawniad (C4)

📄 4.1a - Adroddiad Perfformiad Integredig Diwedd Blwyddyn BD220526 (F).pdf (4 pages)

📄 4.1b - Appendix 1 Integrated Performance Report End of Year 2021-22 FINAL MCG Updated.pdf (20 pages)

📄 4.1c - Appendix 2 Performance Dashboard.pdf (1 pages)

📄 4.1d - Appendix 3 Year End 2021-22 Integrated Performance Report Reference Guide.pdf (15 pages)

4.2. Adroddiad y Cyfarwyddwr Cyllid

📄 4.2a - Adroddiad y Cyfarwyddwr Cyllid BD220526 (F).pdf (6 pages)

📄 4.2b - Appendix 1- Board Finance Paper.pdf (2 pages)

📄 4.2c - Appendix 2 - 2022-23 MMR Template - April HEIW .pdf (30 pages)

4.3. Cod Llywodraethu Corfforaethol

📄 4.3a - Cod Llywodraethu Corfforaethol BD220526 (F).pdf (3 pages)

📄 4.3b - Appendix 1 Corporate Governance Code BD220526 (F).pdf (11 pages)

4.4. Ystyried Adroddiad Materion Allweddol oddi wrth

4.4.1. Y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 12 Ebrill 2022

📄 4.1a - Adroddiad Perfformiad Integredig Diwedd Blwyddyn BD220526 (F).pdf (4 pages)

4.4.2. Y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 5 Mai 2022

📄 4.4.2a - Adroddiad Materion Allweddol AAC220505 - BD220526 (F).pdf (5 pages)

📄 4.4.2b - AAC Annual Report 2021-22 (F).pdf (11 pages)

4.5. Penderfyniadau Pwyllgor

📄 4.5 - Penderfyniadau Cyfarfodydd Caeedig (F).pdf (4 pages)

12:10 - 12:15
5 min

5. I'W NODI

5.1. Cofrestr Risg Gorfforaethol

📄 5.1a- Cofrestr Risgiau Corfforaethol (MAI22)(F).pdf (5 pages)

📄 5.1b - Appendix 1 - Corporate Risk Register (MAY22).pdf (7 pages)

6. MATERION ERAILL

6.1. Unrhyw Fater Brys Arall

6.2. Dyddiadau'r Cyfarfodydd Nesaf

ADDYSG A GWELLA IECHYD CYMRU (AaGIC)

Cyfarfod Bwrdd Agored – 10:30 – 12:20

i'w gynnal ddydd Iau, 26 Mai 2022

Zoom

AGENDA

RHAN 1	MATERION RHAGARWEINIOL	10:30-10:50
1.1	Croeso a Chyflwyniadau	Cadeirydd/Llafar
1.2	Ymddiheuriadau am Absenoldeb	Cadeirydd/Llafar
1.3	Datganiad o Ddiddordeb	Cadeirydd/Llafar
1.4	Stori am Wellhad	Cyfarwyddwr Addysg Nyrsio a Gweithwyr Iechyd Proffesiynol/ Cyflwyniad
1.5	Cofnodion drafft y cyfarfod Bwrdd a gynhaliwyd ar 31 Mawrth 2022	Cadeirydd/Atodiad
1.6	Log Gweithredu'r cyfarfod Bwrdd a gynhaliwyd ar 31 Mawrth 2022	Cadeirydd/Atodiad
1.7	Materion yn Codi	Cadeirydd/Llafar
RHAN 2	ADRODDIADAU'R CADEIRYDD A'R PRIF WEITHREDWR	10:50-11:10
2.1	Adroddiad y Cadeirydd	Cadeirydd/Atodiad
2.2	Adroddiad y Prif Weithredwr	Prif Weithredwr/ Atodiad
RHAN 3	MATERION STRATEGOL	11:10-11:40
3.1	Cynllun Iechyd Meddwl y Gweithlu	Prif Weithredwr/ Atodiad
3.2	Diweddariad ar Ddatblygiad Addysg a Hyfforddiant Aml-Broffesiynol mewn Gofal Sylfaenol	Prif Weithredwr/ Atodiad
3.3	Lleoliadau Clinigol i Fyfyrrwyr Israddedig a Ariennir gan Fferylliaeth – Achos Busnes	Cyfarwyddwr Meddygol /Atodiad
3.4	Cynllun Adnoddau	Cyfarwyddwr Cyllid/ Atodiad
RHAN 4	LLYWODRAETHU, CYFLAWNIAD A SICRWYDD	11:40-12:10
4.1	Adroddiad ar Gyflawniad (C4)	Cyfarwyddwr y Gweithlu a Datblygu'r Gyfundrefn / Atodiad
4.2	Adroddiad y Cyfarwyddwr Cyllid	Cyfarwyddwr Cyllid/ Atodiad
4.3	Safon Atebolrwydd ac Arweinyddiaeth Llywodraethu	Ysgrifennydd y Bwrdd/ Atodiad
4.4	Ystyried Adroddiad Materion Allweddol oddi wrth: <ul style="list-style-type: none"> 4.4.1 – Y Pwyllgor Archwilio a Sicrwydd a 	Cadeirydd y Pwyllgor / Atodiad

	gynhaliwyd ar 12 Ebrill 2022 • 4.4.2 – Y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 5 Mai 2022	
4.5	Penderfyniadau Pwyllgor	Ysgrifennydd y Bwrdd/ Atodiad
RHAN 5	I'W NODI	12:10-12:15
5.1	Cofrestr Risg Gorfforaethol	Ysgrifennydd y Bwrdd/ Atodiad
RHAN 6	MATERION ERAILL	12:15-12:20
6.1	Unrhyw Fater Brys Arall	Cadeirydd/Llafar
6.2	Dyddiadau'r Cyfarfodydd Nesaf: • Bwrdd AaGIC i'w gynnal ar 13 Mehefin 2022 drwy'r Ystafell Gynadledda, Tŷ Dysgu, Nantgarw, CF15 7QQ a Zoom • Bwrdd / Cyfarfod Cyffredinol Blynnyddol AaGIC i'w gynnal ar 28 Gorffennaf 2022 yn yr Ystafell Gynadledda, Tŷ Dysgu, Nantgarw, CF15 7QQ a Zoom	

Yn unol â darpariaeth Adran 1(2) o Ddeddf Cyrff Cyhoeddus (Mynediad i Gyfarfodydd) 1960, penderfynir gwahardd cynrychiolwyr y wasg, ac aelodau eraill o'r cyhoedd, o ran olaf y cyfarfod ar y sail y byddai'n niweidiol i les y cyhoedd oherwydd natur gyfrinachol y busnes a drafodir. Mae'r rhan hon o'r cyfarfod i'w chynnal mewn sesiwn breifat.

English Catherine
05/26/2022 14:57:22

Cofnodion Cyfarfod Bwrdd AaGIC heb eu cadarnhau
a gynhaliwyd am 10:40am ar 31 Mawrth 2022
trwy Zoom/Telegynadledda, trwy Dŷ Dysgu, Nantgarw

Yn bresennol

Dr Chris Jones	Cadeirydd
Dr Ruth Hall	Aelod Annibynnol
Gill Lewis	Aelod Annibynnol
Tina Donnelly	Aelod Annibynnol
Dr Heidi Phillips	Aelod Annibynnol
John Hill-Tout	Aelod Annibynnol
Jonathan Morgan	Aelod Annibynnol
Alex Howells	Prif Weithredwr
Athro. Pushpinder Mangat	Cyfarwyddwr Meddygol
Lisa Llewelyn	Cyfarwyddwr Addysg Nyrsio a Gweithwyr Proffesiynol Iechyd (Rhan)
Julie Rogers	Cyfarwyddwr y Gweithlu a Datblygiad Sefydliadol
Rhiannon Beckett	Cyfarwyddwr Dros Dro Cyllid

Mynychwyd gan:

Dafydd Bebb	Ysgrifennydd y Bwrdd
Sian Richards	Cyfarwyddwr Digidol
Nicola Johnson	Cyfarwyddwr Cynllunio a Pherfformiad
Huw Owen	Rheolwr Gwasanaethau'r Gymraeg
Liz Hargest	Rheolwr Datblygu Addysg
Urvisha Perez	Archwilio Cymru
Andrew Doughton	Archwilio Cymru
Catherine English	Rheolwr Llywodraethu Corfforaethol (Ysgrifenyddiaeth)

RHAN 1	MATERION CYCHWYNNOL	Gweithredu
3103/1.1	Croeso a Chyflwyniadau	
	Croesawodd y Cadeirydd bawb i'r cyfarfod, yn enwedig Urvisha Perez ac Andrew Doughton o Archwilio Cymru, a Liz Hargest a oedd yn bresennol i gyflwyno'r Stori Gwelliant. Cadarnhawyd bod cworwm yn bresennol.	
3103/1.2	Ymddiheuriadau	
	Derbyniwyd ymddiheuriadau gan Lisa Llewelyn, Cyfarwyddwr Addysg Nyrsio a Gweithwyr Proffesiynol Iechyd, a fyddai'n ymuno yn ddiweddarach.	
3103/1.3	Datganiadau Buddiannau	
	Ni dderbyniwyd unrhyw ddatganiadau buddiannau o ran agenda Bwrdd mis Mawrth.	
3103/1.4	Stori Gwelliant	
	Ymunodd Lisa Llewelyn â'r cyfarfod.	

	Derbyniodd y Bwrdd gyflwyniad gan Liz Hargest ar y sesiynau ymsefydlu ar y cyd ar gyfer gweithwyr cymorth gofal a diolchodd iddi am rannu ei gwaith hyd yn hyn.	
Penderfynwyd	Nodwyd y cyflwyniad	
3103/1.5	Derbyn a chadarnhau cofnodion cyfarfod y Bwrdd a gynhaliwyd ar 27 Ionawr 2022	
Resolved	Derbyniwyd cofnodion Bwrdd mis Ionawr a'u cymeradwyo fel cofnod cywir o'r cyfarfod.	
3103/1.6	Cofnod Gweithredu o gyfarfod y Bwrdd a gynhaliwyd ar 27 Ionawr 2022	
	Derbyniodd y Bwrdd y Cofnod Gweithredu a nododd nad oedd unrhyw gamau gweithredu heb eu cwblhau.	
Penderfynwyd	Nododd y Bwrdd y Cofnod Gweithredu	
3103/1.7	Materion yn codi	
	Nid oedd unrhyw faterion yn codi.	
PART 2	ADRODDIADAU'R CADEIRYDD A'R PRIF WEITHREDWR	
3103/2.1	Adroddiad y Cadeirydd	
	<p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Wrth gyflwyno ei adroddiad, nododd y Cadeirydd fod AaGIC mewn sefyllfa dda i chwarae rhan ganolog mewn llawer o'r materion y byddai'r GIG a'r sector gofal yn eu hwynebu wrth i'r pandemig COVID symud i fod yn endemig. Nodwyd y byddai'r blynyddoedd nesaf yn anodd wrth i'r wlad wella o effeithiau'r pandemig a bod AaGIC wedi cael cyfle i gyfrannu at yr adferiad hwnnw.</p> <p>Tynnodd y Cadeirydd sylw at y gwrthdaro parhaus yn yr Wcraïn a phwysigrwydd estyn allan at sydd wedi'u heffeithio. Calonogwyd y Cadeirydd gan yr ysbryd cefnogol a ddangoswyd gan y staff a'r Cymry a mynegodd ei obeithion am heddwch.</p> <p>Nodwyd mai hwn oedd diwrnod olaf Nicola Johnson gydag AaGIC. Diolchodd y Cadeirydd am ei gwaith caled a'i chyfraniad, yn enwedig wrth ddatblygu Cynllun Tymor Canolig Integredig AaGIC.</p> <p>Wrth dynnu sylw at waith y Grŵp Cyfeirio Rhanddeiliaid, cafodd y Cadeirydd ei galonogi gan lefel yr ymgysylltu a nododd bwysigrwydd gweithio mewn partneriaeth.</p> <p>Cadarnhaodd y Cadeirydd ei fod ef a'r Prif Weithredwr wedi cyfarfod â'u cymheiriaid yn 'Health Education England' (Addysg Iechyd Lloegr) a phwysleisiodd bwysigrwydd meithrin a chynnal perthynas waith effeithiol gyda gwledydd cartref eraill. Cyfarfu'r Cadeirydd hefyd ag Is-Ganghellor Prifysgol Glyndŵr, Wrecsam ac roedd yn falch o nodi sut yr oedd comisiynu AaGIC wedi cael effaith gadarnhaol ar gyfleoedd i ddysgu a hyfforddi yng Ngogledd Cymru.</p> <p>Tynnodd y Cadeirydd sylw at bwysigrwydd 'Mwy na Geiriau' a phwysleisiodd y cyfraniad sylweddol y gallai AaGIC ei wneud i</p>	

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	<p>weld yr iaith yn ffynnu yng Nghymru.</p> <p>Gofynnodd y Cadeirydd i'r Bwrdd gadarnhau Camau Gweithredu'r Cadeirydd a gymerwyd ar 1 Mawrth 2022 i'r Bwrdd gymeradwyo'r newidiadau i rolau'r Bwrdd a Phwyllgorau. Cadarnhawyd bod</p> <ul style="list-style-type: none"> • Ruth Hall wedi'i phenodi i swydd Is-Gadeirydd Bwrdd AaGIC. • Ruth Hall yn rhoi'r gorau i'w rôl fel Cadeirydd y Pwyllgor Addysg, Comisiynu ac Ansawdd. • Tina Donnelly yn cael ei phenodi i swydd Cadeirydd y Pwyllgor Addysg, Comisiynu ac Ansawdd. • Gill Lewis yn cael ei phenodi'n aelod llawn o'r Pwyllgor Addysg, Comisiynu ac Ansawdd. <p>Gofynnodd y Cadeirydd i'r Bwrdd hefyd gadarnhau Camau'r Cadeirydd a gymerwyd ar 23 Mawrth i gymeradwyo anfoneb Health Education England am £389,850 yn ymwneud â recriwtio meddygol a deintyddol.</p> <p>Cadarnhawyd, yn unol â Rheolau Sefydlog AaGIC, bod y Cadeirydd a'r Prif Weithredwr wedi cyflawni'r ddau Gam Gweithredu uchod ar ôl ymgynghori â'r Aelodau Annibynnol.</p> <p>Yn olaf, argymhellodd y Cadeirydd hefyd:</p> <ul style="list-style-type: none"> • Bod Ruth Hall yn ymddiswyddo fel aelod o'r Pwyllgor Archwilio a Sicrwydd. • Bod Jonathan Morgan yn cael ei benodi'n aelod o'r Pwyllgor Archwilio a Sicrwydd. 	
Penderfynwyd	<p>Y Bwrdd:</p> <ul style="list-style-type: none"> • nodi'r adroddiad er gwybodaeth; • cymeradwyo bod Ruth Hall yn ymddiswyddo fel aelod o'r Pwyllgor Archwilio a Sicrwydd; • cymeradwyo bod Jonathan Morgan yn cael ei benodi'n aelod o'r Pwyllgor Archwilio a Sicrwydd; • cadarnhau Cam Gweithredu 1 y Cadeirydd a gymerwyd ar 1 Mawrth 2022 i'r Bwrdd gymeradwyo: <ul style="list-style-type: none"> ○ Penodi Ruth Hall i swydd Is-Gadeirydd Bwrdd AaGIC. ○ Bod Ruth Hall yn rhoi'r gorau i'w rôl fel Cadeirydd y Pwyllgor Addysg, Comisiynu ac Ansawdd. ○ Penodi Tina Donnelly i swydd Cadeirydd y Pwyllgor Addysg, Comisiynu ac Ansawdd. ○ Penodi Gill Lewis yn aelod llawn o'r Pwyllgor Addysg, Comisiynu ac Ansawdd. • cadarnhau Cam Gweithredu 2 y Cadeirydd a gymerwyd ar 23 Mawrth 2022 i'r Bwrdd gymeradwyo anfoneb gan Health Education England am £389,850 yn ymwneud â recriwtio meddygol a deintyddol 	

English Catherine
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3103/2.2	Adroddiad y Prif Weithredwr Derbyniodd y Bwrdd yr adroddiad. <p>Gan amlinellu'r adroddiad yn gryno, cadarnhaodd Alex Howells fod yr ymgynghoriad ar y Cynllun Gweithlu Iechyd Meddwl wedi dod i ben ar 28 Mawrth a bod dros 200 o ymatebion wedi dod i law. Nodwyd y byddai'r ymatebion yn cael eu dadansoddi i alluogi'r camau gweithredu a'r costau cysylltiedig i gael eu cwblhau i'w cynnwys yn y cynllun. Cadarnhawyd y byddai'r cynllun yn cael ei gyflwyno i'r Bwrdd ym mis Mai.</p> <p>Amlygwyd bod AaGIC yn parhau i ddatblygu partneriaethau ar draws y sector iechyd a gofal a bod y ffocws nawr ar adeiladu'n ôl wrth annog cynaliadwyedd.</p> <p>Nododd Alex Howells fod AaGIC hanner ffordd drwy'r cyfarfodydd comisiynu blynyddol gyda Byrddau Iechyd ac Ymddiriedolaethau. Eglurwyd mai nod y cyfarfodydd hyn oedd rhyddhau atebolrwydd AaGIC i'r GMC ar gyfer datblygu, rheoli a rheoli ansawdd addysg a hyfforddiant meddygol a deintyddol ôl-raddedig yng Nghymru. Amlygwyd y bu ymgysylltu da gan sefydliadau a bod AaGIC yn anelu at ddatblygu'r rhain yn gyfarfodydd aml-broffesiynol o 2022-23.</p> <p>Ystyriodd y Bwrdd yr ymateb i Gynllun y Gweithlu Iechyd Meddwl ac fe'i calonogwyd gan lefel yr ymgysylltu. Cadarnhawyd y byddai dogfen dechnegol yr ymgynghoriad yn cael ei drafftio yn yr ychydig wythnosau nesaf a'i dosbarthu i'r Bwrdd er gwybodaeth.</p>	
Penderfynwyd	Y Bwrdd: <ul style="list-style-type: none"> • nodi'r adroddiad. • derbyn y ddogfen ymgynghori a'r cynllun ar ôl iddynt gael eu drafftio. 	AH
PART 3	MATERION STRATEGOL	
3103/3.1	Cymeradwyo'r Cynllun Integredig Tymor Canolig 2022-25 Derbyniodd y Bwrdd yr adroddiad. <p>Cyflwynodd Nicola Johnson y Cynllun Tymor Canolig Integredig (IMTP) 2022-25 terfynol i'w gymeradwyo gan y Bwrdd cyn ei gyflwyno i Lywodraeth Cymru. Amlygwyd bod Nodau ac Amcanion Strategol yr IMTP yn cefnogi cyflawni saith thema Strategaeth y Gweithlu a gweledigaeth a phwrrpas sefydliadol AaGIC.</p> <p>Ystyriodd y Bwrdd yr adroddiad a llongyfarchodd y Bwrdd y tîm ar ddatblygu cynllun uchelgeisiol a manwl.</p>	
Penderfynwyd	Cymeradwyodd y Bwrdd yr IMTP (2022-25), gan gynnwys yr Atodiadau manwl a'r Set Data Sylfaenol (MDS), i'w cyflwyno i Lywodraeth Cymru.	NJ
3103/3.2	Cynllun Ariannol a Strategaeth y Gyllideb	

	<p>Derbyniodd y Bwrdd yr adroddiad a oedd yn rhoi'r wybodaeth ddiweddaraf am y Dyraniad Refeniw a'r Cynllun Ariannol ar gyfer 2022-23.</p> <p>Eglurodd Rhiannon Beckett mai gofynion y Cynllun Ariannol ar gyfer 2022-23 oedd £307.514m a'r Dyraniad Cyllid Craidd ar gyfer 2022-23 i'w ddarparu gan Lywodraeth Cymru oedd £304.246m.</p> <p>Nodwyd bod y gwahaniaeth rhwng gofyniad yr IMTP a dyraniad refeniw Llywodraeth Cymru o £3.268m yn cynnwys achosion busnes sy'n hysbys ond yn amodol ar drafodaeth bellach neu elfennau ariannu nad yw'n rheolaidd a fydd yn cael eu hychwanegu at y dyraniad craidd yn ystod y flwyddyn.</p> <p>Ystyriodd y Bwrdd yr adroddiad a thrafodwyd y camau lliniaru i bontio'r bwlch sy'n deillio o unrhyw ymrwymadau heb eu hariannu a oedd yn cael eu dwyn ymlaen tra bod trafodaethau cyllid yn mynd rhagddynt gyda Llywodraeth Cymru. Cadarnhawyd bod y dyraniadau yn ystod y flwyddyn yn rhan o restr gytûn o eitemau a oedd wedi bod yn rhan o gyllid AaGIC am y tair blynedd diwethaf ac a oedd yn cwmpasu gwaith y gofynnwyd amdano gan Lywodraeth Cymru.</p>	
Penderfynwyd	<p>Y Bwrdd nodi:</p> <ul style="list-style-type: none"> • y Dyraniad Craidd a ragwelir ar gyfer 2022-23 ar gyfer AaGIC, • gwaith o gysoni'r Cynllun Ariannol ar gyfer 2022-23 a • y camau lliniaru i bontio'r bwlch sy'n codi o unrhyw ymrwymadau heb eu hariannu sydd i'w datblygu tra bod trafodaethau ariannu yn mynd rhagddynt gyda LIC. 	
RHAN 4	LLYWODRAETHU, PERFFORMIAD A SICRWYDD	
3103/4.1	Adroddiad y Cyfarwyddwr Cyllid	
	<p>Derbyniodd y Bwrdd Adroddiad y Cyfarwyddwr Cyllid.</p> <p>Wrth gyflwyno'r adroddiad, eglurodd Rhiannon Becket ei fod yn rhoi diweddariad ar y sefyllfa ariannol ym mis 11 o flwyddyn ariannol 2021/22 ac unrhyw gamau gweithredu sydd eu hangen i adennill costau ar ddiwedd y flwyddyn.</p> <p>Amlygwyd bod tanwariant o £336,352 gan AaGIC ym Mis 11, ac roedd y sefyllfa hon wedi'i hadrodd i Lywodraeth Cymru yn unol â gofynion y datganiad monitro a gyflwynwyd.</p> <p>Cadarnhawyd mai swyddi gwag o fewn y sefydliad oedd yn gyfrifol am y tanwariant yn y cyllidebau cyflog, a nodwyd bod ychydig o ad-drefnu cyllidebau i gydbwyso'r cynllun ariannol wedi'i wneud ar ddechrau'r flwyddyn. Nodwyd bod tanwariant o £8.65m wedi'i hysbysu i Lywodraeth Cymru yn ystod y flwyddyn ariannol a bod taliad olaf yn ôl o £3.650m wedi'i weithredu yn ystod mis 11.</p>	

English Catherine
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	<p>Nodwyd bod y Fantolen yn dangos cynnydd ym Malans y Credydwy'r a Chroniadau a bod hyn o ganlyniad i sut mae ein cytundebau addysg yn gweithredu. Y balans o arian parod ar ddiwedd y mis oedd £4.5m, a chadarnhawyd y byddai hyn yn cael ei gynnal i sicrhau ein bod yn gallu cyflawni ein rhwymedigaethau ar ddiwedd y flwyddyn.</p> <p>Cadarnhawyd, ar gyfer y cyfnod o fis Ebrill 2020 i fis Chwefror 2021, fod AaGIC wedi talu 96.5% o anfonebau nad oeddent yn ymwneud â'r GIG ac 83.92% o anfonebau'r GIG cyn pen 30 diwrnod.</p> <p>Ystyriodd y Bwrdd yr adroddiad a sut roedd contractau addysgol presennol wedi'u strwythuro fel bod taliadau'n seiliedig ar nifer y myfyrwyr o'r flwyddyn flaenorol hyd nes y darperir data myfyrwyr cywir ym mis Chwefror. Bydd contractau addysgol newydd yn cael eu talu ar sail lleoliadau a gomisiynir. O dan y trefniadau newydd, bydd angen i AaGIC adennill taliadau os na fydd myfyrwyr yn manteisio ar eu lleoliadau.</p>	
Penderfynwyd	<p>Y Bwrdd nodi:</p> <ul style="list-style-type: none"> • sefyllfa ariannol y tanwariant a adroddwyd ar gyfer AaGIC ym mis 11 a chatau gweithredu sy'n cael eu datblygu i fod yn gytbwys ar ddiwedd y flwyddyn, • yr eglurhad cryno o amrywiadau allweddol fesul Cyfarwyddiaeth, • y dyraniad Cyfalaf a'r gwariant hyd yma, a • sefyllfa'r Fantolen. 	
3103/4.2	Adroddiad Perfformiad (Ch3)	
	<p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Wrth gyflwyno'r adroddiad, eglurodd Nicola Johnson ei fod yn rhoi'r wybodaeth ddiweddaraf am berfformiad AaGIC ar gyfer Chwarter 3 2021-22. Cadarnhawyd bod AaGIC wedi gwneud cynnydd da o ran cyflawni ein 59 Amcan Strategol a'i fod wedi perfformio'n effeithiol yn ystod y cyfnod. Nodwyd bod un amcan wedi'i raddio'n goch, a phedwar amcan wedi'u cau.</p> <p>Roedd y Bwrdd yn falch o'r adroddiad ar ei ffurf newydd a diolchodd i Nicola Johnson a'i thîm am eu gwaith hyd yn hyn. Yna ystyriodd y Bwrdd amcan strategol 4.6, ac eglurwyd ei fod wedi'i raddio'n goch oherwydd na fyddai'r canlyniadau'n cael eu cyflawni erbyn diwedd y flwyddyn fel y cynlluniwyd. Cadarnhawyd bod cyfarfod arweinwyr hyfforddiant amlddisgyblaethol wedi ystyried sut y gellid cyfyngu ar gwmpas yr amcan hwn i gyflymu'r broses a bod cynnydd yn awr yn cael ei adrodd.</p>	
Penderfynwyd	Y Bwrdd nodi'r adroddiad er sicrwydd.	
3103/4.3	Proses Gymeradwyo ar gyfer comisiynu addysg fel rhan o'r Adolygiad Strategol Addysg Cam 2 (SREP2)	
	Derbyniodd y Bwrdd yr adroddiad.	

	<p>Wrth gyflwyno'r adroddiad, eglurodd Lisa Llewelyn ei fod yn amlinellu'r broses gymeradwyo arfaethedig ar gyfer comisiynu addysg fel rhan o Gam 2 o Adolygiad Strategol Addysg. Cadarnhawyd bod y broses arfaethedig wedi'i hamlinellu gan werth y contract yn unol â therfynau cymeradwyo ariannol dirprwyedig presennol AaGIC fel y manylir arnynt yn y Rheolau Sefydlog.</p> <p>Amlinellodd Lisa Llewelyn y cynigion yn gryno a chadarnhaodd eu bod wedi cael eu hystyried a'u cymeradwyo gan y Pwyllgor Comisiynu ac Ansawdd Addysg yn ei gyfarfod ar 3 Mawrth 2022.</p> <p>Ystyriodd y Bwrdd yr adroddiad ac yn arbennig cywirdeb y trefniadau llywodraethu. Nododd y Bwrdd y gofyniad i hysbysu Llywodraeth Cymru am gontractau sy'n gyfanswm o dros £1m a thrafododd sut roedd hynny'n cyd-fynd â'r cynnig y manylwyd arno yn yr adroddiad. Cadarnhawyd, er nad oedd y gofyniad i hysbysu Llywodraeth Cymru am gontractau dros £1m ar hyn o bryd yn cynnwys y contractau hynny sydd wedi'u cynnwys yn y Cynllun Addysg a Hyfforddiant Blynyddol, roedd Llywodraeth Cymru yn ystyried dileu'r eithriad hwn. Roedd y Bwrdd yn fodlon ar y trefniadau llywodraethu ac yn cefnogi'r cynigion.</p>	
Penderfynwyd	Cymeradwyodd y Bwrdd y broses gymeradwyo ar gyfer comisiynu contractau addysg newydd fel rhan o SREP2 fel y nodir ym mharagraff cynnig yr adroddiad.	
3103/4.4	Adroddiad Cydraddoldeb Blynyddol 2020/21	
	<p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Wrth gyflwyno'r adroddiad, eglurodd Julie Rogers fod gan AaGIC ddyletswydd o dan Reoliadau Deddf Cydraddoldeb 2010 (Dyletswyddau Statudol) (Cymru) 2011 i gynhyrchu a chyhoeddi Adroddiadau Cydraddoldeb Blynyddol. Cadarnhawyd bod yr adroddiad yn cwmpasu'r cyfnod o 1 Ebrill 2020 i 31 Mawrth 2021 ac yn amlygu ymrwymiad AaGIC i fod yn gyflogwr cynhwysol.</p> <p>Ystyriodd y Bwrdd yr adroddiad a chafodd ei galonogi gan ymrwymiad a chyfraniad y sefydliad i'r agenda cydraddoldeb ac amrywiaeth. Trafododd y Bwrdd y cynnydd da a adroddwyd a chytunwyd ei bod yn bwysig dathlu cyfraniad AaGIC. Cytunwyd y byddai'r Bwrdd yn cael gwybod am weithgareddau arfaethedig AaGIC fel rhan o Wythnos Cydraddoldeb ac Amrywiaeth ac y byddai'r Tîm Gweithredol yn ystyried ac yn rhoi cyngor ar sut i roi cyhoeddusrwydd i straeon newyddion da.</p>	
	<p>Y Bwrdd</p> <ul style="list-style-type: none"> • Cymeradwyo cyhoeddiad Adroddiad Cydraddoldeb Blynyddol AaGIC 2020-2021 erbyn 31 Mawrth 2022. • Cael gwybod am weithgareddau arfaethedig AaGIC fel rhan o Wythnos Cydraddoldeb ac Amrywiaeth. • Cytuno y byddai'r Tîm Gweithredol yn ystyried sut y gellid rhoi cyhoeddusrwydd i straeon newyddion da yn 	<p>JR</p> <p>JR</p> <p>JR</p>

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	ymwneud â Chynllun Cydraddoldeb Blynyddol a rhoi cyngor i'r Bwrdd	
3103/4.5	Adroddiad Bwlch Cyflog rhwng y Rhywiau 2020/21	
	<p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Gan ddarparu amlinelliaid byr o'r adroddiad, cadarnhaodd Julie Rogers mai'r dyddiad cau ar gyfer cyhoeddi gwybodaeth ar fwch cyflog rhwng y rhywiau bob blwyddyn oedd 31 Mawrth. Nodwyd bod rhai cyfyngiadau sylweddol ar allu AaGIC i effeithio ar y bwlch cyflog, gan gynnwys proffil y gweithlu meddygol a deintyddol. Fodd bynnag, cadarnhawyd nad oedd yr adroddiad yn nodi unrhyw ragfarn ar sail rhyw na gwahaniaethu.</p>	
Penderfynwyd	<p>Y Bwrdd</p> <ul style="list-style-type: none"> • nodi'r adroddiad drafft yn Atodiad 1. • cytuno y gellir cyhoeddi'r adroddiad ar 31 Mawrth 2022. 	JR
3103/4.6	Blaenraglen Waith 2022/23	
Penderfynwyd	<p>Y Bwrdd</p> <ul style="list-style-type: none"> • cymeradwyo Blaenraglen Waith y Bwrdd 2022/23. • nodi y dylai Cynllun Gweithlu Iechyd Meddwl gael ei drefnu ar gyfer Mai 2022. 	DB
3103/4.7	Adroddiadau Materion Allweddol	
3103/4.7.1	Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 7 Chwefror 2022	
	<p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Rhoddodd Cadeirydd y Pwyllgor trosolwg byr o'r adroddiad, a oedd yn nodi'r prif faterion a drafodwyd yn y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 7 Chwefror 2022.</p> <p>Nodwyd bod oedi gyda'r rhaglenni archwilio mewnol ac allanol, er bod yr Archwilwyr Mewnol yn hyderus y byddant yn gallu cyhoeddi Barn Archwilio.</p> <p>Cadarnhawyd bod y Pwyllgor wedi cael y wybodaeth ddiweddaraf am y Pecyn Cymorth Llywodraethu Gwybodaeth a'i fod yn falch o'r cynnydd a adroddwyd.</p>	
Penderfynwyd	Nododd y Bwrdd y diweddariad er sicrwydd.	
3103/4.7.2	Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 18 Ionawr 2022	
	<p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Rhoddodd Cadeirydd y Pwyllgor trosolwg byr o'r adroddiad a oedd yn nodi'r prif faterion a drafodwyd yn y Pwyllgor Comisiynu ac Ansawdd Addysg a gynhaliwyd ar 18 Ionawr 2022.</p>	
Penderfynwyd	Nododd y Bwrdd y diweddariad er sicrwydd.	
3103/4.7.3	Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 3 Mawrth 2022	
	Derbyniodd y Bwrdd yr adroddiad.	

	<p>Rhoddodd Cadeirydd y Pwyllgor trosolwg byr o'r adroddiad a oedd yn nodi'r prif faterion a drafodwyd yn y Pwyllgor Comisiynu ac Ansawdd Addysg a gynhaliwyd ar 3 Mawrth 2022.</p> <p>Cadarnhawyd bod y Pwyllgor wedi ystyried adroddiad ar y Broses Gymeradwyo ar gyfer Comisiynu Addysg fel Rhan o Adolygiad Strategol Addysg, Cam 2 (SREP2), a oedd yn crynhoi'r broses gymeradwyo arfaethedig ar gyfer comisiynu addysg newydd fel rhan o SREP2. Adolygodd y Pwyllgor y cynigion a nododd fod trafodaethau gyda Llywodraeth Cymru yn parhau i fynd rhagddynt i egluro eu gofynion adrodd a allai effeithio ar y broses gymeradwyo. Cadarnhawyd bod y Pwyllgor wedi argymhell bod Bwrdd AaGIC yn cefnogi'r broses gymeradwyo ar gyfer SREP2, a nodwyd bod y mater wedi'i ystyried yn gynharach gan y Bwrdd fel eitem agenda ar wahân</p>	
Penderfynwyd	<p>Y Bwrdd:</p> <ul style="list-style-type: none"> • Nodi cynnwys yr adroddiad er sicrwydd • Nodi'r argymhelliad bod y Bwrdd yn cefnogi'r Broses Gymeradwyo ar gyfer Comisiynu Addysg fel Rhan o Adolygiad Strategol Addysg Cam 2 (SREP2). Roedd hyn eisoes wedi'i ystyried gan y Bwrdd ym mis Mawrth fel eitem agenda ar wahân. 	
3103/4.8	Parodrwydd i Dderbyn Risg a Goddefgarwch Risg	
	<p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Wrth gyflwyno'r adroddiad, eglurodd Dafydd Bebb fod Parodrwydd i Dderbyn Risg a Goddefgarwch Risg AaGIC yn cael eu gosod yn flynyddol gan y Bwrdd yn unol â'r Polisi Rheoli Risg. Cadarnhawyd mai pwrpas y ddogfen oedd amlinellu natur a maint y risg y mae'r Bwrdd yn fodlon ei gymryd o ran cyflawni ei amcanion strategol a bod y ddogfen wedi ei hystyried yn Sesiwn Datblygu'r Bwrdd ym mis Chwefror.</p> <p>Tynnodd Dafydd Bebb sylw at y ffaith bod dau newid wedi'u cynnig yn dilyn Sesiwn Datblygu'r Bwrdd ym mis Chwefror yn y ddogfen Parodrwydd i Dderbyn Risg a Goddefgarwch Risg. Y cyntaf oedd cryfhau'r diffiniad a'r gwahaniaeth rhwng Parodrwydd i Dderbyn Risg a Goddefgarwch Risg. Yr ail oedd sicrhau bod y Goddefgarwch Risg yn adlewyrchu'r ffaith bod AaGIC wedi nodi gwarged yn y tair blynedd ariannol ddiwethaf a'r ffordd orau o reoli'r cyfleoedd sy'n deillio o'r gwarged.</p> <p>Ystyriodd y Bwrdd yr adroddiad a thrafodwyd pa mor aml y mae'r Bwrdd yn adolygu parodrwydd i dderbyn risg. Cytunwyd mai blynyddol oedd yr amllder cywir ond nodwyd parodrwydd y Bwrdd i'w adolygu'n amlach pe bai angen.</p>	
Penderfynwyd	Cymeradwydd y Bwrdd ddogfen wedi'i diweddaru AaGIC - Parodrwydd i Dderbyn Risg a Goddefgarwch Risg sy'n cynnwys y diwygiadau a amlygwyd yn adran cynigion yr adroddiad.	
3103/4.9	Cofrestr Risg Gorfforaethol a Risg Strategol	
	Derbyniodd y Bwrdd yr adroddiad.	

	<p>Cadarnhaodd Dafydd Bebb fod yr adroddiad yn rhoi trosolwg o'r risgiau a nodir ar hyn o bryd yn y Gofrestr Risg Corfforaethol (CRR) a gofynnodd bod Risgiau Strategol AaGIC yn cael eu cymeradwyo.</p> <p>Cadarnhawyd bod y CRR yn cynnwys deuddeg risg, pedwar coch ac wyth melyn. Roedd y Pwyllgor Archwilio a Sicrwydd wedi dileu un risg werdd (Risg 16) yn ei gyfarfod diwethaf ar 7 Chwefror 2022, ac roedd tri risg coch newydd (Risg 24, 25 a 26) wedi'u hychwanegu at y CRR ers i'r Bwrdd ei adolygu diwethaf.</p> <p>Nodwyd bod Risgiau Strategol AaGIC yn cael eu hadolygu'n flynyddol a'u bod yn rhan allweddol o Fframwaith Sicrwydd Bwrdd AaGIC. Cadarnhawyd bod y Risgiau Strategol wedi'u hystyried yn Sesiynau Datblygu'r Bwrdd ym mis Rhagfyr a mis Chwefror a'u bod wedi'u diweddarau i gyd-fynd â'n Hamcanion Strategol diwygiedig.</p> <p>Ystyriodd y Bwrdd yr adroddiad, ac awgrymwyd cynnwys recriwtio rhyngwladol o dan Risg Strategol 7 'Gwybodaeth a Data'r Gweithlu'.</p>	
	<p>Y Bwrdd:</p> <ul style="list-style-type: none"> • Nodwyd yr adroddiad o ran y CRR er sicrwydd. • Cymeradwyo Risgiau Strategol AaGIC. • Cymeradwyo cynnwys recriwtio rhyngwladol o dan Risg Strategol 7 'Gwybodaeth a Data'r Gweithlu'. 	
3103/4.10	Penderfyniadau Pwyllgor Mewnol	
	Darparodd y Cadeirydd trosolwg byr o'r adroddiad ac eglurodd ei fod yn nodi'r prif faterion a drafodwyd yng Nghyfarfod Bwrdd y Pwyllgor Mewnol a gynhaliwyd ar 27 Ionawr 2022.	
Penderfynwyd	Nododd y Bwrdd yr adroddiad er gwybodaeth.	
RHAN 5	I NODI	
3103/5.1	Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau – mis Ionawr 2022	
Penderfynwyd	Nododd y Bwrdd yr adroddiad er gwybodaeth.	
3103/5.2	Adroddiad Archwilio Blynyddol Archwilio Cymru 2021	
Penderfynwyd	Nododd y Bwrdd Adroddiad Blynyddol Archwilio Cymru 2021 er sicrwydd.	
RHAN 6	UNRHYW FATER ARALL	
3103/6.1	Unrhyw Fater Brys Arall	
	Dim	
3103/6.2	Dyddiad y Cyfarfod Nesaf	
	<p>Dyddiadau'r Cyfarfodydd Nesaf:</p> <ul style="list-style-type: none"> • Sesiwn Datblygu Bwrdd AaGIC i'w gynnal ar 28 Ebrill 2022 i'w gynnal trwy Microsoft Teams/Telegynhadledd a Tŷ Dysgu • Bwrdd AaGIC i'w gynnal ar 26 Mai 2022 i'w gynnal trwy Zoom/Telegynhadledd a Tŷ Dysgu 	
	Penderfynodd y Bwrdd fynd i Bwyllgor Mewnol	

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.....
Chris Jones (Cadeirydd)

.....
Dyddiad:

Unconfirmed

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Bwrdd AaGIC (Agored)
31 Mawrth 2022
Cofnod o Gamau Gweithredu

(Mae'r Daflen o Gamau Gweithredu hefyd yn cynnwys camau y cytunwyd arnynt mewn cyfarfodydd blaenorol o Fwrdd Agored AaGIC ac sy'n aros i gael eu cwblhau neu wedi'u hamserlennu i'w hystyried gan y Bwrdd yn y dyfodol. Mae'r rhain wedi'u tywyllu yn yr adran gyntaf. Pan gânt eu cymeradwyo gan y Bwrdd, bydd y camau gweithredu hyn yn cael eu tynnu oddi ar y daflen weithredu treigl.)

Cyfeirnod y Cofnod	Cam Gweithredu y cytunwyd arno	Arweinydd	Dyddiad Targed	Cynnydd / Wedi'i gwblhau
3103/2.2	Adroddiad y Prif Weithredwr			
	<ul style="list-style-type: none"> Dogfen dechnegol y Cynllun Gweithlu Iechyd Meddwl i'w dosbarthu i'r Bwrdd ar ôl iddi gael ei drafftio. 	Prif Weithredwr	Mai 2022	Cwblhawyd – ar agenda'r Bwrdd ar 26 Mai.
3103/3.1	IMTP			
	<ul style="list-style-type: none"> IMTP (2022-25) gan gynnwys yr Atodiadau manwl a Set Ddata Sylfaenol (MDS) i'w cyflwyno i Lywodraeth Cymru ar 31 Mawrth 2022. 	Cyfarwyddwr Cynllunio a Pherfformiad	31 Mawrth 22	Cwblhawyd
3103/4.4	Cynllun Cydraddoldeb Blynnyddol			
	<ul style="list-style-type: none"> JR i rannu gyda'r Bwrdd yr hyn y mae AaGIC yn ei wneud fel rhan o Wythnos Cydraddoldeb, Amrywiaeth a Chynhwysiant. 	Cyfarwyddwr Gweithlu a Datblygu Sefydliadol	3 diwrnod	Cwblhawyd
	<ul style="list-style-type: none"> Adroddiad Cydraddoldeb Blynnyddol AaGIC 2020-2021 i'w gyhoeddi erbyn 31 Mawrth 2022 	Cyfarwyddwr Gweithlu a Datblygu Sefydliadol	31 Mawrth 22	Cwblhawyd
3103/4.5	Adroddiad Bwlch Cyflog rhwng y Rhywiau			
	<ul style="list-style-type: none"> Bwlch Cyflog rhwng y Rhywiau AaGIC 2020-2021 i'w gyhoeddi erbyn 31 Mawrth 2022 	Cyfarwyddwr Gweithlu a Datblygu Sefydliadol	31 Mawrth 22	Cwblhawyd



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

3103/4.6	Blaenraglen Waith y Bwrdd 2022/23			
	<ul style="list-style-type: none">Cynllun Gweithlu Iechyd Meddwl i'w ychwanegu i gael ei ystyried ym mis Mai 22	Ysgrifennydd y Bwrdd	3 diwrnod	Cwblhawyd

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

Dyddiad y Cyfarfod	26 Mai 2022	Eitem Agenda	2.1
Teitl yr Adroddiad	Adroddiad y Cadeirydd		
Awdur yr Adroddiad	Dr Chris Jones, Cadeirydd		
Noddwr Yr Adroddiad	Dr Chris Jones, Cadeirydd		
Cyflwynwyd gan	Dr Chris Jones, Cadeirydd		
Rhyddid gwybodaeth	Agored		
Camau penodol sydd eu hangen	<p>Gofynnir i'r Bwrdd:</p> <ul style="list-style-type: none">• nodi'r adroddiad er gwybodaeth;• cymeradwyo penodi Tina Donnelly yn aelod o'r Pwyllgor Archwilio a Sicrwydd;• cadarnhau Cam Gweithredu 1 y Cadeirydd a gymerwyd ar 7 Ebrill i'r Bwrdd gymeradwyo gweithredu'r Cylchlythyr Cyflog gan Gyfarwyddwr Gweithlu a Busnes Corfforaethol Llywodraeth Cymru ac a gefnogwyd gan y Pwyllgor Cydnabyddiaeth a Thelerau Gwasanaeth yn ei gyfarfod ar 31 Mawrth.• cadarnhau Cam Gweithredu 2 y Cadeirydd a gymerwyd ar 11 Ebrill i gymeradwyo'r cynnig a amlinellwyd ym mharagraff 3 y papur ar Gyflogau Cychwynnol i gyn Staff Prifysgol Caerdydd wrth drosglwyddo i Gontract Agenda ar gyfer Newid y GIG ac a gefnogwyd gan y Pwyllgor Cydnabyddiaeth a Thelerau Gwasanaeth yn ei gyfarfod ar 31 Mawrth.• cadarnhau Cam Gweithredu 3 y Cadeirydd a gymerwyd ar 11 Ebrill i gadarnhau'r telerau ar gyfer ymddeol a phenodi Pushpinder Mangat fel Cyfarwyddwr Meddygol AaGIC fel yr amlinellir yn y papur ar Benodi Cyfarwyddwr Meddygol ar ôl Ymddeol ac a gefnogwyd gan y Pwyllgor Cydnabyddiaeth a Thelerau Gwasanaeth yn ei gyfarfod ar 31 Mawrth.• cadarnhau Cam Gweithredu 4 y Cadeirydd a gymerwyd ar 11 Ebrill i gymeradwyo'r bwriad i recriwtio'r swydd Cyfarwyddwr Digidol fel yr amlinellir yn yr adroddiad ar Recriwtio i Swydd Cyfarwyddwr Datblygu Digidol ac a gefnogwyd gan y Pwyllgor		

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	Cydnabyddiaeth a Thelerau Gwasanaeth yn ei gyfarfod ar 31 Mawrth.
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ADRODDIAD Y CADEIRYDD

1. PWRPAS YR ADRODDIAD

Diben yr adroddiad hwn yw rhoi'r wybodaeth ddiweddaraf i'r Bwrdd am yr ystod o weithgareddau a chyfarfodydd a gynhaliwyd gan Gadeirydd AaGIC, Is-gadeirydd, a Chadeiryddion y Pwyllgor Archwilio a Sicrwydd a'r Pwyllgor Addysg, Comisiynu ac Ansawdd ers cyfarfod diwethaf y Bwrdd.

2. ADRODDIAD Y CADEIRYDD

2.1 Cyflwyniad

Croeso i Fwrdd Mai 2022. Mae cyfarfod y Bwrdd heddiw yn cael ei gynnal drwy Zoom.

Mae pwysigrwydd y gwaith a wneir gan AaGIC wedi'i amlygu'n fanwl wrth i'r GIG a gwasanaethau gofal yng Nghymru wynebu heriau'n dwysáu i ddiwallu anghenion y boblogaeth.

Heb os, mae cyfnod endemig COVID yn arwain at lai o dderbyniadau i'r ysbyty ond mae'n dal i gael effaith sylweddol ar y ffordd y gellir darparu gwasanaethau clinigol a gofal. Mae'r GIG a'r gwasanaethau gofal yn ymdrechu i ateb y galw mewn gofal brys tra'n ymdrechu i fynd i'r afael â'r system gofal arfaethedig. Yr Hydref hwn bydd rhaglen atgyfnerthu brechlynnau arall ar gyfer grwpiau sydd mewn perygl.

Mae'r rhyfel yn yr Wcráin yn parhau ac mae Cymru'n derbyn ffoaduriaid sy'n ffoi rhag perygl. Yr ydym yn awr yn wynebu pwysau ar yr economi gan arwain at gostau byw cynyddol, chwyddiant, a bygythiad dirwasgiad. Yn anochel, bydd yr effeithiau'n cael eu teimlo galetaf ar rannau tlotaf ein poblogaeth a byddant yn cael effaith andwyol ar y bobl fwyaf agored i niwed. Nid yw'r staff sy'n gweithio ym maes iechyd a gofal cymdeithasol yn ddiogel rhag yr effeithiau hyn – nid yw ein myfyrwyr a'n hyfforddeion ychwaith. Mae'r farchnad lafur yn dynn iawn. Ar hyn o bryd, mae mwy o swyddi gwag na sydd o bobl di-waith. Nid yw'n syndod bod materion yn ymwneud â'r gweithlu yn nodwedd gyffredinol ar draws y broses o ddarparu ac ailgynllunio iechyd a gofal cymdeithasol. Mae gan AaGIC rôl bwysig o ran sicrhau hyfforddiant, addysg, cynllunio'r gweithlu, a chefnogi recriwtio a chadw staff. Er bod rhaid ymateb i anghenion tymor byr ar unwaith, mae angen i'r gofynion cynllunio gweithlu tymor canolig i hirdymor ddod yn ganolog hefyd. Mae ein IMTP, a gyflwynwyd fis diwethaf, yn canolbwyntio ar gyflawni ein strategaeth gweithlu. Ni ellir tanddatgan pwysigrwydd arweinyddiaeth dosturiol a chyfunol ar hyn o bryd. Mae'r agenda ar gyfer heddiw yn cynnwys cynllun gweithlu iechyd meddwl, a chynigion i ddatblygu addysg a hyfforddiant amlbroffesiynol mewn gofal sylfaenol.

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Mae cyfarfodydd Cadeiryddion y GIG wedi canolbwyntio'n fawr ar adferiad y GIG – yn arbennig, gofal wedi'i gynllunio a gofal brys ac argyfwng, datblygu gweithrediaeth GIG, arweinyddiaeth dosturiol, a chynllunio olyniaeth

Mae amser Dr Heidi Phillips fel Aelod Annibynnol bellach wedi dod i ben. Mae Heidi wedi dod ag egni a brwdfrydedd mawr ac rydym yn ddiolchgar iawn am ei hymrwymiad a'i chyfraniad i AaGIC. Rwyf wedi cychwyn y broses o benodi aelod Annibynnol newydd.

2.2 Penodi i'r Pwyllgor Archwilio a Sicrwydd

Mae Cylch Gorchwyl y Pwyllgor Archwilio a Sicrwydd yn darparu y dylai'r Pwyllgor gynnwys o leiaf dri aelod annibynnol. Yn dilyn newid i aelodaeth y Pwyllgor ym mis Mai, dim ond dau aelod sydd gan y Pwyllgor ar hyn o bryd, ac felly gwahoddir y Bwrdd i gadarnhau penodiad trydydd aelod i'r Pwyllgor. Cynigir bod y Bwrdd yn cadarnhau penodiad Tina Donnelly fel aelod o'r Pwyllgor Archwilio a Sicrwydd tan fis Medi 2022 i gyd-fynd ag ailbenodi'r pwyllgor.

2.3 Adroddiad yr Is-gadeirydd

Yng nghyfarfod Is-gadeiryddion y GIG ym mis Mai, trafodwyd gofyniad y Gweinidog i gynyddu capasiti gofal cymunedol erbyn mis Hydref 2022; roedd yr agweddau a godwyd yn cynnwys cysylltu â llywodraeth leol, goblygiadau i'r gweithlu, a'r amserlen heriol ar gyfer gweithredu. Mae cefnogi lles meddyliol yn fenter a adferwyd yn ddiweddar yn dilyn COVID, dan arweiniad Llywodraeth Cymru gydag lechyd Cyhoeddus Cymru. Cyflwynwyd ceisiadau am adborth i'r gwaith cynnar a wnaethpwyd.

Cyfarfu'r Is-gadeiryddion â'r Dirprwy Weinidog, Julie Morgan, ar 18 Mai, i drafod gwasanaethau i bobl ag anabledd dysgu ac anhwylderau niwroddatblygiadol. Pwysleisiodd ei hymrwymiad i'r meysydd hyn a'r angen i'w hyrwyddo a'u blaenoriaethu.

2.4 Adroddiad y Cadeirydd ar y Grŵp Cyfeirio Rhanddeiliaid (SRG)

Cynhaliwyd ail gyfarfod yr SRG ar 25 Ebrill ac unwaith eto roedd llawer yn bresennol. Rhoddodd Rhiannon Windsor, Pennaeth Datblygu Sefydliadol a Chynhwysiant, gyflwyniad cynhwysfawr iawn ar yr ystod o waith sy'n cael ei wneud yn AaGIC o ran cydraddoldeb ac amrywiaeth, o fewn y sefydliad a thrwy ein rôl arwain system.

Cawsom gyflwyniad hefyd gan Lisa Llewelyn, Cyfarwyddwr Nyrsio ac Addysg Broffesiynol Iechyd, yn amlinellu'r dull a ddefnyddir i adolygu addysg ôl-gofrestru (Adolygiad Strategol Cam 2 Addysg Broffesiynol Iechyd) y bydd aelodau'r Bwrdd yn ymwybodol ei fod yn cael ei gynnal mewn nifer o brosiectau caffael, gan adlewyrchu natur arbenigol pob rhaglen. Rhoddodd Lisa Llewelyn ddiweddariad hefyd ar ddatblygu'r Cynllun Comisiynu Addysg a Hyfforddiant, gan grynhwio'r adborth a gafwyd gan rhanddeiliaid yn ogystal â'r amserlen fanwl. Un o'r themâu o'r adborth oedd diffyg eglurder i rai partneriaid am y broses o gomisiynu addysg a hyfforddiant, ac felly cynhaliwyd cyfarfod dilynol ar 17 Mai. Cynhelir y cyfarfod nesaf ar 6 Mehefin a bydd yn cynnwys datblygiadau arweinyddiaeth, y cynllun gweithlu iechyd meddwl strategol, a'r cynllun comisiynu addysg a hyfforddiant. yr ydym yn ddiolchgar i'n holl bartneriaid

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am gefnogi'r cyfarfodydd hyn ac mae'n amlwg y bydd yn fecanwaith gwerthfawr i'r sefydliad.

2.5 Gweithredoedd y Cadeirydd

2.5.1 Gweithred y Cadeirydd 1

Bu Gweithred y Cadeirydd ar 7 Ebrill i gymeradwyo gweithredu'r cylchlythyr cyflog dyddiedig 31 Mawrth 2022 (Cylchlythyr Cyflog) gan Gyfarwyddwr Gweithlu a Busnes Corfforaethol Llywodraeth Cymru a oedd yn cynnwys ychwanegiad dros dro ar gyfer staff y GIG, yn unol ag argymhelliad y Sefydliad Cyflog Byw, a oedd i'w ailystyried ar ôl cadarnhau'r Dyfarniad Agenda ar gyfer Newid llawn ar gyfer 2022/23. Cafodd y cylchlythyr cyflog ei ystyried a'i gefnogi gan y Pwyllgor Cydnabyddiaeth a Thelerau Gwasanaeth yn ei gyfarfod ar 31 Mawrth a argymhellodd y dylid eu cymeradwyo gan y Bwrdd.

Yn unol â Rheolau Sefydlog AaGIC, cymerwyd Gweithred y Cadeirydd gan y Cadeirydd a'r Prif Weithredwr ar ôl ymgynghori'n gyntaf â dau Aelod Annibynnol.

Cadarnhau Gweithredu y Cadeirydd 1

Gofynnir i'r Bwrdd gadarnhau Gweithred y Cadeirydd (1) a wnaed ar 7 Ebrill i gymeradwyo gweithredu'r Cylchlythyr Cyflog gan Gyfarwyddwr Gweithlu a Busnes Corfforaethol Llywodraeth Cymru ac a gefnogwyd gan y Pwyllgor Cydnabyddiaeth a Thelerau Gwasanaeth yn ei gyfarfod ar 31 Mawrth.

2.5.2 Gweithred y Cadeirydd 2

Bu Gweithred y Cadeirydd ar 11 Ebrill i gymeradwyo'r cynigion a amlinellwyd ym mharagraff 3 o'r papur ar Gyflogau Cychwynnol i gyn Staff Prifysgol Caerdydd ar drosglwyddiadau mewnol i Gontract Agenda ar gyfer Newid y GIG a ystyriwyd yn y Pwyllgor Cydnabyddiaeth a Thelerau Gwasanaeth yn ei gyfarfod ar 31 Mawrth. Yn y cyfarfod hwnnw, roedd y Pwyllgor wedi cefnogi'r cynigion hyn ac wedi argymhell y dylid eu cymeradwyo gan y Bwrdd.

Yn unol â Rheolau Sefydlog AaGIC, cymerwyd Gweithred y Cadeirydd gan y Cadeirydd a'r Prif Weithredwr ar ôl ymgynghori'n gyntaf â dau Aelod Annibynnol.

Cadarnhau Gweithredu y Cadeirydd 2

Gofynnir i'r Bwrdd gadarnhau Gweithredu y Cadeirydd (2) a wnaed ar 11 Ebrill i gymeradwyo'r cynnig a amlinellir ym mharagraff 3 y papur ar Gyflogau Cychwynnol i gyn Staff Prifysgol Caerdydd wrth drosglwyddo i Gontract Agenda ar gyfer Newid y GiG ac a gefnogwyd gan y Pwyllgor Cydnabyddiaeth a Thelerau Gwasanaeth yn ei gyfarfod ar 31 Mawrth.

2.5.3 Gweithred y Cadeirydd 3

Bu Gweithred y Cadeirydd ar 11 Ebrill i gadarnhau'r telerau ar gyfer ymddeol a phenodi Pushpinder Mangat fel Cyfarwyddwr Meddygol AaGIC, fel yr amlinellir yn y papur ar Benodi Cyfarwyddwr Meddygol ar ôl Ymddeol, a ystyriwyd yn y Pwyllgor Cydnabyddiaeth a Thelerau Gwasanaeth yn ei gyfarfod ar 31 Mawrth.

Yn unol â Rheolau Sefydlog AaGIC, cymerwyd Gweithred y Cadeirydd gan y Cadeirydd a'r Prif Weithredwr ar ôl ymgynghori'n gyntaf â dau Aelod Annibynnol.

Cadarnhau Gweithredu y Cadeirydd 3

Gofynnir i'r Bwrdd gadarnhau Gweithredu y Cadeirydd (3) a gynhaliwyd ar 11 Ebrill i gadarnhau'r telerau ar gyfer ymddeol a phenodi Pushpinder Mangat fel Cyfarwyddwr Meddygol AaGIC fel yr amlinellir yn y papur ar Benodi Cyfarwyddwr Meddygol ar ôl Ymddeol ac a gefnogwyd gan y Pwyllgor Cydnabyddiaeth a Thelerau Gwasanaeth yn ei gyfarfod ar 31 Mawrth.

2.5.4 Gweithred y Cadeirydd 4

Bu Gweithredu y Cadeirydd ar 11 Ebrill i gymeradwyo'r bwriad i recriwtio'r swydd Cyfarwyddwr Digidol fel yr amlinellir yn yr adroddiad ar Recriwtio i Swydd Cyfarwyddwr Datblygu Digidol ac a ystyriwyd gan y Pwyllgor Cydnabyddiaeth a Thelerau Gwasanaeth yn ei gyfarfod ar 31 Mawrth. Yn y cyfarfod hwnnw, roedd y Pwyllgor wedi cefnogi'r broses recriwtio arfaethedig ac argymhellodd y dylai gael ei gymeradwyo gan y Bwrdd.

Yn unol â Rheolau Sefydlog AaGIC, cymerwyd Gweithred y Cadeirydd gan y Cadeirydd a'r Prif Weithredwr ar ôl ymgynghori'n gyntaf â dau Aelod Annibynnol.

Cadarnhau Gweithredu y Cadeirydd 4

Gofynnir i'r Bwrdd gadarnhau Gweithred y Cadeirydd a gynhaliwyd ar 11 Ebrill i gymeradwyo'r bwriad i recriwtio'r swydd Cyfarwyddwr Digidol fel yr amlinellir yn yr adroddiad ar Recriwtio i Swydd Cyfarwyddwr Datblygu Digidol ac a gefnogwyd gan y Pwyllgor Cydnabyddiaeth a Thelerau Gwasanaeth yn ei gyfarfod ar 31 Mawrth.



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Health Education and
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Dyddiad y Cyfarfod	26 Mai 2022	Eitem Agenda	2.2
Teitl yr Adroddiad	Adroddiad y Prif Weithredwr – Mai 2022		
Awdur yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Noddwr yr Adroddiad	Alex Howells, Prif Weithredwr		
Cyflwynwyd gan	Alex Howells, Prif Weithredwr		
Rhyddid Gwybodaeth	Agored		

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ADRODDIAD Y PRIF WEITHREDWR – MAI 2022

1. CYFLWYNIAD

Dros yr ychydig fisoedd diwethaf rydym wedi cynnal ein cyfarfodydd comisiynu blynyddol gyda Byrddau ac Ymddiriedolaethau Iechyd. Mae wedi bod yn galonogol iawn gweld y ffocws ar addysg a hyfforddiant, er gwaethaf y pwysau gweithredol a gwasanaeth aruthrol sy'n bodoli. Rydym wedi ehangu'r drafodaeth i gwmpasu agenda fwy amlbroffesiynol yn ogystal â'n ffocws arferol ar addysg feddygol a deintyddol ôl-raddedig ac mae pawb wedi croesawu hynny. Yn fewnol, mae ein hadolygiadau gwasanaeth diwedd blwyddyn ar y gweill, gan roi'r cyfle i dimau unigol ddangos cynnydd a sicrhau bod y Tîm Gweithredol yn deall y cymorth sydd ei angen i gyflawni'r cynlluniau a nodir yn yr IMTP yn ystod 22/23. Nid yw'r olaf wedi'i gytuno eto ond rydym wedi cael trafodaeth gadarnhaol gyda chydweithwyr yn Llywodraeth Cymru.

2. GWEITHREDOEDD ALLWEDDOL

- **Penodiad Newydd**

Mae'n bleser gennyf gadarnhau penodiad Siân Richards yn Gyfarwyddwr Datblygu Digidol. Bydd y Bwrdd yn gwybod fod Siân wedi bod yn ymgymryd â'r rôl ar drefniant secondiad gan Fwrdd Iechyd Prifysgol Bae Abertawe ers mis Chwefror 2021. Rwy'n siŵr y bydd y Bwrdd yn ymuno â mi wrth groesawu Siân i'r swydd bwysig hon.

- **Cynllun Gweithlu Iechyd Meddwl Strategol**

Rydym yn falch o gyflwyno'r Cynllun Gweithlu Iechyd Meddwl Strategol, a ddatblygwyd ar y cyd â Gofal Cymdeithasol Cymru, gan ddarparu cyfrwng hanfodol ar gyfer cynorthwyo datblygiad ein gweithlu iechyd meddwl presennol ac yn y dyfodol.

Cafodd Bwrdd mis Mawrth y wybodaeth ddiweddaraf am ein proses ymgynghori ar gyfer y camau allweddol a fydd yn ffurfio sylfeini allweddol y Cynllun. Roedd cefnogaeth ysgubol i'r camau a nodwyd ac mae'r Cynllun terfynol yn adlewyrchu'r ymgysylltu a'r ymgynghori helaeth a gynhaliwyd gan AaGIC a Gofal Cymdeithasol Cymru.

Mae'r Cynllun yn nodi 33 o gamau gweithredu allweddol a fydd yn sicrhau manteision tymor byr, canolig a hirdymor i wasanaethau iechyd meddwl yn benodol yn ogystal â rhannau eraill o'r system ofal sy'n cefnogi pobl â phroblemau iechyd meddwl. Bydd y cynllun yn cael ei gyflwyno i'r Bwrdd Cyflawni Gweinidogol ganol mis Mehefin a bydd Llywodraeth Cymru yn ystyried adnoddau ar gyfer y cynllun.

- **Y wybodaeth ddiweddaraf am ddatblygu Addysg a Hyfforddiant Amlbroffesiynol mewn Gofal Sylfaenol**

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Mae'r papurau'n cynnwys diweddariad ar ddatblygiad yr Addysg a Hyfforddiant Amlbroffesiynol mewn Gofal Sylfaenol. Mae cynnydd da yn cael ei wneud o ran gweithredu'r weledigaeth a gymeradwywyd gan y Bwrdd ym mis Medi 2021.

Mae'r gwaith o greu uned Amlbroffesiynol AaGIC wedi hen ddechrau ac mae nifer o benodiadau wedi mynd rhagddynt. Mae gwaith wedi dechrau ar nifer o feysydd blaenoriaeth gan gynnwys datblygu rhaglen newydd-i-ymarfer genedlaethol ar gyfer Nyrsys Practis Cyffredinol (GPN) a fydd yn cefnogi'r gwaith o weithredu'r fframwaith cymhwysedd GPN. Rydym yn gweithio'n agos gyda'r Rhaglen Strategol ar gyfer Gofal Sylfaenol i sicrhau bod gennym amcanion cyffredin.

• **Achos Busnes Lleoliadau Clinigol Israddedig a Ariennir gan Fferylliaeth**

Fel rhan o drawsnewid addysg a hyfforddiant fferylliaeth, rydym wedi datblygu cynnig i fynd i'r afael â'r gofyniad am fwy o leoliadau clinigol o fewn y radd MPharm. Mae hyn yn adlewyrchu'r newidiadau gorfodol i addysg a hyfforddiant cychwynnol y Cyngor Fferyllol Cyffredinol i fferyllwyr a ddechreuodd ym mis Awst 2021. Bydd y cynnig yn gofyn am fuddsoddiad gan Lywodraeth Cymru ac mae trafodaethau ar y gweill.

• **Y wybodaeth ddiweddaraf am y Cynllun Comisiynu a Hyfforddi Addysg Blynyddol 2023/24**

Mae'r broses o ddatblygu cynllun y flwyddyn nesaf yn mynd rhagddi a bydd yn parhau i adlewyrchu'r angen i barhau i gynnal cyflenwad newydd iach o newydd-ddyfodiaid i'r gweithlu wrth sicrhau cefnogaeth i'r broses adfer ac adnewyddu. Mae'r broses ymgysylltu â rhanddeiliaid allweddol wedi dechrau ac eleni mae'n cynnwys ystyriaeth o'r cynllun gan y Grŵp Cyfeirio Rhanddeiliaid. Bydd fersiwn terfynol y cynllun yn cael ei ystyried yng nghyfarfodydd y Pwyllgor Comisiynu ac Ansawdd Addysg ym mis Mehefin a'r Bwrdd ym mis Gorffennaf cyn ei gyflwyno i Lywodraeth Cymru i'w gymeradwyo a'i ariannu.

• **Adolygiad Cyflawniad Blynyddol Chwarter 4 a Diwedd Blwyddyn**

Mae ein hadroddiad cyflawniad diwedd blwyddyn, sy'n rhoi sicrwydd ar gyflawniad y sefydliad ar gyfer 2021/22, wedi'i gynnwys yn yr agenda heddiw. Yn gyffredinol, mae'r adroddiad yn dangos bod sicrwydd cadarnhaol o ran cyflawni Cynllun Blynyddol Chwarter 4 a bod cynnydd da wedi'i wneud o ran cyflawni ein 59 o amcanion strategol ar draws ein chwe nod strategol.

• **Adroddiadau Blynyddol**

Bydd yr Adroddiad Blynyddol, sy'n cynnwys y Cyfrifon Blynyddol, yr Adroddiad Cyflawniad a'r Adroddiad Atebolrwydd yn cael eu trafod mewn cyfarfod ychwanegol o'r Pwyllgor Archwilio a Sicrwydd ar 10 Mehefin a'r Bwrdd ar 13

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Mehefin. Yna bydd fersiwn terfynol yr Adroddiad Blyneddol yn cael ei feilio gyda Llywodraeth Cymru ar 15 Mehefin.

- Cyllid**

Mae papur sy'n amlinellu safbwynt mis un ar yr agenda. Mae sefyllfa ariannol AaGIC ym mis un ar ddeg (Chwefror) yn danwariant o £97,499.

- Risg**

Caiff y Gofrestr Risg Gorfforaethol ei thrafod yn y Bwrdd heddiw. Ar hyn o bryd mae 12 o risgiau ar y Gofrestr Risg Gorfforaethol y mae pedair ohonynt yn cael eu hasesu'n goch: Seiberddiogelwch, nawdd fisa ar gyfer meddygon teulu dan hyfforddiant sydd newydd gymhwyso, cyfeiriadau sy'n ofynnol i raddedigion rhyngwladol gael eu cynnwys ar y Rhestr Perfformwyr Meddygol, a chost cyllid meddygon teulu dan hyfforddiant sy'n rhagori ar ddisgwyliadau.

3. ARGYMHELLIAD

Gofynnir i'r Bwrdd **nodi'r** adroddiad hwn.

Llywodraethu a Sicrwydd			
Dolen i nodau strategol yr IMTP (please ✓)	Nod Strategol 1: Arwain y gwaith o gynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflwyno 'Cymru Iachach'	Nod Strategol 2: Trawsnewid addysg a hyfforddiant gofal iechyd i wella cyfleoedd, mynediad ac iechyd y boblogaeth.	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu arwain tosturiol a chyfunol ar bob lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu atebion cenedlaethol i'r gweithlu i gefnogi'r gwaith o gyflawni blaenoriaethau gwasanaeth cenedlaethol a gofal cleifion o safon uchel.	Nod Strategol 5: Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	Nod Strategol 6: Cael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad Cleifion			
Nid oes unrhyw faterion o ansawdd uniongyrchol, diogelwch cleifion a phrofiad yn ymwneud â'r adroddiad hwn.			
Goblygiadau Ariannol			
Nid oes unrhyw oblygiadau ariannol uniongyrchol i'r adroddiad hwn.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Nid oes unrhyw oblygiadau cyfreithiol uniongyrchol i'r adroddiad hwn.			
Goblygiadau Staffio			
Nid oes unrhyw oblygiadau staffio uniongyrchol i'r adroddiad hwn			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Bydd yr ystod o weithgareddau a amlinellir yn yr adroddiad yn cyfrannu at ymagwedd AaGIC at Ddeddf Llesiant Cenedlaethau'r Dyfodol. Fodd bynnag, bydd y cyfraniadau'n benodol i bob un o'r meysydd unigol a drafodir mewn trosolwg yn yr adroddiad hwn.			

Hanes yr Adroddiad	Cyflwynir adroddiad y Prif Swyddog Gweithredol ym mhob sesiwn Bwrdd agored a gynhelir unwaith bob dau fis.
Atodiadau	Ddim yn berthnasol



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Dyddiad y Cyfarfod	26 Mai 2022	Eitem ar yr Agenda	3.1
Teitl yr Adroddiad	Cynllun Gweithlu Iechyd Meddwl Strategol ar gyfer Iechyd a Gofal Cymdeithasol		
Awdur yr Adroddiad	Alex Howells, Prif Weithredwr		
Noddwr yr Adroddiad	Alex Howells, Prif Weithredwr		
Cyflwynwyd gan	Alex Howells, Prif Weithredwr		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Cyflwyno'r Cynllun Gweithlu Iechyd Meddwl Strategol ar gyfer Iechyd a Gofal Cymdeithasol		
Materion Allweddol	<p>Mae AaGIC a Gofal Cymdeithasol Cymru wedi cydweithio i ddatblygu Cynllun Gweithlu Iechyd Meddwl Strategol ar gyfer Iechyd a Gofal Cymdeithasol a oedd yn flaenoriaeth Weinidogol yn Law yn Llaw at Iechyd Meddwl ac yn gam gweithredu o fewn y Strategaeth Gweithlu 10 mlynedd ar gyfer Iechyd a Gofal Cymdeithasol.</p> <p>Mae'r cynllun, sydd wedi'i nodi yn Atodiad 1, wedi cael ei ddatblygu drwy broses o ymgysylltu'n helaeth â rhanddeiliaid, a arweiniodd at ymgynghoriad ffurfiol yn ystod gwanwyn 2022. Mae cefnogaeth aruthrol i'r camau gweithredu a nodwyd. Ceir crynodeb o brif themâu'r ymgynghoriad yn Atodiad 2.</p> <p>Bydd y cynllun yn cael ei gyflwyno i'r Bwrdd Cyflawni Gweinidogol ganol mis Mehefin, a bydd angen i Lywodraeth Cymru ystyried adnoddau ar gyfer y cynllun.</p> <p>Mae'r cynllun yn nodi 33 cam allweddol a fydd yn sicrhau manteision tymor byr, tymor canolig a thymor hir i Iechyd a Gofal yng Nghymru.</p>		
Cam Penodol i'w Gymryd (✓un yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
			✓
Argymhellion	<p>Gofynnir i'r Bwrdd wneud y canlynol:</p> <ul style="list-style-type: none"> • Cefnogi'r Cynllun Gweithlu Iechyd Meddwl Strategol ar gyfer Iechyd a Gofal Cymdeithasol; • Cymeradwyo cyflwyno'r cynllun i Lywodraeth Cymru ym mis Mehefin 2022; a • Nodi'r gwaith ymgysylltu ac ymgynghori helaeth a wnaed i ddatblygu'r cynllun ar y cyd ag amrywiaeth 		

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	o randdeiliaid a chefnogaeth aruthrol y camau gweithredu a nodir yn y cynllun.
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CYNLLUN GWEITHLU IECHYD MEDDWL STRATEGOL AR GYFER IECHYD A GOFAL CYMDEITHASOL

1. CYFLWYNIAD

Mae'r adroddiad hwn yn cyflwyno Cynllun Gweithlu Iechyd Meddwl Strategol ar gyfer Iechyd a Gofal Cymdeithasol i'w gymeradwyo gan y Bwrdd cyn ei gyflwyno i Lywodraeth Cymru.

2. CEFNDIR

Mae Cynllun Cyflawni Law yn Llaw at Iechyd Meddwl 2019-22 yn nodi'r gofyniad i Lywodraeth Cymru weithio gyda Gwella Iechyd Cymru (AaGIC), Gofal Cymdeithasol Cymru a phartneriaid i lunio cynllun gweithlu ar gyfer gwasanaethau iechyd meddwl. Roedd hwn hefyd yn ymrwymiad allweddol yn y Strategaeth Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol a gyhoeddwyd ym mis Hydref 2020.

3. DATBLYGU'R CYNLLUN

Mae'r Cynllun Gweithlu Strategol wedi cael ei ddatblygu drwy ymgysylltu helaeth, a ddechreuodd yn ystod hydref 2020 gydag amrywiaeth eang o sefydliadau a phobl, gan gynnwys y rheini sydd â phrofiad uniongyrchol o iechyd meddwl, cyflogwyr, undebau llafur, cyrff proffesiynol, Colegau Brenhinol, Llywodraeth Cymru a'r gweithlu ei hun.

Goruchwyliwyd y gwaith o ddatblygu'r cynllun gan Fwrdd Prosiect, a rhoddwyd diweddariadau rheolaidd i Fwrdd Cyflawni'r Gweinidog. Cafodd y cynllun ei ddatblygu fesul cam gyda dull gweithredu tri cham, gan gynnwys ymgysylltu â staff, partneriaid a'r rheini sy'n defnyddio ein gwasanaeth; dadansoddi data a thueddiadau'r gweithlu ac adolygu ymchwil ac arferion gorau, gan gynnwys sganio'r gorwel dros y 3,5, 10 mlynedd nesaf a thu hwnt.

Cafodd y gwaith hwn ei grynhoi mewn dogfennau technegol a oedd ar gael fel rhan o'r ymgynghoriad. Gallai'r model hwn ddarparu'r glasbrint ar gyfer datblygu cynllunio strategol ar gyfer y gweithlu yn y dyfodol, ac mae rhanddeiliaid wedi croesawu'r fethodoleg.

Roedd y cynllun drafft yn destun ymgynghoriad ym mis Chwefror a mis Mawrth 2022, ac roedd cefnogaeth aruthrol i'r camau gweithredu a nodwyd gyda chyrhaeddiad eang o ran y rheini a gymerodd ran drwy ryngweithio uniongyrchol a sianeli cyfryngau cymdeithasol.

Cyn y cynllun ffurfiol, cafodd nifer o feysydd eu blaenoriaethu ar gyfer sylw cynnar i ymateb i bwysau brys ar y gweithlu ac roedd y rhain yn canolbwyntio ar ddatblygiadau addysg a hyfforddiant i gefnogi gwasanaethau amenedigol; gwasanaethau i rieni a babanod; gwasanaethau i blant a phobl ifanc a therapïau seicolegol. Mae cynigion i arian buddsoddiad ychwanegol yn natblygiad rolau Cyswllt Clinigol mewn Seicoleg Gymhwysol (CAAP) yng Nghymru wedi cael eu cymeradwyo gan Lywodraeth Cymru ar gyfer carfan gychwynnol o 20.

Mae'r cynllun terfynol wedi cael ei fireinio ar ôl ymgynghori, ac mae costau dros dro wedi cael eu datblygu i lywio'r gwaith o osod blaenoriaethau a'u cyflwyno fesul cam. Mae'r cynllun yn cynnwys 33 o gamau gweithredu sy'n cwmpasu'r 7 thema a nodir yn Strategaeth y Gweithlu. Mae'n bwysig cydnabod hyn fel cynllun cyflawni sy'n cyd-fynd â'r Strategaeth gyffredinol, yn hytrach na dogfen ar ei phen ei hun. Wrth symud ymlaen, mae angen i'r trefniadau gweithredu ystyried ehangder y camau gweithredu y bydd AaGIC a Gofal Cymdeithasol Cymru yn eu harwain, yn ogystal â bod yn bartneriaid gweithredol wrth ddatblygu modelau gweithlu, yn enwedig wrth i'r Strategaeth Law yn Llaw at Iechyd Meddwl gael ei diweddarau.

Mae'r cynllun cyffredinol wedi cael ei brofi'n fewnol a thrwy fwrdd y prosiect, gan gynnwys adolygiad o'r opsiynau i raddfa a/neu fuddsoddiadau fesul cam sydd eu hangen i sicrhau'r buddion llawn. Mae'r cynllun wedi'i gostio am gyfnod o 4 blynedd (blwyddyn 1 yw'r flwyddyn gyfredol), gan adlewyrchu na fydd elfennau addysg a hyfforddiant y cynllun yn gwreiddu buddion tan ddiwedd blwyddyn 4 oherwydd eu bod yn cyd-fynd â'r amserlen comisiynu addysg a hyfforddiant. Mae'r cynllun hefyd wedi cael ei flaenoriaethu mewn 3 maes:

- Camau gweithredu sy'n rhaid eu cymryd – mae'r rhain yn gamau gweithredu yr ymrwymwyd iddynt yn barod sy'n ofynion deddfwriaethol neu sy'n hanfodol i gynaliadwyedd y gweithlu yn y dyfodol
- Camau gweithredu y dylid eu cymryd – camau gweithredu sy'n flaenoriaeth genedlaethol gydag ymateb cryf drwy'r ymgynghoriad
- Camau gweithredu y gellid eu cymryd – camau gweithredu y nodwyd eu bod yn bwysig yn ystod yr ymgynghoriad ac a fydd yn cefnogi'r gwaith o gyflawni amcanion strategol.

Roedd chwe cham gweithredu yn cael eu categorio fel rhai sy'n 'rhaid eu cymryd'; roedd pedwar ar bymtheg arall yn rhai y 'dylid eu cymryd' ac roedd yr wyth arall yn cael eu hystyried fel camau y 'gellid eu cymryd'.

Mae pob cam gweithredu yn y cynllun wedi cael ei asesu o ran ei fudd dros gyfnod tymor byr, tymor canolig a thymor hir. Bydd angen datblygu fframwaith buddion cadarn i sicrhau bod y manteision hyn yn cael eu gwreiddu a bod buddsoddiad yn y gweithlu yn y dyfodol yn gwella hygyrchedd ac ansawdd y gwasanaethau sydd ar gael ledled Cymru.

4. MATERION LLYWODRAETHU A RISG

Mae'r trefniadau llywodraethu presennol wedi profi'n effeithiol o ran datblygu'r cynllun o fewn yr amserlen sy'n ofynnol ac o ran sicrhau ymgysylltiad da. Bydd angen llunio'r trefniadau llywodraethu ar gyfer y dyfodol er mwyn sicrhau bod cyfrwng gweithredu priodol ar waith ar gyfer nifer o gamau gweithredu, gan gynnwys:

- Cyflawni'r cynllun yn gyffredinol ar ôl i Lywodraeth Cymru ei gymeradwyo
Cwmpasu gofynion comisiynu ac addysg newydd gan gynnwys datblygu achosion busnes newydd lle bo angen

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- Bwrw ymlaen â gweithredu mentrau penodol sydd wedi'u cwmpasu fel rhan o gam 1 gan gynnwys rolau CAAP a'r gwaith i ddatblygu atebion i'r gweithlu amenedigol a phlant a phobl ifanc
- Goruchwyllo gofynion cyfredol ac unrhyw ofynion yn y dyfodol sy'n ymwneud â'r Mesur Iechyd Meddwl yn unol â chyfarwyddyd Llywodraeth Cymru.

Efallai y bydd hyn yn golygu newid y dull gweithredu mewnol yn AaGIC a gyda'n partneriaid yn Gofal Cymdeithasol Cymru, er mwyn sicrhau bod amrywiaeth eang o faterion yn cael eu goruchwyllo'n effeithiol. Bydd hyn yn cael ei ystyried ymhellach fel rhan o'r cam nesaf ac mae hefyd yn debygol o fod angen rhywfaint o adnoddau ychwanegol i sicrhau bod gennym yr arweinyddiaeth a'r sgiliau priodol ar waith i fwrw ymlaen â hyn. Dros gyfnod o 4 blynedd, mae cost ychwanegol o £0.5m (cyfanswm) wedi cael ei nodi fel gofyniad ar gyfer gweithredu.

Mae cofrestr risg wedi cael ei sefydlu fel rhan o drefniadau'r rhaglen i sicrhau bod y cynllun yn cael ei ddatblygu o fewn yr amserlenni gofynnol, a bydd angen ail-lunio hyn unwaith y cytunir ar drefniadau cyflawni.

5. GOBLYGIADAU ARIANNOL

Mae pob un o'r 33 cam gweithredu wedi cael eu costio, ac mae papur gwaith cyllid wedi cael ei lunio i'w drafod â Llywodraeth Cymru. Mae'r cwantwm cyffredinol o adnoddau a amcangyfrifir ar gyfer pob blwyddyn ariannol ar gyfer pob cam gweithredu (heb gynnwys rolau CAAP y cytunwyd arnynt ar wahân) wedi'i nodi yn Nhabl 1. Mae'r costau ar gyfer blwyddyn 1 (2022/23) yn adlewyrchu effaith ran o'r flwyddyn ar sail gwariant ar gyfer chwarteri 3 a 4.

Tabl 1: Costau Cynllun Gweithlu Iechyd Meddwl Strategol

Blwyddyn 1 (2022/23) £m	Blwyddyn 2 (2023/24) £m	Blwyddyn 3 (2024/25) £m	Blwyddyn 4 (2025/26) £m	Cyfanswm £m
2.815	7.363	8.435	9.992	28.6m

Bydd y cynllun yn cael ei gyflwyno i Lywodraeth Cymru ar ôl i AaGIC a Gofal Cymdeithasol Cymru ei gymeradwyo er mwyn ystyried y gofynion o ran adnoddau.

6. ARGYMHELLIAD

Gofynnir i'r Bwrdd wneud y canlynol:

- **Cefnogi'r** Cynllun Gweithlu Iechyd Meddwl Strategol ar gyfer lechyd a Gofal Cymdeithasol;
- **Cymeradwyo** cyflwyno'r cynllun i Lywodraeth Cymru ym mis Mehefin 2022; a
- **Nodi'r** gwaith ymgysylltu ac ymgynghori helaeth a wnaed i ddatblygu'r cynllun ar y cyd ag amrywiaeth o randdeiliaid a chefnogaeth aruthrol y camau gweithredu a nodir yn y cynllun.

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Llywodraethu a Sicrwydd			
Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig (rhowch ✓)	Nod Strategol 1: Arwain y gwaith o gynllunio, datblygu a gofalu am lesiant gweithlu cymwys, cynaliadwy a hyblyg er mwyn helpu i gyflawni 'Cymru Iachach'	Nod Strategol 2: Trawsnewid addysg a hyfforddiant gofal iechyd er mwyn gwella cyfleoedd, mynediad ac iechyd y boblogaeth.	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy feithrin gallu arwain tosturiol ac ar y cyd ar bob lefel
	Nod Strategol 4: Datblygu atebion cenedlaethol i'r gweithlu i gefnogi'r gwaith o ddarparu blaenoriaethau gwasanaeth cenedlaethol a gofal o safon i gleifion. ✓	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	Nod Strategol 6: Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol
Ansawdd, Diogelwch a Phrofiad Cleifion			
Mae datblygu gweithlu cynaliadwy ar draws iechyd a gofal cymdeithasol i gefnogi pobl sydd angen mynediad at ofal iechyd meddwl yn elfen hanfodol, yn enwedig mewn amgylchedd ar ôl y pandemig. Mae'r ffocws ar sicrhau bod gan bobl sy'n gweithio yn y sector y sgiliau, yr arfau a'r gwerthoedd cywir i sicrhau cefnogaeth effeithiol ac ystyrlon yn elfen hanfodol o wasanaeth iechyd meddwl effeithiol.			
Goblygiadau Ariannol			
Cyfanswm y buddsoddiad sydd ei angen dros gyfnod o 4 blynedd yw £28.6m. Bydd rhywfaint o gostau ychwanegol o ran gweithredu yn cael eu hasesu fel £0.5m dros y cyfnod o 4 blynedd.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Mae'r cynigion yn cydymffurfio â chylch gwaith craidd a swyddogaeth AaGIC yn GIG Cymru. Bydd asesiadau o'r effaith ar gydraddoldeb yn cael eu cynnal ar elfennau penodol o'r rhaglen yn ôl yr angen.			
Goblygiadau Staffio			
Mae goblygiadau staffio cyfyngedig i AaGIC y tu hwnt i adolygu'r gwaith o ddarparu adnoddau ar gyfer cam nesaf y rhaglen. Mae goblygiadau'r gweithlu wedi'u nodi yng Nghynllun y Gweithlu.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Bydd y datblygiad arfaethedig yn cefnogi cynllunio tymor hir i sicrhau bod gan Gymru weithlu priodol ar waith i ddiwallu anghenion demograffig a darparu gwasanaeth di-dor o safon i bobl sy'n wynebu problemau iechyd meddwl.			
Hanes yr Adroddiad	Rhagfyr 2021		
Atodiadau	Atodiad 1: Cynllun Gweithlu Iechyd Meddwl Strategol ar gyfer Iechyd a Gofal Cymdeithasol Atodiad 2: Crynodeb o Ymateb i'r Ymgynghoriad		

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GIG
CYMRU
NHS
WALES

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



Gofal Cymdeithasol **Cymru**
Social Care **Wales**

A STRATEGIC MENTAL HEALTH WORKFORCE PLAN FOR HEALTH AND SOCIAL CARE

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FOREWORD

The [Together for Mental Health Delivery Plan 2019-22](#) sets out the requirement for Welsh Government to work with Health Education Improvement Wales (HEIW), Social Care Wales (Social Care Wales) and partners to produce a workforce plan for mental health services. Taking forward this commitment was a key action in [The Workforce Strategy for Health and Care](#) published in October 2020 which clarified our intention to:

Develop a multi-professional workforce plan to support implementation of Together for Mental Health. This will encompass all age ranges and protected characteristics aligning with the models of care and standards of service needed in the future. This will also take account of the roles of private and third sector provider services, volunteers and carers as well as statutory services.

We have developed this Strategic Workforce Plan through extensive engagement, with employers, people with lived experience of mental health, stakeholders, trades unions, professional bodies, royal colleges and government, all of whom were encouraged to contribute to its development. We captured what we heard from the people who deliver our mental health services, to help us understand what is important to them and this insight, together with the research, workforce intelligence and our horizon scanning, has shaped the actions within this plan.

Our consultation focussed on the cross-cutting actions that provide solid foundations for the development of the mental health workforce, to allow everyone with an interest or involvement in this area to contribute at an early stage in the plan's development. During the consultation period, we continued to hold workshops, events and presentations where we were able to gather views from profession and service specific dimensions and listen to people with lived experience of mental health difficulties so that the final plan reflects the multi-faceted nature of mental health services and make this plan as positive and impactful as possible.

The responses to our consultation, gave overwhelming support for the actions we proposed, and suggested areas for implementation of these actions, which we are committed to delivering through strong partnership working.

This resulting Plan is our vehicle for driving radical change and comprehensive improvements in how we develop, value and support our specialist mental health workforce, in recognition of the critical role they play in supporting people with a range of mental health needs in a variety of settings. But we also recognise that mental health and wellbeing is everyone's business and so the plan is also an opportunity to develop the skills and knowledge of our generalist health and social care workforce to

better equip them to deal holistically with the mental health needs of the people needing their care.

The scope of this strategic mental health workforce plan is wide ranging, encompassing multiple professions, services and settings, and underpinned with a person and family centred approach. The demands for mental health services will only increase as the impact of the pandemic continues to unfold, and we are determined that this plan will provide the tools, guidance and resources to step up to this challenge, and to accelerate reset and recovery.

This strategic mental health workforce plan is aligned to our 10-year [Workforce Strategy for Health and Social Care](#) (WFS). The plan sets out the 33 actions we need to take, to realise our vision for the mental health workforce, through the same seven themes and will contribute to the delivery of an inclusive, engaged, sustainable and flexible mental health workforce across health and social care in Wales.

Alex Howells
Chief Executive
Health Education & Improvement Wales

Sue Evans
Chief Executive
Social Care Wales

OUR AMBITION

Our ambition in the workforce strategy for health and social care, directly translates into this strategic mental health workforce plan. The actions in this plan will come together to deliver a motivated, engaged and valued, health and social care mental health workforce, with the capacity, competence and confidence to meet the needs of the people of Wales.

Specifically, this means that,

- We will have a workforce with the right values, behaviours, knowledge, skills and confidence to deliver evidence-based care, and support people's wellbeing as close to home as possible.
- We will have a workforce in sufficient numbers to be able to deliver responsive mental health services across health and social care that meets the needs of the people of Wales.
- We will have a workforce that is reflective of the population's diversity, Welsh language and cultural identity.
- We will have a workforce that feels valued and is valued.

A STRATEGIC MENTAL HEALTH WORKFORCE PLAN FOR HEALTH AND SOCIAL CARE

The 10-year [Workforce Strategy for Health and Social Care](#), published in 2020 and the [Together for Mental Health Delivery Plan 2019 - 22](#) set out requirements for Welsh Government to work with Health Education Improvement Wales (HEIW), Social Care Wales and partners to produce a multi professional strategic workforce plan for mental health.

HEIW and Social Care Wales progressed this plan in two phases with phase 1 concentrating on a plan of work to respond to urgent workforce priorities, identified as perinatal services, parent-infant, children and young people, and psychological therapies, while phase 2 takes a longer-term approach, focussing on enhancing the role of the wider workforce, recruitment and retention in key roles and developing an agile workforce to respond to changing mental health needs.

We worked in partnership with our workforce, employers, people with lived experience of mental health, stakeholders, trades unions, professional bodies, royal colleges and government, to develop this plan, and are committed to delivering its actions through strong partnership working.

We commenced our journey in Autumn 2020, following the publication of the Workforce Strategy for Health and Social Care. A series of conferences, stakeholder events and bespoke meetings, where we reached more than 2,000 people through our direct engagement work, and over 50,000 through social media, in one of the most challenging periods of a generation that tested and stretched the resources and systems of both health and social care.



We captured what we heard from the people who deliver our mental health services, to help us understand what is important to them as much as what matters to the people with lived experience of mental health services and this, together with the research, workforce intelligence and our horizon scanning, shaped the actions in this plan which

we consulted upon during the early part of 2022. During this period, we continued to engage with stakeholders through a series of presentations, workshops and events, before finalising the plan in the spring of 2022.

Following overwhelming support for the actions we proposed, this Mental Health Strategic Workforce Plan for Health and Social Care, sets out 33 actions framed against the seven themes of the workforce strategy for health and social care to deliver the overarching ambition of a motivated, engaged and valued mental health workforce, with the capacity, competence, and confidence to meet the needs of the people of Wales.

The people who provide our mental health services across health and social care, include employees in statutory organisations, contractor professions, independent and third sector providers. We also recognise the importance and value of volunteers and carers, and the actions within this plan relate to all of these people.

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OUR MENTAL HEALTH ENVIRONMENT



Diagnostics and Engagement

**STRATEGIC
MENTAL HEALTH
WORKFORCE PLAN**

Engagement
Engagement and feedback from staff, partners and people who use our services

Data and Analytics
Workforce data collection and analysis

Research and Best Practice
Horizon scanning, literature, and professional body reviews

Stakeholder Engagement

Alongside this engagement, key Welsh Government strategies such as the [A Healthier Wales](#) and [Together for Mental Health](#), the introduction of the [National Clinical Framework](#), planning for the new [Liberty Protection Safeguards](#), the consultation on the white paper [Rebalancing Care and Support](#), Senedd elections in early May 2021 and subsequent [Programme for Government](#) and the recently published [Social Care Recovery Framework](#), all have an impact on the health and social care workforce across Wales, and have influenced the development of this plan.

We held a month-long virtual conference, voluntary sector workshops, arts therapy and events for people with lived experience. We worked with representatives from a wide range of health and social care professions including pharmacy and therapies to better understand our strengths and challenges, and how these wider professions currently support mental health services across Wales and how this can shape the future of our mental health workforce.

As our engagement and diagnostic phase ran from April 2020 to November 2021, we undertook much of this work during the Covid-19 pandemic and were reliant in part on digital approaches to inform this plan. Our social media pages relating to this engagement saw us reach nearly 50,000 people with over 41,100 twitter engagements alone. Throughout the development of the plan, we maintained a programme board with multidisciplinary representation, including the voice of lived experience. During this engagement phase we heard that,

- The person must be at the centre of all service and workforce models.
- Opportunities for inter-disciplinary learning to underpin new workforce models and standardise approaches should be expanded.
- Attractive career pathways and career development opportunities (incl. Non-traditional) is key to improving workforce engagement and sustainability.
- Mental health literacy in the wider health and social care workforce should be developed.
- 80% would recommend employment in mental health as a career.
- Inter-disciplinary learning to ensure standardisation of approaches and methodologies should be promoted.

we also heard that,

- 40% of staff do not feel valued or supported.
- 48% do not feel mental health is a popular career choice and highlighted recruitment challenges.
- 17% think services are set up to allow staff to deliver care easily.
- 80% do not think that service models are easy to navigate.

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- Delivery of services with the support of digital technologies must be increased.
- Service leaders and managers must demonstrate compassionate and collective leadership and foster a culture of wellbeing.
- Creating workforce planning capacity and capability, based on robust data and intelligence in mental health services is essential.

WORKFORCE DATA AND ANALYTICS

We have used a range of workforce data to inform this plan. Our technical document gives more detail, and we have included more detail on our workforce and the profession specific information later in this document. However, as an overall summary, we know that although our workforce is increasing, it is not increasing at the same rate as other health and social care services, and there are significant gaps in some areas. We have a workforce that is increasingly aging and has an earlier retirement age in mental health services than their peers in other health and care areas.

We are seeing more starters than leavers in some professional areas, there are others where this is not the case, and we know that short term solutions are required, while we work on medium to longer term approaches. This is particularly key in some medical areas, where due to the length of training, we know for example, that the gaps in higher specialty training will be with us for some time, until our core trainees move through the education pathway. Our modelling has identified how we can start to address these gaps, but there is much more to do in our data and analytical space which will inform our future modelling and scenario planning. This has been incorporated into our action plans.

We have described our approach to this plan, as multi layered and multi-faceted, which needs solutions to work from different angles and layers across the multi professional workforce. We also recognise the importance of education, the work environment and taking part in meaningful activities in achieving good mental wellbeing. The whole community environment contributes to keeping people well. We must therefore consider those outside of 'traditional' mental health, social care and voluntary services, as we plan a workforce model that is flexible, with skills transferability and is ultimately sustainable to meet the demands on our mental health services which we know will continue to increase.

RESEARCH AND BEST PRACTICE

Horizon scanning, literature, and professional body reviews

The 'Parliamentary Review' and 'A Healthier Wales', set out a compelling case for change, emphasising that the current provision of health and social care was not fit for the future. It also recognised the potential and desire in Wales to improve health and wellbeing through a high-quality health and social care system.

Our research and technical analysis during the diagnostic phase of this work, indicated clear rationale for workforce change, but it was important to test this during the engagement and consultation phases of our work. This confirmed to us, that the needs of a person with lived mental health experience and people's expectations of work continue to change - millennials for example now make up around one third of our workforce, and are known to want variety, fast progressing careers, rewards for hard work, significant breaks from careers and good work life balance – and our workforce's wellbeing is of paramount importance.

We also heard about the importance of being able to provide care and support using the Welsh language. This is a particularly important element of delivering mental health services and increasing the use of the Welsh language in our services has been identified as a priority area for action.

Throughout our diagnostic phase, we gathered evidence of our need to transform traditional roles and ways of working across our system. Our current and future workforce will deliver mental health services using digitally enabled systems and processes and will need to have appropriate skills aligned to the new approaches of service delivery. We have seen the significant increase and escalation in our need for this during Covid-19. We will need to support our workforce to do this, and to deliver the new models of care that are being developed. As we do this, we will gather evidence of what skills are needed, what works best and which skills and competencies are needed to meet future needs, so that improvements can be adopted or adapted at pace.

Our research confirmed what we heard from some of our stakeholders contributing to our engagement - that people are not familiar with the available careers, and that more work needs to be done in this area to both attract our future workforce and in helping to retain the people that are already working in our services. This was reinforced in our dialogue with royal colleges and professional bodies working in mental health specialities, and who also shared their concerns about the anticipated impact of new legislation on the workforce, which we do not yet fully understand. In recognition of this need, our plan includes an action to address this.

Anticipated changes in policy and legislation

There are a number of significant changes on the horizon with the potential to affect demand and delivery models, and in the very near future, these will include,

Review of the Mental Health (Wales) Measure 2016

We are supporting a full Welsh Government review of the key components of the [Mental Health \(Wales\) Measure 2016](#) throughout 2022-23, which will result in changes to practice and workforce, such as who can fulfil functions like assessment and care.

Mental Health Act Reform

The proposed changes to the [Mental Health Act](#) will likely introduce significant changes to workforce and training requirements in the coming years.

Liberty Protection Safeguards

In July 2018, the UK government published the [Mental Capacity \(Amendment\) Bill](#) which passed into law in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with the [Liberty Protection Safeguards](#) (LPS). To support implementation of LPS across the health and social care system Welsh Government are working with a range of delivery partners and key stakeholders including Directors of Social Services, Local Health Boards, the Welsh Local Government Association, Social Care Wales, Care Inspectorate Wales, Healthcare Inspectorate Wales, Estyn, Independent Mental Capacity Advocate (IMCA) providers and third sector organisations.

Social Care Wales have worked collaboratively with the sector to produce a national LPS workforce plan that will help to ensure that the workforce is aware, available and ready to implement the Liberty Protection Safeguards with funding to meet the associated learning plan to be provided by Welsh Government.

Nurse Staffing Levels (Wales) Act 2016

The [Nurse Staffing Levels \(Wales\) Act 2016](#) became law in March 2016 and requires health service bodies to have regard for the provision of appropriate nurse staffing levels. Interim Mental Health Inpatient Nurse staffing principles have been devised to inform and guide workforce plans until the Nurse Staffing Levels (Wales) Act 2016 is extended to Admission & Treatment wards within mental health services.

Mental Health Officer Status

[Mental health officer](#) (MHO) status is a benefit that was awarded to 1995 section of NHS Pension members working full or part-time in a hospital for patients suffering from mental disorders. Having MHO status allows you to retire at 55 years old without your pension being penalised. To qualify for and retain MHO status, it is necessary to spend substantially the whole of your time in the direct treatment or care of patients suffering from mental disorders.

From 1st April 1995 entry into this scheme closed to new members. The last retirees with MHO status being able to retire at 55 will be in March 2029. On average the retirement age of the Mental Health workforce is generally slightly lower when compared against the NHS Workforce, and we will be closely monitoring this as we go forward.

National Care Service

Welsh Government has established an expert group to provide recommendations on practical steps which can be taken, towards the creation of a [National Care Service](#) where care is free at the point of need.

FUNDAMENTAL PRINCIPLES

The workforce strategy for health and social care, took the opportunity to identify three fundamental principles – wellbeing, inclusion and the Welsh language, which, instead of forming separate themes, underpinned each of the seven themes, with an expectation that these would be woven through all of the implementation plans. We have followed the same approach with this plan.

Wellbeing

There is a compelling body of evidence linking compassionate leadership, wellbeing, capability and engagement of the health and social care workforce to improved outcomes for the people to whom we provide health, social care and support and so we want our mental health workforce to be happy, healthy and supported, so that they in turn support the wellbeing of the people in their care. Consequently, promoting and supporting the wellbeing of our workforce must be at the forefront of all that we do to take forward the actions identified in this plan.

Welsh Language

This workforce plan builds on the foundations of the workforce strategy for health and social care, in creating a workforce that is reflective of Wales' diverse population, Welsh language and cultural identity. The evidence of better clinical outcomes, and outcomes for people accessing care and support through the language of their choice is clear and highlights the vital importance we place on the delivery of health and social care in the language of Wales.

We have assisted in the development of the [Mwy na Geriau](#) plan and subsequent recommendations and are building on work that is already in place, both in relation to our existing workforce and our future workforce. For example, from 2022 new

education contracts have set clear expectations of the education provider in relation to the Welsh language support that all students can expect to see. This includes accepting written work as part of assessment or examination in Welsh, assessment of skills at beginning of course, providing opportunities to learn Welsh or develop existing skills.

We aim to meet the Welsh language needs of our students, workforce and ultimately patients and people who use our services, as supporting our workforce to deliver care using the Welsh language where needed, is a fundamental principle which underpins every area of this plan and builds on the legislative frameworks relating to the use and delivery of services in the Welsh language, to create our workforce for the future that is reflective of Wales' diverse population, Welsh language and cultural identity.

Inclusion

Creating a culture of true inclusion, fairness and equity across our workforce is central to this plan. There is clear evidence of deepening poverty and growing gaps in experience and opportunities for people born into different socio-economic backgrounds and protected characteristics and to ensure equity and fairness, co-production with those most affected will be at the core of the implementation of this strategy.

This will be taken forward through all of the actions within this strategy, and will reflect strategic equality plans, taken forward with strong compassionate inclusive leadership ensuring a clear focus on engaging and addressing inequalities for people from differing socio-economic circumstances, including those who share the same protected characteristics and those who do not.

CONSULTATION ON THE DRAFT PLAN

We used our findings from our diagnostics and engagement phase to develop the actions in our public consultation document which was shared widely. Our formal consultation process launched on 1st February 2022 and concluded at midnight on 28th March 2022. An on-line survey together with a series of open consultation workshops and stakeholder meetings were held during this period to help formulate the plan. Responses were encouraged in Welsh and English language.

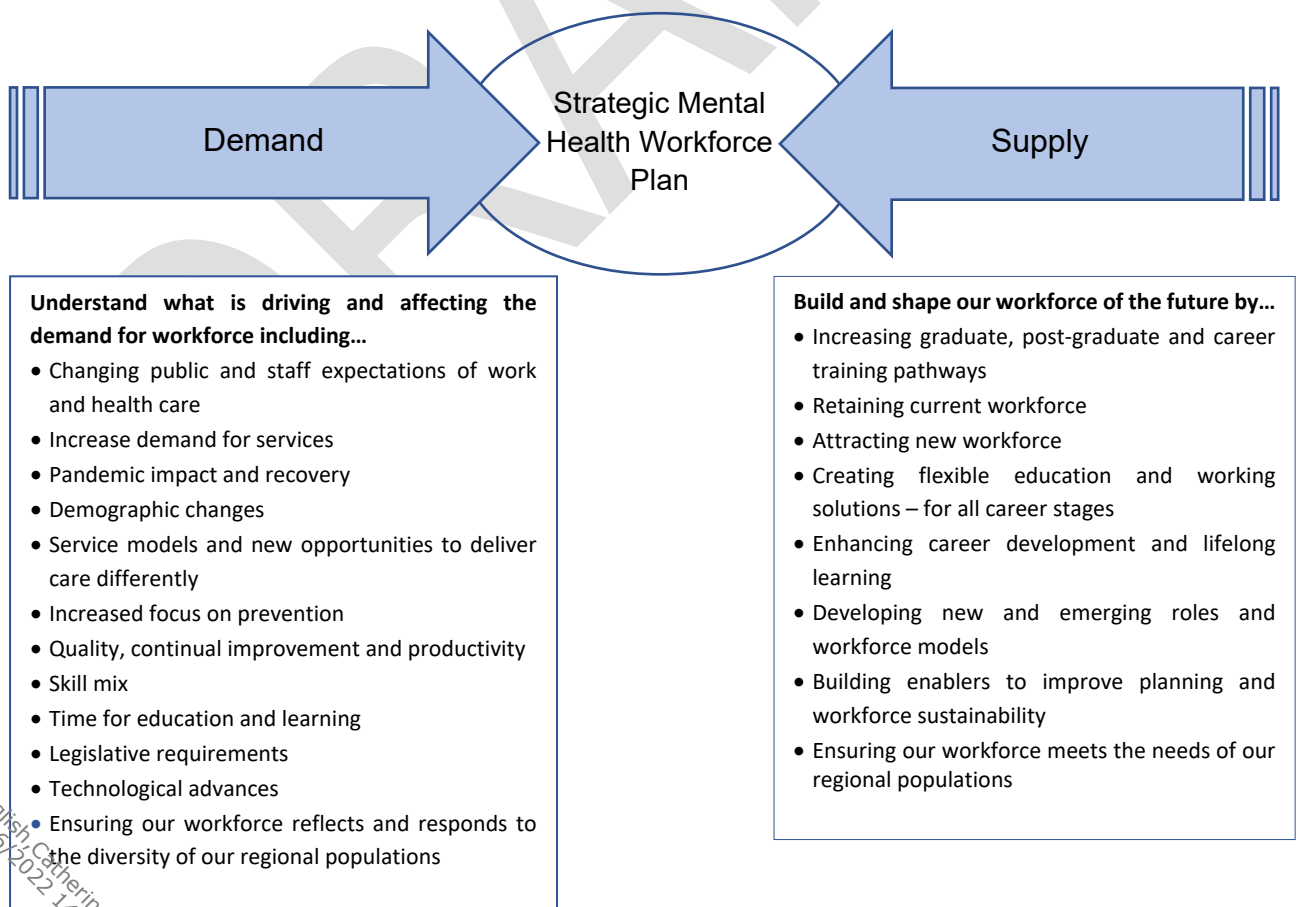
Our consultation received over 300 formal responses. We also reached over 75,000 people via our English and Welsh social media channels. All comments and feedback received during the consultation period via consultation response, email or captured verbal feedback have been considered. The overwhelming majority agreed (86%) or

partly agreed (14%) with the actions we outlined in the consultation document and have helped us shape the final actions in this plan. We are very grateful to have received such interest and are grateful to all that have contributed to the development of this plan.

THE DEMAND v SUPPLY EQUATION

Getting this workforce plan right has far reaching potential, for both our workforce, and our population. The people who work in our health and social care services make up the largest workforce in the Welsh economy. Around 200,000 people, the majority of whom are female, work in more than 350 different types of roles across health and social care, together with volunteers and carers.

We have set our plan in the context of understanding what is driving and affecting the demand for workforce, and forecast our supply based on extending our current knowledge into the future. We will enhance this with scenario planning and will build on this through action 2 of this plan, to provide foresight – where we expand on a range of potential future changes that will influence our workforce demand and supply.



This workforce plan aims to support better mental health services, across health and social care, and this will result in better outcomes for our population and will impact on all aspects of Wales' wider economy and culture. As our workforce is also our population, this is everybody's business, and this plan is intended to be dynamic with regular review points to ensure that it remains live and valid.

The Demands Impacting on our Workforce

This strategic mental health workforce plan gives us a huge opportunity to contribute to strengthening a seamless mental health system which brings multi-professional and multi-agency teams together through person centred mental health services.

The plan is set against the backdrop of an anticipated threefold increase in the demand for mental health services within 5 years. There is an average life expectancy reduction of 15 years for someone with severe mental health, the importance of well-being, prevention and tackling mental ill health as one of six priority areas is highlighted in [Prosperity for All](#) as having the greatest potential contribution to Wales's long-term prosperity and well-being.

As our population gets older, we know that there will be an increased shift in long-term and complex conditions, and this means that there is likely to be an increase in people who experience mental ill-health, also experiencing a range of physical conditions, so we need to ensure that this plan supports the delivery of mental health literacy across our health and social care workforce. We also recognise the language needs of our population need to be met – so that delivery of care in the Welsh language is available to those who need it.

More clarity is needed to ensure those with severe mental illness receive the physical health monitoring they require and for staff in primary and secondary services to work more closely together in achieving this; there are also opportunities to provide training to physical health staff in delivering basic interventions to support good mental wellbeing

The complexity of the case for change, has been magnified through our Covid-19 experience, with anticipated demand increasing sharply. Our approach recognises the complexity of mental health services, and the need for flexibility in our resulting plan, as the pace of change is rapid, and we need to avoid a plan that is out of date as soon as it is produced.

We are already seeing a shift in service models from treating illness to upstream prevention. Our mental health services are promoting a community rather than hospital-based approach to delivering the majority of our services. Consequently, we

have taken a multi-layered, multi-faceted approach to inform this work from different angles and layers, which recognises the multi-professional, inter-dependent teams, and multiple services which come together, and all of which need to be supported to seamlessly work together.

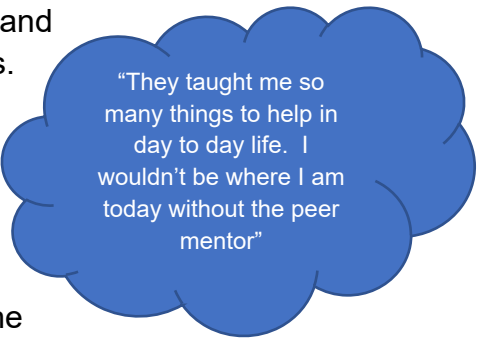
There are new opportunities to deliver care differently, with enhanced knowledge, skills and increased use of multi-disciplinary teams and digital technology. We believe that within 20 years, 90% of all jobs will require digital skills. Mental health services are largely delivered through complex team working involving many different professions and employers, and the need to deliver effective services through co-production as a fundamental principle, with the person with lived experience at the centre.

While it is unlikely that our workforce numbers will reduce as a result of this, the required skills will change as well as ways of working, including through multi-disciplinary, inter-professional teams with enhanced knowledge and skills working seamlessly together, supporting by digital technology. This means we will recognise existing skills/prior learning and the contribution of those outside of the 'traditional' mental health, care and third sector services, including youth workers, education professionals, housing and other public sector services such as police and fire and rescue services.

While we have identified significant challenges, we also recognise that we have an opportunity to develop different workforce models to work in different ways set against a backdrop where we have difficulties in recruiting to certain professions and occupations, and in retaining staff in some areas. We have outlined our need to build knowledge and skills across the wider workforce that will support the prevention agenda, enabling more care to be delivered within the community and start to eradicate the false delineation between physical and mental health.

This plan recognises the opportunities to widen the skills of our workforce with the ability to recognise and signpost people to appropriate mental health interventions by for example, a community podiatrist could recognise that a patient's foot condition is causing them to have mild depression and be able to provide an intervention at this point.

Many people experience mild mental health problems, and the majority of care is delivered in primary care settings. The future primary care workforce in Wales is being designed based on a close to home footprint, with easily identified self-help support and accessible talking therapies based on individual need. The future workforce will be supported by new roles that are emerging to support the mental health needs of the



"They taught me so many things to help in day to day life. I wouldn't be where I am today without the peer mentor"

population including peer workers, who bring a unique skill set informed by lived experience of mental health issues and can train in a number of specialisms and approaches, complementing traditional roles in a multi-disciplinary team environment, social prescribers and physician associates. The role of the third sector, volunteers and carers is equally important in the future and there are many opportunities to share learning across sectors and to improve consistency of experience across Wales. >

WHERE WE NEED TO BE

Mental health services have been transformed in recent years, with the movement towards providing more community-based care, the closure of out-dated mental health hospitals and the provision of specialist services in modern, innovative and awarding winning new units for example, Wales's first dedicated Perinatal Mental Health Unit has been established.

There are many examples from across Wales and the rest of the UK where mental health services are already being provided in new ways with a greater emphasis on prevention and early intervention and these models and new ways of working will need to be expanded if we are to meet the increasing demand for mental health services and the workforce challenges that we are facing.

Earlier in this document, we referenced that some areas of the workforce including medicine, nursing and social work, are facing shortages and difficulties in recruiting, and we have already begun to increase the training pipelines for a number of professions, investing in developing new education and training opportunities to fully develop our staff, whilst other areas are developing with new roles emerging bringing new knowledge and skills to the multi-disciplinary teams.

The shape of our mental health workforce across health and social care is changing; in recent years we have seen an aging workforce, some with reserved rights to retire earlier, starting to retire in high numbers. There is evidence, that whilst there is still a high proportion of the professional workforce within the older age bands there has also been an increase of workforce in the younger age bands indicating some level of success with newly trained and younger professionals coming into the workforce to replace those who are retiring.

As we see this starting to rebalance the age distribution of the workforce, we will also see the challenges it brings, associated with a loss of organisational experience and experienced trainers, balanced against the opportunities from having a younger workforce of innovative and more digitally savvy workers who will be better equipped to deal with the digitisation of working practices over the next decade. Additionally, although we are seeing some successes in increasing our workforce in some areas,

the pace of this increase is slower in our mental health services than in other areas across health and social care.

Workforce behaviours are changing, and we need to ensure that roles and careers opportunities our services remain attractive to future generations of workers. How we provide services and working models in the future will help to make careers within mental health services an attractive option for the many people who work in our mental health services.

While we want to attract people into mental health professions at all ages and career stages, we must put significant effort into promoting mental health careers in schools. Our pupils who will graduate in the summer of 2030 will be in year 9, making their subject choices in the autumn of 2022. These pupils will go to university in September 2027 and will graduate as registered health professionals (3-year programmes) in the summer of 2030. For those pupils who choose medicine as a career, they will be looking to enter foundation training in 2032, and on a pathway to become consultants around 2040.

This plan outlines the specific actions we will take to increase our workforce over the short, medium and long term. We are not starting from scratch though, so will build on work that is already in place across all of our professions. During our diagnostic phase, we regularly engaged with our colleagues in the workforce as well as royal colleges and professional bodies, and we will continue to do this as we progress this plan.

HOW WE WILL GET THERE

Building Our Workforce Supply

Attraction Attracting People to a wide range of roles in Mental Health Services	Education and Training Providing excellent education & learning pathways and experiences, including undergraduate, post graduate and work-based learning
Redesign Creating new, extended and expanded roles for new and current workforce	Retention Supporting wellbeing and providing exemplar working experience including career development, flexible working (and retirement) options

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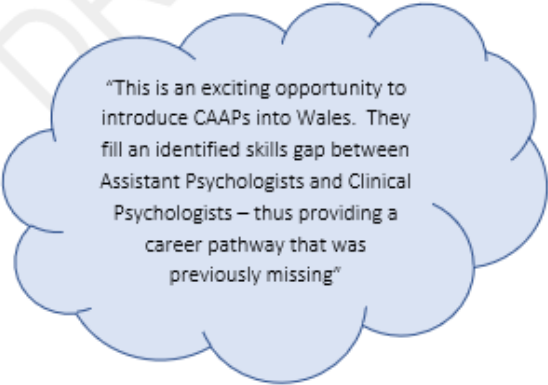
Our workforce supply comes from four broad areas, attracting people to careers in mental health services, supporting students into employment from education and training programmes, building new and emergent roles and ensuring we provide excellent workforce experiences so that we are able to retain our current staff.

The mental health workforce is made up of a multitude of roles and the workforce supply therefore, comes from a range of sources. Within health there is a specific education and training pipeline for a number of professional roles, some of which are specifically commissioned by the NHS at undergraduate level, including mental health nurses and AHPs, and some post graduate roles which are trained within employment for example in postgraduate medical training. Some roles are recruited directly from the labour market for example health care support workers and care workers.

For the majority of the roles working within mental health, with the exception of mental health nurses and psychiatrists, staff can choose to work across physical or mental health and this diversity makes planning for the workforce supply more challenging for mental health services.

Within social care, social worker training is generic with no specific training route for social workers who choose to work in mental health and some roles cross boundaries for example in occupational therapy; where training is primarily commissioned by the NHS, but on qualifying, occupational therapists can choose to work in health or social care settings.

Our technical data shows that the age profile of the mental health workforce means that we can anticipate a continuing high proportion of retirements over the course of this plan, especially amongst medical staff. We will need to train more staff in certain areas to ensure we have a sufficient pipeline, ensure that our attrition from training rates remain low and that we continue to maximise our employment of those we train. Where we will have difficulties in training sufficient numbers, we will need to look to develop new workforce models. We have outlined in this plan, that to increase our medical training numbers will require long term actions, whereas we will be able to increase the numbers of Physician Associates that we train and employ within mental health services in the shorter term.



"This is an exciting opportunity to introduce CAAPs into Wales. They fill an identified skills gap between Assistant Psychologists and Clinical Psychologists – thus providing a career pathway that was previously missing"

We will need to continue to develop different education and training routes that enable more people to train flexibly and locally, and that people are able to access education and training across all roles, especially our support workforce. We also need to further develop and provide new education and training routes to develop new roles such as Clinical Associate in Applied Psychology and to extend the practice of others.

In the short term, we will not be able to train all the staff that we require and therefore, recruitment and attraction of staff will be necessary and to support this we will design a three year complementary Train, Work, Live & WeCare Wales recruitment campaign for the mental health workforce across health and social care, aligned to supporting our careers campaigns, student graduate and trainee programmes.

There are a number of national shortages in some professions and occupations and there will be a need for targeted interventions and incentivisation. We will also be seeking to attract people into new roles and training opportunities within mental health services and specific recruitment and attraction campaigns, aligned to new careers promotions and in conjunction with higher education partners will need to be developed to ensure that potential applicants are made aware of these new opportunities e.g. Psychology graduates training as Clinical Associate Psychology Practitioners Assistant Psychology Practitioner or Social Prescribers.

There will need to be further national planning undertaken to ensure that we plan for future specialist mental health services and to continue to build new workforces. An education and training plan will identify the numbers of graduate and postgraduate professionals that will need to be trained to support the growth across mental health services and for the provision of education and training for our support workforce.

The rapid introduction of digital technologies as a result of the Covid pandemic has highlighted the need to develop the digital skills of our workforce, especially those roles where the use of digital technology has not previously been a part. A digital competence framework will be developed for the mental health workforce to support them to gain competence and skills that will enable new ways of working.

The majority of our future workforce is with us today, and therefore retaining this workforce is critical to this plan. Within the life of this plan, and indeed the wider workforce strategy for health and social care, the next decade will see changes to pensions with the end of the Mental Health Officer status, potential extension of the

state pensions age (currently under review), the impact of [McCloud](#) and changes to Annual and Lifetime allowance, we need to ensure that we retain staff who might otherwise have chosen to retire by offering greater flexibility across the entire employment life cycle.

We also need to ensure that we retain those who we train, building on our already low rates of attrition from training and ensure that there is a high transfer from training into employment. Improvements in workforce information will ensure that we can identify these flows and understand any emerging trends.

We need to address the gaps and deficits that have built up in our workforce and put in place robust workforce plans to ensure that we are supplying the right numbers of staff with the right skills for the future.

We therefore made high level assumptions, and costed scenario models and actions to be implemented over the coming years in the development of this plan. More specific implementation and delivery plans will be developed against specific actions in due course.

Local workforce planning and information

This workforce plan sets out the vision for the future workforce and the high-level actions that need to be taken to ensure that we achieve that vision. All organisations that provide mental health services to the population of Wales will need to develop local workforce plans to lay out the actions required locally to deliver the high-level actions outlined in the strategic workforce plan, tailored to meet local gaps and issues and creating local workforce solutions. Cross sector and cross boundary planning will be essential to deliver the future workforce.

One of the greatest challenges we have identified is the current difficulty in clearly identifying the workforce that provides mental health services both within and across organisations. Many roles currently straddle the mental and physical health boundaries such as therapies and pharmacy and health, primary and community care boundaries, but it is not easy to identify and quantify this workforce split. To support evidence-based workforce planning, workforce data will need to be consistently recorded in agreed formats that enable sharing of the data across planning boundaries.

Implementation of this national workforce plan will need to be supported by effective leadership. We need to develop our leaders within mental health services so that they can lead the organisational design and changes that need to underpin the

development of the future workforce. This will give people the skills they need to innovate and improve mental health services.

There are resources already available to support organisations to workforce plan, including workforce planning training, toolkits and an approach developed specifically for primary care and a number still in development. These are designed to be used across sectors and are available from the [HEIW](#) and Primary One webpages.

What will be different

Earlier in this document, we laid out some of the challenges faced by our current mental health workforce. This section outlines the shape of the future mental health workforce and what we will need to do to meet the challenges that have been identified, utilising the opportunities from working in a more integrated way across health and social care. We have identified specific actions in this plan which come together to make a difference to our workforce and will result in,

The fundamental principles of workforce **wellbeing, inclusion and the Welsh language are at the heart of this plan** being woven through the implementation of all actions.

Roles will be designed to meet the expectation of future generations with increasingly **flexible working options**.

Careers will be more attractive and **careers information will be more widely available** across the sectors and any perceived stigma associated with a career in mental health services will be reduced.

The mental health workforce will be **digitally ready** with competence and skills that will enable new ways of working.

Our workforce will be representative of the population need through promotion of opportunities for work, improved access to education including through the medium of the Welsh language and improved career pathways enabling people to learn, develop and progress within the mental health workforce.

New workforce models to support and complement our existing staff to build sustainability will be in place. **New roles** such as Clinical Associate in Applied Psychology will be developed and other roles will **extend their practice**.

Our **education and training plan** will support the growth across mental health services for our health and social care workforce.

More staff will be trained to ensure we have a sufficient pipeline, attrition from training rates will remain low and we will continue to maximise our employment of those we train.

New education and training routes will be developed that enable more people to train flexibly and locally,

Existing skills, prior learning and the **contribution of those outside of the 'traditional' mental health, care and third sector services**, including youth workers, education professionals, housing and other public sector services such as police and fire and rescue services will be recognised.

Leaders within mental health services will demonstrate compassionate leadership and will lead the organisational design and changes that need to underpin the development of the future workforce.

Multi-disciplinary models with a greater focus on prevention and early intervention, alongside the need for specialist and acute services and associate workforce skills will be in place.

Future specialist mental health services will continue to be planned and new workforces built.

New ways of providing mental health services will require new ways of working and different workforce models; different configurations of the multi-disciplinary team, working across traditional boundaries and in some instances new roles, led by compassionate leaders and managers who foster a culture of wellbeing and where staff can thrive. There will be a need for employers to ensure that these opportunities are optimised, and that new roles and new ways of working are effectively introduced and embedded.

ACTIONS

The actions in this plan have been consulted upon and a high level of support was received. Qualitative feedback from individuals and organisations has helped to shape and refine these 33 actions, and the consistent themes coming through the consultation has helped in prioritisation of the actions which are aligned to the seven themes of the Workforce Strategy.

We have triangulated our findings with the original data which was published in the technical documents, so that the proposed actions are aligned with the evidence, and we have costed the actions over the next four years.



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Workforce Supply and Shape

Why we are doing this

- We need to grow the mental health workforce to keep pace with demand and address current deficits in key professions within the specialist workforce.
- The shape and size of the mental health workforce needs to change to support future models of care, policy and legislative context.
- Workforce intelligence about the current mental health workforce across health and social care is limited and needs to be improved to support future planning.
- It is clear, that there needs to be a continued focus on securing the right workforce to support people with, severe mental illness, particularly in the light of the forthcoming changes to the Mental Health Act.
- Some specialist service areas will require specific workforce solutions over and above the actions in this plan due to the specialist and expert skills and knowledge required.

The actions we will take

- 1. Increase the annual commissioning of education and training numbers related to the specialist mental health workforce for the next three years.**

Current undergraduate and postgraduate education and training plans for mental health nursing, psychiatry, psychology, and other relevant professions will be reviewed for 2023/24 to ensure that they support the need to grow the workforce. This will include plans to develop a dedicated cohort of Physician Associates for mental health. This work will take into account programme capacity in Higher Education Institutions, clinical placement capacity across Wales, fill and attrition rates, and infrastructure support.

- 2. Undertake scenario planning to inform the shape of the specialist mental health workforce including nursing, pharmacy, psychiatry, social work, psychological therapies and AHPs for the next 10 years.**

This will result in the development of a 'Future Mental Health Workforce' report, which will be jointly commissioned with partners during 2022/23 and will include services models and demand capacity modelling. It will take account of the new service vision, the impact of Covid-19, and any potential changes in legislation and policy such as [Liberty Protection Safeguards](#) and the [Nurse Staffing Levels \(Wales\) Act 2016](#). This work will also provide the opportunity to consider the role

of professions that have a key role to play in mental health services including AHPs and pharmacy.

3. Ensure that data quality improvement projects under the workforce strategy address the needs of the mental health workforce.

The mental health workforce spans a broad continuum of services, some working solely in mental health services and others working in general services. This creates additional challenges for workforce intelligence which is often a barrier to effective workforce planning. Improving the data around the mental health workforce will be part of a wider initiative to improve workforce data and analysis being taken forward as part of the workforce strategy actions. It will be linked to the scenario planning work in Action 2. This will be essential to fill gaps in current data to enable us to set a clear baseline and to measure and monitor progress, including key information about Welsh Language skills and diversity and equality.

4. Review workforce planning tools and resources being developed under the workforce strategy implementation to ensure they are fit for mental health purposes.

Tools and resources for local organisations and systems will be adapted to be appropriate to support mental health services to plan their future workforce requirements in a highly complex system which contains multi-disciplinary teams and multiple employers including the third sector and volunteers.

5. Develop and implement plans to ensure that there is an appropriate supply of trained professionals to undertake new and existing legal roles.

This action will focus on increasing the numbers of mental health professionals who are able to participate in work often in relation to serious mental illness requiring a specific skill set, including Approved Mental Health Professionals (AMHP), Section 12 doctors, and other duties under the [Mental Health Act \(1983\)](#), and [Liberty Protection Safeguards](#).

6. Commission a programme of work to identify and define impactful volunteering roles which will help to inform workforce planning, education and training.

Volunteers play important roles across the continuum of mental health services but this can be difficult to quantify and plug into workforce planning. This action will build on work that is being progressed through the workforce strategy, to understand the contribution of volunteers. This will specifically include looking at work in other parts of the UK such as the programme being led by Helpforce. It will take account of the [WCVA – Helpforce Cymru Volunteer framework](#), published in 2021 and provide an opportunity to achieve clearer definition of the roles of the volunteer workforce in mental health services. This in turn will inform

workforce plans and identify the need to provide support and access to quality education for volunteers in mental health services.

7. Develop and implement a specialist mental health Allied Health Professional (AHP) model as a pathfinder for rollout across Wales.

Access to specialist AHP support in mental health services is varied and inconsistent across Wales, despite evidence that this can make a positive contribution to quality and outcomes. This action will build on the good practice that has been developed in individual AHP professions and will be used to evaluate and shape a workforce model to support in primary, community and hospital settings.

Delivery of the actions in this theme will realise benefits through

- ✓ Long term sustainability
- ✓ Increasing pipeline to address current vacancies plus support new or expanded models
- ✓ Supporting workforce redesign
- ✓ Supporting long term horizon scanning to develop sustainable workforce models and inform development of robust Education & Training commissioning plans.
- ✓ Improved understanding of workforce patterns that will enable specific initiatives to be targeted to improve recruitment & retention
- ✓ Supporting workforce sustainability by embedding workforce planning tools and expertise across health & social care
- ✓ Ensuring the workforce has right skills to comply with legislative requirements
- ✓ Consistent use of volunteers & peer supporters within MH settings
- ✓ Supporting Mental health services role development
- ✓ Supporting recruitment and retention
- ✓ Supporting top of license working

An Engaged, Motivated and Healthy Workforce

Why we are doing this

- High levels of vacancies in key areas exacerbate the increasing workload that continues to be experienced in mental health services, and the impact on workforce wellbeing.
- There has been less focus on support, continuous professional development and career pathways for the mental health workforce compared with other areas which may be impacting on retention of existing staff.
- Working in mental health services, especially in acute and specialist services, can impact on wellbeing in specific ways - For example, when dealing with suicide, homicide and the impact of coroners' inquests and external reviews.
- Access to occupational health support can be difficult in some areas.
- There is limited data about the diversity of the mental health workforce but the information that is available suggests that it is not reflective of the communities it serves.
- Equivalence between health and social care is just as much of a challenge in mental health services as in physical health services due to differences in rewards and recognition.
- The third sector is playing an increasingly critical role in multi sector delivery models, but this is not fully recognised or quantified in planning and partnership working.
- Flexible working arrangements would have a beneficial impact on participation rates and sickness levels.

The actions we will take

8. Commission a mental health workforce survey across health and social care, to assess staff engagement, experience and wellbeing.

This would be the first joint survey across our full mental health workforce and would provide us with a baseline capturing how individuals in our mental health workforce are feeling in their role and experiencing their work. This would include questions relating to working practices as well as a benchmark for engagement and inform how we improve and measure our progress in relation to our workforce engagement, motivation and wellbeing going forward. The action would be developed and implemented in full partnership with staff and union representatives, which would maximise the learning from other staff surveys such

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as the national NHS Wales staff survey. This would also provide an opportunity to assess progress in relation to diversity and equality.

9. Establish a national support service for the mental health workforce

Over recent years across health and social care we have seen an increase in the resources, support and guidance available for staff to support their health and wellbeing. However, we have heard that at times this is not sufficient due to the unique nature of mental health services and that a more targeted and customised support is needed. This would link to and supplement the resources and support already in place, by providing access to a more comprehensive service for dealing with staff who may be experiencing difficulty, which is impacting on their wellbeing, due to the particular nature of the work they do. The service will provide guidance and information in confidential and supportive settings and in more complex circumstances, will provide access to a range of specialised support services.

10. Identify, train and support a network of mentors which will be hosted on 'Gwella' to provide consistent and agreed standards for mental health staff mentoring.

Mentors play a key role in personal and professional development and we have heard that this support can be lacking in mental health services. This action will invest in a development programme for mentors in mental health services to improve access for potential mentees. Being a mentor can itself provide personal development and can be a rewarding activity for staff. Creating this approach, will ensure that the mentors receive ongoing support in their mentoring role and that mentoring becomes an accepted and expected part of the culture within the workforce. Gwella is the national leadership portal hosted by HEIW and already hosts a range of other professional and leadership networks.

11. Use best practice and evidence to establish standards for supervision across the wider mental health team and develop an implementation framework for Wales.

Supervision is an essential part of practice for all health and social care professionals and can have a positive impact on wellbeing as well as on performance. Although most organisations provide a level of supervision, we have heard that there are significant variations in terms of understanding, roles, arrangements, effectiveness and access to protected time. This will clarify the definition and standards for supervision based on research and best practice for staff involved in mental health services.

12. Implement an accredited team manager development programme across mental health services.

Effective and compassionate managers at team, service, ward or department level play an essential role in ensuring that our staff are motivated, engaged and want to stay with us. We need to support our managers to develop their knowledge and skills, and in particular to ensure that they can respond to changes such as the increased focus on flexible working. This action will ensure there is a sustained and consistent approach to developing our managers who have a critical role in supporting the workforce.

Delivery of the actions in this theme will realise benefits through

- ✓ Giving insight into the specific issues within MH services to enable targeted action to support staff well-being and retention
- ✓ Dedicated service for MH professionals that is appropriate to the need and avoid duplicating local provision
- ✓ Rapid access to support to help retain people in workforce and reduce sickness absence and attrition rates
- ✓ Personal and professional development to support retention within the workforce
- ✓ Increase in skilled mentors in the workplace
- ✓ Supporting attraction and recruitment
- ✓ Supporting retention
- ✓ Reducing absence rates
- ✓ Improved quality & safety leading to improved patient outcomes
- ✓ Improved management of staff leading to better engagement and reduced absenteeism and presenteeism

Attraction and Recruitment

Why we are doing this

- The unique contribution, rewards and job satisfaction of working in mental health services must be promoted more effectively.
- There is still a stigma associated with working in mental health services compared with other parts of the health and care system, which can also affect rewards and progression.
- The diversity of careers and opportunities in mental health services is not well understood or communicated to the current and potential workforce.
- More could be done to embed mental health experience in education and training programmes to inform future career choices.
- Some mental health professions have experienced recruitment challenges for significant periods of time.
- Targeted financial incentives have had a positive effect in some areas, although overall the best incentives appear to be non-financial.
- The attractiveness of mental health professions is linked to a number of the actions throughout this consultation document.

The actions we will take

13. Develop a targeted attraction campaign programme for the mental health workforce, supported by [Train Work Live](#) and [We Care Wales](#).

Effective recruitment is predicated upon a number of the actions in this plan such as CPD opportunities, support for wellbeing, effective leadership. However, investing in high quality, professional attraction campaigns is also essential to promote the value of these professions and roles, and the opportunities of working in Wales. Train Work Live and We Care are well established and well evaluated national campaigns. Phase 1 will commence with psychiatry, nursing and social work campaigns. We will develop a longer term (Phase 2) campaign plan which will be informed by the scenario planning outcomes.

14. Use the [Careersville](#) platform to promote mental health careers across health and social care with offerings including resources, information and live events aimed at all ages.

Effective careers information provides clarity on roles as well as career progression, and for mental health services needs to articulate the unique features of working in this area compared with general health services. It is also an opportunity to reinforce the drive for diversity in the workforce. The

Careersville digital village is aimed at all ages and will showcase mental health professions across a range of settings. It will host live events for example, to support student application to university, application for roles in health and care, development of relevant curriculum material for schools, promoting volunteering, as well as highlighting the importance of Welsh language skills to non-Welsh speakers, and the career opportunities throughout the sectors for native Welsh speakers.

15. Implement recommendations relating to careers pathways for the mental health workforce, including opportunities relating to research, academic, leadership and improvement as described in the Centre for Mental Health's [Future of the mental health workforce report](#)

This will result in the development of clear career pathways which are able to adapt to the changing needs of both the services and our workforce. This will support the creation of career routes which are cross professional and incorporate portfolio models as well as flexible working and flexible retirement options, which encourage staff retention.

16. Develop guides, tools and resources which help managers to facilitate improved work-life balance and increase staff retention across health and social care.

This could include flexible working approaches, job planning guidance, how to increase/enable access to remote working, 'stay' interviews, flexible approaches to retirement and retire and return opportunities. This action links closely to action 12.

Delivery of the actions in this theme will realise benefits through

- ✓ Increasing recruitment into vacancies
- ✓ Increasing recruitment into higher education
- ✓ Future recruitment into undergraduate pre-registration training
- ✓ Supports new careers pathways that support retention
- ✓ Future recruitment into service
- ✓ Supporting retention

Seamless Workforce Models

Why we are doing this

- Person and family centred approaches require seamless workforce models, with a multi professional and multi-agency philosophy.
- Mental health is everyone's business, and this requires better integration between physical and mental health service and workforce models including contractor professions.
- We need to develop our generalist health and social care workforce to feel confident in dealing with and sign-posting services and support for mental health issues.
- Roles of the mental health specialist workforce will increasingly incorporate leadership, facilitation, supervision and advice to generalist teams.
- This requires a common core of knowledge about mental health across the wider workforce in order to take a holistic approach and signpost effectively.
- A consistent approach to the development of the support workforce and third sector, across health and social care is key to delivering integrated and flexible models of care.
- A focus on prevention and recovery throughout mental health services requires multi sector workforce arrangements to meet the needs of people with lived experience of mental ill-health.
- There are a diverse range of new and extended roles in place across mental health services.
- These are delivering many benefits to the mental health multi-disciplinary team, but they need to be embedded properly in service, workforce and governance design, and supported by appropriate education and training.

The actions we will take

- 17. Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health.**

A three level training programme delivered via a digital platform will be developed which will include a mandatory mental health 'level 1' - awareness programme for all health and social care workforce, including third sector, independent contractors and volunteers.

- 18. Building on the work developed by [Health Education England](#) (HEE) design an All Wales resource for implementation of new, expanded and extended**

roles into mental health multi-disciplinary teams. This action includes a specific proposal to develop a peer support model for Wales.

This will ensure the availability of clear guidance for managers and individuals to support planning, implementation, and utilisation of new, expanded and extended roles within the mental health workforce. It will be multi-professional and include but not limited to Physician Associates, Mental Health Social Workers, Pharmacists and Pharmacy Technicians, Clinical Associates in Applied Psychology (CAAP), Emergency Mental Health Practitioners and Peer Support Workers as a specific action, Improved recognition of how people who use our services are able to inform and contribute into the way we shape and develop our workforce as well as the roles of some of our smaller therapy professions such as arts therapists, which are not always visible. This will also inform a consistent and quality managed approach to education and training, and consistent job descriptions.

19. Initiate a project to capture the experience of people with lived experience to inform the development of seamless care.

This will capture and bring to life the impact of how we work from the perspective of the people at the centre, to assist the development of skills, competences and ways of working.

20. Increase the capacity of community and primary care teams to support mental health services

There are opportunities to develop resources (e.g., job roles/specifications) to improve consistency of approach across Wales and to invest in levelling up the availability of this service at a cluster level.

Delivery of the actions in this theme will realise benefits through

- ✓ Consistent training for all staff in health and social care leading to improved awareness of mental health issues and ability to signpost
- ✓ Improved recognition of mental health alongside physical health
- ✓ Consistent roll out of new roles in Wales in line with good practice to support recruitment & retention
- ✓ Improved recognition of how people who use our services are able to inform and contribute into the way we shape and develop our workforce
- ✓ Equitable local service access across Wales aligned with primary care model
- ✓ Improved access to mental health services
- ✓ Fewer inappropriate referrals into acute care

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Building a Digitally Ready Workforce

Why we are doing this

- Increasing use of digital technology is supporting innovation in mental health models of care just as it is in other services.
- There is a recognition that a blended approach will be necessary – to prevent digital exclusion and ensure good quality of care.
- These technologies include digital options for accessing care; supporting digital clinical monitoring, tools to support clinical decision making, self-management apps, digital consultations and digitally enabled models of therapy.
- Education and training in digital skills is just as important for the mental health workforce as it is in other services.
- Digital technologies will not reduce the requirement for workforce but will assist the workforce to introduce more efficient models of care to meet the growing demand.
- New technical roles will be required in mental health services to support clinicians and others in using new ways to interact with patients and carers.

The actions we will take

21. Assess current digital capability in the mental health workforce, against the national digital capability framework to inform training needs.

The development of the digital capability framework is an action within the workforce strategy for health and social care. Plans for this assessment will be developed as more information becomes available on the wider work, and implementation timescales. The assessment will take place once the capability framework is launched.

22. Create a network of digital champion roles to influence and lead digital workforce transformation (to be discussed with Digital Health Care Wales and other partners).

Effective leadership will be essential to combat the lag referred to above and to ensure that mental health workforce models embrace the positive opportunities and benefits of digital technology, coproducing this with people with lived experience. This action proposes investment in a network of digital champions across health and social care organisations to lead digital innovation in our mental health services and influence and inform future changes to workforce models. These will be supported as a joint initiative by Digital Health and Care Wales and Health Education and Improvement Wales.

Delivery of the actions in this theme will realise benefits through

- ✓ Prioritises mental health services for testing of digital capability
- ✓ Assesses readiness of workforce to develop digital solutions
- ✓ Increased use of digital technology to deliver patient care & potential for more efficient and effective service delivery
- ✓ Delivery of a 'once for Wales' approach & methodology

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Excellent Education and Learning

Why we are doing this

- Education and training programmes must reflect the needs of the future workforce model and recognise the need for a holistic approach to physical and mental health.
- There are high attrition rates in some education and training programmes for mental health professions that need to be addressed.
- All Wales evidence-based education and training frameworks are needed to support all aspects of mental health provision, including specialist areas.
- Opportunities for academic support for progression need to be more visible and accessible in mental health services.
- Opportunities for inter professional education in commissioned programmes are currently limited and require review.
- All health and social care professionals require a basic component of mental health literacy as part of their education and training, with additional or advanced training for some groups for example GPs and Emergency Department teams.
- There is a need to make education and training available to third sector partners, independent contractors and other agencies.
- Clinical academic and research roles should be encouraged in the mental health workforce to promote excellence and improvement.
- People with lived experience of mental illness can make an important contribution to education and training.

The actions we will take

23. Work with partners to develop proposals to redesign education and training programmes for psychiatry.

There are long standing difficulties recruiting to training programmes in psychiatry and a demand for greater flexibility from trainees. Innovation in the design of these programmes is crucial to respond to the needs of our future workforce as well as the people at the centre of our services. The Royal College of Psychiatrists and HEIW have key roles, aligned with implementing the recommendations of the [Future Doctor Report](#).

24. Review quality frameworks for commissioned education and training programmes relating to mental health.

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Quality of education and training experience has a direct impact on retention of graduates into the workforce. As commissioners, we will work with HEIs, NHS organisations and providers to ensure high quality, education programmes, including clinical placements and to include the role of people with lived experience in contributing to the delivery of programmes. We also need to ensure that a broader range of health and social care professional students have access to multi-disciplinary training and clinical placements in mental health settings.

- 25. Consider how qualifying training for social workers can be adapted to encourage greater specialism and take up in mental health, alongside how the new post qualifying framework can be developed to include opportunities for newly qualified and experienced social workers in mental health specialisms.**

Through holding discussions with university providers to explore scope for developing elective modules in mental health as part of an extended curriculum for degree students. Scope the potential for accessing and funding specialist mental health modules available for social work students and newly qualified social workers. Understand the current uptake of mental health placements amongst social work students across health and social care including levels of unmet demand.

- 26. Commission professional bodies to assess interprofessional education and training opportunities for the specialist mental health workforce.**

Working in partnership with Royal Colleges and Professional Bodies, this work will identify commonalities within current professional education and practical options to develop inter professional learning opportunities to support our mental health workforce.

- 27. Commission evidence-based, multi-professional education and training frameworks in priority and specialist areas.**

This action will require a review of key documents such as that completed by [HEE](#) and the [All Wales Senior Nurse Advisory Group](#) to inform and agree frameworks for adoption across health and social care workforce, with specific regard to the Welsh language needs of the population.

- 28. Establish a national investment fund for post-qualifying education for the mental health workforce.**

This will create a new approach to the commissioning and funding for post-qualifying education across mental health services. It will also enable us more readily to ensure the quality of funded training and allow us to evaluate the outcomes of our investment through talent management approaches.

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29. Provide targeted national continuing professional development programmes to support priority areas across the mental health workforce.

This will enable investment to be focussed on strategic priorities which will alter over time. Education will need to be delivered in supportive working environments, where practitioners can implement their new skills and knowledge. Early priorities will be the design and delivery of a bespoke multi-disciplinary CPD programme to support integrated working and coproduction across mental health services in Wales, and a physical health CPD programme for mental health specialists.

30. Building on Social Care Wales [Qualification Framework](#), develop a mental health support worker education framework.

This would set common standards across health and social care employers and inform the development of defined criteria within support worker education including apprentice education programmes which support mental health multi-disciplinary team approaches. This would also involve work with Higher Education Institutions to review current entry criteria, recognise prior learning and provide enhanced career pathways directly into university under-graduate education in health or social work.

Delivery of the actions in this theme will realise benefits through

- ✓ Supporting principles of Future Doctor programme by developing more generalist skills so supports seamless workforce models
- ✓ Embedding quality into all commissioned programmes including a mechanism for quality assuring programmes including clinical placements
- ✓ Supporting team based working breaking down professional boundaries leading to improved quality & patient outcomes
- ✓ More efficient delivery of education & training
- ✓ Ensuring staff with appropriate skills in place to meet patient needs on a consistent basis across Wales
- ✓ More seamless care for patients
- ✓ CPD will support retention as well as improved quality and outcomes for patients who will benefit from a skilled workforce
- ✓ Improved quality and outcomes for patients
- ✓ Improved recruitment and retention
- ✓ Improved quality & patient experience
- ✓ Potential career pathways into pre-registration programmes

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Leadership and Succession

Why we are doing this

- Support and investment in leadership development and talent management has often lagged behind in mental health services.
- Targeted support and development for mental health leadership at all levels is needed to develop the compassionate and collective cultures that will improve quality of care and workforce wellbeing.
- Leading across boundaries is a prerequisite for effective leadership in mental health services.
- Leadership for improvement at all levels will be essential given the significant changes facing mental health services.

The actions we will take

31. Develop and implement an inclusive and targeted talent management pipeline for mental health leadership roles at organisational level.

The quality of senior leadership is essential to the positive culture and working environment in mental health services. Targeting support at senior clinicians and managers working in mental health services to ensure that they are prepared and equipped to fulfil these roles, is a priority.

32. Develop and deliver clinical and professional leadership solutions that align to the leadership strategy for health and care in Wales and reflect the mental health workforce requirements

Effective leadership at team/ward/department and service level is essential to the quality of mental health services and can be provided by a range of professionals. The nature of the challenges affecting mental health services have similarities and differences to those affecting general health services. Whilst we need to avoid a silo approach in the development of our leaders there is an argument to suggest that we need to increase momentum in the roll-out of leadership development where the specialist mental health workforce has historically been less visibly represented, to cope with the transformation that needs to happen.

33. Establish a mental health leaders' network on Gwella, to improve access to the compassionate and collective tools and resources for all staff.

Setting up a Mental Health Leadership and Talent Community of Practice on Gwella, would allow us to make targeted resources widely available and would allow us to monitor which resources are best used.

Delivery of the actions in this theme will realise benefits through

- ✓ Improved recruitment and retention
- ✓ Improved quality & patient experience
- ✓ Creation of robust mental health leadership pathways
- ✓ Develop leadership capacity within the mental health workforce

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OUR HEALTH AND SOCIAL CARE WORKFORCE

The mental health workforce is made up of a multitude of roles and the workforce supply, therefore, comes from a range of sources. Both health and social care collect workforce information routinely and this information is available in the technical documents which accompany this strategy. Many roles straddle the mental and physical health boundaries such as therapies, pharmacy and social workers, and it is not easy to identify and quantify this workforce split.

This information is collected in different ways, and although there are clear data gaps, there are opportunities to build on this at local, regional and national level to inform future plans. Action Three, aims to improve this to support future workforce planning and aims to have consistently recorded information in agreed formats that enable sharing of the data across planning boundaries.

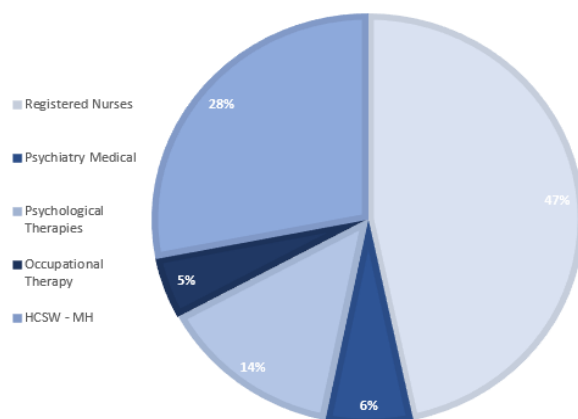
While we have been able to identify the specific mental health workforce, we recognise that within the NHS, many health professionals and some social care professionals will deliver part of their role in mental health services, but are not easily identified within the data so for the purpose of this section of the plan, we have described the workforce across seven of the larger professional groups working in mental health services – medical staff, registered nurses, health care support workers, psychological therapists, occupational therapists, social workers and social care workers, and are shown below as a proportion of the total of these groups.

Our Mental Health NHS Workforce

Around 100,000 people work in the NHS in Wales. Of these 79% are female and 54% of females work full time. Of the 66% of the people who have completed the Welsh competency in ESR, 37% say they have some level of Welsh Language ability. In March 2021, our data from the electronic staff record (ESR) identified nearly 7,600 people working specifically in NHS mental health services, which equated to 6,894.1 Full time equivalent (FTE).

Staff Group	FTE
Registered Nurses	3,218.2
Psychiatry Medical	449.3
Psychological Therapies	957.7
Occupational Therapy	334*
HCSW - MH	1,934.9
Total	6,894.1

* Identified as working in mental health services and may not include all areas

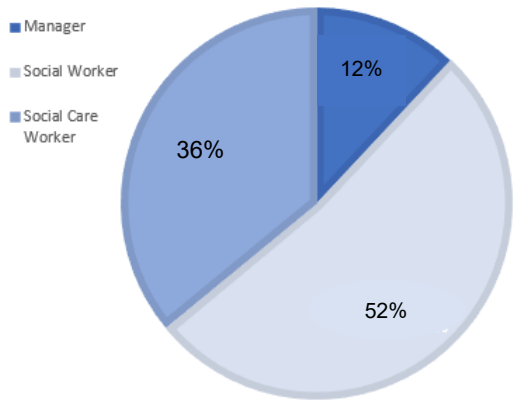


Registered nurses make up the largest proportion of all our staff groups, followed by Health Care Support Workers, and Psychological Therapies.

Our Social Care Workforce

We estimate there are about 91,000 people working across social care and social work in Wales. Of these 81% are female with around 61,000 people employed in commissioned services and 30,000 people in local authority-run social care services. 50% of the total workforce works 36 hours or more per week and 40% of the workforce has some Welsh Language ability.

Staff Group	HC MH Specific Team	HC Generic Team with MH Provision
Manager	61*	128*
Social Worker	391*	298*
Social Care Worker	292	351
Total	1,521	



We estimate that just over 1 500 people work
* The total figure includes social workers who also undertake the role of Approved Mental Health Professional (355) and Best Interests Assessor (199) who would work across various teams
mental health provision.

Vacancies

As NHS Wales does not routinely collect an overview of vacancies within mental health services, we asked Health Boards to submit their full time equivalent vacancy data and their agency/locum expenditure for September 2021 which is shown below.

- 462 Registered Nurse vacancies, of which 272 were in hospital settings
- 186 Health Care Support Worker vacancies.
- 71 AHP vacancies which included 50.5 occupational therapy vacancies
- 101 psychiatry vacancies (non-training), of which 77 were consultants

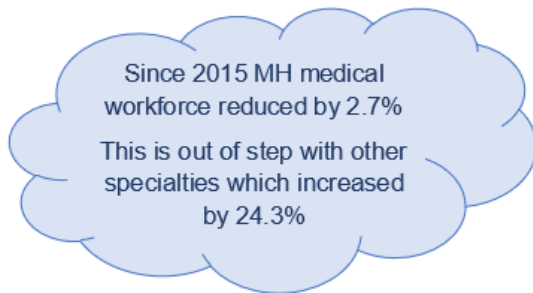
The combined agency and locum expenditure for the 12 months prior to end September 2021 was in the region of £15m, this period coincides with the Covid-19 pandemic, when all services were under unprecedented pressure.

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Vacancy rates within social care are currently at 9% overall, but the highest vacancy rate is for Social Workers who have been qualified for 1 to 3 years which is out of step at 25%.

Our Medical Workforce

Across Wales, there are 330 psychiatry medical staff (292.4 FTE) and over 150 trainees. In September 2021, there were 101 psychiatry vacancies (non-training

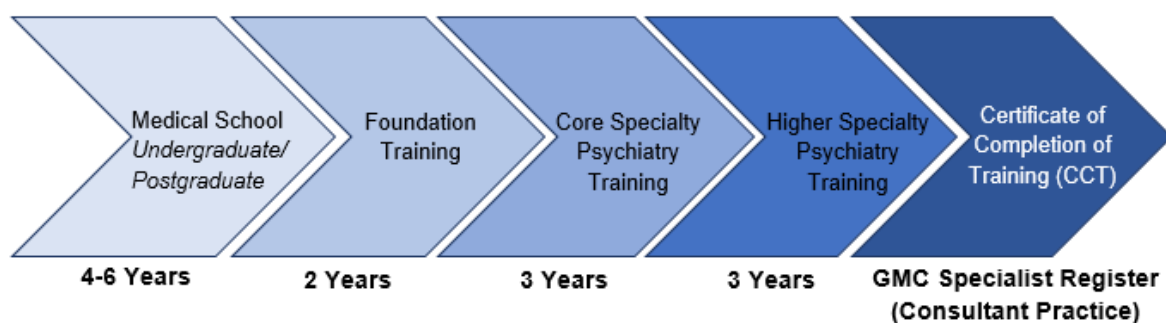


grades), of which 77 were consultants. This picture is not exclusive to Wales. The 2021 Royal College of Psychiatrists UK workforce census showed that overall, while there has been an increase in the number of consultants across the UK since 2017, only 76% of consultant posts across the UK were filled substantively. The number of

Specialist, Associate Specialist and Specialty (SAS) doctors had increased across the UK but only 70% of these posts were filled substantively. For training grades, the census revealed that 13% of Specialty Training posts were vacant in 2021.

The retirement age of the medical mental health workforce in Wales is on average, four years earlier than other medical specialties in NHS Wales, with 32% retiring at 55, compared to only 6% of other medical colleagues.


Psychiatry Training Pathway



We need to grow our psychiatry workforce due to the current age profile, impending retirements and increases in demand, however as the diagram above shows, it takes a minimum of 8 years post-graduate training to become a medical consultant, following the initial training in medical school of between 4 and 6 years.

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Since 2015, our mental health medical workforce has reduced by just under 3%, while other medical specialties increased by 24.3%, however, these decreases occurred prior to 2020, and with our significant efforts to both attract and train more, we have seen an increase since then.



In 2020-21, Our medical workforce increased

We are currently experiencing lower numbers progressing into higher specialty training, where there are currently a high proportion of vacancies across the UK, as a consequence of a reduction of applicants into core psychiatry training in 2017 and 2018. This will continue to impact on both an inability to expand higher specialty training numbers until 2022 and consequently the numbers reaching the Certificate of Completion of Training until 2025 at the earliest. Our work to increase core trainees from August 2022 will play out through the pathway and we will see a corresponding increase in higher specialty training posts in 2025 and consultants in 2028 and beyond.

Recognising there is no swift solution, a multi-disciplinary approach is vital to provide sustainable services. This plan therefore looks at short, medium, and long term actions to build our medical workforce supply.

What we are currently doing

In Wales work has been ongoing to increase the numbers of doctors in training and to improve attraction to training in psychiatry. Over the last three years, we have worked with partners in Higher Education Institutions, and the Royal College of Psychiatry to address this shortfall in core trainee numbers. We have increased the availability of training places and delivered a number of successful [Train.Work.Live](#) campaigns. We have also introduced trainee exam fees incentives to improve attraction to medical training in psychiatry.

For the third successive year, in September 2021, 100% of Welsh training posts were filled. With this sustainable recruitment trend and a full training programme we are now ready to implement a planned expansion. This increase is mirrored across the UK and has now enabled Wales to increase the core training places by eight from the 2022 intake and start to increase higher specialty training posts.

There remains a high proportion of vacancies within the higher specialty training schemes in psychiatry and work will continue to be undertaken to improve fill rates. The vacancy rates within training are a UK wide issue and are coupled with an increase in the numbers of trainees choosing to train less than full time, which increases the length of time that trainees will spend in higher specialty training before achieving their CCT. This is a pattern likely to continue and increase, so our planning is taking account

of the need to train more people to adapt to this more flexible approach to both training and subsequent working experiences.

What this means for our medical workforce

Our modelling of our current psychiatry training pipeline up to 2026, taking account of the current vacancies within the training schemes and the anticipated levels of consultant retirements over that period, is indicating that we will see a 7.2% reduction in the psychiatry workforce, so it is essential that we create sustainable solutions to address this gap in the short term as well as planning for the medium and long term.

Action 1 of this plan commits to increasing our commissioning of education and training. In line with Royal College of Psychiatry recommendations, we will increase the number of Physician Associates within mental health services to support the medical trainees and multi-disciplinary team.

Physician Associates (PA) are healthcare professionals who work to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision. In mental health teams, they are practitioners who work under the supervision of a psychiatrist. They were initially introduced into Wales in 2016 as part of the response to a shortage of junior doctors, to increase capacity as they are recruited from a different pool of graduates.

Our modelling suggests that if 10 Physician Associates are added to the mental health workforce each year until 2026, it would result in an overall increase of approximately 21 posts – a 7.6% increase.

Our commitments to increase medical workforce sustainability

- We will run regular campaigns to attract medical workforce to train, work and live in Wales
- We will develop age-appropriate careers information and resources to support and prepare people of all ages for careers in mental health
- We will continue to increase the availability of medical training places to account for less than full time training and working
- We will continue to provide more flexible education and training places
- We will continue to provide incentives to encourage take up of training places
- We will increase the numbers of physician associates in training

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Our Nursing Workforce

The Nursing Mental Health workforce appears to have grown in line with the total Nursing and Midwifery workforce for NHS Wales from March 2017, showing a larger percentage increase between September 2019 and September 2020.

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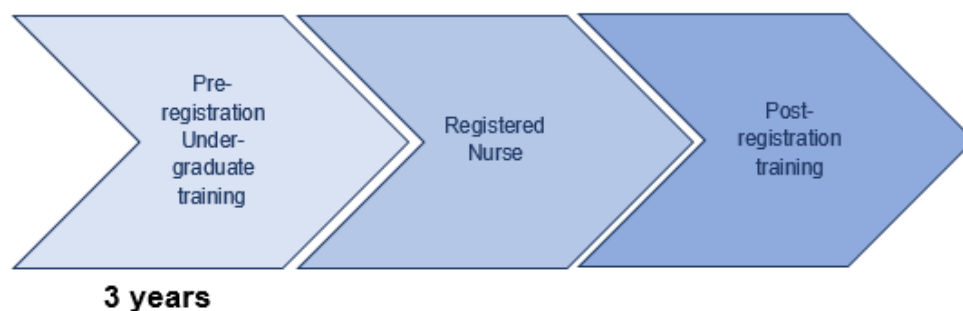


the end of March 2021, 3,218.2 FTE registered nurses were working in mental health services in Health Boards and Trusts in NHS Wales. The overall trend in nursing is one of growth, but we have more to do, to attract people to both nursing training programmes, and to subsequently follow a career in mental health services in Wales.

Between March 2015 and March 2021, the growth of the Nursing Mental Health workforce was 5.9% whereas the percentage growth for the NHS Wales Nursing and Midwifery workforce has increased by 8%. So, while we are seeing growth in this area, it is not happening as quickly in mental health services as in other areas. This is a pattern we are seeing in many of the mental health professions.

There are a number of different routes to qualification as a registered mental health nurse in Wales. We support a range of part-time undergraduate and graduate entry masters programmes, but currently the most common route is the three-year undergraduate pre-registration training shown below.

Nursing training pathway



Since April 2015 the mental health nursing workforce in Wales has had more staff joining the workforce than leaving, with April 2019 - March 2020 having the highest number of staff starting in the workforce and the fewest number of staff leaving compared to other years, resulting in 98 more Nursing staff. Overall, the Mental Health Nursing workforce has increased by 313 since 2015.

The shape of service delivery has also changed during this period. We are seeing increases in nurses working in community settings, and a reduction in hospital settings. This is in line with what we see in the service model changes.

The demographics of the workforce continue to change – nurses aged over 55 increased from 14% in 2015 to 22% in 2021, and older workers are seeking to work less than full time hours, however nurses aged under 35 also increased from 19% to 27%. We have examined participation rate of our workforce - this is a measure of impact of part-time working on the availability of the organisation's workforce. The higher the participation rate the more hours on average, an individual will work each week. Participation rates for the female workforce after the age band 25-29 starts to decline and is lower than the male workforce until the age band 60+. Both the male and female workforce show a significant reduction in the participation rate after the age of 54.

What we are currently doing

HEIW's review of health professional education commissioning arrangements and contracts in Wales has led to greater access to training. We have also increased the number of universities providing part time training routes that can be accessed by our support workers and dispersed and distance learning models that can enable student nurses to train locally.

Application rates remain at a record high and 89% of nursing applicants to Welsh universities are Welsh domiciled. Learning about mental health has been introduced across all branches of nurse training, increasing basic knowledge of mental health across all nursing disciplines. This will be supported by our action to develop mental health literacy across all of our current workforce.

In recent years, we have been increasing the number of mental health nurse student places as a result of our workforce modelling and in particular our anticipated retirements. We have increased our training numbers by 46%, from 330 in 2019, to 483 for September 2022.

We have also increased the opportunity to both learn in Welsh, and to learn to speak Welsh, and will continue to do this over the lifetime of this plan.

What this means for our nursing workforce

Our plan is to continue this journey of increasing nursing numbers to 580 places per year in 2025/26. 47 additional places will be commissioned in 23/24, 72 in 2024/25

and 97 in 2025/26. This is a further increase of 20% above 2022/23 levels and 75% above the 2019 levels of commissioning.

We need to do more to attract new people into the mental health nursing profession, starting at school age pupils who are considering careers in health, and looking for university courses, as well as people who may not have chosen or had the opportunity to study straight from school. We will also look to attract those who have left the profession back into our mental health services.

In order to increase the numbers of nursing students, we also need to increase the availability of quality clinical placements within mental health environments. We are working with Health Boards, Trusts and other providers to ensure that we can support these increases.

Our mental health nursing workforce is anticipated to grow by 585 (16%) between 2020 and 2026 to 3,842. We have modelled this, based on new graduates entering the workforce in addition to our patterns of nurses, other than those newly qualified, joining and leaving the workforce, based on averages over the last three years.

Our commitments to increase nursing workforce sustainability

- We will make mental health nursing more of an attractive profession by running regular campaigns to attract nursing workforce to train, work and live in Wales
- We will provide career development and career enhancement at all levels, supported by supervision and mentoring
- We will develop age-appropriate careers information and resources to support and prepare people of all ages for careers in mental health
- We will continue to increase the availability of nursing pre-registration training over and above the increase that had previously been planned
- We will continue to provide more flexible education and training places including grow your own options
- We will continue to provide the NHS Wales bursary to support nurses during their training
- We will support transition from education into employment through preceptorship
- We will continue to fund course fees of Welsh nursing students training in Wales.
- As part of Phase 2 of the review of healthcare professional education in Wales, HEIW will commence work to scope and engage on developing a dual qualification route for mental health and adult nursing.

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Our Psychological Therapy Workforce

Psychologists and psychological therapists play a major role in our mental health services. In recognition of this, we have increased our psychological therapy workforce by 404 FTE (73%) since 2015 and will continue to do so throughout the lifetime of this plan. There are currently 1,135 people in this staff group working 957.7 FTE. The training pathway for the clinical psychologist is also a lengthy one, and short, medium and long term actions to ensure a sustainable workforce are required as part of this plan.

Psychologist training pathway



What we are currently doing

The specific need to develop the psychological therapies workforce was identified in Together for Mental Health as a phase 1 priority, and we have progressed significant work alongside the development of this plan. This has included work to broaden delivery of psychological therapies by multi-professionals, increased commissioning of additional clinical psychology trainees, child clinical psychotherapists and CBT training which has been commissioned at various levels.

During 2020 a review of psychological therapies was undertaken which identified the need to increase the numbers of Clinical Psychologist trainee and identified a skills gap between the Clinical Psychologist and Assistant Psychologist roles.

As a consequence, the numbers of trainee Clinical Psychologists has been increased and HEIW is developing the Clinical Associate in Applied Psychology (CAAP) role and associated education and training pathway. This CAAP role is a masters level British Psychological Society registered practitioner role that sits within the psychological therapies team and can work in a wide variety of clinical settings.

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What this means for our psychological therapy workforce

This role, which is new to NHS Wales, is already embedded within mental health teams in Scotland and England. Currently Health Boards employ Clinical Psychologists and Assistant Psychologists (a level 5 role).

HEIW is engaging with stakeholders to procure a suitable CAAP course for delivery in Wales to start in 2022/23 and to ultimately provide a graduating cohort of 30 per annum. Due to this being a new role, it will be important to ensure that appropriate organisation design is undertaken following the model adopted for the introduction of the Physician Associate and other Medical Associate Professionals in Wales.

We are also increasing the level of education commissioned in psychological therapies, this includes DBT, EMDR, CBT modules, interpersonal/cognitive analytical therapy and systemic/family therapy which will be available to a range of professionals across the multi-disciplinary team.

HEIW will also be building on the work from matrix Cymru to ensure that practitioners and managers have access to the evidence base for providing inclusive, safe and effective psychological interventions, disseminate good practice and sharing innovation. We will also be co-producing good practice guidelines as needed including for example the improving access and quality of interventions for those from Black Asian and minority ethnic communities, providing a single point of access to expert advice and guidance on the workforce and training requirements to implement National Strategy including a specific resource for developing the team.

Our commitments to increase psychology workforce sustainability

- We will increase the career pathways available for clinical psychology and psychological therapy.
- We will provide career development and career enhancement at all levels, supported by supervision and mentoring.
- We will develop age-appropriate psychology careers information and resources to support and prepare people of all ages for careers in mental health and particularly psychology graduates.
- We will continue to provide more flexible education and training places including grow your own options.
- We will support transition from education into employment through preceptorship.

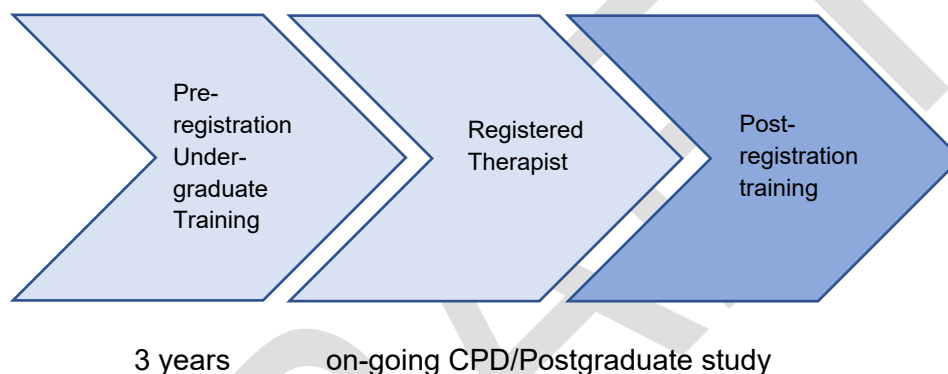
• We will provide resources to support psychology team development.

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Our Allied Health Professions Workforce

During the engagement phase of the development of our strategic mental health workforce plan, the opportunity to develop our therapies workforce to deliver mental health services was highlighted. While Occupational Therapists are at the core of our mental health workforce, opportunities to expand the contribution of other AHP professions were identified, not only for their contribution in specialist mental health services e.g. Physiotherapists preventing falls within dementia specialist units, but also the contribution that AHP professionals could make in the prevention and recovery arena.

Therapy Training Pathway



There is currently no specific pathway at undergraduate level for AHPs who wish to work in mental health services. At the point of registration, the therapist is able to choose their specialism which may or may not include mental health services.

Our Occupational Therapy Workforce

Occupational therapists (OT) are the largest AHP profession providing mental health services in Wales and are a crucial and well established part of the multi-disciplinary team.

Due to this specific contribution to mental health services, the occupational therapy workforce has been highlighted separately within this plan. There are over 300 occupational therapists working in mental health services in Wales, but there is nearly 14% vacancy of the total occupational therapy mental health service workforce. As occupational therapists follow a generic undergraduate training programme, we will be developing and targeting our attraction campaigns highlighting the opportunities and careers within the mental health setting.

What we are currently doing

Most Allied Health Professionals have seen increases in commissioning of training places over the past three years. We will be continuing this, by increasing our AHPs through our Education and Training plan by 10% equating to 16 per annum specifically designed for mental health settings. It has not been possible to identify the AHPs specifically working in mental health services but overall, there is an opportunity to increase the AHP contribution.

As with all healthcare student increases, we also need to ensure that the appropriate clinical placements are available which would otherwise be a barrier to this growth so by working with our three regional MH Practice Education Facilitators, the recommended capacity can be built to accommodate increases and provide the safe quality learning experiences necessary for registration with the Health and Care Professions Council.

What this means for AHP Workforce

Expanding the knowledge and skills for AHPs to be able to identify low level mental health problems when treating patients for physical health conditions would help to provide timely interventions and prevent conditions from developing. Actions 28 and 29 will provide access to the development of targeted mental health skills training and support models for staff which will include access to Cognitive Behaviour Therapy (CBT) training.

The valuable contribution of Arts, Drama and Music therapists was also identified throughout our engagement. Currently there are extremely small numbers of these therapists employed in mental health services across Wales however, there are examples of their contribution to the recovery of patients within specialist areas such as CAMHS and Perinatal units and in the prevention arena across all ages. Historically, Wales has employed these therapists in roles within mental health services and learning disabilities and we will explore with Health Boards whether there is a need to develop this workforce and other AHP professionals within mental health services into the future.

Our Mental Health Social Workers

Social workers and other social care staff are a vital part of our mental health multi-disciplinary and Community Mental Health Teams. They bring a non-medical perspective to the team with a specific rights-based focus on the social determinants

of mental health including education, employment, housing and social networks. Social care staff also provide an important link between health and social care which supports an integrated approach to supporting citizens who are experiencing mental distress.

The Social Care Wales registration data that has been used to inform this report is based on Social Workers who work across the spectrum of services that Local Authorities provide and is not specific to those staff who work in mental health services. However, the data will be applicable to the mental health workforce.

The overall trend is increasing with 505 more social workers registered with Social Care Wales in 2021 compared to 2017. In the last 12 months 454 social workers joined the Register and 277 left. 47% of those leaving did not maintain their registration, 19% of those leaving had retired and 13% continued to work in social care outside Wales.

As with the NHS workforce, the large majority (over 82%) of the workforce is female. The average age of 46 has remained constant since 2017. We are seeing increasing levels of ability to speak some or fluent Welsh.

What we are currently doing

We recently undertook a review of the social work qualifying framework for which a report will be published in May that sets out a range of recommendations to how the support for students undertaking the degree in social work can be improved. Equally a report will soon be published outlining how Newly Qualified Social Workers were supported through Covid-19. In addition to these research pieces a range of initiatives have been undertaken in recent times to support the social work profession, such as increased grant funding to increase the number of social work students sponsored by employers to undertake the degree and to support the delivery of all qualifying and post qualifying social work provision. A new post qualifying framework for social work will also support the development of social workers.

We plan to run a social media based attraction and recruitment campaign focussing on social work including a specific focus on mental health social work and are developing a workforce plan for the social work profession in Wales.

What this means for our workforce

The social work profession is a critical aspect of the social care workforce, and it is essential that it is supported to develop and retain its unique function in society. To do this we have worked closely with the workforce to clearly understand the support

required from qualifying training right through to the top end of post qualifying career journey.

The work that is currently underway is wide reaching and there is much more to do but there is a determination to ensure that the profession is respected, valued and rewarded appropriately. This next phase of development, with the help of our social work stakeholder group, will see further development of the qualifying and post qualifying support available to the workforce to ensure that is well resourced to meet the needs of the population it serves. This includes ensuring that the wellbeing of the workforce is considered and provided for and that there is a greater understanding of the current workforce as well as having clear workforce planning in place to support the future supply and demand to ensure the profession is sustainable.

Our Health Care Support Worker / Health Care Assistant workforce

There are over 2,100 (1,934.9 FTE) health care support workers who play a key role in delivering healthcare in community and hospital settings throughout our NHS mental health services. This represents 23% of the total mental health workforce groups across health and social care identified in the plan, and when combined with the 643 Social Care workers, this rises to 30%.


What we are currently doing

We are keen to attract people from our local communities into our services and are committed to continually developing our support workers in mental health services throughout their career with us. We continue to develop flexible learning opportunities and where appropriate, pathways into higher education. This will continue throughout the lifetime of this plan as part of our wider support worker development commitments.

The Healthcare Support Worker Career Framework supports the development of support workers within the NHS, from providing a standard induction and access to a Health and Social Care qualification that is suitable for support workers working within mental health services, through to higher level training and on pathways to pre-registration undergraduate healthcare professional training.

What this means for Health Care Support Workers

In Action 30 we have proposed the development of a mental health specific joint health and social care approach for support worker education and training. This will maximise the use of apprenticeships and education programmes to enable more of our support workers to be able to access career pathways.



We have 146 more Health Care Support Workers in MH services than in 2015

To support the development of the support workers working within mental health services we will also build on our work which is already in place to improve access for support workers to undergraduate pre-registration nurse training.

Our Mental Health Social Care Workers

As with the Social Worker registration dataset the data accessed to inform this report for social care support workers covers all services and is not specific to those staff that work in mental health services. Over 81% of the workforce is female, with a higher proportion of younger people (16 to 35 years of age) making up the workforce in commissioned services where the opposite is true with local authority services, where those aged 46 to 65 make up the largest group of employees. 38% of the workforce have some ability to use the Welsh Language with the rest saying they speak no Welsh.

What we are currently doing

A key focus at present is the registration of the workforce which has both a direct and indirect impact on the mental health service within the social care workforce. So, whilst the focus is rightly on how we prepare the sector for this in terms of ensuring the right learning, development and qualification opportunities are accessible to all alongside suitable and appropriate resources there are a whole range of other priorities to ensure the sustainability of the workforce, with the wellbeing of our workforce at the heart of all that we do.

Raising the profile of the sector is critical and the [WeCare Wales](#) campaign is fundamental in promoting the value of a career in social care so we can start to address the recruitment and retention challenges that exist. To help all programmes of work there is an important focus on the improvement of workforce data so that it can be used to target support and help with effective and timely decision making.

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What this means for our workforce

Valuing the workforce is a constant theme fed back through all levels of engagement with the sector over the last few years and it is critical that all solutions to the challenges in the sector put the worker voice at the centre of the solutions of these workforce challenges. The initiatives underway and planned for the future are all focussed on the raising the profile of the workforce and ensuring they are suitably skilled and knowledgeable to support the people that receive care and support.

Our approach to engagement must ensure that the workforce is involved in identifying the challenges and also part of the design of the solution. We must strive to address the known disparity with health and social care and work towards the promotion of the social care sector as a valued, desirable and worthwhile career to be part of.

Our Primary and Community Care Workforce

A large proportion of mental health service provision is undertaken within the primary care setting, and it is important that we work with the Strategic Programme for Primary in Wales, including our Dental, Ophthalmology and Pharmacy colleagues, to ensure that our primary care and community workforce has the right skills and knowledge to support mental health and prevention.

This area has unique opportunities for integrated working between health and social care and we will provide a funded programme of training to support integrated working and co-production to better enable this to take place.

What we are currently doing

In recent years and with the establishment of clusters the multi-disciplinary team has expanded. Many clusters now employ Cluster Pharmacists and Occupational Therapists who have key roles in the provision of support to people presenting with low level mental health issues such as anxiety and depression; pharmacists play a key role in appropriate medication and medication review and occupational therapists can provide mental health interventions to support people to recover faster.

The development of the cluster multi-disciplinary team is still emerging and there is opportunity through this workforce plan to create innovative employment arrangements to enhance delivery of mental health services in primary and community care settings. This could involve joint appointments of service level agreements between organisations.

There are opportunities to increase the knowledge and skills of the primary care workforce to care for people presenting with mental health issues. We will develop targeted mental health skills training and support models for primary care staff which will include access to Cognitive Behaviour Therapy (CBT) training.

DELIVERY OF THIS PLAN

To deliver this strategic plan, we will need to work together at national, regional, and local levels. Implementation plans will need to be developed and taken forward in partnership with staff and stakeholders at local, regional, and national levels as appropriate.

Through additional investment of in our health and social care mental health workforce over the next four years, these actions will come together to deliver high quality mental health services through a motivated, engaged and valued, health and social care mental health workforce, with the capacity, competence and confidence to meet the mental health needs of the people of Wales.

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DEVELOPING A STRATEGIC MENTAL HEALTH WORKFORCE PLAN FOR HEALTH AND SOCIAL CARE IN WALES

**TECHNICAL CONSULTATION SUMMARY DOCUMENT
APRIL 2022**

English Catherine
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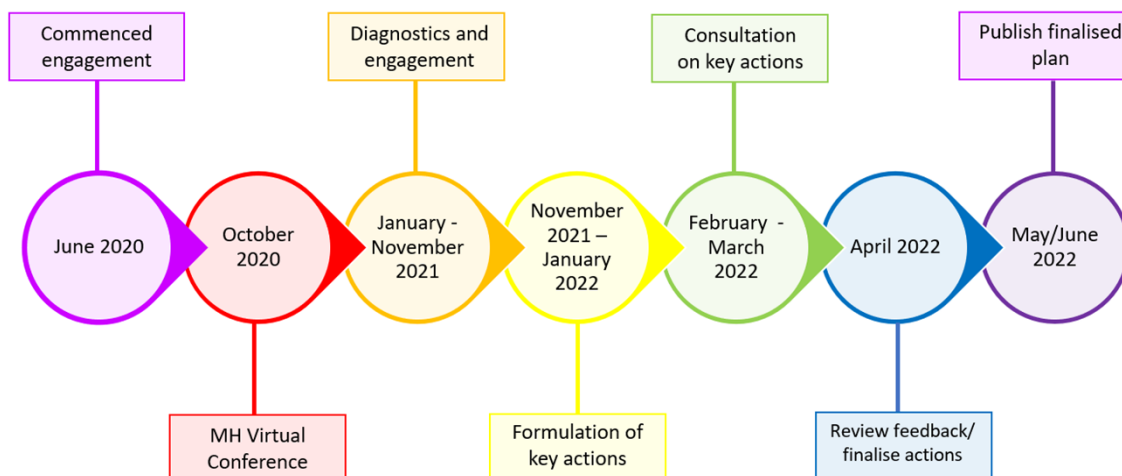
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INTRODUCTION

Engagement for the draft plan started in October 2020 where almost 2,500 people took part in a month-long interactive virtual conference. Here, individuals were encouraged to share their ideas to help shape the future workforce that would be required to deliver a leading mental health service in Wales. The analysed responses were collated under overarching themes and trends with participants suggesting a need to focus on the following key areas:

- Providing attractive and innovative career opportunities to improve workforce engagement and sustainability (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 1 – An Engaged, Motivated and Healthy Workforce*)
- Develop career development frameworks which include non-traditional pathways (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 2 – Attraction and Recruitment*)
- Put the service user at the centre of all service and workforce models and expand the use of service user involvement in MDT discussions relating to their care (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 3 – Seamless Workforce Models*)
- Maximise the opportunities for delivering services with the support of digital technologies (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 4 – A Digitally Ready Workforce*)
- Promote inter-disciplinary learning to ensure standardisation of approaches and methodologies (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 5 – Excellent Education and Learning*)
- Recruit and develop service leaders and managers who foster the culture of compassionate and collective leadership (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 6 – Leadership and Succession*)
- Create capacity and capability within the mental health service to develop a sustainable mental health workforce plan based on robust data and workforce analytics which informs future supply and shape (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 7 - Workforce Supply and Shape*).

TIMELINE



FEEDBACK SUMMARY

All comments and feedback received during the consultation period via consultation response, email or captured verbal feedback has been considered within the feedback. In addition to asking respondents to respond via multiple choice questions, we have also given respondents the opportunity to give their views via free-text commentary to ensure we are able to gather high-quality and in-depth feedback that will help to shape the final plan. A breakdown of the demographic data can be found in Appendix 3.

It is important to note that the majority of online responses came from individuals giving personal responses in comparison to the written emailed responses which reflect the views on behalf of larger groups, organisations or professional bodies. For the purpose of this paper we have considered them as each representing one respondent as we think all views are equally valid, but we will ensure that some of the more detailed suggestions from organisations and professional bodies will also be considered in the final plan.

The online survey received 283 responses and 43 additional written responses were received via email. Verbal feedback from meetings, workshops and facilitates sessions was also collated and totalled 275 pieces of additional verbal feedback to be considered when writing the final plan. Those who provided written responses and responses on behalf of an organisation or health board/trust can be found in [Appendix 2](#).

We have used the following standard terms to summarise the level of feedback throughout the document. There are two types of terms:

Terms concerned with proportions.

We have used terms which summarise an individual response on a particular question or theme as a percentage of those who responded to that particular theme or question.

Terms concerned with numbers

When discussing organisational responses, we thought an indication of the actual number would be helpful, we have used the following:

- 'A large number of' – in such cases the feedback quoted was given by 10 or more respondents
- 'A number of' – in such cases the feedback quoted was given by 5 or more respondents
- 'A small number of' or 'a few' – in such cases the feedback quoted was given by less than 5 respondents

We hope that this gives an understanding of the feedback without inappropriately attributing 'numbers' to what was essentially qualitative feedback. This has been summarised carefully and thoughtfully and takes all feedback from all channels into consideration. We have also tried to indicate, where appropriate, the origin of the responses (e.g. public, private, or voluntary sectors) purely to give an idea of where these issues appear most visibly.

For ease of reference, this document follows the structure of the consultation document giving an overview of the feedback broken down into themes.

FINAL DOCUMENT

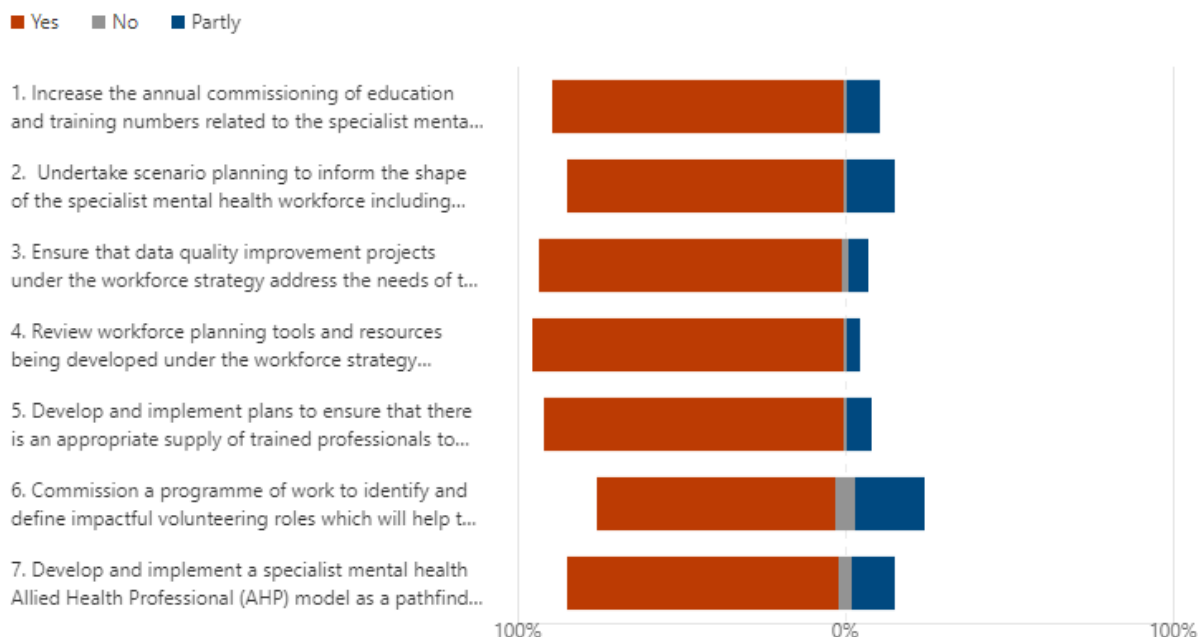
The final plan, due to be published **XXXX**, will be a vehicle for driving radical change and comprehensive improvements in how we develop, value and support our specialist mental health workforce, as well as developing the skills and knowledge of our generalist health and social care workforce to better equip them for the future.

The plan will set out 33 recommendations that have been developed based on consultation feedback.



THEME 1 – WORKFORCE SUPPLY AND SHAPE

Overall, the actions within Workforce Supply and Shape received 86% support for all seven actions and 11% partly agreed with all of the actions from online responses.



A number of individual responses raised the importance of ensuring psychological therapies are included in the increase of numbers for training, and a large number of respondents from both organisational and individual responses commented on the importance of Allied Health Professionals (AHP) as part of the mental health workforce. Suggestions from both individual and organisational responses indicated that there should be clarity on the role of the occupational therapist within the mental health workforce.

A number of organisational respondents stressed the importance of the workforce having access to education, training and development opportunities. There was also a strong theme of ensuring a multi-disciplinary approach to gathering information and ensuring that the workforce work closely with colleagues from across professional groups and sectors.



FEEDBACK ON DRAFT RECOMMENDATIONS IN THEME 1

1. Increase the annual commissioning of education and training numbers related to the specialist mental health workforce for the next three years.

89% of individual respondents fully supported this action. Suggestions that were made from organisational responses to strengthen Action 1 included ensuring inclusivity for all professional groups including midwives, health visitors and occupational therapists, and to ensure equity between professional groups. The importance of data mapping and the need to prioritise professions to include nursing, psychiatry, social workers, psychologists and occupational therapists in the increased commissioning numbers was identified via a number of individual and organisational responses.

2. Undertake scenario planning to inform robust workforce planning assumptions for the core mental health workforce in nursing, psychiatry, social work, psychological therapies for the next 10 years.

84% of individual respondents fully supported this action, and similar to Action 1 there was a focus from organisational responses on ensuring the workforce mapping prioritises those professions that are an important part of the mental health workforce. A few organisational responses raised the importance of ensuring that everyone is planning ahead of potential legislation changes. A number of respondents from both individual and organisational responses suggested the inclusion of AHPs, in particular occupational therapists, as part of the workforce planning assumptions.

3. Ensure that data quality improvement projects under the workforce strategy address the needs of the mental health workforce.

92% of individual respondents fully supported this action and a number of organisational respondents suggested an all-Wales approach to workforce data on professional groups, diversity of the workforce and intelligence on the workforce skill mix is important to consider. Suggestions from the organisational responses were also made around electronic patient records including interventions and outcomes within patient pathways. There was emphasis from a small number of organisational respondents that it is important to ensure that there are data analysts to undertake the analysis rather than rely on current staff that are already overwhelmed.

4. Review workforce planning tools and resources being developed under the workforce strategy implementation to ensure they are fit for mental health purposes.

95% of individual respondents fully supported this action and a number of organisational respondents suggested that planning tools should include primary and social care – a whole systems approach was recognised widely both from individual responses and on behalf of wider organisational responses. It was suggested by a few organisational respondents that benchmarking data should be available for patient hospital stays and integration of peer support worker roles is important.

5. Develop and implement plans to ensure that there is an appropriate supply of trained professionals to undertake new and existing legal roles.

91% of individual respondents fully supported this action and utilising the expansion of new and existing roles was a dominant theme in both organisational and individual responses. A large number of individual and organisational respondents raised the importance of ensuring that there are enough trained professionals to fulfil any new or developing legal roles/requirements, and that the workforce are prepared for such changes. A few organisational respondents also stressed the importance of mapping the impact of the any new legal requirements on the delivery of service.

6. Commission a programme of work to identify and define impactful volunteering roles which will help to inform workforce planning, education and training.

73% of individual respondents fully supported this action and a number of individual responses suggested that peer support workers and individuals with lived experience could play an important role in this action. It was also suggested by a number of organisational responses that appropriate training and education should be provided to volunteers, and individual responses strengthened this feedback by suggesting there could also be opportunities to develop pathways to employment or professional registration for those who are initially volunteers in the service.

7. Develop and implement a specialist mental health Allied Health Professional (AHP) model as a pathfinder for rollout across Wales.

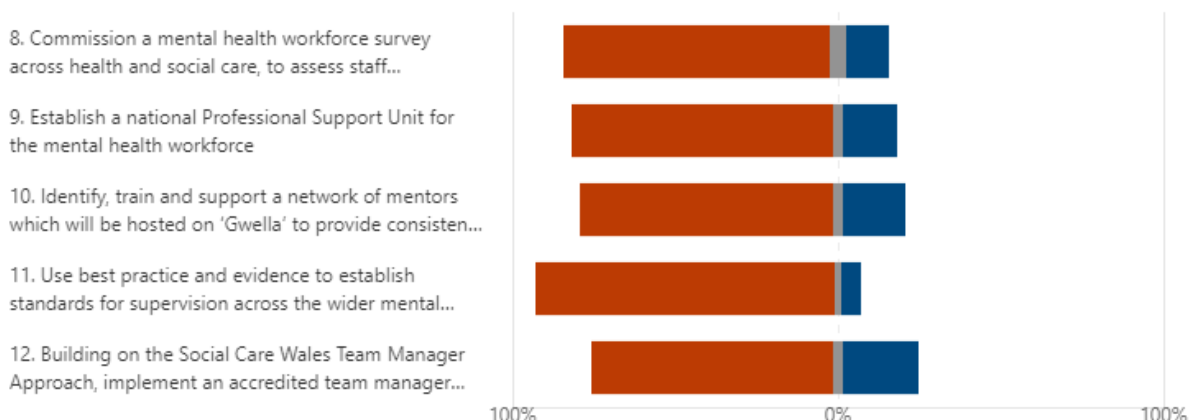
82% of individual respondents fully supported this action and both individual and organisational respondents stressed the importance of the unique contribution that AHPs can make to mental health services. Organisational responses also stressed the importance of engaging with AHP professional bodies who would be key to scoping the existing roles within the workforce.



THEME 2 – AN ENGAGED, MOTIVATED AND HEALTHY WORKFORCE

Overall, the actions within An Engaged, Motivated and Healthy Workforce received over 81% support for all five actions and 15% partly agreed with all of the actions via the online responses.

■ Yes ■ No ■ Partly



One of the strongest themes emerging from individual responses is supervision and ensuring that supervision is available for staff of all levels and is of good quality. Individual responses also highlighted the importance of support for staff to improve wellbeing. It was also suggested by both organisational and individual responses that physical health should be included within the actions.

support
 physical-health
 wellbeing quality
 improvement
 mdt supervision
 progression education
 training
 leadership networking

FEEDBACK ON DRAFT RECOMMENDATIONS

8. Commission a mental health workforce survey across health and social care, to assess staff engagement, experience and wellbeing.

81% of individual respondents fully supported this action at a National level and a few individuals suggested that surveys that have already been undertaken or planned should be taken into consideration. A number of respondents from both individual and organisational responses agreed that survey engagement would need to be improved, and a few organisational respondents suggested that the survey should provide profession specific results to highlight key focus areas.

9. Establish a national Professional Support Unit for the mental health workforce

80% of individual respondents fully supported this action and a large number of those individuals highlighted the need to combine physical and mental health services for staff. It was indicated by a large number of individual and organisational respondents the importance of supporting staff impacted by traumatic events (e.g. suicide, court cases) and that the service is clearly signposted for staff.

10. Identify, train and support a network of mentors which will be hosted on 'Gwellla' to provide consistent and agreed standards for mental health staff mentoring.

77% of individual respondents fully supported this action and it was questioned by organisational responses how this would fit into existing models. A number of individual and organisational respondents highlighted the importance of ensuring Gwellla does not replace good standard service-led supervision and to ensure that staff are aware of the Gwellla

platform. A number of organisational respondents highlighted the importance of connecting with colleagues on a National level using the platform, and suggested that training requirements for roles would need to be identified.

11. Use best practice and evidence to establish standards for supervision across the wider mental health team.

91% of individual respondents fully supported this action and there was strong support for a multidisciplinary approach to supervision and the importance of ensuring staff have protected time from service from both organisational and individual responses. A number of organisational respondents suggested that the wider workforce as a whole need to be considered for this action, and that standards for supervision would need to be cross-referenced with both National and profession-specific standards already in place.

12. Building on the Social Care Wales Team Manager Approach, implement an accredited team manager development programme across mental health services.

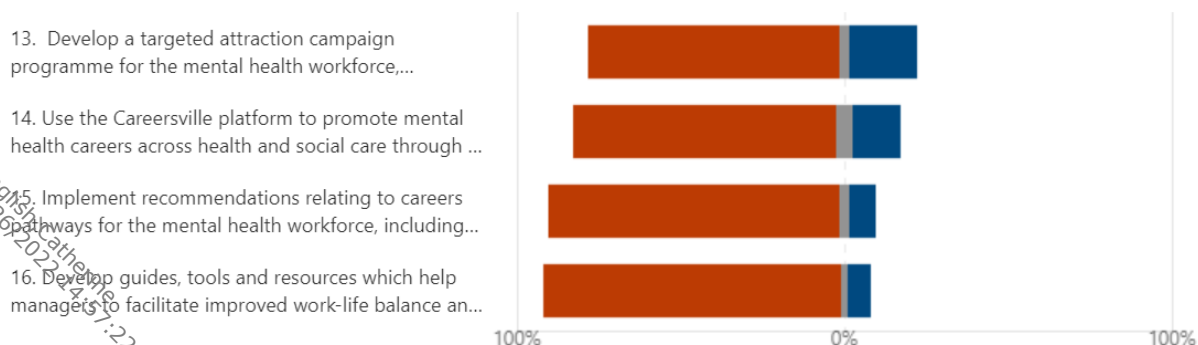
74% of individual respondents fully supported this action and there was also support from organisational responses to embed this into health boards on a national level to ensure consistency. A number of organisational respondents expressed that there would be value in definition of roles and what the differentiation of this would be from other leadership training and development courses that currently run across Wales.



THEME 3 – ATTRACTION AND RECRUITMENT

Overall, the actions within Attraction and Recruitment received over 83% support for all four actions and 12% partly agreed with all of the actions.

■ Yes
 ■ No
 ■ Partly



Recruitment and retention of staff was picked up across both individual and organisational responses as a key focus, as well as ensuring the correct education and training is in place for the workforce. A number of organisational responses also suggested that the scope of placements across Wales is an important element to consider.

supervision opportunities resources
access placements
pathways
retention education
recruitment diversity training

FEEDBACK ON DRAFT RECOMMENDATIONS

13. Develop a targeted attraction campaign programme for the mental health workforce, supported by Train Work Live and We Care Wales.

76% of individual respondents fully supported this action with a large number of individual respondents raising the importance of reflecting diversity within Wales. The feedback also suggested from both individual and organisational respondents that Welsh language should be a strong theme as part of the campaign. It was recognised via the organisational responses that clinical psychologists should be part of this programme, and that AHPs should also be included within the longer-term campaigns.

14. Use the Careersville platform to promote mental health careers across health and social care through a marketing campaign aimed at schools and colleges.

80% of individual respondents fully supported this action and a large number of those respondents welcomed the expansion of Careersville to represent mental health services as a whole. There was recognition from the organisational responses of the importance of targeting young people, and suggestions were made that the system is continuously improved to reflect this by both sets of responses.

15. Implement recommendations relating to careers pathways for the mental health workforce, including opportunities relating to research, academic, leadership and improvement as described in the Centre for Mental Health's Future of the mental health workforce report - staffing resource?

88% of individual respondents fully supported this action and a large number of organisational and individual respondents welcomed this as it was recognised that the pathways within the current landscape can be confusing. It was further suggested by the organisational responses that there should be commonality across professions and that this would improve the wider skill mix into mental health professions.

16. Develop guides, tools and resources which help managers to facilitate improved work-life balance and increase staff retention across health and social care.

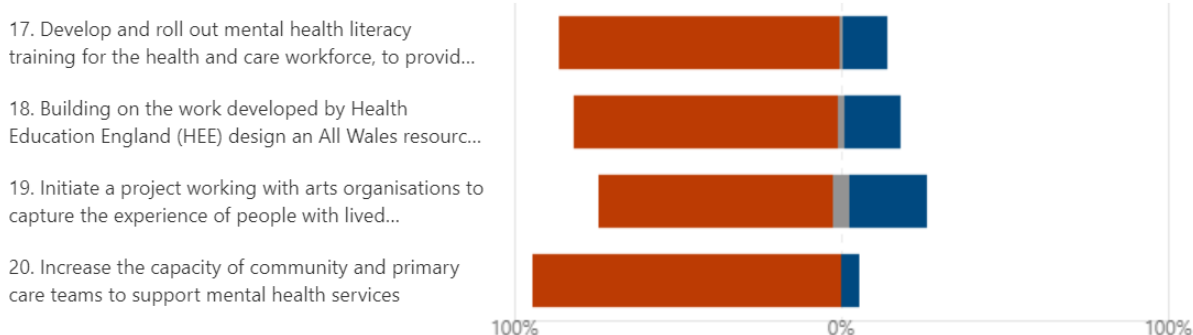
90% of individual respondents fully supported this action and suggested that links should be made with existing wellbeing resources that are use across the health boards. Respondents raised the importance of embedding compassionate leadership into the workplace and commented on the challenges of flexible working within mental health services. A number of respondents raised the importance of ensuring there is no disparity across professional groups.



THEME 4 – SEAMLESS WORKFORCE MODELS

Overall, the actions within Seamless Workforce Models received over 82% support for all four actions and 14% partly agreed with all of the actions via the individual responses.

■ Yes
 ■ No
 ■ Partly



Key themes that emerged from the individual responses were suggestions of making mental health training mandatory for staff and linking with existing Health Education England toolkits. A number of individual respondents also suggested that individuals with lived experience could help to influence the recommendations. A number of organisational responses suggested that there are some gaps to consider between Primary and Secondary care, and that upskilling the current workforce is key.

education lived-experience
 access links mandatory
 upskilling toolkits
 workforce training
 service-user

FEEDBACK ON DRAFT RECOMMENDATIONS

17. Develop and roll out mental health literacy training for the health and social care workforce, to provide more seamless support for physical and mental health

85% of individual respondents fully supported this action and the importance of linking to training needs analysis and standardising processes was raised by some organisational responses. A number of individual and organisational respondents commented that parity of esteem between these elements in all health and care setting will be beneficial. A large number of individual responses suggested that mental health training should be mandatory and that social care should be included within this action.

18. Building on the work developed by Health Education England (HEE) design an All Wales resource for implementation of new, expanded and extended roles into mental health multi-disciplinary teams.

80% of individual respondents fully supported this action and indicated that ensuring alignment between finance, workforce and planning is key for the development and expansion of roles. Both individual and organisational responses highlighted the importance of AHPs and their ability to extend and expand their current roles, how existing structures should be complimented rather than completely removed and that there is value in understanding scope and remit of the new proposed roles.

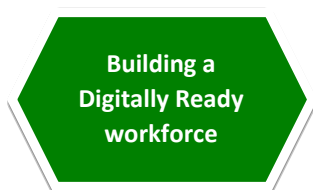
19. Initiate a project working with arts organisations to capture the experience of people with lived experience to inform the development of seamless care.

71% of individual respondents fully supported this action and a large number of individual and organisational responses raised the importance of ensuring meaningful activity is included within this action as well as arts organisations. A few organisational responses suggested that it should be ensured that partnerships and collaborations are adequately

funded within provider organisations to ensure the rewards of these programmes are fully realised. A key theme emerging from the feedback was the need to reflect the invaluable contribution of those with lived experience/peer support roles.

20. Increase the capacity of community and primary care teams to support mental health services

94% of individual respondents fully supported this action and a few organisational respondents suggested that specialist Pharmacy services should be expanded to ensure equity across Wales. A few comments from organisational responses were made on understanding what the outputs would be on how the increase of capacity would manifest, and that the focus should be on providing appropriate resources within teams and services with the right skills mix.



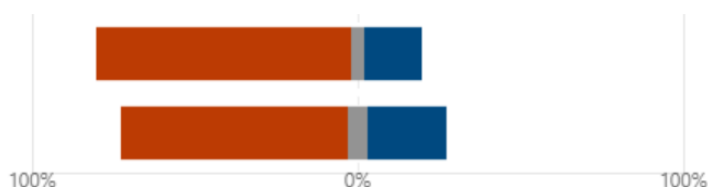
THEME 5 – BUILDING A DIGITALLY READY WORKFORCE

Overall, the actions within A Digitally Ready Workforce received over 74% support for both actions and 21% partly agreed with all of the actions from the individual responses.

■ Yes
 ■ No
 ■ Partly

21. Assess current digital capability in the mental health workforce, against the national digital...

22. Create a network of digital champion roles to influence and lead digital workforce transformation...



The overarching feedback raised from both organisational and individual responses was the desire for a 'once for Wales' digital approach, including access to suitable equipment and systems and the development of an electronic patient records system accessible to all. Health Boards. A large number of responses from individual and organisational responses also stressed the importance of ensuring staff are competent and training is available for digital systems. A number of individual responses also highlighted the importance of face-to-face contact and ensuring this is not lost with the increase in digital systems use.

English Catherine
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competent
 development
 training systems digital-poverty
 updated
 equipment digital wales face-to
 once-for
 champions access face
 electronic
 appropriate

FEEDBACK ON DRAFT RECOMMENDATIONS

21. Assess current digital capability in the mental health workforce, against the national digital capability framework to inform training needs.

78% of individual respondents fully supported this action. A large number of comments from both individual and organisational respondents were made around making an All-Wales digital patient record system for health and social care, and how processes for digital systems need to be future proofed to keep up with developing systems and platforms. The importance of ensuring access to digital equipment for all staff was also highlighted by a large number of individual respondents, as well as ensuring that staff are trained appropriately.

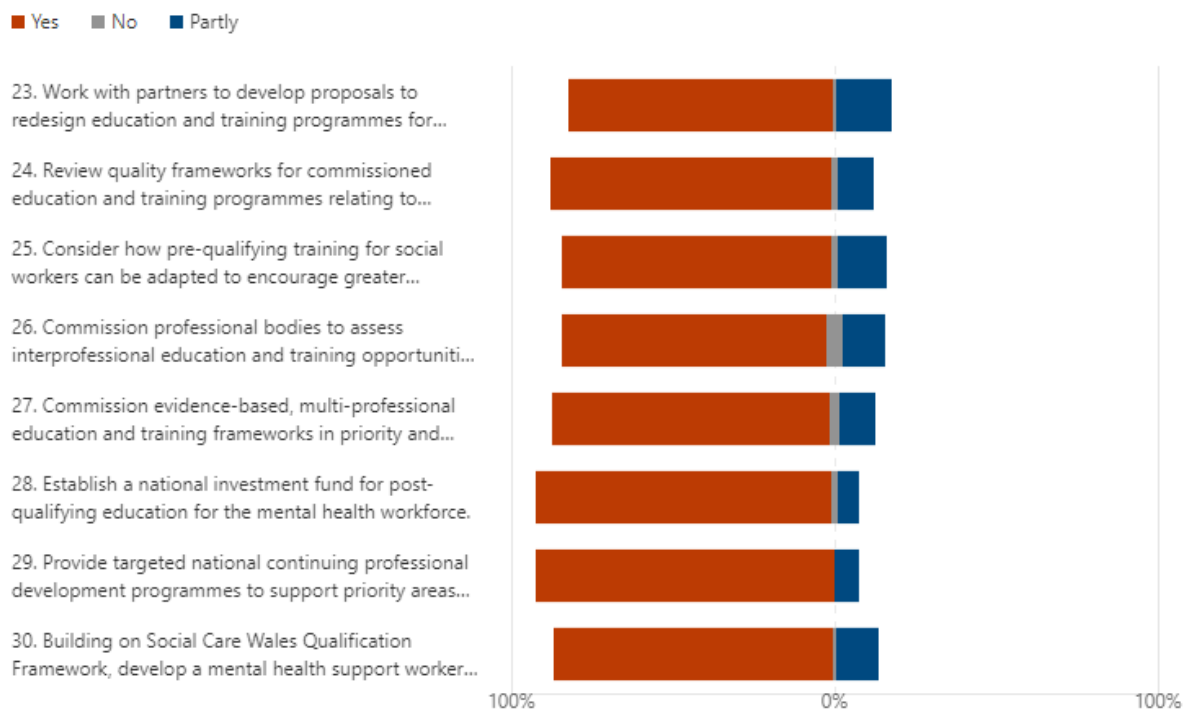
22. Create a network of digital champion roles to influence and lead digital workforce transformation (to be discussed with Digital Health Care Wales and other partners).

69% of individual respondents fully supported this action and a few organisational respondents implied that champions have been created in some health boards. A large number of individual and organisational respondents commented on the importance of ensuring that this role is not given to colleagues who are already overwhelmed in their roles, and that it would be more appropriate for individuals with facilitated time.



THEME 6 – EXCELLENT EDUCATION AND LEARNING

Overall, the actions within Excellent Education and Learning received over 86% support for all eight actions and 11% partly agreed with all of the actions from the individual responses.



Both individual and organisational responses suggested that placements would need expansion, and it would be beneficial to expose trainees on placement to mental health services.

prepared
 understanding professional
 trainees training
 welsh-language
 placements
 joint-learning education students
 expansion evidence
 development

FEEDBACK ON DRAFT RECOMMENDATIONS

23. Work with partners to develop proposals to redesign education and training programmes for psychiatry.

81% of individual respondents fully supported this action and a number of organisational respondents suggested that trainee psychiatrists should spend time with the wider multidisciplinary team to fully understand the roles of the wider teams. It was also widely suggested via the individual responses that psychological therapies training should be introduced into the education and training programmes.

24. Review quality frameworks for commissioned education and training programmes relating to mental health.

86% of individual respondents fully supported this action and a large number of those respondents agreed that all-Wales training would support consistency across the health boards. It was further suggested by a number of organisational responses that this should also take into consideration framework reviews already being undertaken, and that all professions should be able to work with individuals with mental health needs in a capacity suitable to the profession.

25. Consider how pre-qualifying training for social workers can be adapted to encourage greater specialism and take up in mental health, alongside how the new post qualifying framework can be developed to include opportunities for newly qualified and experienced social Workers in mental health specialists.

82% of individual respondents fully supported this action and it was widely suggested through individual and organisational responses that there is a need to understand the requirement to focusing on wider specialisms not undermine current approach.

26. Commission professional bodies to assess interprofessional education and training opportunities for the specialist mental health workforce.

81% of individual respondents fully supported this action and it was suggested by a few organisational respondents that existing education and training module should be scoped first. A number of organisational respondents highlighted the importance of not just developing a generic mental health workforce but ensuring the specialist and unique contribution of professions is considered.

27. Commission evidence-based, multi-professional education and training frameworks in priority and specialist areas.

85% of individual respondents fully supported this action and suggested that collaboration with groups, networks and professional bodies is key to this action. A large number of organisational and individual respondents highlighted that the MDT plays a pivotal role in mental health service deliver and that having multi-professional training may help better define each members unique contribution and improve team working and collaboration.

28. Establish a national investment fund for post-qualifying education for the mental health workforce.

91% of individual respondents fully supported this action and agreed that a review will greatly improve the sustainability of the workforce. A few organisational respondents suggested that it is important to ensure professions are included and questioned whether this would need to be profession specific.

29. Provide targeted national continuing professional development programmes to support priority areas across the mental health workforce.

92% of individual respondents fully supported this action and both organisational and individual responses highlighted the importance of reflecting differing CPD expectation across the professions.

30. Building on Social Care Wales Qualification Framework, develop a mental health support worker education framework.

85% of individual respondents fully supported this action and organisational respondents suggested that this is linked with existing frameworks as to avoid duplication. A small number of organisational respondents suggested that it would be important to understand the value with the healthcare support worker frameworks and suggested this could be broader and inclusive of third and voluntary sectors.



THEME 7 – LEADERSHIP AND SUCCESSION

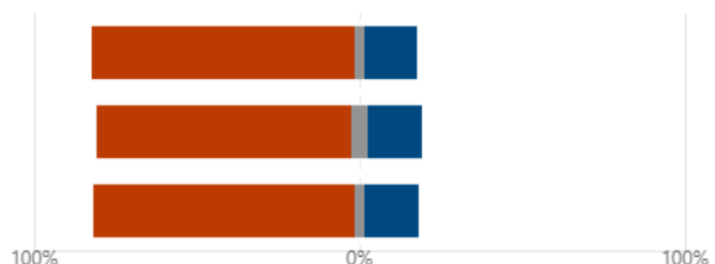
Overall, the actions within Leadership and Succession received over 79% support for all three actions and 16% partly agreed with all of the actions as a result of the individual responses.

■ Yes
 ■ No
 ■ Partly

31. Develop and implement an inclusive and targeted talent management pipeline for mental health...

32. Ringfence places for mental health clinicians as part of the wider national multi-professional clinical...

33. Establish a mental health leaders' network on Gwellfa to improve access to the compassionate and...



Organisational respondents suggested that it is important to ensure anything that is developed is equally available and communicated to the wider health and social care workforce. Individual and organisational respondents suggested that there should be co-production with people with lived experience of mental health, and that there should be a wider scope of leadership development to include all staff from team leaders to senior managers.

mdt
 available third-sector networking
 lived-experience team-leaders
 equity supervision
 inclusive mentors communication
 development managers
 progression compassionate
 pathways voluntary

FEEDBACK ON DRAFT RECOMMENDATIONS

31. Develop and implement an inclusive and targeted talent management pipeline for mental health leadership roles at organisational level, recognising the unique context and challenges of mental health services.

80% of individual respondents fully supported this action and organisational respondents further suggested that the skills of the wider workforce should be recognised, as well as the consideration of succession planning for the future.

32. Ringfence places for mental health clinicians as part of the wider national multi-professional clinical leadership programme.

78% of individual respondents fully supported this action but it was highlighted by both individuals and organisations that staff need protected time to be able to attend.

33. Establish a mental health leaders' network on Gwella, to improve access to the compassionate and collective tools and resources for all staff.

80% of individual respondents fully supported this action and organisational responses agreed that mentors would play a key role in the development of staff.

CONCLUSIONS

With regards to the individual responses, 82% fully agreed and 14% partially agree with all of the recommendations within the Strategic Mental Health Workforce Plan.

Throughout the feedback, the most prominent themes highlighted were surrounding inclusion of Welsh Language, multi-professional working across sectors and organisations, inclusion of peer supporters and ensuring individuals with lived experience are included. The importance of using best practice where it currently exists and the utilisation of existing toolkits and resources was also highlighted.

APPENDIX 1 – LIST OF MEETINGS ATTENDED/REQUESTED

ABUHB Psychological Wellbeing Practitioner Service

Association of Directors of Social Services (ADSS) Cymru

Adult Mental Health Network Board Subgroup

All Wales AMHP Leads Network

All Wales Senior Nursing Advisory Group

All Wales Together for Mental Health Children & Young People Neurodevelopment Group

All-Wales Occupational Therapy Managers

Aneurin Bevan HB (Service Leads & Directors of Mental Health)

Aneurin Bevan University Health Board Learning Disabilities

Bangor University

British Association of Social Workers (BASW) Cymru

Betsi Cadwaladr University Health Board Children and Young People Teams

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

British Association for Counselling and Psychotherapy (BAPC)

British Association of Social Workers Cymru (BASW Cymru)

British Psychological Society (Wales)

Children and Young People T&F Group

CAMHS & Infant MH Workshop

CAMHS subgroup

Children's Commissioning

Children's Commissioners Office

Collaborative Perinatal subgroup

Directors of Mental Health & Primary Care

Directors of Primary and Community Care (DPCC)

Eating Disorders Subgroup

Executive Directors of Nursing

Executive Directors of Therapies and Health Science

Heads of Adult Services (AWASH)

Heads of CAMHS services

Heads of CAMHS Services

Heads of Children Services (AWHOCs)

Health and Care Planning Group

HEIW Senior Leadership Team

Helplu Helpforce Cymru

Joint HEIW and Social Care Wales Board

Local Authority Workforce Managers

Medical Directors

Mental Health Network Board

Mental Health Strategy Programme Board Meeting

Mental Health and Learning Disabilities Divisional Management

Mental Health and Learning Disabilities Strategic Partnership

Mental Health Directors meeting

Mental Health Expert Advisory Group

Mental Health Learning Disabilities Senior Nursing Group

Nurse Staffing Programme

Older Peoples Commissioners Office

Pharmacy

Perinatal Mental Health Group

Powys Teaching Health Board (Service Leads & Directors of Mental Health)

Psychological Therapies workshop

RcPsych Workshop session / Mental Health Expert Advisory group

Royal College Mental Health Expert Advisory Group

Senior Nurse Peer Group

Social Care Wales Improvement committee

Strategic Reference Group (HEIW)

Vice Chair Peer Group

Vice Chairs Group

Wales Occupational Therapies Mangers

Wales Council for Voluntary Action (WCVA)

Welsh Government/Mental Health Services Wales Mental health and Ethnic Minority Group

Welsh Local Government Association

Workforce Directors

Welsh Local Government Association (WLGA)

Workforce and OD Leads

Workforce Planning Network Meeting

APPENDIX 2 – LIST OF ORGANISATION/WRITTEN RESPONSES

Adferiad Recovery

All-Wales Mental Health Lead Pharmacists

All-Wales Nurse Staffing Programme

All-Wales Physiotherapy

All-Wales Senior Nurse Advisory Group

Aneurin Bevan University Health Board Public Health Team

BEAT Eating Disorders

Betsi Cadwaladr University Health Board Clinical Psychology

Betsi Cadwaladr University Health Board Occupational Therapy

British Psychological Society (BPS) – Wales

Cardiff and Vale University Health Board

Children in Wales

Children's Commissioner for Wales

Community Pharmacy Wales (CPW)

Company Chemists Association (CCA)

Council of Deans Health

Cross Party Autism Group

General Medical Council (GMC)

Health Inspectorate Wales (HIW)

Helpforce Wales

Hywel Dda University Health Board

Hywel Dda University Health Board Occupational Therapy

Independent Healthcare Provider Network

Joint response from: AiMH UK, Home Start Cymru, NSPCC Wales, Parent-Infant Foundation,
Royal College of Midwives, Royal College of Psychiatrists

National Pharmacy Association (NPA)

NHS Wales Health Collaborative

Older People's Commissioner for Wales

Royal College of Occupational Therapy (RCOT)

Royal College of Paediatrics and Child Health (RCPCH)

Royal College of Speech and Language Therapy (RCSLT)

Royal Pharmaceutical Society

Rural Health and Care Wales Stakeholder Group

Stroke Association

Wales Maternity and Neonatal Network

Welsh Ambulance Service Trust (WAST)

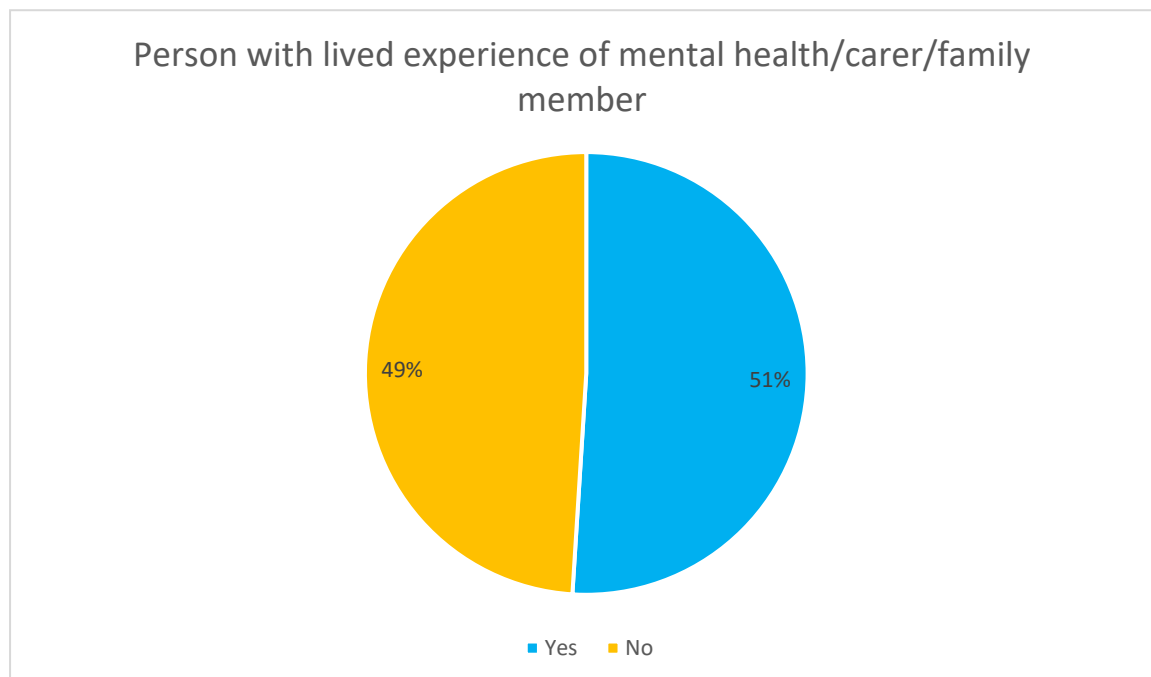
Welsh Arts Therapies Advisory Forum (WATAF)

Welsh Pharmaceutical Committee

Welsh Health Specialised Services Committee (WHSSC)

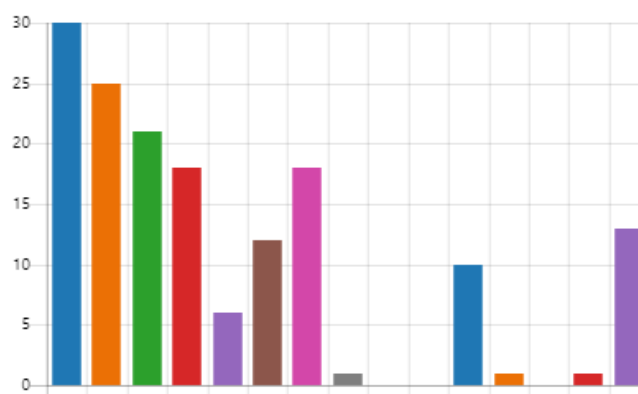
APPENDIX 3 – DEMOGRAPHIC DATA FROM ONLINE CONSULTATION SURVEY

Online responses were received from 283 individuals. The responses were anonymous, but the following demographic information was collected:

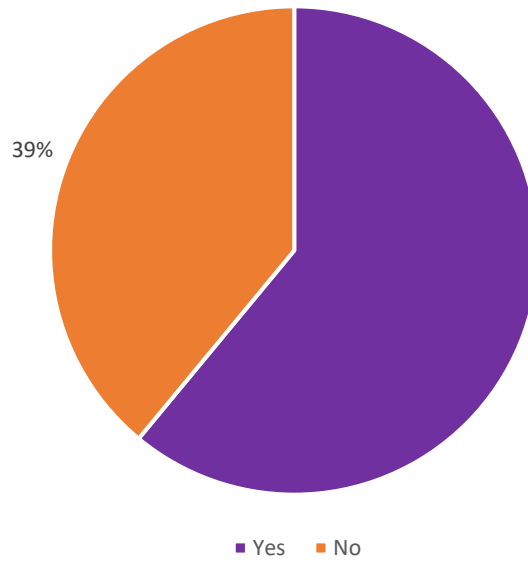


Health Board/Trust:

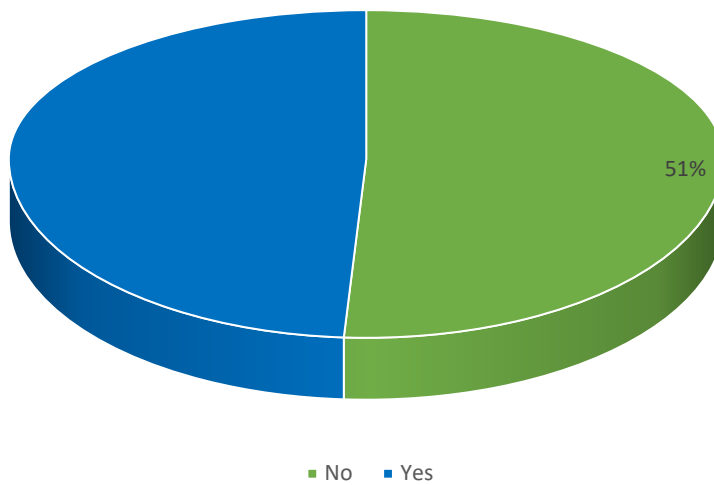
● Aneurin Bevan University Heal...	30
● Betsi Cadwaladr University He...	25
● Cardiff & Vale University Heal...	21
● Cwm Taf Morgannwg Universi...	18
● Health Education and Improve...	6
● Hywel Dda University Health B...	12
● Powys Teaching Health Board	18
● Public Health Wales	1
● NHS Wales Health Collaborative	0
● NHS Wales Shared Services Pa...	0
● Swansea Bay University Health...	10
● Welsh Ambulance Service Trust	1
● Velindre NHS Trust	0
● Welsh Health Specialised Servi...	1
● Other	13



Respondents who work in NHS Wales:



Are you employed to deliver mental health services as your main role?



If 'no', do you deliver any mental health support within your role?

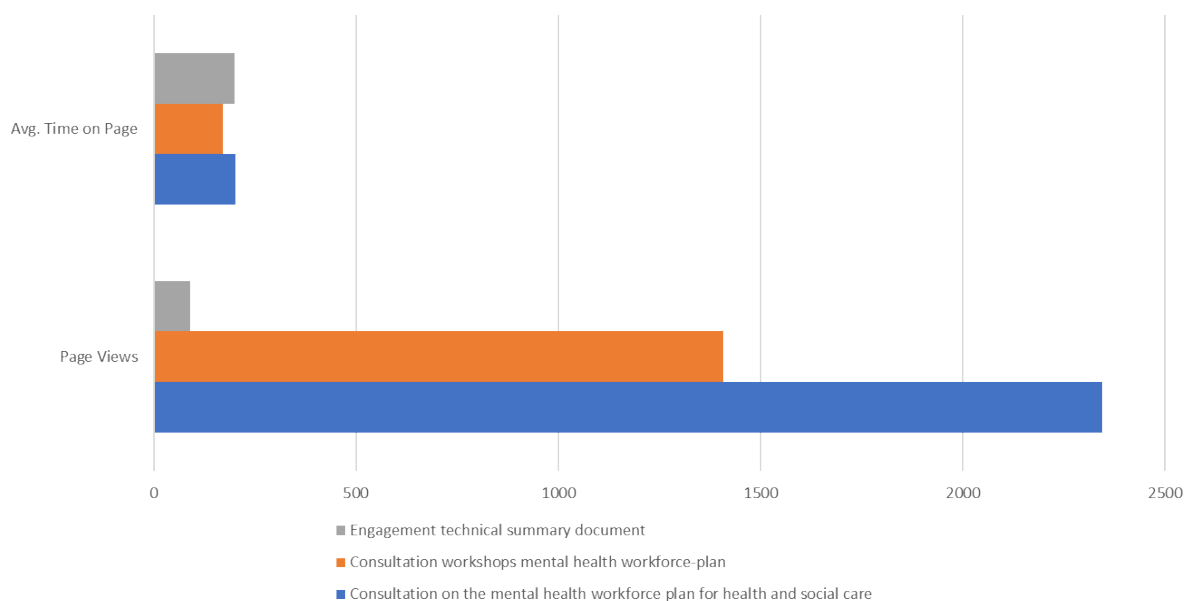


■ No ■ Yes

APPENDIX 4 – CONSULTATION COMMUNICATION AND ENGAGEMENT FIGURES

Website analytics:

Page	Page Views	Avg. Time on Page (seconds)
Consultation on the mental health workforce plan for health and social care	2346	202.65
Consultation workshops mental health workforce-plan	1408	171.17
Engagement technical summary document	90	199.45
Overall	Total: 3844	Average: 191.09

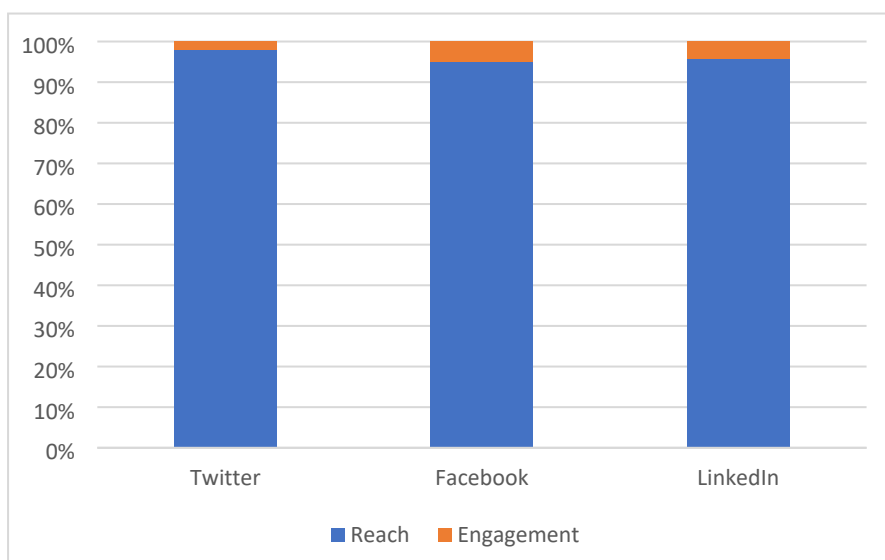


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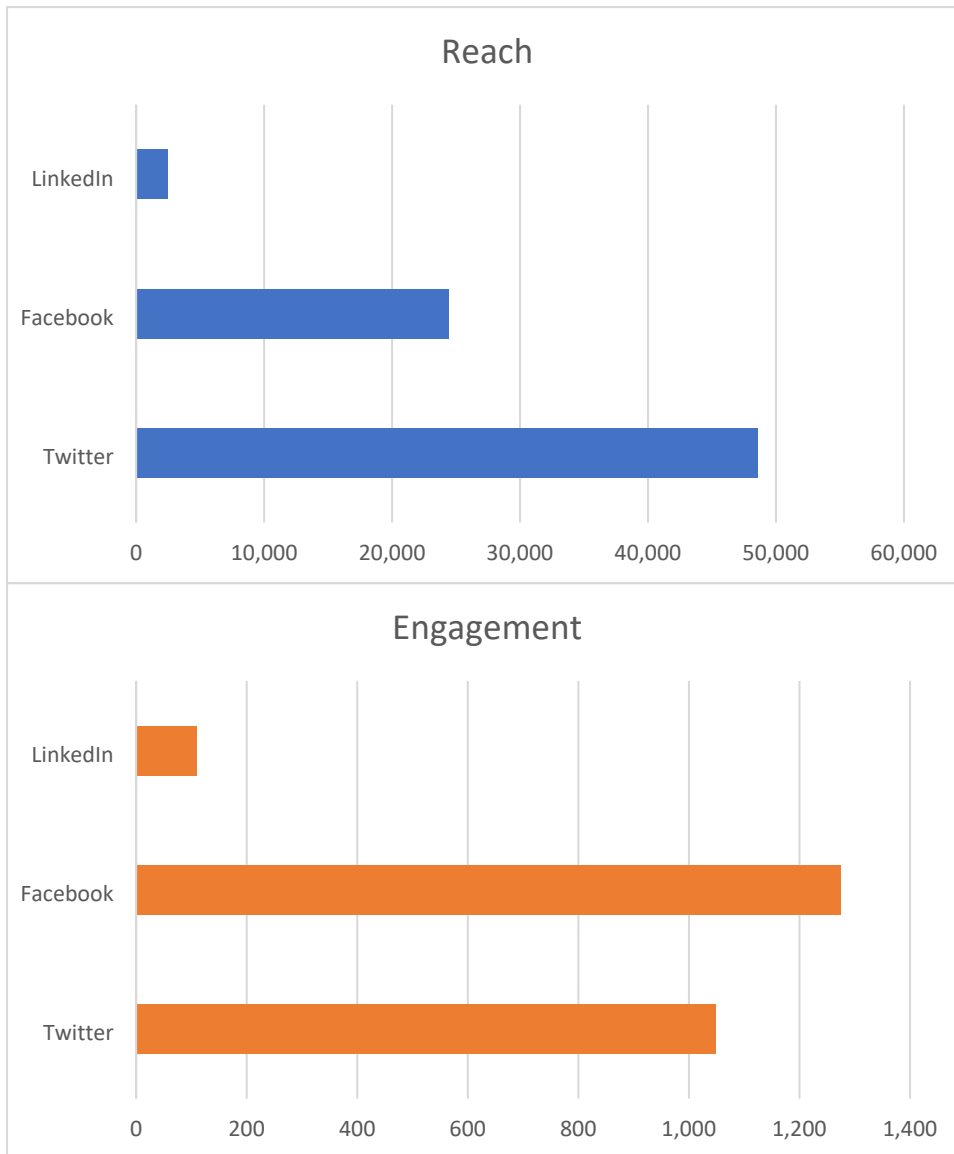
Social Media Reach

(Please note: Reach = number of people who have seen the post; Engagement = number of people who have interacted with the post)

		Reach	Engagement	Posts
Twitter	English	44,592	974	24
	Welsh	3,974	74	24
	Total	48,566	1,048	48
Facebook	English	20,945	1,118	11
	Welsh	3,459	156	11
	Total	24,404	1,274	22
LinkedIn	English	2,478	110	12
Overall		75,448	2,432	82



English Catherine
 05/26/2022 14:57:22





GIG
CYMRU
NHS
WALES

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

Dyddiad y Cyfarfod	26 Mai 2022	Eitem ar yr Agenda	3.2
Teitl yr Adroddiad	Diweddariad ar Fframwaith Addysg a Hyfforddiant Aml-Broffesiynol Cynradd a Chymunedol		
Awdur yr Adroddiad	Dorothy Edwards, Cyfarwyddwr Rhaglen — Gofal Sylfaenol Dr. Esther Lomas, Arweinydd Clinigol — Addysg a Hyfforddiant Aml-Broffesiynol		
Noddwr yr Adroddiad	Alex Howells, Prif Weithredwr		
A gyflwynir gan	Alex Howells, Prif Weithredwr		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Rhoi'r wybodaeth ddiweddaraf i'r Bwrdd ar ddatblygiad y Fframwaith Addysg a Hyfforddiant gofal Sylfaenol a Chymunedol Amlbroffesiynol.		
Materion Allweddol	<p>Mae cynnydd da yn cael ei wneud wrth weithredu'r weledigaeth a gymeradwywyd gan y Bwrdd ym mis Medi 2021. Mae ymgysylltu pellach â rhanddeiliaid yn tanlinellu pwysigrwydd datblygu darpariaeth addysg a hyfforddiant ym maes gofal sylfaenol fel ffactor allweddol wrth weithredu'r model gofal sylfaenol i Gymru</p> <p>Mae'r gwaith o greu uned amlbroffesiynol AaGIC yn datblygu'n dda, gyda nifer o apwyntiadau'n cael eu prosesu. Mae'r cynnydd o ran datblygu'r seilwaith o fewn y Byrddau Iechyd yn arafach oherwydd trafodaethau parhaus gyda Llywodraeth Cymru ynghylch adnoddau.</p> <p>Mae gwaith wedi dechrau ar ddatblygiad nifer o flaenoriaethau a nodwyd yn 2020/21. Gan weithio gyda Byrddau Iechyd, mae AaGIC yn datblygu rhaglen newydd-i-ymarfer genedlaethol ar gyfer Nyrsio Mewn Practis Cyffredinol (GPN), a fydd yn cefnogi'r gwaith o weithredu'r fframwaith Cymhwysedd GPN. Hwn fydd y tro cyntaf i Gymru ddatblygu cwricwla cenedlaethol ar gyfer y grŵp pwysig hwn o staff ynghyd â rhaglen cymorth addysgol.</p> <p>Mae gwaith hefyd yn cael ei wneud i gynnal adolygiad o'r sefyllfa o ran hyfforddiant addysgwyr, gweithgarwch lleoliadau o fewn gofal sylfaenol, Cymdeithion Meddyg, a chefnogi'r cwricwla fferylliaeth newydd.</p> <p>Mae cynllun cyfathrebu ac ymgysylltu ar waith i sicrhau bod rhanddeiliaid yn cael gwybod am y gwaith o ddatblygu'r fframwaith ac yn gallu cyfrannu ato.</p>		
Cam Penodol a Fynnir	Gwybodaeth	Trafodaeth	Sicrwydd
(✓ un yn unig)			✓
Argymhellion	Gofynnir i'r Bwrdd:		

	<ul style="list-style-type: none">• Nodi'r cynnydd o ran gweithredu'r fframwaith ar gyfer addysg a hyfforddiant ambroffesiynol mewn gofal sylfaenol a chymunedol• Nodi trafodaethau parhaus gyda Llywodraeth Cymru ar ddarparu adnoddau ar gyfer y fframwaith.
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English Catherine
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DATBLYGIAD O FFRAMWAITH AMLBROFFESIYNOL AR GYFER ADDYSG A HYFFORDDIANT MEWN GOFAL SYLFAENOL A CHYMUNEDOL YNG NGHYMRU

1. CYFLWYNIAD

Mae'r adroddiad hwn yn rhoi'r wybodaeth ddiweddaraf i'r Bwrdd am ddatblygiad y Fframwaith Addysg a Hyfforddiant Gofal Sylfaenol a Chymunedol, sy'n sail i gyflawni'r Rhaglen Strategol ar gyfer Gofal Sylfaenol (SPPC).

2. CEFNDIR

Cafodd y Bwrdd bapur manwl ym mis Medi 2021, a oedd yn amlinellu'r achos dros fuddsoddi mewn datblygu fframwaith newydd i ategu at gyflawni'r Rhaglen Strategol ar gyfer Gofal Sylfaenol (SPPC).

Mae'r datblygiad o ofal sylfaenol a chymunedol cadarn yn parhau i fod yn flaenoriaeth uchel o fewn GIG Cymru yn unol â *Chymru Iachach*. Wrth i Gymru addasu i amgylchedd ôl-bandemig, mae ffocws cynyddol ar ofal sylfaenol a'i gyfraniad at adferiad llwyddiannus a chynaliadwy drwy fuddsoddi yng nghydnerthedd cymunedau a dulliau a arweinir gan y gymuned. Mae Llywodraeth Cymru yn parhau i fod yn gwbl ymrwymedig i rôl clystyrau wrth gynllunio a darparu gwasanaethau iechyd a gofal.

Adeiladwyd yr achos dros fuddsoddi mewn hyfforddi ac addysgu'r tîm amlbroffesiynol ym maes gofal sylfaenol yn dilyn ymgysylltiad helaeth â rhanddeiliaid a gadarnhaodd gefnogaeth i ddatblygu fframwaith cynaliadwy ag adnoddau priodol. Roedd hyn yn cydnabod y sefyllfa bresennol lle mae mynediad annheg at gymorth ac, ac eithrio'r Cynllun Hyfforddi Meddygon Teulu, dim dull systematig o sicrhau bod gan unigolion sy'n gweithio yn y sector y sgiliau a'r wybodaeth angenrheidiol sydd eu hangen i gyflawni eu rolau yn effeithiol.

Cytunodd y Bwrdd ar weledigaeth ar gyfer datblygu'r fframwaith ym mis Medi 2021, a oedd yn cynnwys dwy elfen allweddol. Yn gyntaf, sefydlu Uned Amlbroffesiynol o fewn AaGIC a fyddai'n sicrhau goruchwyliaeth strategol, arweinyddiaeth a chydlynu'r holl weithgarwch sy'n gysylltiedig ag addysg a hyfforddiant o israddedigion i ymarfer uwch ac ymarfer ymgynghorol. Ail elfen yr achos oedd creu rhwydwaith o saith Academi Bwrdd Iechyd Lleol a fyddai'n gweithredu fel mecanwaith darparu rhaglenni addysg a hyfforddiant. Cydnabuwyd y byddai gofyniad pellach i'r ddarpariaeth addysg a hyfforddiant gael ei llywio gan asesiad o anghenion lleol a chenedlaethol, ac roedd yr ymarfer ymgysylltu wedi nodi rhai blaenoriaethau cynnar.

Cytunodd y Bwrdd ar achos buddsoddi amlinellol i sefydlu'r seilwaith a gyflwynwyd i Lywodraeth Cymru ym mis Medi 2021.

3. CYNNYDD

Caff y gwaith o weithredu'r fframwaith ei oruchwyllo gan Fwrdd Rhaglen o dan gadarnyddiaeth y Prif Weithredwr. Ers mis Hydref 2021, penodwyd Dorothy Edwards yn uwch Gyfarwyddwr y Rhaglen i ddatblygu'r fframwaith, gan weithio ochr yn ochr â

Dr Esther Lomas fel arweinydd Clinigol ar gyfer addysg amlbroffesiynol. Cytunwyd ar becynnau gwaith i ddatblygu'r gwaith cynllunio a datblygu manwl. Mae Llywodraeth Cymru dal i ystyried yr achos buddsoddi, ond mae elfennau o'r rhaglen y mae AaGIC yn bwrw ymlaen â hwy drwy gyfleoedd ariannu anghylchol er mwyn ddatblygu cyflymder o fewn y rhaglen ac i gefnogi GIG Cymru gyda'i raglenni adfer ehangach.

Mae'r adran ganlynol yn crynhoi'r cynnydd gyda phecynnau gwaith unigol:

Seilwaith

Sefydlwyd y ffrwd waith hon i sicrhau bod trefniadau cenedlaethol a lleol yn cael eu sefydlu a'u rheoli'n dda.

Dros y 6 mis diwethaf, mae'r cynnydd canlynol wedi'i wneud:

- Mae rôl Rheolwr Uned newydd wedi'i chreu a bydd deiliad y swydd yn dechrau gydag AaGIC ym mis Mehefin. Bydd yr Uned yn rhan o'r Gyfarwyddiaeth Feddygol ac yn adrodd i'r Deon Ôl-raddedig ond bydd yn defnyddio adnoddau ac arbenigedd proffesiynol o bob rhan o AaGIC gan weithio mewn trefniant ar ffurf matrices. Bydd penodiad parhaol i rôl Cyfarwyddwr yr Uned yn cael ei ddatblygu dros yr haf, a bydd yn cael ei lenwi gan uwch weithiwr ieuchyd proffesiynol o gefndir gofal sylfaenol sydd â phrofiad o arwain a datblygu addysg amlbroffesiynol.
- Rolau arweiniol clinigol — mae apwyntiad wedi'i wneud i rôl arweiniol fferyllol, a chynllunnir cyfweiliadau ar gyfer y rolau arweinyddiaeth AHP a Nyrsio ym mis Mai/Mehefin. Mae'r rolau hyn i gyd yn sesiynol (0.4wte) ac yn agored i ymarferwyr clinigol sydd ar hyn o bryd yn gweithio mewn amgylchedd gofal sylfaenol neu gymunedol. Y cynllun gwreiddiol oedd hefyd ymgysylltu ag arweinydd ar gyfer parafeddygaeth, ond yn ddiweddar rydym wedi cytuno i ailffocysu'r rôl fel Arweinydd Clinigol ar gyfer Gofal Sylfaenol Brys gan gydnabod y ffocws ar ofal sylfaenol brys yng Nghymru ac fel maes o brinder gweithlu.
- Cynhaliwyd asesiad o drefniadau presennol yr academi leol a rhannwyd y themâu allweddol â Byrddau Iechyd. Mae Byrddau Iechyd yn parhau i gefnogi datblygiad y fframwaith fel rhan hanfodol o system gofal sylfaenol effeithiol.
- Trefniadau academi yn y dyfodol — datblygwyd disgrifiadau swydd ar gyfer y rolau craidd y cytunwyd arnynt o fewn y weledigaeth i sicrhau bod trefniadau newydd yn cael eu sefydlu ar sail deg ledled Cymru o fewn fframwaith gweithredu safonol. Mae'r elfen hon o'r rhaglen wedi'i gohirio ar hyn o bryd hyd nes y ceir cadarnhad o'r cyllid.
- Datblygwyd amserlen ar gyfer creu fframwaith gweithredu ar y cyd sy'n cyfuno cysondeb cenedlaethol gyda hyblygrwydd ar raddfa leol. Caiff yr amserlen hon ei gweithredu yn dilyn cadarnhau cyllid.
- Wrth sefydlu uned ganolog AaGIC, rydym yn cyfrannu at (ac yn cyd-fynd) â'r gwaith sy'n cael ei wneud o fewn Hyfforddiant Meddygon Teulu, datblygiad MAP, Trawsnewid y Gweithlu, Nyrsio ac HPE, Fferylliaeth, Ansawdd, Gofal Brys ac Argyfwng, Fframwaith AHP

Dangosir y berthynas rhwng cydrannau'r seilwaith yn ddiagramatig yn Atodiad

1.

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Rhaglenni Addysg a Hyfforddiant

Sefydlwyd y ffrwd waith hon i ddatblygu blaenoriaethau cychwynnol a ddeilliodd o'r gwaith ymgysylltu yn 2020/21.

Mae'r rhain yn cynnwys: -

- Raglen Sylfaen, Newydd i GPN - yn dilyn asesiad o'r trefniadau presennol ar gyfer hyfforddiant cychwynnol i nyrsys sy'n newydd i bractis cyffredinol, er mwyn caffael y set sgiliau angenrheidiol, sefydlwyd yr angen am raglen genedlaethol. Ar ôl cyflwyno achos busnes i'r Bwrdd Gweithredol, mae gwaith wedi dechrau ar gyd-gynhyrchu'r rhaglen rhwng AaGIC ac arweinwyr nyrsio o bob un o'r 7 bwrdd iechyd. Bydd y garfan gyntaf, a fydd yn eu swyddi yn ystod ch3/4, yn cael ei chyllido ar y cyd gan bractisau, byrddau iechyd ac AaGIC ar gyfer y rhaglen 9 mis.
- Datblygiad Addysgwyr — Mae ymchwil mewn i safonau addysg ar gyfer pob proffesiwn yn ogystal â hyfforddiant presennol sydd ar gael i addysgwyr, wedi nodi amrywiadau ar draws proffesiynau a ledled Cymru. Y cam nesaf yw gweithio gyda rhanddeiliaid i nodi'r camau nesaf i alluogi mynediad teg i hyfforddiant addysgwyr ar gyfer hyfforddiant proffesiynau unigol ac amlbroffesiynol ar wahanol lefelau. Gallai cynnig AaGIC fod yn gyfuniad o adnoddau ar-lein a digwyddiadau amlbroffesiynol wedi'u hwyluso i addysgwyr i ddatblygu sgiliau i oruchwylio ac addysgu ar draws proffesiynau.
- Rhaglenni Interniaeth cydymaith meddygol — Ledled Cymru, mae dull amrywiol o ddarparu cyfleoedd i CM atgyfnerthu eu sgiliau yn dilyn cymhwyster o fewn gofal sylfaenol ac eilaidd. Mae rheoleiddio gan y GMC yn yr arfaeth. Mae rhagor o waith yn cael ei gynllunio drwy'r grŵp Goruchwylio MAP i ddeall a oes angen rhaglen interniaeth gofal sylfaenol a beth allai rôl AaGIC fod.
- Rhaglen Sylfaen Fferylliaeth — Mae arweinydd clinigol fferylliaeth wedi cyfrannu at ddatblygu'r cwricwlwm, deilliannau dysgu a dogfennau, yn ogystal ag ehangu lleoliadau. Bydd ffocws hefyd ar weithio gyda'r Gymdeithas Fferyllol Frenhinol i lunio'r cwricwlwm arbenigol ymarfer uwch yn y dyfodol
- Er mwyn hwyluso addysg a hyfforddiant gweithwyr proffesiynol mewn gofal sylfaenol a chymunedol, mae angen i ni ehangu'r cyfleoedd ar gyfer lleoliadau hyfforddi o fewn gofal sylfaenol. Yn ogystal â chyfrannu at Grŵp Rhanddeiliaid Lleoliadau Mewnol AaGIC, rydym yn meithrin ein dealltwriaeth o bwy sy'n cael eu hyfforddi a ble mae'r awydd am ehangu hyfforddiant o fewn gofal sylfaenol ar gyfer pob proffesiwn a phwy sy'n ymwneud â goruchwylio ac addysgu dysgwyr. Mae hyn yn helpu i nodi cynlluniau peilot llwyddiannus ledled Cymru lle mae arferion da wedi'u datblygu, y gellir eu graddio, ac y gellir eu rhannu. Y cyfyngiad mwyaf ar ehangu lleoliadau yw argaeledd llety ac mae'r risgiau ehangach o ran safleoedd wedi'u codi gyda Llywodraeth Cymru.

Mae'r Rhaglen Sylfaen Newydd i Nyrsio Practis Cyffredinol (GPN) yn cael ei defnyddio i ddatblygu prosesau prosiect sy'n ymgorffori egwyddorion y Fframwaith Ansawdd. Lle bo modd, mae dogfennau allweddol yn cael eu datblygu i gyd-fynd â rhaglenni tebyg a gomisiynwyd gan AaGIC.

Nodwyd pum thema i sicrhau bod rhaglenni'n cael eu datblygu ar draws gwahanol broffesiynau, cyfnodau gyrfa ac ar draws Cymru:

- *Newydd i ofal sylfaenol* — gan gynnwys gweithwyr proffesiynol sydd newydd gymhwyso neu sydd wedi gweithio mewn sectorau gofal iechyd eraill ond sydd angen sgiliau penodol i weithio mewn amgylchedd gofal sylfaenol neu gymunedol, e.e. nyrsys practis cyffredinol
- *Rolau newydd o fewn gofal sylfaenol* — rolau sydd newydd eu datblygu a lle mae unigolion yn gweithio heb fynediad at oruchwyliaeth broffesiynol benodol (e.e. cymdeithion meddygon)
- *Datblygu'r gweithlu presennol* — sicrhau bod datblygiad proffesiynol parhaus yn briodol i anghenion y gwasanaeth a'r gweithlu i weithio ar frig eu trwydded
- *Datblygu tîm amlbroffesiynol ar gyfer anghenion gwasanaeth penodol* — lle gall gwahanol weithwyr proffesiynol ymgymryd â rôl sy'n gofyn am set graidd o sgiliau (e.e. gofal brys, adsefydlu)
- *Gweithlu'r dyfodol* — asesu gofynion gweithlu'r dyfodol yn unol â modelau gwasanaeth newidiol ac anghenion iechyd y boblogaeth.

Yn y Gymuned

Mae gan y Rhaglen Strategol ar gyfer Gofal Sylfaenol bedair blaenoriaeth gyffredinol, gan gynnwys ffrwd waith sy'n canolbwyntio ar ddatblygu seilwaith cymunedol cadarn 24/7. (Dangosir crynodeb o'r blaenoriaethau trosfwaol a chyfraniad AaGIC at gyflawni'r rhain yn Atodiad 2.)

Fel rhan o'r gwaith o ddatblygu'r fframwaith, cynhaliwyd gwaith mapio cynhwysfawr o addysg a hyfforddiant gofal sylfaenol a gomisiynwyd neu a ddarperir ledled Cymru, ac mae hyn bellach yn cael ei ailadrodd ar gyfer gwasanaethau cymunedol. Byddwn yn gweithio mewn partneriaeth â SPPC ar nifer o elfennau eraill, sef datblygu fframweithiau cymhwysedd ar gyfer staff cartrefi gofal a staff gofal cartref. Bydd y gwaith sy'n cael ei ddatblygu i fapio'r rhaglenni addysg cyfredol yn cael ei ddefnyddio i lywio'r Cynllun Comisiynu Addysg a Hyfforddiant

Modelau Cyllido

Cynhaliwyd adolygiad o'r dulliau ariannu presennol sy'n ymwneud â Chynyddran y Gwasanaeth ar gyfer Addysgu (SIFT) a'i aliniad â lleoliadau o fewn Gofal Sylfaenol a gynhaliwyd yn ystod Sesiwn Datblygu'r Bwrdd ar 9 Chwefror gyda ffocws ar rôl AaGIC, gan gynnwys:

- Gwella Llywodraethu, atebolrwydd a rheolaeth o SIFT ar gyfer hyfforddiant Meddygol a Deintyddol Israddedig
- Cynnal dulliau ariannu presennol i gefnogi'r gwaith o ddarparu addysg a hyfforddiant amlbroffesiynol
- Cyfrifoldeb SAU fel darparwyr cyrsiau israddedig yw i reoli lleoliadau.

Ar hyn o bryd rydym yn aros am ddatblygiad grŵp Llywodraeth Cymru i fwrw ymlaen â thrafodaethau.

At hynny, mae'r ffrwd waith wedi cefnogi costau ariannol y seilwaith ac wedi cefnogi'r gwaith o ddatblygu'r Achos Busnes mewn Fferylliaeth sy'n gysylltiedig â chreu lleoliadau Clinigol newydd i gefnogi newidiadau i'r cwricwla.

Cyfathrebu ac Ymgysylltu

Mae Bwrdd y Rhaglen wedi datblygu Cynllun Cyfathrebu ac Ymgysylltu yn dilyn gweithdy mapio gyda rhanddeiliaid. Dros y chwe mis diwethaf, rydym wedi parhau i ymgysylltu â nifer o randdeiliaid allweddol, gan gynnwys:

- Bwrdd Gofal Sylfaenol Cenedlaethol
- Cyfarwyddwyr Gofal Sylfaenol
- Timau gofal sylfaenol y Byrddau Iechyd
- Cyfarwyddwyr Meddygol Cysylltiol/Penaethiaid Gofal Sylfaenol
- GPC (Cymru)
- Sefydliadau Addysg Uwch
- Ymgysylltiad pellach ag Addysg Iechyd Lloegr (HEE) ac Addysg GIG yr Alban (NES) i ddysgu o'u profiadau.

Mae papur ar faterion yn ymwneud â'r gweithlu hefyd wedi cael ei rannu gyda'r Grŵp Alinio Diwygio Contractau sy'n goruchwyllo'r broses o ddiwygio contractau ar draws pob contractwr yng Nghymru.

Nawr bod cynllun cyfathrebu ar waith, nid yw hon bellach yn ffrwd waith ar wahân. Mae'r cynllun cyfathrebu'n cael ei adnewyddu ym mis Mehefin 2022.

4. MATERION LLYWODRAETHU A RISG

Mae trefniadau ar gyfer gweithredu'r fframwaith wedi'u ffurfioli gyda Bwrdd Rhaglen bellach yn ei le. Mae Fframwaith Rheoli Rhaglenni (PMF) AaGIC yn cael ei ddefnyddio i sicrhau bod trefniadau llywodraethu yn gadarn ac yn effeithiol. Mae'r rhaglen yn elfen allweddol o Gynllun Tymor Canolig Integredig y Bwrdd ar gyfer 2022/23 a bydd cynnydd yn cael ei monitro drwy'r system rheoli perfformiad. Mae'r Bwrdd Rhaglen yn cael ei gadeirio gan y Prif Weithredwr ac mae Dogfen Cychwyn Rhaglen, cofnod o risg a materion yn ogystal â chynllun rhaglen ar waith.

Mae'r diffyg cyllid y cytunwyd arno yn parhau i fod yn risg allweddol sy'n achosi oedi wrth weithredu a datblygu elfennau o'r achos buddsoddi. Mae hyn yn cael ei liniaru gyda chytundeb i fwrw ymlaen â rhai elfennau o seilwaith AaGIC sydd 'mewn perygl' o ystyried ei bwysigrwydd strategol i GIG Cymru. Mae'n cyfathrebu'n rheolaidd â Llywodraeth Cymru i ddatblygu'r gofynion ariannu ar gyfer sefydlu seilwaith Byrddau Iechyd i reoli'r risg hon. Mae cyfathrebu'n rheolaidd â Llywodraeth Cymru er mwyn datblygu'r gofynion cyllido ar gyfer sefydlu seilwaith Byrddau Iechyd i reoli'r risg hon.

5. GOBLYGIADAU ARIANNOL

Cyfanswm yr achos buddsoddi a gynigiwyd i Lywodraeth Cymru oedd £1.5 miliwn a oedd yn cynnwys sefydlu Uned o fewn AaGIC a chreu seilwaith cynaliadwy o fewn Byrddau Iechyd. Cytunodd y swyddogion gweithredol i fwrw ymlaen â rhai elfennau

o gydrannau buddsoddi AaGIC a oedd 'mewn perygl' ym mis Rhagfyr 2021 gan ganiatáu cynnydd o ran penodi'r gweithlu craidd i sefydlu swyddogaeth AaGIC gyda chymysgedd o drefniadau parhaol a dros dro.

Yn allweddol, cydnabuwyd ar adeg datblygu'r achos buddsoddi y byddai angen gwneud penderfyniadau pellach i gwmpasu darpariaeth addysgol a hyfforddiant priodol ar gyfer grwpiau allweddol o staff unwaith y byddai'r seilwaith ar waith a fyddai'n asesu'r angen am y rhaglenni hyn. Gan fod gwaith bellach wedi dechrau ar gwmpasu blaenoriaethau cynnar (fel yr amlinellir uchod), rydym wedi cynnig methodoleg i gynnwys ffigur blynyddol o fewn y cynllun Comisiynu Addysg a Hyfforddiant y gellir ei ddefnyddio i ddarparu adnoddau ar raglenni unigol ond sy'n caniatáu cynnwys costau ar lefel benodol (yn debyg i'r dull sydd ar waith i reoli'r ddarpariaeth ôl-raddedig). Bydd y rhain yn destun i benderfyniadau achos busnes unigol yn y Tîm Gweithredol fel bod mecanwaith llywodraethu clir sy'n profi gwerth am arian. Mae aliniad y dull hwn â'r Cynllun Comisiynu Addysg a Hyfforddiant yn cael ei drafod gyda Llywodraeth Cymru.

6. ARGYMHELLIAD

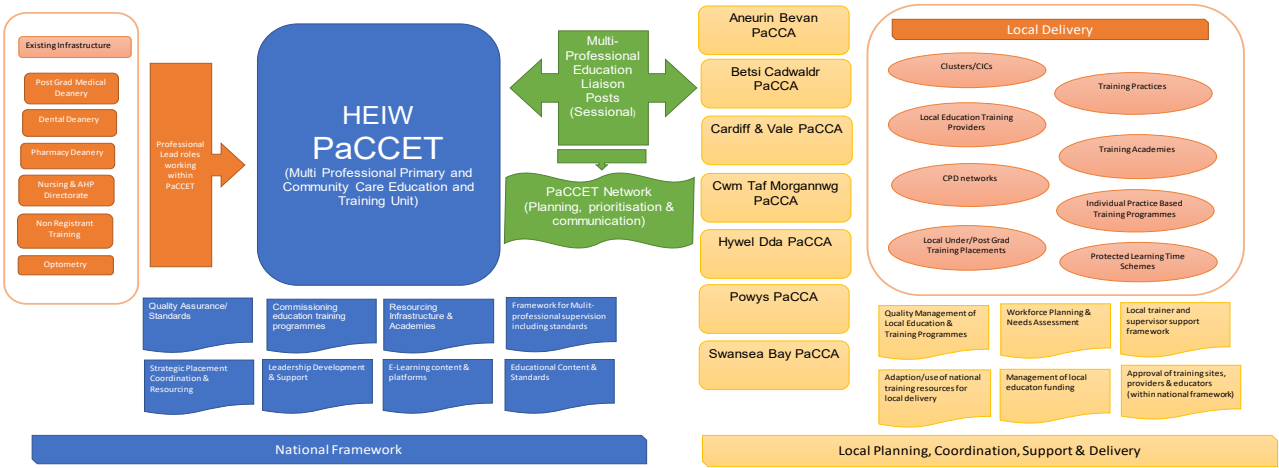
Gofynnir i'r Bwrdd:

- **Nodi'r** cynnydd o ran gweithredu'r fframwaith ar gyfer addysg a hyfforddiant ambroffesiynol mewn gofal sylfaenol a chymunedol
- **Nodi** trafodaethau parhaus gyda Llywodraeth Cymru ar ddarparu adnoddau ar gyfer y fframwaith.

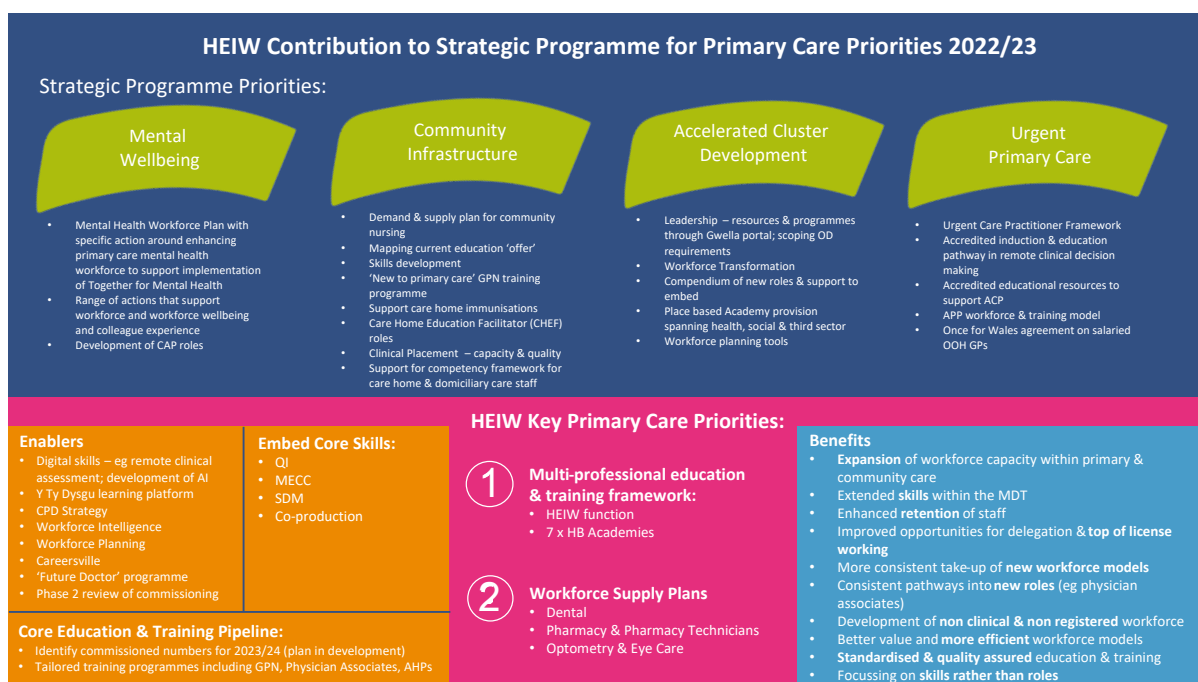
Llywodraethu a Sicrwydd			
Cyswllt â nodau strategol y Cynllun Tymor Canolog Integredig <i>(✓ os gwelwch yn dda)</i>	Nod Strategol 1: Arwain cynlluniad, datblygiad a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflawni 'Cymru Iachach'	Nod Strategol 2: Trawsnewid addysg a hyfforddiant 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			
Bydd datblygu seilwaith cynaliadwy i gefnogi addysg a hyfforddiant gofal sylfaenol yn helpu i sicrhau bod gan Gymru'r nifer cywir o staff sydd wedi'u hyfforddi'n briodol ac yn meddu â'r sgiliau cywir er mwyn gallu cynnig gwasanaethau gofal sylfaenol diogel ac effeithiol gyda llywodraethu addysgol yn cyd-fynd â fframwaith ansawdd AaGIC.			
Goblygiadau Ariannol			
Cyflwynwyd achos buddsoddi i Lywodraeth Cymru ar gyfer darparu adnoddau ar gyfer y fframwaith. Yn y cyfamser, mae AaGIC wedi blaenoriaethu cyllid anghylchol i fyw ymlaen â datblygu elfennau o'r achos busnes 'mewn perygl' tra'n aros am drafodaeth bellach gyda Llywodraeth Cymru.			

Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)	
Mae'r cynigion yn cydymffurfio â chylch gwaith a swyddogaeth graidd AGIC o fewn GIG Cymru. Bydd asesiadau o'r effaith ar gydraddoldeb yn cael eu cynnal ar elfennau penodol o'r rhaglen yn ôl yr angen.	
Goblygiadau Staffio	
Bydd gan yr Uned Aml-broffesiynol newydd yn AaGIC ofyniad staffio craidd sydd wedi'i gynnwys yn yr achos busnes. Bydd hyn yn gyfuniad o Bennaeth Ysgol a Rheolwr Uned parhaol a rhywfaint o arweinydd clinigol rhan-amser (secondiad neu dros dro) yn 2022/23. Bydd gofynion adnoddau pellach yn amodol ar brofi drwy broses achos busnes.	
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)	
Bydd y datblygiad yn cefnogi cynllunio hirdymor i sicrhau bod gan Gymru weithlu priodol a medrus i ddarparu gwasanaethau sy'n diwallu anghenion y boblogaeth.	
Hanes yr Adroddiad	Medi 2021
Atodiadau	Atodiad 1: Perthynas Arfaethedig rhwng AaGIC ac Academiâu'r Byrddau Iechyd Atodiad 2: Rhaglen Strategol ar gyfer Gofal Sylfaenol/Blaenoriaethau AaGIC 2022/23

Perthynas Arfaethedig rhwng AaGIC ac Academïau'r Byrddau Iechyd



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GIG
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WALES

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

Dyddiad y Cyfarfod	26 Mai 2022	Eitem ar yr Agenda	3.3
Teitl yr Adroddiad	Lleoliadau Clinigol wedi'u Cyllido ar gyfer Israddedigion Fferyllol		
Awdur yr Adroddiad	Yr Athro Margaret Allan, Deon Fferylliaeth Laura Doyle, Pennaeth Fferylliaeth Cyn-Gofrestru Christian Favager, Rheolwr Rhaglen Strategol IETP		
Noddwr yr Adroddiad	Yr Athro Pushpinder Mangat, Cyfarwyddwr Meddygol		
Cyflwynir gan	Yr Athro Pushpinder Mangat, Cyfarwyddwr Meddygol		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Cyflwyno'r Achos Busnes ar gyfer Cyllido Lleoliadau Clinigol Fferyllol ar gyfer gradd Meistr Fferylliaeth (MPharm).		
Materion Allweddol	<p>Rhoddwyd newidiadau mandadol y Cyngor Fferyllol Cyffredinol (CFfC) ar gyfer Addysg a Hyfforddiant Cychwynnol Fferyllwyr (IETP) ar waith ym mis Awst 2021. Rhaid eu gweithredu erbyn mis Gorffennaf 2026.</p> <p>Gwna'r newidiadau hi'n anghenraid i fyfyrwyr israddedig gael eu hamlygu i fwy o leoliadau clinigol dan oruchwyliaeth, ar lefel addysgol 7, er mwyn cyflawni'r egwyddor "GWNEUD" yn nhriongl deilliannau dysgu Miller.</p> <p>Ariennir yr MPharm fel gradd wyddonol nad yw'n ennyn cyllid ar gyfer lleoliadau clinigol i israddedigion. Ar hyn o bryd mae profiadau dysgu ar leoliad wedi'u cyfyngu i nifer o leoliadau arsylwi, ar lefel "Gwybod Sut neu Ddangos Sut".</p> <p>Er mwyn darparu'r deilliannau dysgu newydd yn ddiogel yn ôl y safonau addysgol gofynnol, ac er mwyn i fyfyrwyr gyflawni statws rhagnodi annibynnol ar yr adeg gofrestru, mae angen cyllid ychwanegol ar gyfer nifer ehangach o leoliadau clinigol dan oruchwyliaeth ar lefel addysgol uchel.</p>		
Cam Penodol a Fynnir (✓ un yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
			Cymeradwyaeth
Argymhellion	<p>Gofynnir i'r Bwrdd weithredu fel a ganlyn:</p> <ul style="list-style-type: none"> Cymeradwyo cyflwyno'r achos busnes i Lywodraeth Cymru i ymofyn cyllid. 		

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RHAGLEN LLEOLIADAU CLINIGOL WEDI'U CYLLIDO AR GYFER ISRADEDIGION FFERYLLOL

1. CYFLWYNIAD

Cyflwynir yr achos busnes hwn i Fwrdd AaGIC er budd trafodaeth a rhannu sylwadau terfynol cyn ei gyflwyno i Lywodraeth Cymru. Fe'i lledaenwyd yn flaenorol ymysg y Tîm Gweithredol ac aelodau'r Bwrdd ar gyfer rhannu sylwadau ac adborth.

2. CEFNDIR

Newidiadau mandadol y CFfC i Addysg a Hyfforddiant Cychwynnol Fferyllwyr. Bydd pob myfyriwr fferyllol israddedig sy'n dechrau ar y cwrs gradd ym mis Medi 2021 yn dilyn cwrs sy'n cyd-fynd â'r safonau newydd. Bydd y myfyrwyr hyn yn ennill cofrestriad ym mis Gorffennaf 2026 gan gyflawni'r holl deilliannau dysgu newydd, gan gynnwys achrediad fel Rhagnodwyr Annibynnol.

Er mwyn cyflawni'r safonau a'r deilliannau dysgu newydd, bydd angen i fyfyrwyr gael nifer ehangach o leoliadau clinigol, o ansawdd uwch, i brofi eu cymhwysedd i ymarfer ymhlith cleifion ar lefel "WNEUD". Bydd angen lleoliadau clinigol sy'n caniatáu i fyfyrwyr brofi eu cymhwysedd i ymarfer yn glinigol ymhlith cleifion dan oruchwyliaeth agos gan oruchwylwyr addysgol cymeradwy.

Ar hyn o bryd, mae'r MPharm yn cael ei chyllido fel gradd wyddonol gyda lleoliadau ymarfer cyfyngedig ar lefel addysgol "Arsylwadol"/"Gwybod Sut" yn unig. Er bod peth gwerth i'r lleoliadau hyn o ran rhoi dealltwriaeth i fyfyrwyr o ymarfer fferyllol, ni fydd y lleoliadau presennol yn darparu'r amlygiad angenrheidiol ar gyfer asesiadau ar lefel "WNEUD".

Er mwyn cyflawni'r safonau a'r deilliannau dysgu newydd ar y lefel angenrheidiol, mae'n hanfodol ceisio cyllid ychwanegol gan Lywodraeth Cymru i gynorthwyo i roi'r radd israddedig mewn grym yn ddiogel.

Mae Llywodraeth Cymru wedi nodi mai AaGIC yw'r awdurdod strategol ar ran y GIG a ddylai reoli'r broses o gyllido lleoliadau clinigol israddedigion fferyllol yng Nghymru.

Mae'r adroddiad hwn yn cyflwyno achos busnes arfaethedig AaGIC ar gyfer cyllido lleoliadau clinigol israddedigion fferyllol.

Mae arbenigwyr mewnol ac allanol a rhanddeiliaid allweddol wedi craffu'n helaeth ar yr achos busnes.

3. CYNNIG

Mae'r achos busnes hwn gan AaGIC yn cyflwyno'r opsiwn arfaethedig ar gyfer cyllido lleoliadau clinigol israddedigion fferyllol.

Mae'r opsiwn argymelledig yn darparu'r cyllid canlynol:

- Llwybr rhwyddhau hyd at 2025 yn cynnwys 55 diwrnod o leoliadau clinigol ar gyfer israddedigion dros rediad pedair blynedd yr MPharm.
- Tariff meddygol amrediad canol o £120 y dydd i gefnogi'r oruchwyliaeth addysgol angenrheidiol ar gyfer lleoliadau ar safleoedd hyfforddi cymeradwy AaGIC.
- Tariff lleoliadau clinigol i'w dalu i Ysgolion Fferylliaeth, a fydd yn rheoli dyraniad lleoliadau a thaliadau cyllid i safleoedd hyfforddi cymeradwy AaGIC.
- Seilwaith AaGIC i reoli ansawdd prosesau cyllido'r lleoliadau clinigol, cymeradwyo'r safleoedd hyfforddi a hyfforddi'r goruchwylwyr addysgol.

- Datrysiaid Rheoli Lleoliadau Digidol AaGIC.
- Adolygu ac arfarnu proses weithredu'r rhaglen.
- Cyfraniad at dreuliau teithio a chostau llety myfyrwyr.

Rhagdybiaethau'r Achos Busnes:

- Bydd 55 diwrnod o leoliadau wedi'u cyllido ar gyfer israddedigion yn bodloni gofynion y deilliannau dysgu newydd.
- Mae "Gweithgareddau Proffesiynol Ymddiriedol" yn fethodoleg brofedig ar gyfer lleoliadau clinigol a gaiff eu cyllido.
- Mae'r rhagolwg ar gyfer niferoedd yr israddedigion yn bodloni gofynion y gweithlu ac yn gyraeddadwy.
- Mae seilwaith AaGIC yn ddigonol i reoli ansawdd y lleoliadau clinigol a gaiff eu cyllido.

Yr opsiwn a gynigir yw dull darbodus o gyllido yn seiliedig ar y wybodaeth gyfredol sydd ar gael. Bydd y newid yn cael ei weithredu a'i arfarnu dros y pum mlynedd nesaf gydag adolygiadau ac iteriadau blynyddol i sicrhau bod y newid yn cael ei reoli'n briodol i amddiffyn diogelwch cleifion. Mae'r achos busnes yn darparu'r rhagolwg gorau dros rychwant y rhaglen newid gyfan, ond yn sgil yr elfennau anhysbys presennol, mae'n bosibl y bydd angen addasu'r rhagolwg hwn yn seiliedig ar ganfyddiadau'r adolygiad blynyddol.

4. MATERION LLYWODRAETHU A RISG

- Ar hyn o bryd nid oes cyfyngiad ar nifer yr israddedigion ym maes fferylliaeth. Mae hyn yn peri risg i'r rhagolwg cyllid ar gyfer lleoliadau clinigol israddedigion fferyllol. Bydd AaGIC yn rheoli ac yn ymorol am ansawdd y cyllid ar gyfer lleoliadau clinigol drwy "Gytundeb Disgwyliadau" gyda'r Ysgolion Fferylliaeth. Mae hyn yn gwasanaethu fel cyfrwng i ddod i gytundeb ynghylch nifer y myfyrwyr a'r cyllid clinigol cysylltiedig ar gyfer israddedigion. Os bydd y Sefydliadau Addysg Uwch (SAU) yn recriwtio mwy o niferoedd na'r gyfran y cytunwyd arni, yna bydd gofyn i'r SAU ddarparu cyllid ar gyfer unrhyw fyfyrwr ychwanegol.
- Nid yw'r opsiwn arfaethedig yn cynnwys unrhyw gronfeydd galluogi seilwaith ar gyfer safleoedd hyfforddi neu SAU. Bydd risgiau'n cael eu monitro'n fanwl drwy holl gyfnodau'r rhaglen, rhag iddynt amharu ar weithrediad diogel.
- Mae'r achos busnes yn seiliedig ar y wybodaeth a'r dystiolaeth orau. Mae elfen anrhagweladwy'n bodoli o ran ceisio rhagweld cyllidebau i'r dyfodol, sy'n dwyn risg ariannol gynhenid. Bydd hyn yn cael ei reoli drwy'r prosesau adolygu ac arfarnu blynyddol ar sail gweithrediad y rhaglen.
- Rhaid pennu, wrth weithredu'r rhaglen, y nifer o leoliadau (diwrnodau) clinigol wedi'u cyllido sy'n hanfodol i gyflawni deilliannau dysgu angenrheidiol yr MPharm. Mae'r amrediad a ystyrir yn yr achos busnes rhwng 40 a 70 diwrnod. Bydd AaGIC yn gweithio gyda rhanddeiliaid allweddol i sicrhau bod nifer y diwrnodau'n cael eu symbylu gan werthoedd addysgol cadarn, sy'n cynhyrchu ymarferwyr diogel.

5. GOBLYGIADAU ARIANNOL

- Mae cyllid ychwanegol ar gyfer lleoliadau clinigol israddedigion fferyllol yn hanfodol i weithredu safonau a deilliannau dysgu newydd y CFfC yn ddiogel, er budd addysg a hyfforddiant cychwynnol fferyllwyr.
- Bydd ansicrwydd yn parhau i fod yn ffactor ond bydd yn lleihau dros y blynyddoedd nesaf.
- Mae'r opsiwn darbodus arfaethedig yn rheoli'r gwariant ariannol ond mae'n bosib na fydd yn ddigonol i weithredu'r rhaglen newid yn ddiogel.

6. ARGYMHELLIAD

Gofynnir i'r Bwrdd weithredu fel a ganlyn:

- Cymeradwyo cyflwyno'r achos busnes i Lywodraeth Cymru i ymofyn cyllid.

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			
Goblygiadau Ariannol			
Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)			
Goblygiadau Staffio			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Hanes yr Adroddiad	Cafodd yr adroddiad ei ystyried gan y Tîm Gweithredol ar 18 Mai 2022.		
Atodiadau	Atodiad 1 – Achos Busnes y Rhaglen Lleoliadau Clinigol wedi'u Cyllido ar gyfer Israddedigion Fferyllol		

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HEIW Business Case Template

Title of request:	Pharmacy Funded Undergraduate Clinical Placements Programme
HEIW Ref No:	
Directorate/Department:	Medical/Pharmacy
Director:	Pushpinder Mangat
Authors:	Laura Doyle Christian Favager
Date:	29/04/2022

Pharmacy Funded Undergraduate Clinical Placement Programme Business Case

Version No:	1.6
Issue Date:	29/04/2022

Version History

Version	Date Issued	Brief Summary of Change	Owners Name
1.0	31/01/2022	First draft circulated for review and comment	Christian Favager
1.1	18/02/2022	Second draft circulated for review and comment	Christian Favager
1.2	21/03/2022	Final draft ready for presentation to Executive Team	Christian Favager
1.3	24/03/2022	Revised draft incorporating HEIW executive feedback 23/03/2022	Margaret Allan
1.4	01/04/2022	Finance and quality tables amended to support HEIW executive revisions	Christian Favager
1.5	14/04/2022	Revision to include external expert scrutiny feedback and internal review	Margaret Allan Christian Favager
1.6	29/04/2022	Inclusion of external reviews in Appendix	Christian Favager

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1. Executive Summary

Abbreviations

IETP – Initial Education and Training for Pharmacists

SEB – Statutory Education Body

HEI – Higher Education Institution

SIFT – Service Increment for Training

GPhC – General Pharmaceutical Council

FUCPP – Funded Undergraduate Clinical Placements Programme

Purpose

As a component Project of the HEIW IETP Implementation Programme, the purpose of this Business Case is:

- To secure funding for Pharmacy Funded Undergraduate Clinical Placements for the educational year August 2022-July 2023 and provide projections and estimates for the annual costs of running the programme after its first year
- To increase the amount of funded undergraduate clinical placements for MPharm 3 and MPharm 4 students in Wales, commencing in August 2022
- To increase the number of quality training sites in host organisations and support training infrastructure
- To demonstrate that Entrustable Professional Activities can be used effectively to transition learning outcomes from the existing Foundation year
- To test and establish the learning required for practice supervisors to be a HEIW quality approved trainer in line with the principles being developed across HEIW
- To inform and develop experiential learning practices and pathway towards the full implementation of Funded Undergraduate Clinical Placements required by August 2025.

Link to HEIW Strategic Objectives

This business case supports the ambition of A Healthier Wales: Our Workforce Strategy for Health and Social Care: “To have a motivated, engaged and valued Health and Social Care workforce with the capacity, competence and confidence to meet the needs of the people of Wales.”

This business case is presented under the Experiential Learning Project, part of the IETP Implementation Programme outlined the HEIW Strategic Outline Case and aligns to HEIW strategic aim 2:

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

Strategic Objective: 2.5: Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacists (IETP).

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Summary of Activity and Costs for Preferred Option

Funded Undergraduate Clinical Placements	Apr 22 - Mar 23	Apr 23 - Mar 24	Apr 24 - Mar 25	Apr 25 - Mar 26	Apr 26 - Mar 27
Cardiff Placements (day)	2,496	5,592	8,122	8,720	9,150
Swansea Placements (day)	0	1,080	3,430	5,230	5,990
Total (day)	2,496	6,672	11,552	13,950	15,140
Total cost (day * £120)	£299,520	£800,640	£1,386,240	£1,674,000	£1,816,800
Student Expenses					
Travel costs (60% @ £10 per day)	£14,976	£40,032	£69,312	£83,700	£90,840
Overnight (45% @ £65 per day)	£73,008	£195,156	£337,896	£408,038	£442,845
Total cost	£87,984	£235,188	£407,208	£491,738	£533,685
Staffing					
Pharmacy Clinical Placements Lead (1 x Band 8a) - Sep 22	£35,160	£62,082	£63,945	£65,863	£67,839
Clinical Placement Facilitators (3 x Band 7) - Sep 22/23/24	£30,148	£111,885	£140,851	£192,071	£197,641
Clinical Placement Data Analyst (1 x Band 5) - Apr 23	£0	£36,035	£37,116	£38,229	£39,376
Clinical Placement Administrator (1 x Band 4) - Sep 22	£18,198	£34,410	£35,443	£36,506	£37,601
Digital Developer (1 x Band 7 - Fixed 2 yrs) - Sep 22	£34,179	£60,350	£31,080	£0	£0
Finance resource (1 x Band 5) - Sep 22	£20,408	£34,985	£36,035	£37,116	£38,229
Total cost	£138,093	£339,747	£344,469	£369,785	£380,686
Digital (Placement Management Solution)					
Platform procurement/build	£0	£100,000	£0	£0	£0
Platform on-going costs	£0	£0	£15,000	£15,000	£15,000
Total cost	£0	£100,000	£15,000	£15,000	£15,000
Quality Control (Training Costs)					
Training and site preparations	£67,500	£67,500	£0	£0	£0
Total cost	£67,500	£67,500	£0	£0	£0
Evaluation Costs					
Total Cost	£17,000	£17,000	£17,000	£17,000	£17,000
GRAND TOTAL	£610,097	£1,560,075	£2,169,917	£2,567,522	£2,763,171

Timescale

Approval for funding required by July 2022 to allow funded clinical placements to commence with Cardiff University in November 2022.

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2. Outline of Business Case

This business case will describe the pathway and outline the funding and resourcing requirements for Funded Undergraduate Clinical Placements in MPharm programmes in Wales, proposed to start in August 2022 with steady state/business as usual state required by August 2025.

The business case is written based on the following principles:

Principle 1 – Welsh Government have confirmed that HEIW, as the Special Health Authority within NHS Wales for health care workforce education and training should manage the funding and quality management/assurance of IETP Funded Undergraduate Clinical Placements in Wales

Principle 2 – HEIW have approved Principle 1 and indicated the following as a proposed way forward for HEIW:

- Funding is directed to HEIW, then from HEIW to HEIs
- HEIs will pay Host Organisations for qualifying Funded Undergraduate Clinical Placements
- Funded Undergraduate Clinical Placements are via HEIW Quality Assured Placement Providers only
- HEIs arrange Funded Undergraduate Clinical Placements directly with Host Organisations
- HEIs report all Funded Undergraduate Clinical Placement data to HEIW for payment
- HEIW will validate and ensure that placement standards meet HEIW criteria for payment
- HEIs are responsible for quality standards pertaining to the student and MPharm
- HEIW are responsible for quality standards pertaining to the training sites (Host Organisations)

Principle 3 – GPhC have indicated that all new Pharmacists will be Independent Prescribers at the point of their registration in August 2026 and their expectation for greater collaboration between HEIs and SEBs which will be evidenced at formal GPhC accreditation events.

Principle 4 – The business case presents an accurate requirement from Cardiff University for the first year of clinical placements only. The projections for the following years contain estimates following discussions with Cardiff and Swansea University on their possible future in-takes. Whilst these estimates should not be viewed as a commitment from any party to recruit to these numbers, it should be noted that they will be used within any agreed contracts with the Universities to ensure funding for clinical placements is limited to these estimates.

2.1 Background

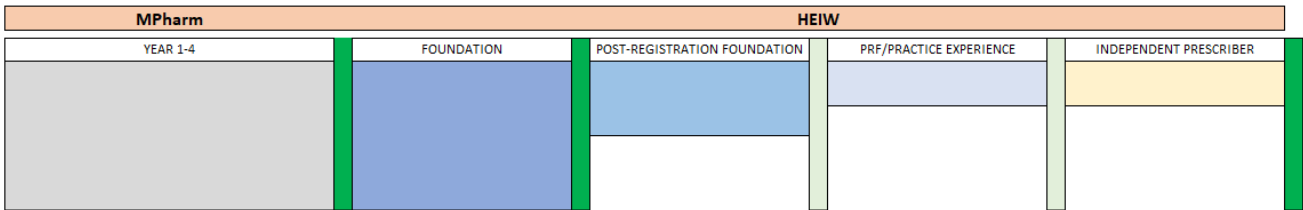
The Funded Undergraduate Clinical Placement Programme is a key component of the HEIW IETP (Initial Education and Training for Pharmacists) Implementation Programme, to safely and effectively fully implement the new 2021 General Pharmaceutical Council (GPhC) initial education and training standards for pharmacists by August 2026, and aligns to the following IETP Programme objectives:

- Meet HEIW and NHS Wales strategic objectives
- Comply with mandated regulatory requirements
- Ensure the safe transition of learning outcomes across the learning pathway, through MPharm and foundation and post-registration
- Provide a framework and transition model to increase experiential learning across the 4 years of MPharm by August 2025

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Current Learning Pathway for Pharmacists

The learning pathway from MPharm to Independent Prescriber is being reduced from 8 years to 5 years requiring the consolidating and condensing of learning outcomes across pharmacy career stages - Undergraduate, Foundation, Post-Registration Foundation and Independent Prescriber pathways.



- Year 1 to 4: MPharm
- Year 5 - Foundation Learning Outcomes
- Year 6 – Post-Registration Foundation Learning Outcomes
- Year 7 - Foundation or Practice Experience
- Year 8 - Independent Prescriber Learning Outcomes

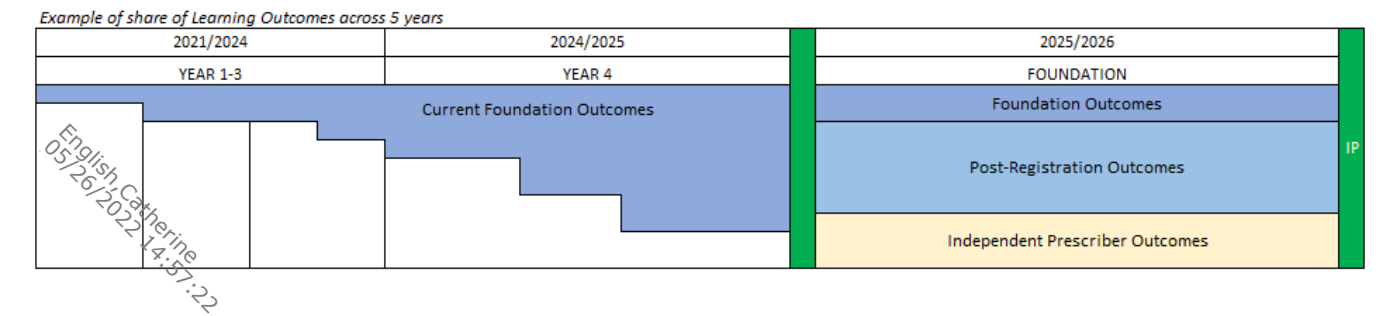
To achieve Independent Prescriber status within 5 years students/trainees will need substantially increased patient exposure and work-based experiences earlier in their training, with enhanced learning that meets “shows how/does” outcomes “where a student pharmacist demonstrates the learning outcomes in a complex, familiar or everyday situation repeatedly and reliably”.

The new IETP standards place greater emphasis on “experiential learning” rather than “observational learning”, i.e. providing care rather than simply observing, incorporating clinical/patient assessment skills to ensure student pharmacists are ready to complete the competence for Independent Prescribing as they enter into their Foundation training year. To achieve this, undergraduate education must increase the level and quantity of clinical placements during their MPharm years. This requires increased clinical placement funding to be made available across the undergraduate programme, in line with education and training of other Health Care Professionals.

To condense this pathway safely to 5 years, students will need to achieve a significantly greater number of learning outcomes at the “show how/does” level before entering the revised Foundation Programme. This can only be achieved to the required level through additional clinical placements during the MPharm.

The current four-year MPharm degree is funded as a science degree. The undergraduate course therefore does not attract clinical funding unlike some other healthcare professions, for example SIFT for undergraduate medical and dental placement and funding to commission the nursing degree and its associated clinical placements. This business case seeks to address the shortfall of clinical placements funding for undergraduate and foundation pharmacists to ensure that the GPhC mandated changes to the initial education and training of pharmacists (IETP) can be safely implemented through a quality framework.

Proposed Learning Pathway for Pharmacists by August 2025



Currently the learning outcomes and standards for the four-year MPharm and the one-year Foundation programme are not seamlessly linked. The new IETP standards however are common across the whole five-year continuum to the point of registration and will require collaboration between MPharm course providers in Wales and the one-year foundation programme delivered by HEIW to affect a seamless and safe transition of MPharm to Foundation.

The Funded Undergraduate Clinical Placements Programme will start the process of increasing the number and standard of clinical placements and provide a roadmap towards the full implementation necessary by August 2025 (the point at which the new standards are fully implemented to achieve Independent Prescriber status at registration in August 2026).

Current HEIW Post-registration pharmacy educational funding

At present HEIW fund post registration education to meet the learning outcomes now expected to be achieved in the new IETP standards within the first five years to registration.

This includes post registration foundation programmes to support registered pharmacists to develop the necessary clinical practical skills to apply their medication knowledge with patients. Then after a minimum of two years in practice, they are eligible to enter an HEI Independent Prescribing course.

The current investment in the post-registration pharmacist workforce to achieve the enhanced skills and competence for independent prescribing is:

- £2.9m in post-registration foundation training which includes independent prescribing (IP) and
- £1.2m independent prescribing for the existing pharmacist workforce

By 2027, when all clinically facing registrants are IPs, the total spend post-registration of £4.1m will no longer be required. This investment will be repositioned to support the funded undergraduate clinical placements. Whilst there is potentially cost savings of £1.4m against the preferred option in this business case, the business case forecasts are based on several unknowns at present, which will need to be managed over the next five to six years.

2.2 National Position on Pharmacy Clinical Placements

There is no national guidance on the quantity of experiential learning required to achieve the new learning outcomes safely across the 5 years. GPhC have not provided guidance or recommendations on specifically how many days are required to deliver outcomes in MPharm however learning from across the UK is:

- The Foundation Year (the 5th year) is 100% work-based so proposed increases in clinical placements must be accommodated during MPharm years
- Scotland and Northern Ireland are working on a glidepath towards providing 60 days in MPharm by 2025
- Scotland have a well-established programme supporting clinical placements via a £125 daily tariff and NES central staffing infrastructure and includes 3 WTE Placement Facilitators
- Ireland supports clinical placements via a £118 daily tariff
- England are currently running 1-year pilot programmes with a number of HEIs to establish how experiential learning can be safely increased.
- England have recently released their plans for a clinical tariff of £131 per week or £26.2 per day to a maximum of 40.8 weeks or 204 days of clinical placement during the four years of MPharm. In addition, there will be additional funding streams available to HEIs to supplement the daily tariff. The details of these funding streams are unknown at the time of writing this business case.
- The MPharm degree in England attracts a higher student fee of £9250 per versus £9000 per year in Wales. This therefore equates to an additional £1000 for each English MPharm.
- The clinical placement funding model in England is aligned to the Non-Medical Tariff rather than the medical tariff. The clinical tariff in Scotland and Northern Ireland is based on the medical placement tariff.

2.3 Current Position in Wales

It is vital that HEIW and HEIs in Wales work collaboratively to ensure Wales provides the best quality of undergraduate and foundation training in the UK and for both HEIW and the HEIs to meet the accreditation requirements for GPhC.

There is currently limited HEIW involvement in the pharmacy undergraduate education and experiential learning placements in Wales. The MPharm degree is funded as a science degree via HEFCW and does not attract clinical placement funding so existing placements are funded from HEI budgets.

HEIW have devolved roles and responsibilities from GPhC to quality manage all aspects of the trainee pharmacist foundation programme. These responsibilities will increase to include aspects of experiential learning as the new IETP standards are phased in. Experiential learning currently provided by HEIs are subject to their own quality standards.

There are currently two Schools of Pharmacy in Wales – Cardiff and Swansea Universities.

Cardiff University School of Pharmacy and Pharmaceutical Science

Cardiff University School of Pharmacy and Pharmaceutical Science is long established and highly respected. The school has a reputation for high quality education and attracts many of the best students from and to Wales. Currently Cardiff School of Pharmacy can recruit circa 120 to 180 students in any one year. Generally, the school is oversubscribed with applicants which is contrary to the current trend across the UK where applications are decreasing.

Where current observational placement provision is made for students, these are funded and arranged by Cardiff University. This limits the quantity and level of experiential learning available across the four years.

Current provision of experiential learning is approx. 20 days (pre-Covid) throughout the 4-year MPharm and is delivered as follows:

- Experiential learning placements are linked to the old GPhC standards
- Placements are “observational” in nature at a Knows/Knows How educational level
- An established and functional model managed as part of their MPharm course timetabling
- At least half of all hospital placements occur in England
- At least 5 days are at no-cost (volunteering service or public health checks)
- Cardiff University organise and arrange all placements via established working relationships
- All placements paid for by Cardiff University
- All travel and expenses paid by Cardiff University
- Shorter duration placements restricted to immediate surrounding area

Whilst Cardiff University have a robust infrastructure place to oversee their experiential learning placements, not only for pharmacy but across all their degree programmes, additional resources will be required to support the proposed increases in Funded Undergraduate Clinical Placements. These resources are out of scope for the purposes of this business case.

Swansea School of Pharmacy

Swansea Medical School launched their 4-year master’s degree in Pharmacy in August 2021 recruiting circa 60 students to their MPharm programme. It is anticipated these numbers will increase year-on-year.

Provision of experiential learning at Swansea is delivered as follows:

- Circa 2 days in MPharm 1 with further increases expected for MPharm 2
- Placements are “observational” in nature at a Knows/Knows How educational level
- Shorter duration placements restricted to surrounding area

- All travel and expenses paid by Swansea University
- All placements paid by Swansea University
- Swansea University organise and arrange all placements via established and new working relationships

We are expecting a further update from Swansea about MPharm 2 placements in due course.

North Wales School of Pharmacy

There are currently discussions taking place with the GPhC to establish a School of Pharmacy in North Wales. The discussions are in the early phase, and it is unknown if and when a School of Pharmacy in North Wales will be agreed.

Any developments on this matter will be included as part of the annual review and iteration of the IETP programme implementation.

2.4 Proposed Position in Wales

Our principle is that the learning outcomes should drive the number of days required on clinical placement. The Funded Clinical Placement Programme will enable us to establish the principles of funded placements and understand over time what learning outcomes can be safely achieved and how long is required to meet them.

It is critical that the number of funded clinical placement days is aligned to the requirement to safely deliver the new GPhC learning outcomes. The GPhC timescales require the new standards to be implemented by 2026 with the first students commencing the new programme in September 2021. The range for the number of HEIW funded placement days could be between 40 to 70 throughout the 4-year MPharm and could also vary in line with the annual review and evaluation of the five-year programme of change. As the programme of learning is implemented, HEIW will need to work in partnership with HEIs to ensure the appropriate number of Funded Undergraduate Clinical Placement days are available to safely implement the standards.

The new IETP learning outcomes require MPharm students to demonstrate their competence at the “shows how/does” level of the Millers triangle. The shows how/does level is described as:

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



A Funded Undergraduate Clinical Placement will therefore need to:

- Be delivered in a clinical setting by pharmacy professional (or equivalent) in a HEIW quality assured environment

- Provide an experience and outcome(s) at the Shows How/Does level using the “Entrustable Professional Activity” educational framework
- Require close, focused, supervised clinical practice and sign-off by experienced prescribing clinicians

A Funded Undergraduate Clinical Placement therefore differs from any “observational” placements currently in place which:

- Provide an experience and outcomes(s) at the Knows/Knows How level
- Requires potentially lower trainer/student ratio so are less resource-intensive
- Provide a baseline of experience for students, in preparation for release to clinical settings for funded placements
- Do not require clinical sign-off

For the purposes of this business case, we are using the evidence from NHS Education Scotland (NES) that 55 days of clinically supervised Funded Undergraduate Clinical Placements are required to meet the new GPhC learning outcomes and standards. We propose a steady increase in the availability of Funded Undergraduate Clinical Placements as outlined in our glidepath below:

Assumption of 55 funded placements throughout 4 year MPharm		Proposed Funded Clinical Placements Glidepath (days per year)					
		Year 1	Year 2	Year 3	Year 4	Total	
Y1 EL (days)	5	Aug-22	0	0	10	15	25
Y2 EL (days)	10	Aug-23	0	5	15	20	40
Y3 EL (days)	15	Aug-24	5	5	15	25	50
Y4 EL (days)	25	Aug-25	5	10	15	25	55
Total	55	Aug-26	5	10	15	25	55

In the first year of the proposed programme, in collaboration with Cardiff University, we have identified students that will be in Year 3 and Year 4 of their respective degrees and propose the addition of funded undergraduate clinical placements in alignment with our glidepath:

- Year 3: 10 days of Funded Undergraduate Clinical Placements during Year 3
- Year 4: 15 days of Funded Undergraduate Clinical Placements during Year 4

We have then projected placement costs based on the assumption that 55 days of Funded Undergraduate Clinical Placements will be required across the 4 years of MPharm in accordance with our glidepath, that the learning, outcomes, and entrustable professional activities are appropriate to the student’s MPharm year.

Continuing use of existing Observational placements within HEIs

It is important to note that any existing placements currently funded by HEIs only deliver the learning outcomes to the old GPhC educational standards at a lower practice educational level of “Knows How/Knows”. It is expected these will remain in the undergraduate learning programme and continue to be funded by the HEIs. Their observational nature of these placements is important and will allow students to experience the workplace and associated activities in preparation for the more complex requirements of Funded Undergraduate Clinical Placements and their Entrustable Professional Activities.

During the implementation of the proposed undergraduate changes, HEIW will work in close partnership with Cardiff and Swansea University to establish if these observational placements can be reworked to support some of the new learning outcomes and therefore form part of the total number of practice placement days required to achieve the learning outcomes across all four years. As more evidence is gathered and evaluated, we will review the number of days required to be funded via HEIW at the “Shows How/Does” level and also the feasibility of adjusted rates to take account of differential placements requirements in respective years of training and to ensure these are at an appropriate level.

The HEIW “Expectations Agreement” with HEIs will ensure the validity of this approach, and that the balance between Funded and Observational placements remains beneficial to students and their learning requirements and will be monitored via the HEIW quality framework on an annual basis to ensure HEIs are continuing to deliver existing HEI funded placements in addition to the new HEIW funded placements.

As the programme is rolled out over the next five years, a regular review of the number of HEIW funded clinical placements to safely achieve the new learning outcomes will be agreed between HEIW and HEIs to take account of existing contributions and the placement requirements across the initial 4 years of training.

Cost of Funded Undergraduate Clinical Placements

The proposal for Wales is based on a daily tariff of £120 per day aligned to the medical and dental tariff. The daily tariff (£120) is for supervised clinical placements and assessment at the “Shows How/Does” level where students will be practising with patients under close supervision.

The rationale for HEIW aligning the pharmacy undergraduate clinical placement tariff to the Wales medical and dental tariff are:

- MPharm Degrees are Level 7 qualifications, and the Funded Undergraduate Clinical Placements will require learning in the workplace at this educational level. This differs from other 3-year healthcare degree programmes which only include study equivalent to at least one full time academic year at level 6.
- The HEIW Funded Undergraduate Clinical Placements will require significant supervision by experienced prescribing clinicians primarily pharmacists and medics.
- “Entrustable Professional Activities” (EPAs) will require the pharmacy students to demonstrate their competence to practice with patients under close supervision by experienced clinicians. This will be a burden to the clinicians’ practice and require funds at the relevant level to compensate for any additional staff required to maintain patient service.

The Funded Undergraduate Clinical Placements Programme will need to ensure that learning is not limited by geographical locations and that all students and host organisations in Wales can benefit from funded undergraduate clinical placements. This will involve students from HEIs located in South Wales attending placements deemed “non-commutable” i.e. Mid/North Wales that will require overnight accommodation, travel and subsistence allowances. In addition, students attending “commutable” placements are also currently able to claim expenses towards daily travel and subsistence.

Full costings are presented in Section 7 and Appendix 11.1 & 11.2

Where should Funded Undergraduate Clinical Placements take place?

In line with A Healthier Wales, to ensure students are able to provide a whole system approach, it is important that students are trained across a range of health and social care settings by a range of healthcare professionals, and that access is not inhibited by physical location.

In addition to this, all funded undergraduate clinical placements under this programme will take place in Wales only so that our students are equipped to meet the patients’ needs in the changing health service landscape and drive recruitment into Wales post-graduation.

Estimated numbers of MPharm students in Wales

Based on current MPharm intake numbers and discussions with Cardiff and Swansea Universities, we are using the following predicted student numbers as a baseline for calculations and projections. Please note these numbers from August 2023 onwards are estimates for planning purposes only and are not a commitment from Cardiff or Swansea to recruit to or cap at these levels.

STUDENTS PER MPHARM YEAR						
HEI	Start date	Year 1	Year 2	Year 3	Year 4	Total Students
Cardiff University	Aug-22	150	188	132	120	590
Cardiff University	Aug-23	160	150	188	132	630
Cardiff University	Aug-24	170	160	150	188	668
Cardiff University	Aug-25	180	170	160	150	660
Cardiff University	Aug-26	180	180	170	160	690
Swansea University	Aug-22	90	60	0	0	150
Swansea University	Aug-23	100	90	60	0	250
Swansea University	Aug-24	120	100	90	60	370
Swansea University	Aug-25	120	120	100	90	430
Swansea University	Aug-26	120	120	120	100	460

TOTAL STUDENTS PER MPHARM YEAR						
	Start date	Year 1	Year 2	Year 3	Year 4	Total Students
Combined	Aug-22	240	248	132	120	740
Combined	Aug-23	260	240	248	132	880
Combined	Aug-24	290	260	240	248	1038
Combined	Aug-25	300	290	260	240	1090
Combined	Aug-26	300	300	290	260	1150

Currently there is no central cap on the numbers of undergraduate pharmacy students a School of Pharmacy can recruit. This could present a significant financial risk to the future costs of funding pharmacy undergraduate clinical placements.

To mitigate the risk, it will be critical that the “Expectation Agreement” between HEIW and Cardiff and Swansea University is explicit in the financial arrangements. This will include an agreement on the numbers of students receiving clinical placement funding and a statement that any additional numbers outside of the agreement would need to be funded from university finances.

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3. HEIW Funded Undergraduate Clinical Placement Programme

In order to commence the safe transition of learning outcomes across the new 5-year pathway we need to identify the content needed and how many funded placements are required to deliver against the new standards. We also need to establish the infrastructure, with support of HEIs and host organisations, necessary to deliver the learning outcomes and ensure scalability as numbers of students benefiting from funded placements increases year-on-year.

Year 1 (August 2022-July 2023)

For Year 1 (August 2022-July 2023), by initially focusing on Year 3 and Year 4 students in collaboration with Cardiff University, we can test which Learning Outcomes can initially be safely transitioned from the Foundation Year into MPharm. For the first year of the change, current Year 1 and Year 2 students will not have received sufficient learning to be able to test these outcomes. As a result, Swansea students will not be part of Year 1 but will contribute to the development of the Entrusted Professional Activities (EPAs) in preparation for joining the programme incrementally over the next 3 years.

Year 2+ (August 2023 onwards)

Projections for Years 2 to onwards are based on the model and principles established during Year 1 and are highlighted in detail in Appendix 11.9

In Scope

- Funding for Funded Undergraduate Clinical Placements and associated contributions to support student travel and overnight expenses
- Wales-based HEIs only
- Wales-based Host Organisations (training sites) only
- Funded Undergraduate Clinical Placements must undertake clinical activities
- Learning outcomes structured as Entrusted Professional Activities

Out Of Scope

- Observational placements
- Voluntary placements and those with non-clinical activities
- Post graduate clinical placements including upskilling of existing workforce
- University infrastructure and staffing costs
- Host organisation infrastructure and staffing costs

3.1 Entrustable Professional Activities (EPAs)

The majority of the new IETP learning outcomes require the student to demonstrate their competence at the “does” level of the Millers triangle. The does level is described as:

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

Existing approaches to integrate students into practice environments are largely limited to observational style placements and focus on the lower end of Miller’s Triangle e.g. “knows/knows how” and will not deliver against the new learning outcomes. To achieve the required level of learning students will need to be exposed to an increased and increasing complexity of quality clinical placements across the whole five years.

It is proposed that Funded Clinical Placements will support the transition of Learning Outcomes between MPharm and Foundation curricula using Entrustable Professional Activities (EPAs). An Entrustable Professional Activity is a unit of professional practice that can be fully entrusted to a trainee once they have demonstrated the necessary competence to execute the activity unsupervised.

The EPAs will:

- Be aligned with the new IETP learning outcomes
- Be delivered across a range of sectors
- Enable students to progress towards/deliver against the 'shows how'/'does' levels

HEIW and HEIs in Wales will collaborate to develop EPAs that will:

Support both the MPharm and Foundation curriculum and learning outcomes

- Aligned with the new IETP learning outcomes
- Can be delivered in a range of sectors e.g., GP Practice, Community Pharmacy or Secondary Care
- Enable students to progress towards/deliver against the 'shows how'/'does' levels

Once evaluated, and proven as a safe and effective methodology, EPAs can be iterated to increase learning outcomes and therefore funded clinical placements across the 4 years of MPharm.

3.2 Quality Management & Assurance

As outlined in detail in section 11.14, HEIW propose the following roles and responsibilities for Funded Undergraduate Clinical Placement Programme under the HEIW Quality Framework. HEIW will have roles under each aspect of the quality framework as below:

HEIW Quality Framework descriptor			
Quality Planning (QP) Assessing Needs e.g., workforce planning and requirements, finance, new initiatives or programmes.	Quality Planning (QP)	HEIW	HEI
	Training sites - Monitoring training site capacity	√	√
	Training sites - Suitability to receive students.	√	√
	Finances and processes to support the student placement.	√	√
	Influencing innovation in training models.	√	√
	Establishing the educational infrastructure to deliver quality placements.	√	√
	'Expectation' contracts with HEIs	√	x
	'Expectation' contracts training providers.	x	√
	Accreditation returns to GPhC annually	x	√
	Producing annual plans for placement requirements for forthcoming year.	√	√
	Planning potential new training models.	√	√
	Ensuring internal educational infrastructure to support curricula.	x	√
	Meeting with partners to plan the next years placement provision	√	√
	Enact any changes from quality improvement review.	√	√
HEIW Quality Framework descriptor			
Quality Management (QM) and Educational Governance is an area in which HEIW has excellent processes and procedures in place	Quality Management (QM) and Educational Governance	HEIW	HEI
	HEIW & HEI principles/standard for Clinical Placement Programme	√	√
	HEIW approval of quality sites	√	x
	Robust placement data	√	√
	Quality data sharing	√	√

	Financial payments to training sites.	x	√
	Financial payments to HEIs	√	x
	Placement evaluation	√	√
	Educational Governance of training programme	x	√
	Curricula design and assessment strategy	√	√
	Placement of students in HEIW approved sites	x	√
	Placement preparation - student and training site	x	√
	Management of student welfare on placement	x	√
HEIW Quality Framework descriptor			
Quality Assurance (QA) activity may be performed by a regulator (e.g. GMC has QA responsibility for Postgraduate medical training), but where HEIW is responsible for QA this can take the form of periodic checks to make sure the programme delivers the required outcome through, audit and evaluation of programmes and implementing best practice	Quality Assurance (QA)	HEIW	HEI
	Annual accountability review with partners to assure placement funding is delivering desired outputs and value for money	√	√
	Joint GPhC accreditation reviews between HEIW and HEIs	√	√
HEIW Quality Framework descriptor			
Quality Improvement (QI) activity must take place continuously throughout the Quality Framework and needs to identify what matters the most, identify teams to drive improvement through well-established methodologies, test and implement new solutions and then provide the impetus for scaling these projects up for maximum benefit.	Quality Improvement (QI)	HEIW	HEI
	Outputs of annual review will consider opportunities to test and implement new solutions to improve placement experience	√	√
	Link with HEIW placement reference group	√	√
HEIW Quality Framework descriptor			
Quality Control (QC) activity takes place at the individual or micro level but is often overlooked and an important part of the quality framework. Quality Control activity will include PADRs, Appraisal for Trainers or Teachers, Team Appraisal and measures of performance	Quality Control (QC)	HEIW	HEI
	Annual approval of host organisations	√	x
	Annual training if required	√	x
	Activities undertaken by HEI and Host Organisation with feedback into annual approval process and training needs analysis	√	√

A critical part of the quality cycle will be the review and evaluation at each stage of the implementation of the programme. There will be an annual HEIW internal review and HEIW will commission an external evaluation by an academic partner. The costs of evaluation are included in the financial summary 11.13.

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To deliver against the requirements of the HEIW quality framework HEIW require the following resources:

Option 2.5		Option 3	
Staffing	Start date	Staffing	Start date
Pharmacy Clinical Placements Lead (1 x Band 8a)	Sep-22	Pharmacy Clinical Placements Lead (1 x Band 8a)	Sep-22
Clinical Placement Facilitators (3 x Band 7)	Sep-22/23/24	Clinical Placement Facilitators (7 x Band 7)	Sep-22/23/24
Clinical Placement Data Analyst (1 x Band 5)	Apr-23	Clinical Placement Data Analyst (1 x Band 5)	Apr-23
Clinical Placement Administrators (1 x Band 4)	Sep-22	Clinical Placement Administrators (1 x Band 4)	Sep-22
Digital Developer (1 x Band7- Fixed 2 yrs)	Sep-22	Digital Developer (1 x Band7- Fixed 2 yrs)	Sep-22
Finance resource (1 x Band 5) - Sep 22	Sep-22	Finance resource (1 x Band 5) - Sep 22	Sep-22

A detailed explanation of how these roles and their responsibilities will support the HEIW Quality Framework is presented in Appendix 11.14.

The number of WTE Clinical Placement Facilitators has been benchmarked against the NES model. NES have established the infrastructure to support additional funded clinical placements over the last three to four years. Scotland are a reasonable benchmarking model with two Schools of Pharmacy and similar projected numbers of undergraduate students. It should however be considered that in Wales we have integrated care health boards and that the ambition is for more learning for students and trainees should occur in the primary and community setting.

For Pharmacy this will involve engagement with over 700 community pharmacies, over 500 GP practices, Health Board sites, Prisons, Care homes and Social Care. Once expressions of interest to host pharmacy undergraduates are established then Clinical Practice Facilitators will need to ensure the site meets the HEIW quality standards for a training site including practice and educational supervisor training.

HEIW has learnt from the implementation of the changes to the pharmacist pre-registration training year over the last three years 2019, that the resource required to enact change and build the capacity and infrastructure to implement change cannot be underestimated. It is essential that HEIW has the staffing infrastructure to prepare all stakeholders and HEIW to implement the changes to undergraduate training safely via a recognised quality framework. Once the pharmacy placement structure has been established over the next few years, it is anticipated that the Clinical Placement Facilitators will support all healthcare placements across Wales establishing a multi-professional placement co-ordination.

In addition, during the first two years the workplace will need to be prepared to meet the quality framework requirements for training site accreditation. As part of the Quality Management and Assurances for this programme there will need to be development of practice supervisor training to support host organisations readiness to deliver against the quality framework. Through discussions with different areas within HEIW, it has been identified there is a need to describe a consistent approach to practise supervisor training. It is proposed that any developments within pharmacy over the next years will be evaluated and inform a standardised approach to practice supervisor standards.

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4. Business Case Objectives

4.1 Initial Education and Training Standards for Pharmacists (IETP) Implementation Programme Objectives

This business case is presented as a component of the IETP Implementation Programme. The overall scope of the IETP Implementation Programme is to safely and effectively fully implement the new 2021 General Pharmaceutical Council (GPhC) initial education training standards for pharmacists by August 2026. The aims and objectives of the IETP Implementation Programme are to:

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

4.2 Funded Undergraduate Clinical Placement Programme Aim and Objectives

Aim:

To Meet the IETP Implementation Programme objective – “Provide a framework and transition model to increase experiential learning across the 4 years of MPharm by August 2025”

Objectives:

- Meet GPhC accreditation requirements and collaboration between SEBs and HEIs in Wales
- Establish and then support the increase to the amount of funded clinical placements available to MPharm students that deliver the new learning outcomes to steady state in August 2025
- Establish a multi-professional learning model for healthcare training
- Ensure funded clinical placements are accessible in all Pharmacy sectors with a range of healthcare professionals
- In partnership with Cardiff and Swansea Universities, develop a model that allows Host Organisations to effectively plan and resource for funded clinical placements
- Work with Host Organisations based in Wales to support the increase in training capacity required to provide funded clinical placements
- Develop and implement quality management processes in collaboration with Cardiff and Swansea Universities which will align to the HEIW Quality Management Framework
- Evaluate internally and externally via outsourced provider to allow iteration and preparation for future

5. Desired Outcomes and Benefits

5.1 Expected benefits to the wider social economy, society and NHS services

The mandatory changes to the Initial Education and Training of Pharmacists (IETP) are expected to benefit the wider social economy, society and NHS services. The changes and investment will meet the ambitions of A Healthier Wales, Health and Social Care Workforce Strategy and the Primary Care plan.

Patients:

At any point of care patients will be able to have their medicines prescribed by a pharmacist. This will reduce waiting times for patient medication reviews and medication changes. Referral to doctors will only be where appropriate for new diagnosis or changing patient symptoms of chronic diseases. Patients will have improved outcomes from their medication by earlier intervention by a prescribing pharmacist.

Where appropriate patients' acute minor illness can be treated within the primary or community setting by pharmacist prescribers, reducing the need for patients to access unscheduled care in the acute setting. The timely medicine interventions and prescribing of medicines for patients in domiciliary or care settings will reduce the rate of admission of patients to acute setting due to medication issues keeping patients care within the home setting.

Staff:

Pharmacists will be professionally empowered to maximise their unique skills and competence with patients. This will lead to enhanced job satisfaction, motivation and recruitment and retention of the workforce.

Multi-disciplinary healthcare teams will be involved in the training pharmacists from undergraduate and through the whole career pathway. This will embed the pharmacist into the multi-disciplinary team from day one of career building trust in the pharmacist skills and relationships in the management of patients.

Staff will experience an increased expectation on the quantity and scope of pharmacists training which will have impact on the staff time. This business case seeks to address the potential impact on staff and service provisions. Doctors can focus on the diagnosing and treatment of new and acute unstable patients. Chronic stable patient medication can be managed and prescribed by the pharmacist at any point of care.

Students:

Evidence shows longer clinical placements integrated into the degree will help trainees to confidently find their place within the team better, enhance learning experience, provide more opportunities for application of knowledge, development of communication and problem-solving skills (patient consultations) and early opportunity to develop key clinical and technical skills to support decision-making and better patient experience and safety. With this in mind and given that the additional clinical competencies and associated learning outcomes are now included in the initial education and training standards – in particular relating to being an independent prescriber, the inclusion of clinical placements in the MPharm is a critical success factor in the roll out of the IETP reform programme.

Placements will support the transition of students from the MPharm degree to foundation training and employment and are a critical pillar of the IETP reform programme. Evidence from undergraduate medical training show clinical placements bridges the experience gap between undergraduate medicine and foundation year 1 (FY1) as trainees are more involved in delivering patient care. The 2019 HEE National Education and Training Survey (NETS) for undergraduate medical students on clinical placements, show 68% of trainees survey thought the range of learning opportunities to meet the needs of the training programme or course were good or outstanding. There is often little social contact between professions in universities even when programs are co-located, reinforcing professional silos.

Clinical placements are an opportunity to learn about the roles of other professions and pharmacy within the wider health team and service delivery. Evidence from the NETS survey show this is valuable where over 70% of medical

students surveyed felt the educational experience of the placement and the opportunities to learn from other professions was good or outstanding.

Organisations/Systems:

There is a current decline in pharmacy undergraduates and attractiveness of the MPharm degree. Evidence from focus groups aged 16-19 years shows that students consider length of placement time and opportunities for patient treatment and interaction as key determinants for their first choice of a health career and between MPharm degree providers. In the absence of clinical placements, most consider Pharmacy as a back-up option to Medicine or Dentistry.

Placement opportunity increases exposure and attractiveness across pharmacy careers and the pipeline for specialist pharmacy pathways including critical care pathways (as seen during COVID-19), Mental Health, Aseptic pharmacy and across primary and community care to relieve GP workforce pressures.

The pharmacist workforce has recently been included in the National Shortage Occupancy list. The inclusion is reflected across the system in vacancies for pharmacist posts. This is impacting pharmacy patient services in both the acute, primary and community setting. Community pharmacies are frequently having to close due to staff shortages and the acute sector need to prioritise the pharmacy services they can provide based on the staff in the system. Across the devolved nations, work has been started to target school children on the benefits of a career in pharmacy. It is critical that alongside this work, the undergraduate course is attractive and funded to deliver the pharmacists of the future. Quality clinical placements are the bedrock to showcase the workplace opportunities and attract the future pipeline of pharmacists.

Training our future pharmacists within multi-disciplinary teams creates the environment for holistic patient centred care. It will deliver pharmacists who are more adaptable to working across health systems upon registration. The aim being to identify where pharmacy supports future workforce and clinically focused care in all pharmacy settings. Also enabling greater contribution to community services to reduce the secondary care burden.

This programme of change and investment in the undergraduate MPharm will build on the success of the Wales Multi-sector Foundation pharmacist programme which develops trainee pharmacists' competence and confidence in working as part of integrated, multi-professional teams.

The new training for pharmacists will support the goals of Prescription Newydd – the Welsh Government new contract for community pharmacy services. WG, the NHS and CPW have an agreement signed off at Ministerial level that comprises reforms under four themes:

1. Expanding the clinical role of community pharmacists independent prescribing
2. A workforce with the skills needed to deliver outstanding pharmaceutical care
3. A commitment to quality, collaboration and integration within primary care
4. Valuing the contribution community pharmacies make to the NHS.

The significant shift to focus the community pharmacy contract on clinical services will result in patients who are currently seen in GP practices and out of hours could be managed by an Independent Prescribing pharmacist. This supports the need to move more patient care to the community setting.

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5.2 Outcomes of the Funded Undergraduate Clinical Placement Programme

The Funded Clinical Placement Programme will:

- Provide all MPharm students in Wales with the funded clinical placements necessary to meet the new IETP outcomes
- Establish and embed processes for funding clinical placements within HEIW
- HEIW and HEIs will meet GPhC accreditation requirement
- Establish Funded Clinical Placements for Pharmacy in Wales across all sectors of Pharmacy with a range of healthcare professionals
- Identify capacity with Host Organisations to provide Funded Clinical Placements
- Provide a roadmap and modelling to safely increase the number of Funded Clinical Placements in line with the HEIW glidepath
- Establish and embed quality management principles and processes for Funded Clinical Placements
- Evaluated and proven Entrustable Professional Activities embed at the core of future Funded Clinical Placements

5.3 Measurable Benefits of the Funded Undergraduate Clinical Placement Programme

- MPharm students are able to graduate against the new learning outcomes in August 2026
- Funded Clinical Placements in Wales are delivered within a robust quality management framework
- HEIW and HEI collaboration results in successful, on-going GPhC accreditation
- All MPharm students in Wales have access to an equitable experiential learning experience

6. Option Appraisal

6.1 Options to provide Funded Undergraduate Clinical Placements in Wales

Option 1 – Do Nothing – Cardiff and Swansea University continue with their non-funded placements

Option 2 – Do Minimal - HEIs in Wales implement a programme of change to increase the opportunity for experiential learning for their students

Option 2.5 – Do Something – following further discussions with Executive and Finance team members, we have revised costing used in our Option 3 for a prudent approach as follows:

- Travel expenses reduced from 100% of placements to 60% of placements
- Cost of overnight accommodation reduced from £70 to £65
- Reduction in Clinical Placement Facilitators from 7 WTE to 3 WTE

Option 3 – Do Maximum – Funded by Welsh Government via HEIW, HEIW & HEIs in Wales work in collaboration with the Pharmacy Workforce to establish the principles and practices of funded and quality assured clinical placements across Wales, alongside a robust timeline to incrementally increase placements levels to a steady-state in August 2025

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6.2 Options against Programme objectives

Objectives	Option 1	Option 2	Option 2.5	Option 3
Establish processes and practices to meet Welsh Government requirements for funding of clinical placements to flow through HEIW				
Meet GPhC accreditation requirements and collaboration between SEBs and HEIs in Wales				
Establish and then support the amount of funded clinical placements available to MPharm students that support the new learning outcomes to steady-state in August 2025				
Test and evaluate the effectiveness of Entrustable Professional Activities to deliver outcomes against the new learning standards				
Ensure funded clinical placements are accessible in all health and social care sectors with a range of healthcare professionals				
In partnership with Cardiff and Swansea Universities, develop a model that allows Host Organisations to effectively plan and resource for funded clinical placements				
Work with Host Organisations based in Wales to support the increase in training capacity required to provide funded clinical placements				
Develop and implement quality management processes in collaboration with Cardiff and Swansea Universities which will align to the HEIW Quality Management Framework				
Evaluate internally and externally via outsourced provider to allow iteration and preparation for future				

Whilst Option 2.5 and Option 3 will achieve the objectives of the Funded Undergraduate Clinical Placement programme, Option 2.5 increases the likelihood of funding shortfalls for HEIW staff to support the projected increases of placements necessary across all Health Boards in Wales.

Full comparison of the financial impact of Option 2.5 versus our Preferred Option 3 is included in Appendix 11.15

6.3 Risks

Option	Description	Benefit	Risk
Option 1 – Do Nothing	Cardiff and Swansea University continue with their non-funded placements	- No additional funding or resource required within HEIW	<ul style="list-style-type: none"> - Unable to meet GPhC requirements for Independent Prescriber at registration in August 2026 - Will not achieve a primary objective of the IETP Implementation Programme - Will not meet the aims and objectives of Delivering A Healthier

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			Wales and Pharmacy strategies in Wales
Option 2 – Do Minimal	<p>HEIs in Wales implement a programme of change to increase the opportunity for experiential learning for their students</p> <p>HEIs secure funding directly from Welsh Government.</p>	<ul style="list-style-type: none"> - No additional funding or resource required within HEIW - HEIs will directly control all funding, quality and placement management 	<ul style="list-style-type: none"> - Welsh Government requirement that HEIW should control undergraduate clinical placement funding not achieved - Pharmacy not in line with HEIW Board expectation that HEIW manage SIFT funds for medical and dental
Option 2.5 – Do Something	<p>Following further discussions with Executive and Finance team members, we have revised costing used in our preferred Option 3, reducing the costs attributed to student expenses in line with Nursing and reduced the number of Clinical Placement Facilitators (CPF) employed by HEIW from 7 to 3.</p>	<ul style="list-style-type: none"> - Meets Welsh Government requirements for funding to sit with HEIW - Ensures collaboration between HEIW and HEIs that meet GPhC accreditation requirements - Supports improved transitions between Year 4 and Foundation - Educational impact can be evaluated effectively across 5 years - Ensure placements are not restricted by profession or location - Pharmacy can be used as a test bed for HEIW managing medical and dental SIFT funding in future 	<ul style="list-style-type: none"> - Reducing the overall costing estimates increases the likelihood of additional funding being required throughout the implementation stage should be necessary to provide a CPF for each Health Board - Reduction of the student travel expenses may restrict the geographical spread of placements and increase placement demand on more local training providers when capacity to train is a challenge - The reduction in CPF could limit the ability to source sufficient quality training sites and reduce student experience and therefore future retention post registration - Implementation of transformative change requires significant engagements with

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			<p>stakeholders and partners. Pharmacy employers are diverse across private sectors and NHS. Private contractors range from small businesses to large corporates and will have very different rules of engagement. If the business case does not provide sufficient resource to manage effective engagement, then there is a risk that Wales cannot deliver the quality placements necessary.</p> <ul style="list-style-type: none"> - Recruitment of staff resource and establishment of processes within timescales are challenging
<p>Option 3 – Do Something</p> <p>English Catherine 05/26/2022 14:57:22</p>	<p>Funded by Welsh Government via HEIW, HEIW & HEIs in Wales work in collaboration with the Pharmacy Workforce to establish the principles and practices of funded and quality assured clinical placements across Wales, alongside a robust timeline to incrementally increase placements levels to a steady state in August 2025</p>	<ul style="list-style-type: none"> - Meets Welsh Government requirements for funding to sit with HEIW - Ensures collaboration between HEIW and HEIs that meet GPhC accreditation requirements - Supports improved transitions between Year 4 and Foundation - Educational impact can be evaluated effectively across 5 years - Ensure placements are not restricted by profession or location - Pharmacy can be used as a test bed for HEIW managing medical and 	<ul style="list-style-type: none"> - Recruitment of staff resource and establishment of processes within timescales are challenging -

		dental SIFT funding in future	
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Each of the Options presented have the following over-arching risks:

- Capacity in the workplace to train the increased numbers of clinical placement due to current workforce pressures and vacancy rates.
- Pharmacy services and workforce model need to be redesigned to utilise the increased skill base.

HEIW have identified these risks and have included a strategic objective within the IMTP plan to facilitate a piece of work with employers and service providers to identify the issues and potential solutions and actions to service redesign and workforce remodelling.

7. Financial Analysis

Financial Breakdown for Preferred Option

It should be noted that funded undergraduate clinical placements are dependent on the requirements and demand for placements by academic year (August to July). Placement estimates have been based on academic year initially to align to MPharm cohort numbers. Financial year costings are provided in the Summary Table (Financial Years).

Detailed rationale for costings below can be seen in Section 11- Appendix.

Cost of Funded Undergraduate Clinical Placements – Year 1 (August 2022-July 2023)

Funded Placements		Cost Of Placements	Student Expenses	Total
Aug-22	3,120	£374,400	£109,980	£484,380

Predicted cost of Funded Undergraduate Clinical Placements – Year 2 onwards (August 2023 onwards)

Placements predicted in academic years are based on HEIW glidepath:

Funded Placements	Cost Of Placements	Student Expenses	Total	
Aug-23	7,560	£907,200	£266,490	£1,173,690
Aug-24	12,550	£1,506,000	£442,388	£1,948,388
Aug-25	14,300	£1,716,000	£504,075	£2,220,075
Aug-26	15,350	£1,842,000	£541,088	£2,383,088

HEIW Staffing costs

Staffing	Apr 22 - Mar 23	Apr 23 - Mar 24	Apr 24 - Mar 25	Apr 25 - Mar 26	Apr 26 - Mar 27
Pharmacy Clinical Placements Lead (1 x Band 8a) - Sep 22	£35,160	£62,082	£63,945	£65,863	£67,839
Clinical Placement Facilitators (3 x Band 7) - Sep-22/23/24	£30,148	£111,885	£140,851	£192,071	£197,641
Clinical Placement Data Analyst (1 x Band 5) - Apr 23	£0	£36,035	£37,116	£38,229	£39,376
Clinical Placement Administrators (1 x Band 4) - Sep 22	£18,198	£34,410	£35,443	£36,506	£37,601
Digital Developer (1 x Band 7 - Fixed 2 yrs) - Sep 22	£34,179	£60,350	£31,080	£0	£0
Finance resource (1 x Band 5) - Sep 22	£20,408	£34,985	£36,035	£37,116	£38,229
Total cost	£138,093	£339,747	£344,469	£369,785	£380,686

These are permanent roles within the Pharmacy Deanery with the following exceptions:

- Digital Developer is 2-year fixed term and will sit within the HEIW Digital Team
- Finance resource is permanent and will sit within the HEIW Finance Team

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HEIW Digital (Placement Management Solution) costs

Digital (Placement Management Solution)	Apr 23 - Mar 24	Apr 24 - Mar 25	Apr 25 - Mar 26	Apr 26 - Mar 27
Platform procurement/build	£100,000	£0	£0	£0
Platform on-going costs	£0	£15,000	£15,000	£15,000
Total cost	£100,000	£15,000	£15,000	£15,000

Quality Control – Training Costs

Quality Control (Training Costs)	Apr 22 - Mar 23	Apr 23 - Mar 24	Apr 24 - Mar 25	Apr 25 - Mar 26	Apr 26 - Mar 27
Training and site preparations	£67,500	£67,500	£0	£0	£0
Total cost	£67,500	£67,500	£0	£0	£0

Programme Evaluation Costs

Evaluation Costs	Apr 22 - Mar 23	Apr 23 - Mar 24	Apr 24 - Mar 25	Apr 25 - Mar 26	Apr 26 - Mar 27
Total Cost	£17,000	£17,000	£17,000	£17,000	£17,000

Summary Table for Preferred Option

Funded Undergraduate Clinical Placements	Apr 22 - Mar 23	Apr 23 - Mar 24	Apr 24 - Mar 25	Apr 25 - Mar 26	Apr 26 - Mar 27
Cardiff Placements (day)	2,496	5,592	8,122	8,720	9,150
Swansea Placements (day)	0	1,080	3,430	5,230	5,990
Total (day)	2,496	6,672	11,552	13,950	15,140
Total cost (day * £120)	£299,520	£800,640	£1,386,240	£1,674,000	£1,816,800
Student Expenses					
Travel costs (60% @ £10 per day)	£14,976	£40,032	£69,312	£83,700	£90,840
Overnight (45% @ £65 per day)	£73,008	£195,156	£337,896	£408,038	£442,845
Total cost	£87,984	£235,188	£407,208	£491,738	£533,685
Staffing					
Pharmacy Clinical Placements Lead (1 x Band 8a) - Sep 22	£35,160	£62,082	£63,945	£65,863	£67,839
Clinical Placement Facilitators (3 x Band 7) - Sep 22/23/24	£30,148	£111,885	£140,851	£192,071	£197,641
Clinical Placement Data Analyst (1 x Band 5) - Apr 23	£0	£36,035	£37,116	£38,229	£39,376
Clinical Placement Administrator (1 x Band 4) - Sep 22	£18,198	£34,410	£35,443	£36,506	£37,601
Digital Developer (1 x Band 7 - Fixed 2 yrs) - Sep 22	£34,179	£60,350	£31,080	£0	£0
Finance resource (1 x Band 5) - Sep 22	£20,408	£34,985	£36,035	£37,116	£38,229
Total cost	£138,093	£339,747	£344,469	£369,785	£380,686
Digital (Placement Management Solution)					
Platform procurement/build	£0	£100,000	£0	£0	£0
Platform on-going costs	£0	£0	£15,000	£15,000	£15,000
Total cost	£0	£100,000	£15,000	£15,000	£15,000
Quality Control (Training Costs)					
Training and site preparations	£67,500	£67,500	£0	£0	£0
Total cost	£67,500	£67,500	£0	£0	£0
Evaluation Costs					
Total Cost	£17,000	£17,000	£17,000	£17,000	£17,000
GRAND TOTAL	£610,097	£1,560,075	£2,169,917	£2,567,522	£2,763,171

Full comparison of Preferred Option 2.5 versus Option 3 is included in Appendix 11.15

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The return on investment from transforming the model of funded clinical placements to a centrally commissioned and quality managed programme ensures that future registrants will have the skills and competence to provide more for patients at earlier stage of their career.

The new programme will provide the learner with increased exposure to patients in their MPharm and support the Wales Multi-Sector Foundation programme which will encourage retention of pharmacists within NHS Wales. The early exposure of students to quality professional training and practice across NHS Wales will provide the platform to recruit and retain pharmacist within Wales. This will mitigate against the current workforce vacancies within Wales.

The vision over the next few years will be initial education and training of pharmacists will produce pharmacists with clinical, therapeutic and diagnostic skills to manage in hours and out of hours services, be able to have complex interactions with patients and be either on the path or qualified as Independent Prescribers. This will reduce the burden on patient services across the system.

This programme will be the springboard for registrants to acquire advanced skills and competence to operate at the highest level within the multi-disciplinary team providing increasing complex interventions with patients. HEIW are currently investing in the post-registration workforce to achieve the enhanced skills and competence for independent prescribing. The investment includes:

- £2.9m in post-registration foundation training which includes independent prescribing (IP) and
- £1.2m independent prescribing for the existing pharmacist workforce

By 2027, when all clinically facing registrants are IPs, the total spend post-registration of £4.1m will no longer be required. This investment will be repositioned to support the funded undergraduate clinical placements. Whilst there is potentially cost savings of £1.4m against the preferred option in this business case, the business case forecast is based on several unknowns at present, which will need to be managed over the next five to six years. The significant benefit and value of these changes and investment in pharmacy education to IP status, the value to the NHS system is Pharmacists prescribing after five years of initial education and training versus the current position of a minimum of eight years of training before pharmacists can prescribe. The system and patient value outcomes are realised due to increased pharmacist prescribing patient services at the point of registration. In addition, pharmacists will be ready to move to advanced and specialist practice earlier in their careers. The changes to the financial investment profile can be seen in the financial table below.

To maximise the investment and value of these changes it will be necessary for service providers to consider pharmacy service redesign and workforce remodelling. HEIW plan to facilitate a programme to support service providers to develop a whole system solutions-based plan to service redesign.

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9. Timescale / Implementation Plan

HEI engagement (Swansea/Cardiff)	January
Draft Business Case completed	January
HEIW to review EL Roles & Responsibilities	January
Implementation Board review draft business case	January
HEIW to approve EL Roles & Responsibilities	February
Initial Host Organisation engagement	February
Draft business case iteration #2	February
Implementation Board review revised business case	February
Initial engagement with Welsh Government	March
Draft business case iteration #3	March
Implementation Board approve business case	March
Presentation to Exec Team	March
Presentation to HEIW Board	April
Approval from HEIW Board	May
Presentation to Welsh Government	May
Further milestones dependent on Business Case	TBC
Pilot Experiential Learning with Yr 3 & 4 Cardiff Uni	November

10. Conclusion & Recommendation:

10.1 Conclusion

The provision of funded clinical placements is vital to the transition to the new IETP standards by August 2025.

The options appraisal identifies only two viable options 2.5 and 3.

Option 2.5 presents a more cautious cost management of the business case and implementation of the required change. Whilst it is considered that this option would meet the necessary requirements in the early years of implementation, it is necessary to highlight that there may be a need to revisit the funding costs at a later stage.

Option 3 seeks to reflect the size of the transformative change learning from the previous underestimate of the resources in the business case to transform pre-registration training programme to the current UK leading multi-sector foundation programme. This option minimises the risk to return to Welsh Government for additional funds in the subsequent years.

10.2 Recommendation

HEIW recommends option 2.5 as a prudent approach in this initial phase, but wishes to highlight the potential risk to revisit the finances in subsequent years

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11.1 Assumptions on cost of providing Funded Undergraduate Clinical Placements

The cost to HEIs of providing existing observational learning during MPharms currently varies across Wales. HEIs currently negotiate with individual organisations based on the number of students and experiences required. The increase in demand for placements will mean that wider engagement across all sectors of practice will be needed. The higher demands of the IETP learning outcomes will require funded clinical placements and trained healthcare professionals to deliver safely.

It should be noted that pharmacy undergraduate placements must reflect and encompass all sectors of practice. Pharmacy services are delivered across the acute, primary and community care. The majority of the pharmacist workforce practice in the primary and community sectors and therefore this will influence the split of placements. This provides a more complex landscape of private contractors and NHS, both for stakeholder engagement and negotiations. In addition, pharmacy undergraduate placements are predicted to be multiple shorter length placements over the four years of MPharm. The placements will require the host training sites to provide close supervision to meet specific learning outcomes in a defined period of time. This will create a training burden on service delivery. It therefore deemed necessary to provide a Service Increment for Training.

Following internal discussions in HEIW around clinical placement funding, and to align to expectations within the service, we have used SIFT-based model to establish a fixed unit price. SIFT funding is provided based on sessional costs of between £52 and £67 dependent on the student's experience. A session being ½ day (or 3.5 hours).

We have taken the average of £60 per session to calculate the daily rate for funded clinical placements of **£120 per day**. It is proposed that this cost is fixed regardless of the profession or location of the placement, or the experience of the student. This will ensure there is an equitable experience for all host organisations and students participating in the programme.

The daily tariff has been benchmarked against the daily tariff in Scotland and Northern Ireland which aligns to the medical tariff in these nations.

NES daily tariff: £125 per day

Northern Ireland daily Tariff: £118 per day

The Wales Tariff will therefore lie within the range for these two devolved nations.

HEE have recently agreed their clinical placement tariff of £131 per student per week or £26.2 per day per student. In addition, this tariff is agreed on the basis that the student completes 40.8 weeks (204 days) of placements during the years 1 to 4. HEIs in England will also have access to other funding streams to supplement the daily tariff but this information is not available at the time of writing this business case.

Following discussions with HEIs the proposed cost per day is broadly equivalent to their current costs and therefore should not negatively impact their ability to secure placements outside of the HEIW programme should they need to. It could impact on those placements provided on a voluntary basis.

Whilst HEIW will not commission the entirety of the undergraduate pharmacy education as for Nursing and Allied Healthcare Professionals, HEIW will have responsibility for the quality management of the funding for undergraduate clinical placement to support the safe implementation of the new IETP standards. HEIW will need a quality management and assurance framework which facilitates the oversight of all pharmacy undergraduate placements across Wales- see section 3.2. The complexity of implementation of these new ways of working will require HEIW to have an infrastructure which supports stakeholder engagement and placement co-ordination both locally and centrally. When the implementation programme has been completed by 2027, the structure will be reviewed to reflect business as usual.

11.2 Student Expenses

The Funded Undergraduate Clinical Placements Programme will need ensure that learning is not limited by geographical locations and that all students and host organisations in Wales can benefit from funded undergraduate clinical placements. This will involve students from HEIs located in South Wales attending placements deemed “non-commutable” i.e. Mid/North Wales that will require overnight accommodation, travel and subsistence allowances. In addition, students attending “commutable” placements are also currently able to claim expenses towards daily travel and subsistence.

Following internal discussion in HEIW regarding the provision of expenses for students in other professions and to ensure placements are not limited by location, we have estimated fixed contributions towards student expenses based on our proposed placements numbers using the following assumptions:

- The Universities are responsible for all student expense claims and payments.
- 60% of placements will attract travel expenses capped at £10 per day
- No subsistence expenses are allowed
- “Non-commutable” placements (those outside 1 hour travel) will attract over-night accommodation of £65 per night
- It is estimated that 45% of all placements will be “non-commutable”
- Any additional costs incurred by students above these proposed rates will be borne by the Universities.

Daily Rate Assumptions		
Type	%age	Cost
Travel	60%	£10
Subsistence	100%	£0
Overnight	45%	£65

11.3 HEIW Staffing & Resources

The following roles will be required within the Pharmacy Deanery to deliver against the HEIW quality framework:

Staffing	Apr 22 - Mar 23	Apr 23 - Mar 24	Apr 24 - Mar 25	Apr 25 - Mar 26	Apr 26 - Mar 27
Pharmacy Clinical Placements Lead (1 x Band 8a) - Sep 22	£35,160	£62,082	£63,945	£65,863	£67,839
Clinical Placement Facilitators (3 x Band 7) - Sep-22/23/24	£30,148	£111,885	£140,851	£192,071	£197,641
Clinical Placement Data Analyst (1 x Band 5) - Apr 23	£0	£36,035	£37,116	£38,229	£39,376
Clinical Placement Administrators (1 x Band 4) - Sep 22	£18,198	£34,410	£35,443	£36,506	£37,601
Digital Developer (1 x Band 7 - Fixed 2 yrs) - Sep 22	£34,179	£60,350	£31,080	£0	£0
Finance resource (1 x Band 5) - Sep 22	£20,408	£34,985	£36,035	£37,116	£38,229
Total cost	£138,093	£339,747	£344,469	£369,785	£380,686

These are permanent roles within the Pharmacy Deanery with the following exceptions:

- Digital Developer is 2-year fixed term and will sit within the HEIW Digital Team (see 11.4)
- Finance resource is permanent and will sit within the HEIW Finance Team

11.4 HEIW Digital Resource

Year 1 of the programme will operate on a combination of existing administration practices in HEIW and data sharing from HEI technologies via spreadsheets.

Whilst HEIs will utilise their existing technology to manage funded undergraduate clinical placements, as the numbers increase year-on-year it is sensible to consider technology that is accessible to both HEIW and HEIs. Following discussions with the HEIW Digital team we have included the following provision for the procurement of such technology during financial year 2023/24 if deemed necessary. The funding to recruit a dedicated digital project

manager to work with the pharmacy deanery in the design and procurement of a clinical placement database has also been included in 22/23 financial year.

Digital (Placement Management Solution)	Apr 23 - Mar 24	Apr 24 - Mar 25	Apr 25 - Mar 26	Apr 26 - Mar 27
Platform procurement/build	£100,000	£0	£0	£0
Platform on-going costs	£0	£15,000	£15,000	£15,000
Total cost	£100,000	£15,000	£15,000	£15,000

11.5 HEI & Host Organisation Resources

There may be additional funding needed within HEI infrastructure to support the increase in funded undergraduate clinical placements. These potential additional costs are not covered within this business case.

It is proposed that HEIW provide additional training to all Host Organisations during 22/23 and 23/24 in advance of receiving students. Funding is required for the training of practice supervisors at Host Organisations and attendance at placement planning meetings to prepare the training sites to accredit to receive students. This will be evaluated in the first two years to establish any future resource to meet the quality framework.

It is estimated that this cost will be cost £67,500 in years 22/23 and £ 67,500 in 23/24 until steady state has been reached in 24/25.

Quality Control (Training Costs)	Apr 22 - Mar 23	Apr 23 - Mar 24	Apr 24 - Mar 25	Apr 25 - Mar 26	Apr 26 - Mar 27
Training and site preparations	£67,500	£67,500	£0	£0	£0
Total cost	£67,500	£67,500	£0	£0	£0

11.6 Activity - Amount of Funded Undergraduate Clinical Placements – Year 1 (August 2022-July 2023)

In collaboration with Cardiff University, we have identified students, as of August 2022, that will be in Year 3 and Year 4 of their respective degrees. Cardiff have proposed the addition of funded clinical placements for:

- Year 3: 10 days of funded clinical placements during Year 3
- Year 4: 15 days of funded clinical placements during Year 4

Based on their current cohort numbers this model will require:

- Year 3: 132 students @ 10 days = 1,320 days
- Year 4: 120 students @ 15 days = 1,800 days

Total funded undergraduate clinical placements days required for Year 1: 3,120 days

The funded clinical placements will have fit into existing MPharm learning and activity. This will limit the timing of the placements but will ensure cohesion with the existing learning pathways.

As such, in Year 1 of the programme, the split of activity across the financial year is as follows, equating to an 80/20 split of academic year across financial year:

- Apr 22 – Mar 23 = 2,496 days
- Apr 23 – Mar 24 = 624 days

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		Apr 22 - Mar 23																Apr 23 - Mar 24																					
		Oct				Nov				Dec				Jan				Feb				Mar				Apr				May				Jun				Jul	
Year 4 (15 days)		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
1 x 5 day placements																																							
1 x 10 day placements																																							
Year 3 (10 days)																																							
2 x 5 day placements																																							

11.7 Activity - Funded Undergraduate Clinical Placements - Years 2 onwards (August 2023 onwards)

The number of funded clinical placements will need to increase year-on-year to reach a steady state of 55 days by August 2025. To condense this pathway from 8 to 5 years will we need to transition the learning outcomes from Post-Registration through Foundation and into MPharm safely. This will require a gradual phased approach to ensure learning can be achieved earlier in the MPharm course.

- A steady increase for Year 4 students to 25 days
- A steady increase for Year 3 students to 15 days
- A steady increase for Year 2 students to 10 days
- A steady increase for Year 1 students to 5 days

The increases to the amount of funded clinical placements proposed are as follows:

Assumption of 55 funded placements throughout 4 year MPharm		Proposed Funded Clinical Placements Glidepath (days per year)					
		Year 1	Year 2	Year 3	Year 4	Total	
Y1 EL (days)	5	Aug-22	0	0	10	15	25
Y2 EL (days)	10	Aug-23	0	5	15	20	40
Y3 EL (days)	15	Aug-24	5	5	15	25	50
Y4 EL (days)	25	Aug-25	5	10	15	25	55
Total	55	Aug-26	5	10	15	25	55

11.8 Activity – Amount of Funded Undergraduate Clinical Placements - Year 2 onwards (August 2023 onwards)

Based on the glidepath projections in 11.7 and the increased numbers of students (see student table in 2.4) that will benefit from Funded Clinical Placements, the number of placements required per HEI year-on-year are as follows:

Funded Clinical Placements Required (Days)			
	Cardiff	Swansea	Total
Aug-22	3,120	0	3,120
Aug-23	6,210	1,350	7,560
Aug-24	8,600	3,950	12,550
Aug-25	8,750	5,550	14,300
Aug-26	9,250	6,100	15,350

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11.9 Funded Placement Calculations for Preferred Option

												PLACEMENT COST
FUNDED PLACEMENT DAYS PER STUDENT							FUNDED PLACEMENT DAYS NEEDED					Daily tariff
HEI	Start date	Year 1	Year 2	Year 3	Year 4	TOTAL PAID	Year 1	Year 2	Year 3	Year 4	TOTAL DAYS	£120
Cardiff University	Aug-22	0	0	10	15	25	0	0	1320	1800	3120	£374,400
Cardiff University	Aug-23	0	5	15	20	40	0	750	2820	2640	6210	£745,200
Cardiff University	Aug-24	5	5	15	25	50	850	800	2250	4700	8600	£1,032,000
Cardiff University	Aug-25	5	10	15	25	55	900	1700	2400	3750	8750	£1,050,000
Cardiff University	Aug-26	5	10	15	25	55	900	1800	2550	4000	9250	£1,110,000
Swansea University	Aug-22	0	0	10	15	25	0	0	0	0	0	£0
Swansea University	Aug-23	0	5	15	20	40	0	450	900	0	1350	£162,000
Swansea University	Aug-24	5	5	15	25	50	600	500	1350	1500	3950	£474,000
Swansea University	Aug-25	5	10	15	25	55	600	1200	1500	2250	5550	£666,000
Swansea University	Aug-26	5	10	15	25	55	600	1200	1800	2500	6100	£732,000

COMBINED TOTAL	
Aug-22	£374,400
Aug-23	£907,200
Aug-24	£1,506,000
Aug-25	£1,716,000
Aug-26	£1,842,000

11.10 Student Expenses Calculations for Preferred Option

							STUDENT EXPENSES			
		FUNDED PLACEMENT DAYS NEEDED					Travel	Subsistence	Accommodation	
HEI	Start date	Year 1	Year 2	Year 3	Year 4	TOTAL DAYS	£10	£0	£65	Total
Cardiff University	Aug-22	0	0	1320	1800	3120	£18,720	£0	£91,260	£109,980
Cardiff University	Aug-23	0	750	2820	2640	6210	£37,260	£0	£181,643	£218,903
Cardiff University	Aug-24	850	800	2250	4700	8600	£51,600	£0	£251,550	£303,150
Cardiff University	Aug-25	900	1700	2400	3750	8750	£52,500	£0	£255,938	£308,438
Cardiff University	Aug-26	900	1800	2550	4000	9250	£55,500	£0	£270,563	£326,063
Swansea University	Aug-22	0	0	0	0	0	£0	£0	£0	£0
Swansea University	Aug-23	0	450	900	0	1350	£8,100	£0	£39,488	£47,588
Swansea University	Aug-24	600	500	1350	1500	3950	£23,700	£0	£115,538	£139,238
Swansea University	Aug-25	600	1200	1500	2250	5550	£33,300	£0	£162,338	£195,638
Swansea University	Aug-26	600	1200	1800	2500	6100	£36,600	£0	£178,425	£215,025

COMBINED TOTAL	
Aug-22	£109,980
Aug-23	£266,490
Aug-24	£442,388
Aug-25	£504,075
Aug-26	£541,088

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11.11 Learning Pathway by Persona (student)

	MPharm Start	Aug-19	Aug-20	Aug-21	Aug-22	Aug-23	Aug-24	Aug-25	Aug-26	Aug-27	Aug-28	Aug-29	Aug-30
Persona W	Aug-17	Year 3	Year 4	Foundation	PRF	PRF							
Persona X	Aug-18	Year 2	Year 3	Year 4	Foundation	PRF	PRF						
Persona Y	Aug-19	Year 1	Year 2	Year 3	Year 4	Foundation	PRF	PRF					
Persona Z	Aug-20		Year 1	Year 2	Year 3	Year 4	Foundation	PRF	PRF				
Persona 1	Aug-21			Year 1	Year 2	Year 3	Year 4	Foundation	Novice IP				
Persona 2	Aug-22				Year 1	Year 2	Year 3	Year 4	Foundation	Novice IP			
Persona 3	Aug-23					Year 1	Year 2	Year 3	Year 4	Foundation	Novice IP		
Persona 4	Aug-24						Year 1	Year 2	Year 3	Year 4	Foundation	Novice IP	
Persona 5	Aug-25							Year 1	Year 2	Year 3	Year 4	Foundation	
Persona 6	Aug-26								Year 1	Year 2	Year 3	Year 4	Foundation
Persona 7	Aug-27									Year 1	Year 2	Year 3	Year 4

11.12 Funded Clinical Placements by Persona (student)

	MPharm Start	Aug-19	Aug-20	Aug-21	Aug-22	Aug-23	Aug-24	Aug-25	Aug-26	Aug-27	Aug-28	Aug-29	Aug-30	
Persona W	Aug-17				PRF	PRF								
Persona X	Aug-18				Foundation	PRF	PRF							
Persona Y	Aug-19				15	Foundation	PRF	PRF						15
Persona Z	Aug-20				10	20	Foundation	PRF	PRF					30
Persona 1	Aug-21				0	15	25	Foundation	Novice IP					40
Persona 2	Aug-22				0	5	15	25	Foundation	Novice IP				45
Persona 3	Aug-23					0	5	15	25	Foundation	Novice IP			45
Persona 4	Aug-24						5	10	15	25	Foundation			55
Persona 5	Aug-25							5	10	15	25	Foundation		55
Persona 6	Aug-26								5	10	15	25	Foundation	55
Persona 7	Aug-27									5	10	15	25	55

Plus any non-funded placements provided by HEI

11.13 Summary Table for Preferred Option

Funded Undergraduate Clinical Placements	Apr 22 - Mar 23	Apr 23 - Mar 24	Apr 24 - Mar 25	Apr 25 - Mar 26	Apr 26 - Mar 27
Cardiff Placements (day)	2,496	5,592	8,122	8,720	9,150
Swansea Placements (day)	0	1,080	3,430	5,230	5,990
Total (day)	2,496	6,672	11,552	13,950	15,140
Total cost (day * £120)	£299,520	£800,640	£1,386,240	£1,674,000	£1,816,800
Student Expenses					
Travel costs (60% @ £10 per day)	£14,976	£40,032	£69,312	£83,700	£90,840
Overnight (45% @ £65 per day)	£73,008	£195,156	£337,896	£408,038	£442,845
Total cost	£87,984	£235,188	£407,208	£491,738	£533,685
Staffing					
Pharmacy Clinical Placements Lead (1 x Band 8a) - Sep 22	£35,160	£62,082	£63,945	£65,863	£67,839
Clinical Placement Facilitators (3 x Band 7) - Sep 22/23/24	£30,148	£111,885	£140,851	£192,071	£197,641
Clinical Placement Data Analyst (1 x Band 5) - Apr 23	£0	£36,035	£37,116	£38,229	£39,376
Clinical Placement Administrator (1 x Band 4) - Sep 22	£18,198	£34,410	£35,443	£36,506	£37,601
Digital Developer (1 x Band 7 - Fixed 2 yrs) - Sep 22	£34,179	£60,350	£31,080	£0	£0
Finance resource (1 x Band 5) - Sep 22	£20,408	£34,985	£36,035	£37,116	£38,229
Total cost	£138,093	£339,747	£344,469	£369,785	£380,686
Digital (Placement Management Solution)					
Platform procurement/build	£0	£100,000	£0	£0	£0
Platform on-going costs	£0	£0	£15,000	£15,000	£15,000
Total cost	£0	£100,000	£15,000	£15,000	£15,000
Quality Control (Training Costs)					
Training and site preparations	£67,500	£67,500	£0	£0	£0
Total cost	£67,500	£67,500	£0	£0	£0
Evaluation Costs					
Total Cost	£17,000	£17,000	£17,000	£17,000	£17,000
GRAND TOTAL	£610,097	£1,560,075	£2,169,917	£2,567,522	£2,763,171

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11.14 HEIW roles and responsibility matrix for Funded Undergraduate Clinical Placements Programme

CPL – Clinical Placement Lead

CPF – Clinical Placement Facilitator

CPDA – Clinical Placement Data Analyst

CPA – Clinical Placement Administrator

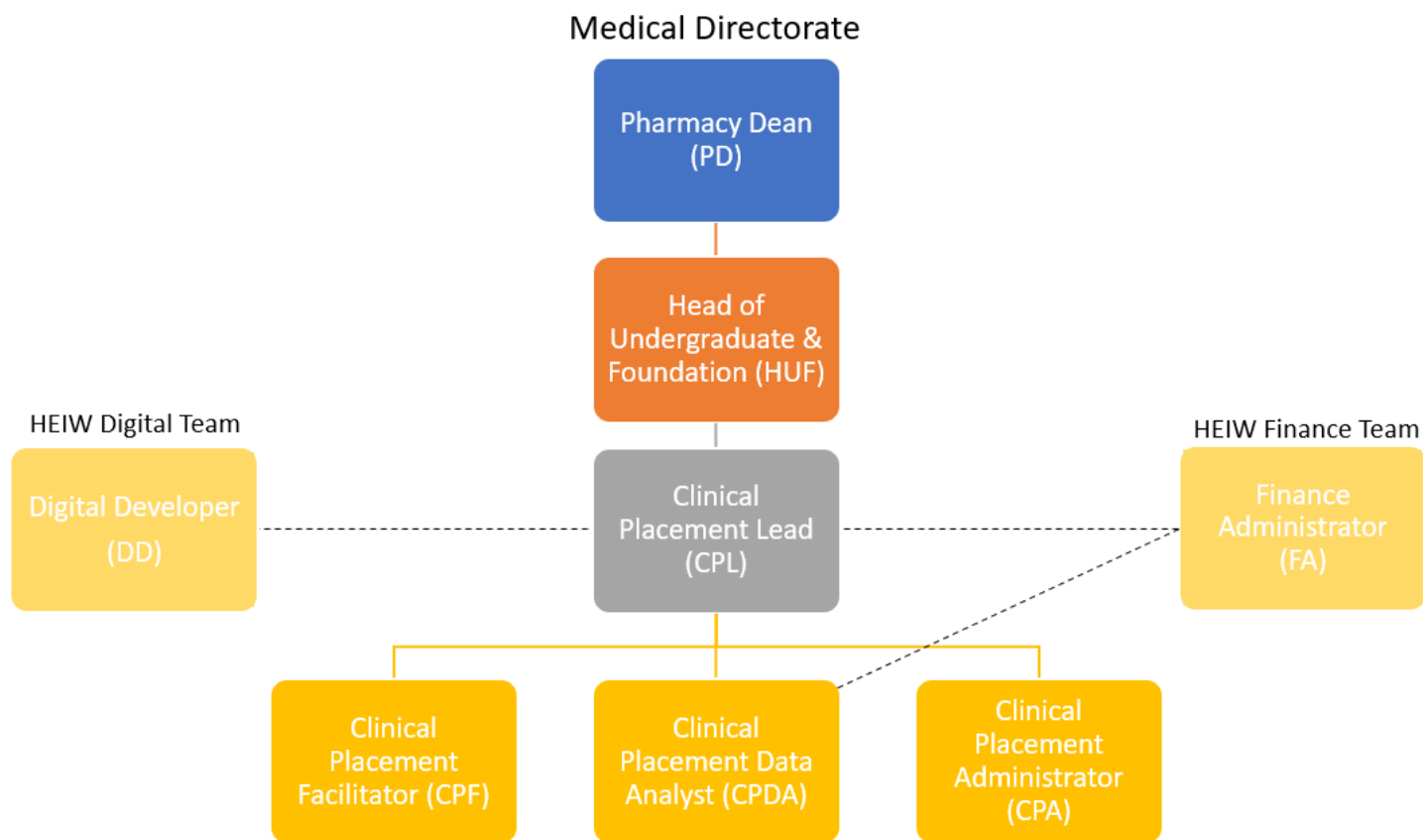
Quality Matrix for MPharm Roles and Responsibilities					
HEIW Quality Framework descriptor				HEIW resource requirements	
	Quality Planning (QP)	HEIW	HEI	HEIW lead(s)	HEIW support
Quality Planning (QP) Assessing Needs e.g., workforce planning and requirements, finance, new initiatives or programmes.	Training sites - Monitoring training site capacity	√	√	CPL & CPF	CPDA, CPA
	Training sites - Suitability to receive students.	√	√	CPL & CPF	CPDA, CPA
	Finances and processes to support the student placement.	√	√	CPL	CPDA, FA
	Influencing innovation in training models.	√	√	CPL & CPF	N/A
	Establishing the educational infrastructure to deliver quality placements.	√	√	CPL & CPF	CPA
	‘Expectation’ contracts with HEIs	√	x	CPL	CPA
	Expectation’ contracts training providers.	x	√	N/A	N/A
	Accreditation returns to GPhC annually	x	√	N/A	N/A
	Producing annual plans for placement requirements for forthcoming year.	√	√	CPL & CPF	CPDA, CPA
	Planning potential new training models.	√	√	CPL & CPF	CPDA, CPA
	Ensuring internal educational infrastructure to support curricula.	x	√	N/A	N/A
	Meeting with partners to plan the next years placement provision	√	√	CPL & CPF	CPDA, CPA
	Enact any changes from quality improvement review.	√	√	CPL	ALL
HEIW Quality Framework descriptor				HEIW resource requirements	

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Quality Management (QM) and Educational Governance is an area in which HEIW has excellent processes and procedures in place	Quality Management (QM) and Educational Governance	HEIW	HEI	HEIW Lead(s)	HEIW Support
	HEIW & HEI principles/standard for Clinical Placement Programme	√	√	CPL	CPF, CPA
	HEIW approval of quality sites	√	x	CPL & CPF	CPA
	Robust placement data	√	√	CPL	CPDA
	Quality data sharing	√	√	CPL	CPDA
	Financial payments to training sites.	x	√	N/A	N/A
	Financial payments to HEIs	√	x	CPL	CPDA, FA
	Placement evaluation	√	√	CPL	CPA
	Educational Governance of training programme	x	√	N/A	N/A
	Curricula design and assessment strategy	√	√	CPL	CPA
	Placement of students in HEIW approved sites	x	√	N/A	N/A
	Placement preparation - student and training site	x	√	N/A	N/A
	Management of student welfare on placement	x	√	N/A	N/A
	HEIW Quality Framework descriptor			HEIW resource requirements	
Quality Assurance (QA) activity may be performed by a regulator (e.g. GMC has QA responsibility for Postgraduate medical training), but where HEIW is responsible for QA this can take the form of periodic checks to make sure the programme delivers the required outcome through, audit and evaluation of programmes and implementing best practice	Quality Assurance (QA)	HEIW	HEI	HEIW Lead(s)	HEIW Support
	Annual accountability review with partners to assure placement funding is delivering desired outputs and value for money	√	√	CPL	CPF, CPDA, CPA
	Joint GPhC accreditation reviews between HEIW and HEIs	√	√	CPL	CPF, CPA
Quality Improvement (QI) activity must take place continuously throughout the Quality Framework and needs to identify what matters the most, identify teams to drive improvement through well-	Quality Improvement (QI)	HEIW	HEI	HEIW Lead(s)	HEIW Support
	Outputs of annual review will consider opportunities to test and implement new solutions to improve placement experience	√	√	CPL	CPL, CPDA, CPA

established methodologies, test and implement new solutions and then provide the impetus for scaling these projects up for maximum benefit.	Link with HEIW placement reference group	√	√	CPL	CPL, CPDA, CPA
HEIW Quality Framework descriptor				HEIW resource requirements	
Quality Control (QC) activity takes place at the individual or micro level but is often overlooked and an important part of the quality framework. Quality Control activity will include PADRs, Appraisal for Trainers or Teachers, Team Appraisal and measures of performance	Quality Control (QC)	HEIW	HEI	HEIW Lead(s)	HEIW Support
	Annual approval of host organisations	√	x	CPL & CPF	CPDA, CPA
	Annual training if required	√	x	CPF	CPA
	Activities undertaken by HEI and Host Organisation with feedback into annual approval process and training needs analysis	√	√	CPL	CPF, CPA

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11.15 Financial Comparison – Option 2.5 and Option 3

Following further discussions with Executive and Finance team members, we have revised costing used in our Preferred Option 3 as follows:

- Travel expenses reduced from 100% of placements to 60% of placements – remains at £10
- Cost of overnight accommodation reduced from £70 to £65 – remains at 45%
- Reduction in Clinical Placement Facilitators from 7 WTE to 3 WTE

	OPTION 2.5						OPTION 3					
Funded Undergraduate Clinical Placements	Apr 22 - Mar 23	Apr 23 - Mar 24	Apr 24 - Mar 25	Apr 25 - Mar 26	Apr 26 - Mar 27	TOTAL	Apr 22 - Mar 23	Apr 23 - Mar 24	Apr 24 - Mar 25	Apr 25 - Mar 26	Apr 26 - Mar 27	TOTAL
Cardiff Placements (day)	£2,496	£5,592	£8,122	£8,720	£9,150		£2,496	£5,592	£8,122	£8,720	£9,150	
Swansea Placements (day)	£0	£1,080	£3,430	£5,230	£5,990		£0	£1,080	£3,430	£5,230	£5,990	
Total (day)	£2,496	£6,672	£11,552	£13,950	£15,140		£2,496	£6,672	£11,552	£13,950	£15,140	
Total cost	£299,520	£800,640	£1,386,240	£1,674,000	£1,816,800	£5,977,200	£299,520	£800,640	£1,386,240	£1,674,000	£1,816,800	£5,977,200
Student Expenses												
Travel costs	£14,976	£40,032	£69,312	£83,700	£90,840		£24,960	£66,720	£115,520	£139,500	£151,400	
Overnight	£73,008	£195,156	£337,896	£408,038	£442,845		£78,624	£210,168	£363,888	£439,425	£476,910	
Total cost	£87,984	£235,188	£407,208	£491,738	£533,685	£1,755,803	£103,584	£276,888	£479,408	£578,925	£628,310	£2,067,115
Staffing												
Pharmacy Clinical Placements Lead	£35,160	£62,082	£63,945	£65,863	£67,839		£35,160	£62,082	£63,945	£65,863	£67,839	
Clinical Placement Facilitators	£30,148	£111,885	£140,851	£192,071	£197,641		£239,251	£422,441	£435,114	£448,168	£461,613	
Clinical Placement Data Analyst	£0	£36,035	£37,116	£38,229	£39,376		£0	£36,035	£37,116	£38,229	£39,376	
Clinical Placement Administrators	£18,198	£34,410	£35,443	£36,506	£37,601		£18,198	£34,410	£35,443	£36,506	£37,601	
Digital Developer	£34,179	£60,350	£31,080	£0	£0		£34,179	£60,350	£31,080	£0	£0	
Finance resource	£20,408	£34,985	£36,035	£37,116	£38,229		£20,408	£34,985	£36,035	£37,116	£38,229	
Total cost	£138,093	£339,747	£344,469	£369,785	£380,686	£1,572,779	£347,195	£650,303	£638,732	£625,881	£644,658	£2,906,769
Digital (Placement Management Solution)												
Platform procurement/build	£0	£100,000	£0	£0	£0		£0	£100,000	£0	£0	£0	
Platform on-going costs	£0	£0	£15,000	£15,000	£15,000		£0	£0	£15,000	£15,000	£15,000	
Total cost	£0	£100,000	£15,000	£15,000	£15,000	£145,000	£0	£100,000	£15,000	£15,000	£15,000	£145,000
Quality Control (Training Costs)												
Training and site preparations	£67,500	£67,500	£0	£0	£0		£67,500	£67,500	£0	£0	£0	
Total cost	£67,500	£67,500	£0	£0	£0	£135,000	£67,500	£67,500	£0	£0	£0	£135,000
Evaluation Costs												
Total Cost	£17,000	£17,000	£17,000	£17,000	£17,000	£85,000	£17,000	£17,000	£17,000	£17,000	£17,000	£85,000
GRAND TOTAL	£610,097	£1,560,075	£2,169,917	£2,567,522	£2,763,171	£9,670,781	£834,799	£1,912,331	£2,536,380	£2,910,806	£3,121,768	£11,316,084

11.16 Supporting documents

Stakeholder engagement – Advice and Comments

Supporting Info



BC Stakeholder
Engagement.pdf



Pharmacy Funded Undergraduate Clinical Placements Business Case

Stakeholder engagement

Advice and Comment

External:

IETP Stakeholder Advisory Group:

Representatives of: GPhC, Cardiff School of Pharmacy and Pharmaceutical Science, British Pharmaceutical Students Association (BPSA), Royal Pharmaceutical Society (RPS), Company Chemists Association (CCA), National Pharmacy Association (NPA), Chief Pharmacist Group (CPG), Community Pharmacy Wales (CPW), Swansea School of Pharmacy, Lay, GP (RCGP). Pharmacy Delivering a Healthier Wales board (PDaHW)

Wales Community Pharmacy Workforce Forum

Chief Pharmacist Group

Representatives of Cardiff School of Pharmacy and Pharmaceutical Sciences

Representatives of Swansea School of Pharmacy

Independent expert:

Financial: Steve Webster: Previously DoF Cym Taf Morgannwg University Health Board

Academic: Professor Ceri Phillips Vice Chair Cardiff and Vale Health Board

Internal Review:

IETP Implementation Board: Professor Push Mangat, Rhiannon Beckett, Nicola Johnson and Jane Powell- Planning

HEIW Executive Team

HEIW Programme and Planning Group

Chris Payne: HEIW Deputy Director Strategic Finance and Corporate Services

Martin Riley: HEIW Deputy Director Education, Commission and Quality

Sian Richards: HEIW Director of Digital Development



GIG
CYMRU
NHS
WALES

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

Dyddiad y Cyfarfod	26 Mai 2022	Eitem Agenda	3.4
Teitl yr Adroddiad	Cynllun Adnoddau AaGIC 2022-23		
Awdur yr Adroddiad	Joe Draper-Orr, Pennaeth Adnoddau		
Noddwr yr Adroddiad	Rhiannon Beckett, Pennaeth Cyllid Dros Dro		
Cyflwynir gan	Rhiannon Beckett, Pennaeth Cyllid Dros Dro		
Rhyddid Gwybodaeth	Agor		
Pwrpas yr Adroddiad	Nodi'r dull a ddefnyddiwyd i sefydlu cyllidebau 2022-23 i'w dirprwyo i ddeiliaid cyllidebau, yn unol â'r Cynllun Tymor Canolig Integredig y cytunwyd arno gan Fwrdd AaGIC a'i gyflwyno i Lywodraeth Cymru.		
Materion Allweddol	Mae gan AaGIC ddyletswydd statudol i fantoli'r gyllideb ar ddiwedd y flwyddyn. Er mwyn sicrhau bod y ddyletswydd hon yn cael ei chyflawni, mae'n bwysig sefydlu cyllidebau dirprwyedig sy'n darparu adnoddau digonol ar gyfer gweithgareddau i gefnogi nodau ac amcanion y sefydliad; a'u bod yn cael eu deall a'u cytuno gan Ddeiliaid Cyllidebau. Mae'n ddyletswydd llywodraethu ariannol allweddol i sicrhau bod gwariant yn cael ei fonitro fel mater o drefn yn erbyn y gyllideb a bennir drwy gydol y flwyddyn a bod gwaith craffu a champau effeithiol ac amserol yn cael eu cymryd i fynd i'r afael ag unrhyw amrywiad yn ystod y flwyddyn.		
Cam Penodol a Fynnir (✓ <i>un yn unig</i>)	Gwybodaeth	Trafodaeth	Sicrwydd
			Cymeradwyaeth ✓
Argymhelliad	Gofynnir i'r Bwrdd: <ul style="list-style-type: none"> • gytuno ar y fethodoleg i'w ddefnyddio wrth sefydlu cyllidebau dirprwyedig 2022-23 • nodi'r fframwaith ariannol fel y'i nodir yn yr IMTP • nodi'r newidiadau i'r terfyn adnoddau refeniw • nodi ac ystyried y risgiau allweddol a amlinellir. 		

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CYNLLUN ADNODDAU 2022-23

1. CYFLWYNIAD

Diben yr adroddiad yw rhoi crynodeb i Fwrdd AaGIC o'r Cynllun Adnoddau ar gyfer 2022-23 a'r cyllidebau dirprwyedig dilynol a sefydlwyd ar gyfer blwyddyn ariannol 2022-23 yn seiliedig ar y tybiaethau ariannol a nodir yng nghynllun ariannol yr IMTP ar gyfer 2022-25.

2. CEFNDIR

Roedd y dyraniad cyllid gan Lywodraeth Cymru ar gyfer 2021-22 yn seiliedig ar Gynllun Blyneddol y cytunwyd arno gan y Bwrdd.

Cafodd cyllidebau eu lanlwytho i'r cyfriflyfr ariannol ym mis Ebrill 2021, a chynhyrchwyd adroddiadau cyllideb a'u rhannu'n fisol gyda'r Tîm Gweithredol a'r Bwrdd yn manylu ar wariant yn erbyn cyllidebau. Rheolwyd y dyraniad adnoddau a'r sefyllfa a gofnodwyd ar gyfer 2021-22 drwy gydweithio â Llywodraeth Cymru i sicrhau y gellid rhoi gwybod am sefyllfa adennill costau ar ddiwedd y flwyddyn.

Yn ystod chwarter olaf 2021-22, drafftiodd AaGIC Gynllun Tymor Canolig Integredig (IMTP) ar gyfer 2022-25 drwy'r Bwrdd. Mae'r IMTP wedi'i gyflwyno i Lywodraeth Cymru, a rhagwelir cymeradwyaeth. Rhan annatod o'r IMTP oedd y cynllun ariannol a ddisgrifiodd y gofyniad adnoddau ar gyfer y cylch IMTP tair blynedd.

Trwy ddeialog â Llywodraeth Cymru, defnyddiwyd y Cynllun Addysg a Hyfforddiant a'r cynllun ariannol IMTP hefyd i drafod a llywio'r dyraniad cyllid ar gyfer AaGIC ar gyfer 2022-23. Derbyniwyd hwn ar ffurf ddrafft ddechrau mis Mawrth 2022, a derbyniwyd llythyr dyrannu yn dilyn cytundeb ffurfiol gan y Gweinidog Iechyd ar ddiwedd mis Mawrth 2022. Mae'r adroddiad canlynol yn nodi'r dull a fabwysiadwyd ar gyfer pennu cyllidebau ar gyfer blwyddyn ariannol 2022-23 ac yn manylu ar y pwysau chwyddiant sydd wedi'u cynnwys yn nyraniad Llywodraeth Cymru a'r rhai nad ydynt wedi'u meintioli eto.

3. CYNLLUN ADNODDAU AaGIC 2022-23

Mae gan AaGIC ddyletswydd statudol i fantoli'r gyllideb. Mae'n bwysig felly bod cyllidebau ystyrion yn cael eu pennu sy'n adlewyrchu'r wybodaeth orau sydd ar gael o ran y gwariant a'r ymrwymadau a ragwelir a phryd y bydd y gwariant hwnnw'n digwydd drwy gydol y flwyddyn. Lle mae rheolaeth ar adnoddau wedi'i dirprwyo i ddeiliaid cyllidebau a rheolwyr, mae'n bwysig bod deiliaid cyllidebau yn gallu cytuno ar y llinellau sylfaen ariannu a bennwyd ar gyfer eu maes dirprwyo. Bydd hyn yn sicrhau bod y broses o herio a chefnogi amrywiadau mewn gwariant yn ystod y flwyddyn yn gadarn ac y bydd adrodd i'r Tîm Gweithredol a Bwrdd AaGIC yn gywir ac yn ystyrion. Bydd hyn yn sicrhau y gellir cymryd unrhyw gamau unioni sy'n ofynnol yn gyflym, gan sicrhau bod y sefydliad yn parhau'n ystwyth ac yn cyflawni ei gyfrifoldebau ariannol a'i ddyletswyddau ariannol statudol.

Cyflwynir y Cynllun Ariannol ar gyfer 2022-23 yn gryno yn y tabl isod:

Tabl 1 Cynllun Ariannol 2022-23

	2022-23
	£m
Revenue Resource Limit	-307.57
Other Income	-0.52
Total Income	-308.09
Non-Commissioning	
Executive Office	8.63
Finance & Corporate Services	1.21
Digital	3.64
Planning, Performance & Corporate Services	2.20
Medical	18.85
Nursing	3.54
Workforce	5.28
Total Non-Commissioning	43.35
Medical Commissioning	
Training Grade Allocations	60.89
Postgraduate Medical Education Allocations	4.80
GP Registrars	34.76
I&R	0.24
Pharmacy	11.75
Dental Commissioning	9.34
Relocation Expenses	1.39
Welsh Clinical Academic Training	1.63
WDTFT	0.11
Total Medical Commissioning	124.91
Healthcare Professional Commissioning	139.82
Total Costs	308.08
Net (Surplus/Deficit)	0.00

Mae Bwrdd AaGIC wedi sefydlu a chytuno ar gynllun ariannol cytbwys fel rhan o'r IMTP ar gyfer blynyddoedd ariannol 2022-25. Fodd bynnag, fel mewn blynyddoedd blaenorol, mae bwlch rhwng cyfanswm y gofyniad a dyraniad Llywodraeth Cymru sy'n ymwneud â thybiaethau a wnaed mewn perthynas ag achosion busnes a gyflwynwyd i Lywodraeth Cymru ond na chytunwyd arnynt eto a chyllid anghylchol ychwanegol y cytunwyd arno ac a ddaw i law yn ystod y flwyddyn.

Mae'r adroddiad hwn yn rhoi'r wybodaeth ddiweddaraf am y camau a gymerwyd i gydbwysu'r cynllun ariannol a defnyddio'r cyllid a ddarperir drwy gyllidebau dirprwyedig ond hefyd i gefnogi gweithgarwch datblygu strategol allweddol a nodwyd mewn meysydd sy'n wynebu gwasanaethau.

4. CYTUNO AR GYLLIDEBAU GWAELODLIN AR GYFER 23022-23

4.1 Cyllidebau Comisiynu

Sefydlodd y llythyr dyrannu gan Lywodraeth Cymru y llinell sylfaen reolaidd graidd AaGIC ar gyfer 2022-23, sef £304.246m. O fewn y gwerth hwn mae £271.920m yn ymwneud â chyllidebau comisiynu sy'n cwmpasu cyflogau graddau hyfforddi meddygon dan hyfforddiant, y rhaglen hyfforddi meddygon teulu, addysg fferylliaeth cyn cofrestru, hyfforddiant sylfaen deintyddol ac addysg Gofal Iechyd Proffesiynol. Cytunwyd ar y gwerthoedd a'r cynnydd penodol o ganlyniad i'r Cynllun Addysg a Hyfforddiant cymeradwy ar gyfer pob rhaglen gyda Llywodraeth Cymru ac fe'u sefydlwyd i ddechrau ar y gwerthoedd hyn o fewn templedi pennu'r gyllideb.

Mae'r dyraniad sy'n weddill gan Lywodraeth Cymru yn ariannu cyllidebau sefydlu a chostau rhedeg AaGIC a chostau rhaglenni ar gyfer y timau Meddygol, Gofal Iechyd Proffesiynol a Fferylliaeth.

4.2 Cyllidebau Cyflog

Cyfrifwyd cyllidebau cyflog yn seiliedig ar fanylion cyflog gwirioneddol a graddfeydd cyflog ar gyfer staff presennol, gan adlewyrchu'r newid cynyddrannol hysbys yn 2022-23. Mae effaith dyfarniad cyflog y GIG ar gyfer 2021-22 yn ogystal â dyfarniadau cyflog y cytunwyd arnynt ar gyfer y staff hynny sy'n aros ar delerau ac amodau Prifysgol Caerdydd ar gyfer 2021-22 hefyd wedi'u cynnwys.

Nid yw gwerth unrhyw ddyfarniad cyflog ar gyfer blwyddyn ariannol 2022-23 yn hysbys, er bod Llywodraeth Cymru wedi darparu cyllid sy'n cael ei gadw wrth gefn ar hyn o bryd sy'n cyfateb i 2.8% o'r costau cyflog cyffredinol ar gyfer 2022-23.

Mae Llywodraeth Cymru wedi nodi y byddant yn parhau i ddarparu cyllid ar gyfer unrhyw ddyfarniadau cyflog y cytunwyd arnynt uwchlaw'r cyllid a ddarperir yn y dyfodol.

Mae swyddi gwag o fewn y strwythur wedi'u hadolygu a'u cytuno gan y Tîm Gweithredol ac maent wedi'u costio a'u cynnwys ar ganol y raddfa gyflog berthnasol.

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4.3 Cyllidebau sydd ddim yn gyflog

Y man cychwyn ar gyfer asesu gofyniad y gyllideb ar gyfer costau nad ydynt yn ymwneud â chyflogau oedd lawrlwytho'r cyfriflyfr ym mis 6 ar gyfer 2021-22, gydag adolygiad llawn dilynol o'r gwariant rheolaidd ac anghylchol o fewn y 12 mis blaenorol. Ni chafodd cyllidebau eu lleihau ar gyfer effaith COVID 19 ar hyfforddiant wyneb yn wyneb na gwariant cynhadledd gan ragweld y bydd gweithgarwch wyneb yn wyneb yn ailddechrau yn ystod y flwyddyn. Bydd y cyllidebau hyn yn cael eu hadolygu'n barhaus i sefydlu'r lefel newydd o ofyniad am adnoddau oherwydd y model gweithio ystwyth a'r dulliau darparu lluosog ar gyfer hyfforddiant yn y dyfodol.

Mae Llywodraeth Cymru wedi darparu codiad chwyddiant o 2.8% ar gyfer cyllidebau nad ydynt yn ymwneud â chyflogau ac mae'r cyllid hwn wedi'i ddyrannu i ddeiliaid cyllidebau o fewn cyllidebau nad ydynt yn ymwneud â chyflogau.

Cynhaliwyd cyfarfodydd gyda deiliaid cyllidebau i adolygu'r gyllideb ddrafft sy'n deillio'n fanwl a gwnaed cais am adborth mewn perthynas ag unrhyw hepgoriadau neu ofynion cyllidebol ychwanegol. Cynhaliwyd adolygiad pellach ym mis Ebrill yn ystod cyfnod adrodd mis un i sicrhau nad oedd angen unrhyw newidiadau pellach i gyllidebau dirprwyedig ers cwblhau'r ymarfer pennu cyllidebau.

O ganlyniad i'r broses agos o fis un, nodwyd bod ystod o swyddi gwag wedi'u costio i gyllidebau am 12 mis llawn pan na fydd recriwtio mewn rhai achosion yn digwydd tan yn ddiweddarach yn y flwyddyn. Gan fod cyllidebau cyflog addasu untro wedi'u haddasu i'w hail-bennu i ddyddiadau recriwtio arfaethedig gwirioneddol a bod y gyllideb wedi'i throsglwyddo i'r gronfa wrth gefn gan y bernir bod hyn yn broblem wrth bennu cyllideb yn hytrach na mater perfformiad i'r Gyfarwyddiaeth ac o ganlyniad ni ddylid ei adrodd felly. Ni fwriedir addasu cyllidebau wrth symud ymlaen ar gyfer pob swydd wag oni bai bod hyn yn ofynnol fel rhan o gynllun i roi arian yn ôl i Lywodraeth Cymru er mwyn sicrhau sefyllfa o fantoli'r gyllideb ar ddiwedd y flwyddyn.

4.4 Mantoli'r Cynllun

Fel y disgrifiwyd uchod, creodd y dyraniad rheolaidd o £304.246m ddiffyg ariannol o £3.323m yn erbyn cyfanswm gofyniad gwreiddiol o £307.569m. Fodd bynnag, fel y nodir yn Nhabl 2 isod, rhagwelir y bydd £1.274m arall yn ymwneud â dyraniadau anghylchol yn ystod y flwyddyn. Mae £2.060m pellach yn gysylltiedig ag achos busnes a gyflwynwyd i Lywodraeth Cymru ar gyfer datblygu academiâu Gofal Sylfaenol a chyllid anghylchol i gefnogi NWSSP i gyflwyno trefniadau un cyflogwr arweiniol oherwydd cynnydd sylweddol yn y niferoedd. Mae'r tablau isod yn amlinellu meysydd lle nad oedd cyllid wedi'i gynnwys yn y dyraniad craidd, a'r gwerthoedd cyfatebol.

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Tabl 2 Cyllid Tybiedig

Additional Budget Setting Items	£'000
Critical Care	58
WIMAT	242
Chief Nursing Officer	193
Single cancer pathway	85
CHEF pilot	157
Depreciation adjustment	56
Digital Capability Framework for Healthcare in Wales	104
WG -Project Co-ordinator and Project Support Officer for Mental Health	87
WG - National Programme for the (AHP) Framework	293
Non-Recurrent funding Allocation Total	1,274

Yn ogystal â'r eitemau uchod lle mae cyllid wedi'i ragdybio a'i gynnwys mewn cyllidebau dirprwyedig, mae dau faes lle nad yw Llywodraeth Cymru wedi cadarnhau cyllid.

Tabl 3 Achosion Busnes

Areas of Unfunded Activity	£'000
Single Lead Employer case	260
Primary Care	1,800
Total Unfunded Activity	2,060

4.5 Datblygiadau mewn Adnoddau

Yn ystod yr ymarfer pennu cyllidebau, mae cyllidebau comisiynu wedi'u hailgyfrifo ar sail y wybodaeth orau a'r wybodaeth ddiweddaraf sydd ar gael am recriwtio ar draws rhaglenni a'r nifer sy'n manteisio ar fwrsariaeth ar ddechrau'r flwyddyn ariannol newydd. O ganlyniad i'r ail-gyfrifo, nodwyd gostyngiad o £3.727m yn y gofyniad cyllidebol. Felly, mae cyllidebau wedi'u haillosod ar lefel y gofyniad a gyfrifwyd a'r gwahaniaeth a ddyrannwyd i gronfeydd wrth gefn. Mae hyn yn rhoi cyfle i ddatblygu adnoddau yn 2022-23 ac fel rhan o'r dyraniad craidd y cytunwyd arno ar gyfer AaGIC ar gyfer 2023-24 a 2024-25.

Trafodwyd hyn yn fanwl gan y Tîm Gweithredol, yng ngoleuni'r gofynion adfer ar ôl COVID sy'n dod i'r amlwg ar gyfer cymorth gyda chynllunio'r gweithlu, atebion i'r gweithlu a datblygu'r gweithlu. Cytunwyd y dylid cefnogi'r gwaith ar academiâu Gofal Sylfaenol fel blaenoriaeth yn ogystal â'r achos busnes hyfforddi Nyrsys Deintyddol a gyflwynwyd i Lywodraeth Cymru ers cyflwyno'r Cynllun Ariannol IMTP. Hefyd, byddai gwaith pellach yn cael ei wneud yn gyflym i sefydlu'r gofynion o ran adnoddau o

gryfhau meysydd sy'n wynebu gwasanaethau i gefnogi rhaglenni cenedlaethol gan gynnwys gofal wedi'i gynllunio a diagnosteg.

Mae'r penderfyniad i ddarparu adnoddau academiâu Gofal Sylfaenol o'r dyraniad craidd presennol yn lleihau cyfanswm y gofynion o ran adnoddau o'r hyn a gynhwysir yn y cynllun ariannol £307.569m i £305.769m.

Yn ogystal â'r penderfyniad ariannu a amlinellir uchod, mae cyfanswm o £2.140m wedi'i ddyrannu i gronfeydd wrth gefn sy'n cynnwys y cyllid gweddilliol a nodir uchod a'r 2.8% a ddarparwyd gan Lywodraeth Cymru ar gyfer dyfarniadau cyflog sy'n dod i gyfanswm o £0.542m.

Roedd cyfanswm dyraniad Llywodraeth Cymru a gadarnhawyd o £304.246m ynghyd â chyfanswm y dyraniadau a ragwelir a ddangosir yn Nhabl 2 o £1.274m a'r achos busnes un cyflogwr arweiniol a gyflwynwyd ond na chytunwyd arno eto o £0.260m yn hafal i'r Terfyn Adnoddau Refeniw diwygiedig ar gyfer AaGIC o £305.769m.

Dangosir y cynllun ariannol diwygiedig yn y tabl dilynol:

Tabl 4 Cynllun Ariannol Diwygiedig 2022-23

	2022-23 £m
Revenue Resource Limit	-305.77
Other Income	-0.52
Total Income	-306.29
Non-Commissioning	
Executive Office	6.83
Finance & Corporate Services	1.21
Digital	3.64
Planning, Performance & Corporate Services	2.20
Medical	18.85
Nursing	3.54
Workforce	5.28
Total Non-Commissioning	41.55
Medical Commissioning	
Training Grade Allocations	60.89
Postgraduate Medical Education Allocations	4.80
GP Registrars	34.76
I&R	0.24
Pharmacy	11.75
Dental Commissioning	9.34
Relocation Expenses	1.39
Welsh Clinical Academic Training	1.63
WDTFT	0.11
Total Medical Commissioning	124.91
Healthcare Professional Commissioning	139.82
Total Costs	306.28
Net (Surplus/Deficit)	0.00

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5 CRYNODEB O GYLLIDEBAU REFENIW DIRPRWYEDIG 2022-23

Mae'r cyllidebau a ddirprwyir i Gyfarwyddwyr i'w gweld yn fanwl yn Atodiad 1.

6 MATERION RISG ALLWEDDOL Y CYNLLUN

Wrth gyflwyno'r cyllidebau dirprwyedig arfaethedig, gwnaed nifer o dybiaethau allweddol:

- Mae'r cynllun yn tybio y bydd unrhyw bwysau cost yn ystod y flwyddyn yn cael eu rheoli mewn ffordd niwtral o ran cost.
- Er y bydd recriwtio i swyddi gwag yn y sefydliad yn mynd rhagddo, mae potensial ar gyfer tanwariant yn erbyn y cyllidebau a osodwyd oherwydd llithriant ar ddyddiadau dechrau neu'r rhai sy'n gadael yn ystod y flwyddyn.
- Bod digon o gapasiti o fewn y sefydliad i ddatblygu'r gweithgareddau datblygu fel y nodir yn yr IMTP.

7 CASGLIAD

Mae AaGIC wedi sefydlu Cynllun Adnoddau 2022-23 yn seiliedig ar IMTP 2022-25 sy'n nodi'r camau gweithredu arfaethedig i gydbwyso'r cynllun a phennu cyllidebau dirprwyedig ar gyfer Cyfarwyddwyr Gweithredol. Bydd y Cynllun Adnoddau yn alluogwr allweddol i sicrhau y gall AaGIC gyfrannu at agenda adfer ac ymateb Covid, gyda heriau'r gweithlu yn chwarae rhan hanfodol.

Er mwyn cyflawni alldro ariannol cytbwys ar ddiwedd y flwyddyn, bydd angen disgyblaeth i gynnwys costau o fewn yr adnoddau sydd ar gael ond hefyd recriwtio llwyddiannus i sicrhau bod gan y sefydliad y gallu i gyflawni'r amcanion y cytunwyd arnynt.

Mae'n bwysig nad yw deiliaid cyllidebau ond yn ymrwymo adnoddau lle mae cyllid ar gael ac yn cymryd camau adferol amserol pe bai gorwariant yn dod i'r amlwg yn ystod y flwyddyn.

Er mwyn sicrhau sefyllfa gytbwys ar ddiwedd y flwyddyn, bydd angen rheolaeth gyllidebol effeithiol a disgybledig. Bydd AaGIC hefyd yn dymuno rheoli unrhyw risgiau a manteisio i'r eithaf ar gyfleoedd sy'n dod i'r amlwg yn ystod y flwyddyn.

8 ARGYMHELLIAD

Gofynnir i'r Bwrdd :

- **gytuno** ar y fethodoleg a ddefnyddiwyd i sefydlu cyllidebau dirprwyedig 2022-23.
- **nodir** fframwaith ariannol fel y'i nodir yn yr IMTP
- **nodir** newidiadau i'r terfyn adnoddau refeniw
- **nodir** ac **ystyried** y risgiau allweddol a amlinellir.

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Llywodraethiant 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			
Nid oes unrhyw oblygiadau o ran Ansawdd, Diogelwch a Phrofiad Cleifion			
Goblygiadau Ariannol			
Nodir y goblygiadau ariannol uchod yng nghorff yr adroddiad.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Mae gan AaGIC gyfrifoldeb statudol i fantoli'r gyllideb ar ddiwedd y flwyddyn ac mae'r adroddiad yn nodi'r Cynllun Adnoddau ar gyfer 2022-23 gan gynnwys y sefyllfa gyllidebol ddirprwyedig ar gyfer Cyfarwyddwyr. Nid oes unrhyw oblygiadau o ran cydraddoldeb ac amrywiaeth yn yr adroddiad hwn.			
Goblygiadau Staffio			
Does dim goblygiadau staffio yn deillio o'r adroddiad hwn			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
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 hamcanion hirdymor.			
Hanes Adroddiad	yr	Mae'r adroddiad yn cyfeirio at ac yn diweddarau'r Cynllun Adnoddau blaenorol a rannwyd gyda Bwrdd AaGIC ym mis Mawrth 2022.	
Atodiadau		Mae Atodiad A yn cynnwys manylion y cyllidebau dirprwyedig gan y Cyfarwyddwr Gweithredol.	

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Cost Centre =E001 (HEIW Board & Support)

	Annual Budget
PAY	
20000 Chair	48,477
20100 Non-Executive Member	58,638
20200 Chief Executive	204,390
20400 Other Board level Director	120,086
20600 Senior Manager (above Band 9)	192,774
2K141 Admin & Clerical Band 4	28,106
2K151 Admin & Clerical Band 5	73,966
2K161 Admin & Clerical Band 6	35,799
2K171 Admin & Clerical Band 7	103,698
2K902 Apprentice - Admin & Clerical	17,966
TOTAL PAY	883,900
NON PAY	
32200 External Contracts : Catering	1,682
33340 Mobile Phones	374
33610 Travel & Subsistence	14,681
34200 Training Expenses	10,487
34270 Room Hire	1,464
37480 Translation Costs	200,000
TOTAL NON PAY	228,688
GRAND TOTAL	1,112,588

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Cost Centre =E004 (HEIW CEO & Support)

	Annual Budget
PAY	
20300 Executive Director	629,103
20691 Senior Manager Band 9	119,952
2K141 Admin & Clerical Band 4	30,835
2K151 Admin & Clerical Band 5	62,278
2K161 Admin & Clerical Band 6	49,143
TOTAL PAY	891,311
NON PAY	
33340 Mobile Phones	715
33610 Travel & Subsistence	5,244
34200 Training Expenses	3,146
34400 Legal/Prof Fees	55,060
36700 Audit Fees : Statutory	167,173
37910 General Reserves	6,447,071
38330 SLA : Velindre	63,441
38351 SLA : Cardiff And Vale University	14,392
TOTAL NON PAY	6,756,242
GRAND TOTAL	7,647,553

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Cost Centre =FDZZ (Digital Directorate)

	Annual Budget
PAY	
20682 Senior Manager Band 8B	200,658
2K141 Admin & Clerical Band 4	65,862
2K151 Admin & Clerical Band 5	337,476
2K161 Admin & Clerical Band 6	532,802
2K171 Admin & Clerical Band 7	675,933
2K181 Admin & Clerical Band 8A	198,386
TOTAL PAY	2,011,117
NON PAY	
32200 External Contracts : Catering	311
33020 Books, Journals & Subscriptions	2,674
33300 Telephone Installation	39,950
33320 Telephone Call Charges	7,656
33610 Travel & Subsistence	17,437
34220 Conferences And Seminars	311
35300 Contract : Photocopying Rental & C	11,984
35540 Computer Hardware Purchases	6,230
35550 Computer Software/License Fees	635,645
35560 Computer Network Costs	71,940
36500 External Consultancy Fees	41,500
38380 NWIS/NWSSP Disburs't to other NHS	745,708
TOTAL NON PAY	1,581,346
GRAND TOTAL	3,592,463

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Cost Centre =FIZZ (Finance Directorate)

	Annual Budget
PAY	
20683 Senior Manager Band 8C	162,308
20684 Senior Manager Band 8D	99,834
2K131 Admin & Clerical Band 3	99,270
2K141 Admin & Clerical Band 4	18,544
2K151 Admin & Clerical Band 5	171,998
2K161 Admin & Clerical Band 6	90,137
2K171 Admin & Clerical Band 7	386,472
2K182 Admin & Clerical Band 8B	69,511
2K902 Apprentice - Admin & Clerical	83,636
TOTAL PAY	1,181,710
NON PAY	
32220 External Contracts : Window Cleani	4,801
32510 Cleaning Materials	6,168
32810 Other General Supplies & Services	1,246
33010 Stationery	6,168
33020 Books, Journals & Subscriptions	1,049
33200 Postage & Carriage	5,860
33210 Packing & Storage	103
33340 Mobile Phones	617
33610 Travel & Subsistence	8,368
34400 Legal/Prof Fees	925
34410 Net Bank Charges	6,790
35000 Electricity	93,382
35010 Gas	49,025
35020 Water	9,458
35200 Rates	137,763
35220 Premises Lease Rent	363,298
35310 Contract : Refuse & Clinical Waste	4,217
35320 Contract : Hygiene & Sanitary	40,851
35330 Contract : Pest Control	2,636
35370 Contract : Premises Security	19,074
35550 Computer Software/License Fees	159
35590 Health & Safety Costs	8,018
35840 Minor Works	150,092
35910 Building Contracts	43,904
35920 Buildings Insurance	2,032
36010 Depreciation On Owned/Leased (DEL)	576,442
36500 External Consultancy Fees	10,066
38330 SLA : Velindre	81,253
TOTAL NON PAY	1,633,765
GRAND TOTAL	2,815,475



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Cost Centre =FPZZ (Planning, Performance & Corporate Services)

	Annual Budget
PAY	
20683 Senior Manager Band 8C	83,619
2K131 Admin & Clerical Band 3	17,881
2K141 Admin & Clerical Band 4	20,559
2K151 Admin & Clerical Band 5	31,836
2K161 Admin & Clerical Band 6	40,445
2K171 Admin & Clerical Band 7	169,354
2K181 Admin & Clerical Band 8A	61,312
2K182 Admin & Clerical Band 8B	111,983
TOTAL PAY	536,989
NON PAY	
33610 Travel & Subsistence	2,100
34220 Conferences And Seminars	2,456
35550 Computer Software/License Fees	25,729
TOTAL NON PAY	30,285
GRAND TOTAL	567,274

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Cost Centre =MZZ (Medical Director)

	Annual Budget
INCOME	
04300-Pos 04620 Course Fee Income (Ed & Tr)	- 6,292
04620-Col 06000 Inc Gen - Training	- 509,455
TOTAL INCOME	- 515,747
PAY	
20691 Senior Manager Band 9	119,952
21000 Consultant (M&D)	1,282,558
22250 Specialist Dental Officer	893,480
25300 G.P.Sessions / Staff Fund	3,077,039
2E471 Pharmacist Band 7	264,603
2E481 Pharmacist Band 8A	766,989
2E483 Pharmacist Band 8C	96,834
2E484 Pharmacist Band 8D	115,619
2F351 Pharmacy Technician Band 5	20,000
2F361 Pharmacy Technician Band 6	181,932
2F371 Pharmacy Technician Band 7	64,095
2G346 Dental Surgery Assistant Band 6	131,654
2K121 Admin & Clerical Band 2	22,874
2K131 Admin & Clerical Band 3	697,346
2K141 Admin & Clerical Band 4	887,744
2K151 Admin & Clerical Band 5	576,115
2K161 Admin & Clerical Band 6	704,884
2K171 Admin & Clerical Band 7	547,778
2K181 Admin & Clerical Band 8A	199,856
2K183 Admin & Clerical Band 8C	83,619
2K902 Apprentice - Admin & Clerical	53,898
TOTAL PAY	10,788,869
NON PAY	
30210 M&SE : Disposable	52,433
30290 Contractual Clinical Services	306,084
30500 M&SE Maintenance / Repairs & Compo	18,845
32200 External Contracts : Catering	66,616
33000 Printing Costs	19,326
33010 Stationery	1,501
33020 Books, Journals & Subscriptions	32,113
33200 Postage & Carriage	1,038
33210 Packing & Storage	2,087
33340 Mobile Phones	2,964

33500 Advertising & Staff Recruitment	8,374
33610 Travel & Subsistence	319,883
33650 Training Travel & Subsistence	400,784
34050 Taxi & Other Vehicle Hire	732
34200 Training Expenses	1,002,426
34220 Conferences And Seminars	225,495
34230 ALS Courses / Training	176,038
34250 Lecture Fees	227,888
34400 Legal/Prof Fees	3,115
35550 Computer Software/License Fees	546,148
37710 Recharge : Miscellaneous	18,890
38350 SLA : Other NHS Organisations	365,964
38400 HEIW E&T Contracts with Universiti	1,772,389
38405 HEIW E&T with HBs & Trusts	77,821,968
38410 HEIW E&T Student Salary Reimburse	42,368,529
38415 HEIW Non-Commissioned Salary Reimb	2,952,978
38420 HEIW E&T Student Bursary Reimburse	370,000
38450 HEIW E&T Student Training Expenses	2,018,400
51750 Locums	70,433
55200 GP payments - other non clinical	1,781,308
TOTAL NON PAY	132,954,749
GRAND TOTAL	143,227,871

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Cost Centre =NZZ (Nursing Director)

	Annual Budget
PAY	
20681 Senior Manager Band 8A	43,136
20683 Senior Manager Band 8C	83,619
20684 Senior Manager Band 8D	204,209
2A281 Nurse Manager Band 8A	165,531
2A282 Nurse Manager Band 8B	152,198
2A283 Nurse Manager Band 8C	180,453
2A471 Registered Nurse Band 7	50,400
2C282 Dietician Band 8B	69,511
2C382 Occupational Therapist Band 8B	134,267
2C383 Occupational Therapist Band 8C	76,234
2J161 Optometrist Band 6	8,482
2J171 Optometrist Band 7	11,843
2J181 Optometrist Band 8A	61,558
2J183 Optometrist Band 8C	97,291
2K131 Admin & Clerical Band 3	178,067
2K141 Admin & Clerical Band 4	108,886
2K151 Admin & Clerical Band 5	159,491
2K161 Admin & Clerical Band 6	101,151
2K171 Admin & Clerical Band 7	320,843
2K181 Admin & Clerical Band 8A	785,687
2K182 Admin & Clerical Band 8B	208,533
2K900 Agency - Admin & Clerical	3,805
TOTAL PAY	3,205,195
NON PAY	
33340 Mobile Phones	2,056
33610 Travel & Subsistence	19,255
33650 Training Travel & Subsistence	3,763,137
34200 Training Expenses	541,144
36500 External Consultancy Fees	1,306
38400 HEIW E&T Contracts with Universiti	79,539,842
38405 HEIW E&T with HBs & Trusts	4,588,852
38410 HEIW E&T Student Salary Reimbursem	22,439,708
38415 HEIW Non-Commissioned Salary Reimb	52,716
38420 HEIW E&T Student Bursary Reimburse	28,415,770
38430 HEIW E&T Student Disability Paymen	750,000
38450 HEIW E&T Student Training Expenses	15,000

TOTAL NON PAY

140,128,786

GRAND TOTAL

143,333,981

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Cost Centre =WZZ (Workforce & OD))

	Annual Budget
PAY	
20682 Senior Manager Band 8B	69,511
20683 Senior Manager Band 8C	83,619
20684 Senior Manager Band 8D	231,238
23100 Specialty Registrar (M&D)	167,949
2E471 Pharmacist Band 7	29,787
2E481 Pharmacist Band 8A	24,502
2J171 Optometrist Band 7	29,787
2J181 Optometrist Band 8A	24,502
2K121 Admin & Clerical Band 2	20,880
2K131 Admin & Clerical Band 3	128,447
2K141 Admin & Clerical Band 4	195,054
2K151 Admin & Clerical Band 5	210,281
2K161 Admin & Clerical Band 6	804,031
2K171 Admin & Clerical Band 7	639,943
2K181 Admin & Clerical Band 8A	551,353
2K182 Admin & Clerical Band 8B	289,820
2K183 Admin & Clerical Band 8C	96,834
TOTAL PAY	3,597,538
NON PAY	
32200 External Contracts : Catering	1,909
33000 Printing Costs	2,049
33050 Design Costs	60,000
33200 Postage & Carriage	1,000
33210 Packing & Storage	2,880
33340 Mobile Phones	1,512
33500 Advertising & Staff Recruitment	334,245
33610 Travel & Subsistence	22,874
34200 Training Expenses	498,682
34220 Conferences And Seminars	235,496
34270 Room Hire	281
34400 Legal/Prof Fees	22,570
35510 Office Equipment & Materials : Pur	105
35550 Computer Software/License Fees	167,055
36500 External Consultancy Fees	286,959
37450 Photographic Materials	720
38330 SLA : Velindre	17,128
38351 SLA : Cardiff And Vale University	18,352
TOTAL NON PAY	1,673,817
GRAND TOTAL	5,271,355



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Dyddiad y Cyfarfod	27 Mai 2022	Eitem Agenda	
Teitl yr Adroddiad	Adroddiad Perfformiad Integredig Diwedd Blwyddyn AaGIC 2021/22		
Awdur yr Adroddiad	Jane Powell, Partner Busnes Cynllunio a Justine Cooper, Rheolwr Perfformiad		
Noddwr yr Adroddiad	Marie-Claire Griffiths, Cyfarwyddwr Cynorthwyol Cynllunio		
Cyflwynir gan	Julie Rogers, Cyfarwyddwr y Gweithlu / OD/ Cyfarwyddwr Dros Dro Cynllunio a Pherfformiad / Dirprwy Brif Swyddog Gweithredol		
Rhyddid Gwybodaeth	Agor		
Pwrpas yr Adroddiad	Darparu'r diweddariad chwarterol ar berfformiad AaGIC ar gyfer Chwarter 4 (C4) a diwedd blwyddyn 2021/22.		
Materion Allweddol	<p>Yn unol â'r broses gynllunio chwarterol fel y cytunwyd yn y Fframwaith Perfformiad, mae'r adroddiad hwn a'r atodiadau yn crynhoi perfformiad chwarterol yn erbyn bwriadau Cynllun Blyneddol 2021/22 a mesurau perfformiad allweddol..</p> <p>Yn gyffredinol, mae sicrwydd bod AaGIC wedi gwneud cynnydd da o ran cyflawni ein 59 o Amcanion Strategol (gan gynnwys is-amcanion) ar draws ein 6 Nod Strategol a pherfformio'n effeithiol yn ystod y cyfnod a gwmpesir gan yr adroddiad hwn. Mae un Amcan wedi'i raddio'n Goch (oddi ar y trywydd iawn ac ni fydd yn gwella yn ystod y flwyddyn) sy'n ymwneud â datblygu'r cymorth ôl-gofrestru, llwybrau addysg a hyfforddiant i wella'r broses o drosglwyddo gweithwyr gofal iechyd proffesiynol o addysg i'r gweithlu. Mae cyfyngiadau o ran capasiti wedi effeithio ar y ddarpariaeth ond mae gwaith bellach yn cael ei ymgorffori drwy'r fframwaith addysg amlbroffesiynol a lleoliadau clinigol.</p> <p>Yn ystod y flwyddyn, caewyd pedwar amcan strategol.</p> <p>Mae'r adroddiad hefyd yn manylu ar nifer sylweddol o gyflawniadau yn ystod y cyfnod.</p>		
Cam Penodol a Fynnir	Gwybodaeth	Trafodaeth	Sicrwydd
(✓un yn unig)			✓
Argymhelliad	<p>Gofynnir i aelodau:</p> <ul style="list-style-type: none"> Nodi cynnwys yr adroddiad hwn ac atodiadau er sicrwydd. 		

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ADRODDIAD PERFFORMIAD INTEGREDIG DIWEDD BLWYDDYN AAGIC 2021/22

1. CYFLWYNIAD

Mae'r papur hwn ac Atodiad 1 yn rhoi'r wybodaeth ddiweddaraf i'r Bwrdd am berfformiad ar ddiwedd y flwyddyn 2021/22 (Chwarter 4) yn unol ag amserlenni adrodd y Fframwaith Perfformiad.

2. TROSOLWG PERFFORMIAD

Mae AaGIC wedi gwneud cynnydd da o ran cyflawni'r 59 o Amcanion Strategol yng Nghynllun Blyneddol 2021/22 ac wedi perfformio'n effeithiol yn ystod y cyfnod a gwmpesir gan yr adroddiad hwn. Yn ogystal â chyflawni ein cynlluniau strategol a'n gweithgareddau busnes fel arfer, gwnaethom barhau i gefnogi Llywodraeth Cymru a phartneriaid y GIG mewn ymateb i COVID-19 drwy ailosod ac adfer.

Mae'r Adroddiad Perfformiad Integredig Diwedd Blwyddyn yn rhoi manylion am ein cyflawniadau a'n cynnydd a dadansoddiad manwl pellach yn erbyn mesurau perfformiad yn Atodiad 2. Ar ddiwedd y cyfnod, mae un Rheol Sefydlog wedi'i graddio gan Uwch Swyddogion Cyfrifol (SROs) ac Arweinwyr Gweithredol fel statws Coch ac mae'r cynlluniau i gyflawni hyn bellach wedi'u diwygio.

RAG	Amcan	Rheswm ag Eglurhad Iliniarol
▶	Amcan 4.6: Datblygu'r llwybrau cymorth, addysg a hyfforddiant ôl-gofrestru i wella'r broses o drosglwyddo gweithwyr gofal iechyd proffesiynol o addysg i'r gweithlu.	<ul style="list-style-type: none"> Ni chyflawnir y pethau y gellir eu cyflawni erbyn diwedd y flwyddyn yn ôl y bwriad oherwydd capasiti'r SRO ond mae cynnydd bellach wedi dechrau cael ei wneud. Mae cynllun ar waith ar gyfer 2022/23 i ymgorffori'r gwaith hwn fel busnes fel arfer gydag elfennau'n cael eu datblygu drwy'r fframwaith addysg amlbroffesiynol a lleoliadau clinigol.

Er nad oedd yn effeithio ar berfformiad cyffredinol, bu nifer o faterion perfformiad a oedd yn gofyn am sylw a chefnogaeth y Bwrdd Gweithredol yn ystod y flwyddyn;

- Gweithio gyda Phartneriaeth Cydwasaethau GIG Cymru i reoli materion trosiannol sy'n gysylltiedig â gweithredu trefniadau Cyflogwyr Arweiniol Sengl i wella ansawdd profiad ein hyfforddeion meddygol, deintyddol a fferylliaeth.
- Parhau i fireinio'r broses symleiddio myfyrwyr ar gyfer Proffesiynau Perthynol i Iechyd a Gwyddonwyr Gofal Iechyd mewn partneriaeth â chydweithwyr yn y Bwrdd Iechyd, er mwyn sicrhau bod graddedigion yn cael eu trosglwyddo'n llwyddiannus i gyflogaeth.
- Monitro a chymorth parhaus ar gyfer safleoedd hyfforddiant meddygol ôl-raddedig mewn monitro uwch, a materion rheoli ansawdd mewn perthynas â rhaglenni penodol a gomisiynwyd gan Sefydliadau Addysg Uwch.
- Effaith hyfforddiant estynedig i feddygon teulu ar gapasiti a chostau.
- Cyfraddau llenwi ar gyfer carfannau'r Gwanwyn ar gyfer rhaglenni nyrsio sydd wedi gostwng yn ddiweddar ac sydd angen eu dadansoddi a'u harchwilio ymhellach

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3. MATERION LLYWODRAETHIANT A RISG

Darperir yr adroddiad C4 hwn ar ddiwedd blwyddyn 2021/22 i'r Bwrdd i'w sicrhau yn unol â Fframwaith Perfformiad AaGIC a, lle y bo'n berthnasol, mae wedi ymgorffori argymhellion archwilio blaenorol i wella ein hadroddiadau.

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

Mae'r adolygiadau o wasanaethau diwedd blwyddyn sy'n mynd rhagddynt ar hyn o bryd yn rhoi rhagor o ddilysu a chyfle i ddysgu.

4. GOBLYGIADAU ARIANNOL

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

5. ARGYMHELLIAD

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

Llywodraethiant 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: Gwellu 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 gwyb i weithio
	✓
	Nod Strategol 6: Cael ein cydnabod fel partner, dylanwadr ac arweinydd rhagorol.
	✓
Ansawdd, Diogelwch a Phrofiad y Claf	
D/Dd	
Goblygiadau Ariannol	
Does dim goblygiadau ariannol yn deillio o'r adroddiad hwn	
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)	
D/Dd	
Goblygiadau Staffio	
D/Dd	
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)	
D/Dd	
Hanes yr Adroddiad	Adroddiad Perfformiad Integredig Diwedd Blwyddyn 2020/21 – Bwrdd Mai 2021 Adroddiad Perfformiad Integredig C1 2021/22 – Bwrdd Medi 2021 Adroddiad Perfformiad Integredig C2 2021/22 – Bwrdd Tachwedd 2021 Adroddiad Perfformiad Integredig C3 2021/22 – Bwrdd Mawrth 2022
Atodiadau	Atodiad 1 – Adroddiad Perfformiad Integredig Diwedd Blwyddyn 21-22

	Atodiad 2 - Dangosfwrdd Perfformiad Atodiad 3 – Canllaw Cyfeirio Adroddiad Perfformiad Integredig Diwedd Blwyddyn 2021-22
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Quarterly Integrated Performance Report

End of Year 2021/22

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Annex 2: Performance Report [Reference Guide]	

To keep the performance report succinct, we have included additional context and further information in the reference guide. There is a hyperlink to the reference guide in the footer of each page and on the contents page above.

SECTION 1: END OF YEAR PERFORMANCE HIGHLIGHTS

This year has required us to respond to the urgent demands of the pandemic whilst maintaining our focus on strategic programmes of work that will deliver longer term outcomes. As an active partner in the COVID-19 response, our priority in 2021/22 was to support the wider NHS and care system, but also to support our trainees and students to continue their education, accelerate our work to support wellbeing and maintain our own business continuity.

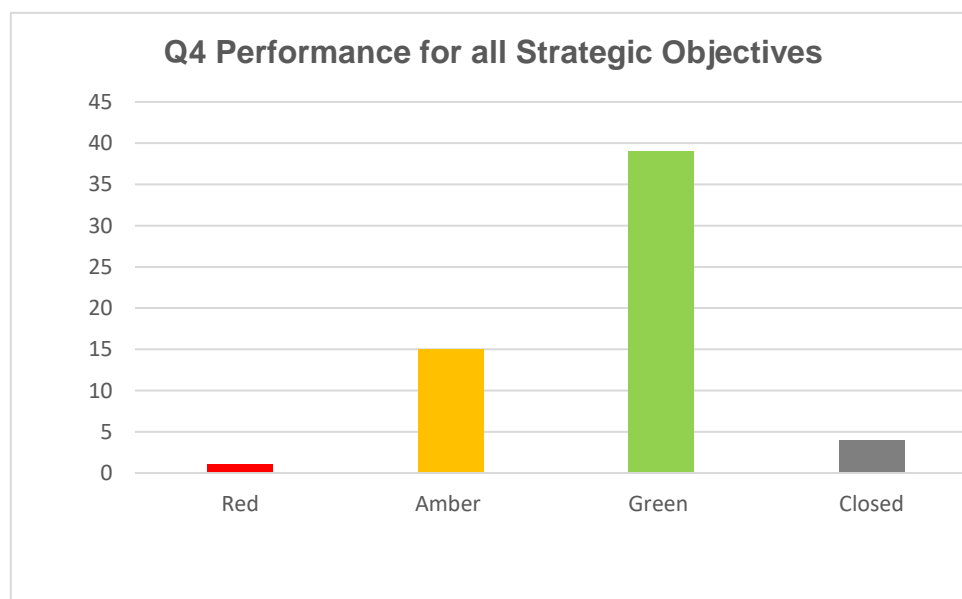
We supported the System Response and Recovery plan, refreshing our previous work to support the prudent in practice principle including staffing ratios, skill mix and delegation guidelines. Examples of this can be seen in our work on infection, prevention and control and non-registrant protocols on vaccinations. We continued the care home support package including education facilitators and developed a compendium of integrated workforce tools and case studies.

From the outset of the first wave, we rapidly moved to virtual CPD, recruitment, training, progression and quality management. Whilst there is evidence of ongoing disruption to some medical, dental and pharmacy trainees, this is less than in 2020/21, and there are no COVID-19 risks reported so far this academic year with Nursing and other Health Professional education.

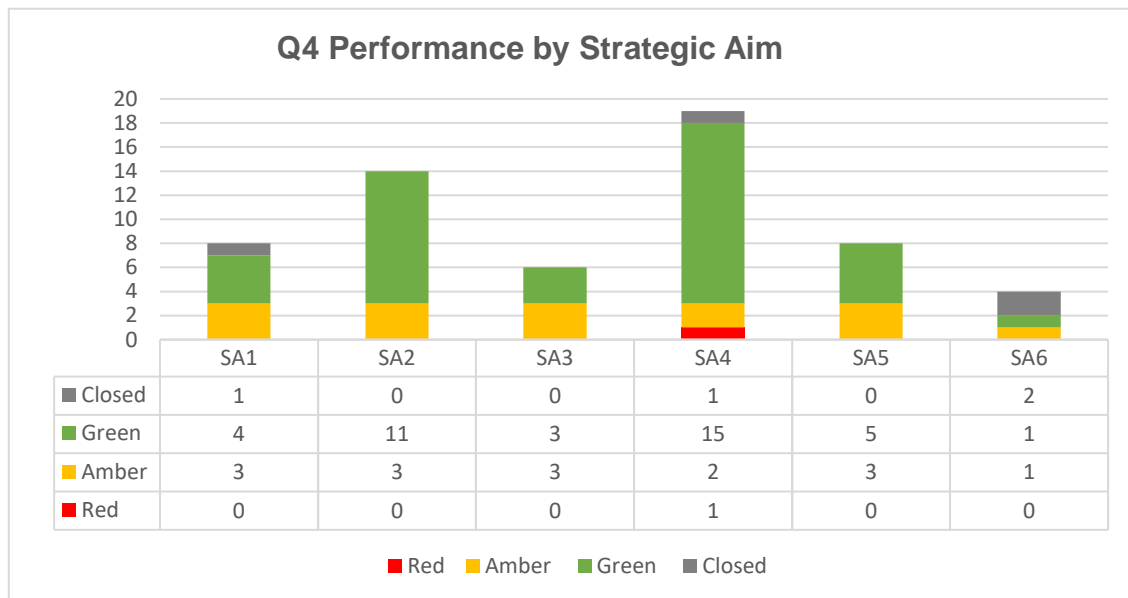
We accelerated our Wellbeing response and Leadership programme through the pandemic. We implemented a health and wellbeing framework to support physical and mental wellbeing and accelerated our work to embed compassionate and collective leadership. We invested in our Professional Support Unit to ensure support for the wellbeing of students and individual trainees including investment in psychological therapies.

Many other strategic change programmes were progressed alongside this, including a health professional, pharmacy and primary care education and training as well as the development of the mental health workforce plan. We have continued to support the workforce solutions needed in many national programmes including imaging, endoscopy and urgent and emergency care.

In our 2021/22 Annual Plan we agreed to progress 59 Strategic Objectives (including sub-objectives) across our 6 Strategic Aims. The graphs below summarise our end of year performance against our strategic objectives, demonstrating 66% of our strategic objectives successfully completed their milestones.



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Objectives Off track for delivery by end of the 2021/22

There was one Red-rated Strategic Objective at the end of Q4:

RAG	Objective	Reason & Mitigation
▶	Objective 4.6: <i>Develop the post-registration support, education and training pathways to improve the transition of health care professionals from education into the workforce.</i>	<ul style="list-style-type: none"> The deliverables will not be achieved by the end of the year as planned due to Senior Leadership capacity but progress has now started to be made. There is a plan in place for 2022/23 to embed this work as business as usual with elements being progressed through the multi-professional education framework and clinical placements.

Closed Objectives

During 2021/22 four strategic objectives were closed in year for the reasons described below:

- Objective 1.2. Lead the development of a multi-professional Continuous Professional Development (CPD) strategy** has been reprofiled to next year due to procurement delays with Y Ty Dysgu.
- Objective 4.5f. Learning Disabilities** is being taken forward by Improvement Cymru following a commission from Welsh Government to develop foundation training resources.
- Objective 6.1 Refresh and relaunch the HEIW Communications and Engagement Strategy** and **6.2 Support the development of effective communication and engagement through an organisational network analysis (ONA)** are both reprofiled to next year due to capacity issues.

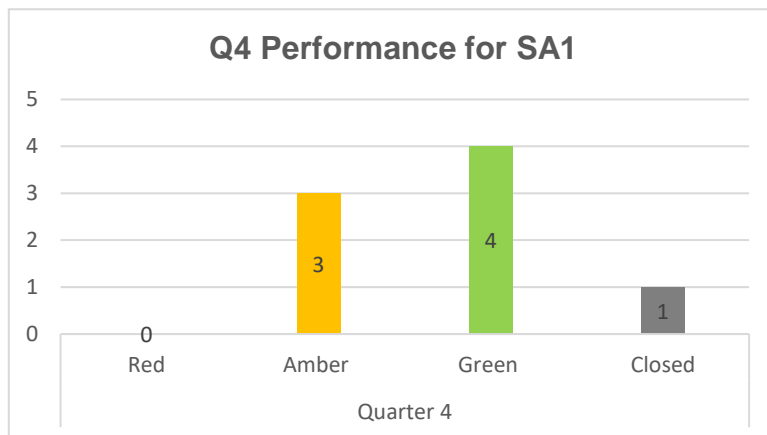
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2021/22 PERFORMANCE OVERVIEW BY STRATEGIC AIM	
Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	
<ul style="list-style-type: none"> The Workforce Strategy for Health and Social Care was recognised through a national partnership award and is embedded not just in our plans but in those of other NHS organisations. The Digital team led and completed the complex re-procurement exercise in record time for the Y Ty Dysgu learning platform which will enable further work on our CPD strategy to continue in 23/24. We developed and evaluated tools, resources and access to support wellbeing and engagement, including the first NHS Wales Health and Wellbeing Framework. Careersville our digital platform to promote NHS careers was launched formally in October 2021 We published a wide range of workforce planning resources for the NHS, with many adapted for digital delivery. 	
Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	
<ul style="list-style-type: none"> We developed the Education and Training Plan for 22/23 setting our recommendations to further grow our future workforce and this was approved by Welsh Government, with funding secured. The plan, represents an investment of over £260m, resulting in further increases and record investment in healthcare professional training in Wales. We completed the multi-million-pound procurement exercise for Phase 1 of the Strategic Review of the commissioning of health professional education. The new contracts will result in over 30,000 graduates from 2025. They will embed Compassionate Leadership, Digital literacy and a greater understanding of Welsh Culture and basic Welsh conversation into future workforce before registration. Work is underway with Coleg Cenedlaethol Cymraeg and Higher Education Institutions to increase the number of posts funded across Welsh universities in September 2022. Excellent fill rates were achieved across all commissioned programmes this year, with the only exception being recruitment rate for the Spring nursing cohort which was 76%. We have continued to make good progress on the changes set out in the Strategic Outline Case for the 5-year Initial Education and Training Standards for Pharmacy which was submitted to Welsh Government. We have developed a proposal to establish a dental nurse training programme in HEIW to respond to the shortages in this workforce. 	
Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels	
<ul style="list-style-type: none"> We successfully launched the Compassionate Leadership Principles and the Compassionate leadership book with Professor Michael West who continues to provide us with expert advice and support. We were proud that our Leadership and Succession Team were winners of UK Learning Technologies 'Team of the Year' 2021 Award. The National Talent Board was established to play a key role in identifying and supporting experiential leadership opportunities alongside executive programmes including a first programme delivered in partnership with the Kings Fund. We launched the first Graduate training scheme, successfully recruiting 22 trainees to NHS Wales. 	
Strategic Aim 4: To develop the workforce to support the delivery of safe, high quality care levels.	
<ul style="list-style-type: none"> The Multi Professional Training and Education Framework programme for Primary and Community Care is being implemented to improve Primary Care education infrastructure, standards, and delivery models. The Mental Health Workforce Plan has been completed, informed by a comprehensive consultation with over 300 responses from organisations and individuals. We continue to lead the workforce, education and training requirements of the Imaging, Pathology and Urgent and Emergency Care national programmes. 	

<ul style="list-style-type: none"> We have established an Endoscopy Education and Training Group which has progressed a number of priorities including, training pathways, the Endoscopy Assistant Practitioner role and the new Clinical Endoscopy Training Programme.
Strategic Aim 5: To be an exemplar employer and a great place to work
<ul style="list-style-type: none"> We have transitioned to a new agile working model that blends home and office-based approaches. We exceeded the 85% target statutory and mandatory training compliance for the first time since the creation of the organisation. Our Welsh Language services built on their previous years success, and we translated 5.9m words compared to 3.5m for the previous year.
Strategic Aim 6: To be recognised as an excellent partner, influencer & leader
<ul style="list-style-type: none"> In year we established a Stakeholder Reference Group with over 59 members, to help inform our plans. As part of our COVID-19 response we demonstrated exemplary partnership working with Universities and Health Boards to ensure clinical placements, rotations and student experience was maintained. We have been the first in NHS Wales to undertake a large-scale migration to Cloud technology putting in place the critical foundations to enable our Digital Strategy. We have promoted our equality and diversity agenda through our partnership with the Arts Council of Wales and Y Lab (Cardiff University & Nesta) on the Harp Seed Black Voices project and our first WomenSpire Award with Chwarae Teg won by Dr Bnar Talabani for work promoting COVID-19 vaccinations to diverse communities..

SECTION 2: PERFORMANCE AGAINST HEIW ANNUAL PLAN 2021/22

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'



Compared to Q3	
1	Closed
3	Remained Amber ►
4	Remained Green ►

HIGHLIGHTS

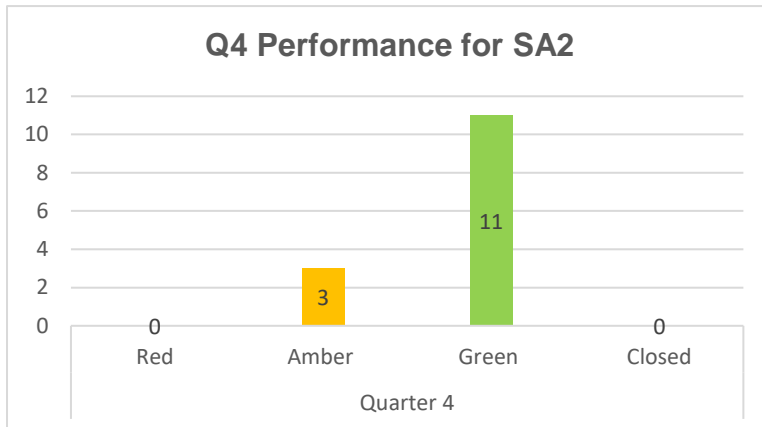
- The Workforce Strategy for Health and Social Care was recognised through a national partnership award and is embedded not just in our plans but in those of other NHS organisations.
- Careersville our digital platform to promote health and care careers and roles was launched formally in October 2021 and we have had over 16,000 page views and 42,000 individual events (these can be anything from reading a blog, to downloading a file).
- We have developed and made available a wide range of workforce planning resources, with many adapted for digital delivery and now available on HEIW website. This includes workforce planning toolkits for both secondary and primary care and the workforce planning capability matrix. The first of a series of virtual Masterclasses on workforce planning was held on Compassionate Leadership in Workforce Planning with over 120 attendees across NHS Wales.
- The completion of the procurement for the Y Ty Dysgu learning platform will enable further work on our CPD strategy to continue in 23/24.
- We launched a highly successful Pharmacy recruitment campaign using targeted digital adverts and social media to promote the benefits of coming to Wales to undertake our Trainee Pharmacy Programme, resulting in the highest fill rate in the UK for the 2022/23 intake. We have commenced the development of the first national workforce solutions plan for nursing in Wales with workforce profiling and modelling in partnership with NHS colleagues. Analysis is underway and the continuation of strategic engagement with Nurse leaders across NHS Wales.
- We developed and evaluated tools, resources and access to support which contributed to the overall improvement of our healthcare workforce's wellbeing and engagement. This included the first NHS Wales Health and Wellbeing Framework.
- Further work has been undertaken to explore existing part-time routes to registration across nursing and allied health professionals, underpinned by a work-based learning approach.
- We improved the quality of workforce data and modelling for NHS Wales by establishing a minimum dataset for workforce profiling and modelling. This has been produced to support the Mental Health Strategic Workforce Plan and to support the Nursing Strategic Workforce Plan.

CHANGES

Due to the pandemic and the need to engage with the service, the careers and widening access strategy has not been progressed and with executive agreement has been incorporated into 2022/23 plan.

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



Compared to Q3

3	Remained Amber ►
9	Remained Green ►
2	Increased to Green ▲

HIGHLIGHTS

- We completed the multi-million-pound procurement exercise for Phase 1 of the Strategic Review of the commissioning of health professional education. The new contracts will result in over 30,000 graduates for Wales from 2025, with much better access across Wales. They will embed Compassionate Leadership, Digital literacy and a greater understanding of Welsh Culture and basic Welsh conversation into future workforce before registration.
- We maintained an agile response on the delivery of training throughout COVID-19. We ensured guidance on safe face-to-face delivery of training and assessment pandemic has been updated and used across undergraduate and postgraduate settings.
- We have continued to make good progress on the changes set out in the Strategic Outline Case for the 5-year Initial Education and Training Standards for Pharmacy which was submitted to Welsh Government in July.
- Excellent work has been delivered by the Digital Capabilities Programme, culminating in delivery of the draft framework and the first version of the interactive tool. User feedback will be incorporated into phase 2 which will be delivered via the Y Ty Dysgu platform. This tool will assist the workforce in building digital capacity and competence.
- We further embedded our care home support package to ensure the quality and capacity of clinical placements across Wales. This included the introduction of the first Education Facilitators in Care Homes in Wales.
- We have developed a proposal to establish a dental nurse training programme in HEIW to respond to the shortages in this workforce.
- We have now mapped HEIW education and training programmes to the “Future Doctor” report themes and considered the educational infrastructure and associated support requirements.
- HEIW's Multi-professional Quality Framework has now been considered by the Board. The operational guidance to accompany the Framework and a single set of standards for educational and training are being finalised.
- Engagement has been held with stakeholders on the future approach for funding Postgraduate Medical Education and support for libraries and other support services.

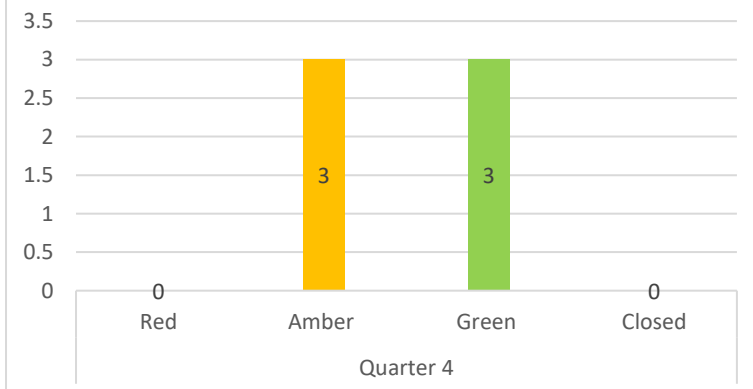
CHANGES

None to report

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Strategic Aim 3 - To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels

Q4 Performance for SA3



Compared to Q3

3	Remained Amber ►
1	Remained Green ►
2	Increased to Green ▲

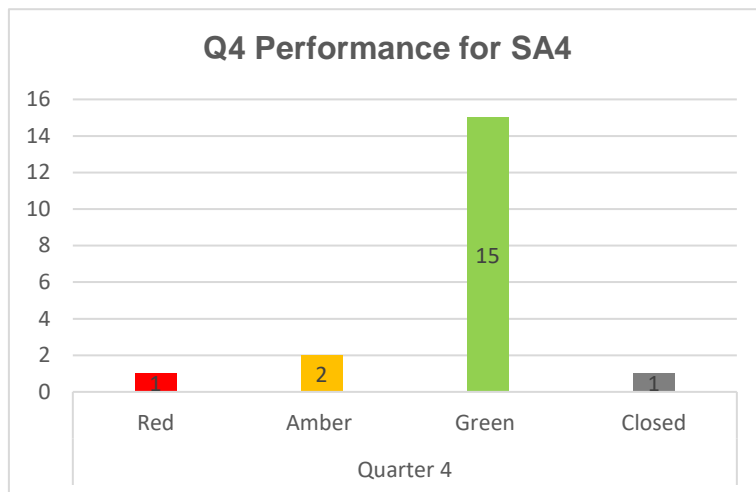
HIGHLIGHTS

- We successfully launched the Compassionate Leadership Principles and the Compassionate leadership book with Professor Michael West. We also concluded the 'Leading with compassion' the aspiring executive leadership programme which was co-designed with the NHS service and leadership 'think tank' The Kings Fund.
- We launched the first Graduate training scheme, successfully recruiting 22 trainees to NHS Wales. The group have completed four modules of their Masters Programme and a range of masterclasses and learning opportunities have been held.
- We were proud that our Leadership & Succession Team were winners of UK Learning Technologies 'Team of the Year' Award.
- The National Talent Board was established to play a key role in identifying and supporting experiential leadership opportunities alongside executive programmes.
- The National Compassionate Leadership conference was held in March using the Gwella Leadership Portal and was well attended.
- A range of clinical leadership networks on Gwella have been established. The following interactions took place in 2021/22:
 - The AHP leadership network: (181 members and 925 hits)
 - The Healthcare Science Cymru network (51 members and 709 hits)
 - AHP Dementia network for Wales (204 members and 764 hits)
 - The Senior Nurse and Midwife Network (49 members and 700 hits)
 - Florence Nightingale Digital Scholars Network (14 members and 281 hits)
 - Primary Care Cluster Community Pharmacy Leads Network (77 members and 3,007 hits)
 - Primary Care Cluster Community Optometry leads Network (35 members and 865 hits)
- We continued to enhance our Leadership Portal Gwella. This included the development of several learning pathways. Further enhancements were completed using the collection of demographic and equality data to enable access to a range of Talent Management Dashboard reporting capabilities. A significant range of bi-lingual resources have been made available on Gwella and the platform has been aligned with AA accessibility standards with further activity planned to continue improving accessibility across various elements of the site.
- We lead the development of leadership programmes and resources for clinical leaders including the Advanced Clinical Leadership Programme design and consultation. The Welsh Clinical Leadership Training Fellow (WCLTF) Framework recruitment for phase 1 was completed and phase 2 recruitment, extending the programme to other professional groups, will be completed in May 2022.

CHANGES

Due to the winter/Covid-19 service pressures and the consequent difficulties with running a national Staff Survey before March 2022, an agreement was reached with NHS colleagues and the Welsh Partnership Forum to delay the national survey until the 2022/23 financial year. Work has however progressed internally to determine the survey questions and the software tender.

Strategic Aim 4 - To develop the workforce to support the delivery of safe, high quality care levels



Compared to Q3	
1	Remained Closed ►
1	Remained Red ►
1	Reduced to Amber ▼
1	Remained Amber ►
8	Remained Green ►
7	Increased Green ▲

HIGHLIGHTS

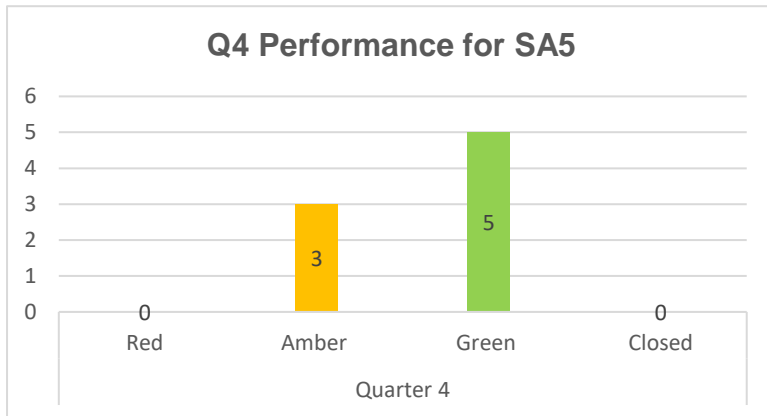
- In 2021/22 the Multi Professional Training and Education Framework programme for Primary and Community Care was established and progressed its work programme to implement Primary Care education infrastructure, standards and delivery models in partnership with local academies.
- A comprehensive programme of work has been undertaken to complete the Mental Health Workforce Plan with Social Care Wales supported by a consultation process with over 300 plus responses
- During 2021/22 we supported the NHS Wales Collaborative strategic work programmes. The workforce planning undertaken for the Imaging programme has shaped our workforce planning methodology and is being adapted as a further resource to support workforce planning across NHS Wales.
- We have driven the education and training elements of the National Endoscopy Programme which has included the development of the Endoscopy Assistant Practitioner role and the new Clinical Endoscopy Training Programme. 7 out of the 11 Clinical Endoscopy trainees in the first two cohorts completed their courses and issues around the availability of training lists have been escalated, with the immediate issues resolved.
- In partnership with the Critical Care Network we have developed a compendium of workforce roles in Critical Care, delivered a workforce planning event and collaborated with Health Education England on critical care education with 74 places out of the initial cohort of 100 filled.
- We led the Workforce National Enabling Group under Urgent and Emergency Care Programme which developed a number of resources including an Urgent Care Practitioner Competency Framework and the workforce model for Advanced Paramedic Practitioners.
- We have delivered a range of supportive interventions to prepare Health Boards for the confirmed 2nd Duty of the Nurse Staffing Act extending to Paediatric inpatient wards.
- We ensured the implementation of regulatory standards to support student supervision and assessment across Wales through the first cohort of our Practice Education Facilitators. They also supported the implementation of the Future Nurse programmes across Wales.
- We built on our previous years successful Nursing and Midwifery Council approvals of all pre-registration nursing and ensured all Midwifery programme providers were successfully recommended for approval by NMC in 2021/22.

CHANGES

- None to report.

English Catherine
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Strategic Aim 5 - To be an exemplar employer and a great place to work



Compared to Q3

3	Remained Amber	►
4	Remained Green	►
1	Increased to Green	▲

HIGHLIGHTS

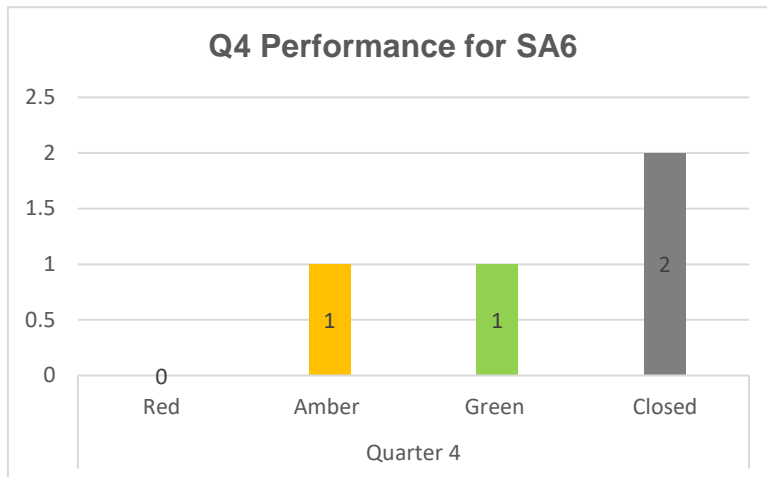
- We have transitioned to a new agile working model that blends home and office-based approaches.
- We exceeded the 85% target statutory and mandatory training compliance for the first time since the creation of the organisation.
- We have been awarded Level 2 Disability Confident Employer status and our Stonewall Diversity Champion membership was renewed alongside maintaining other accreditation pledges.
- We successfully implemented our first summer internship with nine students from Cardiff University which received positive evaluations from participants and mentors. Over 50 applicants have applied for the HEIW Summer Internship commencing in 2022/23 and the programme will be further expanded to reflect the success of last years' programme.
- We had a positive mock assessment for the Corporate Health Standard silver and all recommendations were completed. Our Time to Change employer status was agreed and the action plan will be incorporated in the Health & Wellbeing strategy action plan.
- Our Welsh learner numbers have increased to over 70 this year including a new beginners' class.
- The Board approved our Annual Equality Report which set out our achievements for 2020-21.
- We completed our Gender Pay Gap report for 2021 which outlined current and future initiatives to address the gender pay gap and support gender equality in the workplace. Both documents were published in March 2022 on our website.
- The Board approved our Decarbonisation and Biodiversity Strategy, a plan to protect the planet and we have developed an action plan for its delivery.
- We are showcasing our completed quality improvement work via the HEIW Quality Improvement Skills Training (QIST) Prize which has attracted numerous entrants. Successful projects will be sponsored for publication in the BMJ's Quality Improvement reports.
- Significant assurance activity continues to be undertaken by the Cyber Security team as part of the cyber security work implementation plan, including work to improve the organisation's cyber posture during this period of increased risk. The first Cyber Incident Response Exercise was carried out at the end of March to ensure members of the group are equipped to react promptly in the event of a cyber incident.
- The Board approved the HEIW Research Governance Framework which outlines the mechanisms for organisational oversight of evaluation, research, improvement and innovation activity and a co-ordinated approach to academic output.

CHANGES

As reported in Q3, due to Covid-19, the assessment process for the Bronze Corporate Health Standard accreditation was suspended and was unable to be progressed.

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Strategic Aim 6 - To be recognised as an excellent partner, influencer & leader



Compared to Q3	
2	Closed
1	Remained Amber ►
1	Remained Green ►

HIGHLIGHTS

- As part of our communication and engagement strategy we have established a Stakeholder Reference Group which has over 59 members and will support and inform our strategic plans and developments.
- During the year we have completed a review of our interface with the education sector and this will inform actions in 22/23
- We have ensured that all of our programme governance arrangements include clear mechanisms for stakeholder engagement and have visible roles on many national boards.
- We have been the first in NHS Wales to undertake a large-scale migration to Cloud technology putting in place the critical foundations to enable our Digital Strategy.
- Following the pause of activity, the Office of the Chief Digital Officer project was re-started in Q4 (March 2022). The joint Welsh Government/HEIW Project Board reconvened their work on the establishment of the OCDO office. Plans have progressed to undertake the recruitment to senior roles for the OCDO early in the new financial year.
- We made significant contributions to the development of the Welsh Government's Race Equality Action Plan.
- As the Covid response increased, the HEIW website was used to signpost volunteers and professional returners across Wales to support mass vaccination, with over 13,500 hits in December.
- During 2021/22 considerable work took place promoting various education and training opportunities including post-reg foundation pharmacy programme and junior doctor general curriculum.
- A number of communication channels have been used to market HEIW and Wales as great places to work highlighting job opportunities, raising awareness of various professional roles in NHS Wales and career paths such as internships.

CHANGES

- As reported in Q3, the refresh and relaunch of the HEIW Communications and Engagement Strategy has been delayed. Due to issues with the procurement process the tender for the research project went out three times it was unsuccessful. This has led to a significant delay in starting this work which means we have not completed this work or related spend this year.

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SECTION 2: ORGANISATIONAL PERFORMANCE

Education & Training: Recruitment

Medical Training	
Specialty Training	Foundation
<ul style="list-style-type: none"> The finalised number of appointments made at the end of the recruitment process compared to posts advertised (recruitment rate) for Round 3 (posts commencing in February 2022) is 73% (30 of 41 posts advertised), which is an improvement on the same point last year when the recruitment rate was 62% (34 of 55 posts advertised). The final position for Rounds 1 and 2 (posts commencing in August 2021) is 93% (400 of 429 posts advertised). This is an improvement on the same point last year, when the recruitment rate was 91% (384 of 420 posts advertised). Some specialties (Stroke Medicine, Higher Psychiatry specialties and Genitourinary Medicine) remain challenging to fill and this is reflected across the UK. The 2022 Education and Training Plan recommended an increase in training posts for Child and Adolescent Psychiatry from August 2022 and whilst there are clear workforce requirements for this expansion, the current programme has not filled and given previous historical recruitment trends, the likelihood of filling these vacancies in 2022 is low. 	<ul style="list-style-type: none"> The final position for Rounds 1 and 2 (posts commencing in August 2021) was 100%. A total of 411 trainees were allocated to the Wales Foundation School through national recruitment. Most trainees were allocated to the standard Foundation Programme, 5 were allocated to Foundation Priority programmes and we had 2 withdrawals.
	Primary Care (GP)
	<ul style="list-style-type: none"> In Round 1 recruitment for posts commencing August 2022 a total of 154 offers have been accepted from the 155 advertised posts. The Wales Enhanced Support Training (WEST) programme has been developed to ensure International Medical Graduates (IMGs) receive adequate support and to help address differential attainment targets. A total of 159 trainees have been identified for this support.
Dental	Pharmacy
<ul style="list-style-type: none"> In Dental Foundation Training (DFT), All 67 posts were filled via national recruitment and remain filled at year end (retention rate). In Dental Core Training (DCT): <ul style="list-style-type: none"> Of 31 DCT1 posts, 29 remain filled. The retention rate is 94%. For DCT2 we still have 26 official DCT2 trainees, 6 locally appointed trainees (LATs) and 2 posts remain vacant. The retention rate is 94%. For DCT3 we still have 7 official DCT3 trainees and 2 LATs. The retention rate is 100%. In Dental Specialty Training (DST), of 24 posts, 19 posts are filled. The retention rate is 79%. 	<ul style="list-style-type: none"> A total of 115 Trainee Pharmacists continue in learning on the programme. All first and second year Diploma Pharmacists students continue in learning. Recruitment was completed for the first cohort of the newly commissioned 2-year pharmacy technician apprenticeship. Of the 51 appointed there has been 1 withdrawal, 33 appointed from secondary care and 18 appointed from NHS community pharmacy contractors.
Health Professional Education	
<ul style="list-style-type: none"> Health Professional Education spans a total of 21 university courses including the four areas of nursing, all allied health professionals, healthcare sciences and paramedics. In the academic year 2021/22 the number of commissioned pre-registration nursing students rose by 140 in compared to the previous year. The number of students that started in a health professional education programme (start rate) is 93.7%. The number of appointments made at the end of the recruitment process compared to posts advertised (recruitment rate) for the Spring cohort was 626 from 823, 76%, which is significantly different to the recruitment rate for the Autumn cohort which was 2544 from 2560, 99.4%. In spite of best efforts by all universities to achieve commissioning numbers, spring places are harder to fill, and we are in discussions with universities to consider options. Demand from Health Boards via IMTPs continues to show an upward trend to commission and fill more Nursing courses. 	

Education & Training: Continuing Professional Development (CPD)

Dental	Revalidation Support Unit (RSU)
<ul style="list-style-type: none"> • In Q4, 51 CPD courses were organised between January and March, training 1271 dental professionals during this period. • In October 2021 and January 2022 we ran focus groups with dental teams around the new proposed periodontal principles of care which will be part of system reform in the General Dental Standards (GDS). • We ran our annual Dental Team Conference in October 2021 with the theme of 'Workforce Development'. • In March 2022, we hosted 'Antibiotics in the New Normal' covering keeping patients safe from untreatable infections while considering the over prescription of antibiotics and the impact of COVID-19 on prescribing patterns. • Dental Quality Improvement (QI) Educators continue to deliver Quality Improvement Study Clubs for Health Boards in Wales with a total of 11 in 2021/22. • In collaboration with the National Exam Board for Dental Nurses (NEBDN), we have provided training in Dental Radiology with a pass rate of 75% and Special Care with a pass rate of 100%. • In total this year 254 CPD courses were organised (203 online and 51 face to face) training a total of 5,441 dental professionals. 	<ul style="list-style-type: none"> • In total for 2021/22 32 webinars were delivered to 1264 attendees on a range of topics such as Long COVID, PTSD, Anorexia in children and adolescents and Heart failure. This was an increase of 21 webinars in 2020/21. • For 2021/22 there were 33 recorded learning events on 'CPD on Demand', an increase of 22 since last year. During 2021/22 content was viewed 1656 times. • In 2021/22, there were 95,812 views of the GP CPD website, an increase of 12,462 since the same point last year. • The RSU delivers the 3D educational programme via Gwella, focusing on the service improvement agenda. Key activity in the last 12 months includes: <ul style="list-style-type: none"> ○ Appointment of a new 3D Programme Director ○ Delivery of seven modules including topics such as Leadership, Practical Business Skills and Influencing Skills.
Pharmacy	Professional Support Unit (PSU)
<ul style="list-style-type: none"> • In 2021/22, we delivered 14 live webinars. As a result of attending live webinars 97% of attendees experienced a change in knowledge and 76% are confident/fully confident to manage/advise on the topic, deliver the service and/or utilise the skill. • Our analysis has shown that registration and attendance numbers have decreased by 36% since last year. This reduction can be attributed to significant workforce capacity issues and the inability to release staff. • For COVID-19 resources, the medicines administration module for support staff workforce in social care settings has now been completed by 2061 individuals, an additional 892 learners since the previous year. • During 2021/22 we ran three CPD+ programmes: <ul style="list-style-type: none"> ○ 'Introduction to Healthcare Leadership', 14 of 36 delegates completed. ○ 'Advanced Leadership' 20 delegates due to complete in May 2022 ○ 'Introduction to Healthcare Education', 42 delegates completed. 	<ul style="list-style-type: none"> • In Q4 we delivered a total of 21 webinars to 356 attendees (4 webinars and 1 face-to-face event with associated CPD points were delivered to 53 attendees). • In total in 2021/22, we delivered 96 webinars to 2816 attendees.

Quality and Standards of Care: Training Concerns Exception Reporting

Medicine	
Enhanced Monitoring Areas	
<u>Betsi Cadwaladr UHB</u>	<p><i>Medicine, Wrexham Maelor Hospital</i></p> <ul style="list-style-type: none"> Placed into Enhanced Monitoring in September 2019. A further Targeted Visit was undertaken on 3 December 2021 at which it was evident that despite the pressures within medicine due to the pandemic, progress had been made. Further recommendations have been made to further improve the experience against which progress will be monitored. A further Targeted Visit is being arranged for the summer.
<u>Cwm Taf Morgannwg UHB</u>	<p><i>Obstetrics & Gynaecology, Prince Charles & Royal Glamorgan Hospitals</i></p> <ul style="list-style-type: none"> Enhanced Monitoring status with the GMC since December 2017. Evidence from the most recent Targeted Visit on 17 November 2021 highlighted that action plans were on track and arrangements are in place to continue to monitor progress. A further visit is scheduled for May 2022 with monitoring arrangements in place in the interim. Evidence of further progress with ultrasound training will be a key factor in considering de-escalation at the next visit. <p><i>Ophthalmology, Royal Glamorgan Hospital</i></p> <ul style="list-style-type: none"> A visit to review progress in addressing the concerns within Ophthalmology at the Royal Glamorgan Hospital was undertaken in Q3, at which there was evidence of an improvement. Recommendations around residual concerns have been made and the Quality Unit will monitor progress against these in collaboration with the local team. A further visit is being arranged for the summer of 2022. <p><i>Obstetrics & Gynaecology, Princess of Wales Hospital</i></p> <ul style="list-style-type: none"> This concern has been de-escalated from enhanced monitoring with the GMC due to evidence of sustained improvement.
<u>Swansea Bay UHB</u>	<p><i>Emergency Medicine, Morriston Hospital</i></p> <ul style="list-style-type: none"> Placed into Enhanced Monitoring in February 2020. Evidence from visit on 30 November 2021 showed that progress in a number of key areas, particularly in relation to recruitment, had been made. A further visit is scheduled for May 2022. <p><i>Trauma & Orthopaedics, Morriston Hospital</i></p> <ul style="list-style-type: none"> Placed in Enhanced Monitoring in January 2019 due to concerns about clinical supervision, supportive environment, adequate experience, induction and workload. Concerns exist about progress in this area and the. GMC has also noted particularly poor survey results for this department. A further visit was undertaken on 8 December 2021 with the GMC present. Whilst the GMC did not consider that there was a need for conditions to approval to be applied at this stage, there will be an expectation of more frequent updates around key areas.
Actively Monitoring Concerns	
<u>Aneurin Bevan UHB</u>	<ul style="list-style-type: none"> A Joint oversight group is in place to monitor concerns and the Health Board is implementing improvement plans and we are monitoring progress. We have undertaken a series of Targeted Visits to medicine and surgery and a further meeting of the Postgraduate Medical Education and Training Oversight Group in December 2021 discussed the Health Board's detailed action plan. HEIW has therefore written to the Health Board to provide clarity around our requirements for training given the change in expectations. A review of Paediatrics at The Grange University Hospital was undertaken on 28 February and there was evidence of an effective learning environment. There are no current plans for further visits with ongoing monitoring through routine processes.

Health Professional Education

Enhanced Performance Scrutiny

- Following satisfaction scores from the National Student Survey and based on the largest drop in overall satisfaction, three courses were identified in Q3 as requiring enhanced HEIW performance scrutiny.
- Each programme team provided a plan setting out how they will improve the student experience for 2021/22.
- In all three cases the HEIs identified staff changes and staff recruitment challenges that they feel have directly impacted on the student experience.
- 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 will be required as part of the quality meetings scheduled in Q1 2022/23.

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Quality and Standards of Care: Trainee Progression and Support

Annual Review of Competence Progression (ARCP)	Trainee Progression Governance (TPG)
<ul style="list-style-type: none"> For Dental Foundation Training (DFT), Interim Reviews of Competence Progression (RCPs) took place in February 2022, with 67 trainees reviewed. The panel awarded 46 Outcome 1s, 8 Outcome 2s and 13 Outcome 10.1s (Covid related). For Dental Core Training (DCT), Interim RCPs took place in February, with 61 trainees reviewed. The panel awarded 60 Outcome 1s and one Outcome 2. In Dental Specialty Training (DST), there were 3 full RCPs: 2 for Restorative Dentistry (2 Outcome 1s) and one for Orthodontics (Outcome 6). Also in DST, there were 6 Interim RCPs: 5 for Orthodontics (5 Outcome 1s) and one for Dental Public Health (Outcome 1). 	<ul style="list-style-type: none"> There were no ARCP Appeal Hearings in Q4. There were 4 Reviews held. One for an Outcome 4 and three for Outcome 3s – all the outcomes were upheld. Two of these Reviews led to Appeal Hearing requests. The first appeal was scheduled to take place in Q4 but was cancelled due to unforeseen circumstances (and the other took place in early 2022/23).
PSU	
<p>At the end of 2021/22, the PSU was supporting 449 trainees, an increase of 32% compared to the end of 2020/21. There were 31% (138) receiving additional psychological support. We have had 101 new cases in Q4, with 61% being via self-referral. This is an increase of 49% in new cases compared to the same point in 2020/21 (68), when 51% were via self-referral.</p> <p>The contract for the temporary Case Manager and Administration Support Officer has been extended whilst the outcome of a request for permanent staffing is considered. These additional posts have had a positive impact on waiting times, with the PSU currently able to offer appointments within 5 working days (in line with KPIs) to urgent referrals. For non-urgent referrals the referral to meeting period continues to exceed our KPI period of 10 days, although we have managed to reduce the waiting time from 6 weeks to 4 weeks.</p> <p>PSU across HEIW and impact on NHS Wales:</p> <ul style="list-style-type: none"> The annual PSU conference was held in March 2022, with 20 attendees. In support of the Differential Attainment (DA) Board, we contributed and lead on streams within the DA agenda. PSU has worked collaboratively with the Train-Work-Live Team (TWL) to publish the 'Welcome to Wales' e-book (a helpful guide for those new to Wales). 37 members of the Wales Asylum Seeking and Refugee Group (WARD) have received support on the path to GMC registration. 	

Quality and Standards of Care: Medical Appraisal and Revalidation

- There continues to be substantial uptake in appraisal as reflected in the dashboard data for the period 2021/22 (6171 compared to 4066 at the end of Q3). This data is not comparable with last year due to the temporary suspension of medical appraisal and the option of an 'approved missed' appraisal. The appraisal figure for 2021/22 reflects the position seen prior to the pandemic.
- In 2021/22, an evaluation of virtual appraisals found 1615 doctors had their appraisal virtually with 95% of respondents stating that their virtual appraisal was of an equivalent standard. This is reflected within the quality assurance exercise score of 81%.
- The Wales Revalidation Oversight Group (WROG) approved the recommendation to continue with virtual appraisals, with the option of face-to-face appraisals also available via mutual agreement between doctor and appraiser.
- The Annual Appraisal Quality Assurance exercise took place virtually in November. Analysis shows that 91% of GPs, 69% of Secondary Care and 80% of all attendees said they would change how they produce a summary based on the event.
- At year end, 4134 users had registered with the Orbit360™ system (to provide support to doctors in gathering patient and colleague feedback) compared to 2480 (an increase of 167%) 89% of doctors reported that the system is user friendly and intuitive.

Our Organisation: Workforce Metrics

Workforce Movement & Turnover

- The headcount increased to 546 by the end of 2021/22 an increase of 93 (20.5%) over the 12-month period. This reflects expansion and new roles in Digital, Nursing, the Programme Management Office, the Train, Work, Live campaign and International Recruitment, and in Careers and Widening Access.
- The 12-month rolling turnover rate for HEIW at the end of this year was 10.4%, which represents an increase of 2.8% over the 12-month period. There are no obvious hot spots where turnover is a major concern.

Recruitment & Employee Relations Activity

- In 2021/22, we raised 199 vacancies and made 154 conditional offers of employment via TRAC.
- For the full year, the average time from the creation of a vacancy to the conditional offer was 41.3 days compared to an All Wales average of 41.6 days and the Recruitment KPI of 44 days.
- During 2021/22, the People team received 103 job descriptions for matching and matched/released 96 job descriptions. Q4, matching panels and consistency checking panels were scheduled weekly.
- In 2021/22, we had one formal grievance that was resolved following a hearing and one disciplinary case that was dealt with informally

Equality Data

- Compliance for recording equality data is 72% at the end of 2021/22, compared to 66.6% at the end of 2020/21.

Sickness

- HEIW's rolling 12-month sickness rate was 2.3%. This is the same level as at the beginning of the year.
- These are very low levels of sickness absence and continue to remain substantially below the NHS Wales target of 4.1%.
- The ratio between short- and long-term sickness remains relatively constant at around 25%:75% respectively.
- Most days lost due to sickness are related to long-term episodes for a small number of staff.
- The largest number of days lost continue to be for reasons of anxiety and stress but again these relate to a very small number of cases and can be reasons which are home or work related.
- In 2021/22, we recorded 72 staff having received flu vaccinations and 98 staff having received COVID-19 vaccinations.
- We recorded 61 cases of COVID-19.

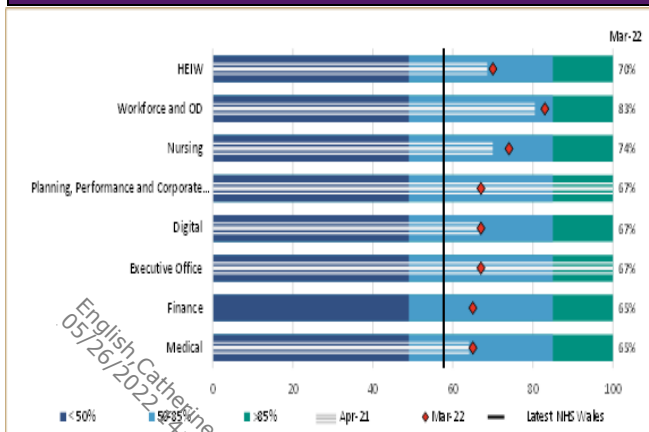
Personal Appraisal Development Review (PADR)

- The overall compliance level for HEIW core staff (excluding clinical staff who work 3 sessions or less) has increased by 9% over the 12-month period to 70.1%.

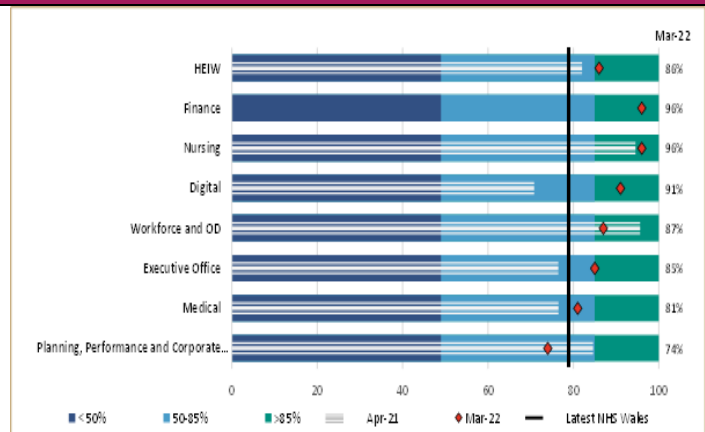
Statutory and Mandatory Compliance

- HEIW compliance rate for core staff at the end of the year meets the Welsh Government target figure of 85%.
- This represents a marginal increase of 2% since Q3.

PADR Completion Rates by Directorate at 31 March 2022



Statutory & Mandatory Training Rates by Directorate at 31 March 2022



Our Organisation: Finance

HEIW reported an underspend of £343k for the 2021/22 financial year. The underspend position in Pay budgets is due to a number of vacancies within the establishment.

The underspends in Non-Pay budgets are as a result of reduced face-to-face training and education activity due to the COVID-19 lockdown restrictions. The overspend on Commissioning budgets is as a result of an overspend within GP Training as due to numbers in training and protected salaries offset by known under-recruitment of trainees to programmes in Pharmacy, Dental Foundation Training and the Medical training grades.

HEIW has experienced underspends against its resource allocation in each of the three full years of operation 2019/2020 to 2021/22. The Finance team has reviewed financial performance over the three-year period, focussing particularly on significant commissioning budgets where the majority of underspends are generated. Further work will be undertaken to establish whether revised financial planning arrangements could reduce the underspend position in future years.

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. The cumulative agency costs to the end of March 2022 are 2.4%.

Public Sector Pay Policy

The payment of Non-NHS invoices has remained above the target throughout Q4 and the cumulative position is 96.8% to the end of the year. HEIW has achieved the PSPP target of 95% for 2021/22.

Capital

The original allocation of £100k has been supplemented by an additional capital allocation of £183k from WG taking the total to £283k.

The total capital expenditure for the year was £280k, £3k under the final allocation.

Spend is predominantly on IT equipment with the additional allocation enabling the programme of laptop refresh to be started earlier than planned, which will be beneficial given the reduction in the capital allocation for 2022/23.

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Our Organisation: Enabling Functions

Welsh Language

- Compliance for recording Welsh Language data is 36% at the end of 2021/22, compared to 34.1% at the end of 2020/21.
- In 2021/22 we translated 5 million words, an increase of 43% compared to 3.5 million in the previous year.
- We increased the number of staff registered as learning Welsh from 54 in 2020/21 to 72, 13% of the total headcount.
- We provided simultaneous translation services for 24 events, compared to 9 in 2020/21.

Communication and Engagement

- The team had a central role in promoting the Mental Health Workforce Plan consultation to over 2,000 individuals and organisations and via the website and social media where information was seen by over 75,000 people.
- Considerable work has taken place promoting education and training opportunities including the Post-Registration Foundation Pharmacy programme and junior doctor curriculum.
- Multiple channels have been used to market HEIW and Wales as great places to work and highlighting job opportunities, raising awareness of various professional roles in NHS Wales and career paths as internships.
- In line with A Healthier Wales, the team is continuing to proactively support the health and wellbeing of staff, students and the public by promoting and sharing key messages.

Learning and Development and Staff Events

- During 2021, the Learning & Development team developed new content, new intranet pages and an updated Welcome Pack for new starters. 8 virtual induction programmes have been held with 97 staff attending. From May 2022 in-person inductions will be re-introduced and will be alternated with virtual sessions.
- Two Staff conferences were held with one focused on the re-run of the Culture Survey.
- We had a 44.5% return rate on the re-run of the Culture Survey, which was first undertaken when HEIW was established.
- Dr Pat Oakley, Director of Practices made Perfect Ltd, ran a Senior Leadership Team development programme on 'Becoming an Effective Change Agent'
- A management development training programme was developed, and the first two sessions delivered.
- The HEIW/CIPD Network was established and will potentially support national work to develop the WOD workforce.
- Training in Prince II Agile Project Management was attended by 20 delegates

Digital

- The digital work programme over the last year has centred on ensuring the foundations for development and transformation were firmly in place to enable our Digital Strategy including being the first in NHS Wales to undertake a large-scale migration to Cloud technology putting in place the critical foundations.
- Underpinning all our work in Digital and across the organisation is the Information Governance function. A huge amount of work has been led by the Information Governance team this year to raise awareness of data management responsibilities across the organisation. The Information Governance Toolkit submission at level 2 (moving from level 1 to 2 in just one year against a maximum level 3) demonstrates the considerable improvement made in compliance against national IG standards and legislation in a short space of time.
- Both the Information Governance and Cyber teams play an important role in providing advice and guidance on data confidentiality and security for procurement activity across the organisation. The team has worked hard to establish partnership opportunities with NHS Wales Shared Services Partnership and with Digital Health and Care Wales. Regular

meetings between all parties have helped to streamline processes and identify potential MS account cost savings in the region of c. £200K p.a. for HEIW.

- Our work with expert Microsoft partner Redcortex delivered a new intranet and architecture for our file storage and collaboration. This work, together with the establishment of a SharePoint champions community, provides the starting point for the M365 optimisation and allows us to build digital capacity and capability across the organisation. Driving change through digitisation of manual business processes and improved reporting capability will realise significant time saving benefits.
- Our journey to becoming a data driven organisation has begun. The Database team provides monthly reports to the Workforce Analytics team to support the pipeline data work and early discussions have been held on the requirements of a placement intelligence solution to support capacity and quality management needs.

Freedom of Information (FOI) Requests

- Received 6 FOI requests in Q4 of 2021/22.
- Closed 24 FOI requests during 2021/22 and answered 22 (92%) of these requests on time (within 20 working days).
- 2 requests were delayed due to the volume of data requested.

Health and Safety

- There were no health and safety accidents, or incidents reported/recorded in Q4.
- In total in 2021/22, there were two health and safety accidents, or incidents reported/recorded. Both were recorded in Datix and investigated to completion.

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Health Education and Improvement Wales Performance Dashboard (2021/22)



GIG
CYMRU
NHS
WALES

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



HEIW Strategic Objectives as at Mar-22

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'

RED	AMBER	GREEN
0	3	4

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

RED	AMBER	GREEN
0	3	11

Strategic Aim 3 -To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels

RED	AMBER	GREEN
0	3	3

Strategic Aim 4 -To develop the workforce to support the delivery of safety and quality

RED	AMBER	GREEN
1	2	15

Strategic Aim 5 - To be an exemplar employer and a great place to work

RED	AMBER	GREEN
0	3	5

Strategic Aim 6 - To be recognised as an excellent partner, influencer and leader

RED	AMBER	GREEN
0	1	1

	Q3	Q4
Red	1	1
Amber	24	15
Green	30	39

HEIW Closed Objectives as at Mar-

RED	AMBER	GREEN
0	3	4

RED	AMBER	GREEN
0	3	11

RED	AMBER	GREEN
0	3	3

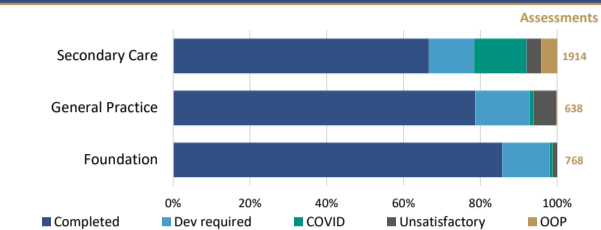
RED	AMBER	GREEN
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RED	AMBER	GREEN
0	3	5

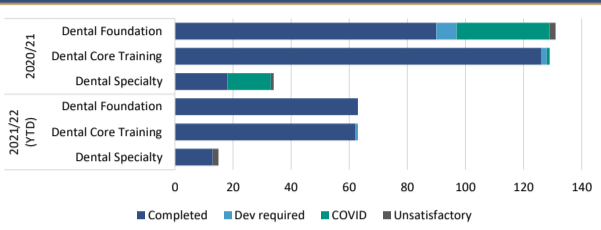
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Departmental Information

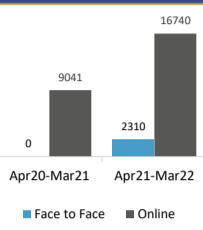
Annual Review Of Competency Progression (Medical):
(05/08/2020 and 03/08/2021)



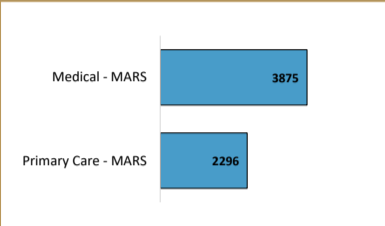
Annual Review Of Competency Progression (Dental):
(Apr-Mar 2021/22)



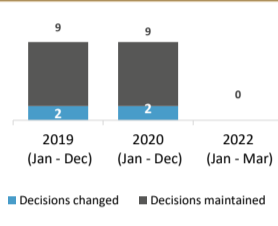
CPD: Actual Attendees : Apr-Mar



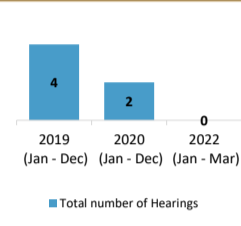
Ne of Medical Appraisals Completed Apr21-Mar22



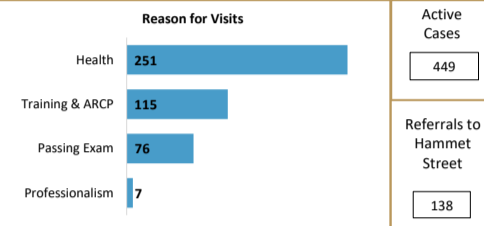
Trainee Progression Governance: Ne of Appeals



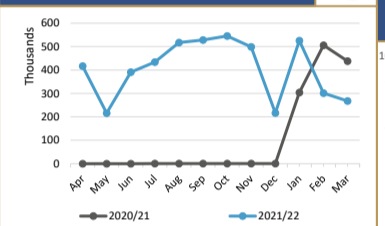
Total number of Hearings



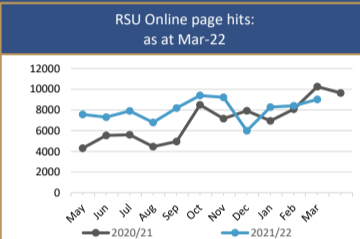
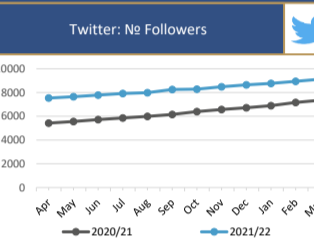
Professional Support Unit (Mar-22)



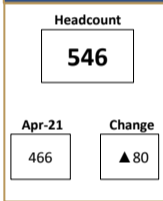
Ne Words Translated



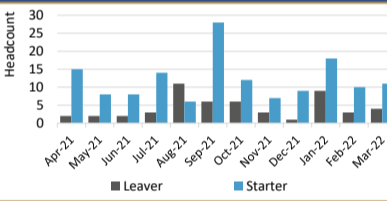
Online Communication / Engagement (Mar-22)



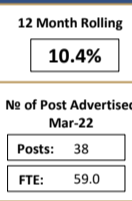
Staff in Post (Mar-22)



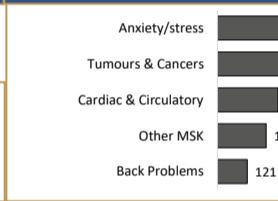
Monthly Staff Change between Apr-21 to Mar-22



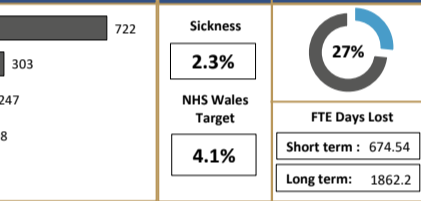
12 Month Rolling Turnover



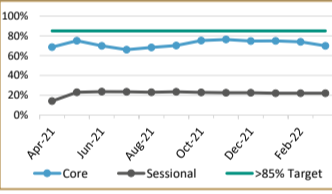
Top 5 Sickness Reason by FTE Days Lost (Apr21-Mar22)



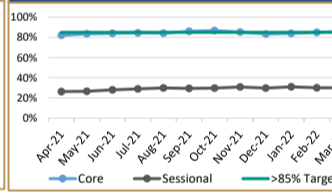
12 month Sickness



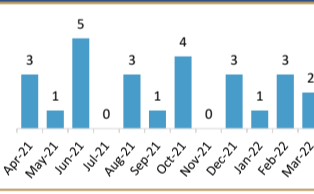
PADR Appraisal: Apr21-Mar22



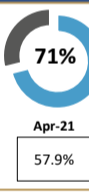
Statutory & Mandatory: Apr21-Mar22



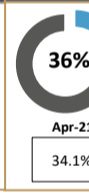
Ne completed FOI requests Apr21-Mar22



Information Governance



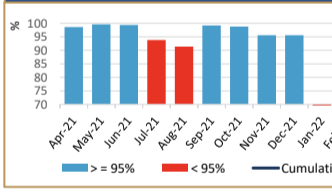
Welsh Language



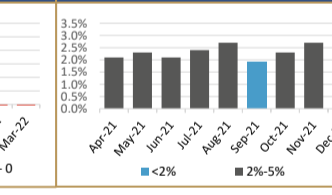
Equality Data



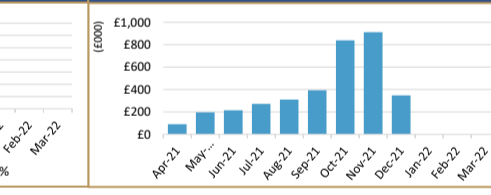
Finance PSPP (Non-NHS Invoices)



Agency as percentage of Total Pay



Financial Position: Cumulative Underspend (Mar-22)



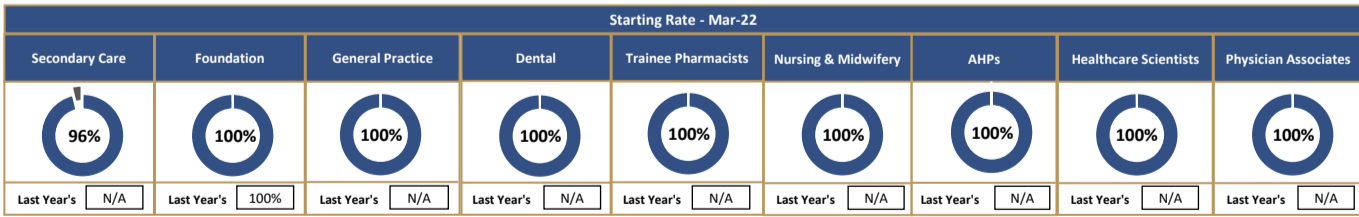
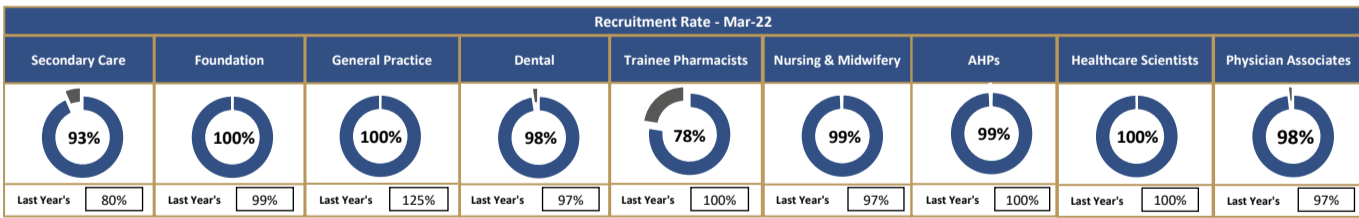
Health and Safety



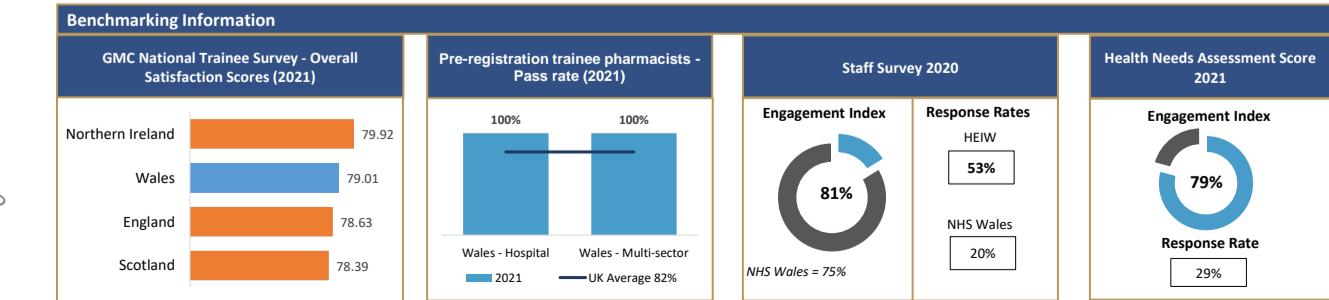
Click here for the full definition of
Recruitment and Start Rates

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

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)



* Confirmed starting numbers are yet to be clarified by department



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Year End 2021/22 INTEGRATED PERFORMANCE REPORT REFERENCE GUIDE

Contents

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Education & 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)

Dental

In Dental Foundation Training (DFT) 67 posts were available for 2021/22 cohort (September start) and submitted to National Recruitment Office. All 67 posts were filled via national recruitment and in remain filled at year end.

In Dental Core Training (DCT), as a result of the national recruitment process that concluded in June 2021, our current post / trainee configuration is as follows:

- Of 31 DCT1 posts, 29 remain filled. Since the Q3 report, 1 GDSCT (General Dental Services Core Trainee) and 1 DCT1 have resigned from post. The retention rate is 94%.
- For DCT2, we still have 26 official DCT2 trainees, 6 locally appointed trainees (LATs) and 2 posts remain vacant. One trainee has gone on maternity leave. The retention rate is 94%.
- For DCT3, we still have 7 official DCT3 trainees and 2 LATs. The retention rate is 100%.

Changes between Q3 and Q4 are due to postholders resigning from post; no new recruitment rounds have occurred.

In Dental Specialty Training (DST), of 24 posts, 19 are filled. The retention rate is 79%. Of the 19 in post, 2 are in a Period of Grace.

There are 5 vacant posts:

- 2 in Special Care Dentistry (1 South and 1 North Wales) with 1 being recruited into this year locally, and the 1 in North Wales on hold due to funding/training issues until 2023
- 1 in Oral Surgery recruiting into in 2022
- 2 Post CCSTs (Certificates of Completion of Specialist Training) in Orthodontics currently recruiting into locally.

Health Professional Education

In the academic year 2021/22, the recruitment rate is 93.7%. The recruitment rate in the Spring 2022 cohort and the challenges reported in respect of a lower rate for Nursing culminated in a 76% start rate; marginally better than the 70% that was highlighted in Q3. The start rate for the Autumn cohort was 99.4%.

Due to issues fulfilling the spring commissioned places in the universities in the south, Bangor was given the opportunity to increase places in their spring cohorts. 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 start rates 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.

Education & Training: Continuing Professional Development (CPD)

Dental

The Dental section continue to deliver CPD courses with an introduction of face-to-face training resuming in March 2022. Topics covered in Q4 include mouth cancer, medical

emergencies, mental health & wellbeing, special care, human factors, safeguarding, and communication.

The section continues to identify education to help teams develop and encourage a more collaborative approach to patients being able to manage and improve their own oral health, as well as prepare dental teams for general dental service (GDS) contract reform which is due to re-start in April 2022. Courses to support GDS restart included ACORN (the risk and needs assessment framework) which focuses on individualised preventive dental care planning and recall based on need. We helped dental teams to understand that the ACORN toolkit is not data collection but designed to embed good practice of comprehensive risk and needs assessment and annual preventive dental care planning in dental practices in Wales. Between April 2021 and March 2022 390 dental registrants have attended ACORN workshops.

In January 2022 we ran another focus group with dental teams around the new proposed periodontal principles of care which will be part of system reform in the GDS. This event helped teams to understand how these principles of care might fit into their own practices, and to share their views about the new principles with other colleagues. Participants were given copies of the perio principle tool and will now use this with their patients to help them discuss and understand their oral health condition, and what they need to do as patients to maintain a healthy mouth.

Completion of Quality Improvement projects and audits by the profession have continued to increase post pandemic with 1,562 dental professionals registering and 736 projects completed since April 2021.

The section continues to offer a blended format of basic life support training for the profession. Between April 2021 and March 2022 980 dental professionals have completed the online training, with 178 dental practices completing the practical competency assessment.

The section continues to deliver the 'Making Prevention Work in Practice' (MPWiP) programme, which is a one-day 'train the trainer' course, to enable dentists to utilise their own workplace environment to support the training of their Dental Nurses on essential prevention messages and the application of topical fluoride varnish. This builds on the capability of the dental nurses to work to their full Scope of Practice in line with A Healthier Wales (Oral and Dental service response) whilst directly supporting GDS contract reform's focus on prevention. The team of Dental Educators has recently updated the learning materials to ensure we apply a CQI approach to all aspects of the programme. Changes have included embedding the new Delivering Better Oral Health (DBOH, 2021) messages on behaviour change, and extending the one-day training course to enable Dental Hygienists and Dental Therapists to benefit from the clinical leadership aspect of the course and add to the training experience of Dental Nurses.

RSU

During the past 12 months the RSU has continued to successfully deliver CPD activity virtually as per the new delivery model implemented 2020-21. We have adapted and expanded our virtual CPD provision to maximise opportunities for GPs and the wider primary care workforce to continue to access ongoing learning and development.

Our aim for 2022-23 is to transition towards a blended approach for CPD delivery, having face to face events alongside those delivered virtually, enabling networking opportunities for attendees and recording of events where appropriate.

In addition to our existing library of modules on a range of clinical and non-clinical topics, the GP CPD website now 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 into 2022/23.

Virtual Learning Events:

As part of the RSU's new delivery model for CPD events a programme of free webinars designed to update clinical knowledge on a range of key topics are being provided on a regular basis.

Additional online educational resources:

- The **VITALS series**, a series of short videos designed to provide bite size chunks of learning on key topics such as transgender health, Orbit360 support and Anaphylaxis.
- **CPD Modules**. Healthcare professionals in Wales can now access 42 free online modules through the medium of English or Welsh. Topics are split into clinical and non-clinical topics, the most commonly accessed topics include Low Back Pain, HRT, Acute Kidney Injury (AKI) and Return to Work.

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.

Delivery of the programme continued in a virtual format utilising the HEIW Leadership portal, Gwella. The current cohort of 15 includes doctors working in primary and secondary care, pharmacists and dentists. This reflects the increasingly inter-disciplinary nature of the programme.

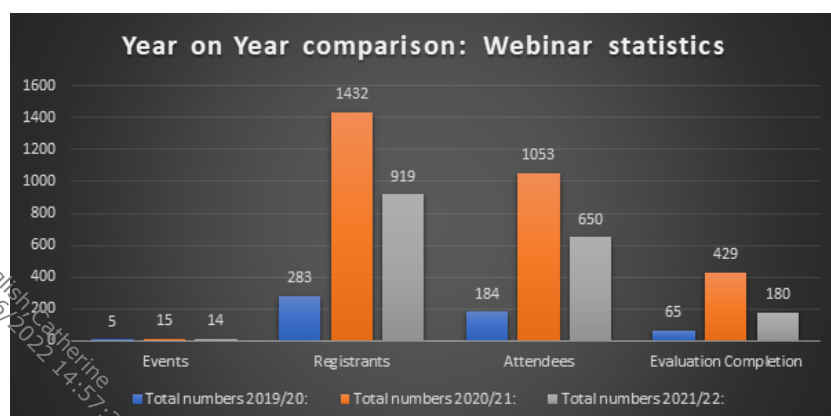
In May 2022 the RSU are holding a conference to celebrate the completion of the 2021/22 programme and the progress of the quality improvement projects developed during the year. The conference will also mark a 10-year anniversary and will celebrate the success of the programme and the impact this had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

Pharmacy

CPD programme

All CPD events continued to be delivered virtually as interactive live webinars.

This chart shows CPD event engagement over the last 3 years.



Whilst a webinar format approach remains attractive to our end users, the decrease in attendance during 2021/22 demonstrates the significant workforce pressures and impact upon our end users to attend sessions. Within some health boards, regional/ discussion based CPD events usually delivered over lunchtime were not undertaken due to feedback from workplace managers indicating workforce capacity issues and the inability to release staff. This was also compounded by the need to balance provision of a protected lunchtime to support wellbeing.

Several multidisciplinary events have continued to be delivered working alongside our HEIW CPD colleagues. A good mix of professionals attend albeit challenges with registration onto the HEIW pharmacy website mean we cannot always monitor the uptake as efficiently as we would like due to the need to send out a guest link to some registrants to be able to access the webinar. Many GPs find our website 'too clunky' to register and therefore some joint events with our GP colleagues are delivered on their platform rather than the pharmacy one.

As part of changes to the community pharmacy contractual framework from 1st April 2022, a revised approach is now in place to ensure HEIW provides the required training and accreditation for those pharmacy professionals who will be delivering these services.

Service driven sessions do drive attendance, e.g., the 'Sore Throat Test and Treat' refresher session (due to the service relaunch by the Health Boards in early 2022) attracted 111 attendees.

Basic Life Support (BLS) face-to-face sessions, which are required as part of the assessment process for delivery of services have run from January to March 2022. These are aimed at pharmacy contractors that may only provide NHS not private service for flu vaccination. During 2021/22, 79 sessions were made available with 235 delegates attending for assessment. A further sessions 24 will be run from April 2022 onwards.

BLS is now to be an annual rolling, face-to-face training session with assessment and online eLearning refresher. This is due to the sheer volume of pharmacists providing services that require annual BLS ('flu & covid vaccination, Sore Throat Test & Treat (STTT) etc.). The delivery and assessment of the training will be run by ECG Ltd and the aim will be to train trainee pharmacists during their foundation training year so on registration have the required skill. Pharmacy technicians are now able to deliver flu and covid vaccinations so can also attend this BLS training. The dental workforce continues to access the BLS e-resource with 1381 learners completing during 2021/22.

Our discussion-based sessions, focal point and learning@lunch, continue to attract new end users across all sectors of practice. We also started to deliver these during a lunchtime for anyone that wished to join in addition to the usual evening sessions. As mentioned above, workforce pressures i.e., the NHS managed sector postponing all daytime education sessions and the NHS contractor sector using the lunchtime to catch up with day-to-day workload meant numbers were quite low. Pharmacy will continue to review this offering as the workforce start to return to a more normal pattern of work.

A WG funded pilot is ongoing within community pharmacy which will be looking at three models of providing protected development time for pharmacy professionals. A total of 31 pharmacy professionals engaged with the pilot which commenced September 2021.

- Model 1 - Self-directed Continuing Professional Development against a recognised framework n=6
- Model 2 - 'In-practice' support from a Mentor/Educational Supervisor against a recognised framework n=7
- Model 3 - Protected time for university credit bearing modules n=18

Evaluation is ongoing and a report will be available in Autumn 2022.

The Pharmacy team launched their cultural awareness campaign in March 2022, led by the Clinical Fellow and the Head of Development and Advanced Practice. This is planned to be an annual campaign consisting of a series of challenges to promote the workforce to reflect and develop their ongoing cultural competency. The campaign will run for about 4 weeks and we hope it will get the pharmacy workforce thinking about and reflecting on their practice and how they can best deliver healthcare and respond to the needs of our diverse population. We intend for the campaign to develop each year in response to feedback.

Pharmacy along with others have been in discussions with our Welsh Language Manager and Communications team around the need to review and agree an appropriate infrastructure within HEIW to resource the requirement to meet the Welsh language standards.

A much-improved relationship and collaborative approach from the Digital team continues. Due to the delay in securing an LMS platform within HEIW, Pharmacy will need to work closely with the team to enhance our virtual provision and provide a much needed and overdue update to our navigation for end users within our existing website.

eResources

Access to our e-resources packages during 2021/22 was a total of 7780 learners (voluntary 6074; mandatory 1706).

Our online accreditation process for service delivery within community pharmacy has also undergone a redesign in line with the changes to the community pharmacy contract. The process is more streamlined and hopefully easier for end users to navigate and complete what is required.

Changes to the website content and navigation are ongoing to help end users access what they require as efficiently as possible.

CPD+ programme

The 'Introduction to healthcare leadership' course has delivered 3 cohorts starting March 2021, October 2021 and March 2022 with 36 delegates in total. Delegates undertaking this programme have been a mix of pharmacy professionals and medics. Delegates have the opportunity to complete a 15 credit Agored Cymru award or submit their portfolio for a completion certificate. Out of 36 delegates, 11 are currently undertaking the Agored Cymru award.

Cohort 1 which started in October 21 has seen a blended approach of virtual and face to face sessions across the 5 days and the March 2022 cohort will be all face-to-face sessions. Since a lot of the sessions are skills based, the face-to-face element is welcomed as it maximises engagement and learning for the delegates.

For the 2021/22 cohorts, we introduced the following workshops: resilience, inclusivity and diversity and compassionate leadership. Other sessions were updated in line with compassionate leadership principles. The Insights discovery workshop is now an additional half-day session online.

Outcomes: Certificate of completion – Of the 36 delegates, 14 have completed and 11 have yet to complete the training days; 1 of 11 has completed the Agored Cymru award and the remainder are working through.

The 'Advanced Leadership' programme is due to finish in May 2022. A total of 20 delegates started within this multi-professional group and all 20 are still enrolled, 6 in North Wales, 6 in

West Wales and 8 in South Wales. Professions include pharmacy, nursing, speech and language therapy, podiatry and physiotherapy. They have undertaken Action Learning in local groups, one to one coaching sessions, 360-degree feedback and developed a project, which will be showcased in a poster presentation in May 2022.

The 'Introduction to healthcare education and training' course has delivered 3 cohorts from March 2021 to March 2022. One cohort started in April 21 in North Wales, and 2 cohorts started in September 2021 (1 in North and 1 in South) with 42 delegates in total. Delegates undertaking this programme have been a mix of pharmacy technicians and pharmacists.

There are 3 options for this course – the training element is the same for all the courses (the delegates attend 3 training events and complete e-learning). However, the way the courses are assessed varies:

- HEIW certificate of completion (available for pharmacists or pharmacy technicians) – involves completion of HEIW workbook.
- Agored Cymru 12 credit award (available for pharmacy technicians) – involves completion of an e-portfolio of evidence against the Agored standards; the course is formally assessed by an Agored Cymru assessor.
- Cardiff University 10 credit post graduate certificate (available for pharmacists) – involves completion of a portfolio of evidence and a 2000-word assignment.

The course is an introductory course to education and training and covers the following topics:
E-learning: professionalism and adult learning theory.

- Day 1: coaching, tutoring and mentoring, building rapport and trust, adult learning, unconscious bias, barriers to learning
- Day 2: professionalism, planning learning activities, giving feedback, planning a learning session
- Day 3: feedback (simulated learning), assessment, lesson planning (peer review), dealing with difficult situations

Due to the pandemic, all training days for each cohort took place virtually. However, in future, we would adopt a blended approach.

Outcomes:

Cardiff University 10 credit postgraduate certificate:

	Number of delegates
Enrolled:	24
Completed qualification:	17
Not completed	5
In process of completion/given extension	2

Agored Cymru 12 credit postgraduate certificate:

	Number of delegates
Enrolled:	12
Completed qualification:	1
Suspended qualification:	2
In process of completion:	9

HEIW certificate of completion

	Number of delegates
Enrolled:	6

Completed qualification:	4
Not completed	2

Quality and Standards of Care: Training Concerns Exception Reporting

Medicine

Quality Planning – Commissioning

The Commissioning process has been established and developed by Health Education and Improvement Wales (HEIW) to meet its obligations to the GMC and Welsh Government. The process maps to the GMC's 'Promoting Excellence: Standards for Medical Education and Training' which were introduced in January 2016 and apply to both postgraduate and undergraduate education and training.

The Commissioning process provides an opportunity for an open and transparent conversation between HEIW and an LEP, (Local Education Provider) to review education and training provision in order to ensure compliance with the GMC's standards and the delivery of its obligations detailed in the Expectations Agreement. It is a collaborative process which enables a review of the quality of training being provided as well as the infrastructure and governance processes in place to support education and training locally. It also provides an opportunity to consider challenges and opportunities for the year ahead and to identify good practice which can be shared across NHS Wales.

In light of the significant challenges that have arisen as a result of the Covid pandemic, the approach to the 2021/2022 Commissioning process is deliberately light touch to avoid putting any additional burden on Health Boards/Trusts.

In 2019/2020, contributions from representatives for training in other health professional groups including Pharmacy, Dental, Nursing and Other Allied Health Professionals were welcomed with a view to developing a more multiprofessional approach to Commissioning moving forwards. This approach is continuing for the 2021/2022 process with a view to Commissioning being broadened in future years to take a fully multiprofessional approach in order to consider education and training in the round.

Commissioning meetings began in Q4, with four having been held to date at Cwm Taf Morgannwg UHB, Swansea Bay UHB, Cardiff and Vale UHB and Aneurin Bevan UHB. The remaining five will be undertaken in Q1 of 2022/2023.

Quality Management & Educational Governance

HEIW's approach to ensuring high quality postgraduate medical education and training in Wales whilst meeting regulatory standards is achieved through the application of our quality management framework. This comprehensive framework comprises routine and responsive practices which enable us to work in collaboration with LEPs (Local Education Providers) across Wales to ensure the delivery of quality education and training in a manner which appropriately prioritises patient safety. A proportionate approach is taken where concerns arise thereby encouraging transparency and effective working relationships in the delivery of solutions.

Enhanced Monitoring

'Enhanced Monitoring' status is applied by the GMC to those sites which they consider require an additional level of support.

Emerging from COVID-19

HEIW's approach to quality management altered during the pandemic in recognition of the additional pressures placed upon the service and due to the fact that routine evidence sources were no longer available. However, over the last year routine evidence sources have largely resumed and HEIW is taking steps to retain some of the benefits of a revised approach to activity. This is particularly relevant for Targeted Visits which are traditionally undertaken through a face-to-face meeting, although the benefits of a virtual format have also been recognised. As such guidance documentation to provide clarity around the future format of visits has been developed.

GMC National Training Surveys

The GMC National Training Surveys were undertaken between 20th April and 25th May 2021 with a shorter completion window than usual. Response rates in Wales were 85.4% (against a UK average of 75%) for the trainee survey and 51.7% (against a UK average of 32%) for the trainer survey. Whilst the survey included some specific questions to understand the impact of the COVID-19 pandemic, there was a return to the more routine question areas the results of which are more helpful for quality management purposes. These results have been published on the GMC's online reporting tool with a key themes report for Wales being produced within HEIW. Details of some of the key messages within this report are provided below.

- Overall, the survey results are broadly in line with the rest of the UK. Trainees in Wales continue to report high levels of satisfaction with good levels of clinical supervision.
- The results for medicine and surgery report the greatest number of adverse results which will require greater exploration. This is likely to be in part due to the impact of the COVID-19 pandemic in these areas.
- In recent years Obstetrics and Gynaecology and Emergency Medicine have been a focus of activity for the Quality Unit. However, the 2021 results indicate that there are signs of improvement in these areas with some parts of Wales receiving particularly high scores in 2021.
- Whilst the UK score for induction is in line with the rest of the UK, the results suggest that there is scope for improvement in this area with a particular focus upon induction quality and departmental induction given the link with patient safety.
- The majority of trainees report that their training is providing them with sufficient experience to support their continued progression.
- A significant majority of trainers report that they enjoy their training role and that their roles were clearly defined.
- Generally, trainers reported that they feel supported in their training role. However, this is an area for which ongoing work will be required to sustain or improve the feedback.
- Wellbeing has been a particular theme in both the trainee and trainer survey with reported increases in burnout levels of up to 8% in some areas. This UK trend has been replicated within Wales which indicates that responding to the pandemic has had a significant impact upon trainee and trainer wellbeing. The trainee results suggest that the most significant impact has been upon foundation trainees. From a trainer perspective the 2019 survey results reported that trainers within General Practice, Emergency Medicine and Intensive Care Medicine had the highest levels of burnout reported. This has been replicated in 2021 except for Intensive Care Medicine whose reported level of burnout has decreased from high to moderate. However, it is

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important to note that decrease in burnout levels for Intensive Care Medicine may reflect the way the specialty has been supported from other areas during the pandemic.

Faculty Team Appraisal

Faculty Team Appraisals were conducted with Faculty Teams at each Local Education Provider during Q1 and Q2 of 2021/2022.

Team Appraisals had the primary aim of ensuring Faculty Team structures and working are effective in supporting the delivery and management of high quality postgraduate medical education and training, with the specific aim for 2021/2022 of ensuring Faculty Team structures and working remain robust and effective in the changing landscape of postgraduate medical education and training.

Appraisals focused on assisting teams in reflecting on how the pandemic and other contextual factors have impacted team function, how the team is adapting in response, and what changes may be incorporated into future activity, providing teams with the opportunity to plan for the future and supporting them to embed new approaches, as well as provide an understanding of how HEIW can best support teams moving forwards.

Team Appraisal will continue to be a key component of HEIW's medical commissioning process, particularly in light of the GMC's standards which emphasise the characteristics of a 'good learning environment and culture' which are underpinned in LEPs by Faculty Teams and structures.

In addition, Team Appraisal was piloted for HEIW's Simulation Team in Q2, providing an opportunity to reflect on its approach and achievements since the team's inception in 2020 and to plan for the forthcoming year.

The two key aims of the Appraisal were:

- To consider the governance structures and processes in place to ensure that the team's work can be effectively supported, delivered and managed and that issues can be effectively raised and escalated as required.
- To work collaboratively with the team to reflect on challenges or areas of concern and discuss potential solutions; to identify best practice that could be shared across the organisation and NHS Wales; and to support the team's development to drive future innovations and improvements.

Faculty Lead Recruitment

Throughout 2021/2022, many changes occurred within the cohort of 19 Faculty Leads.

During this period, three Faculty Leads relinquished their roles at the end of their tenure and another resigned from the Faculty Lead role before the end of their tenure to take on a more senior role within education and training at their Health Board.

Seven Faculty Leads were reappointed following the end of their previous tenure: Faculty Lead (Trainees) and Faculty Lead (Quality) at Swansea Bay UHB; Faculty Lead (Bangor) at Betsi Cadwaladr UHB; Faculty Lead (Prince Charles) at Cwm Taf Morgannwg UHB; Faculty Lead (Quality), Faculty Lead (Trainers) and Faculty Lead (Trainees) at Hywel Dda UHB.

New appointments were made to the following Faculty Lead roles to replace outgoing Faculty Leads or to fill vacant posts: Faculty Lead (Wrexham) and Faculty Lead (Glan Clwyd) at Betsi Cadwaladr UHB; Faculty Lead (Specialty Portfolio) at Cardiff and Vale UHB; Faculty Lead (Princess of Wales) at Cwm Taf Morgannwg UHB; and Faculty Lead (Velindre).

All reappointments and new appointments made during this period were on a three-year tenure for either 1 or 1.5 sessions.

In addition, the tenure of the Faculty Lead (Quality) at Aneurin Bevan UHB was extended for an additional one year following the end of the previous tenure in order to provide consistency and support to the Health Board during a period of significant change and challenge.

Trainer Recognition Quality Project

HEIW's approach to meeting the GMC's requirements for the recognition and approval of trainers is the Medical Trainer Agreement which specifies the roles and responsibilities of all three parties, i.e. Education Organisers, LEPs and individual trainers.

Whilst providing clarity around expectations is an important step, the need to develop and implement an appropriate approach to trainer quality which will feed into appropriate quality management and other workstreams is essential to enable HEIW to fulfil its responsibility to the GMC as well as supporting HEIW in the delivery of high-quality education and training in Wales.

Therefore, the Quality Unit is taking forward a Trainer Recognition Quality Project which aims to ensure the support and development of trainers, whilst simultaneously obtaining evidence to support ongoing quality management and improvement processes around trainer recognition.

As a first step HEIW has developed mechanisms to harness relevant evidence around the support mechanisms that are in place for trainers as well as to gain a greater understanding of which trainers are active. The data collection tool has been incorporated into MARS as part of a whole practice approach to appraisal. The benefit of incorporating these data fields into MARS is that it will reinforce the need for the development of training roles to be discussed through appraisal. Guidance is being developed to ensure appraisees and appraisers understand the new data requirements and how the information will be utilised.

Quality Assurance

GMC Quality Assurance

As part of the GMC's routine approach to quality assurance they have considered the extent to which HEIW is meeting or working towards meeting the standards as outlined within Promoting Excellence. The GMC annual review cycle is slightly out of sync with HEIW's annual cycle running from December 2020 to November 2021. Overall, the outcome of the previous review was positive with the GMC being satisfied that HEIW has provided good evidence that their standards are being met. The review cycle for December 2021 to November 2022 is underway with HEIW having submitted a self-assessment questionnaire which has been scrutinised by the GMC. Activities to test our submission have been agreed and will be undertaken throughout 2022.

Externality

HEIW has a pool of Lay Representatives as a means of ensuring that there is externality within our key processes and specific working groups. A Lay Representative forum was hosted during Q1 to provide an opportunity for them to share their experiences and to enable HEIW to seek feedback on a number of key areas. The discussions were focussed around their experiences of virtual working, how to continue to develop induction and to understand what support they required as a group to enable them to undertake their roles more effectively without compromising their ability to provide impartial input into HEIW's activity. Overall, the meeting was well received and HEIW has subsequently delivered several training events designed to help Lay Representatives understand how our processes are designed to work so that they can provide an independent view of our effectiveness in doing this.

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 self-assessment quality 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. Themes from the NSS feedback indicate three main areas where there has been a significant drop in satisfaction:

- Teaching on my course
- Academic support
- Organisation and management of the course

It is important to note that NSS scores generally were impacted by the pandemic in 2021 across all programme subject areas throughout the UK. When benchmarking these programmes, it is clear that many have performed well against the national average including excellent results from Glyndwr University and Cardiff University. The areas where there has been a drop in satisfaction tallies clearly with the student comments made during the HEIW quality meetings. Therefore, they are likely to relate to:

- the disruption to teaching following the rapid conversion to online learning as a result of the pandemic;
- disruption to personal tutor support where it was not effectively converted to a remote model following the introduction of social distancing restrictions;
- ineffective communication with the students during this time.

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):

Quality planning: Following confirmation of annual commissioning numbers from Welsh Government, HEIW engages with organisations and publishes an Annual Placement Plan for Education Providers to work with Placement Providers when allocating student placements across nursing, midwifery, allied health profession and healthcare science. Adoption of the HEIW Placement Plan by organisations is key to maximising equitable placement capacity. A HEIW Local Level Agreement (under revision), specifies education provider and placement provider obligations for provision of quality placement learning environments. This document supports the overall governance of student placement allocations. Both documents underpin HEIW quality assurance measures.

Quality management: In terms of placement learning environment and culture, HEIW, together with Education and Placement Providers has co-produced all Wales placement principles, a safe-return placement passport, and several pledges for students entering placement settings. HEIW requires these elements to be embedded within Education Provider systems which provide a further mechanism also for quality assurance of placements. All-Wales educational placement audit information and student placement evaluation mechanisms also form part of HEIW and professional regulator monitoring of healthcare programmes.

Quality Improvement: HEIW leads an established All Wales Placement Reference Group including Education Providers, Health Board education leads and other key stakeholders across Wales. This group's remit includes responses to emerging service and academic pressures and alignment of best practice and production of resources to support across placement learning. HEIW has also established an Internal Placement Stakeholder Group to consider cross-profession placement quality alignments.

Quality Assurance: HEIW holds bi-monthly regional Health Board Practice Education Facilitator Team meetings to pick up on placement intelligence and influence the vision for direct placement work undertaken. HEIW also holds quality monitoring individual meetings with practice supervisors, assessors, and students (three times a year).

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 2021/22 Q2 report (November 2021).

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

It should be noted that the appraisal completed data is based on the date the appraisal summary is agreed, not the date of the meeting. This data is not comparable with 2020/21 due to the temporary suspension of medical appraisal during the first two quarters, and the option of an 'approved missed' appraisal during the second two quarters of the same year.

In response to the pandemic, medical appraisal during 2020-21 was paused and once recommenced included an 'approved missed' period. As of 1 April 2021 the 'approved missed' period ended and doctors have returned to undertaking annual appraisals in line with revalidation requirements.

Additional key activity this year includes:

- The GP National Appraiser Conference was delivered virtually in June 2021 – topics included dealing with racism experienced by doctors brought to appraisal and doctors who experience adverse comments on social media discussed at appraisal incorporating keynote speakers and break-out sessions.
- 6 new GP Appraisers were successfully recruited in December 2021. After completing a comprehensive induction they began their roles in February 2022 covering regions across Wales.

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.

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

Dyddiad y Cyfarfod	26 Mai 2022	Eitem ar yr Agenda	4.2
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		
Cyflwynwyd gan	Rhiannon Beckett, Cyfarwyddwr Cyllid a Gwasanaethau Corfforaethol Dros Dro		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Darparu adroddiad ar y sefyllfa ariannol ar gyfer mis Ebrill 2022 (Mis 1) i Fwrdd AaGIC.		
Materion Allweddol	Mae dyletswydd statudol ar AaGIC i fantoli'r gyllideb ar ddiwedd blwyddyn. Dylai'r adroddiad hwn helpu'r Bwrdd, y Gweithredwyr a Deiliaid Cyllidebau i ddeall y sefyllfa ariannol a nodwyd ar gyfer Mis 1 y flwyddyn ariannol 2022-23.		
Cam Penodol i'w Gymryd (un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
	✓		
Argymhellion	Gofynnir i'r Bwrdd nodi : <ul style="list-style-type: none"> • sefyllfa ariannol tanwariant a adroddwyd ar gyfer AaGIC ym mis 1; • yr esboniad cryno o'r prif amrywiadau yn ôl Cyfarwyddiaeth; • y dyraniad Cyfalaf a'r gwariant hyd yn hyn; a • sefyllfa'r Fantolen. 		

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ADRODDIAD Y CYFARWYDDWR CYLLID

1. CYFLWYNIAD

Mae'r adroddiad yn nodi'r sefyllfa ariannol fel yr adroddwyd ar ddiwedd mis Awst 2022, yn erbyn cyllidebau wedi'u diweddarau. Mae'r cyllidebau dirprwyedig wedi deillio o Gynllun Adnoddau 2022-23 a luniwyd o Gynllun Tymor Canolig Integredig 2022-25 a gymeradwywyd gan Fwrdd AaGIC, a'r llythyr Dyrannu Adnoddau a dderbyniwyd gan Lywodraeth Cymru. Mae sefyllfa ariannol AaGIC fel yr oedd ym Mis 1 yn nodi tanwariant o £97,499, a rhoddwyd gwybod i Lywodraeth Cymru am y sefyllfa hon yn unol â gofynion y ffurflen fonitro a gyflwynwyd.

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 ystyried ymarferion 'Archwiliad Trylwyr' yn y sefyllfa ariannol bob chwarter, a bydd y Tîm Gweithredol yn cael gwybod am unrhyw gyfleoedd heb fod yn rheolaidd sy'n bodoli.

3. Y CYNNIG

Gofynnir i'r Bwrdd nodi sefyllfa ariannol AaGIC yn ystod Mis 1, ac ystyried yr esboniadau cryno o'r amrywiadau allweddol a ddisgrifir ar gyfer pob Cyfarwyddiaeth.

4. MATERION LLYWODRAETHU A RISG

Mae dyletswydd ariannol statudol ar AaGIC i fantoli'r gyllideb ar ddiwedd y flwyddyn, a bydd Llywodraeth Cymru yn monitro'r sefyllfa a adroddir o ran y ddyletswydd hon, a hefyd yn erbyn cynllun ariannol y flwyddyn gyfredol a gyflwynwyd yng Nghynllun Tymor Canolig Integredig 2022-25.


5. GOBLYGIADAU ARIANNOL

5.1 Sefyllfa Ariannol Refeniw ym Mis 1

Mae AaGIC yn nodi tanwariant o £97,499 yn erbyn cyllidebau wedi'u proffilio ar 30 Ebrill 2022. Mae'r tanwariant yn ymwneud â thanwariant mewn meysydd nad ydynt yn ymwneud â chyflogau lle mae'r gweithgarwch teithio a hyfforddi yn is na'r hyn a gyllidebwyd ac yn erbyn cyllidebau comisiynu, ac mae'r tanwariant yn amrywiad bach iawn ar y gyllideb ar gyfer mis Ebrill. Roedd y cynllun ariannol yn cynnwys dyraniadau disgwyledig gan Lywodraeth Cymru, fel y nodir yn y Cynllun Adnoddau.

Ar gyfer mis 1, nid oedd unrhyw ofyniad i adrodd ar y sefyllfa ariannol i Lywodraeth Cymru ar ddiwrnod 5. Fodd bynnag, cyflwynwyd y ffurflen fonitro yn unol ag amserlen adrodd ofynnol CIC. Mae'r Ffurflen Fonitro a gyflwynwyd i Lywodraeth Cymru wedi'i chynnwys yn Atodiad 2

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

 Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)					
As at 30th April 2022					
	Year to Date			Previous Month	
	Budget	Actual	Variance to Date	Variance to Date	Movement
	£	£	£	£	
INCOME:					
Welsh Government	(21,544,507)	(21,544,507)	0	0	0
Other Income	(35,198)	(29,240)	5,958	0	0
Total Income	(21,579,705)	(21,573,747)	5,958	0	0
Expenditure					
Board & Executive	180,799	177,619	(3,180)	0	0
Finance & Corporate Services	282,834	278,581	(4,253)	0	0
Planning & Performance	39,178	38,738	(440)	0	0
Digital and IT	207,955	203,804	(4,151)	0	0
Medical & Pharmacy	10,615,669	10,533,206	(82,463)	0	0
Nursing	9,932,758	9,921,102	(11,656)	0	0
Workforce and Organisation Development	320,512	323,198	2,686	0	0
Sub-Total Expenditure	21,579,705	21,476,247	(103,458)	0	0
Total Board & Executive	0	(97,499)	(97,499)	0	0

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

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
Directorate	£	£	£	£	£
Board and Executive		(0)	(3,179)		(3,180)
Chief Executive Reserve					0
Finance and Corporate Services		(2)	(4,251)		(4,253)
Planning and Performance		(9)	(431)		(440)
Digital and IT		(10)	(4,141)		(4,151)
Medical & Pharmacy	5,958	(25)	(39,534)	(42,904)	(76,505)
Nursing and Health Professional Education		2,051	(24)	(13,684)	(11,656)
Human Resources and Organisation Development		(1)	2,687		2,686
Total	5,958	2,005	(48,874)	(56,588)	(97,499)

Mae'r dadansoddiad sydd wedi'i atodi yn Atodiad 1 yn nodi'r prif resymau am yr amrywiant, gan y Gyfarwyddiaeth. Y prif resymau dros y tanwariant yw llai o weithgarwch mewn meysydd megis cynadleddau a hyfforddiant yn ogystal â theithio a chynhaliaeth, yn ogystal â lefelau isel o danwariant mewn cyllidebau comisiynu.

5.2 Cyllid Comisiynu

Dylid nodi bod cyllidebau Comisiynu yn seiliedig ar y carfannau presennol o fyfyrwyr yn y system a nifer y myfyrwyr a gomisiynwyd ar gyfer 2022-23.

5.3 Mantolen

Dyma'r fantolen fel yr oedd ar 30 Ebrill 2022:

	2021/22 Balans Agoriadol £000oedd	30 Ebrill 2022 £000oedd	Symudiad £000oedd
Asedau Anghyfredol:			
Asedau Sefydlog	1,940	1892	(48)
Asedau Cyfredol:			
Symiau masnach taladwy a symiau derbyniadwy eraill	2,125	1371	(754)
Arian parod a'r banc	5,955	2336	(3,619)
Cyfanswm Asedau	10,020	5599	(4,421)
Dyledion:			
Symiau masnach a symiau taladwy eraill	(8,543)	(10,569)	(2,026)
Darpariaethau	0	0	0
Cyfanswm Dyledion	(8,543)	(10,569)	(6,447)
	1,477	(4,970)	(6,447)
Ariannwyd gan:			
Y Gronfa Gyffredinol	1,477	(4,970)	(6,447)
Cyfanswm y Cyllid	1,477	(4,970)	(6,447)

- Mae'r symudiad yng nghyswllt asedau anghyfredol yn adlewyrchu'r ffioedd dibrisio a godwyd yn ystod y mis.
- Mae Symiau Masnach Taladwy a Symiau Derbyniadwy eraill yn £1.4m ar 30 Ebrill 2022. Mae £0.9m o'r balans hwn yn ymwneud â rhagdaliadau a fydd yn cael eu rhyddhau yn unol â'r gwasanaeth a ddarperir.
- Mae cyfanswm Symiau Masnach Taladwy a Symiau Taladwy eraill yn £10.6m ar 30 Ebrill. Mae'r prif falansau'n cynnwys:
 - £0.3m o anfonebau ar y system cyfrifon taladwy yn aros i gael eu talu yn unol â'r polisi talu 30 diwrnod.
 - £0.4m o groniadau ar gyfer 'Nwyddau a Dderbyniwyd ond Heb eu Hanfonebu'.
 - £5.2m o ran sefydliadau eraill GIG Cymru, ac amcangyfrifir bod £2.5m o'r rhain yn groniadau. Mae £2.6m yn ymwneud â'r cydbwysedd sy'n weddill ar gyfer proses y Prif Gyflogwr Unigol, sy'n cael ei gysoni bob chwarter.
 - £3.5m yn daladwy i gredydwyd nad ydynt yn rhai'r GIG, ac amcangyfrifir bod £2.8m ohonynt yn groniadau.
 - £0.6m yn ymwneud â chroniadau cyfrifyddu technegol fel y ddarpariaeth gwyliau blynyddol a'r cyfrif cydraddoli rhent.
 - £0.6m o gredydwyd pensiwn a CThEM yn ddyledus yn y mis ar ôl cyfnod y gyflogres. Mis Ebrill y mis cyntaf o ran cynnydd Yswiriant Gwladol.

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Roedd y balans arian ar ddiwedd y mis yn £2.3m.

Gwariant Cyfalaf

Mae gan AaGIC ddyraniad cyfalaf o £76k ar gyfer 2022/23. Nid oes gwariant wedi codi hyd yma.

Polisi Taliadau'r Sector Cyhoeddus

Disgwylir i holl gyrrff y GIG fodloni Polisi Taliadau'r Sector Cyhoeddus, sy'n golygu ei bod yn rhaid i bob sefydliad dalu 95% o'r holl anfonebau nad ydynt yn rhai GIG cyn pen 30 diwrnod (yn ôl nifer). Ar gyfer y cyfnod rhwng mis Ebrill 2021 a mis Mawrth 2022, roedd AaGIC wedi talu 97.63% o anfonebau heb fod yn rhai'r GIG a 97.95% o anfonebau'r GIG o fewn 30 diwrnod.

Anfonebau heb fod yn rhai'r GIG

	Nifer			Gwerth		
Mis	Nifer a Basiodd	Nifer a Fethodd	% Wedi pasio	Gwerth wedi Pasio £	Gwerth wedi Methu £	% Wedi pasio
Ebrill	330	8	97.63	7,221,258	5,223	99.93
Cronnus	330	8	97.63	7,221,258	5,223	99.93

Anfonebau'r GIG

	Nifer			Gwerth		
Mis	Nifer a Basiodd	Nifer a Fethodd	% Wedi pasio	Gwerth wedi Pasio £	Gwerth wedi Methu £	% Wedi pasio
Ebrill	239	5	97.95	6,557,522	46,818	99.29
Cronnus	239	5	97.95	6,557,522	46,818	99.29

6. ARGYMHELLIAD

Gofynnir i'r Bwrdd **nodi**:

- sefyllfa ariannol tanwariant a adroddwyd ar gyfer AaGIC ym mis 1;
- yr esboniad cryno o'r prif amrywiadau yn ôl Cyfarwyddiaeth;
- y dyraniad Cyfalaf a'r gwariant hyd yn hyn; a
- sefyllfa'r Fantolen.

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Llywodraethu a Sicrwydd			
Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig (rhowch ✓)	Nod Strategol 1: Arwain y gwaith o gynllunio, datblygu a gofalu am lesiant gweithlu cymwys, cynaliadwy a hyblyg er mwyn helpu i gyflawni 'Cymru Iachach'	Nod Strategol 2: Trawsnewid addysg a hyfforddiant gofal iechyd er mwyn gwella cyfleoedd, mynediad ac iechyd y boblogaeth.	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy feithrin gallu arwain tosturiol ac ar y cyd ar bob lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu atebion cenedlaethol i'r gweithlu i gefnogi'r gwaith o ddarparu blaenoriaethau gwasanaeth cenedlaethol a gofal o safon i gleifion.	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	Nod Strategol 6: Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad Cleifion			
Does dim goblygiadau o ran Ansawdd, Diogelwch a Phrofiad Cleifion.			
Goblygiadau Ariannol			
Mae'r goblygiadau ariannol wedi'u nodi uchod yng nghorff yr adroddiad.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Mae dyletswydd statudol ar AaGIC i fantoli'r gyllideb ar ddiwedd blwyddyn. Mae'r adroddiad hwn yn nodi'r sefyllfa ariannol ar gyfer mis Ebrill 2022.			
Does dim goblygiadau cysylltiedig â chydraddoldeb nac amrywiaeth yn codi o'r papur hwn.			
Goblygiadau Staffio			
Does dim goblygiadau staffio yn codi o'r papur hwn.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Mae'r adroddiad yn disgrifio'n gryno sut mae AaGIC yn ceisio mabwysiadu dull cynaliadwy o reoli cyllid a fydd yn galluogi AaGIC i gyflawni ei amcanion tymor hir.			
Hanes yr Adroddiad	Mae'r adroddiad yn cyfeirio at y diweddariad cyllid blaenorol a rannwyd â bwrdd AaGIC ym mis Mawrth 2022, ac yn diwedddaru hwnnw.		
Atodiadau	Atodiad 1 – Gwybodaeth Ategol Atodiad 2 – Ffurflen Fonitro		

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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 £3k within the Board and Executive as a result of underspends against Travel & Subsistence where claims are less than budgeted during April 2022.

2. Finance & Corporate Services

Within Finance & Corporate Services, there is an underspend of £4k which is made up of a number of very small underspends across the non-pay budget headings, as well as an underspend of £2k against Gas which is likely to balance to budget when the next bill is received.

3. Planning & Performance

The small underspend of less than £1k is as a result of lower than budgeted travel claims paid during April 2022.

4. Digital & IT

The underspend of £4k in this directorate is as a result of some underspends in relation to software which will come in line with budget during the year.

5. Medical, Dental & Pharmacy

The underspend within this directorate is made up of an underspend against non-pay of £40k which is broken down into two areas:

- £13k underspend against Travel & Subsistence as a result of lower claims than budgeted.
- £21k under Training and Conferences as a result of lower activity than budgeted for.

As well as an underspend against commissioning areas of £43k made up of:

- GP Training – Overspend of £3k which is less than 0.12% of the months spend. Spend in this area will be monitored closely as the year continues.
- Underspend of £16k against GP Induction and Returners due to only one being in post with budget set for five.
- TGS allocations, an underspend of £17k and
- An underspend of £14k to date within the pharmacy commissioning allocations.

6. Nursing & Health Professional Education

As at the end of April there was an underspend of £12k. This relates to a small overspend in Pay & Non Pay of £2k (less than 1% of the Pay and Non-Pay budget)

offset against an underspend in the commissioning budgets of £14k. It is expected that this underspend in commissioning will increase during the year and this will be reported to the board each month.

7. Workforce and Organisational Development

There is a minor overspend of £3k as a result of some VAT adjustments and leadership membership costs which were not budgeted for. This is offset against a number of small underspends in a range of areas.

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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 £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-30,883	0	-30,883	-30,883
3 Planned Expenditure For Covid-19 (Negative Value)	0	0	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	0	0
6 Planned Provider Income (Positive Value)	0	0	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	0	0
12	0	0	0	0
13 Planning Assumptions still to be finalised at Month 1	0	0	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	0	0
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	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	0	0
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	0	0	0	0
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0	0	0
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	0	0	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	0	0
27	0	0	0	0
28	0	0	0	0
29	0	0	0	0
30	0	0	0	0
31	0	0	0	0
32	0	0	0	0
33	0	0	0	0
34	0	0	0	0
35	0	0	0	0
36 Forecast Outturn (- Deficit / + Surplus)	0	0	0	0
37 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0			
38 Operational - Forecast Outturn (- Deficit / + Surplus)	0			
39				

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1													0	0
2	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-2,574	-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	2,574	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	60	60	30	-50	-30	-30	-30	-30	-30	-30	-17	97	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	60	60	30	-50	-30	-30	-30	-30	-30	-30	-17	97	0
37	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	97	60	60	30	-50	-30	-30	-30	-30	-30	-30	-17	97	0

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	Ok
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	Ok
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	Ok
FYE of Recurring items only reported against Recurring items	Ok
Has Organisation name being selected	Ok

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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	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Pay - Administrative, Clerical & Board Members				0		0
2	Pay - Medical & Dental				0		0
3	Pay - Nursing & Midwifery Registered				0		0
4	Pay - Prof Scientific & Technical				0		0
5	Pay - Additional Clinical Services				0		0
6	Pay - Allied Health Professionals				0		0
7	Pay - Healthcare Scientists				0		0
8	Pay - Estates & Ancillary				0		0
9	Pay - Students				0		0
10	Non Pay - Supplies and services - clinical				0		0
11	Non Pay - Supplies and services - general				0		0
12	Non Pay - Consultancy Services				0		0
13	Non Pay - Establishment				0		0
14	Non Pay - Transport				0		0
15	Non Pay - Premises				0		0
16	Non Pay - External Contractors				0		0
17	Health Care Provided by other Orgs – Welsh LHBs				0		0
18	Health Care Provided by other Orgs – Welsh Trusts				0		0
19	Health Care Provided by other Orgs – WHSSC				0		0
20	Health Care Provided by other Orgs – English				0		0
21	Health Care Provided by other Orgs – Private / Other				0		0
22	Total	0	0	0	0	0	0

Section B - By Directorate		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Primary Care				0		0
2	Mental Health				0		0
3	Continuing HealthCare				0		0
4	Commissioned Services				0		0
5	Scheduled Care				0		0
6	Unscheduled Care				0		0
7	Children & Women's				0		0
8	Community Services				0		0
9	Specialised Services				0		0
10	Executive / Corporate Areas				0		0
11	Support Services (inc. Estates & Facilities)				0		0
12	Total	0	0	0	0	0	0

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This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	0	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	0	
38	Best Case Outturn Scenario	0	

Table B - Monthly Positions

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

Period : Apr 22

This Table is currently showing 1 errors
NOTE : Some errors will be resolved when associated tables are completed

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	21,545	22,294	23,056	22,649	25,001	25,996	26,443	24,557	28,243	26,906	25,795	34,999	21,545	307,484
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast													0	0
4	WHSSC Income	Actual/F'cast													0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast													0	0
6	Other Income	Actual/F'cast	29	42	52	42	42	44	42	42	44	42	42	138	29	601
7	Income Total		21,574	22,336	23,108	22,691	25,043	26,040	26,485	24,599	28,287	26,948	25,837	35,137	21,574	308,085
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	1,964	1,963	1,978	1,981	1,952	1,957	1,959	1,960	1,961	1,962	1,960	1,841	23,438
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	584	695	1,258	886	623	1,524	1,105	747	1,526	915	771	9,172	584	19,806
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	19,569	19,779	19,749	22,441	22,546	23,405	21,875	24,783	24,054	23,086	23,974	19,004	264,265
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	48	48	48	48	48	48	48	48	48	48	48	48	576
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	22,276	23,048	22,661	25,093	26,070	26,515	24,629	28,317	26,978	25,867	35,154	21,477	308,085
27	Net surplus/ (deficit)	Actual/F'cast	97	60	60	30	(50)	(30)	(30)	(30)	(30)	(30)	(30)	(17)	97	0

B. Cost Total by Directorate		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
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												0	0
37	Executive / Corporate Areas	Actual/F'cast												0	0
38	Support Services (inc. Estates & Facilities)	Actual/F'cast												0	0
39	Reserves	Actual/F'cast												0	0
40	Cost - Total (Excluding DEL & AME Non-Cash Charges)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0

Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28 . Actual YTD surplus/ (deficit)	97	
29. Actual YTD surplus/ (deficit) last month	0	
30. Current month actual surplus/ (deficit)	97	
31. Average monthly surplus/ (deficit) YTD	97	Trend ▶
32. YTD /remaining months	9	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	1,164
34. Year to Date Trend Scenario	1,164

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D. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
DEL															
41	Baseline Provider Depreciation	Actual/F'cast	48	48	48	48	48	48	48	48	48	48	48	48	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												0	0
46	Total		48	48	48	48	48	48	48	48	48	48	48	48	576
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

E. Accountancy Gains

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
51	Accountancy Gains	Actual/F'cast	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	Total YTD	Forecast year-end position
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.															
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!	0

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Period : Apr 22

This Table is currently showing 0 errors

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

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	year-end position £'000
1	Administrative, Clerical & Board Members	1,114	1,280	1,283	1,298	1,299	1,272	1,276	1,278	1,279	1,280	1,280	1,277	1,114	15,216
2	Medical & Dental	475	451	451	451	452	452	452	452	452	452	452	453	475	5,445
3	Nursing & Midwifery Registered	44	49	44	44	44	44	45	45	45	45	45	45	44	539
4	Prof Scientific & Technical	177	150	150	150	151	149	149	149	149	149	150	150	177	1,823
5	Additional Clinical Services	13	11	11	11	11	11	11	11	11	11	11	11	13	134
6	Allied Health Professionals	18	23	24	24	24	24	24	24	24	24	24	24	18	281
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	TOTAL PAY EXPENDITURE	1,841	1,964	1,963	1,978	1,981	1,952	1,957	1,959	1,960	1,961	1,962	1,960	1,841	23,438

Analysis of Pay Expenditure															
11	LHB Provided Services - Pay	1,841	1,964	1,963	1,978	1,981	1,952	1,957	1,959	1,960	1,961	1,962	1,960	1,841	23,438
12	Other Services (incl. Primary Care) - Pay													0	0
13	Total - Pay	1,841	1,964	1,963	1,978	1,981	1,952	1,957	1,959	1,960	1,961	1,962	1,960	1,841	23,438
		0	0	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	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	year-end position £'000
1	Administrative, Clerical & Board Members	33	33	33	33	33	33	33	33	33	33	33	33	33	396
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	33	33	33	33	33	33	33	33	33	33	33	33	396
11	Agency/Locum (premium) % of pay	1.8%	1.7%	1.7%	1.7%	1.7%	1.7%	1.7%	1.7%	1.7%	1.7%	1.7%	1.7%	1.8%	1.7%

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

REF	REASON	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	year-end position £'000
1	Vacancy	33	33	33	33	33	33	33	33	33	33	33	33	33	396
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	W/LI													0	0
12	Exclusion/Suspension													0	0
13	COVID-19													0	0
14	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	33	33	33	33	33	33	33	33	33	33	33	33	33	396
		0	0	0	0	0	0	0	0	0	0	0	0	0	0

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
A1	Enter as positive values														
1	Testing (Additional costs due to C19) enter as positive values - actual/forecast														
2	Provider Pay (Establishment, Temp & Agency)														
3	Administrative, Clerical & Board Members													0	0
4	Medical & Dental													0	0
5	Nursing & Midwifery Registered													0	0
6	Prof Scientific & Technical													0	0
7	Additional Clinical Services													0	0
8	Allied Health Professionals													0	0
9	Healthcare Scientists													0	0
10	Estates & Ancillary													0	0
11	Students													0	0
12	Sub total Testing Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	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 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

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Period : Apr 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 YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000				Green £'000	Amber £'000	non recurring £'000	recurring £'000	
1	CHC and Funded	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2	Nursing Care	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	Commissioned Services	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	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8	(Primary & Secondary Care)	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	Non Pay	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	Pay	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	Primary Care	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			
22	Variance in month																					
23	In month achievement against FY forecast																					

Table C1- Savings Schemes Pay Analysis

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

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green £'000	Amber £'000	non recurring £'000	recurring £'000	
1	Reduced usage of	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Agency/Locums paid at a	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	premium	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Non Medical 'off contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	'to 'on contract'	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	0	0	0
7	Medical - Impact of	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Agency pay rate caps	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	0	0	0
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0
13	Total	Budget/Plan	0	0	0	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	0	0	0

Table C3 - Tracker

This Table is currently showing 0 errors

	£'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

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Period : Apr 22

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University		10	10
2	Aneurin Bevan University		22	22
3	Betsi Cadwaladr University		23	23
4	Cardiff & Vale University		69	69
5	Cwm Taf Morgannwg University		114	114
6	Hywel Dda University			0
7	Powys			0
8	Public Health Wales		158	158
9	Velindre		11	11
10	NWSSP			0
11	DHCW		11	11
12	Wales Ambulance Services		22	22
13	WHSSC		34	34
14	EASC			0
15	HEIW			0
16	NHS Wales Executive			0
17	Total	0	474	474

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
	14,532	14,532
	11,267	11,267
	16,716	16,716
	23,018	23,018
	12,172	12,172
	8,240	8,240
	696	696
	1,519	1,519
	46,645	46,645
		0
	3,524	3,524
	407	407
		0
		0
		0
		0
0	138,736	138,736

Table E - Resource Limits

1. BASE ALLOCATION

	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered into Table
	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000						
1 LATEST ALLOCATION LETTER/SCHEDULE REF:	2									
2 Total Confirmed Funding	304,246				304,246		303,726	76	76	

2. ANTICIPATED ALLOCATIONS

3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4 DEL Non Cash Depreciation - Strategic					0					
5 DEL Non Cash Depreciation - Accelerated					0					
6 DEL Non Cash Depreciation - Impairment					0					
7 DEL Non Cash Depreciation - IFRS 16 Leases					0					
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)					0					
15 Energy (Price Increase)					0					
16 Employers NI Increase (1.25%)					0					
17 Real Living Wage					0					
18 Critical Care	58				58	NR				
19 WIMAT	242				242	NR				
20 CNO	193				193	NR				
21 CHEF pilot	157				157	NR				
22 Depreciation adjustment	56				56	NR				
23 WG - Digital Priorities Investment Fund for Building a Digitally Ready Workf	104				104	NR				As per letter from Ryan Parry dated 01/0
24 WG - Project Co-ordinator and Project Support Officer for Mental Health	87				87	NR				As per letter from Tracey Breheny dated 1
25 WG - National Programme for the Allied Health Professions (AHP) Framework	292				292	NR				As per letter from Alex Slade dated 25/0
26 OCDO	3				3	NR				
27 Primary Care	1,786				1,786	NR				
28 SLE	260				260	NR				
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	3,238	0	0	0	3,238		0	0	0	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

59 Confirmed Resources Per 1, above	304,246	0	0	0	304,246		303,726	76	76	
60 Anticipated Resources Per 2, above	3,238	0	0	0	3,238		0	0	0	
61 Total Resources	307,484	0	0	0	307,484		303,726	76	76	

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

	Allocated Total £'000	Anticipated HCHS £'000	Anticipated Pharmacy £'000	Anticipated Dental £'000	Anticipated GMS £'000	Total RRL £'000	WG Contact and date item first entered into table.
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	

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	DHCW £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
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 (Peppercom)																		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	

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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	

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Period : Apr 22

This table needs completing monthly from Month: 3
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Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 22 £'000	Closing Balance End of Apr 22 £'000	Forecast Closing Balance End of Mar 23 £'000
Non-Current Assets			
1 Property, plant and equipment			
2 Intangible assets			
3 Trade and other receivables			
4 Other financial assets			
5 Non-Current Assets sub total	0	0	0
Current Assets			
6 Inventories			
7 Trade and other receivables			
8 Other financial assets			
9 Cash and cash equivalents			
10 Non-current assets classified as held for sale			
11 Current Assets sub total	0	0	0
12 TOTAL ASSETS	0	0	0
Current Liabilities			
13 Trade and other payables			
14 Borrowings (Trust Only)			
15 Other financial liabilities			
16 Provisions			
17 Current Liabilities sub total	0	0	0
18 NET ASSETS LESS CURRENT LIABILITIES	0	0	0
Non-Current Liabilities			
19 Trade and other payables			
20 Borrowings (Trust Only)			
21 Other financial liabilities			
22 Provisions			
23 Non-Current Liabilities sub total	0	0	0
24 TOTAL ASSETS EMPLOYED	0	0	0
FINANCED BY: Taxpayers' Equity			
25 General Fund			
26 Revaluation Reserve			
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 Total Taxpayers' Equity	0	0	0

EXPLANATION OF ALL PROVISIONS	Opening Balance Beginning of Apr 22	Closing Balance End of Apr 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)

41	Welsh NHS Receivables Aged 0 - 10 weeks
42	Welsh NHS Receivables Aged 11 - 16 weeks
43	Welsh NHS Receivables Aged 17 weeks and over

£'000
0
0
0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)

	£'000	£'000	£'000
44 Capital	0	0	0
45 Revenue	0	0	0

ANALYSIS OF CASH (opening, current & closing)

	£'000	£'000	£'000
46 Capital	0	0	0
47 Revenue	0	0	0

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													0
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)													0
4	WG Capital Funding - Cash Limit - LHB & SHA only													0
5	Income from other Welsh NHS Organisations													0
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)													0
11	TOTAL RECEIPTS	0	0	0	0	0	0	0	0	0	0	0	0	0
	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													0
18	Non Pay Expenditure													0
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only													0
21	Capital Payment													0
22	Other items (Specify in narrative)													0
23	TOTAL PAYMENTS	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Net cash inflow/outflow	0	0	0	0	0	0	0	0	0	0	0	0	
25	Balance b/f		0	0	0	0	0	0	0	0	0	0	0	
26	Balance c/f	0	0	0	0	0	0	0	0	0	0	0	0	

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Table H - PSPP

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

30 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE		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%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%

10 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE			Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
5	% of NHS Invoices Paid Within 10 Days - By Value													
6	% of NHS Invoices Paid Within 10 Days - By Number													
7	% of Non NHS Invoices Paid Within 10 Days - By Value													
8	% of Non NHS Invoices Paid Within 10 Days - By Number													

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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			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	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	

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Table J - In Year Capital Scheme Profiles

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Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Min. £'000	Forecast Max. £'000	Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
					April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1																	0	0	
2																	0	0	
3																	0	0	
4																	0	0	
5																	0	0	
6																	0	0	
7																	0	0	
8																	0	0	
9																	0	0	
10																	0	0	
11																	0	0	
12																	0	0	
13																	0	0	
14																	0	0	
15																	0	0	
16																	0	0	
17																	0	0	
18																	0	0	
19																	0	0	
20																	0	0	
21																	0	0	
22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Discretionary:																			
35	I.T.																0	0	
36	Equipment																0	0	
37	Statutory Compliance																0	0	
38	Estates																0	0	
39	Other																0	0	
40	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
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	
Total Capital Expenditure																			
62			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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Table K - Capital Disposals

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A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 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	

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Catherine

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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

11 weeks before end of Apr 22 =	12 February 2022
17 weeks before end of Apr 22 =	01 January 2022

[illegible]

Total outstanding as per MR submission date	0.00	0.00
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HEIW

Period : Apr 22

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

6

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Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
	LINE NO.					
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

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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

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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 £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Dispensing Data	LINE NO.					
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

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Table O - General Dental Services
Table to be completed from Q2 / Month: 6
Operating Expenditure from the revenue allocation for the dental contract

This Table is currently showing 0 errors

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 <u>not</u> 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
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GIG
CYMRU
NHS
WALES

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

Dyddiad y Cyfarfod	27 Mai 2022		Eitem Agenda	4.3
Teitl yr Adroddiad	Cod Llywodraethu Corfforaethol			
Awdur yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd			
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd			
Cyflwynir gan	Dafydd Bebb, Ysgrifennydd y Bwrdd			
Rhyddid Gwybodaeth	Agor			
Pwrpas yr Adroddiad	Gofyn i'r Bwrdd ystyried a nodi'r asesiad o'i gydymffurfiaeth â Llywodraethu Corfforaethol yn adrannau'r llywodraeth ganolog: Cod Ymarfer Da 2017(Cod Llywodraethu Corfforaethol).			
Materion Allweddol	<p>Mae'n ofynnol i AaGIC roi cyfrif o'i gydymffurfiaeth ag elfennau perthnasol y Cod Llywodraethu Corfforaethol yn ei Ddatganiad Llywodraethu Blyneddol.</p> <p>Mae'r asesiad o gydymffurfiaeth i'w weld yn Atodiad 1.</p> <p>Nid oes unrhyw wryiadau o'r Cod a adroddwyd yn yr asesiad eleni.</p>			
Cam Penodol a Fynnir (✓un yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd	Cymeradwyaeth
			✓	
Argymhelliad	<p>Gofynnir i'r Bwrdd:</p> <ul style="list-style-type: none"> • Ystyried a nodi'r asesiad o gydymffurfiaeth y Bwrdd â'r Cod Llywodraethu Corfforaethol er mwyn cael sicrwydd. 			

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Cod Llywodraethu Corfforaethol

1. CYFLWYNIAD

Mae'n ofynnol yn flynyddol i'r Bwrdd ystyried yr asesiad o'i gydymffurfiaeth â Llywodraethu Corfforaethol yn Adrannau'r Llywodraeth Ganolog: Cod Ymarfer Da 2017 (Cod Llywodraethu Corfforaethol). Manylir ar ganlyniad yr asesiad hwn yn y tabl yn Atodiad 1.

2. CEFNDIR

Mae'n ofynnol i sefydliadau GIG Cymru gydymffurfio â'r Cod Llywodraethu Corfforaethol. Mae'r Cod hwn yn nodi'r polisi ar gyfer llywodraethu corfforaethol o fewn adrannau llywodraeth ganolog.

Nodir elfennau'r Cod Llywodraethu Corfforaethol sy'n berthnasol i sefydliadau GIG Cymru ym Mhennod 3 o ganllawiau'r Adroddiad Blynyddol o Lawlyfr Cyfrifon y GIG.

3. CYNNIG

Amlinellir yr asesiad o gydymffurfiaeth AaGIC ag adrannau perthnasol y Cod Llywodraethu Corfforaethol yn Atodiad 1. Mae adrannau perthnasol y Cod Llywodraethu Corfforaethol yn fanwl ac yn cael eu dyfynnu yng nghlofn chwith y tabl yn Atodiad 1. Mae'r tabl hefyd yn cynnwys asesu cydymffurfiaeth ac yn nodi'r dogfennau allweddol y gellir cyfeirio atynt fel rhai sy'n rhoi sicrwydd i gefnogi'r asesiad.

Nid oes unrhyw wyriadau o'r Cod a adroddwyd yn yr asesiad.

Mae'n braf nodi bod cynnydd da wedi'i wneud yn y meysydd canlynol, a nodwyd fel meysydd ffocws yn adroddiad y llynedd ar gydymffurfiaeth â'r Cod Llywodraethu Corfforaethol:

- cryfhau proses hunanasesu'r Bwrdd drwy ddatblygu proses fwy pwrpasol sy'n adlewyrchu sefyllfa AaGIC yn well fel sefydliad sy'n canolbwyntio ar addysg a hyfforddiant;
- cryfhau'r cyfnod ymsefydlu ar gyfer y Bwrdd drwy ddatblygu'r broses sefydlu ar gyfer aelodau annibynnol newydd AaGIC.

4. MATERION LLYWODRAETHIANT A RISG

Mae cydymffurfio â'r Cod Llywodraethu Corfforaethol yn elfen graidd o lywodraethu corfforaethol da, ac mae'n hanfodol bod y Bwrdd yn nodi unrhyw risgiau neu feysydd o wendid.

5. GOBLYGIADAU ARIANNOL

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

English Cathryn
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6. ARGYMHELLIAD

Gofynnir i'r Bwrdd :

- **Ystyried** a **nodi'r** asesiad o gydymffurfiaeth y Bwrdd â'r Cod Llywodraethu Corfforaethol er mwyn cael sicrwydd.

Llywodraethiant a Sicrwydd			
Cyswllt â nodau strategol y Cynllun Tymor Canolog 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, dylanwadrwr ac arweinydd rhagorol.
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf			
Mae llywodraethu corfforaethol da yn elfen hanfodol i AaGIC gyflawni ei hamcanion o ran Ansawdd, Diogelwch ac mewn perthynas â Phrofiad Cleifion.			
Goblygiadau Ariannol			
Does dim goblygiadau ariannol yn deillio o'r adroddiad hwn			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Does dim goblygiadau cyfreithiol yn deillio o'r adroddiad hwn			
Goblygiadau Staffio			
Does dim goblygiadau staffio yn deillio o'r adroddiad hwn			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Mae llywodraethu corfforaethol da yn elfen hanfodol er mwyn i AaGIC gyflawni ei amcanion sy'n cyd-fynd â'r ddeddf.			
Hanes yr Adroddiad	Dim		
Atodiadau	Atodiad 1 – Asesiad cydymffurfiaeth â'r Cod Llywodraethu Corfforaethol.		

(2021-22) (HEALTH EDUCATION IMPROVEMENT WALES) SELF ASSESSMENT AGAINST THE CORPORATE GOVERNANCE – CODE OF PRACTICE 2017

REF	Corporate Governance Code Principles (the information in brackets are references to the relevant sections of the code)	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 1	Each organisation should have an effective Board, which provides leadership for the business, helping it to operate in a business-like manner. The Board should operate collectively, concentrating on advising on strategic and operational issues affecting the department's performance, as well as scrutinising and challenging departmental policies and performance, with a view to the long-term health and success of the Special Health Authority. (Sections 2.1 and 2.2 of the Corporate Governance Code)	<p>The Board operates in accordance with its Standing Orders which outlines its role in determining the strategic direction of the organisation together with its role to monitor progress and to challenge.</p> <p>There is a Board Cycle of Business in place developed on an annual basis and updated throughout the year. The Board routinely receives information on strategic activity, risk, strategic policies and performance matters as set agenda items. The Board is involved in setting strategic direction. The Annual Plan was scrutinised by the Board. The Board collaborates with partners and key stakeholders.</p> <p>The Phase 2 of Audit Wales's structured assessment determined that overall that HEIW was 'well governed' and 'HEIW continues to produce high quality meeting papers, with good coverage of strategic, governance, performance and assurance matters.'</p>	<p>Title: Audit Wales Structured Assessment Report 2021 Phase Two(AW SA Report)</p> <p>Reference Point: Conducting Business Effectively – Paragraphs 11-19</p>	Comply	<p>Standing Orders and Standing Financial Instructions</p> <p>Board and Committee Minutes – demonstrate scrutiny and support AW SA Report 2021</p>
CGC 2	<p>The Board does not decide policy or exercise the powers of the ministers. The department's policy is decided by ministers alone on advice from officials. The Board advises on the operational implications and effectiveness of policy proposals. The Board will operate according to recognised precepts of good corporate governance in business:</p> <ul style="list-style-type: none"> Leadership – articulating a clear vision for the department and giving clarity about how policy activities contribute to achieving this vision, including setting risk appetite and managing risk Effectiveness – bringing a wide range of relevant experience to bear, including through offering rigorous challenge and scrutinising performance Accountability – promoting transparency through clear and fair reporting. Sustainability – taking a long-term view about what the department is trying to achieve and what it is doing to get there. (2.3) 	<p>The Board approved an Annual Plan for 2021/22 for submission to Welsh Government in June 2021. In line with other NHS Wales organisations, and as a result of the pressures of the pandemic, the Plans were not formally approved by Welsh Government. Nevertheless, positive informal feedback was received from Welsh Government prior to submission. The aims and objectives of the Annual Plan were reviewed on a regular basis throughout the year to ensure an agile approach was taken by HEIW to support the NHS workforce's response to the pandemic. We have continued to support the development of planning and project management skills across our teams.</p> <p>HEIW reviewed and updated its Standing Orders in July 2021. The review included updating HEIW's Standing Orders to reflect the updated Model Standing Orders developed by Welsh Government.</p> <p>HEIW's Standing Orders and Standing Financial Instructions, including the Scheme of Delegation provide the regulatory framework for the business conduct of the organisation. These documents form the basis upon which HEIW's governance and accountability framework is developed and, together with the adoption of the Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.</p> <p>HEIW works with all professional regulators in the development of our education and training programmes. We have a specific role supporting the GMC in relation to the quality of postgraduate medical education</p> <p>The development process for our Annual Plan ensured that HEIW considered the principles of the Wellbeing of Future Generations Act, and this is reflected in the organisation's aims and objectives.</p>	<p>Title: Audit Wales Structured Assessment Report 2021 Phase Two(AW SA Report)</p> <p>Reference Point: Conducting Business Effectively – Paragraphs 11-19</p>	Comply	<p>Standing Orders and Standing Financial Instructions</p> <p>AW SA Report 2021</p> <p>Annual Plan 2021-22</p>

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 3	The Board should meet on at least a quarterly basis; however, best practice is that boards should meet more frequently. The Board advises on five main areas: <ul style="list-style-type: none"> • Strategic Clarity • Commercial Sense • Talented People • Results focus • Management information (2.4 and 3.10)	<p>The Board meets at least once every two months.</p> <p>There is a Board Cycle of Business in place developed on an annual basis and updated throughout the year.</p> <p>The Board routinely receives information on strategic activity, risk and performance and workforce planning matters.</p> <p>The Annual Plan and performance are scrutinised by the Board.</p>	<p>Title: Audit Wales Structured Assessment Report 2021 Phase Two(AW SA Report)</p> <p>Reference Point: Conducting Business Effectively – Paragraphs 11-19</p>	Comply	<p>Standing Orders and Standing Financial Instructions</p> <p>AW SA report 2021</p> <p>Annual Plan 2021-22</p>
CGC 4	The Board also supports the accounting officer in the discharge of obligations set out in <i>Managing Public Money</i> ¹ for the proper conduct of business and maintenance of ethical standards. (2.7)	The Board approves the Accountability Report, which forms a part of the Annual Report, on an annual basis which includes the Statement by the Accountable Officer assuring the Board on the System of Internal Control.	<p>Title: AW SA Report</p> <p>Reference Point: Systems of assurance – Paragraph 23-35.</p>	Comply	<p>Accountability Report (Annual Report) which includes the Internal Audit Opinion.</p> <p>AW SA Report 2021</p> <p>Annual Plan 2021-22</p>
CGC 5	Where Board members have concerns, which cannot be resolved, about the running of the department or a proposed action, they should ensure that their concerns are recorded in the minutes. (2.12)	<p>Any concerns raised at Board and Committee meetings will be formally recorded in the minutes.</p> <p>The role of the Board Secretary is responsible for ensuring these matters are effectively managed, recorded and resolved where possible.</p>	<p>Title: AW SA Report</p> <p>Reference Point: Conducting Business Effectively – Paragraphs 11-19</p>	Comply	<p>Role of the Board Secretary</p> <p>AW SA report 2021</p> <p>Board and Committee Minutes – available on HEIW's Internet site</p>
CGC 6	The Board should have a balance of skills and experience appropriate to fulfilling its responsibilities. The membership of the board should be balanced, diverse and manageable in size. (3.1, 3.11, 3.12 and 3.13)	<p>The Constitution is set out in the Organisation's Establishment Orders and HEIW abides by this composition.</p> <p>The Standing Orders also capture the Composition of the Board.</p> <p>The Executive Director Skill mix, HEIW's Strategic Objectives and required Executive Portfolios will be considered prior to new appointments of Executive Directors.</p> <p>The areas of expertise of existing Independent Members and the requirements of HEIW going forward are considered in the appointment process for new independent members to ensure an appropriate skill mix for the Board.</p> <p>The Public Bodies Unit support the process and HEIW works with them to set the criteria for independent member roles.</p>	<p>Title: AW SA Report</p> <p>Reference Point: Conducting Business Effectively – Paragraphs 11-19</p>	Comply	<ul style="list-style-type: none"> • Establishment Orders <p>Standing Orders</p> <p>AW SA report 2021</p>

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 7	The roles and responsibilities of all board members should be defined clearly in the department's board operating framework. (3.2)	The Standing Orders captures the Composition of the Board.	Title: AW SA Report Reference Point: Conducting Business Effectively – Paragraphs 11-19	Comply	Establishment Orders Standing Orders AW SA report 2021
CGC 8	The Finance Director should be professionally qualified. (3.3)	Interim Executive Director of Finance is professionally qualified.		Comply	
CGC 9	Independent Members will exercise their role through influence and advice, supporting as well as challenging the executive. (3.5)	Annual Committee Self-Assessments – these assist in addressing the effectiveness of how Committees operate and how meetings are conducted to allow debate and constructive challenge. Meeting principles adopted that support this constructive challenge. The WG IM Training includes effective challenge and the scrutiny role on the Board. Standing Orders outline the role of the Board Members.	Title: AW SA Report Reference Point: Conducting Business Effectively – Paragraphs 11-19	Comply	AW SA report 2021 Standing Orders
CGC 10	The Board should agree and document in its Board operating framework a <i>de minimis</i> threshold and mechanism for Board advice on the operation and delivery of policy proposals.	There is a Board Cycle of Business in place developed on an annual basis. The Terms of Reference Operating Arrangements for the Board's Committees articulate what information that should be received by the Board. The Scheme of Delegation outlines the information that should flow through to the Board and its Committees as appropriate.	Title: AW SA Report Reference Point: Conducting Business Effectively – Paragraphs 11-19	Comply	AW SA report 2021. Terms of Reference and Operating Arrangements Board and Committee Cycles of Business Standing Orders and Scheme of delegation

	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 11	<p>The Board Should ensure that arrangements are in place to enable it to discharge its responsibilities effectively, including:</p> <ol style="list-style-type: none"> 1. formal procedures for the appointment of new Board members, tenure and succession planning for both Board members and senior officials 2. allowing sufficient time for the Board to discharge its collective responsibilities effectively 3. induction on joining the Board, supplemented by regular updates to keep Board members' skills and knowledge up-to-date 4. timely provision of information in a form and of a quality that enables the Board to discharge its duties effectively 5. a mechanism for learning from past successes and failures within the departmental family and relevant external organisations 6. a formal and rigorous annual evaluation of the Board's performance and that of its committees, and of individual Board members 7. a dedicated secretariat with appropriate skills and experience <p>(4.1)</p>	<p>IM Terms of office are monitored by the Board Secretary to ensure succession planning is timely and managed in conjunction with the Public Bodies Unit in Welsh Government.</p> <p>Agenda planning is managed by the Board Secretary in conjunction with the Chair and CEO to ensure adequate time is spent on the right things at Board meetings.</p> <p>To further support Independent Members ongoing Development the Chair undertakes regular and robust Personal Appraisal and Development reviews in accordance with WG guidance.</p> <p>HEIW has a schedule of Board Development Sessions throughout the year to discuss topical issues.</p> <p>Board members followed an induction process prior to the establishment of HEIW in October 2018. Further development provided through Board Development Sessions.</p> <p>In 2021-22 HEIW developed a robust induction programme for new Independent Members.</p> <p>The Board developed and undertook a bespoke self-assessment this year.</p> <p>Report templates are continually reviewed to ensure they support effective reports being received at the Board.</p> <p>The Corporate Governance Team support the Board Business.</p>	<p>Title: AW SA Report</p> <p>Reference Point: Conducting Business Effectively – Paragraphs 11-19</p>	Comply	<p>AW SA report 2021</p> <p>Terms of Reference and Operating Arrangements</p> <p>Board and Committee Forward Work Programme</p> <p>Standing Orders and Scheme of delegation</p>

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	<ul style="list-style-type: none"> scrutinising incentives and rewards for executive Board members and senior officials, and advising on the extent to which these arrangements are effective at improving performance (4.5) 				
CGC 13	The attendance record of individual Board members should be disclosed in the governance statement and cover meetings of the Board and its committees held in the period to which the resource accounts relate. (4.6)	Board Members attendance record for the Board is captured in the Accountability Report on annual basis.		Comply	Accountability Report (Annual Report)
CGC 14	Where necessary, Board members should seek clarification or amplification on Board issues or board papers through the Board Secretary. The Board Secretary will consider how officials can best support the work of Board members; this may include providing Board members with direct access to officials where appropriate. (4.10)	<p>This is the relationship between the Board Secretary and the Board Members.</p> <p>The role of the Board Secretary is to act as principal advisor to the Board and the organisation as a whole on all aspects of governance and ensure that it meets the standards of good governance set for the NHS in Wales.</p>		Comply	<p>Board Secretary role description</p> <p>Standing Orders</p>
CGC 15	<p>An effective Board Secretary is essential for an effective board. Under the direction of the permanent secretary, the Board Secretary's responsibilities should include:</p> <ul style="list-style-type: none"> developing and agreeing the agenda for Board meetings with the chair and lead non-executive Board member, ensuring all relevant items are brought to the Board's attention ensuring good information flows within the Board and its committees and between senior management and non-executive board members, including: challenging and ensuring the quality of Board papers and Board information ensuring Board papers are received by board members according to a timetable agreed by the board providing advice and support on governance matters and helping to implement improvements in the governance structure and arrangements ensuring the Board follows due process providing assurance to the board that the department: complies with government policy, as set out in the code adheres to the code's principles and supporting provisions on a comply or explain basis (which should form part of 	<p>The Board Secretary works closely with the Chair and Chief Executive to agree the Board agenda.</p> <p>The Board Secretary reviews Board papers and ensures they are issued within time and of sufficient quality in accordance with the Standing Orders.</p> <p>The Board Secretary ensures that minutes are recorded accurately, and the action log is maintained.</p> <p>The Board Secretary provides advice to the Board on issues relating to Corporate Governance.</p>		Comply	<p>Board Secretary role description</p> <p>Standing Orders</p>

	the report accompanying the resource accounts) <ul style="list-style-type: none"> • acting as the focal point for interaction between non-executive board members and the department, including arranging detailed briefing for non-executive board members and meetings between non-executive board members and officials, as requested or appropriate • recording board decisions accurately and ensuring action points are followed up • arranging induction and professional development of board members 4.11				
CGC 16	Evaluations of the performance of individual board members should show whether each continues to contribute effectively and corporately and demonstrates commitment to the role (including commitment of time for board and committee meetings and other duties). 4.14	An individual Board Member appraisal process is in place and is undertaken annually. A Committee Effectiveness self-assessment process is in place and is undertaken annually. Attendance record is reported in the Accountability Report.		Comply	Accountability Report (Annual Report) Appraisal Documentation and Process
	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 17	All potential conflicts of interest for non-executive board members should be considered on a case by case basis. Where necessary, measures should be put in place to manage or resolve potential conflicts. The board should agree and document an appropriate system to record and manage conflicts and potential conflicts of interest of board members. The board should publish, in its governance statement, all relevant interests of individual board members and how any identified conflicts, and potential	HEIW has an agreed process in place for managing Declarations of Interest. All Board Members are asked to formally declare on annual basis and advised of their responsibility to notify of any changes in year. Declarations of interest are captured on a register which is available for public inspection. A report on Declarations of Interest is received by the Audit Committee on an annual basis. Declarations of Interest are captured at the start of each agenda.		Comply	Standards of Behaviour Framework Policy Standing Orders Declarations of Interest Process and Register

	conflicts, of interest of board members have been managed. 4.15	<p>The Standards of Behaviour Policy details the responsibility under Declarations of Interest.</p> <p>Standing Orders also outline the responsibilities for Declarations of Interest.</p> <p>The DOI Form includes how Declarations and potential conflicts are managed and these are recorded on the register.</p>			
CGC 18	<p>The board should ensure that there are effective arrangements for governance, risk management and internal control for the whole departmental family. Advice about and scrutiny of key risks is a matter for the board, not a committee. The board should be supported by:</p> <ul style="list-style-type: none"> an audit and risk assurance committee, chaired by a suitably experienced non-executive board member an internal audit service operating to <i>Public Sector Internal Audit Standards</i>¹ sponsor teams of the department's key ALBs <p>(5.1 and 5.8)</p>	<p>HEIW's Audit and Assurance Committee is chaired by an experienced IM.</p> <p>NWSSP Internal Audit Services are appointed as HEIW's Internal Auditors.</p>		Comply	<p>Terms of Reference for HEIW's Audit and Assurance Committee</p> <p>Accountability Report (Annual Report)</p> <p>Internal Audit Reports</p>
	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
CGC 19	<p>The board should take the lead on, and oversee the preparation of, the department's governance statement for publication with its resource accounts each year.</p> <p>The annual governance statement (which includes areas formerly covered by the statement on internal control) is published with the resource accounts each year. In preparing it, the board should assess the risks facing the department and ensure that the department's risk management and internal</p>	<p>The Annual Governance Statement is included within the Accountability Report (Annual Report) which is received by the Audit and Assurance Committee to support approval formally by the Board in June each year.</p> <p>The Annual Governance Statement includes the organisation's key risks and the mitigating actions put in place to minimise or manage these risks.</p>	Audit Wales and Internal Audit receive the Accountability Report.	Comply	<p>Accountability Report</p> <p>Board and Committee minutes</p> <p>Annual Report Timetable</p>

	control systems are effective. The audit and risk assurance committee should normally lead this assessment for the board (5.2 and 5.13)				
CGC 20	The board's regular agenda should include scrutinising and advising on risk management (5.3 and 5.10)	<p>The Corporate Risk Register is an item for scrutiny and assurance on the Board Agenda twice a year. It is also placed on the agenda for noting for all other Board meetings.</p> <p>Risk Appetite and Risk Tolerance are defined and approved by the Board.</p> <p>The Audit and Assurance Committee provide assurance to the Board on Risk. The Corporate Risk Register is an agenda item for the quarterly meetings of the Audit Committee.</p>		Comply	<p>Board Agenda</p> <p>Board Cycle of Business</p> <p>Internal Audi Report on Risk Management</p>
CGC 21	<p>The key responsibilities of non-executive board members include forming an audit and risk assurance committee.</p> <p>The board and accounting officer should be supported by an audit and risk assurance committee, comprising at least three members.</p> <p>An audit and risk assurance committee should not have any executive responsibilities or be charged with making or endorsing any decisions. It should take care to maintain its independence. The audit and risk assurance committee should be established and function in accordance with the <i>Audit and risk assurance committee handbook</i>.</p> <p>The board should ensure that there is adequate support for the audit and risk assurance committee, including a secretariat function.</p> <p>The terms of reference of the audit and risk assurance committee, including its role and the authority delegated to it by the board, should be made available publicly. The department should report annually on the work of the committee in discharging those responsibilities</p>	<p>The Standing orders are explicit that HEIW must establish Committees that cover certain aspects, one of which is Audit.</p> <p>Audit and Assurance Committee established, and its remit includes risk.</p> <p>The Terms of Reference and Operating Arrangements in respect of the Audit and Assurance Committee are clear in relation to its authority and delegated responsibilities.</p> <p>Full secretariat function in place supporting the Audit and Assurance Committee.</p> <p>The Audit and Assurance Committee Terms of Reference are published as an appendix to the Standing Orders on the organisation's website.</p> <p>The Board Assurance Framework is scrutinised by the Board and Audit and Assurance Committee.</p>		Comply	<p>Standing Orders.</p> <p>Terms of Reference for the Audit Committee.</p> <p>HEIW Internet Site: Key Publications.</p> <p>Board Assurance Framework.</p> <p>Internal Audit Reports</p>

	<p>Boards should ensure the scrutiny of governance arrangements, whether at the board or at one of its subcommittees (such as the audit and risk assurance committee or a nominations committee). This will include advising on, and scrutinising the department's implementation of, corporate governance policy.</p> <p>(5.4 and 5.9, 5.11, 5.12 and 5.14 and 5.15)</p>				
CGC 22	<p>The head of internal audit (HIA) should periodically be invited to attend board meetings, where key issues are discussed relating to governance, risk management processes or controls across the department and its ALBs</p> <p>(5.5)</p>	<p>The role of the Head of Internal Audit (HIA) is clearly set out in the HEIW Standing Orders.</p> <p>The HIA attends Audit and Assurance Committee meetings which report to Board.</p> <p>If there was anything specifically escalated to the Board then the HIA would be invited to attend.</p>		Comply	<p>Standing Orders.</p> <p>Terms of Reference for the Audit and Assurance Committee.</p> <p>HEIW Internet Site: Board meetings, agendas and standing orders.</p> <p>Internal Audit Annual Report and Opinion</p>
CGC 23	<p>The board should assure itself of the effectiveness of the department's risk management system and procedures and its internal controls. The board should give a clear steer on the desired risk appetite for the department2 and ensure that:</p> <ul style="list-style-type: none"> there is a proper framework of prudent and effective controls, so that risks can be assessed, managed and taken prudently there is clear accountability for managing risks Departmental officials are equipped with the relevant skills and guidance to perform their assigned roles effectively and efficiently. <p>The board should also ensure that the department's ALBs have appropriate and effective risk management processes through the department's sponsor teams</p> <p>Advising on key risks is a role for the board. The audit and risk assurance committee should support the board in this role.</p> <p>(5.6, 5.7 and 5.10)</p>	<p>HEIW's Board Assurance Framework was reviewed and approved in November.</p> <p>HEIW has a Risk Management Policy in place setting out the foundation and organisational arrangements for supporting the risk management process within the organisation.</p> <p>HEIW has agreed and implemented its Risk Appetite and Tolerance levels.</p> <p>Managers take a lead on risk management and are responsible for role modelling a risk aware culture within their area. Managers receive training through Managers Passport Plus Programme and training on the Health Board's Risk Information Management System.</p> <p>The Board receives the Board Assurance Framework once a year. The Corporate Risk Register is an item for scrutiny and assurance on the Board Agenda twice a year. It is also placed on the agenda for noting for all other Board meetings.</p> <p>HEIW's Risk Management policy was approved in July 2021 and is reviewed and approved by the Board on an annual basis.</p> <p>The Internal Audit Report on HEIW's Risk Management procedures provided an assessment of 'substantial assurance'.</p>		Comply	<p>Standing Orders.</p> <p>Terms of Reference for the Audit Committee.</p> <p>HEIW Internet Site: Key Documents, Policies. https://heiw.nhs.wales/about-us/key-documents/corporate/ Internal Audit report on Risk Management.</p>

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GIG
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WALES

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

Dyddiad y Cyfarfod	27 Mai 2022	Eitem Agenda	
Teitl yr Adroddiad	Adroddiad Perfformiad Integredig Diwedd Blwyddyn AaGIC 2021/22		
Awdur yr Adroddiad	Jane Powell, Partner Busnes Cynllunio a Justine Cooper, Rheolwr Perfformiad		
Noddwr yr Adroddiad	Marie-Claire Griffiths, Cyfarwyddwr Cynorthwyol Cynllunio		
Cyflwynir gan	Julie Rogers, Cyfarwyddwr y Gweithlu / OD/ Cyfarwyddwr Dros Dro Cynllunio a Pherfformiad / Dirprwy Brif Swyddog Gweithredol		
Rhyddid Gwybodaeth	Agor		
Pwrpas yr Adroddiad	Darparu'r diweddariad chwarterol ar berfformiad AaGIC ar gyfer Chwarter 4 (C4) a diwedd blwyddyn 2021/22.		
Materion Allweddol	<p>Yn unol â'r broses gynllunio chwarterol fel y cytunwyd yn y Fframwaith Perfformiad, mae'r adroddiad hwn a'r atodiadau yn crynhoi perfformiad chwarterol yn erbyn bwriadau Cynllun Blyneddol 2021/22 a mesurau perfformiad allweddol..</p> <p>Yn gyffredinol, mae sicrwydd bod AaGIC wedi gwneud cynnydd da o ran cyflawni ein 59 o Amcanion Strategol (gan gynnwys is-amcanion) ar draws ein 6 Nod Strategol a pherfformio'n effeithiol yn ystod y cyfnod a gwmpesir gan yr adroddiad hwn. Mae un Amcan wedi'i raddio'n Goch (oddi ar y trywydd iawn ac ni fydd yn gwella yn ystod y flwyddyn) sy'n ymwneud â datblygu'r cymorth ôl-gofrestru, llwybrau addysg a hyfforddiant i wella'r broses o drosglwyddo gweithwyr gofal iechyd proffesiynol o addysg i'r gweithlu. Mae cyfyngiadau o ran capasiti wedi effeithio ar y ddarpariaeth ond mae gwaith bellach yn cael ei ymgorffori drwy'r fframwaith addysg amlbroffesiynol a lleoliadau clinigol.</p> <p>Yn ystod y flwyddyn, caewyd pedwar amcan strategol.</p> <p>Mae'r adroddiad hefyd yn manylu ar nifer sylweddol o gyflawniadau yn ystod y cyfnod.</p>		
Cam Penodol a Fynnir	Gwybodaeth	Trafodaeth	Sicrwydd
(✓un yn unig)			✓
Argymhelliad	<p>Gofynnir i aelodau:</p> <ul style="list-style-type: none"> Nodi cynnwys yr adroddiad hwn ac atodiadau er sicrwydd. 		

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ADRODDIAD PERFFORMIAD INTEGREDIG DIWEDD BLWYDDYN AAGIC 2021/22

1. CYFLWYNIAD

Mae'r papur hwn ac Atodiad 1 yn rhoi'r wybodaeth ddiweddaraf i'r Bwrdd am berfformiad ar ddiwedd y flwyddyn 2021/22 (Chwarter 4) yn unol ag amserlenni adrodd y Fframwaith Perfformiad.

2. TROSOLWG PERFFORMIAD

Mae AaGIC wedi gwneud cynnydd da o ran cyflawni'r 59 o Amcanion Strategol yng Nghynllun Blyneddol 2021/22 ac wedi perfformio'n effeithiol yn ystod y cyfnod a gwmpesir gan yr adroddiad hwn. Yn ogystal â chyflawni ein cynlluniau strategol a'n gweithgareddau busnes fel arfer, gwnaethom barhau i gefnogi Llywodraeth Cymru a phartneriaid y GIG mewn ymateb i COVID-19 drwy ailosod ac adfer.

Mae'r Adroddiad Perfformiad Integredig Diwedd Blwyddyn yn rhoi manylion am ein cyflawniadau a'n cynnydd a dadansoddiad manwl pellach yn erbyn mesurau perfformiad yn Atodiad 2. Ar ddiwedd y cyfnod, mae un Rheol Sefydlog wedi'i graddio gan Uwch Swyddogion Cyfrifol (SROs) ac Arweinwyr Gweithredol fel statws Coch ac mae'r cynlluniau i gyflawni hyn bellach wedi'u diwygio.

RAG	Amcan	Rheswm ag Eglurhad Iliniarol
▶	Amcan 4.6: Datblygu'r llwybrau cymorth, addysg a hyfforddiant ôl-gofrestru i wella'r broses o drosglwyddo gweithwyr gofal iechyd proffesiynol o addysg i'r gweithlu.	<ul style="list-style-type: none"> Ni chyflawnir y pethau y gellir eu cyflawni erbyn diwedd y flwyddyn yn ôl y bwriad oherwydd capasiti'r SRO ond mae cynnydd bellach wedi dechrau cael ei wneud. Mae cynllun ar waith ar gyfer 2022/23 i ymgorffori'r gwaith hwn fel busnes fel arfer gydag elfennau'n cael eu datblygu drwy'r fframwaith addysg amlbroffesiynol a lleoliadau clinigol.

Er nad oedd yn effeithio ar berfformiad cyffredinol, bu nifer o faterion perfformiad a oedd yn gofyn am sylw a chefnogaeth y Bwrdd Gweithredol yn ystod y flwyddyn;

- Gweithio gyda Phartneriaeth Cydwasanaethau GIG Cymru i reoli materion trosiannol sy'n gysylltiedig â gweithredu trefniadau Cyflogwyr Arweiniol Sengl i wella ansawdd profiad ein hyfforddeion meddygol, deintyddol a fferylliaeth.
- Parhau i fireinio'r broses symleiddio myfyrwyr ar gyfer Proffesiynau Perthynol i Iechyd a Gwyddonwyr Gofal Iechyd mewn partneriaeth â chydweithwyr yn y Bwrdd Iechyd, er mwyn sicrhau bod graddedigion yn cael eu trosglwyddo'n llwyddiannus i gyflogaeth.
- Monitro a chymorth parhaus ar gyfer safleoedd hyfforddiant meddygol ôl-raddedig mewn monitro uwch, a materion rheoli ansawdd mewn perthynas â rhaglenni penodol a gomisiynwyd gan Sefydliadau Addysg Uwch.
- Effaith hyfforddiant estynedig i feddygon teulu ar gapasiti a chostau.
- Cyfraddau llenwi ar gyfer carfannau'r Gwanwyn ar gyfer rhaglenni nyrsio sydd wedi gostwng yn ddiweddar ac sydd angen eu dadansoddi a'u harchwilio ymhellach

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3. MATERION LLYWODRAETHIANT A RISG

Darperir yr adroddiad C4 hwn ar ddiwedd blwyddyn 2021/22 i'r Bwrdd i'w sicrhau yn unol â Fframwaith Perfformiad AaGIC a, lle y bo'n berthnasol, mae wedi ymgorffori argymhellion archwilio blaenorol i wella ein hadroddiadau.

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

Mae'r adolygiadau o wasanaethau diwedd blwyddyn sy'n mynd rhagddynt ar hyn o bryd yn rhoi rhagor o ddilysu a chyfle i ddysgu.

4. GOBLYGIADAU ARIANNOL

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

5. ARGYMHELLIAD

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

Llywodraethiant 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	
D/Dd	
Goblygiadau Ariannol	
Does dim goblygiadau ariannol yn deillio o'r adroddiad hwn	
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)	
D/Dd	
Goblygiadau Staffio	
D/Dd	
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)	
D/Dd	
Hanes yr Adroddiad	Adroddiad Perfformiad Integredig Diwedd Blwyddyn 2020/21 – Bwrdd Mai 2021 Adroddiad Perfformiad Integredig C1 2021/22 – Bwrdd Medi 2021 Adroddiad Perfformiad Integredig C2 2021/22 – Bwrdd Tachwedd 2021 Adroddiad Perfformiad Integredig C3 2021/22 – Bwrdd Mawrth 2022
Atodiadau	Atodiad 1 – Adroddiad Perfformiad Integredig Diwedd Blwyddyn 21-22

	Atodiad 2 - Dangosfwrdd Perfformiad Atodiad 3 – Canllaw Cyfeirio Adroddiad Perfformiad Integredig Diwedd Blwyddyn 2021-22
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Dyddiad y Cyfarfod	26 Mai 2022	Eitem ar yr Agenda	4.4.2
Teitl yr Adroddiad	Adroddiad Materion Allweddol Cadeirydd y Pwyllgor – y Pwyllgor Archwilio a Sicrwydd		
Awdur yr Adroddiad	Catherine English, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Gill Lewis, Cadeirydd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Pwrpas yr adroddiad yw amlinellu'r trafodaethau a gynhaliwyd gan y Pwyllgor Archwilio a Sicrwydd (AAC).		
Materion Allweddol	Mae'r adroddiad hwn yn canolbwyntio ar faterion allweddol a godwyd yng nghyfarfod yr AAC a gynhaliwyd ar 05 Mai 2022.		
Cam Penodol i'w Gymryd (un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
			✓
Yr Argymhelliad	<p>Gofynnir i'r Bwrdd wneud y canlynol:</p> <ul style="list-style-type: none"> nodi cynnwys yr adroddiad gan Gadeirydd y Pwyllgor Archwilio a Sicrwydd (Atodiad 1) er sicrwydd. nodi Adroddiad Blyneddol y Pwyllgor Archwilio a Sicrwydd 2021/22 yn Atodiad 2 er sicrwydd. 		

ADRODDIAD MATERION ALLWEDDOL CADEIRYDD Y PWYLLGOR – Y PWYLLGOR ARCHWILIO A SICRWYDD A GYNHALIWDYD AR 5 MAI 2022

1. CYFLWYNIAD

Pwrpas yr adroddiad yw darparu diweddariad ar y materion a ystyriwyd gan y Pwyllgor Archwilio a Sicrwydd (AAC). Gofynnir i'r Bwrdd nodi'r adroddiad cryno gan y Cadeirydd.

2. CEFNDIR

Bydd y Bwrdd yn ymwybodol bod tri phwyllgor wedi cael ei sefydlu o dan reolau sefydlog AaGIC. Bydd pob un o'r pwyllgorau'n cyflwyno adroddiadau i'r Bwrdd yn ystod y flwyddyn, gan amlinellu trafodaethau, materion a risgiau allweddol a drafodwyd yn ystod y flwyddyn.

3. Y CYNNIG

Cyfarfu'r Pwyllgor Archwilio a Sicrwydd ar 5 Ebrill 2022. Mae Atodiad 1 yn rhoi crynodeb i'r Bwrdd o'r meysydd a ystyriwyd yn y cyfarfod. Y cofnodion a gymeradwywyd yw cofnod ffurfiol yr AAC o hyd.

Mae Atodiad 2 yn rhoi i'r Bwrdd grynoded o brif feysydd y gweithgarwch busnes mae'r Pwyllgor wedi ymgymryd â nhw yn ystod 2021/22 ac yn nodi rhai o'r prif faterion mae'r Pwyllgor yn bwriadu rhoi ystyriaeth bellach iddynt dros y deuddeg mis nesaf.

4. MATERION LLYWODRAETHU A RISG

Caiff unrhyw risgiau a materion o ran llywodraethu eu rheoli drwy gyfarfodydd y pwyllgor a bydd adroddiadau ar eithriadau'n cael eu darparu i'r Bwrdd gan y cadeiryddion perthnasol.

5. GOBLYGIADAU ARIANNOL

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

6. ARGYMHELLIAD

Gofynnir i'r Bwrdd wneud y canlynol:

- **nodi** cynnwys yr adroddiad gan Gadeirydd y Pwyllgor Archwilio a Sicrwydd (Atodiad 1) er sicrwydd.
- **nodi** Adroddiad Blyneddol y Pwyllgor Archwilio a Sicrwydd 2021/22 yn Atodiad 2 er sicrwydd.

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Llywodraethu a Sicrwydd			
Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig <i>(rhowch ✓)</i>	Nod Strategol 1: Arwain y gwaith o gynllunio, datblygu a gofalu am les gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r ddarpariaeth o 'Gymru Iachach'	Nod Strategol 2: Trawsnewid addysg a hyfforddiant gofal iechyd er mwyn gwella cyfleoedd, mynediad ac iechyd y boblogaeth.	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy feithrin gallu arwain tosturiol ac ar y cyd ar bob lefel
	Nod Strategol 4: Datblygu atebion cenedlaethol i'r gweithlu i gefnogi'r gwaith o ddarparu blaenoriaethau gwasanaeth cenedlaethol a gofal o safon i gleifion.	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	Nod Strategol 6: Cael ein cydnabod fel partner, dylanwadwr ac arweinydd rhagorol
Ansawdd, Diogelwch a Phrofiad Cleifion Mae sicrhau bod y Bwrdd yn cyflawni ei fusnes yn briodol drwy ei Bwyllgorau ac yn unol 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 Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) Mae'r adroddiad yn amlinellu'r gwaith a wnaed gan y Pwyllgor Archwilio a Sicrwydd i adolygu cyllid a pherfformiad tymor byr AaGIC yn ogystal â chanolbwyntio ar gynaliadwyedd yn y tymor hwy. Mae'r strwythur llywodraethu yn ceisio canfod problemau yn gynnwys er mwyn eu hatal rhag gwaethygu, ac mae'r Pwyllgor yn integreiddio i drefniadau cyffredinol y Bwrdd.			
Hanes yr Adroddiad	Mae'r adroddiad hwn yn eitem sefydlog ar agenda'r Bwrdd.		
Atodiadau	Atodiad 1 – Crynodeb Cadeirydd y Pwyllgor Archwilio a Sicrwydd Atodiad 2 – Adroddiad Blynyddol 2021/22 y Pwyllgor Archwilio a Sicrwydd.		

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ATODIAD 1

Dyddiad y Cyfarfod	26 Mai 2022	Eitem ar yr Agenda	4.4.2
Rhyddid Gwybodaeth	Agored		
Pwyllgor Adrodd	Pwyllgor Archwilio a Sicrwydd		
Awdur yr Adroddiad	Catherine English, Rheolwr Llywodraethu Corfforaethol		
Cadeirydd	Gill Lewis, Aelod Annibynnol		
Cyfarwyddwr Gweithredol Arweiniol	Rhannon Beckett, Cyfarwyddwr Cyllid Dros Dro		
Dyddiad y cyfarfod diwethaf	5 Mai 2022		
Crynodeb o'r materion allweddol a ystyriwyd gan y Pwyllgor ac unrhyw benderfyniadau cysylltiedig a wnaed:			
Derbyniodd y Pwyllgor Farn ac Adroddiad Blynyddol Drafft y Pennaeth Archwilio Mewnol – 2021/22 Cadarnhawyd bod digon o waith archwilio wedi digwydd yn ystod y flwyddyn i roi barn gyffredinol yn unol â gofynion Safonau Archwilio Mewnol y Sector Cyhoeddus. Y farn gyffredinol ar gyfer AaGIC oedd ei fod yn darparu 'sicrwydd rhesymol'.			
Ystyriodd y Pwyllgor y Cyfrifon Blynyddol Drafft ar gyfer 2021/22 gan nodi eu bod wedi cael eu cyflwyno i Lywodraeth Cymru ddydd Gwener 29 Ebrill 2022, yn unol â ddyletswydd statudol AaGIC. Cadarnhawyd bod AaGIC, yn amodol ar archwiliad, wedi cyflawni ei ddyletswyddau statudol yn 2021/22 drwy fantoli'r cyfrifon yn erbyn y Terfyn Adnoddau Refeniw ar gyfer y cyfnod gyda thanwariant o £343,000, gan fantoli'r cyfrifon yn erbyn y Terfyn Adnoddau Cyfalaf ar gyfer y cyfnod cyfrifyddu gyda thanwariant o £3,000; a setlo 96.8% o anfonebau nad ydynt yn rhai'r GIG o fewn deg diwrnod ar hugain i'w derbyn. Mae AaGIC hefyd wedi cyflawni ei ddyletswydd statudol i gael cynllun ariannol cymeradwy ar gyfer y cyfnod cyfrifyddu. Bydd y cyfrifon terfynol yn cael eu cyflwyno i'r Pwyllgor Archwilio a Sicrwydd ar 10 Mehefin.			
Ystyriodd y Pwyllgor Adroddiad Tâl Cydnabyddiaeth a Chyflog Staff 2021/22 , gan nodi nad oedd Cynllun Pensiwn y Gwasanaeth Sifil wedi darparu'r wybodaeth ofynnol eto i gyfrifo budd pensiwn y Dirprwy Brif Weithredwr am y flwyddyn. Ystyriodd y Pwyllgor y costau teithio uwch a'r lefelau absenoldeb oherwydd salwch, a nododd yr Adroddiad Tâl Cydnabyddiaeth a Chyflog Staff drafft ar gyfer 2021/22.			
Derbyniodd a nododd y Pwyllgor Adroddiad Blynyddol yr Uwch-berchennog Risgiau Gwybodaeth (SIRO) 2021/22 .			
Cymeradwyodd y Pwyllgor Adroddiad Blynyddol y Pwyllgor Archwilio a Sicrwydd ar gyfer 2021/22 sydd wedi'i atodi yn Atodiad 2.			
Cafodd y Pwyllgor Ddiweddariad Digidol Cyffredinol llafar lle nodwyd bod y Tîm Digidol wedi llwyddo i drosglwyddo'r rhan fwyaf o systemau AaGIC i'r Cwmwl. Nodwyd mai AaGIC oedd un o'r sefydliadau cyntaf yn GIG Cymru i drosglwyddo i'r			

Cwmwl, a bod y mudo hwn yn gam ymlaen ar gyfer y strategaeth ddigidol yn 2022/23. Canmolodd y Pwyllgor y tîm am eu gwaith caled a'u llwyddiant. Derbyniodd a nododd y Pwyllgor adroddiad ar y **Pecyn Cymorth Rheoli Gwybodaeth**, a chadarnhawyd eleni bod AaGIC wedi cyflwyno sgôr lefel dau. Tynnwyd sylw at y ffaith bod hyn yn dangos cynnydd o 40% yn y sgôr cydymffurfio ac yn adlewyrchu'r gwaith sylweddol a wnaed i wella cydymffurfiaid.

Derbyniodd y Pwyllgor yr **Adroddiad Parodrwydd ar gyfer Archwilio Mewnol Digidol** gan nodi bod llawer o'r argymhellion a nodwyd yn yr adroddiad eisoes wedi'u cynnwys yng nghynlluniau'r Timau Digidol ar gyfer 2022/23.

Derbyniodd a chymeradwyodd y Pwyllgor **Gynllun Atal Twyll Blynnyddol yr LCFS 2022/23**.

Derbyniodd a nododd y Pwyllgor yr **Adroddiad Gofalu am Ofalwyr** a'r ymatebion rheoli cysylltiedig.

Risgiau allweddol a materion sy'n achosi pryder mae angen i'r Bwrdd fod yn ymwybodol ohonynt:

Amh.

Argymhellion i'r Bwrdd eu hystyried:

Gofynnir i'r Bwrdd **nod** Adroddiad Blynnyddol y Pwyllgor Archwilio a Sicrwydd 2021/22 yn Atodiad 2 er sicrwydd.

Camau gweithredu a ddirprwywyd gan y Pwyllgor:

Amh.

Prif ffynonellau gwybodaeth a dderbyniwyd:

- Barn ac Adroddiad Blynnyddol y Pennaeth Archwilio Mewnol – 2021/22
- Cyfrifon Blynnyddol Drafft ar gyfer 2021/22
- Adroddiad Tâl Cydnabyddiaeth a Chyflog Staff 2021/22
- Cynllun Atal Twyll Blynnyddol yr LCFS 2022/23.
- Adroddiad Gofalu am y Gofalwyr ac Ymatebion Rheolwyr.
- Adroddiad Blynnyddol yr Uwchberchennog Risg Gwybodaeth 2021/22
- Adroddiad Blynnyddol 2021/22 y Pwyllgor Archwilio a Sicrwydd
- Adroddiad Pecyn Cymorth Rheoli Gwybodaeth
- Adroddiadau Archwilio Mewnol Parodrwydd i fod yn Ddigidol

Uchafbwyntiau o is-grwpiau sy'n adroddiad i'r Pwyllgor hwn:

Amh.

Materion a gyfeiriwyd at Bwyllgorau eraill:

Amh.

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AUDIT AND ASSURANCE COMMITTEE ANNUAL REPORT 2021/22

Committee Chair's Reflection

This year has again been one that has been marked by managing through a pandemic. The response has, by necessity, been one of a constantly changing environment with different rules and regulations throughout.

Following on from the first year of working from home and virtual/remote meetings, we had little respite from the incidence of cases which meant another full year of remote meetings. We did, however, improve the technological solutions and translation facilities in order to offer the ability to join and listen to proceedings remotely.

All parties who contribute to the Audit and Assurance Committee continued to adapt to changing circumstances and find innovative ways of completing work programmes. I am pleased to say that despite many challenges for all the Officers who support the Committee, the Independent Members who sit on the Committee, External Audit, Internal Audit, Local Counter Fraud Services and others – we continued to deliver all the business expected of the Committee and have worked well under these changed circumstances.

Business has continued with very little disruption. Work has continued on all aspects of the audit programmes with some moderate delays to some aspects of work which we expect to diminish as we enter a new phase of the pandemic. The Committee has continued with its regular review of changing risks and the governance in place to protect individuals and the organisation, which has never been more important.

Engagement and attendance of all parties has not been diminished, and thanks must go to everyone for playing their part. The agenda setting, minutes and action log are now managed extremely well, and the routine business has improved considerably. The support for the meeting has been excellent and ensures that the business runs smoothly. Thanks must go to Dafydd and the team for this.

We continue to receive high-quality reports from all participants, and the challenge and interest in the subject matter is good. As a maturing and ever-changing organisation, our business now focuses on challenging regular processes and, indeed, new challenges that emerge. Many of the risks relating to the organisation are now new ones and inevitably will relate to managing workforce issues in challenging circumstances.

We will continue to focus going forward on clear lines of responsibility between the Audit and Assurance Committee, the Education, Commissioning and Quality Committee and the Board. We will also be continuing to monitor our governance of the organisation through the Board Assurance Framework.

The Audit and Assurance Committee will continue to receive regular performance reports from the Wales Audit Office and Internal Audit, indicating areas which could merit more detailed examination, and we will continue to focus on those recommendations where attention is needed. We have been pleased to receive reports on improvements to Information Governance and Management and Procurement and will continue to monitor these going forward.

I would also like to thank my fellow Independent Members for their fantastic support and engagement during the year. John Hill-Tout, my Deputy Chair retired from the Board in February and Ruth Hall has stepped down from the Committee to take up the role as Vice Chair of the Board. Heidi Phillips will continue as a valued member of the Committee, along with our new Independent Member Jonathan Morgan, who will provide valuable insight and experience to the Committee.

It has been pleasing to see many of the executive team at the Audit Committee, both as presenters and observers, and we hope that this will continue next year.

1. Introduction

The Audit and Assurance Committee was established under Board delegation with approved Terms of Reference and Operating Arrangements that are aligned to the NHS Wales Audit Committee Handbook, published by the Welsh Government. The Committee is an Independent Committee of the Board and has no Executive powers other than those specifically delegated in the Terms of Reference.

The Committee, through its in-year reporting, has regularly kept the Board informed regarding the results of its reviews of assurances, together with any exceptional issues that arose. In accordance with the NHS Wales Audit Committee Handbook guidance and generally accepted standards of good practice, the Committee is required to issue an Annual Report, constituting a formal report of the matters that it has considered during the year. The purpose of this report is to provide the Board and the Accountable Officer with assurance in respect of the adequacy and effectiveness of HEIW's procedures and systems in maintaining a sound system of internal control and the conclusions drawn for the 2021/22 financial year.

This report supports the compilation of the Accountability Report and sets out how the Committee has met its Terms of Reference.

2. Role and Purpose

The Committee supports the Board by critically reviewing governance and assurance processes on which the Board places reliance. The primary role of the Committee is, therefore, to ensure the system of assurance is valid and suitable for the Board's requirements; as such, it will review whether:

- Processes to seek and provide assurance are robust and relevant;
- The controls in place are sound and complete;
- Assurances are reliable and of good quality; and
- Assurances are based on reliable, accurate and timely information and data.

The Committee provides a key source of assurance to the Board, ensuring that the organisation has effective controls in place to manage the significant risks to achieving its objectives and that controls are operating effectively. The Committee's principal duties have consistently included reviewing the adequacy of HEIW's strategic governance and assurance framework, systems, and processes for the maintenance of an effective system of governance, internal control, and risk management across the whole organisation's activities. These are designed to support the public disclosure statements that flow from the assurance processes, including the Accountability Report before it is submitted to the Board for approval. Integral to this is the Committee's focus on seeking assurance that the organisation has an effective framework of internal control to address principal risks and that the effectiveness of the framework is regularly reviewed.

During the year, the Committee has supported the Board by seeking and providing assurance that controls are in place and are working as designed and by challenging poor sources of assurance. Therefore, the Committee has a relatively broad role encompassing scrutiny of, and comment upon the adequacy and effectiveness of HEIW's overall governance, risk management and internal control. This includes the organisations' ability to achieve its objectives; compliance with relevant regulatory requirements and other directions and requirements set by the Welsh Government and others; reliability, integrity, safety, and security of the information collected and used by the organisation; the efficiency, effectiveness, and economic use of resources and the extent to which the organisation safeguards and protects all its assets, including its people.

The Committee discharges this duty by fulfilling its responsibilities as outlined in its Terms of Reference. In performing its duties, the Committee works to an approved work plan, based on scheduled agenda topics together with a range of specific issues which are subject to review. It is supported by the activities of Audit Wales as the External Auditor; NHS Wales Shared Services Partnership (NWSSP): Audit and Assurance – Internal Audit and Specialist Services Unit, and Local Counter Fraud Specialists.

In discharging these responsibilities, the Committee is required to review:

- Internal financial control matters, such as safeguarding of assets, the maintenance of proper accounting records and the reliability of financial information;
- Adequacy of disclosure statements (Annual Governance Statement, Accountability Report, Annual Quality Statement, Annual Report) which are supported by the Head of Internal Audit Opinion, the Audit Wales Annual Audit Report and other opinions;
- The adequacy of relevant policies, legality issues and the Codes of Conduct;
- The policies and procedures relating to fraud and corruption;
- That the system for risk management is robust in identifying and mitigating risks, enabling the Audit and Assurance Committee to provide the Board with assurance that the risks impacting the delivery of HEIW's objectives are being appropriately managed.

3. Governance and Assurance Development

3.1 Improvements to the Governance Framework

During the year, the Committee has continued to evolve the governance arrangements

across the organisation and to further strengthen the governance framework for the organisation and test its robustness. This included the following main areas:

- Review of the Standing Orders;
- Scheme of Delegation;
- Development of the Board Assurance Framework;
- Review of the Board Committee Terms of Reference.

The Committee has focused on a number of key areas to drive forward improvements during the year and has sought to increase its visibility and promote even greater transparency during the year. This included:

- Risk Management;
- Board Assurance Framework;
- Performance Management Framework;
- Information Management and Information Governance, particularly cyber security and digital agenda;
- Asset and Contract Management;
- Procurement Arrangements;
- Counter Fraud and Corruption Arrangements.

3.2. Impact of COVID-19 on Governance Arrangements

On 17 March 2020, the National Assembly for Wales approved The Health Protection (Coronavirus) (Wales) Regulations 2020. The Act provided additional powers to enforce the compliance of those who were instructed to isolate (in the context of reducing the spread of an infectious disease). The regulations also required HEIW to comply with social distancing measures in the workplace, the requirements of which HEIW continued to comply with throughout 2021/22.

During 2021/22, HEIW continued to be actively involved in the emergency planning response to the COVID-19 crisis and the reset and recovery agenda. The priority during this time has been to support the NHS Wales frontline services in light of the increasing demands from the pandemic, and to maintain the safety and wellbeing of its staff and learners across Wales.

As a result of the Board's approval to temporarily change its governance arrangements, members of the public were unable to attend or observe the Committee during the first part of 2021/22. To facilitate as much transparency and openness as possible, the Committee has, wherever possible, published a synopsis of the meetings within 72 hours and the unconfirmed minutes within two weeks of a meeting. In July 2021, the Committee started live-streaming its meetings, which enabled members of the public to observe meetings virtually and in real-time.

Throughout the course of the year, the Audit and Assurance Committee has also made recommendations and undertaken the following actions, which have in turn led to improvements in the HEIW's governance and assurance systems:

- Recommendation by the Committee of HEIW's Annual Report 2021/22 to the Board for approval;

- Recommendation by the Committee that the Board approve the updated Standing Orders to reflect changes to the Model Standing Orders issued by Welsh Government in 2021/22.
- Recommendation by the Committee for the HEIW Board to approve the Revisions to the Delegated Financial Limits which form a part of HEIW's Standing Orders. The revisions increased the limit for the approval of payments relating to the Single Lead Employer and introduced the need to separately identify 'Capital' expenditure and individual limits for this expenditure.
- The Committee also reviewed the Declarations of Interest Register and Gifts, Hospitality, and Sponsorship Register.

3.3. Policies, Procedures, and Plans

The Committee received and supported:

- Revisions to the Risk Management Policy;
- Annual Reports for:
 - Audit Wales;
 - Internal Audit;
 - Counter Fraud;
 - HEIW Procurement Compliance;
 - Senior Information Risk Owner.
- Annual Work Plans for:
 - Internal Audit;
 - External Audit; and
 - Counter Fraud
- Revised Financial Control Procedures for the following areas:
 - FCP1 Budgetary Control
 - FCP2 Management of Non-Current/Fixed Assets & Maintenance of Asset Register
 - FCP3 Month-End Closedown
 - FCP4 Recovery of Payroll Overpayments
 - FCP5 Construction Industry Scheme
 - FCP6 Purchasing Card
 - FCP7 Value Added Tax
 - FCP8 General Ledger
 - FCP9 Petty Cash
 - FCP10 Accounts Receivable
 - FCP11 Accounts Payable
 - FCP12 Banking
 - FCP13 Counter Fraud

The Committee noted the Memorandum of Understanding between HEIW and the Ministry of Defence for the provision of General Medical Council approved training programmes within NHS Wales. The Memorandum of Understanding sets out the basis

upon which HEIW and the Ministry of Defence will work together and exchange information to assist each party in reaching common goals.

4. Committee Structure and Meetings

A key element of the Committee is that it solely comprises Independent Members, providing a basis for it to operate independently of any decision-making process and to apply an objective approach in the conduct of its business.

The membership of the Committee during 2021/22 was as follows:

Chair:	Gill Lewis, Independent Member
Vice Chair:	John Hill-Tout*, Independent Member
Independent Member	Dr Ruth Hall**, Independent Member
	Heidi Phillips, Independent Member
	Jonathan Morgan***, Independent Member

* John Hill-Tout's term as an Independent Member came to an end on 31 January 2022.

** Ruth Hall stepped down as a member of the Committee on 31 March 2022

*** Jonathan Morgan was appointed a member of the Committee on 31 March 2022

During the financial year 2021/22, six scheduled meetings of the Audit and Assurance Committee were convened. A high level of commitment from Committee Members has been demonstrated throughout the year, as recorded in the attendance of meetings held. Although invited to attend certain meetings to provide assurances and explanations to the Committee on specific issues, neither the Chair, Chief Executive Officer, nor any other Executive Director of HEIW, are members of the Committee. The Chief Executive Officer is invited annually. Having a key role to play in establishing and maintaining a sound system of internal financial control, the Director of Finance and/or the Head of Financial Control (being a designated deputy) has attended all meetings. The Committee has also been supported on key matters at all meetings from attendance by the Board Secretary, who is the Lead Officer for the Committee and has been present at all meetings.

The Committee also has regular attendance from representatives of:

- The Auditor General/Audit Wales;
- NWSSP Audit and Assurance Services;
- NWSSP Procurement Services
- NHS Counter Fraud Services.

5. Committee Work Programme 2021/22

The Committee reviewed and approved the audit strategies and plans for the auditors as listed below and received audit reports produced in support of them during 2021/22:

- External Auditors, Audit Wales;
- Internal Auditors, NWSSP Audit and Assurance Services

Acting upon the outcomes of effectiveness reviews is as important as undertaking them, and it is essential that outcomes and associated actions are reported appropriately. At the time of writing this report, all audit ratings from Internal Audit had received at least a reasonable

assurance assessment. The Committee continues to receive progress updates directly as and when requested.

The Audit and Assurance Committee is responsible for overseeing risk management processes across the organisation and has a particular focus on seeking assurance that effective systems are in place to manage risk, and that HEIW has an effective framework of internal controls that addresses principal risks. Effective risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed and that appropriate controls are in place. The Committee is responsible for monitoring the assurance environment and challenging the build-up of assurance on the management of key risks across the year, ensuring that the Internal Audit Plan is based on providing assurance that controls are in place and can be relied on, and reviewing the internal audit plan in year as the risk profiles change.

6. External Audit – Audit Wales

External Audit is provided by Audit Wales with its work divided into the two broad headings of:

- Audit of the financial statements and to provide an opinion thereon;
- Forming an assessment of HEIW's use of resources and performance work.

The Audit and Assurance Committee considered the Audit Wales Structured Assessment for 2021 which was undertaken in two phases:

- Phase 1 of the assessment concluded that overall, HEIW's arrangements for preparing operational plans and monitoring their delivery were robust and that HEIW had responded positively to the Welsh Government Operating Framework by converting it to fit HEIW's remit and strategic objectives. It also concluded that HEIW's planning arrangements were robust, and there were effective arrangements in place to oversee the delivery of operational plans, which were embedded in the Performance Framework.
- Phase 2 of the assessment concluded that HEIW is well-governed, has clear, effective arrangements to manage its finances, met its financial duties at the end of 2020-21, and has a clear financial plan for 2021-22.

No new recommendations were received based on Audit Wales' 2021 Structured Assessment work.

The Committee also received the Audit Wales Annual Report 2020/21, which confirmed HEIW's accounts were properly prepared and materially accurate. It also confirmed no material weaknesses in HEIW's internal controls had been identified and that HEIW had achieved financial balance for the year ending 31 March 2021.

7. NWSSP - Internal Audit

At the direction of the Minister for Health and Social Services, Internal Audit is provided by the NHS Wales Shared Services Partnership (NWSSP). The service provision is in accordance with a Service Level Agreement agreed by the Shared Services Partnership Committee, which HEIW attends.

Internal Audit provides an independent and objective opinion to the Accountable Officer, the Board and the Audit and Assurance Committee, on the degree to which risk management, control and governance support the achievement of the organisations agreed objectives. The Committee reviewed and approved the content of the Internal Audit Plan based on HEIW's risk profile and its detailed programme of work for 2021/22. During the year, this plan was flexed and adapted as necessary in order to respond to the impact of COVID-19 and any key risks.

The Committee has received progress reports against delivery of the plan at each meeting, with individual assignment reports also being received. The outcome of each audit, providing an overall conclusion on the adequacy and application on internal controls for each area under review, was considered by the Committee. The assessment on adequacy and application of internal control measures can range from "No Assurance" through to "Substantial Assurance".

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

The Committee was pleased to receive several internal audit reports that had received an overall assessment of substantial assurance. These included:

- Risk Management
- Communications and Engagement
- Performance Management
- Financial Planning
- Information Governance Toolkit

The Committee also received the following audit reports that had received an overall assessment of reasonable assurance:

- Recruitment
- Pre-Registration Pharmacy
- Governance Arrangements
- Medical Appraisal Revalidation System (MARS)
- Workplace Culture

The recommendations from both Internal Audit and Audit Wales together with management's response, are recorded within the Audit Recommendations Tracker report. This is monitored and regularly reviewed by the Audit and Assurance Committee.

8 Managing Risk

Managing risk is fundamental to running a successful and high-performing organisation. It should be at the heart of decision-making processes and resource allocation at both an operational and strategic level. It should seek to identify opportunities to innovate and invest, alongside the need to mitigate risks.

The Committee has continued to develop and strengthen HEIW's risk management arrangements at both a strategic and operational level. Work continues to be undertaken to embed risk management at all levels of the organisation, which includes the ongoing training of all Senior Managers. This has enabled the organisation to measure key strategic risk performance, establish its risk profile and instigate thematic analysis using the Corporate Risk Register and local risk registers.

The Committee reviewed and approved the Board Assurance Framework, which included amendments to incorporate the Strategic Risks Control Framework, how HEIW identifies and maps the controls and key sources of assurance against its strategic risks, and HEIW's Strategic Objectives.

The Committee reviewed the Corporate Risk Register at each quarterly meeting and received regular updates concerning the 'red' status risks relating to Cyber Security and the Single Lead Employer Model. The Committee was pleased to note the mitigating actions designed to limit the impact on trainees due to issues associated with the implementation of the Single Lead Employer Model and that progress continued to be made in implementing the Cyber Security Implementation Plan.

9. Monitoring Progress

The Committee has also monitored continuing improvement in the arrangements for:

- Information Governance and Information Management: The Committee was pleased with the overall progress with the Information Governance Work Plan.
- Information Governance Toolkit: The Committee was pleased to see the organisation working towards level one compliance and encouraged by the progress against the plan, which aimed to improve compliance with the Information Governance Toolkit.
- Procurement Compliance Activity: The Committee remains focussed regarding the embedding of the Procurement Process within HEIW. An independent review of the HEIW Procurement Systems and Processes was completed in 2020/21 and the Committee received regular reporting against the agreed action plan during 2021/22 .
- Contracts and Agreements Register. The Committee reviews the Register annually.
- Audit Recommendation Tracker: The Committee continued to monitor HEIW's Audit Tracker throughout 2021/22, scrutinising management responses to audit reports and the completion of actions to address the recommendations.

10. Financial Management Control and Systems Monitoring

The Committee has continued to seek improvements in the financial systems and approved revised Financial Control Procedures which reflected how HEIW was maturing as an organisation.

10.1. Annual Accounts

- In May 2021, the Committee reviewed the draft and audited accounts for 2020-2021 and considered reports on the Accounts received from Audit Wales. The Committee was able to recommend to the Board that the Accounts be adopted and signed by the Chairman and Chief Executive; this was completed in June 2021.
- In February 2022, the Committee received the Annual Accounts Plan and Draft Annual Report Timetable for 2021/22 and noted the changes to the submission deadline dates.

11. Counter Fraud

The Committee agreed the Counter Fraud Strategy and Annual Work Plan 2021/22, and received regular progress reports. The Committee reviewed the Counter Fraud Annual Report 2020/21 and received regular updates on the National Fraud Initiative (NFI), monitoring the progress of investigations into high priority matches.

12. Information Governance

In May 2021, the Committee considered the Senior Information Risk Owner (SIRO) Annual Report 2020/21 and received regular updates on the Information Governance Toolkit noting progress against the agreed action plan. The Committee also reviewed the Information Governance and Information Management Group Terms of Reference and received regular updates on the group's work.

13. Self Assessment

In April 2021 the Committee undertook a review of its effectiveness and considered the outcome of that review at its meeting in May 2022. Overall, the Committee considered it had been effective and consistent in its approach to providing assurance and had continued to develop its role in scrutinising areas such as Digital, Cyber and Procurement policy. A number of improvement actions were highlighted, and these were progressed during 2021/22.

14. Key Risks

The Committee had identified a number of risk areas, which have been highlighted in this report; these will be the focus of attention during the coming year.

15. Recommendations

During 2021/22 the Audit and Assurance Committee made the following recommendations to Board.

- That the updated Standing Orders be approved.
- That the proposed amendments to the Delegated Financial Limits, which had been amended to reflect the Board's Capital Delegated Financial Limit accurately, be approved.

- That the Board Assurance Framework be approved.
- That the Risk Management Policy be approved.
- That the updated Information Governance and Information Management Groups Terms of Reference be approved.
- That the ISA 260 and final Letter of Representation be considered.
- That the Annual Accountability Report 2020/21 be approved for submission to Welsh Government.
- That the Performance Report 2020/21 be approved for submission to Welsh Government.
- That the audited accounts for 2020/21 be approved.
- The Board was also asked to note the Audit and Assurance Committee Annual Report 2020/21.

16. Key Areas of Focus for the Coming Year

During 2022/23, the Committee will continue to focus on the following areas:

- The annual commissioning process for Education and Training
- Risk Management
- Procurement
- Board Assurance Framework
- Performance Management Framework
- Information Management and Information Governance, particularly cyber security and the digital agenda

Sponsored by: Gill Lewis
Chair of Audit and Assurance Committee

Date: April 2022

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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
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Dyddiad y Cyfarfod	26 Mai 2022	Eitem ar yr Agenda	4.5
Teitl yr Adroddiad	Penderfyniadau Cyfarfodydd Caeedig		
Awdur yr Adroddiad	Catherine English, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Nodi materion allweddol a drafodwyd yng Nghyfarfod Caeedig y Bwrdd a gynhaliwyd ar 31 Mawrth 2022.		
Materion Allweddol	Yn unol â'r Rheolau Sefydlog, mae'n ofynnol i AaGIC adrodd unrhyw benderfyniadau a wnaed mewn sesiwn breifat i gyfarfod cyhoeddus nesaf y Bwrdd. Mae'r adroddiad hwn yn nodi'r penderfyniadau a wnaed gan gyfarfod caeedig o'r Bwrdd ar 31 Mawrth 2022.		
Cam Penodol i'w Gymryd (un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
	✓		
Yr Argymhelliad	Gofynnir i'r Bwrdd nodi'r adroddiad er gwybodaeth.		

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PENDERFYNIADAU A WNAED YN YSTOD CYFARFOD CAEEDIG Y BWRDD A GYNHALIWDYD AR 31 MAWRTH 2022

1. CYFLWYNIAD

Pwrpas y papur yw adrodd ar eitemau a gafodd eu hystyried yng nghyfarfod caeedig y Bwrdd a gynhaliwyd ar 31 Mawrth 2022.

2. CEFNDIR

Bydd y Bwrdd yn cynnal cymaint ag y mae modd o'i fusnes ffurfiol yn gyhoeddus. Efallai y bydd amgylchiadau lle na fyddai trafod mater yn gyhoeddus yn dwyn budd i'r cyhoedd. Mewn achosion o'r fath bydd y Cadeirydd (wedi'i gynghori gan Ysgrifennydd y Bwrdd pan fydd hynny'n briodol) yn trefnu'r materion hyn yn briodol ac yn mynnu bod unrhyw arsylwyr yn gadael y cyfarfod. Drwy wneud hyn, bydd y Bwrdd yn penderfynu:

"Bod cynrychiolwyr y wasg ac aelodau eraill o'r cyhoedd yn cael eu gwahardd o weddill y cyfarfod hwn gyda golwg ar natur gyfrinachol y busnes sydd i'w drafod, lle byddai cyhoeddusrwydd yn niweidiol i fudd y cyhoedd"

O dan yr amgylchiadau, pan nad yw'r Bwrdd yn cyfarfod mewn sesiwn gyhoeddus bydd yn gweithredu mewn sesiwn breifat, ac yn adrodd yn ffurfiol ar unrhyw benderfyniadau mae wedi'u gwneud yng nghyfarfod cyhoeddus nesaf y Bwrdd.

3. Y CYNNIG

Trafodwyd yr materion canlynol **yng nghyfarfod caeedig Bwrdd AaGIC ar 31 Mawrth 2022:**

- **Adroddiad y Cadeirydd** – Derbyniodd a nododd y Bwrdd yr wybodaeth ddiweddaraf ar lafar gan y Cadeirydd.
- **Adroddiad y Prif Weithredwyr** – Derbyniodd a nododd y Bwrdd yr wybodaeth ddiweddaraf ar lafar gan y Prif Weithredwr.
- **Cymeradwyo Contract Y Tŷ Dysgu** – Derbyniodd y Bwrdd ddiweddariad ar y broses gaffael ddiwygiedig a chanlyniad y tendr OJEU cystadleuol i ddyfarnu contract ar gyfer y System Rheoli Dysgu 'Y Tŷ Dysgu'. Cymeradwyodd y Bwrdd y broses gaffael gyda chefnogaeth y manylion yn y cadarnhad contract a ddrafftwyd gan Dîm Gwasanaethau Caffael Partneriaeth Cydwasanaethau GIG Cymru.
- **Materion yn Effeithio ar Hyfforddiant Meddygon Teulu** – derbyniodd y Bwrdd ddiweddariad ar y risgiau sy'n effeithio ar hyfforddiant Meddygon Teulu a nododd y camau a gymerwyd.
- **Adroddiad Materion Allweddol o gyfarfod y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 7 Chwefror 2022** – Derbyniodd a nododd y Bwrdd adroddiad materion allweddol y Cadeirydd ar gyfer y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 7 Chwefror 2022.
- **Adroddiad Materion Allweddol gan y Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 18 Ionawr 2022** – Derbyniodd a nododd y Bwrdd

adroddiad materion allweddol gan y Cadeirydd o'r Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 18 Chwefror 2022.

- **Adroddiad Materion Allweddol gan y Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 03 Mawrth 2022** – Derbyniodd a nododd y Bwrdd adroddiad materion allweddol gan y Cadeirydd o'r Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 03 Mawrth 2022.
- **Adroddiad Materion Allweddol o'r cyfarfod Tâl Cydnabyddiaeth a Thelerau Gwasanaeth a gynhaliwyd ar 27 Ionawr 2022** – Derbyniodd a nododd y Bwrdd adroddiad materion allweddol y Cadeirydd ar gyfer y Pwyllgor Tâl Cydnabyddiaeth a Thelerau Gwasanaeth a gynhaliwyd ar 27 Ionawr 2022.

4. MATERION LLYWODRAETHU A RISG

Mae'r adroddiad yn rhoi trosolwg o faterion a ystyriwyd gan Gyfarfodydd Mewnol y Bwrdd a gynhaliwyd ar 31 Mawrth 2022 a'r bwriad yw dangos ymhellach ymrwymiad AaGIC i wneud penderfyniadau agored a thryloyw.

5. GOBLYGIADAU ARIANNOL

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

6. ARGYMHELLIAD

Gofynnir i'r Bwrdd nodi'r adroddiad er gwybodaeth.

Llywodraethu a Sicrwydd			
<div>Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig</div> <div>(rhowch ✓)</div>	<div>Nod Strategol 1:</div> <div>Arwain y gwaith o gynllunio, datblygu a gofalu am les gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r ddarpariaeth o 'Gymru Iachach'</div>	<div>Nod Strategol 2:</div> <div>Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofali iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol.</div>	<div>Nod Strategol 3:</div> <div>Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy feithrin gallu arwain tosturiol ac ar y cyd ar bob lefel</div>
	✓	✓	✓
	<div>Nod Strategol 4:</div> <div>Datblygu'r gweithlu i gefnogi'r gwaith o ddarparu diogelwch ac ansawdd</div>	<div>Nod Strategol 5:</div> <div>Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo</div>	<div>Nod Strategol 6:</div> <div>Cael ein cydnabod fel partner, dylanwadr ac arweinydd rhagorol</div>
	✓	✓	✓
	<div>Ansawdd, Diogelwch a Phrofiad Cleifion</div> <div>Mae sicrhau bod y Bwrdd a'i Bwyllgorau yn gwneud penderfyniadau ar sail gwybodaeth fanwl yn dibynnu ar ansawdd a chywirdeb yr wybodaeth a gyflwynir ac a ystyrir gan y rhai sy'n gwneud y penderfyniadau hynny. Mae penderfyniadau ar sail gwybodaeth yn fwy tebygol o gael effaith gadarnhaol ar ansawdd, diogelwch a phrofiad cleifion a staff.</div>		
<div>Goblygiadau Ariannol</div> <div>Nid oes unrhyw oblygiadau ariannol uniongyrchol yn deillio o'r adroddiad hwn.</div>			

Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)	
Nid oes unrhyw oblygiadau cyfreithiol yn deillio o'r adroddiad hwn.	
Goblygiadau Staffio	
Nid oes unrhyw oblygiadau staffio uniongyrchol yn deillio o'r adroddiad hwn.	
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)	
Nid oes unrhyw oblygiadau uniongyrchol ar y Ddeddf.	
Hanes yr Adroddiad	Mae'r adroddiad hwn yn cael ei ddarparu ym mhob cyfarfod o'r Bwrdd.
Atodiadau	Dim.



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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
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Dyddiad y Cyfarfod	26 Mai 2022	Eitem ar yr Agenda	5.1
Teitl yr Adroddiad	Cofrestr Risgiau Corfforaethol		
Awdur yr Adroddiad	Catherine English, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Rhoi trosolwg o'r risgiau sydd wedi'u nodi ar hyn o bryd yn y Gofrestr Risgiau Corfforaethol (CRR).		
Materion Allweddol	<p>Mae'r adroddiad yn rhoi'r wybodaeth ddiweddaraf am y CRR, sydd wedi'i atodi yn Atodiad 1.</p> <ul style="list-style-type: none"> Mae'r CRR yn cadarnhau: <ul style="list-style-type: none"> cyfanswm o ddeuddeg risg pedwar risg statws 'coch' wyth risg statws 'melyn'. <p>Mae Risgiau Strategol AaGIC, a gymeradwywyd gan y Bwrdd yn ei gyfarfod ar 31 Mawrth, wedi'u hatodi yn Atodiad 2 er gwybodaeth.</p>		
Cam Penodol i'w Gymryd (✓ <i>un yn unig</i>)	Gwybodaeth	Trafodaeth	Sicrwydd
			✓
Yr Argymhelliad	<p>Gofynnir i'r Bwrdd wneud y canlynol:</p> <ul style="list-style-type: none"> Nodi'r adroddiad mewn perthynas â'r CRR er sicrwydd. 		

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COFRESTR RISGIAU CORFFORAETHOL

1. CYFLWYNIAD

Gofynnir i'r Bwrdd nodi'r sefyllfa bresennol mewn perthynas â'r Gofrestr Risg Gorfforaethol (Atodiad 1) a nodir yn yr adroddiad hwn.

2. ASESIAD

Ar hyn o bryd mae **12** risg ar y CCR, ac mae'r risgiau hyn wedi cael eu hasesu fel a ganlyn: **4** risg statws 'coch', **8** risg statws 'mely'n' a **0** risg statws 'gwyrdd'. Ac eithrio paragraff 2.1, sy'n rhoi'r wybodaeth ddiweddaraf am y Risgiau Coch sydd eisoes yn bodoli, mae'r sylwebaeth isod yn tynnu sylw at y newidiadau i'r CRR ers yr adroddiad diwethaf.

2.1. Risgiau Coch

Risg 8 – Os nad yw AaGIC yn sicrhau bod pob cam rhesymol yn cael ei gymryd mewn perthynas â seiberddiogelwch, gallai fod yn agored i dor diogelwch data, dirwyon posibl gan Swyddfa'r Comisiynydd Gwybodaeth a chyhoeddusrwydd gwael cysylltiedig.

Lliniaru: Mae hyn yn gofyn am weithredu'r argymhellion sydd wedi'u hamlygu yn Adroddiad Asesiad Seiberddiogelwch AaGIC. Cynllun Gweithredu Seiberddiogelwch i'w ddrafftio a'i roi ar waith.

Cynnydd: Mae'r argymhellion yn Adroddiad Asesiad Seiberddiogelwch AaGIC wedi cael eu rhoi ar waith neu wrthi'n cael eu rhoi ar waith. Mae gweithgareddau i gefnogi'r gwaith o gyflawni'r Cynllun Seiberddiogelwch ar y gweill.

Datblygiadau diweddar: Mae gweithgareddau i gefnogi'r gwaith o gyflawni'r cynllun seiberddiogelwch ar y gweill ac mae'r datblygiadau diweddar yn cynnwys:

- Mae gwaith yn parhau ar flaenoriaethu ymdrechion i atgyfnerthu a chryfhau diogelwch yn ystod y cyfnod hwn o fwy o densiwn rhwyngwladol lle mae'r bygythiad seiber yn waeth. Cwblhawyd y sesiwn Seiberddiogelwch yn ystod Sesiwn Datblygu'r Bwrdd a gynhaliwyd yn ddiweddar ar 28 Ebrill.

Risg 24 – Os na all Partneriaeth Cydwasanaethau GIG Cymru ymestyn ei gylch gwaith nawdd fisa i'w galluogi i weithredu fel noddwyr ar gyfer meddygon teulu dan hyfforddiant sydd newydd gymhwyso ac nad ydynt yn gymwys i wneud cais am Ganiatâd Amhenodol i Aros (ILR), bydd yn rhaid i nifer o feddygon teulu sydd newydd gymhwyso naill ai chwilio am waith mewn ysbytai neu swyddi meddygon teulu yn Lloegr er mwyn aros yn y DU

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Lliniaru: Casglu gwybodaeth am nifer yr hyfforddeion sy'n debygol o gael eu heffeithio. Ar 11eg Mawrth 2021, ni fydd 18 o hyfforddeion o 3 chynllun yn gymwys i gael ILR ar adeg y dystysgrif cwblhau hyfforddiant (CCT). Bydd AaGIC yn gweithio gyda Phartneriaeth Cydwasanaethau GIG Cymru i roi gwybodaeth iddynt am eu hachos er mwyn ymestyn nawdd i'r Swyddfa Gartref. Bydd AaGIC yn tynnu sylw'r Prif Weithredwr a Llywodraeth Cymru at y broblem ac yn archwilio beth mae gwledydd eraill y DU yn ei wneud mewn perthynas â'r mater hwn.

Cynnydd: Mae AaGIC yn rhan o weithgor a ffurfiwyd gan Bartneriaeth Cydwasanaethau GIG Cymru i edrych ar opsiynau ar gyfer atebion i'r broblem hon. Yr ateb a ffafrir yw bod Partneriaeth Cydwasanaethau GIG Cymru yn darparu cymorth gweinyddol, ac o bosibl cymorth ariannol, i bractisau sy'n dymuno noddi meddyg teulu sydd newydd gymhwyso. Mae hon yn broblem ledled y DU. O ganlyniad, ochr yn ochr â'r gwaith sy'n mynd rhagddo yng Nghymru, mae cynrychiolwyr o'r 4 gwlad wedi cysylltu â'r Swyddfa Gartref i geisio bwrw ymlaen ag ateb.

Datblygiadau diweddar: Mae AaGIC yn rhan o weithgor a ffurfiwyd gan Bartneriaeth Cydwasanaethau GIG Cymru i edrych ar opsiynau ar gyfer atebion i'r problemau fisa. Yr ateb a ffafrir yw bod Partneriaeth Cydwasanaethau GIG Cymru yn darparu cymorth gweinyddol, ac o bosibl cymorth ariannol, i bractisau sy'n dymuno noddi meddyg teulu sydd newydd gymhwyso. Mae hon yn broblem ledled y DU. O ganlyniad, ochr yn ochr â'r gwaith sy'n mynd rhagddo yng Nghymru, mae cynrychiolwyr o'r pedair gwlad wedi cysylltu â'r Swyddfa Gartref i geisio bwrw ymlaen ag ateb. Nid oes dim cynnydd wedi'i wneud eto o ran datblygu ateb i'r problemau a nodwyd.

Risg 25 – Os na ellir datrys problemau gyda'r Rhestr o Berfformwyr Meddygol (MPL), ni fydd graddedigion meddygol rhyngwladol na allant ddarparu geiradau gan glinigwyr yn y DU yn gallu ymuno â'r MPL ar ddechrau hyfforddiant meddygon teulu a bydd hyn yn ansefydlogi cynlluniau i gynyddu niferoedd gan ddefnyddio'r model 1 +2.

Lliniaru: Casglu gwybodaeth gan gydweithwyr mewn rhannau eraill o'r DU ynghylch trefniadau MPL yno. Codi hyn yng nghyfarfodydd Cyfarwyddwyr Meddygol Cysylltiol Gofal Sylfaenol Cymru Gyfan. Gweithio gyda Chyfarwyddwyr Meddygol i ddatblygu dull ac ateb cyffredin ledled Cymru.

Cynnydd: Cynhaliwyd adolygiad o'r MPL yn Lloegr. Mewn ymateb i hyn, mae Llywodraeth Cymru wedi ffurfio grŵp i edrych ar ddiwygio MPL Cymru gyfan. Mae gan AaGIC gynrychiolaeth ar y grŵp hwn a bydd yn ymwneud yn llawn â chreu ateb tymor hir i'r broblem hon

Datblygiadau diweddar: Cynhaliwyd adolygiad o'r MPL yn Lloegr. Mewn ymateb i hyn, mae Llywodraeth Cymru wedi ffurfio grŵp i edrych ar ddiwygio MPL Cymru gyfan. Mae gan AaGIC gynrychiolaeth ar y grŵp hwn a bydd yn ymwneud yn llawn â chreu ateb tymor hir i'r broblem hon

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Risg 26 – Os bydd costau'r cynnydd mewn recriwtio meddygon teulu yn parhau i fod yn fwy na'r swm a ragwelir oherwydd eu bod yn cymryd mwy o amser i gymhwyso a chael gwarchodaeth cyflog, gallai AaGIC wynebu risg ariannol ac i enw da os na allwn gyflawni'r rhaglen a chytuno ar ffrwd ariannu newydd gyda Llywodraeth Cymru.

Lliniaru: Mae'r Ddeoniaeth Feddygol a chydweithwyr Cyllid wedi gweithio'n drylwyr ar ganfod beth sy'n achosi'r gorwariant. Mae dadansoddiad o'r data hwn wedi rhoi rhesymau clir dros y gorwariant ac mae hyn wedi'i liniaru gan danwariant sylweddol mewn cyllidebau eraill. Bydd y gor-recriwtio sy'n uwch na 160 o leoliadau yn cael ei reoli'n ofalus yn y dyfodol er mwyn lleihau'r risg gyffredinol o ran cyllid, gan gynyddu'r niferoedd tra'n parhau ar y targed i recriwtio o leiaf 160 meddyg teulu dan hyfforddiant bob blwyddyn.

Cynnydd: Cyn 2018, roedd AaGIC wedi recriwtio 135 o feddygon teulu dan hyfforddiant bob blwyddyn. Rydym nawr yn recriwtio 160 gyda'r opsiwn o gynyddu hyd at 200 os bydd digon o ymgeiswyr o'r safon ofynnol yn cael eu cyfnewid. Mae hyn wedi bod yn llwyddiannus hyd yn oed cyn COVID a thynnu'r prawf marchnad lafur yn ôl ar gyfer meddygon tramor. Eleni, bydd AaGIC yn recriwtio hyd at 160 o feddygon teulu dan hyfforddiant yn ôl y bwriad a bydd unrhyw niferoedd uwch yn cael eu cyfyngu o'u cymharu â blynyddoedd blaenorol. Cafodd adroddiad ei ystyried gan y Bwrdd caeedig ar 31 Mawrth 2022.

Datblygiadau diweddar: Ystyriwyd adroddiad gan y Bwrdd caeedig ar 31 Mawrth. Mae AaGIC mewn trafodaethau â Llywodraeth Cymru a bydd cyfarfod yn cael ei drefnu i drafod y mater ymhellach.

2.2. Risgiau sydd â Sgôr Uwch

Ni fu unrhyw risg gyda sgôr uwch ers yr adroddiad diwethaf.

2.3. Risgiau sydd â Sgôr Is:

Ni fu unrhyw risg gyda sgôr is ers yr adroddiad diwethaf.

2.4. Risgiau Newydd

Nid oes unrhyw risgiau newydd wedi cael eu hychwanegu at y CRR ers yr adroddiad diwethaf.

2.5. Risgiau a Ddilëwyd

Nid oes unrhyw risgiau wedi cael eu dileu o'r CRR ers yr adroddiad diwethaf.

3. MATERION LLYWODRAETHU A RISG

Mae rheoli risg drwy'r CRR a Risgiau Strategol AaGIC yn rhan greiddiol o reoli risg yn AaGIC.

4. GOBLYGIADAU ARIANNOL

Mae rheoli risg drwy'r CRR a Risgiau Strategol AaGIC yn un o swyddogaethau craidd AaGIC fel Awdurdod Iechyd Arbennig. Ni ragwelir unrhyw oblygiadau ychwanegol o ran cost.

5. ARGYMHELLIAD

Gofynnir i'r Bwrdd wneud y canlynol:

- **Nodi'r** adroddiad mewn perthynas â'r CRR er sicrwydd.

Llywodraethu a Sicrwydd			
Cyswllt â nodau strategol y Cynllun Tymor Canolig Integredig <i>(rhowch ✓)</i>	Nod Strategol 1: Arwain y gwaith o gynllunio, datblygu a gofalu am les gweithlu cymwys, cynaliadwy a hyblyg er mwyn helpu i gyflawni 'Cymru Iachach'	Nod Strategol 2: Trawsnewid addysg a hyfforddiant gofal iechyd er mwyn gwella cyfleoedd, mynediad ac iechyd y boblogaeth.	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy feithrin gallu arwain tosturiol ac ar y cyd ar bob lefel
	Nod Strategol 4: Datblygu atebion cenedlaethol i'r gweithlu i gefnogi'r gwaith o ddarparu blaenoriaethau gwasanaeth cenedlaethol a gofal o safon i gleifion.	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwyh i weithio ynddo	Nod Strategol 6: Cael ein cydnabod fel partner, dylanwadr ac arweinydd rhagorol
Ansawdd, Diogelwch a Phrofiad Cleifion Mae'r CRR yn adnodd craidd er mwyn sicrhau bod risgiau'n cael eu rheoli'n effeithiol yn AaGIC. Mae dull cadarn o reoli risg yn fwy tebygol o gael effaith gadarnhaol ar ddiogelwch a phrofiadau cleifion a staff.			
Goblygiadau Ariannol Mae rheoli risg yn un o swyddogaethau craidd AaGIC fel Awdurdod Iechyd Arbenigol. Ni ragwelir unrhyw gostau ychwanegol.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth) Nid oes unrhyw oblygiadau cyfreithiol yn deillio o'r adroddiad hwn.			
Goblygiadau Staffio Nid oes unrhyw oblygiadau staffio yn deillio o'r adroddiad hwn.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) Y CRR yw adnodd craidd AaGIC i reoli risg.			
Hanes yr Adroddiad	Caiff y CRR ei chyflwyno i'r Tîm Gweithredol a'r Uwch Dîm Arwain bob mis. Mae'r Pwyllgor Archwilio a Sicrwydd yn ei adolygu bob chwarter. Mae'r CRR yn cael ei ddarparu er mwyn ei nodi ym mhob cyfarfod o'r Bwrdd.		
Atodiadau	Atodiad 1 – CRR		

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HEIW CORPORATE RISK REGISTER (2022)

Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Actions	Residual Risk			RAG Status	Progress
			Impact	Probability	Overall Score			Impact	Probability	Overall Score		
		Details of the risk. If... then... impact				None Low Moderate High Very High	Summary of action to date or proposed action to reduce risk, impact, or proximity – this should include a deadline or timetable for completing actions.				R/A/G & Trend	
8. April 2020	1	If HEIW does not ensure that all reasonable steps are taken in respect of cyber security it may be vulnerable to a data breach, possible fines from the Information Commissioner's Office and associated bad publicity. Board Secretary	5	5	25	LOW	This requires the implementation of recommendations highlighted within HEIW's Cyber Security assessment report. This includes the recruitment of a Head of Cyber Security. Cyber Security Implementation Plan to be drafted and implemented	5	4	20		April 2022 - Work continues on prioritising efforts to reinforce and strengthen security during this period of increased international tension where the cyber threat is heightened. Cyber Security session was completed during the recent Board Development Session held on the 28 th April.
12. July 2020	1.	If HEIW is unable to access workforce data from other NHS organisations, then its workforce will not be able to provide modelling data and fail to meet expectations in respect of the same and have an adverse impact on NHS workforce planning. Director of Workforce and Organisational Development	4	3	12	LOW	HEIW to request access to live data from ESR and other workforce information systems as well as the current Data Warehouse information Requests for additional access to information in line with NHS Digital/Health Education England.	4	2	8		March 2022 – we have scheduled a series of meetings with NWSSP, to ensure we have access to the data we need. Work is also ongoing in the context of scoping our data strategy and centre of excellence for workforce intelligence. We have agreed with DHCW that we will set up a three-way strategic conversation with NWSSP to ensure roles and requirements are clearly understood and aligned. April 2022 - A series of meetings have been arranged with NWSSP. A deep dive is to be arranged with Execs, Workforce Analytics, and Digital to consider actions.
13. July 2020	1.	If HEIW does not have sufficient capacity this may have an impact on its ability to support the NHS, delivery of Annual Plan commitments and levels of performance. Director of Workforce and Organisational Development	4	4	16	LOW	Assessment & costing of workforce requirements made as part of the development of the IMTP.	4	2	8		March 2022 – discussions are ongoing and aligned with financial allocation and IMTP planning processes. The process for considering additional capacity via in-year business cases has been confirmed with ET. April 2022 - No change since the previous update.

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15. Aug 2020	2	If there are insufficient employment opportunities available for graduating Allied Health Professionals (AHP's) and Health Care Science (HCS) students who have opted into the bursary tie in the investment in education for these students may be lost. Director of Nurse and Health Professional Education	3	5	15	HIGH	Enhanced monitoring and Targeted Support process implemented Revised recruitment approach implemented for 2022 graduates Appeals process reintroduced, Quarterly written reports to Executive; and to Board as needed. Implemented a revised managed process (Streamlining) for all AHP and HCS students graduating	4	3	12		April 2022 Revised streamlining process progressing successfully with improved engagement, communication and collaboration between HBs, NWSSP and HEIW, students and HEIs Enhanced number of vacancies identified by HBs Escalation process for unsuccessful applicant underway. Wider recruitment programme following escalation process planned for late May/early June. Evaluation of 21/22 process undertaken Bursary extended by Welsh Government for an additional year
19. Dec 2020		If we continue to commission post reg and post grad education from HEI's in England and Wales without a contract, then HEIs may withdraw education provision or fail to provide high quality education that can be performance managed in the usual contractually governed way. Director of Nurse and Health Professional Education	3	4	12	MEDIUM	Strategic Review 2 Board, reporting to Executive Team. Strategic review 2 Project plan, timetable, and risk register. HEIW subject experts linked to programmes, supported by strategic education adviser Strategic review phase 2 to be a standing item in contract meetings with HEI's. Engage with regular discussions with the National School (4 countries meetings held quarterly) Phased approach with those programmes most at risk in first wave.	3	4	12		April 2022 - Successful Ultrasound Health board engagement held. PIN notice issued for external stakeholder event 8 th April. Part Time PTP task and finish groups work mostly complete. Evaluation planning for HCSW tender Work progressing on Genomics ITT Project group established for WBL tender Clinical Photography progressing with Amy now 2 days per week. Deep dive completed on master level education and advanced practice commissioned 2018-2021

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20.		Strategic Review 1 If successful HEIs fail to mobilise the new programmes within the time specified by contract, then new students will be unable to benefit from programmes in 2022. Director of Nurse and Health Professional Education	3	4	12	Medium	Strategic Review 1 Implementation Board Implementation plan agreed with each HEI. Reports to Strategic Review 1 and Executive Team. Senior member of the Education, Commissioning and Quality Team (ECQ) on each HEIs implementation project board to ensure processes are followed for validation, recruitment, and curriculum implementation.	2	4	8		April 2022 -_Implementation meetings with HEIs are ongoing. HEIs are currently on track to deliver programmes on time. Quality performance framework being finalised with HEIs. To be presented to Exec Team in May
21		Nurse Staffing Programme If HEIW fails to identify & implement a national data capture and reporting solution health boards/NHS Trusts will be unable to access the data required to meet the requirements of the Nurse Staffing Levels (Wales) Act and adhere to the 'Once for Wales' approach. Director of Nurse and Health Professional Education	4	3	12	Moderate	Undertake scoping of existing and requirements of national solution. Identify & implement a national data capture and reporting solution. Implement the use of Power BI across section 25B areas Appoint to IT posts Scope IT systems & map data flows. Complete Data Protection Impact Assessments (DPIA's) Collaborative working with IT team/HEIW, health boards/trusts, NDR unit/ Digital Health Care Wales (DHCW) to identify means of support. Identify responsibilities for organisations – formalise arrangements.	4	3	12		April 2022 -_Appointed digital programme manager started in post Feb 2022. Work underway to identify key IT priorities to progress work. Unable to appoint senior information analyst – interviews pending. Meanwhile commissioned work to undertake key action via agency worker.
22 Oct 2021		If implementation of the single lead employer model processes does not meet expected standards and impacts on trainee experience, then this would potentially have an adverse reputational impact for HEIW and for Wales as a place to train.	4	5	20		<ul style="list-style-type: none"> Group established between NWSSP, HEIW and UHBs to begin process mapping of data flow and other employment processes to identify weaknesses 	4	3	12		April 22 - Onboarding of anaesthetics trainees in April 2022 by NWSSP was associated with a significant number of payroll errors in the 21 st April payroll. This issue was quickly identified, trainees informed, and an emergency payroll run arranged for 29 th April. There are ongoing implementation and performance challenges, but overall systems in relation to pay and

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		Medical Director					<ul style="list-style-type: none"> Paused roll out for secondary care specialties from December 2021 until clarity on resolution of existing issues NWSSP to review and where appropriate address internal capacity to deliver the service Weekly updates for HEIW executive team on progress 					expenses continue to improve with enhanced communication with trainees.
23 Dec 2021		<p>If the procurement and implementation of the HEIW learning management system (Y Ty Dysgu) is significantly delayed beyond financial year 22/23, then this would potentially have an adverse impact on the IMTP and a reputational impact for HEIW.</p> <p>Digital Director</p>	4	4	16	High	<ul style="list-style-type: none"> Recommendation of procurement agreed to begin in January 2022. Ongoing engagement established between NWSSP and HEIW to ensure robust process followed Y Ty Dysgu steering group has been stood down and Y Ty Dysgu Programme Board established 	4	3	12		<p>March 2022 - Re-procurement has made excellent progress. Following Board approval on 31st of March the process is now finalising with contract award in April. Following contract award consideration will be given to removing this entry from the corporate risk register and remain at local risk management level</p> <p>April 2022 - Contract Award is being reviewed by WG to finally approve prior to notification of award of contract to the successful bidder</p>
24 Mar 2022		<p>Visa sponsorship for newly qualified GP Trainees</p> <p>If NWSSP cannot extend their visa sponsorship remit to enable them to act as sponsors for newly qualified GP trainees who are not eligible to apply for Indefinite Leave to Remain (ILR), multiple newly qualified GPs will either have to seek work in hospital or GP posts in England in order to remain in the UK</p> <p>Medical Director</p>	4	4	16		<ul style="list-style-type: none"> Gather information on the number of trainees likely to be affected. As at 11/3/21 18 trainees out of 3 schemes will not be eligible for ILR at the point of completion of training (CCT). Work with NWSSP to provide them with information for their case to extend sponsorship to the Home Office. Highlight the problem to HEIW Chief Executive and Welsh Government. 	4	4	16		<p>March 2022 - Paper taken to Executive Team and agreed to escalate from Medical Directorate to the Corporate Risk Register. Report to go to Closed Board March 31st</p> <p>No other change</p> <p>April 2022 - We are part of a Working Group formed by NWSSP to explore options for solutions to this problem. Favoured solution is for NWSSP to provide administrative and possibly financial support to practices that wish to sponsor a newly qualified GP. This is a UK-wide problem. Consequently, in parallel with the work going on in Wales, representatives of the 4 nations have made</p>

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							<ul style="list-style-type: none"> Explore what other home nations are doing in respect to this issue. 					approaches to the Home Office to try to progress a solution. No progress has been made yet in developing a solution to this problem.
25 Mar 2022		Medical Performers List (MPL) If a resolution to problems with the MPL cannot be resolved, international medical graduates who cannot provide references from UK based clinicians will not be able to get onto the MPL at the start of GP training and this will destabilise plans to increase numbers using 1+2 model, and necessitate extensions to training resulting in extra costs. Medical Director	5	5	25		<ul style="list-style-type: none"> Gather information from colleagues in other parts of the UK regarding MPL arrangements there. Raise at All Wales Associate Medical Directors of Primary Care meetings. Work with Medical Directors to develop a common approach and solution across Wales. 	5	5	25		March 2022 - Paper taken to Executive Team and agreed to escalate from Medical Directorate to the Corporate Risk Register. Report going to Closed Board March 31 st . No other change April 2022 - A review of the MPL in England has been undertaken. In response to this, Welsh Government has formed a group to look at reform of all-Wales MPL. HEIW has representation on this group and will be fully involved in generating a long-term solution to this problem.
26 March 2022		GP Training excess funding Requirement If the costs of the increased recruitment of GPs continues to exceed the amounts forecast, due to them taking longer to reach qualification (due to increased uptake of Parental leave, less than full time training, and other issues relating to difficulties experienced by International medical graduates) and pay protection, there could be a financial and reputational risk to HEIW if we cannot deliver the programme and agree a new funding stream with Welsh Government.	5	3	15		<ul style="list-style-type: none"> Medical Deanery and Finance Colleagues have done a deep dive to ascertain the causes of the overspend Analysis of the data has provided clear reasons for the overspend The overspend has been mitigated by significant underspends in other budgets The over-recruitment above 160 will be carefully managed in the future to reduce the overall financial risk with increased numbers while remaining on target to recruit 	5	3	15		March 2022 - Prior to 2018 we recruited 135 GP trainees per year. We are now recruiting 160 with the option to increase up to 200 if sufficient candidates of the required standard are interviewed. This has been successful even before COVID and the withdrawal of the labour market test for Overseas Doctors. This year HEIW will recruit up to 160 GP trainees as planned and any numbers above will be carefully managed to reduce the overall financial risk. A report was considered by the closed Board on 31 March 2022. April 2022 - Initial correspondence has occurred with WG and a meeting will be arranged for further discussions.

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							at least 160 trainee GPs each year.					

Risk Scoring Matrix

L I K E L I H O O D	Probable	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical
IMPACT						

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

Risk Appetite Levels

Appetite Level	Described as:	What this means
None	Avoidance of risk and uncertainty is a key organisational objective.	Avoidance of loss is key objective, play safe, avoidance of developments. Priority for tight controls and oversight.
Low	Minimal, or as little as reasonably possible, is preferred for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.	Prepared to accept the possibility of very limited financial loss if essential. Win any challenges re compliance. Innovations avoided unless essential.

Moderate	Cautious is preferred for safe delivery options that have low degree of inherent risk and may only have limited potential for reward.	Prepare to accept some possibility of some financial loss. Limited tolerance for sticking neck out. Tendency to stick with status quo, innovation in practice avoided unless really necessary
High	Open and willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and Value for Money).	Prepared to invest for return & minimise the possibility of financial loss. Value and benefits considered. Gains outweigh adverse consequences. Innovation supported.
Very High	Seek and be eager to be innovative and too chose options offering potentially higher business rewards (despite greater inherent risk). Or also described as mature and confident in setting high levels of risk appetite because controls, forwards scanning, and responsiveness systems are robust.	Investing for best possible return & acceptance of possibility of financial loss. Chances of losing any challenge are real and consequences would be significant. Desire to break the mould. High levels of devolved authority – management by trust, not control.