

Bundle Bwrdd AaGIC (Agored) 30 July 2020

AGENDA

CY - Board Agenda Jul 20 Agenda HEIW (Open) cyf gor 20.docx

1 RHAN 1 - MATERION RHAGARWEINIOL

1.1 Croeso a Chyflwyniadau

1.2 Ymddiheuriadau am absenoldeb

1.3 Datganiadau Buddiannau

1.4 Derbyn a chadarnhau cofnodion y Bwrdd a gynhaliwyd ar 25 Mehefin 2020

1.4 - CY - Board Minutes June 26th 2020 unconfirmed cyf gor 20.docx

1.5 Log Gweithredu

1.5 - CYM - June Board Action Log _2020-06-25 (Open) cyf gor 20.docx

1.6 Materion yn Codi:

1.6.1 • Adolygu'r Gofyniad i Ymestyn y Tymor ar gyfer Cynnal Cyfarfodydd Cynadleddau Electronig

2 RHAN 2 - ADRODIADAU'R GADAI'R A'R PRIF WEITHREDDYDD

2.1 Adroddiad y Gadair

2.1 - CY - Chairs report July2020 cyf gorff 20.docx

2.2 Adroddiad y Prif Weithredydd

2.2 - CY - CEO Board Report Jul 2020.21.05.20(DB) cyf gor 20.docx

3 RHAN 3 - EITEMAU STRATEGOL

3.1 Cynllun Gweithredol AaGIC chwarter 2 ac ymateb i COVID 19

3.1a - CY - Q2 Operational plan cyf gor 20.docx

3.1b - Operating Framework for NHSW Q2 final draft.docx

3.1c - HEIW Operational Plan Q2 final - 03.07.20.docx

3.1d - HEIW Q2 Objectives Delivery Monitoring.pdf

3.2 Cynllun Addysg a Hyfforddiant Blynnyddol 2021/22

3.2a - July 2020 - Board paper Education Training Plan Final_jul cyf gor 20.docx

3.2b - 20200721 - NHSWEB(61)08a - Education Training Plan for 2021-22 FINAL.docx

4 RHAN 4 - LLYWODRAETHU, PERFFORMIAD A SICRWYDD

4.1 Adroddiad y Cyfarwyddwr Cyllid

4.1a - CY - Board Finance Month 3 Report.docx

4.1b - July 2020 - Board Finance Paper Appendix 1 DRAFT.docx

4.2 Adroddiad Perfformiad

4.2a - CY - 2020-07-17 Cover paper-Cymraeg-July 2020 Performance Report Final.docx

4.2b - 2020-07-17 Integrated Performance Report 5 2020-21 (July 20) Final.docx

4.2c - 2020-7-15 - HEIW - Performance Reporting - Jun20.pdf

4.3 Polisi Rheoli Risg

4.3a - CY - Cover paper - Risk Management Policy Final.docx

4.3b - Appendix 1 - Risk Management Policy HEIW (F) (002).docx

4.4 Gwelliannau Dros dro i'r Rheolau Sefydlog

4.4a - CY - Temporary Amendments to HEIW Standing Orders_July 2020 V1.docx

4.4b - Appendix 1 Welsh Health Circular 2020 011 - Model Standing Orders - LHBs Trusts WHSSC and EASC - Temporary Amendments July 2020.pdf

4.5 Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru)

4.5 - Health and Social Care (Quality and Engagement) Act 2020_cyf gor 20.docx

4.6 Derbyn adroddiad ar y mater allweddol gan:

4.6.1 • Pwyllgorau Sicrwydd & Archwilio a gynhaliwyd ar 23 Mehefin 2020 a 16 Gorffennaf 2020

4.6.1a - CY_Chair Key Issue Cover Report-Audit_Assurance_Committee_2020-06-23_2020-07-16 (Open) V1.docx

- [4.6.1b - Appendix 1 Audit_Assurance Committee_20-06-23_2020-07-16 V1.docx](#)
- [4.6.1c\(i\) - Evaluation_Audit_Assurance Committee Self Assessment Cover Report_March 2020 V2.docx](#)
- [4.6.1c\(ii\) - Appendix 1_Audit and Assurance Committee Self Assessment Checklist 2019-20_COMPLETED.docx](#)
- 4.6.2 • Pwyllgor Addysg, Comisiynu & Ansawdd a gynhaliwyd ar 2 Gorffennaf 2020
 [4.6.2a - CY - ECQC Chair Key Issue Cover Report_2020-07-02 \(Open\) V1.docx](#)
 [4.6.2b - Appendix 1 ECQC Chair Key Issue Report_2020-07-02 V1.docx](#)
- 4.7 Addysg, comisiynu adroddiad blynyddol y Pwyllgor Ansawdd 2019/2020
 [4.7a - CY - ECQC Annual Report_2019-2020 Cover Report V1.docx](#)
 [4.7b - Education_Commissioning_Quality_Committee Annual Report 2019-2020 V4.docx](#)
- 4.8 Adroddiad blynyddol cydymffurfio â chaffael 2019/2020
 [4.8a - CY - HEIW Procurement Compliance Annual Report_2019-2020.docx](#)
 [4.8b - Health Education Improvement Wales 01.04.2019 - 31.03.2020.docx](#)
- 4.9 Penderfyniadau Mewn Pwyllgor
 [4.9 - CY - In Committee Decisions from June Board V1.docx](#)
- 4.10 Blaenraglen waith 2020/2021
 [4.10a - CY - Forward Work Programme \(DB 21.07.20\).docx](#)
 [4.10b - Appendix 1 - Forward Work Programme April 2020-March 2021 V2 \(1\).docx](#)
- 5 RHAN 6 - MATERION ERAILL
- 5.1 Unrhyw fater brys arall
- 5.2 Crynodeb o'r camau gweithredu allweddol
- 5.3 Dyddiadau'r cyfarfodydd nesaf:
- 5.3.1 • Bwrdd Datblygu AaGIC i'w gynnal ar 27 Awst 2020 i'w gadarnhau naill ai drwy Microsoft Teams/
 Telegynadledda neu yn T Dysgu Nantgarw
- 5.3.2 • Cyfarfod Bwrdd AaGIC i'w gynnal ar 24 Medi 2020 i'w gadarnhau naill ai drwy Zoom/Telegynadledda neu yn
 T Dysgu, Nantgarw

ADDYSG a GWELLA IECHYD CYMRU (AaGIC)

Cyfarfod Bwrdd – 10.00am - 12.30pm

I'w gynnal ddydd Iau, 30 Gorffennaf 2020
drwy Zoom/ Telegynadledda

AGENDA

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|---------------|--|---|
| RHAN 1 | MATERION RHAGARWEINIOL | 10:00-10:10 |
| 1.1 | Croeso a Chyflwyniadau | Cadair/Ar lafar |
| 1.2 | Ymddiheuriadau am absenoldeb | Cadair/Ar lafar |
| 1.3 | Datganiadau Buddiannau | Cadair/Ar lafar |
| 1.4 | Derbyn a chadarnhau cofnodion y Bwrdd a gynhaliwyd ar 25 Mehefin 2020 | Cadair/ Atodiad |
| 1.5 | Log gweithredu | Cadair/ Atodiad |
| 1.6 | Materion yn Codi <ul style="list-style-type: none"> Adolygu'r Gofyniad i Ymestyn y Tymor ar gyfer Cynnal Cyfarfodydd Cynadleddau Electronig | Cadair/ Ar lafar |
| RHAN 2 | ADRODDIADAU'R GADAI'R A'R PRIF WEITHREDYDD | 10:10-10:30 |
| 2.1 | Adroddiad y Gadair | Cadair/ Atodiad |
| 2.2 | Adroddiad Y Prif Weithredydd | Prif Weithredydd/ Atodiad |
| RHAN 3 | EITEMAU STRATEGOL | 10:30-11:20 |
| 3.1 | Cynllun Gweithredol AaGIC chwarter 2 ac ymateb i COVID 19 | Cyfarwyddwr y Gweithlu & DC/Atodiad |
| 3.2 | Cynllun Addysg a Hyfforddiant Blynnyddol 2021/22 | Cyfarwyddwr Nyrsio Dros dro/ Atodiad |
| RHAN 4 | LLYWODRAETHU, PERFFORMIAD A SICRWYDD | 11:20-12:20 |
| 4.1 | Adroddiad y Cyfarwyddwr Cyllid | Cyfarwyddwr Cyllid/ Atodiad |
| 4.2 | Adroddiad Perfformiad | Cyfarwyddwr y Gweithlu & DC/Atodiad |
| 4.3 | Polisi Rheoli Risg | Ysgrifennydd y Bwrdd/ Atodiad |
| 4.4 | Gwelliannau Dros dro i'r Rheolau Sefydlog | Ysgrifennydd y Bwrdd/ Atodiad |
| 4.5 | Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) | Ysgrifennydd y Bwrdd/ Atodiad |

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| 4.6 | Derbyn adroddiad ar y mater allweddol gan: <ul style="list-style-type: none"> Pwyllgorau Sicrwydd & Archwilio a gynhaliwyd ar 23 Mehefin 2020 a 16 Gorffennaf 2020 Pwyllgor Addysg, Comisiynu & Ansawdd a gynhaliwyd ar 2 Gorffennaf 2020 | Cadair y Pwyllgor / Atodiad Cadair y Pwyllgor / Atodiad |
| 4.7 | Addysg, comisiynu adroddiad blynyddol y Pwyllgor Ansawdd 2019/2020 | Cadair y Pwyllgor / Atodiad |
| 4.8 | Adroddiad blynyddol cydymffurfio â chaffael 2019/2020 | Cyfarwyddwr Cyllid / Atodiad |
| 4.9 | Penderfyniadau Mewn Pwyllgor | Ysgrifennydd y Bwrdd/ Atodiad |
| 4.10 | Blaenraglen waith 2020/2021 | Ysgrifennydd y Bwrdd/ Atodiad |
| RHAN 5 | MATERION ERAILL | 12:20-12:30 |
| 5.1 | Unrhyw fater brys arall | Cadeirydd/ Ar lafar |
| 5.2 | Crynodeb o'r camau gweithredu allweddol | Cadeirydd/ Ar lafar |
| 5.3 | Dyddiadau'r cyfarfodydd nesaf: <ul style="list-style-type: none"> Bwrdd Datblygu AaGIC i'w gynnal ar 27 Awst 2020 i'w gadarnhau naill ai drwy Microsoft Teams/ Telegynadledda neu yn Tŷ Dysgu Nantgarw Cyfarfod Bwrdd AaGIC i'w gynnal ar 24 Medi 2020 i'w gadarnhau naill ai drwy Zoom/Telegynadledda neu yn Tŷ Dysgu, Nantgarw | |

Yn unol â'r ddarpariaeth yn Adran 1 (2) o Ddeddf Cyrff Cyhoeddus (Derbyniadau i Gyfarfodydd) 1960, rhaid penderfynu y dylid eithrio cynrychiolwyr y wasg ac aelodau eraill o'r cyhoedd o ran olaf y cyfarfod ar y sail y byddai'n niweidiol i fudd y cyhoedd oherwydd natur gyfrinachol y busnes a drawsweithredir. Mae'r adran hon o'r cyfarfod i'w chynnal mewn sesiwn breifat.

Cofnodion Cyfarfod Bwrdd AaGIC na gadarnhawyd
Cynhaliwyd ar 26 Mehefin 2020 am 9:00am
Dros Skype/ Telegynadledda

Presennol:

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|----------------------------|------------------------------|
| Dr Chris Jones | Cadair |
| John Hill-Tout | Is Gadair, Aelod Annibynnol |
| Dr Ruth Hall | Aelod Annibynnol |
| Gill Lewis | Aelod Annibynnol |
| Yr Athro Ceri Phillips | Aelod Annibynnol |
| Dr Heidi Phillips | Aelod Annibynnol |
| Alex Howells | Prif Weithredydd |
| Yr Athro Pushpinder Mangat | Cyfarwyddwr Meddygol |
| Angela Parry | Cyfarwyddydd Nyrsio Dros dro |
| Julie Rogers | Cyfarwyddwr Gweithlu a DG |
| Eifion Williams | Cyfarwyddwr Cyllid |

Yn Mynychu:

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| Dafydd Bebb | Ysgrifennydd y Bwrdd |
| Kay Barrow | Rheolwr Llywodraethu Corfforaethol (Ysgrifenyddiaeth) |

| RHAN 1 | MATERION RHAGARWEINIOL | Gweithred |
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| 2606/1.1 | Croeso a Chyflwyniadau | |
| | Croesawodd y Gadair bawb i gyfarfod Bwrdd AaGIC. Croesawodd yn ffurfiol Angela Parry i'w chyfarfod cyntaf fel y Cyfarwyddwr Nyrsio dros dro. Cadarnhawyd bod cworwm yn bresennol. | |
| 2606/1.2 | YMDDIHEURIADAU AM ABSENOLDEB | |
| | Cafwyd ymddiheuriadau gan Tina Donnelly | |
| 2606/1.3 | Datganiadau o ddiddordeb | |
| | Doedd dim Datganiadau o ddiddordeb | |
| 2606/1.4 | Cofnodion y Bwrdd a gynhaliwyd ar Mai 28 2020 | |
| | Derbyniwyd cofnodion y cyfarfod a gynhaliwyd ar 28 Mai 2020 a chymradwywyd hwy fel cofnod cywir o'r cyfarfod. | |
| 2606/1.5 | Log Gweithredu | |
| | Derbyniodd y Bwrdd y Log Gweithredu o'r cyfarfod a gynhaliwyd ar 28 Mai 2020 a nododd fod yr holl gamau gweithredu naill ai ar waith, wedi'u hychwanegu at y flaenraglen waith neu wedi'u cwblhau. | |
| 2606/1.6 | Materion yn codi | |
| | Nid oedd unrhyw faterion yn codi. Ymunodd Ceri Phillips â'r cyfarfod. | |

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| 2606/2 | LLYWODRAETHU, PERFFORMIAD A SICRWYDD | |
| 2606/2.1 | Adroddiad Atebolrwydd 2019/2020 | |
| 2606/2.1.1 | Datganiad Llywodraethu Blynnyddol | |
| | <p>Derbyniodd y Bwrdd y Datganiad Llywodraethu Blynnyddol (DLIB/AGS).</p> <p>Wrth gyflwyno'r AGS, tynnodd Dafydd Bebb sylw at y ffaith mai un rhan o dair elfen yr Adroddiad Atebolrwydd ar gyfer y cyfnod adrodd oedd hyn 1 Ebrill 2019 hyd 31 Mawrth 2020. Roedd y Pwyllgor Sicrwydd & Archwilio wedi ystyried yr AGS yn ei gyfarfod ar 23 Mehefin 2020. Roedd y sylwadau a gafwyd gan y Pwyllgor, Llywodraeth Cymru a'r Archwilwyr wedi'u hymgorffori yn y fersiwn derfynol a gyflwynwyd.</p> <p>Nodwyd, er bod y cyfnod adrodd ar gyfer y flwyddyn ariannol 2019/2020, bod y canllawiau a dderbyniwyd gan Lywodraeth Cymru yn ei gwneud yn ofynnol i AaGIC gofnodi unrhyw newidiadau llywodraethu perthnasol hyd at amser cymeradwyaeth y Bwrdd. Roedd hyn felly'n cynnwys y diwygiadau a wnaed i'r trefniadau llywodraethu ar gyfer y Bwrdd a'r pwyllgorau mewn perthynas â'r cyfyngiadau o ganlyniad i Bandemig COVID 19</p> | |
| Cytunwyd | <p>Fe wnaeth y Bwrdd:</p> <ul style="list-style-type: none"> • gymeradwyo'r AGS i'w lofnodi gan y swyddog atebol; • gymeradwyo'r AGS a lofnodwyd i'w gyflwyno i Lywodraeth Cymru fel rhan o'r Adroddiad Atebolrwydd erbyn 30 Mehefin 2020. | DB DB |
| 2606/2.1.2 | ADRODDIAD AR GYDNABYDDIAETH A STAFF | |
| | <p>Derbyniodd y Bwrdd yr adroddiad ar gydnabyddiaeth a staff.</p> <p>Wrth gyflwyno'r adroddiad, dywedodd Dafydd Bebb iddo gael ei ystyried gan y Pwyllgor Sicrwydd & Archwilio yn ei gyfarfod ar 23 Mehefin 2020. Ymgorfforwyd y sylwadau a dderbyniwyd gan y Pwyllgor yn y fersiwn derfynol a gyflwynwyd.</p> | |
| Cytunwyd | <p>Fe wnaeth y Bwrdd:</p> <ul style="list-style-type: none"> • gymeradwyo'r Adroddiad ar Gydnabyddiaeth a Staff i'w lofnodi gan y Swyddog Atebol; • gymeradwyo'r adroddiad Gydnabyddiaeth a Staff llofnodedig i'w gyflwyno i Lywodraeth Cymru fel rhan o'r Adroddiad Atebolrwydd erbyn 30 Mehefin 2020. | DB |
| 2606/2.1.3 | Adroddiad Atebolrwydd ac Archwilio Senedd Cymru | |
| | <p>Derbyniodd y Bwrdd Adroddiad Atebolrwydd ac Archwilio Senedd Cymru.</p> <p>Wrth gyflwyno'r adroddiad, cadarnhaodd Dafydd Bebb ei fod wedi'i ystyried gan y Pwyllgor Sicrwydd & Archwilio yn ei gyfarfod ar 23 Mehefin 2020. Eglurwyd bod geiriad y ddogfen wedi'i ddiwygio o 'Gynulliad Cenedlaethol Cymru' i ddarlenn 'Senedd Cymru' yn dilyn cadarnhad gan Archwilio Cymru.</p> | |

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| Cytunwyd | Cymeradwyodd y Bwrdd Adroddiad Archwilio ac Atebolrwydd Senedd Cymru i'w gyflwyno i Lywodraeth Cymru fel rhan o'r Adroddiad Atebolrwydd erbyn 30 Mehefin 2020. | |
| 2606/2.2 | Adolygiad o Gyfrifon a Datganiadau Datgelu Cyhoeddus y Pwyllgor Archwilio | |
| | Eglurodd Gill Lewis, Cadeirydd y Pwyllgor Sicrwydd & Archwilio fod y Pwyllgor wedi cyfarfod ar dri achlysur ac wedi cynnal adolygiad llawn a chadarn o'r cyfrifon a'r datganiadau datgelu cyhoeddus. Roedd unrhyw gwestiynau ynghylch y cyfrifon wedi cael sylw ac felly roedd y Pwyllgor Sicrwydd & Archwilio wedi gallu argymhell y cyfrifon i'r Bwrdd i'w cymeradwyo. | |
| Cytunwyd | Nododd y Bwrdd argymhelliad y Pwyllgor Archwilio a Sicrwydd. | |
| 2606/2.3 | Cyfrifon Terfynol 2019/2020 | |
| | <p>Derbyniodd y Bwrdd y Cyfrifon Terfynol ar gyfer 2019/2020.</p> <p>Wrth gyflwyno'r cyfrifon terfynol, dywedodd Eifion Williams, ers cyfarfod diwethaf y Bwrdd, nad oedd y ffigurau yn y cyfrifon wedi newid er bod rhai newidiadau wedi bod i'r datganiadau datgelu a oedd yn mynd gyda'r cyfrifon ac adlewyrchwyd y rhain yn y cyfrifon a gyflwynwyd. Cadarnhawyd bod AaGIC wedi cyflawni ei rwymedigaethau i fantoli'r ffiniau Adnoddau Refeniw ac Adnoddau Cyfalaf a'i fod hefyd wedi cyflawni Polisi Taliadau'r Sector Cyhoeddus.</p> <p>Cymeradwyodd y Bwrdd waith staff AAGIC, yn enwedig mewn perthynas â chyflawni'r sefyllfa alldro derfynol, er gwaethaf yr heriau cychwynnol a wynebwyd ar ddechrau'r flwyddyn ariannol. Nodwyd bod 2019/2020 wedi rhoi dealltwriaeth dda i AaGIC o wariant sefydliad comisiynu.</p> <p>Diolchodd y Bwrdd i'r Tîm Cyllid ac Archwilio Cymru am gwblhau'r cyfrifon terfynol a'r broses archwilio.</p> | |
| Cytunwyd | Nododd y Bwrdd y cyfrifon terfynol | |
| 2606/2.4 | Archwilio Cymru – Adroddiad Archwilio Datganiadau Ariannol (ISA 260) | |
| | <p>Derbyniodd y Bwrdd Adroddiad Archwiliad Archwilio Cymru o'r Datganiadau Ariannol (ISA 260) a oedd yn cynnwys y Llythyr Cynrychiolaeth.</p> <p>Wrth gyflwyno'r ISA 260, rhoddodd Eifion Williams drosolwg o bwyntiau allweddol yr adroddiad a chadarnhaodd fod yr holl faterion sydd heb eu datrys wedi'u cwblhau'n foddhaol. Roedd Archwilio Cymru yn cyhoeddi barn archwilio ddiamod ar gyfrifon AaGIC ar gyfer 2019/2020.</p> <p>Nododd y Bwrdd:</p> <ul style="list-style-type: none"> nad oedd unrhyw gamddatganiadau anddibwys a nodwyd yn y cyfrifon heb eu cywiro o hyd; | |

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| | <ul style="list-style-type: none"> • nad oedd angen cywiro unrhyw gamddatganiadau o ganlyniad i'r gwaith archwilio; • onid oedd unrhyw faterion o bwys yn codi o'r archwiliad; <p>Nododd y Bwrdd fod yr argymhelliad o flaenoriaeth tymor canolig yn ymwneud â'r terfynau a ddirprwywyd a bod hyn wedi'i drafod yn y Pwyllgor sicrwydd archwilio ar 23 Mehefin 2020. Cydnabuwyd y byddai Archwilio Cymru yn cyhoeddi Llythyr Rheoli yn ddiweddarach yn y flwyddyn, a fyddai'n rhoi argymhellion i wella ymarfer.</p> | |
| Cytunwyd | Nododd y Bwrdd gynnwys yr ISA 260 | |
| 2606/2.5 | Cymeradwyaeth ffurfiol Cyfrifon a'r Datganiadau Datgelu'r Cyhoeddus 2019/2020 | |
| | <p>Ystyriodd y Bwrdd y Cyfrifon a'r Datganiadau Datgelu Cyhoeddus ar gyfer 2019/2020 a'r argymhelliad gan y Pwyllgor Archwilio & Sicrwydd.</p> <p>Llongyfarchodd y Bwrdd y Cyfarwyddwr Cyllid a'r Tîm Cyllid am ddarparu set ardderchog o gyfrifon terfynol yn ystod cyfnod heriol.</p> <p>Roedd y Bwrdd yn cydnabod y berthynas waith ragorol rhwng y Tîm Cyllid ac Archwilio Cymru a oedd wedi helpu i gyflawni'r amserlen y cytunwyd arni gan Lywodraeth Cymru.</p> | |
| Cytunwyd | <p>Fe wnaeth y Bwrdd:</p> <ul style="list-style-type: none"> • gymeradwyo'r Cyfrifon a'r Datganiadau Datgelu Cyhoeddus yn ffurfiol ar gyfer 2019/2020; • gymeradwyo'r defnydd o lofnodion electronig ar gyfer llofnodi'r Cyfrifon, Datganiadau Datgelu Cyhoeddus a gwahanol elfennau'r Adroddiad ar Atebolrwydd cyn eu cyflwyno i Lywodraeth Cymru erbyn 30 Mehefin 2020. | EW/DB |
| 2606/2.6 | Adroddiad Cyllid Mis 2 | |
| | <p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Wrth gyflwyno'r adroddiad, rhoddodd Eifion Williams grynodedb byr o sefyllfa ariannol mis 2 ar gyfer 2020/21, sef tanwariant cyffredinol o £ 691k. Roedd hyn yn bennaf oherwydd effaith pandemig COVID-19 a'r sefyllfa cloi i lawr sy'n effeithio ar gyflogau a chyllidebau nad ydynt yn ymwneud â chyflogau drwy gyfyngu ar gyfleoedd ar gyfer gweithgarwch recriwtio, hyfforddi ac addysgu.</p> <p>Nodwyd y byddai'r Tîm Cyllid yn gweithio drwy oblygiadau COVID 19 ar gyllidebau gyda chyfarwyddiaethau wrth i AaGIC symud i'r 'normal newydd' ac y byddai cyllidebau'n cael eu hailbroffilio i adlewyrchu unrhyw newidiadau.</p> <p>Eglurwyd yr amrywiant o £ 15k mewn perthynas ag 'incwm arall' a nodwyd mai'r rheswm am hyn oedd y gostyngiad mewn gweithgareddau cynhyrchu incwm o ganlyniad i'r cyfyngiadau cloi i lawr.</p> | |

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| | Nododd y Bwrdd y byddai Eifion Williams yn cwrdd â Llywodraeth Cymru i drafod y sefyllfa o danwariant yn sgil pandemig COVID 19. | |
| Cytunwyd | <p>Gwnaeth y Bwrdd:</p> <ul style="list-style-type: none"> • nodi sefyllfa ariannol mis 2; • gytuno i gyflwyno adborth o gyfarfodydd cyllideb y Gyfarwyddiaeth i Fwrdd mis Gorffennaf; • gytuno i gyflwyno adborth o gyfarfod Cyllid Llywodraeth Cymru i Fwrdd mis Gorffennaf. | <p>EW</p> <p>EW</p> |
| 2606/2.7 | Penderfyniadau Mewn Pwyllgor | |
| | Derbyniodd a nododd y Bwrdd yr adroddiad a oedd yn rhoi'r prif faterion a drafodwyd 'Mewn Pwyllgor' yng nghyfarfod y Bwrdd ym mis Mai. | |
| 2606/3 | MATERION ERAILL | |
| 2606/3.1 | Unrhyw fusnes brys arall | |
| | Nid oedd unrhyw fusnes brys arall. | |
| 2606/3.2 | Dyddiadau'r Cyfarfodydd Nesaf | |
| | <p>Nododd y Bwrdd ddyddiadau arfaethedig y Bwrdd:</p> <ul style="list-style-type: none"> • Cyfarfod Bwrdd AaGIC i'w gynnal ar 30 Gorffennaf drwy Skype/Telegynadledda. • Sesiwn Datblygu Bwrdd AaGIC i'w gynnal ar 27 Awst 2020 – lleoliad i'w gadarnhau – nail ai drwy Skype/Telegynadledda neu yn Ty Dysgu, Nantgarw | |
| 2606/3.3 | Diwedd | |
| | Gan nad oedd unrhyw fusnes brys arall ar gyfer y sesiwn agored symudodd y cyfarfod i'r sesiwn gaeedig. | |

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Chris Jones (Cadair)

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Dyddiad:

Bwrdd AaGIC (Agored)

25 Mehefin 2020
Log Gweithredu

(Mae'r Daflen Weithredu hefyd yn cynnwys camau y cytunwyd arnynt yng nghyfarfodydd blaenorol y Pwyllgor Addysg, Comisiynu ac Ansawdd ac sy'n aros i gael eu cwblhau neu sydd wedi'u hamserlennu i'w hystyried gan y Pwyllgor yn y dyfodol. Mae'r rhain wedi'u cysgodi yn yr adran gyntaf. Pan y'i Llofnodwyd gan y Pwyllgor Addysg, Comisiynu ac Ansawdd, caiff y camau gweithredu hyn eu cymryd oddi ar y ddalen weithredu treigl.)

| Cyf. Cofnod | Gweithredu y Cytunwyd Arno | Yn Arwain | Dyddiad Targed | Cynnydd/ Cwblhau |
|-------------------|--|-----------------------------------|-----------------------|--|
| 2805/1.6 | Materion yn Codi | | | |
| | <ul style="list-style-type: none"> Adolygu'r gofyniad i ymestyn y tymor ar gyfer cynnal cyfarfodydd cynadledda electronig. | Ysgrifennydd y Bwrdd | Gorffennaf 2020 | Eitem i'w hystyried o dan faterion sy'n codi ar agenda Gorffennaf y Bwrdd. |
| 2805/3.1.2 | Cynllun Adnoddau 2020/21 | | | |
| | <ul style="list-style-type: none"> Diweddariad i'r Cynllun Adnoddau 2020/21 i'w gyflwyno i'r Bwrdd ym mis Gorffennaf 2020. | Cyfarwyddwr Cyllid | Gorffennaf 2020 | Mae diweddariad wedi'i gynnwys yn adroddiad Cyfarwyddwr Cyllid mis Gorffennaf. |
| 2805/3.2 | Diweddariad am y Cynllun Addysg a Hyfforddiant Blynyddol 2021/22 | | | |
| | <ul style="list-style-type: none"> Y Cynllun terfynol i'w ystyried ym Mwrdd mis Gorffennaf.. | Cyfarwyddwr Nysio Dros dro | Gorffennaf 2020 | Eitem ar agenda mis Gorffennaf y Bwrdd. |
| 2805/4.5 | Diwygio'r Terfynau Ariannol Dirprwyedig/Rheolau Sefydlog | | | |
| | <ul style="list-style-type: none"> Y Diwygiad y cytunwyd arno i'r Terfynau Ariannol Dirprwyedig/Rheolau Sefydlog i'w hadolygu erbyn diwedd Awst 2020. | Ysgrifennydd y Bwrdd | Awst 2020 | Wedi'i ychwanegu at flaenraglen waith y Bwrdd ar gyfer Awst 2020. |
| 2606/2.1.1 | Datganiad Llywodraethu Blynyddol | | | |
| | <ul style="list-style-type: none"> Yr AGS cymeradwy i'w llofnodi gan y Swyddog Atebol; | Ysgrifennydd y Bwrdd | Erbyn 30 Mehefin 2020 | Wedi'i gwblhau |
| | <ul style="list-style-type: none"> Yr AGS sydd wedi'i gymeradwyo a'i llofnodi i'w gyflwyno i Lywodraeth Cymru fel rhan o'r adroddiad atebolrwydd yn erbyn Mehefin 2020. | Ysgrifennydd y Bwrdd | Erbyn 30 Mehefin 2020 | Wedi'i gwblhau. |

| Cyf.Cofnod | Gweithredu y Cytunwyd Arno | Yn Arwain | Dyddiad Targed | Cynnydd/ Cwblhau |
|-------------------|---|-----------------------------|-----------------------|---|
| 2606/2.1.2 | Adroddiad ar Gydabyddiaeth a Staff | | | |
| | <ul style="list-style-type: none"> Yr Adroddiad Cydnabyddiaeth a Staff cymeradwy i'w lofnodi gan y Swyddog Atebol; | Ysgrifennydd y Bwrdd | Erbyn 30 Mehefin 2020 | Wedi'i gwblhau. |
| | <ul style="list-style-type: none"> Cyflwyno'r Adroddiad ar Gydabyddiaeth a Staff a gymeradwywyd ac a lofnodwyd i Lywodraeth Cymru fel rhan o'r adroddiad atebolwydd erbyn Mehefin 2020. | Ysgrifennydd y Bwrdd | Erbyn 30 Mehefin 2020 | Wedi'i gwblhau. |
| 2606/2.1.3 | Adroddiad Atebolwydd ac Archwilio Senedd Cymru | | | |
| | <ul style="list-style-type: none"> Yr Adroddiad Atebolwydd ac Archwilio Senedd Cymru i'w gyflwyno i Lywodraeth Cymru fel rhan o'r Adroddiad Atebolwydd erbyn 30 Mehefin 2020. | Ysgrifennydd y Bwrdd | Erbyn 30 Mehefin 2020 | Wedi'i gwblhau. |
| 2606/2.5 | Cymeradwyaeth ffurfiol Cyfrifon a'r Datganiadau Datgelu'r Cyhoeddus 2019/2020 | | | |
| | <ul style="list-style-type: none"> Llofnodion electronig i'w defnyddio i lofnodi'r Cyfrifon, Datganiadau Datgelu Cyhoeddus a gwahanol elfennau'r Adroddiad Atebolwydd cyn eu cyflwyno i Lywodraeth Cymru erbyn Mehefin 2020. | Cyfarwyddwr Cyllid | Erbyn 30 Mehefin 2020 | Wedi'i gwblhau. |
| 26/06/2.6 | Adroddiad Cyllid Mis 2 | | | |
| | <ul style="list-style-type: none"> Adborth o gyfarfodydd cyllideb y Gyfarwyddiaeth i'w adrodd i Fwrdd mis Gorffennaf; | Cyfarwyddwr Cyllid | Gorffennaf 2020 | Diweddariad i'w gynnwys yn adroddiad Cyfarwyddwr Cyllid mis Gorffennaf. |
| | <ul style="list-style-type: none"> Adborth o gyfarfod Cyllid Llywodraeth Cymru i'w adrodd i Fwrdd mis Gorffennaf. | Cyfarwyddwr Cyllid | Gorffennaf 2020 | Diweddariad i'w gynnwys yn adroddiad Cyfarwyddwr Cyllid mis Gorffennaf. |



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| | | | |
|-------------------------------------|---|---------------------|------------|
| Dyddiad Cyfarfod | 30 Gorffennaf 2020 | Eitem Agenda | 2.1 |
| Teitl Adroddiad | Adroddiad y Gadair | | |
| Awdur Adroddiad | Dr Chris Jones, Cadeirydd | | |
| Noddwr Adroddiad | Dr Chris Jones, Cadeirydd | | |
| Cyflwynwyd gan | Dr Chris Jones, Cadeirydd | | |
| Rhyddid Gwybodaeth | Agored | | |
| Camau penodol sydd eu hangen | Mae'r adroddiad yma er gwybodaeth yn unig | | |

Adroddiad y Cadeirydd

1. DIBEN 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, yr Is-gadeirydd a Chadeiryddion Pwyllgor Archwilio AaGIC, a Phwyllgor Addysg, Comisiynu ac Ansawdd, ers y cyfarfod diwethaf o'r Bwrdd.

2. GWEITHGAREDDAU A CHYFARFODYDD Y CADEIRYDD

Heddiw, rydym yn **Ffrydio'n Fyw** cyfarfod y Bwrdd am y tro cyntaf. Mae hyn yn galluogi'r cyhoedd i arsylwi cyfarfod y Bwrdd heddiw drwy dechnoleg ffrydio byw. Mae hwn yn ddatblygiad cadarnhaol yn unol â datblygiadau yn sefydliadau eraill y GIG yng Nghymru.

Ym mis Gorffennaf, mae Alex wedi dychwelyd yn llawn amser i'r sefydliad fel Prif Weithredydd ar ôl cefnogi'r Cyfarwyddwr Cyffredinol yn Llywodraeth Cymru yn ystod yr argyfwng pandemig. Hoffwn ddiolch i Julie ein Dirprwy Brif Weithredwr a'r tîm Gweithredol am eu stiwardiaeth, ac am y ffordd y mae'r staff a'r sefydliad wedi ymateb yn ystod y cyfnod eithriadol hwn.

Ers mis Mawrth, bu galwadau bob wythnos ar gyfer Prif Swyddogion Gweithredol gyda'r Gweinidog ac Andrew Goodall i ganolbwyntio ar reoli'r ymateb i'r pandemig.

Mae'r ffocws bellach wedi symud tuag at ddysgu'r gwersi ac ailosod y GIG wrth i ni symud ymlaen yn ofalus. O ganlyniad, rydym bellach yn cynllunio ar gyfer y gaeaf a'r posibilrwydd o fwy o heriau o ran y fflw a Covid-19. Mae'r sefydliad wedi cyflwyno cynlluniau gweithredol Chwarter un a Chwarter 2 i Lywodraeth Cymru – darnau mawr o waith.

Rwy'n hynod o falch o'r ffordd y mae'r sefydliad wedi ymateb i gefnogi'r GIG a'r ffyrdd rydym wedi gweithio gyda'n partneriaid yng Nghymru-Ymddiriedolaethau'r GIG a Byrddau Iechyd, Prifysgolion, Cyrff Addysg Bellach a Gofal Cymdeithasol Cymru. Ar sail y DU gyfan, mae'r sefydliad wedi gweithio'n dda gyda'r rheoleiddwyr a'r Colegau Brenhinol a chyrrff Addysg Iechyd eraill i sicrhau bod y broses recriwtio a hyfforddi yn parhau. Mae angen i ni sicrhau ein bod yn harneisio'r cyflymder, yr arloesi a'r datrys problemau a ddangoswyd gan bawb yn ystod y 5 mis diwethaf yn y ffordd yr ydym yn ailosod ein busnes ac yn canolbwyntio ar welliant.

Mae llawer o'n myfyrwyr a'n hyfforddeion wedi bod wrthi'n ymateb i'r pandemig – mae angen cydnabod eu gweithredoedd a'u hawl i'w dathlu. Yn ein cylchlythyr diweddaraf mae cyfrif diddorol gan ddau fyfyrwr fferyllol sydd wedi gweithio mewn gwasanaeth drwy'r pandemig. O ran recriwtio, er gwaethaf yr heriau rydym yn parhau â'n tuedd i wella, yn arbennig ein llwyddiant i gynyddu'r niferoedd i hyfforddiant ymarfer cyffredinol.

Rwy'n parhau i gynnal cyfarfodydd fideo ddwywaith yr wythnos yn rheolaidd gydag Alex ac rwyf wedi cwblhau'r adolygiad o ddatblygiad proffesiynol Alex ar gyfer 2019/2020, a gyda'n gilydd rydym wedi cytuno ar ei hamcanion ar gyfer 2020/2021. Rwy'n cyfarfod â Julie wythnosol a'r Cyfarwyddwyr Gweithredol bob pythefnos. Rwy'n cael trafodaethau misol gyda'r Deoniaid Uwchraddedigion – cyfres ddefnyddiol a llawn gwybodaeth o drafodaethau sy'n fy ngalluogi i ddeall rhai o'r heriau ac i fyfyrio ar y ffyrdd y mae ein sefydliad wedi cwrdd â'r materion. Byddaf yn cwrdd â John Hill-Tout, Is-gadeirydd, ddwywaith yr wythnos a'r Aelodau Annibynnol bob wythnos. Mae hyn wedi galluogi cyfathrebu da o syniadau ac rwy'n diolch iddynt i gyd am eu cefnogaeth a'u cyngor. Rwyf wedi gwneud trefniadau i gwblhau gwerthusiadau annibynnol yr Aelodau erbyn canol mis Awst.

Un ystyriaeth allweddol a ddaeth i'r amlwg o'r pandemig oedd anghenion y gweithlu ar draws Iechyd a Gofal cymdeithasol. Ym mis Rhagfyr, fe gyflwynon ni gyda Gofal Cymdeithasol Cymru, i Lywodraeth Cymru, strategaeth ddrafft ar gyfer y Gweithlu Iechyd a Gofal Cymdeithasol – yn dilyn ymgynghoriad sylweddol. Rydym wedi cynnal sawl cyfarfod ym mis Mehefin a mis Gorffennaf gyda Chadeirydd a Phrif Weithredwr Gofal Cymdeithasol Cymru. Mae'n amlwg bod yr elfennau allweddol o fewn y strategaeth yn berthnasol iawn i'r ymateb i'r amser presennol yng Nghymru ac yn edrych i'r dyfodol. Bydd angen arweiniad tosturiol a ffocws cryf ar iechyd a lles ein gweithlu iechyd a gofal cymdeithasol i gefnogi ein systemau iechyd a gofal i ymadfer a datblygu yn y dyfodol.

Rwy'n parhau i ymuno â chyfarfodydd Cadeiryddion y GIG bob pythefnos – trafodaethau allweddol ar Iechyd y Cyhoedd, anghydraddoldebau iechyd, ailosod gwasanaethau, gweithio mewn partneriaeth, ac arweinyddiaeth. Cyflwynodd AaGIC ddiweddariad ar ein cynlluniau arweinyddiaeth i'r grŵp CEO a chyfarfod y Cadeiryddion. Cyflwynodd Helen Thomas a Julie Rogers a chafwyd cefnogaeth ac anogaeth gyffredinol.

Rwyf wedi cymryd rhan mewn adolygiad Archwilio Mewnol o Lywodraethu yn ystod yr argyfwng ac rwyf wedi cyfarfod â Swyddfa Archwilio Cymru ar gyfer ein cyfarfod chwarterol rheolaidd.

Rwyf wedi ymuno â chynadleddau fideo wythnosol a drefnwyd drwy Gydffederasiwn y GIG ar Ailosod y GIG. Roeddwn yn siaradwr mewn sesiwn ar Iechyd a Gofal Cymdeithasol ac roeddwn yn gallu cyfrannu drwy ddangos ein dull Cymreig o weithio mewn partneriaeth. Mae'n amlwg iawn ein bod ni yng Nghymru wedi elwa o gysylltiadau lleol cryf ar draws gwasanaethau cyhoeddus – rhywbeth y dylem adeiladu arno a'i atgyfnerthu. Disgrifiais hefyd sut yr oeddem fel AaGIC wedi elwa ar gydweithio â sefydliadau'r DU gyfan, gan gynnwys y rheoleiddwyr a'r colegau, ac unwaith eto dylem ddatblygu'r diwylliant cadarnhaol hwn fel bloc adeiladu ar gyfer y dyfodol. Canolbwyntiodd sesiynau diddorol ar anghydraddoldebau, amrywiaeth a chynhwysiant, gwersi llywodraethu o Covid.

Rwyf wedi mynychu gweminar Iechyd Cyhoeddus Cymru ar yr hyn a ddysgwyd o'r pandemig hyd yma gyda'r wybodaeth ddiweddaraf am genomeg, sgrinio a datblygu brechlyn. Yr wythnos hon cymerais ran mewn Gweminar Iechyd cyhoeddus ar yr effaith Covid ar les ac anghydraddoldebau iechyd.

Yn gynharach ym mis Gorffennaf buom yn cyfweld ar gyfer ein Cyfarwyddwr Cynllunio ac rwy'n falch o groesawu Nicola Johnson i AaGIC. Disgwylir iddi ddechrau yn gynnar yn yr Hydref ac mae'n arsylwi'r cyfarfod heddiw.

Yn ystod yr wythnos ddiwethaf, daeth y Ddeddf Iechyd a Gofal Cymdeithasol yn gyfraith ar 1 Mehefin. Hoffwn dynnu sylw'r bwrdd at y ffaith y bydd dyletswydd ansawdd y Ddeddf yn rhoi cyfrifoldeb ar AaGIC i sicrhau gwelliannau yn ansawdd y gwasanaethau a ddarperir i ddefnyddwyr gwasanaeth ac i adrodd i Lywodraeth Cymru ar y mater yn flynyddol. Bydd angen inni ystyried beth y mae hynny'n ei olygu i ni fel sefydliad sy'n canolbwyntio ar y gweithlu, addysg a hyfforddiant yn hytrach na gofal cleifion.

I gloi, dymunaf gofnodi fy niolch i'n holl staff ac yn arbennig ein timau cyfathrebu a TG am ein sicrhau bod pob un ohonom yn hyddysg ac wedi cysylltu â ni mewn cymaint o ffyrdd

Mae **John Hill-Tout**, Is-gadeirydd, wedi mynychu cyfarfodydd yr Is-gadeiryddion, sydd wedi parhau ar sail reolaidd, gyda chyfarfodydd yn cael eu cynnal o bell gyda'r defnydd o dechnoleg. Mae gan Is-gadeiryddion gyfrifoldeb ar gyfer goruchwyllo lefel Bwrdd o Ofal Sylfaenol, Iechyd Meddwl a Gwasanaethau Cymunedol ac yn y cyfarfodydd hyn maent wedi canolbwyntio ar ymateb y gwasanaethau hyn i Covid 19, a hefyd ar y patrymau galw cynyddol neu sydd wedi newid. Ar 25 Mehefin, cyfarfu'r Is-gadeiryddion â'r Gweinidog i'w friffio ar ymateb y gwasanaeth yn y meysydd hyn, a chafwyd trafodaeth hefyd ar ffyrdd o wella'r broses o integreiddio â Gofal Cymdeithasol.

Mae John wedi ymuno â dwy seminar "Ailosod" Conffederasiwn y GIG ers y cyfarfod Bwrdd diwethaf. Caiff y rhain eu trefnu ar sail y DU ar gyfer aelodau'r Bwrdd a chânt gyfle i rannu profiadau o ddelio â'r pandemig Covid, a'r patrymau gwasanaeth newydd, sydd wedi bod yn effeithiol, ac y mae'n rhaid eu mabwysiadu'n rheolaidd erbyn hyn. Mae wedi bod yn galonogol dysgu am gydweithrediad llawer gwell rhwng Iechyd a'i bartneriaid ym maes Gofal Cymdeithasol, y sector Gwirfoddol, a'r sector Annibynnol. Roedd hefyd yn galonogol clywed adleisiau o waith AaGIC i ddatblygu arweinwyr sy'n gallu arwain ar draws pob gwasanaeth.

| Llywodraethu a Sicrwydd | | | |
|---|--|---|--|
| Cyswllt ag amcanion strategol yr IMTP (✓ ogydd) | Amcan Strategol 1: Arwain y gwaith o gynllunio, datblygu a sicrhau gweithlu cymwys, cynaliadwy a hyblyg i helpu i gyflawni 'Cymru Iachach' | Amcan Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofaliachyd gan sicrhau ei fod yn diwallu anghenion y dyfodol | Amcan Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu i arwain yn dosturiol ac ar y cyd ar bob lefel |
| | ✓ | ✓ | ✓ |
| | Nod Strategol 4: I ddatblygu'r gweithlu i gefnogi'r gwaith o gyflawni diogelwch ac ansawdd | Nod Strategol 5: Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio | Nod Strategol 6: I gael ein cydnabod fel partner rhagorol, yn ddylanwadr ac arweinydd |
| | ✓ | ✓ | ✓ |
| Ansawdd, Diogelwch a Phrofiad y Claf | | | |
| Nid oes unrhyw faterion o ansawdd, diogelwch cleifion a phrofiad uniongyrchol yn gysylltiedig â'r adroddiad hwn. | | | |
| Goblygiadau Ariannol | | | |
| Nid oes unrhyw oblygiadau ariannol uniongyrchol i'r adroddiad hwn | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb 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 Tymor Hir (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 | Amherthnasol | | |
| Atodiadau | Amherthnasol | | |



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| | | | |
|----------------------------|--|---------------------------|------------|
| Dyddiad y Cyfarfod | 30 Gorffennaf 2020 | Eitem ar yr Agenda | 2.2 |
| Teitl yr Adroddiad | Adroddiad y Prif Weithredwr – Gorffennaf 2020 | | |
| Awdur yr Adroddiad | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Noddwr yr Adroddiad | Alex Howells, Prif Weithredwr | | |
| Cyflwynwyd gan | Alex Howells, Prif Weithredwr | | |
| Rhyddid Gwybodaeth | Agored | | |

ADRODDIAD Y PRIF WEITHREDWR – MAI 2020

1. CYFLWYNIAD

Diben yr adroddiad hwn yw rhoi'r wybodaeth ddiweddaraf i'r Bwrdd am y gweithgareddau allweddol a gyflawnwyd ers y cyfarfod Bwrdd diwethaf a gosod y cyd-destun ar gyfer nifer o faterion sy'n ymddangos yn fwy amlwg o fewn adroddiadau Cyfarwyddwyr Gweithredol fel rhan o fusnes y Bwrdd.

Yn gyffredinol, er ein bod yn dal i gyfrannu'n weithredol at ymateb COVID 19, rydym hefyd wedi gallu ailffocysu ar nifer o feysydd blaenoriaeth AaGIC sy'n allweddol i'r adferiad tymor hwy ar gyfer GIG Cymru.

Rwyf bellach wedi cwblhau fy secondiad i Lywodraeth Cymru ac rwy'n ôl yn llawn amser yn fy rôl Prif Swyddog Gweithredol yn AaGIC. Yr wyf yn ddiolchgar i'r Bwrdd am ganiatáu imi ymgymryd â'r secondiad hwn a hoffwn dalu teyrnged unwaith eto i Julie Rogers a'm cyd-aelodau gweithredol am ofalu am y mudiad mor dda yn fy absenoldeb.

2. GWEITHGAREDDAU ALLWEDDOL

- **Coronafeirws**

Our contribution to the Coronavirus response is summarised in our Q1 performance plan, and we continue to be actively engaged in the ongoing work associated with care homes, rehabilitation, and vaccinations. We are resetting more routine ways of working for education and training in the next few months to minimise any ongoing disruption whilst maximising the new ways of working that have been implemented at pace.

In line with developments nationally, we have decided to step down the COVID-19 Response Team to enable our staff to refocus time and attention on other priorities.

- **Cynllun Chwarter 2**

Cyflwynwyd Cynllun Gweithredol AaGIC ar gyfer Ch2 ar ffurf drafft i Lywodraeth Cymru ar 3 Gorffennaf 2020 ac rydym wedi derbyn adborth cadarnhaol a rannwyd gyda'r Bwrdd. Gobeithiwn y bydd y Bwrdd yn gallu rhoi cymeradwyaeth ffurfiol i hyn heddiw.

Rhagwelwn y bydd angen y cynllun nesaf erbyn diwedd mis Medi a bydd gofyn iddo gynnwys ffocws ar wydnwch y gaeaf.

- **Strategaeth y Gweithlu ar gyfer lechyd a Gofal Cymdeithasol**

Yn dilyn ein trafodaethau yn sesiwn datblygu'r Bwrdd ym mis Mehefin, cyflwynwyd llythyr ar y cyd oddi wrth AaGIC a Gofal Cymdeithasol Cymru i'r Gweinidog dros lechyd a Gwasanaethau Cymdeithasol i dynnu sylw at y brys a'r cyfleoedd a gafwyd wrth symud ymlaen â strategaeth y gweithlu, er mwyn mynd i'r afael â llawer o'r heriau a amlygwyd yn ystod y pandemig.

- **Cynllun Comisiynu a Hyfforddi Addysg 2021/22**

Mae'r Cynllun Comisiynu a Hyfforddi Addysg wedi cael ei ddatblygu yn dilyn ystod eang o ymgysylltu â'n rhanddeiliaid a'n partneriaid, ac argymhellwyd ei gymeradwyo gan y Pwyllgor Comisiynu ac Ansawdd Addysg ym mis Mehefin. Cymeradwywyd fersiwn terfynol gan Fwrdd Gweithredol y GIG ar 21 Gorffennaf. Bydd hyn yn ein galluogi i barhau i gynyddu nifer y lleoedd addysg a hyfforddiant ar draws nifer o broffesiynau, ac i wneud hyn mewn ffordd fwy hyblyg.

- **Adroddiad Perfformiad**

Er clod i'n timau, nid oes unrhyw heriau sylweddol o ran perfformiad i'w nodi ar waetha'r tarfu ar fusnes yn ystod chwarter cyntaf y flwyddyn. O safbwynt parhad busnes, mae'r adroddiad perfformiad yn disgrifio'r ymdrechion a wnaed i gadw ein swyddogaethau addysg a hyfforddiant yn gweithio, gyda newid penodol i drefniadau ar-lein a rhithwir ar draws pob maes.

Mae'r adroddiad perfformiad yn ceisio dwyn ynghyd y broses o fonitro nifer o ffrydiau gweithgarwch ac yn dangos ehangder ein gwaith yn ystod y cyfnod hwn.

Rydym yn parhau i ganolbwyntio ar ddatblygu'r dangosfwrdd a'r fframwaith perfformiad integredig.

- **Adroddiad Cyllid**

Mae papur sy'n amlinellu'r sefyllfa ym mis tri ar yr agenda. Er bod 20/21 yn profi'n fwy anrhagweladwy nag arfer rydym yn parhau i reoli ein harian yn effeithiol, mewn cydweithrediad agos â Llywodraeth Cymru.

- **Risg**

Mae 11 o risgiau ar yr agenda ac mae un ohonynt yn goch:- Seiberddiogelwch.

- **Cyfarfod Cyffredinol Blynyddol (CCB/AGM)**

Cynhelir ein Cyfarfod Cyffredinol Blynyddol ar 24 Medi am 1pm a bydd yn dilyn ymlaen yn syth wedi Bwrdd ym mis Medi. Mae'r Cyfarfod Cyffredinol Blynyddol yn ddiweddarach eleni oherwydd y dyddiadau cau diwygiedig ar gyfer cyflwyno'r Adroddiad Blynyddol i Lywodraeth Cymru. Oherwydd ein model gweithredu presennol bydd y cyfarfod cyffredinol blynyddol yn cael ei ffrydio'n fyw a gobeithiwn y bydd hyn yn annog amrywiaeth eang o staff a rhanddeiliaid i gymryd rhan i glywed am ein blwyddyn weithredu lawn gyntaf.

3. ARGYMHELLIAD

Gofynnir i'r Pwyllgor nodi'r adroddiad hwn.

| Llywodraethu a Sicrwydd | | | |
|--|--|--|--|
| Cysylltu â nodau strategol y Cynllun Tymor Canolig Integredig (rhowch ✓) | Nod Strategol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni 'Cymru Iachach' | Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol | Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel |
| | ✓ | ✓ | ✓ |
| | Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd | Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo | Nod Strategol 6: Cael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol |
| | ✓ | ✓ | ✓ |
| Ansawdd, Diogelwch a Phrofiad Cleifion | | | |
| Nid oes unrhyw faterion ansawdd, diogelwch na phrofiad cleifion yn ymwneud yn uniongyrchol â'r adroddiad hwn | | | |
| Goblygiadau Ariannol | | | |
| Nid oes unrhyw oblygiadau ariannol uniongyrchol yn codi o'r adroddiad hwn. | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth) | | | |
| Nid oes unrhyw oblygiadau cyfreithiol uniongyrchol yn codi o'r papur hwn. | | | |
| Goblygiadau Staffio | | | |
| Nid oes unrhyw oblygiadau staffio uniongyrchol yn codi o'r adroddiad hwn. | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | | | |
| Bydd yr ystod o weithgareddau a amlinellwyd yn yr adroddiad yn cyfrannu at ddull AaGIC o ymdrin â Deddf Llesiant Cenedlaethau'r Dyfodol. Fodd bynnag, bydd y cyfraniadau'n benodol i bob maes unigol a gwmpaswyd yn y trosolwg a geir yn yr adroddiad hwn. | | | |
| Hanes yr Adroddiad | Cyflwynir Adroddiad y Prif Weithredwr ym mhob sesiwn Bwrdd agored, a gynhelir bob deufis. | | |
| Atodiadau | Amh. | | |



GIG
CYMRU
NHS
WALES

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

| | | | |
|---|---|---------------------|----------------|
| Dyddiad y Cyfarfod | 30 Gorffennaf 2020 | Eitem Agenda | 3.1 |
| Teitl yr Adroddiad | AaGIC Chwarter 2 Cynllun Gweithredol – COVID 19 | | |
| Awdur yr Adroddiad | Chris Payne, Dirprwy Gyfarwyddwr Cynllunio & Perfformiad | | |
| Noddwr yr Adroddiad | Julie Rogers | | |
| Cyflwynwyd gan | Julie Rogers, Dirprwy Brif Swyddog Gweithredol/Cyfarwyddwr y Gweithlu & DG | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | Ystyried a chymeradwyo'r cynllun gweithredol drafft ar gyfer HEIW C2 a gyflwynwyd i Lywodraeth Cymru ar 3 Gorffennaf 2020. | | |
| Materion Allweddol | <p>Cyhoeddodd Llywodraeth Cymru Fframwaith Gweithredu 'COVID-19'-Chwarter 2 ar 18 Mehefin. Datblygwyd hyn gan fyfyrion ar ymatebion i fframwaith Ch1 a chynllunio.</p> <p>Roedd yn ofynnol i AaGIC gyflwyno Cynllun Gweithredol drafft mewn ymateb i'r fframwaith erbyn 3 Gorffennaf 2020, y manylir arno yn yr Atodiad.</p> <p>Mae'r ddogfen yn cefnogi ein dull o weithredu gweithgareddau busnes arferol, cafodd y rhain eu cymeradwyo ym Mwrdd mis Mai i gyflawni amcanion y CTCL a phethau i'w cyflawni ynghyd ag unrhyw ofynion i ymateb i ofynion COVID.</p> <p>Mae ein cynllun yn nodi'r dull y bydd AaGIC yn ei gymryd i gefnogi system y GIG a'i weithlu ei hun yn erbyn themâu allweddol a nodwyd gan Lywodraeth Cymru.</p> <p>Bydd ein cynllun yn ffurfio'r sail ar gyfer datblygu mecanweithiau i gyfnerthu rheoli perfformiad yn erbyn amcanion a'r hyn a nodwyd i alluogi adrodd priodol yn ôl y galw. Bydd hyn yn adeiladu ar waith a wnaed yn ystod Ch1. Bydd hyn yn gofyn am gymorth Gweithredol ac Uwch Arweinwyr i sicrhau ei fod yn adlewyrchu gweithgareddau parhaus.</p> | | |
| Camau penodol i'w cymryd (rhowch ✓ wrth ymyl un yn unig) | Gwybodaeth | Trafod | Sicrhau |
| | | | ✓ |
| Argymhellion | <p>Gofynnir i Aelodau:</p> <ul style="list-style-type: none"> ystyried a chymeradwyo'r cynllun gweithredol drafft yn Atodiad 2 i'w gyflwyno i Lywodraeth Cymru ar 3 Gorffennaf 2020 | | |

1. CYFLWYNIAD

Mae'r papur hwn yn gofyn i'r Bwrdd ystyried a chymeradwyo cynllun gweithredol drafft HEIW ar gyfer chwarter 2 yn 2020-21 a baratoir ac a gyflwynwyd i LIC yn unol â gofynion fframwaith gweithredu COVID-19 Llywodraeth Cymru. Rydym yn ddiolchgar i gydweithwyr ar draws HEIW am eu cyfraniadau at gynnwys y cynllun drafft.

2. CEFNDIR

Ar 18 Mehefin, cyhoeddodd Llywodraeth Cymru ran 2 Fframwaith Gweithredu'r GIG yng Nghymru, a nodir yn Atodiad 1. Roedd hyn yn esblygiad o fframwaith gweithredu Chwarter 1.

Mae Llywodraeth Cymru wedi gofyn i ni gyflwyno cynllun ar gyfer chwarter 2 erbyn 3 Gorffennaf 2020. Mae'r cynllun drafft terfynol yn Atodiad 2 ac mae'n amodol ar gymeradwyaeth y Bwrdd ar 30 Gorffennaf 2020.

Mae datblygu ein cynllun gweithredol yn darparu fframwaith gwahanol i AaGIC ei reoli a'i adrodd. Datblygwyd y cynllun gyda chymorth cydweithwyr Gweithredol i fyfrio ar ddull AaGIC o ran themâu allweddol a fynegwyd gan Lywodraeth Cymru. Mae'r themâu allweddol yn parhau;

- Ffyrdd Newydd o Weithio
- Rheoli COVID 19
- Gwasanaethau 'Hanfodol'
- Gwasanaethau "Arferol"
- Gofal Sylfaenol
- Rhyngwyneb Gofal Cymdeithasol

Mae'r gweithlu a lles hefyd yn parhau i fod yn flaenoriaeth ac yn thema allweddol ar gyfer chwarter 2 gan fod llawer o staff rheng flaen ac aelodau cymorth yn teimlo effaith yr argyfwng cychwynnol yn ogystal â bod yn paratoi ar gyfer adegau eraill o gynnydd yn y galw.

3. MATERION LLYWODRAETHU A RISG

Cafodd ein Cynllun Gweithredol drafft ei ddatblygu a'i gyflwyno yn unol â'r fframwaith gweithredol a gyhoeddwyd gan Lywodraeth Cymru. Rydym yn aros am adborth ac yn disgwyl cael ein gwahodd i gyfarfod i drafod y Cynllun yn ystod rhan cynnar Chwarter 2.

Mae'r Cynllun wedi'i ddatblygu gan ystyried themâu allweddol sy'n cael eu mynegi yn y fframwaith ynghyd â meysydd ffocws allweddol yr ydym wedi'u nodi o fewn AaGIC – Mae'r rhain yn cynnwys cefnogi ymateb COVID-19. Mae'r cynllun wedi ymateb i adborth a ddarparwyd gan Lywodraeth Cymru yn dilyn cyflwyno'r cynllun Chwarter 1.

Ar ôl cytuno ar gynllun Ch2 er mwyn sicrhau bod ein trefniadau rheoli perfformiad ac adrodd yn effeithiol, byddwn yn cynnal trafodaethau â'r byrddau ac yn troi'n ôl at gyflwyno adroddiadau ar berfformiad mewn modd integredig yn unol â chynnwys y cynllun hwn. Ar hyn o bryd, rydym yn adeiladu'r wybodaeth sylfaenol ar gyfer ein prosiectau a'n rhaglenni gyda'r bwriad o fonitro cynnydd ein hamcanion, ein cyflawniadau a'n cerrig milltir drwy'r dogfennau atodedig (Atodiad 3) a fydd yn gofyn am gymorth Gweithredol a'r uwch dîm arwain i gwblhau mewn perthynas â cherrig milltir a nodi materion risg i gynnydd. Deallir y bydd adroddiadau chwarterol yn disodli prosesau monitro'r CTCL safonol.

Yn ogystal, byddwn hefyd yn defnyddio ein mecanwaith Grŵp Ymateb COVID i reoli a goruchwyllo ein perfformiad yn ystod y cylchoedd byrrach yn ogystal â chanolbwyntio ar sicrhau bod risgiau'n cael eu nodi, eu lliniaru a'u dwysáu yn ôl yr angen.

4. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol uniongyrchol yn deillio o gynhyrchu'r cynllun drafft hwn. Drwy Chwarter 2, bydd adolygiadau pellach o'r gyllideb yn cael eu cynnal dan arweiniad y Cyfarwyddwr Cyllid gydag uwch arweinwyr a'r tîm Gweithredol i adolygu'r rhagolygon yng ngoleuni effaith COVID-19 a gweithredu'r amcanion y cytunwyd arnynt a'r hyn a gyflawnir. Bydd y manylion hyn yn llywio gofynion a thrafodaethau manwl y dyfodol â Llywodraeth Cymru.hwn.

5. ARGYMHELLIAD

Gofynnir i Aelodau:

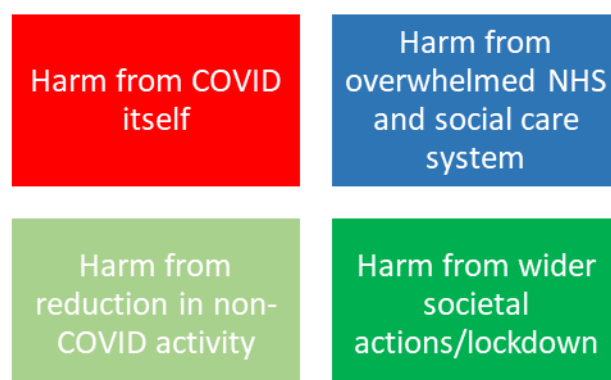
- ystyried a chymeradwyo'r cynllun gweithredol drafft ar gyfer HEIW C2 a gyflwynwyd i Lywodraeth Cymru ar 3 Gorffennaf 2020.

| Lywodraethu a Sicrwydd | | | |
|---|--|--|--|
| Cysylltu ag amcanion strategol yr IMTP (rhowch ✓) | Nod Strategol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni 'Cymru Iachach | Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol | Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel |
| | ✓ | ✓ | ✓ |
| | Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac | Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo | Nod Strategol 6: Cael ei nabod fel partner, dylanwadwr ac arweinydd rhagorol |
| | ✓ | ✓ | ✓ |
| Ansawdd, Diogelwch a Phrofiad y Claf | | | |
| Mae hwn yn cael ei ystyried trwy gydol ein hymateb | | | |
| Goblygiadau Ariannol | | | |
| Nid oes unrhyw oblygiadau ariannol uniongyrchol yn deillio o gynhyrchu'r Cynllun drafft hwn. Bydd goblygiadau ariannol o ganlyniad i'r cynllun hwn yn cael eu hasesu yn ystod y cyfnod. | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth) | | | |
| Cynhaliwyd asesiad cydraddoldeb ac fe'i diwygir os bydd angen yn dilyn newidiadau. | | | |
| Goblygiadau Staffio | | | |
| Ystyriwyd goblygiadau staffio wrth fyfyrto ar yr argymhellion diwygiedig. | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | | | |
| Mae'r rhain i'w hystyried wrth fyfyrto ar effaith COVID-19. | | | |
| Hanes yr Adroddiad | Amherthnasol | | |
| Atodiadau | 1. Fframwaith Gweithredu GIG Cymru Llywodraeth Cymru-Chwarter 2 2. Cynllun Gweithredol Drafft AaGIC – Chwarter 2 3. Monitro Amcanion a Chyflawni Chwarterol drafft | | |

NHS WALES COVID 19 OPERATING FRAMEWORK - QUARTER 2 (20/21)

1. PURPOSE

In line with the shorter planning cycles that we have agreed for 20/21, the purpose of this document is to provide the NHS with an Operating Framework for Q2 and a look ahead to the rest of the year. This framework will build on the themes and principles from Q1, based on a “proceed with caution” approach and will continue to focus on the four harms;



2. CONTEXT

There have been a number of developments since the publication of the Operating Framework Guidance for Q 1. In Wales lockdown measures are being eased in a steady and cautious approach, in line with the Welsh Government’s recovery plan, focused on maintaining and controlling the Rt value. In parallel with this, the Test, Trace, Protect Programme has been launched across Wales to improve access to testing and contact tracing to help contain and isolate the virus. Health Boards, Local Authorities, NWIS, Public Health Wales and our military colleagues have been working hard to implement this at scale and pace and this will continue to develop and evolve in Q2.

From an NHS perspective, although our understanding of the virus is improving there is still a high degree of uncertainty in the months ahead. This will continue to make planning challenging as we interpret modelling, and as evidence about the virus requires us to continually update guidance and policies in this area at pace.

Since the first COVID-19 peak in April the NHS in Wales has been developing and implementing its plans for a dual track approach to delivery of services across all care settings. The World Health Organisation describes Track 1 as remaining ready to provide the full range of services needed to prevent, diagnose, isolate and treat COVID-19 patients, and Track 2 addressing accumulated demand from services that were paused to reduce exposure to and provide care for during outbreak peaks. (https://www.euro.who.int/_data/assets/pdf_file/0018/440037/Strength-AdjustingMeasuresCOVID19-transition-phases.pdf?ua=1)

The pace of these plans has varied geographically, reflecting the fact that the curve of COVID 19 demand has affected different parts of Wales at different times. Whilst organisations prepared for the initial COVID-19 peak in March/ April, it is now

apparent that NHS Wales will have to adapt to coexisting with and addressing the challenges of covid-19 for some time to come, until a vaccine is developed.

We recognise that this dual track approach is a new challenge for our workforce, for patients and the public and for our services. It requires a continued focus on new ways of working, making it essential that we retain the agile and flexible approach used to respond to the challenge of COVID 19 itself. However this is also an opportunity to align the “new normal” with the ambition and direction set out in A Healthier Wales.

For our next iteration of plans we need to reset the capacity plans we developed to meet the first peak of COVID 19 to respond to a reduced but more sustained pressure. Updated advice will be issued alongside this guidance to inform capacity planning for the rest of the year.

The underlying approach for Quarter 2 is to continue to proceed with caution. The focus of this guidance remains on essential NHS services, with the introduction of routine services continuing to be a matter for local determination based on an assessment of safety, workforce, capacity, clinical support requirements and risks for patients.

Finally, although the guidance relates specifically to Q2 it is also important to start to set the scene for the rest of the year, recognising the additional risks associated with the winter period.

3. OPERATING FRAMEWORK

Test, Trace, Protect

As referenced above NHS organisations are playing a pivotal role in delivering the NHS Wales Test, Trace, Protect service which was implemented in Q1 at great pace, and which requires ongoing focus in Q2 to ensure the appropriate capacity for the effective delivery of this service. This includes

- Sufficient antigen test sampling capacity to enable members of the public who are symptomatic to access a sampling site without delay (same day access).
- Capacity and organisational arrangements to deliver testing turnaround times (test request to lab authorisation of 24 hours) consistent with international evidence of best practice for contact tracing. This requires that samples reach PHW laboratories and that laboratory capacity and throughput is consistent with the expected turnaround time.
- In collaboration with partners to deliver regionally coordinated local contact tracing teams – a mix of clinical and non-clinical staff who can support those who have tested positive and their close contacts to stay safe.
- Provision of environmental and public health responses to local outbreaks and clusters or preventative action in areas regarded as high risk.

Testing supports purposes other than contact tracing. The NHS will need to have capacity to support these other testing purposes - diagnosing the disease to help with treatment and care; population health surveillance, so that we understand the

spread of the disease; business continuity, enabling key workers to return to work more quickly and safely; knowing who has had the infection in the past, when antibody testing is widely available.

New ways of working

The Q1 guidance focused in particular on continuing to accelerate progress in implementing new digital approaches to service delivery, and this needs to be supported through a combination of both local and national investment.

However, there have been many other examples of service redesign and transformation and we need to ensure that teams continue to feel empowered and supported to do things differently. We need to nurture and develop the clinical leadership that has been demonstrated over the last few months and continue to stimulate new ideas and approaches from all of our staff. Plans for Q2 should continue to focus on this, in particular new approaches to outpatient services which have helped accelerate our vision of a modern NHS.

Equally we need to be cognisant of the fact that some changes may not work or may not have a positive impact over the longer term. It is important to evaluate the new ways of working to identify which need to be continued, adjusted or stopped. This should be also informed by the views of stakeholders, including patients, staff and Community Health Councils.

Managing COVID 19

Our services will need to be able to assess, diagnose and treat patients with COVID 19 for the foreseeable future, and to support their rehabilitation. The COVID 19 secondary care pathway <https://covid-19hospitalguideline.wales.nhs.uk/> sets out the most appropriate and effective way of providing care to COVID patients and it is important that clinical staff who may be involved with COVID patients understand this pathway and have undertaken the required training. It has recently been updated to reflect the use of Dexamethasone as a treatment option for hospitalised COVID-19 patients requiring oxygen or ventilation.

New information and evidence about the virus means that updated guidance needs to be developed, issued and implemented at pace, particularly in relation to infection prevention and control. A Nosocomial Transmission Group has been established for this purpose.

We have recently published the “Operational guide for the safe return of healthcare environments to routine arrangements following the initial Covid19 response”. This is intended to ensure that healthcare settings have a visible approach to safety and infection, for the benefit of staff, patients and visitors. This should be read in conjunction with “Reducing the risk of transmission of COVID-19 in the hospital setting” which is published on a 4 nations basis. Guidance on use of masks for health and social care has also been issued. NHS organisations need to demonstrate that they have implemented this guidance in their Q2 plans.

Infection Prevention and Control services, and cleaning services have an especially critical role to play, and organisations need to ensure that they are appropriately resourced.

The Nosocomial Transmission Group will continue to provide guidance on environments, equipment, training and clinical pathways, and will be reporting Nosocomial infection surveillance data by health board (soon to be hospital). Reporting and learning from outbreaks will be important in Q2 particularly in relation to “green areas”,

Although the emergency planning and response mechanisms have been scaled back NHS organisations will continue to require effective mechanisms to cascade and operationalise new guidance.

Surge Capacity

Until there is an effective vaccine the NHS must remain prepared for a potential peak in demand. The size, shape and timing of any potential peak depends upon a number of factors, but these have changed considerably since the modelling that underpinned actions for Q1. New capacity assumptions related to potential second COVID 19 peak will be issued shortly – this position is based on scenario planning not a predicted peak.

For Q2 Health Boards must demonstrate that their capacity plans reflect:

- The increased capacity requirement of recovering all essential services
- The impact of the environmental guidance on acute and field hospital beds
- Any further anticipated demand over winter
- Maintain reasonable levels of occupancy on acute sites ie 85-92%
- Capacity that could be freed up in a future cessation of non-essential activity
- Surge capacity that can be flexed to meet COVID 19 demand (based on national capacity assumptions)

Specific consideration needs to be given to cases to maintain non NHS capacity such as Field Hospitals, taking account of value for money, fitness for purpose, and suitability of clinical model.

It will be important to demonstrate a clear link between physical capacity and workforce plans – referenced later in document.

We have agreed that the remaining Independent Sector Hospital contracts that were negotiated on an All Wales basis will cease after August, to be replaced where necessary with local agreements. These should also be explained in Q2 plans.

Critical Care

The new modelling provides an adjusted requirement for critical care bed numbers. We need to continue to protect and enhance critical care services to ensure that they have the capacity and resilience to deliver both essential services and COVID 19 activity. Organisations need to confirm in Q2 plans that they are able to:

- Activate surge capacity plans for critical care within 2 weeks.

- Designate areas between COVID and non COVID
- Continue a zero tolerance approach to delayed discharges
- Maintain the critical care skills of the wider workforce to support surge plans
- Undertake a readiness assessment before resuming routine surgery
https://www.ficm.ac.uk/sites/default/files/ficm_bridging_guidance_for_critical_care_during_the_restoration_of_nhs_services_-_22_may_2020.pdf (FCIM)

“Essential” services

Essential services continue to be the focus of the operating framework for Q2 and the Essential Services technical document has been updated at **Appendix A** in light of continued guidance from WHO, professional bodies and NICE.

Organisations are requested to update their compliance with these services for Q2 and identify any risks relating to staff / facilities that have been repurposed to support COVID 19 work. Organisations should satisfy themselves that they have effective governance and assurance arrangements in place to ensure patient and staff safety and minimise harm. Consideration of regional solutions will continue to be important given the pressures on services and capacity.

To support the delivery of essential services organisations must assure themselves that they are implementing guidance contained in “A Principles Framework to assist the NHS in Wales to return urgent and planned services in hospital settings during COVID-19.” This is important given the emerging evidence about the impact of COVID 19 on surgical outcomes.

Specific areas to highlight in Q2 plans include:

- An update on Cancer services – in line with new Q2 guidance issues by the Wales Cancer Network <http://howis.wales.nhs.uk/sitesplus/407/home>
- Plans for diagnostic and imaging services, recognising the potential for these to become a bottleneck as a result of COVID 19 restrictions
- The restoration of solid organ transplant services in line with the clinical guidance developed and published by NHS Blood and Transplant,
- Implementation of plans for the South Wales Trauma Network by early autumn
- Mental Health
- Implementing a phased re-introduction of screening services – further details to follow from Public Health Wales
- Plans for rehabilitation in anticipation of an increased need for a wide range of physical, mental and emotional rehabilitation care and support for people whose planned care has been paused, people who have delayed accessing health services during the pandemic and people who have been shielding. This includes both adults and children. The Welsh Government will shortly publish guidance on the needs of each population group to supplement the Rehabilitation: A Framework for Continuity and Recovery.
<https://gov.wales/health-and-social-care-services-rehabilitation-framework-2020-2021#description-block>.

Essential services clinical guidance for NHS Wales is published on a dedicated section of the HOWIS site at <http://howis.wales.nhs.uk/sitesplus/407/home>

Public facing guidance will be published on the Welsh Government website at <https://gov.wales/coronavirus>

Unscheduled Care Services and Winter Planning

Q2 is an opportunity to embed new approaches to unscheduled care which will help support COVID 19 and essential services in advance of winter pressures.

The National Unscheduled Care Programme has developed six goals for urgent and emergency care which will help winter preparedness. National and local deliverables include the effective implementation of known evidence based approaches like Ambulatory Emergency Care and Discharge to Recover and Assess, alongside new innovations that have been accelerated as a result of the pandemic. Influenza vaccinations will be especially important in advance of the winter.

In addition it will be important to implement guidance on new Infection Prevention and Control approaches in Emergency Departments as part of new models of care, for example

https://www.rcem.ac.uk/docs/RCEM%20Guidance/RCEM_BPC_Guideline_COVID_IPC_090620.pdf

There is no separate requirement to develop winter plans this year, but NHS organisations are asked to demonstrate how, with their partners, they are progressing winter preparedness in their Q2 plans with specific reference to the deliverables at **Appendix B**.

“Routine” services

The delivery of routine services continues to be a matter for local decision based on an assessment of whether this can be done safely and without compromising our ability to respond to COVID 19 patients and deliver essential services. Professional bodies have developed tool kits to inform these decisions, for example, the Royal College of Surgeons checklist for restarting surgical services.

New ways of working should continue to be explored, particularly in relation to outpatient services, where the opportunities of digital platforms should continue to transform both new and follow up approaches, in line with the Outpatients Strategy.

One area that requires additional focus in Q2 is **Children’s Services**. Overall children have been less affected directly by the virus and more affected by other measures such as school closure, scaling back of NHS activity, delays in presentation, and isolation leading to less exercise and mental health difficulties. Some evidence suggests there is moderately less risk of transmission in children than adults.

Resumption of children’s services -albeit through new ways of working where appropriate- is likely to restore a better balance to children’s health. Otherwise, there is a risk that a sustained reduction in access to routine paediatric services could result in harm to children which more than offsets the specific COVID risk for this

group. The potential impact of seasonal pressures on this group is another driver for ensuring that access to services is resumed as quickly as possible. Support for areas such as neurodisability, Safeguarding and specialities reliant on investigations(e.g. endoscopy or MRI) will be crucial.

Primary care

During May further guidance was issued to support continued recovery of primary care services across all contractor professions, and many aspects of primary care are also covered in the Essential Services Technical document at Appendix A.

In Q2 there will be a particular focus on

- the development of plans to support clusters in the safety netting of those at risk and people who are symptomatic or have tested positive to COVID-19.
- Implementation of the care homes DES

Further information will be issued regarding timescales for moving dentistry and optometry from the red alert phase to the amber phase.

The Strategic Programme for Primary Care has resumed its work and has identified the following priorities for aligning the lessons from COVID to the forward work programme:

- The 24/7 workstream to work up the required infrastructure and capacity for community services taking account of Right-Sizing the Community, Rehabilitation Guidance, and the Six goals of urgent and emergency care.
- A proactive review of service models in care homes, rehabilitation settings and community hospitals, prioritising care home focussed work in Q2 and 3 recognising the fragility of the sector and the need to respond swiftly.
- A review of enhanced services aligned to the Welsh Government guidance on restarting enhanced services.
- Implementation of an outcome measures approach.
- National tools to support embedding the rapid digital solutions implemented in quarter one into the operating model for primary and community care

Urgent Primary Care (OOHs and 111) services have taken significant steps in refining the operating model and will continue to adapt in Q2 and Q3 to align with the wider 24/7 agenda and unscheduled care through

- Ongoing refinement of the on-line symptom checker for signposting and information (both for public and staff)
- Maximising the use of non-clinical and clinical telephone triage
- Enhancement of the wider MDT clinical assessment function within the 111 support hub.
- Continue to support Video Conferencing (e.g. Attend Anywhere and Consultant Connect) to support patients in their own homes and reduce the need for base visits and /or home visiting.

Workforce and Wellbeing

This continues to be a key priority for Q2 as many frontline and support staff will be feeling the impact of the initial crisis for months to come as well as potentially gearing up again for further peaks in demand. National and local efforts need to ensure that we continue our work in the following areas:

- Meaningful national and local social partnership arrangements in place to support engagement and involvement in the COVID 19 response. Local partnership working is key to effectively implement national policies such as social distancing.
- Appropriate rest and working patterns for staff, and annual leave.
- Effective training, equipment and supplies – including PPE and key transferable skills – updated as necessary in line with emergency guidance
- Wellbeing and psychological support accessible to all staff including through the NHS Wales Staff Wellbeing Covid -19 Resource
- Monitoring and review of key workforce indicators including: absence and sickness levels and reasons; retention of the workforce including retirement and resignations
- Risk assessments and actions for those staff who may be at increased risk - including BAME and older colleagues, pregnant women, returnees, and those with underlying health conditions
- Implementing and communicating the Frequently Asked Questions updated and issued regularly in social partnership, setting clear policies, key terms and conditions of service for our workforce <https://www.nhsconfed.org/regions-and-eu/welsh-nhs-confederation/nhs-wales-employers/covid19>

In addition to the above Q2 will focus on implementation of new guidance on environments and social distancing, as referenced earlier. These require ongoing cooperation and support from each individual member of staff to ensure that they take the right actions to protect themselves, therefore protecting others. Social distancing can be challenging in many environments, but as with other sectors the NHS needs to ensure that it is closely monitoring compliance as this is a critical measure to minimise transmission, alongside effective handwashing and use of PPE.

Linked to this the implications of the Test, Trace, Protect Programme require organisations to think differently about the deployment of teams, for example, using a “cohorting” approach to staffing to ensure that whole teams and services are not affected by a member of staff who tests positive for COVID 19.

Postgraduate and Undergraduate education and training activities will need to be fully restored in Q2, albeit some of this will continue to be delivered in different ways. This means that rotations and clinical placements will take place as normal to ensure that our future health professional staff can develop the appropriate skills and competences.

In terms of workforce availability NHS organisations are asked to outline workforce plans to support their adjusted surge capacity plans in their Q2 submissions. These need to take account of:

- the fact that students will now be resuming their academic programmes, or substantive posts following graduation
- a local analysis of those staff who have returned and retired on the temporary register to quantify how much resource can realistically be assumed from this source as the months go by.
- opportunities for flexible deployment of the current workforce including any training needs

If individual organisations do not believe they can staff the surge capacity, including field hospitals, this should be highlighted urgently to inform a national approach and solution.

Social Care Interface

We need to continue to provide extended support to care homes in Q2 to reflect the additional needs of residents with COVID symptoms, and the additional operational consequences on staff, supplies and occupancy levels.

The key areas for NHS action include:

- Implementation of the new care homes DES to include 100% coverage of care homes
- Support with infection prevention and control
- Assistance with training and support for example in relation to basic parameters and observations, signs of the deteriorating patient, pulse oximetry, rehabilitation, advanced care planning
- Continue to support testing of residents and staff in care homes
- Additional support through local care homes escalation framework as needed, in conjunction with partners

4. MONITORING ARRANGEMENTS

In Q2 we will continue a phased restart of monitoring arrangements through the Quality and Delivery Meetings, to review service delivery, workforce and quality indicators for individual organisations.

We will hold stocktake meetings with organisations who are in escalation during Q2.

5. FINANCE

Financial context and funding

The Q1 operating framework recognised that the decisions taken at pace to respond to anticipated demand and immediate service plans were not always able to follow normal financial governance processes, and significant resources were committed without the certainty of funding. The financial context for Q2 plans is of increasing scrutiny of the cost implications of the early decisions taken, along with a significantly

more constrained financial outlook going forward for the remainder of the financial year. As such, there is a need to ensure that affordability and financial governance considerations are given appropriate weighting in Q2 plans alongside the workforce and capacity considerations referred to elsewhere in this framework.

Welsh Government published the First Supplementary Budget for 2020-21 on 27th May, which set out the funding which has been allocated to date to the Health and Social Services budget to manage the response (<https://gov.wales/1st-supplementary-budget-2020-2021>). Funding will be allocated to NHS organisations during June to cover those areas of Q1 expenditure for which there is confirmed funding set out in the Supplementary Budget.

As the most material area of expenditure incurred during Q1, detailed reviews are currently underway on the supporting information supplied by NHS bodies for the set-up costs of field hospitals. Subject to successful scrutiny, the intention is to issue both capital and revenue funding by the end of June. This will be for set-up and equipping costs incurred to date only. Funding for local authority delivery partners will be routed via the NHS and subject to local review and approval processes prior to payment. Further infrastructure costs relating to the field hospitals, including mothballing, reactivation, decommissioning, handback and reinstatement, will be considered on an individual basis as operational plans for Q2 and beyond are developed.

Financial plans and forecasts

Recognising that the timetable for submission of the Q2 plans falls between the submission dates for months 2 and 3 financial monitoring returns, organisations should use their month 2 financial position as the basis for the Q2 plan, updated for any material issues that arise during the development of Q2 plans.

With the allocation of funding during June, there is an expectation that the year-to-date and forecast cost assessments included in the month 3 financial monitoring returns will form a critical evidence base for assessing future cost and funding requirements for Q2 and beyond. These returns will form the basis of a review and assessment process during July led by Welsh Government and the Finance Delivery Unit along with the Q2 plans submitted at the end of June.

The Covid-19 cost submissions in April and at month 1 reflection highlighted a large degree of variation across the system in the areas of anticipated expenditure reduction, both the level of planned IMTP commitments/slippage in investments, and reduced expenditure due to activity reduction. There is an expectation that NHS organisations are deploying their baseline allocations as the default funding source for additional Covid-19 related expenditure, and that financial forecasts and plans going forward need to focus as much on the assessment of areas of cost avoidance and reduction to support the response as capturing increasing costs.

A number of Q1 plans outlined the scale of innovation and benefits of the changes that have been implemented to date as a positive outcome from the initial response phase. Organisations should seek to quantify those benefits as part of their Q2 plans and include in their month 3 assessment of redeployment of resources.

A robust communication and feedback process for finance was established in the early days of the response to the pandemic, including weekly finance directors call and the establishment of a Finance Cell comprising Welsh Government, Finance Delivery Unit and LHB representatives. These arrangements will continue during Q2 as the basis of ensuring that a transparent and collaborative financial operating environment is maintained.

Financial Governance

Organisations should be continuing to review the effectiveness of governance and decision-making arrangements that have been put in place, ensuring these remain fit for purpose. Internal audit rapid reviews should be utilised in any areas of concern, and any material commitments have to follow the appropriate governance process in line with revised scheme of delegation arrangements.

In particular, to meet the requirements of paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006, local health boards are reminded of the requirement to seek consent to enter into contracts over £1 million and trusts are required to provide formal notification. NHS trusts and health boards are also required to follow the usual reporting arrangements for contracts between £500k and £1 million.

Capital

Funding for other COVID costs (i.e. non-field hospitals) is also being progressed with reviews underway of organisational submissions. The intention is to issue funding, subject to successful scrutiny, by the end of June.

We are resuming the submission of individual scheme status reports for month 3 (i.e. to cover the first quarter). These will be completed on a monthly basis thereafter and discussed at the regular Capital Review Meetings. Status reports are due on the 12th working day of each month.

Given the current position regarding in-year affordability, we are not able to progress funding for schemes in development. At present, organisations are only able to assume funding levels as set out in the approved sections of the CRLs/ CELs (i.e. Group 1 and Group 2). Any further requirements will need to be accommodated from within discretionary allocations and subject to local risk assessment and decision-making until further notice. This will be reviewed and updates provided as soon as known.

6. KEY ACTIONS

NHS organisations to develop local operational plans for Q2 that as a minimum include:

- Test, Trace and Protect Plans
- Progress update on compliance with Essential Services and key quality and safety issues
- [NEW] Progress on implementation of guidance on infection prevention and control, including environmental factors and social distancing

- Refreshed surge capacity plans based on updated modelling assumptions – to include NHS surge as well as ongoing requirements for field hospitals and independent sector facilities. This is a critical part of the plan and will inform funding decisions for Q2.
- [NEW] Update on unscheduled care and planning for winter preparedness
- Progress update regarding routine services, including paediatrics
- Workforce plans including use of additional temporary workforce.
- [NEW] Support plans for care homes and social care interface
- Financial implications
- Risks to delivery and mitigations
- [NEW] Mechanisms for stakeholder engagement, including staff side and Community Health Councils

Whilst the above requirements will apply to most NHS organisations in Wales it is recognised that some will need to adapt and modify these for their Q2 plans - in particular WAST, HEIW, and PHW. Plans are also requested from NWIS and NWSSP.

Draft local COVID 19 Operational Plans for Q2 are requested by 30th June recognising that they will need to be formally agreed through Board and Committee structures and in line with the agreed governance principles. Following Board approval, plans should be published on websites.

Welsh Government actions for Q2 include the following

- Publish lessons learned and good practice from COVID response to date (WG)
- Continue to ensure sufficient supplies of PPE are available (WG)
- Continue to review position on cancer services and requirement for regional solutions (WG/WCN)
- Continue to support NHS organisations with surge capacity in non NHS settings for Q2, with a review of field hospitals by the end of June (WG)
- Implement a set of triggers to help monitor pressures on the system based on Rt values, doubling rate for hospital admissions and critical care occupancy (WG)
- Confirm national support for care homes including a Care Homes DES, and any temporary changes to financial and sustainability support
- Continue to implement and refine a national communication campaign on key messages for the public about safety and access, which can be adapted and built upon by individual organisations (WG)
- Assess the impact on financial plans and identify and secure funding requirements (WG, FDU, NHS organisations)
- Continue to take oversight and review implementation of the TTP programme (WG/PHW)
- Confirm proposals for the reintroduction of the national screening programmes that have been temporarily paused (PHW)
- Continue to review and disseminate guidance on infection prevention and control and revised where required (WG)

- Re-establish Quality & Delivery meetings with NHS organisations, and undertake targeted intervention and special measures stocktake meetings (WG)
- Continue to work in social partnership, through regular meetings of the Wales Partnership Forum (WG)



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HEIW COVID-19 OPERATIONAL PLAN 2020 Quarter 2

3 July 2020

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1. Introduction

This high-level operational plan provides the framework for how Health Education and Improvement Wales (HEIW) will continue to respond to COVID-19 and continue/resume its activities during Quarter 2. It has been prepared in response to a request from Welsh Government on the 19th June and its structure follows the format provided in the 'NHS Wales COVID-19 Operating Framework – Quarter 2 (2020/21)'.

2. Context

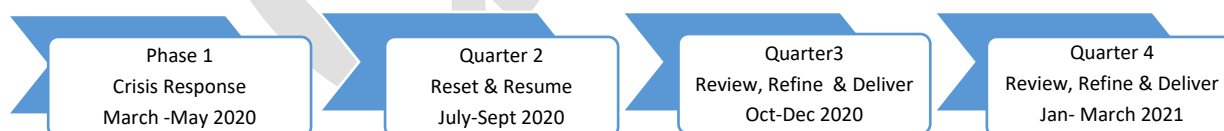
HEIW was established to carry out a range of functions and provide system leadership in the areas of education, training and workforce. During March we reviewed our Integrated Medium-Term Plan (IMTP) for 2020/21-2022/23 and paused all non-essential work programmes for the new year. Where relevant we refocused work programmes to support the COVID-19 response. We also reduced activity across our core functions which enabled us to redirect resources and capacity to support new priorities.

Our Quarter 1 plan signalled that we had reviewed our plans for the year and considered the restart or otherwise of paused activity alongside our ongoing contribution to the COVID-19 response. From this review, five key themes emerged, which were agreed at our May Board as priorities for the remainder of Quarter 1:

- Supporting the COVID-19 response
- Planning for the return to Education and Training and the 'new normal'
- Promoting Workforce Wellbeing
- Developing Leadership
- Prioritising Communications and Engagement

We recognise we need to maintain agility in our planning approach and to keep our work programme and priorities under review given the high level of uncertainty that will be present for some time to come. However, whilst COVID has had and will continue to have a significant impact on all of us, we are clear that we have a responsibility also to focus on the future and sustainability. Resuming and resetting our core activity in relation to education, training and workforce is vital to post-COVID recovery and maintaining future workforce supply. With this in mind, we will continue during Quarter 2 to focus on the priority themes identified in our Quarter 1 plan and the deliverables set out in our work programme for the year in line with the resetting and phasing of objectives agreed at Board in May.

Figure 1 - Overview of our planning approach for 2020-21



Within our planning and performance function, we are taking action to ensure performance management mechanisms are adjusted and aligned to our plans to ensure we are able to monitor progress and take appropriate action if we find that demands are increasing as a result of the next phase of the pandemic.

3. Operational Plan Activity and Focus for Quarter 2

Appendix 1 contains our objectives for 2020-21, and the phasing of delivery, as agreed by the HEIW Board in Quarter 1. In addition, we offer the following narrative and details of our plans for Quarter 2 in line with the expectations set out in the operational framework for Quarter 2.

3.1 Test, Trace, Protect (TTP)

HEIW was involved in early discussions regarding training and the workforce requirements for the implementation of TTP and provided advice to Public Health Wales and NHS colleagues. We have ensured that our staff are aware of the guidance and expectations. Our communications team are also supporting the wider public dissemination of TTP via social media. We will continue to observe TTP implementation with a view to providing support if and when required.

3.2 New Ways of working

HEIW has been pro-active in adopting and implementing new ways of working as part of its response to COVID-19, as well as working with partners and stakeholders to support innovative approaches and embed the learning from these moving forward. These have ranged from how we operate as an organisation to how we support/deliver education and training to how we interact with our partners.

Broader Digital Opportunities:

The digital advances during the crisis have been significant and we see substantial opportunities going forward in relation to our core functions. Prior to COVID-19 we had agreed with our Board a plan to strengthen the leadership of the digital portfolio within HEIW and to look to recruit a Director of Digital (non-executive). Following discussions with our Board in June we will be accelerating the recruitment with a view to advertising this role in late July. The successful candidate will be instrumental in developing our first digital strategy, for supporting the task of embedding new digital approaches, ways of working, into education and training and for reviewing and integrating our inherited legacy systems e.g. medical appraisal and revalidation. This appointment will also strengthen our ability to support the wider NHS in areas such as digital capabilities of the workforce, which is a key delivery objective for us this year working alongside NWIS and other partners.

One example of how we have supported, and are continuing to support, the NHS more broadly through digitally enabled solutions has been the development of the digital leadership portal, which we have re-purposed in part to support the national wellbeing resources for staff in health and latterly social care. Moving forward in to Quarter 2 we intend to manage and update digital playlists and continue to ensure easy access to an extensive range of wellbeing resources – many of which would have been held separately previously. Longer term we will be looking to host them on our new HEIW website, development of which is in its early phase (see also section 3.10).

We have also been working on a refreshed 'virtual classroom' model which has recently been piloted in some health boards and has attracted significant interest from across NHS Wales. In addition to these examples we have continued within professions to convert traditional training to online modules, have produced streamlined and virtual induction, have worked with regulators to look at new ways of delivering outcomes for trainees and students, and the workforce, and CPD.

Finally, as noted above, we have begun scoping and progressing our digital capabilities programme for the NHS workforce – recognising the increased importance of this to new ways of working in the post COVID-19 era.

Specific examples of how we are enabling new ways of working and will continue to enable during Quarter 2 are set out below.

Clinical leadership:

We welcome the reference in the Operating Framework to the 'need to nurture and develop the clinical leadership that has been demonstrated over the last few months.'. Recognising the importance of leadership development, we have continued to progress our leadership objectives throughout the crisis, primarily those related to the build of our digital leadership portal as well as

scoping new leadership and talent programmes. From Quarter 2, in addition to continuing to prioritise this area, we will accelerate our plans in relation to clinical leadership and the development of a national offer to complement local arrangements (see also section 3.6).

Behavioural Science:

HEIW, has supported the delivery of behavioural science training for 4 years. The demand for this training was identified by senior managers within the service; the model used is called Care Aims. The behavioural science programme challenges the way clinicians think and practice in a supportive but challenging way by examining duty of care, referrals, risk aversion and who is best placed to care for the patient at each stage of the pathway. Alongside offering one programme per HB/ Trust annually HEIW undertook work in partnership with Social Care Wales, Improvement Cymru and the Delivery Unit which investigated the possibility of joining the behavioural science programme used in health with an established programme in social care which focusses on having difficult conversations. This work was paused due to COVID-19 and a general lack of progress. We are now focussing, with NHS partners, on the sustainability of the original model and the potential for rapid transformation by:

- putting the training on an all Wales strategic level and securing executive support which is paramount to its success.
- training 4 senior clinicians seconded into HEIW to roll out the programme across Wales ensuring an equitable and consistent approach.

HEIW will be hosting a series of virtual masterclasses based on behavioural science approach using Care Aims. This work aims to reduce the risk that professionals will return to pre-COVID practice patterns by encouraging a culture shift towards positive risk taking. It is anticipated that the virtual resource will be completed by September 2020. Approximately 60 professionals will take part in the virtual workshops. The resource will then be edited into training materials for use across Wales to raise awareness of the behavioural science approach to practice and build ground swell towards adopting changes in practice.

Remote Consultation and Clinical Decision Making:

During the pandemic lockdown services have had little alternative than to adapt to telephone and video conferencing to continue much of their service delivery. Remote conversations and consultations are already a core part of some services (i.e. OOH, WAST, 111) but a COVID-19 lesson learned is that this method of working is safe and effective across a wider range of services. Discussions are now underway with OOHs, WAST and 111 to develop and formalise a whole career pathway, from education at level 2/3, for telephone conversation and call-handling, with progression to remote consultation and clinical decision making.

This large piece of work will also be of relevance to other workforce groups, e.g. mental health, AHPs, and as such will be taken forward with a multi-professional steer, guided by established competency frameworks.

In the short term, development of one aspect of this pathway is being accelerated in time for the August 2020 cohort of GP trainees to receive training in theory and application of remote consultation skills.

Education & Training

The pandemic has had a significant impact on current trainees and students' education and training, including the stopping of rotations, changing placements and inability to achieve competencies to support progression. There has also been a substantial degree of uncertainty in how training will be completed given the impact of restrictions on normal practices such as final year exams and assessments.

Organisationally, HEIW is acutely aware of the need to support sustainability of future workforce supply and the importance of planning for the restart of education and training programmes.

We are keen to build on the lessons learnt during the pandemic and normalise arrangements where possible to modernise our approach to education and training through greater use and acceptance of digital technologies and enhancing individual digital capabilities to support our approaches and to question the validity of previous practices such as exit exams.

There are opportunities to embed significant system change through modernising processes for training, education and skills developments and facilitating enhanced interprofessional learning opportunities to enable more efficient training and to ensure value for time committed. We have seen the acceleration of new ways of progressing education and training, some of which would have taken years to get the necessary agreement and to implement. The adoption of new technology, the changes to exam and assessment arrangements, virtual graduations, virtual consultations and opportunities to work in different or new roles in support of the pandemic have all been delivered at pace. Some examples have included within education & training:

- *General Practice* - round 1 Re-advert recruitment to GP Training in Wales continued during COVID-19 using an amended process with the Stage 2 Multi-Specialty Recruitment Assessment Score being used to determine entry to GP Training programmes thus eliminating the need for a large Selection Centre to be held.

We have been able to continue our expansion of GP Training in Wales by developing an online Prospective Trainers Course to replace the previous 3 module face to face course. In addition to the online resource, GP Associate Deans have been holding webinars with Prospective Trainers in their local areas to answer questions and clarify any issues they may have.

The Clinical Skills Assessment has been replaced with the Recorded Consultation Assessment (RCA) which enables trainees to record video, telephone and face to face consultations and upload them to a secure portal for assessment by RCGP examiners.

- *Training Events* - Multi-professionally, events have been modified to deliver training in the current environment, allowing for events to continue virtually. Moving forward we intend to harness the capability and functionality of our 'Y Ty Dysgu' education delivery system to further support and embed this innovative approach to learning and training.
- *Support available to trainees* -Our Professional Support Unit has embraced the use of technology to enable trainees where required to access support virtually during these difficult times, enhancing accessibility and timeliness of interaction. Our Medical Dean has held a virtual open forum, enabling trainees from across Wales to interact and ask questions
- *All Wales Delegation Guidelines online resource* - An on-line resource to support the adoption of the All Wales Delegation Guidelines has also been developed for health which will be housed on the national ESR system with a link on 'Y Ty Dysgu'; this resource should be used in conjunction with the guidelines.

Interim Foundation Year 1 trainees

Interim Foundation Year Placements – HEIW has facilitated over 130 individuals to support the COVID-19 workforce following graduation of medical studies. This is providing invaluable experience in advance of undertaking formal commencement of foundation training in August.

Annual Review of Competency

We have applied changes alongside other UK bodies to annual reviews of competency progression to manage the disruption to training as a result of the COVID-19 pandemic which has meant that, through circumstances beyond their control, there have been difficulties for some trainees in acquiring the competencies/capabilities required to progress in, or complete, their training programme. Where the acquisition of competencies/ capabilities has been delayed due to COVID-19 and there are no serious concerns about the trainee, two new ARCP outcomes are available to be used. These have been introduced as no fault outcomes with the aim to enable trainees to progress to the next stage of their training or complete their programme where possible.

Pre-Registration Pharmacists

HEIW is taking a collaborative approach with Royal Pharmaceutical Society (RPS) and employers to provide a suitable supportive extension for up to eight months, that allows those registrants deemed vulnerable i.e. have not secured an employed position from August 20 to March 21 to enter the provisional register and sit the registration assessment at first opportunity. Current data anticipates this will be for a cohort of 20 provisional registrants and this collaborative approach ensures patient safety, equality of access to training support, study time and practice development for this cohort of provisional registrants in Wales.

Dental Foundation Trainees

Contingency planning for Dental Foundation recruitment has gone well. Educational Supervisors interviews have been completed and a list of approved trainers has been agreed. The new cohort of Dental Foundation trainees will be able to meet prospective trainers using virtual meetings during July. The possibility of new career development jobs (up to 12 post dental foundation) are being considered in order to retain young dentists in Wales

Arrangements have been agreed on the process that will be used to assess whether the current cohort of Foundation Dentists can satisfactorily complete their training. This process has been assured by the Chief Dental Officer (CDO) Wales. In addition, the CDO has issued further guidance on how primary dental care will be delivered over the coming months. A suite of documents has been released including two comprehensive Standard Operating Procedures detailing the clinical and professional processes that are required. All documentation relating to this is held on the HEIW website and has been disseminated to the profession via the dental section course booking system.

For Quarter 2 we will continue to plan for the return to Education and Training and the 'new normal' - see 'Essential Services' at section 3.6.

Our organisation & our staff

We successfully transitioned to 100% homeworking in late March and have continued to deliver in the virtual environment including closing our year end accounts and completing the annual governance requirements. We have used regular pulse surveys, teams and open fora to check-in with our staff and maintain effective operations as we continue to test the new ways of working.

For Quarter 2 we will continue to operate virtually, but with the addition of allowing those staff who need it (for business or wellbeing reasons) to safely access Ty Dysgu, our headquarters in Nantgarw. Our current plan is to enable some limited access from 9th July, following a full risk assessment, review of government guidance and feedback from staff. Social distancing measures and minor modifications have been implemented to support this. Looking ahead, we would anticipate home working being the norm for all our staff for the foreseeable future. We are developing principles and guidance which will enable us to remain agile whilst recognising the need to describe our new blended operating model and embed the new ways of working.

3.3. Managing COVID-19

We recognise the need to manage COVID-19 will be an inevitable feature of service delivery for some time to come. Through our networks and membership of key groups including the Nosocomial Transmission Group we will continue to look for opportunities to support health boards and trusts in their response and need for training.

Infection Prevention and Control

Hospital and care home acquired infection has been a major issue during the pandemic. This is an on-going concern when hospitals return to their routine work; also, where medically fit patients will be discharged to care homes, which is better for the patient and will create capacity in secondary care. To develop guidance on a range of infection prevention and control issues WG have established a Nosocomial Transmission group and an Infection Prevention and Control working group. HEIW is a member of both these looking at a range of areas; of particular interest to HEIW are:

- IP&C workforce planning
- Testing strategy to reduce transmissions in care homes (linked to care home working)
- IP & C training resource
- IP & C issues for the next phase

Our organisation and our staff

As noted previously, we will be providing safe limited access to the building for those staff who need it from Quarter 2. We have undertaken a full risk assessment which enabled us to identify and implement to take to mitigate transmission of the virus and infection.

3.4. Surge Capacity

We have noted the new capacity assumptions related to a potential second COVID-19 peak and continue to engage with our networks and NHS colleagues to ensure that we are informed and well positioned to support surge capacity requirements if required.

During Quarter 1, we had rapidly developed proposals and a campaign for a 'pop-up' surge workforce. In light of the flattening of the peak the demand for the surge workforce ebbed and the decision was taken to pause the campaign launch. The campaign remains paused at the current time but would be capable of being launched within 24 hours if needed and could deliver a 'ready now' (trained and employment checked) additional Patient Care Assistant workforce in large numbers within circa 8 days. The pop-up campaign model could also be used for different groups of staff.

The plans to return students and trainees to education and training in time for the new education year will impact on the availability of the temporary additional capacity. HBs and Trusts have begun to look at alternative models for expanding their workforce should this be required in the future. We have been exploring the potential for HEIW to play a leading role in relation to a 'reservist workforce' that could help NHS organisations to access staff for future surge capacity and the framework developed above will provide an excellent framework to support the reservist workforce if and when this is required. Following recent interest from HBs we will be looking closely at Quarter 2 plans submitted and working with nominated leads to better understand demand and requirements.

We continue to work closely with the Workforce & OD Directors and their teams through multiple routes to ensure that we are well positioned to offer support. Our membership of the HSSG Planning Response Group provides insight, in addition to our normal networks, into emerging trends, issues and forecasts.

3.5 Critical care

We have continued to support workforce requirements to meet ongoing critical care bed numbers and to plan for future peaks in demand during a second wave.

We have restarted our activities to assess the critical care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their critical care workforce plans. This work will progress and take account of the contribution made during the COVID-19 crisis phase and is seen as a major focus for the remainder of 2020.

In respect of training, we are considering the need for and provision of refresher training on critical and acute care to support future potential peaks. At the outset of the crisis, we facilitated with health boards and Universities over 950 individuals to be trained across Wales. Whilst this was positive, should further spikes occur later in the year, HEIW will need to facilitate the re-provision of similar training to ensure individuals are confident in applying the appropriate skills.

Work is underway to review the critical care pathway for learning and development. We are working with Health Education England and Welsh Government to look at the work required to ensure a workforce fit for the future. Work is also being considered on capturing skills and knowledge to be enable HBs to utilise the skills of staff and redeployment where needed.

HEIW has focussed its attention on the wellbeing of all NHS staff who have been working in challenging and pressurised environments and has encouraged NHS organisations to ensure that they have the opportunity for adequate rest and support. This is especially important for critical care staff but also includes trainees. HEIW was instrumental in facilitating a joint statement on annual & study leave and public holiday arrangements for doctors & dentists in training during Quarter 1.

3.6 'Essential Services'

Whilst HEIW does not deliver essential clinical services, it does deliver essential workforce support and workforce education and training. We have a contribution to make in relation to several of the 'essential services' identified in the operating framework as well as in relation to our own 'essential activities'.

In support of essential services, we have identified the following contribution in Quarter 2:

Cancer services: Single Cancer Pathway and Diagnostic & Imaging services

In Quarter 2 we will look to further lead the workforce development and training requirements to support the pathway which is seen as critical to supporting recovery plans.

Specifically, our aims for the rest of the year are to:

- Establish a national training programme for clinical endoscopists.
- Complete a review of endoscopy, imaging and pathology workforce.
- Complete actions from the National Endoscopy Action Plan.
- Identify national priorities for investment in extended/advanced roles across endoscopy, imaging and pathology workforce.
- Identify best practice workforce models to be adopted locally.

We will focus on influencing progress through membership of the National Imaging Programme Board (Medical Director), National Pathology Board (Postgraduate Medical Dean) and Endoscopy Board (Medical/Nurse Director).

HEIW are working with the all Wales Cancer Nursing and AHP Workforce (CNAHPW) to support the key issues facing nurses and AHPs in Wales in delivering effective, person-centred cancer care. This work includes understanding the future cancer care workforce and the predicted future required skill mix, with preliminary implementation of a developed plan by 2023. Referring to the 2017 Macmillan Nursing census, the inclusion of the support workforce for the first time, demonstrates the changing nature of the workforce: *'More needs to be done to understand the needs of people with cancer and the appropriate skill mix in the team to support people to work at the top of their skill set. Further analysis could usefully look what posts are needed to treat and care for the growing cancer population, but also at the types of skills and level of competency needed across the cancer workforce'*.

Major Trauma

The Trauma Network Implementation Board was reinstated in June 2020. The Medical Director of HEIW is a member of the Board, and The Deputy Director of Workforce & Organisational Development represents HEIW on the Workforce Group that reports to the TNIB. In Quarter 2 we intend to restart our contribution to the workforce planning and workforce development requirements for the Major Trauma Network (MTN) taking account of the impact of COVID-19.

Mental Health

HEIW is involved in early discussions to develop a mental health workforce plan between the Welsh Government, HEIW and Social Care. The work will be approached in two phases, which will run in parallel:

Phase 1: a plan of work to respond to urgent workforce priorities. This will aim to underpin the delivery of the *Together for Mental Health Delivery Plan 2019-22* and will to respond to immediate priorities, either in response to legislative changes or needs identified in assurance/inspection reports.

Phase 2: a longer-term plan for the mental health workforce with a focus 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.

Rehabilitation

HEIW has been a core member of the Rehabilitation Task & Finish Group led by WG, informing the rehabilitation populations and All Wales Rehabilitation guidance. We have coordinated an All Wales, Health & Social Care, clinical reference group to identify priorities for COVID-19 rehabilitation training requirements. In the past fortnight we circulated a draft of the 'Rehabilitation is Everybody's Business' document to the reference group for comment and are anticipating sign off for distribution in Quarter 2.

HEIW is leading the conversation with the NHS around scoping the current provision of therapy-led rehabilitation services in Wales. A virtual workshop is planned for mid-July to develop guidance for the service to support a coordinated approach to implementation of the model across Wales and identify training / education needs.

HEIW Essential activities

Figure 2: HEIW - 5 themes



In section 2 we confirmed that our 5 themes from QUARTER 1 remained valid and would underpin our priorities in QUARTER 2.

Our ongoing support for the COVID response has been embedded throughout this plan.

The remaining themes are addressed in the following pages.

Planning for the return to Education & Training and the 'new normal'

Given the unique role of our organisation in the Welsh system, our 'essential services' would include restarting education and training in line with the new normal and embedding new ways of working across functions. We have already given some examples of activity to date and for Quarter 2 in section 3.2, further detail can be found below.

Whilst not perhaps at the forefront of everyone's thinking, the decisions that NHS organisations make in respect of essential services (and also routine services) will have an impact on education and training. We would not advocate the reintroduction of services until it is safe to do so, however a lengthy delay in return to something like normal will have a potentially adverse impact on training and education and thus future workforce supply.

Simulation

This has become of massively increased importance following the pandemic, and we will re-energise this development in Quarter 2 by recruiting additional professionals from Nursing and Allied Health Professional backgrounds. A portal is currently being developed to showcase the use of simulation across Wales to enable sharing of best practice.

Education Strategy

We are in the process of finalising the details of our Education and Training Plan for 2021-22. This is one of our key pieces of documentation recommending the level of multi-professional workforce education and training to be supported. This has been developed through engagement and interaction across the NHS Wales system and is due to be discussed and over Quarter 2 to enable appropriate recruitment processes to be undertaken later in 2020 to facilitate numbers to meet workforce requirements in future years.

Rotations and Recruitment

We are actively planning arrangements to reinstate rotations from August 2020 to support NHS Wales partners plan appropriate rotas when returning to an element of normality. Preparations are also being made to recruitment processes for future years given the unique situation that we are facing and the need to undertake and manage these processes virtually over the remainder of 2020.

We will also be looking at different ways for Training of Professionals in different sectors (e.g. Private Facilities and Field Hospitals).

Our approach to professionalising the secondary care trainee programme director role will be restarted which will enhance the level of support available to trainees managing the impact of COVID-19 whilst also putting strong foundations in place for longer term benefits.

During Quarter 2, we will also be actively reviewing the impact of restricted international travel on the workforce supply in Wales and aim to articulate appropriate advice and guidance.

Health Professional Education


HEIW has met with all Universities individually and analysed each cohort or every course to determine whether graduation is predicted to be delayed due to the COVID-19 pandemic. Where delays were identified HEIW has worked with the Universities and the Service to develop innovative ways of restructuring education (both academic and placements) to ensure all delays are mitigated or reduced to a minimum. Flexible learning programmes will encompass:

- Use of technology
- Revision of placement hours
- Changes to programme delivery in line with regulators position
- Flexible rostering of students
- Partnership working to facilitate adequate student support and placement assessment completion
- Support to departments to enable the return of students and provision of dedicated students support to allow completion of programme

It is now expected that over 90% of students will graduate with no delays. Any outstanding delays have been reduced to three to seven weeks. These are being monitored and are under review.

Whilst we move forward living with COVID-19 the Nursing and Midwifery Council (NMC) will be phasing out the majority of the emergency standards on 30 September 2020 to support students returning to their normal studies and supernumerary placements. The NMC standards are facilitative rather than directive which means Wales can choose to return to normal ahead of that date. The NMC have identified a number of emergency programme standards which will be retained as recovery standards. HEIW are working with Regulators, WG and the Council of Deans for Health to reinstate “normal” supernumerary placements by the beginning of the new academic year.

Facilitating a return to supernumerary status as soon as possible – it has always been important that students in practice are supported to learn and practise skills safely. Students have contributed hugely during the pandemic and it was right that they were remunerated appropriately for that. However, in order to ensure that students have full access and learning opportunities are given the right support, we need to return to supernumerary status, but retaining the current life assurance benefits (or ‘death in service benefits’). The principles to underpin the ‘reset’ are:

- 
- 1. Focusing on supporting current students through their programmes** - students want to be able to complete their courses and start their career as a registered professional, and we need to support them to do that. Regardless of what happens with COVID-19, the students of today are critical to our future health and social care workforce.
 - 2. Normalising student education as far as possible** - the virus has not gone away and we need to adapt to a 'new normal' for now as the pandemic is not over and there is a good chance that life for all of us will be changed. While there are many practical matters that need to be addressed, we need to achieve as stable environment for students which is as near to normal arrangements as possible. When it is safe and responsible to do so, we will return to our pre-pandemic education standards and practise for students, taking into consideration what we've learnt in the last few months.
 - 3. Assess the specific support that individual students need** - students will have different educational and support needs as a result of the pandemic, especially those who have been shielded. We need to ensure that every student who wants to complete their studies is enabled to do so, and provide them with the practical, theoretical, pastoral and emotional support they need.

These principles will give HEIW the levers and direction to enable us to work together to transition back to a form of supernumerary practice placements and also to look at any additional support the students may need. Wales has also been engaging with HEIs re: all cohorts in all courses about graduation, delays to graduation, mitigating actions etc throughout the student emergency standards period.

Students in their last 6 months of their programme will continue in their supervised capacity on extended placement and transition into band 5 registrant roles through the Welsh streamlining scheme at the point of registration. This therefore affects year 2 students and those that were in the first 6 months of their third year: Andrew Goodall and the CNO's joint letter was clear that students should be paid from 27th April. And where possible this is being adopted. The majority of 3-month contracts are due to end at the end of July so a move back to supernumerary placements in September (start of the new academic year) is achievable.

Management of the return to normal process:

HEIW has established processes for managing health professional education contracts in Wales. These processes will be used to gain assurances that student attrition will be managed, student numbers maintained, student education across Wales through all providers will be delivered against the standards set, recognising the flexibility from regulators and confirmation on how theoretical work will incorporate blended and distance approach.

Universities are a key partner of the NHS as they provide large volumes of education and training at undergraduate and postgraduate level. This includes provision, which is commissioned by HEIW, Health Boards/Trusts and education which is funded through Student Finance Wales. The quality aspects of the contract management process assure both HEIW and the service 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, as such action plans set out in each HEIs individual quality report is incorporated into each university's own improvement processes.

The role of Practice Education Facilitators (PEF) in "return to normal":

- PEF involvement in contingency planning for 'new normal' programme arrangements given the ongoing impact of COVID-19 recovery work.
- PEFs will need to take a lead role alongside university and practice partners to develop innovative student placement capacity solutions, facilitate the implementation of local remedial plans impacting on practice, support the understanding of students and staff of NMC Standards for student supervision and assessment, and help enable students return to supernumerary status.
- An expanded PEF role remit in the mapping, modelling and utilisation of locality placement provision across health and social care settings.
- This not only includes work to expand placement provision, but also to develop criteria for new placement areas which enables students to accrue practice hours and to benchmark available placement learning opportunities against individual programme requirements.
- A national strategy for future PEF role selection and recruitment which includes scope for multi-professional applications.
- Development of a role profile for Allied Health Profession PEF roles and enable their integration within existing PEF Teams in Wales.
- Development of a role profile for Care Home Education Facilitators (CHEF) that meets the needs of the sector and fits with contemporary models of seamless local health and social care provision.
- Delivery by PEFs (and equivalent roles) of nationally agreed, core module multi-professional practice supervisor and assessor role preparation.

Measuring Quality and Performance:

HEIW has robust mechanisms in place for measuring quality and performance led by our Education Commissioning and Quality Team. This includes regular formal business performance and quality management meetings with each education provider. Information used in reviewing quality includes national student survey data, self-assessments and monitoring submissions detailing performance against KPIs and other requirements. We also chair a national education forum twice-yearly. During the pandemic, in addition to the normal contact, HEIW has worked closely with education providers as well as regulators and other partners. HEIW staff have also been meeting fortnightly with the Council of Deans for Health. The Education Commissioning and Quality sub-committee of the HEIW Board has continued to meet regularly and has taken a keen interest in our response to COVID-19.

Developing Leadership

We have already referenced our ongoing leadership development activity and the acceleration of clinical leadership support during Quarter 2.

Post COVID-19 research has illustrated that even in a short amount of time, compassionate leadership has played a pivotal role across the health and social care system. There is evidence of staff being better valued and supported, leaders being more visible and engaged, staff working across the system in 'real' teams with more autonomy, and the system and patients working in collaboration to meet the needs of the community.

This reinforces the need for a consistent approach to compassionate leadership across health and social care. However, whilst the approach will be consistent and driven through the co-produced Compassionate Leadership Principles, both Health and Social Care Wales will develop separate delivery frameworks that reflect the pace of change required and the current priorities of both sectors. One of the core responsibilities of HEIW is to deliver, with key partners, a cohesive leadership strategy for health and social care in Wales. All of our proposed objectives and deliverables align with the Workforce Strategy and pave the way for HEIW to provide exemplar senior leadership development and succession planning across NHS Wales.

Key areas of focus in Quarter 2 include:

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| <ul style="list-style-type: none">• Development of Compassionate Leadership Principles for Health & Social Care in Wales• Access to freely accessible leadership resources for all• Development of a Talent Management (TM) Solution for Tiers 1-3• Develop a talent management pipeline for the most senior leadership roles• Establishing an NHS Wales Executive Talent Board | <ul style="list-style-type: none">○ Establish an accessible range of leadership development resources & programmes for individuals and organisations including<ul style="list-style-type: none">▪ Partnership with the Kings Fund▪ Alignment of Collective Leadership resources into existing NHS leadership development▪ Review and re-launch the NHS Wales Core Competence Framework for Managers and Supervisors▪ Provision of a series of leadership master classes, webinars, networking events, online videos and resources |
|---|--|

Prioritising Communications & Stakeholder Engagement

We continue to maintain close engagement and dialogue through our wide-ranging interactions with Welsh Government in line with our key functions and are maintaining close dialogue and agreement with our UK counterparts when considering the arrangements for the future provision of Education and training across professional boundaries.

HEIW has been and continues to be cognisant of the advice and guidance for stakeholders and the significance of agreement from a four nations approach and informing the UK position with professional bodies such as the Regulators, Royal Colleges, HEIs and Government and ensures that this is kept under constant review.

Keeping our external stakeholders up to date and with quick access to the information they need remains a priority. We are continuing to add resources and guidance to our dedicated COVID-19 pages on our external website <https://heiw.nhs.wales/covid-19/> as new information is available.

Alongside this it is imperative that we keep our staff up to date during these challenging times. As such we continue to issue regular staff bulletins and hold virtual staff open forums summarising ongoing COVID-19 response work as well as more normal / everyday HEIW news for staff. In addition, we have been actively supporting the delivery of WG and public health messages via our communication channels.

To ensure links with the service were not lost during the pandemic, the HEIW workforce transformation team set up regular meetings with members of the clinical modernisation forum who are mainly assistant directors of nursing and therapies/health science to establish what support HEIW could offer at this time. This group also provided the opportunity for new staff in HEIW to make links and contacts with senior clinicians in the service.

These virtual meetings have been used for HEIW to update the service from an all Wales perspective and to sign post them on if appropriate. They have also given the service the opportunity to share best practice in their HB/Trusts in relation to COVID-19. It is envisioned that the workforce modernisation forum will return to its previous format but virtually, with speakers being invited to present on innovate practice, for HEIW to update the service on current and planned work and for HEIW to seek the views and opinions of members where appropriate.

Promoting workforce wellbeing

See section 3.10 below

3.7 Unscheduled Care Services and Winter Planning

From an organisational perspective, we are proactively planning to ensure that our offices embed approaches to mitigate the risk of infection and ensure appropriate practices are in place in advance of the winter period.

In Quarter 2 we intend to progress deliverables in relation to developing a good practice toolkit and resource guide to support the workforce model in unscheduled care. This will support the

improvement work being undertaken by NHS organisations with a specific focus on how to support, develop and redesign the unscheduled care workforce to best effect. Building on the primary care workforce compendium model, this will make good practice, resources, job descriptions, roles, training and other workforce initiatives relevant to unscheduled care much more accessible to front line and leadership teams to help them find solutions.

In addition, during Quarter 2 we intend to take forward Clinical Healthcare Support Worker (HCSW) development through a task and finish group set up in response to concerns flagged up around capacity to deliver with respect to the coming flu season. It is anticipated that, in addition to Covid-19 pressures, this will increase the workload of many practices.

The purpose of this T&F Group is to:

- Review and build on the existing Level 3 Diploma Immunisation learning units to develop an all Wales approved learning package that is fit for purpose;
- Develop all Wales resources/methods to support delivery and learner achievement of the training package;
- To complete the above in time to address 2020/21 winter pressures.

3.8 'Routine' services

We have noted the guidance and considerations in the operating framework in respect of the reintroduction of routine services. For HEIW, we have looked at this through a 'routine activities' lens as we do not deliver services of the kind laid out in this section. As we transition to Quarter 2 we would hope to be able to restart a wider range of the activities as agreed by our Board. This will be dependent upon capacity and the need to step back up COVID-19 response activity.

The re-introduction of routine services within the NHS Wales will require appropriate consideration of the workforce available including through doctors in training and student placements alongside reviewing appropriate toolkits developed by Royal Colleges to facilitate restarting services and to manage the safety and welfare of trainees and students. This will require alignment with HEIW plans on the reintroduction of appropriate education and training in conjunction with a 'new normal' approach during Quarter 2. We will be working to understand the intentions of NHS organisations and assessing what this means for education and training programmes, particularly in relation to clinical placements and capacity. In relation to the focus of guidance issued we anticipate from an Education and Training perspective, children's services to have been impacted less than areas such as trauma and orthopaedics.

3.9 Primary Care

In Quarter 2, we intend to further support the implementation of the Primary Care workforce model in support of the Strategic Programme for Primary Care. We are expecting to play an influential part in supporting the programme work through the range of priorities identified for taking forward the lessons learnt from COVID-19 into future work plans as well as considering the refinements made to the operating model for urgent primary care.

- The 24/7 workstream to work up the required infrastructure and capacity for community services taking account of Right-Sizing the Community, Rehabilitation Guidance, and the Six goals of urgent and emergency care.
- A proactive review of service models in care homes, rehabilitation settings and community hospitals, prioritising care home focussed work in Quarter 2 and Quarter 3 recognising the fragility of the sector and the need to respond swiftly.
- A review of enhanced services aligned to the Welsh Government guidance on restarting enhanced services.
- Implementation of an outcome measures approach.

- National tools to support embedding the rapid digital solutions implemented in Quarter 1 into the operating model for primary and community care

Immunisation

It is anticipated that, in addition to COVID-19 pressures, the coming flu season will increase the workload of many practices. In response to the concerns flagged around this capacity to deliver, immunisation modules of the existing Agored Cymru accredited Level 3 *Diploma in Primary Care Health Care Support (General Practice Wales)* qualification are under specific review to ensure fitness for purpose. This is giving rise to an all Wales approved training package, to be in place to address 2020/21 winter pressures, by training more HCSWs so registered staff can be deployed to other areas.

An Immunisation Task & Finish group is set up with the following purpose; to:

- Review and build on the existing Level 3 Diploma Immunisation learning units to develop an all Wales approved learning package that is fit for purpose;
- Develop all Wales resources/methods to support delivery and learner achievement of the training package; and
- Complete the above in time to address 2020/21 winter pressures.

Non-clinical: the Agored Cymru Level 2 Primary Care Administration and Reception (PCAR) qualification will soon be made available to learners. To support the introduction of this formalised learning for non-clinical workforce in general practice, a business case is underway to strengthen the infrastructure (mentors/trainers/assessors/verifiers to support this learning.

Multidisciplinary team development through interprofessional learning

Practice based small group learning (PBSGL), a concept developed in Canada, adopted by NES (NHS Education Scotland) and successfully trialled in Wales is being prepared for rollout to clusters. The methodology and supporting resources facilitate discussions to promote interprofessional learning.

Primary care academy

This strategic aim has been paused during COVID-19; however, all ongoing developments (as above) form foundations for what, in due course, will sit within the Primary Care Academy. Stakeholder engagement and planning for the Academy will resume when possible.

3.10 Workforce & Wellbeing

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| National & systems leadership role |
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When we submitted the draft workforce strategy for health and social care to Welsh Government in December 2019, we were totally unaware of the crisis about to unfold. While we had indicated issues that we knew needed to be addressed, COVID-19 brought much of this into sharp focus and highlighted key areas for immediate action. The response to COVID-19 highlighted innovation, commitment, dedication, readiness to lead and react to change, but also brought us the reality of areas which need strengthening in some of our workforce areas. Not least in this is the parity of esteem between health and social care workforce. Initially the NHS were held up as heroes, offered significant benefits from early access to shops, free items and the Thursday 'clap'. While this was later extended to social care colleagues, it demonstrated the differences between the two sectors.

Both Health and Social Care have experienced well publicised difficulties in obtaining PPE and testing for staff, which has also impacted on the mental and physical wellbeing of staff. The care sector's struggles with PPE, testing and maintaining quarantine has received much media attention in more recent weeks, and has highlighted the vital role the sector plays.

While these challenges are acknowledged, we have also seen examples of innovation, where staff have broken down traditional boundaries and processes to achieve the required response. Some of our clinicians have stepped into leadership roles for the first time, and many staff are working in totally different ways than a few months ago. In a recent article, Michael West reminded us that this moment of crisis is also an opportunity to collectively improve the leadership culture across the NHS.

We have seen an increase in cross professional and inter-agency working, with traditional role definitions and boundaries being blurred. We have been able to mobilise an additional workforce to respond to the crisis. Excluding first year students, our pre-registration healthcare student population have been deployed into the workforce, along with recently retired staff, who have been placed on the temporary professional statutory registers. This has been a massive exercise between HEIW, NWSSP, Welsh Government and local Health Boards and Trusts. The resulting challenge of this, is to reflect on the benefits of this experience and how the education courses could be run in the future.

Staff wellbeing continues to be front and centre of our thinking. Staff caring for COVID-19 patients in health and social care may have experienced high levels of stress and exhaustion, and will need time to rest as a minimum, while some may need additional access to wellbeing support. 'This means leaders have to sharpen their focus on meeting the core needs of staff, ensuring their wellbeing and sustained motivation to help them deal with this rapidly changing situation' (West 2020). From the data provided by individual NHS organisations we are seeing higher levels of sickness than normal across NHS Wales for the same period, which is to be expected. That said, whilst there have been hot spots or pockets of high sickness the levels do not appear to have been as high as organisations had originally envisaged. We continue to monitor this closely.

We entered into this pandemic with a workforce shortage across health and social care. The additional workforce has been welcomed, but the education programmes will need to be restarted in the autumn, and the experiences over the past months may lead to more staff wishing to retire earlier than originally anticipated. Additionally, there is an unknown impact on international recruitment which will have featured in many plans, and this is likely to be disrupted in the short to medium term at least.

This reflection has brought into sharp focus the rationale for the issues we urgently need to address across secondary, primary, community and social care. We have introduced at scale and pace, new and very different ways of working, leading significant change, and reacting to that change, particularly in reconfiguring services to free up and create additional capacity and staff, including the unprecedented and rapid mobilisation and deployment of students, and retired healthcare professionals. The recent Nuffield report recommends that while we are now facing the return to more routine activity, we must ensure that we do not slip back into old routine without questioning why we do things in the way that we do.

At the end of Quarter 1, we have reconsidered the strategy and actions in parallel with Social Care Wales, to ensure that in implementing the strategy, we maximise the learning from this pandemic. We believe there is a need to escalate at pace, new ways of supporting staff wellbeing, new ways of working, different methods of delivering high quality education and training as well as challenging previous conceptions on how we deliver health and care. Together with Social Care Wales we are preparing further advice for submission to Welsh Government in July 2020, setting out the case for early sign off and implementation of the workforce strategy.

The advice will confirm that COVID-19 has brought into sharp realisation that workforce and workforce issues need to be strengthened in the system, which makes this strategy even more important than before. Further that whilst we believe the draft workforce strategy remains fit for purpose, experience shows that we need to escalate the pace of delivery of the actions identified,

as we plan for and deliver the 'new normal.' From a HEIW perspective, subject to further discussion with Social Care Wales, we would want to reinforce 5 critical areas that need to be progressed urgently in Quarter 2:

- 1) Lead, develop and embed and monitor the impact of a range of actions to support workforce and workplace wellbeing and colleague experience.
- 2) Work with our SCW and other partners to influence cultural change within NHS Wales and the wider health and care community through building compassionate and collective leadership capacity at all levels.
- 3) Build capability and develop our workforce intelligence systems to improve the quality of data and analytics to support and improve workforce planning across all secondary, primary and community care.
- 4) Develop and commission education that meets the needs of the new normal and actively promotes the development of new roles and new ways of agile working. Inter-professional, multi-agency learning which is developed through co-produced education should be the norm, with blended delivery approaches utilising digital technology and simulation to offer dispersed, accessible and flexible opportunities at all educational levels.
- 5) Build and implement a range of 'grow your own' schemes to address shortages in the workforce as a matter of urgency. This will include innovative approaches where people can learn as they earn and be mobilised quickly if required across health (and social care where applicable). Establish new and enhanced career frameworks commencing at level 4, to encourage movement between professions and roles, underpin multi-professional role development to achieve a better match between workforce supply and demand. Build on the learning from the PCA induction programme to form the foundation for other areas of work-based learning and apprenticeships.

Workforce planning

We will be reinstating plans to support NHS Wales with training to improve the quality of workforce planning expertise and capability across the system. We believe this is vital to enable colleagues to understand and support future planning given the unique circumstances that are expected in 2020 and beyond. This training will also look to embed and disseminate and provide guidance on a set of workforce planning principles that would guide surge and expanded capacity.

We have recently restarted the workforce planning network across NHS Wales, which had been stepped down to allow the prioritisation in local organisations of COVID-19 response activity. We have begun to think about how this network can be expanded and focussed to maximise its contribution to planning for future peaks and sustainability going forward.

Workforce supply and design

We have already set out our offer and activity in relation to supply issues arising from local workforce plans at section 3.4 'Surge Capacity'. We look forward to seeing the submitted Quarter 2 plans and further details regarding workforce availability and any identified needs for a national approach.

In Quarter 2 we are aiming to restart our activity which we believe will be of benefit in the response phase to COVID-19 and when considering the current and future workforce requirements in relation to 'growing our own' to meet workforce demands whilst also taking forward approaches to widening access and encouraging people into the NHS by transferring of the widening access agenda into HEIW from Quarter 2. We hope that we are able to build on the increased interest in health careers to encourage more individual to join future career pathways.

Following the successful deployment of Operating Department Practitioners (ODP), HEIW have been asked to work with the service during Quarter 2 on increasing the diversity of settings that can use their skills.

Additionally, we are looking at how we can build on Level 2 – 5 career pathway model to support the 'grow your own' workforce for smaller professions and geographically challenged organisations.

There is potential to apply the model given recent service feedback regarding education and training numbers. Early analysis is being undertaken to explore this. Early internal conversations regarding the training required to bridge Level 4 – 5 have started.

Workforce intelligence

The HEIW workforce analytics team has been heavily involved in supporting the data requirements to support the COVID-19 response whilst supporting the development of the BAME risk assessment tool. Moving into Quarter 2 we need to work with WG and partners on learning lessons from COVID-19 and reshaping the data landscape, building the case for investment and new systems, data quality improvement and identifying areas where gaps exist within data access and NHS systems.

One of the challenges of phase 1 was the absence of any data relating to workforce deployment from the surge workforce arrangements. As the statutory body with responsibility for national workforce planning, we are well aware of the expectations on us, and rely on workforce data from partners to meet these expectations. At the time of drafting this plan we remain without direct access to the numbers of individuals deployed into HBs and Trusts from returners, registrants, students and direct hires – although periodic data reports to HB & Trust colleagues have begun to be shared. Having access to data is a pre-requisite for the modelling and planning that is needed to support future peaks and surge requirements. One of the key lessons from this crisis, which WG and W&OD Directors have recognised, is that there is an urgent need to invest in modern, agile workforce data systems that are held in NWSSP, to which all NHS organisations are signed up in full and from which HEIW can draw the data it needs to fulfil its functions. This is something that we will be pursuing in partnership with WG and others in Quarter 2 and is a critical priority.

Wellbeing

HEIW has supported the national health and wellbeing network including through predecessor organisations for many years. During the crisis phase, we played a leading role in the development of wellbeing and psychological support in the form of the [NHS Wales Staff Wellbeing Covid-19 Resource](#). We are also monitoring national key workforce indicators including absence and sickness levels and reasons; retention of the workforce including retirement and resignations. These activities will continue to be priorities for Quarter 2, in line with need but also in line with the quadruple aim and 'wellbeing' as the golden thread of the draft workforce strategy for Health and Care. We are also progressing our compassionate leadership agenda as indicated above.

HEIW's programme manager supports the national work programme of wellbeing, and has been instrumental in supporting the national COVID-19 wellbeing response sub-group's delivery of a dedicated Wales helpline with the Samaritans for NHS and Social Care staff which will include a Welsh Language provision and Extension of the Health for Health Professionals provision (originally only for doctors) to all NHS staff which includes a confidential help line, counselling and self-guided and professional guided online tools e.g. CBT.

Alongside this, in Quarter 2 we will be focusing on progressing further with partners:

- PowerPoint slide pack for Health Boards which includes a decision tree slide to help colleagues navigate the resources currently available.
- NHS Wales Health and Wellbeing COVID-19 strategy template for local health boards to adapt.
- updating the COVID-19 Playlist resource on our HEIW Leadership Portal.
- Delivery of the Health Needs Assessment survey pilot in HEIW which will be evaluated to inform the development of a national tool.
- Mental health resources – development and promotion including considering the needs of the BAME workforce community.
- Return to training support for out of programme trainees

Meaningful national and local social partnerships

The CEO and Director of Workforce & OD are national representatives on the Wales Partnership Forum and WPF Business Committee. The latter co-chaired the HSSG planning response workforce cell alongside WG counterpart and led one of its sub-groups; both of these had staff side representation as core members. During the past 3 months the Director of W&OD has prioritised attendance at the national (and frequent) WPF business committee meetings.

HEIW established its local partnership forum in 2019 and has held bi-monthly meetings since. We have received positive feedback from our staff side partners for our work to create a positive culture in the organisation, driven by our values and behaviours developed by our staff. As well as for our adoption of new initiatives such as menopause cafes and new ways of working.

Appropriate rest and working patterns for staff, and annual leave

Since the COVID-19 lockdown came into force, changes have been made to the way staff live and work. To measure the impact of these changes, three staff surveys have been completed by staff to help us to understand the impact particularly for their personal health and wellbeing both mentally and physically.

Within HEIW we are encouraged at how our staff have responded to the challenge of 100% homeworking and the mechanisms put in place to maintain both HEIW staff health and wellbeing and which can also be of benefit across the rest of NHS Wales. We have developed a set of principles to support our new operating model and developing a refreshed homeworking and flexible working policy to sit alongside.

Annual leave has continued to be agreed and taken by staff throughout the period; staff have been positively and actively encouraged to take their annual leave for them to rest, recharge by having a physical and mental break from work. The only exceptions have been for those staff who were unable to take leave due to playing a critical part in the pandemic response, particularly in the first phase or those who were unable to take leave due to isolating. We maintained the carry-over limit at five days.

Effective training, equipment and supplies

Our staff are not frontline in their HEIW roles and have been working 100% from home. In the run up to lockdown we ran a series of workshops, training and drop in sessions as well produced materials and videos on how to maximise the benefits of technology and to use new applications such as Microsoft teams. The investment paid off straight away as we were able to be confident that the majority of our staff would be able to convert to homeworking quickly. From 9th July we will be providing safe access to our headquarters for those staff who need it – we have defined need as either business or personal wellbeing. We have undertaken a risk assessment and made modifications and adaptations. Provision of personal PPE has been considered but discounted given the nature of individual roles and our functions. We have stepped up significantly cleaning regimes and access to hand sanitiser, as well as implemented social distancing measures.

Wellbeing

(See also annual leave.) Our staff have access to a wide range of wellbeing resources through the wellbeing portal hosted by HEIW and via our Intranet. We have also organised social events, coffee conversations, quizzes etc. We have issued three pulse surveys collecting information about individual wellbeing and we are aware that every team has implemented 'check in' arrangements.

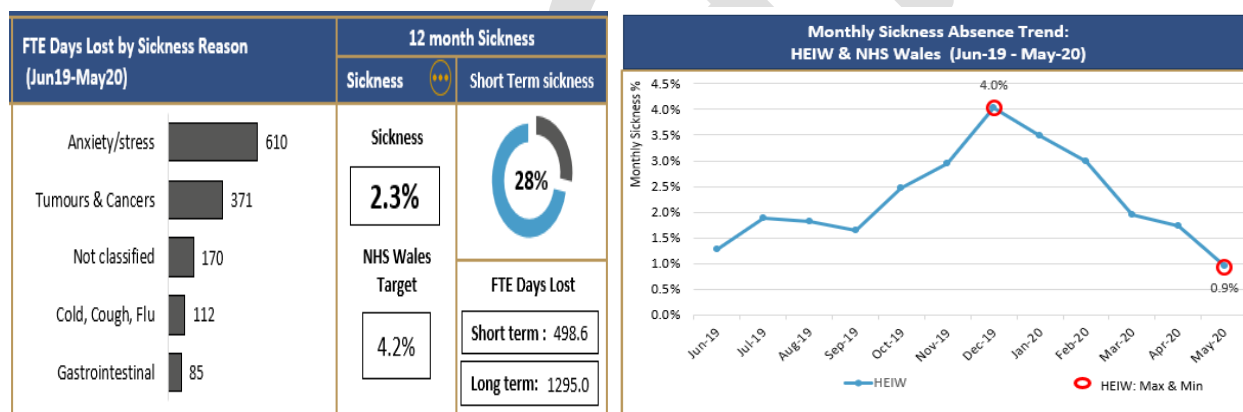
Monitoring & review of key workforce indicators

We have maintained our normal governance arrangements during the crisis, supplemented by additional reporting and monitoring in relation to COVID-19.

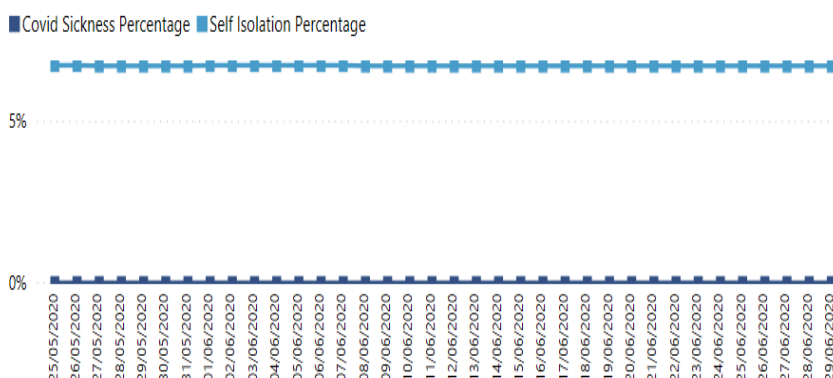
The figures for the end of May 2020 indicate that PADR compliance for core staff at HEIW is at 50% whilst conversely the figures for Statutory and Mandatory training compliance is 72%. There was an expectation that PADR compliance levels would reduce during the 'lockdown' period. This was owing to a combination of a relatively sudden change to home working on a large scale with the technical challenges that produced (e.g. management access in ESR) and also the impact on work intensity and work type that resulted from re-aligning activities particularly in relation to work programmes supporting trainees. In addition, the PADR cycle indicated a concentration of PADRs due for completion at the end of the financial year. Therefore, there was a situation that brought together a number of challenging factors at the same time.

Given that staff have settled into a routine of home working with the technical challenges being largely resolved and COVID-19 related work intensity abating, there is now a clear message to managers to re-engage with the process of undertaking and completing PADRs and to actively undertake this during June. This is being supported as follows through targeted provision of compliance data to manager, additional ESR support/training where required and monthly PADR training sessions from May until September. There is also continued encouragement to managers and staff to maintain and improve Statutory and Mandatory training compliance.

During the period 6th April to 28th June 2020, HEIW had only two members of staff diagnosed with COVID 19 and made a full recovery. Latest sickness data shows:



Percentage of the workforce who have COVID-19 and who are self-isolating



Source:

NHS Wales COVID-19 Sickness Dashboard

The graph shows that for the past month HEIW has not had any COVID-19 related sickness and 6.8% (28 people) are self-isolating/shielding.

Risk assessments and actions

we continue to assess staff who may be at increased risk - including BAME and older colleagues, pregnant women, returnees, and those with underlying health conditions. As part of our commitment to allow safe access to Ty Dysgu we are requiring all staff to complete the risk assessment tool and discuss the outcome with their line managers prior to access.

Implementing and communicating FAQs

We have also circulated the Frequently Asked Questions developed in social partnership, setting clear policies, key terms and conditions of service for our workforce. We have regularly surveyed our staff to date and are about to engage them in a discussion about our 'new normal' which we anticipate will be a blend of home working and office based when it is safe to move to that pattern.

3.11 Social Care Interface

During Quarter 2 we will continue to work with partners to ensure that we are cognisant of and are contributing to an effective interface with social care, in particular in relation to workforce. We have ensured that access is available to the national wellbeing resources that HEIW has developed and harnessed on its platform.

Early in Quarter 2 we will be re-establishing the workforce strategy steering group, in partnership with social care colleagues, to refocus on implementation priorities and to provide further advice to Welsh Government and to consider opportunities to support workforce capacity.

We are developing a paper to consider how we can support the increasing pressure being put on the care home sector as a result of COVID-19. This will consider training opportunities in relation to undertaking physiological observations alongside supporting the Welsh Government nosocomial transmission group in developing a once for Wales resource for health and care home staff in infection prevention and control.

4. Internal governance arrangements

During Quarter 1, alongside developing our initial operational plan, we have amended our crisis management arrangements to response planning. We retained the same key individuals across business areas and corporate functions within our Covid-19 Management Team. Our arrangements have seen us stepping up the frequency of reporting and briefings including to Welsh Government and our Board. In parallel, we have maintained routine governance arrangements e.g. Executive and Senior Leadership Team Meetings and our Committees and Board have continued to meet in line with normal arrangements – albeit in a virtual format. For Quarter 2 we are exploring re-admitting the public to observe at our Board meetings in line with developments in a handful of other NHS organisations in Wales.

As we restart more of our 'essential activities' in Quarter 2, to ensure our performance management and reporting arrangements are effective we will be refreshing these in dialogue with Board and will revert to integrated performance reporting in line with the contents of this plan. We are currently building the underpinning information for our projects and programme with a view to monitoring the progress of our objectives, deliverables and milestones through the attached documentation which will be populated with appropriate detail early in Quarter 2.



HEIW%20Q2%20Obj
ectives%20Delivery%

5. Finance

A Resource Plan for 2020-21 has been prepared by our Director of Finance and has been considered and agreed by the Board in line with normal governance requirements.



Resource plan
attachment for Q2 op

The resource plan is based on the requirements that were set out for the first year (2020/21) of our five-year financial plan within our approvable IMTP. The delegated budgets established within HEIW are drawn from this Resource Plan.

As a result of the impact of COVID-19 and changes made to our IMTP timelines and deliverables there will be a need for a further review of the in-year financial plan and the delegated budget allocations and requirements. This work is being led by the HEIW Director of Finance and his Finance Team and will include any COVID-19 related costs incurred.

An underspend was reported for the first two months of the financial year due to vacancies within the pay budgets and lower recruitment numbers than targeted within the commissioning budgets.

The funding requirements for the remainder of the year will be determined in line with the new activities envisaged in restoring the operational activity of HEIW and any additional costs incurred in maintaining trainees and students in roles until they are able to appropriately progress and graduate. Regular meetings will commence with Welsh Government Finance colleagues in July 20 and the revised in-year financial plan will be reported in a timely manner to the Board.

6. Risks to Delivery and mitigations

We have been maintaining a COVID-19 risk log throughout the crisis and into Quarter 1. As the process develops, we expect the risks to managing the delivery of the Quarter 2 and future operational plans to be managed within Directorates and Teams. Any risks requiring escalation will follow normal escalation procedures for consideration onto the overall corporate risk register by the Executive Directors.

The HEIW Corporate risk register has been aligned into eight key areas for 2020-21. The first seven of these relate to risks caused by COVID-19. The eighth risk relates to other HEIW corporate risks with a red risk status.

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| 1. Impact on progress / completion of education and training for current students and trainees. |
| 2. Impact on recruitment to/fill rates of future education and training programmes. |
| 3. Disruption to current major change programmes that are underway. |
| 4. Disruption to delivery of new work programmes in the IMTP. |
| 5. Financial implications. |
| 6. Impact on the Wellbeing of HEIW staff. |
| 7. New ways of working. |
| 8. Other HEIW Corporate risk assessed as a red risk. |

We have a workshop on 9th July to review and agree our risk appetite for Quarter 2 as well as to review the status and effectiveness of mitigating actions in place in relation to our delivery risks.

7. Mechanisms for stakeholder engagement, including staff side

We have continued to meet with our Local Partnership Forum during the crisis, our next bi-monthly meeting is on 6th July. In addition, we meet regularly as well as ad hoc in relation to specific programmes with the BMA, RCN and other professional bodies and these have continued. Further detail on our communications and engagement activity is at section 3.6.

[Note: this document has been prepared in draft for submission to Welsh Government on Monday 3 July 2020 in accordance Welsh Government requirements. It will be considered by the HEIW Board at its next meeting on 30th July 2020].

ENDS

draft

APPENDIX 1

OVERVIEW OF PLANNED WORK PROGRAMME 2020-21 AS AGREED AT BOARD

| 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' | |
|---|--|
| 1.1 Lead the development of a multi-professional CPD strategy & drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills & capabilities required for the future. | <p>PAUSE strategic work CONTINUE with system & internal review work</p> <p>ADD Q2 A review of the changes made in respect of COVID to harness the learning/innovation & make recommendations to improve the efficiency, effectiveness and monitoring of future CPD activity.</p> |
| 1.2 Lead, develop and implement a sustainable national workforce plan for key shortage professional areas to achieve a better match between demand and supply in Wales. | PARTLY DEFERRED TO 2020-21 national workforce plans deferred but activity on professional shortages and supply progressing in response to COVID |
| 1.3 Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience. <i>(National)</i> | CONTINUE & ACCELERATE Q2 |
| 1.4 Improve access to careers in the health and care sector in partnership with Social Care Wales. | <p>REACTIVATE Q2 Transfer of Widening Access Agenda Q2 - July 2020. Q2 - deliverables 3, 5 & 7. Q3 - deliverables 1, 2 and 4</p> |
| 1.5 Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales. | <p>ACCELERATE deliverables 3 & 4. DEFER deliverables 1 & 2 to 2021-22</p> <p>ADDED in Q1 new requirement to work with WG and partners on learning lessons from COVID and reshaping the data landscape, building the case for investment and new systems. Discuss realignment of roles/activity with statutory functions – future focussed.</p> |

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| 1.6 Developed & training to support NHS orgs to improve the quality of workforce planning expertise and capability across the system. | REACTIVATE Q2 |
| 1.7 Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements. | DEFER - existing deliverables to 2021-22 ADD Q2 investigate the impact of no international travel/reduced travel on workforce supply in Wales and produce advice/recs. |
| Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs | |
| 2.1 Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education. | REACTIVATED/RESTARTED & ACCELERATED in Q1 Restart AD recruitment; re-engage Simulation Leads group; reflect on approaches undertaken across sectors to support simulation requirements during COVID-19 -What has been learnt? How can this be applied to future working and strategy development. The new ways of working need continuing and expanding. |
| 2.2 Develop an education strategy drawing on the outcome of the strategic review of health professional education & the draft Workforce Strategy. | REACTIVATE & REVISE Q2 The outcome will broadly remain the same except that the output will be a specification for education rather than a 'strategy'. It will pick up on the lessons from COVID and the 'new normal' |
| 2.3 Lead the development and implementation of an education and training infrastructure to support the multi-professional workforce model. | RESTART & REVISE Q2 Revision of deliverables to be considered |
| 2.4 Lead the development and implementation of a digital capability framework for the healthcare workforce. | RESTARTED, ADDED & ACCELERATED in Q1 Revise the focus of the deliverables to ensure they are aimed at capturing the digital learning & opportunities to embed in practice created by COVID. Refine a digital capability implementation plan to be agreed with Executive Team to detail planned work both internal to HEIW, and those identified externally for pilot implementation (Finance Academy/Nursing). Work with partners to embed digital into the 'new normal' for education and training. |
| 2.5 Develop a plan in conjunction with Welsh Government for the future allocation of SIFT funding. | DEFERRED to 2021-22 plan |

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| 2.6 Maximise opportunities for work-based learning and apprenticeships in health. | REACTIVATE Q2 Outcome to remain except: <ul style="list-style-type: none"> Bring forward 2021/22 outcome 'Scope the infrastructure requirements to support WBL across NHS Wales e.g. delivery models, resources, register of assessors and IQAs'. Maximise good work undertaken on induction programme and model of delivery and explore how this can become embedded across health and other sectors. |
| 2.7 Implement improvements to ensure equitable access to education and training for SAS and locally employed doctors. | RESTART Q3 Alternative lead to be identified Deliverables for the year; to be revised in light of appointment and capacity available. |
| 2.8 Improve opportunities for trainees and students to undertake education and training through the medium of Welsh. | REACTIVATE Q3 Capacity and ability of partners to engage will continue to be impacted by COVID in short term. |
| 2.9 Review career pathways and education opportunities for the clinical academic and research workforce. | DEFERRED to 2021-22 plan |
| Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels | |
| 3.1 Lead the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action. | REACTIVATED in Q1 |
| 3.2 Lead the implementation and management of the NHS succession planning framework for Tiers 1 - 3 and monitor progress. | REACTIVATE Q2 |
| 3.3 Lead the implementation and management of the Digital Leadership portal. | CONTINUE Brand and Launch the digital leadership portal (HEIW Gwella) June20. Continue to harness evidence-based leadership resources. Explore new ways of working using virtual classroom functionality. Undertake virtual classroom pilot with NHS Wales organisations. |

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| 3.4 Lead the establishment and management of a Wales Leadership alumni and range of leadership networks. | REACTIVATE Q2 |
| 3.5 Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds. | REACTIVATE Q2/3 This will need input from partners so progress will need to be closely monitored to ensure clinical capacity to engage, and to reflect COVID-19 response. Urgent discussion needed Q2 on clinical leadership fellows & interim arrangement for them which might be needed. |
| 3.6 Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme. | REACTIVATE Q2 NHS Executive Board green light secured June 2020 |
| 3.7 Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme. | REACTIVATE Q3 Continue to make progress to ensure we have 'products' and an offer ready but there will be limitations on making early given the need for service input. |
| Strategic Aim 4: To develop the workforce to support the delivery of safety and quality | |
| 4.1 To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care. | RESTART Q1/Q2 Revise deliverables to take account of the impact of COVID-19 on proposed engagement |
| 4.2 Contribute to the workforce planning and workforce development requirements for the Major Trauma Network (MTN). | RESTART Q2 Revise deliverables to take account of the impact of COVID-19 |
| 4.3 Lead the workforce development and training requirements to support the Single Cancer Pathway. | REACTIVATE Q1 Critical to recovery plans. Programme board to be reactivated. Continue to implement training programme and review workforce. |
| 4.4 Develop a mental health workforce plan in collaboration with Welsh Government and Social | REACTIVATE Q2 |

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| Care Wales to support implementation of Together for Mental Health (this includes CAMHS). | This is a major system priority flagged by WG in the Operating Framework as well as in correspondence. Plan being developed with partners; need to update the deliverables, ensuring that they and the timescales are realistic. The 'ask' is significant. |
| 4.5 Improve post registration education, support and training pathways to ensure all health care professionals can develop beyond the point of initial registration. | REACTIVATE Q2 Facilitate a national debate to capture lessons learnt during the pandemic to understand and influence practice and clinical development needs of clinical staff/teams to support service development and delivery. |
| 4.6 Support implementation of primary care workforce model as part of the Strategic Programme for Primary Care. | CONTINUE & ADDED in Q1 Good practice and necessary structural changes that have been put in place in Primary Care to deal with patients presenting with coronavirus symptoms, whilst maintaining essential services during COVID -19, need to be captured and evaluated. HEIW systems that have been used to support the emergency response to workforce requirements (Y Ty Dysgu) should be aligned and inclusive of in and out of hours services. |
| 4.7 Support workforce development requirements of integrated care models being developed by Regional Partnership Boards. | REACTIVATE Q2 |
| 4.8 Support the implementation of the <i>Maternity Care in Wales, A Five-year Vision for the Future (2019-2024)</i> . | REACTIVATE Q4 Commence but at a slower pace as engagement from health boards is essential, and we need to ensure that we have some capacity focussed at new COVID related activity. |
| 4.9 Secure the transfer of the Nurse Staffing Programme Team to HEIW and lead the further role out of the programme across NHS Wales. | CONTINUE Plan to TUPE over the team in June/July. Currently the team has been redeployed due to COVID, however work can progress at a slower pace. |
| 4.10 Assess the Critical Care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their Critical Care workforce plans. | RESTARTED, REFOCUSED & ACCELERATED in Q1 to support COVID -19 work and wider support for the Covid Response Update the deliverables for contribution made during COVID response phase 1 and build into the deliverables phase 2 requirements. Major focus/input for remainder of the year. |

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| Strategic Aim 5: To be an exemplar employer and a great place to work | |
| 5.1 Implement the People, Inclusion and OD Strategy | REFOCUS/REACTIVATE Q2 Reflect on the COVID-19 impact, capture new ways of working and future expectations of staff. New deliverables around policies and practices to be added. Strategy & consultation/engagement to be restarted Q3. |
| 5.2 Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW. | CONTINUED in Q1 Continue to progress action to achieve Bronze Corporate Health Standard Assessment planned for November 2020. Task and Finish group will assess current provision through Health for Health Professionals and make a recommendation of whether to pause or proceed with a tender specification. Continue to provide resources in line with the national work – will form part of the strategic review during Q2. Promote approaches beyond HEIW. |
| 5.3 Implement and embed the Welsh Language framework within HEIW. | CONTINUE Welsh language Scheme /framework is largely designed for office-based working. We therefore need to focus on elements that are relevant to home working. It is proposed that we undertake the online public consultation process on the WLS between June – September and seek final approval in Q3. Internal training capacity to be increase through making appointments for the two new roles. |
| 5.4 Implement and embed the HEIW Strategic Equality Plan and further develop equality and inclusion agenda including partnership working across the public sector. | RESTART Q2 Board review of SEP deferred until Q2 July; WG has relaxed the deadline until Oct 2020 |
| 5.5 Progress opportunities for organisational approaches to combat climate change. | CONTINUE Capture the positive benefits of COVID but slowdown deliverables 1 & 3 to match capacity and prioritisation of COVID response activity. |
| 5.6 Embed multi-disciplinary Quality Improvement capacity and capability within all aspects of HEIW's work and develop partnership working with Improvement Cymru. | RESTART Q3 Priority deliverables to be restarted; QI hub for HEIW to be deferred to 2021 |

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| Strategic Aim 6: To be recognised as an excellent partner, influencer and leader | |
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| 6.1 Implementing HEIW Communications and engagement strategy; brand awareness and influencing for success. | CONTINUE & REFOCUS Continue implementing/ using the principles of the communications and engagement strategy to support COVID 19 response and essential work of HEIW. |
| 6.2 Supporting HEIW business areas on key national programmes of work through the development and delivery of highly effective communications / engagement / marketing interventions. | REFOCUS Support will continue as required to key programmes continuing or supporting the COVID19 response. |
| 6.3 Review the alignment of internal digital systems and functions, and opportunities to support the Education and training experience for trainees in Wales. | CONTINUE Yes, link with digital capabilities update |

END

| Strategic Aim -To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of ‘A Healthier Wales’ | | | | | | | |
|---|---|--------------------|----------------------------------|-----------------|-------------------|---------------|-----|
| Objectives to Achieve Strategic Aim | 2020-21 Deliverables including COVID response | Key Milestones -Q2 | Responsible | Progress Update | Risks to progress | Milestone RAG | RAG |
| 1.1 Lead the development of a multi-professional CPD strategy & drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills & capabilities required for the future. | Roll out the digital course management system to all areas of HEIW ensuring the opportunities for improving customer interface are maximised. | | Push Mangat/Charlette Middlemiss | | | | |
| | Research the CPD activity available to staff and provided across NHS Wales and partners. | | Push Mangat/Charlette Middlemiss | | | | |
| | Establish project group with partners to scope out, engage and produce a draft of the CPD strategy by 31 March 2021. | | Push Mangat/Charlette Middlemiss | | | | |
| | Develop and secure the funding model to support the strategy. | | Push Mangat/Charlette Middlemiss | | | | |
| 1.3 Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience. (National) | Support the implementation of the national Health and Wellbeing Action Plan across NHS Wales (year 1). | | Julie Rogers/Angie Oliver | | | | |
| | Continue to support transitional arrangements of the work of the Health and Wellbeing subgroup of the COVID-19 Workforce Cell | | Julie Rogers/Angie Oliver | | | | |
| | Develop and pilot health and wellbeing information, resources and evaluation tools in HEIW prior to sharing across NHS Wales. | | Julie Rogers/Angie Oliver | | | | |
| | Scope out Health and Wellbeing measures. | | Julie Rogers/Angie Oliver | | | | |
| | Lead, develop and implement a national wellbeing programme specifically for trainees and students, to supplement the NHS Wales Health and Wellbeing Action Plan | | Julie Rogers/Angie Oliver | | | | |
| | Commence research to underpin the development of Wellbeing in Work Impact Resource. | | Julie Rogers/Angie Oliver | | | | |
| | Work with NHS Wales partners to progress national work programmes relating to workplace wellbeing and colleague experience. | | Julie Rogers/Angie Oliver | | | | |
| | Scope Grow your Own pathways for the current workforce. | | Julie Rogers/Angie Oliver | | | | |
| | Bring the Welsh Government Widening Access programme into the HEIW. | | Julie Rogers/Angie Oliver | | | | |
| | Create a comprehensive website and social media presence. | | Julie Rogers/Angie Oliver | | | | |
| | Identify opportunities to work with veterans' organisations and volunteering networks, including the Prince of Wales Nursing Cadet Scheme. | | Julie Rogers/Angie Oliver | | | | |
| 1.5 Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales. | Work with WG and partners on learning lessons from COVID and reshaping the data landscape, building the case for investment and new systems. | | Julie Rogers/Angie Oliver | | | | |
| | Discuss realignment of roles/activity with statutory functions – future focussed. | | Julie Rogers/Angie Oliver | | | | |
| | Lead work to improve quality and completeness of data to produce robust data to produce up to date workforce analysis. | | Julie Rogers/Angie Oliver | | | | |
| | Scope and undertake an analysis of the options for a single platform specification and a robust business case. | | Julie Rogers/Angie Oliver | | | | |
| 1.6 Developed & training to support NHS orgs to improve the quality of workforce planning expertise and capability across the system. | Develop and implement a standardised methodology for workforce planning across health and social care. | | Julie Rogers/Angie Oliver | | | | |
| | Refine, test and roll out the workforce planning capability matrix. | | Julie Rogers/Angie Oliver | | | | |
| | Complete and evaluate the 2 nd .year of the workforce planning training and refine as required. | | Julie Rogers/Angie Oliver | | | | |
| | Refine and further roll out the workforce planning approach for primary care (build a support network for Practice Managers) as identified in the Primary Care W&OD group plan. | | Julie Rogers/Angie Oliver | | | | |
| | Review and update current workforce planning resources including web based and digital. | | Julie Rogers/Angie Oliver | | | | |
| | Work with the Workforce Intelligence team to identify areas for modelling and contribute to the build of the workforce intelligence platform so that it enables improved and local 'live' workforce planning. | | Julie Rogers/Angie Oliver | | | | |
| | Investigate the impact of no international travel/reduced travel on workforce supply in Wales and produce advice/recs | | Push Mangat/Angie Oliver | | | | |



| Strategic Aim -To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs | | | | | | | |
|--|---|--------------------|---------------------------|-----------------|-------------------|---------------|-----|
| Objectives to Achieve Strategic Aim | 2020-21 Deliverables including COVID response | Key Milestones -Q2 | Responsible | Progress Update | Risks to progress | Milestone RAG | RAG |
| 2.1 Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education | Developed a clear definition of simulation-based education for the health sector in Wales. | | Push Mangat/Chris Payne | | | | |
| | Establish and manage a Simulation Leads Network with clear terms of reference. | | Push Mangat/Chris Payne | | | | |
| | Identify and share best practice and develop new opportunities to facilitate simulation-based learning. | | Push Mangat/Chris Payne | | | | |
| | Identify process and requirements in relation to accreditation of faculty and needs of curriculum requirements. | | Push Mangat/Chris Payne | | | | |
| | Develop an All Wales simulation strategy and investment requirements, supported by consultation. | | Push Mangat/Chris Payne | | | | |
| 2.2 Develop an education strategy drawing on the outcome of the strategic review of health professional education & the Workforce Strategy. | Use the outcome of the strategic review, and the Workforce Strategy, to develop an education strategy for health professionals | | Angela Parry/Martin Riley | | | | |
| | Implement the outcome of the review including: | | Angela Parry/Martin Riley | | | | |
| 2.3 Lead the development and implementation of an education and training infrastructure to support the multi-professional workforce model. | Establish clear standards and job specifications for TPD medical staff. | | Push Mangat/Tom Lawson | | | | |
| | Introduction of a tariff and CPD provision for Medical Training Programme Directors (TPDs). | | Push Mangat/Tom Lawson | | | | |
| | Review remuneration and appraisal/development arrangements for TPD Medical staff. | | Push Mangat/Tom Lawson | | | | |
| | Set out clear standards and job specifications for TPD (medical). | | Push Mangat/Tom Lawson | | | | |
| | Introduction of an appraisal process to support the Medical TPD roles. | | Push Mangat/Tom Lawson | | | | |
| | Modernise and streamline dental core training management structure and delivery of training. | | Push Mangat/Tom Lawson | | | | |
| | Scope current arrangements to support learning in practice e.g. TPD for medical, Practice Education Facilitators etc. across all Health Boards and staff groups. | | Push Mangat/Tom Lawson | | | | |
| | Review Job Descriptions and standardise responsibilities ensuring equitable level of support and service across all parts of Wales. | | Push Mangat/Tom Lawson | | | | |
| | Establish baseline of current configuration and support. | | Push Mangat/Tom Lawson | | | | |
| | Develop a quality assurance framework for placement areas managed by HEIW. | | Push Mangat/Tom Lawson | | | | |
| | Work with key partners scope trainee and student placements and identify new opportunities in community and primary care | | Push Mangat/Tom Lawson | | | | |
| | Secure agreement to a future vision of education and training in primary care | | Push Mangat/Tom Lawson | | | | |
| | Agree a plan for education and training infrastructure in primary care including standards, governance arrangements and funding approaches. | | Push Mangat/Tom Lawson | | | | |
| | Develop a quality assurance framework for placement areas managed by HEIW | | Push Mangat/Tom Lawson | | | | |
| 2.4 Lead the development and implementation of a digital capability framework for the healthcare workforce. | Define and agree with partners the scope of and definition of 'A digital ready workforce' | | Julie Rogers/Chris Payne | | | | |
| | Engage with HEE and NES with a view to understanding their learning and actions in this area and exploring whether these could be adopted or adapted for the NHS Workforce in Wales. | | Julie Rogers/Chris Payne | | | | |
| | Prepare and consult with partners on a costed implementation plan – including the development of a framework of digital skill competencies; and proposals for an All Wales Digital forum for prioritising, co-ordinating and sharing best practice. | | Julie Rogers/Chris Payne | | | | |
| | Scope with Health Boards the timing and undertaking of a Digital Capability Review. | | Julie Rogers/Chris Payne | | | | |
| 2.6 Maximise opportunities for work-based learning and apprenticeships in health. | Scope organisations' current models of work based learning delivery, including Apprenticeships and identify the added value that HEIW could bring to this arena. | | Angela Parry/Martin Riley | | | | |
| | Work with Welsh Government to develop a suite of health apprenticeship frameworks that meet the needs of the NHS Wales workforce. | | Angela Parry/Martin Riley | | | | |
| | HEIW to work with NHS Wales to ensure that there is appropriate representation on the foundation economy subgroups of the 3 Regional Skills Partnerships (RSPs). | | Angela Parry/Martin Riley | | | | |
| | Draft Quality Assurance Framework for Work Based Learning to include HEIW role in standardisation of work-based learning. | | Angela Parry/Martin Riley | | | | |



| Strategic Aim -To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels | | | | | | | |
|--|---|--------------------|---------------------------|-----------------|-------------------|---------------|-----|
| Objectives to Achieve Strategic Aim | 2020-21 Deliverables including COVID response | Key Milestones -Q2 | Responsible | Progress Update | Risks to progress | Milestone RAG | RAG |
| 3.1 Lead the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action. | Drive the implementation of the framework for action through extensive, marketing and engagement. | | Julie Rogers/Helen Thomas | | | | |
| | Develop and promote a cultural assessment tool that reliably measures compassionate and collective culture and behaviours within organisations. | | Julie Rogers/Helen Thomas | | | | |
| | Review and promote a range of existing evidence-based culture and leadership tools aimed at creating cultures of collective leadership across organisations and teams. | | Julie Rogers/Helen Thomas | | | | |
| | Create a network of Collective Leadership Champions to support implementation and development/use of | | Julie Rogers/Helen Thomas | | | | |
| | Provide annual leadership conferences and learning events aimed at enabling widespread adoption of best practice. | | Julie Rogers/Helen Thomas | | | | |
| | Influence and support the implementation of undergraduate leadership modules (embedded with quality improvement and digital leadership) across the curriculum. | | Julie Rogers/Helen Thomas | | | | |
| | Commence the curation of 'manager core skills' resource hub that promotes inclusivity and equips managers with essential and portable management skills that compliments local management development programmes. | | Julie Rogers/Helen Thomas | | | | |
| | Review and update the NHS Wales manager competence framework | | Julie Rogers/Helen Thomas | | | | |
| 3.3 Lead the implementation and management of the Digital Leadership portal. | Commence the curation and establishment of a Leadership resource library that provides evidence-based resources that reflect the leadership strategy and support compassionate and collective approaches. | | Julie Rogers/Helen Thomas | | | | |
| | Develop and implement an operating model for the digital portal for wider implementation across HEIW and NHS Wales organisations. | | Julie Rogers/Helen Thomas | | | | |
| | Brand and extensively market the HEIW Digital Leadership Portal. | | Julie Rogers/Helen Thomas | | | | |
| | Manage digital leadership portal accounts and queries, whilst maintaining and developing the portal in line with user feedback. | | Julie Rogers/Helen Thomas | | | | |
| | Promote the HEIW leadership programmes and link to leadership and management development opportunities across Academi Wales and NHS Wales Health Boards and Trusts. | | Julie Rogers/Helen Thomas | | | | |
| | Utilise the portal for managing conference events, master classes etc to reach diverse audiences. | | Julie Rogers/Helen Thomas | | | | |
| 3.4 Lead the establishment and management of a Wales Leadership alumni and range of leadership networks. | Create a collective leadership network providing opportunities for a diverse range of individuals to become actively engaged in promoting and supporting the leadership agenda across NHS Wales. | | Julie Rogers/Helen Thomas | | | | |
| | Create a range of alumni networks to support existing leadership development cohorts. | | Julie Rogers/Helen Thomas | | | | |
| | Provide a series of leadership master classes, webinars, networking events, online videos and resources. | | Julie Rogers/Helen Thomas | | | | |
| | Provide a series of guest leadership blogs and interviews. | | Julie Rogers/Helen Thomas | | | | |
| | Influence the establishment of student leadership academies within all Wales universities that promote access to NHS leadership networks and alumni. | | Julie Rogers/Helen Thomas | | | | |
| | Secondary Care: Establish a leadership alumni and establish collaborative network of trainee leadership roles. | | Julie Rogers/Helen Thomas | | | | |
| | Pilot and evaluate a trainee leadership network meeting/event and review existing wellbeing strategy/courses. | | Julie Rogers/Helen Thomas | | | | |
| 3.6 Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme. | Research best practice models to re-establish and re-launch the NHS Wales graduate leadership scheme. | | Julie Rogers/Helen Thomas | | | | |
| | Develop the component elements of the graduate programme including masters qualification and placements. | | Julie Rogers/Helen Thomas | | | | |
| | Establish the operating model for the graduate scheme. | | Julie Rogers/Helen Thomas | | | | |
| | Identify / train a range of mentors and coaches to support the graduates during their placements. | | Julie Rogers/Helen Thomas | | | | |
| | Develop a marketing strategy and engagement plan to attract graduate applicants to the NHS Leadership scheme. | | Julie Rogers/Helen Thomas | | | | |
| | Develop an inclusive recruitment, assessment and induction process. | | Julie Rogers/Helen Thomas | | | | |
| | Explore opportunities to establish an HEIW internship in the following corporate areas: Finance, Planning, Workforce & OD and Communications | | Julie Rogers/Helen Thomas | | | | |
| | | | | | | | |



Strategic Aim -To develop the workforce to support the delivery of safety and quality

| Objectives to Achieve Strategic Aim | 2020-21 Deliverables including COVID response | Key Milestones -02 | Responsible | Progress Update | Risks to progress | Milestone RAG | RAG |
|--|--|--------------------|-----------------------------------|-----------------|-------------------|---------------|-----|
| 4.1 To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care. | Scope and review existing support and provision relevant to unscheduled care workforce (wellbeing, skills, training, etc). | | Push Mangel/Charlotte Middlemiss | | | | |
| | Scope and review workforce implications of new models of unscheduled care and good practice in workforce development across the UK. | | Push Mangel/Charlotte Middlemiss | | | | |
| | Consult with front line staff to identify workforce challenges and requirements. | | Push Mangel/Charlotte Middlemiss | | | | |
| | Progress development work for new initiatives to support any gaps identified in what's available in NHS Wales. | | Push Mangel/Charlotte Middlemiss | | | | |
| | Launch the first good practice guide for winter 2020. | | Push Mangel/Charlotte Middlemiss | | | | |
| 4.2 Contribute to the workforce planning and workforce development requirements for the Major Trauma Network (MTN). | Engage with WHSSC to address overlaps between the workforce needs of the MTN and our Commissioning processes HEIW will work with the MTN assisting with the following Training Requirements: Trauma Triage, Trauma Team working, Trauma Team Leadership, Damage Control Surgery, Rehabilitation Skills. | | Push Mangel/Angie Oliver | | | | |
| 4.3 Lead the workforce development and training requirements to support the Single Cancer Pathway. | Establish a national training programme for clinical endoscopyists. | | Angela Parry/Wendy Wilkinson | | | | |
| | Complete a review of endoscopy, imaging and pathology workforce. | | Angela Parry/Wendy Wilkinson | | | | |
| | Completed actions form the National Endoscopy Action Plan. | | Angela Parry/Wendy Wilkinson | | | | |
| | Identify national priorities for investment in extended/advanced roles across endoscopy, imaging and pathology workforce. | | Angela Parry/Wendy Wilkinson | | | | |
| | Identify best practice workforce models to be adopted locally. | | Angela Parry/Wendy Wilkinson | | | | |
| 4.4 Develop a mental health workforce plan in collaboration with Welsh Government and Social Care Wales to support implementation of Together for Mental Health (this includes CAMHS). | Work with Welsh Government to clarify expectations and timeline | | Angela Parry/Kerri Feeney | | | | |
| | Scope the current mental health workforce and assess implications for future need and models of care. | | Angela Parry/Kerri Feeney | | | | |
| | Review good practice and innovation from across UK and internationally. | | Angela Parry/Kerri Feeney | | | | |
| 4.5 Improve post registration education, support and training pathways to ensure all health care professionals can develop beyond the point of initial registration. | Implement the planned expansion of the Foundation programme for medicine with placements across secondary Care, GP and the community. | | Angela Parry/Charlotte Middlemiss | | | | |
| | Lead the development and implementation of a learning and development framework for the Health Professional Workforce. | | Angela Parry/Charlotte Middlemiss | | | | |
| | Scope the need for support following registration for all professional groups. | | Angela Parry/Charlotte Middlemiss | | | | |
| | Lead the work on the introduction of new roles e.g. the Anaesthesia Associate in NHS Wales in partnership with the service. | | Angela Parry/Charlotte Middlemiss | | | | |
| | Identify how funding for advanced practice/extended skills can achieve value in the context of service priority areas | | Angela Parry/Charlotte Middlemiss | | | | |
| 4.6 Support implementation of primary care workforce model as part of the Strategic Programme for Primary Care. | Support the development of workforce planning and modelling at cluster level. | | Push Mangel/Charlotte Middlemiss | | | | |
| | Implement the increase in GP trainees and roll out changes to GP training in line with the business case (subject to agreement). | | Push Mangel/Charlotte Middlemiss | | | | |
| | Implement the increased numbers and multi sector pre-registration programme for pharmacy, supported by implementation of a single lead employer model. | | Push Mangel/Charlotte Middlemiss | | | | |
| | Implement phase 2 of the transition programme for pharmacists. | | Push Mangel/Charlotte Middlemiss | | | | |
| | Increase the number of Independent Prescriber pharmacists. | | Push Mangel/Charlotte Middlemiss | | | | |
| | Support implementation of pace setter projects related to workforce. | | Push Mangel/Charlotte Middlemiss | | | | |
| | Develop proposals for an education/training infrastructure for primary and community care (academies/hubs). | | Push Mangel/Charlotte Middlemiss | | | | |
| | Implement a communication plan in relation to HEIW's role and primary care clusters. | | Push Mangel/Charlotte Middlemiss | | | | |
| | Role Development – national frameworks and training for new roles. A multidisciplinary approach to care; inter-professional working; community engagement; and leadership. | | Push Mangel/Charlotte Middlemiss | | | | |
| | Develop a digitally enabled compendium of good practice for primary care. | | Push Mangel/Charlotte Middlemiss | | | | |
| 4.7 Support workforce development requirements of integrated care models being developed by Regional Partnership Boards. | Review all transformation fund proposals to assess workforce implications and models. | | Angela Parry/Charlotte Middlemiss | | | | |
| | Engage with Regional Partnership Boards to discuss future plans and ambitions in relation to integrated working. | | Angela Parry/Charlotte Middlemiss | | | | |
| | Review IMTPs with regard to future plans and ambitions for integrated working. | | Angela Parry/Charlotte Middlemiss | | | | |
| | Review best practice across UK and internationally to inform future work. | | Angela Parry/Charlotte Middlemiss | | | | |
| | Secure the TUPE transfer of the Programme management team to HEIW and their integration into the organisation. | | Angela Parry/Kerri Feeney | | | | |
| 4.9 Secure the transfer of the Nurse Staffing Programme Team to HEIW and lead the further role out of the programme across NHS Wales. | Ensure the team is fully recruited and resourced. | | Angela Parry/Kerri Feeney | | | | |
| | Review and revise programme management arrangement and accountabilities between Welsh Government, NHS Health Boards and Trusts and HEIW. | | Angela Parry/Kerri Feeney | | | | |
| | Continue the work to deliver the extension of the Act by April 2021 | | Angela Parry/Kerri Feeney | | | | |
| 4.10 Assess the Critical Care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their Critical Care workforce plans. | Agree further areas for roll out of the Act | | Angela Parry/Kerri Feeney | | | | |
| | Complete analysis and review Health Board assessments to Critical care and other workforce needs to support COVID response alongside 'new normal' | | Push Mangel/Clem Price | | | | |
| | Feed initial findings into training requirements for 2021-22. | | Push Mangel/Clem Price | | | | |
| | Update workforce implications of new models of Critical Care and good practice in workforce development across the UK. | | Push Mangel/Clem Price | | | | |
| | Incorporate impact of new Shape of Training in Medicine. | | Push Mangel/Clem Price | | | | |
| | Consider the potential role of Physician Associates in workforce models | | Push Mangel/Clem Price | | | | |
| | Complete scoping exercise for Anaesthetic Associates in Wales. | | Push Mangel/Clem Price | | | | |
| | Create a series of options (pull down menu) for Health Boards to use in staffing their Critical Care and response areas. | | Push Mangel/Clem Price | | | | |
| | | | Push Mangel/Clem Price | | | | |

| Strategic Aim - To be an exemplar employer and a great place to work | | | | | | | |
|--|--|--------------------|-------------------------------|-----------------|-------------------|---------------|-----|
| Objectives to Achieve Strategic Aim | 2020-21 Deliverables including COVID response | Key Milestones -Q2 | Responsible | Progress Update | Risks to progress | Milestone RAG | RAG |
| 5.1 Implement the People, Inclusion and OD Strategy. | Launch and Implement the People & OD Strategy | | Julie Rogers/Foula Evans | | | | |
| | | | | | | | |
| 5.2 Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW. | Implement Health and Wellbeing Action Plan (year 1). | | Julie Rogers/Angie Oliver | | | | |
| | Develop and pilot health and wellbeing information, resources and evaluation tools in HEIW prior to sharing across NHS Wales. | | Julie Rogers/Angie Oliver | | | | |
| | Work towards and achieve the Bronze Corporate Health Standard accreditation. | | Julie Rogers/Angie Oliver | | | | |
| | Review the OH support arrangements for staff, including remote workers against best practice. | | Julie Rogers/Angie Oliver | | | | |
| | Ensure that HEIW's needs are represented in once for Wales Health and Wellbeing programmes. | | Julie Rogers/Angie Oliver | | | | |
| | Implement Neyber (Salary Finance) Financial Services | | Julie Rogers/Angie Oliver | | | | |
| | Continue to provide resources in line with national work | | Julie Rogers/Angie Oliver | | | | |
| | Promote approaches beyond HEIW | | Julie Rogers/Angie Oliver | | | | |
| 5.3 Implement and embed the Welsh Language framework within HEIW. | Promoting awareness of the Welsh Language policy and, when they are introduced, the Welsh Language Standards. | | Dafydd Bebb/Huw Owen | | | | |
| | In terms of Operational delivery, it will involve embedding behaviours that relate to increase use of the Welsh across the organisation | | Dafydd Bebb/Huw Owen | | | | |
| | Improving the translation services provided by HEIW. | | Dafydd Bebb/Huw Owen | | | | |
| | Increase awareness of the advantages of the use of the Welsh language for staff, trainees and patients. | | Dafydd Bebb/Huw Owen | | | | |
| 5.4 Implement and embed the HEIW Strategic Equality Plan and further develop equality and inclusion agenda including partnership working across the public sector. | Develop a Transition at Work policy. | | Julie Rogers/Emma Kwaya James | | | | |
| | Create co-produced strategic equality action plans and measures to increase workforce diversity, minimise pay gaps, engage with communities, ensure procurement drives equality and service delivery reflects individual need. | | Julie Rogers/Emma Kwaya James | | | | |
| | Work in partnership with Welsh Government and partners to develop technical guidance in preparation for the enactment of socio-economic duty Part 1, Section 1 Equality Act 2010 on the 1 April 2020 | | Julie Rogers/Emma Kwaya James | | | | |
| | Embed the Integrated Equality Impact Assessment framework into practice | | Julie Rogers/Emma Kwaya James | | | | |
| | Deliver on accreditation pledges: Stonewall, Time to Change, Disability Confident, Dying to Work, Anti-Violence Collaboration, Communication Access Symbol. | | Julie Rogers/Emma Kwaya James | | | | |
| | Review and develop a new Time to Change Action Plan to be incorporated within the Health and Wellbeing strategy. | | Julie Rogers/Emma Kwaya James | | | | |
| | Work in collaboration with Trade Unions' to scope expansion of remit of Dying to Work pledge including support for families and work colleagues. | | Julie Rogers/Emma Kwaya James | | | | |
| | | | | | | | |
| 5.5 Progress opportunities for organisational approaches to combat climate change. | Scope the impacts, risks, opportunities and threats from climate change over the short, medium and long term with a focus on low carbon and being more efficient with our resources. | | Julie Rogers/Chris Payne | | | | |
| | Undertake a strategic assessment of energy efficiency opportunities with consultancy support from the Welsh Government Energy Service allowing HEIW to further reduce carbon emissions. | | Julie Rogers/Chris Payne | | | | |
| | Create a stakeholder group to develop an action plan within HEIW to lessen our impact on the Environment through operational activities and consider opportunities to promote biodiversity on site and in the local area. | | Julie Rogers/Chris Payne | | | | |



| Strategic Aim - To be recognised as an excellent partner, influencer and leader | | | | | | | |
|---|--|--------------------|-----------------------------|-----------------|-------------------|---------------|-----|
| Objectives to Achieve Strategic Aim | 2020-21 Deliverables including COVID response | Key Milestones -Q2 | Responsible | Progress Update | Risks to progress | Milestone RAG | RAG |
| 6.1 Implementing HEIW Communications and engagement strategy; brand awareness and influencing for success. | Continue to implement the HEIW Communications and Engagement strategy including horizon scanning and key influences such as Brexit, manifestos, Nurse Staffing Act, new regulations - tailoring key messages to the healthcare workforce and services. | | Julie Rogers/Angharad Price | | | | |
| | Review the scope for influencing national programmes and partners and develop a plan of action alongside the strategy. | | Julie Rogers/Angharad Price | | | | |
| | Introduce new HEIW organisation branding and style guide and begin to visually 'badge' HEIW work across the organisation. | | Julie Rogers/Angharad Price | | | | |
| | Provide staff training on branding and creating communications materials to support consistency across the organisation and brand identity. | | Julie Rogers/Angharad Price | | | | |
| | Develop and implement a bilingual three-year sustained HEIW brand awareness campaign | | Julie Rogers/Angharad Price | | | | |
| | Develop new key bilingual materials and channels | | Julie Rogers/Angharad Price | | | | |
| 6.2 Supporting HEIW business areas on key national programmes of work through the development and delivery of highly effective communications / engagement / marketing interventions. | Develop and implement tailored communication, engagement and marketing plans in line with the business objectives in Chapter 5 for key national HEIW programmes | | Julie Rogers/Angharad Price | | | | |
| | Undertake evaluation of plans using the outputs, outtakes and outcomes model. | | Julie Rogers/Angharad Price | | | | |
| 6.3 Review the alignment of internal digital systems and functions, and opportunities to support the Education and training experience for trainees in Wales. | Scope and identify Eduroam availability across all NHS Wales sites and develop a rollout plan to increase availability and usage of the network. | | Julie Rogers/Chris Payne | | | | |
| | Rollout Eduroam availability at HEIW. | | Julie Rogers/Chris Payne | | | | |
| | Support NHS Wales organisations in onboarding the network. | | Julie Rogers/Chris Payne | | | | |
| | Scope the delivery of a single platform for HEIW to support education and training arrangements and to end reliance on disparate and unsupported legacy | | Julie Rogers/Chris Payne | | | | |
| | Undertake a review of the functionality and capacity of the HEIW digital team in the light of the agreed business priorities, and make recommendations. | | Julie Rogers/Chris Payne | | | | |





GIG
CYMRU
NHS
WALES

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

| | | | |
|---|---|---------------------|------------------------|
| Dyddiad Cyfarfod | 30 Gorffennaf 2020 | Eitem Agenda | 3.2 |
| Teitl Adroddiad | Cynllun Comisiynu a Hyfforddi Addysg ar gyfer 2021/22 | | |
| Awdur Adroddiad | Martin Riley | | |
| Noddwr Adroddiad | Angela Parry | | |
| Cyflwynwyd gan | Angela Parry | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | Dyma'r ail flwyddyn mae AaGIC wedi datblygu cynllun addysg a hyfforddiant cenedlaethol ar gyfer y gweithlu iechyd. Mae'n adeiladu ar y cynllun cyntaf y llynedd gyda mwy o ffocws ar ymateb i heriau gwasanaeth yn ogystal â mynd i'r afael ag anghenion grwpiau proffesiynol a galwedigaethol unigol. Bydd cyhoeddi strategaeth y gweithlu iechyd a gofal cymdeithasol yn chwarae rôl allweddol yn llywio anghenion addysg a hyfforddiant hirdymor y sectorau iechyd a gofal cymdeithasol yn y dyfodol. | | |
| Materion Allweddol | <p>Wrth gydnabod bod buddsoddi mewn hyfforddiant ac addysg yn cael ei dalu'n ôl o fewn cyfnod byr iawn ar ôl graddio, bydd cynlluniau addysg a hyfforddiant yn seiliedig ar anghenion y gweithlu a'r achos a wneir pan fydd hyn yn gofyn am fwy o fuddsoddiad. Nid yw'r argymhellion yn y papur yn seiliedig ar un flwyddyn yn unig o ran anghenion y gweithlu, ond fe'u hysbysir gan:</p> <ul style="list-style-type: none"> • CTCI – anghenion a heriau'r gweithlu • mwy o wybodaeth ar gael am y gweithlu • gallu o fewn y system i gefnogi hyfforddiant/ myfyrwyr/ hyfforddeion. | | |
| Camau penodol sydd eu hangen (Rhowch un ✓ yn unig) | Gwybodaeth | Trafodaeth | Sicrwydd |
| | | | Cymeradwyo ✓ |
| Argymhellion | Gofynnir i'r Bwrdd Ystyried a Chymeradwyo'r cynllun a chymeradwyo'i gyflwyno i Lywodraeth Cymru | | |

Cynllun Comisiynu a Hyfforddi Addysg ar gyfer 2021/22

CYFLWYNIAD

Dyma'r ail flwyddyn mae AaGIC wedi datblygu cynllun addysg a hyfforddiant cenedlaethol ar gyfer y gweithlu iechyd. Mae'n adeiladu ar y cynllun cyntaf y llynedd gyda mwy o ffocws ar ymateb i heriau gwasanaeth yn ogystal â mynd i'r afael ag anghenion grwpiau proffesiynol a galwedigaethol unigol. Bydd cyhoeddi strategaeth y gweithlu iechyd a gofal cymdeithasol yn chwarae rôl allweddol yn llywio anghenion addysg a hyfforddiant hirdymor y sectorau iechyd a gofal cymdeithasol yn y dyfodol.

Wrth gydnabod bod buddsoddi mewn hyfforddiant ac addysg yn cael ei dalu'n ôl o fewn cyfnod byr iawn ar ôl graddio, bydd cynlluniau addysg a hyfforddiant yn seiliedig ar anghenion y gweithlu a'r achos a wneir pan fydd hyn yn gofyn am fwy o fuddsoddiad. Nid yw'r argymhellion yn y papur yn seiliedig ar un flwyddyn yn unig o ran anghenion y gweithlu, ond fe'u hysbysir gan:

- CTCI – anghenion a heriau'r gweithlu
- mwy o wybodaeth ar gael am y gweithlu
- gallu o fewn y system i gefnogi hyfforddiant/ myfyrwyr/ hyfforddeion.

Wrth droi'r wybodaeth hon yn argymhellion bu ymgysylltu helaeth hefyd â rhanddeiliaid. Mewn cyfnodau arferol, mae AaGIC yn mynychu cyfarfodydd cymheiriaid i drafod y cynigion ar gyfer hyfforddi staff lechyd proffesiynol ar gyfer y flwyddyn i ddod. O ystyried yr amgylchiadau pandemig yn 2020 fodd bynnag, roedd angen dull gwahanol ar gyfer ymgynghori â rhanddeiliaid ynglŷn â'r Cynllun Addysg a Hyfforddiant 2021/22. Cafwyd cyflwyniad byr yn crynhoi'r cynnig yn ystod mis Mai a chafwyd cyfnod ymgynghori o dair wythnos lle roedd staff AaGIC yn ymgysylltu gan ddefnyddio rhith-gyfryngau i drafod ac egluro unrhyw faterion a allai godi o'r cynigion.

Felly, er gwaethaf y cyfyngiadau a oedd yn gysylltiedig â'r cynllun hwn, mae AaGIC wedi ymgysylltu ag ystod eang o randdeiliaid ynghylch y cynllun gan gynnwys;

- Cyrff Rheoleiddio
- Cyrff Proffesiynol
- Gwahanol Golegau/Cymdeithasau
- Cyngor y Deoniaid lechyd (Cymru)
- Arweinwyr Polisi a Phroffesiynol Llywodraeth Cymru
- Holl Gyfarwyddwyr Gweithredol y Byrddau a'r Ymddiriedolaethau lechyd
- Dirprwy Gyfarwyddwyr mewn Nyrsio o fewn Byrddau lechyd ac Ymddiriedolaethau'r GIG
- Dirprwy Gyfarwyddwyr Therapiau a Gwyddor Gofal lechyd o fewn Byrddau lechyd ac ymddiriedolaethau'r GIG
- Prif Weithredwyr y GIG
- Fforwm Partneriaeth Cymru

Yn y trafodaethau a gynhaliwyd, cafwyd cefnogaeth eang i'r angen i ddatblygu'r gweithlu yn y gymuned a'r lleoliad gofal sylfaenol i gefnogi'r newid mewn gwasanaethau o ofal eilaidd. Cafwyd cefnogaeth hefyd i ymestyn rôl gweithwyr

iechyd proffesiynol a staff cymorth i gwrdd â heriau'r gweithlu a galluogi'r egwyddorion darbodus i fod yn gymwys.

O ganlyniad i ymgysylltu, mae sawl argymhelliad wedi cael ei addasu gan gynnwys ailbroffilio comisiynau parafeddygon i ddiwallu anghenion gwasanaeth, hyfforddiant Heintiau, Atal a Rheoli (IP&C), nyrsio cymunedol, mwy o bwyslais ar "dyfu eich hun" ac, yn dilyn trafodaethau gyda gwasanaeth a rhai Colegau AHP, cynnydd pellach o fewn rhai proffesiynau AHP.

Ar ôl adolygu'r holl dystiolaeth a oedd ar gael, gan gynnwys anghenion sefydliad a nodwyd, capasiti o fewn y system, cyhoeddi dystiolaeth a'r wybodaeth o adnoddau gwybodaeth am weithlu AaGIC, gwneir yr argymhellion a ganlyn:

Staff Proffesiynol Iechyd

a. Dylai comisiynau addysg barhau i:

- i. Ehangu nifer y rhaglenni addysg ar gyfer gweithwyr iechyd proffesiynol a ddarperir drwy raglenni rhan amser a rhaglenni wedi'u byrhau
- ii. Cynyddu cyfran y lleoedd nyrsio cyn cofrestru a ddarperir gan y llwybr rhan-amser/dysgu o bell
- iii. Eangu'r ddarpariaeth o leoedd rhan-amser sydd ar gael i'r sector cartrefi gofal.
- iv. Cynyddu lefel y buddsoddiad mewn ymarfer uwch i adeiladu gyrfaedd clinigol a datblygu gweithwyr cymorth gofal iechyd

b. Cynigir codiadau yn y meysydd canlynol:

| Arbenigedd | O | I | % codiad |
|--|-------|-------|-------------|
| Nyrsio Oedolion | 1,400 | 1,540 | 10% |
| Nyrsio Iechyd Meddwl | 356 | 410 | 15% |
| Nyrsio Plant | 159 | 175 | 10% |
| Bydwreigiaeth | 161 | 185 | 15% |
| Radiotherapi & Oncoleg | 22 | 26 | 18% |
| Lleoedd deietegol | 52 | 60 | 15% |
| Lleoedd Ffisiotherapi | 164 | 174 | 6% |
| Parafeddygon | 52 | 75 | 44% |
| Doethuriaeth mewn lleoedd Seicoleg Glinigol | 29 | 32 | 10% |
| Gwyddor Gofal Iechyd: STP | 32 | 37 | 17% |
| Gwyddor Gofal Iechyd: PTP/BMS | 24 | 25 | 4% |
| Cynnydd mewn cyllid ar ôl cofrestru/ymarfer uwch | £1.5m | £2m | 33% |
| Cynnydd yng nghyllid Dysgu Seiliedig ar Waith | £2m | £2.5m | 25% |

Argymhellion Cynllunio'r Gweithlu Meddygol

| | |
|---|--|
| Ymarfer Cyffredinol: | Parhau i hysbysebu 160 gydag opsiwn i recriwtio dros ben os bydd digon o ymgeiswyr addas. |
| Meddygaeth Frys: | 5 swydd hyfforddiant uwch ychwanegol (ST3) i fynd i'r afael â'r diffyg yn dilyn trosi swyddi uwch i ACCS mewn blynyddoedd blaenorol. 2 swydd ACCS ychwanegol ar gylchdro Gogledd Cymru. |
| Anesthetyddion: Meddygaeth Gofal Dwys: | 3 swydd hyfforddiant uwch ychwanegol i fynd i'r afael â phrinder parhaus a rhagweledig ar y gweithlu ar lefel ymgynghorol. DS: oherwydd effaith y pandemig Coronafeirws, bydd y newidiadau arfaethedig i'r cwricwlwm anaestheteg yn awr yn cael eu hoedi gan un flwyddyn. O ganlyniad i newidiadau yn y cwricwlwm, ni fydd angen gofyn am swyddi ychwanegol ar gyfer 2021 tan fis Awst 2022 a chaiff Anaestheteg ei adolygu eto y flwyddyn nesaf. |
| Meddygaeth Gofal Dwys: | Mae angen 4 o swyddi hyfforddi uwch ychwanegol i gynyddu nifer ein gweithlu ICM yng Nghymru. Mae'r pandemig Coronafeirws wedi tynnu sylw at yr angen i ehangu a darparu capasiti gofal critigol; Mae'r 4 gwlad arall yn bwriadu ehangu. Gofynion ICM i'w hadolygu eto yn 2021.. |
| Rhwydwaith Trawma Mawr | |
| Llawfeddygaeth Blastig: | 2 swydd Hyfforddiant Uwch ychwanegol i gefnogi model y gweithlu ar gyfer y Ganolfan Trawma Mawr. |
| Llawfeddygaeth Gyffredinol: | 4 swydd Hyfforddiant Uwch ychwanegol mewn llawfeddygaeth gyffredinol i gefnogi model y gweithlu ar gyfer y Ganolfan Trawma Mawr; mynd i'r afael â phrinder y gweithlu a ragwelir ar lefel ymgynghorol ac mewn ymateb i gynnydd yn y galw a newidiadau i gwricwla i gefnogi triniaethau cancer. |
| Trawma & Orthopedeg: | Dim angen newid yn dilyn y cynnydd o 4 hyfforddai o'r 2019 a dderbynnir. |
| Wroleg: | 4 swydd hyfforddiant uwch ychwanegol i gefnogi'r agenda cancer a phrinder y gweithlu ar lefel ymgynghorol. |
| Niwrolawdriniaeth: | Gostyngiad yn nifer y swyddi yn unol â'r hyfforddeion sy'n cwblhau eu hyfforddiant. Lleihau'r rhaglen hyfforddi o 1 swydd dros y flwyddyn nesaf ac yna adolygu pellach. |
| Pediatreg: | 4 swydd ST1 ychwanegol i fynd i'r afael ag argymhellion adroddiad gweithlu RCPCH a ffemineiddio'r gweithlu, sydd wedi arwain at gynnydd yn nifer yr hyfforddeion sy'n dewis cael hyfforddiant LTFT gan arwain at fylchau parhaus yn y rhaglen hyfforddi hon a'r ymgynghorwyr yn dewis gweithio'n rhan-amser. |

| | |
|--|--|
| | 2 Gymrodoriaeth Hyfforddiant Uwch Addysgu Clinigol i gefnogi recriwtio a chadw o fewn y rhaglen hyfforddiant Pediatreg. |
| Gweithlu Obstetreg & Gynaecoleg: | 2 swydd ST1 ychwanegol mewn ymateb i 'Gofal Mamolaeth yng Nghymru, gweledigaeth 5 mlynedd ar gyfer y dyfodol' a mynd i'r afael ag athreuliaid yn ystod blynyddoedd cynnar y rhaglen hyfforddi. |
| Iechyd Rhywiol Cymunedol & Atgenhedlol (CSRH): | Arbenigedd i'w adolygu yn 2021. |
| Meddygaeth Fewnol | 15 o swyddi Hyfforddiant Craidd ychwanegol i gefnogi'r newidiadau i'r cwricwlwm Meddyginiaeth Fewnol a'r gofyniad i gynnal y cydbwysedd rhwng hyfforddiant craidd ac arbenigedd uwch. Bydd y swyddi ychwanegol yn sicrhau bod digon o swyddi hyfforddi craidd i gwrdd â'r cynnydd a argymhellir mewn swyddi. |
| Meddygaeth Aciwt: | 4 swydd Hyfforddiant Uwch ychwanegol i helpu i ehangu'r gweithlu o ymgynghorwyr Meddygon Gofal Aciwt yn yr ardal hon; Mae Meddygaeth Aciwt yn dal i fod yn arbenigedd cymharol newydd. |
| Meddygaeth Anadlol: | 2 swydd Hyfforddiant Uwch ychwanegol i gefnogi gofynion y gweithlu yn y dyfodol. Mae'r pandemig coronafirus wedi dangos bod angen cynnydd mewn meddygon anadlol. |
| Gastroenteroleg: | 2 swydd Hyfforddiant Uwch ychwanegol i gefnogi gofynion y gweithlu yn y dyfodol ac i gefnogi gwaith y llwybr cancer sengl. |
| Meddygaeth Arennol: | Dim newid i'r niferoedd hyfforddi a'r arbenigedd i'w adolygu yn 2021. |
| Diabetes & Endocrinoleg: | Dim newid i'r niferoedd hyfforddi a'r arbenigedd i'w adolygu yn 2021. |
| Oncoleg Meddygol: | 3 swydd Hyfforddiant Uwch ychwanegol y flwyddyn am 5 mlynedd i gefnogi'r cynnydd mewn achosion o ganser a'r agenda cancer. |
| Oncoleg Clinigol: | 4 Swydd Hyfforddiant Uwch ychwanegol y flwyddyn am 5 mlynedd i gefnogi'r gwaith modelu gweithlu a wneir gan Goleg Brenhinol y Radiolegwyr ac i fodloni'r galw cynyddol am driniaethau cancer. |
| Microbioleg Feddygol/Hyfforddiant Heintiau Cyfunol: | Parhau â'r argymhelliad ers cynllun y llynedd o 3 swydd ychwanegol am 5 mlynedd i gefnogi'r cynnydd yn y gweithlu heintiau clinigol. Dyma fyddai'r ail flwyddyn i'r cynnydd o 3 swydd ychwanegol am 5 mlynedd. |
| Radioleg Glinigol: | Cynnal cymeriant o 20 o hyfforddeion y flwyddyn fel y cytunwyd y llynedd i wneud y gorau o allu'r Academi Ddelweddu ac adolygu eto ar gyfer 2021. |

MEINI PRAWF LLWYDDIANT ALLWEDDOL

Mae effaith Covid-19 a pha mor hir y bydd y goblygiadau yn parhau i fod yn ansicr. Mae'r GIG yng Nghymru, ac agwedd a sgiliau'r staff sy'n ymwneud â delio â'r pandemig wedi cael llawer o anrhydeddau. Cydnabyddir bod angen cryfhau gwytnwch y gweithlu ar draws Cymru ymhellach, gan gynnwys datblygu sgiliau estynedig ac ymarfer uwch. Bydd cymeradwyo'r cynllun hwn yn cryfhau ymhellach sgiliau, gwybodaeth a gallu'r gweithlu yn ogystal â chynyddu niferoedd i lenwi swyddi gwag a diwallu anghenion y boblogaeth.

GOBLYGIADAU ARIANNOL

Cafodd y gyllideb a bennwyd ar gyfer 2019/20 ei rheoli'n effeithiol drwy'r broses drosglwyddo a nodwyd bod y sefyllfa wedi mantoli ar 31 Mawrth 2020, ac felly nid oedd y farn archwilio yn ddiamod.

Mae'r manylion canlynol yn nodi cyfanswm y gofyniad ariannu ar gyfer Comisiynu a Hyfforddi Addysg ar gyfer 2021/22 a gyfrifir fel **£ 227.901m** gan gynyddu i **£ 263.693m** erbyn 2023/24. Gellir rhannu hyn yn **£ 127.924m** i'r addysg iechyd proffesiynol ehangach gyda mwy o fanylder yn adran 8.1 isod, **£ 9.316m** ar gyfer hyfforddiant fferyllol, **£ 55.243m** ar gyfer lleoedd hyfforddiant meddygol a grynhoir yn adran 8.2, **£ 26.222m** ar gyfer hyfforddiant meddygon teulu wedi'i grynhoi yn adran 8.4 a **£ 9.196m** ar gyfer hyfforddiant Deintyddol, manylion yn adran 8.5.

| | | 2021 -22 | 2022 - 23 | 2023 - 24 |
|----------------------------|--|----------|-----------|-----------|
| | | £m | £m | £m |
| Comisiynu Gweithwyr Iechyd | | 127.924 | 143.008 | 152.508 |
| Fferylliaeth | | 9.316 | 9.881 | 10.342 |
| Hyfforddi Meddygol | | 55.243 | 57.854 | 59.499 |
| Hyfforddi Meddygon Teulu | | 26.222 | 30.849 | 31.777 |
| Hyfforddi Deintyddol | | 9.196 | 9.38 | 9.567 |
| | | | | |
| Cyfanswm | | 227.901 | 250.972 | 263.693 |

Y cyfanswm ar gyfer 21/22 sydd wedi'i gynnwys yn y papur Comisiynu Addysg yw £ 227.9m, roedd gan bapur y llynedd £ 196.7m ar gyfer 21/22, ni ellir cymharu'r gwerthoedd yn uniongyrchol, er na chynhwyswyd hyfforddiant Sylfaen Ddeintyddol a hyfforddiant Meddygon Teulu y llynedd. Mae'r hyfforddiant sylfaen ddeintyddol yn drosglwyddiad o Lywodraeth Cymru felly nid yw'n gynydd fel y cyfryw ac er y bu cynnydd sylweddol mewn hyfforddiant i Feddygon Teulu a Fferylliaeth, nid ydynt yn fwy na'r gostyngiad mewn Comisiynu Gweithwyr Iechyd Proffesiynol. O ganlyniad, mae'r ffigur a ddyfynnir y llynedd yn gymharol debyg ac yn unol â disgwyliadau Llywodraeth Cymru.

ARGYMHELLION

Gofynnir i'r Bwrdd ystyried ac ardystio'r cynllun a chymeradwyo'i gyflwyno i Lywodraeth Cymru.

| Llywodraethu a Sicrwydd | | | |
|--|--|--|--|
| Cyswilt ag amcanion strategol yr IMTP (✓ ogydd) | Amcan Strategol 1: Arwain y gwaith o gynllunio, datblygu a sicrhau gweithlu cymwys, cynaliadwy a hyblyg i helpu i gyflawni 'Cymru Iachach' | Amcan Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol | Amcan Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu i arwain yn dosturiol ac ar y cyd ar bob lefel |
| | ✓ | ✓ | ✓ |
| | Nod Strategol 4: I ddatblygu'r gweithlu i gefnogi'r gwaith o gyflawni diogelwch ac ansawdd | Nod Strategol 5: Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio | Nod Strategol 6: I gael ein cydnabod fel partner rhagorol, yn ddylanwadr ac arweinydd |
| | ✓ | | ✓ |
| Ansawdd, Diogelwch a Phrofiad y Claf | | | |
| Mae themâu allweddol yr adolygiad strategol yn mynd i'r afael â'r materion hyn yn fanwl – ansawdd, diogelwch a phrofiad y claf sydd wrth wraidd y contract newydd | | | |
| Goblygiadau Ariannol | | | |
| Nodwyd yn y papur. | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth) | | | |
| Mae cydraddoldeb ac amrywiaeth yn thema allweddol ac mae'r disgwyliadau wedi'u nodi yn y contract. Mae uwch gydweithiwr cyfreithiol o'r Gwasanaethau Cyfreithiol a Risg o fewn NWSSP yn rhan o Fwrdd y Prosiect. | | | |
| Goblygiadau Staffio | | | |
| Mae cymorth prosiect wedi'i ariannu ac mae staff yn eu swyddi. | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | | | |
| Unol â'r Ddeddf o fewn y contract. | | | |
| Hanes yr Adroddiad | Dim | | |
| Atodiadau | Dim | | |



GIG
CYMRU
NHS
WALES

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

NHS Wales Education Commissioning and Training Plan for 2021/22



June 2020

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Appendices

| | |
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NHS Wales Education Commissioning and Training Plan for 2021/22

PURPOSE

1. Introduction

The purpose of this paper is to provide recommendations on the level of national education and training to be supported in 2021/22 for the medical and health professional workforce.

This is the second year HEIW has developed a national education and training plan for the health workforce. It builds on the first plan last year with increased focus on responding to service challenges as well as addressing needs of individual professional and occupational groups. The publication of the health and social care workforce strategy will play a key role informing the future long-term education and training needs of the health and social care sectors.

In recognising that investment in training and education is paid back within a very short time after graduation, Education and Training Plans will be based on workforce need and the case made where this requires increased investment. Recommendations within the paper will not be based on a single year's workforce need but will be informed by:

- IMTP's
- wider available workforce intelligence
- capacity within the system to support training/student/trainees.

From the IMTP's the following workforce challenges were identified;

- **Medical** - varies across HBs and Trusts and Consultant/training/ SAS grades but includes: Psychiatry, GPs, Radiologists, Emergency Medicine, Oncologists, Trauma & Orthopaedics, General Surgery, O&G, Diabetes, Pathology specialties including Histopathology and Microbiology & Infectious Diseases, Care of the Elderly, Anaesthetics and ICM, Neurology, Paediatrics, Urology, Geneticist, Sexual Health, ENT, Gastroenterology, Rheumatology, Ophthalmology, Dental
- **Nursing** – across the board including adult, child health, mental health (including CAMHS), practice nursing
- **AHPs** – in a number of plans – including physiotherapy (including entry grade), SALT, OT, ODP, Dietetics, Orthoptists, Clinical Psychologists
- **Health Care Science** - Radiographers, Sonographers, Cardiac Physiologists, Rehab Engineers, Nuclear medicine practitioner,
- **Pharmacy** – less recruitment difficulties reported in this year's plans
- **CBT and other psychological therapists** including in primary care and CAMHS, all staffing groups across mental health services

Stakeholder Engagement

The primary drivers for this plan are the IMTPs and national service priorities. In translating this information into recommendations there has also been extensive engagement with stakeholders. In normal times HEIW attend peer meetings to discuss the proposals for training of Health professional staff for the coming year. Given the pandemic circumstances in 2020 however, a different approach was required for stakeholder consultation regarding the 2021/22 Education and Training plan. A brief presentation summarising proposals was issued during May and a three week period of consultation ensued where HEIW staff engaged using virtual media to discuss and clarify any issues which may arise from the proposals.

Therefore, despite restrictions due to the Covid-19 pandemic HEIW has engaged with a wide range of stakeholders regarding this plan including,

- Regulatory Bodies
- Professional Bodies
- Various Colleges / Societies
- The Council of Deans for Health (Wales)
- Welsh Government Professional and Policy Leads
- All Health Board and Trust Executive Directors
- Deputy Directors within of Nursing within Health Boards and NHS Trusts
- Deputy Directors of Therapies and Healthcare Science within Health Boards and NHS Trusts

In the discussions held with the above there has been widespread support for the need to develop the workforce in the community and primary care setting to support the shift of services from secondary care. There has also been support to extend the role of health professionals and support staff in meeting the workforce challenges and enabling the prudent principles to apply.

As a result of engagement several recommendations have been modified including the re-profiling of paramedic commissions to meet service need and, following discussions with Service and some AHP Colleges, further increases some AHP professions.

Analysis of the impact on the workforce of all factors (new graduates, non-graduate joiners, leavers, retirements etc), derived from the workforce intelligence model developed by HEIW for predicted FTE's in the workforce up to 2025 is shown for key professions in **Appendix 4**. The impact of last years' increases and this years' proposals make a significant impact across many areas. The predicted increases in staffing levels will have the effect of improving the quality and safety of patient care and assist in reducing agency and locum costs.

Summary of main recommendations

Having reviewed all of the available evidence, including identified organisation needs, capacity within the system, published evidence and the information from HEIW workforce intelligence tools, the following recommendations are made:

Health professional staff

a. Education commissions should continue to:

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

b. Increases are proposed in the following areas:

| Specialty | FROM | TO | % increase |
|---|-------|-------|---------------|
| Adult Nursing | 1,400 | 1,540 | 10% |
| Mental Health Nursing | 356 | 410 | 15% |
| Child Nursing | 159 | 175 | 10% |
| Midwifery | 161 | 185 | 15% |
| Radiotherapy & Oncology | 22 | 26 | 18% |
| Dietetic places | 52 | 60 | 15% |
| Physiotherapy places | 164 | 174 | 6% |
| Paramedics | 52 | 75 | 44% |
| Doctorate in Clinical Psychology places | 29 | 32 | 10% |
| Healthcare Science: STP | 32 | 37 | 17% |
| Healthcare Science: PTP / BMS | 24 | 25 | 4% |
| Increase in post-registration / Advanced Practice funding | £1.5m | £2m | 33% |
| Increase in HCSW / Work Based Learning funding | £2m | £2.5m | 25% |

Medical Workforce Planning Recommendations

| | |
|----------------------------|--|
| General Practice: | Continue to advertise 160 with option to over recruit should there be sufficient suitable applicants. |
| Emergency Medicine: | 5 additional Higher Training posts (ST3) to address the deficit following the conversion of higher posts to ACCS in previous years 2 additional ACCS posts on the North Wales rotation. |

| | |
|--|--|
| Anaesthetics: | <p>3 additional Higher Training posts to address ongoing and predicted workforce shortages at consultant level.</p> <p>NB: Due to the impact of the Coronavirus pandemic the planned changes to the Anaesthetics curriculum will now be delayed by one year. As a result of curriculum changes projected requirements for additional posts for 2021 will now not be required until August 2022 and Anaesthetics will be reviewed again next year.</p> |
| Intensive Care Medicine: | <p>4 additional Higher Training posts are required to increase our ICM workforce in Wales.</p> <p>The Coronavirus pandemic has highlighted the need to expand and provide critical care capacity; the other 4 nations are planning expansion. ICM requirements to be reviewed again in 2021.</p> |
| Major Trauma Network | |
| Plastic Surgery: | 2 additional Higher Training posts to support the workforce model for the Major Trauma Centre |
| General Surgery: | 4 additional Higher Training posts in General Surgery to support the workforce model for the Major Trauma Centre; address predicted workforce shortages at consultant level and in response to increased demand and changes to curricula to support cancer treatments. |
| Trauma & Orthopaedics: | No change required following the increase of 4 trainees from the 2019 intake. |
| Urology: | 4 additional Higher Training posts to support the Cancer agenda and workforce shortages at consultant level |
| Neurosurgery: | A reduction of posts in line with trainees completing their training. Reducing the training programme by 1 post over the next year followed by further review |
| Paediatrics: | <p>4 additional ST1 posts to address the recommendations of the RCPCH workforce report and feminisation of the workforce which has led to an increase in the numbers of trainees opting for LTFT training resulting in persistent gaps within this training programme and consultants opting to work part time.</p> <p>2 Higher Training Clinical Teaching fellowships to support recruitment and retention within the Paediatrics training programme,</p> |
| Obstetrics & Gynaecology workforce: | 2 additional ST1 posts in response to ' <i>Maternity Care in Wales, a 5 year vision for the future</i> ' and to address |

| | |
|---|---|
| | attrition during the early years of the training programme. |
| Community Sexual & Reproductive Health (CSRH): | Specialty to be reviewed in 2021. |
| Internal Medicine | 15 additional Core Training posts to support the changes to the Internal Medicine curriculum and the requirement to maintain the balance between core and higher specialty training. The additional posts will ensure there are sufficient core training posts to meet the recommended increase in Higher Training posts. |
| Acute Medicine: | 4 additional Higher Training posts to support the expansion of the Acute Care Physician consultant workforce in this area; Acute Medicine is still a relatively new specialty |
| Respiratory Medicine: | 2 additional Higher Training posts to support future workforce requirements. The coronavirus pandemic has demonstrated the need for an increase in respiratory physicians |
| Gastroenterology: | 2 additional Higher Training posts to support future workforce requirements and to support the single cancer pathway work. |
| Renal Medicine: | No change to training numbers and specialty to be reviewed in 2021 |
| Diabetes & Endocrinology: | No change to training numbers and specialty to be reviewed in 2021 |
| Medical Oncology: | 3 additional Higher Training posts per year for 5 years to support the increased incidence of cancer and the Cancer agenda |
| Clinical Oncology: | 4 additional Higher Training Posts per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists and to meet increasing demand for cancer treatments. |
| Medical Microbiology/Combined Infection Training: | Continue the recommendation from last year's plan of 3 additional posts for 5 years to support the increase in the clinical infection workforce. This would constitute the second year of the increase of 3 additional posts for 5 years. |
| Clinical Radiology: | To maintain an intake of 20 trainees per annum as agreed last year to maximise the capacity of the Imaging Academy and review again for 2021. |

Finance Summary

The budget set for 2019/20 was effectively managed through the transition process and a break-even position was reported as at 31st March 2020, subsequently the audit opinion was unqualified.

The following detail sets out the total funding requirement for Education Commissioning and Training for 2021/22 calculated as **£227.901m** increasing to **£263.693m** by 2023/24. This can be broken down into **£127.924m** for the wider health professional education with more detail in section 8.1 below, **£9.316m** for pharmacy training, **£55.243m** for medical training places summarised in section 8.2, **£26.222m** for GP training summarised in section 8.4 and **£9.196m** for Dental training, detail in section 8.5.

| | 2021-22 £m | 2022-23 £m | 2023-24 £m |
|-----------------------------------|---------------|---------------|---------------|
| Health Professional Commissioning | 127.924 | 143.008 | 152.508 |
| Pharmacy | 9.316 | 9.881 | 10.342 |
| Medical Training | 55.243 | 57.854 | 59.499 |
| GP Training | 26.222 | 30.849 | 31.777 |
| Dental Training | 9.196 | 9.38 | 9.567 |
| Total | 227.901 | 250.972 | 263.693 |

A detailed financial analysis is contained within section 6.

1.1 Impact of the Covid-19 pandemic

Emergency planning in response to the Coronavirus pandemic during early 2020 has led to significant changes to training and education and will have ongoing impact. These impacts have been to undergraduate training across all 3 years, with disruption to examinations, placements and competence assessments. Changes have also been felt in relation post graduate medical and dental education, as a result of the impact on rotations and experience.

HEIW have worked closely with the GMC, NMC, GPHC, HCPC, WG Professional and Policy leads, the professional bodies, the Council of Deans for Health and NHS organisations to develop plans to place students in paid supervised roles (as opposed to supernumerary placements) during this period. For example as at the end of May over 2,500 nursing, midwifery, AHP and Healthcare Science students were working across Wales, in secondary, primary and social care settings to support services.

Now that the first peak is over, and essential services have been restored, HEIW is leading work to restore education and training to ensure that the pipeline of graduates into the NHS is maintained. HEIW is working with the Universities and the NHS to ensure that future placements replicate the environment the students will be working in upon graduation.

HEIW is working with Universities to ensure that education delivery, including supporting the 2020 cohorts due to start in September, is in place. Latest data suggests that application rates are buoyant and it is anticipated that, in relation to health professional courses, recruitment against commissioning targets will exceed 98%.

Universities recruited to, and commenced delivery of, Spring 2020 nursing cohorts. These are being delivered 100% virtually and there is a high level of engagement from students. In September 2020 it is anticipated that there will be a mixed model of virtual teaching with small group work and simulation preparation being undertaken within University settings with the new socially distanced measures in place. The impact of Covid-19 on the strategic review of health professional education is discussed further in section 2.4.

While the delivery of clinical care has been affected by Covid 19, all of the healthcare training programmes have been fast tracked, or altered to enable students to support the response to Covid 19 by delivering patient care to the level of competence they have achieved to date. This has been a substantive exercise with HEIW working with NWSSP and our University colleagues to identify the correct students and trainees, and deploy them into suitable areas without negatively impacting on the studies. This does mean however that some students will need to confirm outstanding competencies on return to their universities / rotations. The goal will be to continue to develop new ways of delivering education and assessment through blended learning with a much greater focus on digital methods and simulation.

The 4 nations worked quickly together to produce guidance and make changes to our regulation system for health care professionals. This bringing together of government, professional bodies, regulators, unions and training commissioners has allowed us to make changes the way that students and trainees have completed their courses, including examinations which have been undertaken through digital solutions (e.g. GP training) while ensuring competence is fully assessed.

NHS Wales must move forward and improve on this, challenging lengths of courses, building a flexible and sustainable workforce with key skills in a range of professional roles rather than single specialties, points of registration, expanding apprenticeship type models at all levels, increase multi-professional and multi-agency experiences for placement and working and not return to the old ways of doing things. Alongside this, we will reflect the opportunity available to attract our future workforce.

What needs to be different

We have learnt that induction, pre-registration, post registration and continuing professional development education programmes can be delivered differently. HEIW is well positioned to expedite this, as the commissioning of the new education contracts will ensure greater focus on blended learning, multi-professional learning and simulation. As our delivery of healthcare shifts more rapidly to the community and primary care settings, we need to use education to break down professional silos and underpin the development of new roles. We need to break through the traditional methods which delay, disrupt or disadvantage our workforce in delivering high quality patient care and optimise educational delivery to respond in an agile way to changing situations and also to reflect new ways of working.

The pandemic has also impacted on medical training in both the short and longer term with the financial impact of medical students commencing foundation training early and some disruption to core and specialty training. HEIW are developing processes to mitigate disruption.

2. Strategic and Policy context

2.1 Policy Drivers

Below are a list of the main policy documents which have driven focus and emphasis within the 2021/22 Education and Training plan:

- The Wellbeing of Future Generations Act (Wales) 2015
- A Healthier Wales (2018)
- Welsh Government national strategy to build the Welsh economy entitled 'Prosperity for All: Economic Action'.
- The Nurse Staffing Levels (Wales) Act (2016)
- Allied Health Professions Framework for Wales: Looking Forward Together (2020)
- Healthcare Science in NHS Wales: Looking Forward (2018)
- The Health and Social Care (Quality and Engagement) (Wales) Bill (2019)
- NHS England: Interim NHS People Plan (2019)
- A Workforce Strategy for Health and Social Care (Draft)

2.2 Changes to professional standards and regulation

Better and more responsive healthcare professional regulation is a shared ambition for both the regulators and all four UK Governments. The Department of Health has consulted on the need to reform professional regulation in England and Wales to help maximise public protection while supporting workforce development and improved clinical practice. This recognises the need for regulation to adapt and change to new service models and in particular, the development of multi-disciplinary teams and extended roles.

The implementation of Nursing and Midwifery Council new Nursing Standards (2020) has led to a focus on core competences being embedded in curricula which may increase levels of supervision and placement capacity needed. However, the standards also extend the range of professionals who can supervise practice which is a positive change. In addition, there will be a review of Midwifery Standards which has the potential to lead to the development of a four-year programme with implications for costs and take up.

The Health and Care Professions Council (HCPC) have changed the threshold level of qualification for entry to the Register for paramedics to 'bachelor's degree with honours'. From 1 September 2021, HCPC will withdraw approval from existing programmes delivered below the new threshold level. This will have a direct impact in Wales where the programme is currently at diploma level.

In Optometry, the General Optical Council, is in the process of an Education Strategic Review for the profession. They have proposed a new outcomes-based approach offering the benefits of greater freedom and flexibility and a robust approach to

approval and quality assurance of relevant optical education. This will change the delivery of education in optometry including undergraduate, pre-qualifying and postgraduate training.

The General Pharmaceutical Council is also consulting on changes which will lead to registration as a pharmacist. The changes aim to ensure pharmacists joining the register in the future will have the necessary knowledge, attitudes and behaviours to meet the future needs of patients and the public. The Pharmacy Education Governance Oversight Board has recently broadly welcomed a proposal to further transform the five-year initial education and training standards for pharmacists. It is expected that progress on the proposal will move at pace over the coming twelve months.

Previous changes to the NHS Bursary System in England had resulted in the withdrawal of funding for nursing, midwifery or Allied Health Professional courses which could result in the reduction of student applications and affect the viability of some courses in England. The new UK Government announced in late 2019 the introduction of maintenance grants to offset some of this impact; in Wales we are continuing to monitor developments. To date, the Welsh Government has retained the bursary arrangements in Wales and this includes a 2-year tie-in to working in Wales. It has recently been announced that the NHS Wales bursary will be extended for another two academic cohorts until 2023 for nurses, midwives and allied health professionals. Health professional students in Wales also have the option of the normal student finance package.

2.3 Equality

Welsh Government's announcement to enact the Socio-Economic Duty, Part 1, and Section 1 of the Equality Act 2010 means that we will undertake an equality impact assessment, enabling us to assess the socio-economic impacts of our strategic decisions and highlight how our decisions might help to reduce health inequalities associated with socio-economic disadvantage. Whilst being reflective and aligning with A Healthier Wales (2018), Is Wales Fairer? (2018) and the Well-being and Future Generations Act (2015) to further ensure we embed actions towards a more equal Wales. We will act to ensure equality of opportunity through our implementation plans and objectives to meet the needs of people with one or more protected characteristics; embed the citizens' voice and consider the needs of the current and future diverse workforce and service users, for example, flexible routes into nursing.

2.4 Strategic review of health professional education

The strategic review of health professional education that HEIW is undertaking will enable the strategic direction for education for the coming years to be set, and ensure alignment with the Draft Workforce Strategy for Health and Social Care. All Health Professional Education Commissioning Contracts are expiring in 2022 and HEIW is leading a Strategic Review of Healthcare Professional Education to ensure that the new contracts, to run from August 2021 (with new students commencing education in September 2022), are fit for purpose, offer value for money and align with A Healthier Wales, the draft Workforce Strategy and HEIW's strategic aims and objectives.

Extensive stakeholder engagement has taken place and the timetable for the procurement exercise is identified below. This has been modified, and agreed with all potential bidders, in light of the Covid-19 pandemic.

| | Original timeframe | Revised timeframe |
|---|---------------------------|-------------------------------|
| Place OJEU Notice to trigger procurement | May '20 | October '20 |
| Bid submission | July '20 | End of December '20 |
| Evaluation of bids | August – Nov. '20 | January - February '21 |
| Award procedures / sign-off | Dec. '20 – Jan. '21 | March – mid April '21 |
| Award of Contracts | Dec. '20 – Feb. '21 | Mid-April '21 |
| Contract commencement | August '21 | August '21 |
| New education programmes commence | September '22 | September '22 |

2.5 Welsh Language

As a newly established organisation, HEIW has already adopted its own Welsh Language policy which is based on the need to meet the statutory requirements set out in the Welsh Language (Wales) Measure (2011). While HEIW does not currently come under the Welsh Language Standards, we are currently engaging with the Welsh Government and the Welsh Language Commissioner to ensure that the appropriate set of standards are applied. In the meantime, it is our intention to implement and embed the HEIW Welsh Language policy as prescribed by the Welsh Language Act (1993). Key to this will be the delivery of objectives and actions set out in the More than just words Action Plan (2019-20), A Healthier Wales (2018) and the Workforce Strategy. The Welsh language is a key theme identified within the Strategic Review of Health Professional Education and the new contracts will have specific Welsh language requirements for HEIs as well as additional measures that support our student body to learn and utilise the Welsh language.

2.6 A Healthier Wales – A Workforce Strategy for Health & Social Care (Draft)

The final draft strategy, submitted to Welsh Government in December 2019, sets out the vision, ambition for the workforce over the next decade, to support NHS Wales to transform traditional roles and ways of working to support the new models of care that are being developed through Regional Partnership Boards, the Strategic Programme for Primary Care, the National Clinical Plan and the Care and Support at Home Plan. As new models of care are developed, including those developed as a result of the Covid-19 pandemic, NHS Wales 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.

3. Workforce planning and trends

3.1 Workforce trends

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

In Wales, the growing and ageing population (with more complex health needs) is placing increasing demand on services and generating pressures in terms of staff shortages for example shortages of GPs and Dentists in certain parts of Wales.

There has been a change in attitudes towards work and careers with the need to find a work life balance becoming an increasingly important requirement for people. It is widely accepted that work has become more intense than it was a decade ago, people are working long hours under increasing levels of pressure and this is making work very stressful. The knock-on effect is having a detrimental effect on people's overall physical and psychological health which often impacts on their family life too. In recognition of this, people are looking for opportunities to find a better balance between their personal life, professional life and family life through flexible working arrangements.

Patterns of migration are changing in the UK as a result of the changes being brought about as a result of Brexit which will have an impact on jobs (in terms of supply and demand) and pay. In February, the UK Government announced the new points-based immigration system shape the future immigration system that will be implemented in a phased approach from January 2021. This coupled with the COVID-19 pandemic is likely accelerate the work to produce more 'home grown' workforce and reduced the reliance of overseas workers.

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

HEIW has developed an internal range of key trends and data analysis tools to inform this work. Key points to note are:

- Staffing numbers continue to increase across all staff groups. The overall workforce has grown by 14% (over 10,000 FTE) over the last 6 years (2014 – 2020)
- During this period, the medical workforce has grown by 16.5% (over 1,000 FTE) and the nursing workforce by 3.2% (668 FTE)
- Over the last two years agency costs have increased by 30%, in 2017/18 the agency bill was £136 million and in 2019/20 it was £177 million. The

Nursing and Midwifery staff group now spends the most on agency workers, in 2019/20 the agency bill was over £81 million.

- Cost of the directly employed workforce in 2019/20 is circa £4.2 billion, this has increased by 10.2% from the previous year. This is the biggest annual increase in over 10 years. The increase is attributed to; increasing agency spend, increased size of the workforce and increases in employers pension contributions.
- For the past two years the 12 month rolling sickness rates have remained at 5.3%
- The age profile of the workforce shows that in March 2020, 24% (22,560 FTE) of staff employed are now aged 55 or over.

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

There are a number of staff groups, which the UK Government includes on a Nationally Recognised Shortage Professions list for England/Wales. Inclusion on this list influences visa and migration status. Staff groups include Nursing, Radiographers, Paramedics, Sonographers, Medical Consultants in Clinical Radiology, Emergency Medicine, Old Age Psychiatry, Neurophysiology Scientists, Nuclear Medicine Scientists and others¹. This has been taken into account in this plan.

IMTPs identify several areas of significant workforce risk and challenges including:

- Recruitment challenges in a range of areas including:
 - Nursing and midwifery across all areas,
 - Medical specialties including Anaesthetics and Intensive Care Medicine, Psychiatry, General Practice, Radiologists Acute Medicine, General Medicine, Emergency Medicine, Ophthalmology, Medical and Clinical Oncology, Cardiology, Rheumatology, Paediatric Audiology, O&G and Paediatrics, T&O, Urology and Microbiology & Infectious Diseases.
 - Allied health professionals, notably within mental health services
 - Pharmacy, Psychology and psychological therapists
 - Health Care Scientists including Cardiac Physiology, Microbiology.

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

- Redesign: A number of organisations reported issues with regards to the ageing of their workforce and actions they were taking to address this. The plans highlighted areas of ongoing workforce redesign including apprenticeships, growing your own, development of Assistant Practitioners across new areas, Advance Practice Radiographers and Healthcare

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

Scientists and utilising digital and technological advances to change workforce practice.

- Growing the MDT especially in areas such as;
 - Primary Care including mental health workers
 - Pharmacists including Pharmacy Technicians and integration with Community Pharmacy
 - Paramedics
 - Advanced Nurse Practitioners
 - Physicians Associates, Physician Anaesthetic Associates and Surgical Care Practitioners
 - First Contact MSK Physiotherapists
- New emerging skills and roles in areas such;
 - Bioinformaticians
 - Care Coordinators to support patients requiring multiple treatments
 - Band 4 in District Nursing
 - Social Prescribers

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

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

4. Priority Service and Workforce Areas

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

HEIW has identified a number of national service/workforce priorities, which are identified in its Integrated Medium Term Plan for 2020 -23 which require a multi-professions workforce response. The Welsh Government has established a number of areas of work that have been taken into consideration when developing this plan.

The plan has specific focus on:

- Critical care – which has become a very high priority in lieu of the Covid-19 pandemic
- Infection, Prevention and Control (IP&C)
- Unscheduled care
- Cancer and diagnostic pathways

- Mental health
- Primary care
- Eye Care

These are discussed in detail at **Appendix 5**.

5. Other key areas

5.1 Post-Registration Education

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

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

Post registration education that supports the training of clinicians to undertake a new role or that advances or extends their scope of practice is integral in supporting health organisations with the transformation and redesign of clinical services. It also promotes and supports the diversification within teams and a healthy balance of skill mix. Supporting clinicians to access education provides the NHS with the opportunity to develop new roles and develop a flexible workforce able to keep in step with changing service requirements. This in turn ensures service users receive high quality patient care from expert practitioners.

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

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

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

5.1.1 Growing Your Own Workforce

We recognise that alongside the traditional ways of educating our future healthcare professionals, there is an increasing opportunity to do things differently, while simultaneously improving our workforce supply and supporting workforce transformation and sustainability.

During 2020-21, we will be further developing our Grow your Own approach maximising opportunities to create on-the-job development through structured

programmes, offering flexible transferrable learning opportunities, and promoting the ability to build formal qualifications from this learning which underpin registration.

We will be building on examples already in place, such as the Hywel Dda model, creating pathways from induction and level 2 through to professional registration, while remaining employed. There are arrangements currently in place for nursing programmes into either part time or shortened programmes for those who have reached the appropriate Level 4 and Level 5 education. Simultaneously, we will continue to support staff to gain education at levels 2 and 3 in readiness for future progression through other frameworks.

There has been increased investment into support worker education developing the band 2 to band 4 workforce including the Induction Framework. This has led to an increase in part-time nursing across Wales. In 2020/21 there are now 200 part-time nurse places available. This is an increase of 74% (85 in total) from 2019/20 levels. Further expansion is planned.

We will be doing this, as these programmes;

- offer a sustainable workforce pipeline
- create opportunity for existing Health Care Assistant at Support Worker roles
- offer an alternative route to gain professional registration while remaining employed
- deliver an attractive and alternative career pathway for our Welsh population
- meets our corporate social responsibility by widening access to careers in the NHS and investing in our local populations to build our future workforce

The intention is to build programmes within the Grow Your Own suite, which will allow staff to earn while they learn, and be supported with an agreed salary while they complete their programme. They will need to commit to remaining within the NHS in Wales for an agreed period of time once they have received professional registration.

5.2 Simulation training and the digital agenda

5.2.1 Simulation training

There is increasing evidence that simulation training can improve individual and team performance with benefits to patient experience and improved safety. It allows learners to repeat practice, in a risk-free environment, until they have reached a safe level of ability. It contributes to the development of an enlightened, resilient and adaptable workforce that is able to embrace change – developing human and psychological capital through Human Factors.

Despite increasing evidence of the benefits, the relevance and importance of simulation and immersive technologies in healthcare is being underestimated. Whilst simulation is embedded within all postgraduate medical curricula, Wales is lagging behind the rest of the UK in implementing a collaborative strategy with Local education providers, to ensure appropriate governance, quality management, faculty development and accountability around roles and responsibilities related to simulation and human factors training. HEIW has an objective to develop a simulation strategy

for NHS Wales within our IMTP. Therefore, simulation will be a key education strategy going forward. HEIW will be collaborating nationally with stakeholders to embed simulation across education programmes where appropriate through inter-professional education to contribute to the patient safety agenda. HEIW has developed an All Wales Leads network and is developing a multi-professional internal group and appointed clinical staff at associate dean level to take forward.

5.2.2 Digital Agenda

The Topol Review (2019) supports the aims of the NHS long term plan to create a digitally ready workforce able to use new technology and medicines and to adapt to new ways of working. This will have consequences for selection, curricula, education, training and development and lifelong learning of current and future NHS workforce. There is a lot to do to prepare the workforce in Wales for a digital future.

Continuing medical advances in technology (including genomics, artificial intelligence, digital medicine, robotics) will require changes to the roles and functions of clinical staff and to the education and training of the workforce. Changes within technology and communications infrastructure will require a change in roles and functions of clinical staff. It also proposes that there will be a need for more sophisticated digital solutions to analyse data to improve intelligence.

Digital health and care in Wales will be led by the new Chief Digital Officer for Health and Care and the establishment of a new NHS Wales organisation to deliver national digital services. This will result in the transition of NHS Wales Informatics Service (NWIS) to a new standalone NHS Wales organisation, reflecting the importance of digital and data in modern health and care. We hope to develop stronger links with this new special health authority to recognise the close connections between digital and workforce strategies.

As indicated in the Draft Workforce Strategy for Health and Social Care, there is a need to develop a digital ready workforce. HEIW will be at the forefront of supporting the NHS Wales system with regards to enhancing workforce digital capabilities, enabling staff to be able to utilise and make best use of increasing digital technologies across clinical settings. This aligns with the recommendations made in the Topol Review.

In relation to education and training, the digital agenda will be at the forefront of developments in enabling trainees and students to be able to train and receive education remotely and mitigate the impact of an individual's location from accessing the training they require or engaging with a programme of choice. Enhancing our e-learning capacity will be a fundamental element of supporting this.

6. Education Commissioning and Training Financial Impact

The budget set for 2019/20 was effectively managed through the transition process and a break-even position was reported as at 31st March 2020, subsequently the audit opinion was unqualified.

The following detail sets out the total funding requirement for Education Commissioning and Training for 2021/22 calculated as **£227.901m** increasing to **£263.693m** by 2023/24. This can be broken down into **£127.924m** for the wider health

professional education with more detail in section 8.1 below, **£9.316m** for pharmacy training, **£55.243m** for medical training places summarised in section 8.2, **£26.222m** for GP training summarised in section 8.4 and **£9.196m** for Dental training, detail in section 8.5.

| | 2021-22 £m | 2022-23 £m | 2023-24 £m |
|-----------------------------------|----------------|----------------|----------------|
| Health Professional Commissioning | 127.924 | 143.008 | 152.508 |
| Pharmacy | 9.316 | 9.881 | 10.342 |
| Medical Training | 55.243 | 57.854 | 59.499 |
| GP Training | 26.222 | 30.849 | 31.777 |
| Dental Training | 9.196 | 9.38 | 9.567 |
| Total | 227.901 | 250.972 | 263.693 |

Health professional education commissioning

The table below summaries the calculated requirement for 2021/22:

| | 2021.22 £m | 2022.23 £m | 2023.24 £m |
|-----------------------------------|---------------|---------------|---------------|
| Health Professional Commissioning | 127.924 | 143.008 | 152.508 |

To commission the numbers set out above funding of £127.924m would be required. A number of assumptions underpin the calculation of this value as set out below:

- All newly commissioned places will be fully recruited to,
- An inflationary uplift of 2% has been applied to the fee per student
- A 1% inflationary uplift has been applied to the value of the bursary.
- Healthcare Support Workers and Advanced Practice have increased by £0.50m
- Take up of bursary funding will remain at 90%.

This assumption is set out in more detail below.

| | Budget Requirement | Commissions (WTE) | Increase / (Decrease) Against 20/21 Levels: | |
|------------------------------|--------------------|-------------------|---|--------|
| | | | Commissions | Budget |
| 2021/22 HEIW Recommendations | £127.924m | 4,026 | 8% | 7% |

A total requirement of £127.924m would represent an increase of £9.124m (7%) above the 2020/21 budget level of £118.8m. The additional cost is due to the following factors:

- An increase in contracts costs of circa £4.8m
- An increase in bursaries costs of circa £1.1m
- An increase in student salary costs of circa £2.2m
- An increase in Advanced Practice of £0.50m
- An increase in HCSW development of £0.50m

Implications for future years

It is important to note that the increased number of commissioned places will only affect 8 months of the 2021/22 financial year and therefore the full impact of the increase will not be apparent until 2022/23 and beyond. The increased number of students will be in the system for the full financial year 2022/23 and 2023/24 therefore it is important to highlight the associated funding requirements for future years.

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

| Financial Year | 2021-22 £m | 2022-23 £m | 2023-24 £m |
|---------------------------------------|-----------------------|-----------------------|-----------------------|
| Core Budget | 105.946 | 118.330 | 125.638 |
| Bursary | 33.409 | 37.110 | 39.525 |
| Non-take up of tie in Fees Element | -7.695 | -8.354 | -8.531 |
| Non-take up of tie in Bursary Element | -3.736 | -4.078 | -4.124 |
| Total | 127.924 | 143.008 | 152.508 |

Predicting funding requirements beyond 2021/22 is difficult as the needs of the service, which inform the commissioning numbers for 2022/23 and beyond, will not be known until NHS organisations have submitted and agreed their IMTPs for the period 2022/23 to 2024/25, likely to be between December 2020 and March 2021. However, the numbers set out above demonstrate the future full year impact of the funding requirement based on the broad assumptions that are set out here:

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

Impact of students selecting to take the Student Finance support package

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

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

- 17.18 – circa 59 opted for student loans
- 18.19 – circa 165 opted for student loans
- 19.20 – circa 297 opted for student loans
- Assumed 20.21 at 300 and would follow the same pattern for 21.22 this equates to 10% of students opting for student loan

The increase is thought to be due to the enhanced package offered as a result of the “Diamond Review” which was implemented across Higher Education in Wales in 2018. The table below illustrates the anticipated impact across a three-year time scale. It is important to note that if a higher number of students select student loans instead of the NHS Wales Bursary option the actual costs would reduce further. Any material favourable or adverse change in bursary uptake would change the total requirement. The assumption made is deemed reasonable based on information available at this time but further dialogue with Welsh Government may be required in this event to manage significant variation to the figures quoted below.

| Bursary | | 21/22 | 22/23 | 23/24 |
|----------------------|-----|-------------------|-------------------|-------------------|
| Sep-19 | 297 | 297.0 | 123.8 | 0.0 |
| Sep-20 | 300 | 300.0 | 300.0 | 125.0 |
| Sep-21 | 300 | 175.0 | 300.0 | 300.0 |
| Sep-22 | 300 | 0.0 | 175.0 | 300.0 |
| Sep-23 | 300 | 0.0 | 0.0 | 175.0 |
| Sep-24 | 300 | 0.0 | 0.0 | 0.0 |
| | | 831.6 | 898.8 | 900.0 |
| Average bursary | | -4,493 | -4,537 | -4,583 |
| Total bursary | | -3,735,905 | -4,078,029 | -4,124,538 |

| Fees | | 21/22 | 22/23 | 23/24 |
|-------------|-----|--------------|--------------|--------------|
| Sep-19 | 297 | 297.0 | 99.0 | 0.0 |

| | | | | |
|-------------------|-----|-------------------|-------------------|-------------------|
| Sep-20 | 300 | 300.0 | 300.0 | 100.0 |
| Sep-21 | 300 | 200.0 | 300.0 | 300.0 |
| Sep-22 | 300 | 0.0 | 200.0 | 300.0 |
| Sep-23 | 300 | 0.0 | 0.0 | 200.0 |
| Sep-24 | 300 | 0.0 | 0.0 | 0.0 |
| | | 844.7 | 899.0 | 900.0 |
| Average fees | | -9,110 | -9,293 | -9,479 |
| Total fees | | -7,695,311 | -8,354,119 | -8,530,680 |

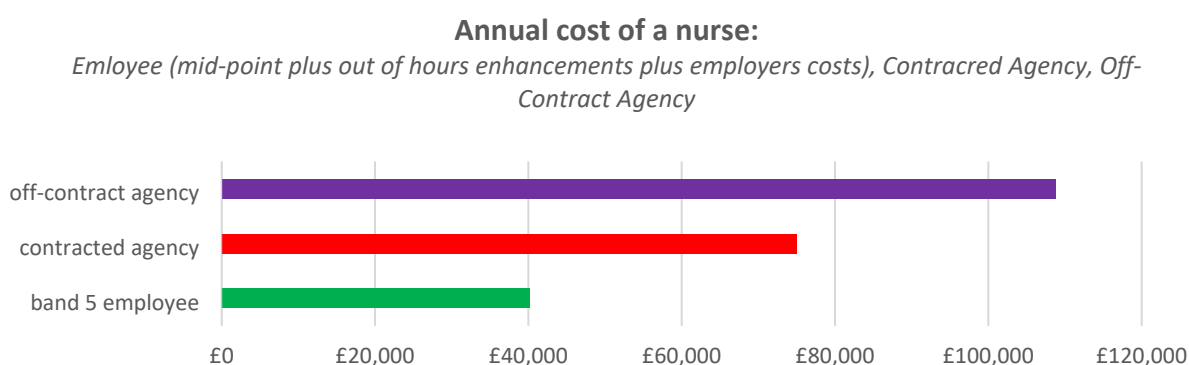
| | | | |
|--------------|--------------------|--------------------|--------------------|
| Total | -11,431,216 | -12,432,149 | -12,655,218 |
|--------------|--------------------|--------------------|--------------------|

Value for Money

Pre-registration nursing attrition in Wales is 11%. This is significantly lower than England. The gap between Wales and England continues to increase with England still reporting attrition at a minimum of 20%. The Welsh average midwifery rate is 9%. Midwifery attrition in England is quoted at 21%. The Welsh average Allied Health Profession rate is 9% the English comparator is 13%.

Modelling work has been undertaken identifying the payback period of training a nurse.

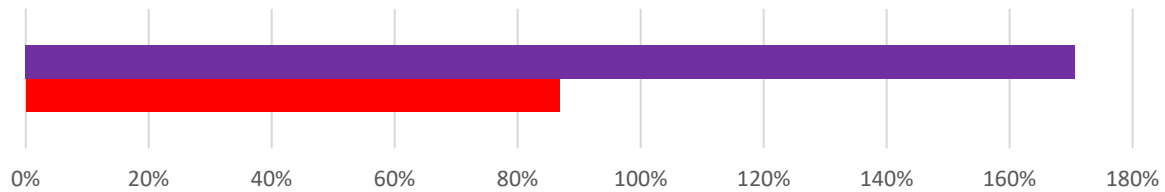
The table below presents the costs of employing a band 5 nurse on A4C terms and conditions (mid-point plus enhancements plus employers' costs) with the cost of a contracted agency nurse and an "off-contract" agency nurse.



Over the course of the average rostered shifts, it can be seen that per annum, a band 5 nurse will cost the organisation £40,198, compared to a contract agency nurse which will on average, cost £75,077 with off contract agency totalling £108,773 per annum.

The additional annual cost of an agency nurse over the average rostered shifts is highlighted in the graph overleaf.

Contracted agency nurse costs **£35k (87%) more** per annum than a band 5 employed nurse, off-contract is **£69k (171%) higher**



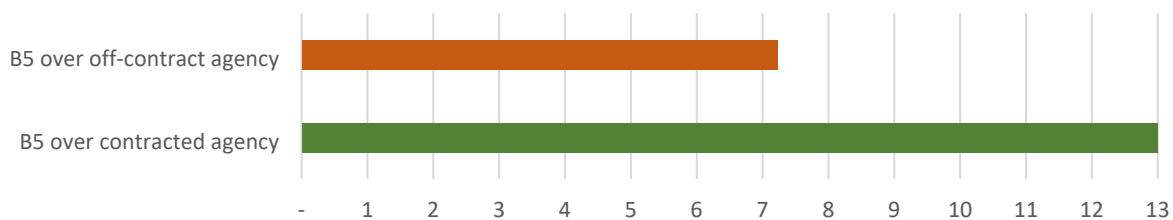
1. The cost of training a student nurse.

The cost of training a nurse over 3 years is £41,346. This cost includes the tuition fees, bursary, travel and an average of any other payments the student may be entitled to e.g. childcare and disability allowance. The cost also includes supporting the student on placement and an estimate additional cost relating to investment in students that do not graduate.

2. Return on Investment

The payback period for the training costs incurred, once the nurse has completed training, is estimated as being 14.2 months when comparing to the costs of a band 5 employee with the costs of a contracted agency nurse. The payback period for training costs when comparing an employee against an off-contract nurse agency worker is even shorter at just 7.2 months.

Payback period of training a student nurse is **14.2 months compared to a contracted agency nurse** and **7.2 months for off-contract agency nurse.**



Training just one additional nurse would save the Service between £202k and £439k over 10 years compared to utilising an agency nurse and the payback period of training costs is 14 months from when the newly qualified nurse starts work.

Pharmacy Training

For 2021/22 to 2024/25 the following additional funding will be required for Pharmacy training. This is reflected in the overall cost for the education commissioning and training budget.

| | 2021/22 £ | 2022/23 £ | 2023/24 £ | 2024/25 £ |
|---|------------------|------------------|-------------------|-------------------|
| Pharmacists - Pre Registration Bursary/Salary | 4,985,851 | 5,337,654 | 5,695,973 | 5,855,641 |
| Pharmacists - Diploma contract & Bursary/salary | 1,790,474 | 1,816,647 | 1,836,064 | 1,855,688 |
| Pharmacy Technicians Bursary/Salary | 2,173,988 | 2,353,090 | 2,429,438 | 2,453,673 |
| Pharmacy Dip Tutor - Cwm Taf HB | 84,997 | 86,697 | 88,430 | 90,199 |
| Pharmacy Dip Tutors - Betsi HB | 80,747 | 82,362 | 84,009 | 85,690 |
| Pharmacy Dip Tutors - ABMU HB | 87,122 | 88,865 | 90,642 | 92,455 |
| Pharmacy Weekend School | 10,200 | 10,404 | 10,612 | 10,824 |
| Pharmacy Tech Top-up costs | 80,726 | 82,340 | 83,987 | 85,667 |
| Pharmacy Tech Support days costs | 22,355 | 22,802 | 23,258 | 23,723 |
| TOTAL | 9,316,460 | 9,880,861 | 10,342,413 | 10,553,560 |

Medical training places – funding implications

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

Total Allocation

| | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
|----------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Training Grade Salary Allocation | £ 52,882,000 | £ 53,939,640 | £ 55,018,433 | £ 56,118,801 | £ 57,241,177 |
| Additional Workforce | £ 2,361,479 | £ 3,914,590 | £ 4,480,847 | £ 5,067,449 | £ 5,675,505 |
| Total | £ 55,243,479 | £ 57,854,230 | £ 59,499,280 | £ 61,186,250 | £ 62,916,683 |

Revised Salary and Support Costs Schedule

A revised cost schedule, comprising salary and support (study leave) costs is shown in the following tables. Costs have been provided based upon a 100% contribution increase from the Welsh Government for the additional posts recommended into the Training Grade Salary budget reflected from August 2021 to August 2026, including a includes a 2% provision for inflation uplift

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

Total of Salary plus Support Costs - Per Trainee

| Speciality | Total | | | | |
|--------------------------|---------|---------|---------|---------|---------|
| | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| Emergency Medicine | £27,753 | £41,422 | £41,422 | £41,422 | £41,422 |
| Anaesthetics | £32,196 | £47,894 | £48,054 | £48,054 | £48,054 |
| Intensive Care Medicine | £32,196 | £48,054 | £48,054 | £48,054 | £48,054 |
| Plastic Surgery | £32,196 | £48,054 | £48,054 | £48,054 | £48,054 |
| General Surgery | £32,196 | £48,054 | £48,054 | £48,054 | £48,054 |
| Urology | £32,196 | £48,054 | £48,054 | £48,054 | £48,054 |
| Neurology | £31,392 | £46,854 | £46,854 | £46,854 | £46,854 |
| Obstetrics & Gynaecology | £27,753 | £41,422 | £41,422 | £41,422 | £41,422 |
| Internal Medicine | £27,753 | £41,422 | £41,422 | £41,422 | £41,422 |
| Respiratory Medicine | £32,196 | £48,054 | £48,054 | £48,054 | £48,054 |
| Gastroenterology | £32,196 | £48,054 | £48,054 | £48,054 | £48,054 |
| Medical Oncology | £32,196 | £40,125 | £42,768 | £44,090 | £44,882 |
| Clinical Oncology | £32,196 | £40,125 | £42,768 | £44,090 | £44,882 |
| Paediatrics | £27,753 | £41,422 | £41,422 | £41,422 | £41,422 |
| Medical Microbiology | £27,753 | £36,866 | £38,005 | £38,688 | £39,144 |
| Clinical Radiology | £27,753 | £41,422 | £41,422 | £41,422 | £41,422 |

Total of Salary plus Support Costs - Overall Cost

| Speciality | Total | | | | |
|--------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
| Emergency Medicine | £216,486 | £323,114 | £323,114 | £323,114 | £323,114 |
| Anaesthetics | £96,589 | £143,681 | £144,162 | £144,162 | £144,162 |
| Intensive Care Medicine | £128,785 | £192,216 | £192,216 | £192,216 | £192,216 |
| Plastic Surgery | £64,392 | £96,108 | £96,108 | £96,108 | £96,108 |
| General Surgery | £128,785 | £192,216 | £192,216 | £192,216 | £192,216 |
| Urology | £128,785 | £192,216 | £192,216 | £192,216 | £192,216 |
| Neurology | -£32,196 | -£48,054 | -£48,054 | -£48,054 | -£48,054 |
| Obstetrics & Gynaecology | £55,505 | £82,844 | £82,844 | £82,844 | £82,844 |
| Internal Medicine | £416,291 | £621,330 | £621,330 | £621,330 | £621,330 |
| Respiratory Medicine | £64,392 | £96,108 | £96,108 | £96,108 | £96,108 |
| Gastroenterology | £64,392 | £96,108 | £96,108 | £96,108 | £96,108 |
| Medical Oncology | £96,589 | £240,751 | £384,913 | £529,075 | £673,237 |
| Clinical Oncology | £128,785 | £321,001 | £513,217 | £705,433 | £897,649 |
| Paediatrics | £175,403 | £261,796 | £261,796 | £261,796 | £261,796 |
| Medical Microbiology | £166,516 | £331,790 | £456,056 | £580,322 | £704,588 |
| Clinical Radiology | £416,291 | £621,330 | £621,330 | £621,330 | £621,330 |
| Total | £2,315,791 | £3,764,555 | £4,225,679 | £4,686,323 | £5,146,967 |
| Total plus 2% inflation | £2,361,479 | £3,914,590 | £4,480,847 | £5,067,449 | £5,675,505 |

GP Training

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

GP Trainees

| | 2021.22 | 2022.23 | 2023.24 | 2024.25 |
|---------------------|--------------|--------------|--------------|--------------|
| Budget Requirements | £ 26,221,870 | £ 30,848,649 | £ 31,777,249 | £ 32,111,980 |
| No of GP Trainees | 580 | 600 | 600 | 600 |
| No in GP Placement | 380 | 400 | 400 | 400 |

Incentive Payments

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

GP Incentives:

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

The Universal incentive: All trainees who start or have started in their first post of the GP training programme from February 2017 recruitment rounds will be eligible to receive reimbursement of the costs of the first sitting of the Clinical Skills Assessment (CSA) and the first sitting of the Applied Knowledge Test (AKT) (£1,811) (cited

<https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/mrcgp-examination-fees.aspx>)

Based on 160 GP trainees at a cost of £18,11 per trainee, the total cost of GP examination fees would be **£290k**. It should be noted that the GP expansion business case will result in an increase in the total cost of the universal incentive if the terms of the offer remain unchanged.

At present this figure cannot be determined with certainty as recruitment is not yet complete for 2019/20. The assessment of total anticipated cost is further complicated by factors including requests for flexible working and less than full time trainees which are difficult to predict.

Psychiatry Examination Fees:

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

The cost of Part A is £445 and the costs of Part B & CASC is £1,318.

Dental Training Places

The following tables detail the cost of existing and additional dental training numbers over the four year period.

Dental Foundation Training

| Year | No of Trainees | Trainers Grant | Service Costs | DF Salary Costs | Total |
|---------|----------------|----------------|---------------|-----------------|-------------|
| 2021.22 | 74 | £ 944,871 | £ 5,205,186 | £ 3,046,233 | £ 9,196,290 |
| 2022.23 | 74 | £ 963,768 | £ 5,309,290 | £ 3,107,158 | £ 9,380,215 |
| 2023.24 | 74 | £ 983,043 | £ 5,415,476 | £ 3,169,301 | £ 9,567,820 |
| 2024.25 | 74 | £ 1,002,704 | £ 5,523,785 | £ 3,232,687 | £ 9,759,176 |

| | 2021.22 | 2022.23 | 2023.24 | 2024.25 |
|-----------------|-------------|-------------|-------------|-------------|
| No of Trainees | 74 | 74 | 74 | 74 |
| Trainers Grant | £ 944,871 | £ 963,768 | £ 983,043 | £ 1,002,704 |
| Service Costs | £ 5,205,186 | £ 5,309,290 | £ 5,415,476 | £ 5,523,785 |
| DF Salary Costs | £ 3,046,233 | £ 3,107,158 | £ 3,169,301 | £ 3,232,687 |
| Total | £ 9,196,290 | £ 9,380,215 | £ 9,567,820 | £ 9,759,176 |

COMMISSIONING TRENDS - HEALTH PROFESSIONAL STAFF

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

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

| Staff Group | 2020 | 2019 | 2018 | 2017 | 2016 | 2015 | 2014 | 2013 | 2012 | 2011 | 2010 | 2009 | 2008 | 2007 | 2006 | 2005 | 2004 | 2003 | 2002 | 2001 | 2000 | 1999 | 1998 |
|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Diagnostic Radiographers | 140 | 112 | 112 | 112 | 102 | 92 | 73 | 58 | 56 | 51 | 58 | 55 | 51 | 51 | 54 | 49 | 61 | 63 | 61 | 57 | 49 | 27 | 33 |
| Therapeutic Radiographers | 22 | 20 | 20 | 20 | 22 | 21 | 21 | 23 | 23 | 15 | 17 | 17 | 17 | 21 | 15 | 13 | 14 | 15 | 14 | 13 | 12 | 8 | 7 |
| Asst Practitioners Radiography | 12 | 12 | 12 | 12 | 0 | 0 | 17 | 12 | 15 | 17 | 18 | 21 | 10 | 19 | 13 | | | | | | | | |
| PTP | | | | | | | | | | | | | | | | | | | | | | | |
| BMS - Blood/Infection/Cellular/Genetics | 24 | 21 | 21 | 21 | 23 | 27 | 26 | 28 | 0 | 27 | 45 | 45 | 45 | 43 | 53 | 45 | 49 | 51 | 44 | 34 | 34 | 24 | 35 |
| HE Cert in Audiological Practice | 15 | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Physiologists - Cardiac | | | | | | | | | | | | | | | | | | | | | | | |
| Physiology/Audiology/Respiratory and Sleep Science | 39 | 45 | 47 | 47 | 33 | 27 | 30 | 27 | 0 | 34 | 30 | 32 | 40 | 44 | 35 | 35 | 30 | 28 | 23 | 20 | 14 | 10 | 6 |
| Neuro Physiology | 4 | 3 | 3 | 3 | 3 | 4 | 5 | 5 | 3 | | | | | | | | | | | | | | |
| Medical Radiation Techs - Nuclear Medicine & Radiotherapy Physics | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 5 | 0 | 3 | 3 | 4 | 3 | 3 | 3 | 3 | 7 | 7 | 4 | 2 | 2 | 0 | 2 |
| Clinical Engineering in Rehab | 2 | 3 | 3 | 2 | 1 | 1 | 2 | 1 | | | | | | | | | | | | | | | |
| Medical Engineering | 0 | 0 | 0 | 0 | | 1 | | | | | | | | | | | | | | | | | |
| | 87 | | | | | | | | | | | | | | | | | | | | | | |
| STP | | | | | | | | | | | | | | | | | | | | | | | |
| Audiological Scientists/Neurosensory Sciences | 6 | 6 | 3 | 3 | 5 | 4 | 3 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 5 | 5 | 3 | 2 | 2 | 1 | 1 | 1 |
| Neurophysiology | 0 | 2 | 2 | | | | | | | | | | | | | | | | | | | | |
| Respiratory and sleep science | 1 | 3 | | | | | | | | | | | | | | | | | | | | | |
| Reconstructive Science | 0 | 1 | | | | | | | | | | | | | | | | | | | | | |
| Cardiac Physiology | 3 | 1 | 3 | | | | | | | | | | | | | | | | | | | | |
| Haematology and Transfusion Science | 1 | | | | | | | | | | | | | | | | | | | | | | |
| Biochemists/Blood Sciences | 4 | 2 | 0 | 3 | 3 | 5 | 3 | 0 | 2 | 2 | 3 | 2 | 2 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 |
| Cytogeneticists | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 1 |
| Medical Physics/Radiotherapy Physics/INIR/IIR | 7 | 3 | 3 | 4 | 4 | 5 | 4 | 3 | 4 | 4 | 5 | 4 | 4 | 3 | 3 | 5 | 6 | 5 | 4 | 3 | 2 | 2 | 2 |
| Molecular Geneticist/Genomics/ | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 |
| Cancer Genomics | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | |
| Genomic Counselling | 2 | | | | | | | | | | | | | | | | | | | | | | |
| Bioinformatics | 1 | 1 | 2 | 1 | | | | | | | | | | | | | | | | | | | |
| Tissue Typing/Immunology/Histocompatibility | 0 | 0 | 0 | 0 | 0 | 2 | | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 0 |
| Clinical Engineering | 2 | 1 | 2 | 4 | 1 | 3 | 3 | 4 | 3 | 2 | 2 | 1 | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| Cellular Science/Embryology | 1 | 2 | 0 | 0 | 2 | 1 | 0 | 2 | | | | | | | | | | | | | | | |
| Infection Science - Clinical Microbiology | 2 | 0 | 3 | 3 | 0 | 1 | 0 | 1 | | | | | | | | | | | | | | | |
| HSST | | | | | | | | | | | | | | | | | | | | | | | |
| Life Sciences - Genetics/Genomics | 1 | 0 | 0 | 1 | 1 | | | | | | | | | | | | | | | | | | |
| Microbiology | 0 | 0 | 1 | | | | | | | | | | | | | | | | | | | | |
| Life Sciences - Molecular Pathology of acquired disease | 0 | 0 | 1 | 0 | 1 | | | | | | | | | | | | | | | | | | |
| Physical Sciences and Biomedical Engineering - Medical Physics (Radiotherapy) | 1 | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | |
| Physical Sciences and Biomedical Engineering - Clinical Biomedical Engineering | 1 | 1 | 0 | 1 | 1 | | | | | | | | | | | | | | | | | | |
| Bioinformatics | 0 | 1 | | | | | | | | | | | | | | | | | | | | | |
| Audiology | 1 | 0 | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| Histocompatibility & Immunology | 1 | 1 | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| Transfusion Science | 0 | 0 | 1 | | | | | | | | | | | | | | | | | | | | |

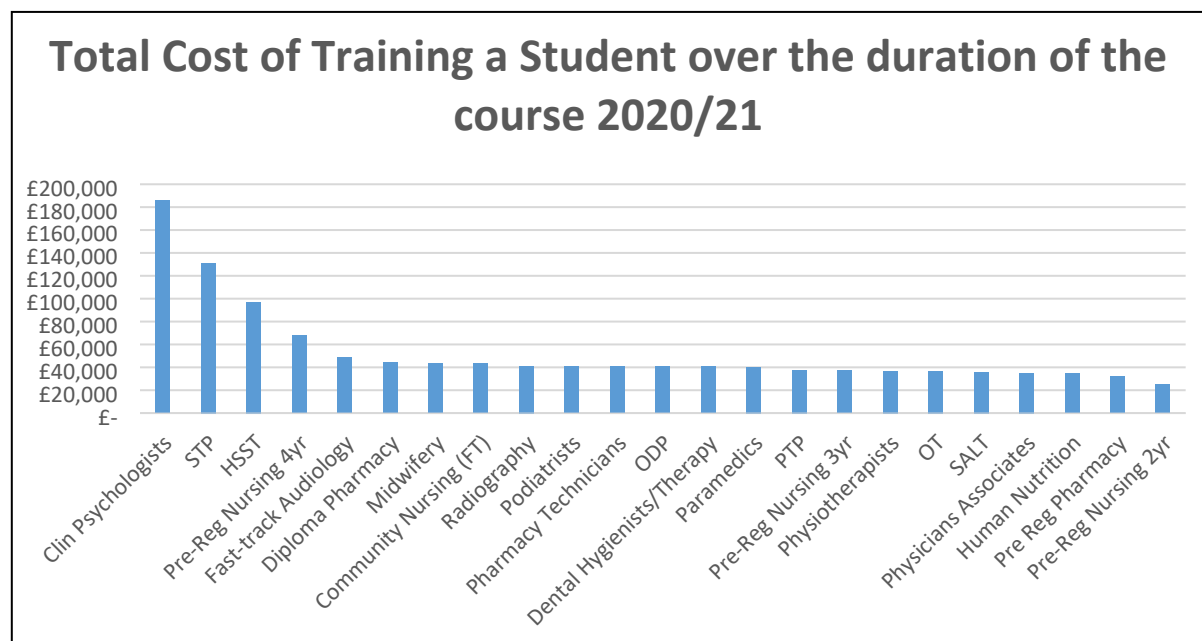
MEDICAL SPECIALTY TRAINING POSTS AND CHANGES

| Specialty | 2021 Recom mendati ons | August 2020 post numbers | Changes August 2020 | Changes August 2019 | Changes August 2018 | Changes August 2017 |
|--|---------------------------------|--------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Anaesthetics/ICM | | | | | | |
| Core Anaesthetics Training/ACCS Anaesthetics | | 122 | | | | |
| Higher Anaesthetics | +3 | 137 | +3 | | | |
| ACCS Intensive Care | | 14 | | | | |
| Higher Intensive Care Medicine | +4 | 27 | +4 ² | +2 | | +4 |
| Emergency Medicine | | | | | | |
| Acute Care Common Stem - Emergency Medicine | +2 | 21 | | | | +4 |
| Emergency Medicine (includes PEM & PHEM) | +5 | 49 | +7 | +4 | | +2 |
| Medicine | | | | | | |
| Core Medical Training/ACCS Acute Medicine | +15 | 244 | +13 | | | |
| Acute Internal Medicine | +2 | 12 | | | | |
| Audiovestibular medicine | | 1 | | | | |
| Cardiology | | 38 | | | | |
| Clinical Genetics | | 5 | | | | |
| Clinical Neurophysiology | | 1 | | | | |
| Clinical Oncology | +4 | 16 | | | | |
| Clinical Pharmacology and Therapeutics | | 3 | | | | |
| Dermatology | | 17 | +3 | | | |
| Endocrinology and Diabetes Mellitus | | 23 | | | | |
| Gastroenterology | +2 | 24 | | | | |
| Genito-urinary Medicine | | 4 | | | | |
| Geriatric medicine | | 52 | | | | +3 |
| Haematology | | 18 | | | | |
| Immunology | | 1 | | | | |
| Medical Oncology | +3 | 6 | | | | |
| Neurology | | 17 | | | | |
| Palliative Medicine | | 13 | | | | |
| Rehabilitation Medicine | | 2 | +1 | | | |
| Renal medicine | | 17 | | | | |
| Respiratory Medicine | +2 | 29 | | | | |
| Rheumatology | | 10 | | | | |

² Added in April 2020 as a result of the COVID pandemic and similar increases across the UK.

| | | | | | | |
|--|-----|-----|-----------------------------------|-----------------|----|-----|
| Surgery | | | | | | |
| Core Surgical Training | | 100 | | | | |
| Cardio-thoracic surgery | | 7 | | | | |
| General surgery | +4 | 54 | | | | |
| Neurosurgery | -1 | 8 | | | | |
| Ophthalmology | | 40 | | | +4 | |
| Oral and Maxillo-facial Surgery | | 9 | | | | |
| Otolaryngology | | 18 | | | | |
| Paediatric Surgery | | 2 | | | | |
| Plastic surgery | +2 | 13 | | | | |
| Trauma and orthopaedic surgery | | 45 | | +4 | | |
| Urology | +4 | 16 | | | | |
| Vascular surgery | | 9 | | | | |
| Pathology | | | | | | |
| Chemical pathology | | 4 | | | | |
| Histopathology | | 20 | | | | +2 |
| Infectious diseases | | 2 | | | | |
| Medical Microbiology and Virology | +3 | 13 | +3 | | | |
| Paediatric and Perinatal pathology | | 2 | | | | +1 |
| Psychiatry | | | | | | |
| Core Psychiatry Training | | 85 | | | | |
| Child and Adolescent Psychiatry | | 12 | | | | |
| Forensic Psychiatry | | 6 | | | | |
| Old Age Psychiatry | | 11 | +2 | +2 (not filled) | | |
| General Psychiatry | | 29 | | | | |
| Psychiatry of Learning Disability | | 5 | | | | |
| Imaging and Radiology | | | | | | |
| Clinical Radiology | +20 | 82 | + 10 | +4 | +7 | +11 |
| Nuclear medicine | | 1 | | | | |
| Women's Health | | | | | | |
| Obstetrics and gynaecology | +2 | 93 | | | | |
| Community Sexual & Reproductive Health | | 2 | | | | |
| Paediatrics | +6 | 143 | | | | |
| Public Health Medicine | | 23 | | | | |
| Foundation Training | | | | | | |
| Foundation Year 1 | | 339 | Separate business case | | | |
| Foundation Year 2 | | 339 | | | | |
| General Practice | | | Subject to separate business case | | | |

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



SUPPORTING INFORMATION

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

1. Nursing & Midwifery

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

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

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

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

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

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

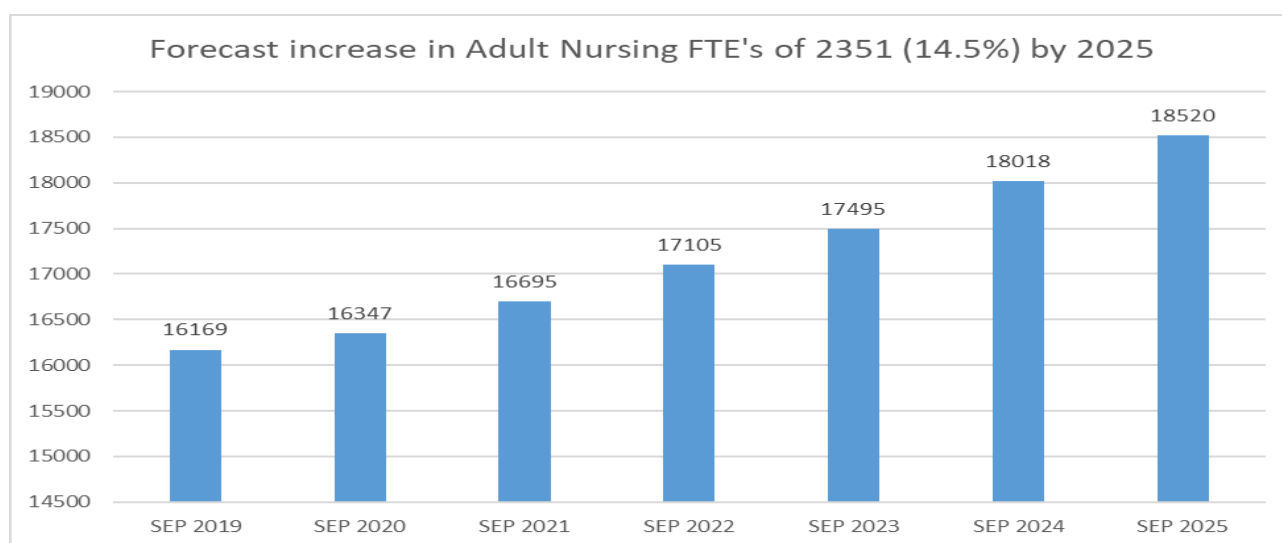
The table below summarises the number of nursing students, recommended for 2021/22 and those commissioned over the past 3 years.

| Course Title | Ed Com. 2018/19 | Ed Com. 2019/20 | Ed Com. 2020/21 | 2021/22 (WF Plans) | 2021/22 - HEIW Recommendations |
|-----------------------------|--------------------|--------------------|--------------------|-----------------------|-----------------------------------|
| Adult Nursing | 1,210 | 1,216 | 1,400 | 2,452 | 1,540 |
| Child | 154 | 154 | 154 | 232 | 175 |
| Mental Health Nursing | 330 | 330 | 356 | 657 | 410 |
| Learning Disability Nursing | 77 | 77 | 77 | 145 | 77 |
| Total Nursing | 1,771 | 1,777 | 1,987 | 3,486 | 2,202 |

Adult Nursing

It is recommended that Adult places will increase from 1,400 to **1,540**. This is an increase of 140 from 2020/21 levels, representing a 10% increase. In 2019/20 1,216 adult places were commissioned. Therefore in 2 years the recommendation is for a 26.6% increase in adult nurse training numbers.

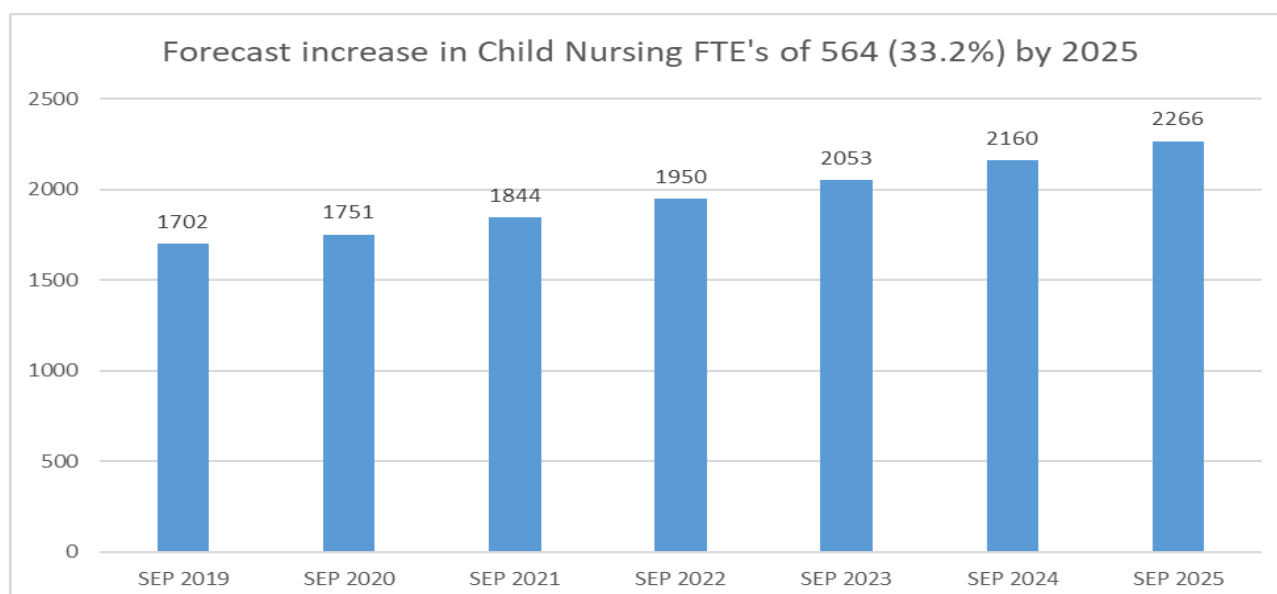
The workforce intelligence model developed by HEIW shows that the adult nursing workforce is projected to grow by **2,351 (14.5%)** between September 2019 and September 2025 taking the projected workforce to **18,520 FTE's** (see table below). While this is a significant increase, the current expenditure on agency costs would indicate that there is a significant vacancy factor which is yet to be filled.



Children's Nursing

It is recommended that Children's nursing numbers are to increase from 154 to **175**. This is an increase of **21 places (13.6%)**.

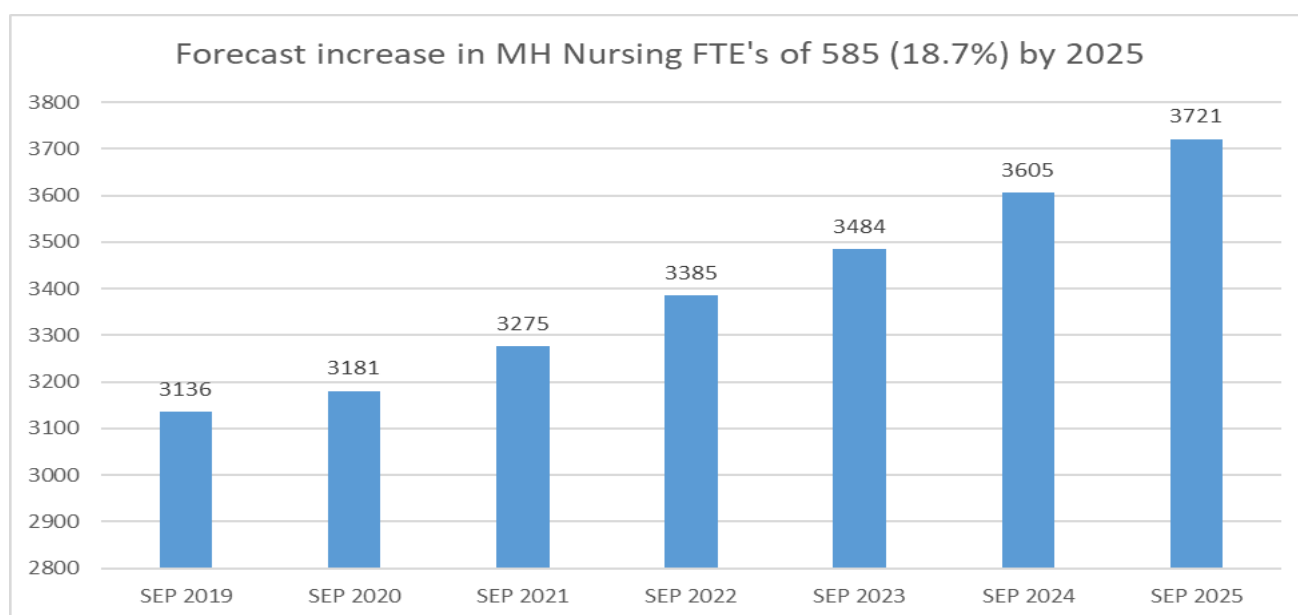
In addition, the workforce intelligence model developed by HEIW shows that the children nursing workforce is projected to grow by **564 (33%)** between September 2019 and September 2025 where the forecast is **2,266 FTE's** (see table below).



Mental Health

It is recommended that Mental Health numbers will increase from 356 to **410**. This is an increase of 54 from 2020/21 levels, representing a 15.1% increase.

The workforce intelligence model identifies that the mental health nursing workforce is projected to grow by **585 (18%)** between September 2019 and September 2025 where the forecast is **3,721 FTE's** (See table below).



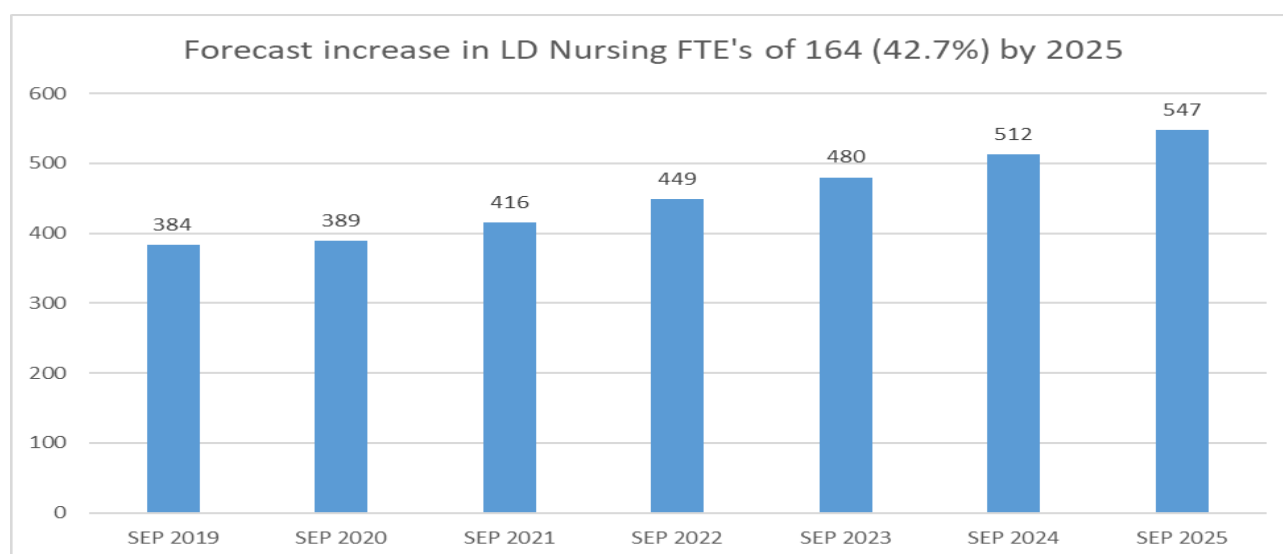
Learning Disability

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

nurse education and careers in Wales and the Welsh Government has prioritised this workforce as part of its Train, Work, Live, campaign.

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

The workforce intelligence model identifies that the LD nursing workforce is projected to grow by 164 (42.7%) between September 2019 and September 2025 where the forecast is 547 FTE.



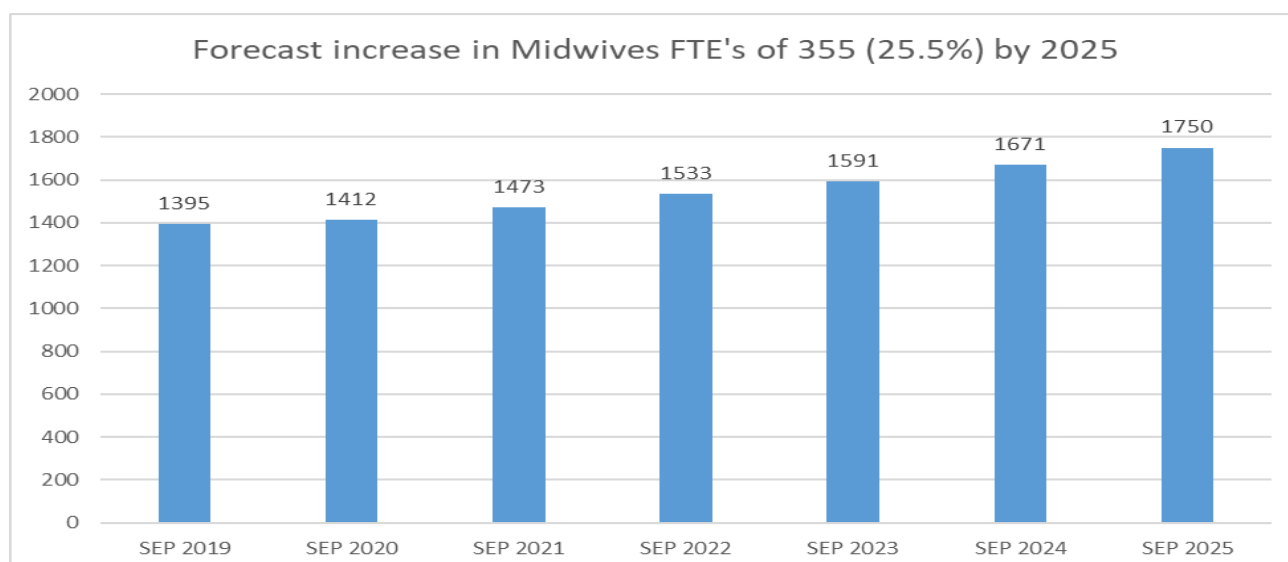
Midwifery

It is recommended that midwifery places will increase from 161 to **185** (see table below). This is an increase of 24 from the 2020/21 levels, representing a 15% increase.

| Course Title | Ed Com. 2018/19 | Ed Com. 2019/20 | Ed Com. 2020/21 | 2021/22 (WF Plans) | 2021/22 - HEIW Recommendations |
|--------------|-----------------|-----------------|-----------------|--------------------|--------------------------------|
| Midwifery | 134 | 134 | 161 | 210 | 185 |

Over the past five years midwifery places have increased from 94 to the proposed 185, a 97% increase in commissioning numbers. The additional numbers commissioned from 2017/18 will start to graduate in 2020 and therefore the service has not yet received the benefit of the additional investment. This, together with the further increase in commissioned places proposed for 2021 has a significant effect on the total projected workforce numbers.

The workforce intelligence model developed by HEIW shows that the midwifery workforce is projected to grow by **355 (25%)** between September 2019 and September 2025 where the forecast is **1,750 FTE's**.



2. Allied Health Professionals

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

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

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

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

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

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

The table below summarises the number of nursing students, recommended for 2021/22 and those commissioned over the past 3 years.

| Course Title | Ed Com. 2018/19 | Ed Com. 2019/20 | Ed Com. 2020/21 | 2021/22 (WF Plans) | 2021/22 - HEIW Recommendations |
|--|--------------------|--------------------|--------------------|-----------------------|--------------------------------------|
| Allied Health Professionals | | | | | |
| B.Sc. Human Nutrition - Dietician | 30 | 30 | 35 | 53 | 40 |
| PG Diploma Human Nutrition - Dietician | 12 | 12 | 17 | 17 | 20 |
| PG Diploma Medical Illustration | 5 | 5 | 5 | 7 | 7 |
| B.Sc. Occupational Therapy | 113 | 113 | 125 | 114 | 129 |
| PG Diploma Occupational Therapy | 20 | 20 | 23 | 41 | 30 |
| B.Sc. Occupational Therapy (Part Time) | 0 | 0 | 15 | 32 | 20 |

| | | | | | |
|-----------------------------------|-----|-----|-----|-----|-----|
| Degree in ODP | 49 | 49 | 49 | 35 | 49 |
| B.Sc. Physiotherapy | 147 | 147 | 164 | 174 | 174 |
| B.Sc. Podiatry | 24 | 24 | 24 | 19 | 27 |
| B.Sc Orthoptist | 5 | 5 | 5 | 6 | 0 |
| PhD Clinical Psychology Doctorate | 27 | 27 | 29 | 72 | 32 |
| B.Sc. Speech & Language Therapy | 36 | 36 | 40 | 38 | 40 |
| B.Sc. S< - Welsh Language | 8 | 8 | 9 | 7 | 9 |
| B.Sc Paramedicine | 0 | 0 | 52* | 104 | 75 |
| Paramedics - Diploma | 48 | 70 | 0 | 0 | 0 |
| Paramedics - EMT conversion | 28 | 15 | 30* | 15 | 15 |

**Originally approved – please see narrative in paramedic section for in-year changes*

| Course Title | Ed Com. 2018/19 | Ed Com. 2019/20 | Ed Com. 2020/21 | 2021/22 (WF Plans) | 2021/22 - HEIW Recommendations |
|-----------------------|-----------------|-----------------|-----------------|--------------------|--------------------------------|
| Other | | | | | |
| Physicians Associates | 32 | 42 | 54 | 55 | 54 |

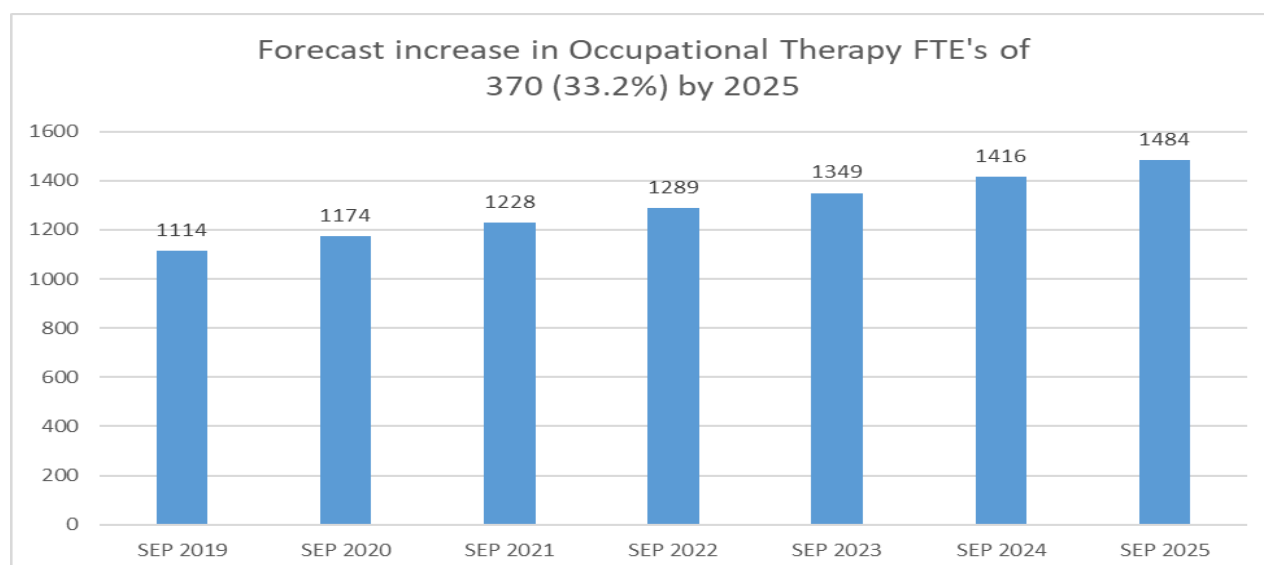
Allied Health Professionals: academic intake 2021/22

Increases to the workforce are recommended in the following areas:

Occupational Therapy

Occupational Therapists (OT) are key to realising the plan to develop primary care services. Areas of work where OTs can evidence impact and a requirement for future growth include; frailty, social prescribing, self-management of chronic conditions, mental health and fitness for work, all linked with the Healthier Wales values of developing health and wellbeing; keeping people in their homes for longer. Occupational Therapists can reduce demand on General Practitioners by addressing and resolving underlying functional issues that are the root cause of multiple and regular contacts with the Practice. Workforce modelling undertaken by HEIW provides evidence that the recent investment in pre-registration training will result in an increase in the workforce in coming years. However, a **10%** increase in commissions is recommended, an increase of 16 from 163 to **179**.

The workforce intelligence model developed by HEIW shows that the OT workforce is projected to grow by **370 (33%)** between September 2019 (1,114 FTE's) and September 2025 where the forecast is **1,484 FTE's**. Note: this does not account for professionals who will be employed outside of the NHS.



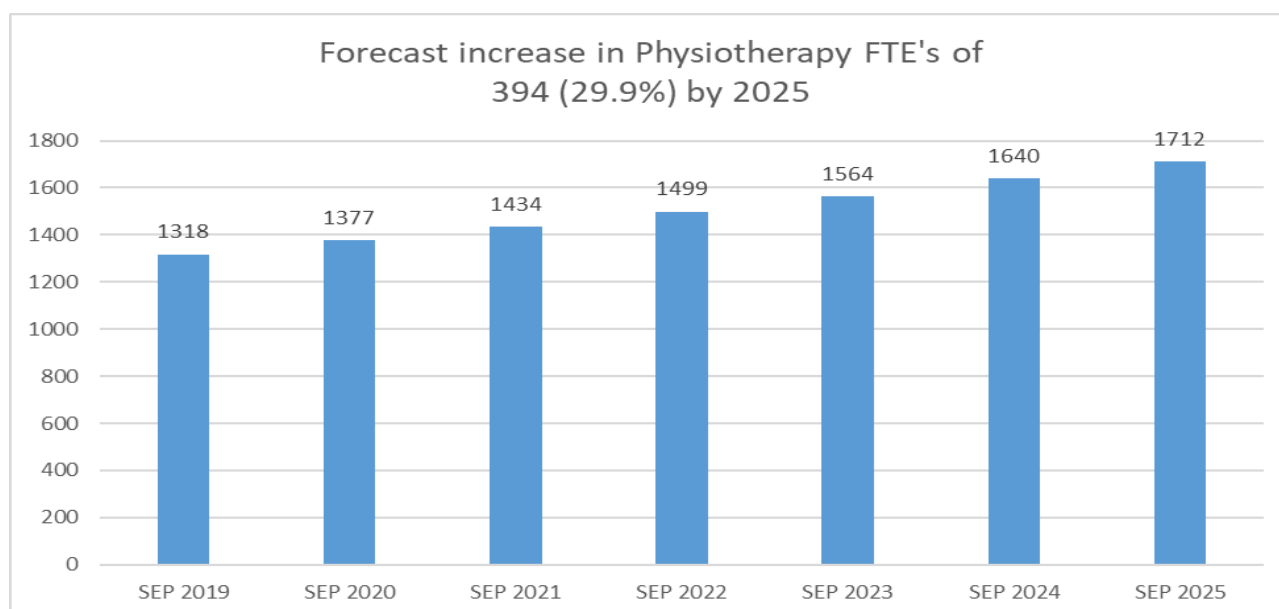
Physiotherapy

It is recommended that Physiotherapy numbers will increase from 164 to **174**. This is an increase of 6%.

NHS Wales currently employs circa 1,464 physiotherapists. In many areas, increasing demand is being driven by the development of first contact physiotherapy services in primary care. Success in the therapy led MSK conditions service is identified in the IMTPs. There is a well-developed model comprising of band 7 and a smaller number of 8a advanced practice/extended role physiotherapists that undertake prescribing and therapeutic injections reducing dependency on General Practitioners and emergency services. The development of new models of physiotherapy will also potentially impact on requirements in Trauma & Orthopaedic medical requirements.

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

The workforce intelligence model identifies that the physiotherapy workforce is projected to grow by **394 (30%)** between September 2019 (1,318 FTE's) and September 2025 where the forecast is **1,712 FTE's**.



Dietetics

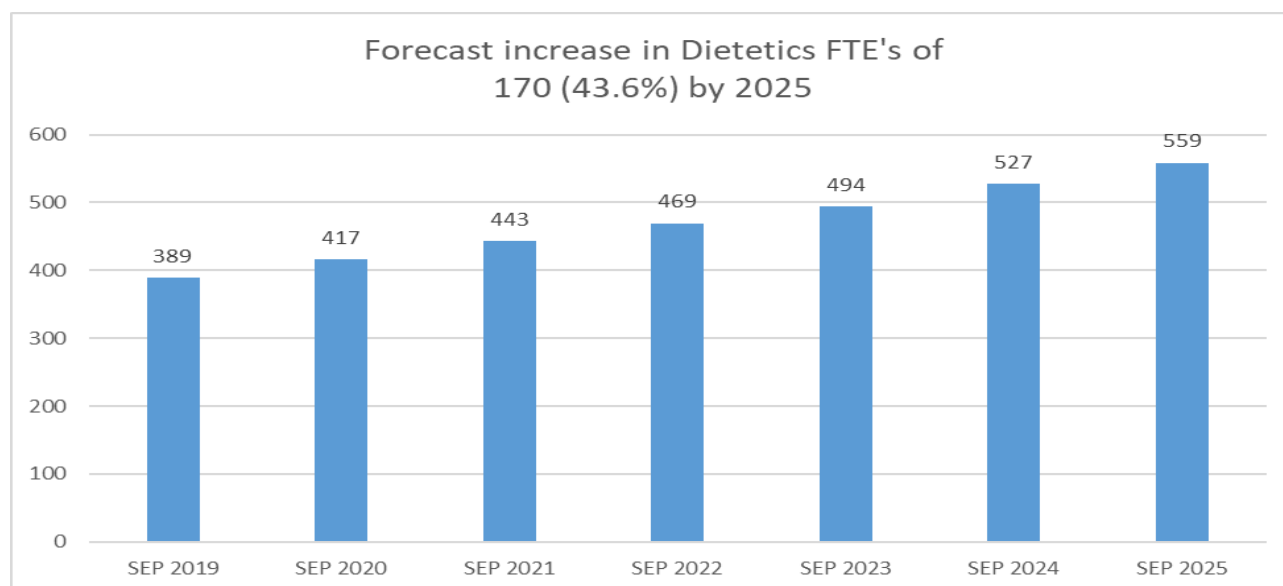
It is recommended that dietician numbers will increase from 52 to **60**. In 2019/20 42 dieticians were commissioned so, over the last 2 years, the proposed increase in dietician commissions would be 43%.

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

The Nutrition and Dietetic workforce in Wales needs to be able to meet the challenges of Healthy Weight: Healthy Wales in its entirety from prevention to complex treatment and the long terms challenges of rehabilitation stemming from the COVID pandemic. The core clinical risk factors identified in the pandemic included Obesity and Diabetes. The demand for dieticians is across the spectrum from prevention and chronic condition management to rehabilitation and reablement, as evidenced in the Welsh Government's recently released Rehabilitation: A Framework for Continuity and Recovery 2020 - 21. The NHS Wales Delivery Unit has also released Right Sizing Community Services to Support Hospital Discharges. The role of nutrition and dietetics is pivotal in the recovery and reablement pathway and a key enabler to achieving the desired rehabilitation goals. There is also a role in educating the wider multi- professional team in health and social care to enable the wider workforce impact and ensure consistency of nutrition messages across a range of settings.

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

The workforce intelligence model identifies that the dietetics workforce is projected to increase by **170 (44%)** between September 2019 (389 FTE's) and September 2025 where the forecast is **559 FTE's**.



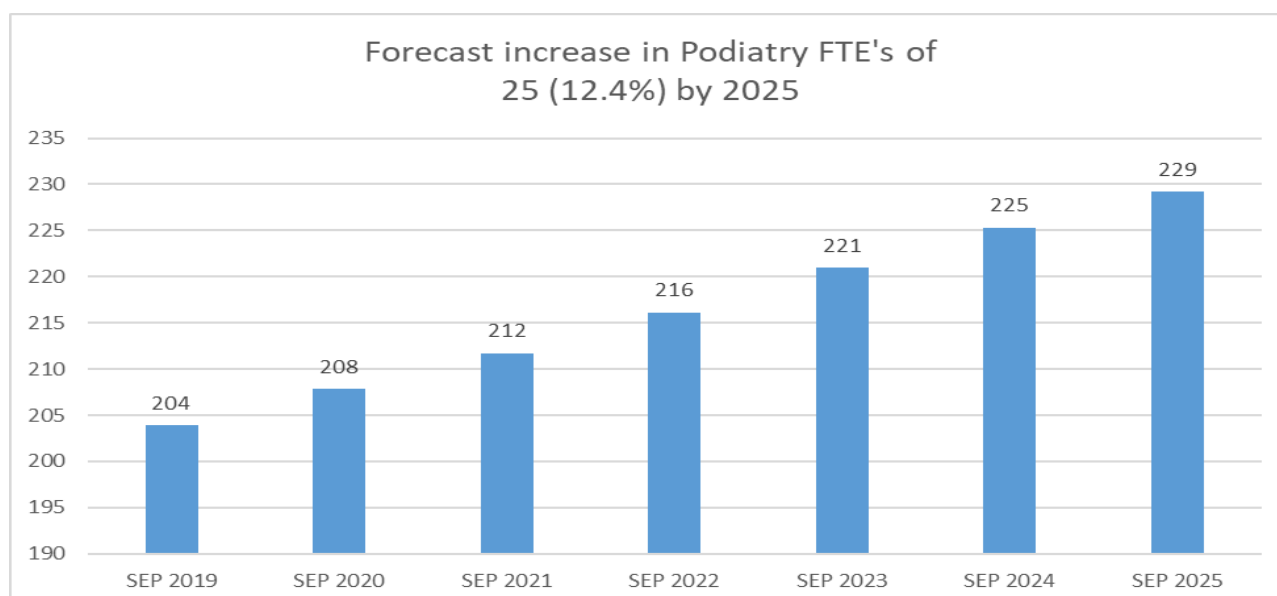
Podiatry

Within podiatry there is an ageing workforce. Over 55% of the podiatry workforce in Wales are aged 50+ (HCPC data, 2018). It is imperative for the sustainability of the profession that there is an adequate number of podiatrists being trained to replace those who are retiring, and podiatry has not seen an increase to its commissioning numbers since 2017/18.

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

Given the significant challenges for the podiatry workforce in terms of age profile, the fact that commissioning numbers for Podiatry have not increased for three years and the future podiatric needs of the Welsh population, HEIW recommends that podiatry commissioning numbers for 2021/22 are increased from 24 to **27**.

The workforce intelligence model identifies that the podiatry workforce is projected to increase by **25 (12%)** between September 2019 (204 FTE's) and September 2025 where the forecast is **229 FTE's**.



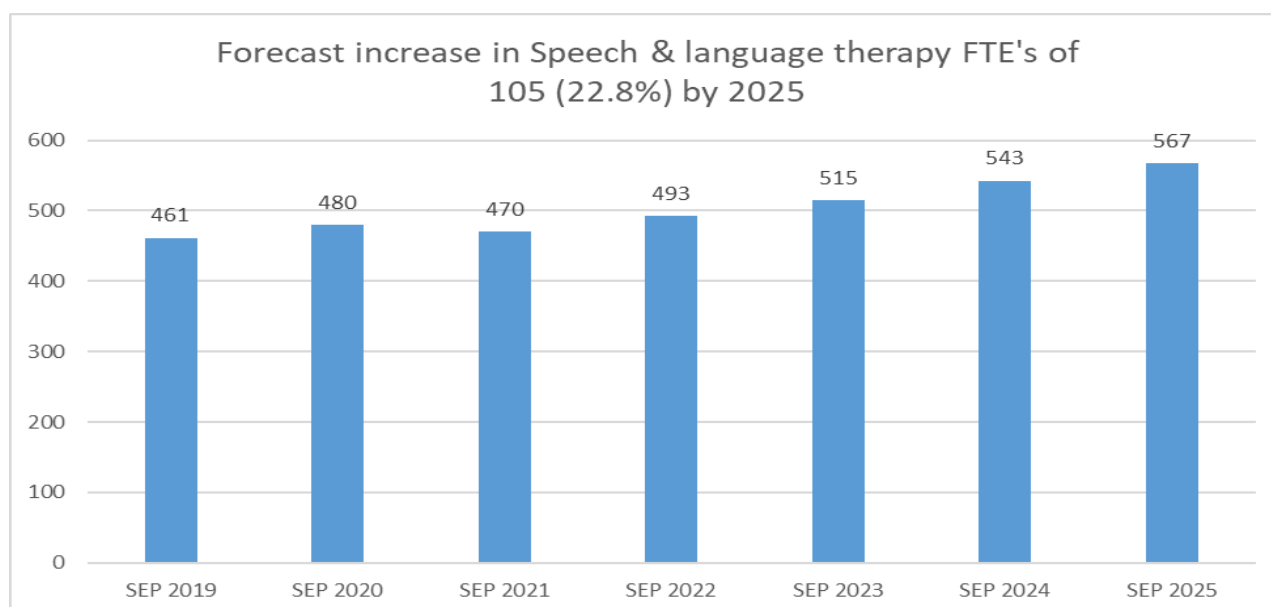
Speech and Language Therapy

It is recommended that speech and language therapy numbers remain at 49 following a 10% increase last year. This will exceed the need identified in the IMTP.

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

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

The workforce intelligence model identifies that the speech and language therapy workforce is projected to grow by **105 (23%)** between September 2019 (461 FTE's) and September 2025 where the forecast is **567 FTE's**.



Clinical Psychology

It is recommended that clinical psychology numbers will increase from 29 to **32**.

Increased prevalence in mental health problems (as discussed elsewhere in this document) have led to developments in mental health services, which are highlighted on the IMTPs. Service improvements include collaborative approaches to mental health requiring a cross cutting approach from health boards, the local authority, police, ambulance and third sector agencies. **In order to support new models of service delivery an increase of 10% in commissioned training places for clinical psychologists is recommended.**

Paramedics

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

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

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

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

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

The WAST IMTP stated the need for 100 to be commissioned. This is not possible for a number of reasons including the move to two providers in 2022. The need to ensure stable and sustainable growth within this area is vital. Therefore, it is recommended that 75 places are commissioned in 2021 on the BSc programme. To ensure that the workforce needs of WAST are delivered HEIW has negotiated that commissions in Swansea University for 2020 are increased from 52 to 75 with EMT places being increased from 30 to 40.

3. Additional Professional Scientific & Technical and other professions

The tables below identifies the number of students which it is recommended are commissioned for 2021/22.

| Course Title | Ed Com. 2018/19 | Ed Com. 2019/20 | Ed Com. 2020/21 | 2021/22 (WF Plans) | 2021/22 - HEIW Recommendations |
|------------------------------------|-----------------|-----------------|-----------------|--------------------|--------------------------------|
| For academic intake 2021/22 | | | | | |
| Diploma in Dental Hygiene | 18 | 18 | 18 | 1 | 18 |
| Degree in Dental Hygiene & Therapy | 13 | 13 | 13 | 9 | 13 |
| Physicians Associates | 32 | 42 | 54 | 55 | 54 |

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

Physicians Associates

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

HEIW recommends increasing the level of education provision remains at 54 as the training, placements and roles embed into the Service.

Pharmacy

1. Pharmacy Workforce Plan

The HEIW draft high-level Pharmacy Workforce plan, identifies the key goals for pharmacy workforce development in each of the three pharmacy staff groups by 2025 and 2030 and has been shared with stakeholders for comment during March 2020. The plan will align to the Welsh Pharmaceutical Committee's response to 'A Healthier Wales'⁽¹⁾, Health and Social Care strategy and HEIW IMTP. Completion of the plan will be delayed due to COVID-19. The plan will be progressed during autumn 2020 with a publication late 2020 early 2021.

For the purposes of the education commissioning paper 2021-22, pharmacy developments requested in IMTPs have been prioritised against this emerging national plan designed to underpin clinical service delivery close to people's homes.

To deliver the pharmacy workforce plan 2025 goals, we have supported requests which are in line with the following principles: -

| Priority | Purpose |
|--|---|
| Provide access to programme for level 2 support staff to gain the necessary entry criteria for level 3 | Provides a 'widening access' route to pharmacy technician training, and a prudent workforce, releasing pharmacy technicians from historic roles (including dispensing). |
| Support a series of original pilot models for multi-sector training of pre-foundation pharmacy technicians . | Deliver a flexible, adaptable pharmacy technician workforce who understand the wider health and social care system which users navigate. |
| Develop the national foundation pharmacist programme that follows multi-sector pre-foundation pharmacist training. | Equitable support for novice pharmacists in all areas of practice, expediting the registrant journey to prescriber and advanced practice. |
| Increase numbers of independent prescribing community pharmacists by 100. | Move towards the initial 2022 targets for numbers of pharmacist prescribers in Wales. |
| Continue to increase competency in advanced practice amongst the existing pharmacist and pharmacy technician workforce. | To deliver service transformation in medicines management close to people's homes. |
| Increase the opportunity to develop the leadership skills of pharmacists and pharmacy technicians. | To enable the pharmacy team to lead on all medicines related issues for the multi-disciplinary team. |

1.1 Impact of COVID-19 of training plans

The need to ensure a secure pipeline of registrants into the workforce must be the priority for 2021/22 commissioning. IMTP's indicate an increasing need for pharmacists and pharmacy technicians and this is indicated in the numbers requested below.

Post-registration training will be focused on ensuring the new workforce are supported to confidently provide enhanced patient services at the earliest point in the career pathways.

The COVID-19 pandemic has highlighted the need for a flexible and responsive workforce, which can transform and transition across sectors of practice. The commissioning of all pharmacy education and training will be prioritised to ensure the whole workforce have the skills to respond to a rapidly changing landscape. Pharmacy will embrace and adopt the positive learning from the COVID-19 and encourage the use of innovative methods of training

2. Pharmacy Support Staff and Pre-registration training

2.1 Pharmacy Support Staff

Following a GPhC consultation on new minimum training requirements for pharmacy support staff, new standards are expected during 2020-21. HEIW will explore access to the modern apprenticeship route for Level 2 on behalf of the NHS and its contractors. HEIW's role is to ensure quality training is commissioned which enables learners with the potential, to transition more seamlessly into the pharmacy technician profession.

2.2 Pre-Foundation Pharmacy Technicians (previously called pre-registration pharmacy technicians)

Increasing the pipeline into pre-registration pharmacy technician training is essential to respond to the demand for increasing the pharmacy technician workforce across primary care and secondary care.

Progression from a support role to pharmacy technician training programme is dependent on individuals meeting the specific entry criteria. This excludes some staff from progressing and HEIW plan to make available an "access to" pharmacy technician training pathway. HEIW proposes increasing the funds for healthcare support workers (HCSW) for 2021 and pharmacy will access this fund to provide a number of Essential Skills Learning modules to support staff in transitioning to the pharmacy technician programmes.

HEIW supports the shift to a more prudent clinical pharmacy workforce through an increase in numbers of centrally commissioned pre-foundation pharmacy technician numbers for **clinical posts in Health Boards/Trust from 45 to 55 in 2021-22.**

The proposed increase:

- will be accompanied by a priority allocation of posts from HEIW to Health Board/Trusts with multi-sector models, driving workforce modernisation, provides more opportunities for career progression to professional registration for the lowest paid NHS employees.
- Develop the pharmacy technician workforce in technical services

HEIW draws down Modern Apprenticeship funds for the educational component of pre-foundation pharmacy technician training. The funds support all trainees recruited to the HEIW programme including those employed by NHS and NHS contractors. On average the numbers recruited from community pharmacy are 20 per year. A training bursary of £2K per community pharmacy technician trainee has been provided to community pharmacy to support the required release of trainees to complete their learning portfolios and attend study days. These funds were previously been made available from Welsh Government during the initial phase of including community pharmacy technician trainees. This phase was prior to the establishment of HEIW. These funds are now considered as business as usual and forms part of the education commissioning budget.

The proposal is to offer 20 training bursaries at a total cost of £40K.

A salary bursary is currently provided to NHS employed trainees.

In addition, Health Boards have indicated a need to increase numbers of pharmacy technicians in technical services via a modern apprenticeship route.

Pharmacy Technician Apprenticeships

Technical Services in Wales rely on qualified pharmacy professionals with the skills and knowledge required to attain regulatory compliance with the MHRA or the Quality Assurance of Aseptic Services Standards.

The service is experiencing difficulty recruiting pharmacy technicians to Band 5 supervisor posts in Cardiff and Swansea. One reason for this is believed to be due to their initial training focusing on a patient's clinical needs across the different sectors of pharmacy patient services, with service delivery models changing to adapt to this. This has resulted in technical services training rotations being diluted within some hospital units or removed completely in others.

On the horizon the service envisages a further significant impact to pharmacy technician recruitment with a change to the GPhC initial education and training standards. This has removed the competence requirements for technical services-based principles from “can do” to “knows how”. This means that when the new pharmacy technician qualification is implemented this year, qualified pharmacy technicians graduating in 2022 will have limited knowledge about the preparation and manufacture of pharmaceutical products and the impact for patients. Without the expectation to acquire skills and experience there is a significant risk to service delivery across the region.

To adjust for this and to maintain skills development, the service is proposing to recruit trainee preregistration pharmacy technicians through the current apprenticeship programme and base them within Technical Services, a change to the current model. These posts would be advertised separately to others in the managed sector to attract suitable individuals. The placements would be in named units within Wales to assure the quality of the training placement and experience. The majority of the qualification will be attained from bespoke placements arranged across the managed or community sectors to fill gaps in mandatory performance requirements.

Health Boards have indicated a need for an additional 8 pre-foundation pharmacy technician posts for future service demand.

HEIW propose that the total numbers of pre-foundation pharmacy technician posts for 2021 needs to be 63 to meet workforce demand. This provide 55 posts for clinical role development and 8 additional posts for technical services.

2.3 Pre-Foundation pharmacists (previously called Pre-registration Pharmacists)

As described in last year's paper, the Welsh Government funded a transformation programme for pre-foundation pharmacist training through to 2024. For the 2021-22 academic year, national funding for recruitment of 170 multi-sector pre-foundation pharmacists has already been confirmed, with funding transferred directly from Welsh Government.

3. Post-Registration education and training

3.1 Foundation Practice

The initial education and training of pharmacy registrants is changing and adapting to produce the registrants of the future. The changes will enable a new set of knowledge, skill and attitudes at the point of registration, but these benefits will not be realised for three to five years. The reality currently and even in the future is that new registrant practitioners will always be practising at a novice level in their early years i.e. safe but inexperienced practitioners. Novice practitioners will require structured experiential learning within a framework to progress towards more situational, holistic and intuitive practice.

It has been recognised across the UK that a vocational foundation pharmacist programme for all new pharmacist registrants is required to ensure the workforce can be supported to move from novice practice to proficient practice.

Chief Pharmaceutical Officers across Great Britain have described the desired 'end goal', of equitable access to a vocational foundation training and support for all novice pharmacists, irrespective of sector. A working group chaired by the pharmacy regulator and professional leadership body will publish a national curriculum for foundation pharmacists towards the end of 2020.

Similar work has commenced to develop a UK Foundation programme for pharmacy technicians. It is anticipated that this work will be completed during 2021.

HEIW has decided to not make any significant change to a new offering for foundation pharmacist practice for 2021 commissioned posts. This position will be reviewed for the 2022 commissioning cycle following the agreement of the new foundation curricula towards the end of 2020.

3.1.1 Diploma programme

HEIW proposes no increase in diploma posts from the current **40** posts.

3.1.2 Foundation Pharmacy Technicians

IMTPs recognise the leadership and clinical roles in medicines management that are best filled by pharmacy technicians

The UK foundation pharmacy technician framework will not be available until 2021. However, there is a current need to develop novice pharmacy technicians to proficient practitioners. Several Agored Cymru level 4 learning modules have been developed by HEIW to support these practitioners. HEIW propose to provide training grants to employers to enable pharmacy technicians to have the protected time to attend study days, complete learning portfolios and for the assessment costs of portfolios. The number of training grants made available would be 20 at a cost of £1K per learner. (5 study days top of Band 4 and £450 assessment fee). These funds will be sourced from the health care support workers budget within HEIW.

3.2 Advanced practice

Through IMTPs, numbers of requests for extended, advanced and 'higher level' post registration developments from pharmacy have increased in the last 3 years. This has enabled pharmacists to develop the skills needed to continue to deliver excellent patient care in an everchanging NHS. Areas of practice that needs continued, increased and new investment are pharmacists and pharmacy technicians working in the GP practice and community settings.

3.2.1 Advanced and extended practice pharmacists and pharmacy technicians

All requests for pharmacy extended, advanced and 'higher level' post registration developments will be allocated through the pharmacy dean, considering local and national pharmacy workforce priorities. For 2021-22, HEIW will prioritise the development of patient assessment skills and leadership skills for the existing workforce, focussing on the following priorities:

- Transformation and transition of practice across all sectors including advanced pharmacy practice in GP settings
- Diagnostic clinical skills to support urgent care across all sectors, particularly in respect of independent prescribers
- Unscheduled care practice both in hours and out of hours
- Mental health
- Critical and Palliative care

HEIW will support advanced, enhanced practice of whole workforce across all sectors for both pharmacists and pharmacy technicians. Pharmacy proposes an increase to the advance practice funds to support the further development of both pharmacists and pharmacy technicians in all care settings.

In particular, these funds will be offered to provide 12-month supportive training programme for those pharmacists transitioning into GP practice. The programme delivers expert workplace clinical tutoring and mentoring, alongside specific skills training across Wales.

Allowing for historical spend, future inclusion for pharmacy technicians, primary and community pharmacists, GP practice pharmacists and pharmacy technicians, this budget requires a significant increase to a total value of £470K from the historical spend of circa £220K.

3.2.2 Independent prescribing (IP)

The 'Pharmacy Delivering a Healthier Wales' plan set out goals to have:

- 30% of community pharmacies having an independent prescriber offering services by 2023.
- All pharmacies by 2030, as well as all pharmacists working in patient facing roles within managed sector being IPs by 2023.

Pharmacists from secondary care have been supported to gain this qualification for many years, whilst other sectors have struggled to access training support in an equitable manner. For the last two years, community pharmacists have been supported to achieve this

qualification, but target numbers of prescribers have not been achieved, due to issues of release from practice and lack of designated medical professionals. This year due to the COVID-19 pandemic, many community pharmacists have had to suspend this training, until autumn 2020 / early 2021, due to the inability to be released. Again, this year target numbers for this sector will not be achieved. so we will not achieve the target numbers from this sector this year.

In order to meet workforce demand commissioned numbers need to increase to 150 pharmacists undertaking the independent prescribing course, each year across all the sectors. Funding for 150 pharmacists will require a total cost of £204K

Prior to the establishment of HEIW, funds for the increasing workforce demand for community pharmacist IP training was provided directly via Welsh Government. This established workforce development needs to be part of the business as usual for HEIW. The funding for community pharmacists will include the educational costs of the programme and a training bursary of £3K per community pharmacist. The training bursary will meet the exceptional need for this group of pharmacists to be released from their substantive posts to meet the mandatory programme requirement of 12 contact days with a designated supervising practitioner (DSP).

The proposed numbers of community pharmacists requiring a training bursary are 60 at a total cost of £180K.

The total costs for pharmacy independent prescribing training across all sectors of practice is £384K

As a separate initiative, pharmacy will lead on the development of support network post qualification for all non-medical independent prescribers. This will include the development of a support network post qualification and underpinned by peer review. This will support IP flexibility providing a clear pathway when changing scope of prescribing practice.

3.2.3 Clinical Scientist Trainee Programme (STP)

Pharmacy Technical Services in Wales are currently undertaking a transformation project with Welsh Government. This will reconfigure the way in which medicines are prepared and manufactured to meet the growing demand, currently 5-10% per annum. With this there is an opportunity to increase and restructure the workforce to maximise skill mix.

The Clinical Scientist Trainee Programme (STP) has yet to be explored within the context of pharmacy services and could be utilised within Technical Services Production, Radiopharmacy, Quality Assurance and Quality Control roles in Wales. These posts have been established within the UK in Technical Services for several years, with the Master's degree Pharmaceutical Technology and Quality Assurance (PTQA) forming part of that programme. This degree has been commissioned by the NHS Technical and Specialist Education and Training (TSET) group and delivered by Manchester University. It is the qualification recognised by the MHRA required to manage licenced technical services units.

The creation of STP posts will advance the skills and experience of pharmacists in Technical Services as a career choice. There have also been difficulties recruiting pharmacists due to a lack of skills and experience in this area with significant underfunding for training over many years. This would also add an additional career pathway as it enables new roles to be

created for science graduates who are able to practice within MHRA licenced units, increasing the pipeline supply of skilled workforce into this specialist field.

Without these training posts and the investment and development of staff in this area then there is a real risk of the transformation project failure.

The numbers requested are: 3

3.2.4 Consultant Pharmacists

The stepwise approach to development for pharmacists described in 3.2 will provide the required opportunities, through experience and modular portfolio building, to grow a pool of individuals competent to continue into consultant level practice. Consultant Pharmacist businesses cases include local funding for professional developments.

- (1) Welsh Pharmaceutical Committee. (2019) *Pharmacy: Delivering a Healthier Wales*. Available from: <https://www.rpharms.com/recognition/all-our-campaigns/pharmacy-delivering-a-healthier-wales> [Accessed 12th December 2019]

4. Healthcare Scientists

Healthcare Scientists

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

The STP trainee programme continues to be a highly competitive and sought after training programme with the NHS Wales recruitment process for 2020 lead by HEIW yielding 1,298 applicants for the 32 available posts.

HEIW recommends 37 places are recruited to for 21/22

Equivalence routes to registration

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

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

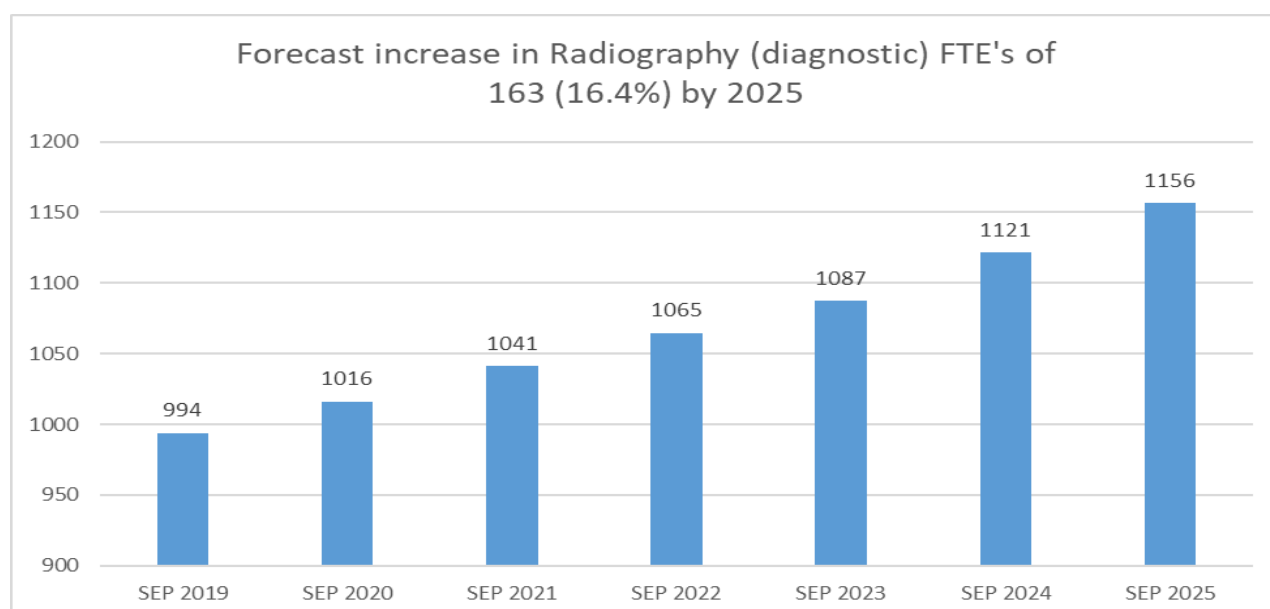
HEIW recommends that investment in equivalence continues with an annual budget of £70,000.

Diagnostic radiotherapy

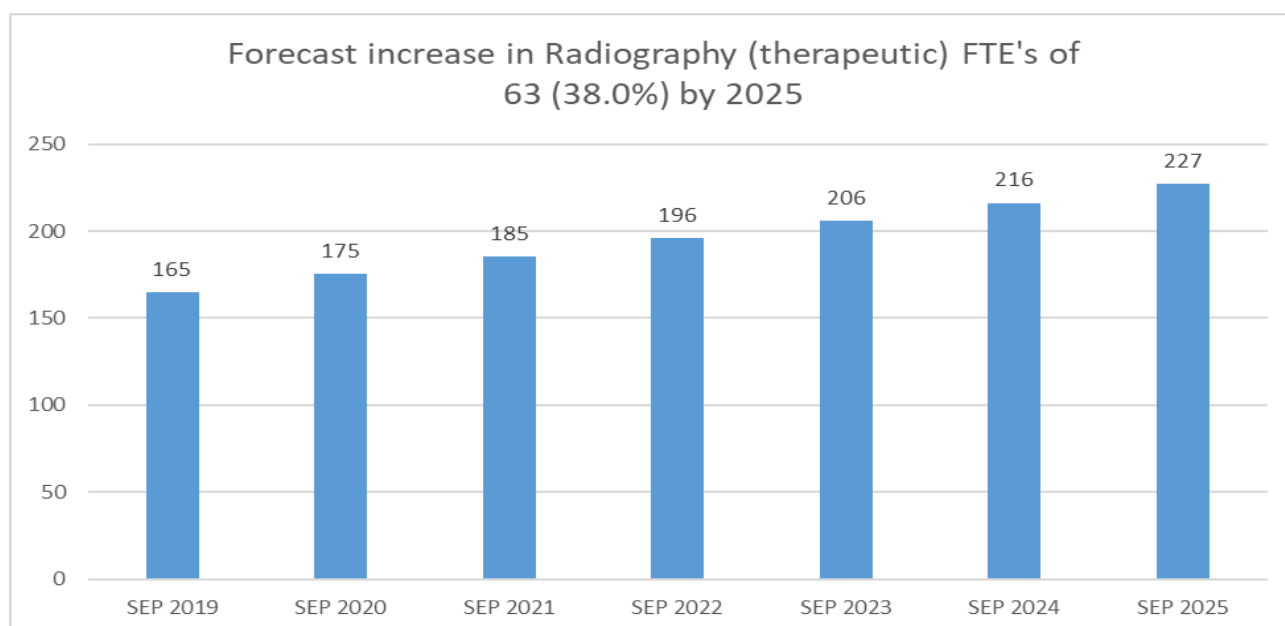
It is recommended that diagnostic radiography numbers will remain at 140. This is after an increase of 28 in 2020 (representing a 25% increase).

One of the core objectives aligned to the Wales Cancer Delivery plan has been detecting cancer earlier. This has led to an increase demand for radiotherapy services to speed up diagnosis. The single cancer pathway builds on the success of rapid diagnostic clinics. IMTPs highlight the future requirement for growth in these services. There are significant pressures on placements and HEIW are working on solutions with Health Board and University partners. Therefore, no further increase is recommended until more innovative, safe and quality placement opportunities are identified.

The workforce intelligence model identifies that the diagnostic radiography workforce is projected to grow **by 163 (16%)** between September 2019 (994 FTE's) and September 2025 where the forecast is **1,456 FTE's**.



The workforce intelligence model identifies that the therapeutic radiography workforce is projected to grow by **63 (38%)** between September 2019 (165 FTE's) and September 2025 where the forecast is **227 FTE's**.



The tables on the next pages outlines the number of Healthcare Science students which it is recommended are commissioned for 2021/22.

| Course Title | Ed Com. 2018/19 | Ed Com. 2019/20 | Ed Com. 2020/21 | 2021/22 (WF Plans) | 2021/22 - HEIW Recommendations |
|---|--------------------|--------------------|--------------------|--------------------------|-----------------------------------|
| BSc Diagnostic Radiography | 112 | 112 | 140 | 134 | 140 |
| BSc Therapy Radiography | 20 | 20 | 22 | 26 | 26 |
| HE Cert in Audiological Practice | 0 | 0 | 15 | 0 | 15 |
| Physiological Science - PTP | | | | | |
| B.Sc. (Hons) Healthcare Science - Cardiac Physiology | 24 | 24 | 24 | 22 | 24 |
| B.Sc. (Hons) Healthcare Science - Audiology | 18 | 16 | 10 | 12 | 12 |
| B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science | 5 | 5 | 5 | 8 | 8 |
| B.Sc. (Hons) Healthcare Science - Neurophysiology | 3 | 3 | 4 | 3 | 3 |
| Physical and Biomedical Engineering - PTP | | | | | |
| B.Sc. (Hons) Healthcare Science- Clinical Engineering | 3 | 3 | 2 | 2 | 2 |
| B.Sc. (Hons) Healthcare Science - Nuclear Medicine | 3 | 3 | 3 | 6 | 3 |
| B.Sc. (Hons) Healthcare Science - Radiotherapy Physics | | | | | 3 |
| Life Science - PTP | | | | | |
| B.Sc. (Hons) Healthcare Science- Blood, infection, Cellular, Genetics | 21 | 21 | 24 | 25 | 25 |
| Total PTP | 77 | 77 | 87 | 78 | 80 |
| HIGHER SPECIALIST SCIENTIST TRAINING - HSST | | | | | |
| Physical Sciences | 2 | 2 | 2 | 5 | 3 |
| Life Sciences | 2 | 2 | 2 | 5 | 3 |
| Physiological Sciences | 1 | 1 | 1 | 2 | 2 |
| Total HSST | 5 | 5 | 5 | 12 | 8 |
| Post Graduate Healthcare Science Education | | | | | |
| MSc Genomic Medicine (This is not an STP) | 20 | 20 | 20 | 0 | 20 |
| SCIENTIST TRAINING PROGRAMME-STP | | | | | |
| Physiological Sciences - STP | | | | | |
| MSc Audiology | 3 | 6 | 6 | 5 | 5 |
| MSc Neurophysiology | 2 | 2 | 0 | 4 | 3 |
| MSc Cardiac Science | 3 | 1 | 3 | 9 | 3 |
| MSc Respiratory & Sleep | 0 | 3 | 1 | 2 | 2 |
| Life Science -STP | | | | | |
| MSc Clinical Microbiology | 3 | 0 | 2 | 1 | 1 |
| MSc Clinical Immunology | 0 | 0 | 0 | 0 | 0 |
| MSc Haematology and Transfusion Science | 0 | 0 | 1 | 1 | 1 |
| MSc Histocompatibility and Immunogenetics | 0 | 0 | 0 | 1 | 1 |
| MSc Clinical Biochemistry | 0 | 2 | 4 | 3 | 3 |
| MSc Genomics | 2 | 1 | 1 | 2 | 2 |
| MSc Cancer Genomics | 0 | 1 | 1 | 2 | 2 |
| MSc in Genomic Counselling | 0 | 0 | 2 | 0 | 2 |
| MSc Reproductive Sciences - Clinical Embryology and Andrology | 0 | 2 | 1 | 1 | 1 |
| MSc Histopathology | 0 | 0 | 0 | 1 | 0 |
| MSc Reconstructive Science | 0 | 1 | 0 | 1 | 1 |
| Physical Sciences and Biomedical Engineering - STP | | | | | |
| MSc. Medical Physics | 3 | 3 | 7 | 6 | 5 |
| MSc in Clinical Engineering | 2 | 1 | 2 | 5 | 4 |
| Clinical Bio Informatics -STP | | | | | |
| MSc in Clinical Bioinformatics | 2 | 1 | 1 | 4 | 2 |
| Clinical Pharmaceutical Science | | | | | |
| MSc Pharmaceutical Technology and Quality Assurance | 0 | 0 | 0 | 3 | 3 |
| Total STP | 20 | 24 | 32 | 55 | 40 |

| Course Title | Ed Com. 2018/19 | Ed Com. 2019/20 | Ed Com. 2020/21 | 2021/22 (WF Plans) | 2021/22 - HEIW Recommendations |
|------------------------------------|-----------------|-----------------|-----------------|--------------------|--------------------------------|
| Dental | | | | | |
| Diploma in Dental Hygiene | 18 | 18 | 18 | 1 | 18 |
| Degree in Dental Hygiene & Therapy | 13 | 13 | 13 | 9 | 13 |
| Pharmacy Technician | 35 | 45 | 45 | 63 | 0 |

| Course Title | Ed Com. 2018/19 | Ed Com. 2019/20 | Ed Com. 2020/21 | 2021/22 (WF Plans) | 2021/22 - HEIW Recommendations |
|--|-----------------|-----------------|-----------------|--------------------|--------------------------------|
| Radiography - Assistant Practitioners | | | | | |
| Assistant Practitioners Radiography - Diagnostic | 12 | 12 | 12 | 12 | 12 |
| Assistant Practitioners Radiography - Therapy | 0 | 0 | 0 | 0 | 0 |

5. Post Registration and Post Graduate Education

Introduction

Continuing education is crucial once professionals enter their professional registers. It supports transition into the registrant role and supports the development of advanced skills, which enables registrants to be able to respond to the transformation and redesign of clinical services and challenging health crisis. This has been more evident in 2020 with the onset of the Covid 19 pandemic.

HEIW funds staff to undertake post registration/graduate level education these include:

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

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

Advanced and Extended Practice Education

There has been significant investment in advanced/extended education and over the last few years from Welsh Government and currently the budget per annum is £1.5m. This investment has supported a wide range of clinicians to develop advanced and extended skills and has also supported health services to gain advanced practitioners. Priority areas identified last year continue to be the same for 2021/22. These are:

- Community and Primary care/GP OOHs
- Unscheduled care to include, emergency care, critical care

- Cancer services
- Diagnostics
- Eye Health/Ophthalmology access

At present it is unclear whether the Covid 19 pandemic will affect the ability for registrants to be able to be released to undertake post graduate education programmes. HEI's have been able to convert most of their face to face teaching into distance and online learning, which has allowed students to continue with the academic element of the programme. This budget has seen significant increase over the last few years **however the recommendation is that the budget is increased to £2 million for 2021/22.**

Non-Medical prescribing Education

The following courses are funded:

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

Investment in these programmes increased for 20/21 to £500k. At present it is unclear whether the Covid 19 pandemic will affect the ability for registrants to be able to be released to undertake these programmes. As this budget has seen significant increase over the last few years and with the uncertainty regarding Covid19 therefore the recommendation is that the budget remains at the current level.

Reporting radiographers

Consultant radiologists as well as radiographers remain on the occupational shortage list, therefore there is a need to develop more reporting Radiographers and expand other areas of Advanced Practice in Radiography to better utilise and develop skills and support shortages across the profession. A new budget was established in 2020/21. HEIW is recommending that the budget of £40k per annum continues for 21/22

Medical Ultrasound/Sonography

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

HEIW recommends that the budget increases to £

MSc in Genomic Medicine

Genetics and Genomic medicine continue to build momentum within healthcare provision. Advances in this field have provided patients with earlier and more accurate diagnosis and more individualised treatment and patient care. Welsh Government has identified a need to increase the capacity and capability of the scientific workforce in genomic medicine, and the

Genomics for precision medicine strategy was published in July 2017, which sets out the Welsh Government's plan to create a sustainable, internationally-competitive environment for genetics and genomics to improve health and healthcare provision for the people of Wales. Since then the Topol report (2019) has also been published which contains eight recommendations for genomics specifically, with a heavy emphasis on workforce development and planning.

HEIW recommends that the budget remains at the current level.

Community Education

Community health studies programmes actively supports "A Healthier Wales" and the movement of services from secondary care to community/primary care which focuses on keeping people well and at home. Investment in this area can be categorised into three main areas:

- Programmes which lead to a **recordable** qualification i.e. District Nurse, Practice Nurse, Community Psychiatric Nurse, Community Learning Disability Nurse, Paediatric Community Nurse
- Programmes which may lead to an academic award which is not formally recognised by the NMC.
- Programmes which lead to a **registerable** qualification with the Nursing and Midwifery Council (NMC) i.e. Health Visiting, School Nursing and Occupational Health Nursing.

The tables below identifies the number of students which it is recommended are commissioned for 2021/22.

Health Visiting

Health Visiting is delivered through a number of routes:

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

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

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

HEIW recommend maintaining the same level of education provision as in 2021/22.

The tables below identifies the number of students which it is recommended are commissioned for 2021/22

| Course Title | Ed Com. 2018/19 | Ed Com. 2019/20 | Ed Com. 2020/21 | 2021/22 (WF Plans) | 2021/22 - HEIW Recommendations |
|---|-----------------|-----------------|-----------------|--------------------|--------------------------------|
| Health Visiting (Full-time) | 63 | 58 | 58 | 70 | 58 |
| Health Nursing (Part-time) | 27 | 34 | 34 | 18 | 34 |
| Health Visiting (modules) | 30 | 30 | 30 | 6 | 30 |
| School Nursing (Full-time) | 14 | 14 | 14 | 32 | 20 |
| School Nursing (Part-time) | 5 | 5 | 5 | 3 | 10 |
| School Nursing (modules) | 3 | 3 | 3 | 0 | 0 |
| Occupational Health (Full-time) | 0 | 0 | 0 | 2 | 0 |
| Occupational Health (Part-time) | 0 | 0 | 0 | 1 | 0 |
| Community Health Studies | | | | | |
| District Nursing (Part-time) | 80 | 80 | 80 | 78 | 80 |
| District Nursing Modules (in modules) | 123 | 123 | 123 | 92 | 123 |
| Practice Nursing (Part-time) | 20 | 20 | 20 | 30 | 30 |
| Practice Nursing Modules (in modules) | 29 | 29 | 29 | 50 | 50 |
| Community Paediatric Nursing (Part-time) | 0 | 0 | 0 | 11 | 0 |
| Community Paediatric Nursing Modules (in modules) | 24 | 24 | 24 | 10 | 24 |
| CPN (Part-time) | 30 | 30 | 30 | 14 | 30 |
| CPN Modules (in modules) | 60 | 60 | 60 | 14 | 60 |
| CLDN (Part-time) | 0 | 0 | 0 | 7 | 0 |
| CLDN Modules (in modules) | 10 | 10 | 10 | 5 | 10 |
| Additional Modules | 472 | 472 | 560 | 36 | 560 |
| Return To Practice | 140 | 140 | 140 | 138 | 140 |

6. Healthcare Support Worker Development

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

healthcare needs. There is an urgent need, therefore, to develop and invest in HCSWs working in primary, community and hospital services. In addition, many of the current HCSW workforce have the knowledge, skills, values and behaviours to undertake pre-registration programmes with minimal extra support. Evidence would suggest that these individuals would stay with their local Health Board/Trust employer.

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

Since the introduction of the Apprenticeship Levy in 2016, organisations have sort to increase the numbers of HCSWs undertaking Apprenticeships, which are referenced to within a number of the IMTPs. It is expected that organisations will continue to maximise the use of Apprenticeship funding, which would increase the breadth of support that could be given to organisations from the non-medical education budget.

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

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

7. Medical & Dental

The 2020 – 2023 IMTPs refer to areas of **medical recruitment difficulties**, across all grades and specialties, however, at Consultant level there are reported recruitment difficulties across a wide range of specialties including:

- Ophthalmology
- Emergency Medicine
- Anaesthetics
- Intensive Care Medicine
- Microbiology & Infectious Diseases
- Obstetrics and Gynaecology
- Paediatrics
- Sexual Health
- Surgery specialties including Urology, Breast Surgery, ENT and Trauma and Orthopaedics
- Oncology
- General Practice
- Neurology

- Psychiatry
- Radiology
- Histopathology

This pattern is replicated across certain parts of the UK and to address this, in part, the Home Office announced changes to the immigration rules meaning that certain occupations would be added to the shortage occupation list, giving people coming to the UK to work in these roles priority in securing a Tier 2 work visa. In October 2019 the shortage occupations list was updated to include all grades of medical practitioners. The Home Office also streamlined English language testing meaning that doctors who have already passed an English language test accepted by the GMC, do not have to sit another test before entry to the UK on a Tier 2 visa. This change enables Health Boards and Trusts to be able to recruit overseas candidates quickly (see section on impact of Coronavirus).

The approach to workforce planning

With the establishment of HEIW, the approach to workforce planning for the medical workforce was further developed this year. A series of engagement and planning meetings were set up, with a membership comprising the Postgraduate Dean, supported by other leads within HEIW and a range of stakeholders including Heads of Schools, Programme Directors and representatives of the Royal Colleges. These meetings considered a range of workforce information that informed the workforce planning recommendations for this year.

This approach has allowed HEIW to review a larger number of specialties this year and to commence work to build and develop a modelling approach that will support the planning function going forward. Criteria for assessing the decommissioning of training posts was also agreed by the group. Any future decisions to decommission training posts would be agreed with the HEIW Education Training and Commissioning Group and this approach was discussed with the All Wales Medical Directors Group. The final workforce planning recommendations were also shared with the Medical Directors as part of the engagement process for the development of this year's plan.

Impact of the Coronavirus Pandemic on medical training

The Coronavirus pandemic which commenced in early 2020 has had a number of impacts on medical training, some of which are not yet quantifiable.

Foundation Training: Emergency capacity planning at the start of the pandemic led to the graduation of the medical students being brought forward to May 2020, with an optional Interim Foundation Year 1 role created to cover the period between graduation and commencing Foundation training in August 2020. The interim placements commenced in May and early June with funding directly allocated to Health Boards via the COVID allocations.

Core & Specialty Training: The commencement of the pandemic coincided with the recruitment rounds for August 2020. A programme of contingency arrangements was introduced across the UK to complete recruitment for outstanding specialties. Rotations were also suspended at this point. Final numbers for the recruitment process will not be available until mid in May. Delayed start dates may need to be introduced for certain trainees who, due to visa applications and travel restrictions, are unable to commence their programme as originally planned.

Completion of Specialty Training: There is likely to be an impact on specialty training, specifically for those trainees approaching their Certificate of Completion of Training (CCT) and those completing Core training due to the stopping of core work impacting on competence acquisition and assessment. This might mean that a small number of trainees cannot complete their training at their anticipated point of CCT. Solutions are being explored; these include utilising the trainees' six-month period of grace to enable them to complete their logbooks, however, as the country emerges from lockdown and normal activity restarts, this issue might resolve. HEIW is working with the relevant organisations regarding CCT and consultant recruitment.

General Practice: The MRCGP examination was suspended in March and GP Specialty Trainees/Registrars due to complete training by August 2020 may not be able to gain their CCT unless an alternative assessment can be developed. The RCGP is working with the SEBs to urgently develop an alternative to the clinical skills assessment (CSA) which may mitigate this risk.

Tier 2 visas and overseas recruits: For those medical staff currently employed on a Tier 2 visa, there have been automatic extensions of visas for those who are due to expire in the next 6 months, however, there has also been a suspension of processing of new applications for Tier 2 Visa by the Home Office. This may impact on the number of overseas doctors entering medical training programmes later this year.

Medical Workforce Planning Recommendations for Core & Specialty Training

General Practice

HEIW was successful in the recruitment of 187 applicants into general practice training in the last year. Previous recommendations have been to increase the GP training posts from 136 to 160 and ultimately to 200 by 2021 with a formal target of recruiting up to 160 trainees.

It is recommended that 160 GP training places are advertised with an option to over-recruit to a maximum of 200.

Emergency Medicine:

Previous recommendations have recognised the increased demand for Emergency Medicine, the fact that the Consultant workforce is ageing and that Emergency Units, across Wales are currently understaffed as compared to Royal College recommendations. Several organisations continue to report recruitment difficulties for Emergency Medicine in their IMTPs.

In recent years, the workforce planning recommendations for Emergency Medicine have included recommendations to expand the Acute Common Stem (ACCS) programme. ACCS is the feeder training programme for Emergency Medicine and almost all the Emergency Medicine trainees undertake this training programme before entering higher training in Emergency Medicine. Over recent years, the ACCS training programme has been expanded to enable increased output with the posts to support this coming from the conversion of unfilled higher posts into the lower grade of ACCS and newly funded posts. As the ACCS programme expands, further expansion is required in the Emergency Medicine programme to address the deficit following the conversion of higher posts to ACCS in

previous years. To support this an increase of 5 Higher Training (ST3) posts for is required for Emergency Medicine.

There is also recognition that there remains a requirement to increase the numbers of ACCS trainees to support retention into Higher Emergency Medicine training in North Wales. Trainees in North Wales are likely to remain there as consultants and increasing the number of trainees on this programme will increase the supply of CCTs to take up consultant posts in that region. It is recommended that 2 additional ACCS training posts are created for the North Wales programme.

Anaesthetics

Previous recommendations have recognised the increased demand for Anaesthetics and the fact that both the Consultant and SAS workforce is ageing with an increasing number of anticipated retirements over the next 5 – 10 years. Consultant vacancies are impacted by retirements but also due to consultants choosing to drop sessions or work part time. Consultant recruitment has traditionally been good across NHS Wales, however, more recently several posts are proving difficult to fill due to a lack of applicants and again several organisations are noting recruitment difficulties for consultant anaesthetists in the IMTPs. Anaesthetics has traditionally employed a large proportion of SAS doctors at middle grade and more recently there is difficulty in recruiting to this grade which is an important component of the middle tier.

Demand for anaesthetics steadily increases due to the ageing population, increasing complexity, demand for out of hours consultant cover, increases in post anaesthesia care and peri-operative medicine, the move to 7 day working and ICU requiring 24-hour consultant cover. The consultant workforce works on a sessional basis and increasing numbers are opting to work 10 sessions or less. The Coronavirus pandemic has also highlighted the importance of these consultants in supporting ICU departments.

Fill rates for training in Anaesthetics remain good, however, high numbers of trainees are opting for less than full time training (LTFT). Between 20 -22 trainees gain CCT each year and evidence from CCT destination data shows that the majority of trainees in anaesthetics remain in Wales as consultants post CCT.

In line with all other specialities and following the recommendations of the Shape of Training review, the Royal College of Anaesthetists have submitted a revised curriculum to the GMC which was scheduled for implementation from August 2021. However, due to the impact of the Coronavirus pandemic, the planned changes to the Anaesthetics curriculum will now be delayed by one year.

Requirements for additional posts at the Core training level for 2021, to meet the changing curriculum requirements as a result of these changes, will now not be required until August 2022 and Anaesthetics will be reviewed again next year.

Given the significant moves to LTFT working and the level of anticipated retirements over the forthcoming years it is recommended that an additional 3 Higher Training posts are required in Anaesthetics to address ongoing and predicted workforce shortages at consultant level.

Intensive Care Medicine

There remains a steady increase in demand for intensive care due to the ageing population, associated increases in complexity of patients and the move towards an increased expectation of out of hours care being delivered by consultants. In 2018, The Minister for Health and Social Services announced an allocation of monies to support the development of Critical Care in Wales. The Critical Illness Implementation Group established a Task and Finish Group on Critical Care which reported in July 2019. This report recognised that there was a need for extra critical care capacity in conjunction with a combination of other initiatives and improved efficiencies. The report recognised the need for a phased expansion of level 3 beds and the development of the critical workforce, including the need for an increase in medical training posts. Health Boards have developed phased implementation plans (over a maximum five-year period).

Consultants in ICU have traditionally come via the Anaesthetics training route and in 2012, training in Intensive Care Medicine became a single specialty. However, most trainees continue to dual accredit with other acute specialties such as Acute Medicine leading to a CCT in both ICM and another specialty. This may impact on the final destination of trainees vis a vis recruitment into ICU. To address this, previous workforce planning recommendations have been to increase in ICM as follows:

- An additional 4 trainees in 2017/18
- An additional 2 trainees in 2018/19 and to review in 2020
- 13 CT2 to address changes as a result of the changes to the Internal Medicine curriculum
- An additional 4 higher posts in 2020/2021 following increases across the UK in response to the COVID pandemic.
- There have also been increases to the ACCS feeder programme

Currently, the training programme comprises 27 trainees with varying outputs due to the dual accreditation. It is recommended that an additional 4 Higher Training post are required to increase our ICM workforce in Wales and that ICM requirements continue to be reviewed and again in 2021.

Recommendations to support the development of the Major Trauma Network:

1. Plastic Surgery

Plastic Surgery is a small specialty and is currently provided as a national service based at Morriston Hospital in Swansea Bay UHB. The British Association of Plastic and Reconstructive and Aesthetics Surgeons' 2018 workforce analysis recommends a ratio of one plastic surgeon per 80,000 population. This would equate to 35 wte in Wales whilst the current establishment is 17.3 wte with the potential for up to 3 consultants potentially retiring within 5 years. There are currently no difficulties in recruiting to Wales with 82% of trainees, over the last 10 years, remaining in Wales as consultants.

It has been agreed, that to support the workforce model for the Major Trauma Centre, 2 additional Higher Training posts are required for Plastic Surgery.

2. General Surgery

There are a number of pressures impacting on training in General Surgery. These include:

- The Grange hospital in ABUHB, which will require middle tier surgical support.
- Over the past decade there has been an increasing need for transplant surgery in Wales and the specialty has become increasingly popular. There are currently 5 Welsh trainees with transplant surgery as their declared sub-speciality interest but only two training posts.
- The separation of vascular training from general surgery a few years ago has now created pressures for Health Boards as the Vascular programme was delivered through reconfigured General surgery posts. Senior vascular trainees (ST5 and above) now need to be on dedicated vascular surgery on call rotas which has not historically existed for this tier and which is now impacting the sustainability of general surgery rotas.
- The staffing for general surgery cover for the MTC has not been formalised but is likely to require additional training posts. This is a valuable opportunity to provide more formal trauma training in Wales.
- Breast surgery will eventually move into a separate speciality which will impact significantly on the make up of the training rotations in Wales and also impact on general surgery on call rotas for Health Boards.

Demand for surgery is increasing due to an ageing population, increased complexity due to co-morbidities and increases in cancer incidence. It is therefore recommended that 4 additional Higher Training posts are required for General Surgery.

3. Trauma & Orthopaedics

The workforce model in Trauma and Orthopaedics was considered during the previous workforce planning round, with a recommendation made for an additional 4 trainees to commence in August 2019. This has been reviewed again this year in the context of the Major Trauma Centre. No change is recommended for 2021.

Urology

Demand for urology is increasing due to increases in prostate and other urological cancers related to an expanding older aged population; approximately 50% of Urology workload is cancer related. The consultant workforce is also ageing with a large proportion of the workforce currently aged 50+ and 55+. There are unfilled consultant posts across Wales and plans to expand posts in a number of Health Boards. There are emerging difficulties in recruitment with some Health Boards reporting recruitment difficulties in their IMTPs. There have also been failures to appoint at consultant level, especially where there is a requirement for sub specialisation.

The five-year Wales Urology training programme is made up of 16 posts with approximately 3 trainees achieving CCT each year.

To support the Cancer agenda and anticipated changes in workforce over the coming years, including shortages at consultant level, it is recommended an additional 4 Higher Training posts are created.

Neurosurgery

Neurosurgery is a small specialty and is a national service provided from Morriston Hospital in Swansea Bay UHB and Cardiff and Vales UHB. Neurosurgery is a predominantly Consultant delivered speciality. There are a small number of retirements anticipated over the next 5 – 10 years and on review there are sufficient trainees to be able to replace these posts.

Neurosurgery is a small training programme with approximately 1 trainee achieving CCT each year. The training programme expanded considerably from 3 posts in 2010 to current numbers. Most trainees undertake 1 and 2 year post CCT fellowships before taking up either substantive or locum positions. Modelling undertaken by the Society of British Neurological Surgeons looking at workforce requirements over the next 12 years suggest both an over and under supply of trainees depending on an assumption of conservative growth and retirement estimates. Bi-annual workforce surveys are planned to begin in 2020 and there are no plans to expand training numbers in England. National Selection recruitment is being held at 25 in 2020. Across the UK there are currently sufficient numbers of trainees undertaking locums and fellowships.

The training programme in Wales has a good reputation and is able to attract trainees; most trainees would prefer to work in Wales on competition of CCT. The programme is currently producing more CCT holders due to additional trainees undertaking Academic training through the WCAT programme.

Having considered the current numbers of trainees within the Wales training programme and retirements over the next 5 – 10 years, it is recommended that a phased reduction of posts is undertaken in line with trainees completing their training. This would lead to reducing the training programme by 2 posts over the next 2/3 years.

Obstetrics & Gynaecology

'Maternity Care in Wales; A five-year vision for the future (2019 – 2024)' was published in July 2019. The report includes a recommendation that HEIW will respond to the attrition rate of specialty trainees in obstetrics and gynaecology, by considering alternative entry points to the specialty training programme, additional training numbers and flexibility of training delivery. The Royal College of Obstetrics and Gynaecology O&G Workforce Report 2018 reported that across the UK there was a 30% typical attrition rate from training programmes and from trainees not taking up consultant posts. The report also noted that across the UK approximately 54% of trainees are international medical graduates.

Obstetrics & Gynaecology is a run through programme from ST1 leading to CCT. Entry points are typically at ST1 but more recently ST3 recruitment has commenced for this programme. The programme is made up of 93 posts. Attrition from the programme is usually seen in the early years with trainees transferring to other regions or specialties.

Both the consultant and training workforce is feminising which has the possibility of more of the consultant workforce choosing to work part time. Nationally it is estimated that up to 30% of the workforce will be retiring next 5 years and in Wales this could equate to up to 80 consultants and SAS doctors (in obstetrics and gynaecology there is a high proportion of SAS workforce in this specialty).

It is therefore recommended that an additional 2 ST1 posts are required, in response to *'Maternity Care in Wales, a 5-year vision for the future'* and to address attrition during the early years of the training programme.

Paediatrics

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

The Paediatrics workforce has a fairly even age profile in Wales, however, there are likely to be a significant number of retirements over the next 5 – 10 years. Within the training programme, there is a move towards more part time working and less than full time training (LTFT) rates have increased across the UK. With almost $\frac{3}{4}$ of UK trainees now being women, the proportion of trainees choosing to train LTFT is likely to increase further and it is not known yet whether this will translate into an increase in part time working when these trainees gain their consultant appointments. The increase in the numbers of trainees opting to train less LTFT coupled with maternity leave and requests for out of programme training is leading to an increase in rota gaps across the training programme. Recruitment into Paediatrics is largely at ST1 with small numbers also available at ST4. Fill rates following recruitment vary each year but are usually range between 80% and 100%. Trainees often commence the programme working 100% WTE and reduce to 60-80% later in the programme.

Paediatrics was reviewed during the previous workforce planning round and at that point the specialty was undertaking work to consider training capacity if additional posts were allocated. As part of this process an additional 4 posts were identified for August 2020 funded through Health Board funding to support changes to their service delivery models. It was agreed to further review the specialty again as part of this workforce planning round.

It is recommended that an additional 4 ST1 posts are required to address the recommendations of the RCPCH workforce report, feminisation of the workforce and increasing numbers of trainees opting for LTFT training, resulting in persistent gaps within this training programme.

It is further recommended that to support recruitment and retention within the Paediatrics training programme, 2 Higher Training Clinical Teaching fellowships are also required.

Community Sexual & Reproductive Health (CSRH)

Community Sexual and Reproductive Health is a relatively new training programme and a small specialty. Consultant recruits have traditionally been drawn from a variety of backgrounds, including O&G, Public Health and General Practice. Whilst there is scope to diversify the workforce, with nurses undertaking a wider range of practices including coil fitting, pressures on General Practice have impacted on this service and Consultant vacancies can be difficult to recruit to.

There is a need to undertake further work in forthcoming years to explore this specialty further alongside GUM and this specialty will now be reviewed in 2021.

Internal Medicine

Training in the Physician specialties is made up of 3 years training in Stage 1 (Internal Medicine) followed by 3 or 4 years in Stage 2 (Higher Medical Training). It is therefore important that the balance between the number of posts available in Stage 1 and Stage 2 are closely aligned and allow for a level of attrition. Currently the ratio of those completing Stage 1 training and eligible for higher training is 1:1 (1 trainee completing per post advertised). Across other training programmes this ratio allows for greater flexibility and more importantly attrition when individuals change training pathways. Within this paper recommendations are being made to increase the number of posts available across the Stage 2 Medical specialties. It is therefore critical that as a minimum, the 1:1 ration currently in place is retained.

From previous Workforce modelling it is recognised that there are a number of Medicine specialties in which Wales is currently projected an oversupply of CCT holders and should therefore be considered for disestablishment. These posts have not yet been incorporated into any workforce plan as it is anticipated that these posts will be reallocated to Internal Medicine (IM3) posts from 2021 onwards to meet the demand of the Internal Medicine training programme. The implementation of the Internal Medicine curriculum will cause significant issues for service delivery across medicine particularly in August 2021 when recruitment into Stage 2 programmes will be frozen due to the introduction of the IM3 year. With this instability in mind there are no plans for 2020 to decommission medicine training posts until the requirements going forward have been explored with Health Boards and service implications during this transition period mitigated.

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

In reviewing the number of posts available for Stage 1, the workforce plans for the Grange Hospital in Aneurin Bevan Health Board were also considered.

It is therefore recommended that an additional 15 posts are required for August 2021 and that further expansion is reviewed for 2022. The additional posts will ensure there are sufficient core training posts to meet the recommended increase in the following medical specialties.

Acute Medicine

Acute Medicine is a small and relatively new specialty. Acute Care Physicians came into the workforce in Wales from approximately 2009. There are a number of consultants working in this field who come from other specialties according to the Royal College of Physicians census 2018. There is potential for between 6 to 10 consultants to potentially retire from the current workforce within next decade.

The Acute Medicine training programme currently has 12 trainees and the fill rate has been 100% for the past 3 years. Trainees typically go on to secure consultant posts in Wales, however, given the number of anticipated retirements it is unlikely that the current number

of trainees in Wales will be able to replace these retirees especially with an increase in trainees opting to dual accredit with other specialties such as ICM.

Due to retirements an additional 4 Higher Training posts are required to support the expansion of the Acute Care Physician consultant workforce.

Respiratory Medicine

There is a long term, well described recruitment issues across the UK within respiratory medicine. The British Thoracic Society report highlights the large number of vacancies across the UK with 50% of hospitals reporting having vacant posts – a situation mirrored in Wales and likely to worsen based on our recent snapshot survey.

In Wales there are currently a number of vacancies for Respiratory Consultants and a number of Health Boards are also planning to increase their number of posts; this combined with an increase in the numbers of consultants choosing to work part time and a number of planned retirements anticipated over the next five years means that there could be up to 25 consultant vacancies over the next five years (STC estimate). Within this specialty there are also a number of dual qualified consultants who split their jobs between respiratory medicine and another specialty such as acute medicine or critical care. It should be noted that a number of the ICM trainees will also be dual accrediting with this specialty.

There are 29 trainees within the respiratory medicine training programme and the programme successfully recruits at ST3 with a 100% fill rate each year. There has been a steady increase in the number of trainees requesting to work LTFT - in 2012 there were 2 LTFT trainees and this has increased to on average 7 or 8 trainees and it is unclear at present whether the trend to train LTFT will translate into part time working at consultant level. There is also a high proportion of trainees taking time out of training for maternity leave.

Demand for respiratory consultants has been increasing across Wales and the rest of the UK over the last decade. This is driven by a number of factors including:

- Increased sub-specialisation within respiratory medicine
- A drive to improve lung cancer mortality with national optimal cancer pathways being the most recent development
- Improved and more complex high-cost treatments, especially biological therapies
- Respiratory medicine is the major contributing speciality for provision of unscheduled medical care across every hospital in Wales. Unscheduled care pressures are likely to continue to increase, and as acknowledged in the NHS Winter plan 2019/2020, approximately 50% of the increased admissions during winter are because of respiratory conditions.

Demand will also increase over the next decade due to the advent of lung cancer screening nationally. The demand is both unmapped and likely to be great as wide-scale rollout of these programmes driven by national policy is implemented.

The Coronavirus pandemic of 2020 has also highlighted the importance of the role and demonstrated the need for an increase in respiratory physicians. It is therefore recommended that an additional 2 Higher Training posts are required to support future workforce requirements.

Gastroenterology

The National Endoscopy Programme for Wales was established in response to increasing demand from the incidence of cancer, increased screening programmes as a result of the Single Cancer Pathway and an increased focus on earlier diagnosis. The National Endoscopy Programme Action Plan 2019 – 23 identifies actions to develop sustainable endoscopy services which includes a focus on upper gastrointestinal endoscopy. Wales has an ageing population which in turn leads to increasing incidence of cancer and along with eight national screening programmes demand for Gastroenterology is increasing. Whilst the contribution of the wider workforce is recognised and plans are being devised to increase skills levels to undertake non-medical endoscopy, not all the work can be undertaken by a non-medically trained endoscopist.

Nationally there is a picture emerging of recruitment difficulties and two organisations in Wales reported recruitment difficulties in their IMTPs. Workforce surveys undertaken by the British Society of Gastroenterology and Royal College of Physicians (2018) note that at a UK level there is emerging evidence of failure to appoint to consultant positions due to lack of suitable applicants. The workforce census carried out by the RCP in 2018 notes that in North Wales current consultant numbers are below the recommended levels per head of population. There are anticipated to be an increasing number of retirements both in Wales and the rest of the UK due to the ageing of the workforce.

It is recommended to support future workforce requirements and the Single Cancer Pathway work that 2 additional Higher Training posts are required.

Renal Medicine

No change to training numbers required for August 2021 however this specialty will be reviewed in 2021 considering the changes to the Internal Medicine training pathway.

Diabetes and Endocrinology

No change to training numbers required for August 2021 however this specialty will be reviewed in 2021 considering the changes to the Internal Medicine training pathway.

Clinical and Medical Oncology

Both specialties are small with 16 trainees in clinical oncology and 6 trainees in medical oncology. Trainees are increasingly opting to train less than full time, undertake fellowships and out of programme training and the majority of trainees take up consultant posts in Wales. Retirements are starting to increase within these specialties and within Wales there has been an increase in the difficulty to recruit to consultant posts, with one organisation reporting recruitment difficulties for Consultant Oncologists in its IMTP.

Cancer services remain a priority for Welsh Government as highlighted in the Cancer delivery Plan for Wales (2016 – 2020). The incidence of new cases is rising by approximately 1.5% a year and is set to rise by at least 2% a year for the next 15 years. More patients are now surviving their cancer for at least 10 years. Advancing age is the biggest risk factor for cancer with 77% of all cancers occurring in those aged 55+. This is a particular challenge in Wales as 33% of the population is aged 55+ as compared with 30% in the rest of the UK. An additional factor affecting the increase in demand is the additional complexity of treating older patients with cancer which requires additional support.

The new Single Cancer Pathway, implemented in Wales with aim to streamline the diagnostic pathway and ensure patients receive first treatment within 62 days of first suspicion of cancer, includes starting treatment within 21 days of diagnosis. Advances are also taking place in cancer treatments and management. The NHS Cancer Workforce Plan: Phase 1: delivering the cancer strategy to 2021, highlighted that HEE had already identified the need to invest in 746 consultants working in cancer but had concluded that they needed an additional 10% increase in the number of oncologists with an increase in the number of trainees over 3-15 years to support growth and transformation. The CRUK report - Full Team Ahead: Understanding the UK non-surgical cancer treatments workforce (December 2017) investigated the current and future needs, capacity and skills of the non-surgical oncology workforce across the UK. It notes regional variation in the workforce across UK with clinical oncologists making up 8.9% of the workforce in Wales (UK average 8.6%) and medical oncology 2.8% (UK average 5.1%) and that Wales has the lowest number of medical oncologists per million population compared to the rest of the UK. This document highlighted the need for investment in training numbers as the workforce modelling used, predicted a shortfall of 23% within medical oncology and 19% within clinical oncology consultant numbers by 2022.

The Royal College of Radiologists produced a Wales workforce summary in 2018 for clinical oncology. It identified a current workforce shortfall of 26% which is significantly higher than the UK average and likely to grow substantially over the coming years. The summary commented that there is significant regional variation in Wales with the number of clinical oncologists per million in Wales overall being on par with the rest of the UK.

Clinical Oncology – it is recommended that 4 additional Higher Training Posts are required per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists and to meet increasing demand for cancer treatments

Medical Oncology – it is recommended that 3 additional Higher Training posts are required per year for 5 years to support the increased incidence of cancer and the Cancer agenda.

Medical Microbiology and Combined Infection Training

Medical Microbiology and Combined Infection Training was reviewed during last year's workforce planning round with a recommendation that the training programme was expanded to enable workforce changes outlined by Public Health Wales (PHW) in a paper presented to Welsh Government.

Demand for Medical Microbiology continues to increase with a noted increase in antimicrobial resistance (AMR), Healthcare Associated Infections (HCAI), increased complexity of infections, emerging infection threats and the move towards delivering healthcare in the community. This has also been highlighted by the Coronavirus pandemic that commenced during early 2020.

The Welsh Government has signed up to the UK AMR Action Plan with health security becoming a greater public health priority whilst recognising that Health Protection/Infection Services are fragile.

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

rate would be lower. Retirements will be increasing over the next 5 years and as noted last year the current number of trainees gaining CCT over that time are not likely to be sufficient to replace the retirements and the current vacancies. PHW continued to report recruitment difficulties in their current IMTP.

Last year Welsh Government agreed with Public Health Wales (PHW) to invest in the Clinical Infection workforce and PHW committed to employing additional consultants in infection.

It is therefore recommended to continue the recommendation from last year's plan; 3 additional training posts are required for 5 years to support the increase in the clinical infection workforce. This would constitute the second year of the increase of 3 additional posts for 5 years.

Radiology

Radiology has seen a significant expansion in recent years, resulting from recommendations in previous workforce plans amounting to an expansion of approximately 30 posts. This has resulted in an overall increase in trainees from 42 in July 2016 to 72 in August 2019 and further for August 2020.

The increase in demand for imaging is noted and the Business Case for the National Imaging Academy identified a need of 20 training posts.

It is recommended to maintain an intake of 20 trainees per annum, as agreed last year, to maximise the capacity of the Imaging Academy and that this is reviewed again for the 2022 intake.

PRIORITY WORKFORCE AREAS

Critical Care

In July 2018 the Minister for Health and Social Services announced an additional £15million for Critical Care in Wales. A task and finish group was established and the Report of the Task and Finish Group on Critical Care was published on 2 July 2019. The report considered a number of areas including, critical care capacity, Outreach teams, PACU and long-term ventilation. The report also made a number of recommendations to Welsh Government including specific recommendations for the workforce:

- Better utilisation of the existing critical care workforce
- Development/expansion of the critical care workforce to meet professional standards
- To consider ways to manage critical care staffing across regions rather than just within UHBs
- Increase in the number of training post graduate training places for medical staffing, and consider training routes for nursing including ACCPs
- Funding should be provided on an indicative basis to allow health boards to develop robust implementation plans which take account of remodelling existing resources, interdependencies/impact of the development and confirmation they are definitely able to recruit any necessary staff

HEIW has reviewed Health Board Implementation Plans and IMTP/Annual Plans in regard to workforce planning for the critical care workforce and to inform any recommendations within the Education and Training Plan. It is recognised that the coronavirus pandemic, which commenced in March 2020, will have impacted on the health boards implementation plans for critical care, as emergency planning for the pandemic saw an immediate expansion of critical care capacity across all health boards.

Infection, Prevention and Control (IP&C)

There is a clear need to commission more courses and develop careers in the field of infection prevention and control. HEIW will work to develop more specialists to ensure that leadership in research and education is present to support the NHS, community, primary health care, and the wider social care sector of care homes, hospices, and domiciliary care.

HEIW is supporting the work of the Welsh Government Nosocomial Transmissions Group (NTG) which has been set up to advise, support and provide direction on the actions needed to minimise nosocomial transmission and enable the safe resumption of services.

To support the workforce and education requirements of the NGT HEIW advised a two staged approach would be required. Firstly, develop a consistent, standardise and evidence-based approach to Infection, Prevention and Control (IP&C) training adopting a once for wales approach. Secondly, to develop a workforce plan for IPC services to address the challenges of recruitment, offer alternatives to the composition of the skill mix within MDTs and review the provision of specialist education.

Considerations for the Education and Training Plan 2021/22

Nursing: The plans indicate that there is a requirement for small numbers of additional nursing workforce for the development of outreach teams and PACU. Nursing within critical care comes from the Adult Branch with any additional skills training delivered in house. In recent years the education commissions for adult nursing have increased and there is good availability for pre-registration placements for third year nursing students in critical care. Over the last few years Health boards have made limited use of HEIW advanced practice funding to develop staff with critical care skills. HEIW has reviewed the uptake of critical care education over the last 3 years and although the uptake has seen an increase in 2019 only 24 staff undertook education relevant to that area of health care. HEIW is in the early stages of developing a working group to look at current critical care education provision within Welsh universities to develop a standard set of learning outcomes for the use across Wales. This year it is reassuring to note that a number of the Implementation Plans and education commissioning requests indicate that organisations are planning to increase their Advanced Critical Care Practitioners posts; whilst some organisations have indicated that they will be developing these staff in house, a number have requested access to funding for the MSc Critical Care. Advance practice monies are allocated to organisations by HEIW and the requests for MSc Critical Care (10 for nursing and 1 for pharmacy) will be considered as part of this year's plan. Critical care is set as a national priority area for health boards when allocating their advanced practice education funding. There will also be the potential to explore the contribution of the Physician Associate, mental health nurses and ODP's alongside the development of ACCPs.

Medical: The increase in demand in critical care has been recognised and the ICM training programme has been reviewed over a number of previous Education and Training Plans, leading to recommendations to increase trainees over the past four planning rounds. There are currently 27 trainees on the programme with varying output due to dual accreditation. The training programme has increased as detailed below with a recommendation to increase a further 4 trainees as part of the 2021/22 Education and Training Plan:

- An additional 4 trainees in 2017/18
- An additional 2 trainees in 2018/19 and to review in 2020
- 13 CT2 to address changes as a result of the changes to the Internal Medicine curriculum
- An additional 4 higher posts in 2020/2021 following increases across the UK in response to the COVID pandemic.
- There have also been increases to the ACCS feeder programme

AHP: The Implementation Plans indicate that organisations are planning to expand the number of roles for AHPs in critical care to support rehabilitation and discharge. Mainly this appears to be for Physiotherapist and OTs although critical care units also employ small numbers of Speech and Language Therapists and Dieticians. Over the past five years there have been increases to the numbers of Allied Health Professions pre-registration training places. These will be increased in this year's Education and Training Plan and the (small) demand from increased appointments within critical care have been taken into consideration as part of these recommendations.

Clinical Psychologists: It is recognised that there is an increase in demand for psychologists across the service and a need to change the model for the development of this workforce. Commissioning of education to support the development of the psychology

workforce has been placed into phase 2 to allow for the recommendations of work surrounding the future shape of this workforce is available.

Whilst these changes will not affect the current recruitment plans for critical care, moving forward work is underway to explore different training routes to develop and broaden the clinical psychology workforce including the masters level education for Clinical Associate Psychologists (CAP) role.

Learning Disabilities

The Learning Disability Improving Lives Programme made recommendations aimed at improving health outcomes and reducing inequalities in health. To support this work, we will take action in the coming year to grow the number of applicants to pre-registration learning disability nursing courses. We will undertake a marketing campaign highlighting the role of the Learning Disability Nurse and routes of entry to pre-registration degrees and explore with the universities the possibility of dual qualifications LD/MH to potentially increase the attractiveness of this field.

Primary Care Model for Wales

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

- the potential development of a Primary Care Hub Support and Governance Framework to support NHS Wales' efforts to sustain and transform the expanding workforce in primary care. HEIW has had preliminary discussions with Chief Executives and Health Board Primary Care leads and these discussions will be taken forward during 2020, initially at an exploratory stakeholder workshop organised by HEIW.
- training an expanding primary care workforce requires space for consulting and teaching. Officials from Welsh Government have welcomed HEIW's suggestion to discuss potential near term initiatives to appropriately increase available Learner Accommodation Funding in the Primary Care estate.
- building upon the significant increases in recruitment to GP Specialty Training achieved during 2019.
- following the successful introduction of the 1+ model of GP training in 5 District Schemes during 2019, the model will be embedded in all 11 schemes in Wales in 2020. HEE has now signalled its intent to introduce this model throughout England by 2022.
- to help accommodate the expanding health professional trainees in the general practice learning environment, the production of new training practices and new GP trainers is being significantly increased from 2020 onwards.
- development of an integrated pre-registration pharmacy programmes to increase the contribution of pharmacists and pharmacy technicians
- changing the optometry workforce
- increase the number of advanced practitioners and staff with extended skills
- increase the number and utilisation of physician associates to support unscheduled and primary care
- increase the use of the wider workforce e.g. nursing, allied health professionals, paramedic and pharmacy in unscheduled care and primary care
- continue investment in education and training for non-registered (both clinical and non-clinical) staff

- develop workforce tools to support workforce modernisations e.g. online verification of death training resource for non-medical staff
- roll out of the behavioural science approach resulting in a less risk averse culture and practice
- increase in non-medical prescribing to upskill the workforce

Optometry/Eye Care

Postgraduate qualification commissioning

Eye care is delivered across all sectors by a wide range of healthcare professionals in primary and secondary care in both a scheduled and unscheduled service. Given the aging population and the development of new treatments, demands on all eye care services are set to increase. Eye care pathways that utilise multidisciplinary teams in primary (including optometry practices in community) and secondary care are currently in use or under development in all health boards. The care pathways provide greater access to eye health care closer to patient's homes.

Most health boards IMTPs include the intention to expand the options for primary care based ophthalmology solutions and/or multidisciplinary teams provision of glaucoma services, for example in value based clinical pathways. Additionally, the use and expansion of Ophthalmic Diagnostic Treatment Centres (ODTCs) is recommended. To enact these recommendations, transformation at primary care optometry practices with appropriately qualified staff is required. With ODTC models in all health boards transformation has begun. Training optometrists to operate referral refinement in AMD and the management of patients with glaucoma can achieve service transformation in a sustainable manner in all cluster regions.

Independent Prescribing registration for optometrists in audits has shown to enable them to manage 85% of patients in primary care optometry practices. This releases capacity for GPs and secondary care eye casualty.

HEIW will ensure there is at least one optometrist in every cluster in Wales with higher qualifications and Independent Prescribing registration in over the next 3 years up to (2023) to support a reduction in demand for ophthalmology.

Current numbers of optometrists with higher qualifications

| Health Board | IP | Medical Retina | Higher Cert in Glaucoma |
|-------------------------|----|----------------|-------------------------|
| Aneurin Bevan | 6 | 5 | 0 |
| Besti Cadwaladr | 1 | 7 | 1 |
| Cardiff and Vale | 1 | 7 | 1 |
| Cwm Taf Morg | 2 | 6 | 1 |
| Powys | 1 | 1 | 0 |
| Swansea Bay | 1 | 4 | 0 |

| | | | |
|------------------|---|----|---|
| Hywel Dda | 3 | 12 | 1 |
|------------------|---|----|---|

Projected numbers of optometrists with higher qualifications by 2023

| Health Board | IP | Medical Retina | Higher Cert in Glaucoma |
|-------------------------|----|----------------|-------------------------|
| Aneurin Bevan | 12 | 12 | 12 |
| Besti Cadwaladr | 14 | 14 | 4 |
| Cardiff and Vale | 12 | 10 | 9 |
| Cwm Taf Morg | 8 | 8 | 8 |
| Powys | 4 | 4 | 3 |
| Swansea Bay | 10 | 10 | 8 |
| Hywel Dda | 7 | 9 | 8 |

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

Endoscopy

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

HEIW will work with the National endoscopy programme to develop a standardised approach to endoscopy demand and capacity across wales, development and commissioning of the endoscopy training programme, identify capacity gaps within endoscopy, to include all bands of staff and to develop sustainable and transformational roles to accommodate the demand.

Mental Health

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

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

Psychology Provision

The strategic review of health professional education has a second phase that will include the procurement of the Clinical Psychology Doctoral programme which is currently commissioned from Bangor university and a Cardiff and Vale/Cardiff university collaboration. Numbers for these programmes are relatively small however IMTP's each year identify that more numbers of trainees need to be commissioned. This training programme is the most expensive one to fund as trainees are employed on a band 6 salary and HEIW also covers faculty costs.

There is evidence that new and emerging roles within psychology services need to be considered to support the work of the clinical psychologists. One example is the **Clinical Associate Psychologists (CAPs)** which is a new grade of professional psychologist which is emerging in the NHS in England. The roles are open to psychology graduates who undergo one year of training at master's level to become part of the applied psychology workforce at pre-registration level. There are a copious supply of these graduates exiting from Cardiff university annually. CAP's are an advanced practice role which deliver psychological assessments and interventions, under the supervision of a registered practitioner psychologist.

The introduction of clinical associates in psychology, along with other emerging roles, will help to increase access to psychological therapies. The British Psychological Society (BPS) are working with education providers to ensure quality standards in education and training for associate psychologists, just as they already accredit psychology courses throughout the UK. HEIW has had initial engagement with the chair of the National Psychological Therapies Management Committee (NPTMC), which currently reports to the Together for Mental Health National Partnership Board. Further engagement is required to determine if this role is something required within Wales. Early indications are that it would be, and this is an exciting opportunity to expand the psychological workforce.

HEIW recommends that following completion of the second phase of the strategic review these are commissioned from 2022 and recommends that Clinical Psychology Doctoral programmes commissioned should be increased to 32.

Other national priorities

Dental

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

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

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



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| | | | |
|---|--|---------------------|----------------|
| Dyddiad y Cyfarfod | 30 Gorffennaf 2020 | Eitem Agenda | 4.1 |
| Teitl yr Adroddiad | Adroddiad y Cyfarwyddwr Cyllid | | |
| Awdur yr Adroddiad | Rhiannon Beckett | | |
| Noddwr yr Adroddiad | Eifion Williams | | |
| Cyflwynwyd gan | Eifion Williams | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | Cyflwyno adroddiad i Fwrdd AaGIC ynghylch y sefyllfa ariannol ar gyfer Mehefin 2020 (Mis 03), y rhagolygon ar gyfer diwedd y flwyddyn a'r newidiadau arfaethedig yn y cynllun Ariannol canol blwyddyn. | | |
| Materion Allweddol | Mae gan AaGIC ddyletswydd statudol i fantoli'r cyfrifon ar ddiwedd y flwyddyn, a dylai'r adroddiad hwn gynorthwyo'r Bwrdd, y Swyddogion Gweithredol a'r Deiliaid Cyllidebau i ddeall y sefyllfa ariannol a gofnodir ar gyfer Mis 3 blwyddyn ariannol 2020-21 a'r camau mae angen eu cymryd er mwyn cael cydbwysedd ariannol ar ddiwedd y flwyddyn. | | |
| Camau penodol i'w cymryd (rhowch ✓ wrth ymyl un yn unig) | Gwybodaeth | Trafod | Sicrhau |
| | | ✓ | |
| Argymhellion | <ol style="list-style-type: none"> 1. Dylai Bwrdd AaGIC nodi'r sefyllfa ariannol a gofnodir ar gyfer mis tri a'r rhesymau sylfaenol dros yr amrywiannau yn y gyllideb. 2. Dylid ystyried a chytuno ar y newidiadau arfaethedig i'r Cynllun Ariannol canol blwyddyn. | | |

Adroddiad y Cyfarwyddwr Cyllid

1. CYFLWYNIAD

Mae'r adroddiad yn nodi'r sefyllfa ariannol ar ddiwedd Mehefin 2020, a gofnodwyd yn erbyn cyllidebau wedi'u diweddarau sy'n deillio o Gynllun Adnoddau 2020/21 y Cynllun Tymor Canolig Integredig (IMTP) ar gyfer 2020-21 i 2024-25 ac a ddiweddarwyd gan y llythyr dyrannu a gafwyd gan Lywodraeth Cymru. Mae sefyllfa ariannol AaGIC ar gyfer Mis 3 yn nodi £981,502 o danwariant, ac rydym wedi rhoi gwybod i Lywodraeth Cymru ein bod yn rhagweld y byddwn mewn sefyllfa o gydbwysedd ariannol ar ddiwedd y flwyddyn.

2. CEFNDIR

Mae'r adroddiad hwn yn cyflwyno'r wybodaeth ddiweddaraf am y sefyllfa ariannol ar 30 Mehefin 2020 ac yn nodi'r rhesymau am unrhyw amrywiad ariannol yn erbyn y cyllidebau a bennwyd. Er mai megis dechrau mae'r flwyddyn ariannol, mae'r pandemig COVID-19 a'r cyfyngiadau symud yn parhau i effeithio ar ymrwymadau a gwariant ar gyflogau ynghyd ag ar ymrwymadau a gwariant nad ydynt yn gysylltiedig â chyflogau, a hynny trwy gyfyngu ar gyfleoedd yn ymwneud â gweithgareddau recriwtio, hyfforddiant ac addysg. Mae deiliaid cyllidebau a rheolwyr gwasanaethau yn rhoi ystyriaeth fanwl i ailbroffilio gweithgareddau Comisiynu er mwyn mynd i'r afael ag effaith barhaus y pandemig fel y gellir adfer cyfleoedd hyfforddiant ac addysg yr effeithiwyd arnynt mewn modd andwyol, a bydd hyn yn arwain at yr angen i ddiwygio'r cynllun ariannol canol blwyddyn yn ystod 2020/21.

3. Y CYNNIG

Gofynnir i'r Bwrdd nodi sefyllfa ariannol AaGIC yn ystod Mis 3 ac ystyried yr esboniadau cryno o'r amrywiadau allweddol a ddisgrifir ar gyfer pob Cyfarwyddiaeth. Ymhellach, gofynnir i'r Bwrdd ystyried y newidiadau arfaethedig i'r Cynllun Ariannol canol blwyddyn er mwyn i AaGIC allu bod mewn sefyllfa o gydbwysedd ariannol ar ddiwedd y flwyddyn.

4. MATERION LLYWODRAETHU A RISG

Mae gan AaGIC ddyletswydd ariannol statudol i fantoli'r cyfrifon ar ddiwedd y flwyddyn, a bydd Llywodraeth Cymru yn monitro'r sefyllfa a gofnodir o ran y ddyletswydd hon a hefyd yn erbyn cynllun ariannol y flwyddyn bresennol o fewn Cynllun Tymor Canolig Integredig 2020-23.

5. CYFYNGIADAU ARIANNOL

4.1 Y Sefyllfa Ariannol Refeniw ar gyfer Mis 03

Mae AaGIC yn cofnodi tanwariant o £982K yn erbyn y cyllidebau a broffiliwyd ar gyfer y cyfnod tri mis hyd at 30 Mehefin 2020. Mae'r tanwariant hwn wedi deillio'n bennaf o danwariant ar gyllidebau staffio o ganlyniad i swyddi gwag ar draws sefydliad AaGIC, a thanwariant ar gyllidebau comisiynu, yn ogystal â thanwariant ar gyllidebau nad

dynt yn gysylltiedig â chyflogau o ganlyniad i effaith y cyfyngiadau COVID-19 ar gostau teithio, digwyddiadau a chynadleddau.

Mae'r tanwariant ar weithgareddau comisiynu mewn cyllidebau Nyrsio yn deillio o danrecriwtio yn erbyn y targedau a osodwyd i brifysgolion. Mae'r tanwariant mewn cyllidebau Meddygol yn ymwneud yn bennaf â bylchau wrth recriwtio swyddi Gradd Hyfforddi.

Yng nghyfarfod y Tîm Gweithredol a gynhaliwyd ar 15 Mehefin 2020, cafodd y tanwariant o £982k yn erbyn cyllidebau dirprwyedig ar gyfer y tri mis hyd at 30 Mehefin 2020 ei adrodd i'r Tîm Gweithredol, a'i drafod ganddo. Cafodd y sefyllfa bresennol o ran staffio ei hystyried hefyd, yn ogystal â mesurau i fynd i'r afael â'r sefyllfa o ran swyddi gwag wrth i AaGIC ddechrau cynllunio ar gyfer y 'normal newydd' ar ôl COVID-19. Mae'r sefyllfa o ran gwerthuso swyddi ar gyfer swyddi AaGIC mae angen eu llenwi yn gyfredol ar hyn o bryd, ac nid oes llwyth wedi cronni, a chaiff pob swydd wag ei hadolygu fesul achos.

Adroddwyd ar sefyllfa mis 3 i Lywodraeth Cymru ar ddiwrnod 5 ac mae mwy o fanylion wedi'u rhannu trwy'r ffurflen fonitro a gyflwynwyd ar ddiwrnod 9 yn unol ag amserlen adrodd ofynnol Cylchlythyr Iechyd Cymru. Mae'r ffurflen fonitro a gyflwynwyd i'w gweld yn Atodiad 2.

Dengys y tabl isod yr amrywiant lefel uchel ar gyfer cyllidebau dirprwyedig y Cyfarwyddwyr Gweithredol.



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Health Education and
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As at 30th June 2020

| | Year to Date | | | Previous Month | |
|--|---------------------|---------------------|--------------------|------------------|------------------|
| | Budget | Actual | Variance | Variance to Date | Movement |
| | £ | £ | £ | £ | £ |
| <u>INCOME:</u> | | | | | |
| Welsh Government | (54,571,446) | (54,571,446) | 0 | 0 | 0 |
| Other Income | (166,423) | (139,815) | 26,608 | 15,908 | 10,699 |
| Total Income | (54,737,869) | (54,711,261) | 26,608 | 15,908 | 10,699 |
| <u>Expenditure</u> | | | | | |
| Board & Executive | 432,300 | 385,408 | (46,892) | (24,883) | (22,009) |
| Finance | 250,161 | 225,950 | (24,211) | (18,118) | (6,093) |
| Planning, Performance and Corporate Services | 422,077 | 408,976 | (13,101) | (4,428) | (8,673) |
| Digital and IT | 1,264,041 | 1,139,210 | (124,831) | (84,425) | (40,406) |
| Medical & Pharmacy | 24,070,999 | 23,807,193 | (263,806) | (191,906) | (71,900) |
| Nursing | 27,759,680 | 27,361,963 | (397,717) | (284,995) | (112,723) |
| Human Resources and Organisation Development | 664,977 | 527,426 | (137,551) | (99,003) | (38,547) |
| Sub-Total Expenditure | 54,864,235 | 53,856,125 | (1,008,110) | (707,758) | (300,352) |
| Total | | | (981,502) | (691,849) | (289,653) |

Yn y tabl canlynol ceir dadansoddiad pellach o'r amrywiant ariannol fesul Cyfarwyddiaeth.

| | Income | Expenditure | | | Total |
|--|---------------|------------------|------------------|------------------|------------------|
| | | Pay | Non Pay | Commissioning | |
| Directorate | £ | £ | £ | £ | £ |
| Board and Executive | | (26,556) | (20,336) | | (46,892) |
| Chief Executive Reserve | | | 0 | | 0 |
| Finance | | (19,169) | (5,042) | | (24,211) |
| Planning, Performance and Corporate Services | | 3,481 | (16,582) | | (13,101) |
| Digital and IT | | (79,824) | (45,007) | | (124,831) |
| Medical & Pharmacy | 26,608 | (118,035) | (79,186) | (66,585) | (237,199) |
| Nursing | 0 | (32,561) | (2,176) | (362,980) | (397,717) |
| Human Resources and Organisation Development | | (100,201) | (37,350) | | (137,551) |
| Total | 26,608 | (372,865) | (205,679) | (429,565) | (981,502) |

Mae'r dadansoddiad a welir yn Atodiad 1 yn nodi'r rhesymau allweddol am y tanwariant, fesul Cyfarwyddiaeth. Y rhesymau allweddol am yr amrywiannau mewn tanwariant yw swyddi gwag yn erbyn lefelau staffio roedd Cyllidebau Cyflogau wedi'u neilltuo ar eu cyfer, costau is mewn gweithgareddau cymorth addysg a hyfforddiant a chostau teithio mewn cyllidebau nad ydynt yn gysylltiedig â chyflogau, ynghyd â lleoliadau is na'r disgwyl mewn cyllidebau lleoliadau addysg a hyfforddiant wedi'u comisiynu.

Disgwylir y bydd AaGIC yn llwyddo i sicrhau cydbwysedd ariannol cyffredinol erbyn diwedd y flwyddyn.

4.2 Cyfalaf

Nid oes unrhyw wariant cyfalaf wedi codi hyd yma yn 2020/21.

Cafodd y dyraniad o £46k ar gyfer caffael y system e-bortffolio fferylliaeth ei gario ymlaen i 2020/21 gan nad oedd unrhyw gyflenwr wedi gwneud cynnig am y prosiect yn 2019/20. Mae gofynion y cynllun wrthi'n cael eu hadolygu.

4.3 Mantolen

Dyma'r fantolen fel yr oedd ar 30 Mehefin 2020:

| | 2020/21 Opening Balance £000s | 30 th June 2020 £000s | Movement £000s |
|-----------------------------|--|--|-------------------|
| Non-Current Assets: | | | |
| Fixed Assets | 2,595 | 2,469 | (126) |
| Current Assets: | | | |
| Trade and other receivables | 1,074 | 544 | (530) |
| Cash & bank | 7,465 | 99 | (7,366) |
| Total Assets | 11,134 | 3,112 | (8,022) |
| Liabilities: | | | |
| Trade and other payables | (7,328) | (14,523) | (7,195) |
| Provisions | (130) | (130) | 0 |
| Total Liabilities | (7,458) | (14,653) | (7,195) |
| | 3,676 | (11,541) | (15,217) |

| | | | |
|----------------------|--------------|-----------------|-----------------|
| Financed by: | | | |
| General Fund | 3,676 | (11,541) | (15,217) |
| Total Funding | 3,676 | (11,541) | (15,217) |

- Mae'r symudiad yng nghyswllt asedau anghyfredol yn adlewyrchu'r ffioedd dibrisio a godwyd yn ystod 2020/21. Cyfanswm y dyraniad cyfalaf ar gyfer 2020/21 yw £151k, o ganlyniad i gario £51k ymlaen o 2019/20. Nid oes cynlluniau gwariant wedi cael eu paratoi i'r Tîm Gweithredol eu hystyried eto.
- Mae'r fasnach daladwy a'r symiau taladwy eraill yn gyfanswm o £14.5m, sef cynnydd o £7.1m ers dechrau'r flwyddyn ariannol. Mae'r prif falansau'n cynnwys y canlynol:
 - Roedd croniadau'r Is-adran Feddygol ar gyfer y mis yn £3.3m. Roedd £1.65m yn ymwneud â chostau Hyfforddeion Meddygon Teulu ym mis Mehefin, nad oeddynt wedi'u hanfonebu. Roedd £0.5m yn ychwaneg yn groniad o gostau cyflogau myfyrwyr mewn byrddau iechyd a £0.3 yn ymwneud â chostau adleoli meddygon iau.
 - Mae'r croniadau ar gyfer yr Is-adran Anfeddygol yn y mis yn gyfanswm o £5.0m, gan gynnwys £1.8m ar gyfer GIG Cymru (yn cynnwys ad-daliad cyflogau myfyrwyr) a £3.8m o gostau heb fod yn gysylltiedig â GIG Cymru (anfonebau prifysgolion yn bennaf, gan gynnwys ad-dalu bwsariaethau, costau teithio ac ati).
- Mae'r balansau eraill yn cynnwys:
 - £0.5m o groniadau sy'n gysylltiedig â'r gyflogres – taliadau pensiwn a CThEM a wnaed yn ystod y mis ar ôl y gyflogres.
 - £0.5m o groniadau cyfrifyddu technegol, e.e. cario croniadau gwylliau blynyddol ymlaen.
 - £3.9 o anfonebau sy'n disgwyl cael eu talu ar y system cyfrifon taladwy yn unol â'r amserlen dalu 30 diwrnod.
- Cafodd £8.5m o adnoddau eu dyrannu gan Lywodraeth Cymru ym mis Mehefin 2020, ac roedd y balans arian ar ddiwedd y mis yn is na £0.1m. Bydd arian yn cael ei dynnu i lawr yn unol â'r gofynion arian rhagamcanol ar gyfer pob mis, ac felly ni cheir deuddeg o symiau cyfartal. Mae lefel y credydwy'r ar 30 Mehefin yn arwain at falans cronfa negyddol, ond caiff hyn ei wrthbwyso yn erbyn yr arian a dynnir i lawr dros weddill y flwyddyn pan gaiff y credydwy'r eu talu.

Polisi Taliadau'r Sector Cyhoeddus

Disgwylir i holl gyrff y GIG fodloni Polisi Taliadau'r Sector Cyhoeddus, sy'n ei gwneud hi'n ofynnol i sefydliadau'r GIG dalu 95% o'r holl anfonebau o fewn 30 diwrnod ac mae'n seiliedig ar sefyllfa gronnus. Ar gyfer y cyfnod rhwng 1 Ebrill a 30 Mehefin 2020, talodd AaGIC 87.8% o'i anfonebau nad oeddynt yn gysylltiedig â'r GIG o fewn y cyfnod targed hwn. Dyma gynnydd felly, oherwydd y ffigur ar gyfer mis 2 oedd 85.71%; ond mae'r sefyllfa yn ystod y mis yn dal i fod islaw'r lefel angenrheidiol. Isod, nodir dadansoddiad o'r sefyllfa, ynghyd â chymhariaeth â mis 3 2019/20:

| Non-NHS Invoices PSPP Performance 2019/20 & 2020/21 - By Number of Invoices (Target of 95%) | | | | | | | | |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | 2019/20 | | | | 2020/21 | | | |
| | Total Number | Total Passed | Total Failed | % Passed | Total Number | Total Passed | Total Failed | % Passed |
| April | 489 | 467 | 22 | 95.50 | 354 | 334 | 20 | 94.35 |
| May | 312 | 301 | 11 | 96.47 | 311 | 236 | 75 | 75.88 |
| June | 502 | 486 | 16 | 96.81 | 453 | 412 | 41 | 90.95 |
| Cumulative | 1,303 | 1,254 | 49 | 96.24 | 1,118 | 982 | 136 | 87.84 |

| Non-NHS Invoices PSPP Performance 2019/20 & 2020/21 - By Value (Not a target) | | | | | | | | |
|---|-------------------|----------------------------|----------------------------|--------------|-------------------|----------------------------|----------------------------|--------------|
| | 2019/20 | | | | 2020/21 | | | |
| | Total Value £ | Total Value Passed £ | Total Value Failed £ | % Passed | Total Value £ | Total Value Passed £ | Total Value Failed £ | % Passed |
| April | 5,721,999 | 5,683,470 | 38,529 | 99.33 | 8,204,823 | 8,181,539 | 23,283 | 99.72 |
| May | 6,578,201 | 6,570,551 | 7,650 | 99.88 | 6,912,407 | 6,874,559 | 37,848 | 99.45 |
| June | 6,496,133 | 6,474,082 | 22,051 | 99.66 | 6,603,862 | 6,583,414 | 20,448 | 99.69 |
| Cumulative | 18,796,333 | 18,728,103 | 68,230 | 99.64 | 21,721,092 | 21,639,513 | 81,580 | 99.62 |

Y prif reswm am fethu â chyrraedd y targed oedd yr oedi wrth dalu nifer o anfonebau gwerth isel yn ymwneud â Lwfansau i Fyfyrrwyr Anabl. Gan na chaiff yr anfonebau hyn eu paru ag Archeb Brynu, rhaid i bob un gael ei adolygu a'i awdurdodi'n unigol cyn ei dalu. Oherwydd galwadau â blaenoriaeth uwch ar draws y gwasanaeth yn gynharach yn y flwyddyn ariannol, ni fu modd prosesu'r anfonebau hyn o fewn y terfynau amser.

Problem ychwanegol yn 2020/21 yw'r ffaith fod cyfanswm yr anfonebau a dalwyd wedi gostwng bron 14% mewn cymhariaeth â'r un cyfnod y llynedd, ac felly mae effaith ganrannol unrhyw fethiant yn uwch.

Er nad yw hyn yn darged, dylid nodi bod gwerth canrannol yr anfonebau a dalwyd yn cyd-fynd â 2019/20, gyda 99.62% o gyfanswm y gwerth wedi'i dalu o fewn 30 diwrnod. Dengys hyn fod gwerth yr anfonebau y methwyd â'u talu o fewn y cyfnod targed yn weddol isel (£600 fesul anfoneb ar gyfartaledd).

Oherwydd y nifer llai o anfonebau a dalwyd eleni, bydd ailgyrraedd y targed o 95% yn dasg anodd. Er mwyn gwneud hyn, caiff y camau canlynol eu cymryd:

- Mae cymorth ychwanegol wedi'i ddarparu i dargedu anfonebau Lwfansau i Fyfyrrwyr Anabl yn benodol. Mae'r gwaith o brosesu'r rhain wedi dychwelyd at y lefel angenrheidiol bellach a bydd hyn yn parhau i gael ei fonitro.
- Mae dangosfwrdd ar gyfer Polisi Taliadau'r Sector Cyhoeddus wedi'i baratoi fel y gellir dadansoddi perfformiad talu fesul cyfarwyddiaeth a chanolfan gostau. Caiff yr wybodaeth ei chyflwyno'n fisol yn un o gyfarfodydd y tîm cyllid, gan ganiatáu i bartneriaid busnes adolygu ac ymdrin ag unrhyw faterion a ddaw i'r amlwg.
- Caiff dulliau olrhain mewn perthynas â monitro anfonebau eu diweddarau'n gyson, a phan fo problemau i'w cael o hyd byddant yn cael eu trafod gyda'r tîm perthnasol.

6. Diwygiadau i Gynllun Adnoddau 2020/21

Mae adolygiad trylwyr o'r sefyllfa ariannol 3 mis a'r gofynion sydd gan AaGIC o ran adnoddau ar gyfer 2021/21 wedi'i gynnal. Ar sail dadansoddiad o'r wybodaeth sydd ar gael, ar yr adeg hon o'r flwyddyn deallir y bydd y tanwariant yn parhau i gynyddu yn ystod gweddill y flwyddyn. O fewn y cyllidebau comisiynu Nyrsio, mae'r dyddiad cychwyn ar gyfer nifer fechan o gyrsgiau proffesiynol yn ymwneud ag ymweliadau iechyd wedi'u gohirio am 5 mis oherwydd y pandemig, sef rhywbeth a fydd yn lleihau cost y gyrsgiau eleni. Ymhellach, mae peth tanrecriwtio a chyfradd gadael ymhlith myfyrwyr wedi arwain at danwariant a fydd yn parhau tan ddiwedd y flwyddyn. Bydd yr elfennau hyn, ynghyd â llai o fyfyrwyr na'r disgwyl yn gwneud defnydd o'r Fwrsariaeth yn 2020/21, yn cyfrannu at arian dros ben ar ddiwedd y flwyddyn. Mae'r manylion canlynol yn disgrifio'r elfennau hyn yn fwy manwl:

- Oedi cyn cychwyn y cwrs ymweliadau iechyd – £0.6m
- Llai yn gwneud defnydd o'r fwrsariaeth – £1.6m
- Tanrecriwtio myfyrwyr – £1.6m

Mae trafodaeth gychwynnol wedi'i chynnal gyda chydweithwyr cyllid yn Llywodraeth Cymru i drafod y sefyllfa ariannol a gofnodwyd ar gyfer Mis 03 a'r dull o reoli Sefyllfa Ariannol AaGIC dros y flwyddyn sydd i ddod. O gofio y bydd yna danwario mewn meysydd eraill yng nghyllideb AaGIC, sy'n debygol o gronni dros ran helaeth o weddill y flwyddyn, trafodwyd gyda chydweithwyr yn Llywodraeth Cymru y posibilrwydd o ddychwelyd y tanwariant ar adnoddau cyllidebau comisiynu a nodir ar gyfer yr eitemau uchod, sy'n cyfateb i £3.9m.

Yn ychwanegol at danwario sy'n gysylltiedig ag ymrwymadau llai na'r disgwyl yn y flwyddyn bresennol, mae yna rai meysydd lle mae'r ymrwymadau'n debygol o fod yn fwy na'r adnoddau a neilltuwyd yn wreiddiol ar eu cyfer yn ystod y flwyddyn. Mae'r tabl isod yn nodi costau ychwanegol posibl a allai godi o ganlyniad i effaith Covid-19. Byddai'r costau o £1m a allai godi er mwyn galluogi hyfforddeion Meddygol, Deintyddol a Fferyllol i wneud cynnydd priodol a chwblhau eu gyrsgiau, a'r ymrwymadau newydd i gefnogi amcanion strategol AaGIC, yn defnyddio'r tanwariant o £1m sy'n debygol o gronni mewn cyllidebau cyflogau a chyllidebau nad ydynt yn gysylltiedig â chyflogau erbyn diwedd y flwyddyn.

Yn ystod y drafodaeth gyda chydweithwyr yn Llywodraeth Cymru, cynigiwyd hefyd y dylid trosglwyddo ymlaen yr adnodd datblygu anghylchol o £0.6m sydd ar gael eleni. O ganlyniad i hyn, byddai'r gronfa datblygu £1.6m a neilltuwyd ar gyfer 2020/21 yn lleihau i £1m, a byddai cronfa datblygu 2021/22 yn cynyddu i £1.6m. Byddai'r trefniant hwn yn galluogi AaGIC i fwrw ymlaen â digon o bethau yn y flwyddyn bresennol, gan sicrhau y byddai adnoddau ychwanegol ar gael yn y flwyddyn ariannol nesaf.

Bydd mwy o adolygiadau'n cael eu cynnal yn ystod y flwyddyn ac adroddir ar eu canlyniadau i'r Bwrdd ynghyd â'u heffaith ddisgwyliedig ar Gynllun Adnoddau 2020/21.

| | Additional Covid-19 Costs and Medical/Dental/Pharmacy | 2020/2021 | Notes |
|----|---|----------------|--|
| | | £ | |
| 1 | ITU Higher specialty training 4 posts | 130,000 | £330k included in Commissioning paper for 8 in 2020/21 |
| 2 | Interim FY1 posts 139 | - | HB Cost |
| 3 | GP Extensions | 50,000 | Cost of participation in online exam only |
| 4 | LTFT Trainees-extra sessions | - | Small number paid for by HEIW within TGS allocation |
| 5 | Leadership Fellows | 3,000 | |
| 6 | Foundation trainees-8 additional graduates | - | Managed within existing budgets |
| 7 | One additional Paediatric Emergency Medical post Feb 20 to Aug 21 | - | Managed within existing budgets |
| 8 | Trainees outstanding/untaken leave | - | Max risk across 376 posts £5.7m HB costs |
| 9 | Surgical Trainees | - | Managed within programmes |
| 10 | 8 month extension for Pre registration Pharmacists 6 @£13k | 78,000 | Risk that of 100 pre reg Pharmacists only 70 replied |
| 11 | Dentistry- some trainees requiring extension of 3 months | 30,000 | Risk mitigated in core training |
| 12 | One Foundation Doctor shielding requiring bespoke post. | 28,000 | |
| | Total | 319,000 | |

| New Commitments | | |
|-----------------|---|----------------|
| 1 | Made in Wales (Grow your own) | 92,000 |
| 2 | CDSM | 7,200 |
| 3 | MH posts | 60,000 |
| 4 | Simulation Strategy | 50,000 |
| 6 | Support in secondary care team | 120,000 |
| 8 | Business case initiatives | 200,000 |
| 9 | Welsh risk pool Pre reg Pharmacists | 29,000 |
| 10 | General management Grad Programme | 35,000 |
| 11 | Succession Planning | 108,000 |
| 13 | Digital Solution for BAME Risk Assessment | 45,000 |
| | Total | 746,200 |

7. ARGYMHELLIAD

Gofynnir i'r Bwrdd nodi sefyllfa ariannol AaGIC ar gyfer mis 3, yr esboniad cryno o'r amrywiannau allweddol fesul Cyfarwyddiaeth, y sefyllfa o ran arian Cyfalaf, y Fantolen, perfformiad Polisi Taliadau'r Sector Cyhoeddus a gofynion diwygiedig y Cynllun Adnoddau.

Hefyd, gofynnir i'r Bwrdd drafod a chytuno ar y canlynol:

1. Dychwelyd £3.8m i Lywodraeth Cymru yn 2020/21.
2. Defnyddio £1m o'r adnoddau sydd ar gael at ddibenion gwahanol er mwyn mynd i'r afael ag ymrwymadau newydd a ragwelir yn y flwyddyn bresennol.
3. Trosglwyddo £0.6m o gronfeydd datblygu ymlaen i flwyddyn ariannol 2021/22.

| Llywodraethu a Sicrwydd | | | |
|--|---|--|--|
| Cysylltu ag amcanion strategol yr IMTP (<i>rhowch ✓</i>) | Nod Strategol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni 'Cymru Iachach | Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol | Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel |
| | Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd | Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo | Nod Strategol 6: Cael ei nabod fel partner, dylanwadwr ac arweinydd rhagorol |
| | | | |
| | | | |
| Ansawdd, Diogelwch a Phrofiad y Claf | | | |
| Ni cheir unrhyw oblygiadau o ran Ansawdd, Diogelwch a Phrofiad y Claf. | | | |
| Goblygiadau Ariannol | | | |
| Caiff y goblygiadau ariannol eu nodi uchod yng nghorff yr adroddiad. | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth) | | | |
| Mae gan AaGIC gyfrifoldeb statudol i fantoli'r cyfrifon ar ddiwedd y flwyddyn. Mae'r adroddiad yn nodi'r sefyllfa ariannol ym mis Mehefin 2020. Nid oes gan yr adroddiad hwn unrhyw oblygiadau o ran cydraddoldeb ac amrywiaeth. | | | |
| Goblygiadau Staffio | | | |
| Nid oes gan yr adroddiad hwn unrhyw oblygiadau staffio. | | | |
| 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 rhoi dull cynaliadwy ar waith mewn perthynas â rheolaeth ariannol, a fydd yn galluogi AaGIC i fodloni ei amcanion tymor hir. | | | |
| Hanes yr Adroddiad | Mae'r adroddiad yn cyfeirio at y diweddariad ariannol blaenorol a rannwyd gyda Bwrdd AaGIC ym mis Mehefin 2020, ac yn mynd ati i'w ddiweddarau. | | |
| Atodiadau | Ceir mwy o fanylion yn Atodiad 1. | | |

REPORT OF THE DIRECTOR OF FINANCE

The following analysis of the key underspends, by Directorate, is provided below: -

1. Board and Executives

- The underspend of £26.6K on pay is as a result of 2 wte vacancies with recruitment now anticipated in August/September and the appointment at to the Interim Director of Nursing post at less than 1 wte.
- An underspend on Non-Pay of £20.3K is due to lower than budgeted travel and subsistence costs and training expenses as a result of the Covid-19 pandemic and lockdown.

2. Finance.

- The underspend of £19.2K on pay budgets is predominantly as a result of three vacancies within the team. The underspend associated with these vacancies would ordinarily have been offset by the costs of agency staff but as a result of the Covid-19 pandemic and lockdown the reliance on agency staff has reduced. A new permanent member of staff started in May. This will reduce the underspend trend in future months.
- There is a favourable variance of £5K in Non-Pay that is predominantly related to lower than anticipated travel and subsistence costs.

3. Planning, Performance and Corporate Services

- There is an adverse variance against the Pay budgets of £3.4K as a result of 2 wte vacant posts that have been filled by a secondee and an agency member of staff. One post has now been appointed to substantively with an expected start date in August and recruitment to the second post is expected in January.
- There is an underspend of £5.5k against non-pay budgets as a result of charges for utilities and other variable costs associated with Ty Dysgu, for example photocopying charges, being lower than budgeted.

4. Digital and IT

- There is a favourable variance against Pay budgets of £79.8K as a result of a number of vacant posts within the team. Appointments are planned for August, September and October.
- There is an underspend against non-pay budgets of £45k as a result of lower than anticipated travel and subsistence costs and spend on software licences likely to take place later in the year.

5. Medical and Pharmacy

- There is an adverse variance of £26.6k against the other income target as a result of lower than anticipated income from revalidation and CPD courses for Dental and GP.
- The underspend on pay of £118k is as a result of a number of administration and clerical vacancies across a range of teams which is only partly offset by agency costs. There are also vacancies in clinical lead roles including the SAS lead, lead for Simulation and Deputy Foundation lead.
- The underspend on non-pay of £79.2k is as a result of lower than anticipated spend on training expenses, lecture fees and travel and subsistence in the year to date.
- Commissioning budgets are underspent by £66.6k in month, predominantly due to a variance of £37k in respect of under-recruitment to training grade posts, £18.8k underspend due to lower activity in training expenses and training, travel and subsistence in Pharmacy budgets, underspend at £5K in the GP returners budget and £5k in Welsh Clinical Academic Training.

6. Nursing

- The underspend in Pay budgets of £32.6K relates predominantly to the delay in appointing to senior posts within the nursing team and also within the Workforce Modernisation team that has now transferred into the Nursing Directorate. The Workforce Modernisation team vacancy has been appointed to, but there is a delayed start due to Covid-19. The start date for the Head of Science post is unconfirmed to date.
- Non-Pay budgets are mainly provided for Commissioning expenditure on education and training contracts, student salary and bursary costs along with disability payments, training, travel and subsistence and expenses. In total, an underspend of £363K is reported in month 3 for Commissioning budgets for the following reasons:
 - The Commissioning budget is based on the existing student cohort in the system and the commissioned student numbers for 20/21. The underspend variance reported in month 3 is as a result of lower recruitment than planned to HCSW and SCPHN course placements. The remainder is due to the higher number of students opting to take out student loans instead of the bursary option.
- The other non-pay budgets are related to travel and subsistence and other expenses of the Nursing team which are of minimal value and expenditure is in line with budget in month.

7. Human Resources and Organisation Development

- The underspend of £100.2K in Pay budgets is due to the high number of vacancies at 10.7 wte across the core budgets within the Directorate with only 1.7 wte offset by agency staff.
- A Non-Pay variance of £37.4K is predominantly due to underspends on training, consultancy, professional fees and conference budgets largely due to the impact of Covid-19 restrictions.



GIG
CYMRU
NHS
WALES

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

| | | | |
|--|---|---------------------|----------------|
| Dyddiad y Cyfarfod | 30 Gorffennaf 2020 | Eitem Agenda | 4.2 |
| Teitl yr Adroddiad | Adroddiad Perfformiad Sefydliadol Integredig 5 AaGIC, Gorffennaf 2020-21 | | |
| Awdur yr Adroddiad | Chris Payne | | |
| Noddwr yr Adroddiad | Julie Rogers | | |
| Cyflwynwyd gan | Julie Rogers | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | Cyflwyno adroddiad perfformiad i'r Bwrdd ar gyfer chwarter cyntaf 2020-21. | | |
| Materion Allweddol | <p>Dyma'r adroddiad perfformiad cyntaf ar gyfer 2020-21 ac mae'n ymdrin â'r cyfnod rhwng 1 Ebrill a 30 Mehefin 2020. Mae effaith y pandemig COVID-19 yn golygu bod dechrau'r flwyddyn ariannol wedi bod yn anarferol o ran y gofynion o safbwynt cynllunio a pherfformiad. Felly, mae fformat yr adroddiad hwn yn wahanol i fformatau blaenorol, er mwyn ystyried gofynion adrodd ychwanegol y cyfnod hwn.</p> <p>Dyma adroddiad integredig sy'n pwyso ac yn mesur ein dull o adfer a pharhau â gwaith yn ymwneud â'n Cynllun Tymor Canolig Integredig (IMTP) a'r dangosfwrdd perfformiad, ochr yn ochr â thynnu sylw at waith a wnaed mewn ymateb i COVID-19 a data perfformiad ychwanegol rydym wedi dechrau ei gasglu mewn perthynas â gofynion Llywodraeth Cymru. O ganlyniad, rydym wedi llunio un cynllun ar gyfer yr iteriad hwn hyd at ddiwedd Chwarter 1.</p> <p>Cydnabyddir yn barhaus yr angen i gwblhau fframwaith trosfwaol i ategu ein dull o adrodd ar berfformiad yn unol â gofynion archwilio.</p> | | |
| Camau penodol i'w cymryd (<i>rhowch wrth ymyl un yn unig</i>) | Gwybodaeth | Trafod | Sicrhau |
| | | | ✓ |
| Argymhellion | <p>Gofynnir i'r aelodau:</p> <ul style="list-style-type: none"> Nodi'r diweddaraf am berfformiad Chwarter 1. Nodi'r diweddaraf am y cynnydd tuag at ddatblygu'r dangosfwrdd a'r fframwaith perfformiad integredig, yn cynnwys y bwriad i ymgysylltu mwy â'r Bwrdd ar yr adeg briodol. | | |

Adroddiad Perfformiad Sefydliadol Integredig 5

Gorffennaf, 2020-21

1. CYFLWYNIAD

Mae'r papur hwn yn cyflwyno'r adroddiad perfformiad cyntaf ar gyfer 2020-21 i'r Bwrdd. Mae'n ymdrin â'r cyfnod rhwng 1 Ebrill a 30 Mehefin 2020.

2. CEFNDIR

Mae effaith y pandemig COVID-19 yn golygu bod dechrau'r flwyddyn ariannol wedi bod yn anarferol o ran y gofynion o safbwynt cynllunio a pherfformiad. Mae fformat yr adroddiad hwn yn wahanol i fformatau blaenorol yr Adroddiad Perfformiad Sefydliadol Integredig, a hynny er mwyn ystyried gofynion adrodd ychwanegol y cyfnod hwn. Dyma adroddiad integredig sy'n pwysu ac yn mesur ein dull o adfer a pharhau â gwaith yn ymwneud â'n Cynllun Tymor Canolig Integredig (IMTP) a'r dangosfwrdd perfformiad, ochr yn ochr â thynnu sylw at waith a wnaed mewn ymateb i COVID-19 a data perfformiad ychwanegol rydym wedi dechrau ei gasglu mewn perthynas â gofynion Llywodraeth Cymru. O ganlyniad, rydym wedi llunio un cynllun ar gyfer yr iteriad hwn hyd at ddiwedd Chwarter 1.

Felly, mae'r adroddiad hwn yn cynnwys pedair elfen allweddol (1) ein perfformiad yn erbyn amcanion y Cynllun Tymor Canolig Integredig yn ystod y cyfnod; (2) ein perfformiad corfforaethol yn unol ag elfennau cytunedig y fframwaith perfformiad integredig; (3) ein perfformiad mewn ymateb i COVID-19; a (4) ein perfformiad o ran gweithgareddau a nodir yn y Cynllun Gweithredol ar gyfer Chwarter 1.

Gellir gweld yr adroddiad perfformiad integredig cyntaf ar gyfer 2020-21 yn **Atodiad A** gyda naratif ategol.

3. PWRPAS

Rhoi sicrwydd i'r Bwrdd ynglŷn â'r dull a roddwyd ar waith gan AaGIC i gynnal perfformiad drwy gydol Chwarter 1 yn erbyn y pedair elfen allweddol a gaiff eu monitro a'u datblygu, a hynny yn ystod chwarter heriol, i gefnogi'r gwaith o ymateb i COVID-19 a chynnal gweithgareddau gweithredol y cytunwyd arnynt.

4. MATERION LLYWODRAETHU A RISG

Datblygu dull o adrodd ar y Fframwaith Perfformiad a data lefel uchel

Yn Chwarter 1 2020-21, rydym wedi parhau gyda gwaith i ddatblygu dull Rheoli Perfformiad er mwyn adlewyrchu'r gwahaniaethau yn ein cylch gwaith mewn cymhariaeth â sefydliadau eraill y GIG a'r ffaith mai ychydig o dargedau cenedlaethol sy'n berthnasol i'n swyddogaethau. Fodd bynnag, ers i ni adrodd i'r Bwrdd y tro diwethaf, nid ydym wedi gwneud y cynnydd roeddem wedi disgwyl ei weld.

Un o ofynion adroddiadau archwilio diweddar yw y dylem ddatblygu a dogfennu Fframwaith Rheoli Perfformiad ar gyfer AaGIC, sef fframwaith a ddylai fod uwchlaw trefniadau perfformiad gweithredol sydd eisoes wedi'u sefydlu a chynnig eglurder i'r trefniadau hyn. Dechreuwyd ar y gwaith hwn yn 2019-20, ond bu'n rhaid ei ohirio oherwydd mater y tu hwnt i'n rheolaeth, a gwaethygyd y sefyllfa gan ein hangen i flaenoriaethu gwaith yn ymwneud â COVID-19. Fodd bynnag, wrth i'r system ddechrau

dod i drefn, mae'n bwysig i ni ailgychwyn gweithio ar ein Fframwaith fel y gallwn ddangos mewn un ddogfen sut gallwn roi sylw ychwanegol i Reoli Perfformiad yn ein sefydliad.

Bydd y Fframwaith Rheoli Perfformiad yn mynd ati'n ffurfiol i ddogfennu'r Cylch Rheoli Perfformiad arfaethedig, a bydd yn cynnwys manylion am gyfrifoldebau, disgwyliadau ac amserlenni'r rhai sy'n gysylltiedig ag ef. Fersiwn ddrafft o'r fframwaith sydd i'w chael ar hyn o bryd, ond bydd y fframwaith yn cael ei gwblhau'n fuan yn unol ag argymhellion archwilio mewnol ac adborth sydd wedi deillio o broses asesu strwythurol Swyddfa Archwilio Cymru.

Canlyniad y Fframwaith Perfformiad fydd dangosfwrdd perfformiad lefel uchel a chanddo elfennau rhyngweithiol ac adroddiad naratif ategol.

Casglu data a phrosesau

Rydym yn parhau i weithio gydag adrannau a thimau i ddiwygio ac ystyried dulliau o gasglu data. Mae'r cynnydd wedi arafu o ganlyniad i COVID-19, ond ein nod yw ailgychwyn ein gwaith o wella'r modd y caiff data ei gasglu a'i ddilysu yn ystod Chwarter 2, ac edrychwn ymlaen at ymgysylltu â'r Bwrdd i ddeall mwy am ofynion adrodd ar berfformiad.

5. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol penodol yn gysylltiedig â'r adroddiad hwn.

6. ARGYMHELLIAD

Argymhellir y dylai'r Aelodau:

- Nodi adroddiad perfformiad Chwarter 1 a welir yn Atodiad A
- Nodi'r cynnydd parhaus tuag at ddatblygu'r dangosfwrdd a'r fframwaith perfformiad integredig, yn cynnwys y bwriad i ymgysylltu mwy â'r Bwrdd ar yr adeg briodol.

| Llywodraethu a Sicrwydd | | | |
|---|---|--|--|
| Cysylltu ag amcanion strategol yr IMTP (rhowch ✓) | Nod Strategol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni 'Cymru Iachach | Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol | Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel |
| | ✓ | ✓ | ✓ |
| | Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac | Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo | Nod Strategol 6: Cael ei nabod fel partner, dylanwadwr ac arweinydd rhagorol |
| | ✓ | ✓ | ✓ |
| Ansawdd, Diogelwch a Phrofiad y Claf | | | |
| Amherthnasol | | | |
| Goblygiadau Ariannol | | | |
| Nid oes unrhyw oblygiadau ariannol yn deillio o'r adroddiad hwn. | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth) | | | |
| Amherthnasol | | | |
| Goblygiadau Staffio | | | |
| Amherthnasol | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | | | |
| Amherthnasol | | | |
| Hanes yr Adroddiad | 26 Medi 2019 – Bwrdd Cyhoeddus – Adroddiad Perfformiad 30 Ionawr 2020 – Bwrdd Cyhoeddus – Adroddiad Perfformiad 2 26 Mawrth 2020 – Bwrdd Cyhoeddus – Adroddiad Perfformiad 3 30 Mai 2020 – Bwrdd Cyhoeddus – Adroddiad Perfformiad 4 | | |
| Atodiadau | Atodiad A – Adroddiad Perfformiad Sefydliadol Integredig 5, Gorffennaf, 2019-20 + Dangosfwrdd | | |



Health Education and Improvement Wales
Integrated Organisational Performance Report 5, 2020-21, July 2020
1 April 2020 – 30 June 2020

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Section 1: Performance against IMTP Objectives

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INTRODUCTION

This is the first performance report for 2020-21 covering the period 1st April to 30th June 2020. To date, the impact of the COVID-19 pandemic has made the start of the financial year abnormal in terms of the requirements from a planning and performance perspective.

The format of this report differs from previous formats of the Integrated Organisational Performance Report to account for the additional reporting requirements for this period, and this format, or a variation of it, may be retained for future reporting in 2020-21 and beyond, as appropriate.

It is an integrated report that takes stock of our approach to continuing and reinstating work relating to our IMTP and the performance dashboard, alongside highlighting work undertaken in response to COVID-19 and additional performance data that we have started to gather in relation to Welsh Government requirements. As a result, we have pulled together one plan for this iteration to the end of Quarter 1.

This report therefore includes four key elements

- (1) our performance against the IMTP objectives during the period;
- (2) our corporate performance in line with the agreed elements of the integrated performance framework;
- (3) our performance in response to COVID-19 in Q1;
- (4) our performance in relation to activity as outlined in the Operational Plan for Q1.

EXECUTIVE SUMMARY

Performance reported for Q1 of 2020-21 shows that there has been a range of impact on HEIW's performance in all areas due to COVID-19. The period has been challenging and whilst we took the decision to pause a number of our intended strategic objectives, this provided an opportunity to support the NHS Wales system in dealing with pandemic from a workforce, education and training and leadership perspective. This has enabled us to support new ways of working internally and with stakeholders and it is imperative that we reflect on the impact of these interventions whilst we respond to the challenges of the 'new normal'. These have included the development of multi-professional training playlists to enable the continuation of training, alongside providing a suite of electronic resources to enhance workforce wellbeing and compassionate leadership. Alongside this, prior to the peak, we facilitated the training of 950 NHS colleagues in critical and acute care. We were extremely pleased to be able to support the workforce through enabling students and trainees to support workforce demands.

Alongside work in relation to COVID-19, we are also pleased to have continued to drive forward our Leadership agenda and to have finalised our education and training plan for 2021, which has received a positive response from senior peer groups in advance of ministerial decision later in 2020.

Performance against IMTP objectives

The COVID-19 pandemic had a significant impact on the delivery of strategic objectives in Q1 of 2020-21. The majority of objectives were paused at the beginning of the financial year to enable the organisation to focus on proactive support for the crisis, and in recognition that NHS colleagues would not be able to contribute to HEIW objectives in the circumstances. Further detail can be found in Section 1, 'Performance against IMTP Objectives' of progress against those agreed to proceed during Q1. As we moved towards the end of Q1 we agreed with Board on the rephrasing and deferral of the 42 agreed objectives and those arrangements are to be put in place and monitored during the remainder of the financial year.

Performance dashboard and narrative

Performance across business areas in Q1 was similarly affected, in some cases presenting a very different picture of organisational performance in such unprecedented circumstances. Quality management processes were paused to allow NHS colleagues to concentrate on responding to the clinical needs of the pandemic, all face-to-face CPD was halted and a significant number of events were developed for online delivery. ARCP continued to be undertaken with challenges of moving to virtual settings and the need to consider the impact of COVID-19 on progression. In terms of corporate performance, we continued to demonstrate the resilience of the organisation during another period of significant change, again with the lowest sickness rate of all NHS Wales organisations, and small improvements in compliance rates for PADR and Statutory & Mandatory Training. We have shown we are able to adapt accordingly and effectively to manage our work and to deliver our remit. In addition, included on the dashboard for Q1 is a new metric showing the number of words translated into Welsh so far this year compared to 2019-20. This comes just ahead of the arrival of a Welsh Translation Manager and a review of translation services for the organisation. Further detail can be found in Section 2, 'Performance Dashboard and Narrative'.

Performance in response to COVID-19

Regular updates have been provided to Board throughout the quarter and, as such, the information included in this report aligns with those provided, alongside highlighting a high-level infographic. Further detail can be found in Section 3, 'Performance in Response to COVID-19'.

Performance against Operational Plan for Q1

In line with Welsh Government requirements, we produced a plan that focussed the HEIW approach to 5 key themes. The plan was approved at May Board and implemented. Our approach to monitoring and reporting during Q1 was driven by the requirements of Welsh Government and, as agreed with Board, it comprised weekly reports as well as formal bi-monthly reports to Board. We developed an indicative action plan to identify and monitor progress against key activity in relation to each of the five themes that we articulated in our Q1 operational plan. Further detail can be found in Section 4, 'Performance against Operational Plan for Q1'.

SECTION 1: PERFORMANCE AGAINST IMTP OBJECTIVES

At the beginning of Q1, as the COVID-19 crisis hit, we reviewed our IMTP for 2020-23 and, of the 42 objectives listed within the IMTP, we paused the majority of non-essential programmes to enable staff to focus on key pieces of work to support the response to the COVID-19 crisis. We were also mindful that most of the objectives required significant input from our NHS partners that were heavily involved in dealing with the crisis. In May, as the situation eased, the IMTP was reviewed again and the decision was taken to restart some objectives, to pause or defer some of the deliverables with a view to reactivating these later this year or next year.

3 objectives have either been deferred or had specific objectives deferred, 19 have continued during Q1 or restarted during the period, whilst a further 20 objectives are to be re-phased across upcoming quarters.

During this quarter, we saw some important staff changes which have had an impact on the delivery of some of the objectives. The SRO for two objectives left the organisation and a replacement is being sought. It has been agreed that International Recruitment will fall into the portfolio of the Deputy Director of Workforce and OD, while the education and training will align with the work relating to Staff and Associate Specialist Doctors' professional development. Stephen Griffiths retired as Director of Nursing at the end of June and Angela Parry was appointed as interim Executive Lead to replace him.

In Q1, Strategic Aim 1, our attention was focussed on the wellbeing objective which we accelerated in order support the NHS workforce in direct response to the challenges presented by COVID-19. The majority of other objectives under this strategic aim were initially paused and pushed back but a small number continued as normal and are on track.

The majority of objectives under Strategic Aim 2 were paused in order to focus on the COVID-19 response and some activities were deferred until 2021-22, such as the objective relating to SIFT and the development of career pathways. During the quarter we have progressed our approach to Simulation Based Education through the appointment of an infrastructure of Associate Deans to drive forward our multi-professional approach to this key area of work.

The seven objectives under Strategic Aim 3 relating to Leadership were all initially paused in Q1. Throughout the COVID-19 period, whilst pausing some elements, we have accelerated the development of the digital leadership portal, which has contributed greatly to our response and provision of online training. Preparatory work continued in the background and these objectives will now be reactivated during Q2 and Q3.

The objectives under Strategic Aim 4 were developed in response to service delivery challenges and many were originally paused at the start of the crisis but have now restarted or are scheduled to restart later in the year. Two areas that were considered high priority were Critical Care and Mental Health and these have been prioritised and refocussed in light of COVID-19.

In terms of the two internally focused Strategic Aims (5 and 6), in the main, these objectives have continued and are on track. The wellbeing objective was prioritised for HEIW in its response to COVID-19. The Quality Improvement objective was paused in Q1 and will be restarted in Q3 and the QI hub deliverable has been deferred until 2021-22. Our

communications objectives were refocussed in Q1 to focus on key priority areas such as wellbeing and leadership.

The following section gives further detailed update on the performance objectives taken forward during Q1 as agreed with approval from Board in May 2020.

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'

Strategic Objective 1.1: Lead the development of a multi-professional Continuous Professional Development (CPD) strategy and drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills and capabilities required for the future

Executive Lead: Push Mangat / SRO: Charlette Middlemiss

Whilst the development of a multi-professional CPD strategy was put on pause during Q1, the procurement process for the purchase of the CDSM system has been undertaken and the system purchased for a one year trial period, training has been given to Champions who have taken on the role of super-users to cascade the training to other members of staff. the testing period of the 'Y Ty Dysgu' Course Management System has been ongoing. Interest in the system has gained momentum and the potential for the development and delivery of online learning will be further exploited. Full implementation will continue in 2020-21. The internal review work is continuing, and data is being collected and interrogated. Due to COVID-19, the delivery of CPD has undergone some positive changes.

Strategic Objective 1.3: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience

Executive Lead: Julie Rogers / SRO: Angie Oliver

In Q1, this objective was accelerated and redirected to focus on COVID-19 position. HEIW played a significant role nationally throughout phase 1. The team had consulted with staff on the development of the HEIW Health and Wellbeing Strategy with a view to testing it locally before adapting it nationally, and the Wellbeing Matters document (2nd edition) was issued in March 2020. The COVID-19 playlist was developed and implemented and the COVID-19 Colleague Health and Wellbeing Strategy was developed and issued and reached 37,500 hits in less than one month. The team has continued to support the work of the Health and Wellbeing subgroup of the COVID-19 Workforce Cell. National resources are curated and local Health Board / Trust best practice resources continue to be added to the playlist such as dedicated pages such as bereavement and domestic abuse support signposting. A HEIW internet page will be launched in July to provide ongoing support and resources to both NHS and Social Care staff. This objective will therefore continue and be accelerated into Q2 as it is vital to press on with much of this as the objective directly relates to COVID-19, A Healthier Wales and the national Workforce Strategy for Health and Social Care.

Strategic Objective 1.5: Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales

Executive Lead: Julie Rogers / SRO: Angie Oliver

During early Q1 it was decided to pause this strategic objective and to redirect support to data modelling and workforce intelligence in the light of COVID-19. It was also agreed to accelerate the work to improve the quality and completeness of data to produce robust data, to produce up to date workforce analysis and to scope and undertake an analysis of the options for a single platform specification and robust business case, as these were determined to be essential priority activities for 2020-21.

The Analytics team created an NHS Wales COVID-19 sickness dashboard that pulled together daily sickness reports from every organisation and enabled NHS Wales wide sharing of this data. The dashboard enables organisations to interactively understand how their workforce compares to other organisations.

The lessons from COVID-19 to date have reinforced the gaps that exist in our data access and NHS systems. A new requirement has therefore arisen, whereby we need to work with Welsh Government and partners on learning lessons from COVID-19 to reshape the data landscape, building the case for investment and new systems. The development of a strategy for workforce intelligence (including a capability building programme to build capacity and capability) and the scoping of a Centre of Excellence for workforce intelligence functions have been deferred and will be included in the plan for 2021-22.

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 2.1: Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education

Executive Lead: Push Mangat / SRO: Chris Payne

During Q1, simulation based training (especially clinical skills and human factors) formed the backbone of COVID19 preparedness. In early June, we were able to appoint the new Associate Dean for Clinical Skills and Simulation. We were also fortunate to be in a position to appoint to 2 additional part-time roles and gained funding for 2 further part-time roles to support the Simulation agenda. Work has commenced to define the internal team structure and to develop the external faculty team roles and expectations for Q2. Work is also gathering pace to establish 2 groups: a Simulation Strategy Advisory Group to help formulate and define strategy and articulate national approaches, and a Simulation Leads Network in Wales. We are also planning to identify and share best practice and develop new opportunities to facilitate simulation-based learning through the Y Ty Dysgu course management system.

Strategic Objective 2.4: Lead the development and implementation of a digital capability framework for the healthcare workforce

Executive Lead: Julie Rogers / SRO: Chris Payne

We have revised the focus of the deliverables to ensure they are aimed at capturing the digital learning and opportunities to embed in practice created by COVID-19. It has been agreed to refine a digital capability implementation plan detailing planned work both internally to HEIW, and those identified externally for pilot implementation (Finance/Nursing) for agreement by the Executive Team.

Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels

Strategic Objective 3.1 Lead the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action

Executive Lead: Julie Rogers / SRO: Helen Thomas

At the beginning of the pandemic, it was agreed to complete the consultation on the Compassionate Leadership Principles and to then pause this objective. Whilst the response to the consultation was low, the responses were all supportive and included some helpful suggestions to strengthen the Principles. The Principles will be amended to reflect this

feedback and go back out for a 4-week consultation in Q2 in partnership with Social Care Wales.

Strategic Objective 3.3: Lead the implementation and management of the Digital Leadership portal

Executive Lead: Julie Rogers / SRO: Helen Thomas

In early Q1, it was agreed that the team would continue with the development of the Digital Leadership Portal. The team have continued to work on the contractual issues and have used the portal to contribute to the all Wales COVID-19 response and supported new ways of working. They have also sourced and developed Leadership and Management materials/tools for digital portal content library and developed 30 bite size digitised learning to support PCA Induction. They have also piloted and tested Virtual Classroom functionality to support PCA Induction. In addition, they developed a range of digital content (playlists) to share education, leadership and Health and Wellbeing resources across NHS Wales to aid the COVID-19 response.

End user testing for this bi-lingual Leadership Portal, 'Gwella', will be undertaken throughout July. Accessibility testing will be undertaken throughout August to ensure compliance and best practice is adopted when launching this portal. The launch of 'Gwella' will widen access to a range of evidence based compassionate leadership resources across health and social care, raising awareness of the need and the evidence base for a consistent approach to compassionate leadership.

Strategic Aim 4: To develop the workforce to support the delivery of safety and quality

Strategic Objective 4.1: To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care

Executive Lead: Push Mangat / SRO: Charlette Middlemiss

It was agreed to restart the objective in Q1 to revise the deliverables, taking into account the impact of COVID-19 on proposed plans for engagement with NHS partners.

Strategic Objective 4.3: Lead the workforce development and training requirements to support the Single Cancer Pathway

Executive Lead: Angela Parry / SRO: Wendy Wilkinson

At the beginning of the pandemic, it was agreed to pause the National Endoscopy Board and to continue plans to develop a national training programme for endoscopy. It has been subsequently agreed to reactivate this objective in late Q1 as it is considered critical to wider NHS recovery plans. The Programme Board has been reactivated and will continue to focus on the implementation of the national training programme for endoscopy and review of workforce models.

Strategic Objective 4.6: Support implementation of primary care workforce model as part of the Strategic Programme for Primary Care

Executive Lead: Alex Howells / SRO: Charlette Middlemiss

It was agreed to pause this objective at the beginning of Q1 though work has been progressed in the background, including the development of resources for non-clinical staff in Primary Care whereby the structure of the new level 2 Primary Care Administration and Reception Qualification has been agreed and is now at final stages of ratification. In addition, a new concept for interactive practice manager education and training has been

developed. The tool will facilitate self-assessment of skills and knowledge and will assist in professional development through appropriate signposting.

Strategic Objective 4.9: Secure the transfer of the Nurse Staffing Programme Team to HEIW and lead the further role out of the programme across NHS Wales

Executive Lead: Angela Parry / **SRO:** Kerri Eilertsen-Feeney

At the beginning of Q1 it was agreed to continue with the transfer of the team into HEIW and to continue with work that could be done within existing constraints. It then became clear that the TUPE transfer could not progress and the team was redeployed due to COVID-19. In June, the team were finally TUPE transferred across to HEIW.

Strategic Objective 4.10: Assess the Critical Care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their Critical Care workforce plans

Executive Lead: Push Mangat / **SRO:** Clem Price

At the beginning of Q1, it was agreed that this was a priority and was refocussed to support COVID-19. The Workforce Modelling Group was put in place with work plan aligned to the workforce cell. Work focused on preparing the multi-professional workforce for the impact of COVID-19. Upon review, it was agreed to restart, refocus and accelerate this work in Q1 in order to support COVID-19 work and wider support for the COVID-19 response. It will be necessary to include phase 2 requirements in the revised deliverables given that there will be a major focus and input potentially for remainder of the year. A review was undertaken of the Health Board IMTPs, education commissioning requests and available critical care implementation plans to make an assessment of the workforce planning requirements for critical care (based on pre-COVID-19 work). Critical Care was also reviewed as part of this year's medical workforce planning round. This work has informed the recommendations with respect to critical care included within the Education and Training Plan.

Strategic Aim 5: To be an exemplar employer and a great place to work

Strategic Objective 5.2: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW

Executive Lead: Julie Rogers / **SRO:** Angie Oliver

This objective was refocussed to support COVID-19 and the team undertook a procurement exercise to contract an Employee Assistance Programme. The COVID-19 staff health and wellbeing resources were made available to all NHS staff on the intranet including MaPS and Silvercloud. The team also implemented the Cuppa Catch Up and staff coaching sessions providing regular feedback and dialogue specifically with HEIW staff. It was therefore important for this objective to continue in Q1. Arrangements have been made for the Bronze Corporate Health Standard Assessment to take place in March 2021. The Employee Assistance Programme Task and Finish group will assess current provision through Health for Health Professionals and make a recommendation to pause or proceed with a tender specification. Dedicated intranet pages for COVID-19 have been developed which include Decision Trees for both Emotional and Physical support, and a financial page which includes financial education from the Money Advisory Service, Neyber and Trade Unions. The partnership with Neyber has been agreed and will be implemented in July, which will provide financial education, advice and access to low cost loans. A mini Health Needs Assessment specifically for COVID-19 was held in June with 106 responses, the results of this will be communicated during July with a programme of health promotion to support staff.

Strategic Objective 5.3: Implement and embed the Welsh Language framework within HEIW

Executive Lead: Dafydd Bebb / SRO: Huw Owen

In Q1, the Welsh Language Scheme and associated consultation process was considered by the Board in May 2020 and approved and a number of flexible online welsh language lessons were made available for staff and a welsh language online blog series was created and made available on the staff intranet. Approval was also given by the Executive Team to appoint a new Welsh Language Translator and Trainee Welsh Language Translator. There was also heavy usage of the welsh language translation services throughout the period. It was agreed to continue this objective in Q1, but the team have been requested to include to examine elements of the Welsh Language Scheme in the context of home working given this is our new way of working. The online public consultation process on the Welsh Language Scheme will be undertaken between June and September with a view to the scheme being approved during Q3. Internal training capacity for staff will also be increased following the appointment of two new members of staff.

Strategic Objective 5.4: Implement and embed the HEIW Strategic Equality Plan and further develop equality and inclusion agenda including partnership working across the public sector

Executive Lead Julie Rogers/ SRO Emma Kwaya-James

This objective was paused in Q1 whilst legal advice was sought and agreed to restart this work in Q1. The Board is scheduled to review the Strategic Equality Plan in July during Q2 with a view to submitting the plan to Welsh Government in October 2020 during Q3.

Strategic Objective 5.5: Progress opportunities for organisational approaches to combat climate change

Executive Lead: Julie Rogers / SRO: Chris Payne

This objective continued in Q1 with a light touch approach to support new ways of working with COVID-19. The crisis has provided an ideal opportunity to test our ability and feasibility of increased home working and the benefits this provides to the environment. The first meeting of the HEIW Biodiversity group was held in Q1 and has built on the discussions generated at the staff event held in March 2020.

Strategic Aim 6: To be recognised as an excellent partner influencer and leader

Strategic Objective 6.1: Implementing HEIW Communications and engagement strategy; brand awareness and influencing for success

Executive Lead: Julie Rogers / SRO: Angharad Price

At the beginning of Q1, it was agreed to continue to implement the communications and engagement strategy as much as possible with some of the aims of the strategy being achieved as part of COVID-19 response work. However, some elements of the strategy such as the roadshows and stakeholder events have been put on hold. The half yearly review of the strategy has also been delayed as resources are redirected to focus on delivery of key COVID-19 communications (both internal and external targeted communications and engagement), particularly internal bulletins and external social media and direct stakeholder comms and engagement. As a direct result of HEIW's involvement in the COVID-19 response the organisation has received media attention putting HEIW in the spotlight and in turn raising awareness of the organisation. During this quarter, the team continue to work with colleagues in departments across the organisation to prepare for the merger of the 3 legacy organisation websites into one. The team also released the new HEIW corporate branding which has been positively received by staff. In addition, the team are working on the preparation of promotional materials ready for a return to more normal arrangements and opportunities for awareness raising.

Strategic Objective 6.2: Supporting HEIW business areas on key national programmes of work through the development and delivery of highly effective communications / engagement / marketing interventions

Executive Lead: Julie Rogers / SRO: Angharad Price

This objective was paused in early Q1. However, bespoke communications and engagement support continues to be provided to key programmes such as health and wellbeing, leadership and specific HEIW COVID-19 response work.

Strategic Objective 6.3: Review the alignment of internal digital systems and functions, and opportunities to support the Education and training experience for trainees in Wales

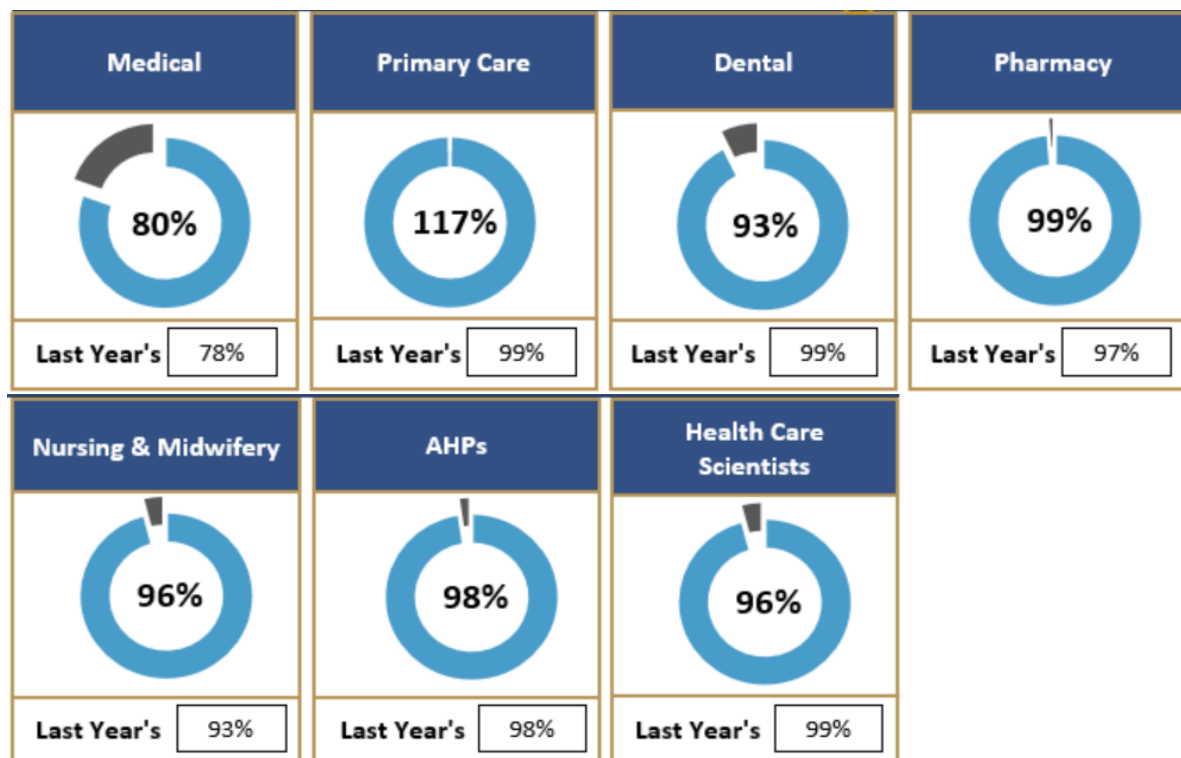
Executive Lead: Julie Rogers / SRO: Chris Payne

This objective continued during Q1 and the team continued the scoping and identification of Eduroam availability across all NHS Wales sites. They developed a rollout plan to increase availability and usage of the network and completed a very successful pilot, and Eduroam is now available to Junior Doctors, Trainers and HEIW staff where Health Boards sites broadcast it. Plans to increase the size of the digital team were taken forward and two posts were filled in May 2020. However, the recruitment of the Director of Digital appointment was paused during Q1 and will be reactivated in July.

SECTION 2: PERFORMANCE DASHBOARD AND NARRATIVE

Education and Training Activity: Commissioned Places

A significant proportion of HEIW's budget is used to commission a range of undergraduate and postgraduate education from a variety of HEIs.



There are no changes to fill rates for Medical (Secondary Care and Foundation), GP, Pharmacy, AHPs and Health Care Scientists since March 2020.

In Dental, there was one vacancy in Dental Specialty Training, having little impact on the fill rate reported in March 2020.

In Nursing & Midwifery, the fill rate is lower (96% compared to 97% in March 20). The number of nurse commissions has increased year on year and we are reliant on universities to recruit enough high quality candidates to work in the NHS in Wales. This increase has led to a slight reduction in fill rates, and the commissioning and communications teams are working with universities to market programmes to the widest range of potential new registrants as possible.

It is important to note that the complexity of slight, but important, differences in how the professions define stages in their recruitment processes does make it challenging to develop an overarching metric and to secure agreement of the definition and associated terminology. However, we are continuing work to this end, and the definition and the associated elements will be tested, reviewed and amended as appropriate over time.

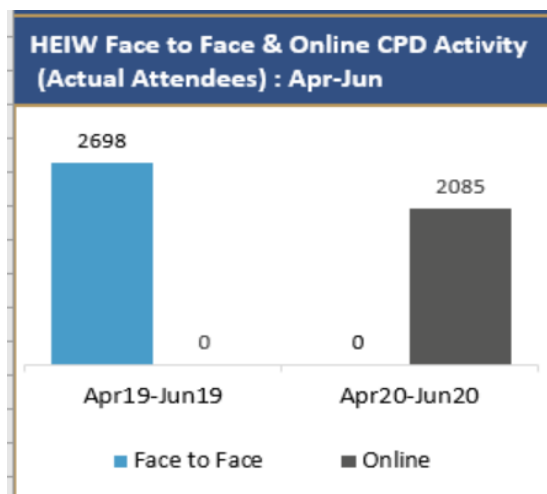
Continuing Professional Development (CPD) Course Activity

CPD activity is delivered and commissioned in a number of ways across HEIW and is a key focus in our IMTP.

In early 2021, we are planning for the implementation of the Centralised Course Management system, which will generate and monitor a far more robust set of data to support performance monitoring.

The chart shows the number of attendees at face-to-face and online CPD events for the period 1 April 2020 to 30 June 2020 compared to the same period last year. As expected, there has been a significant increase in attendees at online events, as HEIW cancelled all face-to-face events over the period.

The vast majority of CPD provision stems from the Pharmacy and Dental Deaneries, and RSU.



Dental

Due to the COVID-19 pandemic the Dental section postponed all face-to-face courses and study days until September 2020. This had a great impact on the number of dental professionals normally trained during this period and work has been undertaken to develop online provision in key areas.

Training programmes have been prioritised to ensure the trainees are able to achieve satisfactory completion and complete their training.

- The Welsh Dental Therapy (WDTFT) study day programme continues to run using Microsoft Teams.
- The section has utilised the pilot course management system within HEIW to offer training material to Dental Foundation and Dental Core trainees (DFT and DCT). 19 playlists have been developed to date and the material is then discussed with their Training Programme Director on Teams.
- Material continues to be developed to ensure dental trainees are provided with the relevant learning material.

Alongside this there has been training developed to support the government position and develop the workforce for a return to the 'new' form of dentistry.

Since April 2020 four public playlists have been created for the profession to support this phase, and we continue to work with colleagues to develop further material:

- **“Dam it! - It’s Easy!”** <https://ytydysgu.heiw.wales/go/2elj81>
- **Team Tactics** <https://ytydysgu.heiw.wales/go/gld34q>
- **Getting Back to Practice in Wales** <https://ytydysgu.heiw.wales/go/m5fuly>
- **De-escalation in Wales – from emergency/urgent services only to normal routine services** <https://ytydysgu.heiw.wales/go/w687bf>

A survey of the whole dental profession in Wales has been undertaken to ascertain the needs in terms of CPD and education and training. As we enter the next phase of planning, we are preparing education and training in key areas using the relevant intelligence.

The present circumstances require a different approach to delivering CPD and a step away from the traditional mechanisms of a planned programme across an academic year. A CPD proposal has been developed and the section are already putting steps in place to consider how we offer CPD training from September 2020.

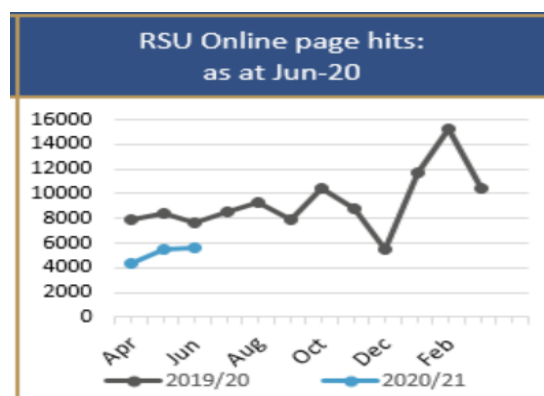
RSU

The Revalidation Support Unit (RSU) provides CPD events and online modules designed to support the needs of the NHS Wales workforce. These educational events provide opportunities to update clinical knowledge and to support ongoing learning.

Our study days are designed specifically for GPs but are also appropriate for other primary care allied health care providers. We seek opportunities to collaborate with both internal and external agencies, including charities, allowing us to provide multi-disciplinary events.

The COVID crisis has had a significant impact on our face-to-face CPD delivery. All face-to-face events have been postponed or cancelled up to the end of August, in the first instance. Our three regional CPD leads have been offered to clinical service until the end of July.

We are exploring how we can best support the educational needs of the workforce over the coming months. Following the return of our CPD leads in August, we will use this time as an opportunity to utilise virtual delivery models as an alternative to face-to-face events and to embrace a blended learning approach.



Our online CPD website remains available and contains 378 open access modules and educational resources on a range of clinical and non-clinical topics. The data shows a

decrease in the number of page hits this quarter compared to the same period last year (April 7939, May 8433 and June 7710). However, we anticipated this as a direct impact of the COVID crisis and, potentially, an indirect impact of the temporary suspension of the Medical Appraisal process by the CMO on the 27 March.

To support GPs during this time, and as part of mental health awareness week in May, we developed and launched a new module entitled Mental Health during COVID-19. This resource focused on the impact of COVID-19 on GPs, patients and all healthcare workers

The Unit also delivers the Developing Doctors to Deliver (3D) 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. One of the strengths of the programme is that it is inter-disciplinary. There are 34 participants on the 2019-20 programme, of which 8 are GPs, 20 are hospital doctors, 3 are dentists and 3 are pharmacists. The last module of the programme was due to take place in May but was postponed. We plan to utilise the HEIW Leadership portal to complete the 2019/20 programme and deliver the 2020/21 programme virtually.

Pharmacy

In the period 1 April to 30 June 2020, the Pharmacy team ran one webinar: COPD/Asthma – An introduction to the All Wales management and prescribing guidelines. This webinar received a record registration of 200 delegates with 131 delegates attending the live webinar on the night. The delegation was made up of: 53% pharmacy; 40% GPs; 6% nursing; and 1% others. Evaluation of the outcomes show that over 96% acknowledged a change in knowledge and more than 88% stated that they are confident/fully confident as a result of the HEIW training event.

The Pharmacy team are currently working with stakeholders to review the CPD programme of events for Sept-Dec 20. This is expected to continue as virtual, with the aim to re-introduce face-to-face events from January/February 2021 onwards.

Quality and Outcomes

Quality Management

Targeted Visits planned for the first quarter of the current financial year were postponed due to social distancing requirements and the need to ease the burden on the services arising from the COVID-19 pandemic.

Whilst active visits have been postponed, the need to ensure patient safety and effective learning environments has remained as important as ever. Therefore, quality management activity has focussed on working with our stakeholders and the GMC in order to develop alternative approaches to activity. The key pieces of work undertaken during the last quarter are outlined below:

1. Concerns Management

The Quality Unit have taken forward the following steps to ensure that concerns are appropriately managed during the pandemic. These steps include:

- Triangulating evidence from end of placement feedback and responses to risk reports in order to obtain an accurate view of the status of all risks prior to the pandemic. In addition, assurance around all training concerns in enhanced monitoring were discussed with Local Education Providers (LEP) Executive Teams at the Commissioning Visits undertaken in the last financial year.
- Given the potential for existing learning environments to change as a result of trainee redeployment during the pandemic, steps were taken to ensure that LEPs had alternative approaches to local quality control.
- Engagement meetings with Associate Medical Directors (Education) across Wales have commenced and will continue into the next quarter. The purpose of these meetings is to discuss progress around new and existing training concerns as well as provide an opportunity to provide guidance and support to ensure ongoing compliance with training standards.

2. Field Hospitals

The COVID-19 pandemic has resulted in the need for new training environments to be established either to directly manage COVID patients or to ensure that trainees have the opportunity to achieve the competencies outlined in the curriculum. The GMC require that all training sites are approved and, in order to expedite the process, a concise approval process has been developed in order to enable HEIW to obtain assurance around three key areas as outlined below:

- The integration of field hospitals into existing LEP governance structures.
- Assurance around key patient safety related areas such as clinical supervision, working within competence, induction approaches to raising and managing concerns.
- Capacity to provide education at field hospitals and the arrangements for educational leadership.

3. Regulator Engagement

The Quality Unit have provided the GMC with an update on the current status of all relevant training concerns. In addition, we have engaged with the GMC in order to discuss our approach to quality management during the pandemic, which was deemed to be in line with their expectations.

4. Exit Strategy

In the period 1 April to 30 June 2020, consideration has been given to how quality management activity will resume in the coming months. Training environments will have undoubtedly changed and new approaches to resuming normal activity are being developed across Wales that will inevitably impact on training. Therefore, the timeframes and rationale for planned visits will require review. This work will be undertaken in the next quarter, in addition to piloting a virtual visit to establish whether this would provide us with an effective way of working in the future.

GMC Trainee Survey Results

The 2020 survey has been postponed to a later date due to COVID-19 and so there is no further information to report at this time.

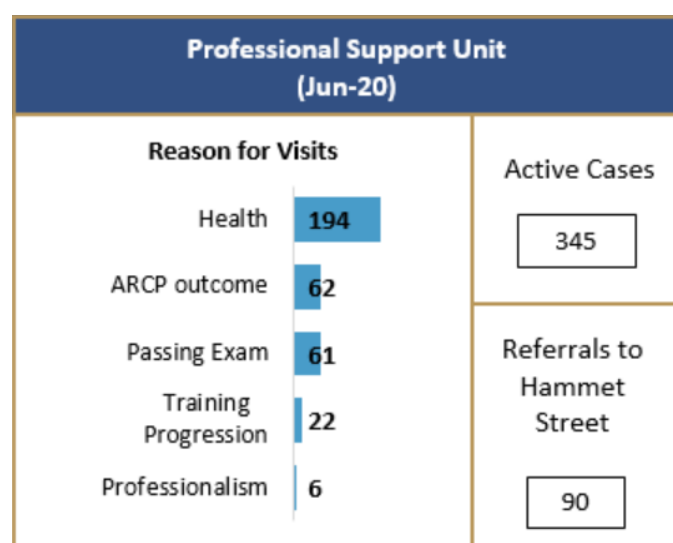
Annual Review of Competence Progression (ARCP)

The Annual Review of Competence Progression (ARCP), or Review of Competence Progression (RCP) in Dental Foundation Training (DFT) and Dental Core Training (DCT) (twice a year), is the formal method by which a trainee's progression through their training programme is monitored and recorded.

In late 2019-20 (and early 2020-21), for upcoming annual reviews, guidance was issued (on a four-nation basis) about new outcomes to be used should progression be impacted as a result of trainees supporting COVID-19. The new outcomes have been used for ARCPs conducted in the period 1 April to 30 June 2020, but have not yet been uploaded to Intrepid. The system is currently being updated and tested in order to record the new outcomes and to make them available for reporting. For this reason, the ARCP outcomes are not provided in this report.

There were no RCPs or ARCPs for Dental training programmes in the period. Interim RCPs for DFT and DCT take place in February and March each year and were reported in the March 2020 report. Final RCPs are due to take place in July for both programmes.

Professional Support Unit (PSU)



At 30 June 2020, there were 345 active cases (compared to 369 at 31 March 2020). An additional 90 cases were receiving psychological support from Hammet Street Consultants (the same as at 31 March). The PSU team manage the case load on weekly basis; new cases are opened, and existing cases are reviewed and closed if support has been completed. At 30 June, we had received 25 requests for support for the month, compared to a total of 38 new cases in June 2019 and 32 new cases in June 2018.

Due to COVID-19, many trainees will have experienced some effect on their personal or professional lives but data actually shows a decrease in uptake of support since the start of lockdown in March 2020 compared to the same point in previous years. This is mirrored across all four countries of the UK (as reported in the COPMeD PSU Group Meeting in June 2020),

as trainees have focused on service provision. We have seen significant reduction in requests for exam support, as all Royal College exams have been cancelled, with only RCGP setting dates (they will restart in a new format from July).

However, the disruption to training progression due to COVID-19 is widely documented in scientific media and is evident in the stories we hear in Wales. The PSU is currently preparing for:

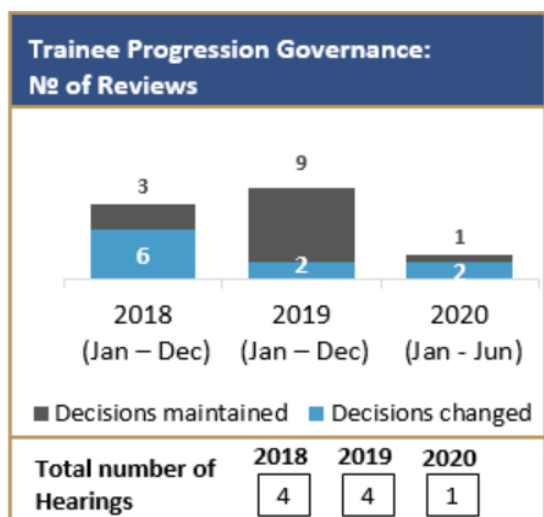
- Being able to support anyone who feels they need help once the Royal Colleges start exams by organising virtual group 'Exam support' sessions and one-to-one meetings for anyone who needs them.
- The potential psychological effects of trauma and emotional injury resulting from the current outbreak. To help protect people we are organising our services by recruiting mentors, promoting wellbeing, providing online training and resources and one-to-one meetings for anyone who needs them.
- Trainees requiring further specialist psychological support have an opportunity to access Hammet Street Consultants Ltd via the PSU.

The decrease in new cases has not led to reduced need for PSU support, though, due to the complexities of current support needs. The PSU service typically experiences higher demand in line with Annual Reviews of Competency Progression (ARCP) under normal circumstances, but the PSU will now also be contacting every trainee with Outcome 10.2 (one of the new COVID-related outcomes, see also the section on ARCPs), as well as anyone with Outcome 2 (Development of specific competences – additional time not required) and Outcome 3 (Inadequate progress – additional training time required).

Trainee Progression Governance (TPG)

The main role of TPG is to coordinate Reviews and Appeals of Annual Reviews of Competence Progression (ARCP) Outcomes (and more recently Appeals from Foundation Dentists and Appeals following removal of National Training Number, NTN).

Approximately 2,500 ARCPs are held each year. Trainees are awarded a range of Outcomes that are prescribed nationally. Trainees who receive an Outcome 3 (requires extension) and Outcome 4 (released from training) can ask for an Appeal.



The data shows the number of decisions at the Review stage of Appeals that have been maintained and changed in 2020 (Q4 of 19-20 and Q1 of 20-21), compared to 2019 and 2018.

In the period 1 April to 30 June 2020, we used new arrangements for conducting virtual appeals. We held 1 full appeal, which led to the change of an Outcome 4 to an Outcome 3. After the virtual appeal process, we conducted a reflective exercise involving the participants, from which we have concluded that the virtual appeal process worked well with no loss of quality. Several benefits of operating virtually were highlighted for the future, including reduced costs and improved support from potential panel members due to the savings in travel and the reduced time commitment.

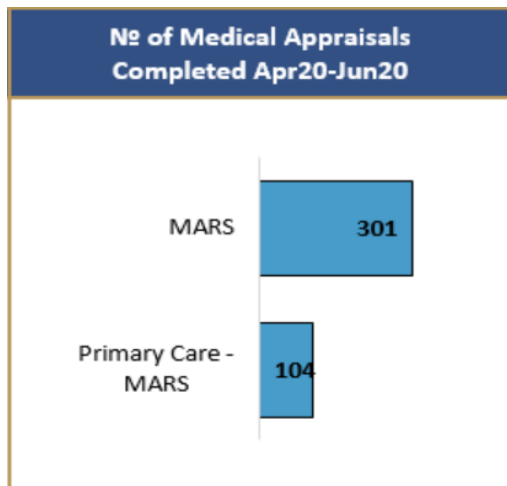
Medical Appraisal and Revalidation

One of HEIW's responsibilities is to support and improve professional standards through revalidation, appraisal and CPD in line with the requirements of the regulators.

Following the GMC's temporary suspension of the Revalidation Process, and the CMO's recommendation to suspend the medical appraisal process in Wales on the 27 March, the Revalidation Support Unit paused the GP Appraisal process.

To further support the COVID response, our GP Appraisers were offered to clinical service until the end of July, releasing over 120 sessions to support Primary Care services across Wales.

We are working closely with stakeholders and appraisal leads across the four nations in preparation for the recommencement of the appraisal process. Plans are in place for future appraisal meetings to take place remotely in the first instance, with training and best practice learning modules to be developed before any planned relaunch.



This data provides a summary of the number of appraisals completed on both MARS and the Primary Care instance of MARS, for the period 1 April – 30 June 2020 (405). 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. Therefore, these completed appraisals will have taken place prior to the suspension of appraisal on the 27 March.

This data is not comparable with the same period last year due to the temporary suspension of medical appraisal. Appraisals due to take place during this period are classed as an 'approved missed' appraisal, therefore affected doctors will not be due to undertake their next appraisal until 2021.

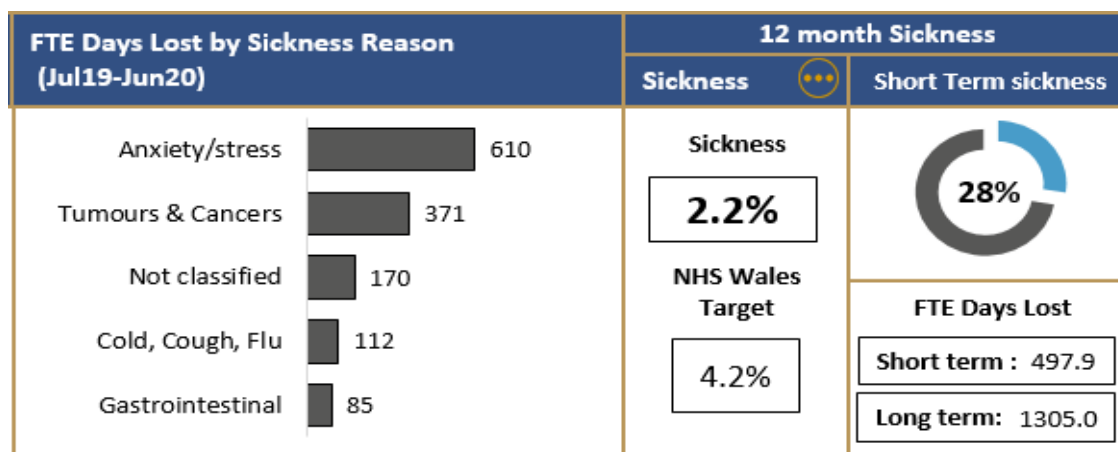
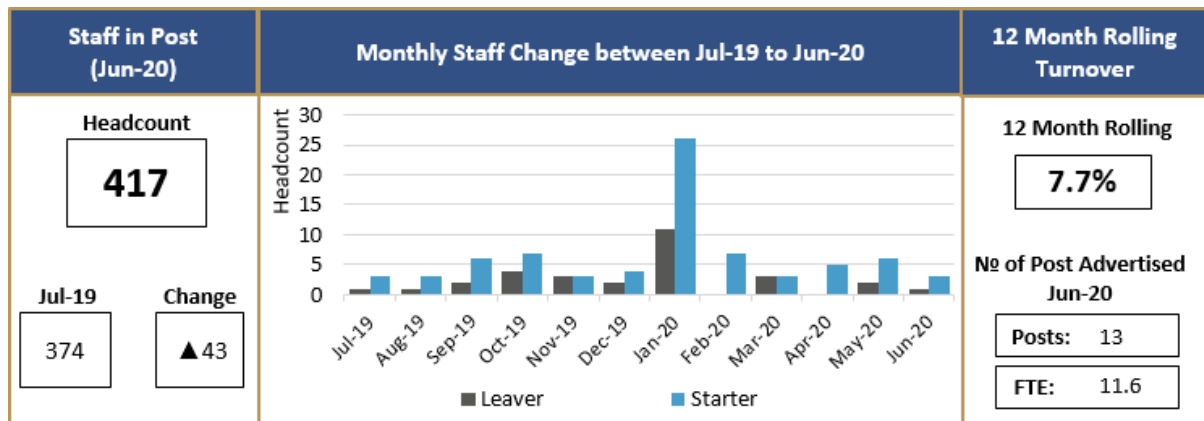
MARS is part of a suite of online resources that also includes the **Wales Professional Review Optometry (WPRO)**, the platform for the UK's first newly-qualified optometrist mentoring programme and the **Dental Appraisal System (DAS) for Community Dentists**, a bespoke version of MARS developed to ensure Community Dentists meet their terms and conditions of service and GDC requirements. As at 31 May 2020, there were 130 registered on the DAS system, which is approximately 92% of all Community Dentists.

On 2 March 2020, HEIW launched the **Orbit360™** system, a multi-source feedback system linked to MARS and developed to support doctors in Wales with gathering patient and colleague feedback. At 30 June, 566 users had registered on the system. In April there were 135 active surveys, in May 51 and in June 86. The number of surveys active on the system will be directly impacted by COVID and the subsequent temporary suspension of the appraisal and revalidation processes. To aid doctors who are doing remote consultations, we have introduced functionality to make it easier for doctors to download online codes which can be sent to patients following virtual/telephone consultations, in order for them to provide feedback.

Corporate Performance

HEIW Performance Metrics

This section outlines how HEIW is performing as an organisation as at the end of June 2020.



Workforce Movement

In June 2020, the headcount for HEIW was 417, which represents an increase of 11 staff since 31 March 2020. This demonstrates that HEIW was able to continue to recruit and induct new staff during a period when the organisation changed its way of working to encompass home working for the whole organisation due to the impact of COVID-19.

Turnover

The 12-month rolling turnover rate for HEIW for the period July 2019 to June 2020 was 7.7%, a reduction of 1.8% since the previous end of year report. This remains a low turnover rate but at a level which continues to support business continuity and organisational memory whilst also bringing in new thinking and new ideas.

Sickness

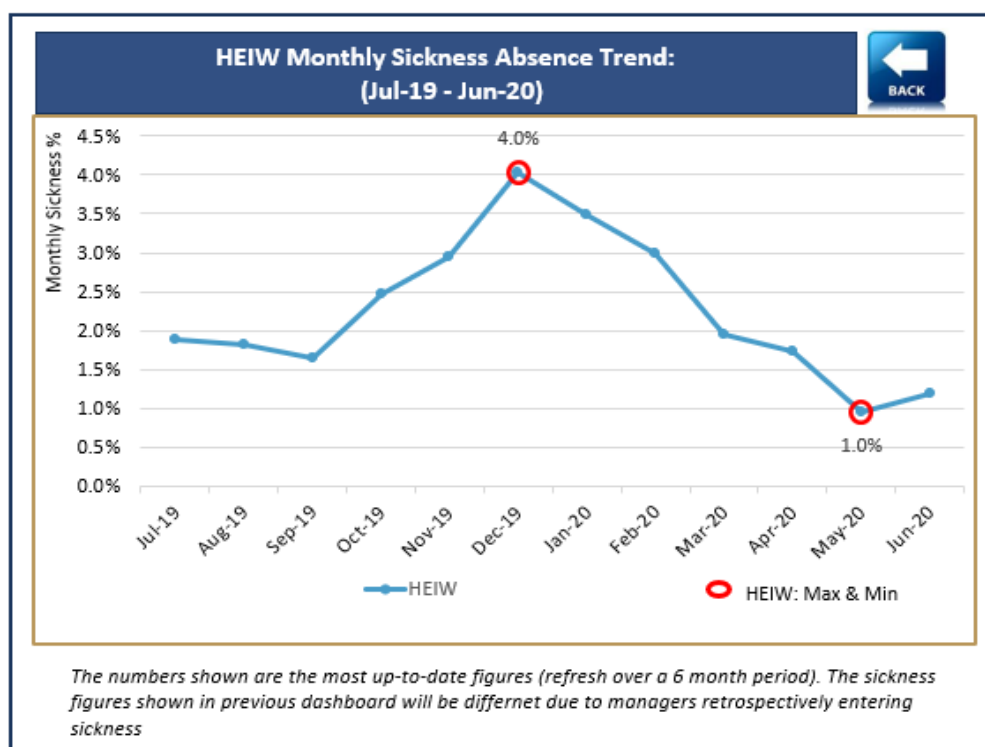
HEIW continues to have the lowest sickness rate of all the 11 NHS Wales organisations, with a rolling 12-month sickness rate of 2.2% (July 2019 – June 2020). This sickness rate has remained significantly below the NHS Wales sickness target of 4.2% and has reduced from the previously reported end of year figure of 2.6%. When examined in the light of periods of

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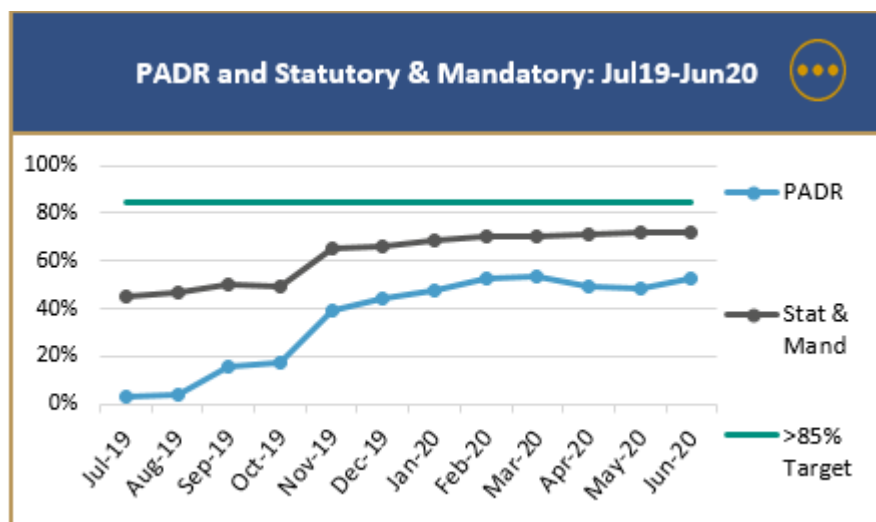
organisational change and then latterly the impact of COVID-19, the current rates indicate a good degree of organisational resilience and positive health.

The ratio of short-term sickness absence to long-term absence has remained static at 28% to 72% respectively. Given the overall low levels of absence, any single long-term episode has a significant impact on the overall picture within the organisation and the small number of cases that HEIW are sympathetically and appropriately managing. The most days lost to sickness are for reasons of anxiety/stress and account for 610 days in the last rolling 12-month period, a reduction of 93 since the previous end of year report. Days lost to anxiety/stress are generally related to long-term sickness episodes, which are managed sensitively and with input from the People Team.

When the sickness absence trend is examined on a monthly basis (as opposed to the rolling basis) over a six month period to June 2020 (see graph below) the data indicates a distinct fall in overall absence levels since December 2019 when there was a peak of 4%. The May figures indicated a low of 1% with a marginal increase to 1.2% in June. Whilst some more investigative work needs to be carried out, the high levels around November to February are consistent with predictable peaks in respect of seasonal colds and flu whilst the very low figures in the last quarter may correlate with the national 'lockdown' and the move to home working whereby staff were essentially screened not just from COVID-19 but from the normal ailments and bugs transmitted via social contact. Equally, being able to work from home may also impact on sickness thresholds, i.e. the point at which an individual would report as being sick. This latter issue would benefit from further investigation.



Personal Appraisal Development Review (PADR)

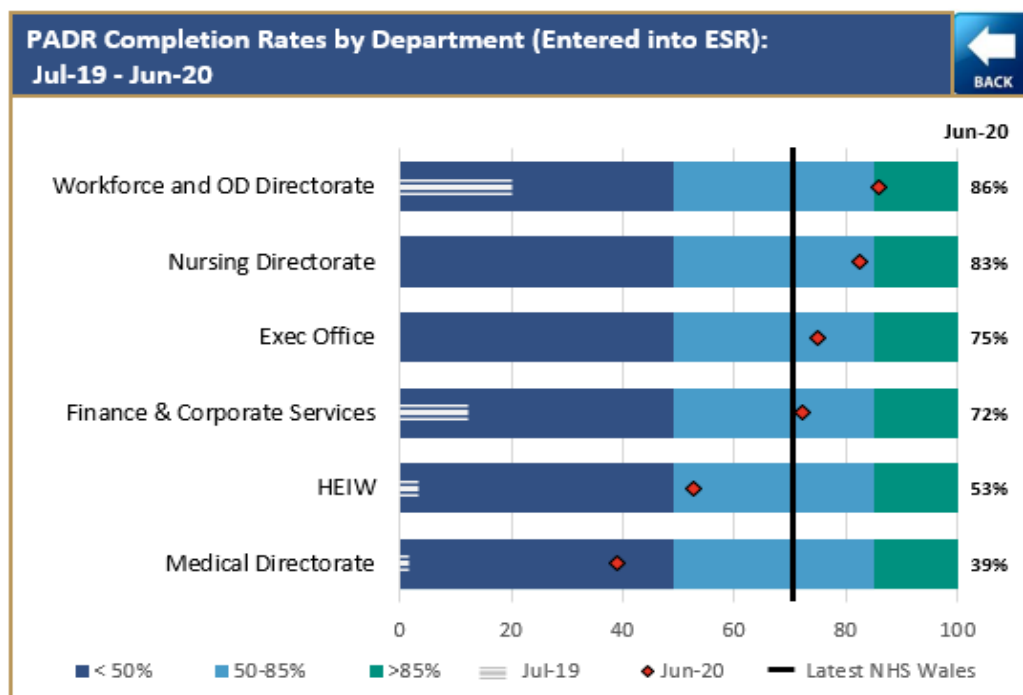


Personal Appraisal Development Review (PADR) forms part of contractual arrangements for all staff. HEIW PADR takes a values-based approach, with the outcome being an agreed personal development plan for ongoing improvement. PADR gives the individual staff member the opportunity to discuss their performance against agreed objectives.

The Welsh Government Compliance target for PADR/Appraisal is 85%, with the data being compiled from the ESR system. This is an agreed measure, which recognises that factors such as long-term sickness, maternity leave, career breaks would mean that 100% compliance is difficult to achieve. Therefore 85% is considered full compliance. In accordance with WG performance guidelines, new starters are excluded from PADR compliance figures for the first 3 months in post.

The overall compliance level for HEIW core staff (excluding GP Appraisers/Pharmacy Assessors/Facilitators whose prime employment is generally elsewhere) was 53% at 30 June 2020. This remains the same as was reported for the year ending March 2020. This can be interpreted in a positive light as the period that is being reported on has been one of early organisational disruption with all staff moving at the end of March to a fully home working arrangement. This was accompanied by work streams specifically in respect of education provision, being diverted and adapted to reflect and react to major service change and challenges.

As can be seen from the table below, which breaks compliance levels down by Directorate, the Medical Directorate continues to be the lowest performing area although the compliance levels have risen marginally from 38% to 39.35% since March 2020, which, again, is positive given the environment noted above.



The compliance figures for the Medical Directorate over the last four months are as follows:

March 2020 – 38%
 April 2020 – 33%
 May 2020 – 35%
 June 2020 – 39.25%

The above figures correlate to a reduction in compliance levels at the height of the pandemic, and a steady increase as the situation improved and an element of normalisation occurred.

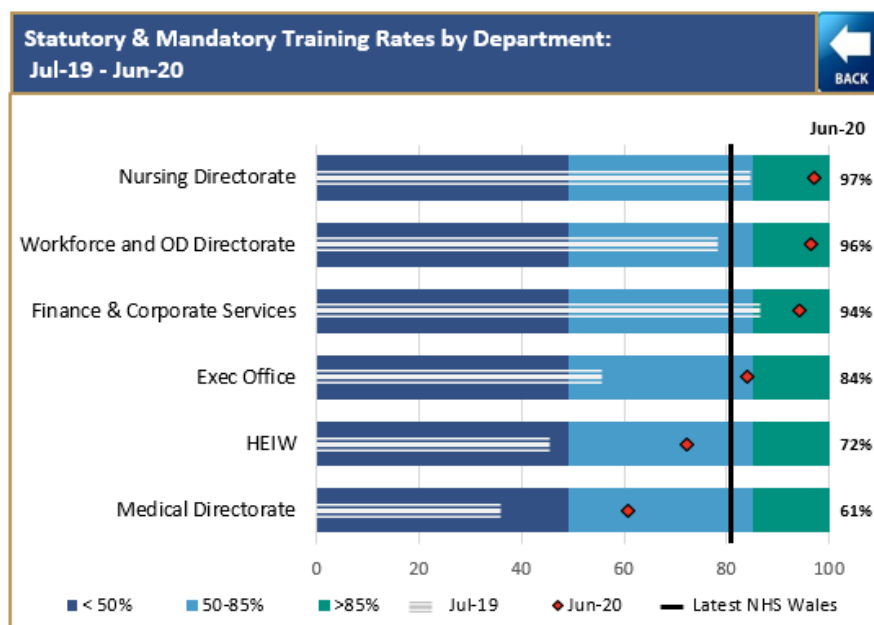
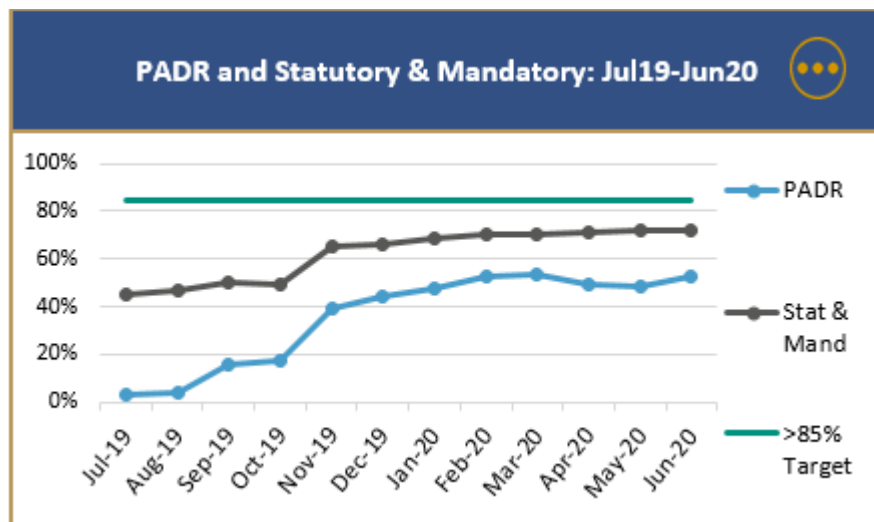
Other issues that need to be considered and which relate to the impact of the change to home working include:

- Home working impacted on connectivity in that many managers did not have access to management functionality in ESR and could not input the PADR completion data.
- Home working removed the ability to undertake physical face-to-face PADRs, with managers initially holding off undertaking them with the expectation of a return to normal office working.

Now that home working has bedded in and there is an understanding that this will be a new norm of working within HEIW there is an expectation that PADRs return to an upward trajectory with a renewed emphasis on their completion. This will, however, take a couple of months before it feeds positively into the compliance figures.

Statutory & Mandatory Compliance

Note: As in the previous section, the narrative in this section refers to the 'core' staff unless otherwise indicated.



The Welsh Government performance target requires 85% compliance at a minimum level 1 in the 10 UK Core Skills Framework for NHS Staff. These are:

- Equality and Diversity (Treat me Fairly)
- Fire Safety
- Health and Safety
- Infection Control
- Information Governance
- Moving and Handling
- Prevention and Management of Violence and Aggression
- Resuscitation
- Safeguarding Adults
- Safeguarding Children

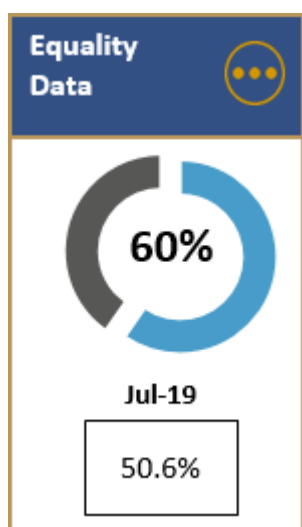
All learning material related to this level is contained within the ESR system's e-learning content, and completion is automatically updated in the system. The majority of these learning

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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.

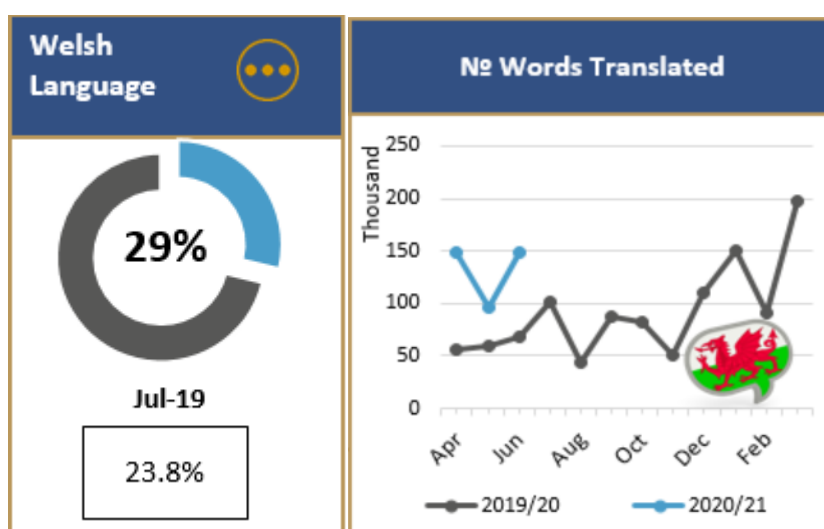
The figure for Statutory and Mandatory Training compliance at HEIW for all core staff (excluding GP Appraisers/Pharmacy Assessors/Facilitators) at 30 June 2020 was 72.38%. This represents an improvement of 2.38% since the end of year figures were reported. However, it remains short of the 85% target figure and 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 & OD teams will continue to support and encourage staff in this process.

Equality Data



Compliance in recording equality data has improved slightly since March 2020, with the compliance rate increasing to 60%, from 59% in March. Although this is not a significant increase, this can be considered positive given the circumstances in the period.

Welsh Language



Compliance in compiling Welsh language data has also improved slightly since March 2020, with the rate increasing to 29%, from 28% in March. As above, this can be considered positive in the circumstances.

Included here for the first time is data to show the number of words translated into Welsh in 2020-21, compared to the previous year. In Q1 this year, just under 400k words were translated into Welsh, more than double the number translated in the same period last year (just over 180k), and this is expected to continue to grow. There are some known peaks of work related to Board and Committee Meetings and corporate documentation, but the work is otherwise still largely unpredictable.

HEIW is still a new organisation and its remit and workforce is growing, so this is likely to place a greater demand on the translation service. A new Translation Manager is expected to join the organisation later this year, when the work to develop a strategic translation unit will begin, not only to service the demand in HEIW, but also to help colleagues across the NHS in Wales to enhance their existing translation services.

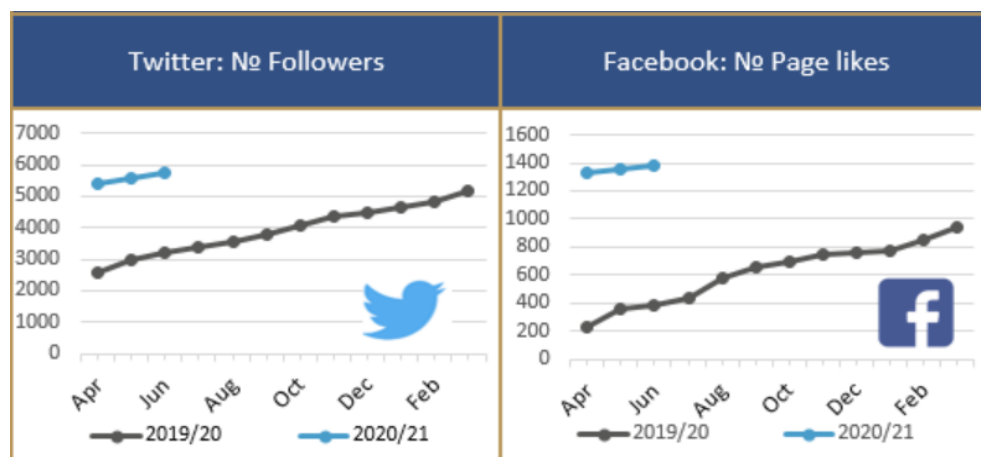
Home Working Survey

HEIW issued its first Home Working pulse survey prior to the lockdown in March to anticipate possible challenges, which included technology and furniture. Staff were asked to respond to a second survey in April to review how they were feeling having worked at home for one month. The most recent and third survey was undertaken in May, which included a section on employee wellbeing. The most prominent concern was around balancing work requirements with parental responsibilities whilst the schools were closed. Overall, each survey demonstrated a positive trend upwards, where colleagues felt settled and supported, describing it as a positive experience. Many staff suggested that they would like a balance of office and home working to become part of the new normal. The Health Needs Assessment Survey was circulated in June 2020. Ty Dysgu reopened on Thursday 9th July, with staff under no obligation to return to the office to work at the current time. Questions are currently being prepared for a possible fourth survey to be issued in the near future.

Training to Support Managers with ESR

The Workforce Analytics Team provide guidance and support to managers on the use of ESR as required. Staff who transferred from Cardiff University were able to book annual leave on ESR from October 2019. To support this, additional training (both classroom and one-to-one support) was provided, including additional sessions in March 2020 prior to the announcement of the lockdown.

Online Communication/Engagement



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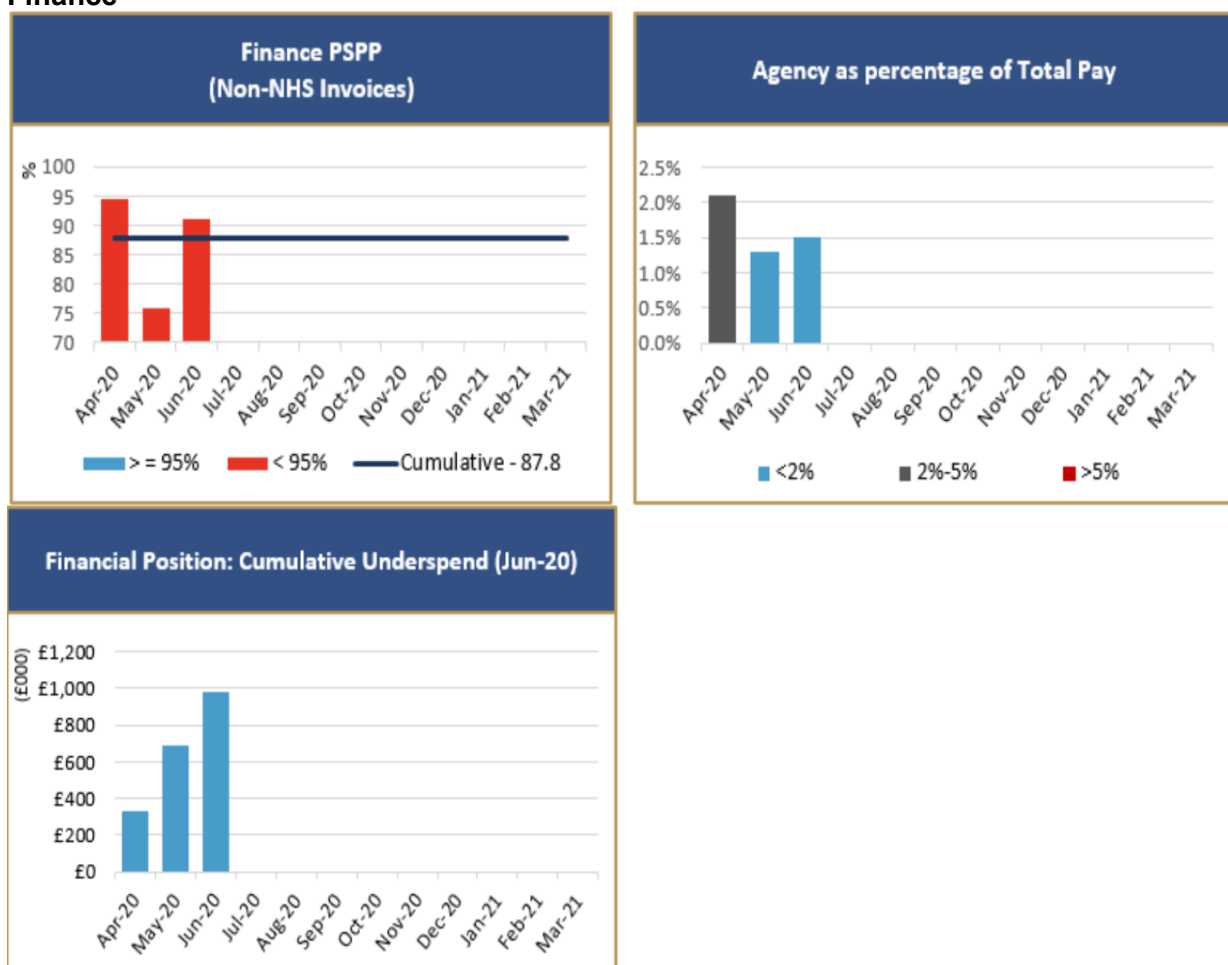
Internally, we continue to share regular COVID-19 and wellbeing related information to staff via the intranet, as well as sending out direct emails. In addition, we have been sharing a number of opportunities for staff to get involved and shape ongoing HEIW and NHS Wales programmes of work, plus a number of staff training sessions. Following the successful trial of a virtual staff open forum in May we held another in June; these will be continuing for the foreseeable future.

We are continuing to progress the merger of the three legacy organisation websites into one HEIW website. Horizon scanning has been taking place using social media and online media as resources allow. However, the implementation of an information database has been delayed due to resources being diverted.

The new HEIW branding and guidelines have been launched with a lot of positive feedback and some suggestions on changes to further support staff. These changes were made within the first week and departments are beginning to use the new guidance to help establish the HEIW brand visually.

Externally, we have continued to regularly post and share COVID-19 messages and resources on social media, as well as send messages directly to stakeholders such as students, trainees, trainers, employers and partners. In June, we added a further 10 new resources to the COVID-19 section of the HEIW website. In total for June, this section was viewed over 800 times.

Finance



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At 30 June, HEIW has not met the PSPP target of 95%. This is due to the delay in processing and paying a number of low value invoices that are not matched to purchase orders, and therefore need to be individually reviewed and approved. Additional support has been provided to specifically target these invoices and the position will continue to be monitored throughout the year.

The reported position for June (month 3) for HEIW is a cumulative surplus of £981k. The underspend position in Pay budgets (£373k) is due to vacancies across HEIW staffing establishments. The underspends in Non-Pay budgets (£206k) are as a result of reduced training and education activity as a result of the COVID-19 lockdown restrictions. The significant underspend in Commissioning budgets (£430k) are primarily as a result of under recruitment to Nurse education placements and the underspends in Medical budgets are related to under recruitment to medical training grade posts and Pharmacy. There is also an underachievement of income of £26k to the end of the period.

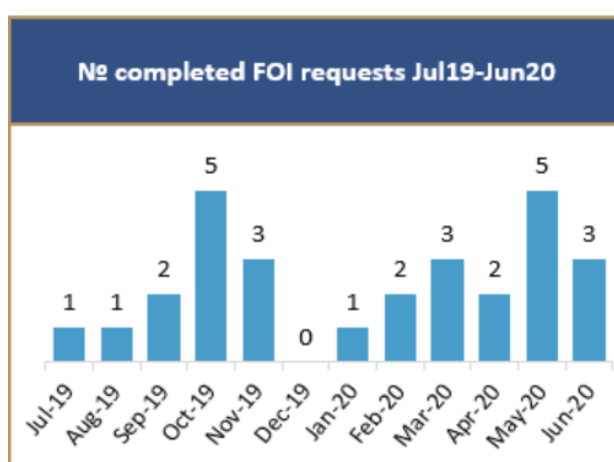
Expenditure on agency staff reflects the number of vacancies in the organisation.

Disciplinary & Grievance

| People Team (Jun-20) |
|-----------------------------|
| Disciplinary & Grievance |
| 0 |
| No Complaints |
| 0 |

There were no disciplinaries, grievances or complaints in the period.

Freedom of Information Requests



HEIW received 10 FOI requests between 1 April 2020 and 30 June 2020. The compliance rate (response within the 20 working days) was 100%. It is HEIW's policy to respond to all FOI requests, regardless of their complexity, even where this may mean that the information is

delayed. (Where there is likely to be a delay in providing a response to requests, the Corporate Governance Manager liaises with the requester to ensure they are aware of the possibility of a delay and to agree a revised timescale for response. Where there are complex requests, and where the information is required from multiple disciplines, it is not always possible to provide the information within the 20-day timescale.) There have been no requests for review.

Health & Safety

| Health and Safety | |
|--------------------------------|-------|
| Mandatory Training (Jun-20) | |
| Fire Safety | 56.5% |
| Health & Safety | 60.3% |
| No of Incidents Apr20-Jun20 | |
| | 0 |

Accidents and Incidents

In the period 1 April to 30 June 2020, there were no health and safety accidents or incidents reported/recorded.

Statutory and mandatory training

The data shows the compliance rate of staff completion of statutory and mandatory training related to health and safety on ESR. Overall compliance is reported under 'Statutory & Mandatory Compliance'.

H&S Training

At 30 June, all volunteer H&S roles were filled to the required capacity and all role holders were trained to the level required to undertake the roles. No training was undertaken by volunteers during the period. H&S training has continued to be provided to new starters via induction.

H&S Committee

The Health and Safety Committee was cancelled in the first quarter. The next meeting is in September 2020.

Policies, Procedures and Guidance

A review of the Health and Safety policy was approved by the Board in May 2020.

Risk Assessment

An internal risk assessment was developed in order to develop plans and proposals for staff to return safely to work in Ty Dysgu from 9 July (if appropriate in individuals' circumstances). In addition, the following have been undertaken or are in train:

- a comprehensive plan for staff to work safely in Ty Dysgu including revised arrangements to comply with social distancing.
- arrangements for reception to be fitted with a new protective screen and communal toilet doors to be fitted with locking systems

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- a wide range of COVID-19 signage throughout the building
- regular water testing and checks for the prevention of Legionella and a major water treatment exercise
- a cleaning station with supplies of sanitisers and wipes, and additional dispensers to be located throughout the building
- opening of the building for collections and services as required over the period.

SECTION 3: PERFORMANCE IN RESPONSE TO COVID-19

We have ensured regular updates have been provided to Board throughout the quarter and, as such, below details our latest summary of activity in terms of the HEIW response. The latest update for Q1 was provided at the end of June and is attached for information.



BDS%20Update%20p
aper%20final%20-%2

This provides details of how HEIW has responded and supported NHS Wales whilst also reflecting on our approach to supporting our own staff including:

- Communications and Engagement
- Multi-professional Education & Training
- Workforce Modernisation
- Workforce wellbeing
- Leadership

Some key areas to highlight from the report:

- In conjunction with NHS Wales Employers, BMA Cymru Wales and Welsh Government, a joint statement was issued on annual leave, study leave and public holiday arrangements for doctors and dentists in training during the COVID-19 pandemic. 12 principles were agreed to ensure consistent and fair national arrangements are in place for doctors and dentists in training.
- Implementing plans to implement Junior doctor rotations from August.
- Facilitated new approaches using virtual technology to replace Clinical skills Assessments within General Practice training.
- Supported Return to practice opportunities
- HEIW has met with all Universities individually and analysed each cohort or every course to determine whether graduation is predicted to be delayed due to the COVID-19 pandemic. Where delays were identified HEIW has worked with the Universities and the Service to develop innovative ways of restructuring education (both academic and placements) to ensure all delays are mitigated or reduced to a minimum.
- HEIW has provided ongoing and significant influence and expertise in the development of the BAME risk assessment e-tool, this has been implemented within HEIW to support risk management for staff potentially returning to work in the office.
- Continued progress and development of the Leadership portal and access to Compassionate leadership resources.
- Significant development and use of multi-professional online resources to facilitate and enhance training opportunities.

HEIW has continued to prioritise its response to COVID and to look for opportunities to support other NHS organisations. As we end the quarter and organisations reflect on their learning from the crisis, as well as their ongoing COVID needs, we are seeing a steady and constant increase in requests for HEIW support.

The infographic provides some high-level detail of the support provided:



SECTION 4: PERFORMANCE AGAINST OPERATIONAL PLAN FOR Q1

Q1 Operational Plan - Performance

For the final 6 weeks of Q1, in line with requirements of Welsh Government we produced a plan that focussed on 5 key themes.



The plan was approved at May Board and implemented. Our approach to monitoring and reporting during Q1 was driven by the requirements of Welsh Government and as agreed with our Board, it comprised weekly reports as well as formal bi-monthly reports to Board.

We developed an indicative action plan to identify and monitor progress against key activity in relation to each of the five themes that we articulated in our Q1 operational plan;

Supporting the COVID response in Q1 means:

- contributing to workforce sustainability and supply, modelling and workforce planning
- contributing to critical care, primary care, rehabilitation, essential services and re-introduction of routine services as required
- leading the activity on workforce wellbeing
- identifying lessons, new ways of working and embedding in practice
- maintaining a focus on emergency planning and crisis response
- enabling staff and HEIW to operate effectively as a virtual home-based organisation.

Education and training return and the 'new normal' in Q1 means:

- identifying the actions needed to plan for the return of education and training programmes
- putting in place and communicating plans for the restart of education and training
- supporting and facilitating the 'exit' of students and trainees from the urgent workforce and back into education and training
- capturing the learning through the crisis, including new ways of working and setting out what the 'new normal' looks like for education and training in Wales.

Promoting workforce wellbeing in Q1 means:

- continuing to identify, harness and promote wellbeing resources for the workforce and to share these via the HEIW portal
- facilitating the transition of the work from the emergency planning sub-group arrangements into the BAU established infrastructure in NHS Wales
- supporting colleagues to develop new wellbeing programmes including in relation to clinical staff and the impact of COVID.

Developing leadership in Q1 means:

- continuing to work with Prof Michael West and the Kings Fund on a range of compassionate leadership materials and resources
- finalising the revised draft compassionate leadership principles and preparing to issue those for 2nd phase consultation in Q2
- planning for the restart of the succession planning and talent management work
- scoping further the leadership and talent programmes, alumni and resource portal and preparation for restart in Q2.

Prioritising communications and engagement in Q1 means:

- maintaining regular staff, stakeholder and Board updates
- restarting staff open fora, piloting Microsoft Teams
- horizon scanning, sharing and supporting key communications activity across partners
- preparing for the restart of 'routine activities' from Q2, aligned to the IMTP and for COVID response activities
- developing targeted messaging to ensure that return to education and training, and the 'new normal' is effectively communicated as well as planned.

Throughout the period, COVID-19 delivery, performance, impact and risks were also overseen through our Crisis Management and response meetings, through which we managed and oversaw our response to COVID-19 and the risks associated with delivery. We also met with Welsh Government to review our approach and received positive feedback.

All actions identified have been progressed and taken forward as appropriate within initial timescales, alongside implementing the rephrasing of previously approved IMTP objectives and deliverables which have been detailed previously in the report. Key activities taken forward during the period include:

Managing response to COVID-19

Key details provided in Section 3.

Education & Training – New ways of working

Developing a multi-professional plan to enable education and training to implement new normal procedures and processes.

Compassionate Leadership

- Developing and testing of Digital Leadership Portal 'Gwella' - This will provide an externally facing Leadership landing page with access for NHS & Social Care Wales to a range of evidenced based collective and compassionate Leadership tools and resources.
- Continuing to develop and enhance Compassionate Leadership Playlists.
- Developing opportunities to utilise 'virtual classrooms' to support education and training.

Communications and Engagement

- Weekly Staff bulletins produced
- Regular stakeholder updates produced and promoted
- COVID-19 webpages updated regularly
- Bi-Monthly Board updates

Workforce Wellbeing

- Produced documentation, guidance and systems to facilitate the return of staff to the building during Q2 if they wish to do so.
- Implemented modifications to 'Ty Dysgu' to facilitate staff return.
- Implemented the use of BAME risk assessments to support staff return.
- Provided access to continually updated electronic wellbeing resources.
- Provided opportunities for staff to engage and interact with one another to mitigate social isolation.

As such, our Q1 plan provided a foundation for the development and submission of our Q2 plan on the 3rd July. We intend to align our performance management and monitoring under the quarterly reporting approach moving forward to ensure alignment and avoid duplication of reporting of COVID-19 and operational activities. To support this, we are in the process of developing new mechanisms and hope that by the end of the quarter we will be able to utilise Performance software (VERTO) to enhance reporting and monitoring capability.

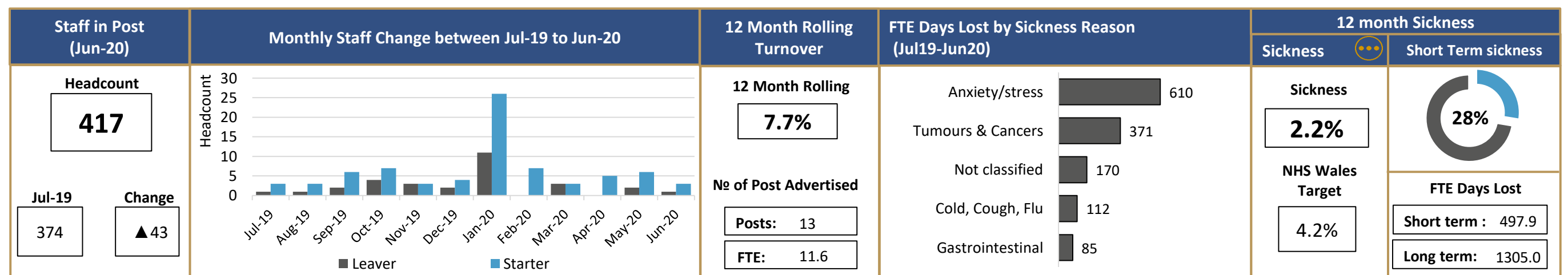
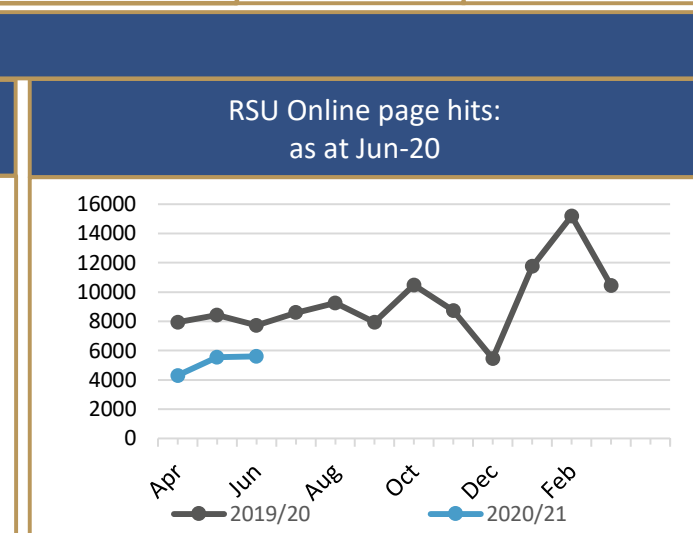
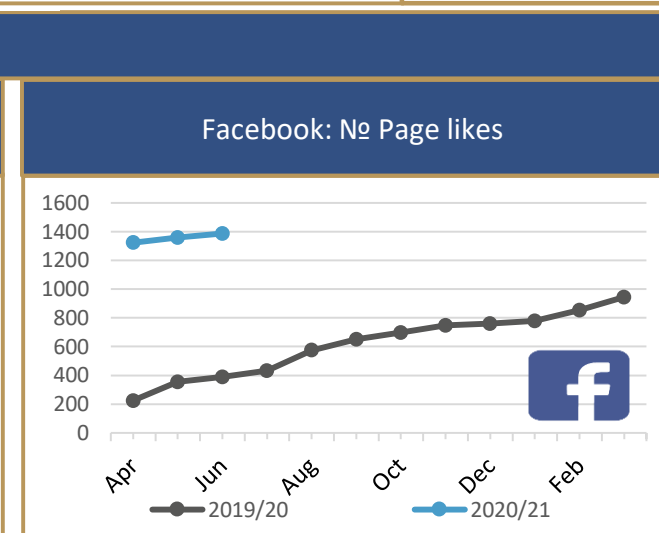
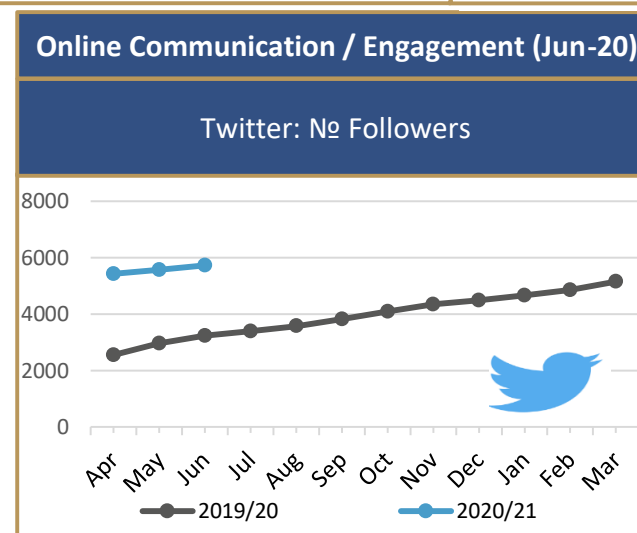
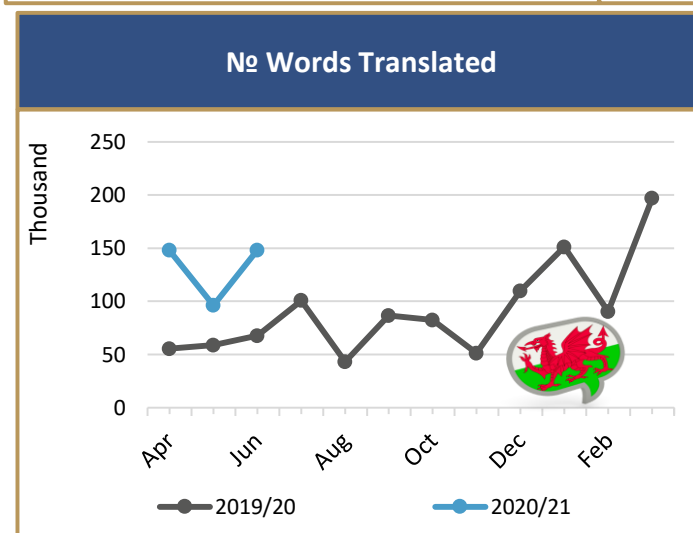
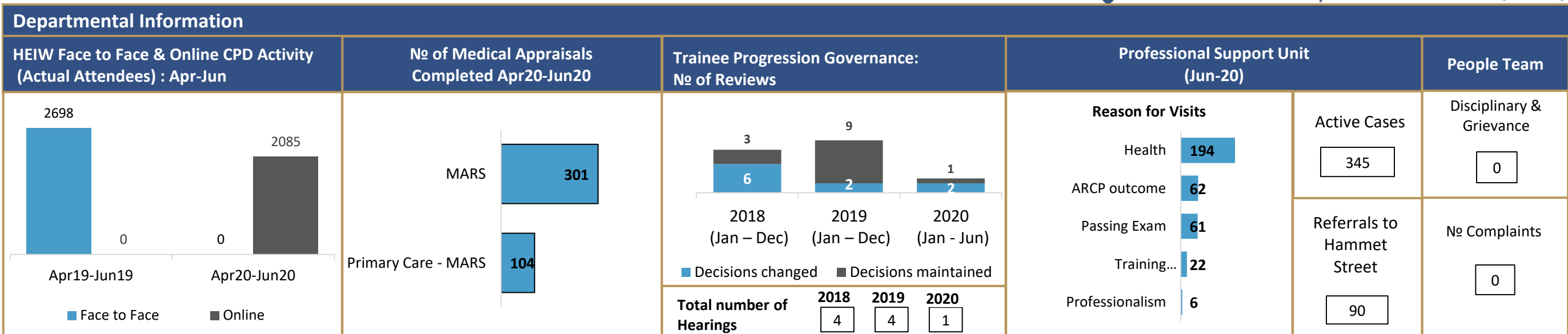
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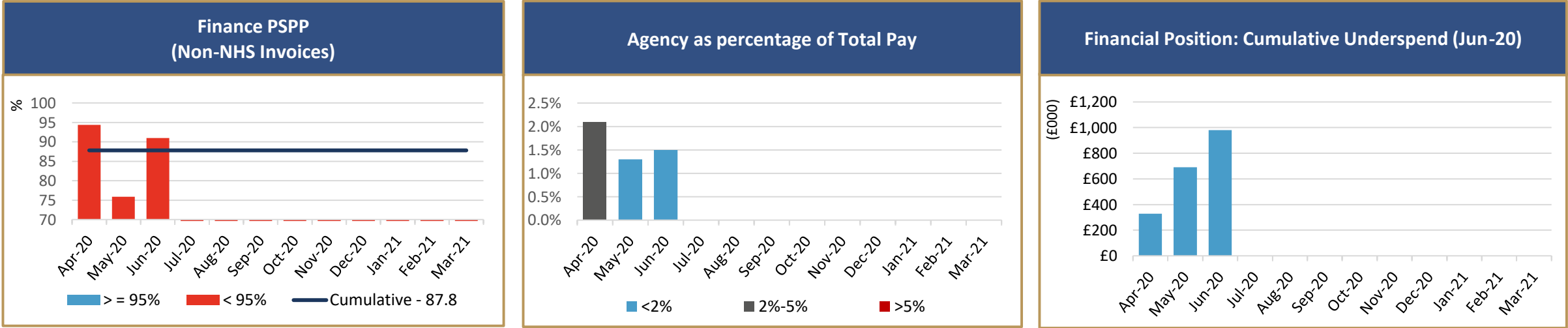
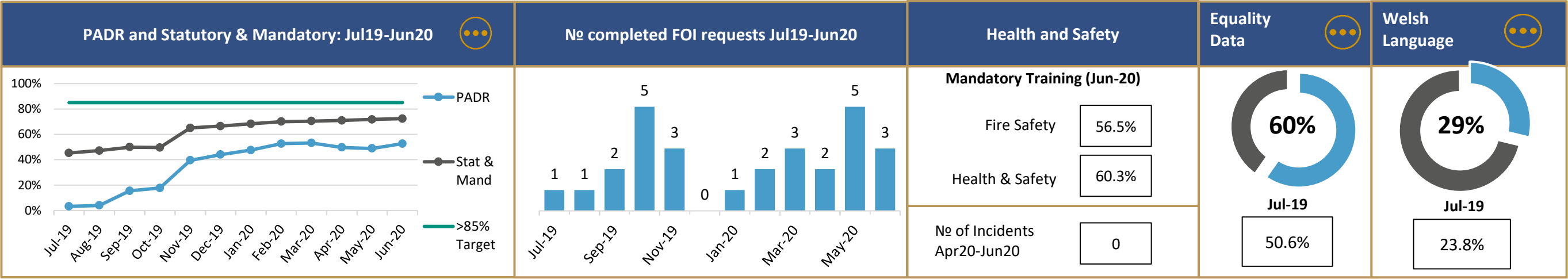
Health Education and Improvement Wales Performance Dashboard (2020/21)



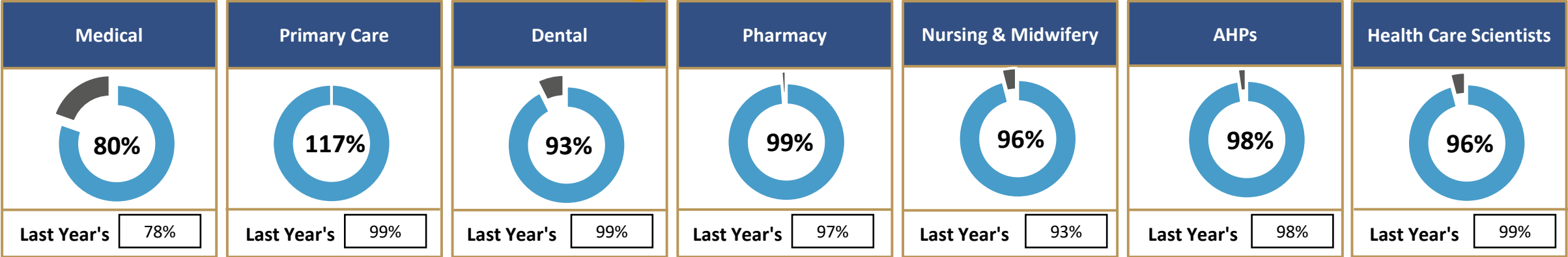
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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

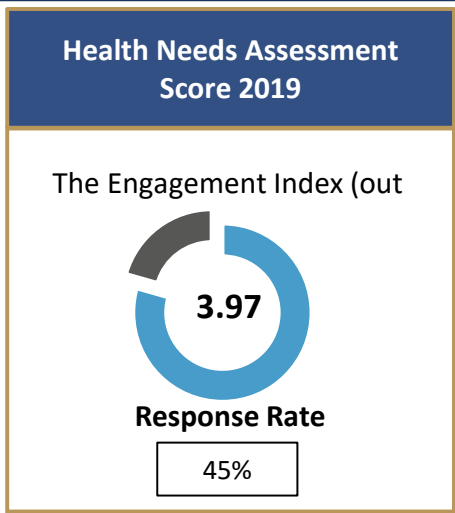
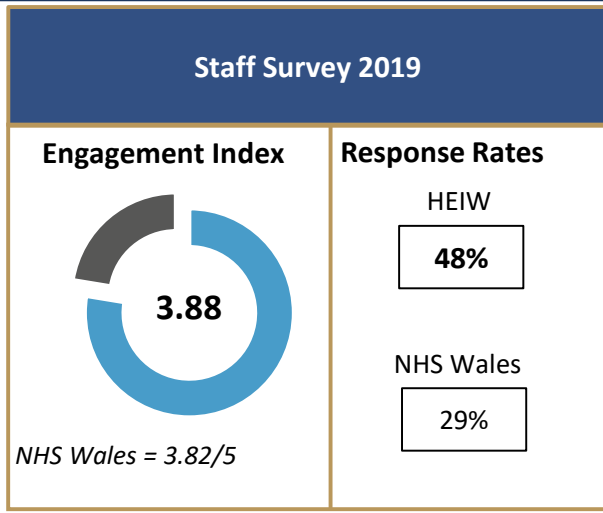
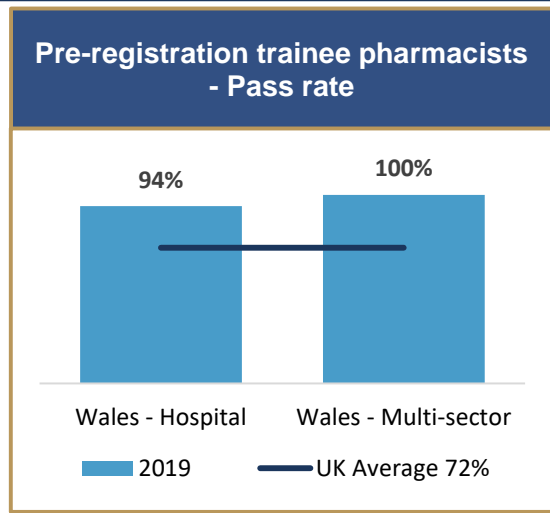
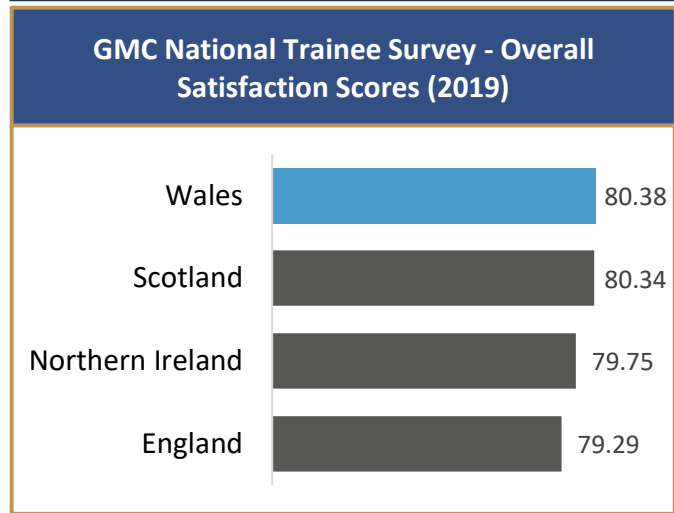




Recruitment to Commissioned Places (Recruitment Rate) - Jun-20



Benchmarking Information - 2019





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| | | | |
|--|---|---------------------|------------------------|
| Dyddiad y Cyfarfod | 30 Gorffennaf 2020 | Eitem Agenda | 4.3 |
| Teitl yr Adroddiad | Newidiadau i'r Polisi Rheoli Risgiau | | |
| Awdur yr Adroddiad | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Noddwr yr Adroddiad | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Cyflwynwyd gan | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | Tynnu sylw at newidiadau arfaethedig i Bolisi Rheoli Risgiau AaGIC a gofyn i'r Bwrdd gymeradwyo'r polisi diwygiedig. | | |
| Materion Allweddol | <p>Mae'r Asesiad Strwythuredig a'r Adroddiad Archwilio Mewnol ar ddull Rheoli Risgiau AaGIC wedi cyflwyno sawl argymhelliad ynghylch y modd mae AaGIC yn rheoli risgiau.</p> <p>Er mwyn rhoi'r argymhellion hyn ar waith, mae'n ofynnol i AaGIC ddiwygio'i Bolisi Rheoli Risgiau. Gellir gweld y Polisi Rheoli Risgiau drafft diwygiedig yn atodiad 1.</p> <p>Cafodd y Polisi Rheoli Risgiau diwygiedig ei ystyried gan y Pwyllgor Archwilio a Sicrwydd ar 16 Gorffennaf. Argymhellodd y Pwyllgor y dylai'r Bwrdd gymeradwyo'r polisi, yn amodol ar gael eglurhad o'r modd y cofnodir y Parodrwydd i Dderbyn Risg ar Brofforma'r Gofrestr Risgiau Corfforaethol.</p> <p>Mae'r adroddiad hwn yn tynnu sylw at y newidiadau arfaethedig i Bolisi Rheoli Risgiau AaGIC ac yn gofyn i'r Bwrdd gymeradwyo'r polisi diwygiedig.</p> | | |
| Camau penodol i'w cymryd (<i>rhowch ✓ wrth ymyl un yn unig</i>) | Gwybodaeth | Trafod | Sicrhau |
| | | | Cymeradwyo ✓ |
| Argymhellion | <p>Gofynnir i'r Aelodau:</p> <p>Ystyried y newidiadau arfaethedig i Bolisi Rheoli Risgiau AaGIC (Atodiad 1) a chymeradwyo'r polisi diwygiedig.</p> | | |

NEWIDIADAU I BOLISI RHEOLI RISGIAU AaGIC

1. CYFLWYNIAD

Tynnu sylw at newidiadau arfaethedig i Bolisi Rheoli Risgiau AaGIC (Atodiad 1) a cheisio cymeradwyaeth ar eu cyfer.

2. CEFNDIR

Cyflwynodd Asesiad Strwythuredig Archwilio Cymru a'r Adroddiad Archwilio Mewnol ar ddull Rheoli Risgiau AaGIC nifer o argymhellion i gryfhau'r modd mae AaGIC yn rheoli risgiau. Ymhellach, yn ddiweddar rydym wedi cael argymhelliad gan Archwilio Cymru yn ymwneud ag Effeithiolrwydd Atal Twyll AaGIC, sef mater a gaiff ei ystyried ymhellach isod.

Er mwyn rhoi'r argymhellion hyn ar waith mae AaGIC yn cymryd nifer o gamau, yn cynnwys diwygio'i Bolisi Rheoli Risgiau.

Newidiadau Arfaethedig i'r Polisi Rheoli Risgiau

Caiff y newidiadau arfaethedig i bolisi Rheoli Risgiau AaGIC eu nodi isod:

- Dylid diweddarau'r Polisi Rheoli Risgiau er mwyn cadarnhau'r broses ar gyfer uwchgyfeirio risgiau o gofrestr risgiau'r cyfarwyddiaethau i'r Gofrestr Risgiau Corfforaethol.
- Dylid safoni Cofrestri Risgiau AaGIC. Mae dogfennaeth safonedig yn cynnwys canllawiau ar bennu perchnogion risgiau a therfynau amser ar gyfer cymryd camau lliniaru.
- Dylid cyflwyno templed safonedig ar gyfer y Gofrestr Risgiau.
- Dylai Polisi Rheoli Risgiau AaGIC gael ei ddiweddarau a'i ddiwygio er mwyn:
 - cynnwys yr isafswm sgôr risg a argymhellir, sef 14, ar gyfer eitem i'w chynnwys yn y Gofrestr Risgiau Corfforaethol.
 - cynnig eglurhad o'r angen am Gofrestri Risgiau Cyfarwyddiaethau ynghyd â chofrestri rhaglenni a phrosiectau.
 - darparu croesgyfeiriad at y canllawiau sy'n ymwneud â'r system sgorio risgiau er mwyn sicrhau cysondeb ar draws y sefydliad.
 - cadarnhau nad yw System Rheoli Risgiau Datil yn cael ei defnyddio o fewn y sefydliad i gyfleu a chofnodi risgiau a nodir.

Adolygiad Archwilio Cymru o effeithiolrwydd Atal Twyll

Mae'r adolygiad o Atal Twyll yn argymhell y dylid integreiddio asesiadau risg twyll o fewn y fframwaith rheoli risgiau ehangach. Mewn ymateb i'r argymhelliad hwn, yn awr bydd y Polisi Rheoli Risgiau yn ei gwneud hi'n ofynnol i risgiau twyll fod yn eitem sefydlog ar Gofrestri Risgiau Cyfarwyddiaethau. Bydd hyn yn sicrhau y bydd risgiau twyll, ynghyd â'r camau a gymerir i liniaru'r risgiau hyn, yn cael eu hadolygu'n rheolaidd gan bob Cyfarwyddiaeth.

Cofnodi Parodrwydd i Dderbyn Risg

Yn unol ag argymhelliad y Pwyllgor Archwilio a Sicrwydd, yn awr caiff lefelau Parodrwydd i Dderbyn Risg eu cofnodi fel a ganlyn: Dim, Isel, Cymedrol, Uchel ac Uchel lawn.

3. Y CYNNIG

Y dylai'r Polisi Rheoli Risgiau sydd wedi'i ddiweddarau gael ei gymeradwyo gan y Bwrdd.

4. MATERION LLYWODRAETHU A RISG

Mae'r Polisi Rheoli Risgiau yn nodi sut gall AaGIC reoli a lliniaru risgiau ynghyd â chanolbwyntio ar gyflawni ei amcanion.

5. GOBLYGIADAU ARIANNOL

Ni cheir unrhyw oblygiadau ariannol uniongyrchol. Mae rheoli risgiau yn un o ofynion craidd AaGIC.

6. ARGYMHELLIAD

Gofynnir i'r aelodau ystyried y newidiadau arfaethedig i bolisi Rheoli Risgiau AaGIC (Atodiad 1) a chymeradwyo'r polisi diwygiedig.

| Llywodraethu a Sicrwydd | | | |
|--|---|--|--|
| Cysylltu ag amcanion strategol yr IMTP (<i>rhoch ✓</i>) | Nod Strategol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni 'Cymru Iachach | Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol | Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel |
| | ✓ | ✓ | ✓ |
| | Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd | Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo | Nod Strategol 6: Cael ei nabod fel partner, dylanwadr ac arweinydd rhagorol |
| | ✓ | ✓ | ✓ |
| Ansawdd, Diogelwch a Phrofiad y Claf | | | |
| Bydd dull effeithiol o reoli risgiau yn cynorthwyo AaGIC i gyflawni ei amcanion a bydd yn cynorthwyo GIG Cymru i sicrhau Ansawdd, Diogelwch a Phrofiad y Claf. | | | |
| Goblygiadau Ariannol | | | |
| Nid oes unrhyw oblygiadau ariannol yn gysylltiedig â'r adroddiad hwn. Mae rheoli risgiau yn un o ofynion craidd AaGIC. | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth) | | | |
| Ni cheir unrhyw oblygiadau cyfreithiol uniongyrchol. | | | |
| Goblygiadau Staffio | | | |
| Nid oes goblygiadau wedi'u nodi mewn perthynas â staff AaGIC. | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | | | |
| | | | |
| Hanes yr Adroddiad | Dim | | |
| Atodiadau | Atodiad 1 Polisi Rheoli Risgiau AaGIC | | |



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Health Education and
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RISK MANAGEMENT POLICY

Executive Sponsor & Function: Board Secretary

Document Author: Board Secretary

Approved by: HEIW Executive Team

Approval Date: [July Board] 2020

Scope:

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

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

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

Date of Equality Impact Assessment: [19/04/19]

Equality Impact Assessment Outcome:

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

Review Date: July 2021

Version: v2

Policy Statement

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

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

Policy Commitment

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

All staff will be expected to use the appropriate corporate systems for risk management. At the time of developing this policy HEIW's risks are managed through the use of risk registers (for operational risk) and the Board Assurance Framework for strategic risks. Health and safety risks are however, managed through Datix.

All Senior staff and managers are required to attend mandatory training in Corporate Risk Management.

Introduction

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

Section 1 – General

Scope, Aim and Objectives

Scope

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

¹ In the interests of brevity, the term 'staff' is used throughout this document to refer to staff, contractors, agency staff, trainees, volunteers, and secondees and visitors.

Aim

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

Objectives

This policy will:

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

Strategic Context

HEIW is required annually to produce an Interim Medium Term Plan (IMTP), which details what the organisation plans to do over the coming years. The plan sets out the organisational priorities and sets strategic objectives. In order to deliver these objectives, it is necessary to understand the environment in which we operate, and to have clear visibility on what might get in the way of our delivering them. This is why an effective Risk Management System is necessary.

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

Roles and Responsibilities

HEIW Board

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

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

The Corporate Risk Register is focussed on HEIW's key objectives and identifies the principal risk and key controls. Given this the Corporate Risk Register shall be the vehicle for providing regular assurance for the BAF. The Corporate Risk Register shall be reviewed by the Board twice a year and by the Audit and Assurance Committee on a quarterly basis.

Chief Executive

The Chief Executive is the responsible officer for HEIW and is accountable for ensuring that HEIW can discharge its legal duty for all aspects of risk. As the accountable officer, the Chief Executive has overall responsibility for maintaining a sound system of internal

control, as described in the annual governance statement. Operationally, the Chief Executive has designated responsibility for implementation of this policy to the Board Secretary.

Board Secretary

Is responsible for:

- operational implementation of the risk management policy;
- as the Senior Information Risk Owner (SIRO), ultimate responsibility lies here for information risk management;
- development of policies and procedures relating to the above;
- development and ongoing review of the Board Assurance Framework;
- ensuring that the Board and its Committees receive the appropriate reports and assurance for consideration.

Executive Directors

Are responsible for:

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

Deputy Chief Executive / Director of Workforce and Organisational Development

In addition to the Executive Director responsibility is also responsible for:

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

Directorate Managers

Directorate Managers are responsible for:

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

All staff

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

Allocation of Responsibility for a risk

Executive Directors shall take responsibility for managing risks within their Directorates. Where a risk arises from a project, programme or matter undertaken on a cross-Directorate basis the risk will be allocated to the Executive Lead as detailed within the IMTP.

Training

Level 1 – Staff required to report risks

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

Level 2 – Risk Owners

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

Level 3 – SIRO and other specialist roles

This will be bespoke training required for those charged with managing the Risk Management System.

Section 2 – Categories of Risk

Strategic Risk

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

Corporate Risk

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

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

- Operational Risk
- Project / Programme Risk

- Educational Risk
- Financial Risk
- Public Relations Risk

All these risks will be captured and managed through risk registers and a system of policies and procedures.

Health and Safety Risk

Health and Safety Risk is subject to a specific policy.

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

Information Risk

Information Risk is subject to a specific policy.

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

Service or Business Continuity Risk

Business Continuity Risk is subject to a specific policy.

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

Most Business Continuity risks will tend to be high impact / low likelihood events.

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

Fraud Risk

To ensure enough focus is given to counter-fraud, and the steps taken to mitigate the risk of the same, it is a requirement that Fraud be a standard item on each Directorate Risk Register.

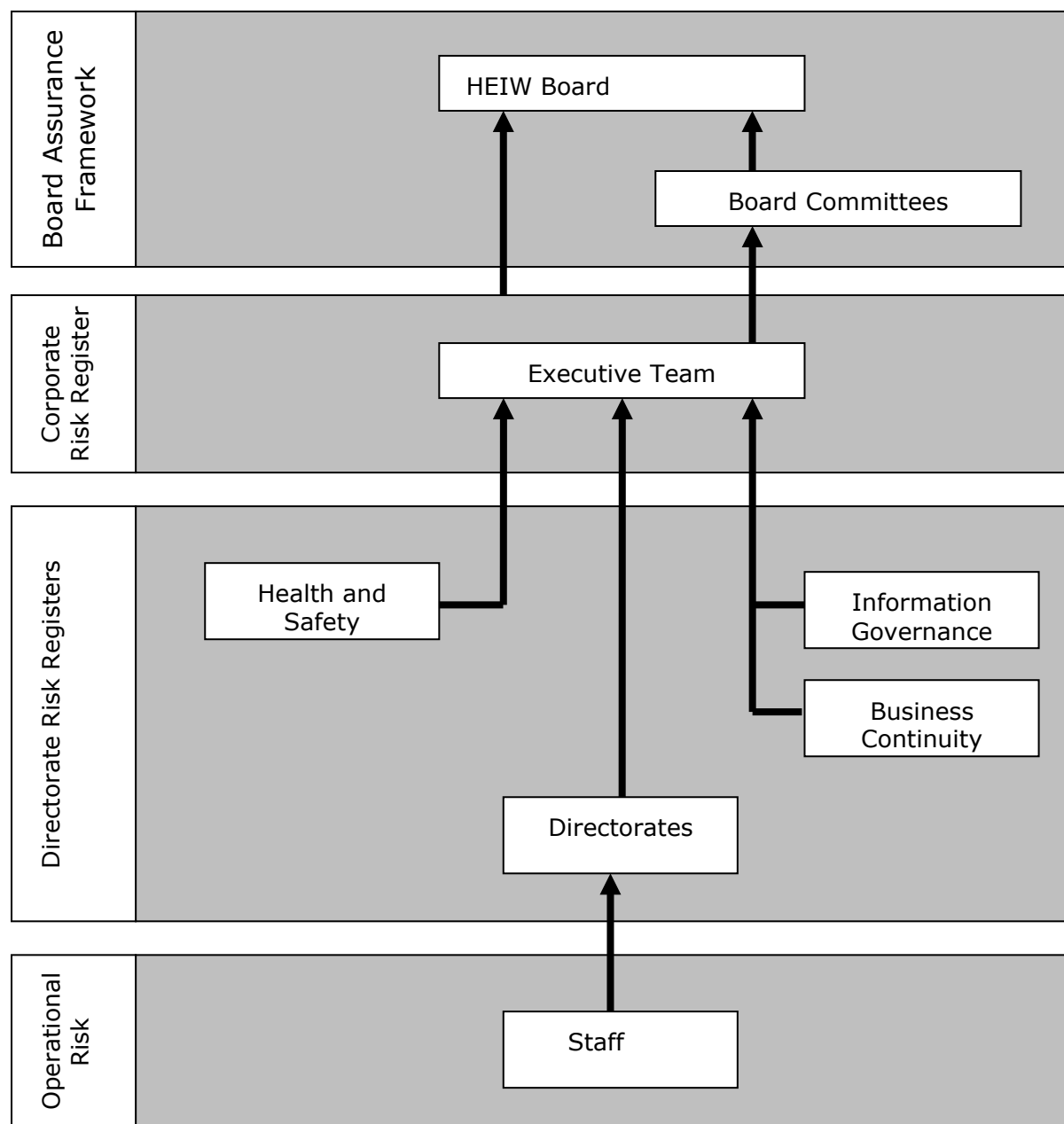
Section 3 – Management of Risk

Introduction

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

Risk architecture

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



Risk Appetite

HEIW's risk appetite is set on an annual basis by the Board, when the decisions are being made around the organisation's strategic priorities for the following year. The purpose of setting the risk appetite is to ensure that all staff throughout HEIW are aware of it and understand the amount of risk to which the organisation is prepared to be exposed whilst going about their day to day business. HEIW's Risk Appetite levels are detailed in Annex 1.

Identification and capturing of risks

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

Once it is confirmed that a new risk has been identified, the details should be correctly identified and assessed.

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

Risk Registers

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

HEIW's risk registers will utilise the risk assessment, risk appetite and scoring method outlined in Annex 1. HEIW's template risk register is attached at Annex 2. All HEIW Directorate Risk Registers shall use the template attached at Annex 2. All HEIW programme and project risk register will use this template as the basis for their risk register.

Ongoing risk Management

Once a risk has been properly identified, articulated and assessed it can then be managed.

Escalation

As previously stated, to be effective, risk needs to be managed at the lowest appropriate level. A risk that is deemed sufficiently material by its lead Director may be escalated onto the Directorate Risk Register. A risk will be escalated from the Directorate Register to the Corporate Risk Register when the Directorate either have concerns about their capacity or authority to manage the risk, or they do not have the resources (e.g. budget, staff etc) to manage it, risk requires c or it is deemed to represent a significant public relations risk.

Not having capacity or authority to manage a risk should not be viewed as a lack of capability, but rather a recognition that a risk is either so severe that it needs to be managed

at a higher level, or possibly that it transcends more than one area of business or Directorate. It is anticipated, although this is not a binding requirement, that such a risk when being escalated onto the Corporate Risk Register will have a minimum risk score of 14.

In the event of a requirement to escalate a risk, from the Directorate Risk Register to the Corporate Risk Register, the matter will require the approval of the Executive Team.

Removal

The removal of a risk from the Corporate Risk Register shall require the approval of the Audit and Assurance Committee.

Risk should not be removed from the system until such time as the risk has been eliminated. Risks may reduce in their importance over time, and so may be de-escalated down to an appropriate level of management.

Annex 1

Risk Assessment and Scoring

In order to effectively assess a risk, it is necessary to consider two factors: Likelihood and Impact.

HEIW utilises a common form of risk scoring referred to as a 5x5 risk matrix. Likelihood and Impact are assessed on a scale of 1 to 5, and then the two scores are multiplied together to arrive at the final risk score.

As scoring is a subjective process guidance is provided through the tables below.

Risk Scoring Matrix

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

| LIKELIHOOD | 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 |

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. |

Annex 2 – Template for the HEIW Risk Register

[Risks should be scored on the basis of the Risk Scoring Matrix and Risk Appetite Levels contained within Annex 1]

| Date Added | Ref (Risk Area) | Risk Description and [Executive/Manager] Owner | Inherent Risk | | | Risk Appetite | Mitigating Action | Residual Risk | | | RAG Status | Progress |
|------------|-----------------|---|---------------|-------------|---------------|---|--|---------------|-------------|---------------|---------------|----------|
| | | Details of risk If...then... impact... | Impact | Probability | Overall Score | None Low Moder. High V.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 | Impact | Probability | Overall Score | R/A/G & trend | |
| 1. | | [Ifthen impact] [Insert the name of the owner] | | | | | [please populate this section in accordance with the above guidance] | | | | | |



| | | | |
|--|--|---------------------|------------------------|
| Dyddiad y Cyfarfod | 30 Gorffennaf 2020 | Eitem Agenda | 4.4 |
| Teitl yr Adroddiad | Newidiadau Dros Dro i Reolau Sefydlog AaGIC | | |
| Awdur yr Adroddiad | Kay Barrow, Rheolwr Llywodraethu Corfforaethol | | |
| Noddwr yr Adroddiad | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Cyflwynwyd gan | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | Ceisio cymeradwyaeth y Bwrdd ar gyfer Newidiadau Dros Dro i Reolau Sefydlog AaGIC yn unol â Rheoliad a chylchlythyr Llywodraeth Cymru. | | |
| Materion Allweddol | <p>Cadarnhaodd Cylchlythyr Iechyd Cymru – “Diwygiadau Dros Dro i Reolau Sefydlog Enghreifftiol, Cadw a Dirprwyo Pwerau” (Cylchlythyr Llywodraeth Cymru) y newidiadau canlynol i Reolau Sefydlog AaGIC:</p> <ul style="list-style-type: none"> • Mae'r dyddiad olaf ar gyfer cynnal y Cyfarfod Cyffredinol Blyneddol wedi cael ei ymestyn i 30 Tachwedd 2020; • Mae cyfnod deiliadaeth swydd Aelodau Annibynnol wedi cael ei ymestyn. <p>Newidiadau dros dro yw'r rhain, ac ni fyddant mewn grym o 31 Mawrth 2021.</p> <p>Ystyriodd y Pwyllgor Archwilio a Sicrwydd y newidiadau ar 16 Gorffennaf, gan argymhell y dylai'r Bwrdd eu cymeradwyo.</p> | | |
| Camau penodol i'w cymryd (<i>rhowch wrth ymyl un yn unig</i>) | Gwybodaeth | Trafod | Sicrhau |
| | | | Cymeradwyo ✓ |
| Argymhellion | <p>Gofynnir i'r aelodau:</p> <ul style="list-style-type: none"> • Gymeradwyo'r newidiadau dros dro i Reolau Sefydlog AaGIC (nodir geiriad diwygiedig y Rheolau Sefydlog ar dudalen 12 Cylchlythyr Llywodraeth Cymru yn Atodiad 1). | | |

NEWIDIADAU DROS DRO I REOLAU SEFYDLOG AaGIC

1. CYFLWYNIAD

Cyflwynwyd Rheolau Sefydlog Enghreifftiol i AaGIC ym mis Medi 2018 mewn llythyr gan Gyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol a Phrif Weithredwr GIG Cymru.

Rhaid i Reolau Sefydlog AaGIC gael eu gwneud yn unol â chyfarwyddiadau a/neu Reoliadau a roddir gan Weinidogion Cymru.

Mewn ymateb i'r pandemig COVID, mae Cylchlythyr Llywodraeth Cymru yn cyfarwyddo AaGIC i ddiwygio'i Reolau Sefydlog yn unol â'r cylchlythyr a Rheoliadau'r Gwasanaeth Iechyd Gwladol (Datgymhwyso Dros Dro Ddeiliadaeth Swydd) (Cymru) (Coronafeirws) 2020 ("y Rheoliadau"), fel y nodir isod.

2. CEFNDIR

Y dyddiad olaf ar gyfer cynnal Cyfarfod Cyffredinol Blynnyddol

Ym mis Mawrth 2020, cytunodd Llywodraeth Cymru y gellir gohirio'r dyddiad mae'n rhaid i gyrff y GIG gynnal eu Cyfarfodydd Cyffredinol Blynnyddol, a chafodd y dyddiad hwn ei ymestyn i 30 Tachwedd. Dim ond yn ystod 2020 y bydd yr estyniad yn berthnasol.

Uchafswm Cyfnod Deiliadaeth Swydd Aelodau Annibynnol

Ar 5 Gorffennaf, mewn ymateb i atal dros dro y broses o recriwtio penodiadau cyhoeddus yng Nghymru, daeth y Rheoliadau i rym. Pwrpas y Rheoliadau hyn yw ymestyn uchafswm cyfnod deiliadaeth swydd Aelodau Annibynnol am gyfnod penodedig tan 31 Mawrth 2021.

3. Y CYNNIG

Bydd y newid a gyflwynir i'r Rheolau Sefydlog mewn perthynas â'r Cyfarfod Cyffredinol Blynnyddol yn ymestyn y dyddiad olaf y gellir cynnal y cyfarfod hwn i ddim hwyrach na 30 Tachwedd 2020. Er, dylid nodi y bydd AaGIC yn cynnal ei Gyfarfod Cyffredinol Blynnyddol ar 24 Medi 2020, yn unol â'i Reolau Sefydlog presennol.

Yn achos Aelodau Annibynnol sy'n nesáu at uchafswm eu cyfnod deiliadaeth swydd, bydd y Rheoliadau yn gwneud yr aelodau annibynnol hyn yn gymwys i gael eu hailbenodi.

Gan fod holl Aelodau Annibynnol AaGIC wedi'u penodi yn 2018 yn y lle cyntaf, effaith gyfyngedig yn unig a gaiff y newidiadau uchod ar AaGIC.

4. MATERION LLYWODRAETHU A RISG

Mae'n ofynnol i Gyrff y GIG wneud, amrywio a dirymu Rheolau Sefydlog wrth reoleiddio'u trafodion a'u busnes yn unol ag Atodiad 5 Cylchlythyr Iechyd Cymru – Diwygiadau Dros Dro i Reolau Sefydlog Enghreifftiol, Cadw a Dirprwyo Pwerau.

5. GOBLYGIADAU ARIANNOL

Ni cheir unrhyw oblygiadau ariannol.

6. ARGYMHELLIAD

Gofynnir i'r aelodau:

- **gymeradwyo**’r newidiadau dros dro i Reolau Sefydlog AaGIC (nodir geiriad diwygiedig y Rheolau Sefydlog ar dudalen 12 Cylchlythyr Llywodraeth Cymru yn Atodiad 1).

| Llywodraethu a Sicrwydd | | | |
|--|--|--|--|
| Cysylltu ag amcanion strategol yr IMTP (rhowch ✓) | Nod Strategol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni ‘Cymru Iachach | Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol | Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel |
| | | ✓ | |
| | Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd | Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo | Nod Strategol 6: Cael ei nabod fel partner, dylanwadwr ac arweinydd rhagorol |
| | | | ✓ |
| Ansawdd, Diogelwch a Phrofiad y Claf | | | |
| Mae sicrhau bod y Bwrdd yn mynd i'r afael â'i fusnes yn briodol ac yn gydnaws â'i reolau sefydlog yn ffactor allweddol mewn perthynas ag ansawdd, diogelwch a phrofiad cleifion sy'n cael gofal. | | | |
| Goblygiadau Ariannol | | | |
| Nid cheir unrhyw oblygiadau ariannol y dylai'r Bwrdd fod yn ymwybodol ohonynt. | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth) | | | |
| Mae'n hanfodol i'r Bwrdd gydymffurfio â'i reolau sefydlog. | | | |
| Goblygiadau Staffio | | | |
| Ni cheir unrhyw oblygiadau staffio y dylai'r Bwrdd fod yn ymwybodol ohonynt. | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | | | |
| Nod y strwythur llywodraethu yw pennu materion yn gynnar er mwyn osgoi gorfod eu huwchgyfeirio, a bydd y Pwyllgor yn integreiddio â threfniadau cyffredinol y Bwrdd. | | | |
| Hanes yr Adroddiad | | | |
| Atodiadau | Atodiad 1 – Cylchlythyr Iechyd Cymru: Diwygiadau Dros Dro i Reolau Sefydlog Enghreifftiol, Cadw a Dirprwyo Pwerau – Byrddau Iechyd Lleol, Ymddiriedolaethau'r GIG, Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru, y Pwyllgor Gwasanaethau Ambiwlans Brys ac Addysg a Gwellu Iechyd Cymru. | | |

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 9 July 2020

STATUS: COMPLIANCE

CATEGORY: GOVERNANCE

Title: Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee, Emergency Ambulances Services Committee and Health Education and Improvement Wales

Date of Expiry / Review: 31 March 2021 or to the end of the term of any appointments made in accordance with the amendments detailed in the appendices, whichever is the later.

For Action by:

Chairs of Local Health Boards and NHS Trusts

Chair of Health Education and Improvement Wales

Chairs of the Welsh Health Specialised Services Committee, the Emergency Ambulance Services Committee and the Shared Services Committee

Directors of Corporate Governance/Board and Joint Committee Secretaries

Action required by:

In accordance with Board and Committee timetable but no later than 31 July 2020

Sender:

Melanie Westlake, Head of NHS Board Governance, Mental Health, NHS Governance and Corporate Services, Health and Social Services Group

HSSG Welsh Government Contact(s) :

Melanie Westlake, Head of NHS Board Governance, Mental Health, NHS Governance and Corporate Services, Health and Social Services Group

Enclosure(s):

Annex 1 – Temporary Amendments – LHB Model Standing Orders and Reservation and Delegation of Powers July 2020

Annex 2 – Temporary Amendments - Schedule 4.1 – LHB Model Standing Orders and Reservation and Delegation of Powers – Model Standing Orders Welsh Health Specialised Services Committee

Annex 3 – Temporary Amendments - Schedule 4.2 – LHB Model Standing Orders and Reservation and Delegation of Powers – Model Standing Orders Emergency Ambulance Services Committee

Annex 4 – Temporary Amendments - Trust Model Standing Orders and Reservation and Delegation of Powers July 2020

Annex 5 - Temporary Amendments – Health Education and Improvement Wales Model Standing Orders and Reservation and Delegation of Powers July 2020

Background

In March 2020, in response to the COVID-19 pandemic the Welsh Government agreed to delay the date by which NHS bodies were required to hold their Annual General Meetings from before the end of July to before the 30 November 2020.

On 5 July 2020, in response to the suspension of recruitment to public appointments in Wales, the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** came into force. The purpose of these Regulations is to dis-apply the maximum tenure of office contained in the specified regulations for NHS board/committee non-officer members for a time limited period.

The membership regulations for NHS boards and committees in Wales, in most cases, restrict a person from being appointed for a period of no longer than four years and holding office as a member or an associate member for a total period of no more than eight years. Although the Commissioner for Public Appointments' Governance Code provides some flexibility to ensure the continued operation of NHS boards/committees, any person who is nearing the end of their maximum tenure of office, as prescribed in legislation, would be required to leave office as they will no longer be eligible for re-appointment.

A number of key appointments on health boards/committees are due to end their tenure during the next 9 months. Due to the temporary suspension of all public appointments in March 2020 in Wales and the time required to re-start the appointment process as the restrictions are lifted, board and committees would potentially have a number of key vacant positions. The ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** will ensure that during such a critical and

challenging period for the health sector in responding and recovering from the impact of COVID-19, boards and committees do not to carry vacancies, allowing them to function properly and support good and effective board governance.

The Regulations will dis-apply the statutory maximum tenure of office to ensure any board or committee member who is nearing the end of their statutory maximum tenure of office is eligible for re-appointment. Any re-appointments will be made in accordance with the Commissioner for Public Appointments' Governance Code which includes allowing an appointee to hold office for a maximum of ten years.

The Regulations temporarily dis-apply the following:

- Regulations 6(5) and 7(5) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009
- Regulation 14(3) of the Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009
- Regulations 6(5) and 7(4) of the Welsh Health Specialised Services Committee (Wales) Regulations 2009
- Regulation 8(5) of the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012
- Regulations 6(5) and 7(4) of the Emergency Ambulance Services Committee (Wales) Regulations 2014
- Regulation 4(3) of the Health Education and Improvement Wales Regulations 2017

Amendments to Model Standing Orders

Introduction of the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** require the temporary amendment of the Model Standing Orders and Reservation and Delegation of Powers issued in September 2019 (see WHC 2019/027) in accordance with the powers of direction of Welsh Ministers as follows:-

- to Local Health Boards, the Welsh Health Specialised Services Committee, the Emergency Ambulance Services Committee, NHS Trust in accordance with Section 12(3) of the National Health Services (Wales) Act 2006
- to NHS Trusts in accordance with Section 19(1) of the National Health Services (Wales) Act 2006

Model Standing Orders were also issued to Health Education and Improvement Wales in September 2018, however these were issued under the cover of a letter from the Director General of Health and Social Services and NHS Wales Chief Executive. The Welsh Ministers did not use their powers of direction in accordance with Section 23(1) of the National Health Services (Wales) Act 2006.

Model Standing Orders are not issued for the NHS Wales Shared Services Committee. The Committee is subject to Standing Orders and Reservation and Delegation of Powers which form part of the Velindre University NHS Trust Standing Orders.

In addition to the amendments to reflect the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020***, amendments are also required to:

- the timing of the Annual General Meeting for Local Health Boards, NHS Trust and Health Education and Improvement Wales, and;
- the tenure of the Chair and Vice Chair of the Stakeholder Reference Group and Health Professionals' Forum.

The amendments are detailed within the appropriate Annex to this Welsh Health Circular.

Amendments to Standing Orders of NHS Bodies

NHS Bodies are required to make, vary and revoke Standing Orders for the regulation of their proceedings and business as follows:

- **Local Health Boards**

Local Health Boards have a duty under Regulation 15(2) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 to make Standing Orders for the regulation of their proceedings and business. Regulation 15(3) specifies that Boards may (a) vary; or (b) revoke and remake its Standing Orders.

Regulation 15(6) provides that Standing Orders made under this regulation will be subject to, and must be made in accordance with, such directions as may be issued by Welsh Ministers.

The Committees are slightly different in terms of process as the Local Health Boards also need to approve their Standing Orders as follows:

- **Welsh Health Specialised Services Committee**

Regulation 12(1) of the Welsh Health Specialised Services Committee (Wales) Regulations 2009 place a duty on each Local Health Board to agree Standing Orders for the regulation of the meetings and proceedings of the joint committee. Regulation 15(5) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 also require that where a joint committee has been established, the Board must approve any Standing Orders that may be made by that committee.

- **Emergency Ambulance Services Committee**

Regulation 10(1) of the Emergency Ambulance Services Committee (Wales) Regulations 2014 place a duty on each Local Health Board to agree Standing Orders for the regulation of meetings and proceedings of the joint committee. Regulation 15(5) of the Local Health Boards (Constitution, Membership and Procedures (Wales) Regulations 2009 also require that where a joint committee has been established, the Board must approve any Standing Orders that may be made by that committee.

- **Public Health Wales NHS Trust**

Public Health Wales have a duty under Regulation 23(2) of the Public Health Wales NHS Trust (Constitution, Membership and Procedure) (Wales) Regulations 2009 to make Standing Orders for regulation of their proceedings and business. They may also vary or revoke these Standing Orders.

- **Velindre University NHS Trust**

Velindre University NHS Trust has a duty under Regulation 19(2) of the National Health Service Trusts (Membership and Procedure) Regulations 1990 to make Standing Orders for the regulation of their proceedings and business. They may also vary or revoke these Standing Orders.

- **NHS Shared Services Committee**

The Shared Services Committee Standing Orders form part of the Velindre University NHS Trust Standing Orders, which must take account of the provisions of the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the disapplication of these Regulations with regard to the tenure of the Chair and Vice Chair.

- **Welsh Ambulance Services NHS Trust**

Welsh Ambulance Services NHS Trust has a duty under Regulation 19(2) of the National Health Service Trusts (Membership and Procedure) Regulations 1990 to make Standing Orders for the regulation of their proceedings and business. They may also vary or revoke these Standing Orders.

- **Health Education and Improvement Wales (HEIW)**

HEIW under Regulation 15 of the Health Education and Improvement Wales Regulations 2017 must make standing orders for the regulation of its proceedings and business, including provision for the suspension of all or any of the standing orders. HEIW may vary, revoke and remake its standing orders. Standing orders of HEIW or a committee

or sub-committee must be made in accordance with any directions given by the Welsh Ministers and are subject to the provisions of these Regulations and any directions given by the Welsh Ministers.

Action Required

NHS organisations are required to make the necessary temporary variations as detailed in Annex 1-5 to their Standing Orders and Reservation and Delegation of Powers in accordance with the Board and Committee timetable, but no later than 30 July 2020.

In addition, Velindre University NHS Trust and the Shared Services Committee are also required to make the necessary amendments to the Standing Orders relevant to the Shared Services Committee.

The amendments will cease to have effect on the 31 March 2021 or at the end of the term of any appointments made in accordance with the amendments, whichever is the later.

Temporary Amendments to the Model Standing Orders

Reservation and Delegation of Powers

For Local Health Boards – July 2020

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or, where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** or, to the tenure of a Chair or Vice-Chair of the Stakeholder Reference Group or Health Professionals' Forum, at the end of that term, whichever is the later.

Page 17 – 1.3 Tenure of Board members

- 1.3.1 Independent Members and Associate Members appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 2 of the **National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020**. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.3.2 Any Associate Member appointed by the Board will be for a period of up to one year. An Associate member may be re-appointed if necessary or expedient for the performance of the LHBs functions. If re-appointed they may not hold office as an Associate Member for the same Board for a total period of more than four years, *with the exception of those appointed or re-appointed in accordance with Regulation 2 of the **National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020**. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served includes time as a Ministerial appointment (if relevant) which need not be consecutive and will still be counted towards the total period even where there is a break in the term. An Independent or Associate Member appointed by the Minister for Health and Social Services who has already served the maximum 8 years as a Ministerial appointment to the same Board will not be eligible for appointment by the Board as an Associate Member.

The following amendment, shown in italics is required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021

Page 34 – Annual General Meeting (AGM)

7.2.5 The LHB must hold an AGM in public no later than *30 November 2020*.

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. (Note – reference to the additional term being limited to one year has been removed.) They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made in accordance with the amendment, at the end of that term, whichever is the later.

Page 72 and 73 - **Schedule 5.1 – Stakeholder Reference Group, Terms of Reference and Operating Arrangements**

1.4 Appointment and terms of office

1.4.6 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional *term(s)*. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

1.4.8 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for additional *term(s)*, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.

Page 79 - **Schedule 5.2 – Health Professionals' Forum, Terms of Reference and Operating Arrangements**

1.5 Appointment and terms of office

1.5.3 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional *term(s)*. That individual may remain in office for the remainder of their term as a member of the HPF after their term of appointment as Chair has ended.

1.5.5 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for additional *term(s)*, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.

Temporary Amendments to the Model Standing Orders

Reservation and Delegation of Powers

For Local Health Boards – July 2020

Schedule 4.1 – MODEL STANDING ORDERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** at the end of that term, whichever is the later.

Page 16 – 1.4 Appointment and tenure of Joint Committee members

- 1.4.1 The *Chair*, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 4 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.4.2 The ***Vice Chair*** and two other ***Independent Members*** shall be appointed by the Joint Committee from existing Independent Members of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board, *with the exception of those appointed or re-appointed in accordance with Regulation 4 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

Temporary Amendments to the Model Standing Orders

Reservation and Delegation of Powers

For Local Health Boards – July 2020

Schedule 4.2 – MODEL STANDING ORDERS FOR THE EMERGENCY AMBULANCE SERVICES COMMITTEE

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** at the end of that term, whichever is the later.

Page 15 – 1.4 Appointment and tenure of Joint Committee members

- 1.4.1 The ***Chair***, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 6 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.4.2 The ***Vice-Chair*** shall be appointed by the Joint Committee from amongst the Chief Executives or their nominated representatives of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than four years, *with the exception of those appointed or re-appointed in accordance with Regulation 6 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

Temporary Amendments to the Model Standing Orders

Reservation and Delegation of Powers

For NHS Trusts – July 2020

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** at the end of that term, whichever is the later.

Page 19 and 20 – **1.3 Tenure of Board members**

1.3.1 [Delete as appropriate]

[for Public Health Wales – Note: Amendment is not required for Velindre or Welsh Ambulance Services Trust]

The Chair and Independent Members appointed by the Minister for Health and Social Services shall be appointed as Trust members for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 3 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

For Public Health Wales, Velindre and the Welsh Ambulance Services NHS Trust

The following amendment, shown in italics is required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021

Page 33 – *Annual General Meeting (AGM)*

7.2.5 The Trust must hold an AGM in public no later than *30 November 2020*.

Temporary Amendments to the Model Standing Orders

Reservation and Delegation of Powers

For Health Education and Improvement Wales – July 2020

The following amendments, shown in italics are required to the Model Standing Orders issued in September 2018 with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the ***National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020*** at the end of that term, whichever is the later.

Page 10 – 1.2 Tenure of Board members

- 1.2.1 Independent Members and Associate Members appointed by the *Minister for Health and Social Services* shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not hold office as a member or associate member for the same Board for a total period of more than 8 years, *with the exception of those appointed or re-appointed in accordance with Regulation 7 of the **National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020**. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

The following amendment, shown in italics is required to the Model Standing Orders issued in September 2019 with immediate effect. They will cease to have effect on the 31 March 2021

Page 18 – Annual General Meeting (AGM)

- 5.2.5 HIEW must hold an AGM in public no later than *30 November 2020*.



GIG
CYMRU
NHS
WALES

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

| | | | |
|---|--|---------------------|----------------|
| Dyddiad y Cyfarfod | 30 Gorffennaf 2020 | Eitem Agenda | 4.5 |
| Teitl yr Adroddiad | Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) | | |
| Awdur yr Adroddiad | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Noddwr yr Adroddiad | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Cyflwynwyd gan | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | Diben yr Adroddiad; rhoi'r wybodaeth ddiweddaraf mewn perthynas â Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020 a'i goblygiadau allweddol ar gyfer AaGIC | | |
| Materion Allweddol | <p>Daeth Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020 (y Ddeddf) yn gyfraith ar 1 Mehefin 2020.</p> <p>Mae'r Ddeddf yn cwmpasu pedwar prif faes:</p> <p>Dyletswydd Ansawdd Dyletswydd Didwylledd Sefydlu corff llais Dinasyddion newydd Galluogi Ymddiriedolaethau'r GIG i gael Is-Gadeiryddion</p> <p>Mae'r papur hwn yn canolbwyntio ar y goblygiadau i AaGIC sy'n deillio o weithredu'r Ddyletswydd Ansawdd a'r Ddyletswydd Didwylledd.</p> | | |
| Camau penodol i'w cymryd (rhowch ✓ wrth ymyl un yn unig) | Gwybodaeth | Trafod | Sicrhau |
| | ✓ | | |
| Argymhellion | Gofynnir i Aelodau nodir papur er gwybodaeth. | | |

Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru)

1. CYFLWYNIAD

Diben y papur hwn yw rhoi amlinelliad byr o Ddeddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020 (y Ddeddf), a ddaeth i rym yng Nghymru ar 1 Mehefin, a thynnu sylw at oblygiadau'r Ddeddf ar gyfer AaGIC.

2. CEFNDIR

Mae'r Ddeddf yn cwmpasu pedwar prif ardal: Dyletswydd Ansawdd, Dyletswydd Didwylledd, sefydlu Corff Llais Dinasyddion newydd a galluogi Ymddiriedolaethau'r GIG i gael Is-Gadeirydd. O'r pedwar prif ardal yn unig bydd y Ddyletswydd Ansawdd yn cael effaith uniongyrchol ar AaGIC ac ystyrir hyn ymhellach isod. Mae'r papur hefyd yn amlinellu'r effaith y bydd Dyletswydd Didwylledd yn ei chael ar sefydliadau sy'n wynebu cleifion.

Dyletswydd Ansawdd

Bydd y Ddyletswydd gyffredinol newydd hon o Ansawdd yn berthnasol i holl sefydliadau'r GIG. Bydd yn ei gwneud yn ofynnol i AaGIC sicrhau gwelliannau yn ansawdd y gwasanaethau a ddarperir i ddefnyddwyr gwasanaeth. Bydd hyn yn berthnasol i bob swyddogaeth a bydd yn cynnwys dyletswydd i ddarparu adroddiad blynyddol yn nodi sut rydym wedi cydymffurfio â'r Ddyletswydd Ansawdd newydd.

O dan y Ddeddf, bydd yn ofynnol i'r Gweinidog gyhoeddi canllawiau i AaGIC ar gyhoeddi'r Adroddiad Blynyddol a sicrhau gwelliannau i'n gwasanaethau. Mae Llywodraeth Cymru eisoes wedi gofyn i ymgysylltu â AaGIC ar ddrafftio canllawiau ar gyfer sut y byddwn yn adrodd yn erbyn cyflawni'r Ddyletswydd Ansawdd. O gofio hyn, mae cyfarfod yn cael ei drefnu rhwng Llywodraeth Cymru, y Cyfarwyddwr Nyrsio, y Cyfarwyddwr Meddygol ac Ysgrifennydd y Bwrdd.

Dyletswydd Didwylledd

Ni fydd y Ddyletswydd Didwylledd newydd yn berthnasol i AaGIC gan nad ydym yn wynebu cleifion ac nid ydym yn darparu gofal uniongyrchol.

Bydd Dyletswydd Didwylledd yn ei gwneud yn ofynnol i ddarparwyr gofal cleifion uniongyrchol ddilyn proses pan fydd claf yn dioddef canlyniad negyddol yn ystod y cwrs gofal neu driniaeth a'i fod yn dioddef niwed. O dan y broses hon nid oes unrhyw elfen o fai. Y nod yw annog diwylliant o fod yn agored a chanolbwyntio ar unioni pethau a thrwy hynny wella hyder y cyhoedd.

3. CYNNIG

Mae'r papur hwn er gwybodaeth

4. MATERION LLYWODRAETHU A RISG

Bydd yn ofynnol i AaGIC gydymffurfio â darpariaeth y Ddeddf o ran y rhwymedigaethau i sicrhau gwelliannau i'w wasanaethau a darparu Adroddiad Blynyddol mewn perthynas â'r un peth.

5. GOBLYGIADAU ARIANNOL

Er mwyn cydymffurfio â'r Ddeddf, bydd angen rhywfaint o adnoddau ychwanegol ar gyfer AaGIC ond ni ddisgwylir i hyn olygu bod angen staff ychwanegol..

6. ARGYMHELLIAD

Gofynnir i'r Aelodau nodi'r papur hwn er gwybodaeth

| Llywodraethu a Sicrwydd | | | |
|--|---|--|--|
| Cysylltu ag amcanion strategol yr IMTP (rhowch ✓) | Nod Strategol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, i helpu i gyflawni 'Cymru Iachach | Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol | Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel |
| | ✓ | ✓ | ✓ |
| | Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac | Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo | Nod Strategol 6: Cael ei nabod fel partner, dylanwadwr ac arweinydd rhagorol |
| | ✓ | ✓ | ✓ |
| Ansawdd, Diogelwch a Phrofiad y Claf | | | |
| Bydd y gofyniad i sicrhau gwelliannau parhaus i addysg a hyfforddiant o fudd uniongyrchol i hyfforddeion a myfyrwyr a bydd yn cael effaith gadarnhaol ar Ansawdd, Diogelwch a Phrofiad y Claf. | | | |
| Goblygiadau Ariannol | | | |
| Dim goblygiadau materol | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth) | | | |
| Bydd yn ofynnol i AaGIC gydymffurfio â darpariaeth y Ddeddf sy'n ymwneud â'r ddyletswydd ansawdd. | | | |
| Goblygiadau Staffio | | | |
| Amherthnasol | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | | | |
| Nod y Ddeddf Iechyd a Gofal Cymdeithasol fydd sicrhau gwelliannau hirdymor i'r addysg a'r hyfforddiant a ddarperir gan AaGIC a chael effaith gadarnhaol ar les cleifion. | | | |
| Hanes yr Adroddiad | Amherthnasol | | |
| Atodiadau | Amherthnasol | | |



GIG
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NHS
WALES

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

| | | | |
|--|--|---------------------------|----------------|
| Dyddiad y Cyfarfod | 30 Gorffennaf 2020 | Eitem ar yr Agenda | 4.6.1 |
| Teitl yr Adroddiad | Adroddiad Cadeirydd y Pwyllgor – y Pwyllgor Archwilio a Sicrwydd | | |
| Awdur yr Adroddiad | Kay Barrow, 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. | | |
| Materion Allweddol | <p>Mae'r adroddiad hwn yn canolbwyntio ar faterion allweddol a godwyd yng nghyfarfod y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 23 Mehefin 2020 a 16 Gorffennaf 2020.</p> <p>Gofynnir i'r Bwrdd nodi crynodeb y cadeirydd er sicrwydd.</p> | | |
| Cam Penodol i'w Gymryd <i>(un ✓ yn unig)</i> | Gwybodaeth | Trafod | Sicrhau |
| | | | ✓ |
| Argymhellion | <p>Gofynnir i Aelodau'r Bwrdd:</p> <ul style="list-style-type: none"> • Nodi cynnwys yr adroddiad er sicrwydd. • Cymeradwyo'r diwygiadau dros dro i Reolau Sefydlog HEIW (Mae hwn yn eitem ar wahân ar gyfer Bwrdd mis Gorffennaf yn eitem 4.4 ar yr agenda) • Cymeradwyo'r diwygiadau i'r polisi rheoli risg (Mae hwn yn eitem ar wahân ar gyfer agenda Gorffennaf y Bwrdd yn eitem 4.3 yr agenda). | | |

Adroddiad Cadeirydd y Pwyllgor – y Pwyllgor Archwilio a Sicrwydd

1. CYFLWYNIAD

Pwrpas yr adroddiad yw darparu diweddariad ar y materion a ystyriwyd gan y Pwyllgor Archwilio a Sicrwydd. Gofynnir i'r Bwrdd nodi'r adroddiad cryno gan y Cadeirydd.

2. CEFNIDIR

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. ADRODDIAD GAN GADEIRYDD Y PWYLLGOR

Gofynnir i'r Bwrdd **dderbyn** a **nodi** crynodeb Cadeirydd y Pwyllgor Archwilio a Sicrwydd o'r cyfarfod a gynhaliwyd ar 23 Mehefin 2020 a 16 Gorffennaf 2020..

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

Does dim goblygiadau ariannol i'r Bwrdd eu hystyried/cymeradwyo.

6. ARGYMHELLIAD

Gofynnir i Aelodau'r Bwrdd:

- **Nodi** cynnwys yr adroddiad er sicrwydd.
- **Cymeradwyo'r** diwygiadau dros dro i Reolau Sefydlog HEIW (Mae hwn yn eitem ar wahân ar gyfer Bwrdd mis Gorffennaf yn eitem 4.4 ar yr agenda)
- **Cymeradwyo'r** diwygiadau i'r polisi rheoli risg (Mae hwn yn eitem ar wahân ar gyfer agenda Gorffennaf y Bwrdd yn eitem 4.3 yr agenda).

| Llywodraethu a Sicrwydd | | | |
|---|--|--|--|
| Cysylltu â nodau strategol y Cynllun Tymor Canolig Integredig <i>(rhowch ✓)</i> | Nod Allweddol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni 'Cymru Iachach' | Nod Allweddol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol | Nod Allweddol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel |
| | | | |
| | Nod Allweddol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd | Nod Allweddol 5: Bod yn gyflogwr rhagorol ac yn lle gwyh i weithio ynddo | Nod Allweddol 6: Cael ei gydnabod 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 Does dim goblygiadau ariannol i'r Bwrdd fod yn ymwybodol ohonynt. | | | |
| 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 Does dim goblygiadau staffio i'r Bwrdd fod yn ymwybodol ohonynt. | | | |
| 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 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 gynnar er mwyn eu hatal rhag gwaethygu, ac mae'r Pwyllgor yn integreiddio i drefniadau cyffredinol y Bwrdd. | | | |
| Hanes yr Adroddiad | Bydd yr adroddiad hwn yn eitem sefydlog ar agenda'r Bwrdd. | | |
| Atodiadau | Atodiad 1 – Crynodeb y Cadeirydd-Pwyllgor Archwilio a sicrwydd Atodiad 2 – gwerthusiad o effeithiolrwydd y Pwyllgor | | |

Appendix 1

| | | | |
|---|--|-------------|-------|
| Meeting Date | 30 July 2020 | Agenda Item | 4.6.1 |
| Freedom of Information Status | Open | | |
| Reporting Committee | Audit and Assurance Committee | | |
| Report Author | Kay Barrow, Corporate Governance Manager | | |
| Chaired by | Gill Lewis, Independent Member | | |
| Lead Executive Director | Eifion Williams, Director of Finance | | |
| Date of last meeting | 23 June 2020 and 16 July 2020 | | |
| Summary of key matters considered by the committee and any related decisions made: | | | |
| Due to the restrictions imposed by the Welsh Government as a result of the COVID-19 Pandemic, HEIW was unable to hold its Audit and Assurance Committee on 23 June 2020 and 16 July 2020 in public. However, following due process, the meeting took place via Skype/Teleconference. | | | |
| 23 June 2020: | | | |
| The Committee received the Counter Fraud Self Review Tool Process Summary for 2019/2020 which had achieved an overall assessment of ‘Green’. However, the Committee was concerned that an ‘Amber’ rating had been applied to the ‘Inform and Involve’ sections. This was because the uptake of the additional sessions by Teams within HEIW had been low. The Director of Finance reassured the Committee that he would raise the matter with the Senior Leadership Team to ensure that member of the Counter Fraud Team were invited to attend internal directorate/departmental meetings to raise fraud awareness. | | | |
| The Committee considered the draft Accountability Report which contained the Annual Governance Statement (AGS), Remuneration and Staff Report and the Welsh Parliament Accountability and Audit Report. Subject to the further amendments suggested by the Committee being made to the draft Accountability Report, the Committee recommended the final document be submitted to the Board for approval at its meeting on 25 June 2020. | | | |
| Final Annual Report and Head of Internal Audit Opinion for 2019/20: The Committee noted that the Head of Internal Opinion assessed that, taking into account all of the internal audit reports undertaken in respect of HEIW during 2019/20, reasonable assurance could be taken by the Board in HEIW’s system of governance, risk management and internal control. | | | |
| Final Accounts 2019-2020: The Committee reviewed the Final Accounts for the accounting period 1 April 2019 to 31 March 2020. It was noted and that HEIW had met its financial duty to break-even against its Revenue Resource Limit and Capital Resource Limit over the period; and had achieved 95.2% for the creditor payment. However, subject to the clarification required regarding the cross checking of the staff numbers within the Remuneration & Staff Report, and the additional text under Section 8, the Committee recommended that the Accounts be submitted to the Board for approval on 25 June 2020. | | | |

The Committee received the **Audit of Financial Statements Report (ISA 260) and Letter of Representation** and noted that the Auditor General for Wales was issuing an unqualified audit opinion on the HEIW Accounts for 2019/20.

The Committee thanked HEIW's staff and Audit Wales for their work in completing this year's Annual Accounts.

16 July 2020:

The Committee was updated on the **Medical Directorate ESR compliance with mandatory training and PADR** from the Medical Director. The Committee was reassured that steady progress was being made and acknowledged that there were legacy cultural challenges within the Directorate that were being addressed to improve compliance.

The Committee received the **Counter Fraud Progress Report** and noted that HEIW would be participating in the National Fraud Initiative for 2020/2021 which was aimed to help Public Bodies build their fraud detection capability through data matching at a national level. The findings from the initiative would be evaluated locally by the Counter Fraud Team and would also feed into the national work undertaken by Audit Wales.

Internal Audit provided an update in relation to its review of **Governance Arrangements during COVID 19** and the progress being made with its internal audit plan for 2020/2021.

Audit Wales provided an update on the changes that had been undertaken with the **Audit General for Wales Programme of NHS Performance Audit Work for 2020/2021** and how the existing elements of the work programme were refocussed on adding value to existing activities.

The Committee noted that the approach to the Audit Wales **Structured Assessment for 2020** had been adapted for a shorter and more focussed review. The audit work would be undertaken virtually to include a range of formal interviews however, both Internal Audit and Audit Wales would combine certain elements of their audit work to avoid duplication and the burden on NHS bodies.

Audit Wales presented their report on the **Effectiveness of Counter Fraud Arrangements in HEIW** which was a local companion report to the public sector wide review of counter fraud services. The Committee considered the local findings within the report but it was felt that the Committee needed to consider the local report alongside the national report in order to provide a more contextual discussion. Both reports would be considered at the October Committee.

The Committee considered the **Evaluation of Committee Effectiveness** and welcomed the positive reflection for a full year of operation. The report had also highlighted a number of areas for increased focus during 2020/2021 which would be scheduled into the Committee's Forward Work Programme. The evaluation is attached to this report as Appendix 2.

The Committee considered and approved the **Temporary Amendments to HEIW's Standing Orders** and is recommending them to Board for approval (this is a separate item for the July Board at agenda item 4.4).

The Committee received the **Information Governance Report** and noted the progress being made with the development of the Information Asset Register and the commencement of the Head of Cyber Security.

The Committee considered and approved the revisions to the **Risk Management Policy**, subject to the agreement by the Executive Team of the capturing of the risk appetite within the risk register (this is a separate item for the July Board at agenda item 4.3).

The Committee considered the **Audit Recommendations Tracker** and, whilst it was pleased with the overall position, it was not good practice for deadline dates not to be set. However, it was recognised that due to the COVID 19 Pandemic restrictions and the uncertainty with returning to 'normal' working, it had made it difficult to predict new deadline dates. It was clarified that over the coming weeks there would be an increased focus on ensuring progress was being made and actions completed.

The Committee received following for information and noting:

- Education, Commissioning & Quality Committee Annual Report 2019/2020
- NHSCFA 2020 Strategic Intelligence Assessment Covering 2018-2019
- HEIW and Health Inspectorate Wales (HIW) Memorandum of Understanding (MOU)

Key risks and issues/matters of concern of which the Board needs to be made aware:

None identified

Delegated action by the Committee

- The Committee considered and approved the **Temporary Amendments to HEIW's Standing Orders** and is recommending them to Board for approval (this is a separate item for the July Board at agenda item 4.4).
- The Committee considered and approved the revisions to the **Risk Management Policy**, subject to the agreement by the Executive Team of the capturing of the risk appetite within the risk register (this is a separate item for the July Board at agenda item 4.3).

Main sources of information received

- Counter Fraud Self Review Tool Process Summary 2019/2020
- Accountability Report:
 - Annual Governance Statement
 - Remuneration & Staff Report
 - Welsh Parliament Accountability and Audit Report
- Internal Audit Final Annual Report and Head of Internal Audit Opinion 2019/2020
- Final Annual Accounts 2019/2020
- Audit Wales Audit of Financial Statements Report (ISA 260) and Letter of Representation
- Medical Directorate ESR Compliance with Mandatory Training and PADR

- Counter Fraud Progress Report
- Internal Audit Progress Report
- Audit Wales Progress Report
- Update on the AGW Programme of NHS Performance Audit Work
- Structured Assessment 2020 – Project Brief
- Audit Wales National Study on Reviewing Counter Fraud Arrangements
- Evaluation of Committee Effectiveness
- Temporary Amendments to HEIW's Standing Orders
- Information Governance Report
- Procurement Compliance Report
- Review of Risk Management Policy
- Audit Recommendations Tracker
- Education, Commissioning & Quality Committee Annual Report
- NHSCFA 2020 Strategic Intelligence Assessment Covering 2018-2019
- HEIW and HIW Memorandum of Understanding

| |
|---|
| Highlights from sub-groups reporting into this committee |
|---|

| |
|-----|
| n/a |
|-----|

| |
|---|
| Matters referred to other Committees |
|---|

| |
|------------------|
| None identified. |
|------------------|

APPENDIX 2



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

| | | | |
|---|---|--------------------|------------------|
| Meeting Date | 16 July 2020 | Agenda Item | 2.5 |
| Report Title | Evaluation of the Audit and Assurance Committee Effectiveness Review | | |
| Report Author | Kay Barrow, Corporate Governance Manager | | |
| Report Sponsor | Dafydd Bebb, Board Secretary | | |
| Presented by | Dafydd Bebb, Board Secretary | | |
| Freedom of Information | Open | | |
| Purpose of the Report | To present to Audit and Assurance Committee (AAC) with the outcomes from the annual self-assessment exercise 2019/2020, to consider the suggested actions and any further improvements that could be made. | | |
| Key Issues | Members are invited to consider the evaluation of the Committee Effectiveness Review (Appendix 1). | | |
| Specific Action Required <i>(please ✓ one only)</i> | Information | Discussion | Assurance |
| | | ✓ | |
| Recommendations | <p>The Audit and Assurance Committee is asked to:</p> <ul style="list-style-type: none"> • Discuss the findings of the AAC self-assessment exercise 2019/2020. • Consider any further improvements that could be made to improve the Committee's effectiveness. | | |

EVALUATION OF THE AUDIT AND ASSURANCE COMMITTEE EFFECTIVENESS REVIEW

1. INTRODUCTION AND BACKGROUND

Members of the Audit and Assurance Committee (AAC) have been asked to complete a questionnaire to consider the Committee's effectiveness, and to consider their individual understanding, role and contribution to the Committee.

The 2019/2020 version of the questionnaire has been developed in response to the requirement for continual improvement of the self-assessment process. It includes additional questions to inform the evaluation and the key themes for discussion. The questionnaire also invites suggestions on any areas for improvement to assist the Committee in drawing up its own plan for development. Such suggestions may include focussing upon future training and/or development, or changes to the Committee's own processes and procedures.

The self-assessment questionnaire was circulated for completion by 21 February 2020. Of the 3 invited responses from AAC Members, all 3 have been completed and returned.

Of the 12 invited responses from AAC In Attendance Members, 4 have been completed and returned however, it must be noted that Internal Audit and External Audit each provided a collective response.

The completed Self-Assessment Checklist is attached at Appendix 1.

The Committee members and wider respondents were also asked to reply to a series of summary questions, which are outlined below, along with the responses given. However, not all respondents provided answers to all the questions.

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|-----------------------|--------------|-----------------|--------------------------|
| The Audit and Assurance Committee has a positive impact on the good governance of HEIW's affairs | 6 | 1 | | |
| The Audit and Assurance Committee contributes effectively to improving HEIW's overall performance | 5 | 2 | | |
| The Audit and Assurance Committee's role is well understood within the overall governance framework | 4 | 2 | | |
| The Audit and Assurance Committee's relationship with other committees is productive | 2 | 4 | | |

The respondents to the survey were also asked to consider the following evaluation questions prior to the discussion that is due to take place on 16 July 2020. The responses received are outlined below.

1. What aspects of the work of the Audit and Assurance Committee do you think have improved over the last year and why (please give examples)?

- I think that the engagement and attendance of all parties has been one aspect that has improved. The agenda setting has improved considerably as has the minutes and action log. The support for the meeting is now much more streamlined and advance notice of agenda items and meeting dates now runs very smoothly.
- We are now into the second year of operation and I think the Committee has matured into an effective committee.
- We are now receiving regular reports from the Board Secretary, Finance Officer and their teams, to enable us to monitor the organisation.
- All in all, good progress.
- The committee has gained a stronger sense of cohesiveness and greater business focus as HEIW has progressed through transition. It now has a well-understood place within HEIW's overall governance.
- Agendas are comprehensive and have a consistent format.
- The administration of the committee has improved with regards the planning of dates, requesting papers by dates, introduction of cover reports, timely circulation of minutes, timely follow up on action points.
- Regular private sessions with auditors/chair/independent members.

2. What are the continuing challenges for the way we work and what are your suggestions for improvement?

- The continuing challenges as a new organization will be to pursue and challenge areas of risk and ensure that these are closed down appropriately. The other area of focus going forward is to make sure that there are clear lines of responsibility between the AAC, the education and commissioning Committee and the Board.
- We need to see the proposed Procurement Strategy and the next iteration of the Board Assurance Framework needs to address the matters referred to in the Structured Assessment.
- I feel that the Board is responsible for monitoring the IMTP through the Performance Report.
- The breadth of HEIW's business is a major ongoing challenge, as evidenced by the volume of reports received. These are well presented however and this needs to continue. We need to continue to build capability in the context of the Committee's risk responsibilities.
- The Welsh translation service isn't fully effective. The headphones are temperamental and the translation for the January meeting was not very comprehensive.

3. What other areas of HEIW's business should the Committee consider to add value to the organisational delivery of the IMTP?

- The Committee will receive regular performance reports from the WAO indicating areas which could merit more detailed examination. Similarly, the financial report could indicate areas for more detailed work. The digital agenda is also a potential area where detailed examination could add value to the IMTP.
- Understanding of 'value' and how to plan, measure and monitor this is an important consideration.

4. Have you any other suggestions which would improve the ways in which the Audit and Assurance Committee works and engages with the wider organisation?

- I think that this is an interesting question as generally speaking, little is known about the AAC and its business to most of the organization. From time to time, officers will attend, and also be called to attend but the business largely goes unnoticed. I think that key links to the minutes of the Committee are important, and making the annual report widely available.
- I think the relationship with the Education Sub-Committee now needs to function as a routine process as set out in the respective Terms of Reference.
- HEIW staff at all levels should have an appreciation of AAC work. Opportunities to promote this wider awareness e.g. through staff training events might be worthwhile.
- Unsighted as to whether the AAC is known to the wider organisation or engages currently? This could be achieved via a news update on the intranet, newsletter, coffee and cake drop in/FAQ session.

2. GOVERNANCE AND RISK ISSUES

In accordance with Section 8.2.1 of HEIW's Standing Orders, the Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of each Committee's performance and operation including that of any sub committees established and groups.

Undertaking an annual self-assessment provides assurance to the Board that the Committee is discharging its duties effectively. The Board shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Board Development Programme, as part of an overall Organisation Development framework; and
- The Board's report of its alignment with the Assembly Government's Citizen Centred Governance Principles.

3. FINANCIAL IMPLICATIONS

There are no financial implications associated with the Committee Effectiveness Review.

4. RECOMMENDATION

The Audit and Assurance Committee is asked to:

- **Discuss** the findings of the AAC self-assessment exercise 2019/2020.
- **Consider** any further improvements that could be made to improve the Committee's effectiveness.

| Governance and Assurance | | | |
|--|--|--|--|
| Link to IMTP strategic aims (please ✓) | 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' | Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs | Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels |
| | ✓ | ✓ | ✓ |
| | Strategic Aim 4: To develop the workforce to support the delivery of safety and quality | Strategic Aim 5: To be an exemplar employer and a great place to work | Strategic Aim 6: To be recognised as an excellent partner, influencer and leader |
| | ✓ | ✓ | ✓ |
| Quality, Safety and Patient Experience | | | |
| Undertaking an annual self-assessment provides assurance to the Board that the Committee is discharging its duties effectively. | | | |
| Financial Implications | | | |
| There are no financial implications. | | | |
| Legal Implications (including equality and diversity assessment) | | | |
| There are no legal implications. | | | |
| Staffing Implications | | | |
| There are no staffing implications. | | | |
| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) | | | |
| The review of effectiveness will be completed regularly and supported by a rolling programme of improvement and assessment. | | | |
| The review of effectiveness assesses whether the Committee is discharging its duties in accordance with the Committee Terms of Reference | | | |
| The review is integral to the Governance report included in the organisation's annual report. | | | |
| Report History | Considered by the Executive Team | | |
| Appendices | Appendix 1 – Completed Audit & Assurance Committee Self-Assessment Checklist | | |



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AUDIT AND ASSURANCE COMMITTEE: SELF ASSESSMENT CHECKLIST

| Question/Checklist | | Yes | No | N/A | Comments |
|--|---|-----|----|-----|---|
| Principle 1 – Membership, Independence, Objectivity and Understanding | | | | | |
| 1 | Do we have a minimum of three members, all Independent Members, at least two of whom, including the Audit and Assurance Committee Chair, are Independent Members of the organisation's Board? | ✓ | | | Good attendance by all three independent members and by Executives. |
| 2 | Does the Director of Finance, the Head of Internal Audit and the External Auditor routine attend Audit and Assurance Committee meetings? | ✓ | | | Yes, good attendance by all. |
| 3 | Are we satisfied with the range, frequency and number of Executives and other participants attending the Audit and Assurance Committee meetings? (Numbers of attendees should be sufficient to deal adequately with the agenda, but not so many as to blur the issues). | ✓ | | | The agenda and focus of each meeting is set in advance, with a clear expectation over 12 months of the reporting requirements. |
| 4 | Is our relationship and communication with the wider organisation effective in support of the Annual Governance Statement? | ✓ | | | <ul style="list-style-type: none"> This is an area that probably needs more work as a new organisation. It takes many years to get to grips with the business of the organisation and giving the Audit Committee assurance that the AGS is reflective of any risks and issues. Yes, good communication with the Board and other committees, with papers available on time. |
| 5 | Are conflicts recorded and declared at the start of every meeting, and is appropriate action taken when relevant matters are discussed? | ✓ | | | Yes, discipline in this regard is well managed and maintained. |

| | | | | | |
|---|---|--|--|--|--|
| 6 | Do we have a clear understanding of our terms of appointment, including what is expected of us, how our individual performance will be appraised, the duration of our appointment, training required and how this will be provided? | ✓ | | | Yes, good reviews undertaken by Board Chair, Chief Executive and Executives. |
| Conclusion | | | | | |
| Are we performing effectively in this area? | | Yes, the Audit and Assurance Committee has a comprehensive agenda, is well led and attended and has a positive impact on governance of the organisation. | | | |
| Are there any actions we want to take to build our effectiveness? | | <ul style="list-style-type: none"> Continue to 'gel' as a team and build on our collective knowledge. Consideration for succession planning so all accumulated knowledge and experience of the independent members are not lost to the committee at the same time. Given that HEIW is a new organisation, in its first full year, further progress will be made in going through the governance requirements of each annual cycle, and thereby further progress will be made. | | | |

| Question/Checklist | | Yes | No | N/A | Comments |
|-----------------------------|--|-----|----|-----|---|
| Principle 2 – Skills | | | | | |
| 7 | Are we satisfied that, collectively, we have the range of skills we need to ensure that the Accountable Officer and the Board gain the assurance they need to governance, risk management, the control environment and on the integrity of all elements of the Annual Report and Accounts? | ✓ | | | <ul style="list-style-type: none"> This is true but we need to remain aware of the range of skills needed as HEIW moves forward from transition into 'steady state'. HEIW has an experienced Chair, CEO, Chair of Audit and DOF. Other Senior Officers are also experienced with good technical and operational skills in the areas needed. |
| 8 | Do we possess the wider skills necessary to be fully effective (e.g. in relation to the core business of the organisation, change management, the wider political landscape and other strategically relevant issues)? | ✓ | | | <ul style="list-style-type: none"> I believe we do but if we do not have the skills, then we would ask for those to be commissioned. For instance, if there was a complicated issue on cyber security or legal issues or something of that nature, then we would ask for assistance. We are seeking to be a learning organisation so would hope to continually improve our skills and understanding. HEIW has good experience of leadership, management and change management within its Executives and Senior officers to take the organisation forward. |

| | | | | | |
|---|---|---|--|---|--|
| 9 | Does at least one member have recent and relevant financial experience sufficient to allow them to competently analyse the financial statements and understand good financial management discipline? | ✓ | | | The chair of Audit has very senior experience as an External Auditor of Public Sector organisations and is well placed to ensure good standards of financial reporting, accounting and general organisational systems. |
| 10 | Where we need additional skills are we empowered to co-opt additional members or procure specialist advice? | ✓ | | | Yes, as above. This is the case as far as I am aware should not present any difficulty |
| 11 | Do we have effective induction and training arrangements for new members and does the Audit and Assurance Committee Chair ensure that all members have an appropriate programme of engagement with the organisation to help build sufficient understanding? | | | ✓ | <ul style="list-style-type: none"> As the AAC started from scratch with the new organisation, we may need to develop induction/training materials for succession. AAC members currently have close involvement and understanding of the organisation. We have not yet been in the situation where we have new members as those on the Committee have had previous experience. However, we need to build a training programme going forward on a number of issues, and perhaps have more exposure on a 2 way process with aspects of the organisation's business. We are also in the process of compiling a handbook for members of the Audit Committee. External Audit unsighted of these arrangements. HEIW recognises that given its wide agenda that on occasions, external advice and assistance is required in order to ensure that appropriate advice and direction is provided to the Board. |
| Conclusion | | | | | |
| Are we performing effectively in this area? | | Yes, HEIW has a very experienced Board and Audit Committee. | | | |
| Are there any actions we want to take to build our effectiveness? | | <ul style="list-style-type: none"> As above. We need to keep this area under review as business needs, risks and the wider context all evolve. Ensure that further opportunities are taken to familiarise Board and Committee members with the activities and strategic requirements that HEIW need to undertake to progress in order to deliver its objectives. | | | |

| Question/Checklist | | Yes | No | N/A | Comments |
|--|--|-----|----|-----|---|
| Principle 3 and 4 – The Role and Scope of the Committee | | | | | |
| 12 | Do we have a clear understanding of the role and responsibilities of the Audit and Assurance Committee? | ✓ | | | Yes, these are set out in the TOR for the Committee and are reviewed annually. |
| 13 | Does our work programme cover the assurance needs of the Board and Accountable Officer through a balance of agenda items? | ✓ | | | Yes, agenda is set in advance of meeting and an annual reporting programme is agreed at the beginning of each year. |
| 14 | Do we provide insight and strong, constructive challenge to the organisation where required? | ✓ | | | Yes, members challenge executives and officers and instigate recommendations and actions. |
| 15 | Do we have sufficient understanding of the organisation's overall control environment, including its governance and any outsourcing arrangements, and review its effectiveness regularly to provide assurance that arrangements are responding to risks within the organisation? | ✓ | | | <ul style="list-style-type: none"> • Yes. • Outsourcing established for legal, procurement, accounts payable, counter fraud (through NWSSP and Cardiff and Vale UHB) • External Audit reports of NWSSP performance are provided for information. |
| 16 | Do we use assurance mapping to target the areas of greatest risk in our organisation? | ✓ | | | <ul style="list-style-type: none"> • This is a development area for us. • Improvements required to the BAF as detailed within WAO structured assessment. • The organisation regularly reviews its risk areas and the Board requires action to be taken to investigate / eliminate these risks. |
| 17 | Do we critically review the comprehensiveness and reliability of assurances that we receive from across the organisation? | ✓ | | | <ul style="list-style-type: none"> • Maybe we should explore how we could improve and sharpen our probing and challenge constructively. • Comprehensive Audit programme is in place and all reports provided to Audit and Assurance Committee. |
| 18 | Are we proactive in commissioning additional assurance work where we have identified a risk or control issues which is not subject to sufficient review? | ✓ | | | <ul style="list-style-type: none"> • Plenty of examples where we have asked for additional work/reports back to the Committee. • Additional reviews or action are identified and requested by Audit Committee based on findings and discussions. |
| 19 | Do we draw the Accountable Officer and the Board's attention to the results of our work on risk? | ✓ | | | Key Issue Reports from Committee Chair at each Board meeting. |

| | | | | | |
|---|---|-----|---|--|---|
| 20 | Do we lead on the assessment of the Annual Governance Statement for the Accountable Officer and Board, including the provision of advice on its preparation and scope? | ✓ | | | Only the second year on this so more work needed |
| 21 | Do we give sufficient and timely attention to financial management and reporting issues, including consideration of key accounting policies, estimates and judgements and the quality of the year-end financial statements? | ✓ | | | <ul style="list-style-type: none"> We could probably add a short training session on the financial accounts. Audit and Assurance Committee kept fully briefed on key issues of finance accountancy and reporting and is provided with a comprehensive presentation at draft accounts stage. |
| 22 | Do we sufficiently consider and challenge the work of internal audit and external audit? | ✓ | | | The experienced Audit Committee Chair and members provide comprehensive comments to Audit as required. |
| 23 | Do we track all audit recommendations (internal and external) and hold the organisation to account for their implementation? | ✓ | | | <ul style="list-style-type: none"> This is crucial in my view and is undertaken systematically now. Yes, an Audit recommendations tracker in place. |
| 24 | Do we regularly review anti-fraud and corruption arrangements? | ✓ | | | <ul style="list-style-type: none"> Need to continue to have this as a regular report on the agenda. Yes, report is provided and discussion undertaken at every Audit and Assurance Committee meeting, |
| 25 | Do we regularly review the organisation's cyber risk management and consider the appropriateness of the organisation's risk mitigation strategies? | | ✓ | | We have now started reviewing – first report last Audit Committee |
| 26 | Do we ensure that a senior Board member has overall responsibility for whistleblowing arrangements within the organisation? | ✓ | ✓ | | <ul style="list-style-type: none"> Have we allocated this responsibility?? I believe so but I am not sure.... Unclear if a Board member has been designated lead. |
| 27 | Do we regularly review our Terms of Reference? | ✓ | | | |
| Conclusion | | | | | |
| Are we performing effectively in this area? | | Yes | | | |

| | |
|---|---|
| Are there any actions we want to take to build our effectiveness? | <ul style="list-style-type: none"> • Apart from comments above, we need to ensure cybersecurity is covered fully. • The committee has identified themselves the need to be more aware and on top of cyber risk and mitigation strategies. • Further progress will be made as HEIW progress through financial years and any issues identified as requiring further action will be discussed and progressed. |
|---|---|

| Question/Checklist | | Yes | No | N/A | Comments |
|--|--|-----|----|-----|--|
| Principle 5 – Communication and Reporting | | | | | |
| 28 | Is our work effectively and promptly reported to the Board and Accountable Officer? | ✓ | | | Key issues reported to next scheduled Board |
| 29 | Are our relationships and communications sufficiently well developed with those we seek briefings from and those we provide assurance to, including where risks cross organisational boundaries? | ✓ | | | <ul style="list-style-type: none"> • This will be the case as we develop the Board Assurance Framework. • This is a developing area that we need to continue to pursue – relationships and communications are fine, but given their importance we need to consolidate as much as possible. |
| 30 | Do we provide an Annual Report to the Board, timed to support the Governance Statement; is our report open and honest in presenting our views and opinions from the work we have done during the year; and is its content consistent with good practice? | ✓ | | | Early days – we produced a summary in our first year but will produce our next report shortly. We will endeavour to comply with best practice. |
| 31 | Does the Audit and Assurance Committee Chair have regular bilaterals with the key attendees (e.g. Accountable Officer, Director of Finance, the Head of Internal Audit and the External Auditor)? | ✓ | | | <ul style="list-style-type: none"> • Need to consider scheduling meetings with Accountable Officer and Director of Finance. • Discussions are held with External and internal Audit teams prior to all meetings. |
| 32 | Where appropriate, do we communicate our work across the organisation? | ✓ | ✓ | | <ul style="list-style-type: none"> • Through officers but not directly. • Unclear of arrangements in place to communicate more widely with the organisation. • Papers and minutes are publically available. |

| Conclusion | |
|---|--|
| Are we performing effectively in this area? | Yes |
| Are there any actions we want to take to build our effectiveness? | <ul style="list-style-type: none"> As above. Be clear as to what arrangements there are to communicate more widely with the organisation and discuss its outcome at audit committee – if not working, put in place alternative arrangements. |

| Question/Checklist | | Yes | No | N/A | Comments |
|-------------------------------|--|-----|----|-----|--|
| Principle 6 – Meetings | | | | | |
| 33 | Has the Committee established a plan of matters to be dealt with across the year? | √ | | | |
| 34 | Does the Committee meet sufficiently frequently to deal with planned matters and is enough time allowed for questions and discussions? | √ | | | <ul style="list-style-type: none"> Keep under review. The regular meetings are well managed with sufficient opportunity for members to test and challenge. |
| 35 | Does the Committee's calendar meet the Board's requirements and financial and governance calendar? | √ | | | |
| 36 | Are Committee papers distributed in sufficient time for members to give them due consideration? | √ | | | |
| 37 | Are Committee meetings scheduled prior to important decisions being made? | √ | | | Timetable is set in order to support the work programme of HEIW. |
| 38 | Is the timing of Committee meetings discussed with all the parties involved? | √ | | | |

| Conclusion | |
|---|--|
| Are we performing effectively in this area? | Yes |
| Are there any actions we want to take to build our effectiveness? | <ul style="list-style-type: none"> • As above. • Would suit external audit for the first meeting in the calendar year to be in February rather than January to us to undertake our initial planning risk assessment prior to drafting the annual audit plan. |



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Health Education and
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| | | | |
|-------------------------------|--|---------------------------|----------------|
| Dyddiad y Cyfarfod | 30 Gorffennaf 2020 | Eitem ar yr Agenda | 4.6.2 |
| Teitl yr Adroddiad | Adroddiad Cadeirydd – y Pwyllgor Addysg, Comisiynu ac Ansawdd | | |
| Awdur yr Adroddiad | Kay Barrow, Rheolwr Llywodraethu Corfforaethol | | |
| Noddwr yr Adroddiad | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Cyflwynwyd gan | Ruth Hall, Cadeirydd | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | Pwrpas yr adroddiad yw amlinellu'r trafodaethau a gynhaliwyd gan y Pwyllgor Addysg, Comisiynu ac Ansawdd. | | |
| Materion Allweddol | <p>Mae'r adroddiad hwn yn canolbwyntio ar faterion allweddol a godwyd yng nghyfarfod y Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 2 Gorffennaf 2020.</p> <p>Gofynnir i'r Bwrdd nodi crynodeb y cadeirydd er sicrwydd.</p> | | |
| Cam Penodol i'w Gymryd | Gwybodaeth | Trafod | Sicrhau |
| | | | ✓ |
| Argymhellion | <p>Gofynnir i Aelodau'r Bwrdd:</p> <ul style="list-style-type: none"> • Nodi cynnwys yr adroddiad er sicrwydd. • Adolygu perfformiad y Pwyllgor fel y nodir yn Adroddiad Blynyddol y Pwyllgor ar gyfer 2019-2020 (mae'r eitem hon ar wahân ar gyfer Bwrdd mis Gorffennaf, yn eitem 4.7 ar yr agenda) | | |

Adroddiad Cadeirydd – y Pwyllgor Addysg, Comisiynu ac Ansawdd

1. CYFLWYNIAD

Pwrpas yr adroddiad yw darparu diweddariad ar y materion a ystyriwyd gan y Pwyllgor Addysg, Comisiynu ac Ansawdd. Gofynnir i'r Bwrdd nodi'r adroddiad cryno gan y Cadeirydd.

2. CEFNDIR

Bydd y Bwrdd yn ymwybodol y sefydlwyd tri phwyllgor dan reolau sefydlog AaGIC: y Pwyllgor Archwilio a Sicrwydd; y Pwyllgor Tâl Cydnabyddiaeth a Thelerau Gwasanaeth a'r Pwyllgor Addysg, Comisiynu ac Ansawdd. 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. ADRODDIAD GAN GADEIRYDD Y PWYLLGOR

Gofynnir i'r Bwrdd **dderbyn** a **nodi** crynodeb Cadeirydd y Pwyllgor Addysg, Comisiynu ac Ansawdd o'r cyfarfod a gynhaliwyd ar 2 Gorffennaf 2020.

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 dim goblygiadau ariannol i'r Bwrdd eu hystyried/cymeradwyo.

6. ARGYMHELLIAD

Gofynnir i Aelodau'r Bwrdd:

- **Nodi** cynnwys yr adroddiad er sicrwydd.
- **Adolygu** perfformiad y Pwyllgor fel y nodir yn Adroddiad Blynyddol y Pwyllgor ar gyfer 2019-2020 (mae'r eitem hon ar wahân ar gyfer Bwrdd mis Gorffennaf, yn eitem 4.7 ar yr agenda)

| Llywodraethu a Sicrwydd | | | |
|--|--|--|--|
| Cysylltu â nodau strategol y Cynllun Tymor Canolig Integredig <i>(rhowch ✓)</i> | Nod Allweddol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni ‘Cymru Iachach’ | Nod Allweddol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol | Nod Allweddol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel |
| | | | |
| | Nod Allweddol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd | Nod Allweddol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo | Nod Allweddol 6: Cael ei gydnabod 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 galluogi ansawdd, diogelwch a phrofiad cleifion sy'n derbyn gofal. | | | |
| Goblygiadau Ariannol | | | |
| Nid oes dim goblygiadau ariannol i'r Bwrdd fod yn ymwybodol ohonynt. | | | |
| 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 | | | |
| Nid oes dim goblygiadau staffio i'r Bwrdd fod yn ymwybodol ohonynt. | | | |
| 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 i gynghori a rhoi sicrwydd i'r Bwrdd ynghylch addysg, comisiynu addysg a rheoli ansawdd darpariaeth a chontractau addysg. Mae strwythur llywodraethu'r Pwyllgor yn anelu at ganfod materion yn gynnwys er mwyn eu hatal rhag gwaethygu; gweithio'n agos gyda' Pwyllgor Archwilio a Sicrwydd ac integreiddio i drefniadau cyffredinol y Bwrdd. | | | |
| Hanes Adroddiad | yr | Bydd yr adroddiad hwn yn eitem sefydlog ar agenda'r Bwrdd. | |
| Atodiadau | | Crynodeb y Cadeirydd - Y Pwyllgor Addysg, Comisiynu ac Ansawdd (Atodiad 1). | |

Appendix 1

| | | | |
|---|--|-------------|-------|
| Meeting Date | 30 July 2020 | Agenda Item | 4.6.2 |
| Freedom of Information Status | Open | | |
| Reporting Committee | Education, Commission and Quality Committee | | |
| Report Author | Kay Barrow, Corporate Governance Manager | | |
| Chaired by | Ruth Hall | | |
| Lead Executive Director(s) | Angela Parry and Professor Pushpinder Mangat | | |
| Date of last meeting | 2 July 2020 | | |
| Summary of key matters considered by the committee and any related decisions made: | | | |
| <p>Due to the restrictions imposed by the Welsh Government as a result of the COVID-19 Pandemic, HEIW was unable to hold its Education, Commissioning & Quality Committee on 2 July 2020 in public. However, following due process, the meeting took place via Skype/Teleconference.</p> <p>The Committee received a Briefing on the Four Nations Discussions on Quality Issues during the Visit to NHS Education Scotland. It was highlighted that complaints handling was an important part of the training experience and that a trainee should be kept informed at all stages of the process. Any lessons learnt needed to be shared to ensure the loop was closed and learning embedded. In terms of the quality assurance process, it was highlighted that the approach in Scotland and Northern Ireland was much the same as Wales. Feedback on the modified visits in Wales would be shared with the other nations.</p> <p>The Committee received a presentation by Pushpinder Mangat that outlined the learning and opportunities for education and training in Wales as a result of the NHS' response to COVID-19. It was agreed that the presentation be converted into a briefing paper on the 'new normal' so that lessons learnt could be captured for the purposes of implementation and monitoring.</p> <p>An update was received on the approach to phasing the engagement, procurement and commissioning of the Health Professional Education Contracts. The Committee noted the timelines and engagement plans that would ensure the new education programmes commenced in September 2022.</p> <p>The draft Annual Education and Training Plan was considered by the Committee which had been developed following a review of the primary workforce drivers within IMTPs and national service priorities. As a result of the COVID 19 Pandemic, the Committee raised concerns in relation to the lack of resilience in the current NHS workforce that had been highlighted during the NHS' response to the crisis and also the potential impact of COVID 19 on trainers which needed to be monitored to ensure there was sufficient capacity to support delivery of the Plan.</p> <p>The Committee received an update regarding the work being undertaken to evaluate post registration education provision. It was highlighted that this was</p> | | | |

an opportunity to undertake a benefits realisation exercise to measure the value added to healthcare provision against the financial investment.

Quality Assurance Review of Post Graduate Medical Education (PGME) During COVID 19 Pandemic: The Committee was reassured and encouraged that despite the service pressures in response to COVID 19 that HEIW had maintained its regulatory accountability and had adopted an alternative approach to quality management during the crisis.

The Committee approved the **draft Committee Self-Assessment Checklist** which would be completed over the coming weeks. The evaluation would be considered at the October Committee.

The **Committee Annual Report for 2019-2020** was approved and is included as a separate item on the Board agenda in order for the Board to review the performance of the Committee during 2019-2020.

The Committee received an update on the **work-based learning and Apprenticeships Framework in Wales** and noted the potential additional resources that may be required to facilitate implementation.

The Committee considered the **Open University Annual Report on Nurse Education for 2018-2019** and was exploring the potential to widen access to Health Professional education and learning with the Open University into other professional disciplines.

Key risks and issues/matters of concern of which the Board needs to be made aware:

None identified

Delegated action by the Committee

The Committee approved its Annual Report for 2019-2020 and is recommending that the Board review the Committee's performance for 2019-2020 (this is a separate item for the May Board at agenda item 4.7)

Main sources of information received

- Presentation on Moving Education and Training to the New Normal
- The Strategic Review of Healthcare Education in Wales Phase Two
- Annual Education and Training Plan
- Evaluation of Post Registration Education Provision
- Quality Assurance Review of Post Graduate Medical Education (PGME) during COVID 19 Pandemic
- Draft Committee Self-Assessment Checklist
- Draft Committee Annual Report
- Work Based Learning and Apprenticeships
- Open University Annual Report on Nurse Education

Highlights from sub-groups reporting into this committee

N/A

Matters referred to other Committees

N/A



GIG
CYMRU
NHS
WALES

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

| | | | |
|--|---|---------------------|-------------------|
| Dyddiad y Cyfarfod | 30 Gorffennaf 2020 | Eitem Agenda | 4.7 |
| Teitl yr Adroddiad | Adroddiad Blynyddol 2019/2020 y Pwyllgor Addysg, Comisiynu ac Ansawdd | | |
| Awdur yr Adroddiad | Kay Barrow, Rheolwr Llywodraethu Corfforaethol | | |
| Noddwr yr Adroddiad | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Cyflwynwyd gan | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | Prif bwrpas Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd yw rhoi sicrwydd i'r Bwrdd fod y system sicrhau yn addas i'r diben a'i bod yn gweithredu'n effeithiol. Mae'r adroddiad yn crynhoi prif feysydd y gweithgareddau busnes yr aeth y Pwyllgor i'r afael â nhw yn ystod 2019/2020. | | |
| Materion Allweddol | Mae'r adroddiad hwn yn crynhoi prif feysydd y gweithgareddau busnes yr aeth y Pwyllgor i'r afael â nhw yn ystod 2019/2020 ac yn tynnu sylw at rai o'r materion allweddol y bwriada'r Pwyllgor roi ystyriaeth bellach iddynt yn ystod y 12 mis nesaf. | | |
| Camau penodol i'w cymryd (<i>rhowch wrth ymyl un yn unig</i>) | Gwybodaeth | Trafod | Sicrhau |
| | | | Cymeradwyo |
| Argymhellion | Gofynnir i'r Bwrdd: - Nodi Adroddiad Blynyddol 2019/2020 at ddibenion sicrhau. | | |

Adroddiad Blynyddol 2019/2020 y Pwyllgor Addysg, Comisiynu ac Ansawdd

1. CYFLWYNIAD

Prif bwrpas Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd (y 'Pwyllgor') yw rhoi sicrwydd i'r Bwrdd fod y system sicrhau a ddarperir gan y Pwyllgor yn addas i'r diben a'i bod yn gweithredu'n effeithiol. Mae'r adroddiad hefyd yn cadarnhau bod y Pwyllgor wedi cyflawni ei Gylch Gorchwyl yn effeithiol.

2. CEFNDIR

Cafodd yr adroddiad pwyllgor blynyddol hwn ei ddatblygu ar ôl adolygu cofnodion a phapurau cymeradwy'r pwyllgor, gan roi ystyriaeth briodol i gylch gwaith y Pwyllgor fel y nodir yn ei Gylch Gorchwyl.

3. ASESU

Mae'r adroddiad hwn yn crynhoi prif feysydd y gweithgareddau busnes yr aeth y Pwyllgor i'r afael â nhw yn ystod 2019/2020 ac yn tynnu sylw at rai o'r materion allweddol y bwriada'r Pwyllgor roi ystyriaeth bellach iddynt yn ystod y 12 mis nesaf.

4. MATERION LLYWODRAETHU A RISG

Caiff unrhyw faterion a risgiau o ran llywodraethu eu rheoli drwy gyfarfodydd y pwyllgor a bydd adroddiadau ar eithriadau'n cael eu cyflwyno i'r Bwrdd gan y cadeiryddion perthnasol.

5. GOBLYGIADAU ARIANNOL

Ni cheir unrhyw oblygiadau ariannol i'r Bwrdd eu hystyried/cymeradwyo.

6. ARGYMHELLIAD

Gofynnir i'r Bwrdd:

- **Nodi** Adroddiad Blynyddol 2019/2020 at ddibenion sicrhau.

| Llywodraethu a Sicrwydd | | | |
|--|--|--|--|
| Cysylltu ag amcanion strategol yr IMTP (rhowch ✓) | Nod Strategol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni 'Cymru Iachach | Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol | Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel |
| | | ✓ | |
| | Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd | Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo | Nod Strategol 6: Cael ei nabod fel partner, dylanwadwr ac arweinydd rhagorol |
| | | | |
| Ansawdd, Diogelwch a Phrofiad y Claf | | | |
| Mae sicrhau bod y Bwrdd yn mynd i'r afael â'i fusnes mewn modd priodol trwy ei Bwyllgorau, ac yn gydnaws â'i reolau sefydlog, yn ffactor allweddol mewn perthynas ag ansawdd, diogelwch a phrofiad cleifion sy'n cael gofal. | | | |
| Goblygiadau Ariannol | | | |
| Ni cheir unrhyw oblygiadau ariannol y dylai'r Bwrdd fod yn ymwybodol ohonynt. | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth) | | | |
| Mae'n hanfodol i'r Bwrdd gydymffurfio â'i reolau sefydlog, sy'n cynnwys cael diweddariadau gan ei bwyllgorau. | | | |
| Goblygiadau Staffio | | | |
| Ni cheir unrhyw oblygiadau staffio y dylai'r Bwrdd fod yn ymwybodol ohonynt. | | | |
| 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 i roi cyngor a sicrwydd i'r Bwrdd mewn perthynas ag addysg, comisiynu addysg a rheoli ansawdd contractau a darpariaeth addysg. Nod strwythur llywodraethu'r Pwyllgor yw pennu materion yn gynnar er mwyn atal pethau rhag gwaethgu; gweithio'n agos gyda'r Pwyllgor Archwilio a Sicrwydd ac integreiddio â threfniadau cyffredinol y Bwrdd. | | | |
| Hanes yr Adroddiad | Ystyriwyd yr adroddiad gan y Tîm Gweithredol a'r Pwyllgor Addysg, Comisiynu ac Ansawdd ac fe'i derbyniwyd gan y Pwyllgor Archwilio a Sicrwydd er gwybodaeth ac i'w nodi. | | |
| Atodiadau | Atodiad 1 – Adroddiad Blyneddol 2019/2020 y Pwyllgor Addysg, Comisiynu ac Ansawdd. | | |

Education, Commissioning and Quality Committee Annual Report 2019/2020

Committee Chair's Reflection

The Committee, having completed its first full year, is now firmly established. The 'Future Ways of Working' helpfully clarified its role and relationships within HEIW's governance structure; the appointment of a deputy member was welcomed; and ongoing interaction with the Audit & Assurance Committee has been important. The Committee reports regularly to HEIW's Board.

As HEIW's education commissioning involves close working with stakeholders, establishing new internal and external advisory sub groups has been an early priority: hopefully these can convene when COVID 19 measures allow and will provide welcome sources of advice. Aware of future service and leadership needs, we have been keen to ensure participation of students and trainees, especially during this key period of the healthcare commissioning cycle, and will continue to promote this.

During the year, we have been particularly mindful of our role underpinning quality assurance of health education provision. The Committee has learnt about existing processes, considered improvements in hand, and overseen monitoring and outcomes on behalf of HEIW's board. Looking ahead, quality assurance will be crucial to the new health education contracts: our contribution, in aiming to optimise quality and secure best value, will need to reflect this.

As a Committee, we have been alert to the need for greater equity of access to healthcare education opportunities, for example, in rural parts of Wales, in disadvantaged communities and through access to Welsh-medium training courses. There is scope to broaden this aspect in support of HEIW's response to the Wellbeing of Future Generations Act, and to contribute to wider health benefits especially in the wake of the COVID 19 pandemic.

In the Committee's interactions, a collaborative feel has been a positive feature and we have welcomed a number of observer-participants to our meetings; I hope this will continue. Thank you to all who have been involved, particularly to Stephen Griffiths, recently retired Director of Nursing, to whom much credit for our productive first year is due.

1 Introduction and Background

The purpose of the Education, Commissioning and Quality Committee is to **advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.

Membership of the Education, Commissioning and Quality Committee:

The membership of the Committee during 2019/20 was as follows:

Chair: Dr Ruth Hall, Independent Member
Members: Tina Donnelly, Independent Member

Deputy Member: Gill Lewis, Independent Member (effective from September 2019)

Other officers of HEIW attend to support key matters.

The Committee met on four occasions between April 2019 and March 2020 and was well attended with good engagement for all those who attended.

2. Planning and Review

In line with good practice, the Education, Commissioning and Quality Committee reviewed the Terms of Reference of the Committee at its inaugural meeting in May 2019. The Committee identified that there was a need to improve the Committee's resilience in respect of ensuring a quorum at meetings. A review of HEIW's standing orders was undertaken entitled 'Future Ways of Working' which focussed on the roles of the Board and its committees to ensure that decision-making was taken at the appropriate level and to avoid any gaps in the governance structure. The paper on Future Ways of Working was approved at the Board in September 2019 and the Standing Orders were updated to reflect the findings of the paper in November 2019.

The Committee considered and approved the Terms of Reference for two sub groups that will report into the Committee following each of their meetings:

- The Internal Multi-Professional Education Group (IMPEG) will ensure the co-ordination and oversight of all education activity across HEIW. This will have representation from all directorates.
- The External Education Group (EEG) will advise on education and training priorities. This group will be tasked with identifying future education training requirements and considering future proposals and new education opportunities.

The inaugural meeting for both sub groups has been delayed as a result of the COVID 19 Pandemic. It is anticipated these meetings will now take place in Q2 of this financial year.

3. Key Achievements

In July 2019, the Committee reviewed in detail the draft **NHS Wales Education, Commissioning and Training Plan 2020/21** and provided comments for the next iteration of the Plan. The draft Plan was also considered at the All Wales Chief Executive's meeting and National Executive Board on 16 July 2019. The final Plan was approved by the HEIW Board on 18 July 2019 and submitted to Welsh Government for approval.

In January 2020, the Committee was updated in relation to the Welsh Government approval of the NHS Wales Education Commissioning and Training Plan for 2020/21, and additional funding of £16.4m to support the increase in training places.

3. **Key Areas of Focus for 2019-2020**

In January 2020, the Committee received the **KPMG Strategic Review of Health Professional Education**. The scope of the review considered the current education provision, access to education, inter-professional learning and Welsh language provision. A core element of the review was to engage with 130 stakeholders, across education, health and care, government and professional bodies between May and August 2019. The outcome of the review highlighted 22 recommendations for consideration. Many of the areas identified by KPMG in their recommendations already formed an integral part of the commissioning and performance management currently in place within HEIW.

The Committee welcomed the report and acknowledged that the key themes identified within the review added value to the development of the new education contract covering Health Professional Education in Wales. However, the Committee expressed concern about the strategic cost of implementing the recommendations and how this would be managed. A Communications Strategy to support the review findings is to be developed and it is anticipated that going forward the internal and external sub groups will assist with influencing and raising the profile of HEIW as part of the process.

HEIW also recognises the value of the student/trainee voice and how their stories bring experiences to life. As part of the work already being undertaken to develop the Health Professional Education contract specification, there have been a number of Programme Engagement events including student engagement. This will ensure that the student/trainee voice is considered as part of the process.

4. **Scrutiny and Monitoring**

Review of the Medical Deanery Visits: The Committee supported the changes to the review process, welcoming the more inclusive approach to the structure of the meeting and the emphasis on multi-professional working.

Regular performance reports arising from visits to local education providers across Wales are considered by the Committee. The report updates the Committee of current and pending areas of concern through regular monitoring; triangulation of complaints; trainee and trainer feedback; and National Surveys. At its meeting in January 2020, the Committee recommended that the Audit and Assurance Committee be updated in relation to those Health Board areas in enhanced monitoring arrangements as highlighted in the **Quality Assurance Review of Post Graduate Medical Education (PGME)** reports.

The Committee supported the new arrangements and agenda for the **Annual Commissioning Visits to Local Education Providers (LEPs)** which were previously undertaken by the Medical Deanery. The Committee is to receive a summary report following the visits at its meeting in October 2020.

The Committee received the **GMC National Trainee Survey** recognising the challenges and actions being taken to address them. The GMC would be providing a response to the survey following discussion of the emerging key themes with the Deanery, which the Committee will be receiving at their meeting in April 2020.

The Committee received the **Performance Report of Education Contracts Annual Report 2018-2019** that provided key performance indicators as part of the Health Professional Contract Management System. The All Wales report captured the position across Wales and also identified where there was variation in performance between universities. Where performance was below the expected level, actions have been identified within each university's performance report.

The Committee recommended exploring the potential to hold a celebratory event with education and training providers either on an annual or 6-monthly basis. Once developed, the proposals will be considered by the Committee.

The Committee received progress report in relation to three **Business Cases** that had been approved by the Executive Team for the following initiatives:

- Developing Cluster Based Optometry Services – **Commissioning of Postgraduate Modules in Medical Retina, Glaucoma and Independent Prescribing;**
- **Proposal to Increase the number of GP Training Places Utilising a New Model of GP Training in Wales;**
- Implementation at Pace of a **New Model of Pre-Registration Pharmacist Training in Wales**

Following the Committee's support of the business case for the **Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to support Professionalisation of the Role**, the Committee recommended that the business case be scrutinised by the Audit and Assurance Committee. The Audit and Assurance Committee considered the business case at its meeting held on 27 January 2020.

5. Key Risks/Issues

The Committee requested to be sighted on the future workforce plans emerging throughout NHS Wales. It confirmed it would be considering a specific agenda item on the Emerging Approaches from Workforce Planning and impact on training programmes scheduled in the Committee Forward Work Programme for July 2020.

NHS Wales Bursary for 2020/21 – Future Funding of Health Professional Education: The Committee was updated in relation to the Welsh Government announcement regarding the continuation of the Welsh NHS Bursary Scheme until 2022/23. This would provide assurance for providers around the development of the Health Professional Education Contracts. A mapping exercise of the bursary schemes across the UK is being undertaken for presentation to the Executive Team and for consideration by the Committee.

In November 2019, the Board received the Business Case that had been submitted simultaneously to all Health Boards across Wales regarding the creation of the **Major Trauma Centre (MTC) in Cardiff and the Major Trauma Network (MTN)**

across South Wales, West Wales and South Powys. The development of the Major Trauma Network has implications for the size, shape and skills of the workforce across all aspects of the service – from the Major Trauma Centre itself to the rehabilitation services within the region.

The Board raised a number of queries in relation to the training needs analysis and whether there would be a skills gap across a range of professional groups. There was a lack of clarity on future workforce requirements of the MTC and MTN. This will remain an ongoing risk to HEIW during the phased implementation of the plan. It was also recognised that there would be a need to invest in additional training for medical and health professional staff that will need to be included in the education commissioning process.

The Board requested that the Education, Commissioning and Quality Committee review the training needs analysis with the MTN Programme Clinical and Training Leads. This matter has been added to the Committee's Forward Work Programme.

The Committee received the **Health Professional Student Allocations for 2020/21**. It recognised the key risks in relation to the particularly in relation to the achievement of the commissioning targets around diagnostic radiology, adult nursing and LD nursing, and also the consequential reputational risks. This matter was highlighted to the Board at its meeting in January 2020.

6. Key Areas of Focus for the Coming Year

During 2020-2021, the Committee will focus on the following areas:

- Emerging Approaches from Workforce Planning and impact on training programmes;
- Impact/opportunities of digitalisation on health education;
- South Wales Major Trauma Network – Review of Training Needs Analysis
- Value based commissioning;
- Value of education and training programmes and contracts, including the identification and management of related risk;
- Widening Access to Education – Apprenticeships and alternative education routes
- Lessons learnt from COVID-19.

Sponsored by: Dr Ruth Hall
Chair of Education, Commissioning and Quality Committee

Date: May 2020



GIG
CYMRU
NHS
WALES

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

| | | | |
|--|---|---------------------|----------------|
| Dyddiad y Cyfarfod | 30 Gorffennaf 2020 | Eitem Agenda | 4.8 |
| Teitl yr Adroddiad | Adroddiad Blynyddol ar Gydymffurfiaeth AaGIC ym Maes Caffael 2019/2020 | | |
| Awdur yr Adroddiad | Helen James, Pennaeth Caffael, Partneriaeth Cydwasanaethau GIG Cymru | | |
| Noddwr yr Adroddiad | Eifion Williams, Cyfarwyddwr Cyllid Dros Dro | | |
| Cyflwynwyd gan | Eifion Williams, Cyfarwyddwr Cyllid Dros Dro | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | Diben yr adroddiad hwn yw rhoi'r wybodaeth ddiweddaraf i'r Bwrdd am y gweithgarwch caffael yn ystod y cyfnod rhwng 1 Ebrill 2019 a 31 Mawrth 2020, yn unol â chyfeirnod 1.2 (Atodlen 2.1.2 Cod Caffael a Chontractau ar gyfer Gwaith Adeiladu a Pheirianeg) y Cyfarwyddiadau Ariannol Sefydlog. | | |
| Materion Allweddol | <p>Mae esboniad o'r rhesymau, yr amgylchiadau a manylion unrhyw gamau pellach a gymerwyd hefyd wedi'u cynnwys yn atodiadau'r adroddiad.</p> <p>Cafodd yr Adroddiad Blynyddol ei ystyried gan y Pwyllgor Archwilio a Sicrwydd ar 6 Mai 2020.</p> | | |
| Camau penodol i'w cymryd (<i>rhowch wrth ymyl un yn unig</i>) | Gwybodaeth | Trafod | Sicrhau |
| | | | ✓ |
| Argymhellion | <p>Gofynnir i aelodau:</p> <ul style="list-style-type: none"> Nodi'r adroddiad er sicrwydd | | |

ADRODDIAD AR GYDYMFFURFIAETH AaGIC YM MAES CAFFAEL

1. CYFLWYNIAD

Yn unol â Chyfarwyddiadau Ariannol Sefydlog AaGIC, mae'n rhaid rhoi gwybod i'r Pwyllgor Archwilio a Risg am bob cais am Weithredoedd Dyfynbrisio Unigol (SQA), Gweithredoedd Tendro Unigol (STA), Tendrau Unigol er ystyriaeth yn dilyn cais am Gystadleuaeth OJEU, Ymestyn Contractau a Dyfarnu cyllid ychwanegol y tu allan i delerau'r contract (a weithredwyd drwy Nodyn Newid Contract neu Amrywio Telerau).

2. CEFNDIR

Diben yr adroddiad hwn yw rhoi'r wybodaeth ddiweddaraf i'r Bwrdd am y gweithgarwch caffael yn ystod y cyfnod rhwng 1 Ebrill 2019 a 31 Mawrth 2020, yn unol â chyfeirnod 1.2 (Atodlen 2.1.2 Cod Caffael a Chontractau ar gyfer Gwaith Adeiladu a Pheirianeg) y Cyfarwyddiadau Ariannol Sefydlog.

Mae esboniad o'r rhesymau, yr amgylchiadau a manylion unrhyw gamau pellach a gymerwyd hefyd wedi'u cynnwys.

| Cyfeirnod SFI | Disgrifiad | Eitemau |
|---------------|---|---------|
| 3.5 | Gweithredoedd Dyfynbrisio Unigol | 3 |
| 4.2 | Gweithredoedd Tendro Unigol | 8 |
| 5.3 | Tendrau unigol i'w hystyried yn dilyn cais am Gystadleuaeth OJEU | 0 |
| 10.8 | Estyniadau Contract | 3 |
| 14.2 | Dyfarnu cyllid ychwanegol y tu allan i delerau'r contract (wedi'i gyflawni drwy Nodyn Newid Contract (CCN) neu amrywio telerau) | 8 |

3. GOBLYGIADAU LLYWODRAETHU AC ARIANNOL

Dylai'r Bwrdd nodi manylion yr Atodiadau amgaeedig a monitro nifer a gwerth y busnes sy'n cael ei gyflwyno am gymeradwyaeth fel Tendr Unigol neu Ddyfynbris Unigol. Mae'r canllawiau cyffredinol ar wario arian cyhoeddus yn nodi y dylai broses wario gael ei chynnal mewn modd teg, tryloyw ac agored, gan sicrhau cystadleuaeth lle bynnag y bo hynny'n bosib. Felly, dylid cadw nifer y ceisiadau gweithredu unigol i isafswm.

Derbyniodd y Tîm Caffael sawl cais Dyfynbris Unigol a Thendr Unigol ôl-weithredol lle'r oedd darparwyr eisoes wedi darparu'r nwyddau neu'r gwasanaethau. Ar ôl ei adolygu, daeth y Tîm Caffael i'r casgliad nad oedd y rhesymau a amlinellwyd yn y ffurflenni SQA/STA yn gadarn, heb fawr o gyfiawnhad dros barhau ar y sail honno. O ganlyniad, gan y gellid bod wedi dilyn proses gystadleuol, drwy wahodd dyfyniadau neu dendrau, gwnaed Nodyn Ffeil ar gyfer pob cais, gan gofnodi 'nad oedd y dull wedi'i gymeradwyo' gan y Tîm Caffael. O ran mesurau lliniaru, mae trefniadau wedi'u rhoi ar waith i ddarparu hyfforddiant Caffael i staff AaGIC, i bwysleisio'r gofynion llywodraethu a chydymffurfio ar gyfer caffael nwyddau a gwasanaethau a amlinellir yn y Rheolau Sefydlog ac yn y Cyfarwyddiadau Ariannol Sefydlog (Noder – oherwydd y pandemig COVID-19, mae'r sesiynau hyfforddi

wedi'u gohirio ond byddant yn ail ddechrau pan fydd pethau'n ôl i drefn). Amcanion y sesiynau yw codi ymwybyddiaeth o'r prosesau caffael i'w dilyn, lleihau'r achosion o ddifffyg cydymffurfio ac annog mwy o ymgysylltu a chyfathrebu â'r Tîm Caffael.

4. ARGYMHELLIAD

Cafodd yr Adroddiad Blynyddol ei ystyried gan y Pwyllgor Archwilio a Sicrwydd ar 6 Mai 2020.

Gofynnir i'r Bwrdd:

- **nodi'r adroddiad er sicrwydd.**

| Llywodraethu a Sicrwydd | | | |
|---|--|--|--|
| Cysylltu ag amcanion strategol yr IMTP (rhowch ✓) | Nod Strategol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni 'Cymru Iachach' | Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol | Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel |
| | Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd | Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo | Nod Strategol 6: Cael ei nabod fel partner, dylanwadwr ac arweinydd rhagorol |
| | | | |
| Ansawdd, Diogelwch a Phrofiad y Claf | | | |
| Nid oes unrhyw oblygiadau penodol o ran ansawdd a diogelwch ynghlwm wrth y gweithgarwch a nodir yn yr adroddiad hwn. | | | |
| Goblygiadau ariannol | | | |
| Mae Cyfarwyddiadau Ariannol Sefydlog, Rheolau Sefydlog, mesurau rheoli ariannol a systemau cyfrifyddu yn rhoi sylfaen i nifer o fesurau rheoli sefydliadol, sy'n rhan o'r gwaith o gyflawni targedau ariannol a llywodraethu da. Mae'r canllawiau cyffredinol ar wario arian cyhoeddus yn nodi y dylai broses wario gael ei chynnal mewn modd teg, tryloyw ac agored, gan sicrhau cystadleuaeth lle bynnag y bo hynny'n bosib. Felly, dylid cadw nifer y ceisiadau gweithredu unigol i isafswm. | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth) | | | |
| Nid oes unrhyw oblygiadau cyfreithiol penodol yn gysylltiedig â'r gweithgarwch a amlinellir yn yr adroddiad hwn. | | | |
| Goblygiadau Staffio | | | |
| Nid oes unrhyw oblygiadau staffio penodol yn gysylltiedig â'r gweithgarwch a amlinellir yn yr adroddiad hwn. | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | | | |
| Amherthnasol i'r adroddiad hwn | | | |
| Hanes yr Adroddiad | Ystyriwyd gan y Pwyllgor Archwilio a Sicrwydd | | |
| Atodiadau | Atodiad 1 Crynodeb o'r Wybodaeth Atodiad 2 Materion Pellach | | |

Health Education Improvement Wales - Audit Committee Report – April 2020

Appendix 1 – Summary Information

| Trust | Division | Procurement Ref No | Period of Agreement/Delivery Date | SFI Reference | Agreement Title/Description | Supplier | Anticipated Agreement Value (ex VAT) | Reason/Circumstance and Issue | Compliance Comment | Procurement Action Required | First Submission or repeat |
|-------|-------------|--------------------|-----------------------------------|----------------------|--|----------------------|--------------------------------------|--|--------------------|---|----------------------------|
| HEIW | Dental | HEIW-STA-40945 | February 2019 – January 2020 | Single Tender Action | Kavo teeth for phantom heads for clinical training | KavorKerr | £6,935.04 | Sole supplier of OEM solution. | Endorsed | Procurement to review to see if items to be added to oracle catalogue | First Submission |
| HEIW | People Team | HEWI-STA-41718 | May – September 2019 | Single Tender Action | Pensions Advice | Lighthouse Group Plc | £32,400 | Two failed procurement attempts, identified as the only supplier willing to complete the work within the proposed timescale. | Endorsed | No further action needed. 1 off spend to support transition of staff from Cardiff University to HEIW. | First Submission |
| HEIW | Facilities | HEIW-STA-475 | May 2019 – May 2020 | Single Tender Action | Provision of HVAC to HEIW | Cool Solutions | £39,952.43 | Provider competed initial installation, required for continuity of services. | Endorsed | Added to procurement plan to complete the maintenance renewal requirement when it is due. | First submission. |

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| HEIW | Digital | HEIW-STA-41589 | June 2019 – March 2021 (x2 12 month extension options) | Single Tender Action | Junior Doctor Training System | Interpaid | £522,840 | Sole supplier of OEM Solution | Endorsed | Contract in place for 5 years. Renewal to be undertaken in 2024. | First Submission |
| HEIW | Work Force and OD | HEWI-SQA-472 | July 2019 – March 2020 | Single Tender Action | Behavioural Science Training | Kate-Malcomes Consultancy | £40,000 | Supplier delivered module 1 & 2 as part of Cardiff University, modules 3 & 4 required from this supplier for continuity of services. | Endorsed | Added to the procurement plan to complete new requirement for 2020 contract start date | First submission |
| HEIW | Work Force and OD | HEIW-STA-483 | October 2019 | Single Tender Action | Prospectus Events | Optimus Education | £21,445.00 | Sole Provider | Endorsed | Procurement to review with service if this requirement will be brought inhouse in future | First Submission. |
| HEIW | Pharmacy | HEIW-STA-41586 | 1st January 2020- 31st December 2021 | Single Tender Action | Pharmacy Pre-registration Technician Training | Buttercups Training Ltd. | £390,000 ex VAT | Only training provider able to deliver the training to meet the needs of the service. | Endorsed | Procurement to undertake review with service in July 2020 to see if this is going to be brought in-house. | First Submission |

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| HEIW | Dental | HEIW-STA-40225 | March 2020 | Single Tender Action | Intrepid | HiCOM | £47,180 | Increase number of administrative and non-administrative licences required additional fields to support ongoing data repository requirements. | Endorsed | No further action apart from supporting regular contractual review. | First Submission |
| HEIW | Workforce & OD | HEIW-STA-510 | March - September 2020 | Single Tender Action | Medical Engagement Scale Survey | Engage to Perform | £82,000 | IP is owned by the supplier and have not licenced used of equipment to other suppliers. | Endorsed | No further action, Service informed that this is the last year for this requirement. | First Submission |
| HEIW | Digital | HEIW-SQA-514 | October 2019 – October 2020 | Single Quotation Action | Digital Leadership Portal | CDSM Interactive Solutions Ltd | £12,650 | One off development costs to existing software | Endorsed | | First Submission |
| HEIW | Work Force and OD | HEIW-SQA-477 | October 2019 – January 2022 | Single Quotation Action | MA in Communications | Swansea University | £7,572.72 | Only university that covered the appropriate module on a part time course. | Endorsed | No further action required. | First Submission. |

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| HEIW | Medical Directorate | HEIW-SQA-511 | March – June 2020 | Single Quotation Action | Clinical Pharmacy Congress (largest gathering for Clinical Pharmacy profession) | Closterstill Media Ltd | £8,985.60 | Only event of its kind that provides opportunity to speak with pharmacy professionals. | Endorsed | Procurement to set up meeting with Service to discuss future requirement in July following event to confirm if it is an ongoing requirement. | First Submission |
| HEIW | Digital | CU228 (Extension) | March 2019 | Contract Extension | Server Hosting | IOMART | £14,400 | Extended to allow continuity of service. | Endorsed . | Procurement to complete contract renewal requirement March 2020. | First Submission |
| HEIW | Professional Support Unit | CU215 (Extension) | March 2019 | Contract Extension | Consultancy Pyschiatry Agreement | Hammett Street Consultants | £246,000 | Extended to allow continuity of service. | Endorsed . | Procurement to complete new contract requirements as Open OJEU. | First Submission. |
| HEIW | Dental | ECM-113316 | February 2020 – January 2021 | Contract Extension | Software Development Contract | Maxinity Software Ltd | £15,000 ex VAT | Extended to allow continuity of service. | Endorsed . | Procurement to undertake review with service in July 2020 to see if this is still required. | First Submission. |
| HEIW | Digital | HEIW-CCN-017 | January 2019 | Change Control Note | Audio Visual Equipment | Comcen | £30,178 | Extension to warranty on existing hardware | Endorsed | Procurement to ensure additional scope is captured in the renewal | First Submission |

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| HEIW | Digital | HEIW-CCN-018 | January 2019 | Change Control Note | Telephony Contract | Mitel | £5,613.60 | Purchase of 50 additional phone licences. | Endorsed | Procurement to ensure renewal captures appropriate number of licences. | First Submission |
| HEIW | Digital | HEIW-CCN-019 | February 2019 | Change Control Note | Multi-Functional Device Contract | Altodigital | £7,669.80 | 2 units changed to higher specification machine | Endorsed | Procurement to ensure additional scope is captured in the renewal. | First Submission |
| HEIW | Dental | HEIW-CCN-020 | June 2019 | Change Control Note | Dental Speaker Agreement | Lubas Medical Ltd | £2,000 | Additional practises added to the agreement. | Endorsed | Procurement to ensure additional scope is captured in the renewal | First Submission |
| HEIW | Career Development | HEIW-CCN-016 | October 2019 | Change Control Note | Purchase of assessment qualifications and general development services | Argoed Cymru | £45,000 | Extensions for another 6 months to progress qualifications. | Endorsed | Procurement to ensure additional scope is captured in the renewal. | First Submission. |
| HIEW | Digital | HEIW-CCN-021 | October 2019 | Change Control Note | Server Hosting | IOMART | £1,975 | Additional server for hosting needed. | Endorsed | Procurement to ensure additional scope is captured in renewal. | First Submission. |

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| HEIW | Dental | HEIW-CCN-022 | October 2019 | Change Control Note | Dental Speaker Agreement | Lubas Medical Ltd | £2,000 | Additional practices added to the agreement | Endorsed | Procurement to ensure additional scope is captured in the renewal. | First Submission. |
| HEIW | Digital | HEIW-CCN-024 | March 2020 | Change Control Note | Server Hosting | IOMART | £47,180 | Licenses increased. | | Procurement to record as ECM and ensure additional scope is captured in renewal. | Second Submission. First submission is CCN-021 |

Health Education Improvement Wales - Audit Committee Report – April 2020

Appendix 2 – Summary Further Matters

| Trust | Division | Procurement Ref No | Period | SFI Reference | Agreement Title/Description | Supplier | Anticipated Agreement Value (ex VAT) | Reason/Circumstance and Issue | Compliance Comment | Procurement Action Required | First Submission or repeat |
|-------|----------|--------------------|--------------|---------------|---|--------------------------------|--------------------------------------|--|--------------------|--|----------------------------|
| HEIW | Finance | HEIW-FN-022 | January 2019 | File Note | Managed Travel Agreement | Clarity Travel | £28,000 | Contract from Cardiff University was not novated, file note to cover travel spend for an interim period until new competition has been held. | Not Endorsed | Procurement to work with service to develop travel agreement | First Submission. |
| HEIW | Estates | HEIW-FN-023 | March 2019 | File Note | Electrical Installation | Whitehead Building Services | £7,498 | Additional work was undertaken outside of scope of the contract and the service were not aware that they had to follow a formal procurement process for additional work. | Not Endorsed. | Procurement to work with service to ensure any further requirements follows competition rules. | First Submission. |
| HEIW | Dental | HEIW-FN-026 | March 2019 | File Note | National Dental Foundation Training Recruitment | Health Education England (HEE) | £7,136.47 | National Recruitment is held by HEE. HEE hold the event and | Not Endorsed. | Procurement to work with service to put an overarching | First Submission. |

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| | | | | | | | | then invoice HEIW. | | agreement in place with HEE for Dental Foundation Training. | |
| HEIW | Secondary Care | HEIW-FN-027 | April 2019 | File Note | Job Advert for the British Medical Journal | BMJ | £6,841. | No other provider and service were not aware of procurement process required. | Not Endorsed. | Single tender action to be completed to cover BMJ advertising requirements for the next 4 years. | First Submission. |
| HEIW | Corporate | HEIW-FN-028 | April 2019 | File Note | Appointment of Steve Coombes as consultant for corporate governance | Steve Coombes | £6,000 | Exceptional piece of work – it was not anticipated that it would exceed £5k. | Not Endorsed. | No further action required – excellent piece of work, unanticipated at the time it would exceed £5k. | First Submission. |
| HEIW | Finance | HEIW-FN-030A | April 2019 | File Note | Agency Worker | Hays Specialist Recruitment | £14,299.66 | Process was unclear at the point of procurement. The processes have been clarified and guidance issued. | Not Endorsed. | Procurement have advised finance of the appropriate processes required to obtain agency workers. | First Submission. |

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|------|--------------|--------------|------------|-----------|-----------------------------------|--|------------|---|---------------|---|-------------------|
| HEIW | Finance | HEIW-FN-030B | April 2019 | File Note | Agency Worker | Randstad Solutions Ltd | £11,217.15 | Process was unclear at the point of procurement. The processes have been clarified and guidance issued. | Not Endorsed. | Procurement have advised finance of the appropriate processes required to obtain agency workers. | First Submission. |
| HEIW | People Team | HEIW-FN-031 | May 2019 | File Note | MSc in Leadership and Social Care | University of South Wales (Newport Campus) | £6,003 | Process was unclear at the point of procurement. The processes have been clarified and guidance issued | Not Endorsed. | Procurement scoping out managed service provider agreement for all conferencing requirements. STA in process to cover year 2 and 3. | First Submission. |
| HEIW | Dental | HEIW-FN-032 | May 2019 | File Note | Dental Speaker | Katy Newall-Jones | £7,932 | Whilst waiting on additional information for an STA supplier provided services to HEIW. | Not Endorsed | Formal procurement has been undertaken for a dental speaker agreement. This will be in place for 4 years. | First Submission |
| HEIW | Quality Unit | HEIW-FN-033 | May 2019 | File Note | Conference | Liberty Stadium Swansea | £22,440 | Weren't aware that procurement needed to be involved for | Not Endorsed. | Procurement scoping out managed service provider | First Submission. |

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| | | | | | | | | this level of spend. | | agreement for all conferencing requirements. | |
| HEIW | Dental | HEIW-FN-034 | May 2019 | File Note | Dental Speaker | A to One | £14,626.92 | Speakers were booked by practise administrators in September 2018 prior to HEIW forming. | Not Endorsed | Formal procurement has been undertaken for a dental speaker agreement. This will be in place for 4 years. | First Submission. |
| HEIW | Dental | HEIW-FN-035 | June 2019 | File Note | Dental Speaker | David Guppy | £8,910.04 | Speakers were booked by practise administrators in September 2018 prior to HEIW forming. | Not Endorsed | Formal procurement has been undertaken for a dental speaker agreement. This will be in place for 4 years. | First Submission. |
| HEIW | Dental | HEIW-FN-036 | June 2019 | File Note | Dental Speaker | David Pitt | £14,273.05 | Speakers were booked by practise administrators in September 2018 prior to HEIW forming. | Not Endorsed | Formal procurement has been undertaken for a dental speaker agreement. This will be in place for 4 years. | First Submission. |
| HEIW | Dental | HEIW-FN-037 | June 2019 | File Note | Dental Speaker | Graham Stokes | £11,233.82 | Speakers were booked by practise administrators in September | Not Endorsed | Formal procurement has been undertaken for a dental speaker | First Submission. |

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| | | | | | | | | 2018 prior to HEIW forming. | | agreement. This will be in place for 4 years. | |
| HEIW | Dental | HEIW-FN-038 | June 2019 | File Note | Dental Speaker | Mark Hill | £8,673.04 | Speakers were booked by practise administrators in September 2018 prior to HEIW forming. | Not Endorsed | Formal procureme nt has been undertaken for a dental speaker agreement. This will be in place for 4 years. | First Submission. |
| HEIW | Dental | HEIW-FN-039 | June 2019 | File Note | Dental Speaker | Dr Rhodri Thomas Ltd | £6,448.98 | Speakers were booked by practise administrators in September 2018 prior to HEIW forming. | Not Endorsed | Formal procureme nt has been undertaken for a dental speaker agreement. This will be in place for 4 years. | First Submission. |
| HEIW | Secondary Care | HEIW-FN-041 | June 2019 | File Note | Impact Courses | Royal College of Physicians & Surgeons of Glasgos | £12,000 | Whilst administration of STA was taking place first phase of courses were delivered. | Not Endorsed | Procureme nt have added this to Milestones so will be flagged for renewal | First Submission |
| HEIW | Projects and Planning | HEIW-FN-042 | June 2019 | File Note | Leadership Strategy | Affina Organisatio n Developme nt | £18,200 | NHS Wales Executives agreed collective leadership strategy and use of Affina organisation to deliver this strategy | Not Endorsed | Procureme nt have advised service no engagemen t and commitmen t to should be made to a supplier | First Submission |

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| | | | | | | | | across NHS Wales | | without following the appropriate procurement processes. Additionally this should be procured on an aggregate basis as it is an AW requirement | |
| HEIW | Dental | HEIW-FN-044 | June 2019 | File Note | Dental Speaker | Glenys Bridges | £6,200 | Speakers were booked by practise administrators in September 2018 prior to HEIW forming. | Not Endorsed | Formal procurement has been undertaken for a dental speaker agreement. This will be in place for 4 years. | First Submission |
| HEIW | Secondary Care | HEIW-FN-045 | July 2019 | File Note | Training in Pre-hospital Emergency Medicine | Intercollegiate Board for Training in Pre-hospital Emergency Medicine | £6,000 | Due to the short timeframe in which the service were made aware of the training dates and when then need to be committed there was insufficient time to run a formal | Not Endorsed | Service have been made aware that for next year's requirement the supplier needs to be contacted for dates with enough time to run the | First Submission |

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| | | | | | | | | procurement process. | | appropriate procurement process | |
| HEIW | Medical Directorate | HEIW-FN-046 | July 2019 | File Note | Conference of Postgraduate Medical Deans (UK) | Academy of Medical Royal Colleges | £12,600 | Process was unclear at the point of procurement. The processes have been clarified and guidance issued. | Not Endorsed | Procurement have made service aware of the need to compete all requirements that exceed £5k. | First Submission |
| HEIW | Secondary CareM | HEIW-FN-047 | July 2019 | File Note | Public Health Medicine Masters Course | Cardiff University | £42,065 | Process was unclear at the point of procurement. The processes have been clarified and guidance issued. | Not Endorsed | Procurement have made service aware of the need to compete all requirements that exceed £5k. | First Submission |
| HEIW | Medical Directorate | HEIW-FN-048 | July 2019 | File Note | Funding for PGC course £9,000 | Swansea University | £9,000 | Process was unclear at the point of procurement. The processes have been clarified and guidance issued. | Endorsed for payment only. | Procurement have made service aware of the need to compete all requirements that exceed £5k. | First Submission |
| HEIW | Pharmacy | HEIW-FN-049 | August 2019 | File Note | Registration of pharmacy technicians | City and Guilds | £7,363.20 | Service thought contract had been novated when Cardiff University moved to HEIW. | Not Endorsed | Procurement meeting held with HEIW DOF to discuss number of file notes received | First Submission |

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| | | | | | | | | | | from service | |
| HEIW | Pharmacy | HEIW-FN-050 | August 2019 | File Note | Transition programme for pharmacists. | The Royal pharmaceutical Society | £12,000 | Work was initiated by WCCPE whilst still in Cardiff University, there was a dispute on the contract until August 2019 which has now been resolved. | Not Endorsed | Procurement are working with service to identify if there are any other Cardiff University agreements in dispute to ensure any future activity is compliant with SFIs, PCR 2015 and EU procurement law | First Submission |
| HEIW | Secondary Care | HEIW-FN-051 | September 2019 | File Note | Eye Si Simulator – Interim Agreement | Royal College of Ophthalmologists | £38,400 | It was agreed to proceed with this option, due to urgent requirement for training, procurement processes were not followed. | Not Endorsed | Procurement discussing with service option to purchase (or lease) their own equipment to provide training. | First Submission |
| HEIW | General Practise | HEIW-FN-052 | September 2019 | File Note | PG Certificate in Leadership for Healthcare Professionals | Swansea University | £20,000 | Tender process wasn't followed as positions needed to be | Not Endorsed | As the direction came from the executive team, procurement | First Submission |

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| | | | | | | | | secured within 24 hours. | | nt are to gain list of executives that attended induction process. | |
| HEIW | Pharmacy | HEIW-FN-057 | October 2019 | File Note | Delivery of the national enhanced sore throat test and treat service | Emergency Gateway Care Ltd | £11,160 | As there is a sole supplier for this requirement HEIW were unaware it required a formal procurement process. | Not Endorsed | Procurement are working with the service to follow a single tender action process for future requirements. | First Submission |
| HEIW | Pharmacy | HEIW-FN-066 | 12 months | File Note | Cardiff University | 10 credit research module | £10,450 | Service had followed previous student module registration as they did under Cardiff University to discover that contract now did not cover these students under HEIW. | Not Endorsed. | Service to confirm research module plan to enable procurement to run a competition. | First submission. |
| HEIW | Secondary Care | HEIW-FN-067 | January 2020 | File Note | BMJ Events | Round 2 speciality training advert | £6,647.81 | STA received after contract commitment by Service. | Not Endorsed. | STA is progress for April onwards advertisement. Service requested to extend | Repeat submission. Previous submission in August 2020 |

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| | | | | | | | | | | STA duration to cover all future potential advertising requirement t. | |
| HEIW | Pharmacy | HEIW-FN-061 | March – December 2020 | File Note. | Phase 2 Evaluation | Curemede | £10,514 | Committed to Phase 2 activity when Phase 1 was contracted by Cardiff University. | Not Endorsed. | Procurement to set up meeting in May 2020 to discuss future requirement t with Service. | Second submission. First submission being for Phase 1. |



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

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| Dyddiad y Cyfarfod | 30 Gorffennaf 2020 | Eitem Agenda | 4.9 |
| Teitl yr Adroddiad | Materion a Adroddwyd yn fewnol yn y Pwyllgor | | |
| Awdur yr Adroddiad | Kay Barrow, 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'r materion allweddol a drafodwyd yn fewnol yn y Pwyllgor yng Nghyfarfod y Bwrdd a gynhaliwyd ar 25 Mehefin 2020. | | |
| Materion Allweddol | Yn unol â'r Rheolau Sefydlog, mae'n ofynnol i AaGIC gyflwyno adroddiad ar unrhyw benderfyniadau a wnaed mewn sesiwn breifat i gyfarfod cyhoeddus nesaf y Bwrdd. Mae'r adroddiad yn nodi'r penderfyniadau a wnaed gan y Bwrdd yn y Pwyllgor ar 25 Mehefin 2020. | | |
| Camau penodol i'w cymryd (<i>rhowch ✓ wrth ymyl un yn unig</i>) | Gwybodaeth | Trafod | Sicrhau |
| | ✓ | | |
| Argymhellion | Gofynnir i aelodau: <ul style="list-style-type: none"> • Nodi'r adroddiad er gwybodaeth. | | |

PENDERFYNIADAU A WNAED YN FEWNOL YN Y PWYLLGOR YNG NGHYFARFOD Y BWRDD A GYNHALIWDYD AR 25 MEHEFIN 2020

1. CYFLWYNIAD

Diben yr adroddiad yw cyflwyno adroddiad ar yr eitemau a ystyriwyd yn fewnol yn y pwyllgor yng nghyfarfod y Bwrdd a gynhaliwyd ar 25 Mehefin 2020.

2. CEFNDIR

Bydd y Bwrdd yn cynnal cymaint o'i fusnes ffurfiol â phosibl yn gyhoeddus. Efallai y bydd amgylchiadau lle na fyddai er budd y cyhoedd i drafod mater yn gyhoeddus. Mewn achosion o'r fath, bydd y Cadeirydd (a gynghorir gan Ysgrifennydd y Bwrdd lle bo'n briodol) yn amserlennu'r materion hyn yn unol â hynny ac yn ei gwneud yn ofynnol i unrhyw arsylwr ymneilltuo o'r cyfarfod. Wrth wneud hynny, bydd y Bwrdd yn penderfynu:

“bod cynrychiolwyr y wasg ac aelodau eraill o'r cyhoedd yn cael eu heithrio o weddill y cyfarfod hwn gan ystyried natur gyfrinachol y busnes sydd i'w drafod, gan na fyddai cyhoeddusrwydd yn ei gylch er budd y cyhoedd”

O dan yr amgylchiadau hyn, pan nad yw'r Bwrdd yn cyfarfod mewn sesiwn gyhoeddus, bydd yn gweithredu mewn sesiwn breifat, gan adrodd yn ffurfiol ar unrhyw benderfyniadau a wnaed yng nghyfarfod nesaf y Bwrdd mewn sesiwn gyhoeddus.

3. MATERION LLYWODRAETHU A RISG

Bu Bwrdd AaGIC yn ystyried ac yn cymeradwyo estyniad o flwyddyn i'r Contractau Addysg Gweithwyr Iechyd Proffesiynol yn ei gyfarfod o fewn y pwyllgor a gynhaliwyd ar 23 Mehefin 2020

4. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol wrth nodi'r diweddariad. Fodd bynnag, byddai unrhyw oblygiadau o ran adnoddau wedi'u nodi yn y ceisiadau gwreiddiol am gadarnhad.

5. ARGYMHELLIAD

Gofynnir i'r Aelodau **nodi'r** adroddiad er gwybodaeth.

| Llywodraethu a Sicrwydd | | | |
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| Cysylltu ag amcanion strategol yr IMTP (rhowch ✓) | Nod Strategol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni 'Cymru Iachach' | Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol | Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel |
| | ✓ | ✓ | ✓ |
| | Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd | Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo | Nod Strategol 6: Cael ei nabod fel partner, dylanwadrwr ac arweinydd rhagorol |
| | ✓ | ✓ | ✓ |
| Ansawdd, Diogelwch a Phrofiad y Claf | | | |
| Mae sicrhau bod y Bwrdd a'i Bwyllgor yn gwneud penderfyniadau cwbl wybodus yn dibynnu ar ansawdd a chywirdeb y wybodaeth a gyflwynir ac a ystyrir gan y rhai sy'n gwneud penderfyniadau. Mae penderfyniadau gwybodus yn fwy tebygol o effeithio'n ffaithiol ar ansawdd, diogelwch a phrofiad cleifion a staff. | | | |
| Goblygiadau Ariannol | | | |
| Nid oes unrhyw oblygiadau adnoddau uniongyrchol yn gysylltiedig â'r adroddiad hwn. Fodd bynnag, byddai unrhyw oblygiadau o ran adnoddau wedi'u nodi yn y ceisiadau gwreiddiol am gadarnhad. | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth) | | | |
| Nid oes unrhyw oblygiadau cyfreithiol yn yr adroddiad hwn. Fodd bynnag, bydd effaith benodol, lle y bo'n berthnasol, wedi'i hystyried yng nghyswllt adroddiadau unigol y cyfeirir atynt yn y diweddariad hwn. | | | |
| Goblygiadau Staffio | | | |
| Nid oes unrhyw oblygiadau uniongyrchol i'r gweithlu yn yr adroddiad hwn. Fodd bynnag, bydd effaith benodol, lle y bo'n berthnasol, wedi'i hystyried yng nghyswllt adroddiadau unigol y cyfeirir atynt yn y diweddariad hwn. | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | | | |
| Nid oes unrhyw oblygiadau uniongyrchol i'r Ddeddf. Fodd bynnag, bydd effaith benodol, lle y bo'n berthnasol, wedi'i hystyried yng nghyswllt adroddiadau unigol y cyfeirir atynt yn y diweddariad hwn. | | | |
| Hanes yr Adroddiad | Darperir yr adroddiad hwn ym mhob un o gyfarfodydd y Bwrdd. | | |
| Atodiadau | Dim. | | |



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WALES

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

| | | | |
|---------------------------------|--|---------------------|------------------------|
| Dyddiad y Cyfarfod | 30 Gorffennaf 2020 | Eitem Agenda | |
| Teitl yr Adroddiad | Blaenraglen Waith y Bwrdd | | |
| Awdur yr Adroddiad | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Noddwr yr Adroddiad | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Cyflwynwyd gan | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | Cael cymeradwyaeth mewn perthynas â Blaenraglen Waith y Bwrdd ar gyfer Cyfarfodydd y Bwrdd a Sesiynau Datblygu'r Bwrdd. | | |
| Materion Allweddol | <ul style="list-style-type: none"> • Mae'r Rheolau Sefydlog yn ei gwneud hi'n ofynnol i'r Bwrdd gymeradwyo'i flaenraglen waith flynyddol. • Mae'r dasg o gadarnhau'r flaenraglen waith flynyddol wedi'i gohirio oherwydd effaith COVID-19 ar flaengynllunio. • Mae'r adroddiad yn pennu'r Flaenraglen Waith arfaethedig: <p>ar gyfer cyfarfodydd y Bwrdd yn Atodiad 1.1; ar gyfer Sesiynau Datblygu'r Bwrdd yn Atodiad 1.2.</p> | | |
| Camau penodol i'w cymryd | Gwybodaeth | Trafod | Sicrhau |
| | | | Cymeradwyo ✓ |
| Argymhellion | <p>Gofynnir i'r Aelodau gymeradwyo'r Flaenraglen Waith:</p> <ul style="list-style-type: none"> - ar gyfer Cyfarfodydd y Bwrdd fel y nodir yn Atodiad 1.1; - ar gyfer Sesiynau Datblygu'r Bwrdd fel y nodir yn Atodiad 1.2. | | |

Blaenraglen Waith y Bwrdd

1. CYFLWYNIAD

Mae'n ofynnol i'r Bwrdd gymeradwyo cynllun blynyddol yn ymwneud â busnes y bwrdd ar gyfer y flwyddyn ariannol sydd ar ddod.

2. CEFNDIR

Diben yr adroddiad yw rhoi'r diweddaraf i'r Bwrdd am ei Flaenraglen Waith rhwng Ebrill 2020 a Mawrth 2021.

Mae'r Flaenraglen Waith ar gyfer cyfarfodydd y Bwrdd i'w gweld yn Atodiad 1.1 ac mae'r Flaenraglen Waith ar gyfer Sesiynau Datblygu'r Bwrdd i'w gweld yn Atodiad 1.2.

Mae'r Flaenraglen Waith yn ddogfen ddynamig ac efallai y bydd yn newid mewn ymateb i amgylchiadau newidiol.

3. Y CYNNIG

Y dylai'r Bwrdd gymeradwyo'i flaenraglen waith ar gyfer Cyfarfodydd y Bwrdd a Sesiynau Datblygu'r Bwrdd.

4. MATERION LLYWODRAETHU A RISG

Mae Blaenraglen Waith yn galluogi'r Bwrdd i gynllunio'i lwyth gwaith ac yn ei alluogi i ganolbwyntio ar eitemau strategol allweddol drwy gydol y flwyddyn. Mae hyn yn ei gwneud hi'n bosibl cydweddu â rheolau sefydlog ac mae'n ategu'r arfer o gydymffurfio ag anghenion llywodraethu corfforaethol.

5. GOBLYGIADAU ARIANNOL

Ni cheir unrhyw oblygiadau ariannol i'r Bwrdd eu hystyried/cymeradwyo gan fod y mater hwn yn ymwneud â swyddogaethau craidd AaGIC.

6. ARGYMHELLIAD

Gofynnir i aelodau'r Bwrdd gymeradwyo'r Flaenraglen Waith:

- ar gyfer Cyfarfodydd y Bwrdd fel y nodir yn Atodiad 1.1;
- ar gyfer Sesiynau Datblygu'r Bwrdd fel y nodir yn Atodiad 1.2.

| Llywodraethu a Sicrwydd | | | |
|--|--|--|--|
| Cysylltu ag amcanion strategol yr IMTP <i>(rhowch ✓)</i> | Nod Strategol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni 'Cymru Iachach' | Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol | Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel |
| | ✓ | ✓ | ✓ |
| | Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd | Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo | Nod Strategol 6: Cael ei nabod fel partner, dylanwadwr ac arweinydd rhagorol |
| | ✓ | ✓ | ✓ |
| Ansawdd, Diogelwch a Phrofiad y Claf Mae sicrhau bod y Bwrdd yn mynd i'r afael â'i fusnes mewn modd priodol, ac yn gydnaws â'i Reolau Sefydlog, yn ffactor allweddol mewn perthynas ag ansawdd, diogelwch a phrofiad cleifion sy'n cael gofal. | | | |
| Goblygiadau Ariannol Ni cheir unrhyw oblygiadau ariannol gan fod y mater hwn yn ymwneud â swyddogaethau craidd AaGIC. | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth) Ni cheir unrhyw oblygiadau cyfreithiol. | | | |
| Goblygiadau Staffio Ni cheir unrhyw oblygiadau staffio. | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) Ni cheir unrhyw oblygiadau uniongyrchol. | | | |
| Hanes yr Adroddiad | Caiff y Flaenraglen Waith ei chymeradwyo gan y Bwrdd yn flynyddol. | | |
| Atodiadau | Blaenraglen Waith ar gyfer Cyfarfodydd y Bwrdd (Atodiad 1.1). Blaenraglen Waith ar gyfer Sesiynau Datblygu'r Bwrdd (Atodiad 1.2). | | |

Appendix 1.1 Forward Work Programme - Board Meetings 2020/21

Health Education Improvement – WORK PLAN APRIL 2020 – MARCH 2021

The Board meets in public bi-monthly. The following table sets out the Board's business for 2020/21, including standing agenda items (denoted by *); items denoted by ** are those that are reported to the Board as and when required.

| AGENDA ITEM/ ISSUE | LEAD | 30 Apr 2020 | 28 May 2020 | 25 Jun 2020 | 30 Jul 2020 | 27 Aug 2020 | 24 Sep 2020 | 29 Oct 2020 | 26 Nov 2020 | 17 Dec 2020 | 28 Jan 2021 | 25 Feb 2021 | 25 Mar 2021 |
|--------------------------------|--------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Apologies* | CJ | | X | | X | | X | | X | | X | | X |
| Declaration of Interests* | CJ | | X | | X | | X | | X | | X | | X |
| Improvement Story* | PM/AP/ JR | | X | | X | | X | | X | | X | | X |
| Minutes from previous meeting* | CJ | | X | | X | | X | | X | | X | | X |
| Actions Log* | CJ | | X | | X | | X | | X | | X | | X |
| Matters Arising * | CJ | | X | | X | | X | | X | | X | | X |
| Chair's Report* | CJ | | X | | X | | X | | X | | X | | X |
| Affixing of the Common Seal* | CJ | | | | | | | | | | | | |
| Chief Executive's Report* | AH | | X | | X | | X | | X | | X | | X |

| AGENDA ITEM/ ISSUE | LEAD | 30 Apr 2020 | 28 May 2020 | 25 Jun 2020 | 30 Jul 2020 | 27 Aug 2020 | 24 Sep 2020 | 29 Oct 2020 | 26 Nov 2020 | 17 Dec 2020 | 28 Jan 2021 | 25 Feb 2021 | 25 Mar 2021 |
|---|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Finance Report* | EW | | X | X | X | | X | | X | | X | | X |
| Performance Report* | JR | | X | | X | X | X | x | X | | X | | X |
| Key issue reports from Committees* | Committee Chair | | X | | X | | X | | X | | X | | X |
| In Committee Decisions | DB | | X | | X | | X | | X | | X | | X |
| Committee Annual Reports** | DB | | X AAC | | X ECQC | | | | | | | | |
| Review Committee Terms of Reference | DB | | | | | | | | X | | | | |
| Review of Standing Orders | DB | | | | | | | | x | | | | |
| Forward Work Programme** | DB | | | | X | | | | | | | | X |
| Annual Self-Assessment | DB | | | | | | X | | | | | | |
| Governance Leadership and & Accountability Standard** | DB | | X | | | | | | | | | | |
| Annual Governance Statement** | DB | | | X | | | | | | | | | |
| Accountability Report** | DB | | | X | | | | | | | | | |
| Final Accounts for 2019/20** | EW | | X | X | | | | | | | | | |
| Letter of Representation** | EW | | | X | | | | | | | | | |

| AGENDA ITEM/ ISSUE | LEAD | 30 Apr 2020 | 28 May 2020 | 25 Jun 2020 | 30 Jul 2020 | 27 Aug 2020 | 24 Sep 2020 | 29 Oct 2020 | 26 Nov 2020 | 17 Dec 2020 | 28 Jan 2021 | 25 Feb 2021 | 25 Mar 2021 |
|--|------|-------------------|-------------------|-------------------|-----------------------|-------------------|-------------------|-----------------------|----------------|-----------------------|----------------|-------------------|-------------------|
| Audit Wales ISA 260** | EW | | | X | | | | | | | | | |
| Annual Quality Statement** (not required for 2019/20) | DB | | | | | | | | | | | | |
| Annual Report** | DB | | | | | X | | | | | | | |
| Annual General Meeting** | All | | | | | | X | | | | | | |
| Review IMTP 2020/21 | JR | | X | | X Q2 Op Plan | | X | X Q3 Op Plan | | X Q4 Op Plan | | | X |
| IMTP Resource Plan | EW | | X | | X | | | X | | X | | | X |
| Agree IMTP 2021/22** | JR | | | | | | | | | | X | | |
| Financial Plan and Budget Strategy** | EW | | | | X | | | | | | | | |
| Board Assurance Framework** | DB | | | | | | | X | | | | | |
| Risk Management Policy** | DB | | | | X | | | | | | | | |
| Implementation of Workforce Strategy for H&SC | JR | | | X | | | | | | | | | |
| Leadership Principles | JR | | | | | | X | | | | | | |

| AGENDA ITEM/ ISSUE | LEAD | 30 Apr 2020 | 28 May 2020 | 25 Jun 2020 | 30 Jul 2020 | 27 Aug 2020 | 24 Sep 2020 | 29 Oct 2020 | 26 Nov 2020 | 17 Dec 2020 | 28 Jan 2021 | 25 Feb 2021 | 25 Mar 2021 |
|--|----------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| HEIW People & OD Strategy including Wellbeing Plan] | JR | | | | | | | | | | | | X |
| Risk Register** | DB | | | | | | X | | | | | | X |
| Business Cases | PM/AP/JR | | X | | X | | X | | X | | X | | X |
| Independent Member Committee Reappointments <ul style="list-style-type: none"> • ECQC • A&AC | CJ | | | | | | X | | X | | | | X |
| Annual Education & Training Plan | AP | | X | | X | | | | | | | | |
| Procurement Compliance Annual Report | EW | | | | X | | | | | | | | |
| TPD Update Report | PM | | | | | | | | | | X | | |
| Strategic Equality Plan | JR | | | | | | X | | | | | | |
| COVID 19 Update | AH | X | X | X | | | | | | | | | |
| Recommendations from RATS Committee | CJ | X | X | | | | | | | | | | |
| Lessons Learnt from COVID 19 | PM | | | X | | | | | | | | | |
| Big Data and Workforce Intelligence (CoE) | JR | | | | | | | X | x | | | | |

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|---------------------------------------|------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|----------------|-------------------|----------------|-------------------|-------------------|
| Communication and Engagement Strategy | (JR) | | | | | | | | x | | | | x |

Initials

DB - Dafydd Bebb
AP – Angela Parry
AH – Alex Howells
CJ – Chris Jones
PM – Pushpinder Mangat
JR – Julie Rogers
EW – Eifion Williams

Venues for HEIW Board Meetings - These are currently scheduled as virtual meetings held through videoconferencing . The position is to be reviewed in accordance with public health guidance.

Appendix 1.2 - Forward Work Programme, Board Development Sessions

| 30 April 2020 | 25 June 2020 | 27 August 2020 |
|--|--|---|
| <ul style="list-style-type: none"> • COVID Update: <ul style="list-style-type: none"> ○ National Position ○ HEIW Position <p><u>External Speaker / Topic</u></p> | <ul style="list-style-type: none"> • Implementation of Workforce Strategy for H&SC (JR) • Lessons Learnt from COVID 19 -'New Normal' (PM) <p><u>External Speaker / Topic</u></p> | <ul style="list-style-type: none"> • Board Effectiveness (DB) • Welsh Language Policy consultation process (DB) • Cyber Security (DB) • Strategic Equality Plan (JR to include focus on BAME) • Annual Report (DB) • Finance Update (EW) • Approval of Education Contract Specification (EW/JR) • Performance Report (JR) <p><u>External Speaker / Topic</u></p> <ul style="list-style-type: none"> • Medical Schools (PM) – Steve Riley, Cardiff University/Keith Lloyd Swansea University • 13.00-15.00 – [topic tbc] Dr Andrew Goodall |

| 29 October 2020 | 17 December 2020 | 25 February 2021 |
|---|--|--|
| <ul style="list-style-type: none"> • Update on new workforce models (AP/PM) to cover mental health, cancer, unscheduled care, critical care, major trauma, eye care etc • IMTP Update (JR) • Wellbeing Programme (JR/AO) • Q3 Operational Plan (JR) • Big Data and Workforce Intelligence (CoE) (JR/AO) • Review and evaluation of communications and engagement strategy so far (JR/AP) • Finance Update (EW) <p><u>External Speaker / Topic</u></p> <ul style="list-style-type: none"> • Audit Wales Wellbeing and Future Generations Act Report (EW) • Socio-Economic Duty (DB) | <ul style="list-style-type: none"> • Developments in education and training • Update on primary care (AH) • Simulation (PM) • IMTP draft (JR) • Finance Update (EW) | <ul style="list-style-type: none"> • Digital • Career pathways • Careers and widening access • Finance Update (EW) |

Venues for HEIW Board Development Sessions

These are currently scheduled as virtual meetings held through videoconferencing . The position is to be reviewed in accordance with public health guidance.