Bundle Bwrdd AaGIC (Agored) 28 May 2020

AGENDA

CYM - Agenda (Open) Board May 2020 V4.docx

1 RHAN 1 - MATERION RHAGARWEINIOL

1.1 Croeso a Chyflwyniadau

1.2 Ymddiheuriadau am absenoldeb

1.3 Datgan buddiannau

1.4 Derbyn a chadarnhau cofnodion y Bwrdd a gynhaliwyd ar 26 Mawrth 2020

1.4 - CY - Unconfirmed March Board Minutes (Open) V3 approved by CDVJ.docx

1.5 Cofnod Gweithredu

1.5 - CY - DRAFT March Board Action Log _2020-03-26 (Open) V2.docx

1.6 Materion yn Codi

2 RHAN 2 - ADRODDIADAU'R CADEIRYDD A'R PRIF WEITHREDWR

2.1 Adroddiad y Cadeirydd

2.1 - CY - Chairs report may 2020 cyf mai 20.docx

2.2 Adroddiad y Prif Weithredwr

2.2 - CY - CEO Board Report May 2020.21.05.20(DB) cyf meh 20.docx

2.3 Diweddariad COVID 19:

2.3.1 • AaGIC Chwarter 1 Cynllun Gweithredol – COVID 19

2.3.1a - CY - Board 28 May 2020 HEIW COVID oper plan.cyf meh 20.docx

2.3.1b - Appendix 1 Operating Framework for NHSW Q1 vers final (003).docx

2.3.1c - Appendix 2 HEIW Operational Plan - submitted final draft 18.05.20_.docx

2.3.2 • Ymateb AaGIC i oblygiadau COVID-19

2.3.2a - CY - Board 28 May 2020 HEIW COVID Response covering paper v2.cyf meh 20.docx

2.3.2b - COVID Stats Inforgraphic 130520.pdf

3 RHAN 3 - EITEMAU STRATEGOL

3.1 Y diweddaraf am y Cynllun Tymor Canolig Integredig:

3.1.1 • Adolygiad o Gynllun Tymor Canolig Integredig 2020-21 i 2022-23 a Rhaglen Waith Ddiwygiedig AaGIC

3.1.1a - CY - Approach to IMTP revision update May Board cyf mai 20.docx

3.1.1b - HEIW IMTP 2020-21 to 2022-23 - Objectives - review of 20-21 v6 Clean - 18.05.20.docx

3.1.2 • Cynllun Adnoddau'r Cynllun Tymor Canolig Integredig

3.1.2a - CY - Resource Plan 2020-21 Board.cyf meh 20.docx

3.1.2b - Appendix 1.docx

3.1.2c - Appendix 2.pdf

3.2 Diweddariad ar Gynllun Addysg a Hyfforddiant Blynyddol 2021/22

3.2 - CY - May 2020 - Education Commissioning presentation v2.1.pptx

4 RHAN 4 - LLYWODRAETHU, PERFFORMIAD A SICRWYDD

4.1 Cyfrifon Terfynol 2019/2020

4.1a - CY - Annual Accounts May Board cyf mai 20.docx

4.1b - Appendix 1_011 HEIW Template 2019-20 V4.pdf

4.1c - Appendix 2_HEIW Audit of Accounts Report 2019-20 (draft for AA Cte 26-05-20).pdf

4.2 Adroddiad Cyllid

4.2a - CY - Finance Report Board and Committees (V3 28-04-20).cyf meh 20.docx

4.2b - May 2020 - Board Finance Paper Appendix 1 DRAFT.docx

4.2c - Appendix 2_2020-21 Reduced Combined MMR Template - HEIW M1.pdf

4.3 Adroddiad Perfformiad Sefydliadol Integredig 4 AaGIC, Adroddiad Diwedd Blwyddyn 2019-20

4.3a - CY - 2020-05-28 Cover paper-Eng-May Board 2020 Performance Report_.docx

4.3b - 2020-05-28 Board report - End year performance 2019-20 - Final.docx

4.3c - 2020-05-20 - HEIW - Performance Reporting - Mar20 (1).pdf

4.4 Proses Ymgynghori'r Cynllun Iaith Gymraeg

4.4a - CY - Welsh Language Update_21.05.20.docx

4.4b - App 1 WL Paper WL Scheme.docx

4.4c - App 2 May Board Action Plan.docx

4.4d - App 3 WL May 2020 Board Narrative to Cynllun Iaith Gymraeg.docx

4.5 Newid i'r Terfynau Ariannol/Rheolau Sefydlog Dirprwyedig

4.5a - CY - cover paper - amendment to Del Fin Lim. (DB) 21.05.20.docx

4.5b - Appendix 1. Del Financial Limit 21.05.20 (DB).docx

4.6 Cael adroddiad ar faterion allweddol gan:

4.6.1 • Pwyllgorau Archwilio a Sicrwydd a gynhaliwyd ar 1 Ebrill 2020; 6 Mai 2020 a 26 Mai 2020

4.6.1a(i) - CY_Chair Key Issue Cover Report-Audit_Assurance_Committee_2020-04-01 (Open) V3 approved by GL.docx

4.6.1a(ii) - Appendix 1_Chair Key Issue report_Audit_Assurance_Committee_2020-04-01 (Open) V3 approved by GL.docx

4.6.1b(i) - CY_Chair Key Issue Cover Report-Audit_Assurance_Committee_2020-05-06 (Open) V2 approved by GL.docx

4.6.1b(ii) - Appendix 1_Chair Key Issue report_Audit_Assurance_Committee_2020-05-06 (Open) V2 approved by GL.docx

4.6.2 • Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 9 Ebrill 2020

4.6.2a - CY - ECQC Chair Key Issue Cover Report_2020-04-09 (Open) V3 approved by RH.docx

4.6.2b - Appendix 1_ECQC Chair Key Issue Report_2020-04-09 (Open) V3 approved by RH.docx

4.7 Adroddiad Blynyddol y Pwyllgor Archwilio a Sicrwydd

4.7a - CY - Audit_Assurance_Committee Annual Report_2019-2020 Cover Report V1.docx

4.7b - Audit_Assurance_Committee Annual Report 2019-2020 FINAL.docx

4.8 Penderfyniadau Mewnol

4.8 - CY - In Committee Decisions from March & April Board V1.docx

5 RHAN 5 - MATERION ERAILL

5.1 Unrhyw faterion brys eraill

5.2 Crynodeb o'r prif gamau gweithredu

5.3 Dyddiadau'r cyfarfodydd nesaf:

5.3.1 • Bwrdd AaGIC i gael ei gynnal ar 25 Mehefin 2020 i'w gadarnhau naill ai drwy Skype/Telegynhadledd neu i gael ei gynnal yn T Dysgu, Nantgarw

5.3.2 • Sesiwn ar Ddatblygu Bwrdd AaGIC i gael ei gynnal ar 25 Mehefin 2020 i'w gadarnhau naill ai drwy Skype/Telegynhadledd neu i gael ei gynnal yn T Dysgu, Nantgarw

5.3.3 • Bwrdd AaGIC i gael ei gynnal ar 30 Gorffennaf 2020 yn T Dysgu, Nantgarw

ADDYSG A GWELLA IECHYD CYMRU (AaGIC)

Cyfarfod y Bwrdd – 10.00am-12.30pm

i'w gynnal ddydd Iau, 28 Mai 2020
Drwy Skype/Telegynhadledd

AGENDA

RHAN 1	**MATERION RHAGARWEINIOL**	**10:00-10:10**
1.1	Croeso a Chyflwyniadau	Cadeirydd/Ar lafar
1.2	Ymddiheuriadau am Absenoldeb	Cadeirydd/Ar lafar
1.3	Datgan buddiannau	Cadeirydd/Ar lafar
1.4	Derbyn a chadarnhau cofnodion y Bwrdd a gynhaliwyd ar 26 Mawrth 2020	Cadeirydd/ Atodiad
1.5	Cofnod Gweithredu	Cadeirydd/Atodiad
1.6	Materion yn Codi	Cadeirydd/Ar lafar
RHAN 2	**ADRODDIADAU'R CADEIRYDD A'R PRIF WEITHREDWR**	**10:10-10:40**
2.1	Adroddiad y Cadeirydd	Cadeirydd/ Atodiad
2.2	Adroddiad y Prif Weithredwr	Prif Weithredwr/ Atodiad
2.3	Diweddariad COVID 19: • AaGIC Chwarter 1 Cynllun Gweithredol – COVID 19 • Ymateb AaGIC i oblygiadau COVID-19	Dirprwy Brif Swyddog Gweithredol/ Cyfarwyddwr y Gweithlu a'r Cyfarwyddwr Gweithrediadau/ Atodiad
RHAN 3	**EITEMAU STRATEGOL**	**10:40-10:50**
3.1	Y diweddaraf am y Cynllun Tymor Canolig Integredig: • Adolygiad o Gynllun Tymor Canolig Integredig 2020-21 i 2022-23 a Rhaglen Waith Ddiwygiedig AaGIC • Cynllun Adnoddau'r Cynllun Tymor Canolig Integredig	Cyfarwyddwr y Gweithlu a'r Cyfarwyddwr Gweithrediadau/ Atodiad
3.2	Diweddariad ar Gynllun Addysg a Hyfforddiant Blynyddol 2021/22	Cyfarwyddwr Nyrsio/ Cyflwyniad
RHAN 4	**LLYWODRAETHU, PERFFORMIAD A SICRWYDD**	**10:50-12:20**
4.1	Cyfrifon Terfynol 2019/2020	Cyfarwyddwr Cyllid/ Atodiad

4.2	Adroddiad Cyllid	Cyfarwyddwr Cyllid/ Atodiad
4.3	Adroddiad Perfformiad Sefydliadol Integredig 4 AaGIC, Adroddiad Diwedd Blwyddyn 2019-20	Cyfarwyddwr y Gweithlu a'r Cyfarwyddwr Gweithrediadau/ Atodiad
4.4	Proses Ymgynghori'r Cynllun Iaith Gymraeg	Ysgrifennydd y Bwrdd/ Atodiad
4.5	Newid i'r Terfynau Ariannol/Rheolau Sefydlog Dirprwyedig	Ysgrifennydd y Bwrdd/ Atodiad
4.6	Cael adroddiad ar faterion allweddol gan: • Pwyllgorau Archwilio a Sicrwydd a gynhaliwyd ar 1 Ebrill 2020; 6 Mai 2020 a 26 Mai 2020 • Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 9 Ebrill 2020	Cadeirydd y Pwyllgor/ Atodiadau ac ar Lafar Cadeirydd y Pwyllgor/ Atodiadau
4.7	Adroddiad Blynyddol y Pwyllgor Archwilio a Sicrwydd	Cadeirydd y Pwyllgor/ Atodiad
4.8	Penderfyniadau Mewnol	Ysgrifennydd y Bwrdd/ Atodiad
RHAN 5	**MATERION ERAILL**	**12:20-12:30**
5.1	Unrhyw faterion brys eraill	Cadeirydd/Ar lafar
5.2	Crynodeb o'r prif gamau gweithredu	Cadeirydd/Ar lafar
5.3	Dyddiadau'r Cyfarfodydd Nesaf: • **Bwrdd** AaGIC i gael ei gynnal ar **25 Mehefin 2020** i'w gadarnhau naill ai drwy Skype/Telegynhadledd neu i gael ei gynnal yn Tŷ Dysgu, Nantgarw • **Sesiwn ar Ddatblygu Bwrdd** AaGIC i gael ei gynnal ar **25 Mehefin 2020** i'w gadarnhau naill ai drwy Skype/Telegynhadledd neu i gael ei gynnal yn Tŷ Dysgu, Nantgarw • **Bwrdd** AaGIC i gael ei gynnal ar **30 Gorffennaf 2020** yn Tŷ Dysgu, Nantgarw	

Yn unol â darpariaethau Adran 1(2) Deddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960, gwneir penderfyniad i wahardd cynrychiolwyr y wasg ac aelodau eraill y cyhoedd o ran olaf y cyfarfod ar y sail y byddai'n niweidiol i fudd y cyhoedd oherwydd natur gyfrinachol y busnes sydd i'w drafod. Cynhelir rhan hon y cyfarfod yn breifat.

Heb gadarnhau Cofnodion Cyfarfod Bwrdd AaGIC
a gynhaliwyd ar 26 Mawrth 2020 am 10:00am
drwy Skype/Telegynhadledd

Yn bresennol:

Dr Chris Jones	Cadeirydd
John Hill-Tout	Is-gadeirydd, Aelod Annibynnol
Tina Donnelly	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 Weithredwr
Stephen Griffiths	Cyfarwyddwr Nyrsio
Yr Athro Pushpinder Mangat	Cyfarwyddwr Meddygol
Julie Rogers	Cyfarwyddwr y Gweithle a'r Cyfarwyddwr Gweithrediadau
Eifion Williams	Cyfarwyddwr Cyllid.

Presennol:

Dafydd Bebb	Ysgrifennydd y Bwrdd
Kay Barrow	Rheolwr Llywodraethu Corfforaethol (Ysgrifenyddiaeth)
Angharad Price	Pennaeth Cyfathrebu ac Ymgysylltu

RHAN 1	MATERION RHAGARWEINIOL	Cam Gweithredu
2603/1.1	**Croeso a Chyflwyniadau**	
	Estynnodd y Cadeirydd groeso i bawb i gyfarfod Bwrdd Addysg a Gwella Iechyd Cymru (AaGIC).	
2603/1.2	**Ymddiheuriadau am Absenoldeb**	
	Doedd dim ymddiheuriadau am absenoldeb.	
2603/1.3	**Datgan Buddiannau**	
	Dywedodd Tina Donnelly wrth y Bwrdd nad yw hi'n Uchel Siryf mwyach.	
2603/1.4	**Derbyn a chadarnhau cofnodion y cyfarfod Bwrdd a gynhaliwyd ar 30 Ionawr 2020**	
	Cafodd cofnodion y cyfarfod a gynhaliwyd ar 20 Ionawr 2020 eu **derbyn** a'u **cymeradwyo** fel cofnod cywir o'r cyfarfod.	
2603/1.5	**Cofnod Gweithredu**	

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	Fe wnaeth y Bwrdd **dderbyn** y Cofnod Camau Gweithredu o'r cyfarfod a gynhaliwyd ar 30 Ionawr 2020, a **nodi** bod yr holl gamau gweithredu naill ai ar waith, wedi cael eu hychwanegu at y flaenraglen waith neu wedi cael eu cwblhau.	

2603/1.6	**Materion yn codi**	
	Doedd dim materion yn codi o'r cyfarfod blaenorol.	
2603/2	**ADRODDIADAU'R CADEIRYDD A'R PRIF WEITHREDWR**	
2603/2.1	**Adroddiad y Cadeirydd**	
	Derbyniwyd adroddiad y Cadeirydd. Wrth gyflwyno'r adroddiad, nododd y Cadeirydd fod y Bwrdd wedi cael Cyfarfod Briffio ddydd Gwener 20 Mawrth 2020 ynglŷn â Chynlluniau Parhad Busnes AaGIC yn ystod Pandemig COVID-19. Esboniodd, oherwydd yr ansicrwydd, y byddai'r Bwrdd yn cael briff ysgrifenedig bob wythnos i roi'r wybodaeth ddiweddaraf iddyn nhw. Fodd bynnag, byddai trefniadau'n cael eu gwneud er mwyn sicrhau bod y Bwrdd yn cael yr wybodaeth ddiweddaraf drwy gyfarfod telegynadledda pe bai angen. Fe wnaeth y Cadeirydd gymeradwyo cydweithrediad , proffesiynoldeb ac agwedd staff AaGIC tuag at waith yn eu hymateb i bandemig COVID-19. Pwysleisiwyd ei bod yn bwysig bod staff yn cynnal cydbwysedd rhwng bywyd a gwaith yn ystod y cyfnod ansicr hwn, a bod gan AaGIC rôl bwysig i'w chwarae er mwyn sicrhau llesiant ei staff. Dywedodd y Cadeirydd wrth y Bwrdd ei fod wedi cymryd Cam Gweithredu fel Cadeirydd, yn dilyn ymgynghoriad â'r Prif Weithredwr ac Ysgrifennydd y Bwrdd, i amrywio elfennau o Reolau Sefydlog AaGIC mewn ymateb i Bandemig COVID-19. Byddai Cam Gweithredu'r Cadeirydd yn caniatáu i gyfarfod Bwrdd AaGIC ar 26 Mawrth 2020; y Pwyllgor Archwilio a Sicrwydd ar 1 Ebrill 2020; a'r Pwyllgor Addysg, Comisiynu ac Ansawdd ar 9 Ebrill 2020 gael eu cynnal drwy gynhadledd electronig, ac ni ddylid eu cynnal yn gyhoeddus oherwydd y cyfyngiadau cadw pellter. Mae Cam Gweithredu'r Cadeirydd wedi cael ei gydlofnodi gan Gill Lewis a John Hill-Tout hefyd. Gofynnodd y Cadeirydd i'r Bwrdd gymeradwyo'r canlynol hefyd: • bod holl gyfarfodydd y Bwrdd a Phwyllgorau yn cael eu cynnal drwy gynhadledd electronig tan fis Mai 2020 a drwy gydol y mis hwnnw; • ei fod yn cael awdurdod dirprwyedig i benodi aelodau ychwanegol o'r Pwyllgor Archwilio a Sicrwydd a'r Pwyllgor Addysg, Comisiynu	

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	ac Ansawdd er mwyn cynnal cworwm ar gyfer gwneud penderfyniadau yn ystod Pandemig COVID-19. Nodwyd bod Tina Donnelly wedi cadarnhau y byddai ar gael i fynd i'r Pwyllgor Addysg, Comisiynu ac Ansawdd oedd wedi'i drefnu ar gyfer 9 Ebrill 2020. Codwyd pryderon yng nghyswllt nifer bach o broblemau technolegol yr oedd angen eu goresgyn ac y byddai rhaglenni technolegol fel Zoom yn cael eu hystyried wrth symud ymlaen.	

Penderfynwyd	Fe wnaeth y Bwrdd: • **nodi** adroddiad y Cadeirydd; • **cadarnhau** Cam Gweithredu'r Cadeirydd; • **cymeradwyo** y dylid cynnal holl gyfarfodydd y Bwrdd a Phwyllgorau drwy gynhadledd electronig tan fis Mai 2020 a drwy gydol y mis hwnnw; • **cytuno** bod y Cadeirydd yn cael awdurdod dirprwyedig i benodi aelodau ychwanegol o'r Pwyllgor Archwilio a Sicrwydd a'r Pwyllgor Addysg, Comisiynu ac Ansawdd tan fis Mai 2020; • gofyn i Wasanaeth Gwybodeg GIG Cymru a Thîm Digidol a TG AaGIC ystyried y posibilrwydd o ddefnyddio rhaglen 'Zoom'.	**DB**
2603/2.2	**Adroddiad y Prif Weithredwr**	
	Derbyniwyd adroddiad y Prif Weithredwr. Wrth gyflwyno'r adroddiad, nododd Alex Howells mai prif ffocws AaGIC ers dechrau mis Mawrth 2020 oedd sicrhau ei fod yn barod am argyfwng y Pandemig COVID-19 yn unol â chyfarwyddyd gan Lywodraeth Cymru. O ganlyniad, o 23 Mawrth 2020 ymlaen, fe wnaeth AaGIC roi cynlluniau ar waith i symud tuag at drefniant lle oedd mwy o staff yn gweithio gartref er mwyn lleihau teithio nad yw'n hanfodol ac i fodloni'r gofynion o ran cadw pellter cymdeithasol. Mewn ymateb i gwestiwn a godwyd yn sgil gohirio'r broses dendro ar gyfer y Contractau Addysg i Weithwyr Iechyd Proffesiynol dros dro, nododd Stephen Griffiths ei fod wedi trafod y risgiau gyda'r prifysgolion yng nghyswllt eu gallu i fodloni'r amserlen ddiwygiedig yn sgil ansicrwydd ac effaith cyfyngiadau presennol Pandemig COVID-19. Esboniodd y byddai prifysgolion yn croesawu'r gohirio ond bod pryder ynghylch effaith unrhyw gyfyngiadau hir, oherwydd gallai hyn effeithio ar y dyddiad cychwyn ym mis Medi 2022. Byddai adroddiad llawn yn cael ei ystyried yn y Pwyllgor Addysg, Comisiynu ac Ansawdd oedd wedi'i drefnu ar 9 Ebrill 2020.	
Penderfynwyd	Fe wnaeth y bwrdd **nodi** adroddiad y Prif Weithredwr	
2603/2.3	**Coronafeirws:**	
2603/2.3.1	**Diweddariad y Prif Weithredwr**	

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	Derbyniwyd adroddiad y Prif Weithredwr. Wrth gyflwyno'r adroddiad, nododd Alex Howells fod atodiad ar goll o'r adroddiad yn ymwneud â blaenoriaethu'r Cynllun Tymor Canolig Integredig yn sgil effaith COVID-19. Byddai hwn yn cael ei ddosbarthu ar ôl y cyfarfod. Esboniodd fod y sefyllfa yng nghyswllt COVID-19 yn newid yn gyson. Nododd fod Tîm Cynllunio at Argyfwng AaGIC wedi rhoi Cynllun Parhad Busnes AaGIC ar waith a bod y Tŷ Dysgu dan gyfyngiadau symud llwyr am y bythefnos nesaf, yn dilyn y cyngor lleol a chenedlaethol diweddar. Byddai'r sefyllfa'n cael ei hadolygu wrth i'r cyngor lleol a chenedlaethol gael ei ddiweddaru. Darparwyd trosolwg o'r camau gweithredu allweddol a'r camau nesaf mewn ymateb i'r sefyllfa sy'n esblygu yn sefydliadau'r GIG ac yng ngweithgarwch parhad busnes AaGIC. Roedd trafodaethau'n cael eu cynnal gyda rheoleiddwyr a phrifysgolion ynghylch rhyddhau hyfforddeion/myfyrwyr i weithlu rheng flaen y GIG. Byddai strategaeth gyfathrebu glir yn cael ei datblygu er mwyn sicrhau bod hyfforddeion a myfyrwyr yn deall eu rolau a'u cyfrifoldebau'n glir mewn ymateb i COVID-19. Rhoddwyd esboniad o'r ymgyrchoedd recriwtio amrywiol sy'n cael eu cynnal ledled Cymru a Lloegr mewn perthynas â gwirfoddolwyr cymunedol; gweithwyr sy'n dychwelyd; gweithwyr wedi ymddeol sy'n dychwelyd; ac adleoli staff. Codwyd pryderon yng nghyswllt diffyg cyfathrebu, hyfforddiant neu gymorth ychwanegol ar gyfer y gweithlu locwm. Ymhlith y materion i'w hystyried eraill a godwyd, roedd yr effaith ar fyfyrwyr meddygaeth a nyrsio mewn lleoliadau gwledig a'r diffyg Cyfarpar Diogelu Personol a pheiriannau anadlu yn y sector gofal yn y gymuned/tu allan i ysbytai. Nododd Alex Howells fod cell Gofal Sylfaenol y Grŵp Ymateb i Argyfwng yn bodoli ac, er bod AaGIC ddim yn rhan o'r grŵp, y dylai unrhyw faterion sy'n ymwneud â'r gweithlu gael eu cyfeirio at y Grŵp drwyddi hi. Hefyd, codwyd pryderon ynghylch capasiti AaGIC i ymdopi â gweithgarwch parhad busnes mewn ymateb i COVID-19, a'r galw cynyddol arno fel sefydliad galluogi'r gweithlu. Roedd nifer o raglenni a phrosiectau AaGIC wedi cael eu hatal dros dro o ganlyniad i COVID-19, oedd wedi creu rhywfaint o gapasiti ychwanegol i ymgymryd â gwaith newydd. Nodwyd bod nifer o staff wedi cael eu rhyddhau i wneud gwaith sesiynol er mwyn cefnogi'r rheng flaen yn sefydliadau eraill GIG Cymru. Cafodd trefniadau ychwanegol ar gyfer cofnodi absenoldeb staff eu rhoi ar waith yn AaGIC ac roedd tua 60 aelod o staff yn nodi fod ganddyn nhw symptomau, eu bod yn gofalu am aelod agos o'r teulu neu'n hunanynysu.	

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	Nododd Tina Donnelly fod sgiliau trosglwyddadwy ar gael mewn meysydd fel y Lluoedd Wrth Gefn a bod ganddynt y potensial i ategu gweithlu'r GIG. Nododd Julie Rogers fod y Lluoedd Wrth Gefn yn fater sy'n cael ei reoli'n fewnol yn Llywodraeth Cymru er mwyn sicrhau dull cydlynus, ac fe gytunodd y byddai'n codi'r mater gyda chydweithwyr yn Llywodraeth Cymru.	
Penderfynwyd	Fe wnaeth y Bwrdd: • **nodi'r** adroddiad; • **cytuno** y byddai'r atodiad oedd ar goll yng nghyswllt blaenoriaethu'r Cynllun Tymor Canolig Integredig yn cael ei ddosbarthu i Aelodau'r Bwrdd; • **gofyn** i Heidi Phillips anfon unrhyw faterion ynghylch y gweithlu gofal sylfaenol at Alex Howells er mwyn sicrhau eu bod yn cael eu pasio ymlaen at gell Gofal Sylfaenol y Grŵp Ymateb i Argyfwng; • **gofyn** i Julie Rogers sicrhau bod unrhyw waith dadansoddi sgiliau sy'n ymwneud â chyn-filwyr, milwyr wrth gefn a gwirfoddolwyr yn cael eu codi gyda chydweithwyr yn Llywodraeth Cymru.	**DB** **HP** **JR**
2603/2.3.2	**Trefniadau Newydd y Bwrdd**	
	Fe wnaeth y Pwyllgor **dderbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, nododd Dafydd Bebb fod y dull eisoes wedi cael ei ystyried yng Nghyfarfod Briffio'r Bwrdd ar 20 Mawrth 2020. Amlinellodd y newidiadau arfaethedig i drefniadau llywodraethu corfforaethol AaGIC mewn ymateb i Bandemig COVID-19. Pwysleisiodd fod y cynigion yn ceisio cael cydbwysedd rhwng galluogi AaGIC i lywodraethu mewn modd priodol, a pheidio ag amharu ar brosesau penderfynu mewn amgylchedd sy'n newid ac yn symud yn gyflym. Nododd y Bwrdd ei fod yn aros am lythyr gan Grŵp Ysgrifenyddion y Bwrdd, a ddylai roi rhagor o eglurder o ran defnyddio trefniadau llywodraethu corfforaethol y GIG yn ystod y cyfnod anodd hwn.	
Penderfynwyd	Fe wnaeth y Bwrdd **gymeradwyo**'r cynigion ar gyfer trefniadau llywodraethu corfforaethol AaGIC.	
2603/3	**EITEMAU STRATEGOL**	
2603/3.1	**Adroddiad Cynnydd ar Arweinyddiaeth ac Olyniaeth**	
	Fe wnaeth y Pwyllgor **dderbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, nododd Julie Rogers fod yr adroddiad yn amlygu'r cynnydd yng nghyswllt y Rhaglen Arweinyddiaeth Dosturiol a'r Llif Gwaith Cynllunio ar gyfer Olyniaeth/Talent. O ganlyniad i effaith Pandemig COVID-19, mae'r Rhaglen wedi gorfod cymryd cam yn ôl am y 3 mis nesaf er mwyn blaenoriaethu gweithgarwch angenrheidiol yn ystod y pandemig. Roedd posibilrwydd o risg sylweddol yng nghyswllt cyflawni rhai o gerrig milltir y rhaglen o ganlyniad i effaith y pandemig ar sefydliadau'r GIG. Yn ystod y mis	

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	nesaf, byddai proses adolygu ac ailflaenoriaethu yn cael ei chynnal yng nghyswllt cynllun rhaglen arweinyddiaeth Cynllun Tymor Canolig Integredig 2020/21. Nodwyd, er bod y rhan fwyaf o'r rhaglen wedi'i atal dros dro, y byddai gwaith yn parhau ar y porth arweinyddiaeth digidol, a fyddai'n golygu bod adnoddau'n gallu cael eu hychwanegu er mwyn helpu staff rheng flaen yn ystod y Pandemig. Gan ystyried y pwysau ar y gwasanaeth ar hyn o bryd, byddai angen dychwelyd at y broses ymgynghori ac ymgysylltu bresennol yng nghyswllt yr Egwyddorion Arweinyddiaeth Dosturiol cyffredinol, oedd i fod i ddod i ben ar 10 Ebrill 2020. I fodloni gofynion y gwasanaethau o fewn sefydliadau GIG Cymru, roedd sefydlu Grŵp Uwchgynhadledd Talent yn allweddol er mwyn bwrw ymlaen â rhaglen waith i ddatblygu'r model cynllunio ar gyfer olyniaeth a thalent. Mae cais wedi cael ei anfon at sefydliadau GIG Cymru i gynnig enwebiadau ar gyfer carfan 2020/21, heb gyfyngiad ar nifer yr enwebiadau. O 2021/22 ymlaen, bydd dull Unwaith i Gymru ar waith, gydag un broses genedlaethol â chanllawiau. Er bod y gwaith hwn wedi cael ei atal dros dro, roedd disgwyl iddo ailddechrau ym mis Medi 2020. Mae cynnydd da wedi cael ei wneud yng nghyswllt y cynllun peilot i brofi cysyniad yr Ateb o ran Rheoli Talent Digidol. Roedd y contract ar gyfer hyn yn cael ei gwblhau gyda Gwasanaethau a Rennir ar y pryd. Codwyd pryderon ynglŷn â'r broses enwebu a'r posibilrwydd y byddai unigolion yn cael eu hanghofio neu eu hanwybyddu. Esboniwyd y byddai'r enwebiadau yn dod gan Reolwyr y staff hynny oedd yn gweithio tuag at fod yn gyfarwyddwyr/dirprwyon ac y dylen nhw fod yn adnabyddus yn y sefydliad eisoes, yn ogystal â chael eu cymeradwyo gan dimau gweithredol. Fodd bynnag, byddai'r rhaglen a'r adnoddau arweinyddiaeth ar gael i bob unigolyn, a byddai'n cynnwys opsiwn hunangyfeirio. O ran costau, nodwyd bod achos busnes yn cael ei baratoi ar gyfer elfennau o'r rhaglen yn gyffredinol – yr enghraifft gliriaf o hyn oedd y canfyddiad bod angen ailsefydlu rhaglen graddedigion y GIG, ar gais penodol Llywodraeth Cymru. Roedd pob un o sefydliadau'r GIG yn buddsoddi mewn datblygu arweinyddiaeth a gallai hyn gael ei ailgyfeirio mewn blynyddoedd i ddod. Fodd bynnag, yn y tymor byr, byddai angen cynnal trafodaethau â Llywodraeth Cymru am ddarparu sylfaen ar gyfer y gwaith hwn.	
Penderfynwyd	Fe wnaeth y Pwyllgor **nodi**'r adroddiad.	

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2603/4	**LLYWODRAETHU, PERFFORMIAD A SICRWYDD**	
2603/4.1	**Adroddiad Cyllid:**	
2603/4.1.1	**Y Sefyllfa ym Mis 11**	
	Fe wnaeth y Pwyllgor **dderbyn** yr adroddiad. Wrth gyflwyno'r adroddiad hwn, rhoddodd Eifion Williams yr wybodaeth ddiweddaraf yng nghyswllt y sefyllfa ariannol ar gyfer mis 11 2019/20, sef tanwariant o £445 flwyddyn i'r dyddiad. Y prif resymau am yr amrywiant yn y tanwariant oedd lleoedd gwag yn erbyn lefelau staffio roedd cyllideb cyflogau wedi'i neilltuo ar eu cyfer, a lleoliadau is na'r disgwyl mewn cyllidebau lleoliadau hyfforddi wedi'u comisiynu. Disgwylir y byddai sefyllfa ariannol gyffredinol AaGIC yn cael ei rheoli er mwyn bod mewn sefyllfa gytbwys ar ddiwedd y flwyddyn yn unol â disgwyliadau Llywodraeth Cymru. Amlygwyd bod £1.4 miliwn wedi cael ei ddychwelyd i Lywodraeth Cymru ym mis Mawrth, ac y byddai hynny'n helpu AaGIC i symud yn nes at sefyllfa gytbwys erbyn diwedd y flwyddyn ariannol. Fodd bynnag, efallai na fydd y £1.049m o gyllid anghylchol a ddyfarnwyd i Brifysgolion wedi cael ei wario erbyn 31 Mawrth 2020. Felly, byddai'n rhaid ystyried hyn yn y sefyllfa ariannol ddiwedd y flwyddyn. Amlygwyd bod y sefydliad yn aros am anfonebau ar gyfer y mentrau/cynlluniau hyn yn ystod diwedd mis Mawrth/dechrau mis Ebrill ac y byddai'r sefyllfa'n cael ei monitro'n agos. Esboniwyd y sefyllfa yng nghyswllt y gwariant a'r dyraniad cyfalaf, ac yn benodol yng nghyswllt y trefniadau ar gyfer ariannu system e-bortffolio fferylliaeth, a'r TAW adferadwy. O ran Polisi Taliadau'r Sector Cyhoeddus, cadarnhawyd bod cydymffurfiad cyffredinol AaGIC wedi cynyddu rywfaint, i 95.2%, a'i fod o fewn y targed. Fe wnaeth y Bwrdd ystyried yr adroddiad, gan nodi'r rhesymau am yr amrywiadau i gynlluniau ariannol wedi'u proffilio, cyllid anghylchol i Brifysgolion a'r sefyllfa o ran cyfalaf. Rhoddwyd sicrwydd bod AaGIC yn gweithio gyda'i bartneriaid a'i gyflenwyr i gytuno ar y sefyllfaoedd o ran anfonebu ddiwedd y flwyddyn, a'r sefyllfa a ragwelir ar gyfer yr alldro ddiwedd y flwyddyn.	
Penderfynwyd	Fe wnaeth y Bwrdd **nodi**'r sefyllfa ar gyfer mis 11.	
2603/4.1.2	**Llythyr Dyrannu**	
	Fe wnaeth y Bwrdd **dderbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, dywedodd Eifion Williams wrth y bwrdd, er bod AaGIC wedi rhoi cynllun ariannol pum mlynedd i Lywodraeth Cymru fel rhan o'i Gynllun Tymor Canolig Integredig, mai dim ond ar sail blwyddyn y cytunwyd ar y dyraniad cyllid.	

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	Rhoddodd Eifion Williams drosolwg o'r amrywiadau ac esboniad o'r cysoni yn erbyn dyraniad refeniw AaGIC ar gyfer 2020/21, o'i gymharu â chynllun ariannol AaGIC a gyflwynwyd yn y Cynllun Tymor Canolig Integredig (oedd yn cwmpasu'r cyfnod o 2020/21 i 2022/23). Codwyd pryderon yng nghyswllt yr adnoddau ychwanegol oedd yn cael eu hysgwyddo mewn ymateb i Bandemig y Coronafeirws. Esboniwyd, er bod Llywodraeth Cymru wedi nodi bod disgwyl i sefydliadau ymdopi o fewn eu hamlen ariannol eu hunain, y byddai sefydliadau GIG Cymru yn tracio'r gwariant ychwanegol cysylltiedig â gweithgarwch hanfodol i fusnes yn ystod y Pandemig. Disgwyliwyd y byddai Llywodraeth Cymru yn cefnogi'r costau ychwanegol cysylltiedig â delio â COVID-19.	
Penderfynwyd	Fe wnaeth y Pwyllgor **nodi**'r adroddiad.	
26/03/4.2	**Adroddiad Perfformiad**	
	Fe wnaeth y Pwyllgor **dderbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, nododd Julie Rogers, er bod y cyflawniad yn erbyn cerrig milltir y Cynllun Blynyddol a'r Llythyr Cylch Gwaith yn gadarnhaol ar y cyfan, roedd lledaeniad COVID-19 yn dechrau cael effaith ar gyflawniad mewn rhai meysydd. Roedd y rhain yn cynnwys gohirio'r Rhaglen Arweinyddiaeth, trosglwyddo Tîm y Ddeddf Lefelau Staff Nyrsio a Strategaeth Datblygu Sefydliadol a Phobl AaGIC. Disgwyliwyd y byddai modd ailgydio yn y rhain erbyn yr hydref. Roedd dau brosiect coch ar hyn o bryd – roedd un wedi cael ei ohirio oherwydd recriwtio, ond roedd hyn wedi cael ei ddatrys erbyn hyn, a'r llall yn ymwneud â SIFT, sy'n dal yn 'goch' ac yn aros i Lywodraeth Cymru gymryd camau gweithredu. Aeth y Bwrdd ati i drafod yr adroddiad a nodi'r cynnydd a'r gwelliannau sylweddol sy'n cael eu gwneud o ran cofnodi. Disgwyliwyd y byddai cydymffurfiad â hyfforddiant statudol a gorfodol yn gwella'n sylweddol yn dilyn Pandemig COVID-19 ar gyfer yr adroddiad nesaf. Amlygwyd bod cyfarfod wyneb yn wyneb yn elfen sylweddol o'r broses PADR, fodd bynnag, byddai hyn yn heriol a byddai gwersi i'w dysgu yn dilyn y Pandemig. Fe wnaeth y Bwrdd groesawu'r adroddiad a diolch i'r Tîm am y cynnydd oedd yn cael ei wneud.	
Penderfynwyd	Fe wnaeth y Pwyllgor **nodi**'r adroddiad.	
2603/4.3	**Y Gofrestr Risg Gorfforaethol**	
	Fe wnaeth y Bwrdd **dderbyn** y Gofrestr.	

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	Wrth gyflwyno'r Gofrestr, nododd Dafydd Bebb mai hwn fyddai'r gofrestr olaf ar y ffurf bresennol, a oedd yn gyson â Chynllun Blynyddol 2019/20. Ers y cyfnod adrodd diwethaf, roedd 26 risg ar y Gofrestr Risgiau Corfforaethol. Roedd y risgiau hyn wedi cael eu hasesu fel a ganlyn – un statws 'coch', 24 statws 'melyn' ac un statws 'gwyrdd'. Risg 28 – mae seiberddiogelwch yn risg statws 'coch' ar hyn o bryd, fodd bynnag, roedd disgwyl i hon gael ei hisraddio yn dilyn penodiad Pennaeth Seiberddiogelwch. Roedd disgwyl i'r cyfweliadau gael eu cynnal ar 30 Mawrth 2020. Amlygwyd bod Risg 10 – Telerau ac Amodau Bwrsari'r GIG – wedi cael ei ailasesu ers i benderfyniad Llywodraeth Cymru gael ei gadarnhau, a'i fod wedi'i israddio i statws 'gwyrdd'. Roedd dwy risg newydd wedi'u hasesu'n rhai 'melyn'. • Risg 32 – Effaith y Newidiadau i'r Llwybr Hyfforddiant Meddygaeth Mewnol; • Risg 22 – Effaith y Newidiadau i'r Llwybr Anestheteg. Roedd y Gofrestr Risgiau Corfforaethol, oedd yn gyson â Phandemig COVID-19, i fod i gael ei ystyried yn y Pwyllgor Archwilio a Sicrwydd nesaf oedd wedi'i drefnu ar gyfer 1 Ebrill 2020. Fe wnaeth y Bwrdd drafod yr adroddiad a bod angen sicrhau bod y Gofrestr Risgiau yn adlewyrchu effaith COVID-19, yn enwedig y risgiau cysylltiedig â symud tuag at amgylchedd mwy digidol a gweithio gartref yn gyfan gwbl.	
Penderfynwyd	Fe wnaeth y Bwrdd **gymeradwyo** cael gwared â'r risg 'gwyrdd'.	
2603/4.4	**Adroddiadau ar Faterion Allweddol gan Bwyllgorau**	
2603/4.4.1	**Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 27 Ionawr 2020**	
	Fe wnaeth y Bwrdd **dderbyn** yr adroddiad materion allweddol. Wrth gyflwyno'r adroddiad, dywedodd Gill Lewis wrth y bwrdd fod yr adroddiad yn cefnogi'r diweddariad llafar a roddwyd i'r Bwrdd yn ei gyfarfod fis Ionawr.	
Penderfynwyd	Fe wnaeth y Bwrdd **nodi** a **chadarnhau**'r adroddiad.	
2603/4.5	**Penderfyniadau**	
	Fe wnaeth y bwrdd **dderbyn** a **chadarnhau**'r adroddiad a oedd yn nodi'r prif faterion a drafodwyd 'mewn pwyllgor' yng nghyfarfod y Bwrdd fis Rhagfyr.	
2603/5	**MATERION ERAILL**	
2603/5.1	**Unrhyw Faterion Brys Eraill:**	
2603/5.1.1	**Adroddiad Blynyddol AaGIC ar Gydraddoldeb 2018/19**	
	Fe wnaeth y Pwyllgor **dderbyn** yr adroddiad.	

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	Wrth gyflwyno'r adroddiad, nododd Julie Rogers fod y gwaith adrodd yn cydymffurfio â dyletswydd y sector cyhoeddus o dan Reoliadau Deddf Cydraddoldeb 2010 (Dyletswyddau Statudol) (Cymru) 2011 (gelwir y rhain hefyd yn 'Ddyletswyddau Cydraddoldeb Penodol Cymru') i lunio a chyhoeddi Adroddiad Blynyddol ar Gydraddoldeb. Mae'r adroddiad yn adlewyrchu 6 mis cyntaf gweithredol AaGIC yn ystod 2018/19 ac yn dangos bod AaGIC wedi ymrwymo'n gadarn i gydraddoldeb a chynhwysiant, a bod hynny'n rhan greiddiol o'i fusnes.	
Penderfynwyd	Fe wnaeth y Bwrdd: • **nodi'r** adroddiad; • **cymeradwyo** cyhoeddi'r adroddiad erbyn 31 Mawrth 2020.	
2603/5.1.2	**Adrodd ar y Bwlch Cyflog Rhwng y Rhywiau yn AaGIC**	
	Fe wnaeth y Pwyllgor **dderbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, nododd Julie Rogers fod y gwaith adrodd yn cydymffurfio â dyletswydd AaGIC yn y sector cyhoeddus o dan Reoliadau Deddf Cydraddoldeb 2010 (Gwybodaeth am y Bwlch Cyflog Rhwng y Rhywiau) 2017 i gyhoeddi cyfrifiadau bob blwyddyn yn dangos y bwlch rhwng cyflogau ei gyflogeion gwrywaidd a benywaidd. Mae'r adroddiad yn adlewyrchu 6 mis gweithredol cyntaf AaGIC yn ystod 2018/19 ac yn rhoi ciplun o hynny. Cydnabuwyd bod angen gwneud mwy o waith i ddeall y bylchau rhwng cyflogau mewn rhagor o fanylder ac i ystyried a oedd angen cymryd camau i fynd i'r afael â'r meysydd a nodwyd. Cydnabuwyd bod tua 50% o weithlu AaGIC yn staff clinigol a'u bod yn gymwys i gael Taliadau'r Dyfarniad Rhagoriaeth Clinigol, oedd yn cael effaith ar y sefyllfa o ran cyflog. Fodd bynnag, roedd hyn y tu hwnt i reolaeth a dylanwad AaGIC oherwydd bod trefniadau cyflog yn cael eu pennu'n genedlaethol ac yn cael eu gosod gan Weinidogion Cymru.	
Penderfynwyd	Fe wnaeth y Bwrdd: • **nodi'r** adroddiad; • **cytuno** y dylid ychwanegu brawddeg/paragraff at yr adroddiad er mwyn rhoi cyd-destun yng nghyswllt y nifer sylweddol o staff clinigol/meddygol sydd, o gymharu â niferoedd cyffredinol y gweithlu, a'u cymhwysedd ar gyfer y cynllun cenedlaethol y Dyfarniadau Rhagoriaeth Glinigol; • **cymeradwyo** cyhoeddi'r adroddiad erbyn 30 Mawrth 2020.	**JR**
2603/5.2	**Dyddiadau'r Cyfarfodydd Nesaf**	
	Derbyniwyd dyddiadau cyfarfodydd nesaf y Bwrdd: • **Sesiwn ar Ddatblygu Bwrdd** AaGIC i gael ei gynnal ar **30 Ebrill 2020** drwy Skype/Telegynhadledd • **Bwrdd** AaGIC i gael ei gynnal ar **28 Mai 2020** drwy Skype/Telegynhadledd	

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2603/5.3	**Cau**	
	Gan nad oedd materion brys eraill ar gyfer y sesiwn agored, symudodd y cyfarfod i'r sesiwn caeedig.	

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Chris Jones (Cadeirydd) Dyddiad:

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

Bwrdd AaGIC (Agored)
26 Mawrth 2020

(Mae'r Daflen Weithredu hefyd yn cynnwys camau gweithredu y cytunwyd arnynt yng nghyfarfodydd blaenorol Bwrdd Agored AaGIC ac sydd eto i'w cwblhau neu eu trafod gan y Pwyllgor yn y dyfodol. Mae'r rhain wedi'u hamlygu yn yr adran gyntaf. Pan fydd y Bwrdd wedi rhoi sêl bendith i'r camau gweithredu hyn, byddant yn cael eu tynnu oddi ar y daflen weithredu.)

Cyfeirnod y Cofnod	Camau a Gytunwyd	Arweinydd	Dyddiad Targed	Cynnydd/ Wedi cwblhau
2603/1.5	**Cofnod Gweithredu**			
	• **3001/2.1 Adroddiad y Cadeirydd:** Rhannu llythyr arfarnu'r Cadeirydd ag Aelodau'r Bwrdd pan ddaw i law	**Cadeirydd**	I'w gadarnhau	Aros am lythyr arfarnu gan Swyddfa'r Gweinidog.
2603/2.1	**Adroddiad y Cadeirydd**			
	• Edrych ar y posibilrwydd o ddefnyddio rhaglen 'Zoom' gyda Gwasanaeth Gwybodeg GIG Cymru a Thîm Digidol a TG AaGIC.	**Ysgrifennydd y Bwrdd**	Cyn pen 2 wythnos	Wedi Cwblhau. Oherwydd diogelwch a rheoliadau GDPR, mae Gwasanaeth Gwybodeg GIG Cymru wedi cadarnhau na ddylai staff ddefnyddio meddalwedd fideogynadledda Zoom ar gyfrifiaduron y GIG. Y rhaglenni fideogynadledda y cytunir arnynt yw 'Skype for Business' a 'Microsoft Teams'. Bydd Microsoft Teams yn cael ei gyflwyno i AaGIC gan Wasanaeth Gwybodeg GIG Cymru maes o law.
2603/2.3.1	**Coronafeirws: Diweddariad y Prif Weithredwr**			
	• Dosbarthu'r atodiad oedd ar goll yng nghyswllt blaenoriaethu'r Cynllun Tymor Canolig Integredig i Aelodau'r Bwrdd.	**Ysgrifennydd y Bwrdd**	Cyn pen 1 wythnos	Wedi Cwblhau.

Cyfeirnod y Cofnod	Camau a Gytunwyd	Arweinydd	Dyddiad Targed	Cynnydd/ Wedi cwblhau
	• Heidi Phillips i anfon unrhyw faterion ynghylch y gweithlu gofal sylfaenol at Alex Howells er mwyn sicrhau eu bod yn cael eu pasio ymlaen at gell Gofal Sylfaenol y Grŵp Ymateb i Argyfwng	**Heidi Phillips**	I'w gadarnhau	Rhoddir diweddariad ar lafar yng nghyfarfod y Bwrdd ym mis Mai.
	• Julie Rogers i sicrhau bod unrhyw waith dadansoddi sgiliau sy'n ymwneud â chyn-filwyr, milwyr wrth gefn a gwirfoddolwyr yn cael eu codi gyda chydweithwyr yn Llywodraeth Cymru.	**Cyfarwyddwr y Gweithlu a'r Cyfarwyddwr Gweithrediadau**	Cyn pen 1 wythnos	Wedi Cwblhau.
2603/5.1.2	**Adrodd ar y Bwlch Cyflog Rhwng y Rhywiau yn AaGIC**			
	• Ychwanegu brawddeg/paragraff at yr adroddiad er mwyn rhoi cyd-destun yng nghyswllt y nifer sylweddol o staff clinigol/meddygol sydd, o gymharu â niferoedd cyffredinol y gweithlu, a'u cymhwysedd ar gyfer y cynllun cenedlaethol y Dyfarniadau Rhagoriaeth Glinigol.	**Cyfarwyddwr y Gweithlu a'r Cyfarwyddwr Gweithrediadau**	Cyn pen 1 wythnos	Wedi Cwblhau.

Dyddiad Cyfarfod	**28 Mai 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

Gyda chymeradwyaeth a chefnogaeth y Bwrdd ym mis Mawrth, mae Alex Howells, ein Prif Weithredwr, wedi bod yn gweithredu fel Dirprwy Brif Weithredwr y GIG i gefnogi Dr Andrew Goodall, y Cyfarwyddwr Cyffredinol. Er bod Alex wedi parhau i fod yn ymwneud yn agos ag AaGIC fel y Swyddog Atebol, Julie Rogers, ein Dirprwy Brif Weithredwr, sydd wedi goruchwylio'r gwaith o redeg y sefydliad o ddydd i ddydd. Dw i'n cael cyfarfodydd Skype gydag Alex a gyda Julie ddwywaith yr wythnos o leiaf. Rwy'n ddiolchgar iawn i Alex a Julie ynghyd â'r tîm gweithredol am y ffordd effeithiol a phroffesiynol y rheolwyd hyn. Hoffwn gydnabod yr ynni a'r cyfraniad effeithiol y mae hyn wedi'i alluogi i'r GIG.

Gan weithio gydag Ysgrifennydd y Bwrdd, rydym wedi datblygu trefniadau ar gyfer llywodraethu'r Bwrdd a chyfathrebu ynghylch penderfyniadau a dadleuon y Bwrdd i ymdrin â'r cyfnod hwn o amgylchiadau eithriadol. Bydd sicrwydd, goruchwyliaeth a chyfranogiad y Bwrdd yn parhau drwy gydol y broses. Mae'r holl gyfarfodydd yn cael eu cynnal drwy Skype neu Microsoft Teams a diolch go iawn i'n tîm cymorth technegol am alluogi hyn i ddigwydd.

Mae wedi bod yn galonogol gweld pa mor effeithiol a threfnus y mae'r cyfarfodydd wedi cael eu cynnal. Wrth symud ymlaen, rwy'n siŵr ein bod i gyd wedi dysgu llawer am weithio o bell a phwysigrwydd aros yn gysylltiedig. Rwyf wedi parhau â'm cyfarfodydd un i un bob dwy wythnos â'r tîm gweithredol a deoniaid deintyddiaeth fferyllfa a meddygaeth ôl-raddedig. Rwyf hefyd wedi gallu ymuno â chyfarfodydd gwahanol dimau, yn cynnwys Cyllid, Fferylliaeth, Nyrsio, Cyfathrebu, Meddygaeth ôl-raddedig a'r Uwch Dîm Arweinyddiaeth.

Ar 21 Mai 2020 ymunais â Fforwm Agored Rhithwir i staff, a fynychwyd gan dros 100 o gydweithwyr. Mae'n amlwg iawn bod agenda fusnes brysur iawn, ond bûm hefyd yn dyst i ddiwylliant gwych o gefnogi ac annog cydweithwyr ac arweinyddiaeth dda. Cynhelir sgyrsiau Skype un i un bob wythnos gyda holl Aelodau'r Bwrdd, gan ein galluogi i rannu gwybodaeth a chydlynu a thrafod materion sy'n dod i'r amlwg. Mae John Hill-Tout, yr Is-gadeirydd, a fi yn siarad ddwywaith yr wythnos, gan sicrhau y caiff gwybodaeth ei rhannu a'i dadfriffio yn dilyn ein cyfarfodydd cenedlaethol perthnasol. Mynychais gyfarfod y Pwyllgor Archwilio a Sicrwydd a chyfarfod o'r Pwyllgor Comisiynu ac Ansawdd Addysg yn ystod y cyfnod adrodd. Cefnogwyd y ddau gyfarfod gan bapurau rhagorol ac roeddent yn cael eu rhedeg yn dda ac yn broffesiynol – dim diffygion technegol!

Ceir patrwm sefydledig o AaGIC yn darparu sesiynau briffio wythnosol a'r wybodaeth ddiweddaraf a rennir yn fewnol a chyda phartneriaid. Mae'r rhain yn llawn gwybodaeth ac yn dangos yr holl waith sy'n cael ei wneud. Hoffwn ddiolch

i'n tîm cyfathrebu am eu hymdrechion clodwiw wrth gefnogi proffil a negeseuon y sefydliad. Rwyf wedi cael cyfarfodydd drwy delegynadledda gyda Chadeirydd y GMC a hefyd gyda Chadeirydd a Phrif Swyddog Gweithredol Gofal Cymdeithasol Cymru.

Mae Cadeiryddion y GIG wedi bod yn cyfarfod drwy ddefnyddio telegynadledda ac maent yn cynnal cyfarfodydd briffio bob pythefnos. Mae Cadeiryddion wedi derbyn adroddiadau llawn mewn perthynas ag effaith yr achosion a'r ymateb ac wedi cyfnewid gwybodaeth am y sefyllfa yn ardaloedd y Byrddau Iechyd Lleol (BILl) ledled Cymru. Rwy'n mynychu cyfarfod briffio wythnosol Cadeiryddion a Phrif Swyddogion y GIG gyda Vaughn Gething, y Gweinidog Iechyd a Gofal Cymdeithasol, ac Andrew Goodall – wedi ei ffocysu ac yn llawn gwybodaeth, gan ymdrin â'r materion a'r heriau allweddol.

Ers i'r achos ddechrau, mae'r Is-gadeiryddion wedi bod yn cyfarfod drwy delegynadledda ac maent yn cynnal cyfarfodydd briffio bob pythefnos. Mae Is-gadeiryddion wedi derbyn adroddiadau llawn mewn perthynas ag effaith yr achosion a'r ymateb ac wedi cyfnewid gwybodaeth am y sefyllfa yn ardaloedd y Byrddau Iechyd Lleol ledled Cymru. Mae John a minnau wedi briffio cydweithwyr ar y cynlluniau a'r camau a gymerwyd gan AaGIC. O ystyried cyfrifoldeb penodol Is-gadeiryddion mewn perthynas â Gwasanaethau Iechyd Meddwl, cafwyd papur briffio gan yr Arweinydd Iechyd Meddwl Cenedlaethol ar effaith yr epidemig ar gleifion iechyd meddwl presennol, y cynnydd mewn amseroedd aros, a'r camau sy'n cael eu cymryd i addasu gwasanaethau yn yr wythnosau a'r misoedd i ddod. Bydd John yn parhau i gynrychioli AaGIC yn y sesiynau briffio bob pythefnos.

Gyda'n gilydd, gwnaethom ymuno â chyfarfod digidol ar gyfer Cadeiryddion ac Is-gadeiryddion, a drefnwyd gan Gydffederasiwn GIG y DU ar 11 Mai, a roddodd gyfle i rannu ymatebion lleol i'r pandemig. Cafwyd cyfraniadau gan Gymru, Lloegr a Gogledd Iwerddon, ac ystyriodd y cyfarfod sut y dylid addasu trefniadau llywodraethu, partneriaeth a rheoleiddio i fabwysiadu'r hyn a ddysgwyd yn ystod y pandemig. Roedd ymdeimlad cryf y dylai'r ynni, y creadigrwydd, y partneriaethau newydd a'r arweinyddiaeth hyblyg gael eu cynnwys yn ein fframweithiau llywodraethu wrth i ni ail-leoli'r GIG yn yr wythnosau sydd i ddod.

Ar ddydd Mercher, aeth John a minnau i telegynhadledd o dîm y GIG yng Nghymru lle'r oedd y Gweinidog a'r Cyfarwyddwr Cyffredinol yn myfyrio ar y gwaith aruthrol a wneid o fewn y GIG a'r partneriaethau ledled Cymru i ddelio gyda her COVID-19. Trafodwyd materion allweddol ailosod a'r posibiliadau o ail don. Trafodwyd prawf, trac ac olrhain, yn ogystal â phwysigrwydd cynllunio ar gyfer y gaeaf. Roedd pob sefydliad wedi cyflwyno eu hymatebion i fframwaith gweithredol Chwarter1. Roedd myfyrdod cyffredinol ar heriau a chyfleoedd yn y dyfodol i ailsefydlu yn unol â Chymru Iachach, tra'n myfyrio ar y golled drist o fywydau yn y boblogaeth, yn cynnwys gweithwyr iechyd a gofal. Adlewyrchwyd iechyd a lles staff a phwysigrwydd arweinyddiaeth yn y misoedd i ddod hefyd.

Er bod prif ffocws sefydliadau'r GIG wedi cael ei lywio, wrth gwrs, gan y pandemig COVID-19, rydym bellach wedi dechrau canolbwyntio ar y dyfodol agos ac effeithiau tymor hwy ar gyfer ein busnes craidd. Mae'r cynllun tymor canolig integredig a'r fframwaith gweithredu Chwarter1 yn eitemau allweddol ar yr agenda heddiw.

Ers y Bwrdd diwethaf, mae'r Athro Peter Donnelly wedi ymddeol o AaGIC. Mae Peter wedi bod yn ddylanwad mawr ar Addysg Feddygol ôl-raddedig dros nifer o flynyddoedd ac yn flaenorol ef oedd ein Deon Dros dro. Mae wedi datblygu ein hagenda Addysg Ryngwladol.

Ar ran y Bwrdd hoffwn ddiolch iddo a dymuno iechyd a hapusrwydd iddo ar gyfer y dyfodol.

Mae heddiw hefyd yn nodi ymddeoliad Stephen Griffiths ein Cyfarwyddwr Nyrsio. Mae cyfraniad Stephen i'r GIG yng Nghymru ac i ddatblygiad AaGIC wedi bod yn aruthrol.

Mae'n gyfnod heriol i'n cenedl, ac yn dod â gwahanol raddau o ansicrwydd a straen. Rydym wedi ymrwymo i gefnogi a galluogi cydweithwyr yn y rheng flaen i gyflawni eu rolau, gan gefnogi ein staff, cefnogi ein myfyrwyr a'n hyfforddeion. Rydym wedi arwain y sgwrs genedlaethol ynghylch arweinyddiaeth dosturiol ac wedi datblygu strategaeth ar gyfer y gweithlu iechyd a gofal cymdeithasol. Ni fu erioed angen mwy taer i ni ofalu am y gweithlu, ei les ac i ni i gyd fod yn garedig ac yn ystyriol o eraill. Wrth i'r her benodol hon leihau, bydd angen i AaGIC fod yno i ailafael yn ei rôl wrth helpu i wella'r GIG a'r system gofal ar gyfer Cymru. Byddwn yn cael y cyfle i ddysgu gwersi a helpu i barhau i weddnewid ac ailsefydlu gwasanaethau. Byddwn mewn sefyllfa i helpu i gyflawni dyheadau Deddf Cenedlaethau'r Dyfodol, Cymru lachach a galluogi ein gweithlu yn y dyfodol.

Governance and Assurance			
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:** 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 ddylanwadwr 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	d/d
Atodiadau	d/d

Dyddiad y Cyfarfod	**28 Mai 2020**	**Eitem ar yr Agenda**	**2.2**
Teitl yr Adroddiad	**Adroddiad y Prif Weithredwr – Mai 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

Pwrpas yr adroddiad hwn yw diweddaru'r Bwrdd ar weithgareddau allweddol yr ymgymerwyd â nhw ers cyfarfod diwethaf y Bwrdd a gosod y cyd-destun ar gyfer nifer o faterion sy'n cael sylw manylach yn adroddiadau'r Cyfarwyddwyr Gweithredol fel rhan o fusnes y Bwrdd. Mae'r ymateb i COVID-19 yn dal i reoli ein gwaith. Mae nifer o feysydd wedi'u gohirio neu eu hoedi.

2. GWEITHGAREDDAU ALLWEDDOL

- **Secondiad y Prif Weithredwr i Lywodraeth Cymru**

Ers 1 Ebrill rwyf wedi bod yn cefnogi ymateb Llywodraeth Cymru i COVID-19 fel Dirprwy Brif Weithredwr GIG Cymru ar sail interim, ac rwy'n ddiolchgar am y cymorth rwyf wedi'i gael i wneud hyn gan Julie Rogers, Dirprwy Brif Weithredwr AaGIC, a gan y Cadeirydd. Rydym yn dal yn cynnal cyfarfodydd y Tîm Gweithredol bob wythnos yn ôl yr arfer, ac yn cynnal cyfarfodydd yr Uwch Dîm Arwain bob mis. Mae cynnal y pwyntiau cyswllt allweddol hyn wedi bod yn rhan bwysig o barhau â'r trefniadau llywodraethu da sydd wedi datblygu, ac o sicrhau cyfathrebu effeithiol yn ystod y sefyllfa hon o weithio o gartref.

- **Y Cyfarwyddwyr Nyrsio yn Ymddeol**

Hwn fydd cyfarfod olaf Stephen Griffiths, ein Cyfarwyddwr Nyrsio, gan ei fod yn ymddeol ar 29 Mai.

Mae Stephen yn gadael gwaddol ardderchog i'n sefydliad, yn ogystal ag enw eithriadol ymysg cynifer o staff a phartneriaid. Rwy'n siŵr y bydd y Bwrdd yn ymuno â mi wrth ddiolch i Stephen am ei gyfraniad enfawr i'r GIG dros y blynyddoedd, ac wrth ddymuno'r gorau iddo ef a'i deulu yn y dyfodol.

Rydym wrthi'n chwilio am Gyfarwyddwr Nyrsio dros dro nes ein bod yn penodi Cyfarwyddwr Nyrsio parhaol.

- **Coronafeirws**

Mae AaGIC wedi parhau i ymateb i COVID-19 drwy gynllun gweithredu clir a chyfarfodydd rheolaidd o'r Tîm Rheoli Argyfwng.

Mae amrywiaeth eang o waith wedi cael ei wneud, fel y gellir ei weld yn yr eitem ddiweddarach ar agenda'r Bwrdd. Wrth i ni symud i gam 2, rydym wedi adolygu a llacio rhai o'n trefniadau ymateb yn unol â sefydliadau eraill. Bydd cyfarfodydd y tîm rheoli argyfwng a bwletinau'r Bwrdd bellach yn digwydd bob pythefnos.

Mewn ymateb i Fframwaith Gweithredu Llywodraeth Cymru ar gyfer Ch1, cafodd cynlluniau gweithredol lleol AaGIC ar gyfer gweddill mis Mai a mis Mehefin eu cyflwyno ar ffurf drafft i Lywodraeth Cymru ar 18 Mai 2020, ac maen nhw wedi'u cynnwys ar agenda'r Bwrdd hefyd. Pwrpas y fframwaith yw galluogi sefydliadau'r

GIG i ddechrau paratoi ar gyfer y "normal newydd", gan wneud cynnydd gofalus tuag at adfer gwasanaethau a rhaglenni gwaith.

- **Cynllun Tymor Canolig Integredig**

Mae cymeradwyaeth ffurfiol y Cynllun Tymor Canolig Integredig wedi cael ei hoedi o ganlyniad i bandemig COVID-19.
Fel y cytunwyd yng nghyfarfod y Bwrdd ym mis Mawrth, mae'r gwaith o weithredu amcanion Cynllun Tymor Canolig Integredig AaGIC wedi cael ei oedi ar y cyfan yn Ch1, i alluogi'r sefydliad i ganolbwyntio ei adnoddau ar gefnogi ymateb y GIG i COVID-19.

Yn unol â chanllawiau Llywodraeth Cymru, rydym wedi dechrau adolygu Cynllun Tymor Canolig Integredig AaGIC ar gyfer Ch2 a thu hwnt. Rydym hefyd wedi gofyn i staff, fel rhan o'r broses hon, i wneud yn siŵr bod unrhyw wersi a ddysgwyd yn sgil y pandemig yn cael eu cofnodi. Mae hyn yn cynnwys gwreiddio ffyrdd newydd o weithio sydd wedi bod yn fuddiol, yn ogystal â chydnabod anghenion addysg a hyfforddiant y 'normal newydd' ar gyfer y GIG. Mae'r broses hon yn parhau a bydd yn cynnwys Strategaeth y Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol, Mae papur ar wahân ar yr agenda'n darparu'r wybodaeth ddiweddaraf am adolygiad o'r Cynllun Tymor Canolig Integredig, y rhaglen waith ddiwygiedig, a Chynllun Adnoddau'r Cynllun Tymor Canolig Integredig.

- **Diweddariad ar Gynllun Addysg, Comisiynu a Hyfforddiant Blynyddol 2021/22**

Mae'r broses o ddatblygu'r cynllun Addysg, Comisiynu a Hyfforddiant wedi dechrau. Mae cyflwyniad ar brif faterion a themâu'r cynllun wedi cael ei ddosbarthu i randdeiliaid allweddol i gael sylwadau a thrafodaeth amdano, gan gydnabod nad oes modd defnyddio'r ffyrdd arferol o ddatblygu'r cynllun eleni. Bydd fersiwn derfynol y cynllun yn cael ei hystyried am gymeradwyaeth yng nghyfarfodydd y Bwrdd a'r Pwyllgor Addysg a Chomisiynu fis Gorffennaf, cyn ei chyflwyno i Lywodraeth Cymru ei hystyried. Mae copi o'r cyflwyniad wedi'i gynnwys ar agenda'r Bwrdd heddiw.

- **Adroddiad Perfformiad Diwedd Blwyddyn**

Mae ein hadroddiad perfformiad diwedd blwyddyn cyntaf wedi'i gynnwys ar yr agenda. Bydd hwn yn sail i'n Hadroddiad Blynyddol yn nes ymlaen yn y flwyddyn. Ar hyn o bryd mae'r trefniadau rheoli perfformiad â Llywodraeth Cymru yn dal yn drefniadau ysgafn, sy'n golygu bod y cyfarfodydd y Tîm Gweithredol ar y Cyd wedi'u gohirio tan yn nes ymlaen yn y flwyddyn.

- **Proses Ymgynghori'r Cynllun Iaith Gymraeg**

Cafodd y Bwrdd adroddiad ym mis Ionawr a oedd yn cadarnhau bod Comisiynydd y Gymraeg wedi gofyn i AaGIC Iunio Cynllun Iaith Gymraeg. Mae papur ar wahân sy'n amlinellu'r Cynllun drafft, ynghyd â phroses gysylltiedig yr ymgynghoriad cyhoeddus, wedi'i gynnwys ar yr agenda.

- **Tendro Contractau Addysg Gweithwyr Iechyd Proffesiynol**

O ganlyniad i effaith Coronafeirws, rydym wedi gorfod gohirio'r amserlen wreiddiol ar gyfer tendro Contractau Addysg Gweithwyr Iechyd Proffesiynol. Yn wreiddiol, roedd hyn i fod i ddigwydd ym mis Mai/Mehefin 2020. Gellir cadarnhau mai'r dyddiad 'mynd yn fyw' yw mis Medi 2022 o hyd, a hynny ar sail amserlen ddiweddaraf y broses tendro.

- **Diwygiadau i'r Amserlen Adroddiadau Flynyddol**

Mae Cyfrifon Terfynol Drafft 2019-20 yn cael eu hystyried ar yr agenda. Yn unol â chanllawiau diwygiedig Llywodraeth Cymru, bydd fersiynau terfynol y Cyfrifon Terfynol, y Datganiad Llywodraethu Blynyddol, y Datganiad o Gyfrifoldebau'r Cyfarwyddwyr a'r Adroddiad Staff a Thaliadau yn cael eu ffeilio ar neu cyn 30 Mehefin.

I gefnogi'r dyddiadau ffeilio newydd, mae cyfarfod ychwanegol o'r Pwyllgor Archwilio a Sicrwydd wedi cael ei drefnu ar gyfer 26 Mai, yn ogystal â chyfarfod ychwanegol o'r Bwrdd ar gyfer 28 Mai.

- **Risg**

Roedd wyth risg ar yr agenda ac o'r rheini mae'r ddau isod yn goch:

- Effaith yr ymateb i COVID-19 ar raglenni addysg a hyfforddiant, ac ar gynnydd a chanlyniadau myfyrwyr, a
- Seiberddiogelwch.

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.

Dyddiad y Cyfarfod	**28 Mai 2020**	**Eitem ar yr Agenda**	**2.3.1**
Teitl yr Adroddiad	**AaGIC Chwarter 1 Cynllun Gweithredol – COVID 19**		
Awdur yr Adroddiad	Chris Payne, Dirprwy Gyfarwyddwr Cynllunio a Pherfformiad		
Noddwr yr Adroddiad	Julie Rogers		
Cyflwynwyd gan	Julie Rogers, Dirprwy Brif Swyddog Gweithredol/Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol AaGIC		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Ceisio cefnogaeth y Bwrdd i gynllun gweithredol drafft AaGIC Chwarter 1		
Materion allweddol	Cyhoeddodd Llywodraeth Cymru fframwaith gweithredu COVID-19-Chwarter 1 ar ddechrau mis Mai. Roedd yn ofynnol i AaGIC gyflwyno cynllun gweithredol drafft mewn ymateb i'r fframwaith erbyn 18 Mai 2020, a manylir arno yn yr atodiad. Mae'r ddogfen yn cefnogi'r angen parhaus i gynnal gwasanaethau hanfodol tra'n ceisio codi busnes arferol mewn amgylchedd lle mae angen ymateb i Gam 2 o COVID-19. Dylid ei ddarllen ar y cyd â phapur Adolygu'r CTCI/IMTP AaGIC.		
Cam Penodol i'w Gymryd ***(un ✓yn unig)***	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
				✓
Argymhellion	Gofynnir i aelodau nodi: • Ystyried a chytuno'r Cynllun Gweithredol drafft.			

1. CYFLWYNIAD

Mae'r papur hwn yn ceisio cefnogaeth y Bwrdd ar gyfer Cynllun Gweithredol drafft AaGIC ar gyfer Chwarter 1 ym mlwyddyn ariannol 2020-21 yn unol â gofynion Fframwaith Gweithredu COVID-19 Llywodraeth Cymru.

2. CEFNDIR

Ar 6 Mai, cyhoeddodd Llywodraeth Cymru ran 1 Fframwaith Gweithredu'r GIG yng Nghymru, a gyhoeddwyd yn Atodiad 1.

Mae'r fframwaith yn cydnabod bod angen ystyried ailddechrau gwasanaethau a swyddogaethau lle mae'n ddiogel gwneud hynny. Fodd bynnag, mae hefyd yn ei gwneud yn glir bod angen i ni wneud hyn yn gynyddol, a chyda gofal, drwy gylchoedd cynllunio byr sy'n cynnal yr hyblygrwydd a'r ystwythder y mae sefydliadau wedi'u dangos dros y misoedd diwethaf.

Mae Llywodraeth Cymru wedi gofyn i ni gyflwyno cynllun 6 wythnos, am weddill Chwarter 1, erbyn 18 Mai 2020. Cyflawnwyd hyn gan ystyried penodolrwydd rolau a swyddogaethau AaGIC. Mae'r cynllun drafft yn Atodiad 2 ac mae'n amodol ar gymeradwyaeth y Bwrdd.

Mae'r newid i gam 2 a'r gwaith o ddatblygu ein cynllun gweithredol yn darparu fframwaith gwahanol i AaGIC reoli ac adrodd ar ei fusnes dros y 6 wythnos nesaf. Mae wedi cael ei ddrafftio mewn ffordd a fydd yn darparu hyblygrwydd, gan ein galluogi i addasu yn dibynnu ar gapasiti, canlyniadau ac unrhyw newid yn y cynnydd yn COVID-19. Mae angen edrych ar y cynllun ar y cyd â'n rhaglen waith y CTCI/ IMTP diwygiedig ar gyfer 2020-21, sy'n destun papur ar wahân i Fwrdd mis Mai, ac sy'n nodi ein bwriadau ar gyfer ailgychwyn rhywfaint o'r gweithgaredd y gwnaethom ei rewi yn ystod chwarter 1 a thu hwnt.

3. LLYWODRAETHU, CAMAU GWEITHREDU A RISGIAU

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 ddechrau mis Mehefin.

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.

Rydym wrthi'n paratoi cofnod gweithredu cam 2 manylach, a fydd yn eistedd o dan thema ymateb COVID y Cynllun Gweithredol. Ar ôl cytuno ar y cynllun gweithredol a chysoni'r newidiadau i amcanion a rhaglen waith y CTCI/ IMTP, byddwn yn cwblhau'r log gweithredu, i ddechrau am y cyfnod sy'n weddill o chwarter 1, ac yn gweithredu trefniadau monitro ac adrodd yn unol â'r canllawiau a'r disgwyliadau.

Yn ogystal, byddwn hefyd yn defnyddio ein dull Tîm Rheoli Argyfwng/Grŵp Ymateb COVID i reoli a goruchwylio ein perfformiad yn ystod y cylchoedd byrrach yn ogystal â chanolbwyntio ar sicrhau y caiff risgiau eu nodi, eu lliniaru a'u dwysáu fel y bo angen.

4. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol uniongyrchol yn deillio o gynhyrchu'r cynllun drafft hwn. Ar ôl cwblhau newidiadau i'n hamcanion a chanlyniadau'r CTCI/IMTP yng ngoleuni effaith COVID-19 ar flaenoriaethau, bydd adolygiad cynhwysfawr o'r goblygiadau i ddyraniadau'r gyllideb yn cael ei arwain gan ein Cyfarwyddwr Cyllid a'i gynnal ar y cyd â'r Uwch Dimau Arwain a Gweithredol.

5. ARGYMHELLIAD

Gofynnir i'r aelodau wneud y canlynol:

- Ystyried a chytuno'r Cynllun Gweithredol drafft yn atodiad 2.

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			
Caiff hyn ei ystyried yn ein hymateb drwyddo draw.			
Goblygiadau Ariannol			
Nid oes unrhyw oblygiadau ariannol uniongyrchol yn deillio o gynhyrchu'r cynllun drafft hwn. Bydd goblygiadau ariannol i'r gwaith o ddiwygio amcanion y CTCI/ IMTP, yr amserlen a'r hyn y gellir ei gyflawni er mwyn ystyried COVID-19 yn 2020-21, a bydd y rhain yn cael eu hadolygu gan ein Cyfarwyddwr Cyllid a darperir cyngor.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Cynhaliwyd asesiad cydraddoldeb ac fe'i diwygir os bydd angen yn dilyn newidiadau			
Goblygiadau Staffio			
Ystyriwyd goblygiadau staffio wrth fyfyrio ar yr argymhellion diwygiedig			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Caiff y rhain eu hystyried wrth fyfyrio ar effaith COVID-19.			
Hanes yr Adroddiad	Amh.		
Atodiadau	1. Fframwaith Gweithredu GIG Cymru Llywodraeth Cymru- Chwarter 1 2. Cynllun Gweithredol drafft AaGIC – Chwarter 1		

NHS WALES COVID 19 OPERATING FRAMEWORK - QUARTER 1

1. PURPOSE

To provide the NHS with an Operating Framework for Quarter 1 of 2020/21 which reflects the continued need to respond to COVID 19 and the potential for future peaks in COVID 19 demand. There is agreement across the system that we need to ensure that we are able to deliver essential health services for our population and where possible recommence more routine care. However we need to do this progressively, and with caution, through short planning cycles that maintain the flexibility and agility we have demonstrated over recent months.

2. CONTEXT

The NHS in Wales has already delivered a remarkable response to the COVID 19 health emergency since receiving the first coronavirus patients in early March.

Our staff have stepped forward with huge commitment and professionalism to deal with the challenges of this pandemic and have demonstrated once again that they are our most important asset. This includes our new staff such as our health professional students and health professionals returning to service, keen to be part of the NHS response. As ever it has been important to continue to work closely with staff organisations and professional bodies in a spirit of social partnership through regular briefings and discussions.

The speed and flexibility of our response has been dependent upon excellent partnership working - with local government, the military, the voluntary sector, hospices, education providers, regulators and the private sector. Of particular note has been the close cooperation between the NHS and social care, through statutory services and the wider care sector, reflecting the critical connections that need to be in place to support patient pathways.

We have also had overwhelming support from the public and patients in complying with lock down measures to save lives and protect the NHS, and in cooperating with us as we have introduced new ways of working into the NHS.

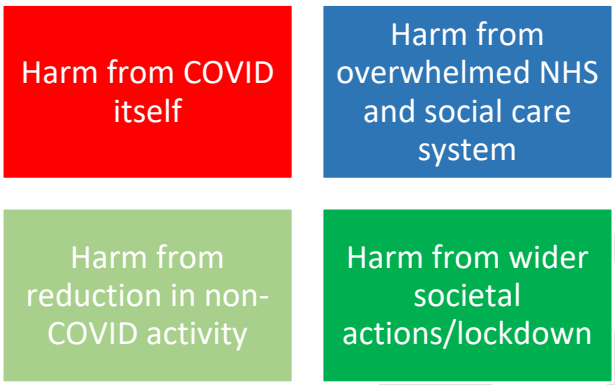
The initial NHS planning and preparation for COVID 19 was supported by the Minister's Written Statement on 13th March setting out a framework of actions. These included a reduction in non-essential work in order to free up capacity and staff to prepare, and these actions have been critical in ensuring that we were able to respond effectively to the needs of coronavirus patients in Wales.

This initial planning had indicated a difficult 8-12 week period managing to a peak. Whilst this has been mitigated during April, there remain significant numbers of COVID-19 patients across our systems and we need to plan recognising that our system will be responding to COVID-19 demands for some months to come, particularly as we monitor the impact of moving out of lockdown arrangements.

This requires a different framework to move forward, which retains flexibility to adjust depending on outcomes and any change in community transmission rates of COVID19.

This new framework builds upon guidance that has already been issued to the NHS with a particular focus on maintaining essential services, for example in relation to cancer and mental health services.

The new framework also reflects the need to consider 4 types of harm, and do our best to address all of them in a balanced way:



We are still learning about Coronavirus and its progress is difficult to determine. Whilst we have navigated the first peak successfully from an NHS perspective, there are still significant pressures in care homes and we do not have certainty about the future profile of COVID 19 demand.

This profile is also affected by external factors including the Welsh Government Framework for Recovery (https://gov.wales/leading-wales-out-coronavirus-pandemic)and implementation of its Testing Strategy. In addition the Cabinet has agreed to establish an economic and social recovery programme that will be led by Ministers and informed by an Expert Group to bring regular challenge and fresh thinking. An internal Portfolio Board for Continuity and Recovery has also been established to work in parallel with the Expert Group, chaired by the Counsel General. A comprehensive work plan will be developed that will include creating a set of scenarios to act as cross-government assumptions for recovery planning.

The harm caused from COVID itself is more visible and understood, both in terms of its impact on individual patients and their underlying conditions, but also the potential for transmission to other patients and staff. The management of individual patients in this context requires effective decision making and management of clinical risk, in order to balance harm from COVID and other health problems.

It is important to retain the ability to respond effectively and with maximum agility to a potential increase in COVID 19 patients and to ensure that any future peaks do not overwhelm the service. The operating framework needs to reflect that and will be subject to regular review.

We are aware that access to essential non COVID services has reduced in recent weeks, a trend that has also been experienced in other countries. In Wales we have seen for example a 48% reduction Emergency Department attendances and a 30% reduction in emergency admissions since prior to the COVID 19 pandemic. The reasons for this will include delivery of health care through alternative models,

reduction in incidence of some health problems such as major trauma and road traffic accidents; and changes in judgements and behaviour by both clinicians and patients in view of additional COVID risk.

However, we need to assure ourselves going forward that patients are accessing essential services appropriately and understand that these services continue to be open for business during any future peaks. We also need to have a framework that can be developed towards an ultimate aim for restoration of normal and routine activities over time, even if this is done progressively and with appropriate assessment of impact on the NHS. It will be important to continue to set NHS delivery in the context of an integrated health and care system.

3. OPERATING FRAMEWORK

The Operating Framework is set out under the following themes:

New ways of working

Staff have created and embraced new ways of working rapidly to respond to the COVID19 challenge, in particular to comply with social distancing and essential travel guidance. A number of these new ways of working offer benefits in terms of safety and quality to both staff and patients. They have also contributed to reduced congestion in primary care and hospital settings. Locally and nationally we must focus on embedding the new ways of working so that they become sustainable approaches for the future. Building confidence in these new approaches, supported through formal evaluation to demonstrate that they are safe and effective, means we can go even further. We encourage individuals, teams and organisations to continue to innovate and transform our services to deliver on the collective commitments in **A Healthier Wales,** our long term plan for health and social care in Wales. Requirements for these will also be embedded in future updates on the Operating Framework.

This includes the significant shift in terms of digitally supported ways of working – including more home working, cluster models, virtual clinics, triage processes, and remote consulting. Key enablers for this have been the accelerated roll out of tools for video consultation and remote working, and increased use of the Digital Health and Care Record, on an all-Wales basis. These changes will be consolidated and extended. Where there are opportunities to support essential services as part of covid-19 response, other digital programmes and investments will be accelerated in the same way. Further support will be provided, for example, through the Digital Priorities Investment Fund.

Managing COVID 19

Whilst recognising that it is difficult to guarantee that health care settings will be “COVID free”, particularly areas such as Emergency Departments, it will be important to separate the COVID and non COVID patient flows **as far as possible**. Local plans need to take into account:

- Ongoing and consistent application of PHW/NHS Infection Prevention and Control guidance in all NHS organisations, with appropriate cohorting of known Covid patients, separate to other patients. https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control)
- Hot/cold or red/green sites, COVID cohorts/zones, and dedicated isolation facilities. The development of cold sites may require regional solutions to underpin safety for patients and staff.
- Targeted use of independent sector hospitals using the contractual arrangements in place.
- Options to use available field hospital capacity across Wales to support activity in the short term, subject to local assessment and workforce models, whilst retaining the capacity to respond to any further peaks.
- New service or specialty based triage and streaming processes in both unscheduled and planned care to support separation of flows, including any testing implications.
- Continued implementation of the Acute Pathway for COVID 19 and related rehabilitation pathways.
- Availability of sufficient physical and workforce capacity to maintain separate configurations and additional streaming processes.
- Revised activity planning and scheduling assumptions that reflect the need to maintain social distancing and infection prevention and control measures.

Much of this can be determined locally by individual organisations, including the need for regional solutions. In addition organisations will want to be cognisant of advice and guidance from professional bodies, and ensure that this is kept under review.

"Essential" services

Essential services are those which should be maintained at all times throughout the pandemic, and any future peaks. We have developed an Essential Services technical document at **Appendix A** in line with WHO guidance on high priority categories including mental health**.** This is supported by a range of published guidance from Wales and the UK including Royal Colleges and NICE.

Urgent and emergency cancer treatment is a key aspect of Essential Services and specific guidance has already been issued through the Wales Cancer Network. Organisations have been asked to provide updates on progress in implementing this guidance by 12th May.

Delivery of essential services will by definition need to be based on clinical prioritisation rather than just a time based approach. The risk associated with COVID 19 will be an additional consideration in clinical decision making about individual patients and their treatment and in ensuring informed consent. Effective clinical engagement and leadership in planning and scheduling services therefore remains critical in developing and delivering Q1 plans.

In some areas of essential services the response to COVID 19 may have led to backlogs that need to be urgently addressed, and the implications for diagnostic and therapeutic services need to be carefully considered in local plans.

Effective delivery of pathways for delivering essential services will need to protect patients from COVID 19 and may require interim development of regional approaches for acute, specialist and rehabilitation services. Organisations must identify any risks to local delivery of essential services and collaborate on regional solutions to deliver the best outcomes for patients and the safest environments for staff.

Each organisation must ensure that it is also tracking deferred procedures / appointments that are not deemed to be essential in line with WHO guidance to mitigate any potential harm to patients.

Essential services clinical guidance for NHS Wales will be 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

Critical care

Significant effort has been made to develop surge plans to flex critical care capacity, and these have already been activated to respond to the pressures of the first COVID 19 peak.

Locally and nationally we must continue to improve our critical care surge plans to ensure they are resilient in terms of physical space, infrastructure, equipment, workforce and medicines. We must retain the ability to activate surge plans quickly if we enter into another peak. In the meantime we must ensure focus on the wellbeing of our staff who have been working in challenging and pressurised environments and ensure they have the opportunity for rest and support.

COVID 19 patients and those receiving essential services will continue to be a priority for critical care services. Any routine services that may impact on critical care including services which increase demand for medicines used in critical care settings, should therefore be re-commenced with care taking into account the availability of core critical care capacity and maintaining safe occupancy levels. Ideally critical care occupancy should be at 70% of core capacity as a trigger to restart any routine work which may require critical care support during the next few months. This needs to be kept under close review with clinical teams and the Critical Care Network to reflect local circumstances. This will also require continuation of a zero tolerance approach to delayed transfers of care in critical care settings.

A significant boost to the effective and efficient operation of critical care services will be provided by bringing forward planned investment in digital systems to support critical care services across Wales

“Routine” services

Capacity exists in some parts of our system to support the re-introduction of routine services. This includes core capacity as well as the surge capacity that has been put in place for Quarter 1. We expect all health organisations to adopt a progressive approach towards the aim of restoring normal and routine activities, but the nature of this is a local operational decision for Health Boards and Trusts in conjunction with relevant partners. This will require arrangements to gear up and down in response to other pressures in the system such as an increase in emergency demand. A clear set of triggers needs to be in place to inform these decisions at a local and national level including any upstream intelligence for example in relation to the R values, local surveillance, care home data, as well as COVID activity data relating to health services including COVID admissions, critical care and general occupancy levels and mortality rates.

The re-introduction of normal and routine activities needs to be based on a number of considerations:

- New ways of working have been embedded as far as possible – for example in relation to remote and virtual service delivery.
- There is capacity to separate known COVID patients from other patient cohorts, supported by testing as appropriate.
- Safe occupancy levels of no more than 80% can be maintained.
- Availability of PPE and other key supplies including medicines and blood products can be maintained.
- Restrictions on throughput due to social distancing and infection prevention and control have been taken into account.
- The need to minimise impact on critical care services where they remain at high occupancy levels.

Decisions will be made about screening services coming back on line during Q1 based.

Surge capacity

We have created a significant amount of additional surge capacity in preparation for the anticipated peak in COVID 19 demand and this includes physical space as well as workforce. Fortunately the measures that have been put in place to minimise the peak have meant that we have not needed to utilise the surge capacity to date. However, as lockdown eases there is a possibility of further peaks and so as a minimum we should ensure that the first phases of surge capacity in each health board/ trust should be available and ready for activation within a 7 day period.

As noted above some parts of our surge capacity may also be utilised to deliver essential and routine services, and to maintain safe occupancy levels in line with local triggers.

The majority of our “field hospital” capacity in non NHS settings has been based on a provisional timescale of the first quarter. We will need to determine future plans by the end of Q1 including consideration of more regional solutions.

Nationally we must also continue to develop our central systems and processes to identify, allocate and distribute key items of equipment and supplies across the system.

Workforce wellbeing

In planning our services for the months ahead we need to maintain a clear focus on the wellbeing of our workforce in line with our commitment to the quadruple aim. In particular we must support those staff who have been under significant pressure in responding to COVID 19 to date – front line workers, support staff and management teams. We need to bear in mind that pressures may increase again in the next few months requiring our staff to repeat the extraordinary effort made over recent months. This means:

- Appropriate testing systems will need to be in place as determined by the Testing Strategy
- Appropriate rest and working patterns for staff, in particular enabling staff who have been unable to take time off due to service pressures to take annual leave and have time to recharge
- Provision of appropriate training, equipment and supplies – including PPE and key transferable skills
- Provision of wellbeing and psychological support NHS Wales Staff Wellbeing Covid -19 Resource
- Monitoring key workforce indictors including: absence and sickness levels and reasons; retention of the workforce including retirement and resignations
- Continuing to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area
- Continue to focus on particular needs of BAME members of the workforce as set out in Written Statement: COVID-19 and BAME Communities
- Continuing to update and regularly reissue Frequently Asked Questions developed 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

During the COVID -19 response, it is even more important that our staff feel able to raise concerns safely and that we capture the learning and lessons from their experiences. Local mechanisms are in place for any concerned member of staff to speak up, underpinned by guidance and support. We will also look for the national conversation on raising concerns to be progressed in social partnership to provide a clearer focus for this work.

We have had significant success in expanding our workforce as part of the COVID 19 response, through students, returning professionals, and new recruits. We need to continue to engage and support this COVID 19 workforce and ensure this additional capacity is factored into plans. Equally much of this additional workforce is temporary and although this may not affect q1, contingency plans need to be

considered in the context of more sustainable workforce planning for the future in line with the draft Workforce Strategy for Health and Social Care.

Organisations should re-introduce study leave and professional development activities where they can be delivered safely, to ensure that we continue to invest in the development of our workforce.

Although we have made a number of changes to delivery of undergraduate health professional programmes organisations should continue to support clinical placements for students so enable them achieve the learning outcomes needed to graduate.

Primary care

As with other settings there has been a remarkable response from primary care services and contractors. Effective models have been developed to support delivery of safe services in primary care settings in the context of COVID 19, with significant leadership and cooperation from independent contractor colleagues.

For General Medical Services we have seen a shift to telephone first triage; which must remain in place during Quarter 1 and is encouraged longer term. GPs and practice staff are now able to work remotely accessing GP Practice systems from their homes to run surgeries via telephone or using video consultation. The process has been further enhanced by providing access to the Digital Health & Care Record, enabling all recent diagnostic results and documents to be readily available.

The ability to stream COVID patients effectively through a “COVID hub” model will be activated as needed, based on the plans that have been put in place through clusters across Wales. In addition general practice will need to assess any patients who may be considered high-risk and may need to be included in the ‘shielding’ cohort to ensure they are accessing needed care and are receiving their medications.

As per the Caldicott principles, data should continue to be shared in the best interests of the patient; including information from Primary Care providers to other health and care settings, as well as information for specific processes (such as fostering and adoption medical assessments).

Our community pharmacy services have been under significant pressure and have introduced new ways of working to manage patient care safely and efficiently and to continue with essential services including dispensing services, emergency medication services, emergency contraception and advice, and treatment for common ailments. These will need to be maintained during Quarter 1. In addition community pharmacy will continue to play a key role in protecting supply to shielded patients.

In primary dental care service all routine dental care, treatments and check-ups continue to be cancelled. However, dental practices with NHS contracts remain ‘open’ for remote triage, the provision of advice and the issuing of prescription (analgesia & antimicrobials). Dentists can also provide face-to-face assessment in practice and non-Aerosol Generating Procedures (AGPs) urgent care if absolutely

necessary. Further guidance will be issued shortly about the future status and restoration of dental services.

In optometry services, a number of practices remain open for emergency and essential eye care services within each cluster. This enables Independent Prescribing qualified practitioners to manage more cases and reduce the need for secondary care intervention. Health boards will continue to ensure 'urgent' patients are seen, utilising primary care optometry to mitigate the loss of hospital based ophthalmology outpatient capacity.

Going forward to the recovery phase, the wider adoption of the Primary Care model for Wales will be the foundation for primary care operational models.

Social Care Interface

NHS organisations must continue to work with partners to ensure an effective interface with social care, in particular in relation to closed settings. This is in line with the approach set out in "A Healthier Wales". This includes

- Providing the capacity needed to implement the COVID 19 Hospital Discharge Process in relation to step down and step up beds https://gov.wales/hospital-discharge-service-requirements-covid-19This is essential in ensuring effective management of COVID 19 in closed care settings and in maintaining timely flow out of hospitals. This needs to be factored into capacity plans and the configuration of COVID and non COVID areas.
- Supporting training needs in relation to infection prevention and control
- Focusing on workforce wellbeing with access to resources and support
- Supporting workforce capacity where appropriate from the additional COVID workforce available to the NHS
- The sector will require additional support and guidance during the pandemic emergency period. A number of groups (including the Primary Medical Care Support to Care Homes Task Group) have been established as part of that support function

Communication

Clear and consistent messages for the public are essential to ensure that services are used appropriately during this period. National and local communication activities need to be aligned to ensure a focus on:

- Explanation of new ways of working which mean people will access services differently
- Assurances about social distancing measures and infection prevention and control in health care settings
- Importance of seeking advice and support in relation to Essential Services – with a particular focus on older people and vulnerable groups
- Options for self help and advice
- Clarification of Wales approach to avoid confusion with other parts of UK

draft

4. MONITORING ARRANGEMENTS

In mid-March we agreed to relax targets and monitoring arrangements across the health and care system to support organisations in their plans and preparations for COVID 19.

Although we do not plan a reinstatement of the previous performance management arrangements for NHS Wales at this time we will need to refocus on some key quality, access and workforce indicators as we progress through Q1, particularly in relation to essential services and the COVID 19 pathway.

We will also need to monitor other key aspects of Q1 plans to inform critical decisions that need to be made in Q2. These include use of field hospitals, use of independent sector hospitals and deployment of the additional temporary workforce.

In the absence of the usual Quality and Delivery mechanisms and JETs we will be planning review meetings in early June with each organisation to reflect on Q1 plans and to help inform the operating framework for Q2 including guidance on winter preparedness – further details and guidance on performance management to follow.

5. FINANCE

The urgency needed for the initial service response meant that normal financial governance has not been able to be in place as decisions have, by necessity, had to be driven by the assessment of demand and the immediate service plans in response. Many decisions have been taken to commit significant resources without the normal certainty of funding. The required financial governance has had to follow and a more system level review is now in place to look at variability and best practice.

NHS organisations have undertaken their first assessment of the potential full-year costs for 2020-21 of responding to the pandemic, including putting in place the additional field hospital capacity. This exercise has highlighted some significant variations in approach and cost locally which will inevitably be challenged once the emergency is over.

There will be a requirement to update these forecasts on a monthly basis and submit with the monthly monitoring returns. Whilst it may be difficult at this stage to make a firm assessment of the impact later in the year, it is expected that the forecast for quarter 1 is robust, taking account of the guidance set out in this operating framework. Some of the normal monthly financial monitoring requirements have been relaxed to enable finance staff to concentrate on these cost returns as well as closing down the 2019-20 financial year.

Welsh Government and the Finance Delivery Unit have been working with the support of external consultants to review the set-up costs and committed running costs of the field hospitals, and it is intended funding for these will be confirmed during May. In addition, through a budget re-prioritisation process within Welsh Government, funding is being secured for core additional elements of the NHS response, including the costs of student and returning staff, provision of PPE,

support for early discharge arrangements, and the costs of the testing programme. Funding will be allocated for these specific areas of support as costs are confirmed.

As the full cost impact become clearer, Welsh Government and the Finance Delivery Unit will work with NHS organisations to agree the impact on individual organisations financial plans. This will take account of the additional costs incurred, previous savings expectations that are unlikely to be delivered, offset by redirecting existing resources from activities that have been paused or stopped.

At this stage, there is no certainty of funding beyond the specific areas referred to above, but this ongoing exercise should enable a shared understanding of the financial positions being presented to boards and will support the ongoing action within Welsh Government to identify funding to meet the net costs to the NHS of the response to the pandemic.

6. KEY ACTIONS

To support implementation of the framework the following actions are required:

NHS organisations to develop local operational plans for Q1 that include:

- A specific focus on Essential Services, any risks and regional solutions
- A summary of new ways of working and plans for evaluation
- Clear roles and activity plans for independent sector facilities and field hospitals
- Progressive implementation of routine activity
- A reflection of local discussions with partners about social care resilience
- Workforce plans including use of additional temporary workforce.
- Financial implications
- Risks to delivery

Draft local COVID 19 Operational Plans for Q1 are requested by 18th May recognising that they will need to be formally agreed through Board and Committee structures and in line with the agree governance principles.

By 18th May Welsh Government and partners to:

- Complete a rapid review and dissemination of new ways of working (WG)
- Accelerate the Digital Priorities Investment Fund to support new ways of working (WG)
- Bring forward planned investment in digital systems to support critical care services across Wales (WG)
- Review position on cancer services and requirement for regional solutions (WG/WCN)
- Continue to support surge capacity in non NHS settings for Q1, with a review of field hospitals and independent sector hospitals in June informed by updated modelling (WG)

- Develop 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)
- Continue to develop the resilience and robustness of critical care surge plans (Critical Care Network)
- Support Care Homes through implementation of the COVID 19 Hospital Discharge Process (WG)
- Develop 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)

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

draft

HEIW COVID-19 OPERATIONAL PLAN 2020 Quarter 1

Version 4 **18 May 2020**

1. Introduction

1.1 This draft local COVID-19 Operational Plan for the remainder of Q1 has been produced in response to the Minister for Health & Social Services' statement (6 May 2020) and 'NHS Wales COVID-19 Operating Framework – Quarter 1 (2020/21)' issued under cover of Andrew Goodall's letter of the same date.

1.2 Health Education and Improvement Wales (HEIW) is a Special Health Authority established to carry out a range of functions and provide system leadership in the areas of education, training and workforce. As a national body, we are well positioned to proactively support our NHS Wales colleagues and have stood down a significant amount of our activity for the year in order to focus on the COVID-19 crisis response. We successfully moved the organisation to 100% home working during phase 1 of the COVID-19 response period.

1.3 In line with the Welsh Government actions and other NHS organisations, in March we invoked our business continuity plan and established crisis management arrangements. This included a Crisis Management Team, encompassing key individuals from business areas and corporate functions to manage the impact of COVID-19 across a range of themes relating to our remit and to develop and monitor our response. We have ensured throughout the continued engagement with external stakeholders such as regulators, trade unions, Royal colleges and equivalent National bodies and have maintained to a large extent normal governance arrangements e.g. through consistent dialogue and reporting mechanisms to both our Board and Welsh Government.

1.4 As we move into phase 2 of the COVID-19 response, NHS Wales organisations have been requested by Welsh Government to develop local operational plans based on delivery of essential services, new ways of working, social care resilience and workforce plans including use of additional temporary workforce, financial implications and risks. For HEIW, the structure of this operational plan will be slightly different as some of these areas don't directly read across to our functions and remit. We have therefore focussed on (i) our COVID-19 phase 1 response which describes the contribution we have made to date; (ii) outlining our potential offer in each area; and (iii) our key priorities for the next 6 weeks, i.e. the remainder of Q1. Our plan also covers our monitoring and reporting arrangements, the financial implications for us and risks to delivery.

1.5 It is as important as ever that we continue to engage with and work in partnership with our stakeholders but recognising that they continue to deal with the challenges of this pandemic. Communicating our plan and priorities for this next period to our partners and staff will be essential. Whilst outside the scope of this operating plan period, as we begin to think about the transition into quarter 2 and the rhythm of this abnormal year, we need to ensure that as well as planning for the restart of education and training we also look at the key strategic enablers available to us. One of these, which we believe will aid the recovery and future sustainability, is the draft Workforce Strategy for Health and Care, submitted to Welsh Government in December 2020. The COVID-19 crisis has emphasised the need for action in relation to key workforce issues and added further weight to the substantial evidence of the Parliamentary Review, 'A Healthier Wales' and that gained during the production of the strategy. A

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further key piece of work for us as we go into Q2 will therefore be to review and refresh the national Workforce Strategy in partnership with Social Care Wales.

2. What we have achieved: COVID-19 Response to date

2.1 This section provides an overview of the approach and actions undertaken by HEIW across its range of functions to support the NHS in response to COVID-19 flu pandemic. The initial HEIW response has been substantial and timely and we are very proud that our staff have stepped up to the challenge, have been prepared to innovate and support, have responded positively to the changes to priorities and programmes and have adjusted incredibly well to working in a virtual organisation within a very short space of time.

2.2 Utilising our approved Business Continuity plan as a foundation, we created a Crisis Management Team, encompassing key individuals from across the organisation. The initial task of the Team was to pull together the HEIW response to the COVID-19 emergency, which was then translated into our formal response plan submitted to Welsh Government. We have reported to the Welsh Government on progress against our plan, and any new actions, on a weekly basis, as well as to our Executive Team and Board

2.3 This Team has met regularly since 6 March 2020 with its frequency dictated according to the need of the evolving situation. During the peak period of the crisis the team was meeting up to three times a week to monitor the HEIW response, review actions required, and to identify risks. From early May, the frequency of meetings was reduced to once per week and is now held on a fortnightly basis.

2.5 Our COVID-19 response has been led by the CEO and Deputy CEO. Since early April, our CEO has also been supporting Andrew Goodall as Chief Operating Officer/Deputy NHS Wales Chief Executive, dedicated to COVID-19. HEIW has been contributing to the national response via Joint leadership via the Deputy CEO of the Workforce Deployment and Wellbeing Planning and Response Group (Workforce Cell). This cell has commissioned two working groups, in which we are playing a lead role. A workforce capacity planning group is being led by our Deputy Chief Executive and we are playing a pivotal role in the wellbeing group which will be building on the resources developed above. In addition, we are members of the Field Hospital sub-group of the Acute Care Cell providing information to inform workforce planning and modelling as well as opportunities to offer education and training support, and are represented on the Acute Care and the Essential Services Cells.

2.6 As of 24 March, we have been working 100% virtually. This has been facilitated by the appropriate provision of equipment, resources and training. We have implemented a range of initiatives to ensure staff and teams do not feel isolated. This has included ‘cuppa conversations’.

2.6 We have maintained a robust range of communications to ensure external stakeholders and staff have access to the most appropriate information. We have developed dedicated COVID-19 pages on our external website https://heiw.nhs.wales/covid-19/ which provide access to all guidance issued to and associated with:

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- Medical, Dental and Pharmacy trainees and students
- Nursing, midwifery and Allied Health Professional students
- Medical, Dental and Pharmacy trainers, educators and employers
- Nursing, midwifery and Allied Health Professional trainers, educators and employers
- A page on how we are supporting the increasing and diversifying workforce through education and training, and how to access this.

2.7 The communications and engagement team have also proactively promoted messages and guidance via social media, as well as fielding media questions, social media queries and via email from pharmacy, dental, medical, nursing and AHP students / trainees.

2.8 We have issued CEO bulletins on education and training, plus our work to increase and upskill the NHS Wales workforce, to our stakeholders as well as a weekly brief to Board members.

2.9 There are many highlights from the work that has been undertaken but some key examples would be:

- Development of new online resources to support education and training of clinical staff required to work in new settings
- Development of a suite of electronic playlists to enable access to Health and Wellbeing and Compassionate Leadership resources.
- Development of Clinical and Acute training programmes facilitated by Welsh Universities' to upskill staff previously not accustomed to those settings.
- Development of appropriate documentation and processes to recruit to a temporary workforce including job descriptions, advertising, application and onboarding and induction processes which is available should it be required.
- Developed Quality Management & Assurance Process for field hospitals ensuring that they can be considered training sites.
- Through our leadership of the Workforce Planning & Modelling subgroup, with support of NHS colleagues, 9 workforce principles have been agreed to be utilised during the Coronavirus pandemic. The principles identify that the workforce will be required to work differently, in new ways and settings and using different approaches including digital resources.

2.10 We have collected a variety of data against the range of actions and initiatives HEIW has instigated in support of the COVID-19 response. This has enabled the production of a high level infographic to be shared with stakeholders on the impact, support and availability of resources made available by HEIW during Phase 1 of the pandemic.

3. New ways of working

3.1 In line with Government guidelines and to safeguard the health of staff, as of 24 March 2020, our main office, Ty Dysgu, has been closed. We have migrated to 100% home working extremely well, which is to the credit of our staff.

3.2 HEIW has implemented new ways of working to address the COVID-19 response and is now considering how it can embed these for the future. For example, we proactively upskilled staff to enable them to use their IT equipment and programmes such as Microsoft Teams to be able to work effectively from home. We accelerated

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roll out of tools for video consultation and remote working and we are considering how this can be further extended. The new homeworking arrangements have introduced significant benefits in terms of safety and quality to staff and staff are responding well to the continued requirement. Alongside looking at how we might normalise an element of homeworking in the future. Contingency plans are being developed to enable us to comply with social distancing measures and essential travel guidance to reopen our offices safely for staff when we are able to do so.

3.3 We have also supported the NHS more broadly to adopt new ways of working, through digitally enabled solutions. One of the key examples of this has been the digital leadership portal, which we have re-purposed in part to support the wellbeing resources for staff in health and latterly social care. This has included the creation of digital playlists and easy access to an extensive range of wellbeing resources – many of which would have been held separately previously. We have also been working on a refreshed 'virtual classroom' model which is being piloted in some health boards and has attracted significant interest from across NHS Wales. In addition to these examples we have done a lot with individual professions including converted 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.

3.4 During the remainder of Q1 we will be identifying lessons learned and looking to embed these new ways of working so that they become sustainable approaches for the future. It is our intention to evaluate the innovative approaches introduced and to share these case studies with others to support best practice and lessons learned.

4. Managing COVID-19

4.1 We have noted the expectations in the Welsh Government's operating framework in respect of managing COVID-19. We are not a patient facing service organisation and therefore much of the focus of this section of the framework does not relate to us. However, we are, and will remain, ready to work with colleagues across NHS organisations to support their COVID-19 response. We will continue to look for opportunities to contribute to workforce sustainability and innovation. Some examples of where we will be continuing to support colleagues as we move through Q1 are highlighted below.

- We recognise that for some patients, particularly those treated in intensive care, recovery is lengthy and rehabilitation such as physiotherapy will be required. One of the new areas we are actively engaged in is working with stakeholders to re-examine related rehabilitation pathways.

- We are also looking at 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,

- We are exploring the development of a national triage training programme, alongside developing and delivering training in response to a individual organisation's need.

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- We are looking at a competency framework(s) to support a request from one organisation regarding post-COVID acuity levels

- We have developed, in social partnership, a set of workforce planning principles that would guide surge and expanded capacity and will be looking to disseminate and provide guidance on implementation of those.

4.2 Within HEIW, our Executive Team and Senior Leadership Team have undertaken significant revised activity planning to reflect the need to deliver our strategic plan. Our Facilities and Compliance Officer has developed plans to revise the way we utilise our office building to maintain social distancing and to apply the PHW/NHS Infection Prevention and Control guidance within HEIW.

4.3 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.

5. "Essential" services

5.1 Whilst HEIW does not deliver essential clinical services, it does deliver essential workforce support and workforce education and training and it responded well in putting some business as usual activity and aspects of its new IMTP on hold in order to free up capacity to focus on its contribution to the COVID-19 response. Whilst social distancing measures and lockdown has impacted greatly on the organisation in terms of delivery of its planned activities for 2020-21, it has largely maintained its other key business activities throughout the pandemic and will continue to do so during any future peaks.

5.2 We are now in a position where we need to reconsider our business as usual activity during Q1, and to agree which activities can be started up again, most notably in the area of education and training, to identify lessons and what will become the new normal, and to reconsider the objectives outlined in the IMTP and consider innovative ways to support the NHS Workforce through this pandemic. During the remainder of Q1 we will continue to support NHS organisations in respect of cancer pathways and e.g. the endoscopy workforce, education and training requirements.

5.3 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.

5.4 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. Our Director of Nursing and Medical Director are considering the preparations that need to be made to effectively plan for the restarting of education and training, including the barriers that need to be removed as well as the learning that needs to be embedded from new ways of working. and A paper, capturing the requirements is being developed, and will be discussed at the HEIW Board at the end of May. As part of this work we are looking not only at the impact

of COVID to date in disrupting education and training but also at the potential impact of future peaks and continued restrictions on public movement and life. One area that will need careful consideration will be the availability of, and arrangements for clinical placements – core parts of health professional training programmes.

5.5 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. One of our priorities for the remainder of Q1 is therefore to work with partners across the system to ensure this is understood, to input to discussions and plans and to actively consider what the reintroduction of services means from a workforce education and training perspective. 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.

6. Critical care

6.1 Significant effort has been made to develop surge plans to flex critical care capacity, and these were activated in response to the pressures of the first COVID-19 peak. We provided advice and guidance on multi-professional medical and pharmacy education and training (redeployment of existing staff i.e. junior doctors, dentists and pharmacists in training and medical students). We identified where additional critical input was needed and identified opportunities for redeployment of existing NHS staff and how Welsh students training in Wales could be redeployed. We also sourced 'return to practice' training for NHS Staff being redeployed into different roles and those staff returning to the NHS. Where it was feasible to do so, we also released clinical HEIW staff to reduce their HEIW sessions and increase their clinical sessions, some of these have been supporting the critical care workforce response. As Q1 progresses, we will continue to do what we can to support the development of critical care surge plans to ensure they are resilient in terms of workforce and that we are able to support colleagues to reactivate plans quickly if there is another peak.

6.2 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 in applying the appropriate skills.

6.3 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 where discussions are underway with the BMA and WG to ensure that employers enable trainees to take their annual leave (see also section 9 below).

7. "Routine" services

7.1 We have noted the guidance and considerations in the WG 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. HEIW’s intention is to begin to reintroduce some of its routine activities from Q1 where this does not impact adversely on the workload of Health Boards and Trusts and other relevant partners. As we transition to Q2 we would hope to be able to restart a wider range of the activities set out in our IMTP for this year, but this will be dependent upon capacity and the need to step back up COVID response activity. Decisions will be managed by our Executive Team in conjunction with our Senior Leadership Team and will be dependent upon guidance from Welsh Government and intelligence in relation to COVID-19 data.

7.2 Whilst we reflect upon the re-introduction of our routine activities we will consider how to embed some of the new ways of working e.g. homeworking introduced during the crisis. The reopening of our offices will depend upon our ability to facilitate a safe working environment. We are aware that this will place restrictions on capacity due to social distancing and infection prevention and control.

7.3 As indicated in 5.3 and 5.4, 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. This will require alignment with HEIW plans on the reintroduction of appropriate education and training in conjunction with a ‘new normal’ approach during phase 2 of the crisis. During the remainder of Q1 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. Should routine services remain paused or stepped down for a significant period beyond August then this will inevitably have an adverse impact on availability of clinical placements and experience. Whilst there may be ways to mitigate this it is something that needs to be carefully worked through in partnership between HEIW, universities/college and NHS organisations – as well as the regulators and Welsh Government potentially.

8. Surge capacity

8.1 Significant additional workforce capacity was created in preparation for the anticipated peak in COVID-19 demand and fortunately, some of these staff were not needed. As the lockdown eases, we are advised it is likely that a further peak will occur, and this workforce will need to be available for work within 7 days.

8.2 During phase 1, HEIW 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 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.

8.3 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 will therefore need to look at alternative models for expanding their workforce should this be required in the future. The pop-up campaign model could be used for different groups of staff, which HEIW would be happy to support. We are working closely with the Workforce & OD Directors and their teams through multiple routes to ensure that we are well positioned to offer support.

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8.4 One of the challenges of phase 1 has been 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. At the time of drafting this plan we remain unsighted on the numbers of individuals deployed into HBs and Trusts from returners, registrants, students and direct hire. This has been escalated to WG; we continue to work with partners to try and resolve. 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 pursing in partnership with WG and others during the next phase.

9. Workforce wellbeing

9.1 We know that front-line NHS staff have been under significant pressure in responding to the crisis to date and are exhausted because they have been working flat out and need time to recover. Future peaks in the next few months will require them to repeat the extraordinary effort they have made over recent months. HEIW is acutely aware of the need to support the health and wellbeing of these staff, particularly given that many are at risk of high rates of post-traumatic stress disorder if they don't get the right support as the coronavirus outbreak subsides.

9.2 HEIW has provided 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 the remainder of Q1 and Q2, in line with need but also in line with our IMTP for this year and as the golden thread of the draft Workforce Strategy for Health and Care.

9.3 We have continued to progress our compassionate leadership agenda throughout the crisis albeit at a slower rate, as set out earlier in this plan. During Q1 we will reactivate more of the activities set out in our IMTP where we can and where this supports rather than detracts from the COVID response and recovery plans.

9.4 In partnership with regulators and others, we have supported a number of changes to delivery of undergraduate health professional programmes. As we move into phase 2 and begin to transition education and training back online, one of our key priorities will be to encourage organisations to continue to support clinical placements for students to enable them to achieve the learning outcomes they need to graduate.

9.5 HEIW will re-introduce study leave and professional development activities where they can be delivered safely, to ensure that we continue to invest in the development of our workforce.

9.6 Within HEIW we are encouraged at how our staff have responded to the challenge and how well mechanisms have been put in place to maintain both HEIW staff health and wellbeing and which can also be of benefit across the rest of NHS Wales. These include initiatives such as: ‘cuppa conversations’ and access to Health and Wellbeing

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on-line resources. We continue to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area. 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.

10. Primary care

10.1 We are keeping abreast of developments in primary care and the national picture of the implementation plan for Wales. The situation is very fast-moving, and plans are evolving at pace, which makes identifying the contribution we can potentially make more difficult. However, since our establishment we have seen primary care as a priority for HEIW. To that end we have supported the primary care model for Wales, and contributed to the development of the workforce model, education and training pre-COVID. Primary Care runs through several the key objectives in our IMTP and as we look to restart our activities, we will continue to see this as a priority. We have seen and are seeing the emergence of new models of delivery, of embracing technology, of service configuration as well as challenges around workforce sustainability. These changes in this unprecedented time will inevitably have an impact on the way that we train and educate primary care staff in the future, and this needs to be built into our thinking as we plan for the 'new normal' with counterparts across the four UK nations as well as within Wales.

10.2 The number of retired/ex-GPs that have come forward in response to the call to support the COVID-19 response has been significant although we understand that many have not taken up roles to date. We believe there could be an opportunity to hold onto some of these returners, in other professions too, to support training and education if not service delivery. This is something we will look to explore with partners towards the end of Q1.

10.3 From a practical perspective, we released a significant amount of capacity back into primary care as a result of freeing up our GP appraiser workforce. We would anticipate this capacity remaining available during the rest of Q1.

11. Social Care Interface

11.1 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 encouraged our main partner Social care Wales to sit on the wellbeing sub-group of the Workforce Cell which we co-chair and have ensured that access is available to the national wellbeing resources that HEIW has developed and harnessed on its platform.

11.2 At the end of Q1 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.

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11.3 Based on emerging thinking from England, and national discussions, we are examining the opportunities to support workforce capacity. This will be progressed during the remainder of Q1.

12. Communication

12.1 Excellent communication and engagement have been a priority for HEIW since our inception. We have played and will continue to play a supporting role in reinforcing core messages from the Welsh Government and partners in relation to the COVID response. In addition, we will also ensure that national and local communication activities are aligned and focus on explaining our new ways of working which mean stakeholders will access services differently. We will give assurances about social distancing measures and infection prevention and control in our offices. We will communicate options for self help and advice and clarify the approach in Wales in order to avoid confusion with other parts of UK. In relation to our own staff and partners during the remainder of Q1 we will keep a strong focus on the importance of communication and will be maintaining our regular staff. stakeholder and Board briefings. See section 13 below.

13. COVID-19 Operational Plan - Q1 Key Actions

13.1 We have covered several of our key actions for Q1 earlier in this plan and tried to demonstrate our potential contribution against each of the headings contained in the Operational Framework document. We have undertaken a major review of our IMTP in the past 2 weeks, to ascertain whether now is the time to restart, continue, or pause our objectives. We have also looked at our ongoing contribution to supporting the COVID response, drawing on our COVID response action plan and our delivery to date. Our intention is to discuss the outcome of the IMTP review, and the prioritisation for the remainder of 2020-21, at the May Board meeting.

13.2 We are clear that for the remainder of Q1 our focus needs to be on:

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

13.2 In summary,

***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
- maintaining a focus on emergency planning and crisis response
- enabling staff and HEIW to operate effectively as a virtual home-based organisation.

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***Education & 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 & 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 & engagement in Q1 means**:*

- Maintaining regular staff, stakeholder and Board updates
- Restarting staff open fora, piloting Microsoft Teams
- Horizon scanning, sharing & 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.

13.3 We are finalising a draft action plan identifying the key activity in relation to each of the five themes and would be happy to supply further detail if required.

14. Other: Sustainable senior team – actions during Q1

We have some upcoming changes to our executive and senior teams that have been impacted by COVID-19. During the remainder of Q1 we will be looking to restart paused recruitment as well as to secure interim arrangements where appropriate. The most significant of those is our Director of Nursing as the present postholder will

be retiring at the end of May. We have delayed recruitment to a permanent successor due to COVID and are currently trying to secure interim cover. The paused recruitment for the Director of Planning (non-executive) will be restarted in Q1, with interviews scheduled for early June. We anticipate we will have the capacity to begin the preparation for recruitment to our Director of Digital (non-executive) before the end of Q1.

15. Monitoring and Reporting

15.1 During March we reviewed our IMTP for 2020-23 and paused all non-essential work programmes for Q1. Where relevant we refocused work programmes to support the COVID-19 response. We have also reduced our work across our core functions in order to create capacity and to redirect resources to supporting the response.

15.2 In mid-March, Welsh Government agreed to relax monitoring arrangements to support our plans and preparations for COVID-19. We understand that whilst there are no plans to reinstate performance management arrangements at this time, there will be a requirement to focus in Q1 on some key quality, access and workforce indicators. We are happy to explore what that means for HEIW and await further discussions in place of the usual JET and Quality & Delivery mechanisms, as set out in the Operating Framework. Once we are clearer about expectations we will ensure that we build these into our monitoring and reporting arrangements going forward.

16. Finance

16.1 A resource plan for 2020-21 has been prepared by our Director of Finance and will be considered at May Board in line with normal governance requirements. The resource plan is based on the activity set out in our approvable IMTP. As a result of the impact of COVID and changes made to our IMTP timelines and deliverables there will be a need for a further review of budget allocations and requirements. This work is being led by the HEIW Director of Finance and Finance Team and will include any COVID related costs incurred.

17. Risks to Delivery

17.1 We have been maintaining a COVID-19 risk log throughout the crisis which has been regularly reviewed and updated by members of our Crisis Management Team as well as by the Executive Directors.

17.2 Ownership of the all operational risks captured through the crisis period have now been assigned to individual Directorates. The following seven significant strategic risks from the COVID-19 risk log have been escalated for inclusion in the corporate risk register.

- If mitigating action is not put in place to manage the impact of current changes to education and training programmes there will be an adverse impact on progression and outcomes for students and trainees, which will also impact on NHS workforce in the medium term.

- If there is a delay in recruiting to PGME rotations this may create a workforce problem for the NHS in the medium term.
- If current pressures affect the major change programmes relating to GP Trainee and Pharmacy Pre reg programme there is a risk to delivery, and impact on future workforce increases in the medium term.
- If HEIW does not re-assess its IMTP in the context of COVID-19 it will not be able to re-allocate resources to provide the necessary support to the NHS workforce during the crisis and fail to manage expectations in respect of the IMTP objectives.
- If HEIW does not look after the wellbeing of its staff during the crisis then this may have an adverse impact on staff and result in increased attrition rates.
- If HEIW does not adapt new ways of working in light of the challenge of COVID-19 it will not be able to undertake its duties effectively.
- If the pharmacy preregistration cohort and GP trainees are not able to progress at the end of their programmes due to exit exams being cancelled, there could be financial consequences for HEIW.

17.3 These risks will be reviewed in light of the transition to phase 2 to ensure they remain valid and mitigating actions are in place. Locally owned risks will be updated to recognise the transition to phase 2, the reintroduction of IMTP activity and those that are resolved will be closed where appropriate.

[Note: this document has been prepared in draft for submission to Welsh Government on Monday 18 May 2020 in accordance Welsh Government requirements. It will be considered by the HEIW Board at its next meeting on 28th May 2020].

ENDS

draft

Dyddiad y Cyfarfod	**28 Mai 2020**	**Eitem ar yr Agenda**	**2.3.2**
Teitl yr Adroddiad	**Ymateb AaGIC i oblygiadau COVID-19**		
Awdur yr Adroddiad	Chris Payne, Dirprwy Gyfarwyddwr Cynllunio a Pherfformiad		
Noddwr yr Adroddiad	Julie Rogers		
Cyflwynwyd gan	Julie Rogers, Dirprwy Brif Swyddog Gweithredol/Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol AaGIC		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Darparu trosolwg o ymateb AaGIC i COVID-19 hyd ddiwedd cam 1,		
Materion allweddol	Rydym wedi delio â'n hymateb i COVID-19 yn unol â'n trefniadau cynllunio at argyfwng, ac mae wedi cael ei fonitro drwy ein Tîm Rheoli Argyfwng. Rydym wedi ymgysylltu'n weithredol â rhanddeiliaid allweddol a'r trefniadau cynllunio at argyfwng ym maes iechyd a gwasanaethau cymdeithasol a sefydlwyd gan Lywodraeth Cymru. Rydym wedi nodi, monitro a rheoli risgiau newydd sydd wedi codi yn sgil COVID-19 a'i effaith. Wrth i ni symud o gam 1, 'argyfwng', i gam 2, rydym wedi myfyrio ar ein blaenoriaethau ar gyfer gweddill Ch1 [yn unol â disgwyliadau Llywodraeth Cymru] ac wedi newid amseru rhaglen wreiddiol ein Cynllun Tymor Canolig Integredig ar gyfer y flwyddyn. Mae rhagor o fanylion ym mhapurau'r Bwrdd sydd ar wahân. Yn ogystal â hynny, rydym wedi dechrau paratoi ar gyfer ailddechrau addysg a hyfforddiant, a rhoi 'normal newydd' ar waith. Eto mae rhagor o fanylion ar gael mewn papur Bwrdd ar wahân.		
Cam Penodol i'w Gymryd ***(un ✓yn unig)***	**Gwybodaeth** ✓	**Trafod**	**Sicrhau**	**Cymeradwyo**

Argymhellion	Gofynnir i aelodau nodi: • Sylwch y cynnydd sylweddol a wnaed gan AaGIC a'i ymateb ar draws ei swyddogaethau hyd ddiwedd cam 1. • Sylwch y ffeithlun lefel uchel i alluogi dosbarthiad ehangach.

1. CYFLWYNIAD

Mae'r papur hwn yn darparu trosolwg cyfunol o ddull a chamau gweithredu AaGIC ar draws ei amrywiaeth o swyddogaethau i gefnogi'r ymateb i COVID-19 hyd ddiwedd cam 1. Mae'n ategu'r wybodaeth sydd wedi cael ei darparu drwy gyfarfodydd briffio rheolaidd y Bwrdd ers mis Mawrth 2020 ac yn y Sesiwn ar Ddatblygu'r Bwrdd ym mis Ebrill.

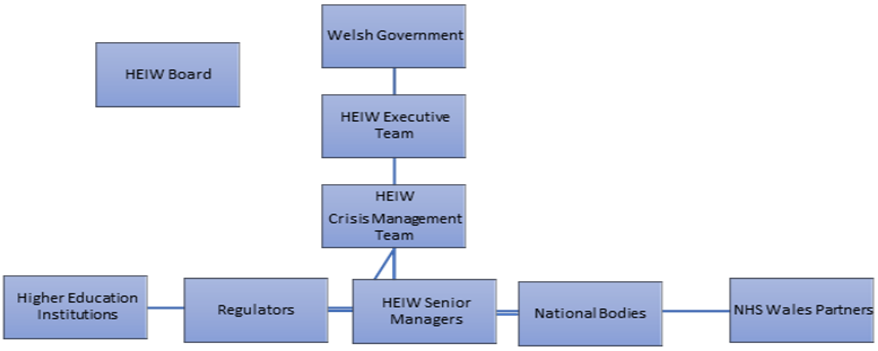
Fel y dangosir drwy'r papur hwn a'r cyfarfodydd briffio rheolaidd, rydym yn credu bod ymateb AaGIC wedi bod yn sylweddol ac yn amserol. Rydym yn falch bod ein staff wedi derbyn yr her, wedi bod yn barod i arloesi a chefnogi, wedi ymateb yn gadarnhaol i'r newidiadau i flaenoriaethau a rhaglenni, ac wedi addasu'n arbennig o dda i weithio o bell mewn cyn lleied o amser.

2. CEFNDIR

Gan ddefnyddio ein cynllun Parhad Busnes cymeradwy fel sail, rydym wedi creu Tîm Rheoli Argyfwng sy'n cynnwys unigolion allweddol o bob rhan o'r sefydliad. Tasg gyntaf y Tîm oedd crynhoi ymateb AaGIC i argyfwng COVID-19, a gafodd ei drosi wedyn yn gynllun ymateb ffurfiol a gyflwynwyd i Lywodraeth Cymru. Rydym yn cyflwyno adroddiad i Lywodraeth Cymru bob wythnos ar ein cynnydd yn erbyn ein cynllun ac ar unrhyw gamau gweithredu newydd.

Mae'r Tîm wedi bod yn cyfarfod yn rheolaidd ers 6 Mawrth 2020. Caiff amlder y cyfarfodydd ei arwain gan y sefyllfa fel y mae'n datblygu. Mae amlder y cyfarfodydd wedi cael ei leihau i ddwywaith yr wythnos ers dechrau mis Mai. Yn ystod y chwe wythnos gyntaf pan oedd yr argyfwng ar ei waethaf, roedd y Tîm yn cyfarfod hyd at dair gwaith yr wythnos i fonitro ymateb AaGIC, i adolygu'r camau gweithredu gofynnol, ac i nodi'r risgiau.

I gefnogi ein camau gweithredu rydym yn ymgysylltu'n weithredol â rhanddeiliaid allanol fel rheoleiddwyr, undebau llafur, colegau Brenhinol a chyrff Cenedlaethol cyfatebol, ac yn cynnal systemau deialog ac adrodd cyson gyda'n Bwrdd a Llywodraeth Cymru.



3. LLYWODRAETHU, CAMAU GWEITHREDU A RISGIAU

3.1 Llywodraethu

Ein Prif Weithredwr a'n Dirprwy Brif Weithredwr sydd wedi arwain ein hymateb i COVID-19. Fel y mae'r Bwrdd yn gwybod, ar ddiwedd mis Mawrth, gofynnwyd i'r Prif Weithredwr gefnogi

Andrew Goodall fel Prif Swyddog Gweithredu/Dirprwy Brif Weithredwr GIG Cymru, a hynny'n bwrpasol ar gyfer COVID-19. O ganlyniad, cafodd y cyfrifoldeb gweithredol dros weithgareddau AaGIC o ddydd i ddydd ei basio i'r Dirprwy Brif Weithredwr.

Mae AaGIC wedi bod yn cyfrannu'n ychwanegol at yr ymateb cenedlaethol drwy Arweinyddiaeth ar y Cyd, a hynny drwy gyfrwng Dirprwy Brif Weithredwr y Grŵp Cynllunio ac Ymateb ar gyfer Lleoli'r Gweithlu a'i Les (Cell y Gweithlu). Mae'r gell hon wedi comisiynu dau weithgor ac rydym yn chwarae rôl arweiniol ynddynt. Mae grŵp cynllunio capasiti'r gweithlu yn cael ei arwain gan ein Dirprwy Brif Weithredwr ac rydym yn chwarae rôl hollbwysig yn y grŵp lles, a fydd yn adeiladu ar yr adnoddau sy'n cael eu datblygu uchod. Yn ogystal â hynny, rydym yn aelod o is-grŵp Ysbytai Maes y Gell Gofal Acíwt, gan ddarparu gwybodaeth i ddylanwadu ar waith cynllunio a modelu gweithluoedd, ynghyd â chyfleoedd i gynnig cymorth addysg a hyfforddiant.

I gyd-fynd â chanllawiau'r Llywodraeth ac i ddiogelu iechyd y staff, mae Tŷ Dysgu wedi bod ar gau ers 24 Mawrth. Ers hynny rydym wedi hwyluso nifer o gyfleoedd i staff gasglu cyfarpar swyddfa fel cadeiriau a sgriniau ychwanegol, er mwyn gwella eu gallu i weithio o gartref. Roddem yn ffodus i allu uwchsgilio staff yn rhagweithiol er mwyn eu galluogi i weithio o gartref yn effeithiol gan ddefnyddio cyfarpar sydd ar gael i staff. Yn sefydliadol, mae wedi bod yn galonogol gweld sut mae'r staff wedi ymateb i'r her ac i'r systemau sydd wedi cael eu rhoi ar waith i gynnal iechyd a lles y staff, sydd yn eu tro'n gallu bod o fudd i system GIG Cymru. Mae'r rhain yn cynnwys mentrau fel: 'cuppa conversations' a mynediad at adnoddau Iechyd a Lles.

Rydym yn monitro effaith COVID-19 ar ein gweithlu bob wythnos, ac yn ddiweddar fe wnaethom ailgynnal arolwg pyls i staff er mwyn ailasesu teimladau'r staff a'u gofynion yn ystod yr argyfwng, i ddeall a allwn ni wneud mwy. Rydym yn parhau i gyhoeddi bwletinau wythnosol i staff sy'n crynhoi'r gwaith sy'n mynd rhagddo, yn ogystal â'r wybodaeth sydd wedi cael ei lledaenu yn ystod yr wythnos honno.

Rydym wedi cynnal amrywiaeth gadarn o ddulliau cyfathrebu i wneud yn siŵr bod rhanddeiliaid allanol a'r staff yn gallu cael gafael ar y wybodaeth fwyaf priodol. Mae gennym dudalennau penodol i COVID-19 ar ein gwefan allanol – https://aagic.gig.cymru/covid-19/ – sy'n darparu mynediad at yr holl ganllawiau a gyhoeddwyd i'r canlynol ac sy'n gysylltiedig â nhw:

- Cyngor i hyfforddeion a myfyrwyr meddygol, deintyddol a fferylliaeth
- Cyngor i fyfyrwyr nyrsio, bydwreigiaeth a phroffesiynau perthynol i iechyd
- Cyngor i hyfforddwyr, addysgwyr a chyflogwyr meddygol, deintyddol a fferylliaeth
- Cyngor i hyfforddwyr, addysgwyr a chyflogwyr nyrsio, bydwreigiaeth a phroffesiynau perthynol i iechyd
- Tudalen ar sut rydym yn cefnogi'r gweithlu sy'n tyfu ac yn amrywio drwy addysg a hyfforddiant, a sut mae cael gafael ar yr addysg a'r hyfforddiant hyn.

Mae'r tîm cyfathrebu ac ymgysylltu hefyd wedi hyrwyddo negeseuon a chanllawiau ar gyfryngau cymdeithasol, yn ogystal ag ateb ymholiadau gan fyfyrwyr / hyfforddeion fferyllol, deintyddol, meddygol, nyrsio a phroffesiynau perthynol i iechyd ar ran cyfarwyddiaethau AaGIC ar gyfryngau cymdeithasol a dros e-bost.

Rydym wedi cyhoeddi bwletinau gan y Prif Weithredwr am addysg a hyfforddiant, ac am ein gwaith i gynyddu ac uwchsgilio gweithlu GIG Cymru i'n rhanddeiliaid, yn ogystal â bwletinau briffio rheolaidd i aelodau o'r Bwrdd.

Yn ystod mis Mawrth fe wnaethom adolygu ein Cynllun Tymor Canolig Integredig ar gyfer 2020/21-2022/23, ac oedi'r holl raglenni gwaith nad ydynt yn hanfodol ar gyfer Ch1. Lle bo'n berthnasol, rydym wedi newid ffocws rhaglenni gwaith i gefnogi'r ymateb i COVID-19. Rydym hefyd wedi lleihau ein gwaith ar draws ein swyddogaethau craidd er mwyn ein galluogi i ailgyfeirio adnoddau a chapasiti i gefnogi blaenoriaethau newydd.

Mae dull diwygiedig ar gyfer cyfarfodydd y Bwrdd a Phwyllgorau wedi cael ei gefnogi, a chafodd ei gymeradwyo yng nghyfarfod y Bwrdd ar 26 Mawrth. Ymysg y newidiadau hyn mae defnyddio cyfrwng electronig i hwyluso cyfarfodydd y Bwrdd a Phwyllgorau yn ystod mis Ebrill a mis Mai 2020.

3.2 Camau Gweithredu

Rydym wedi cadw cofnod camau gweithredu 'byw' fel rhan o'r ymateb i COVID-19, sydd wedi'i grwpio ar sail y themâu canlynol:

- Trefniant a Staff AaGIC
- Addysg Feddygol, Ddeintyddol a Fferyllol Ôl-raddedig
- Myfyrwyr Nyrsio a Gweithwyr Iechyd Proffesiynol
- Myfyrwyr Meddygol, deintyddol a Fferylliaeth
- Addysgwyr a Hyfforddwyr
- Dychwelyd i Ymarfer
- Gweithlu Dros Dro
- Anghenion Gofal Critigol
- Cynllunio a Lleoli'r Gweithlu
- Iechyd a Lles Staff y GIG
- Arweinyddiaeth Dosturiol
- Cymorth ar ôl COVID-19
- Canllawiau i'r Gweithlu

Mae'r gweithgareddau a'r camau gweithredu allweddol wedi cael eu hadrodd yn y dogfennau briffio rheolaidd sy'n cael eu paratoi ar gyfer y Bwrdd. Mae llawer uchafbwynt o'r gwaith sydd wedi cael ei wneud, ond ymysg y prif enghreifftiau mae:

- Datblygu adnoddau ar-lein newydd i gefnogi addysg a hyfforddiant i staff clinigol y mae angen iddynt weithio mewn lleoliadau newydd
- Datblygu cyfres o restrau chwarae electronig i alluogi mynediad at adnoddau Iechyd a Lles, ac Arweinyddiaeth Dosturiol.
- Datblygu rhaglenni hyfforddi Clinigol ac Acíwt wedi'u hwyluso gan Brifysgolion Cymru er mwyn uwchsgilio staff nad oeddent wedi arfer â'r lleoliadau hynny o'r blaen.
- Datblygu dogfennaeth a phrosesau priodol i recriwtio gweithlu dros dro gan gynnwys disgrifiadau swydd, hysbysebion, ceisiadau, a phroses gynefino sydd ar gael os bydd angen amdani.
- Datblygu Proses Rheoli a Sicrhau Ansawdd i ysbytai maes i wneud yn siŵr bod modd eu hystyried yn safleoedd hyfforddi.
- Drwy ein harweinyddiaeth o'r is-grŵp Cynllunio a Modelu'r Gweithlu, gyda chymorth cyd-weithwyr yn y GIG, cytunwyd ar naw egwyddor y gweithlu i'w defnyddio yn ystod pandemig y Coronafeirws. Mae'r egwyddorion yn nodi y bydd gofyn i'r gweithlu weithio'n wahanol, mewn ffyrdd a lleoliadau newydd, a defnyddio dulliau gwahanol gan gynnwys adnoddau digidol.

Rydym wedi cyflwyno adroddiad ar y cynnydd yn erbyn cynllun ymateb AaGIC i Lywodraeth Cymru bob wythnos ers mis Mawrth, ac wedi'u defnyddio i baratoi'r dogfennau briffio rheolaidd i'r Bwrdd. Rydym wrthi'n paratoi pecyn sleidiau cyfunol er gwybodaeth, a fydd yn cynnwys ein hymateb mewn cysylltiad â'r prif grwpiau gweithwyr proffesiynol; bydd hwn ar gael ar gyfer cyfarfod y Bwrdd.

3.3 Effaith camau gweithredu a chymorth AaGIC

Rydym wedi ceisio casglu data ar yr amrywiaeth o gamau gweithredu a mentrau mae AaGIC wedi'u cychwyn i gefnogi'r ymateb i COVID-19 yng ngham 1. Mae **Atodiad 2** yn cynnwys ffeithlun corfforaethol a oedd yn gywir ar 15 Mai, sy'n darparu gwybodaeth lefel uchel am y prif waith a wnaed. Rydym yn defnyddio hwn i dynnu sylw at enghreifftiau o ymateb a chyfraniad AaGIC hyd yma.

3.4 Y camau nesaf

Ar ôl i Ddatganiad Llywodraeth Cymru a llythyr Andrew Goodall (dyddiedig 6 Mai) gael eu cyhoeddi, roedd gofyn i ni baratoi cynllun gweithredol newydd ar gyfer gweddill Ch1. Cyflwynwyd fersiwn ddrafft o gynllun gweithredol Ch1 i Lywodraeth Cymru ar 18 Mai, ac mae ar agenda cyfarfod y Bwrdd ym mis Mai fel eitem i'w hystyried ar wahân.

Mae'r cynllun yn cynnwys trosolwg o'n blaenoriaethau yn ystod y broses o symud i gam 2, a'n hymateb diweddaraf i COVID-19. Rydym yn disgwyl dechrau adrodd yn erbyn y cynllun newydd yn ystod yr wythnos sy'n dechrau ar 25 Mai. Byddwn yn ei ddefnyddio i fframio cyfarfodydd y Tîm Rheoli Argyfwng a'r Grŵp Ymateb i COVID, ac i roi'r wybodaeth ddiweddaraf i'r Bwrdd. Bydd yr elfen ymateb i COVID o'r cynllun yn cael ei hategu gan gofnod camau gweithredu manylach, sydd wrthi'n cael ei gwblhau'n derfynol gennym.

Rydym wedi cael gwybod bod systemau ansawdd a chyflawni arferol Llywodraeth Cymru a'r Tîm Gweithredol ar y Cyd yn dal yn segur, ond y bydd gwahoddiad i ni drafod ein cynllun drafft â Llywodraeth Cymru fis Mehefin.

3.5 Risgiau

Rydym wedi cadw cofnod risgiau COVID-19 drwy gydol yr argyfwng. Mae hwn yn cael ei adolygu a'i ddiweddaru'n rheolaidd gan aelodau o'n Tîm Rheoli Argyfwng a gan arweinwyr y Tîm Gweithredol. Mae'r risgiau wedi cael eu grwpio yn ôl y themâu canlynol:

- Cynnydd / cwblhau addysg a hyfforddiant i fyfyrwyr a hyfforddeion presennol
- Cyfraddau recriwtio/llenwi rhaglenni addysg a hyfforddiant yn y dyfodol
- Goblygiadau ariannol cynlluniau
- Rhaglenni newidiadau mawr presennol
- Cyflawni rhaglenni gwaith newydd yn y Cynllun Tymor Canolig Integredig
- Lles staff AaGIC
- Ffyrdd newydd o weithio

Wrth i ni symud i'r cam nesaf yn yr ymateb i COVID-19, a'r trefniadau cynllunio at argyfwng yn cael eu llacio gan Lywodraeth Cymru ac yn AaGIC wedi hynny, rydym wedi gwneud yn siŵr ei bod yn hollol glir pwy sy'n berchen ar yr holl risgiau gweithredol a gofnodir yn ystod cyfnod yr argyfwng, a bod y rhain naill ai wedi cael eu cau neu eu neilltuo i Gyfarwyddiaethau unigol.

Hyd ddiwedd cam 1, roedd saith risg wedi cael eu huwchgyfeirio i'r gofrestr risgiau corfforaethol:

- Os na chaiff mesurau lliniaru eu rhoi ar waith i reoli effaith y newidiadau presennol i raglenni addysg a hyfforddiant, bydd effaith niweidiol ar ddatblygiad a chanlyniadau myfyrwyr a hyfforddeion, a fydd hefyd yn effeithio ar weithlu'r GIG yn y tymor canolig.
- Os oes oedi wrth recriwtio ar gyfer dilyniant lleoliadau Addysg Feddygol Ôl-raddedig, gall hyn greu problem o ran y gweithlu i'r GIG yn y tymor canolig.
- Os bydd y pwysau presennol yn effeithio ar y rhagleni newidiadau mawr sy'n ymwneud â hyfforddeion meddyg teulu a'r rhaglen cyn cofrestru fferyllol, bydd risgiau o ran cyflawni a bydd yr effaith ar weithlu'r dyfodol yn cynyddu yn y tymor canolig.
- Os na fydd AaGIC yn ailasesu ei Gynllun Tymor Canolig Integredig yng nghyd-destun COVID-19, ni fydd yn gallu ailddyrannu adnoddau i ddarparu'r cymorth angenrheidiol i weithlu'r GIG yn ystod yr argyfwng, ac yn methu rheoli disgwyliadau o ran amcanion y Cynllun.
- Os na fydd AaGIC yn gofalu am les ei staff yn ystod yr argyfwng, gall hyn gael effaith niweidiol ar y staff ac arwain at gyfraddau gadael cyn gorffen uwch.
- Os na fydd AaGIC yn addasu ffyrdd newydd o weithio yng ngoleuni heriau COVID-19, ni fydd yn gallu cyflawni ei ddyletswyddau'n effeithiol.
- Os na fydd hyfforddeion meddyg teulu a charfan cyn cofrestru fferylliaeth yn gallu symud ymlaen ar ddiwedd eu rhaglenni oherwydd bod yr arholiadau ymadael wedi cael eu canslo, gallai hynny arwain at oblygiadau ariannol i AaGIC.

Bydd y risgiau hyn yn cael eu hadolygu yng ngoleuni symud i gam 2 i wneud yn siŵr eu bod yn dal yn ddilys a bod mesurau lliniaru ar waith. Bydd risgiau sydd o dan berchnogaeth leol yn cael eu diweddaru i gydnabod ein bod yn symud i gam 2, y cynllun gweithredol newydd ar gyfer Ch1, ac ailgyflwyno gweithgareddau'r Cynllun Tymor Canolig Integredig; bydd y rhai sydd wedi'u datrys yn cael eu cau lle bo'n briodol.

4. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol yn codi o'r diweddariad cyfunol hwn ar y gweithgareddau ymateb i COVID hyd ddiwedd cam 1.

5. ARGYMHELLIAD

Gofynnir i’r aelodau wneud y canlynol:

- Sylwch y cynnydd sylweddol a wnaed gan AaGIC a'i ymateb ar draws ei swyddogaethau;
- Sylwch y ffeithlun lefel uchel yn atodiad

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
Caiff hyn ei ystyried yn ein hymateb drwyddo draw.
Goblygiadau Ariannol
Nid oes unrhyw oblygiadau ariannol yn codi o'r diweddariad hwn.
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)
Amh.
Goblygiadau Staffio
Mae'r staff wedi cael cymorth i weithio'n ddiogel o gartref. Rydym wedi newid blaenoriaethau swyddogaethau a gweithgareddau er mwyn galluogi'r staff i neilltuo amser ac adnoddau lle bo'n berthnasol i'r ymateb i COVID-19. Mae amrywiaeth o adnoddau a gweithgareddau ar gael i gefnogi lles staff Mae sesiynau clinigol a nodwyd ar draws proffesiynau wedi dychwelyd er mwyn cefnogi anghenion y gweithlu rheng flaen.
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)
Caiff y rhain eu hystyried wrth fyfyrio ar effaith COVID-19.

Hanes yr Adroddiad	Amh.
Atodiadau	1. – Ffeithlun AaGIC

GIG CYMRU NHS WALES

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

COVID-19

STAKEHOLDER UPDATE 13 MAY 2020

42,031

Accessing Wellbeing Resources across NHS Wales



9,126

Accessing Compassionate Leadership Resources

220

Additional Clinical Sessions created by Less than Full time and returning trainees

15,000+

Accessing Dental, Pharmacy and Nursing & AHP

78

Interim Foundation Year 1 trainees being supported into workforce early

950

Accessed Critical & Acute care training



2,100 +

Student Nurses and Midwives facilitated to support Workforce needs



12,000+ COVID pageviews

69 Guidance/Information Documents

54 Internal staff communications sent

140

HEIW Clinical sessions redeployed to practice

179

Completions Medicine Administration Training Resource

Dyddiad Cyfarfod	**28 Mai 2020**	**Eitem Agenda**	**3.1.1**
Teitl Adroddiad	**Diweddariad CTCI / IMTP AaGIC**		
Awdur Adroddiad	Chris Payne, Dirprwy Gyfarwyddwr Cynllunio a Perfformiad		
Noddwr Adroddiad	Julie Rogers		
Cyflwynwyd gan	Julie Rogers, Dirprwy Prif Weithredydd, Cyfarwyddwr y Gweithlu a DG, AaGIC		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Rhoi trosolwg o ymagwedd AaGIC tuag at ddiwygio rhaglenni gwaith y CTCI ar gyfer 2020-21		
Materion Allweddol	Ar ddechrau'r argyfwng COVID 19 aethom ati i wneud y penderfyniad i ohirio'r rhan fwyaf o'n gweithgareddau er mwyn rhyddhau capasiti a'n galluogi i ganolbwyntio ar gefnogi ymateb COVID GIG Cymru. Wrth i ni drosglwyddo i gam 2, y disgwyliadau yw y bydd pob sefydliad yn dechrau ystyried ailgyflwyno busnes a gweithgarwch agos at arferol. Rydym wedi adolygu ein capasiti a'n cynlluniau ar gyfer 2020-21. Mae canlyniad yr adolygiad i'w gael yn y papur hwn a'r atodiad. Dylid ei ddarllen ar y cyd â chynllun gweithredu drafft AaGIC a gyflwynwyd i Lywodraeth Cymru ar 18 Mai 2020.		
Camau penodol sydd eu hangen (Rhowch un ✓yn unig)	**Gwybodaeth**	**Trafodaeth**	**Sicrwydd**	**Cymeradwyo**
		✓		✓
Argymhellion	Gofynnir i Aelodau: • **Nodi'r** ymagwedd a ddilynwyd i ddiwygio blaenoriaethau'r CTCI a rhaglenni gwaith 2020-21; a • **Cymeradwyo'r** newidiadau a nodir		

DIWEDDARIAD CTCI AaGIC

1. CYFLWYNIAD

Mae'r papur hwn yn rhoi manylion y newidiadau a argymhellir i'r Cynllun Tymor Canolig Integredig (CTCI) ar gyfer 2020-21.

2. CEFNDIR

Yn ystod mis Mawrth adolygwyd ein CTCI ar gyfer 2020/21-2022/23 a bu oedi gyda phob rhaglen waith nad oedd yn hanfodol ar gyfer y flwyddyn newydd. Lle y bo'n berthnasol, gwnaethom ailffocysu rhaglenni gwaith i gefnogi ymateb COVID – 19. Rydym hefyd wedi lleihau ein gwaith ar draws ein swyddogaethau craidd gan ein galluogi i ailgyfeirio adnoddau a chapasiti i gefnogi blaenoriaethau newydd.

Wrth i ni symud i gam newydd, mae angen i ni adolygu ein cynlluniau ac ystyried ailgychwyn neu beidio â defnyddio'r gweithgaredd gyda'r hyn y gwyddom fydd yn ymateb parhaus i COVID am weddill y flwyddyn.

Mae Llywodraeth Cymru wedi gofyn i ni gyflwyno cynllun 6 wythnos, gweddill Chwarter 1, erbyn 18 Mai 2020, ac rydym wedi gwneud hynny.

3. MATERION LLYWODRAETHU A RISG

Dros y mis diwethaf, mae Cyfarwyddwyr Gweithredol ac aelodau o'r Uwch Dîm Arwain wedi adolygu'r penderfyniadau a wnaed ym mis Mawrth ac yn rhoi'r wybodaeth ddiweddaraf am unrhyw gynnydd a barn ar statws. Gofynnwyd i gydweithwyr nodi amcanion y dylid eu hactifadu, eu rhewi, eu hoedi neu eu gollwng. Ar yr un pryd, rydym wedi bod yn myfyrio ar amcanion newydd a'r hyn y gall AaGIC ei wneud i helpu i ymateb i COVID-19.

Mae pum thema allweddol wedi dod i'r amlwg o'r adolygiad, sydd wedi ffurfio sail ein cynllun ar gyfer gweddill Chwarter1. Dyma nhw;

- Cefnogi ymateb COVID-19
- Cynllunio ar gyfer dychwelyd i Addysg a Hyfforddiant a'r 'Arferol Newydd'
- Hyrwyddo Lles y Gweithlu
- Datblygu Arweinyddiaeth
- Blaenoriaethu Cyfathrebu ac Ymgysylltu

Rhoddir manylion llawn y penderfyniad ar gyfer pob un o'r 42 o amcanion presennol yn **Atodiad 1**. Dylid edrych ar y manylion drwy;

- Colofn 5- Penderfyniad cychwynnol a wnaed ar Amcan ar ddechrau'r argyfwng COVID-19

- Colofn 6 – Manylion y cynnydd a'r camau a gymerwyd yn ystod Cyfnod 1 o ymateb COVID i'r pwynt hwn.

- Colofn 7 – Canlyniad adolygiad gwrthrychol, sy'n rhoi manylion y penderfyniadau a wnaed gan y tîm Gweithredol ar yr amcanion a'r amserlenni ar gyfer parhau i ailgychwyn ac oedi sy'n gysylltiedig â'r newidiadau hynny.

Bydd y rhan fwyaf o'r amcanion yn cael eu cynnal yn amodol ar gyflwyno ac adolygu'n briodol y gwaith a gyflawnir yn unol â'n capasiti a hefyd y mewnbwn a ragwelir i'r ymateb COVID parhaus. Yn dilyn cymeradwyaeth, caiff y newidiadau hyn eu hadlewyrchu mewn Pennod 5 ddiwygiedig o'r CTCI a mecanweithiau rheoli perfformiad priodol wedi eu haddasu a'u halinio i sicrhau ein bod yn gallu monitro cynnydd a diwygio cynlluniau os gwelwn fod gofynion yn cynyddu o ganlyniad i gam nesaf y pandemig.

I nodi, ar sail ein gwybodaeth a'n gwybodaeth gyfredol, mae nifer fach o amcanion a chanlyniadau sydd wedi'u nodi i'w gohirio tan ddechrau blwyddyn gynllunio 2021-22.

AMC	DISGRIFIAD	STATWS PRESENNOL	CANLYNIAD YR ADOLYGIAD
1.2	Arwain, datblygu a gweithredu cynllun gweithlu cenedlaethol cynaliadwy ar gyfer meysydd proffesiynol prinder allweddol er mwyn sicrhau gwell cyfatebiaeth rhwng y galw a'r cyflenwad yng Nghymru.	**OEDI** ac adolygu'r effaith ar y gweithlu ar ôl Chwarter1	**GOHIRIO** I'w gynnwys ym mlwyddyn 2, 2021-22-yng ngoleuni newidiadau a chapasiti'r Tîm Gweithredol.
1.7	Datblygu mecanweithiau rhyngwladol/byd-eang effeithiol a dwyochrog i wella trefniadau addysg a hyfforddiant.	**OEDI**	**GOHIRIO-** cyflawniadau sy'n bodoli eisoes i 2021-22 Mae'r arweiniad ar gyfer hyn wedi gadael, byddai nifer o'r camau gweithredu yn gofyn am fewnbwn sylweddol gan bartneriaid, cyfyngiadau capasiti oherwydd COVID.
2.5	Datblygu cynllun ar y cyd â Llywodraeth Cymru ar gyfer dyrannu cyllid SIFT yn y dyfodol.	**OEDI**	**GOHIRIO** Ychwanegu at gynllun 2021-22
2.9	Adolygu llwybrau gyrfa a chyfleoedd addysg i'r gweithlu academaidd ac ymchwil clinigol.	**OEDI**	**GOHIRIO** ychwanegu at gynllun 2021-22
3.6	Arwain yr adolygiad, gwelliannau ac ail-lansio cynllun hyfforddi graddedigion GIG Cymru.	**OEDI**	**GOHIRIO** Angen ystyriaeth bellach ar ailddechrau

4. GOBLYGIADAU ARIANNOL

Ar ôl cwblhau newidiadau i amcanion ein CTCI a'r hyn a gyflawnir yn sgil effaith COVID-19 ar flaenoriaethau, bydd adolygiad cynhwysfawr o'r goblygiadau o ran

dyraniadau cyllideb yn cael ei gynnal ar y cyd â'r Uwch Dimau Arwain a'r Tîm Gweithredol..

5. ARGYMHELLION

Gofynnir i Aelodau:

- Nodi'r ymagwedd a ddilynwyd i ddiwygio blaenoriaethau'r CTCI a rhaglenni gwaith
- Cymeradwyo'r newidiadau a nodir

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:** 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 ddylanwadwr ac arweinydd
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf			
Caiff hyn ei ystyried drwy gydol ein hymateb.			
Goblygiadau Ariannol			
Bydd y goblygiadau ariannol sy'n deillio o ddiwygio ein hamcanion CTCI, amserlenni a phethau i'w cyflawni er mwyn ystyried COVID-19 yn 2020-21 yn cael eu blaenoriaethu yn ystod gweddill Chwarter1.			
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 fyfyrio ar yr argymhellion diwygiedig			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Mae'r rhain i'w hystyried wrth fyfyrio ar effaith COVID-19.			
Hanes yr Adroddiad	d/d		
Atodiadau	Templed Amcan y CTCI yn amlinellu'r argymhellion		

HEIW IMTP 2020-21 to 2022-23: COVID 19 PAUSE & REVIEW EXERCISE Version 6 - 18/05/20

At the outset of the COVID 19 crisis we reviewed our work programmes to ensure that only essential activities would be undertaken from March 2020. As Government, we and partners actively plan for phase 2 of the COVID response, through the development of Q1 local operating plans*, we have taken a broader look at our IMTP/work programme for 2020-21. We have reviewed the decisions we took to pause or suspend activity, whilst also considering whether our planned objectives for 2020-21 to 2022-23 remain valid in the 'new normal'. We have also begun to look at what capacity we need to support our ongoing contribution to the covid activity into a modified 2020-21 work programme in what is going to be a very abnormal year for the organisation.

The following template records our decisions in March, progress [where appropriate] to the end of phase 1, as well as our intentions for the remainder of 2020-21 – 'review outcomes'. It should be noted that the narrative in the final column is based on current thinking and knowledge. This will need to be kept under review over the next 6 weeks and may be subject to further revision as a result of the impact of the coronavirus e.g. as a result of lockdown easements and as yet unknown service or Welsh Government requirements.

*Q1 Operating Framework issued by Welsh Government on X May, requiring operational plans to be submitted by each organisation by 18th May.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable	1.1	Push Mangat Charlette Middlemiss	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	**PAUSE** strategic work **CONTINUE** system procurement and implementation **CONTINUE** internal review work	COURSE MANAGEMENT SYSTEM -The test period of the 'Y Ty Dysgu' System is ongoing. Interest in the system has gained momentum and the potential for the development and delivery of online learning will be further exploited.	**PAUSE** strategic work **CONTINUE** with system & internal review work **ADD Q2** A review of the changes made in respect of COVID to harness the learning/innovation & make recommendations to improve the efficiency, effectiveness

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
and flexible workforce to support the delivery of '*A Healthier Wales*'			skills & capabilities required for the future.		The internal review work is continuing, and data is being collected and interrogated. Due to COVID -19, the delivery of CPD has undergone some changes.	and monitoring of future CPD activity.
	1.2	Stephen Griffiths Tom Lawson	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.	**PAUSE** and review impact on workforce after Q1	This was paused but COVID has provided an indirect opportunity to progress future workforce agenda with numerous innovations introduced.	**DEFER** To be included in year 2, 2021-22 – in light of Executive Team changes and capacity.
	1.3	Julie Rogers Angie Oliver	Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague	**ACCELERATE AND REDIRECT to focus on COVID 19 position**	Work has continued on this and in some areas has been accelerated in respond to the impact of COVID. HEIW has played a significant role nationally	**CONTINUE & ACCELERATE Q2** Vital to press on with much of this as the objective directly relates to: COVID, AHW and WFS.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
			experience. *(National)*		throughout phase 1. HEIW Health and Wellbeing Strategy – consultation began at staff event on the 11th March. *(testing locally to adapt nationally)* Wellbeing Matters documents (2nd edition) issued in March 2020. COVID-19 playlist developed and implemented. COVID-19 Colleague Health and Wellbeing Strategy developed and issued. 37,500 hits on playlist in less than 1 month	**ADD Q1** Continue to support the work of the Health and Wellbeing subgroup of the COVID-19 Workforce Cell, transition to established mechanisms by Q2.
	1.4	Julie Rogers Angie Oliver	Improve access to careers in the health and care sector in	**CONTINUE** transfer from WG **ACCELERATE AND REDIRECT**	Transfer re-scheduled for Q2 – 1st July 2020. Sickness in WG team combined with pressures relating to COVID has delayed the transfer.	**REACTIVATE Q2** Transfer of Widening Access Agenda Q2 - July 2020.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
			partnership with Social Care Wales.	to focus on? new temporary workforce and post COVID 19 position **PAUSE** other work	Pop-up workforce programme in place – paused currently with daily review and will be launched when need is identified	Reactivate Q2 deliverables 3, 5 & 7. Q3 Push back deliverables 1, 2 and 4 given the appetite/capacity to work with us - as this is a partnership & pan sector ask - will be impacted by COVID/limited.
	1.5	Julie Rogers Angie Oliver	Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales.	**PAUSE REDIRECT time to support COVD-19 work**	Team redirected to support data modelling and workforce intelligence to support COVID-19	**ACCELERATE** deliverables 3 & 4. Essential priority activity for 2020-21. The lessons from covid to date have reinforced the gaps that exist in our data access and NHS systems. **DEFER** deliverables 1 & 2 to 2021-22. **ADD Q1** new requirement to work with WG and partners on learning lessons from COVID and reshaping the data

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
						landscape, building the case for investment and new systems. Discuss realignment of roles/activity with statutory functions – future focussed
	1.6	Julie Rogers Angie Oliver	Developed & training to support NHS orgs to improve the quality of workforce planning expertise and capability across the system.	**PAUSE** Review contracts	All training paused. Meetings held with contractor to discuss progression of evaluation of first year training and of the specific work in Pharmacy (not able to fully complete due to Covid-19). Primary Care webinar assessment on hold. Meetings in diary to plan for Primary Care further training requirements. Capability Matrix on schedule. Work commenced to develop online resources.	**REACTIVATE Q2**

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
	1.7	Push Mangat Peter Donnelly / Angie Oliver	Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements.	**PAUSE**	No Progress and key individual has left the organisation	**DEFER** - existing deliverables to 2021-22 The lead for this has left, a number of the actions would require significant input from partners, capacity limitations because of COVID. **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	2.1	Push Mangat Chris Payne	Lead the development and management of a multi-professional infrastructure and strategy for	**PAUSE** strategic work **REDIRECT** focus on current pressures& take	Recruitment to AD role paused. Strategic engagement and follow up paused	**REACTIVATE/RESTART& ACCELERATE Q1** Restart AD recruitment -Crucial to developments and progress Reengage Simulation Leads group

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
training for all healthcare staff ensuring that it meets future needs			Simulation Based Education.	stock of where we are.	Range of simulation implemented to support COVID approaches Simulation based training (especially clinical skills and human factors) has formed the backbone of COVID19 preparedness.	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 Delay strategic approach – Focus on relationships and learning
	2.2	Stephen Griffiths Martin Riley	Develop an education strategy drawing on the outcome of the strategic review of health professional education & the Workforce Strategy.	**PAUSE**	Minimal work has progressed to date.	**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'

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
	2.3	Push Mangat Tom Lawson	Lead the development and implementation of an education and training infrastructure to support the multi-professional workforce model.	**PAUSE**	Professionalisation of secondary care TPD role commenced from April 2020 as key to improving support of trainee progression issues created by COVID 19 as well as long term benefits Business case approved; funding secured	**RESTART & REVISE Q2** Revision of deliverables to be considered
	2.4	Julie Rogers Chris Payne	Lead the development and implementation of a digital capability framework for the healthcare workforce.	**PAUSE – new work**	Developments paused to enable digital developments to support COVID to be prioritised	**RESTART, ADD & ACCELERATE 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

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
						implementation (Finance/Nursing) Work with partners to embed digital into the 'new normal' for education and training
	2.5	Eifion Williams Rhiannon Beckett	Develop a plan in conjunction with Welsh Government for the future allocation of SIFT funding.	**PAUSE – needs engagement work**	None	**DEFER** add to 2021-22 plan
	2.6	Stephen Griffiths Martin Riley	Maximise opportunities for work-based learning and apprenticeships in health.	**PAUSE – needs engagement with others** **REDIRECT** in light of short-term temporary workforce	Work has continued in the background.	**REACTIVATE Q2** Outcome to remain except: • Bring forward 2021/22 outcome 'Scope the infrastructure requirements to support WBL across NHS Wales e.g. delivery models,

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
						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	Push Mangat Peter Donnelly /ANO	Implement improvements to ensure equitable access to education and training for SAS and locally employed doctors.	**PAUSE**	Some progress to date; senior lead left the organisation in May.	**RESTART Q3** Alternative lead to be identified Deliverables for the year to be revised in light of appointment and capacity available.
	2.8	Stephen Griffiths Huw Owen	Improve opportunities for trainees and students to undertake education and training through the medium of Welsh.	**PAUSE – needs engagement with others**	Minimal work has been undertaken to date, however over the coming months this will increase as HEIW seeks to engage with stakeholders	**REACTIVATE Q3** Capacity and ability of partners to engage will continue to be impacted by COVID in short term.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
	2.9	Stephen Griffiths Angie Oliver	Review career pathways and education opportunities for the clinical academic and research workforce.	**PAUSE**	**PAUSED** No work has been undertaken to date. Work will recommence in quarter 2 dependent on ability of stakeholders to engage.	**DEFER** add 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	Julie Rogers Helen Thomas	Lead the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action.	Close consultation and **PAUSE**	Compassionate leadership principles consultation (phase 1) closed. Responses low but all supportive.	**REACTIVATE Q1**
	3.2	Julie Rogers Helen Thomas	Lead the implementation and management of the NHS succession planning framework for Tiers	**PAUSE**	Review of talent & succession planning operating models across other nations undertaken to inform the approach for NHS Wales.	**REACTIVATE Q3** Requires significant input from stakeholders in NHS so likelihood of imminent return is minimal.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
			1 -3 and monitor progress.			However, continue to progress where possible with portal, tools, framing and networks
	3.3	Julie Rogers Helen Thomas	Lead the implementation and management of the Digital Leadership portal.	**CONTINUE** – contractual issues and will be used to support well being work re COVID -19	Has contributed to the all wales COVID response and supported new ways of working. Leadership & management materials /tools sourced for digital portal content library. Development of 30 bite size digitised learning to support PCA Induction. Piloted and tested Virtual Classroom functionality to support PCA Induction. Developed a range of digital content (playlists) to share education, leadership & H&WB resources) across NHS Wales, in part to aid the COVID response.	**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.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
	3.4	Julie Rogers Helen Thomas	Lead the establishment and management of a Wales Leadership alumni and range of leadership networks.	**PAUSE** – light touch	No progress, paused	**REACTIVATE Q2**
	3.5	Julie Rogers Helen Thomas	Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds.	**PAUSE**	Some small progress, exploration of options to support reactivation when appropriate.	**REACTIVATE Q3** This will need significant input from partners so there will be limited progress until later in the year. Urgent discussion required on clinical fellows & interim arrangement for them which might be needed. Deliverables should be paused until review at end Q2

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
	3.6	Julie Rogers Helen Thomas	Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme.	**PAUSE**	Undertaken a review of other national graduate schemes. Explored opportunities to align graduate recruitment with the Finance Academy graduate programme. Drafted a marketing plan and proposed operating model.	**DEFER - Q1** Paper to Executive Team in May 2020. This will determine whether this is paused or progressed. Current thinking is to defer to 2021-22, focus on developing the leaders we already have.
	3.7	Julie Rogers Helen Thomas	Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme.	**PAUSE**	Some small progress, exploration of options to support reactivation when appropriate.	**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	4.1	Push Mangat Charlette Middlemiss	To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care.	**PAUSE**	The appointment of the Programme Manager has been postponed until July 1st.	**RESTART Q1** Revise deliverables to take account of the impact of COVID-19 on proposed engagement

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
quality	4.2	Push Mangat Angie Oliver	Contribute to the workforce planning and workforce development requirements for the Major Trauma Network (MTN).	**PAUSE–MTN mothballed**	**No progress.**	**RESTART Q2** Revise deliverables to take account of the impact of COVID-19
	4.3	Stephen Griffiths HoSTrans	Lead the workforce development and training requirements to support the Single Cancer Pathway.	**PAUSE** – National Endoscopy Board mothballed **CONTINUE** endoscopy training	Endoscopy training programme has continued to be developed.	**REACTIVATE Q1** Critical to recovery plans. Programme board to be reactivated. Continue to implement training programme and review workforce. Work had already been underway to review workforce.
	4.4	Stephen Griffiths Kerri Eilertsen-Feeney	Develop a mental health workforce plan in collaboration with Welsh Government and Social Care Wales to support	**PAUSE but refocus on COVID 19**	Covid has focused on well-being and utilisation of current workforce where required. Initial meeting occurred regarding workforce plan,	**REACTIVATE Q2** This is a major priority flagged by WG in the Operating Framework as well as in correspondence. The 'ask' of us and SCW is significant.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
			implementation of Together for Mental Health (this includes CAMHS).		no further meetings have taken place, work was on hold.	We need to update the deliverables, ensuring that they and the timescales are realistic.
	4.5	Stephen Griffiths Charlette Middlemiss	Improve post registration education, support and training pathways to ensure all health care professionals can develop beyond the point of initial registration.	**PAUSE**	Research to underpin the development of this national framework is complete.	**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	Alex Howells Charlette Middlemiss	Support implementation of primary care workforce model as part of the Strategic Programme for Primary Care.	**PAUSE**	Despite an initial decision to pause this objective, work has been progressed. Development of resources for non-clinical staff in Primary Care has continued: - The structure of the new level 2 Primary Care	**CONTINUE & ADD 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

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
					Administration and Reception (PCAR) Qualification has been agreed and is now at final stages of ratification. - A new concept for interactive practice manager education, training and development. The tool will facilitate self-assessment of skills and knowledge and will assist in professional development through appropriate signposting. - The second All Wales Urgent Primary Care (UPC) June 2020 Conference is re-scheduled to 9th December 2020 - The UPC website refresh/relaunch is on hold, pending further discussions	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.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
					with 111, NWSSP, HEIW & Welsh Government. However, UPC website branding (jigsaw piece) is visible as the link to UPC on other websites.	
	4.7	Alex Howells Charlette Middlemiss	Support workforce development requirements of integrated care models being developed by Regional Partnership Boards.	**PAUSE**		**REACTIVATE Q2**
	4.8	Stephen Griffiths Kerri Eilertsen-Feeney	Support the implementation of the *Maternity Care in Wales, A Five-year Vision for the Future (2019-2024).*	**PAUSE**	Work has not commenced.	**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	Stephen Griffiths	Secure the transfer of the Nurse Staffing Programme Team	CONTINUE transfer and work that can be done within	TUPE was put on hold at end of March. Work can now recommence to transfer the team	**CONTINUE** Plan to TUPE over the team in June. Currently the team has been redeployed due to

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
		Kerri Eilertsen-Feeney	to HEIW and lead the further role out of the programme across NHS Wales.	existing constraints		COVID, however work can progress at a slower pace.
	4.10	Push Mangat Clem Price	Assess the Critical Care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their Critical Care workforce plans.	**REFOCUS** to support COVID -19 work	Work has continued in this area and has been prioritised Workforce Modelling Group in place with workplan aligned to the workforce cell. Work has naturally focused on preparing our current multi-professional workforce for the impact of COVID 19	**RESTART, REFOCUS & ACCELERATE Q1** to support COVID -19 work and wider support for the Covid Response Update for contribution made during COVID response phase 1 and build into the deliverables phase 2 requirements. Major focus/input for us potentially for remainder of the year
Strategic Aim 5: To be an exemplar employer and	5.1	Julie Rogers Foula Evans	Implement the People, Inclusion and OD Strategy.	**PAUSE**	Work has been on hold, capacity used to support HEIW worforce and other organisations in COVID reponse	**REFOCUS/REACTIVATE Q2** Use the interim period to reflect on the COVID-19 impact, capture new ways of working and and future expectations of staff.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
a great place to work						New deliverables around policies and practices to be added. Strategy & consultation/engagement to be restarted Q3. .
	5.2	Julie Rogers Angie Oliver	Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW.	**REFOCUS** to support COVID-19 work	Work has progressed for our internal objective despite the team being called on to provide additional national support. Agreement confirmed to undertake a procurement exercise to contract an Employee Assistance Programme. Neyber Financial Services contract signed and paperwork completed.	**CONTINUE 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. Implementation and communication of Neyber Financial Services.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
					COVID-19 staff health and wellbeing resources made available on the intranet including MaPS and Silvercloud. Implementation of Cuppa Catch Ups and offer of coaching sessions Development of options for regular feedback and dialogue	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	Dafydd Bebb Huw Owen	Implement and embed the Welsh Language framework within HEIW.	**CONTINUE** with creative/light touch approach	Welsh language scheme and consultation process (WLS) drafted and to be considered at May Board. Flexible on line lessons made available for staff. Huw Owen's on line vlog series created and made available on the intranet. New roles approved for a translator and trainee. Heavy usage of translation services throughout the period.	**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.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
						Internal training capacity to be increase through making appointments for the two new roles.
	5.4	Julie Rogers Emma Kwaya-James	Implement and embed the HEIW Strategic Equality Plan and further develop equality and inclusion agenda including partnership working across the public sector.	**PAUSE** subject to legal advice	Some work has continued quietly in the background	**RESTART Q1** Board review of SEP deferred until Q2 July; WG has relaxed the deadline until Oct 2020.
	5.5	Julie Rogers Chris Payne	Progress opportunities for organisational approaches to combat climate change.	**CONTINUE** with creative/light touch approach to support new ways of working with COVID-19	Work still going on quietly in the background COVID-19 has provided an ideal opportunity to test ability and feasibility of increased home working and the benefits this provides to the environment	**CONTINUE** Capture the positive benefits of COVID but slowdown deliverables 1 & 3 to match capacity and prioritisation of COVID response activity.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
					Biodiversity group created , first meeting will build on discussions at March staff event	
	5.6	Push Mangat Anton Saayman	Embed multi-disciplinary Quality Improvement capacity and capability within all aspects of HEIW's work and develop partnership working with Improvement Cymru.	**PAUSE**	UK patient safety syllabus initiative has continued.	**RESTART Q3** Priority deliverables to be restarted QI hub for HEIW to be deferred to 2021
Strategic Aim 6: To be recognised as an excellent partner, influencer and leader	6.1	Julie Rogers Angharad Price	Implementing HEIW Communications and engagement strategy; brand awareness and influencing for success.	**CONTINUE**	Due to the public health emergency the 6 monthly review of the strategy has been delayed as resources are targeted at COVID19 comms. Continuing to implement strategy as much as possible. Some of the aims	**CONTINUE & REFOCUS** Continue implementing/ using the principles of the communications and engagement strategy to support COVID 19 response and essential work of HEIW.

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
					of the strategy can be achieved as part of COVID 19 response communications and engagement. However, some elements such as roadshows and stakeholder events have been put on hold. Involvement of HEIW in COVID response has increased internal and external targeted comms and engagement. Especially internal bulletins and external social media and direct stakeholder comms and engagement. Media interest has also increased putting HEIW in the spotlight. All of the above have been managed closely in line	

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
					with purpose & aims of strategy as well as HEIW values. Horizon scanning has been taking place using social media and online media as resources allow. The creation of an information database has been delayed due to resources being diverted. We are progressing the merger of the 3 legacy organisation website into one HEIW website. Brand awareness – the communications and engagement team plus some departments have begun to use the new corporate branding in promotional and social media materials.	

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
	6.2	Julie Rogers Angharad Price	Supporting HEIW business areas on key national programmes of work through the development and delivery of highly effective communications / engagement / marketing interventions.	**PAUSE**	Although paused, bespoke communications and engagement support continues to be provided to key programmes such as health and wellbeing and COVID19 specific work.	**REFOCUS** Support will continue as required to key programmes continuing or supporting the COVID19 response.
	6.3	Julie Rogers Chris Payne	Review the alignment of internal digital systems and functions, and opportunities to support the Education and training experience for trainees in Wales.	**CONTINUE** EDUROAM if possible **CONTINUE** recruitment that is in train **PAUSE** Director of Digital **REFOCUS** to support COVID-19 and new ways of working	Initial pilot process completed with over 600 users. Eduroam is now available to Junior Doctors, trainers and HEIW staff where health boards sites broadcast it. Expecting to launch for C&V trainees and trainers initially before rollout to other users	**CONTINUE**

AIM	OBJ	EXECUTIVE & SRO	DESCRIPTION	STATUS	**Phase1:** progress update	**REVIEW OUTCOME** (Whether the objective should be reactivated/ dropped etc)
					Shortlisted for 2 key digital team roles via initial internal candidates. Interviews to be schedule for May 2020.	

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

Dyddiad y Cyfarfod	**28 Mai 2020**	**Eitem ar yr Agenda**	**3.1.2**
Teitl yr Adroddiad	**Cynllun Adnoddau AaGIC – 2020-21**		
Awdur yr Adroddiad	Rhiannon Beckett		
Noddwr yr Adroddiad	Eifion Williams		
Cyflwynwyd gan	Eifion Williams		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Nodi'r dull a ddefnyddiwyd i sefydlu cyllidebau 2020/21 i'w dirprwyo i ddeiliaid cyllidebau, yn unol â'r Cynllun Tymor Canolig Integredig y cytunwyd arno gan Fwrdd AaGIC a Llywodraeth Cymru.		
Materion allweddol	Mae dyletswydd statudol ar AaGIC i fantoli'r gyllideb ar ddiwedd blwyddyn. Mae'n bwysig gwneud yn siŵr bod cyllidebau dirprwyedig yn cael eu sefydlu a'u cytuno gan Ddeiliaid Cyllidebau i sicrhau trefniadau Llywodraethu ac Adrodd priodol, a'i gwneud yn bosib cyflawni nodau ac amcanion y Sefydliad. Un o brif ddyletswyddau Llywodraethu Ariannol yw gwneud yn siŵr bod gwariant yn cael ei fonitro'n rheolaidd yn erbyn cyllidebau drwy gydol y flwyddyn, a bod gwaith craffu effeithiol ac amserol yn cael ei wneud, a chamau gweithredu'n cael eu cymryd, i fynd i'r afael ag unrhyw amrywiad yn y flwyddyn.		
Cam Gweithredu Penodol ***(un ✓yn unig)***	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
				✓
Argymhellion	1. Gofynnir i Fwrdd AaGIC gytuno ar y fethodoleg a ddefnyddir i sefydlu cyllidebau dirprwyedig 2020/21. 2. Sylwch y fframwaith ariannol fel y nodir yn y Cynllun Tymor Canolig Integredig. 3. Sylwch Ddyraniad Llywodraeth Cymru. 4. Sylwch ac ystyried y prif risgiau a amlinellir.			

CYNLLUN ADNODDAU 2020-21

1. CYFLWYNIAD

Pwrpas yr adroddiad hwn yw rhoi crynodeb i Fwrdd a Gweithredwyr AaGIC o Gynllun Adnoddau 2020-21 a'r cyllidebau dirprwyedig dilynol a sefydlwyd ar gyfer blwyddyn ariannol 2020-21, sy'n seiliedig ar y rhagdybiaethau ariannol a nodir yn y Cynllun Tymor Canolig Integredig. Efallai y bydd angen cynhyrchu fersiynau pellach o'r Cynllun Adnoddau hwn, oherwydd nid ydym wedi llawn ddeall a gwerthuso effaith lawn Covid-19 ar gynlluniau comisiynu Addysg a Hyfforddiant y flwyddyn bresennol.

2. CEFNDIR

Mae'r dyraniad drafft a gafwyd gan Lywodraeth Cymru ar gyfer y flwyddyn ariannol newydd yn seiliedig ar flwyddyn gydran 2020/21 y cynllun pum mlynedd yn y Cynllun Tymor Canolig Integredig. Mae manylion cynllun pum mlynedd y Cynllun Tymor Canolig Integredig i'w gweld yn **Atodiad 1**.

Roedd y Cynllun Ariannol yn pennu mai £253.669m oedd y gofyniad ar gyfer 2020-21 ac mai £244.228m yw'r Dyraniad Cyllid Craidd Drafft sydd wedi cael ei rannu â Llywodraeth Cymru ar gyfer 2020-21, fel y nodir yn Nhabl 1 isod. Roedd y gwaith manwl a wnaed i gysoni'r ddau werth ariannol er mwyn sicrhau bod AaGIC yn gallu gweithredu yn unol â'r dyraniad ariannol yn ystod blwyddyn ariannol 2020/21 wedi cael ei rannu â Bwrdd AaGIC yn barod. Mae'r tabl crynodeb i'w weld yma.

Table 1: Draft Revenue Allocation 2020-21	
Title	**Funding**
	£'m
Full Year Baseline (Initial Allocation from 2019-20)	**214.621**
Flying Start Programme (Health Visitors) (Non-Recurrent Support - NMET)	-0.800
Training Grade Salary Inflationary Uplift 19-20 (1%)	0.502
GP Registrar Inflationary Uplift 19-20 (1%)	0.153
Pre-Registration Pharmacy Community Trainees	1.000
Revised Baseline as per 2020-21 WG Draft budget	**215.476**
Additional Transfers needed in 2020-21	
Non Medical Education Commissioning (Quantum @ **£124.526m**)	11.639
Training Grade Salary (inc Study Leave)	1.642
All Wales Nurse Staffing Programme (Recurrent items)	0.189
Clinical Director Post (Cardiff School of Pharmacy)	0.045
Dental Foundation Trainee Part Year Transfer (65 Trainees*) - Sept 20	4.589
Pre-Registration Pharmacy Part Year Transfer (New Model August 2020)	3.292
Relocation Expenses Legacy Shortfall (Budget to £1.1m)	0.241
GP Registrar (Recurrent Impact of 2019 cohort plus 2020 Cohort to 160)	5.405
HEE (MDRS, Oriel & SJT)	0.267
Work Experience GP Programme (Widening Access)	0.059
Pharmacy Programme (Widening Access)	0.034
Sub total	**242.878**
Inflationary Uplift for Prices 2020-21 (1 %)	0.170
Full Year Effect of Pay Award for 2020-21 (A4C / Cardiff University / ESP) & 2020-21 (DDRB 1%)	1.180
Revised Core funding allocation for 2020-21	**244.228**
** - £0.078m allocated to NWSSP to support SLE on DFT & Pre-Reg Pharm Arrangements	

Mae'r gwahaniaeth rhwng y gofyniad yn y Cynllun Tymor Canolig Integredig a drafft Llywodraeth Cymru o'r dyraniad refeniw disgwyliedig yn £9.441m, ac mae hynny o ganlyniad i'r elfennau canlynol:

1. I ddechrau, nododd Llywodraeth Cymru mai £8.9m oedd y gyllideb ar gyfer 74 o lefydd Hyfforddiant Deintyddol Sylfaenol, a dylai'r ffigur hwnnw fod wedi'i gynnwys yn y Cynllun Tymor Canolig Integredig. Yn dilyn ystyriaeth bellach gan AaGIC a Llywodraeth Cymru, nodwyd y byddai'r cyllid sylfaen yn ariannu 65 lle hyfforddi a fydd yn cychwyn ym mis Medi 2020. Mae hyn yn golygu bod y dyraniad wedi cael ei leihau a'i ddosrannu ar gyfer 2020-21, a'r ffigur diwygiedig sydd wedi'i gyfrifo yw £4.589m.

2. Roedd y cynnydd yn y gyllideb Cyflogau Gradd Hyfforddi, a oedd wedi'i gynnwys yn y Cynllun Tymor Canolig Integredig, yn cynrychioli 100% o gost y cyflogau cysylltiedig â'r llefydd hyfforddiant arbenigol a'r 12 o lefydd F1 ychwanegol y cytunwyd arnynt. Fodd bynnag, bydd y dyraniad craidd ar gyfer AaGIC yn 2020-21 yn 50% o gost y cyflogau, gyda gweddill y dyraniad yn cael ei ddarparu i Fyrddau Iechyd yn uniongyrchol. Roedd cyllideb y Cynllun Tymor Canolig Integredig ar gyfer TGS yn £53.441m a bydd y dyraniad craidd diwygiedig yn £52.358m.

3. Roedd cynllun ariannol y Cynllun Tymor Canolig Integredig yn rhagweld cynnydd yn nifer y Meddygon Teulu dan hyfforddiant – o 180 yn 2019-20 i 200 yn 2020-21. Mae Llywodraeth Cymru wedi nodi, er bydd yn gwneud darpariaeth ar gyfer y lefel hon o recriwtio yn ei chyllidebau, bydd y dyraniad cychwynnol a gaiff AaGIC yn seiliedig ar 180 yn 2019-20 a 160 yn 2020-21. Mae'r newid mewn niferoedd wedi lleihau'r dyraniad cyllid o'r £21.9m sydd wedi'i gynnwys yn y Cynllun Tymor Canolig Integredig i £20.9 yn y dyraniad craidd.

4. Hefyd, bydd cyllid nad yw'n ailadrodd nac yn arian parod y mae Llywodraeth Cymru wedi cytuno arno mewn egwyddor yn dod i law ar gyfer yr eitemau penodol a restrir isod. Mae enghreifftiau'n cynnwys dibrisiant a'r £600k o gyllid datblygu a ailddarparwyd o 2019-20.

Table 2 Non Recurrent Funding-agreed in principle.

Non Recurrent Funding-In Year	£'000
1 Nurse Staffing Act	180
2 WCLF QIST (Pharmacy)	84.6
3 Commitment awards	50
4 WIMAT year 2	101
6 Development Funding	600
7 Depreciation	520
8 GP Expansion over recruitment	tba
9 Dental Single lead employer costs	NWSSP
10 Strategic Review of Education provision (ongoing costs)	240
Total	**1,776**

5. Bydd angen trafod £504k pellach â Llywodraeth Cymru yn ystod y flwyddyn, gan gynnwys llefydd a mentrau y cytunwyd arnynt yn AaGIC.

Table 3 Anticipated Funding for further in year discussion.

Anicipated Funding	£'000
1 Leadership and Succession posts	77
2 SAS Post	111
3 Single Lead Employer Foundation	260
4 Senior software Developer	56
Total	**504**

6. Cafodd gwerth adleoli treuliau ar gyfer Meddygon dan hyfforddiant ei gynnwys yn ffigur y Cynllun Tymor Canolig Integredig fel rhan o'r rhagolwg o gostau alldro a bennwyd ym mis 6 yn 2019-20. Yn ystod misoedd canlynol y flwyddyn, mae'r gwariant a gofnodwyd wedi lleihau'n sylweddol, felly cytunwyd i ddarparu lefel is o gyllid ychwanegol ar gyfer y dyraniad craidd o £188k.

7. Mae'r elfen derfynol yn ymwneud ag achosion busnes a sefydlu newidiadau cytunwyd arnynt yn ôl yr angen er mwyn i'r tîm Gweithredol darparu gwaith craidd AaGIC, ond nid ydynt yn benodol i unrhyw achos busnes neu fenter benodol. Mae'r rhain yn dod i gyfanswm o £483k a dylai'r cyllid ar eu cyfer ddod o'r adnodd ariannu datblygiad sydd ar gael i AaGIC.

Table 4 Reconciliation of IMTP to Draft Core Allocation

	£'000
IMTP Finance Plan Requirement for 2020/21	253,699
Draft Core Allocation WG	244,229
Difference	9,470
Dental Foundation Training	4,311
Training Grade Salary	1,116
GP Expansion	1,106
Relocation Expenses	188
Non Recurrent Funding agreed in principle	1,776
Anticipated Funding	504
Establishment changes/ Business Cases	438
Other inflation changes	31
Balance	-

Cafwyd y dyraniad hwn mewn fformat drafft ar ddechrau mis Mawrth 2020 ac mae disgwyl i lythyr dyraniad gyrraedd pan fydd y Gweinidog Iechyd wedi cytuno'n ffurfiol ar y dyraniad.

Mae'r cyllidebau a gafodd eu llwytho i fyny i'r cyfriflyfr ariannol ym mis Ebrill 2020 yn cynnwys dyraniad craidd Llywodraeth Cymru, y cyllid anghylchol y cytunwyd arno mewn egwyddor, a'r cyllid a ragwelir sydd wedi'i nodi uchod.

Tabl 5 Terfyn Adnoddau Refeniw

	£m
Dyraniad cylchol Llywodraeth Cymru	244.23
Cynlluniau anghylchol	1.78
Cyllid a ragwelir	0.50
Cyfanswm	**246.51**

Bydd adroddiadau cyllidebau'n cael eu cynhyrchu a'u rhannu bob mis â Deiliaid Cyllidebau a'r Tîm Gweithredol. Bydd Adroddiad Ariannol cryno'n cael ei ddarparu i'r Bwrdd. Bydd hwn yn cynnwys manylion am y gwariant yn erbyn cyllidebau a'r rhesymau a roddwyd am unrhyw amrywiadau. Bydd y sefyllfa

ariannol ar gyfer 2020/21 yn cael ei hadrodd i Lywodraeth Cymru a bydd camau'n cael eu cymryd i wneud yn siŵr bod y gyllideb wedi'i mantoli ar ddiwedd y flwyddyn.

Mae'r adroddiad canlynol yn nodi'r dull a ddefnyddiwyd i osod cyllidebau ar gyfer blwyddyn ariannol 2020-21 ac yn rhoi manylion am y pwysau chwyddiannol yn Nyraniad Llywodraeth Cymru, a'r rheini nad ydynt wedi'u mesur eto.

3. CYNLLUN ARIANNOL 2020-21 AaGIC

Mae dyletswydd statudol ar AaGIC i fantoli'r gyllideb. Felly, mae'n bwysig gosod cyllidebau ystyrlon sy'n adlewyrchu'r wybodaeth orau sydd ar gael o ran gwariant ac ymrwymiadau disgwyliedig, a pha bryd y bydd y gwariant yn digwydd yn ystod y flwyddyn. Os yw rheolaeth ar adnoddau yn cael ei dirprwyo i ddeiliaid a rheolwyr cyllidebau, mae'n bwysig bod deiliaid cyllidebau'n gallu cytuno ar y gwaelodlinau cyllid sy'n cael eu gosod ar gyfer y maes dirprwyaeth. Bydd hyn yn gwneud yn siŵr bod y broses o her a chefnogaeth mewn cysylltiad ag amrywiad gwariant yn ystod y flwyddyn yn un gadarn, a bod yr adroddiadau i'r Tîm Gweithredol a Bwrdd AaGIC yn gywir ac yn ystyrlon. Bydd hyn yn gwneud yn siŵr bod modd cymryd unrhyw gamau unioni gofynnol yn gyflym, gan sicrhau bod y sefydliad yn dal yn ystwyth a'i fod yn cyflawni ei gyfrifoldebau a'i ddyletswyddau ariannol.

Mae'r Cynllun Ariannol dilynol ar gyfer 2020-21, sy'n seiliedig ar y dyraniad drafft a gafwyd gan Lywodraeth Cymru, wedi'i gyflwyno'n gryno yn y tabl isod:-

Tabl 6 Cynllun Ariannol 2020-21

	2020-21 £M
Revenue Resource Limit	-246.51
Other Income	-0.60
Total Income	**-247.11**
Executive Office	3.74
Finance	1.00
Planning, Performance and Corporate Services	1.75
Digital and IT	5.07
Medical	22.32
Workforce	2.77
Nursing	1.98
Medical Commissioning	
TGS	52.88
PGMDE	4.86
GP Training Registrars	20.74
I&R	0.23
Pharmacy	8.78
WCAT	1.77
Total Medical Commissioning	**89.26**
Non-Medical Commissioning	**119.22**
Total Costs	**247.11**
Net (Surplus)/Deficit	0.00

Mae Bwrdd AaGIC wedi sefydli a chytuno ar gynllun ariannol cytbwys fel rhan o'r Cynllun Tymor Canolig Integredig ar gyfer y blynyddoedd ariannol 2020-21 i 2022-23. Yn debyg i flwyddyn ariannol 2019-20, mae cronfa ddatblygu wrth gefn gwerth £1.9m yn cael ei dal yng nghyllideb Swyddfa'r Gweithredwyr. O'r gronfa hon, mae £231k wedi cael ei gymeradwyo ar gyfer recriwtio dwy swydd Cyfarwyddwr newydd, ac mae £199k arall yn ymwneud â haen uchaf gwasanaeth gwobrau myfyrwyr Partneriaeth Cydwasanaethau GIG Cymru. Felly mae'r £1.48m sy'n weddill heb ei ddyrannu ar hyn o bryd.

4. SEFYDLU CYLLIDEBAU GWAELODLIN AR GYFER 2020-21

4.1 Cyllidebau Comisiynu

Mae'r llythyr dyraniad drafft gan Lywodraeth Cymru'n pennu mai £244.229m yw cyfanswm gwaelodlin gylchol graidd AaGIC ar gyfer 2020-21. O'r swm hwn, mae £214.190m yn ymwneud â'r cyllidebau Comisiynu ar gyfer Cyflogau Gradd Hyfforddi, hyfforddiant Meddygon Teulu, Fferylliaeth cyn cofrestru, hyfforddiant Deintyddol Sylfaenol, ac Addysg Anfeddygol. Mae'r gwerthoedd perthnasol yn y broses gosod cyllidebau wedi cael eu pennu gan y dyraniadau a'r codiadau penodol a ddarperir ar gyfer trosglwyddiadau neu achosion busnes cymeradwy y cytunwyd arnynt â Llywodraeth Cymru.

Mae gweddill dyraniad Llywodraeth Cymru wedi'i rannu rhwng swyddogaeth costau rhedeg a sefydliad AaGIC, a Chostau Rhaglenni ar gyfer y timau Meddygol, Anfeddygol a Fferyllol.

4.2 Cyllidebau Cyflogau

Mae cyllidebau cyflogau wedi cael eu cyfrifo ar sail union fanylion cyflogau a graddfeydd cyflog sydd wedi'u llwytho i lawr o'r Cofnod Staff Electronig ar gyfer staff presennol, gan adlewyrchu'r newidiadau hysbys o ran codiadau yn 2020-21. Mae effaith dyfarniad cyflog y GIG ar gyfer 2019-20 a'r effaith amcan yn 2020-21 wedi cael eu cynnwys mewn cyllidebau. Mae dyfarniadau cyflog Prifysgol Caerdydd ar gyfer 2019-20 a 2020-21 wedi cael eu cynnwys hefyd. Mae'n bwysig nodi bod effaith dyfarniad cyflog y Corff Adolygu Meddygon a Deintyddion yn 2019-20 wedi cael ei hadlewyrchu, gan gynnwys Addysgwyr Meddygon Teulu a Deintyddol a'r cynnydd yn y Grant Hyfforddwyr, ond dim ond 1% cyntaf dyfarniad cyflog y Corff Adolygu Meddygon a Deintyddion yn 2020-21, oherwydd nid yw'r cynnydd gwirioneddol wedi cael ei gytuno eto. Mae Llywodraeth Cymru wedi nodi y bydd yn darparu dyraniad ychwanegol i ariannu'r dyfarniad hwn pan fydd y gwerth wedi cael ei bennu'n bendant.

Mae'r swyddi gwag yn y strwythur, y cytunwyd arnynt gan y Tîm Gweithredol, wedi cael eu costio a'u cynnwys ym mhob cyllideb ddirprwyedig ar bwynt canol y raddfa.

4.3 Cyllidebau Heb Gynnwys Cyflogau

Roedd y man cychwyn ar gyfer asesu gofynion cyllidebol costau heb gynnwys cyflogau wedi deillio o lwytho'r cyfriflyfr i lawr ym mis 6 2019-20, gydag adolygiad llawn dilynol o'r gwariant cylchol ac anghylchol yn ystod 12 mis

gweithredu cyntaf y sefydliad. Cynhaliwyd cyfarfodydd â phob deiliad cyllideb i adolygu'r gyllideb ddrafft yn fanwl, a gwnaed cais am adborth ynghylch unrhyw hepgoriadau neu ofynion cyllidebol ychwanegol. Cafodd y gofynion ychwanegol eu casglu ynghyd ar restr o geisiadau cyllid yn ôl disgresiwn, wedi'u rhannu yn geisiadau y gellid eu hystyried a'u hariannu yn fewnol o'r adnoddau sydd ar gael i AaGIC, gan ddefnyddio terfyn o £25,000, ac yn geisiadau lle byddai'n rhaid cael cyllid ychwanegol gan Lywodraeth Cymru neu ffynhonnell arall. Cafodd y cynlluniau eu cynnwys yng nghynllun ariannol y Cynllun Tymor Canolig Integredig, ond nid ydynt wedi'u cynnwys ar y pwynt hwn yn nyraniad cylchol AaGIC. Cafodd unrhyw newidiadau eraill yn sgil adolygiadau deiliad cyllidebau eu casglu ynghyd a'u hadlewyrchu yn y Gyllideb Heb Gynnwys Cyflogau y cytunwyd arni yng nghynllun ariannol y Cynllun Tymor Canolig Integredig. Cynhaliwyd adolygiad pellach ym mis Ebrill i wneud yn siŵr nad oedd angen gwneud unrhyw newidiadau eraill i'r cyllidebau dirprwyedig er mwyn adlewyrchu cyllid ychwanegol y cytunwyd arno ers llunio fersiwn ddrafft o'r Cynllun Tymor Canolig Integredig.

Mae cyllidebau rhaglenni wedi cael eu trafod a'u cytuno â thimau cyfarwyddiaethau hefyd, ac unrhyw broblemau o ran llifau/trosglwyddiadau cyllid rhwng timau wedi'u nodi a'u datrys. Mae dyraniadau penodol ar gyfer Gwasanaeth Gwybodeg GIG Cymru ac e-adnoddau GIG Cymru, sydd wedi cael eu dyrannu'n briodol. Mae'r dyraniadau penodol eraill ar gyfer costau rhedeg yn cynnwys ffioedd archwilio, ac mae costau cyfreithiol a risg hefyd wedi cael eu dyrannu i ganolfannau costau priodol a chodau gwrthrychol.

4.4 Cyllid Datblygu

Mae'r dyraniad cylchol o £1m ar gyfer datblygiadau pellach wedi'i gynnwys yn y dyraniad craidd, ac mae £600k arall wedi'i ddarparu ar sail anghylchol yn 2020-21 ar ôl dychwelyd y cyllid hwn i Lywodraeth Cymru yn 2019-20 gyda chytundeb y byddai'n cael ei ailddarparu yn 2020-21. Mae'r cynlluniau buddsoddi sydd eisoes wedi'u cymeradwyo gan y Tîm Gweithredol wedi cael eu hariannu. Mae gweddill y cyllid datblygu yn cael ei ddal yn ganolog yn y gronfa gorfforaethol wrth gefn hyd nes y caiff y dyraniad priodol ei bennu.

5. CRYNODEB O GYLLIDEBAU REFENIW DIRPRWYEDIG 2019-20

Cytunwyd i benodi dwy swydd Cyfarwyddwr tymor penodol ychwanegol yn ystod 2020-21 ac mae'r cyllidebau ar gyfer Cyllid, Cynllunio, Digidol a Chorfforaethol bellach wedi cael eu gwahanu i gyd-fynd â phortffolios y swyddi Cyfarwyddwr newydd. Dangosir hyn yn fwy manwl yn y tabl isod:

Cost Centres	Portfolio
E001	HEIW Board and Support
E004	Chief Exec and Support
FDZZ	Digital and IT
FIZZ	Finance
FPZZ	Planning, Performance & Corporate Services
MZZZ	Medical Director
NZZZ	Director of Nursing
WZZZ	Director of Workforce & OD

Mae'r cyllidebau sydd wedi'u dirprwyo i Gyfarwyddwyr wedi'u nodi yn Atodiad 2.

6. PRIF RISGIAU'R CYNLLUN

Wrth gyflwyno'r cyllidebau dirprwyedig arfaethedig, gwneir nifer o ragdybiaethau allweddol:-

- Mae'r cynllun yn rhagdybio y bydd unrhyw bwysau costau yn ystod y flwyddyn yn cael eu rheoli mewn ffordd niwtral o ran cost.
- Er y bydd y broses o recriwtio ar gyfer swyddi gwag yn y sefydliad yn mynd rhagddi'n gyflym, mae posibilrwydd o lithriant yn y gwariant yn erbyn y cyllidebau a osodwyd.
- Mae capasiti digonol yn bodoli yn y Sefydliad i barhau â'r gweithgareddau datblygu fel y nodir yn y Cynllun Tymor Canolig Integredig.
- Mae effeithiau parhaus Covid-19 ar gynlluniau a datblygiadau addysg a hyfforddiant yn y Cynllun Tymor Canolig Integredig yn dal yn cael eu hystyried ar hyn o bryd, ac efallai y bydd rhaid adnewyddu'r cynllun adnoddau yn ystod y flwyddyn.

7. CASGLIAD

Mae AaGIC wedi sefydlu Cynllun Adnoddau ar gyfer 2020-21 ar sail Cynllun Tymor Canolig Integredig 2020-21 i 2022-23, sy'n nodi'r cyllidebau dirprwyedig ar gyfer Cyfarwyddwyr.

Bydd sicrhau cydbwysedd ariannol ar ddiwedd y flwyddyn yn gofyn am ddisgyblaeth i reoli costau yn yr adnoddau sydd ar gael, ond hefyd am recriwtio llwyddiannus i wneud yn siŵr bod gan y Sefydliad y capasiti i gyflawni'r amcanion y cytunwyd arnynt.

Mae'n bwysig bod deiliad cyllidebau dim ond yn ymrwymo adnoddau pan fydd cyllid ar gael, ac yn cymryd camau unioni prydlon os bydd achosion o orwariant yn ystod y flwyddyn.

Bydd sicrhau sefyllfa gytbwys ar ddiwedd y flwyddyn yn gofyn am reolaeth effeithiol a disgybledig ar gyllidebau. Hoffai AaGIC reoli unrhyw risgiau hefyd, a manteisio i'r eithaf ar gyfleoedd sy'n codi yn ystod y flwyddyn.

Mae'n bosibl y bydd effaith COVID-19 ar gyllidebau addysg a hyfforddiant yn golygu bod rhaid cyflwyno achosion busnes pellach yn ystod y flwyddyn i Lywodraeth Cymru, os yw'r costau ariannol yn rhy fawr i'w rheoli yn y dyraniad a nodir.

8. ARGYMHELLION

Gofynnir i Fwrdd AaGIC wneud y canlynol

1. **Cytuno ar y fethodoleg ar gyfer pennu cyllidebau dirprwyedig 2020/21.**
2. **Nodi'r fframwaith ariannol fel yr amlinellir yn y Cynllun Tymor Canolig Integredig**
3. **Nodi Dyraniad Llywodraeth Cymru.**
4. **Nodi ac ystyried y prif risgiau a amlinellir.**

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
Does dim goblygiadau o ran Ansawdd, Diogelwch a Phrofiad Cleifion
Goblygiadau Ariannol
Mae'r goblygiadau ariannol wedi'u nodi uchod yng nghorff yr adroddiad.
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)
Mae dyletswydd statudol ar AaGIC i fantoli'r gyllideb ar ddiwedd y flwyddyn, ac mae'r adroddiad yn nodi'r Cynllun Adnoddau ar gyfer 2019-20, gan gynnwys sefyllfa cyllidebau dirprwyedig i Gyfarwyddwyr. Does dim goblygiadau cysylltiedig â chydraddoldeb nac amrywiaeth yn codi o'r papur hwn.
Goblygiadau Staffio
Does dim goblygiadau staffio yn codi o'r papur hwn.
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)
Mae'r adroddiad yn disgrifio'n gryno sut mae AaGIC yn ceisio mabwysiadu dull cynaliadwy o reoli cyllid a fydd yn galluogi AaGIC i gyflawni ei amcanion tymor hir.

Hanes yr Adroddiad	Mae'r adroddiad yn cyfeirio at y Cynllun Adnoddau blaenorol a rannwyd â bwrdd AaGIC ym mis Mawrth 2019.
Atodiadau	Mae Atodiad A yn cynnwys crynodeb o'r ffigurau y cyfeirir atynt yn yr adroddiad.

Five-year Financial Plan 2020-21 to 2024-25

2020/21 - 24/25 IMTP Financial Plan - Executive Summary

	Annual 2019/20 Budget	Draft 2020/21 Budget	Draft 2021/22 Budget	Draft 2022/23 Budget	Draft 2023/24 Budget	Draft 2024/25 Budget
	£	£	£	£		
Executive Office						
Pay	1,324,638	1,387,602	1,414,314	1,438,894	1,462,652	1,486,855
Non Pay	965,815	1,567,473	983,148	992,979	1,002,909	1,012,938
Total Executive Office	**2,290,453**	**2,955,075**	**2,397,462**	**2,431,873**	**2,465,561**	**2,499,793**
Finance & Corporate Services						
Income	-	-	-	-	-	-
Pay	1,995,987	2,134,457	2,186,913	2,222,511	2,255,849	2,289,686
Non Pay	6,478,179	6,604,422	6,665,266	6,726,718	6,788,786	6,851,474
Total Finance & Corporate Services	**8,474,166**	**8,738,878**	**8,852,179**	**8,949,230**	**9,044,634**	**9,141,160**
Medical Director						
Income	- 608,242	- 598,871	- 604,860	- 610,909	- 617,018	- 623,188
Pay	8,769,379	9,563,708	9,810,471	10,016,143	10,166,386	10,318,881
Non Pay	6,436,221	6,536,653	6,783,520	7,019,355	7,089,548	7,160,444
TGS	50,113,583	53,465,349	56,657,146	60,959,985	64,122,158	67,612,093
GP Training	15,309,000	21,496,127	25,105,271	29,070,250	29,998,850	30,144,219
I&R	229,000	231,290	233,603	235,939	238,298	240,681
PGMDE	4,749,997	4,863,894	4,971,894	5,072,890	5,173,369	5,275,848
WCAT	1,779,000	1,769,573	1,787,269	1,805,141	1,823,193	1,841,425
Pharmacy Commissioning	581,724	4,637,417	7,003,954	7,544,586	8,141,695	8,223,111
Dental Commissioning		8,900,000	8,989,000	9,078,890	9,169,679	9,261,376
Relocation Expenses	859,000	1,288,260	1,314,025	1,340,306	1,367,112	1,394,454
Total Medical Director	**88,218,662**	**112,153,399**	**122,051,293**	**131,532,576**	**136,673,269**	**140,849,343**
Nursing						
Pay	745,899	1,334,234	1,449,512	1,339,776	1,226,890	1,237,896
Non Pay	155,843	160,401	162,005	163,625	162,171	163,793
Commissioning	113,753,154	124,948,682	136,597,836	144,303,195	147,917,178	150,605,728
Total Nursing	**114,654,896**	**126,443,317**	**138,209,354**	**145,806,596**	**149,306,239**	**152,007,417**
Workforce & OD						
Pay	1,659,329	2,054,793	2,106,359	2,145,040	2,177,216	2,209,874
Non Pay	640,520	646,925	653,394	659,928	666,528	673,193
Total Workforce & OD	**2,299,849**	**2,701,719**	**2,759,754**	**2,804,969**	**2,843,743**	**2,883,067**
Grand Total	**215,938,026**	**252,992,389**	**274,270,042**	**291,525,244**	**300,333,447**	**307,380,780**

Discretionary Funding Requests

	2019/20	Discretionary Investment 20/21	Discretionary Investment 21/22	Discretionary Investment 22/23	Discretionary Investment 23/24	Discretionary Investment 24/25
		£	£	£	£	£
Executive Office		65,700	66,357.30	67,021	67,691	68,368
Finance & Corporate Services		437,413	653,136.89	673,868	679,608	685,403
Medical Director		5,125,162	6,672,942.20	11,586,204	13,624,219	14,324,032
Nursing		211,750	437,744.86	468,670	473,356	478,089
Workforce & OD		1,267,232	2,462,854.22	4,217,397	4,259,572	4,302,167
Grand Total		**7,107,256**	**10,293,035**	**17,013,160**	**19,104,445**	**19,858,060**

HEIW FULL DETAIL



Cost Centre=E001 (HEIW Board & Support)

	Annual Budget
PAY	
20000 Chair	48,114.00
20100 Non-Executive Member	58,710.00
20200 Chief Executive	196,644.00
20400 Other Board level Director	115,586.00
2K141 Admin & Clerical Band 4	26,870.00
2K161 Admin & Clerical Band 6	41,334.00
2K171 Admin & Clerical Band 7	105,396.00

TOTAL PAY	592,654.00

NON PAY	
32200 External Contracts : Catering	1,620.00
33610 Travel & Subsistence	14,140.00
34200 Training Expenses	10,100.00
34270 Room Hire	1,410.00
37480 Translation Costs	100,000.00

TOTAL NON PAY	127,270.00

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GRAND TOTAL	719,924.00
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HEIW FULL DETAIL



Cost Centre=E004 (HEIW CEO & Support)

	Annual Budget
PAY	
20300 Executive Director	652,972.00
2K121 Admin & Clerical Band 2	23,596.00
2K151 Admin & Clerical Band 5	71,626.00
2K161 Admin & Clerical Band 6	47,377.00

TOTAL PAY	795,571.00

NON PAY	
33000 Printing Costs	2,273.00
33610 Travel & Subsistence	5,050.00
34200 Training Expenses	3,030.00
34400 Legal/Prof Fees	99,200.00
36700 Audit Fees : Statutory	178,770.00
37910 General Reserves	1,919,914.00
38351 SLA : Cardiff And Vale University	14,000.00

TOTAL NON PAY	2,222,237.00

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GRAND TOTAL	3,017,808.00
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HEIW FULL DETAIL



Cost Centre=FDZZ (Digital Directorate)

	Annual Budget
PAY	
2K141 Admin & Clerical Band 4	59,885.00
2K151 Admin & Clerical Band 5	410,232.00
2K161 Admin & Clerical Band 6	223,784.00
2K171 Admin & Clerical Band 7	151,546.00
2K181 Admin & Clerical Band 8A	57,454.00
2K183 Admin & Clerical Band 8C	80,525.00

TOTAL PAY	983,426.00

NON PAY	
32200 External Contracts : Catering	300.00
33020 Books, Journals & Subscriptions	1,560.00
33610 Travel & Subsistence	17,987.00
34220 Conferences And Seminars	300.00
35510 Office Equipment & Materials : Pur	1,200.00
35540 Computer Hardware Purchases	4,800.00
35550 Computer Software/License Fees	433,956.00
35560 Computer Network Costs	31,656.00
38380 NWIS/NWSSP Disburs't to other NHS	3,590,016.00

TOTAL NON PAY	4,081,775.00

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GRAND TOTAL	5,065,201.00
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HEIW FULL DETAIL



Cost Centre=FIZZ (Finance Directorate)

	Annual Budget
INCOME	
02300 Welsh Govt. Other Income	-246,508,157.00

TOTAL INCOME	-246,508,157.00

PAY	
2K131 Admin & Clerical Band 3	80,300.00
2K141 Admin & Clerical Band 4	26,870.00
2K151 Admin & Clerical Band 5	110,550.00
2K161 Admin & Clerical Band 6	123,586.00
2K171 Admin & Clerical Band 7	319,389.00
2K183 Admin & Clerical Band 8C	88,418.00
2K184 Admin & Clerical Band 8D	96,115.00
2K900 Agency - Admin & Clerical	0.00
2K902 Apprentice - Admin & Clerical	49,104.00

TOTAL PAY	894,332.00

NON PAY	
32810 Other General Supplies & Services	600.00
33020 Books, Journals & Subscriptions	1,010.00
33610 Travel & Subsistence	9,821.00
34410 Net Bank Charges	6,240.00
36500 External Consultancy Fees	9,600.00
38330 SLA : Velindre	77,770.00

TOTAL NON PAY	105,041.00

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GRAND TOTAL	-245,508,784.00
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HEIW FULL DETAIL



Cost Centre=FPZZ (Planning, Performance & Corporate Services)

	Annual Budget
PAY	
20684 Senior Manager Band 8D	96,115.00
2K151 Admin & Clerical Band 5	33,379.00
2K161 Admin & Clerical Band 6	41,928.00
2K171 Admin & Clerical Band 7	67,251.00
2K181 Admin & Clerical Band 8A	57,454.00
2K900 Agency - Admin & Clerical	0.00

TOTAL PAY	296,127.00

NON PAY	
32220 External Contracts : Window Cleani	2,000.00
32510 Cleaning Materials	6,000.00
32810 Other General Supplies & Services	600.00
33010 Stationery	6,000.00
33200 Postage & Carriage	5,700.00
33210 Packing & Storage	100.00
33300 Telephone Installation	33,306.00
33320 Telephone Call Charges	13,680.00
33340 Mobile Phones	7,920.00
33610 Travel & Subsistence	2,023.00
34220 Conferences And Seminars	2,020.00
35000 Electricity	72,000.00
35010 Gas	14,400.00
35020 Water	9,200.00
35200 Rates	141,400.00
35220 Premises Lease Rent	369,778.00
35300 Contract : Photocopying Rental & C	13,180.00
35310 Contract : Refuse & Clinical Waste	3,780.00
35320 Contract : Hygiene & Sanitary	37,716.00
35330 Contract : Pest Control	2,916.00
35350 Contract : Supply & Fix	0.00
35370 Contract : Premises Security	20,376.00
35550 Computer Software/License Fees	160.00
35590 Health & Safety Costs	7,800.00
35840 Minor Works	120,465.00
35910 Building Contracts	42,708.00

35910 Building Contracts	42,708.00
35920 Buildings Insurance	2,050.00
36010 Depreciation On Owned/Leased (DEL)	520,000.00
37470 Miscellaneous Expenditure	0.00

TOTAL NON PAY	1,457,278.00

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GRAND TOTAL	1,753,405.00
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HEIW FULL DETAIL



Cost Centre=MZZZ (Medical Director)

	Annual Budget
INCOME	
04300 Post Graduate Centre Income	-23,988.00
04620 Course Fee Income (Ed & Tr)	-6,060.00
06000 Inc Gen - Training	-561,813.00
09070 Consultancy Fees Income	-7,011.00

TOTAL INCOME	-598,872.00

PAY	
20683 Senior Manager Band 8C	0.00
20691 Senior Manager Band 9	117,362.00
21000 Consultant (M&D)	1,004,513.00
21100 Locum Consultant (M&D)	3,856.00
22250 Specialist Dental Officer	812,402.00
23100 Specialty Registrar (M&D)	128,437.00
25300 G.P.Sessions / Staff Fund	2,977,269.00
2E451 Pre Reg Pharmacist Band 5	2,159.00
2E471 Pharmacist Band 7	274,932.00
2E481 Pharmacist Band 8A	215,278.00
2E483 Pharmacist Band 8C	93,230.00
2E491 Pharmacist Band 9	96,767.00
2F351 Pharmacy Technician Band 5	2,483.00
2F361 Pharmacy Technician Band 6	99,049.00
2F371 Pharmacy Technician Band 7	58,201.00
2G346 Dental Surgery Assistant Band 6	127,149.00
2K131 Admin & Clerical Band 3	490,610.00
2K141 Admin & Clerical Band 4	722,900.00
2K151 Admin & Clerical Band 5	563,258.00
2K161 Admin & Clerical Band 6	691,856.00
2K171 Admin & Clerical Band 7	566,838.00
2K181 Admin & Clerical Band 8A	167,243.00
2K182 Admin & Clerical Band 8B	0.00
2K900 Agency - Admin & Clerical	0.00
2K902 Apprentice - Admin & Clerical	32,418.00

TOTAL PAY	9,248,210.00

NON PAY	
30210 M&SE : Disposable	50,500.00
30290 Contractual Clinical Services	294,799.00
30500 M&SE Maintenance / Repairs & Compo	18,150.00
32200 External Contracts : Catering	73,597.00
33000 Printing Costs	24,764.00
33010 Stationery	1,200.00
33020 Books, Journals & Subscriptions	24,987.00
33200 Postage & Carriage	1,000.00
33210 Packing & Storage	2,010.00
33500 Advertising & Staff Recruitment	8,064.00
33600 Removal Expenses	0.00
33610 Travel & Subsistence	300,198.00
33650 Training Travel & Subsistence	60,816.00
34050 Taxi & Other Vehicle Hire	705.00
34200 Training Expenses	5,841,859.00
34210 Training Materials	58,351.00
34220 Conferences And Seminars	290,752.00
34230 ALS Courses / Training	161,551.00
34240 Junior Medical Training	1,100,000.00
34250 Lecture Fees	201,140.00
34270 Room Hire	175,010.00
34400 Legal/Prof Fees	4,782.00
35510 Office Equipment & Materials : Pur	680.00
35550 Computer Software/License Fees	257,697.00
37480 Translation Costs	929.00
37710 Recharge : Miscellaneous	33,072.00
38330 SLA : Velindre	21,610,522.00
38345 SLA: Public Health Wales	951,609.00
38350 SLA : Other NHS Organisations	1,498,990.00
38351 SLA : Cardiff And Vale University	14,011,485.00
38352 SLA : Betsi Cadwaladr University L	10,311,372.00
38353 SLA : Aneurin Bevan Local Health B	7,523,898.00
38354 SLA: Cwm Taf Morgannwg LHB	8,787,317.00
38355 SLA: Swansea Bay University LHB	9,317,605.00
38356 SLA : Hywel Dda Local Health Board	5,209,170.00
38357 SLA : Powys Teaching Local Health	96,070.00
38400 WDU E&T Contracts with Universitie	1,062,578.00
38410 WDU Student Salary Reimbursements	11,280,914.00
51750 Locums	38,951.00
55200 GP payments - other non clinical	1,644,160.00

TOTAL NON PAY	102,331,254.00

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GRAND TOTAL	110,980,592.00
	=========

HEIW FULL DETAIL



Cost Centre=NZZZ (Director of Nursing)

	Annual Budget
PAY	
20683 Senior Manager Band 8C	82,638.00
2A281 Nurse Manager Band 8A	0.00
2A282 Nurse Manager Band 8B	66,960.00
2K131 Admin & Clerical Band 3	93,516.00
2K141 Admin & Clerical Band 4	41,492.00
2K151 Admin & Clerical Band 5	92,402.00
2K161 Admin & Clerical Band 6	66,200.00
2K181 Admin & Clerical Band 8A	764,446.00
2K182 Admin & Clerical Band 8B	184,662.00
2K183 Admin & Clerical Band 8C	243,768.00
2K184 Admin & Clerical Band 8D	101,592.00
2K900 Agency - Admin & Clerical	0.00

TOTAL PAY	1,737,676.00

NON PAY	
32200 External Contracts : Catering	1,122.00
32810 Other General Supplies & Services	0.00
33610 Travel & Subsistence	19,072.00
33650 Training Travel & Subsistence	2,241,111.00
34200 Training Expenses	649,729.00
34220 Conferences And Seminars	1,800.00
35550 Computer Software/License Fees	24,667.00
36500 External Consultancy Fees	200,000.00
38400 WDU E&T Contracts with Universitie	73,306,300.00
38410 WDU Student Salary Reimbursements	16,234,931.00
38420 WDU Student Bursary Reimbursements	26,385,427.00
38430 WDU Student Disability Payments	400,000.00

TOTAL NON PAY	119,464,159.00

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GRAND TOTAL	121,201,835.00
	=========

HEIW FULL DETAIL



Cost Centre=WZZZ (Director of Workforce & OD)

	Annual Budget
PAY	
21000 Consultant (M&D)	20,448.00
2K131 Admin & Clerical Band 3	67,794.00
2K141 Admin & Clerical Band 4	169,546.00
2K151 Admin & Clerical Band 5	146,753.00
2K161 Admin & Clerical Band 6	170,336.00
2K171 Admin & Clerical Band 7	564,163.00
2K181 Admin & Clerical Band 8A	359,890.00
2K182 Admin & Clerical Band 8B	279,160.00
2K183 Admin & Clerical Band 8C	134,418.00
2K184 Admin & Clerical Band 8D	210,586.00
2K900 Agency - Admin & Clerical	0.00

TOTAL PAY	2,123,094.00

NON PAY	
32200 External Contracts : Catering	1,364.00
33000 Printing Costs	35,885.00
33010 Stationery	0.00
33200 Postage & Carriage	2,087.00
33210 Packing & Storage	760.00
33500 Advertising & Staff Recruitment	61,712.00
33610 Travel & Subsistence	17,170.00
33810 Leased Cars : Private Deductions	0.00
34200 Training Expenses	233,476.00
34210 Training Materials	1,010.00
34220 Conferences And Seminars	102,030.00
34270 Room Hire	1,010.00
34400 Legal/Prof Fees	28,455.00
35510 Office Equipment & Materials : Pur	101.00
35550 Computer Software/License Fees	39,150.00
36500 External Consultancy Fees	95,950.00
38330 SLA : Velindre	9,090.00
38351 SLA : Cardiff And Vale University	17,675.00

TOTAL NON PAY	646,925.00

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GRAND TOTAL	2,770,019.00
	=========

Cynllun Addysg, Comisiynu a Hyfforddiant ar gyfer 2021/22

Stephen Griffiths, y Cyfarwyddwr Nyrsio a'r Arweinydd Gweithredol ar gyfer Proffesiynau Perthynol i Iechyd a Gwyddor Gofal Iechyd yn AAGIC

Mai 2020

Fersiwn 2

Y cyd-destun

- **COVID 19!!**
- **COVID 19!!**
- **COVID 19!!**

Cymru Iachach
A Healthier Wales

Strategaeth gweithlu ar gyfer iechyd a gofal cymdeithasol

A workforce strategy for health and social care



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

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

Y cyd-destun

- COVID 19 – effaith bosib??
  - Cyfradd gadael uwch ymysg myfyrwyr?
  - Rhagor o bobl yn ymddeol?
  - Rhagor/llai yn dychwelyd i ymarfer?
  - Cyfraddau ymgeisio uwch/is?
  - Effaith hirdymor y galw uwch am wasanaethau ar amseroedd aros
  - Llai o weithgarwch yn golygu bod angen lefel uwch o ddarpariaeth gwasanaethau
  - Effaith ar leoliadau clinigol i fyfyrwyr a hyfforddeion

- Niferoedd addysg a hyfforddiant i lawer o grwpiau staff ar eu lefel uchaf ers 20 mlynedd

- Mae'r rhan fwyaf o fyfyrwyr a ddechreuodd yn 2018 wedi ymrwymo i weithio yng Nghymru ar ôl graddio – ond llai na'r llynedd

Y gweithlu iechyd a gofal cymdeithasol – Blaenoriaethau ar gyfer y llywodraeth nesaf

The Health Foundation (2019)

Negeseuon allweddol i Loegr (ond y sefyllfa'n debyg yng Nghymru):

- Y gweithlu wedi tyfu'n arafach dros y degawd diwethaf o'i gymharu â'r degawd blaenorol – er bod yr angen yn cynyddu
- Rhag-weld prinder gweithlu sylweddol mewn rhai meysydd:
  - Nyrsio – dros 100,000 erbyn 2028/29
  - Meddygon Teulu – nifer y cleifion fesul meddyg teulu parhaol yn parhau i gynyddu
- Cynyddu'r cymysgedd sgiliau i fodloni anghenion y gweithlu:
  - Fferyllwyr
  - Proffesiynau Perthynol i Iechyd
  - Gweithwyr Cymorth

Casgliad yr adroddiad yw bod angen tyfu gweithlu'r GIG a buddsoddi mewn addysg a hyfforddiant

Dull gweithredu ar gyfer 2021/22

- Drwy gydnabod bod buddsoddiad mewn hyfforddiant ac addysg yn talu ar ei ganfed yn fuan iawn ar ôl gradio, bydd Cynlluniau Addysg a Hyfforddiant yn seiliedig ar angen y gweithlu – a'r achos yn cael ei wneud pan fydd angen rhagor o fuddsoddiad.

- Ni fydd yr argymhellion yn y papur yn seiliedig ar anghenion gweithlu un flwyddyn. Bydd angen eu seilio ar y canlynol:
  - Cynlluniau Tymor Canolig Integredig
  - mwy o wybodaeth am y gweithlu sydd ar gael
  - capasiti'r system i gynnal gefnogi hyfforddiant/myfyrwyr/hyfforddeion

- Bydd Llywodraeth Cymru'n parhau i fod yn gyfrifol am gymeradwyo'r cynllun Addysg a Hyfforddiant a bydd rhaid ymrwymo i wariant cyn cytuno ar y gyllideb iechyd gyffredinol – amserlenni hyfforddiant

- Bydd AaGIC yn **ymgysylltu â rhanddeiliaid** (gan gydnabod y cyfyngiadau ar hyn yn sgil COVID-19) i sicrhau:

Cylch Blynyddol Cyfredol

- Ebrill – Mehefin:
  - Casglu ffurflenni comisiynu addysg sefydliadau ac amcanestyniadau staff
  - Adolygu yn erbyn data a modelau AaGIC
  - Mynd ar drywydd ymholiadau gyda sefydliadau unigol
  - Adolygu arbenigeddau meddygol a chyflwyniadau sefydliadau
  - Ymgysylltu â rhanddeiliaid
- Mehefin / Gorffennaf: Cynhyrchu'r cynllun drafft

- Gorffennaf:
  - Cyfarfod â'r Prif Weithredwr
  - Cyfarfod â'r NEB
  - Pwyllgor Addysg, Comisiynu ac Ansawdd AaGIC

Gorffennaf / Awst: cyflwyno i'r Gweinidog

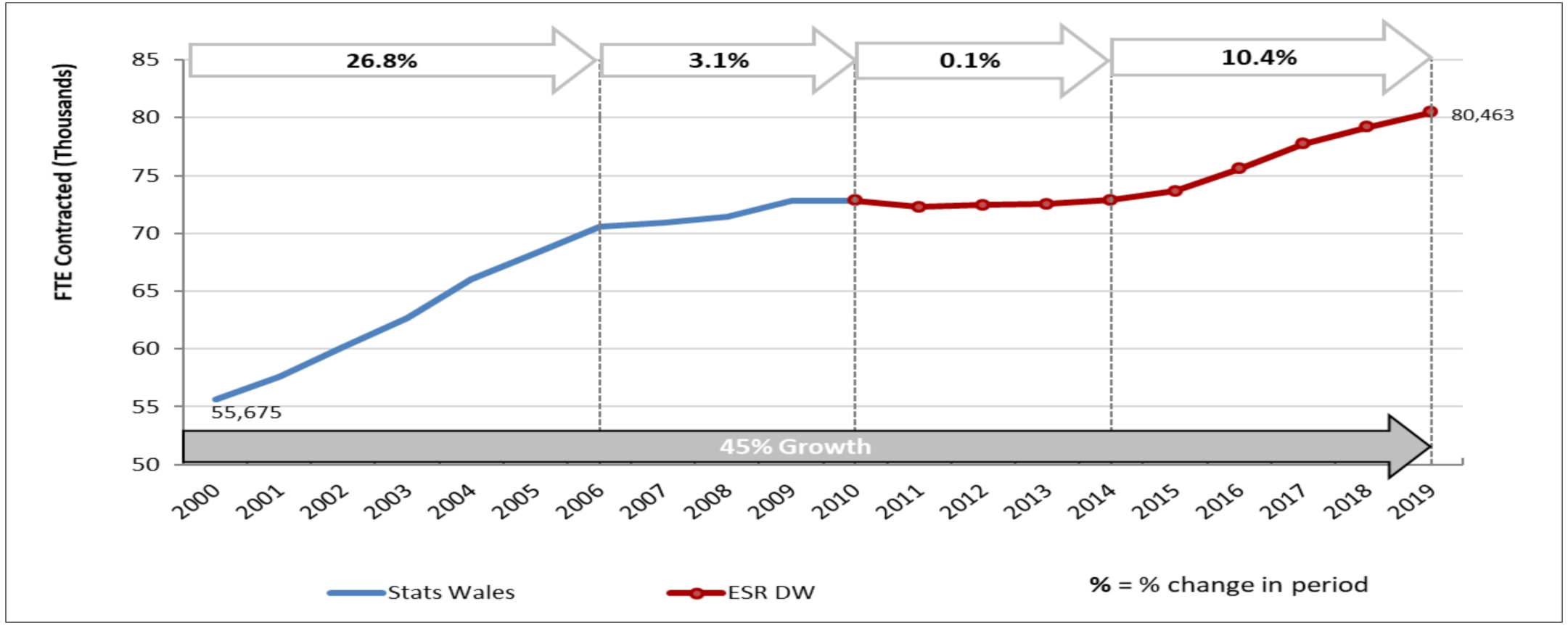
Medi / Hydref: Penderfyniad ynghylch buddsoddiad mewn addysg gofal iechyd broffesiynol ar gyfer y flwyddyn ganlynol, sy'n cynnwys yr holl staff gofal iechyd proffesiynol

Heriau Recriwtio Presennol a nodir mewn Cynlluniau Tymor Canolig Integredig

- **Meddygol** – yn amrywio ar draws byrddau iechyd ac ymddiriedolaethau a graddau ymgynghorwyr/hyfforddiant/meddygon arbenigol ac arbenigwyr cysylltiol, ond yn cynnwys: Seiciatreg, Meddygon Teulu, Meddyginiaeth Frys, Oncolegwyr, Trawma ac Orthopedeg, Llawdriniaeth Gyffredinol, Obstetreg a Gynaecoleg, Diabetes, Arbenigeddau Patholeg gan gynnwys Histopatholeg a Microbioleg a Chlefydau Heintus, Gofal yr Henoed, Anestheteg a Meddygaeth Gofal Dwys, Niwroleg, Pediatreg, Wroleg, Genetegydd, Iechyd Rhywiol, y Glust a'r Trwyn a'r Gwddf, Gastroenteroleg, Rhewmatoleg, Offthalmoleg, Deintyddol
- **Nyrsio** – drwodd draw gan gynnwys iechyd oedolion, iechyd plant, iechyd meddwl (gan gynnwys CAMHS), nyrsys practis
- **Proffesiynau Perthynol i Iechyd** – mewn nifer o gynlluniau – gan gynnwys ffisiotherapi (gan gynnwys gradd mynediad), therapydd lleferydd ac iaith, therapi galwedigaethol, ymarferwyr adran lawdriniaethau, deieteg, orthoptwyr, seicolegwyr clinigol
- **Gwyddor Gofal Iechyd** – Radiograffwyr, Sonograffwyr, Ffisiolegwyr Cardiaidd, Peirianwyr Adsefydlu, Ymarferwyr Meddygaeth Niwclear
- **Fferylliaeth** – llai o anawsterau recriwtio wedi'u hadrodd yng nghynlluniau eleni
- **Nid ym mhob cynllun ond mewn nifer ohonynt:** Therapyddion gwybyddol ymddygiadol a therapyddion seicolegol eraill, gan gynnwys ym meysydd gofal sylfaenol a CAMHS, yr holl grwpiau staff ar draws gwasanaethau iechyd meddwl, technegwyr TG a dadansoddwyr gwybodaeth, staff ystadau, a rheolwyr profiadol ar lefelau uwch a gweithredol. Roedd Iechyd Cyhoeddus Cymru wedi cael anawsterau recriwtio ar draws grwpiau staff microbioleg.

Bydd y camau sydd wedi cael eu cymryd dros y blynyddoedd diwethaf yn dechrau mynd i'r afael â rhai o'r heriau hyn, e.e. cynnydd yn nifer y radiolegwyr sy'n hyfforddi

Twf y gweithlu yn gyffredinol – Proffil FTE gweithlu GIG Cymru 2000 - 2019



ARGYMHELLION AaGIC AR GYFER Y FLWYDDYN HYFFORDDI/ACADEMAIDD 2021/22

Gweithlu Meddygol

Arbenigedd	Cynnydd/lleihad sydd ei angen ar gyfer Awst 2021
Meddygaeth Frys	+3 Hyfforddai Uwch i ddarparu ar gyfer yr ACCS sy'n dod drwy'r system +2 swydd ACCS yn nilyniant lleoliadau Gogledd Cymru
Anestheteg	+3 Hyfforddai Uwch i gefnogi'r newidiadau i'r gweithlu
Meddygaeth Gofal Dwys	+4 Hyfforddai Uwch
Obstetreg a Gynaecoleg	+2 ST1 mewn ymateb i adroddiad Gofal Mamolaeth yng Nghymru
Pediatreg	+4 swydd ST1 ychwanegol i fynd i'r afael ag argymhellion adroddiad Coleg Brenhinol Pediatreg ac Iechyd Plant ar y gweithlu
Iechyd Rhywiol ac Atgenhedlu yn y Gymuned	Adolygiad yn 2021
Oncoleg Feddygol	+3 swydd Hyfforddiant Uwch y flwyddyn am 5 mlynedd i gefnogi'r agenda Canser
Oncoleg Glinigol	+4 swydd Hyfforddiant Uwch y flwyddyn am 5 mlynedd i gefnogi'r gwaith modelu'r gweithlu a wneir gan Goleg Brenhinol y Radiolegwyr
Microbioleg Feddygol	+3 Hyfforddai Uwch y flwyddyn am 5 mlynedd (2^{il} flwyddyn)
Radioleg	Cynnal nifer derbyniadau - 20

Gweithlu Meddygol

Arbenigedd	Cynnydd/lleihad syd ei angen ar gyfer Awst 2021
Meddygaeth Fewnol	+15 Hyfforddai Craidd yn newid i'r cwricwlwm Meddygaeth Fewnol
Meddygaeth Resbiradol	+2 Hyfforddai Uwch i gefnogi gofynion y gweithlu yn y dyfodol
Gastroenteroleg	+2 Hyfforddai Uwch i gefnogi gofynion y gweithlu yn y dyfodol
Arennol Diabetes ac Endocrinoleg	Dim newid ac adolygiad yn 2021
Meddygaeth Acíwt	+4 Hyfforddai Uwch i gefnogi ehangu'r gweithlu ac ymddeoliadau
Niwrolawdriniaeth	Lleihau swyddi'n raddol i gyd-fynd â hyfforddeion yn cwblhau eu hyfforddiant
Llawfeddygaeth Gyffredinol	+4 Hyfforddai Uwch i gefnogi gofynion y gweithlu yn y dyfodol a model gweithlu MTC
Trawma ac Orthopedeg	Dim newid
Llawfeddygaeth Blastig	+2 Hyfforddai Uwch i gefnogi model gweithlu MTC
Wroleg	+4 swydd Hyfforddiant Uwch i gefnogi gofynion y gweithlu yn y dyfodol a'r agenda Canser

Mwy o Feddygon Teulu

- Model newydd ar gyfer hyfforddiant Meddygon Teulu
  - Wedi dechrau ei roi ar waith
  - 160 o leoedd hyfforddiant Meddygon Teulu wedi'u hysbysebu, gyda'r dewis i or-recriwtio (187 wedi'u llenwi yn 2019)
  - Capasiti i recriwtio hyd at 200
  - Model hyfforddiant Meddygon Teulu "1+2" (50 - 70%)

Fferylliaeth

- Fferylliaeth cyn cofrestru – 170 o leoedd aml-sector cyfunol

- Diploma Fferylliaeth
  - yn dal yn 40 lle gyda'r darparwr sefydliad addysg uwch
  - Cynyddu'r gyllideb ymarfer uwch/sgiliau estynedig i'w gwneud hi'n bosib trawsnewid ymarfer ar draws sectorau (gweler y sleid Ymarfer Uwch)

- Technegwyr fferylliaeth cyn cofrestru – cynyddu'r lleoedd o 45 i 55, gyda nifer o'r rhain yn aml-sector

Modelu'r gweithlu ar gyfer gweithlu iechyd proffesiynol ehangach

- Mae AaGIC wedi datblygu adnoddau gweithlu i ystyried cyflenwad gweithlu

- Rhoi sail i dybiaethau
  - Seiliedig ar gyfartaledd **trosiant** dros y 3 blynedd ddiwethaf
  - Seiliedig ar **dueddiadau ymddeol** dros y 3 blynedd ddiwethaf
  - Seiliedig ar gyfraddau **gadael cyrsiau cyn gorffen** yn aros yn sefydlog

Mae'r ffigurau'n cael eu hystyried yn rhai ceidwadol oherwydd:

- Bydd y safbwynt polisi 'Ymrwymiad i weithio' yn dod i rym yng Nghymru yn 2020/21
- Yn anecdotaidd, mae cynnydd yn y cyfraddau ymddeol a dychwelyd

Beth mae'r gwaith modelu yn ei ddweud wrthym

Rhwng nawr a 2023, ar gyfartaledd, mae gan y gweithlu ar draws y proffesiynau nyrsio a phroffesiynau perthynol i iechyd y potensial i dyfu'n sylweddol o'i gymharu â data gwaelodlin 2018, **yn seiliedig ar y tueddiadau presennol**

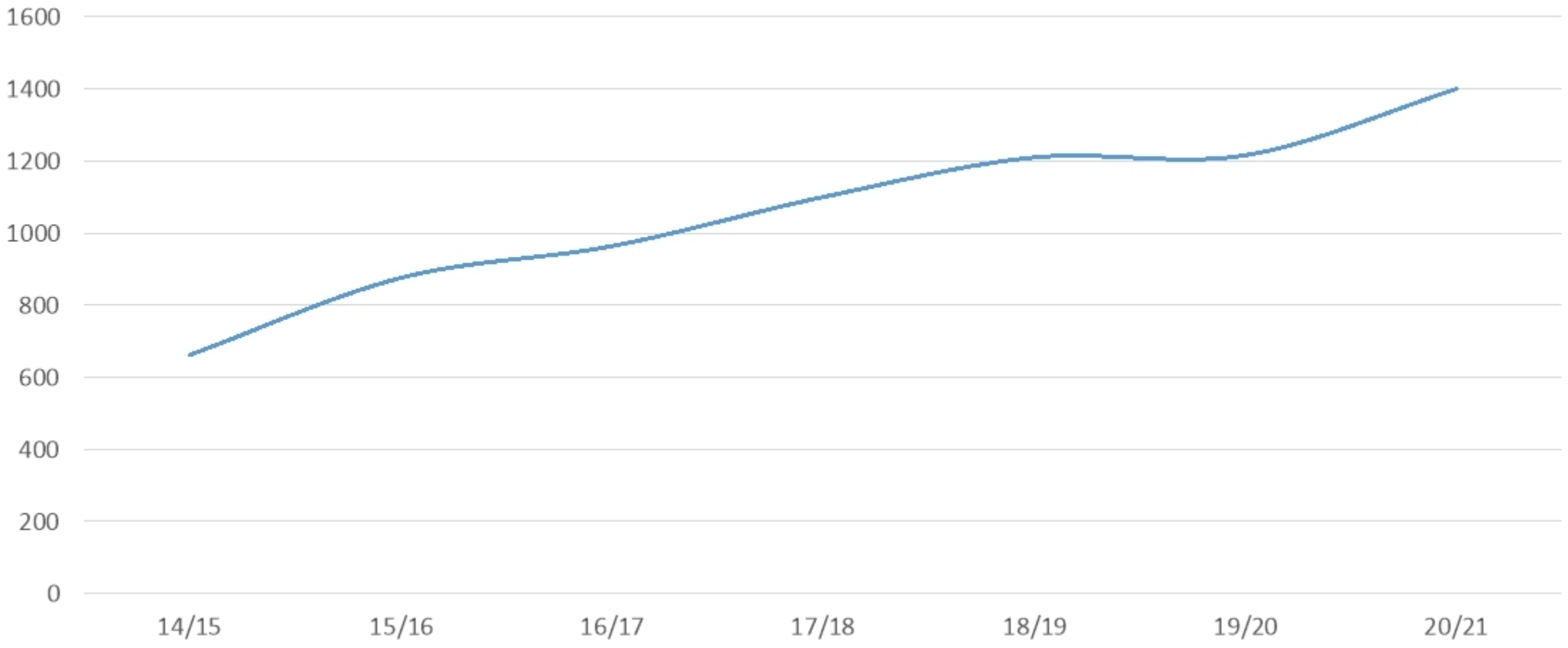
	FTE Sep 2019	Estimated Increase / Decrease FTE at 2024	Estimated Increase / Decrease % at 2024	FTE Sep 2020	Estimated Increase / Decrease FTE at 2025	Estimated Increase / Decrease % at 2025
Adult	16169	1849	11.4%	16347	2351	14.5%
Child	1702	458	26.9%	1751	564	33.2%
MH	3136	469	15.0%	3181	585	18.7%
LD	384	129	33.6%	389	164	42.7%
Total Nursing	**21390**	**2905**	**13.6%**	**21668**	**3664**	**16.9%**
Midwifery	1395	276	19.8%	1412	355	25.5%

*Mae amcangyfrifon 2024 yn seiliedig ar gadw 96% o raddedigion sy'n ymuno â'r gweithlu o fis Medi 2020 ymlaen o ganlyniad i'r cysylltiad

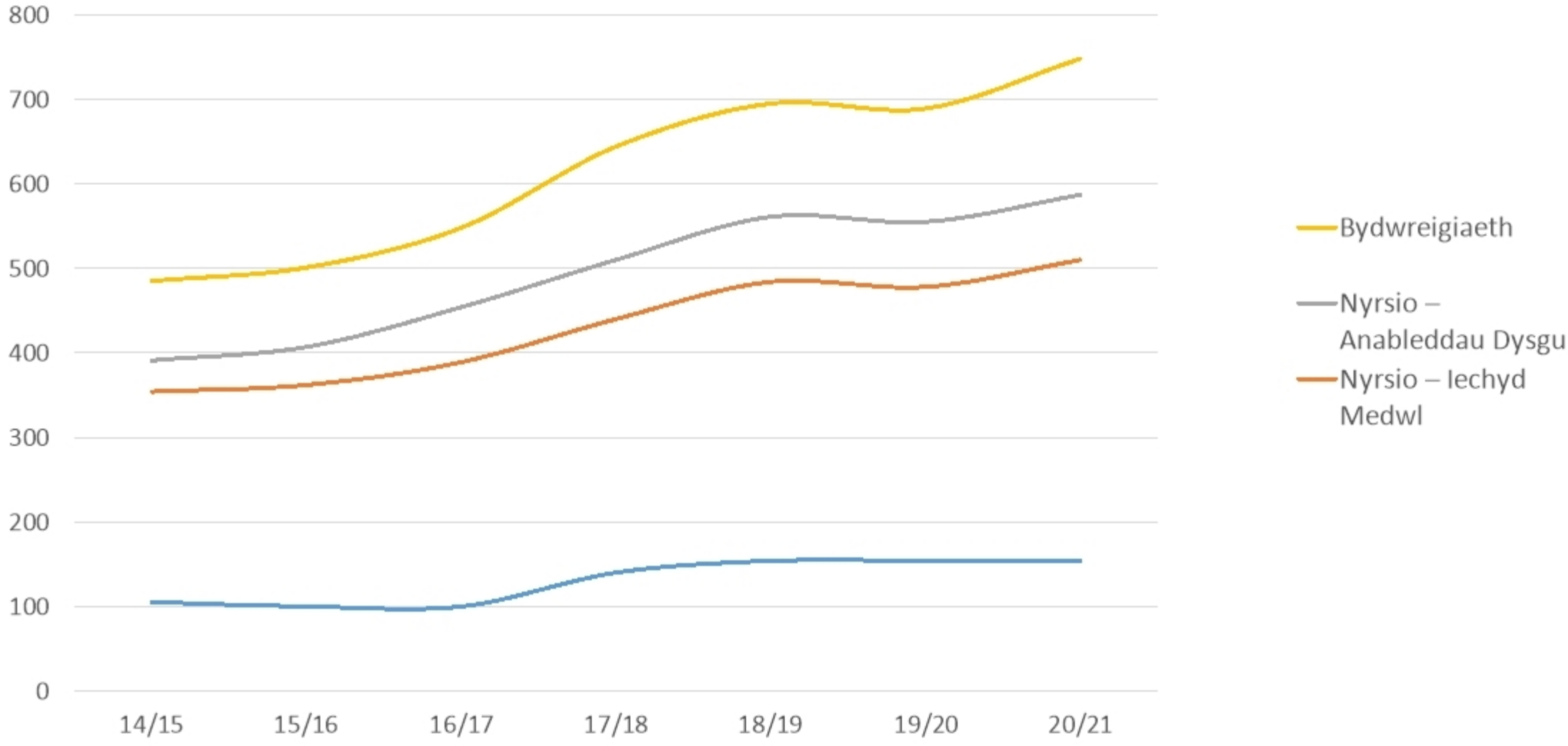
	FTE Sep 2019	Estimated Increase / Decrease FTE at 2024	Estimated Increase / Decrease % at 2024	FTE Sep 2020	Estimated Increase / Decrease FTE at 2025	Estimated Increase / Decrease % at 2025	
Occupational Therapy	1114	624	56.0%	1169	793	71.2%	
Physiotherapy	1318	693	52.6%	1344	886	67.2%	
Radiography (diagnostic)	994	364	36.6%	1012	471	47.4%	
Radiography (therapeutic)	165	89	53.8%	167	113	68.8%	**
Speech & language therapy	461	191	41.4%	474	252	54.6%	

**Based on 10% Graduate attrition

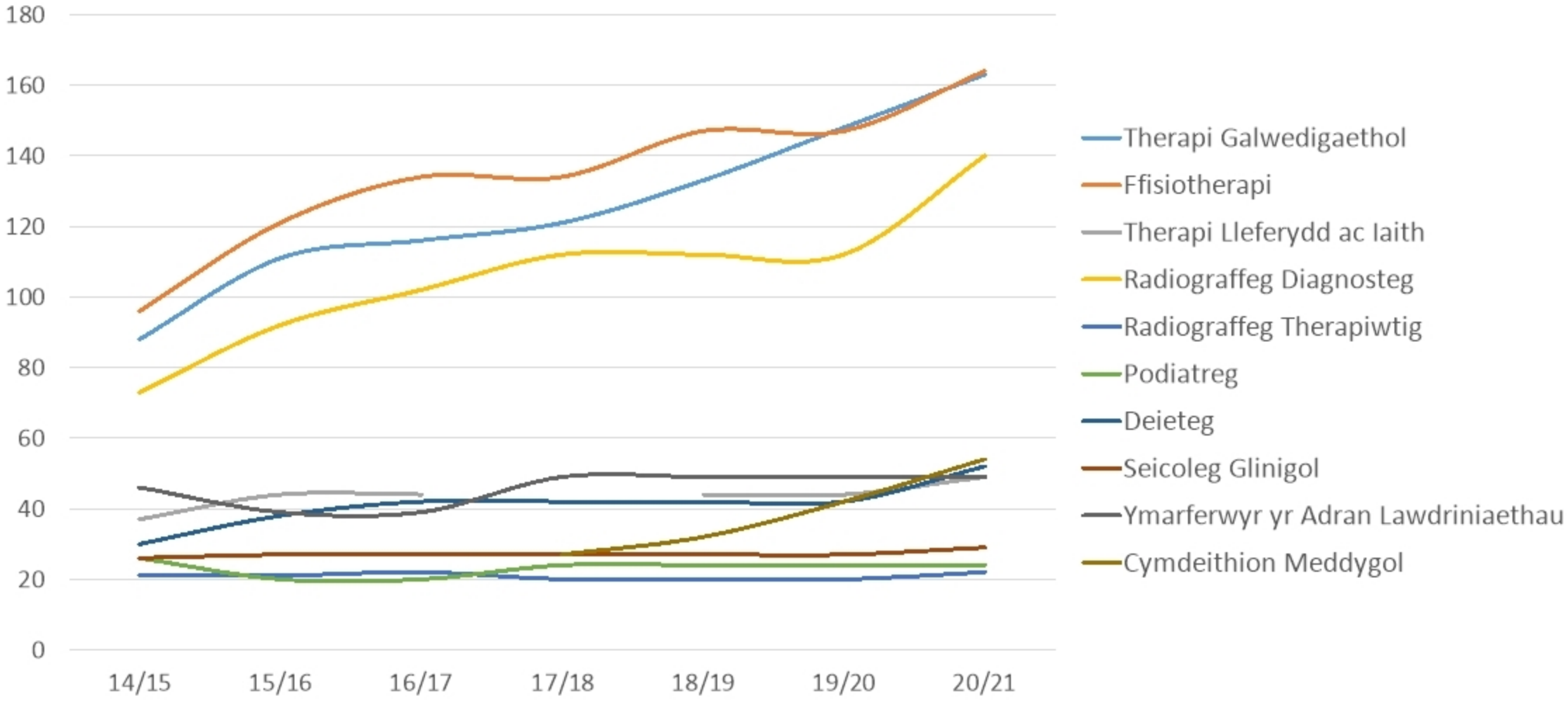
Comisiynau Nyrsio Oedolion 2014 - 2020



Comisiynau Bydwreigiaeth a Nyrsio cyn cofrestru 2014 - 2020



Comisiynau Proffesiynau Perthynol i Iechyd 2014 - 2020



Argymhellion

- **Staff proffesiynol iechyd ehangach**
- Dylai comisiynau iechyd barhau â strategaethau i gefnogi ehangu mynediad drwy:
  - Ehangu nifer y rhaglenni addysg sy'n cael eu cyflenwi drwy raglenni rhan-amser a byrrach
  - Cynyddu cyfran y lleoedd nyrsio cyn cofrestru a ddarperir drwy'r llwybr dysgu o bell/rhan-amser
  - Ehangu'r ddarpariaeth o leoedd nyrsio rhan-amser sydd ar gael i'r sector cartrefi gofal.

- Lleoedd nyrsio oedolion i gynyddu o **1,400 i 1540**
- Lleoedd nyrsio iechyd meddwl i gynyddu o **356 i 410**
- Lleoedd nyrsio plant i gynyddu o **159 i 175**
- Lleoedd bydwreigiaeth i gynyddu o **161 i 185**
- Lleoedd radiograffeg diagnosteg i aros ar **140**
- Lleoedd radiograffeg therapiwtig i gynyddu o **22 i 26**
- Lleoedd deieteg i gynyddu o **52 i 57**
- Lleoedd ffisiotherapi i gynyddu o **164 i 174**

- Parafeddygon i gynyddu o 52 i ??
- Lleoedd Doethuriaeth mewn Seicoleg Glinigol i gynyddu o **29 i 32**
- Gwyddor Gofal Iechyd
  - Lleoedd STPs i gynyddu o **30 i 35**
  - Lleoedd PTP BMS i gynyddu o **24 i 25**
- Cymdeithion Meddygol i aros yn ar **54**
- Cynyddu'r gyllideb Ymarfer Uwch **£500k**, o £1.5m i £2.0m*
- Cynyddu'r gyllideb Gweithwyr Cymorth Gofal Iechyd **£500k**, o £2.0m i £2.5m*
- *wedi'i chynyddu i gefnogi datblygiad y gweithlu iechyd meddwl a sgiliau clinigol ar draws y gweithlu
- Cynnal buddsoddiad mewn rhaglenni presgripsiynu anfeddygol yn dilyn cynnydd sylweddol y llynedd



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Martin.riley@wales.nhs.uk

Dyddiad Cyfarfod	**28 Mai 2020**	**Eitem Agenda**	**4.1**
Teitl Adroddiad	**Adolygiad o'r Cyfrifon Blynyddol 2019-20**		
Awdur Adroddiad	Martyn Pennell		
Noddwr Adroddiad	Eifion Williams		
Cyflwynwyd gan	Eifion Williams		
Rhyddid Gwybodaeth	Caeedig		
Pwrpas yr Adroddiad	Diben yr adroddiad hwn yw rhoi'r wybodaeth ddiweddaraf i Fwrdd AaGIC am y broses o gynhyrchu Cyfrifon Blynyddol ar gyfer Addysg a Gwella Iechyd Cymru am 2019-20.		
Materion Allweddol	Mae'r Cyfrifon Blynyddol sydd wedi'u diweddaru (Atodiad 1) yn dangos bod AaGIC wedi cyflawni ei dyletswydd ariannol i: • mantoli'r bwlch o ran adnoddau refeniw yn ystod y cyfnod cyfrifo. Mae Nodyn 2.1 ar dudalen 22 o'r datganiadau ariannol yn dangos tanwariant refeniw ar gyfer y cyfnod cyfrifyddu o £ 84k. • mantoli'r cyfrifon yn erbyn ei therfyn adnoddau cyfalaf dros y cyfnod cyfrifo. Nodyn 2.2. ar dudalen 22 o'r datganiadau ariannol yn dangos sefyllfa gyfalaf gytbwys ar gyfer y cyfnod cyfrifo.		
Camau penodol sydd eu hangen (Rhowch un ✓yn unig)	**Gwybodaeth**	**Trafodaeth**	**Sicrwydd**	**Cymeradwyo**
			✓	
Argymhellion	Gofynnir i Aelodau: • **Nodi'r** cyfrifon diweddaraf ar gyfer Addysg a Gwella Iechyd Cymru ar gyfer 2019-20.			

ADOLYGIAD O'R CYFRIFON BLYNYDDOL 2019-20

1. CYFLWYNIAD

Diben yr adroddiad hwn yw rhoi'r wybodaeth ddiweddaraf i Fwrdd AaGIC am y broses o gynhyrchu Cyfrifon Blynyddol ar gyfer Addysg a Gwella Iechyd Cymru am 2019-20.

2. CEFNDIR

Mae Llywodraeth Cymru (LlC) yn diffinio'r gofynion i sefydliadau GIG Cymru gyhoeddi adroddiad blynyddol a chyfrifon. Fel rhan o'r broses hon, mae Llywodraeth Cymru yn cyhoeddi nifer o derfynau amser cyflwyno allweddol y mae'n rhaid cadw atynt. Ar gyfer 2019-20 roedd y terfynau amser hyn yn cyd-fynd yn fras â'r rhai a ddilynwyd mewn blynyddoedd blaenorol ac roedd AaGIC wedi amserlennu ei bwyllgorau Archwiliad a Sicrwydd gofynnol a chyfarfod y Bwrdd yn unol â'r dyddiadau y cytunwyd arnynt.

O ganlyniad i oblygiadau achos COVID-19, cyhoeddodd Llywodraeth Cymru amserlen ddiwygiedig yn ymestyn y dyddiadau cau ar gyfer pob sefydliad. Dangosir y dyddiadau diwygiedig yn y tabl isod.

	Dyddiad Gwreiddiol	**Dyddiad Diwygiedig**
Cyflwyno datganiadau ariannol drafft i LlC a Swyddfa Archwilio Cymru (WAO)	Dydd Mercher 28 Ebrill 2020	Dydd Gwener 22 Mai 2020
Cyflwyno datganiadau ariannol archwiliedig i Lywodraeth Cymru	Dydd Gwener 29 Mai 2020	Dydd Mawrth 30 Mehefin 2020

Wrth drafod â Swyddfa Archwilio Cymru, nod AaGIC oedd cwblhau'r cyfrifon blynyddol yn unol â'r terfynau amser gwreiddiol a osodwyd, gan felly leihau effaith yr oedi ar y tîm cyllid yn y flwyddyn ariannol 2020/21. Cwblhawyd y cyfrifon drafft yn llwyddiannus erbyn y dyddiad gofynnol ac fe'u cyflwynwyd i Lywodraeth Cymru ar 28 Ebrill 2020. Fe'u cyflwynwyd i'r Pwyllgor Archwilio a Sicrwydd ar 6 Mai 2020 fel y bwriadwyd yn wreiddiol.

Ar ôl cyflwyno'r cyfrifon, mae Swyddfa Archwilio Cymru wedi bod yn cynnal eu harchwiliad statudol o'r datganiadau ariannol ac maent wedi llwyddo i gwblhau eu gwaith erbyn y dyddiadau gwreiddiol i raddau helaeth. Oherwydd y terfynau amser estynedig ledled Cymru, ar hyn o bryd, ni allant adolygu nifer o feysydd y mae'n ofynnol iddynt eu hystyried ac ni allant gwblhau eu barn archwilio ar y pwynt hwn. Fodd bynnag, mae Swyddfa Archwilio Cymru yn rhagweld y byddant yn gallu cyhoeddi barn archwilio ddiamod ar gyfrifon eleni.

Yn y Pwyllgor Archwilio a Sicrwydd ar 26 Mai 2020 cyflwynwyd y cyfrifon diwygiedig a'r ddogfen ISA260 wrth SAC i'r Pwyllgor, sy'n nodi eu prif ganfyddiadau o'r archwiliad 2019-20. Mae'r ddwy ddogfen wedi'u cynnwys fel atodiadau er gwybodaeth.

Caiff y cyfrifon archwiliedig terfynol a'r ISA260 eu cyflwyno i'r Pwyllgor Archwilio a Sicrwydd ddydd Mawrth 23ain Mehefin 2020 cyn eu cyflwyno i'r Bwrdd i ofyn am gymeradwyaeth

3. MATERION LLYWODRAETHU A RISG

Ni nodwyd unrhyw faterion llywodraethu na risg.

4. GOBLYGIADAU ARIANNOL

Mae'r Cyfrifon Blynyddol sydd wedi'u diweddaru (atodiad 1) yn dangos bod AaGIC wedi cyflawni ei dyletswydd ariannol i:

- mantoli'r bwlch o ran Adnoddau Refeniw yn ystod y cyfnod cyfrifo. Mae Nodyn 2.1 ar dudalen 22 o'r datganiadau ariannol yn dangos tanwariant refeniw ar gyfer y cyfnod cyfrifyddu o £ 84k.
- mantoli'r cyfrifon yn erbyn ei Therfyn Adnoddau Cyfalaf dros y cyfnod cyfrifo.

Mae Nodyn 2.2. ar dudalen 22 o'r datganiadau ariannol yn dangos sefyllfa gyfalaf gytbwys ar gyfer y cyfnod cyfrifo.

Mae AaGIC hefyd wedi cyrraedd targed y PSPP ar gyfer y flwyddyn ariannol 2019/20 gyda pherfformiad o 95.3%.

5. ARGYMHELLION

Gofynnir i'r Bwrdd;

- Nodi'r cyfrifion ar gyfer Addysg a Gwella Iechyd Cymru ar gyfer 2019-20.

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:** 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 ddylanwadwr ac arweinydd

Ansawdd, Diogelwch a Phrofiad y Claf
Nid oes unrhyw effaith ar ansawdd, diogelwch na phrofiad y claf.
Goblygiadau Ariannol
Nid oes unrhyw oblygiadau ariannol uniongyrchol o ganlyniad i'r papur hwn. Ymdrinnir â'r cydymffurfiad â'r dyletswyddau ariannol ym mharagraff 4 uchod.
Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth)
Nid oes unrhyw oblygiadau cyfreithiol.
Goblygiadau Staffio
Nid oes unrhyw oblygiadau staffio uniongyrchol.
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)
Nid oes unrhyw oblygiadau hir dymor.

Hanes yr Adroddiad	Cyflwynwyd y Cyfrifon Blynyddol drafft i'r Pwyllgor Archwilio a Sicrwydd ar 6 Mai 2020 ac adroddiad wedi'i ddiweddaru ar 26 Mai 2020.
Atodiadau	Atodiad 1 – Cyfrifon Blynyddol wedi'u Diweddaru 2019/20 Atodiad 2 – Swyddfa Archwilio Cymru ISA260.2019/20

Health Education and Improvement Wales (HEIW)

FOREWORD

These accounts have been prepared by Health Education and Improvement Wales, a Welsh Special Health Authority under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

These accounts cover the period 1st April 2019 to 31st March 2020.

Statutory background

HEIW was established by establishment order 2017 No. 913 (W. 224) which was made 11th September 2017 and came into force on the 5th October 2017.

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

On 1st October 2018 staff were transferred into HEIW and the organisation became fully operational. The inital accounting period ran from 5th October 2017 to 31st March 2019, but presented the accounting transactions only for the period of live operation from 1st October 2018 to 31st March 2019. The second accounting period runs from 1st April 2019 to 31st March 2020.

HEIW is the only Special Health Authority within Wales and has a leading role in the education, training, development and shaping of the healthcare workforce, supporting high-quality care for the people of Wales.

Performance Management and Financial Results

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

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

Performance against the resource limit is reported in Note 2 to the financial statements.

Statement of Comprehensive Net Expenditure for the period ended 31 March 2020

	Note	2019-20 £000	05-Oct-17 to 31-Mar-19 £'000
Non Medical Education And Training	3.1	**109,934**	56,766
Postgraduate Medical, Dental & Pharmacy Education	3.2	**76,217**	36,016
Other Operating Expenditure	3.3	**27,567**	13,177
		213,718	105,959
Less: Miscellaneous Income	4	**(698)**	(309)
Net operating costs before interest and other gains and losses		**213,020**	105,650
Investment Revenue	5	**0**	0
Other (Gains) / Losses	6	**0**	0
Finance costs	7	**0**	0
Net operating costs for the financial period		**213,020**	105,650

See note 2 on page 22 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 62 form part of these accounts

Other Comprehensive Net Expenditure

	2019-20 £000	05-Oct-17 to 31-Mar-19 £'000
Net gain / (loss) on revaluation of property, plant and equipment	0	0
Net gain / (loss) on revaluation of intangibles	0	0
(Gain) / loss on other reserves	0	0
Net gain / (loss) on revaluation of available for sale financial assets	0	0
Impairment and reversals	0	0
Other comprehensive net expenditure for the period	0	0
Total comprehensive net expenditure for the period	**213,020**	105,650

The notes on pages 8 to 62 form part of these accounts

Statement of Financial Position as at 31 March 2020

	Notes	As at 31 March 2020 £'000	As at 31 March 2019 £'000
Non-current assets			
Property, plant and equipment	11	**2,595**	2,989
Intangible assets	12	**0**	0
Trade and other receivables	15	**0**	0
Other financial assets	16	**0**	0
Total non-current assets		**2,595**	2,989
Current assets			
Inventories	14	**0**	0
Trade and other receivables	15	**1,074**	801
Other financial assets	16	**0**	0
Cash and cash equivalents	17	**7,465**	6,240
		8,539	7,041
Non-current assets classified as "Held for Sale"	11	**0**	0
Total current assets		**8,539**	7,041
Total assets		**11,134**	10,030
Current liabilities			
Trade and other payables	18	**(7,157)**	(6,121)
Other financial liabilities	19	**0**	0
Provisions	20	**(130)**	(30)
Total current liabilities		**(7,287)**	(6,151)
Net current assets/ (liabilities)		**1,252**	890
Non-current liabilities			
Trade and other payables	18	**(171)**	(194)
Other financial liabilities	19	**0**	0
Provisions	20	**0**	0
Total non-current liabilities		**(171)**	(194)
Total assets employed		**3,676**	3,685
Financed by :			
Taxpayers' equity			
General Fund		**3,676**	3,685
Revaluation reserve		**0**	0
Total taxpayers' equity		**3,676**	3,685

The financial statements on pages 2 to 7 were approved by the Board on 25 June 2020 and signed on its behalf by:

Chief Executive and Accountable Officer …….. Date ……
25 06 2020

The notes on pages 8 to 62 form part of these accounts

Statement of Changes in Taxpayers' Equity
For the period ended 31 March 2020

Changes in taxpayers' equity	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Balance at 1 April 2019	3,685	0	**3,685**
Net operating cost for the period	(213,020)		**(213,020)**
Net gain/(loss) on revaluation of property, plant and equipment	0	0	**0**
Net gain/(loss) on revaluation of intangible assets	0	0	**0**
Net gain/(loss) on revaluation of financial assets	0	0	**0**
Net gain/(loss) on revaluation of assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Other reserve movement	0	0	**0**
Transfers between reserves	0	0	**0**
Release of reserves to SoCNE	0	0	**0**
Transfers to/from (please specify)	0	0	**0**
Total recognised income and expense for period	(213,020)	0	**(213,020)**
Net Welsh Government funding	212,496		**212,496**
Welsh Government notional funding	515		**515**
Balance at 31 March 2020	3,676	0	**3,676**

The notes on pages 8 to 62 form part of these accounts

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

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

The notes on pages 8 to 62 form part of these accounts

Statement of Cash Flows for period ended 31 March 2020

	notes	2019-20 £'000	05-Oct-17 to 31-Mar-19 £'000
Cash Flows from operating activities			
Net operating cost for the financial period		**(213,020)**	(105,650)
Movements in Working Capital	27	**740**	5,514
Other cash flow adjustments	28	**1,112**	142
Provisions utilised	20	**(8)**	0
Net cash outflow from operating activities		**(211,176)**	(99,994)
Cash Flows from investing activities			
Purchase of property, plant and equipment		**(95)**	(3,101)
Proceeds from disposal of property, plant and equipment		**0**	0
Purchase of intangible assets		**0**	0
Proceeds from disposal of intangible assets		**0**	0
Payment for other financial assets		**0**	0
Proceeds from disposal of other financial assets		**0**	0
Payment for other assets		**0**	0
Proceeds from disposal of other assets		**0**	0
Net cash inflow/(outflow) from investing activities		**(95)**	(3,101)
Net cash inflow/(outflow) before financing		**(211,271)**	(103,095)
Cash Flows from financing activities			
Welsh Government funding (including capital)		**212,496**	109,335
Capital receipts surrendered		**0**	0
Capital grants received		**0**	0
Capital element of payments in respect of finance leases and on-SoFP		**0**	0
Cash transferred (to)/ from other NHS bodies		**0**	0
Net financing		**212,496**	109,335
Net increase/(decrease) in cash and cash equivalents		**1,225**	6,240
Cash and cash equivalents (and bank overdrafts) at 1 April 2019		**6,240**	0
Cash and cash equivalents (and bank overdrafts) at 31 March 2020		**7,465**	6,240

The notes on pages 8 to 62 form part of these accounts

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Special Health Authorities (SHAs) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2019-20 Manual for Accounts. The accounting policies contained in that manual follow the 2019-20 Financial Reporting Manual (FReM), which applies European Union adopted IFRS and Interpretations in effect for accounting periods commencing on or after 1 January 2019, except for IFRS 16 Leases, which is deferred until 1 April 2021; to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the SHA for the purpose of giving a true and fair view has been selected. The particular policies adopted by the SHA are described below. They have been applied consistently in dealing with items considered material in relation to the accounts*.*

1.1. Accounting convention

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

1.2. Acquisitions and discontinued operations

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

1.3. Income and funding

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

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

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

Miscellaneous income is income which relates directly to the operating activities of the SHA and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the SHA for the Welsh Government. Income received from LHBs transacting with the SHA is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FREM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

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

Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

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

1.4.2. Retirement benefit costs

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

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated in 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in the 2019-20 annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Note 34.1 within these accounts.

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

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

1.4.3. NEST Pension Scheme

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

1.5. Other expenses

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

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

● it is held for use in delivering services or for administrative purposes;

● it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;

● it is expected to be used for more than one financial year;

● the cost of the item can be measured reliably; and

● the item has cost of at least £5,000; or

● Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

● Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

1.6.2. Valuation

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

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

● Land and non-specialised buildings – market value for existing use

● Specialised buildings – depreciated replacement cost

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

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

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

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

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

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

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

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

1.6.3. Subsequent expenditure

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

1.7. Intangible assets

1.7.1. Recognition

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

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

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

Measurement

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

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

1.8. Depreciation, amortisation and impairments

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

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

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

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

1.9. Research and Development

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

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale

within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

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

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

1.11. Leases

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

1.11.1. The NHS Wales organisation as lessee

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

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

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

1.11.2. The NHS Wales organisation as lessor

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

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

1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is

considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13. Cash and cash equivalents

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

1.14. Provisions

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

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

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

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

1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in 2019-20, although no costs were apportioned to HEIW during the year. The WRP is hosted by Velindre NHS Trust.

1.15. Financial Instruments

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

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

1.16. Financial assets

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

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1. Financial assets are initially recognised at fair value

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

1.16.2. Financial assets at fair value through SoCNE

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

1.16.3 Held to maturity investments

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

1.16.4. Available for sale financial assets

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

1.16.5. Loans and receivables

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

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

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

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

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

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

1.17. Financial liabilities

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

1.17.1. Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

1.17.2. Financial liabilities at fair value through the SoCNE

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

1.17.3. Other financial liabilities

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

1.18. Value Added Tax (VAT)

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

1.19. Foreign currencies

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

1.20. Third party assets

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

1.21. Losses and Special Payments

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

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

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

1.22. Pooled budget

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

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

1.23. Critical Accounting Judgements and key sources of estimation uncertainty

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

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

1.24. Key sources of estimation uncertainty

The are no estimation uncertainties at the SoFP date that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

1.25 Private Finance Initiative (PFI) transactions

The NHS Wales organisation has no PFI arrangements.

1.26. Contingencies

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

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

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.27. Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where there is a transfer of function the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.28. Accounting standards that have been issued but not yet been adopted

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

IFRS14 Regulatory Deferral Accounts Not EU-endorsed.
Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 16 Leases is to be effective from 1st April 2021.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.29. Accounting standards issued that have been adopted early

During 2019-20 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.30. Charities

The NHS Organisation has no NHS Charitable Fund.

2. Financial Duties Performance

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

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

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

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

HEIW is therefore subject to a Second Financial Duty for the period of account to 31 March 2020. HEIW is expected to report in the Annual Report and Accounts for the period of account to 31 March 2020 performance against its objectives set out in the 2019/20 annual plan.

2.1 Revenue Resource Performance

	Financial performance 2019-20
	£'000
Net operating costs for the period	**213,020**
Less general ophthalmic services expenditure and other non-cash limited expenditure	**0**
Less revenue consequences of bringing PFI schemes onto SoFP	**0**
Total operating expenses	**213,020**
Revenue Resource Allocation	**213,104**
Under /(over) spend against Allocation	**84**

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

2.2 Capital Resource Performance

	2019-20
	£'000
Gross capital expenditure	**95**
Add: Losses on disposal of donated assets	**0**
Less: NBV of property, plant and equipment and intangible assets disposed	**0**
Less: capital grants received	**0**
Less: donations received	**0**
Charge against Capital Resource Allocation	**95**
Capital Resource Allocation	**95**
(Over) / Underspend against Capital Resource Allocation	**0**

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

2.3 Duty to prepare a 1 year plan

The NHS Wales Planning Framework 2019/22 issued to HEIW SHA (Special Health Authority) placed a requirement upon them to prepare and submit an annual plan for 2019-20 to the Welsh Government.

HEIW has submitted an annual plan for the period 2019-20 in accordance with NHS Wales Planning Framework. However, as this was not a statutory requirement for HEIW under the NHS Finance (Wales) Act 2014 the plan did not require Ministerial approval.

	2019-20 to 2020-21
The Minister for Health and Social Services approval	
Status	**N/A**
Date	N/A

HEIW with the agreement of the Welsh Government, has operated under an annual operating plan that was approved by the Board in March 2019.

HEIW has therefore met its statutory duty to have an approved financial plan for the period 2019-20.

2.4 Creditor payment

The SHA is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The SHA has achieved the following results:

	2019-20	2018-19
Total number of non-NHS bills paid	**6,582**	1,755
Total number of non-NHS bills paid within target	**6,265**	1,681
Percentage of non-NHS bills paid within target	**95.2%**	95.8%

HEIW has met the target.

3. Analysis of gross operating costs

3.1 Non Medical Education and Training	2019-20 Total £'000	05-Oct-17 to 31-Mar-19 £'000
Student Training Fees (Universities)	**58,916**	30,304
Additional Training Costs (Universities)	**1,026**	1,258
Funding for Healthcare Education Fees (Health Boards & Trusts)	**2,450**	1,258
Student Bursaries Reimbursement (Universities)	**23,126**	12,542
Student Salaries Reimbursement (Health Boards & Trusts)	**16,979**	7,321
Advanced Practice Training fees	**1,389**	1,120
Healthcare Support Working Training	**1,935**	709
Non-Medical Prescribing	**287**	330
Training related Travel and Subsistence	**3,826**	1,924
Total	**109,934**	56,766

3.2 Postgraduate Medical, Dental & Pharmacy Education	2019-20 £'000	05-Oct-17 to 31-Mar-19 £'000
Training Grade Salaries	**50,319**	24,321
Postgraduate Centre and Study Leave	**4,745**	2,384
GP Registrars	**18,452**	7,759
Induction & Refresher	**83**	39
Welsh Clinical Academic Training	**1,349**	688
GP CPD and Appraisal Costs	**845**	652
Other	**424**	173
Total	**76,217**	36,016

3.3 Other Operating Expenditure	31-Mar-20 £'000	05-Oct-17 to 31-Mar-19 £'000
Directors' costs	1,052	536
Staff costs	13,604	5,763
Supplies and services - clinical	42	24
Supplies and services - general	2,230	581
Consultancy Services	158	53
Establishment	4,069	2,893
Transport	0	0
Premises	5,433	2,843
External Contractors	231	129
Depreciation	490	112
Amortisation	0	0
Fixed asset impairments and reversals (Property, plant & equipment)	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	172	175
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	(21)	33
Research and Development	0	0
Other operating costs	107	35
Total	**27,567**	13,177

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses	31-Mar-20 £'000	05-Oct-17 to 31-Mar-19 £'000
Increase/(decrease) in provision for future payments:		
Clinical negligence;		
Secondary care	0	0
Primary care	0	0
Redress Secondary care	0	0
Redress Primary care	0	0
Personal injury	0	0
All other losses and special payments	0	0
Defence legal fees and other administrative costs	(22)	30
Gross increase/(decrease) in provision for future payments	(22)	**30**
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	1	3
Less: income received/due from Welsh Risk Pool	0	0
Total	(21)	**33**

	31-Mar-20 £	05-Oct-17 to 31-Mar-19 £
Permanent injury included within personal injury £:	0	0

4. Miscellaneous Income

	31-Mar-20 £'000	05-Oct-17 to 31-Mar-19 £'000
Local Health Boards	**26**	10
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	**0**	0
NHS trusts	**85**	44
Foundation Trusts	**0**	0
Other NHS England bodies	**0**	0
Local authorities	**0**	0
Welsh Government	**100**	3
Welsh Government Hosted Bodies	**0**	0
Non NHS:		
Prescription charge income	**0**	0
Dental fee income	**0**	0
Private patient income	**0**	0
Overseas patients (non-reciprocal)	**0**	0
Injury Costs Recovery (ICR) Scheme	**0**	0
Other income from activities	**0**	0
Patient transport services	**0**	0
Education, training and research	**487**	252
Charitable and other contributions to expenditure	**0**	0
Receipt of donated assets	**0**	0
Receipt of Government granted assets	**0**	0
Non-patient care income generation schemes	**0**	0
NWSSP	**0**	0
Deferred income released to revenue	**0**	0
Contingent rental income from finance leases	**0**	0
Rental income from operating leases	**0**	0
Total	**698**	309

Injury Cost Recovery (ICR) Scheme income is subject to a provision for impairment re personal injury claims

	31-Mar-20 %	**05-Oct-17 to 31-Mar-19** %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	21.79	21.89

5. Investment Revenue

	31-Mar-20 £000	05-Oct-17 to 31-Mar-19 £000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	**0**	0

6. Other gains and losses

	31-Mar-20 £000	05-Oct-17 to 31-Mar-19 £000
Gain/(loss) on disposal of property, plant and equipment	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	**0**	0

7. Finance costs

	31-Mar-20 £000	05-Oct-17 to 31-Mar-19 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under PFI contracts		
main finance cost	0	0
contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	**0**	0
Provisions unwinding of discount	0	0
Other finance costs	0	0
Total	**0**	0

8. Operating leases

HEIW as lessee

Payments recognised as an expense	31-Mar-20	05-Oct-17 to 31-Mar-19
	£000	£000
Minimum lease payments	**380**	181
Contingent rents	**0**	0
Sub-lease payments	**0**	0
Total	**380**	181

Total future minimum lease payments Payable		
	£000	£000
Not later than one year	**378**	363
Between one and five years	**1,460**	1,453
After 5 years	**1,137**	1,500
Total	**2,975**	3,316

HEIW as lessor

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

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

9. Employee benefits and staff numbers

9.1 Employee costs

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other Staff	Total 31-Mar-20	05-Oct-17 to 31-Mar-19
	£000	£000	£000	£000	£000	£000
Salaries and wages	10,502	724	581	0	**11,807**	5,289
Social security costs	1,020	0	0	0	**1,020**	434
Employer contributions to NHS Pension Scheme	1,689	0	0	0	**1,689**	513
Other pension costs	0	0	0	0	**0**	10
Other employment benefits	0	0	0	0	**0**	0
Termination benefits	31	0	0	0	**31**	0
Total Employee costs	**13,242**	**724**	**581**	**0**	**14,547**	6,246

Charged to capital	**0**	0
Charged to revenue	**14,547**	6,246
	14,547	6,246
Net movement in accrued employee benefits (untaken staff leave accrual included above)	46	79

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Other Staff	Total 31-Mar-20	05-Oct-17 to 31-Mar-19
	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	150	5	14	0	**169**	154
Medical and dental	42	1	0	0	**43**	39
Nursing, midwifery registered	2	1	0	0	**3**	1
Professional, Scientific, and technical staff	12	0	0	0	**12**	11
Additional Clinical Services	3	0	0	0	**3**	3
Allied Health Professions	0	0	0	0	**0**	0
Healthcare Scientists	0	0	0	0	**0**	0
Estates and Ancilliary	0	0	0	0	**0**	0
Students	0	0	0	0	**0**	0
Total	**209**	**7**	**14**	**0**	**230**	208
Administrative clerical and board members includes:						
Lay members (undertake medical appriasal and training plans)	0	0	0	0	**0**	0
Lecturers	0	0	0	0	**0**	0
	0	0	0	0	**0**	0
	0	0	0	0	**0**	0
	0	**0**	**0**	**0**	**0**	0

9.3. Retirements due to ill-health

	31-Mar-20	31-Mar-19
Number	0	0
Estimated additional pension costs £	0	0

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

9.4 Employee benefits

HEIW offers three salary sacrifice schemes for childcare vouchers, bikes and lease cars.

9.5 Reporting of other compensation schemes - exit packages

05-Oct-17 to 31-Mar-19

2019-20

Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	1	1	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	**0**	**1**	**1**	**0**	**0**

05-Oct-17 to 31-Mar-19

Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£'s	£'s	£'s	£'s	£'s
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	31,200	31,200	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	**0**	**31,200**	**31,200**	**0**	**0**

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

9.6 Remuneration Relationship

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

The banded remuneration of the highest-paid director in HEIW in the financial period to 31 March 2020 was £160k to £165k (2018-19 £150k to £155k). This was 3.11 times (2018-19 3.05 times) the median remuneration of the workforce, which was £52,306 (2018-19 £49,969).

During the period, 0 (2018-19, 0) employees received remuneration in excess of the highest-paid director. Remuneration for staff ranged from £14,265 to £162,650 (2018-19, £15,842 to £154,595).

The banded remuneration of the Chief Executive is £150k to £155k (2018-19, £145k to £150k). This is 2.92 times (2018-19, 2.95 times) the median remuneration of the workforce.

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

9.7 Pension Costs

PENSION COSTS

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

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

c) National Employment Savings Trust (NEST)

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

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

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

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,136 and £50,000 for the 2019-20 tax year (2018-19 £6,032 and £46,350).

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

10. Public Sector Payment Policy - Measure of Compliance

10.1 Prompt payment code - measure of compliance

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

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

	31-Mar-20	31-Mar-20	05-Oct-17 to 31-Mar-19	05-Oct-17 to 31-Mar-19
NHS	**Number**	**£000**	Number	£000
Total bills paid	**2,623**	**109,713**	615	18,237
Total bills paid within target	**2,293**	**101,223**	507	17,563
Percentage of bills paid within target	**87.4%**	**92.3%**	82.4%	96.3%
Non-NHS				
Total bills paid	**6,582**	**99,008**	1,755	46,875
Total bills paid within target	**6,265**	**98,579**	1,681	46,781
Percentage of bills paid within target	**95.2%**	**99.6%**	95.8%	99.8%
Total				
Total bills paid	**9,205**	**208,721**	2,370	65,112
Total bills paid within target	**8,558**	**199,802**	2,188	64,344
Percentage of bills paid within target	**93.0%**	**95.7%**	92.3%	98.8%

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

	31-Mar-20	05-Oct-17 to 31-Mar-19
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0
Total	**0**	0

11. Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2019	0	1,413	0	0	573	0	1,358	441	**3,785**
Indexation	0	0	0	0	0	0	0	0	**0**
Additions									
- purchased	0	18	0	0	0	0	36	41	**95**
- donated	0	0	0	0	0	0	0	0	**0**
- government granted	0	0	0	0	0	0	0	0	**0**
Transfer from/into other organisations	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	0	0	**0**
At 31 March 2020	0	1,431	0	0	573	0	1,394	482	**3,880**
Depreciation at 1 April 2019	0	37	0	0	573	0	96	90	**796**
Indexation	0	0	0	0	0	0	0	0	**0**
Transfer from/into other organisations	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	0	0	**0**
Provided during the period	0	147	0	0	0	0	266	76	**489**
At 31 March 2020	0	184	0	0	573	0	362	166	**1,285**
Net book value at 1 April 2019	0	1,376	0	0	0	0	1,262	351	**2,989**
Net book value at 31 March 2020	0	1,247	0	0	0	0	1,032	316	**2,595**
Net book value at 31 March 2020 comprises :									
Purchased	0	1,247	0	0	0	0	1,032	316	**2,595**
Donated	0	0	0	0	0	0	0	0	**0**
Government Granted	0	0	0	0	0	0	0	0	**0**
At 31 March 2020	0	1,247	0	0	0	0	1,032	316	**2,595**
Asset financing :									
Owned	0	1,247	0	0	0	0	1,032	316	**2,595**
Held on finance lease	0	0	0	0	0	0	0	0	**0**
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	**0**
PFI residual interests	0	0	0	0	0	0	0	0	**0**
At 31 March 2020	0	1,247	0	0	0	0	1,032	316	**2,595**

The net book value of land, buildings and dwellings at 31 March 2020 comprises :

	£000
Freehold	**0**
Long Leasehold	**1,247**
Short Leasehold	**0**
	1,247

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

11.1 Property, plant and equipment

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

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

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

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

11. Property, plant and equipment

11.2 Non-current assets held for sale

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance at 1 April 2019	0	0	0	0	0	**0**
Plus assets classified as held for sale in the period	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the period	0	0	0	0	0	**0**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2020	0	0	0	0	0	**0**
Balance brought forward 5 October 2017	0	0	0	0	0	**0**
Plus assets classified as held for sale in the year	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	0	0	0	0	0	**0**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2019	0	0	0	0	0	**0**

Assets sold in the period

There were no assets sold in the period

Assets classified as held for sale during the period

No assets were classified as held for sale during 2019-20

12. Intangible non-current assets

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure-internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2019	0	0	0	0	0	0	**0**
Revaluation	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Reclassifications	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Reversal of impairments	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Impairments	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Additions- purchased	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Additions- internally generated	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Additions- donated	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Additions- government granted	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Reclassified as held for sale	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Transfers	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Gross cost at 31 March 2020	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Amortisation at 1 April 2019	0	0	0	0	0	0	**0**
Revaluation	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Reclassifications	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Reversal of impairments	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Impairment	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Provided during the period	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Reclassified as held for sale	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Transfers	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Amortisation at 31 March 2020	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net book value at 1 April 2019	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net book value at 31 March 2020	**0**	**0**	**0**	**0**	**0**	**0**	**0**
At 31 March 2020							
Purchased	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Donated	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Government Granted	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Internally generated	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total at 31 March 2020	**0**	**0**	**0**	**0**	**0**	**0**	**0**

12.1 Intangible non-current assets

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 5 Oct 2017	0	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	**0**
Additions- purchased	0	0	0	0	0	0	**0**
Additions- internally generated	0	0	0	0	0	0	**0**
Additions- donated	0	0	0	0	0	0	**0**
Additions- government granted	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfers	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Gross cost at 31 March 2019	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Amortisation at 1 April 2017	0	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairment	0	0	0	0	0	0	**0**
Provided during the year	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfers	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Amortisation at 31 March 2019	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net book value at 5 Oct 2017	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net book value at 31 March 2019	**0**	**0**	**0**	**0**	**0**	**0**	**0**
At 31 March 2019							
Purchased	0	0	0	0	0	0	**0**
Donated	0	0	0	0	0	0	**0**
Government Granted	0	0	0	0	0	0	**0**
Internally generated	0	0	0	0	0	0	**0**
Total at 31 March 2019	**0**	**0**	**0**	**0**	**0**	**0**	**0**

13 . Impairments

	31-Mar-20 Property, plant & equipment £000	31-Mar-20 Intangible assets £000	05-Oct-17 to 31-Mar-19 Property, plant & equipment £000	05-Oct-17 to 31-Mar-19 Intangible assets £000
Impairments arising from :				
Loss or damage from normal operations	0	0	0	0
Abandonment in the course of construction	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	0	0
Others (specify)	0	0	0	0
Reversal of impairments	0	0	0	0
Total of all impairments	**0**	**0**	0	0
Analysis of impairments charged to reserves in period :				
Charged to the Statement of Comprehensive Net Expenditure	0	0	0	0
Charged to Revaluation Reserve	0	0	0	0
	0	**0**	0	0

14.1 Inventories

	31-Mar-20	31-Mar-19
	£000	£000
Drugs	**0**	0
Consumables	**0**	0
Energy	**0**	0
Work in progress	**0**	0
Other	**0**	0
Total	**0**	0
Of which held at realisable value	**0**	0

14.2 Inventories recognised in expenses

	31-Mar-20	05-Oct-17 to 31-Mar-19
	£000	£000
Inventories recognised as an expense in the period	**0**	0
Write-down of inventories (including losses)	**0**	0
Reversal of write-downs that reduced the expense	**0**	0
Total	**0**	**0**

15. Trade and other Receivables

Current

	31-Mar-20 £000	31-Mar-19 £000
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	22	0
Welsh NHS Trusts	22	0
Non - Welsh Trusts	0	0
Other NHS	8	13
Welsh Risk Pool Claim Reimbursement;		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangibles	0	0
Capital debtors - Intangibles	0	0
Other debtors	129	297
Provision for irrecoverable debts	(4)	(3)
Pension Prepayments	0	0
Other prepayments	897	494
Other accrued income	0	0
Sub total	**1,074**	801
Non-current		
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
Welsh Risk Pool Claim Reimbursement;		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangibles	0	0
Capital debtors - Intangibles	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments	0	0
Other prepayments	0	0
Other accrued income	0	0
Sub total	**0**	0
Total	**1,074**	801

15. Trade and other Receivables

Receivables past their due date but not impaired	31-Mar-20	31-Mar-19
	£000	£000
By up to three months	34	0
By three to six months	2	58
By more than six months	0	0
	36	58

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

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

Balance at 1 April 2019	3	0
Transfer to other NHS Wales body	0	0
Amount written off during the period	0	0
Amount recovered during the period	0	0
(Increase) / decrease in receivables impaired	1	3
ECL/Bad debts recovered during period	0	0
Balance at 31 March 2020	4	3

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

Receivables VAT

Trade receivables	69	37
Other	0	0
Total	69	37

16. Other Financial Assets

	Current		Non-current	
	31-Mar-20	31-Mar-19	**31-Mar-20**	31-Mar-19
	£000	£000	**£000**	£000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Deposits	**0**	0	**0**	0
Loans	**0**	0	**0**	0
Derivatives	**0**	0	**0**	0
Other (Specify)				
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Total	**0**	**0**	**0**	**0**

17. Cash and cash equivalents

	31-Mar-20	31-Mar-19
	£000	£000
Opening Balance	**6,240**	0
Net change in cash and cash equivalent balances	**1,225**	6,240
Balance at 31 March 2020	**7,465**	6,240
Made up of:		
Cash held at Government Banking Service (GBS)	**7,465**	6,240
Commercial banks	**0**	0
Cash in hand	**0**	0
Current Investments	**0**	0
Cash and cash equivalents as in Statement of Financial Position	**7,465**	6,240
Bank overdraft - GBS	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash and cash equivalents as in Statement of Cash Flows	**7,465**	6,240

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

Lease Liabilities £0k
PFI liabilities £0k

The movement relates to cash, no comparative information is required by IAS 7 in 2019-20.

18. Trade and other payables

Current	**31-Mar-20**	31-Mar-19
	£000	£000
Welsh Government	**0**	86
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	**0**	0
Welsh Health Boards	**1,621**	2,061
Welsh NHS Trusts	**301**	529
Other NHS	**93**	157
Taxation and social security payable / refunds	**329**	12
Refunds of taxation by HMRC	**0**	0
VAT payable to HMRC	**0**	0
Other taxes payable to HMRC	**0**	0
NI contributions payable to HMRC	**0**	0
Non-NHS trade payables - revenue	**3,095**	1,503
Local Authorities	**6**	0
Capital payables-Tangible	**0**	0
Capital payables- Intangible	**0**	0
Overdraft	**0**	0
Rentals due under operating leases	**23**	24
Obligations under finance leases, HP contracts	**0**	0
Imputed finance lease element of on SoFP PFI contracts	**0**	0
Pensions: staff	**189**	0
Non NHS Accruals	**1,481**	1,738
Deferred Income:		
Deferred Income brought forward	**11**	0
Deferred Income Additions	**8**	11
Transfer to / from current/non current deferred income	**0**	0
Released to SoCNE	**0**	0
Other creditors	**0**	0
PFI assets –deferred credits	**0**	0
Payments on account	**0**	0
Sub total	**7,157**	6,121
Non-current		
Welsh Government	**0**	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	**0**	0
Welsh Health Boards	**0**	0
Welsh NHS Trusts	**0**	0
Other NHS	**0**	0
Taxation and social security payable / refunds	**0**	0
Refunds of taxation by HMRC	**0**	0
VAT payable to HMRC	**0**	0
Other taxes payable to HMRC	**0**	0
NI contributions payable to HMRC	**0**	0
Non-NHS trade payables - revenue	**0**	0
Local Authorities	**0**	0
Capital Creditors- Tangible	**0**	0
Capital Creditors- Intangible	**0**	0
Overdraft	**0**	0
Rentals due under operating leases	**171**	194
Obligations under finance leases, HP contracts	**0**	0
Imputed finance lease element of on SoFP PFI contracts	**0**	0
Pensions: staff	**0**	0
Non NHS Accruals	**0**	0
Deferred Income :		
Deferred Income brought forward	**0**	0
Deferred Income Additions	**0**	0
Transfer to / from current/non current deferred income	**0**	0
Released to SoCNE	**0**	0
Other creditors	**0**	0
PFI assets –deferred credits	**0**	0
Payments on account	**0**	0
Sub total	**171**	194
Total	**7,328**	6315

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

18. Trade and other payables (continued)

Amounts falling due more than one year are expected to be settled as follows:	**31-Mar-20**	**31-Mar-19**
	£000	**£000**
Between one and two years	23	23
Between two and five years	69	69
In five years or more	79	102
Sub-total	171	194

19. Other financial liabilities

	Current		**Non-current**	
Financial liabilities				
	31-Mar-20	**31-Mar-19**	**31-Mar-20**	**31-Mar-19**
	£000	£000	**£000**	£000
Financial Guarantees:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Derivatives at fair value through SoCNE	**0**	0	**0**	0
Other:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Total	**0**	0	**0**	0

20. Provisions

	At 1 April 2019	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2020
Current	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Clinical negligence:-	**0**								**0**
Secondary care	**0**	0	0	0	0	0	0	0	**0**
Primary care	**0**	0	0	0	0	0	0	0	**0**
Redress Secondary care	**0**	0	0	0	0	0	0	0	**0**
Redress Primary care	**0**	0	0	0	0	0	0	0	**0**
Personal injury	**0**	0	0	0	0	0	0	0	**0**
All other losses and special payments	**0**	0	0	0	0	0	0	0	**0**
Defence legal fees and other administratio	**30**	0	0	0	0	(8)	(22)		**0**
Pensions relating to former directors	**0**			0	0	0	0	0	**0**
Pensions relating to other staff	**0**			0	0	0	0	0	**0**
Restructuring	**0**			0	0	0	0	0	**0**
Other	**0**		0	0	130	0	0		**130**
Total	**30**	**0**	**0**	0	130	(8)	(22)	**0**	**130**
Non Current									
Clinical negligence:-	0								**0**
Secondary care	**0**	0	0	0	0	0	0	0	**0**
Primary care	**0**	0	0	0	0	0	0	0	**0**
Redress Secondary care	**0**	0	0	0	0	0	0	0	**0**
Redress Primary care	**0**	0	0	0	0	0	0	0	**0**
Personal injury	**0**	0	0	0	0	0	0	0	**0**
All other losses and special payments	**0**	0	0	0	0	0	0	0	**0**
Defence legal fees and other administratio	**0**	0	0	0	0	0	0		**0**
Pensions relating to former directors	**0**			0	0	0	0	0	**0**
Pensions relating to other staff	**0**			0	0	0	0	0	**0**
Restructuring	**0**			0	0	0	0	0	**0**
Other	**0**		0	0	0	0	0		**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL									
Clinical negligence:-	0								**0**
Secondary care	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Primary care	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Redress Secondary care	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Redress Primary care	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Personal injury	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
All other losses and special payments	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Defence legal fees and other administratio	**30**	**0**	**0**	**0**	**0**	**(8)**	**(22)**		**0**
Pensions relating to former directors	**0**			**0**	**0**	**0**	**0**	**0**	**0**
Pensions relating to other staff	**0**			**0**	**0**	**0**	**0**	**0**	**0**
Restructuring	**0**			**0**	**0**	**0**	**0**	**0**	**0**
Other	**0**		**0**	**0**	**130**	**0**	**0**		**130**
Total	**30**	**0**	**0**	**0**	**130**	**(8)**	**(22)**	**0**	**130**

Expected timing of cash flows:

	in year to 31 March 2021	Between 1 April 2021 31 March 2025	Thereafter	Total
				£000
Clinical negligence:-	0			**0**
Secondary care	0	0	0	**0**
Primary care	0	0	0	**0**
Redress Secondary care	0	0	0	**0**
Redress Primary care	0	0	0	**0**
Personal injury	0	0	0	**0**
All other losses and special payments	0	0	0	**0**
Defence legal fees and other administration	0	0	0	**0**
Pensions relating to former directors	0	0	0	**0**
Pensions relating to other staff	0	0	0	**0**
Restructuring	0	0	0	**0**
Other	130	0	0	**130**
Total	**130**	**0**	**0**	**130**

The provision of £130k held on the balance sheet at 31st March 2020 is made up of:
- £4k for the estimated costs of holiday pay on overtime worked in HEIW since 1st October 2018. This is as a result of a case brought against the East of England Ambulance Service that is pending an appeal.
- £78k for the estimated costs of untaken annual leave as at 31st March 2020 by Dental Trainees in non-NHS settings. This is as a result of the COVID-19 pandemic.
- £48k for the estimated costs of untaken annual leave as at 31st March 2020 by Pharmacy Technicans/Pre-reg Pharmacists in non-NHS settings. This is as a result of the COVID-19 pandemic.

20. Provisions (continued)

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

21. Contingencies

21.1 Contingent liabilities

Provisions have not been made in these accounts for the following amounts :	31-Mar-20 **£'000**	31-Mar-19 £'000
Legal claims for alleged medical or employer negligence		
Secondary Care	**0**	0
Primary Care	**0**	0
Secondary Care Redress	**0**	0
Primary Care Redress	**0**	0
Doubtful debts	**0**	0
Equal Pay costs	**0**	0
Defence costs	**0**	0
Continuing Health Care costs	**0**	0
Other	**0**	0
Total value of disputed claims	**0**	0
Amounts recovered in the event of claims being successful	**0**	0
Net contingent liability	**0**	0

21.2 Remote Contingent liabilities	31-Mar-20 £'000	31-Mar-19 £'000
Please disclose the values of the following categories of remote contingent liabilities :		
Guarantees	0	0
Indemnities	0	0
Letters of Comfort	0	0
Total	**0**	**0**

21.3 Contingent assets

	31-Mar-20 £'000	31-Mar-19 £'000
	0	0
	0	0
	0	0
Total	**0**	0

22. Capital commitments

Contracted capital commitments	31-Mar-20 £'000	31-Mar-19 £'000
Property, plant and equipment	0	0
Intangible assets	0	0
Total	**0**	0

23. Losses and special payments

HEIW has made one payment included within the 'losses and special payments' definition during the period. Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

Gross loss to the Exchequer

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

	Amounts paid out during period to 31 March 2020	
	Number	**£**
Clinical negligence	0	0
Personal injury	0	0
All other losses and special payments	1	31,200
Total	1	31,200

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

Cases exceeding £300,000	**Number**	**Case type**	**Amounts paid out in period** £	**Cumulative amount** £
Sub-total			**0**	**0**
All other cases			31,200	31,200
Total cases			**31,200**	**31,200**

24. Finance leases

24.1 Finance leases obligations (as lessee)

HEIW has no finance lease obligations as lessee.

Amounts payable under finance leases:

Land

	31-Mar-20 £000	31-Mar-19 £000
Minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

24.1 Finance leases obligations (as lessee) continue

Amounts payable under finance leases:

Buildings

	31-Mar-20	31-Mar-19
Minimum lease payments	**£000**	£000
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

Other

	31-Mar-20	31-Mar-19
Minimum lease payments	**£000**	£000
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

24.2 Finance leases obligations (as lessor) continued

HEIW has no finance leases receivable as a lessor.

Amounts receivable under finance leases:

	31-Mar-20	31-Mar-19
Gross Investment in leases	**£000**	£000
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods	**0**	0
Minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0
Present value of minimum lease payments		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
Less finance charges allocated to future periods		
Present value of minimum lease payments	**0**	0
Included in:		
Current borrowings	**0**	0
Non-current borrowings	**0**	0
	0	0

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

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

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

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

Commitments under off-SoFP PFI contracts	**Off-SoFP PFI contracts**	Off-SoFP PFI contracts
	31 March 2020	31 March 2019
	£000	£000
Total payments due within one year	**0**	0
Total payments due between 1 and 5 years	**0**	0
Total payments due thereafter	**0**	0
Total future payments in relation to PFI contracts	**0**	0
Total estimated capital value of off-SoFP PFI contracts	**0**	0

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11	**£000**
Contract start date:	
Contract end date:	

	£000
Contract start date:	
Contract end date:	

Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2020	**On SoFP PFI Imputed interest 31 March 2020**	**On SoFP PFI Service charges 31 March 2020**
	£000	**£000**	**£000**
Total payments due within one year	**0**	**0**	**0**
Total payments due between 1 and 5 years	**0**	**0**	**0**
Total payments due thereafter	**0**	**0**	**0**
Total future payments in relation to PFI contracts	**0**	**0**	**0**

	On SoFP PFI Capital element 31 March 2019	On SoFP PFI Imputed interest 31 March 2019	On SoFP PFI Service charges 31 March 2019
	£000	£000	£000
Total payments due within one year	0	0	0
Total payments due between 1 and 5 years	0	0	0
Total payments due thereafter	0	0	0
Total future payments in relation to PFI contracts	0	0	0

Total present value of obligations for on-SoFP PFI contracts	**£0m**

25.3 Charges to expenditure	31-Mar-20 £000	31-Mar-19 £000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	0	0
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	0	0

The LHB is committed to the following annual charges

PFI scheme expiry date:	31-Mar-20 £000	31-Mar-19 £000
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	0	0
Total	0	0

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

PFI Contract	On / Off-statement of financial position
Number of PFI contracts which individually have a total commitment > £500m	0

PFI Contract

On/Off
On/Off

25.5 Public Private Partnerships during the year

HEIW has no Public Private Partnerships

26. Financial risk management

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

Currency risk

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

Interest rate risk

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

Credit risk

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

Liquidity risk

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

27. Movements in working capital

	31-Mar-20 £000	31-Mar-19 £000
(Increase)/decrease in inventories	0	0
(Increase)/decrease in trade and other receivables - non-current	0	0
(Increase)/decrease in trade and other receivables - current	(273)	(801)
Increase/(decrease) in trade and other payables - non-current	(23)	194
Increase/(decrease) in trade and other payables - current	1,036	6,121
Total	740	5,514
Adjustment for accrual movements in fixed assets - creditors	0	0
Adjustment for accrual movements in fixed assets - debtors	0	0
Other adjustments	0	0
	740	5,514

28. Other cash flow adjustments

	31-Mar-20 £000	31-Mar-19 £000
Depreciation	489	112
Amortisation	0	0
(Gains)/Loss on Disposal	0	0
Impairments and reversals	0	0
Release of PFI deferred credits	0	0
Donated assets received credited to revenue but non-cash	0	0
Government Grant assets received credited to revenue but non-cash	0	0
Non-cash movements in provisions	108	30
Other movements	515	0
Total	1,112	142

29. Events after the Reporting Period

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

30. Related Party Transactions

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

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	189	212,596	0	0
Welsh LHBS	76,356	26	1,621	22
Welsh NHS Trusts	26,714	85	301	22
Swansea University	21,488	184	785	0
Cardiff University	26,333	0	1,001	0
University of West of England	129	0	3	0
University of South Wales	17,321	230	102	0
Royal College of Nursing	30	0	0	0
	168,560	**213,121**	**3,813**	**44**

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

Tina Donnelly is a Fellow of the University of South Wales and Royal College of Nursing

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

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

Heidi Phillips is Associate Professor Primary Care, Swansea University

Mr Eifion Williams is a Member of the Finance Committee of Swansea University and was employed by Powys Teaching Health Board until 30th June 2019.

31. Third Party assets

HEIW does not hold cash on behalf of third parties.

32. Pooled budgets

HEIW does not operate any pooled budgets.

33. Operating segments

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

HEIW is deemed to operate as one segment.

34. Other Information

34.1. 6.3% Staff Employer Pension Contributions - Notional Element

The notional transactions are based on estimated costs for the twelve month period, calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions as at month eleven and the actual employer staff payments for month 12.
Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

Statement of Comprehensive Net Expenditure for the year ended 31 March 2020		**£'000**
Other Operating Expenditure	**2019-20**	515

Statement of Changes in Taxpayers' Equity For the year ended 31 March 2020		
Net operating cost for the year	**Balance at 31 March 2020**	-515
Notional Welsh Government Funding	**Balance at 31 March 2020**	515

Statement of Cash Flows for year ended 31 March 2020		
Net operating cost for the financial year	**2019-20**	0
Other cash flow adjustments	**2019-20**	515

2.1 Revenue Resource Performance		
Revenue Resource Allocation	**2019-20**	515

3. Analysis of gross operating costs

3.3 Expenditure on Hospital and Community Health Services		
Directors' costs	**2019-20**	37
Staff costs	**2019-20**	478

9.1 Employee costs

Permanent Staff		
Employer contributions to NHS Pension Scheme	**2019-20**	515
Charged to capital	**2019-20**	0
Charged to revenue	**2019-20**	515

18. Trade and other payables

Current		
Pensions: staff	**Balance at 31 March 2020**	0

28. Other cash flow adjustments

Other movements	**2019-20**	515

34. Other Information

34.2. IFRS 16

HM Treasury agreed with the Financial Reporting Advisory Board (FRAB), to defer the implementation of IFRS 16 *Leases* until 1 April 2021, because of the circumstances caused by Covid-19. To ease the pressure on NHS Wales Finance Departments the IFRS 16 detailed impact statement has been removed by the Welsh Government Health and Social Services Group,Finance Department.

We expect the introduction of IFRS16 will not have a significant impact and this will be worked through for disclosure in our 2020-21 financial statements.

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

HEALTH EDUCATION AND IMPROVEMENT WALES

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

BASIS OF PREPARATION

2. The accounts of HEIW shall comply with:

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

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

3. The accounts shall be prepared so as to:

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

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

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

Signed by the authority of the Welsh Ministers

Signed:

Dated:

Alan Brace, Director of Finance HSSG

Archwilio Cymru
Audit Wales

Audit of Accounts Report – **Health Education and Improvement Wales**

Audit year: 2019-20

Date issued: May 2020

Document reference: TBC

Purpose of this document

This document is a draft supplied in confidence solely for the purpose of verifying the accuracy and completeness of the information contained in it and to obtain views on the conclusions reached.

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

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Contents

Our audit work is largely complete, and we currently anticipate issuing an unqualified audit report on your Accounts. There will be some issues to report to you prior to their approval and this report is provided to those charged with governance as an interim statement.

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Introduction

1 We summarise the main findings from our audit of your 2019-20 accounts in this report.

2 We have already discussed these issues with the Director of Finance and Head of Financial Accounting.

3 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled.

4 We have set this level at £2,137,000 for this year's audit.

5 There are some areas of the accounts that may be of more importance to the reader and therefore we have set a lower materiality level for the following:

- Remuneration report (remuneration £5,000 banding, pension disclosures £1,000)
- Related party disclosures (personal interests £10,000, Companies £50,000)
- Audit fee (£1,000)

6 Our audit work is largely complete, but the following work is outstanding:

- Review of Accountability Report, to include the Annual Governance Statement, Statement of Directors' Responsibilities and Remuneration Report (draft not yet received)
- Audit of Remuneration Report (evidence to support disclosures outstanding)
- Additional cut-off testing for April/May 2020
- Agreement of inter-NHS transactions and balances (current audit work undertaken on draft agreement of balances, the final version is anticipated 29 May 2020)
- Nationally hosted IT systems assurances
- Subsequent events review (for period up to approval of accounts by HEIW Board and AGW certification)

7 In our professional view, we have complied with the ethical standards that apply to our work; have remained independent of yourselves and our objectivity has not been compromised in any way. There are no relationships between ourselves and yourselves that we believe could undermine our objectivity and independence.

Impact of Covid-19 on this Year's Audit

8 The Covid-19 pandemic has had a significant impact on all aspects of our society and continues to do so. You are required by law to prepare accounts and it is of considerable testament to the commitment of your Finance team that you have succeeded in doing so this year in the face of the challenges posed by this pandemic. We are extremely grateful to the professionalism of the team in supporting us to complete our audit in such difficult circumstances.

9 The pandemic has unsurprisingly affected our audit and we summarise in **Exhibit 1** the main impacts. Other than where we specifically make recommendations, the detail in **Exhibit 1** is provided for information purposes only to help you understand the impact of the Covid-19 pandemic on this year's audit process.

Exhibit 1 – impact of Covid-19 on this year's audit

Timetable	• The deadline for completing your accounts was changed by Welsh Government from 28 April 2020 to 22 May 2020. • However, HEIW management opted not to make use of the extension and were able to deliver good quality draft accounts and supporting working papers to the original timetable. • At the request of HEIW management, we have conducted our audit work largely to the original timetable, however, there are some areas of work still to be completed as set out in paragraph 6. • At the request of the HEIW Audit and Assurance Committee, we present our interim statement to the 26 May 2020 meeting. • Following completion of our audit work, our final Audit of Accounts Report will be reported to the HEIW Audit and Assurance Committee on 23 June 2020, prior to sign-off by the HEIW Accounting Officer and Chair on 25 June 2020. • We are making arrangements for the AGW to certify your audit report on 2 July 2020.
Electronic signatures	• It is anticipated that electronic signatures will be required for the HEIW Accounting Officer and Chair to sign the accounts, and for the AGW to certify the accounts. We will keep this situation under review should lockdown restrictions be eased/lifted.

Audit evidence	• HEIW officers uploaded working papers to Sharepoint in accordance with our agreed Audit Deliverables Report. • HEIW officers provided audit evidence to the audit team via secure email, Sharepoint and also Objective Connect (a secure, web-based portal for the sharing of larger files). • HEIW officers were available by Skype for discussions, and also for the sharing of on-screen information/evidence. • Audit Wales also secured remote read only access to the HEIW Oracle ledger which enabled the audit team to query the ledger and hence reduce the burden on HEIW officers to provide this information.
Other	• Skype has enabled the audit team to correspond effectively with HEIW officers throughout the audit. • Skype based HEIW Audit and Assurance Committee meetings have enabled us to proficiently discharge our responsibility for reporting to those charged with governance.

10 We will be reviewing what we have learned for our audit process from the Covid-19 pandemic and whether there are innovative practices that we might seek to adopt in the future to enhance that process. We will engage with HEIW officers in this post project learning soon after completion of our audit work.

Proposed Audit Opinion

11 We currently anticipate issuing an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation based on that set out in **Appendix 1**. This remains subject to satisfactory completion of audit work as listed in paragraph 6.

12 We would issue a 'qualified' audit opinion if we had material concerns about some aspects of your accounts; however since this is not the case, we anticipate issuing an unqualified opinion.

13 The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards along with confirmation of other specific information you have provided to us during our audit.

14 Our proposed audit report is set out in **Appendix 2**.

Significant Issues arising from the Audit [as at 21 May 2020]

Uncorrected misstatements

15 [There are no misstatements identified in the accounts, which remain uncorrected.]

Corrected misstatements

16 [There was no need to correct any misstatements as a result of our audit work. **Appendix 3** is a summary of disclosure amendments made to the draft accounts.]

Other Significant Issues arising from the Audit

17 In the course of the audit, we consider a number of matters relating to the accounts and report any significant issues arising to you. [There were no significant issues arising from the audit.]

Recommendations

18 The recommendations arising from our audit will be included within our final Audit of Accounts Report once we have received management responses.

Appendix 1

Final Letter of Representation

[Audited body's letterhead]

Auditor General for Wales

Wales Audit Office

24 Cathedral Road

Cardiff

CF11 9LJ

[Date]

Representations regarding the 2019-20 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Health Education and Improvement Wales for the year ended 31 March 2020 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

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

Management representations

Responsibilities

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

- Preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
  - observe the accounts directions issued by Welsh Ministers with the approval of HM Treasury, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
  - make judgements and estimates on a reasonable basis;

  - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
  - prepare them on a going concern basis on the presumption that the services of Health Education and Improvement Wales will continue in operation.
- Ensuring the regularity of any expenditure and other transactions incurred.
- The design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

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

- The identity of all related parties and all the related party relationships and transactions of which we are aware.
- Our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

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

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

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

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

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

The financial statements are free of material misstatements, including omissions. There are no misstatements within the accounts which remain uncorrected.

Insert here any all-Wales COVID-19 specific representations.

Representations by the Board

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

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 25 June 2020.

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

COVID Insert here any all-Wales COVID-19 specific representations

Signed by:	Signed by:
Chief Executive	Chair
Date:	Date:

Appendix 2

Proposed Audit Report

The Certificate and independent auditor's report of the Auditor General for Wales to the Senedd

Report on the audit of the financial statements

Opinion

I certify that I have audited the financial statements of Health Education and Improvement Wales for the year ended 31 March 2020 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Health Education and Improvement Wales as at 31 March 2020 and of its net operating costs for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Basis for opinion

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

Conclusions relating to going concern

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

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

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twelve months from the date when the financial statements are authorised for issue.

Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

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

Opinion on regularity

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

Report on other requirements

Opinion on other matters

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

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

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

Matters on which I report by exception

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

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

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

Report

I have no observations to make on these financial statements.

Responsibilities

Responsibilities of Directors and the Chief Executive for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

Responsibilities for regularity

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

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

Adrian Crompton

Auditor General for Wales

2 July 2020

24 Cathedral Road

Cardiff

CF11 9LJ

Appendix 3

Summary of Corrections Made

During our audit we recommended some additions, amendments and deletions to disclosures within the accounts to ensure completeness, clarity, accuracy and consistency throughout, and to comply with best practice as set out in the NHS Wales 2019-20 Manual for Accounts.

Exhibit 2: summary of disclosure amendments made to the draft accounts

Disclosure note	Nature of amendment
Note 1.24 Areas of sources estimation uncertainty	Narrative inserted to describe key sources of estimation uncertainty HEIW will face in 2020-21.
Note 9.1 Employee costs	Net movement in accrued employee benefits is £46,000 for 2019-20.
Note 30 Related Party Transactions	Expenditure with Cardiff University is £26,333,000 for 2019-20.
Remuneration report	[to be updated]
Various disclosure notes	A number of narrative and disclosure amendments, not identified separately in this table, as not regarded as material to the financial statements.

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We welcome correspondence and telephone calls in Welsh and English. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Dyddiad y Cyfarfod	**28 Mai 2020**	**Eitem ar yr Agenda**	**4.2**
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	Darparu'r Adroddiad Ariannol ar gyfer mis Ebrill 2020 (Mis 01) i Fwrdd AaGIC.		
Materion allweddol	Mae dyletswydd statudol ar AaGIC i fantoli'r gyllideb ar ddiwedd y flwyddyn, a dylai'r adroddiad hwn helpu'r Bwrdd, y Gweithredwyr a'r Deiliaid Cyllidebau i ddeall y sefyllfa ariannol a adroddir ar gyfer Mis 1 blwyddyn ariannol 2020-21.		
Cam Penodol i'w Gymryd ***(un ✓yn unig)***	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
	✓			
Argymhellion	1. Gofynnir i fwrdd AaGIC nodi'r sefyllfa ariannol a gofnodwyd ym mis un a'r rhesymau sy'n sail i'r prif amrywiadau i'r gyllideb.			

ADRODDIAD Y CYFARWYDDWR CYLLID

1. CYFLWYNIAD

Mae'r adroddiad yn nodi'r sefyllfa ariannol ar ddiwedd mis Ebrill 2020, a gofnodwyd yn erbyn y cyllidebau wedi'u diweddaru sy'n deillio o Gynllun Ariannol 2020-21 i 2022-23 y Cynllun Tymor Canolig Integredig, a'r dyraniad a gafwyd gan Lywodraeth Cymru. Mae sefyllfa ariannol AaGIC fel y mae'n sefyll ym Mis 1 yn nodi £329,209 o danwariant, ac rydym wedi rhoi gwybod i Lywodraeth Cymru ein bod yn rhag-weld y byddwn mewn sefyllfa o gydbwysedd ariannol ar ddiwedd y flwyddyn.

2. CEFNDIR

Mae'r adroddiad hwn yn rhoi'r wybodaeth ddiweddaraf am y sefyllfa ariannol ar 30 Ebrill 2020 ac yn nodi'r rhesymau am unrhyw amrywiadau ariannol yn erbyn y cyllidebau a bennwyd. Er mai megis dechrau mae'r flwyddyn ariannol, mae effaith COVID-19 a'r sefyllfa o ran cyfyngiadau symud eisoes yn cael effaith ar gyllidebau cyflogau a chyllidebau heb gynnwys cyflogau drwy gyfyngu ar y cyfleoedd am weithgareddau recriwtio, hyfforddiant ac addysg. Mae effaith y pandemig ar gyllidebau Comisiynu'n dal yn cael ei gwerthuso a'i thrafod â deiliaid cyllidebau, er mwyn llunio cynllun ariannol diwygiedig.

3. Y CYNNIG

Gofynnir i'r Bwrdd nodi sefyllfa ariannol AaGIC yn ystod Mis 1, ac ystyried yr esboniadau cryno o'r amrywiadau allweddol a ddisgrifir ar gyfer pob Cyfarwyddiaeth.

4. MATERION LLYWODRAETHU A RISG

Mae dyletswydd ariannol statudol ar AaGIC i fantoli'r gyllideb ar ddiwedd y flwyddyn, a bydd Llywodraeth Cymru yn monitro'r sefyllfa a adroddir o ran y ddyletswydd hon, ac yn erbyn cynllun ariannol y Cynllun Tymor Canolig Integredig a gyflwynwyd ar gyfer 2020-21 i 2022-23 hefyd.

5. GOBLYGIADAU ARIANNOL

5.1 Refeniw

Mae AaGIC yn nodi tanwariant o £329K yn erbyn cyllidebau wedi'u proffilio ar 30 Ebrill 2020. Y prif resymau am y tanwariant hwn yw tanwariant ar gyllidebau staffio o ganlyniad i swyddi gwag ar draws sefydliad AaGIC, a thanwariant ar gyllidebau comisiynu, yn ogystal â thanwariant cymharol fach ar gyllidebau heb gynnwys cyflogau o ganlyniad i gyfyngiadau COVID-19.

Yng nghyfarfod y Tîm Gweithredol ar 13 Mai 2020, cafodd y tanwariant o £329k yn erbyn cyllidebau dirprwyedig ar 30 Ebrill 2020 ei adrodd i'r Tîm Gweithredol, a'i ystyried ganddo. Cafodd y sefyllfa bresennol o ran staff ei thrafod 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, a

does dim llwyth wedi cronni, ond mae nifer o brosesau recriwtio wedi'u 'hoedi' ar hyn o bryd o ganlyniad i sefyllfa COVID-19. Mae unrhyw swyddi newydd sy'n barod i'w hysbysebu yn cael eu 'dal yn ôl' ar hyn o bryd nes bod mesurau COVID-19 yn cael eu hadolygu, oni bai fod angen brys am ddechrau'r broses yn gynharach. Felly mae pob swydd wag yn cael ei adolygu fesul achos. Mae cipolwg ar y prosesau recriwtio sydd wedi'u 'hoedi' ar hyn o bryd, a'r bwriadau, i'w weld isod:

- Cyfarwyddwr y Gwasanaethau Corfforaethol, Cynllunio a Pherfformiad – wedi llunio rhestr fer. Cyfweliadau wedi'u trefnu ar gyfer 8 - 10 Mehefin.
- Pennaeth Digidol – wedi llunio rhestr fer – yn cael ei dal yn ôl nes ein bod yn gallu cyfweld wyneb yn wyneb.
- Datblygwr Meddalwedd – heb lunio rhestr fer eto – yn cael ei dal yn ôl.
- Rheolwr Dylunio a Datblygu Atebion – wedi llunio rhestr fer – yn cael ei dal yn ôl nes ein bod yn gallu cyfweld wyneb yn wyneb.
- Cydlynydd Sgiliau Clinigol Deintyddol – wedi penodi ar 12 Mai.
- Swyddog Strategaeth a Chynllunio'r Gweithlu – wedi trefnu cyfweliadau ar gyfer 28 Mehefin, pan rydym yn disgwyl bod mewn gwell sefyllfa i fwrw ymlaen.
- Cydlynydd Gweinyddol (Fferylliaeth) – wedi trefnu cyfweliadau ar gyfer 30 Mehefin, pan rydym yn disgwyl bod mewn gwell sefyllfa i fwrw ymlaen.
- Deon Deintyddol – yn cael ei ddal yn ôl, y deiliad wedi ymestyn ei gontract tan fis Hydref.

Mae'r tanwariant ar weithgareddau comisiynu yn y cyllidebau Nyrsio yn deillio o danrecriwtio yn erbyn y targedau a osodwyd i brifysgolion. Mae'r tanwariant yn y cyllidebau Meddygol yn ymwneud yn bennaf â bylchau yng nghyflogau Gradd Hyfforddi.

Nid oes gofyniad i adrodd sefyllfa Diwrnod 5 ym mis 1, ond mae'r tanwariant o £329K wedi cael ei adrodd yn fanwl i Lywodraeth Cymru yn y ffurflen fonitro a gyflwynwyd yn unol â Chylchlythyr Iechyd Cymru a'r amserlen. Mae'r ffurflen fonitro a gyflwynwyd i'w gweld yn Atodiad 2.

Mae'r tabl isod yn dangos amrywiant lefel uchel ar gyfer y Cyfarwyddwyr Gweithredol.

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

As at 30th April 2020

	Year to Date			Previous Month	
	Budget	Actual	Variance	Variance to Date	Movement
	£	£	£	£	£
INCOME:					
Welsh Government	(17,535,144)	(17,535,144)	0	0	0
Other Income	(33,185)	(30,712)	2,473	0	2,473
Total Income	(17,568,329)	(17,565,856)	2,473	0	2,473
Expenditure					
Board & Executive	144,706	133,505	(11,201)	0	(11,201)
Finance	83,387	74,638	(8,749)	0	(8,749)
Planning, Performance and Corporate Services	204,327	205,721	1,394		1,394
Digital and IT	421,347	390,296	(31,051)		(31,051)
Medical & Pharmacy	7,936,736	7,832,044	(104,692)	0	(104,692)
Nursing	8,680,900	8,557,372	(123,528)	0	(123,528)
Human Resources and Organisation Development	223,292	169,436	(53,856)	0	(53,856)
Sub-Total Expenditure	**17,694,695**	**17,363,012**	(331,683)	0	(331,683)
Total			(329,209)	0	(329,209)

Mae'r tabl canlynol yn rhoi dadansoddiad pellach o'r amrywiant ariannol gan y Gyfarwyddiaeth.

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
Directorate	£	£	£	£	£
Board and Executive		(7,305)	(3,896)		(11,201)
Chief Executive Reserve			0		0
Finance		(7,789)	(960)		(8,749)
Planning, Performance and Corporate Services		954	440		1,394
Digital and IT		(26,607)	(4,444)		(31,051)
Medical & Pharmacy	2,473	(24,678)	(12,634)	(67,379)	(102,218)
Nursing	0	(9,402)	20	(114,146)	(123,528)
Human Resources and Organisation Development		(30,596)	(23,260)		(53,856)
Total	**2,473**	**(105,423)**	**(44,735)**	**(181,525)**	**(329,209)**

Mae'r dadansoddiad sydd wedi'i atodi yn Atodiad 1 yn nodi'r prif resymau am y tanwariant, gan y Gyfarwyddiaeth. Y prif resymau am yr amrywiadau o ran tanwariant yw lleoedd gwag yn erbyn lefelau staffio roedd Cyllidebau Cyflogau wedi'i neilltuo ar eu cyfer, a lleoliadau is na'r disgwyl mewn cyllidebau lleoliadau hyfforddi wedi'u comisiynu.

Disgwylir y bydd AaGIC yn llwyddo i sicrhau cydbwysedd ariannol cyffredinol ar ddiwedd y flwyddyn.

5.2 Cyfalaf

Gwariant Cyfalaf

Nid oes gwariant cyfalaf wedi codi hyd yma yn 2020/21.

Cafodd y dyraniad o £46k ar gyfer caffael system e-bortffolio fferylliaeth ei gario ymlaen i 2020/21 oherwydd nad oedd unrhyw gyflenwr wedi gwneud gwneud cynnig am y prosiect yn 2019/20. Mae gofynion y cynllun wrthi'n cael eu hadolygu.

5.3 Mantolen

Dyma'r fantolen fel yr oedd ar 30 Ebrill 2020:

	2020/21 Balans Agoriadol £miloedd	30 Ebrill 2020 £miloedd	Symudiad £miloedd
Asedau Anghyfredol:			
Asedau Sefydlog	2,595	2,554	(41)
Asedau Cyfredol:			
Symiau masnach derbyniadwy a symiau derbyniadwy eraill	1,074	897	(177)
Arian parod a'r banc	7,465	6,628	(837)
Cyfanswm Asedau	**11,134**	**10,079**	**(1,055)**
Dyledion			
Dyledwyr masnach a dyledwyr eraill	(7,328)	(9,106)	(1,778)
Darpariaethau	(130)	(130)	0
Cyfanswm Dyledion	**(7,458)**	**(9,236)**	**(1,778)**
	3,676	**843**	**(2,833)**
Ariannwyd gan:			
Cronfa Gyffredinol	3,676	843	(2,833)
Cyfanswm y Cyllid	**3,676**	**843**	**(2,833)**

- 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 £51k yn cael ei gario ymlaen o 2019/20. Nid oes cynlluniau gwariant wedi cael eu paratoi i'r Tîm Gweithredol eu hystyried eto.

- Mae'r fasnach daladwy a symiau taladwy eraill yn dod i £9.1m, sy’n gynnydd o £1.8m ers dechrau’r flwyddyn ariannol. Mae'r prif falansau'n cynnwys:

    - Roedd cyfanswm croniadau'r is-adran Feddygol ar gyfer y mis yn £2.5m. Yn bennaf, mae hwn yn groniad o gostau Hyfforddeion Meddyg Teulu ar gyfer mis Ebrill.
    - Mae'r croniadau ar gyfer yr Is-adran Anfeddygol ym mis 1 yn dod i gyfanswm o £4.3m, gan gynnwys £2.5m ar gyfer GIG Cymru (ad-daliad cyflogau myfyrwyr) ac £1.7m o gostau heb fod yn gysylltiedig â GIG Cymru (anfonebau prifysgolion yn bennaf, gan gynnwys ad-dalu bwrsariaethau, costau teithio ayb.).
    - 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 gwyliau blynyddol ymlaen.
        - £0.5m o groniadau'r gwasanaethau corfforaethol a chyllid – gwasanaethau cymorth Partneriaeth Cydwasanaethau GIG Cymru yn bennaf.

- Cafodd £14.5m o adnoddau eu dyrannu gan Lywodraeth Cymru ym mis Ebrill 2020, ac roedd y balans arian yn £6.6m ar ddiwedd y mis. Yn unol â gofynion Llywodraeth Cymru i dynnu arian i lawr yn ôl yr angen yn unig, mae AaGIC yn anelu at leihau'r balans arian ar ddiwedd y mis i lai na £1m o fis 3 ymlaen.

Polisi Taliadau'r Sector Cyhoeddus

Disgwylir i holl gyrff y GIG fodloni Polisi Taliadau'r Sector Cyhoeddus, sy'n ei gwneud yn ofynnol bod sefydliadau'r GIG yn talu 95% o'r holl anfonebau cyn pen 30 diwrnod ac mae'n seiliedig ar sefyllfa gronnus. Ar gyfer y cyfnod rhwng 1 Ebrill a 30 Ebrill 2020, talodd AaGIC 94.35% o'i anfonebau heb fod yn gysylltiedig â'r GIG o fewn y cyfnod targed hwn.

Targed	Uned	Mis Presennol	Blwyddyn i'r Dyddiad	Rhagolwg Diwedd y Flwyddyn
Polisi Taliadau'r Sector Cyhoeddus Talu o leiaf 95% o'r holl gredydwyr heb fod yn rhai'r GIG cyn pen 30 diwrnod i dderbyn y nwyddau/anfoneb	%	94.35	94.35	>95%

6. ARGYMHELLIAD

Gofynnir i'r Bwrdd nodi sefyllfa ariannol AaGIC yn ystod mis 1, ynghyd ag esboniadau cryno o'r amrywiadau allweddol yn ôl Cyfarwyddiaeth, y sefyllfa o ran cyfalaf, y Fantolen a pherfformiad Polisi Taliadau'r Sector Cyhoeddus.

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
Does dim goblygiadau o ran Ansawdd, Diogelwch a Phrofiad Cleifion
Goblygiadau Ariannol
Mae'r goblygiadau ariannol wedi'u nodi uchod yng nghorff yr adroddiad.
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)
Mae dyletswydd statudol ar AaGIC i fantoli'r gyllideb ar ddiwedd y flwyddyn, ac mae'r adroddiad yn nodi ei sefyllfa ariannol ar gyfer mis Chwefror 2020. Does dim goblygiadau cysylltiedig â chydraddoldeb nac amrywiaeth yn codi o'r papur hwn.
Goblygiadau Staffio
Does dim goblygiadau staffio yn codi o'r papur hwn.
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)
Mae'r adroddiad yn disgrifio'n gryno sut mae AaGIC yn ceisio mabwysiadu dull cynaliadwy o reoli cyllid a fydd yn galluogi AaGIC i gyflawni ei amcanion tymor hir.

Hanes yr Adroddiad	Mae'r adroddiad yn cyfeirio at y diweddariad cyllid blaenorol a rannwyd â bwrdd AaGIC ym mis Chwefror 2020, ac yn diweddaru hwnnw.
Atodiadau	Mae rhagor o fanylion yn Atodiad 1.

APPENDIX 1

REPORT OF THE DIRECTOR OF FINANCE

The following analysis of the key reasons for the underspend, by Directorate, is provided below: -

1. **Board and Executives**

   - The underspend of £7.3K on pay is as a result of 2 wte vacancies with recruitment now anticipated for July.

   - An underspend on Non-Pay of £3.9K 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 £7.8K on pay budgets is predominantly as a result of 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.

   - There is a small reported favourable variance of £0.9K 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 £0.9K as a result of 2 wte substantively vacant posts that are being filled by a secondee and an agency member of staff.

   - There is a small overspend against non-pay budgets as a result of invoices for 2019-20 charges being slightly higher than accrued.

4. **Digital and IT**

   - There is a favourable variance against the Pay budgets of £26.6K as a result of a number of vacant posts within the team.

   - There is a small overspend against non-pay budgets of £4.4k 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 £2.4k against the other income target as a result of lower than anticipated income from revalidation.

- The underspend on pay of £24.7k is a s a result of vacancies across a number of teams offset by agency costs.

- The underspend on pay of £12.6k is a s a result of lower than anticipated spend on training expenses, lecture fees and travel and subsistence in month.

- Commissioning budgets are underspent by £67.4k in month, predominantly due to a favourable variance of £24k in respect of training grade salaries, £23k favourable for training expenses and training travel and subsistence in Pharmacy budgets and £19k of student salary reimbursement.

6. Nursing

- The underspend on Pay of £8.4K relates predominantly to the ongoing delay in appointment to senior posts within the nursing team and also the workforce modernisation team that has now transferred into the Nursing Directorate.

- 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 £114.1K is reported in month 1 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 favourable variance reported in month 1 of £114.1k is as a result of lower recruitment than planned to HCSW and SCPHN courses. The remainder is due to the number of students opting to take out student loans instead of accepting the bursary.

- Other non-pay budgets related to travel and subsistence and other expenses of the Nursing team are of minimal value and spend is in line with budget in month.

7. Human Resources and Organisation Development

- The underspend of £30.6K on Pay budgets at year end is due to a high number of vacancies 10.7 wte across the core budgets within the Directorate with 1.7 wte offset by agency staff.

- A Non-Pay favourable variance of £23.3K is predominantly due to underspends on training, advertising and recruitment and travel and subsistence budgets.

VALIDATION SUMMARY 2020-21

Your organisation is showing as :	HEIW
Period is showing :	APR 20
TABLE A : MOVEMENT	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : COVID-19	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	HEIW IS CURRENTLY SHOWING 2 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR APR 20 RETURN IS	**2 ERRORS ON 1 DIFFERENT TABLE/S**

HEIW

Period : **Apr 20**

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	**329**	**(0)**

HEIW **Period :** **Apr 20**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2	New Cost Pressures - as per 3 year plan (Negative Value)	0			
3	**Opening Cost Pressures**	**0**	**0**	**0**	**0**
4	Welsh Government Funding (Positive Value)	0			
5	Identified Savings Plan (Positive Value)	0			
6	Planned Net Income Generated (Positive Value)	0			
7	Planned Accountancy Gains (Positive Value)	0	0	0	0
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0			
10		0			
11	Planning Assumptions still to be finalised at Month 1	0			
12	**IMTP / Annual Operating Plan**	**0**	**0**	**0**	**0**
13	Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
14	Month 1 Planned Savings - Forecast (Underachievement) / Overachievement	0			
15	Additional In Year Identified Savings - Forecast (Positive Value)	0			
16	Additional In Year & Variance from Planned Net Income Generated (Positive Value)	0			
17	Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	0			
18	Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	0			
19	Release of Previously Committed Contingencies & Reserves (Positive Value)	0			
20	Additional In Year Welsh Government Funding (Positive Value)	0			
21	Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	0			
22	Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	0			
23	Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0			
24	(Positive Value)	0			
25	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0			
26		0			
27		0			
28		0			
29		0			
30		0			
31		0			
32		0			
33		0			
34		0			
35		0			
36		0			
37		0			
38		0			
39		0			
40	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**0**	**0**	**0**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2													0	0
3	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
4													0	0
5													0	0
6													0	0
7													0	0
8													0	0
9													0	0
10													0	0
11													0	0
12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14													0	0
15													0	0
16													0	0
17													0	0
18													0	0
19													0	0
20													0	0
21													0	0
22													0	0
23													0	0
24													0	0
25	329	-30	-30	-30	-30	-30	-30	-30	-30	-30	-30	-30	329	0
26													0	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	**329**	**-30**	**-30**	**-30**	**-30**	**-30**	**-30**	**-30**	**-30**	**-30**	**-30**	**-30**	**329**	**0**

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Period : **Apr 20**

This Table is currently showing 0 errors

	Table A2 - Overview Of Key Risks & Opportunities	FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	**Total Opportunities to achieve IMTP/AOP**	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	**Total Risks**	0	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	**Total Further Opportunities**	0	
35	**Current Reported Forecast Outturn**	(0)	
36	**IMTP / AOP Outturn Scenario**	(0)	
37	**Worst Case Outturn Scenario**	(0)	
38	**Best Case Outturn Scenario**	(0)	

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Table B - Monthly Positions

Temporary Measure: Forecast months not required

Period : **Apr 20**

This Table is currently showing 0 errors

	A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Revenue Resource Limit	Actual/F'cast	17,662												17,662	17,662
2	Capital Donation / Government Grant Income	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast													0	0
4	WHSSC Income	Actual/F'cast													0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast													0	0
6	Other Income	Actual/F'cast	30												30	30
7	**Income Total**		**17,692**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**17,692**	**17,692**
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	1,268												1,268	1,268
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	1,149												1,149	1,149
12	Secondary Care - Drugs	Actual/F'cast													0	0
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast	14,904												14,904	14,904
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast													0	0
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	42												42	42
23	AME Donated Depreciation\Impairments	Actual/F'cast													0	0
24	Unommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit\Loss Disposal of Assets	Actual/F'cast													0	0
26	**Cost - Total**	Actual/F'cast	**17,363**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**17,363**	**17,363**
27	**Net surplus/ (deficit)**	Actual/F'cast	**329**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**329**	**329**

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Period : Apr 20

Temporary Measure: Forecast months not required

This Table is currently showing 0 errors

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

REF	TYPE	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	763												763	763
2	Medical & Dental	419												419	419
3	Nursing & Midwifery Registered	6												6	6
4	Prof Scientific & Technical	68												68	68
5	Additional Clinical Services	12												12	12
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	**TOTAL PAY EXPENDITURE**	1,268	0	0	0	0	0	0	0	0	0	0	0	1,268	1,268

Analysis of Pay Expenditure

11	**LHB Provided Services - Pay**	1,268												1,268	1,268
12	**Other Services (incl. Primary Care) - Pay**													0	0
13	**Total - Pay**	1,268	0	0	0	0	0	0	0	0	0	0	0	1,268	1,268
		0	0	0	0	0	0	0	0	0	0	0	0		

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

REF	TYPE	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	27												27	27
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered													0	0
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services													0	0
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary													0	0
9	Students													0	0
10	**TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE**	27	0	0	0	0	0	0	0	0	0	0	0	27	27

11	**Agency/Locum (premium) % of pay**	2.1%												2.1%	2.1%
		1	0	0	0	0	0	0	0	0	0	0	0	1	1

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

REF	REASON	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Vacancy	27												27	27
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) – inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)													0	0
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	COVID-19													0	0
14	**TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE**	27	0	0	0	0	0	0	0	0	0	0	0	27	27
		0	0	0	0	0	0	0	0	0	0	0	0		

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Period : Apr 20

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

REF	*Enter as positive values*	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	***Pay (Additional costs due to C19)***														
2	**Establishment & Bank Additional Hours:**														
3	Administrative, Clerical & Board Members													0	0
4	Medical & Dental													0	0
5	Nursing & Midwifery Registered													0	0
6	Prof Scientific & Technical													0	0
7	Additional Clinical Services													0	0
8	Allied Health Professionals													0	0
9	Healthcare Scientists													0	0
10	Estates & Ancillary													0	0
11	**Sub total Establishment & Bank Additional Hours**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	**Agency:**														
13	Administrative, Clerical & Board Members													0	0
14	Medical & Dental													0	0
15	Nursing & Midwifery Registered													0	0
16	Prof Scientific & Technical													0	0
17	Additional Clinical Services													0	0
18	Allied Health Professionals													0	0
19	Healthcare Scientists													0	0
20	Estates & Ancillary													0	0
21	**Sub total Agency**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	**Returners (Provide WTE to the right):**														
23	Administrative, Clerical & Board Members													0	0
24	Medical & Dental													0	0
25	Nursing & Midwifery Registered													0	0
26	Prof Scientific & Technical													0	0
27	Additional Clinical Services													0	0
28	Allied Health Professionals													0	0
29	Healthcare Scientists													0	0
30	Estates & Ancillary													0	0
31	**Sub total Returners**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	**Students (Provide WTE to the right):**														
33	Medical & Dental													0	0
34	Nursing & Midwifery Registered													0	0
35	Prof Scientific & Technical													0	0
36	Additional Clinical Services													0	0
37	Allied Health Professionals													0	0
38	Healthcare Scientists													0	0
39	Estates & Ancillary													0	0
40	**Sub total Students**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
41	**Other Temp Staff (Provide WTE to the right):**														
42	Administrative, Clerical & Board Members													0	0
43	Medical & Dental													0	0
44	Nursing & Midwifery Registered													0	0
45	Prof Scientific & Technical													0	0
46	Additional Clinical Services													0	0
47	Allied Health Professionals													0	0
48	Healthcare Scientists													0	0
49	Estates & Ancillary													0	0
50	**Sub total Other Temp Staff**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
51	**Other (speficify below and in narrative)**														
52														0	0
53														0	0
54														0	0
55														0	0
56	**TOTAL ADDITIONAL PAY EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0

57	***Non Pay (Additional costs due to C19)***															
58	Accomodation Costs													0	0
59	Additional costs in Primary Care													0	0
60	Additional costs in Private Sector including via WHSSC													0	0
61	Additional costs in Temporary Hospital Capacity - Set Up Costs e.g. Field Hospitals													0	0
62	Additional costs in Temporary Hospital Capacity - Running Costs e.g. Field Hospitals													0	0
63	Catering Costs													0	0
64	CHC													0	0
65	Cleaning Costs													0	0
66	Costs as a result of lost income (inc SLA, services & private patients)													0	0
67	Covid-19 Testing Units													0	0
68	Decommissioning costs													0	0
69	Discharge to assess													0	0
70	Discharge to recover													0	0
71	Drugs inc Medical Gases													0	0
72	Equipment Costs - beds													0	0
73	Equipment costs - ventilators													0	0
74	Equipment costs - other (specific in narrative)													0	0
75	Estates\Security costs													0	0
76	External Project Management Costs													0	0
77	Insurance													0	0
78	IT Costs													0	0
79	Laundry Costs													0	0
80	Legal Fees													0	0
81	M&SE - consumables													0	0
82	Mortuary/Funeral Expenses													0	0
83	PPE													0	0
84	Rates													0	0
85	Rent													0	0
86	Reprovision of existing services to external facilities e.g. Haemophilia services													0	0
87	Telephony													0	0
88	Temporary LTA Arrangements													0	0
89	Training													0	0
90	Transportation													0	0
91	Utility Costs													0	0
92	Other costs (specifify below and in narrative)													0	0
93														0	0
94														0	0
95														0	0
96														0	0
97	**TOTAL ADDITIONAL NON PAY EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
98	**TOTAL ADDITIONAL OPERATIONAL EXPENDITURE (Agrees to Table A)**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0		

A1 - Major Projects : Change in Capacity Expenditure Due To C19 (subset of Table A)

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	*Enter as positive values*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
99	***Major Projects: Capacity Change Expenditure (due to C19)***														
100														0	0
101														0	0
102														0	0
103														0	0
104														0	0
105														0	0
106														0	0
107														0	0
108														0	0
109														0	0
110														0	0
111	**TOTAL MAJOR PROJECTS: ADDITIONAL CAPACITY EXPENDITURE**	0	0	0	0	0	0	0	0	0	0	0	0	0	0

B - Non Delivery of Planned Savings Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	Enter as Positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
112	***Non Delivery of Planned Savings (due to C19)***														
113	Non Delivery of Finalised (M1) Savings													0	0
114	Non delivery of Savings Assumed but not finalised at M1													0	0
115	**TOTAL NON DELIVERY OF PLANNED SAVINGS**	0	0	0	0	0	0	0	0	0	0	0	0	0	0

C - Planned Operational Expenditure Cost Reduction Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	Enter as Negative values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
116	***Expenditure Reductions (due to C19)***														
117	Reduction of non pay costs due to reduced elective activity													0	0
118	Reduction of outsourcing costs due to reduced planned activity													0	0
119	Reduction of travel and expenses													0	0
120	Other (please specify):													0	0
121														0	0
122														0	0
123														0	0
124														0	0
125														0	0
126	**TOTAL EXPENDITURE REDUCTION (Agrees to Table A)**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0		

D - Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	Enter as Negative values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
127	***Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19)***														
128														0	0
129														0	0
130														0	0
131														0	0
132														0	0
133														0	0
134														0	0
135														0	0
136														0	0
137	**TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES (Agrees to Table A)**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
138	**NET EXPENDITURE DUE TO Covid-19**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0		

A - WTE of New Staff		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
22	**Returners:**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	Administrative, Clerical & Board Members												
24	Medical & Dental												
25	Nursing & Midwifery Registered												
26	Prof Scientific & Technical												
27	Additional Clinical Services												
28	Allied Health Professionals												
29	Healthcare Scientists												
30	Estates & Ancillary												
31	**Sub total Returners**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32	**Students:**												
33	Medical & Dental												
34	Nursing & Midwifery Registered												
35	Prof Scientific & Technical												
36	Additional Clinical Services												
37	Allied Health Professionals												
38	Healthcare Scientists												
39	Estates & Ancillary												
40	**Sub total Students**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41	**Other Temp Staff:**												
42	Administrative, Clerical & Board Members												
43	Medical & Dental												
44	Nursing & Midwifery Registered												
45	Prof Scientific & Technical												
46	Additional Clinical Services												
47	Allied Health Professionals												
48	Healthcare Scientists												
49	Estates & Ancillary												
50	**Sub total Other Temp Staff**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

A1 - Major Projects : Change in Bed Numbers Due To C19 (subset of Table A)

REF	*Enter as positive values*	1 Apr	2 May	3 Jun	4 Jul	5 Aug	6 Sep	7 Oct	8 Nov	9 Dec	10 Jan	11 Feb	12 Mar
1	*Major Projects: Bed Capacity (due to C19)*												
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13	TOTAL MAJOR PROJECTS: ADDITIONAL BED CAPACITY	0	0	0	0	0	0	0	0	0	0	0	0

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Period : Apr 20

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income	Non Contracted Income	Total Income	Contracted Expenditure	Non Contracted Expenditure	Total Expenditure
		£'000	£'000	£'000	£'000	£'000	£'000
1	Swansea Bay University		4	**4**		12,082	**12,082**
2	Aneurin Bevan University		4	**4**		9,689	**9,689**
3	Betsi Cadwaladr University		4	**4**		14,727	**14,727**
4	Cardiff & Vale University		7	**7**		20,793	**20,793**
5	Cwm Taf Morgannwg University		4	**4**		11,452	**11,452**
6	Hywel Dda University		3	**3**		7,049	**7,049**
7	Powys		0	**0**		564	**564**
8	Public Health Wales		9	**9**		1,240	**1,240**
9	Velindre		76	**76**		24,717	**24,717**
10	NWSSP		0	**0**		0	**0**
11	NWIS		0	**0**		0	**0**
12	Wales Ambulance Services		0	**0**		757	**757**
13	WHSSC		0	**0**		0	**0**
14	EASC		0	**0**		0	**0**
15	HEIW		0	**0**		0	**0**
16	NHS Wales Executive		0	**0**		0	**0**
17	**Total**	**0**	**111**	**111**	**0**	**103,070**	**103,070**

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This Table is currently showing 0 errors

Period : Apr 20

Table E - Resource Limits

1. BASE ALLOCATION

		STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit	Recurring (R) or Non Recurring	Total Revenue Drawing Limit	Total Capital Resource Limit	Total Capital Drawing Limit	WG Contact and Date Item First Entered Into Table
		HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000	£'000	(NR)	£'000	£'000	£'000	
1	**LATEST ALLOCATION LETTER/SCHEDULE REF:**										
2	**Total Confirmed Funding**	244,229				**244,229**		244,229	151	151	

2. ANTICIPATED ALLOCATIONS

3	DEL Non Cash Depreciation - Baseline Surplus / Shortfall	520				**520**	**R**				Month 1
4	DEL Non Cash Depreciation - Strategic					**0**					
5	DEL Non Cash Depreciation - Accelerated					**0**					
6	DEL Non Cash Depreciation - Impairment					**0**					
7	AME Non Cash Depreciation - Donated Assets					**0**					
8	AME Non Cash Depreciation - Impairment					**0**					
9	AME Non Cash Depreciation - Impairment Reversals					**0**					
10	Removal of Donated Assets / Government Grant Receipts					**0**					
11	Nurse Staffing Act	180				**180**	**NR**	180			Month 1
12	WCLF QIST (Pharmacy)	85				**85**	**NR**	85			Month 1
13	Commitment Awards	50				**50**	**NR**	50			Month 1
14	WIMAT Year 2	101				**101**	**NR**	101			Month 1
15	Development Funding	600				**600**	**NR**	600			Month 1
16	Strategic Review of Education Provsion	240				**240**	**NR**	240			Month 1
17	Leadership & Succession Posts	77				**77**	**R**	77			Month 1
18	SAS Post	111				**111**	**R**	111			Month 1
19	Single Lead Employer Foundation	260				**260**	**R**	260			Month 1
20	Senior Software Developer	56				**56**	**R**	56			Month 1
21						**0**					
22						**0**					
23						**0**					
24						**0**					
25						**0**					
26						**0**					
27						**0**					
28						**0**					
29						**0**					
30						**0**					
31						**0**					
32						**0**					
33						**0**					
34						**0**					
35						**0**					
36						**0**					
37						**0**					
38						**0**					
39						**0**					
40						**0**					
41						**0**					
42						**0**					
43						**0**					
44						**0**					
45						**0**					
46						**0**					
47						**0**					
48						**0**					
49						**0**					
50						**0**					
51						**0**					
52						**0**					
53						**0**					
54						**0**					
55						**0**					
56	**Total Anticipated Funding**	**2,280**	**0**	**0**	**0**	**2,280**		**1,760**	**0**	**0**	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57	Confirmed Resources Per 1. above	244,229	0	0	0	244,229		244,229	151	151
58	Anticipated Resources Per 2. above	2,280	0	0	0	2,280		1,760	0	0
59	**Total Resources**	**246,509**	**0**	**0**	**0**	**246,509**		**245,989**	**151**	**151**

HEIW

Period : Apr 20

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB	Aneurin Bevan ULHB	Betsi Cadwaladr ULHB	Cardiff & Vale ULHB	Cwm Taf Morgannwg ULHB	Hywel Dda ULHB	Powys LHB	Public Health Wales NHS Trust	Welsh Ambulance NHS Trust	Velindre NHS Trust	NWSSP	NWIS	HEIW	WG	EASC	WHSSC	Other (please specify)	Total	WG Contact and date item first entered into table
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1	**Agreed full year income**																		0	
	Details of Anticipated Income																			
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall																		0	
3	DEL Non Cash Depreciation - Strategic																		0	
4	DEL Non Cash Depreciation - Accelerated																		0	
5	DEL Non Cash Depreciation - Impairment																		0	
6	AME Non Cash Depreciation - Donated Assets																		0	
7	AME Non Cash Depreciation - Impairment																		0	
8	AME Non Cash Depreciation - Impairment Reversals																		0	
9																			0	
10																			0	
11																			0	
12																			0	
13																			0	
14																			0	
15																			0	
16																			0	
17																			0	
18																			0	
19																			0	
20																			0	
21																			0	
22																			0	
23																			0	
24																			0	
25																			0	
26																			0	
27																			0	
28																			0	
29																			0	
30																			0	
31																			0	
32																			0	
33																			0	
34																			0	
35	**Total Income**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

HEIW

Period : **Apr 20**

This Table is currently showing 2 errors

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only													0
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)													0
4	WG Capital Funding - Cash Limit - LHB & SHA only													0
5	Income from other Welsh NHS Organisations													0
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets													0
10	Other - (Specify in narrative)													0
11	**TOTAL RECEIPTS**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	PAYMENTS													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Cash Limited Payments													0
17	Salaries and Wages													0
18	Non Pay Expenditure													0
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only													0
21	Capital Payment													0
22	Other items (Specify in narrative)													0
23	**TOTAL PAYMENTS**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
24	Net cash inflow/outflow	0	0	0	0	0	0	0	0	0	0	0	0	
25	Balance b/f		0	0	0	0	0	0	0	0	0	0	0	
26	Balance c/f	0	0	0	0	0	0	0	0	0	0	0	0	

HEIW

Period : Apr 20

This table needs completing on a quarterly basis

Table H - PSPP

NOTE: Data to 1 decimal place

30 DAY COMPLIANCE

			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
	PROMPT PAYMENT OF INVOICE PERFORMANCE	Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%

10 DAY COMPLIANCE

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

HEIW

Period : Apr 20

This Table is currently showing 0 errors

Table I - 2020-21 Capital Resource / Expenditure Limit Management

£'000	151
Approved CRL / CEL issued at :	9/4/20

Ref:	Performance against CRL / CEL	Year To Date			Forecast			Risk Level
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000	
	Gross expenditure (accrued, to include capitalised finance leases)							
	All Wales Capital Programme:							
	Schemes:							
1	Pharamcy Equipment			0	46	46	0	**Medium**
2				0			0	
3				0			0	
4				0			0	
5				0			0	
6				0			0	
7				0			0	
8				0			0	
9				0			0	
10				0			0	
11				0			0	
12				0			0	
13				0			0	
14				0			0	
15				0			0	
16				0			0	
17				0			0	
18				0			0	
19				0			0	
20				0			0	
21				0			0	
22				0			0	
23				0			0	
24				0			0	
25				0			0	
26				0			0	
27				0			0	
28				0			0	
29				0			0	
30				0			0	
31				0			0	
32				0			0	
33				0			0	
34				0			0	
35				0			0	
36				0			0	
37				0			0	
38				0			0	
39				0			0	
40				0			0	
41				0			0	
42	**Sub Total**	**0**	**0**	**0**	**46**	**46**	**0**	
	Discretionary:							
43	I.T.			0			0	
44	Equipment			0			0	
45	Statutory Compliance			0			0	
46	Estates			0			0	
47	Other	0	0	0	105	105	0	**Low**
48	**Sub Total**	**0**	**0**	**0**	**105**	**105**	**0**	

	Other Schemes:							
49				0			0	
50				0			0	
51				0			0	
52				0			0	
53				0			0	
54				0			0	
55				0			0	
56				0			0	
57				0			0	
58				0			0	
59				0			0	
60				0			0	
61				0			0	
62				0			0	
63				0			0	
64				0			0	
65				0			0	
66				0			0	
67				0			0	
68				0			0	
69	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**	
70	**Total Expenditure**	**0**	**0**	**0**	**151**	**151**	**0**	
	Less:							
	Capital grants:							
71				0			0	
72				0			0	
73				0			0	
74				0			0	
75				0			0	
76	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**	
	Donations:							
77				0			0	
78	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**	
	Asset Disposals:							
79				0			0	
80				0			0	
81				0			0	
82				0			0	
83				0			0	
84				0			0	
85				0			0	
86				0			0	
87				0			0	
88				0			0	
89				0			0	
90	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**	
91	***Technical Adjustments***			**0**			**0**	
92	**CHARGE AGAINST CRL / CEL**	**0**	**0**	**0**	**151**	**151**	**0**	
93	**PERFORMANCE AGAINST CRL / CEL (Under)/Over**		**(151)**			**0**		

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Period : Apr 20

Table K - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Feb 21)	£'000	£'000	£'000	£'000	
1								0	
2								0	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				0	0	0	0	

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Period: **Apr 20**

11 weeks before end of Apr 20 = 13 February 2020

17 weeks before end of Apr 20 = 02 January 2020

Table M - Debtors Schedule

Debtor	Inv #	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date	Comments
Drop down list of organisations here									
			0.00	0.00		0.00	0.00		

	>11 weeks but <17 weeks	Over 17 weeks
Invoices paid since the end of the month		
Total outstanding as per MR submission date	0.00	0.00

HEIW **Period :** **Apr 20**

Table N - General Medical Services
Table to be completed from Q2

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		**WG Allocation**	**Current Plan**	**Forecast Outturn**	**Variance**	**Year to Date**
	LINE NO.	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
Global Sum	1					
MPIG Correction Factor	2					
Total Global Sum and MPIG	3				0	0
Quality Aspiration Payments	4					
Quality Achievement Payments	5					
Quality Assurance Improvement Framework (QAIF)	6					
QAIF (In hours Access)	7					
Total Quality	8				0	0
Direct Enhanced Services (To equal data in Section A (i) Line 32)	9				0	
National Enhanced Services (To equal data in Section A (ii) Line 42)	10				0	
Local Enhanced Services (To equal data in Section A (iii) Line 95)	11				0	
Total Enhanced Services (To equal data in section A Line 96)	12		0	0	0	0
LHB Administered (To equal data in Section B Line 109)	13				0	
Premises (To equal data in section C Line 138)	14				0	
IM & T	15				0	
Out of Hours (including OOHDF)	16				0	
Dispensing (To equal data in Line 154)	17				0	
Total	18	0	0	0	0	0

SUPPLEMENTARY INFORMATION

Directed Enhanced Services ***Section A (i)***	**LINE NO.**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
Learning Disabilities	19				0	
Childhood Immunisation Scheme	20				0	
Mental Health	21				0	
Influenza & Pneumococcal Immunisations Scheme	22				0	
Services for Violent Patients	23				0	
Minor Surgery Fees	24				0	
MENU of Agreed DES						
Asylum Seekers & Refugees	25				0	
Care of Diabetes	26				0	
Care Homes	27				0	
Extended Surgery Opening	28				0	
Gender Identity	29				0	
Homeless	30				0	
Oral Anticoagulation with Warfarin	31				0	
TOTAL Directed Enhanced Services (must equal line 9)	32		0	0	0	0

National Enhanced Services ***A (ii)***	**LINE NO.**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
INR Monitoring	33				0	
Shared care drug monitoring (Near Patient Testing)	34				0	
Drug Misuse	35				0	
IUCD	36				0	
Alcohol misuse	37				0	
Depression	38				0	
Minor injury services	39				0	
Diabetes	40				0	
Services to the homeless	41				0	
TOTAL National Enhanced Services (must equal line 10)	42		0	0	0	0

Local Enhanced Services *A (iii)*	LINE NO.	£000's	£000's	£000's	£000's	£000's
ADHD	43				0	
Asylum Seekers & Refugees	44				0	
Cardiology	45				0	
Care Homes	46				0	
Care of Diabetes	47				0	
Chiropody	48				0	
Counselling	49				0	
Depo - Provera (including Implanon & Nexplanon)	50				0	
Dermatology	51				0	
Dietetics	52				0	
DOAC/NOAC	53				0	
Drugs Misuse	54				0	
Extended Minor Surgery	55				0	
Gonaderlins	56				0	
Homeless	57				0	
HPV Vaccinations	58				0	
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm	59				0	
Learning Disabilities	60				0	
Lithium / INR Monitoring	61				0	
Local Development Schemes	62				0	
Mental Health	63				0	
Minor Injuries	64				0	
MMR	65				0	
Multiple Sclerosis	66				0	
Muscular Skeletal	67				0	
Nursing Homes	68				0	
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)	69				0	
Osteopathy	70				0	
Phlebotomy	71				0	
Physiotherapy (inc MT3)	72				0	
Referral Management	73				0	
Respiratory (inc COPD)	74				0	
Ring Pessaries	75				0	
Sexual Health Services	76				0	
Shared Care	77				0	
Smoking Cessation	78				0	
Substance Misuse	79				0	
Suturing	80				0	
Swine Flu	81				0	
Transport/Ambulance costs	82				0	
Vasectomy	83				0	
Weight Loss Clinic (inc Exercise Referral)	84				0	
Wound Care	85				0	
Zoladex	86				0	
	87				0	
	88				0	
	89				0	
	90				0	
	91				0	
	92				0	
	93				0	
	94				0	
TOTAL Local Enhanced Services (must equal line 11)	95		0	0	0	0

TOTAL Enhanced Services (must equal line 12)	96		0	0	0	0

GENERAL MEDICAL SERVICES
Operating Expenditure

LHB Administered *Section B*	LINE NO.	WG £000's	Current Plan £000's	Forecast £000's	Variance £000's	Year to Date £000's
Seniority	97					
Doctors Retainer Scheme Payments	98					
Locum Allowances consists of adoptive, paternity & maternity	99					
Locum Allowances : Cover for Sick Leave	100					
Locum Allowances : Cover For Suspended Doctors	101					
Prolonged Study Leave	102					
Recruitment and Retention (including Golden Hello)	103					
Appraisal - Appraiser Costs	104					
Primary Care Development Scheme	105					
Partnership Premium	106					
Supply of syringes & needles	107					
Other (please provide detail below, this should reconcile to line 128)	108					
TOTAL LHB Administered (must equal line 13)	109				0	0

Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs **(costs in excess of Global Sum/MPIG)**	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs **(LHB employed staff working in GP practices to improve GP services)**	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
	120					
	121					
	122					
	123					
	124					
	125					
	126					
	127					
TOTAL of Other Payments (must equal line 108)	128					0

Premises *Section C*	LINE NO.	£000's	£000's	£000's	£000's	£000's
Notional Rents	129					
Actual Rents: Health Centres	130					
Actual Rents: Others	131					
Cost Rent	132					
Clinical Waste/ Trade Refuse	133					
Rates, Water, sewerage etc	134					
Health Centre Charges	135					
Improvement Grants	136					
All other Premises (please detail below which should reconcile to line 146)	137					
TOTAL Premises (must equal line 14)	138				0	0

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

Memorandum item

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

GENERAL MEDICAL SERVICES
Dispensing

Dispensing Data	LINE NO.	WG £000's	Current Plan £000's	Forecast £000's	Variance £000's	Year to Date £000's
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)						
Dispensing Doctors	149					
Prescribing Medical Practitioners - Personal Administration	150					
Dispensing Service Quality Payment	151					
Professional Fees and on-cost						
Dispensing Doctors	152					
Prescribing Medical Practitioners - Personal Administration	153					
TOTAL DISPENSING DATA (must equal line 17)	154				0	0

HEIW

Period : **Apr 20**

Table O - General Dental Services

This Table is currently showing 0 errors

Table to be completed from Q2

Operating Expenditure from the revenue allocation for the dental contract

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	**LINE NO.**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER **(PLEASE DETAIL BELOW)**	12				0	
TOTAL DENTAL SERVICES EXPENDITURE	13		0	0	0	0

OTHER (PLEASE DETAIL BELOW) - Activities / expenditure <u>not included in a GDS contract and / or PDS agreement.</u> This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	**LINE NO.**		**£000's**	**£000's**	**£000's**	**£000's**
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Sedation services including GA	16					
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services inc WHC/2015/001	22					
Dental Foundation Training/Vocational Training	23					
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25					
Oral Surgery	26					
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29					
	30					
	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
TOTAL OTHER (must equal line 12)	43			0		0

RECEIPTS

TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44				0	

Dyddiad y Cyfarfod	**28 Mai 2020**	**Eitem ar yr Agenda**	**4.3**
Teitl yr Adroddiad	**Adroddiad Perfformiad Sefydliadol Integredig 4 AaGIC Adroddiad Diwedd Blwyddyn 2019-20**		
Awdur yr Adroddiad	Chris Payne		
Noddwr yr Adroddiad	Julie Rogers		
Cyflwynwyd gan	Julie Rogers		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Rhoi adroddiad perfformiad diwedd blwyddyn i'r Bwrdd ar gyfer 2019-20.		
Materion allweddol	Yn gyffredinol, cafwyd cynnydd da parhaus yng nghyfnod olaf y flwyddyn, yn enwedig mewn perthynas â chyflawni prosiectau a rhaglenni allweddol o dan y 7 Amcan Strategol o fewn ein Cynllun Blynyddol. Ymhlith uchafbwyntiau'r flwyddyn mae cwblhau a chyflwyno i'w gymeradwyo Strategaeth Gweithlu ddrafft ar gyfer Iechyd a Gofal Cymdeithasol, darn sylweddol o waith a wnaed gyda phartneriaid a'i arwain ar y cyd â Gofal Cymdeithasol Cymru. Rydym hefyd wedi cwblhau pob un o'r 6 cam gweithredu o'r Llythyr Cylch Gwaith. O ran addysg a hyfforddiant, mae'r cyfraddau llenwi wedi bod yn bositif yn ystod y flwyddyn ar draws grwpiau proffesiynol; sylwer nad yw'r cyfraddau wedi newid ers yr adroddiad diwethaf (Mawrth 2020). Maes allweddol y canolbwyntiwyd arno oedd PADRs a chyfraddau cydymffurfio statudol a gorfodol ac, er bod y rhain wedi gwella erbyn diwedd y flwyddyn, mae mwy i'w wneud Yn ystod 2019-20, rydym wedi datblygu a pharhau i wella ein ffordd o adrodd ar berfformiad, sydd wedi derbyn adborth positif gan y Bwrdd. Bydd hyn yn rhan greiddiol o'r broses adrodd arferol yn ystod 2020-21, pan fydd y trefniadau cynllunio argyfwng cyfredol yn dod i ben. Gwers allweddol o'n gwaith yw'r angen i gwblhau fframwaith trosfwaol i gefnogi ein dull o adrodd ar berfformiad. Bydd hyn yn hwyluso adolygiadau ymhellach o ran effeithlonrwydd ac effeithiolrwydd mewn perthynas â chasglu a dilysu data ac yn rhoi mwy o eglurder o ran amserlenni adrodd a chyflwyniad. Ar		

	yr adeg briodol, byddwn yn gofyn am adborth pellach gan y Bwrdd i wella'r fframwaith a'r dangosfwrdd. Wrth symud ymlaen, bydd yn bwysig sicrhau bod y gallu a'r arbenigedd cywir ar gael i barhau i fireinio'r fframwaith perfformiad a'r trefniadau adrodd ar berfformiad. Yn ogystal, mae angen i ni sicrhau bod meysydd busnes yn glir ynglŷn â disgwyliadau ac wedi'u paratoi i gyflawni yn unol â'r amserlenni adrodd. Mae effaith COVID-19 wedi'i deimlo'n bennaf yn ystod 6 wythnos gyntaf y flwyddyn adrodd newydd 2020-21. Ar adeg ysgrifennu'r adroddiad hwn (Mai 2020), roedd mwyafrif ein hamcanion IMTP wedi cael eu hoedi neu eu harafu ac ystod o amcanion newydd sy'n gysylltiedig â COVID-19 wedi'u pennu fel blaenoriaethau ar gyfer chwarter cyntaf 2020-21 o leiaf. Effaith gyfyngedig iawn y mae COVID-19 wedi'i gael ar ein perfformiad yn ystod 2019-20. Serch hynny, disgwylir, o ganlyniad i'r amgylchiadau anarferol, y bydd angen cyflwyniad gwahanol yn yr adroddiad perfformiad nesaf, ac y gallai newid blaenoriaethau olygu ei bod yn anodd gwneud cymariaethau syml â'r un cyfnod â'r flwyddyn flaenorol.

Cam Penodol i'w Gymryd *(un ✓yn unig)*	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
			✓	

Argymhellion	Gofynnir i aelodau wneud y canlynol: • Nodi'r diweddariad perfformiad diwedd blwyddyn. • Nodi'r diweddariad ar y cynnydd tuag at ddatblygu'r dangosfwrdd a'r fframwaith perfformiad integredig ar ddiwedd y flwyddyn, gan gynnwys y cynllun i ymgysylltu ymhellach â'r Bwrdd, ar yr adeg briodol.

Adroddiad Perfformiad Sefydliadol Integredig 4
Adroddiad Perfformiad Diwedd Blwyddyn, 2019-20

1. CYFLWYNIAD

Mae'r papur hwn yn darparu adroddiad perfformiad terfynol i'r Bwrdd ar gyfer 2019-20, gan gwmpasu'r flwyddyn adrodd lawn, 1 Ebrill 2019 tan 31 Mawrth 2020.

2. CEFNDIR

Mae'r adroddiad perfformiad integredig yn diffinio ac yn alinio'r broses o gyflwyno targedau perfformiad gweithredol, dangosyddion ansawdd a mesurau canlyniadau. Mae'r Bwrdd wedi gwneud sylwadau ffafriol yn y gorffennol ar ddatblygiad y fframwaith a'i gwmpas. Mae'r Bwrdd hefyd wedi cydnabod bod hon yn broses ailadroddus a bydd y dangosfwrdd lefel uchel a'r naratif perfformiad cysylltiedig yn parhau i ddatblygu wrth i wybodaeth newydd a gwell ddod ar gael drwy ymgysylltu â chyfarwyddiaethau a thimau.

Gellir dod o hyd i'r adroddiad perfformiad integredig terfynol ar gyfer 2019-20 yn **Atodiad A** gyda naratif i gyd-fynd ag ef.

3. TROSOLWG PERFFORMIAD DIWEDD BLWYDDYN

Cynnydd ochr yn ochr â'r Cynllun Blynyddol a Chamau Gweithredu'r Llythyr Cylch Gwaith

Parhaodd y sefydliad i wneud cynnydd da yn ystod mis olaf 2019-20. Un o brif lwyddiannau 2019-20 oedd cwblhau a chyflwyno'r Strategaeth Gweithlu ddrafft ar gyfer Iechyd a Gofal Cymdeithasol ym mis Rhagfyr 2020. Gwelwyd cynnydd sylweddol hefyd yn nifer yr hyfforddeion meddygon teulu a sicrhawyd buddsoddiad sylweddol mewn fferylliaeth cyn-gofrestru. Cefnogwyd ein hargymhellion i Lywodraeth Cymru am fuddsoddiad ychwanegol sylweddol mewn addysg a hyfforddiant y gweithlu gofal iechyd. Mae hyn wedi arwain at leoedd hyfforddi ychwanegol i hyfforddeion meddygon teulu, fferylliaeth cyn-gofrestru, nyrsio a bydwreigiaeth, a nifer o staff proffesiynol perthynol i iechyd a staff gwyddor gofal iechyd. Bydd y buddsoddiad sylweddol hwn mewn addysg a hyfforddiant yn fudd uniongyrchol i'r gweithlu a bydd yr enillion ar fuddsoddiad yn cael eu gwireddu mewn sawl achos o fewn blwyddyn i gyflogaeth.

O'n 39 o brosiectau, cwblhawyd 22 o fewn y flwyddyn adrodd; roedd 15 dal ar y gweill ac ystyriwyd bod 2 ohonynt mewn perygl ar ddiwedd y flwyddyn.

Mae prosiectau sydd dal ar y gweill ar ddiwedd 2019-20 wedi'u hymgorffori i'n cynllun ar gyfer 2020-21. O'r 2 brosiect sydd mewn perygl ar ddiwedd y flwyddyn, gohiriwyd un o'r rhain yn ystod y flwyddyn oherwydd recriwtio. Cafodd ei ddatrys cyn diwedd y flwyddyn ond nid mewn pryd i gwblhau'r gwaith. Bydd hyn yn awr yn cael ei wneud yn 2020-21. Mae'r ail wedi bod ar stop drwy gydol 2019-20, ac yn aros am gyfeiriad Llywodraeth Cymru. Mae hyn hefyd wedi'i ymgorffori yn ein cynllun 2020-21. Gellir cael mwy o fanylion yn Adran 1 o Atodiad A.

Rydym hefyd yn hynod falch ein bod wedi derbyn hysbysiad gan Lywodraeth Cymru bod ein IMTP wedi'i gyflwyno'n brydlon ddiwedd Ionawr 2020, a'i fod yn gymeradwy. O ganlyniad i COVID-19, dywedwyd wrthym nad oes llythyrau cymeradwyo ffurfiol yn cael eu cyhoeddi a bod y trefniadau cynllunio a pherfformiad arferol wedi'u gohirio. (Rydym wedi cyflwyno papur Bwrdd ar wahân ynglŷn â'n rhaglen waith yn 2020-21 ac amcanion IMTP).

COVID-19

Un o'r effeithiau mwyaf arwyddocaol ac annisgwyl yn ystod wythnosau olaf 2019-20 oedd lledaeniad COVID-19 a chyfnod o gyfyngiadau symud y Llywodraeth a effeithiodd ar ffyrdd o weithio a chynlluniau ar gyfer y flwyddyn newydd. Yn dilyn cyngor y Llywodraeth, rhoddwyd model gweithredu 60/40 ar waith yn wreiddiol a oedd yn golygu bod staff swyddfa yn gweithio gartref gan fwyaf. Serch hynny, ar ôl cyhoeddi'r cyfyngiadau symud, penderfynwyd cau Tŷ Dysgu a rhoddwyd mesurau pellach ar waith i alluogi pob aelod o staff i weithio'n gyfan gwbl o gartref.

Yn ystod mis Mawrth, fe ddechreuodd ein trefniadau cynllunio argyfwng a sefydlwyd Tîm Rheoli Argyfyngau (CMT), cynllun/cofnod o gamau gweithredu yn ymateb i COVID a threfniadau adrodd.

Fe wnaethom roi cyngor i'r Bwrdd a gweithredwyd dulliau llywodraethu newydd a ffyrdd o weithio i sicrhau parhad busnes - yn unol â'r disgwyliadau newydd a chanllawiau'r Llywodraeth.

Gwnaethom benderfyniad hefyd, mewn ymgynghoriad â'r Bwrdd, i roi'r gorau i'r rhan fwyaf o'n rhaglen waith ar gyfer 2020-21 er mwyn gallu ymateb i argyfwng COVID-19 ac i gefnogi sefydliadau'r GIG wrth wneud hynny.

Ymgymerwyd â'r holl weithgaredd annisgwyl hyn o fewn cyfnod byr iawn o amser a gwelwyd ymrwymiad enfawr gan ein cydweithwyr a'n staff. Am y rheswm hwnnw, mae'n werth ei nodi at ddibenion adrodd ar berfformiad y llynedd.

Adeg ysgrifennu'r adroddiad hwn, ni wyddom effaith lawn COVID-19 ar gyflenwi ar draws pob maes busnes, ond mae rhai prosiectau yn cael eu gohirio ar hyn o bryd, ac mae'r blaenoriaethau uniongyrchol ar gyfer AaGIC wedi newid. Mae manylion y rhain yn cael eu hadrodd yn y papur 'Ymateb AaGIC i COVID-19' sy'n cael ei gyflwyno i'r Bwrdd ym mis Mai 2020, felly cyfeirir yma at ddibenion cyd-destunol yn unig.

Gweithgaredd Comisiynu – Lleoliadau Hyfforddi ac Addysgol

Nid oes unrhyw newid ers yr adroddiad diwethaf o ran gweithgaredd recriwtio/comisiynu. Gellir cael mwy o fanylion yn Adran 2 o Atodiad 1, Gweithgaredd Addysgol ac Hyfforddi.

Ansawdd

Nid oes unrhyw faterion ansawdd newydd ers yr adroddiad diwethaf (Mawrth 2020). Mae materion cyfredol yn symud ymlaen drwy'r broses Rheoli Ansawdd yn ôl y disgwyl. Nid oes llawer o newid i'r data ARCP/RCP o'r adroddiad diwethaf. Mae mwy o fanylion i'w gweld yn Adran 3 o Atodiad 1, Ansawdd a Chanlyniadau.

Perfformiad Corfforaethol

Gwelwyd symudiad pellach mewn cyfraddau cydymffurfio ar y ddau Dangosydd Perfformiad Allweddol (KPI) craidd o gofnodi PADR a chydymffurfiaeth Statudol a Gorfodol, gan ystyried y trefniadau adrodd newydd sy'n gwahaniaethu rhwng staff "craidd" a "sesiynol" ac yn dilyn ymdrech unedig ar draws y sefydliad i sicrhau bod staff yn cefnogi'r broses yn unol â hynny.

Mae'n werth pwysleisio bod cyfradd salwch AaGIC ar ddiwedd 2019-20 yn 2.6% dros gyfnod treigl o 12 mis, sy'n sylweddol is na tharged salwch GIG Cymru o 4.4%. Gellir cael mwy o fanylion yn Adran 4 o Atodiad 1, Perfformiad Corfforaethol.

I grynhoi, mae perfformiad yn dangos bod y sefydliad wedi gallu cyflawni ochr yn ochr â'r mwyafrif llethol o'i ymrwymiadau a'i dargedau erbyn diwedd 2019-20, yn ogystal â wynebu sialensiau COVID-19 yn gyflym ac yn effeithiol yn ystod wythnosau olaf y flwyddyn.

4. MATERION LLYWODRAETHU A RISG

Datblygu dull o adrodd ar Fframwaith Perfformiad a data lefel uchel

Drwy gydol 2019-20, rydym wedi bod wrthi'n datblygu dull o Reoli Perfformiad i adlewyrchu'r gwahaniaethau yn ein cylch gwaith o'i gymharu â sefydliadau eraill y GIG a'r ffaith nad oes llawer o dargedau cenedlaethol sy'n berthnasol i'n swyddogaethau. Rydym wrthi'n datblygu fframwaith, yn dilyn adborth gan asesiad strwythurol Swyddfa Archwilio Cymru yn ystod 2019-20 yn ogystal ag argymhellion Archwilio Mewnol. Soniodd y ddau am yr angen i AaGIC nodi fframwaith clir i gasglu'r gwaith sydd wedi'i wneud hyd yma a sicrhau bod llinellau atebolrwydd ac adrodd priodol, er enghraifft, ar waith ac wedi'u dogfennu. O ystyried yr argymhellion a'r cyngor, bydd ein fframwaith drafft yn diffinio ac yn alinio'r broses o gyflwyno prosiectau a rhaglenni, targedau perfformiad gweithredol, dangosyddion ansawdd a mesurau canlyniadau ac yn sicrhau bod AaGIC yn rhoi gwybodaeth wrth wraidd y broses o wneud penderfyniadau er mwyn cefnogi cyflawni'r amcanion strategol.

Pwrpas allweddol y fframwaith rheoli perfformiad yw:

- sicrhau bod gennym systemau a phrosesau effeithiol ar waith i roi sicrwydd i'r Bwrdd a rhanddeiliaid bod y sefydliad yn perfformio i'r safonau uchaf
- datblygu gallu deallusrwydd busnes AaGIC, ac felly llywio'r broses o gynllunio gweithgaredd gwella, cynhyrchiant ac effeithlonrwydd
- cefnogi'r broses o gyflawni amcanion strategol ac amcanion y gyfarwyddiaeth
- rhoi sicrwydd bod AaGIC yn sicrhau'r gwerth gorau am arian wrth ddefnyddio adnoddau



Bydd y Fframwaith Rheoli Perfformiad yn dogfennu'r Cylch Rheoli Perfformiad a fwriadwyd yn ffurfiol a bydd yn manylu ar gyfrifoldebau, disgwyliadau ac amserlenni'r rhai sy'n cymryd rhan. Ar hyn o bryd ar ffurf ddrafft, bydd y fframwaith yn cael ei gwblhau ar unwaith yn unol ag argymhellion archwilio mewnol ac adborth proses asesu strwythurol Swyddfa Archwilio Cymru.

Allbwn y Fframwaith Perfformiad yw darparu dangosfwrdd perfformiad lefel uchel gydag elfennau rhyngweithiol ac adroddiad naratif i gyd-fynd ag ef.

Cyflwynwyd yr adroddiad perfformiad ffurfiol cyntaf i Fwrdd AaGIC ym mis Medi 2019, er ei fod yn cydnabod ar y pryd y byddai'r fframwaith yn parhau i fod ar waith yn ystod y 12 mis nesaf. Yr adroddiad hwn yw'r pedwerydd adroddiad perfformiad a'r olaf ar gyfer 2019-20, ac mae'n adrodd ar berfformiad sefydliadol AaGIC ar ddiwedd blwyddyn.

Yn dilyn adrodd ar berfformiad bob chwarter yn wreiddiol, mae'r adroddiad perfformiad bellach yn cael ei gynhyrchu bob yn ail fis (ers Ionawr 2020). Bydd y fframwaith terfynol yn ceisio cael cymeradwyaeth am amserlen adrodd perfformiad, a fydd yn galluogi'r broses adrodd data fwyaf amserol i adlewyrchu'r cylchoedd gweithgaredd hirach sy'n effeithio ar gynllunio'r gweithlu, addysg a hyfforddiant, ac i ystyried nad yw'r cylchoedd hyn wastad yn cyd-fynd â blwyddyn ariannol y GIG. Lle bo'n berthnasol, defnyddir yr adroddiad i gefnogi cyfarfodydd a phwyllgorau allweddol gyda gwybodaeth briodol ac amserol am berfformiad.

Casglu a phrosesu data

Datblygwyd y fframwaith mewn partneriaeth â chyfarwyddiaethau AaGIC, gan ein galluogi i fapio ac adolygu prosesau cyfredol a chysylltiadau allweddol o ran casglu data a'r llif gwybodaeth yn fewnol ac yn allanol.

Ar hyn o bryd, mae'n ymddangos bod AaGIC yn ddibynnol ar amrywiaeth eang o hen systemau a llwyfannau adrodd i gasglu'r data. O ganlyniad, ceir sialensiau o ran darparu data amserol a dilys. Wrth i wybodaeth gael ei chasglu a'i thrafod, rydym yn achub ar y cyfle i fynd i'r afael â'r sialensiau drwy brosesu, casglu ac adrodd data safonedig, adolygu ein dibyniaeth ar ffynonellau data allanol, ac ystyried anghenion llythrennedd digidol a data ein staff i gefnogi arferion gwaith newydd.

Datblygiadau pellach

Rydym wedi sefydlu Grŵp Rheoli Perfformiad sy'n cynnwys data gwasanaethau a chyfarwyddiaethau sy'n arwain at ysgogi gwelliannau yn y maes hwn. Mae'r grŵp yn darparu mecanwaith i ystyried yr holl ffynonellau data sydd ar gael i AaGIC, mewn ffordd holistaidd yn hytrach nag mewn ffordd annibynnol. Bydd y grŵp hefyd yn gweithredu proses i ystyried ac i gytuno ar feincnodi data, disgwyliadau, a gosod targedau ar draws y sefydliad, gan weithredu dull i wella ansawdd data ac adolygu disgwyliadau capasiti digidol, wrth weithio tuag at gyflawni argymhellion a nodwyd mewn adroddiadau archwilio mewnol diweddar. Ar yr adeg briodol, hoffem ofyn am adborth pellach gan y Bwrdd, i wella'r fframwaith a'r dangosfwrdd, yn ôl yr angen.

5. GOBLYGIADAU ARIANNOL

Mae datblygiad y fframwaith yn cael ei gefnogi drwy adnoddau sydd eisoes wedi'u cyllidebu.

6. ARGYMHELLIAD

Argymhellir bod Aelodau yn:

- Nodi'r adroddiad perfformiad diwedd blwyddyn yn Atodiad A

- Nodi’r diweddariad am y cynnydd at ddatblygu'r dangosfwrdd a'r fframwaith perfformiad integredig ar ddiwedd y flwyddyn, gan gynnwys y cynllun i ymgysylltu ymhellach â'r Bwrdd, ar yr adeg briodol.

Llywodraethu a Sicrwydd				
Cysylltu ag amcanion corfforaethol ***(rhowch ✓)***	Fel sefydliad newydd, sefydlu AaGIC fel partner dibynadwy a gwerthfawr, cyflogwr ardderchog a brand arbenigol ag enw da.	Adeiladu gweithlu iechyd a gofal cynaliadwy a hyblyg i'r dyfodol.	Gyda Gofal Cymdeithasol Cymru, siapio'r gweithlu i ddarparu gofal yn nes at y cartref ac i gysoni darpariaeth gwasanaethau'n well.	Gwella ansawdd a diogelwch drwy gefnogi sefydliadau'r GIG i ddod o hyd i atebion cyflymach a mwy cynaliadwy o ran y gweithlu ar gyfer yr heriau darparu gwasanaethau sy'n cael eu blaenoriaethu.
	✓	✓	✓	✓
	Gwella'r cyfleoedd ar gyfer defnyddio technoleg a digideiddio wrth ddarparu addysg a gofal.	Rhoi hwb i ddatblygiad arweinyddiaeth a chynllunio ar gyfer olyniaeth ar draws iechyd a gofal cymdeithasol mewn partneriaeth â Gofal Cymdeithasol Cymru ac Academi Wales.	Dangos gwerth buddsoddiadau yn y gweithlu a'r sefydliad.	
	✓	✓	✓	

Ansawdd, Diogelwch a Phrofiad Cleifion	
N/A	
Goblygiadau Ariannol	
Nid oes unrhyw oblygiadau ariannol yn deillio o'r adroddiad diwedd blwyddyn hwn.	
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)	
N/A	
Goblygiadau Staffio	
N/A	
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)	
N/A	
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
Atodiadau	Atodiad A – Adroddiad Perfformiad Sefydliadol Integredig 4, Adroddiad Diwedd Blwyddyn, 2019-20 + Dangosfwrdd

Health Education and Improvement Wales

Integrated Organisational Performance Report 4

End of Year Report, 2019-20

May 2020

EXECUTIVE SUMMARY

This is the final report of the 2019-20 reporting year and follows on from the previous report to Board of 26 March 2020. It includes data made available up to 31 March 2020. Data in some areas will not have changed since the previous report due to the nature of the metric. The report highlights where changes have been made and, if further detail is required on additional areas, this will relate to that reported in previous (named) reports. Since the last report, key highlights include:

Performance against Annual Plan and Remit Letter Actions

The organisation continued to make good progress through the final month of 2019-20. In the second half of March, however, the COVID-19 pandemic began to impact significantly on our ways of working and operating model. The organisation began to review and reset priorities for the forthcoming year and consider how, through our expertise and functions, we could support NHS Wales whilst managing the significant impact on training and education across professions. Further information related to this can be found in the associated papers submitted to Board in March 2020. Despite the significant and unforeseen escalation of the COVID-19 crisis, and the need to take on additional priorities and challenges, the organisation was able to deliver against virtually all of its objectives for the year.

During March 2020, following Government advice, we closed Ty Dysgu and enabled all staff to work entirely from home. We established the Crisis Management Team (CMT), in line with existing business continuity plans, to take on responsibility for developing appropriate actions and managing risks associated with existing HEIW commitments and new priorities to support NHS Wales through the pandemic. Initially, meetings of the CMT took place three times a week, with arrangements being monitored and adjusted in line with government advice and procedure, and according to need, since then (and on an ongoing basis at the time of writing). This report includes some information related to COVID-19 response as context for performance reporting for the final weeks of last year.

One of the significant achievements last year was the completion of the draft Workforce Strategy for Health and Social Care. We also saw a significant increase in the number of GP trainees recruited and secured agreement to a major investment in pre-registration pharmacy. The Welsh Government supported recommendations from HEIW for additional investment in the education and training of the healthcare workforce. This has resulted in additional training places for GP trainees, pre-registration pharmacy, nursing and midwifery, and a number of allied health professional and healthcare science staff. This significant investment in education and training will be a direct benefit to the workforce and the return on the investment will be achieved in many cases within one year of employment.

In total, 22 projects and actions (including all 6 actions from the Remit Letter) were completed by 31st March 2020. 15 were progressed significantly during the year but required finalising and have therefore been incorporated into our future planning ('Amber' rated).

There remained 2 projects reporting 'Red' at the end of 2019-20. One of these had been delayed due to recruitment, which was resolved before the year end but not in time for the work to be delivered. This activity has been rolled forward to 2020-21. The other relates to the development

of a plan for future allocation of SIFT, for which we continue to await Welsh Government (WG) confirmation of the direction required and this therefore remains out of our control. However, to maintain focus on an issue that needs resolving we have incorporated a similar objective in our IMTP for 2020-23. More detail can be found in Section 1, Projects and Programmes.

We submitted our first IMTP for the period 2020-2023 on schedule at the end of January 2020. This was built on the foundations laid by the annual plan for 2019-20 and allowed for key projects and programmes yet to be formally completed to continue into the new planning period. In March, just prior to the full impact of COVID-19 materialising we received notification from Welsh Government that our plan was deemed approvable. This was excellent news, particularly as this was the first time the organisation had prepared a three-year plan. Given the likely impact of COVID-19, in March we reviewed our IMTP and paused or slowed the majority of our objectives for the new year. As we move into phase 2 of the COVID response, we have reviewed the previous decisions and have submitted a paper to May Board outlining our intentions for reactivating our objectives in a phased way where capacity and COVID response requirements allow.

Commissioning Activity - Training & Educational Placements

The data shows the in-post fill rate for medical trainees (Secondary Care and Foundation) at 31 March 2020. There is no change since 29 February 2020.

For all other professions, there is no change in recruitment/commissioning activity since the last report (March 2020). More detail can be found in Section 2, Education and Training Activity.

Quality & Outcomes

There are no new quality issues since the last report (March 2020). Existing issues are progressing through the Quality Management process as expected. There is little change to the ARCP/RCP data from the last report. More detail can be found in Section 3, Quality and Outcomes.

Corporate Performance

It is worth noting that the Welsh Government stood down reporting on the two-core workforce KPIs as part of the relaxation of requirements in response to COVID-19 in March. As at the end of March 2020, there has been further movement in compliance rates on PADR recording and Statutory and Mandatory compliance, taking account of the new reporting arrangements that differentiate between “core” and “sessional” staff and following concerted effort across the organisation to ensure staff support the process accordingly.

Of note also is that the HEIW sickness rate at the end of March 2020 was 2.6% over a rolling 12-month period, which is significantly lower than the NHS Wales sickness target of 4.3%. More detail can be found in Section 4, Corporate Performance.

In conclusion, based on the data and performance information supplied, we can report that the organisation has successfully delivered against the vast majority of its challenging commitments and targets for the 2019-20 reporting year.

END OF YEAR REPORT 2019-20

The following sections, aligned to performance reporting deliverables in 2019-20, details our performance to the end of March 2020 against the following 4 areas of activity and functions;

1. Projects & Programmes
2. Education & Training Activity
3. Quality & Outcomes
4. Corporate Performance

SECTION 1 – Projects and Programmes

HEIW Strategic Objectives – End of Year Update

This section summarises our performance in implementing our Annual Plan (2019-20) through the 7 Strategic Objectives. Significant achievements to note in 2019-20 (now all rated 'Green') include:

- Completion of the national **Workforce Strategy for Health and Social Care** (SO2A), in line with 'A Healthier Wales', 2018 (submitted to WG at the end of December and awaiting ministerial approval)
- **Implementation of a new model of Pre-Reg Pharmacist Training in Wales** (SO2Biv)
- **Development of a framework for advanced and consultant practice** (SO2C)
- Securing Welsh Government support for additional investment in the education and training of the healthcare workforce (SO2E)
- **Development of a joint health and social care induction framework** (SO3D key project)

All 6 of the Remit Letter actions:

1. Evaluation of the Mid/West Wales Academic Fellows scheme
2. Career framework and supporting education framework for General Practice Nurses
3. Leading work with NHS organisations to determine cost effective ways to deliver the additional 80 district nurses
4. Undertaking a piece of work to support health boards to use coding (ESR) in a consistent way in line with the national coding manual
5. Offering a workforce perspective and advising on workforce implications arising from key Government documents
6. Advising on arrangements to routinely collect NHS vacancy information for all staff groups, and working with Welsh Government policy and statistical officials to produce an accurate statistical statement via Welsh Government's Knowledge and Analytical Services (we continue to await agreement of the paper being developed to clarify arrangements for the collection of data with NWSSP)

Also of note is progress made towards the following ('Amber' - With anticipated expected additional work required post 2019-20 and inclusion in IMTP 2020-23):

- **Development of a multi-professional workforce plan for emergency medicine** (SO4Ai)
  A project manager was recruited (and joined in early April).
- **Implement an all Wales solution to endoscopy training** (SO4Aii)
  The project manager is now in post and starting to make progress against actions.

- **Development of a Simulation strategy** (SO5D)
  A new post was advertised that will take on the lead of this project. Applications have been shortlisted, with the process to be picked up in due course and when activities return to a state of normality. HEIW also instigated the first All Wales Clinical Simulation leads conference in December 2019, enabling a forum across health boards and sectors to identify the current challenges and opportunities in producing a consistent approach to Simulation Based Education. The impact of COVID-19 and the relationships and developments taken forward to support the system during the crisis will stand us in good stead to support our intentions.

- **Reinvigorating leadership development and succession planning across health and social care** (SO6)
  This included:
  - HEIW attendance at the UK Collective leadership conference in January 2020 and HEIW support for the Swansea Bay Compassionate Leadership summit, headlined by Professor Michael West.
  - The launch of the Compassionate Leadership Principles for H&SC in Wales at the H&SC Leadership Group conference for a 6-week consultation period.
  - The creation of a series of digital resources on the digital leadership portal, which proved successful at reaching and engaging large numbers of staff.
  - The continued curation of resources for the digital leadership library in readiness for the launch of the Leadership Portal in May, including materials from The Kings fund and Open University.

As indicated 2 objectives had a Red Status at the end of the financial year; they were:

- **Development of a framework for expanding education and training in primary and community care (SO3c**)
  Progress was stalled during the year due to delays in recruitment, which was resolved by year end but not in time for the completion of the work. This will now be picked up in 2020-21.

- **Developed a plan in conjunction with Welsh Government for the future allocation of SIFT funding (SO7b)**
  This has been ‘on hold’ for all of 2019-20, awaiting direction from Welsh Government. This has also been incorporated into our 2020-21 plan.

The following pages contain a detailed end of year update for all of the Annual Plan objectives.

Strategic Objective 1
As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand

1A Implement an internal and external communication and engagement strategy

The organisation recognises how critical effective internal and external communications and engagement are to the success of HEIW and have been a top priority since the organisation was established. The HEIW Communications and Engagement Strategy (Phase 2 April 2019 – March 2020) described how we would communicate and engage effectively with staff, key stakeholders and partners to:

- create an inclusive and respectful working environment;
- build on existing and establish new partnerships understanding each other's needs, and working together to build a sustainable and flexible health and care workforce in Wales, and
- raise the profile of HEIW and awareness of HEIW's role in education, training, leadership, workforce planning and digitalisation.

Since April 2019 a considerable amount of work has been undertaken by the Communications and Engagement Team to deliver this objective. This has included:

Internal:

- Issuing regular bilingual CEO staff bulletin to all HEIW staff regarding ongoing work, future plans, operational and corporate change, and opportunities to get involved.
- Posting regular intranet bulletins providing staff with corporate, operational and social news with opportunities to get involved.
- Issuing regular off-site corporate emails for HEIW staff based across Wales (not in HQ) providing them with corporate information of relevance to them.
- Holding regular all staff away days to support collaborative working, learning and development.
- Holding monthly CEO staff open forum for staff to meet with the CEO and other executive directors to ask questions, problem solve, share ideas, discuss ongoing work and future plans.
- Holding regular lunch and learns – with video conferencing for off-site staff to take part.
- Holding regular staff inductions for colleagues new to the organisation.
- Holding meetings with Board members and off-site colleagues after board meetings at various locations across Wales.
- Issuing the staff survey to gain staff feedback, achieving a 48% response rate including sessional staff.
- Holding regular team meetings.

External:

- Issuing regular bilingual CEO stakeholder bulletins to over 1,000 stakeholders updating them on HEIW work and providing opportunities of contributing to and shaping HEIW work.

- Issuing regular bilingual social media posts information, engagement, sharing and discussion (Twitter, Facebook, You Tube and LinkedIn) specifically relating to HEIW work and sharing information from partner organisations including recruitment, new services and health and well-being messages.
- Undertaking HEIW Roadshows at Health Boards and Trusts across Wales to meet with healthcare trainees, students, educators and others responsible for education to listen to their feedback on their education experiences to help inform future provision of healthcare education in Wales.
- Holding bilingual HEIW national stakeholder events to meet partners and stakeholders to inform them about our work such as the workforce strategy for health and social care and giving them the opportunity to contribute to shaping our IMTP and future work. This has been particularly beneficial helping us to ensure our work aligns with that or partner organisations and also identifying further openings for collaborative working.
- Holding bilingual Board meetings at sites across Wales providing an opportunity for staff and stakeholders from across Wales to attend and meet the Board.
- Holding planned external communication / engagement activities such as advisory groups, peer groups, forums, learning events, reviews, meetings, ensuring regular dialogue and collaboration with partners and stakeholders to inform and shape our work.

We have included two strategic objectives within our IMTP for 2020-23 to extend and develop this work to enable a wider understanding of who we are and what we do alongside colleagues and partners as well as having a strong focus on our branding and our opportunity to influence and is described in Strategic Objective 6.1 as 'Implementing the HEIW Communications and Engagement Strategy; brand awareness and influencing for success'. It will be important to support and promote the key national programmes of work outlined in our IMTP with effective communications, engagement and marketing plans to support our role as experts, influencers and leaders. This is described in 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.

1B Developed and implemented a People and OD strategy for the new integrated organisation

During the year, the key milestones for this project were amended. By the end of the year, the revised milestones for this objective were largely achieved. The principles for the People and OD Strategy were developed during a series of HR roadshows for staff across Wales and with internal working groups. They were reviewed and refined by the Executive Team and shared with the Trade Unions and internal groups (i.e. the Culture Group, Operational Management Group and the Senior Leadership Team) for consultation and review. Following consultation, the decision was taken by the Executive Team to pause work on the strategy, and to reflect on the balance in respect of the 'psychological deal' between employer and employee, best practice elsewhere, and the potential impact of our first IMTP on capacity and ways of working. Subsequently, COVID-19 has significantly changed our view on priorities and our operating model, both of which need to read across into the draft document. Our aim for this document remains to harness the opportunities of our diverse workforce as well as to drive improvements in internal processes to facilitate working smarter and workforce flexibility to eradicate silo working, improving job satisfaction, increasing productivity and removing duplication. Whilst our values and behaviours will be clearly evident in our People and OD Strategy which will be an important step

towards becoming and exemplar employer, we have work to continue into 2020-23 including refreshing and finalising our strategy and implementing it. This ongoing action has been built into our IMTP under Strategic Objective 5.1.

1C Established a comprehensive framework of policies, processes and systems for the new organisation including Welsh Language, wellbeing and diversity requirements

A robust policy framework has been put in place, underpinned by a policy register which ensures that policies are reviewed on a regular basis and kept up to date. We have worked carefully with the Welsh Language Commissioner to ensure that the most appropriate Welsh Language Standards are applied to HEIW. The Welsh Language Services Manager has developed and implemented a Welsh Language Action Plan with an associated non-compliance risk register and a training and awareness plan. He has been heavily involved with the current Education Commissioning process, with a number of conversations and meetings held with Education providers regarding Welsh language provision over the next decade. Ongoing work to 'Improve opportunities for trainees and students to undertake education and training through the medium of Welsh' (Strategic Objective 2.8) and to 'Implement and Embed the Welsh Language Framework within HEIW' (Strategic Objective 5.3) have been rolled across into our IMTP 2020-23.

Significant progress was taken forward in embedding our approach to diversity and equality into our policies, procedures and organisation culture. We have established a group of Inclusion Champions and Time to Change Champions and established the HEIW Diversity and Inclusion Group. We have made a number of commitments during the year, for example: Time to Change (Employee Pledge), Disability Confident, Dying to Work TUC, Anti-Violence Collaboration. We are also the first organisation in Wales to make a commitment to adopting the Communication Access Symbol. We have developed an Equality Impact Assessment process (including provision of training for staff by Diverse Cymru and development of an integrated EIA proforma and guidance documents). We have also developed and delivered Unconscious Bias training for staff. We have been working as part of a collaborative partnership with a number of Public Sector Bodies to develop our first Strategic Equality Plan for 2020-23, which will be finalised and launched later in 2020.

Strategic Objective 2
Building a sustainable and flexible health and care workforce for the future

2A Publish a transformational workforce strategy for health and social care as per 'A Healthier Wales'.

In December 2019, our Board signed off the final draft of the ten-year national Workforce Strategy for Health and Social Care. The draft represented the culmination of almost a year's work developed by HEIW and Social Care Wales in partnership with NHS Wales and Local Government, the voluntary and independent sectors as well as regulators, professional bodies and education providers. The draft strategy was submitted to Welsh Government in mid-December. A number of the actions within the draft strategy are reflected within our IMTP 2020-23. As

at 31st March 2020 we have had no formal acknowledgement of the draft Strategy nor response. We have been advised verbally that it was received and is being considered by policy leads in Welsh Government.

2Bi Developed and improved the education and training available to Health Professionals and healthcare staff.

We continue to develop and improve the education and training available to Health Professionals and healthcare staff. Of note during 2019-20 has been our leadership of the Primary Care Health Care Assistant (PC HCA) Development Group and its workstreams, which are progressing the education and training agenda for non-registered and non-clinical staff. We have also been managing the existing qualification review (L3) Certificate and Diploma in Primary Care and quality assurance. This review was rescheduled by Agored Cymru due to limited capacity and will now take place in June/July 2020 in line with Agored Cymru formal qualification review requirements.

The Qualification development for 'sign posting' staff involves finalising the report of research commissioned from USW, preparing for publication in approved journals and consideration of recommendations for future actions. We have established a Task and Finish group with core members identified and an invitation issued for additional members to join the group to ensure all Wales input. We have developed the level 2/3qualification development and published the research in the 'Perspectives in Public Health Journal (Jan 2020): Using Consensus Methods to Develop a Social Prescribing Learning Needs Framework for Practitioners in Wales'. We have also used the findings of the report used to underpin national work carried out by the All Wales Social Prescribing (Partnership) Group with respect to an agreed Action Statement: "We will develop a National Skills and competency framework for the social prescribing workforce in Wales."

As at the end of March, the Qualification development for (L4) Wellbeing Advisors is progressing satisfactorily while the Qualification development for (L2) non-clinical staff: Reception/admin is also ongoing. Work is similarly progressing to scope the availability of existing education and training opportunities and a task and finish group will be convened to develop this qualification in 2020-21.

2Bii Developed and improved the education and training available to Dental Teams

During 2019-20 we developed and implemented a range of actions to improve the education and training available to Dental Teams across Wales. One of these actions was to align the Quality Improvement Educators to LHBs, alongside the implementation of Regional Lead educators, initially in North Wales and a planned reduction in the number of dental educators in each region. Work was undertaken to consolidate the CPD topic plan in consultation with colleagues at an All Wales Dental meeting in December. The team successfully decommissioned the hands-on Facility in Ysbyty Gwynedd and work continues in other regions as part of the clinical skills strategy.

One of the most significant pieces of work to be undertaken was the implementation of the new General Dental Council standards. By the end of March 2020, a local benchmark of HEIWs position against the GDC standards was completed.

2Biii Developed and improved the education and training available to Doctors in Training
This objective has been focussed on scoping the options for a single lead employer across medicine, pharmacy and dentistry in Wales. A stakeholder task and finish group was established with meetings taking place during Q1 and Q2. The focus of their work was to conduct a detailed options appraisal for a single lead employer across Secondary Care, Medicine, Dentistry and Pharmacy in Wales. Feedback from stakeholders was obtained at the stakeholder meeting in September 2019. By the end of 2019-20, it had been agreed that single lead arrangements for dental and pharmacy trainees will be in place for August 2020. Work had also been progressed to ensure arrangements are in place for F1 trainees commencing in August 2020. Plans have been finalised to implement the single lead model for all Paediatrics training in September 2020, Anaesthetics in October 2020 and Radiology in November 2020 as a phased approach.

2Biv Developed and improved the education and training available to Pharmacists
In February 2019, HEIW submitted a business case to implement at pace a new model of Pre-Registration Pharmacist Training in Wales. This programme will deliver a one-year pre-registration pharmacist training programme with meaningful multi-sector experience delivered through quality assured training sites.

This new significant programme has seen work undertaken during the year on the introduction of a centralised recruitment process and extensive promotional activity to support recruitment, central employment of trainees, centralised training programme and enhanced quality management processes. The key milestones for this period have been largely met. In terms of the recruitment and training of staff to manage this programme, the recruitment of the four regional leads and the Programme Manager was initially delayed due to a recruitment backlog, but these posts have now been appointed. Work is progressing well to develop and implement the curriculum and the training necessary to support the multi-sector placements. The final version of curriculum and offsite training plan is to be circulated to all stakeholder post-General Pharmaceutical Council approval in April 2020.

2C Developed a single comprehensive framework encompassing advanced and consultant practice, extend skills and postgraduate career development
We established an all-Wales Steering group to oversee and guide this programme of work with membership across professions, and a partnership forum to sit alongside. We established links with Health Education England to share, align and learn from similar work/research regarding advanced practice and extended practice. We undertook an in-depth literature review of the national and international evidence/best practice and a mapping process of all the current NHS Wales and profession specific frameworks. This research has now been completed and fed back to group to inform the work of the newly created sub-groups covering the different levels of practice.

The subgroups drew up TOR and membership for task and finish groups and the workshops for an engagement event held in March to agree core competencies.

Note: During the year, the objective was reworded to ‘2C Develop a framework for advanced and consultant practice’ to reflect the Learning and Development Framework for all professions (other than Drs and Dentists) but includes General Practice Nurses as noted in the remit letter).

2D Worked with partners to scope careers activity across health and opportunities to widen access
During 2019-20, HEIW worked with Social Care Wales to promote NHS Wales and Care careers at a range of events and meetings including two Skills Cymru events reaching over 10,000 people, the majority being school age. Work to review best practice across UK and beyond was commenced to inform future strategy and to develop an on-line presence. In the latter part of the year, we worked closely with the Welsh Government Widening Access team, in readiness to take over this agenda in April 2020. We established a cross directorate HEIW internal group to pool expertise and experience in developing career opportunities and development for our own staff.

The Careers team have established a well-attended, fully bi-lingual (including agenda and action points) Careers Network with membership across health, care, education and government to take forward this agenda in a consistent manner.

Regional Advisor events were held in November and December aimed at anyone providing careers education, information, advice and guidance. A large network event was held in February with stakeholders to inform a careers strategy which establishes health (and social care) as a reputable brand and the sector of choice for our future workforce.

The Steering Group continued to meet throughout 2019-20 and its work has included looking at the plan for talent management in NHS Wales.

2E Developed and implemented the 2020/21 Education and Training Commissioning Plan for health professionals
2019-20 was the first year HEIW has developed a national education and training plan for the health workforce. The plan was for one year (2020/21) and looked at future education and training needs for the medical and wider health professional workforce. This is an annual requirement, previously undertaken by the Workforce, Education and Development Service (WEDS), one of the predecessor organisations. The recommendations were based on an assessment of service and workforce need, as identified by HEIW having considered a wide range of available evidence including: NHS organisation's IMTPs, specific workforce supply modelling, changes in employment with increasing numbers of staff working less than full time and increasing use of agency staff. The plan proposed increases in a number of student positions for the wider healthcare workforce, this includes: adult and mental health nursing, midwifery, radiography, physiotherapy and healthcare science. Across the medical workforce is the plan proposed to increase the number of trainees across a range of service areas including; emergency medicine, intensive care medicine, clinical radiology and old age psychiatry. The plan which represented significant additional investment in training was supported by Welsh Government and decisions announced in late 2019.

HEIW commissions a wide range of health professional education programmes the contracts for which currently expire at the end of July 2021. The renewal of these has provided us with the opportunity to review, and consider, the configuration of education provision in Wales.

During 2019, KPMG consultants were engaged to independently advise us on future education provision and configuration. As part of their work they met with stakeholders across Wales to gather views and information. They received a positive response and reviewed the information they

gathered and have built on this with additional meetings. We established a project board and appointed a project manager to lead on this work and support the SRO.

Also, during 2019, the Welsh Government announced the extension of the current NHS bursary scheme for a further year (2021/22) while it considered the longer-term funding arrangements. Given this, HEIW took the decision to realign the procurement process and to provide an extended period of engagement with key stakeholders. As at 31 March this engagement is continuing in line with the revised project plan

Strategic Objective 3
With Social Care Wales shaping the workforce to deliver care closer to home

3A Implemented an increase in the number of GP Training places offered in Wales

In line with this objective we undertook a significant piece of work to develop and finesse a business case for an increase in GP training places in Wales. Welsh Government supported our request to increase the number to a minimum of 160 (and more if recruitment was successful) alongside implementing a change in the model of how training is delivered. The new model of GP training was introduced in a phased manner with Gwent, Cardiff, Wrexham, Dyffryn Clwyd and Bangor being the first GP Training Schemes to adopt this model. Roll out of the revised model across Wales was derived for the recruitment round for posts commencing in August 2020 and February 2021. In parallel with this, the educational infrastructure in terms of the number of GP practices and associated staffing requirements have been gradually increased during the year. This outcome will see an increase in the number of GPs working in NHS Wales who will be able to contribute to the delivery of a sustainable and flexible primary care service.

By the final quarter of the year 99 new GP Trainers were undertaking HEIW's modular Prospective Trainers Course (PTC) during 2020. This will enable 30 new training practices to come on stream by the end of 2020. To meet this demand HEIW had to run significantly more PTCs than originally planned.

3B Developed a workforce plan for the new primary care model based on enhanced and extended multidisciplinary teams

The HEIW Primary Care workstream was established in 2019-20 to support matrix working within the organisation. It will underpin delivery of key components of the Primary Care Workforce and Organisational Development (PC WOD) workstream whose objectives centre on improving education and training, workforce development, and leadership to improve the safety and quality of patient care that is closer to home.

We have contributed to the development of the Primary Care Workforce Model - its purpose, to facilitate thinking that will underpin workforce related solutions to improved service delivery and to inform workforce planning.

In response to the need for more GP trainees, foundation doctors, pre-registration-pharmacists, foundation pharmacists as well as many more undergraduates from various professions HEIW has continued to accelerate its recruitment and preparation of GP Training practices and GP Trainers over the last year or so. The intent is to accommodate many more trainees from multiple professions in quality assured learning environments. Discussions on how to best approach the setting up of a co-ordinating mechanism and framework for the training of multiple professions in Primary Care have been initiated.

With Clusters now required to develop IMTPs it is critical that they are supported to develop workforce plans. A number of actions have been commenced to roll out a consistent approach, supported with training. We put a contract is in place with Skills for Health and they have supported us to develop the existing workforce planning training into a package that can be more flexibly delivered to meet the needs of Primary Care.

We have undertaken an analysis of the community pharmacy workforce which has led to a realisation within the profession of the benefits of undertaking this workforce analysis and a desire to be involved with workforce analysis on a wider, more formal and recurring basis i.e. as part of the National Workforce Reporting Service (NWFRS). On this basis, a similar expression of interest is been noted in other areas (optometry and dental).

3C Created a framework to expand education and training in primary and community care settings across all professional groups

This work is linked with the previous objective and is a key objective for the new Head of Allied Health Professionals. This work is critical to the availability of an education infrastructure and appropriate clinical placements to meet future demand. A Head of Allied Professionals was appointed towards the end of the year and will now take this objective forward in 2020-21.

3D Worked with Social Care Wales to address priority workforce requirements including those arising from Regional partnership Boards, to deliver A Healthier Wales

We worked in partnership with Social Care Wales on the draft Workforce strategy for Health & Social Care, the joint induction framework and on a potential alliance around behavioural science, we also held joint meetings and executive to executive discussions through the year. Our work on the strategy identified opportunities for future collaboration, subject to Welsh Government decisions on publication and implementation. The workforce plans associated with RPB proposals have not been well defined to date, and HEIW's input has been limited in part due to capacity and in part due to the mechanisms for involvement in this work. This is something that has been built into our IMTP 2020-23.

Development of a joint health and social care Induction framework

An induction programme was developed in collaboration with Social Care Wales, Hywel Dda and local FE provision. The programme has been delivered in Carmarthenshire, Pembrokeshire and Ceredigion.

Social Care Improvement England (SCIE) have been secured to support us with the evaluation. A research group led via HEIW and SCW is developing targeted research to map the outcomes of the project. The main piece of work will be undertaken during May and June with the report expected at the end of November 2020.

Strategic Objective 4
Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges

4Ai Developed workforce solutions to support NHS Organisations in improving care in Unscheduled Care including urgent OOH Primary Care

The following developments were completed by the end of 2019-20.

Introduction and induction to urgent primary care. This development aimed to attract GPs and the wider professional team into urgent primary care service. A web-based resource and associated marketing campaign was developed and is a communication conduit and a central access point to attract staff who may not have considered working in urgent primary care services previously. The website contains national information and has the flexibility to enable providers to promote their local service opportunities. The Urgent Primary Care (OOH) website also offers a link to the Welsh Government GP Portal, a resource that was launched at the same time.

Competency framework. This resource defines the core and supplementary skills and competencies for each clinical role within urgent primary care and supports career progression and workforce flexibility. HEIW is leading work to develop the underpinning education and qualifications required for each level of practice.

Clinical Leadership programme. A two-day programme was developed and delivered in June with a follow up day in the autumn. A total of 19 representatives from urgent primary care services from across Wales attended the bespoke course with a programme focused on: key themes arising from the peer review, organisational cultures and essential skills for influencing in Healthcare. Evaluation of the course was very positive.

Maximise the role of HCSW. The pilot in Cardiff and Vale had shown that a broader role for HCSWs would be helpful in ensuring value for money within the service - i.e. combining clinical, reception/admin and driving. It is noted that this model would work well, particularly for home visit and supported by the all Wales Educational Framework for HCSW. A report on the pilot has been produced along with a recommendation that 'Development / implementation of a dual role for the HCSW working within the urgent primary care setting' – highlighting / supporting training opportunities and clarity of role definition.

Behavioural Science Approach to help empower teams in managing risk.
ABUHB piloted the 'Care Aims' training with one of their urgent primary care MDTs. The training focussed on MDT clinical decision making in the context of managing clinical risk and provided a powerful platform to facilitate team work. The participants found the course thought-provoking and helped establish improved understanding between team members. The training was received positively and evaluated well. The offer of training has been taken up by a number of Health Boards and Trusts including 3 sessions in emergency care in BCU.

Training on Verification of Death (VOD). An All Wales group of clinicians completed the development of an eLearning resource to support clinicians in undertaking VOD in any circumstances. This resource is available via ESR and aims to support a change in clinical practice by reducing the need for medical staff to carry out this clinical function. The resource has been issued to NHS Wales and has the endorsement of WG Professional Policy Leads. Delivering more timely and compassionate care at the end of life for patients and their families is anticipated from this development.

Increasing the role of Community Pharmacy. A pilot of a community pharmacy enhanced service for UTI treatment has commenced in Hywel Dda and Swansea Bay utilising the skills of community pharmacist independent prescribers. In addition, the community pharmacist independent prescribers across Wales are offering the Common Ailments plus services. The NWIS work plan for development of Choose Pharmacy platform includes the scoping of an approved process for pharmacy technicians to access the platform and provide enhanced services as appropriate.

4Aii Developed workforce solutions to support NHS Organisations in improving care in Cancer/Diagnostics
Following discussion with colleagues across NHS Wales and Welsh Government the scope of this work was expanded to identify how HEIW could support the introduction of the Single Cancer Pathway (SCP). During 2019-20, HEIW has undertaken work in three key areas:

- Imaging
- Pathology
- Endoscopy

Key deliverables included developing a clear workforce plan for these service areas including the identification and implementation of appropriate education and training programmes.

In regard to the National Endoscopy Programme, an education and training sub-group has been established which is chaired by HEIW Director of Nursing. A training framework has been scoped for a colonoscopy education programme which was considered by the group. Welsh Government has confirmed funding for WIMAT, and the endoscopy sub-group is now working with the demand and capacity group to identify how the training programme can be delivered. Additional resource to support this work is currently being secured.

4Aiii Developed workforce solutions to support NHS Organisations in improving care in Access (Eye Care)
This project is aimed to improve education available to optometrists to increase the scope of work undertaken in the community to reduce demand in secondary care. The team have completed a piece of work mapping by cluster of practices with Medical retina, IP and Glaucoma Higher Certificate qualified optometrists in Wales to ensure coverage of future services and hospital placements. A total of 14 places were secured on for Independent Prescribing (Therapeutic Prescribing) course. Funding was agreed and all 14 places were allocated. A total of 10 places were secured on Medical retina course.

Negotiations and contract discussions have taken place (and are ongoing) with the HBs to secure NHS contracts in each Health Board for named optometrists to begin placements for the Higher Certificate in Glaucoma.

4Aiv Developed workforce solutions to support NHS Organisations in improving care in other national priority areas

We have engaged in discussions about workforce challenges in relation to the Major Trauma Network, CAMHS, critical care and mental health. We used the discussions to inform the development of our IMTP in December/January 2020 and were able to identify where we will be able to contribute to the five Ministerial Priorities of Prevention, Reducing Health Inequalities, Primary Care Model for Wales, Timely Access to Care and Mental Health in 2020-23.

4B Reshaped our professional development resources and programmes to address key priorities identified by staff, NHS organisations and key policy matters (including prevention)

Having brought three organisations together as HEIW, it is a key strategic objective for us to ensure consistency of our approach to managing our professional development resources and programmes. To achieve this, during 2019 we commissioned a single course management system and learning platform for HEIW. The intention is that this will dramatically improve the way in which we capture both qualitative and quantitative data on Education and Training for all Healthcare Professionals across Wales.

The procurement process for the purchase of the CDSM system has been undertaken and training has been given to Digital Champions who have taken on the role of super-users to cascade the training to other members of staff. Implementation will continue in 2020-21.

4C Introduced an International Recruitment system to attract a range of overseas health professionals into NHS Wales

During Q1, Recruitment Heads and Medical Staffing Leads were contacted to gain an understanding of overseas recruitment since 2008. It had been proposed that HEIW establish an International Professional Graduate recruitment team/office within HEIW and across Health Boards to coordinate activity. In October, representatives from HEIW visited India with the NHS Wales/Bapio recruitment team to observe the process and also to make connections with education establishments in the region. Following the scoping stage and the study visit, consideration was given

to how HEIW might best add value in this space. Considering the requirements under The Well-being of Future Generations Act (2015) it was proposed that any international recruitment function might be better placed in the context of a wider Global Engagement Strategy comprising three key themes: for Wales to contribute to global health by placement of NHS Wales staff internationally; to enhance the offer for education and training opportunities for overseas staff in NHS Wales and to offer systems and technical support to other countries on education, training and service models to help improve health outcomes.

An internal Expert Advisory Group was established to advise on Global Engagement and SAS support and development, and the first meeting was held in February 2020. In December 2019 the decision was taken to include this objective in our IMTP 2020-23.

Ongoing engagement has been undertaken with SAS groups to gauge the likely demand for different elements of proposed support. At the November 2019 conference a survey of all attendees showed that 75% of respondents would value support from a Training Director role. Focus groups with Clinical Fellows, MTIs and SAS were also undertaken throughout February 2020.

4D Developed a range of resources to support new ways of working

In partnership with Social Care Wales, the Delivery Unit and a 1000 Lives, HEIW developed a business case for funding to accelerate the wider adoption of a Behavioural Science approach. Work has continued to be progressed on this and discussions are being held with the Health Board and Local Authority in Gwent area to agree test sites. Two consultants have agreed to combine their programmes for delivery in test areas. Within health a total of 10 behavioural science programmes have been delivered to Multidisciplinary Teams; feedback has been extremely positive and there is demand for more. Business case updated following receipt of detailed pilot programme from trainers. In Q4 the direction of work has changed, and we are now working with Improvement Cymru and Hywel Dda around discharge/preventing admission. Work was undertaken with Hywel Dda to agree dates a for delivery of programme in April.

The Physicians Associate evaluation is underway, and an application submitted to extend this from Masters to PhD in order to include the patient perspective has been successful.

Medical Associate Professions (MAPs) - work has commenced on establishing the demand for the Anaesthesia Associates in NHS Wales, links have been made with the Royal College of Anaesthetists, Faculty of AAs and with Birmingham University who run the programme. The first task and finish group meeting was held in November with membership including clinical and W&OD representatives from the service. An engagement event with service providers was held in February. Paper including recommendations of way forward completed for the Board.

In partnership with Social Care Wales, a final draft of the delegation guidelines was completed and signed off. Following a survey of staff undertaken in relation to delegation the results were used to inform future engagement events and implementation of the delegation guidelines. These were published and circulated in March 2020.

Strategic Objective 5
Improving opportunities for use of technology and digitalisation in the delivery of education and care

5A Developed a plan to maximise the use of e-resources in the education and training environment

HEIW have worked in conjunction with NHS Wales e-Library for Health in taking forward this work which includes:

- The development of a three-year plan outlining key areas for development and improvement to the e-Library Service. This will include exploration of new e-Library services, systems and ways of working in order to continually develop the service.
- actively engaging in supporting the future procurement of appropriate e-journals and databases to support the enhancement of resources available.

5B Scoped digital content and capacity building of current training and education programmes.

The team reviewed the implications of Topol Review for Education and Training and developed a draft HEIW's initial 'Response' statement which was considered by the Executive Team. Research was also undertaken to develop a draft briefing on digital education and training / Business Case for Consultancy services to develop role Profiles. Early identification of suppliers to develop a toolset has been undertaken and tested.

Work has commenced to develop a plan to support the digital capabilities of the NHS workforce and to secure this as a key priority in the 2020-23 IMTP.

5C Scope opportunity for integrated digital platform

Initial internal scoping has been undertaken to consider the need for an integrated digital platform. The development of the performance report has further evidenced the benefits of taking forward such a platform. Internal scoping has identified the need for dedicated support to undertake further detailed scoping and research, and this will be progressed on appointment of the Director of Digital.

5D Developed a clear plan for simulation

During 2019, a project group was established and has been working on scoping out current simulation facilities, services and gaps in the NHS. NHS Health Boards have been invited to nominate their Simulation Leads to join an all Wales Simulation Leads network. This group met for the first time in December 2019 and identified a range of opportunities to be considered in a programme of work. Agreement was made to appoint an Associate Dean (Simulation) to help lead the project with an appointment expected by the end of the financial year. Unfortunately, arrangements were paused due to the impact of COVID-19.

Future developments have been rolled over into the IMTP 2020-23.

Strategic Objective 6
Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales

6A Developed a health and care leadership strategy with Social Care Wales and Academi Wales for health and care

A review of leadership development across NHS Wales was undertaken in Q1 and a review was scheduled to be undertaken by Social Care Wales by the end of Q3. The NHS reviews has been used to inform the development of the 'compassionate leadership principles' following a decision to proceed with principles rather than a strategy per se. The review has also enabled us to identify gaps in senior leadership development and inform future commissioning/development of national leadership programmes designed to support existing leaders as well as create a new generation of leaders. A project plan and governance arrangements were put in place by HEIW early in the year.

To maximise stakeholder engagement, HEIW hosted a collective leadership engagement conference in Cardiff. Keynote speakers included Andrew Goodall, Professor Michael West and colleagues from England and Northern Ireland. A total of 300 delegates attended including representatives from health, Social Care Wales, Academi Wales, strategic partners and academic establishments. The conference engaged the views and ideas of stakeholders to ensure a co-productive approach to the leadership strategy and resulting delivery framework.

An overarching steering group was established including representatives from NHS, Social Care Wales, Welsh Government, Academi Wales and Local Government and has met regularly during the year.

The Programme plan remains fluid and is updated to reflect progress. Whilst the NHS Wales leadership reference group has not been established, delivery of actions have been progressed through existing infrastructures and peer groups.

6B Map leadership and management resources and identify priority programmes for health and care.

During Q1, the team researched and scoped the leadership and management resources for Health and Social Care Wales. A digital leadership portal that can cross organisational boundaries has been procured that will enable HEIW to create a 'managers resource library' by collating and standardising the vast range of management development materials already in existence across NHS Wales. This also provided an opportunity to review, refresh and host the NHS Wales Core Competence Framework for Managers and Supervisors, in partnership with Academi Wales and NHS Wales. The materials have been made available as e-learning for self-directed learning, or version controlled electronic resources for use in face to face training. Workshops were held to explore use of existing 5 nations resources and tools to support implementation of the leadership principles.

We have commenced the review of 'inherited' clinical leadership programmes and had intended to put forward proposals for a unified clinical leadership programme in early 2020 and opening for applications later in the year. However, this work has been delayed due to COVID-19. For the first time, we appointed two pharmacy leadership fellows to join the medical leadership fellow scheme run by HEIW.

6C Implemented a succession planning and talent management framework for NHS Wales.

HEIW has committed to accelerating the pace around the implementation of succession planning for Tier 1 and Tier 2 senior leadership roles in NHS Wales. A workshop was held to define the succession planning process for these roles; identification of the Executive and Director roles across NHS Wales, hot spots and priorities; reviewing and enhancing (where required), the competence, values and behaviour frameworks for senior roles in NHS Wales. A process was developed to identify aspiring talent across NHS Wales; develop/commission executive leadership development programme(s); populate talent pool. Latterly the team have reviewed and re-launched the NHS Wales Core management competence Framework and have undertaken a pilot with the OU to identify manager resources for hosting on the Leadership Portal. At the time of the escalation of the COVID crisis, arrangements were being made for NHS Wales first Talent management Summit to take place in for June 2020. This was been put on hold in the last week of March.

We identified the need to secure a digital solution to facilitate the talent management and succession planning arrangements and took the decision to use a cloud-based talent management (TM) solution. This approach will enable NHS Wales to develop intelligence and maturity with regards to the functional and user specification of the talent management solution required to manage succession planning for Tier 1 and 2 posts.

6D Implemented an alumni leadership network

Following a successful procurement exercise, digital software has been sourced and the digital leadership portal has been developed to enable the creation of Alumni networks. The following has been achieved:

- Creation of a collective leadership alumni network that will include participants from the HEIW Leadership conference on 21st October. Membership of this network will enable access to a range of collective leadership resources and videos from the event
- Creation of a clinical fellows alumni network- This opportunity was provided to the clinical Fellows but was not pursued. However, the Swansea University Leadership Academy have since pursued this opportunity and have created a virtual network using the HEIW digital leadership portal to share materials, conversation threads and access the HEIW compassionate leadership resources.
- Creation of a range of collective leadership master classes, webinars and other alumni events with push notifications to alert anyone registered with the Leadership Portal - Where leadership events are undertaken, all networks will be alerted. The compassionate leadership interview with Professor Michael West December 2019 was streamed live across NHS Wales, with the Leadership network alerted and invited to participate.

Strategic Objective 7
Demonstrating value from investment in the workforce and the organisation

7A Developed value-based methodologies to monitor and evaluate the impact of education and development
We have made limited progress in respect of this objective during the year due to other pressures and team capacity. We have looked at our approach and begun to develop our investment appraisal processes, and standardised templates for 'business cases' and projects/programmes. In December, we took the decision to prioritise this in the new year alongside further work on our structures and processes. Individual business cases, for significant investment decisions have included an assessment of value added, benefits, impacts and risks etc.

7B Developed a plan for future allocation of SIFT
This objective was not progressed during 2019-20 due to the absence of direction from Welsh Government.

7C Implemented an integrated performance framework to underpin delivery of annual plan.

We have developed an integrated performance report and dashboard and agreed with Board their expectations as regards the provision of timely information on performance. We have discussed the approach with our senior leadership team and key business area leads and clarified expectations on them to inform performance management and planning, at corporate and directorate level, as well as provided some 'training' sessions. This engagement and iterative development has contributed towards the development of our IMTP 2020-23.

Remit Letter Actions

1. Mid/West Wales Academic Fellows Scheme

In 2016, Swansea University School of Medicine launched a Rural Health Academic Fellows Programme. The programme recruits 2 fellows (qualified GPs/other specialists) a year who work as supernumerary GPs or specialists in approved, allocated rural practices and/or hospitals for 3 days a week. The other 2 days are dedicated to pursuing academic work, under the guidance of a Swansea University School of Medicine Senior Clinical Academic.

A small research group reviewed the Mid/West Wales Academic Fellows Scheme to evaluate the impact on the existing rural scheme. Interviews were undertaken with key individuals (including Swansea University staff, associated GP Practices and the Fellows currently and previously on the scheme) to check whether the current format of the scheme was fit for purpose and identify ways in which the scheme could be improved and offer value for money. The findings were reviewed, and the evaluation was drafted and shared with contributors for feedback. The evaluation report was reviewed and updated prior to submission to the Executive Team for approval and then submitted to Welsh Government as requested.

2. Career framework and supporting education framework for general practice nurses

As HEIW is developing a career framework for the health professional workforce as identified in objective 2C, it was agreed with Welsh Government that this will be incorporated into work of that group. Following the appointment of our new Head of Nursing and Midwifery Transformation during Q3 she was tasked to identify any short-term education priorities HEIW should consider.

3. Lead work with NHS organisations to determine cost effective ways to deliver the additional 80 district nurses funded through the compact between Welsh Government and Plaid

We have engaged with the Health Boards to determine who within their community workforce had begun the Specialist Practitioner Qualification (SPQ) but had not completed the course. A plan was developed to backfill staff to expedite their progress through the programme to gain the (SPQ). We evaluated the ongoing uptake against the original plan and additional work was undertaken with the Health Boards and universities to explore alternative options. A full-time programme (with backfill) has now been offered and uptake has increased to an anticipated level of 55 additional district nurses. Engagement with the Health Boards identified the full extent of training activity across the Community nursing workforce which demonstrates there is considerable training being undertaken. It has also identified that one of the main factors inhibiting additional release of staff is the capacity to maintain services whilst staff are released for study. Welsh Government have been appraised of the outcome.

4. Support Health Boards to use coding (Electronic Staff Record) in a consistent way in line with the national coding manual

The Data Controller responsibility for ESR sits within NWSSP. We met with NWSSP to share the remit letter action assigned to us with them and to agree a way forward. As a consequence of discussions, a joint plan was put in place to re-invigorate the Data Quality group within the Hire to Retire programme board led by NWSSP. During Q3 the group identified the current position in relation to district nursing, to assess the level of quality and to identify areas where ESR data naming conventions are agreed but are yet to be actioned. This has provided the foundation to develop a programme of work to update areas identified in remit letter objective 2 above. Work to develop an agreed process to empower Workforce Information Managers with the accountability, support and resource to enact changes agreed via the Data Quality control group has also commenced.

5. Offer a workforce perspective and advise on workforce implications arising from key Government documents such as the Valleys Taskforce and Dementia Action Plans

The Deputy CEO is a member of the Valleys Task Force, workforce sub-group. This objective is open ended, comments have been provided as appropriate on various key documents as they have been published.

6. Advise on arrangements to routinely collect NHS vacancy information for all staff groups, and work with WG policy and statistical officials to produce an accurate statistical statement via WG's Knowledge and Analytical services.

As noted at 4 above, the Data Controller responsibility for NHS Wales sits with NWSSP. Discussions have taken place between NWSSP and HEIW to agree a way forward on this action. During Q3, we scoped current practice in collecting vacancy information from all NHS Wales organisations. This feedback was analysed to identify areas of commonality and good practice. Working in partnership with NWSSP we developed an agreement for the collection of data within clear and robust parameters for the purposes of the statistical statement for 2019-20. We worked with Welsh Government's Knowledge and Analytical services to agree parameters for an accurate statistical statement for 2019-20 and to agree the data for the collection of data to inform the statistical statement. We will then be in a position to identify areas for further improvement and to develop plans to increase the accuracy of the statistical statement, including the resource implications. We have notified the Welsh Government of the achievement of this action.

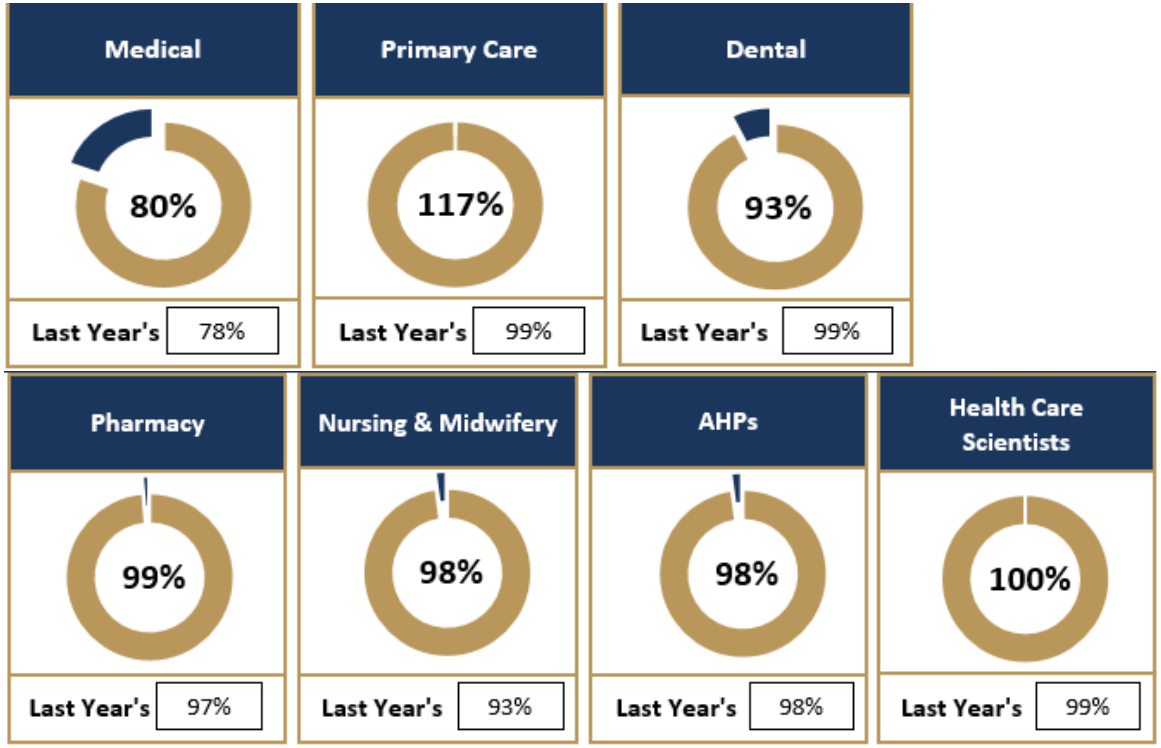
Overall across all objectives stated within the Annual Plan 2019-20 the RAG status indicated at the end of the period was:

RAG rating	Total at year end
Green	22
Amber	15
Red	2
	39

SECTION 2 – 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. The position at year end remains as stated in the March 2020 report.



Notes:

1. We are working on plans for future data to be colour coded on the dashboard, to show the point at which the data was collected, i.e. at 'initial' recruitment or as an 'actual' figure (trainees/students having taken up posts/places in training/learning).
2. 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 to make progress, and the definition and the associated elements will be tested, reviewed and amended as appropriate over time.

Continuing Professional Development (CPD) Course Activity

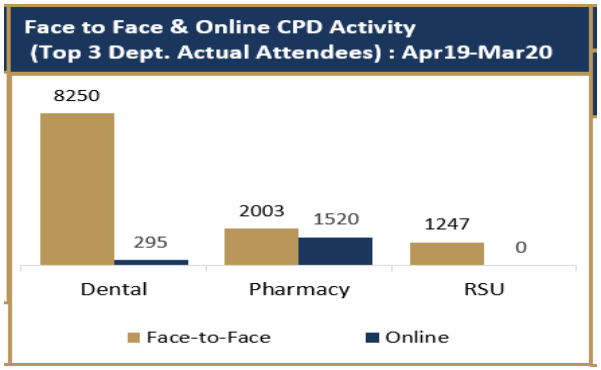
CPD activity is delivered and commissioned in a number of ways across HEIW and is a key focus in our IMTP.

Data on CPD activities is still being collected manually, which has made it challenging to monitor and report. In 2020-21, 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 2019 to 31 March 2020. This is broadly in line with the previous year.

For the RSU online modules, the number of views is also shown.

The vast majority of CPD provision stems from the Pharmacy and Dental Deaneries, and RSU.



Dental

The dental section provides a variety of courses covering all areas of dentistry, for registrants who live or work in Wales. These include dental simulation (hands-on), traditional study days, conference and online CPD. All courses meet the General Dental Council requirements for verifiable CPD.

In 2019-20, 760 dental courses were organised across Wales. Only 9% of these courses were cancelled; 5% due to low numbers or study days being re-arranged and 4% due to COVID-19 (in March 2020).

During the year, we introduced the course 'Making Prevention Work in Practice'. This is a one-day 'train the trainer' course, to enable dentists to go back into practice and train their Dental Nurses on the application of topical fluoride varnish. We ran 11 courses in 2019-20, training 346 dental professionals. The course received excellent feedback and directly supports the Welsh Government GDS reform programme. In addition to this, a number of courses were offered to extend skills for DCPs also supporting WG whole system reforms by developing the workforce and effectively utilising skill mix.

We worked in collaboration with the National Exam Board for Dental Nurses (NEBDN) to provide training in Dental Radiography, Dental Sedation and Special Care. The table below gives a summary of the training in 2019-20 and the excellent pass rates that were achieved in the period.

NEBDN Course	**Pass rate**
Dental Radiography	78%
Special Care	100%
Dental Sedation	100%

We also organised our 10th DCP Symposium in May 2019 with 131 delegates in attendance.

The dental section provides a suite of Quality Improvement (QI) tools to support dental practices and their teams. These tools directly support the whole system reform to the NHS General Dental Services in Wales. The table below provides a summary of the number of dental practices and dental professionals engaged in this activity in 2019-20.

QI Tool	Number of Practices	Number of Dental Professionals
WHTM 01-05 Audit	41	292
Antimicrobial	45	126
Smoking Cessation	32	145
SOSET	13	137
MMD	25	157
Design to Smile	42	109
PDP	4	33

The number of courses being delivered in 2020-21 is anticipated to be slightly less than the previous year, due to the number that have been postponed due to COVID-19. It is hoped that some can be re-organised for the profession to enable full return to practice.

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.

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.

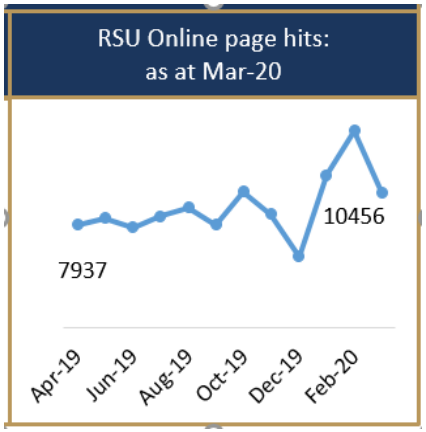
Priorities for 2019-20 were to consolidate and expand on the delivery of events. The current delivery model via 3 regional CPD Leads was initially piloted in April 2015 and formalised in 2019. This aim was achieved and, in fact, exceeded.

The data provides a summary of the total number of events delivered across Wales for the period 1 April 19 – 31 March 2020: 32 events and 1247 attendees.

This is a significant increase on the same period last year (1 April 2018 – 31 March 2019: 16 events with 868 delegates)and demonstrates the high demand for our events. This improvement is attributed to the following:

- The ability to provide CPD events was reduced by approximately 15% last year following the resignation of the North Wales CPD Lead. This post was filled in April 2019.
- The number of attendees has increased as the direct result of adding an events page to the GP CPD e-modules website, which has eased the booking process and enabled GPs to view and select from all the events taking place across Wales.

- The provision of study days on key/'hot' topics, such as Gender Diversity, in response to national developments led by the Health Minister, were popular and were over-subscribed. When planning CPD activity for the coming year we will consider how to provide further support for national initiatives and campaigns.



In addition, visits to the GP CPD e-modules website increased throughout the year from 7937 to 10456 at the end of March 2020. The top viewed module from April 2019 to March 2020 was 'Motivate to Move' with 2630 views, followed by Acute Kidney Injury with 2141 views. Our aim is to deliver a minimum of 4 modules a year on key topics. This has been achieved, including the launch of HEIW's first training module on Trans and non-binary for health professionals, with support from LGBT charity, Stonewall Cymru.

This demonstrates the continuing and improving engagement of the medical profession with the organisation, specialised CPD events and online resources.

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.

Pharmacy

During 2019-20, the format of webinars to deliver CPD requirements continued to attract more learners, both within pharmacy and within other healthcare professions due to the ability to access remotely, reduce travel and require a reduced time commitment after work.

Registrations for webinars continued to increase, e.g. Emergency contraception – 172 registrants and the HRT webinar, which was multi professional – 139 registrants. This represents a 5-fold increase since pharmacy commenced webinar delivery three years ago.

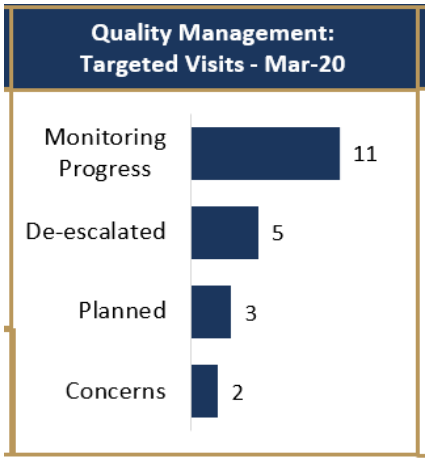
The live webinars are also recorded and made available to all professions on the HEIW pharmacy website to allow leaners to access at their convenience. In order to increase awareness and uptake, however, we are working with the HEIW Communications and Digital teams to undertake more effective promotion of CPD programme and e-resources via social media and directly to end users.

Face-to-face events still provide an excellent opportunity to network, albeit the number of these events have decreased over the last few years. The availability of technology (live streaming) does facilitate remote attendance. The inter-professional optometry/pharmacy events in September/October 2019 were very well received and have helped support improved networking and patient referrals for specific services from each profession. The existing referral form, further to feedback from delegates, will be updated to improve information available and provide a more efficient patient referral process. 168 professionals attended the events across Wales.

SECTION 3 – Quality and Outcomes

Quality Management

HEIW has a comprehensive quality management framework in place in order to enable compliance with regulatory standards and ensure postgraduate medical training in Wales adopts a patient centred approach that safeguards safety and promotes a positive trainee experience. Our approach is comprised of a scheduled component and a responsive component. The scheduled component ensures that there are appropriate governance arrangements and infrastructure in place within Health Boards who provide training. The responsive component ensures that, where quality concerns arise, they are identified and managed in a proportionate manner in order to prevent any undue burden on Health Boards across Wales. The responsive component includes targeted visits.

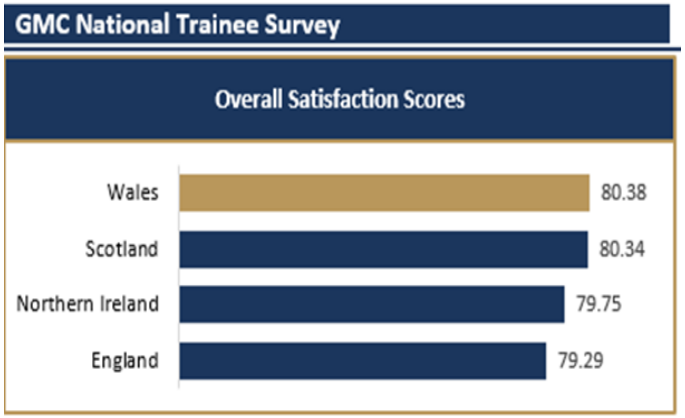


The data shows targeted visit information for the full year, 1 April 2019 to 31 March 2020.

At 31 March, there were two issues where the Quality Unit had concerns over progress and these were escalated to the GMC for Enhanced Monitoring. These concerns were Medicine in Wrexham Maelor Hospital and Emergency Medicine at Morriston Hospital. Action plans for these issues are being implemented and monitored by the Quality Unit in the new year.

At the start of 2020-21, 11 other quality concerns also continue to be monitored and 5 have been de-escalated. Three further visits were planned before 31 March but, given the need to implement social distancing and reduce any pressure on NHS Wales following the COVID-19 pandemic, these visits were postponed and arrangements have been made to monitor these with the local teams.

GMC Trainee Survey Results



For full details on results, please see *Performance Report 2 (January 2020)*.

As highlighted in Performance Report 2, the Quality Management team reviewed the results from the 2019 survey to determine measures for consideration and implementation;

- Lower rates of trainee engagement across the home nations (although the rate in Wales was 97.5%, compared to the UK average of 94.6%);
- Lowest overall percentage score in the UK for clinical supervision out of hours and lowest reported by Wales since 2015 and this will require review (although the areas have already been identified by the Quality Unit as areas that require support and Targeted Visits are underway)
- Workload issues impacting on the ability of trainees to access study leave
- Lowest score in the UK for the 'reporting systems' indicator (Wales has had gradual erosion in the score over the last 4 years)

Obstetrics & Gynaecology, Surgery and some areas of Medicine are likely to remain target areas for the next survey in 2020 and this relates directly to work that the Quality Unit are already undertaking.

As survey data for other professions becomes available, we will endeavour to provide a similar level of analysis to enable us to reflect on performance.

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.

Trainees are awarded an outcome depending on performance and cannot progress to the next stage of their training if they do not receive a satisfactory outcome. The majority of outcomes (across all areas) fall in to one of these categories:

Outcome 1: Satisfactory progress.

Outcome 2: Development of specific competence required – additional training time not required.

Outcome 3: Inadequate progress – additional training time required.

Outcome 4: Released from training programme – with or without specified competence.

Outcome 5: Incomplete evidence presented – additional training time may be required.

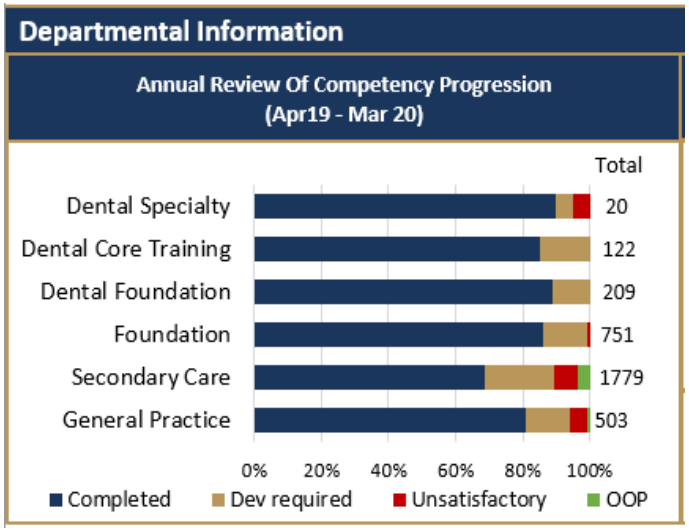
Outcome 6: Gained all required competences for the programme.

Outcome 8: Outcome for trainees who are out of programme (OOP) unless Out of Programme for Training (OOPT) in which case an outcome 1-5 should be awarded.

In late 2019-20 (and early 2020-21), for upcoming annual reviews, guidance has been 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 data below is for the full budget year, 1 April 2019 to 31 March 2020. The data shows, for each area of business, the breakdown of:

- Completed (outcomes 1 and 6)
- Development required (outcomes 2 and 5)
- Unsatisfactory (outcomes 3 and 4)



As we continue to review the data and discuss potential new metrics and changes to existing metrics with respective areas, further work is being undertaken to analyse these outcomes further, and to reflect on how these can align to measure our performance. Where possible, this will be incorporated in future reports.

Nevertheless, figures for Foundation, GP and Secondary Care (in the chart above) show that all outcomes are broadly in line with the previous year.

Data for Dental Foundation Training and Dental Speciality Training has been updated in line with Interim RCPs, which take place in February and March each year.

Across all areas, indications are positive with regards to the outcomes being generated. Work is progressing to consider further the reasons and support required where unsatisfactory outcomes have been reported.

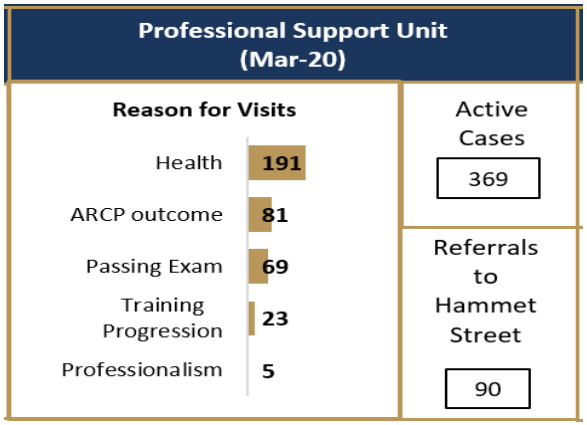
For more background information and detail about processes in individual areas, please see *Performance Report 2*.

Professional Support Unit (PSU)

HEIW is responsible for overseeing all doctors and dentists in training in Wales and for addressing issues that may arise during the training process that could hinder progression. The PSU was established in 2008 and provides guidance and information to all parties involved in postgraduate medical and dental training. In late 2019, the PSU extended the service to include pre-registration pharmacy trainees (on a case-by-case basis).

On average, 10-12% of doctors in Wales are receiving support at any one time, which equates to more than 300 active cases. At 31 March, approximately 30% of these had been referred to a specialist psychological service (Hammet Street Consultants Ltd).

There were 369 active cases at 31 March (compared to 377 at 29 February). 90 of these (compared to 188 at 29 February) were receiving psychological support from Hammet Street.



The PSU service typically experiences higher demand in line with Annual Reviews of Competency Progression (ARCP). The service contacts every trainee with an Outcome other than 1 or 6 (Satisfactory progress/Completion of Training). About 40% of trainees with Outcome 2s (Development of specific competences – additional time not required) and Outcome 3s (Inadequate progress – additional training time required) have proactively accessed PSU and have commenced their support plan at the time of their ARCP. A further 20% of Outcome 2s & 3s access support post PSU contact (in a ratio of 1:3).

Evidence from 2018 showed that engagement with the PSU resulted in 62.7% of trainees returning to Outcome 1. If a trainee engaged with the PSU they had an 11% higher chance of Outcome 1 or 6 as opposed to those who did not engage[1].

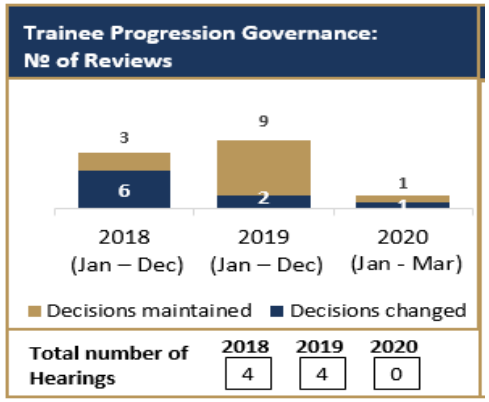
As was the case at 29 February, the breakdown of reasons for accessing PSU support shows that over half of cases are due to health reasons. However, the breakdown is only indicative as, in many cases, this is merely a first presentation and often underlined with other challenges affecting an individual's progress or performance.

The PSU had no new referrals in March from trainees requesting specific support around COVID-19. Some trainees already being supported were in touch with worries around the pandemic and the impact on their training, but there were no new cases. This is mirrored across the UK, as reported by other PSU services at the COPMED PSU meeting in April 20. The impact of COVID-19 is likely to be a long-term one and we expect to see support needs related to COVID-19 arising for the next 3-7 years.

Trainee Professional 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.



[1] 'The role of the Professional Support Unit in specialty training' Hardway M, Kevelighan E, Gasson J, Walsh L 2018.

The data for 2019-20 shows the number of decisions at the Review stage of Appeals that have been maintained and changed.

An Appeal has two parts: a Review by the original people who gave the Outcome and, if the Outcome is not changed, the trainee can ask for a full Independent Hearing. Currently, approximately half of all Appeals are changed at the review stage of appeal and, if they proceed to a full independent hearing for their appeal, the outcomes are generally maintained, often with the trainee being released from the programme.

The limited number of Appeals allows opportunity for analysis and learning to improve practice. Whilst Appeals will never be eradicated, by a process of continual learning and dissemination of errors or good practice, the numbers that are received and subsequently changed (as a percentage of the total number) should diminish over time.

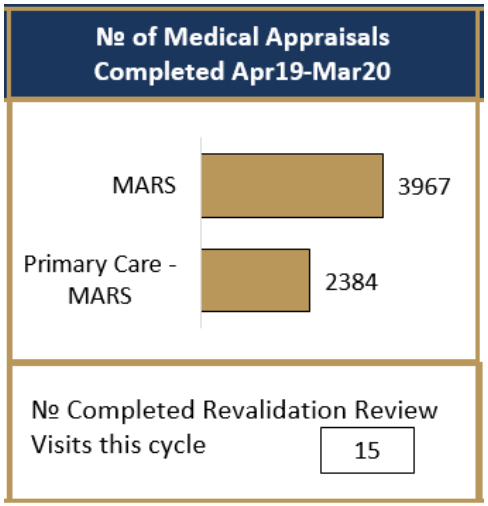
To this end, in 2019, TPG commenced improvement and collaborative work across all medical specialties and with Dental colleagues to promote better reporting of individual progression, objective setting and decision making at ARCP panels. This work was showcased at an ARCP National Learning Event in London in March 2020, attended by HEIW Secondary Care and GP representatives. There will be further collaborative work undertaken across the nations as a result.

Also during 2019, TPG introduced more challenge at the Review stage to ensure that if the Outcome is maintained, and the case goes to a full Independent Hearing, HEIW processes and procedures are robust and capable of challenge.

Medical Appraisal and Revalidation

Note: In response to COVID-19 and the GMC's decision to suspend Revalidation until September 2020 in the first instance, the CMO paused medical appraisal on 27 March. Plans are in place to respond to any future changes to national appraisal and revalidation decisions and guidelines as they arise.

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.



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 2019 – March 2020 (6351).

This data is consistent with the same period last year (6064 from 1 April 18 to 31 March 2019) and, therefore, demonstrates the continuing high engagement of the medical profession with annual appraisal. There is an expectation that there will be approx. 10% of doctors not undertaking appraisal in any given year due to extenuating circumstances, e.g. paternity leave.

MARS is part of a suite of online resources that also includes **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. This pilot, which commenced in September 2018 and completed in March 2020, acts as a proof of concept regarding the use and transferability of MARS to other professional settings. As at March 2020, there were 128 registered on the system, which is approximately 91% of all Community Dentists. The final pilot evaluation was discussed at a joint HEIW/WG meeting with the Chief Dental Officer on 5 March 2020. The outcome was an endorsement of the system as being fit for purpose and of value, and it was agreed that the DAS system would now be used as the single appraisal system for 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 31 March, 484 users had registered on the system and 143 surveys had been initiated.

4 doctors had completed this exercise and received their feedback report. This system replaces the previous commercial provider and provides a single solution for Wales that has the potential to be adapted for the wider NHS Wales workforce.

Revalidation Quality Assurance Review Visits

Revalidation Quality Reviews enable discussions to take place between the key members of a Designated Body (which includes all HBs in Wales), i.e. Responsible Officer and team, and a review team. The discussions are focussed on gaining assurances regarding appraisal and revalidation processes within the Designated Body and ultimately Wales as a whole.

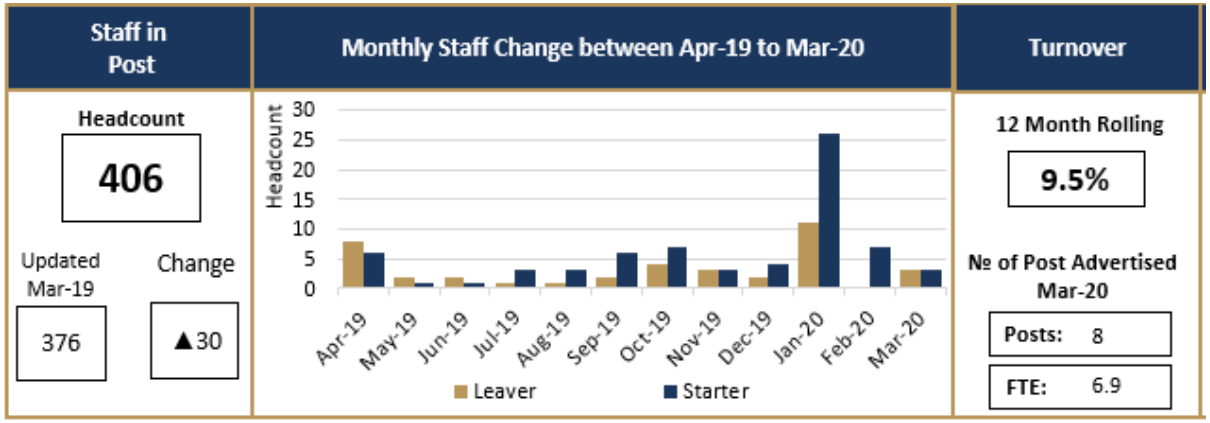
At 31 March 2020, there had been a cumulative total of 15 Review Visits. All Designated Bodies (DB) within Wales were visited over a two-year period, January 18-December 19. See *Performance Report 2* for more detail.

As a result of the review visits, the Chief Medical Officer was assured the appraisal and revalidation processes in Wales are robust and fit for purpose. In order to implement the revalidation action plan effectively and enable DBs to implement their local action plans there will be no further review visits taking place until April 2021. A new two-year review visit cycle to all DBs in Wales will take place April 2021 – March 2023.

SECTION 4 – Corporate Performance

HEIW Performance Metrics

This section outlines how HEIW is performing as an organisation as at the end of March 2020.

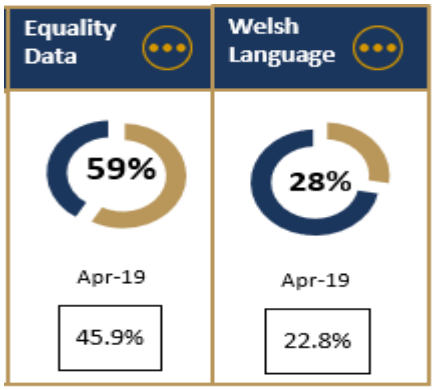


Workforce Movement

In March 2020, the headcount for HEIW was 406, which represents an increase of 30 staff since 31 March 2019.The staff changes report shows that over that 12-month period a total of 75 new starters joined, and 44 people left. Whilst the picture has involved a steady increase in staff during the year, consistent with the development of services within HEIW, it was January 2020 that saw the largest movement of the workforce with 11 people leaving and 26 new starters across a range of functional areas.

Turnover

The 12-month rolling turnover rate for HEIW for the period March 19 to March 20 is 9.5%. The turnover rate for HEIW can be variable because of the small size of the workforce. However, HEIW continues to have one of the lowest turnover rates in NHS Wales, which supports business continuity and organisational memory.



Equality Data

HEIW staff have a responsibility to complete the various equality measures using Employee Self Service in ESR and the year ended with the data indicating that 59% of records have now been completed. This highlights as a result of positive engagement, an upward trend in terms of compliance with an increase of 13.1%.

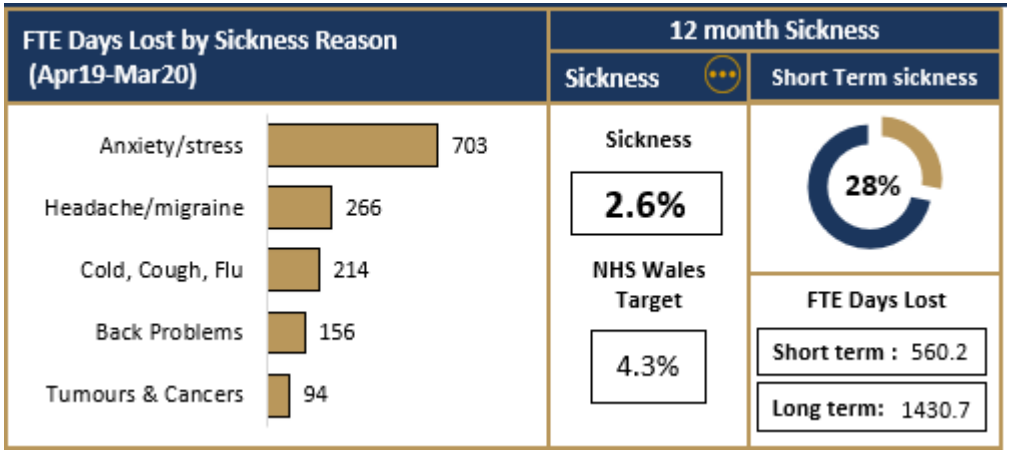
HEIW will continue to work with colleagues to ensure gaps are addressed and to encourage a continued upward trend. The organisation, in partnership with the Equality team, will be undertaking a series of actions as part of its Strategic Equality Plan (SEP). The Strategic Equality Plan has been signed off by the Executive Team. Due to the COVID-19 pandemic, however, the SEP was not presented to the HEIW Board on 26 March and will be presented to Board later in 2020.

Welsh Language

Individuals are able to update their ESR record to log their Welsh competencies in Reading, Writing and Listening/Speaking in Welsh. Over the period of 12 months to March 2020, there has been a 5.2% increase to 28% of individuals who have updated their record.

As with PADR completion rates, every opportunity is being taken to remind staff and managers to complete statutory and compliance training and to update Welsh Language data.

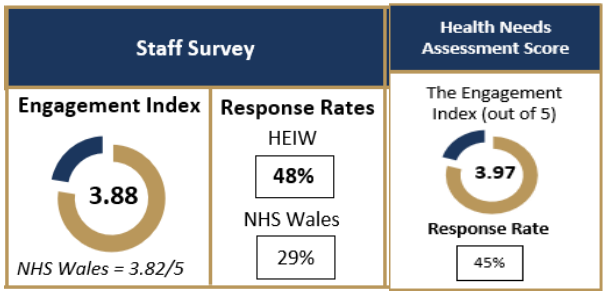
Sickness



HEIW has maintained the lowest sickness rate of all the 11 NHS Wales organisations, with a rolling 12-month sickness rate of 2.6% (April 19 – March 20). This sickness rate has remained significantly below the NHS Wales sickness target of 4.3%. During this 12-month period, HEIW staff have experienced significant organisational change but the fact that there has been no concurrent increase in sickness is a positive indicator of the general health of the organisation in terms of positivity and wellbeing.

Where there has been some sickness, 72% has related to long-term sickness (periods over 28 days) and this then correlates with the breakdown of reasons for absence where, over the 12-month period, the most common reason has been for Anxiety/Stress/Depression. This reflects a very small number of individual cases of staff on long-term sickness and that, due to the generally very low levels of sickness absence, makes a significant impact on the overall picture within the organisation. These cases, along with other cases of long-term sickness absence for other serious health issues, have been managed sensitively and appropriately with involvement from the People Team.

Staff Survey & Health Needs Assessment



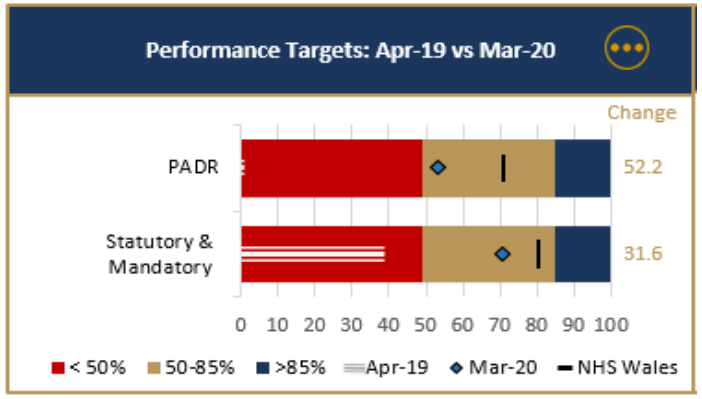
HEIW undertook a staff survey in January 2019. The response rate was 48%, which was higher than the NHS Wales response rate of 29%. The overall staff Engagement Index for HEIW was 3.88 out of a possible 5. This score can be seen positively because the survey was taken 4 months after the creation of HEIW. The Health Needs Assessment survey was conducted 9 months later in October 2019 and contained the same questions that make up the Engagement Index. The questions in the Staff Survey had a 5-part answer, whilst the questions in the HNA had a 3-part answer, so to allow for comparison, the figures were considered in percentages, with a calculated Engagement Index score of 3.97.

HEIW's success in the area of staff engagement was recognised in 2019-20 by being shortlisted in three categories at the 2019 Healthcare People Management Association (HPMA) Wales Excellence Awards. The awards recognise and reward the outstanding work of healthcare and people managers across Wales.

HEIW won in the category 'Colleague Engagement and Experience' for its contribution to empowering staff to create a new culture. The organisation was also highly commended in the category of 'Partnership and Seamless Working' for the new approach to managing attendance at work (in conjunction with workforce and organisational development colleagues, and trade union representatives from all 10 Health Boards and Trusts in NHS Wales).

Following a very successful and well attended all staff away day in March 2020, we instigated our first homeworking survey to enable us to generate a greater level of insight, understanding and challenges for staff in working and having the ability to work from home. This is an approach we will continue into the new reporting period.

Personal Appraisal Development Review (PADR)



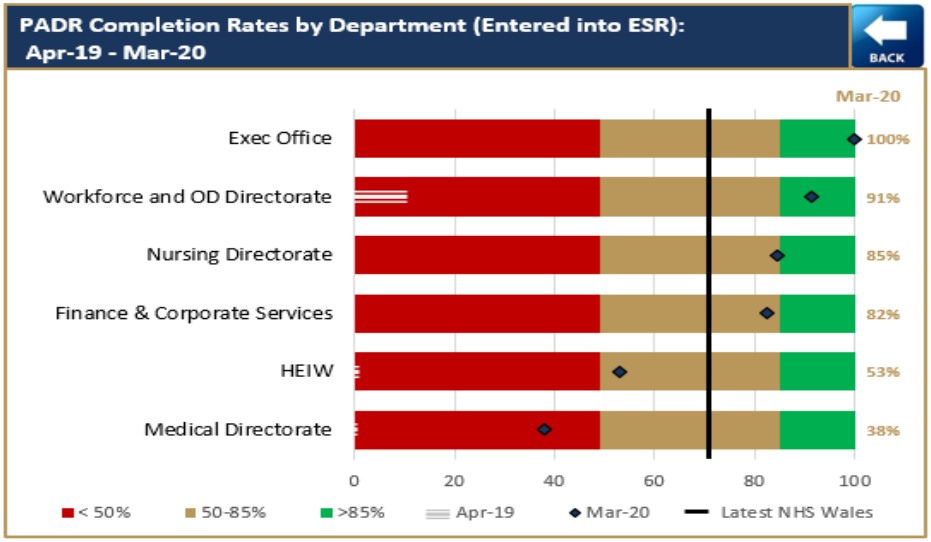
Personal Appraisal Development Review (PADR) forms part of contractual arrangements for all staff. HEIW PADR takes a values-based approach, with the outcome being an agreed personal development plan for ongoing improvement. PADR gives the individual staff member the opportunity to discuss their performance against agreed objectives.

Note: There are currently 406 HEIW Staff. However, for the purpose of this report the narrative refers to the 272 core staff and excludes those staff occupying the roles of GP Appraisers and Pharmacy Assessors/Facilitators who are predominantly also employed by other healthcare organisations. The expectation is that the mandatory training and PADR compliance relating to these staff would be registered with their primary employing organisations.

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 was 53% at 31 March 2020. This reflects a steadily improving trend particularly in the second half of the year. In the first part of the year, compliance levels were very low and this was primarily attributable to introducing ESR to a large group of staff that were unfamiliar with it, specifically those staff who had transferred from Cardiff University.

Compliance levels are broken down by Directorate as follows:



The lowest performing Directorate at the end of the 12-month period was Medical, which shows compliance at 38%.

The compliance levels for core HEIW staff in the last four months of the year demonstrate a generally improving trend as follows:

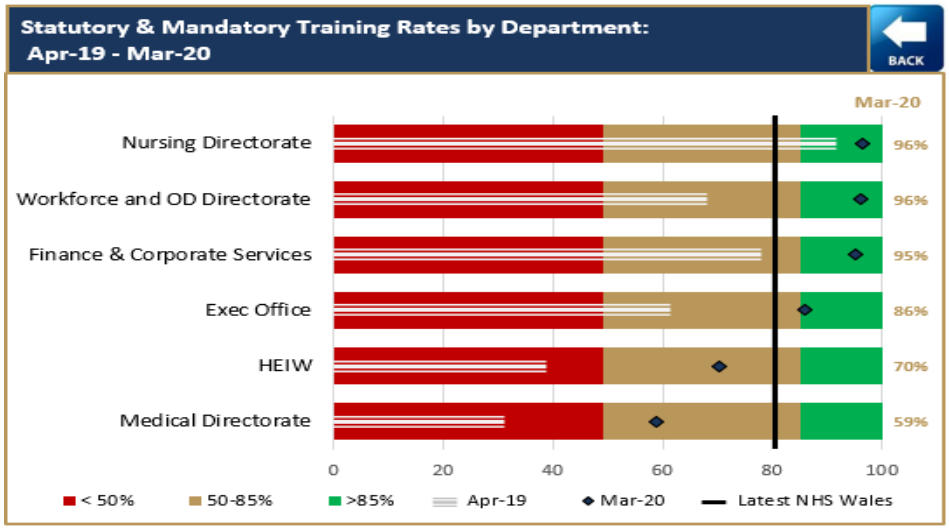
December – 44%
January – 48%
February – 53%
March – 53%

For the same period, the compliance levels for the Medical Directorate also demonstrate an improving trend as follows:

December – 30%
January – 31%
February – 36%
March – 38%

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 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) as at 31 March 2020 is 70%. This demonstrates a considerable improvement since the beginning of the year when it stood at just under 40%.

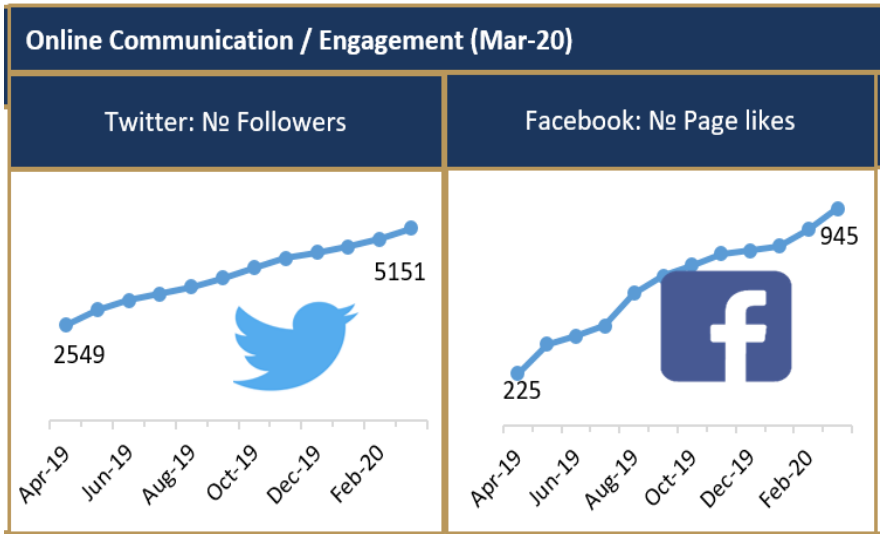
While the People team and the wider Workforce & OD teams are able to support staff in this process, it remains the responsibility of individual staff and managers to ensure that they achieve a minimum 85% compliance in statutory/mandatory training requirements.

In respect of both PADR and Statutory and Mandatory Training there has been a steady and continuing improvement in compliance levels specifically in the second half of the financial year, both at organisational level, and at Directorate level for the Medical Directorate, which has been the main outlier. This is the result of proactive engagement and encouragement by the People Team, work undertaken in supporting managers and staff with PADR training and training and support on ESR. In addition, there was a concerted effort to further encourage, train and support managers on a group and individual basis in the last quarter and the expectation was that there would be a consequent radical shift in PADR compliance levels reflected in the April figures. However, it should be noted that the impact of this work will have been negatively affected by the COVID-19 pandemic specifically, where much effort has been diverted to managing the educational impact of the crisis and the provision of support across NHS Wales. The change to home working for core staff will also have had an initial impact.

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

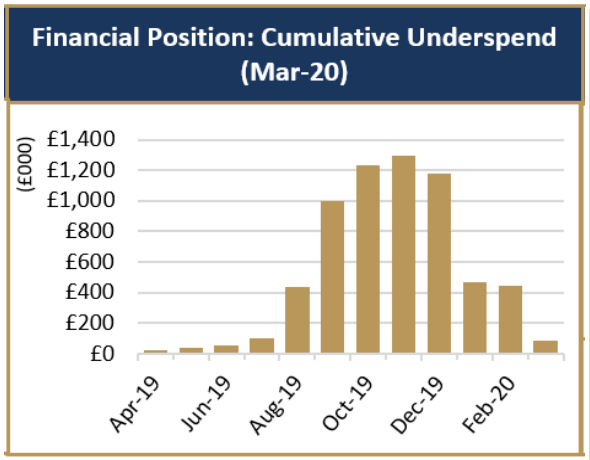


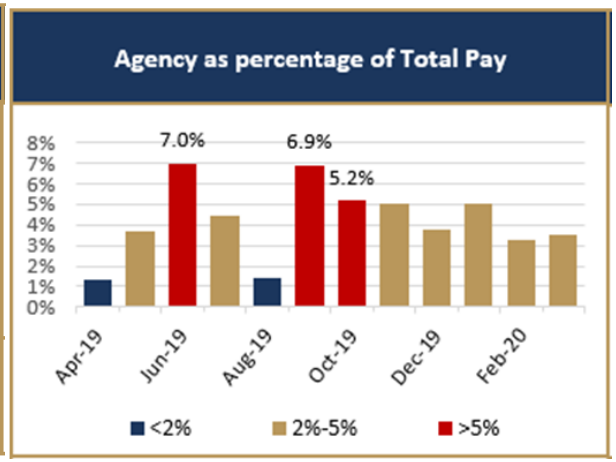
As indicated by the data, awareness of and engagement with HEIW has grown considerably over the past year.

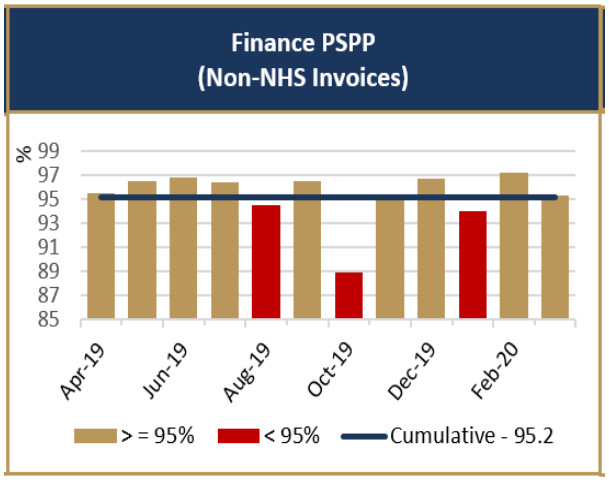
In the financial year 2019-2020, we have increased our Twitter following by 96% going from 2549 to 4989. Our Facebook following has grown even more with an increase of 315% rising from 225 followers to 935 in the year. This is a positive indicator of communications and engagement work and reflects the importance placed on it by HEIW.

Our work on social media forms part of the wider HEIW communications and engagement strategy, which in turn forms part of our annual plan and going forwards our IMTP 2020-23. A progress update on the communications and engagement strategy is presented to the Board every six months – the most recent can be found in the November 2019 Board papers.

Finance


Financial Position: Cumulative Underspend (Mar-20)
(£000)
£1,400
£1,200
£1,000
£800
£600
£400
£200
£0
Apr-19
Jun-19
Aug-19
Oct-19
Dec-19
Feb-20


Agency as percentage of Total Pay
8%
7%
6%
5%
4%
3%
2%
1%
0%
7.0%
6.9%
5.2%
Apr-19
Jun-19
Aug-19
Oct-19
Dec-19
Feb-20
<2%
2%-5%
>5%


Finance PSPP (Non-NHS Invoices)
%
99
97
95
93
91
89
87
85
Apr-19
Jun-19
Aug-19
Oct-19
Dec-19
Feb-20
> = 95%
< 95%
Cumulative - 95.2

The reported position for March (Month 12) for HEIW is a cumulative surplus of £84k. This position is largely due to staff vacancies and underspends on contracts with education providers due to recruitment, retention and take up of bursary. These are offset by cost pressures associated with medical trainee relocation expenses and changes in the GP specialty training total cohort as a result of delays in completion of training and expansion in numbers.

Expenditure on Agency staff reflects the number of vacancies within the organisation.

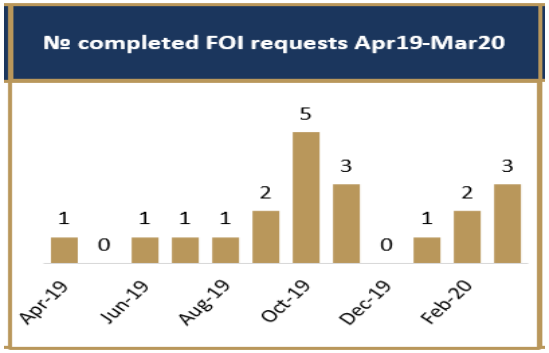
HEIW has met its Public Sector Payment Performance target for 2019-20 having paid 95.2% of non-NHS invoices within 30 days (against a target of 95%). Work will continue to refine the payment processes in 2020-21.

Disciplinary & Grievance

People Team (Mar-20)
Disciplinary & Grievance: 0
№ Complaints: 0

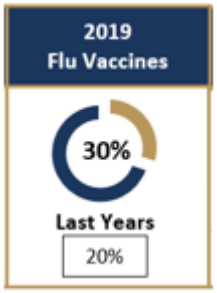
There are have not been any disciplinary or grievance cases in the period.

Freedom of Information Requests



HEIW received 22 FOI requests between 1 April 2019 and 31 March 2020 (an additional 5 since the last report). The compliance rate (response within the 20 working days) was 95%. Of the 22 requests, 2 were withdrawn by the requesters and 1 was responded to 22 days following receipt of the request. 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.

Flu Vaccines



20% of all HEIW staff had flu vaccines in the winter of 2018-19; in 2019-20, this increased to 30%. It is important to note that many sessional staff, also employed elsewhere in NHS Wales, may have had flu vaccines with their primary employers.

Health & Safety

Health and Safety	
Mandatory Training (Mar-20)	
Fire Safety	54.9%
Health & Safety	59.8%
№ of Incidents Apr19-Mar20	6

Accidents & Incidents
During 2019-20, there were 6 health and safety accidents reported/recorded, but 0 incidents applicable for reporting to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

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'.

Volunteer Training
At 31 March, the voluntary roles of Fire Marshal, First Aider, DSE Assessor and PAT tester were all filled to the required capacity and all role holders had been trained to the level required to undertake the roles. The table shows the total number of health and safety training courses attended in 2019-20 and volunteers for each role.

Role	Number of courses attended	Total number of volunteers
First Aider	7	15
Fire Marshal	10	10
Display Screen Equipment Assessor	8	8
Portable Appliance Tester	1	2

One member of the Planning & Performance team also successfully completed the IOSH Managing Safely training.

Policies, Procedures and Guidance
A Health and Safety policy, including documents for procedures, processes and guidance was established and communicated to staff via the Health & Safety pages on the Intranet.

Policies, Procedures and Guidance documents published in 2019-20:

- H&S Policy
- Homeworking
- Car Parking
- New & Expectant Mothers
- Temperature
- Manual Handling

- Risk Assessment
- Control of Contractors
- Young Persons
- Incident Reporting
- Electrical Equipment & PAT testing
- Travelling for Work

Risk Assessments

A risk assessment procedure was implemented during the year.

There were 2 internal assessments recorded (Risk Assessments completed by HEIW Staff): Ty Dysgu Building, Litter Picking Event.

There were 2 external risk assessments recorded (Risk assessments required by law and completed by external subcontractors with actions for remedial works.) The fire risk assessment resulted in 13 actions required for compliance, of which all have subsequently been completed. The Water Hygiene risk assessment resulted in 8 actions for compliance, of which all have subsequently been completed.

END

Health Education and Improvement Wales
Performance Dash Board (2019/20)

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

HEIW Strategic Objectives as at Mar-20

Health Education and Improvement Wales - Remit Letter 2019-20		
RED	AMBER	GREEN
0	0	6

Obj1: As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand		
RED	AMBER	GREEN
0	0	2

Obj2: Building a sustainable and flexible health and care workforce for the future		
RED	AMBER	GREEN
0	3	3

Obj3: With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery		
RED	AMBER	GREEN
1	0	2

Obj4: Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges		
RED	AMBER	GREEN
0	6	0

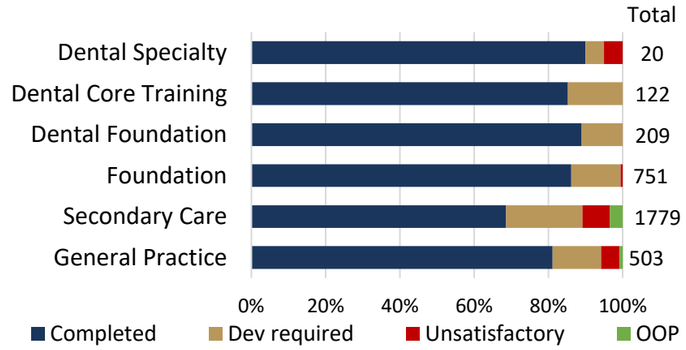
Obj5: Improving opportunities for use of technology and digitalisation in the delivery of education and care		
RED	AMBER	GREEN
0	3	0

Obj6: Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales		
RED	AMBER	GREEN
0	3	0

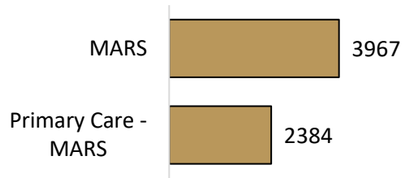
Obj7: Demonstrating value from investment in the workforce and the organisation		
RED	AMBER	GREEN
1	0	0

Departmental Information

Annual Review Of Competency Progression (Apr19 - Mar 20)

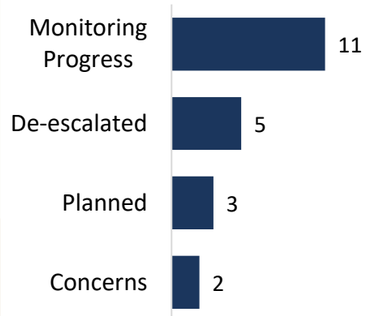


№ of Medical Appraisals Completed Apr19-Mar20

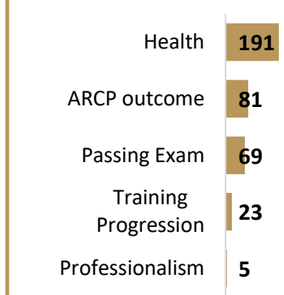


№ Completed Revalidation Review Visits this cycle: 15

Quality Management: Targeted Visits - Mar-20



Professional Support Unit (Mar-20)



Active Cases: 369

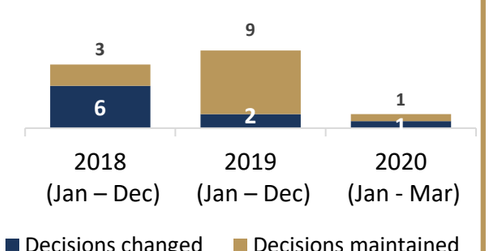
Referrals to Hammet Street: 90

People Team (Mar-20)

Disciplinary & Grievance: 0

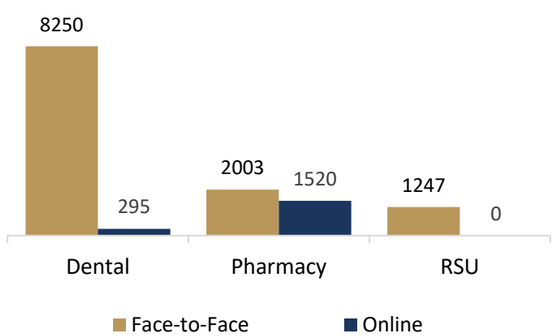
№ Complaints: 0

Trainee Progression Governance: № of Reviews



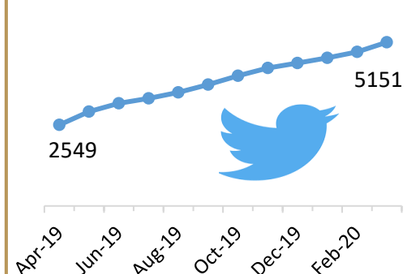
Total number of Hearings	2018	2019	2020
	4	4	0

Face to Face & Online CPD Activity (Top 3 Dept. Actual Attendees) : Apr19-Mar20

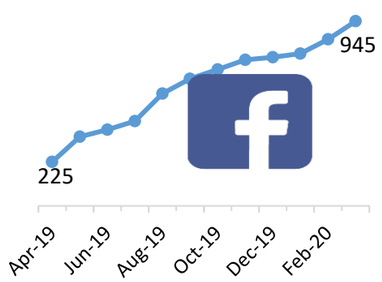


Online Communication / Engagement (Mar-20)

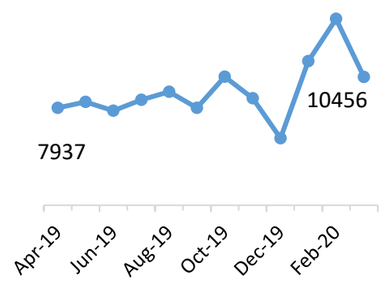
Twitter: № Followers



Facebook: № Page likes



RSU Online page hits: as at Mar-20



HEIW Workforce Performance Metrics - March 2020

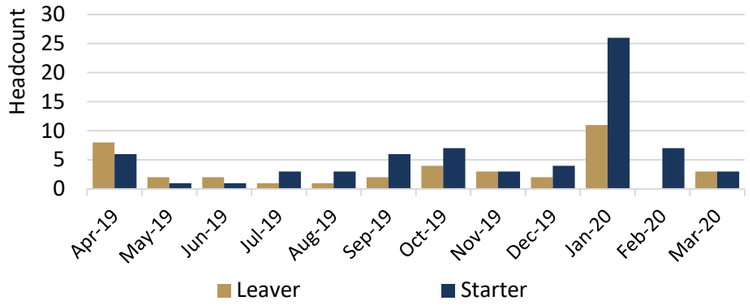
Staff in Post

Headcount

406

Updated Mar-19	Change
376	▲30

Monthly Staff Change between Apr-19 to Mar-20



Turnover

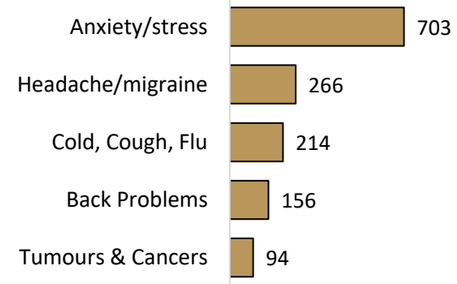
12 Month Rolling

9.5%

№ of Post Advertised Mar-20

Posts:	8
FTE:	6.9

FTE Days Lost by Sickness Reason (Apr19-Mar20)



12 month Sickness

Sickness

Sickness

2.6%

NHS Wales Target

4.3%

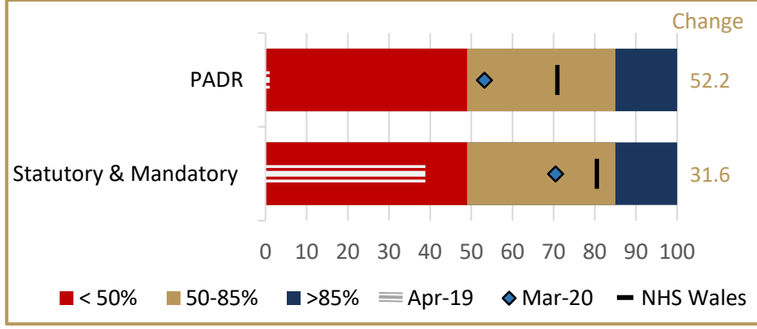
Short Term sickness



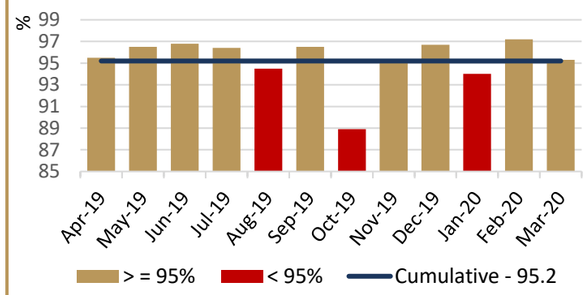
FTE Days Lost

Short term :	560.21
Long term:	1430.79

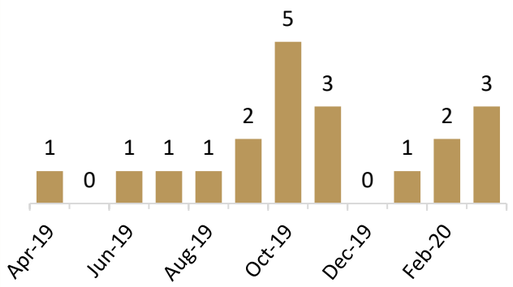
Performance Targets: Apr-19 vs Mar-20



Finance PSPP (Non-NHS Invoices)



№ completed FOI requests Apr19-Mar20



Equality Data



Apr-19

45.9%

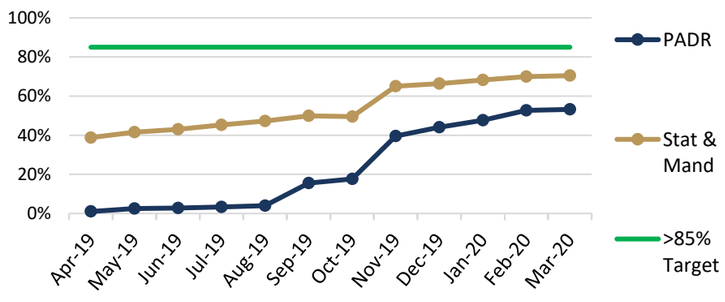
Welsh Language



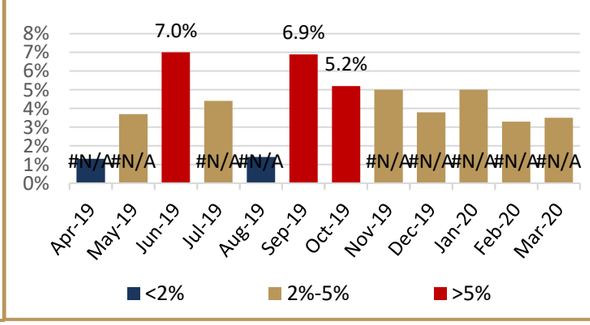
Apr-19

22.8%

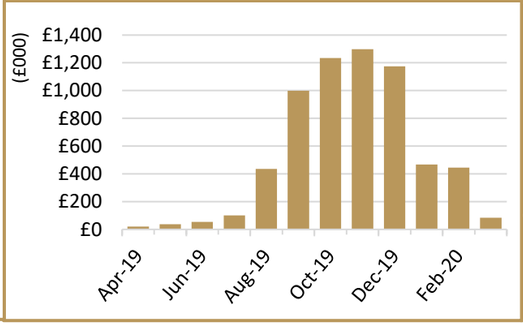
PADR and Statutory & Mandatory: Apr19-Mar20



Agency as percentage of Total Pay



Financial Position: Cumulative Underspend (Mar-20)



Health and Safety

Mandatory Training (Mar-20)

Fire Safety	54.9%
Health & Safety	59.8%

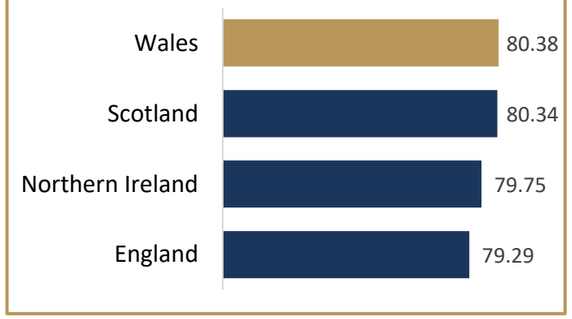
№ of Incidents Apr19-Mar20	6

Recruitment to Commissioned Places (Recruitment Rate) - Mar-20

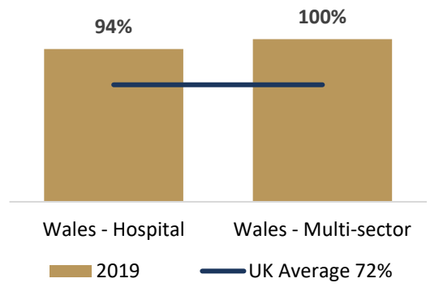
Medical	Primary Care	Dental	Pharmacy	Nursing & Midwifery	AHPs	Health Care Scientists
80%	117%	93%	99%	97%	98%	96%
Last Year's 78%	Last Year's 99%	Last Year's 99%	Last Year's 97%	Last Year's 93%	Last Year's 98%	Last Year's 99%

Benchmarking Information - 2019

GMC National Trainee Survey - Overall Satisfaction Scores (2019)



Pre-registration trainee pharmacists - Pass rate



Staff Survey 2019

Engagement Index

3.88

NHS Wales = 3.82/5

Response Rates

HEIW **48%**

NHS Wales 29%

Health Needs Assessment Score 2019

The Engagement Index (out of 5)

3.97

Response Rate

45%

Dyddiad y Cyfarfod	**28 Mai 2020**	**Eitem ar yr Agenda**	**4.4**
Teitl yr Adroddiad	**Yr Iaith Gymraeg - y Sefyllfa Ddiweddaraf**		
Awdur yr Adroddiad	Huw Owen, Rheolwr Gwasanaethau'r Gymraeg		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	I roi diweddariad ar fabwysiadu Cynllun Iaith Gymraeg a chael cymeradwyaeth y Bwrdd i'r broses ymgynghori gyhoeddus ar yr un mater.		
Materion allweddol	• Diweddariad ar ein sefyllfa o ran cyflwyno ein Cynllun Iaith Gymraeg. • Creu naratif ac amserlen i gyd-fynd â'r Cynllun Iaith Gymraeg. • Ymgynghoriad cyhoeddus Cynllun Iaith Gymraeg AaGIC yn unol â Deddf yr Iaith Gymraeg 1993.		
Cam Penodol i'w Gymryd ***(un yn unig)***	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
				✓
Argymhellion	Gofynnir i aelodau wneud y canlynol: • cymeradwyo drafft o'r Cynllun Iaith Gymraeg (Atodiad 1), y Cynllun Gweithredu drafft (Atodiad 2), a'r broses ymgynghori gyhoeddus ar gyfer Cynllun Iaith Gymraeg AaGIC.		

YR IAITH GYMRAEG - Y SEFYLLFA DDIWEDDARAF

1. CYFLWYNIAD

Pwrpas yr adroddiad hwn yw hysbysu'r Bwrdd o'n sefyllfa o ran datblygu Cynllun Iaith Gymraeg, fel y nodwyd yng nghyfarfod y Bwrdd ym mis Ionawr, ac i ofyn am gymeradwyaeth y Bwrdd o'r broses ymgynghori gyhoeddus ar yr un mater.

2. CEFNDIR

2.1 Cynllun Iaith Gymraeg

Tuag at ddiwedd y llynedd, cawsom ein cynghori gan Swyddfa Comisiynydd y Gymraeg na fyddai Llywodraeth Cymru yn cadarnhau Safonau'r Gymraeg cymwys ar AaGIC yn y dyfodol agos. Yn hynny o beth, mae Comisiynydd y Gymraeg wedi gofyn i AaGIC baratoi Cynllun Iaith Gymraeg Statudol, fel y rhagnodir o dan y Ddeddf yr Iaith Gymraeg (1993) wreiddiol.

2.2 Papurau'r ymgynghoriad cyhoeddus ar gyfer y Cynllun Iaith Gymraeg

Rydym bellach wedi paratoi'r dogfennau canlynol i ddechrau'r broses ymgynghori gyhoeddus a amlinellwyd gan Ddeddf yr Iaith Gymraeg.

1. Cynllun Iaith Gymraeg (Atodiad 1). Mae'r Cynllun Iaith Gymraeg, gyda rhai mân ddiwygiadau, yn seiliedig ar Bolisi Iaith Gymraeg AaGIC a gymeradwywyd gan y Bwrdd ym mis Mai 2019. Mae Polisi Iaith Gymraeg AaGIC yn seiliedig ar Safonau'r Gymraeg Y mân wahaniaethau rhwng y Cynllun Iaith Gymraeg a'r Polisi Iaith Gymraeg yw: cael gwared ar dair Safon (23, 23a a 24) sy'n cyfeirio'n benodol at gleifion.

2. Cynllun Gweithredu (Atodiad 2). Mae'n gynllun manwl, sy'n dangos pwy fydd yn gyfrifol am sicrhau sut a phryd bydd y Cynllun Iaith Gymraeg yn cael ei weithredu.

2.3 Naratif

Mae'r naratif ynghlwm yn atodiad 3. Mae'r naratif ar gyfer rheolaethau a chanllawiau mewnol - ac NID yn rhan o'r Ymgynghoriad Cyhoeddus. Bydd y naratif yn cyd-fynd â gweithrediad y Cynllun Iaith Gymraeg yn fewnol. Bydd yn egluro sut mae AaGIC yn bwriadu gweithredu'r Cynllun Iaith Gymraeg (Atodiad 3). Mae hon yn ddogfen sy'n llawer mwy greddfol na'r cynllun ei hun. Mae'n grynodeb o'r camau sy'n ymwneud â disgyblaethau busnes penodol fel sut byddwn yn defnyddio'r ffôn, sut byddwn yn gohebu â phobl a sut byddwn yn cynnal cyfarfodydd.

2.4 Y broses ymgynghori gyhoeddus

Amserlen ar gyfer y broses ymgynghori gyhoeddus a gweithredu'r Cynllun (manylir isod).

Mae’r broses/amserlen ar gyfer gweithredu fel a ganlyn:

- Cynllun Iaith Gymraeg drafft i’w ystyried gan y Bwrdd ym mis Mai (a dogfennaeth ategol). Yn amodol ar gymeradwyaeth y Bwrdd, anfon y Cynllun Iaith Gymraeg at y Comisiynydd am sylwadau.

- ar ôl derbyn ac ystyried sylwadau’r Comisiynydd, byddwn yn ymgynghori’n gyhoeddus ar ein Cynllun Iaith Gymraeg diwygiedig; (Mehefin-Awst).

- y Cyfnod Statudol ar gyfer yr ymgynghoriad hwn yw 8-12 wythnos. Yng ngoleuni'r sefyllfa iechyd cyhoeddus bresennol, mae Comisiynydd y Gymraeg wedi cytuno y gall AaGIC gynnal yr ymgynghoriad yn gyfan gwbl yn ddigidol.

- gwneir diwygiadau pellach yng ngoleuni'r ymgynghoriad hwn cyn anfon drafft terfynol o'r Cynllun Iaith Gymraeg at y Comisiynydd am Gymeradwyaeth. Cynigir bod y Bwrdd yn cymeradwyo'r drafft terfynol hwn cyn iddo fynd at y Comisiynydd am gymeradwyaeth derfynol – a bydd y broses hon yn cael ei hailadrodd yng ngoleuni unrhyw ddiwygiadau arfaethedig oddi wrth y Comisiynydd. (Rydym yn rhagweld cael cymeradwyaeth derfynol y Bwrdd yng nghyfarfod mis Medi. Yna mae'n ddyletswydd ar y Comisiynydd i gymeradwyo’r Cynllun cyn i ni allu ei gyhoeddi).

3. MATERION LLYWODRAETHU A RISG

Gall peidio â chydymffurfio â’r Cynllun Iaith Gymraeg arwain at gymryd amser (sylweddol) rheolwyr yn ateb Ymchwiliad gan Gomisiynydd y Gymraeg a niweidio enw da.

Gall cyfieithiadau o ansawdd gwael, neu fethiant i gyfieithu dogfennau arwain yn uniongyrchol at fethiant i Gydymffurfio hefyd. Gan ystyried y sefyllfa bresennol a'r camau a gymerwyd o ran rhoi polisi Iaith Gymraeg AaGIC ar waith, ystyrir ar hyn o bryd fod y risg yn un isel.

4. GOBLYGIADAU ARIANNOL

Gall methu â chydymffurfio olygu dirwyon ariannol.

5. ARGYMHELLIAD

Gofynnir i'r aelodau gymeradwyo'r Cynllun Iaith Gymraeg drafft (atodiad 1), y Cynllun Gweithredu drafft (Atodiad 2), a’r broses ymgynghori gyhoeddus ar gyfer Cynllun Iaith Gymraeg AaGIC.

Llywodraethu a Sicrwydd			
Clip i IMTP nodau strategol *(rhowch ✓)*	**Nod Strategol 1:** Arwain gwaith cynllunio, datblygu a llesiant gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r broses o gyflwyno '*Dyfodol Iachach i Gymru*'	**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 o fewn GIG Cymru drwy adeiladu capasiti arweinyddiaeth dosturiol a thorfol 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	
Mae ansawdd ein gwasanaethau iaith Gymraeg yn adlewyrchu arnom fel corff sy'n gweithredu ledled Cymru.	
Goblygiadau Ariannol	
Y goblygiadau ariannol yw'r rhai a nodwyd ym mhwyntiau 3 a 4 uchod.	
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)	
Sicrhau bod gan y sefydliad Gynllun Iaith Cymraeg cadarn sy'n cefnogi'r gweithlu i ddarparu gwasanaeth dwyieithog effeithiol i'r ardaloedd yng Nghymru lle mae gwneud hynny yn arwain at ganlyniadau clinigol a hyfforddi gwell, yn ogystal â helpu i ddenu mwy o bobl o Gymru i swyddi Iechyd a Gofal. Mae hefyd yn ein galluogi i uchafu'r tebygolrwydd o barhau i gydymffurfio â deddfwriaeth yr Iaith Gymraeg.	
Goblygiadau Staffio	
Dim	
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)	
Mae gweithredu ein Cynllun Iaith Gymraeg yn mynd i'r afael â dau o saith nod y Ddeddf Llesiant - Cymru o gymunedau cydlynus, a Chymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu.	
Hanes yr Adroddiad	Cymeradwywyd y Polisi Iaith Gymraeg yng nghyfarfod y Bwrdd ym mis Mai 2019.
Atodiadau	1. Cynllun Iaith Gymraeg drafft 2. Cynllun Drafft 3. Naratif i gyd-fynd â'r Cynllun Iaith Gymraeg

CYNLLUN IAITH – DRAFFT Y BWRDD, MAI 2020

Mae hwn yn dweud, yn iaith y deddfwyr, yn union yr hyn y byddwn yn ei wneud yn fanwl. Mae'n gopi uniongyrchol o ddetholiad o Safonau Statudol o Set 6 (sy'n ymwneud ag Addysg) a Set 7 (sy'n ymwneud ag Iechyd)

Safon 1:

Os byddwch yn cael unrhyw ohebiaeth yn Gymraeg oddi wrth berson, rhaid ichi ateb yn Gymraeg (os oes angen ateb), oni bai bod y person wedi dweud nad oes angen ateb yn Gymraeg

Safon 4:

Pan fyddwch yn anfon yr un ohebiaeth at nifer o bersonau, rhaid ichi anfon fersiwn Gymraeg o'r ohebiaeth ar yr un pryd ag y byddwch yn anfon unrhyw fersiwn Saesneg ohoni.

Safon 5:

Os nad ydych yn gwybod a yw person yn dymuno cael gohebiaeth oddi wrthych yn Gymraeg rhaid ichi ddarparu fersiwn Gymraeg o'r ohebiaeth pan fyddwch yn gohebu â'r person hwnnw.

Safon 6:

Os byddwch yn llunio fersiwn Gymraeg a fersiwn Saesneg gyfatebol o ohebiaeth, rhaid ichi beidio â thrin y fersiwn Gymraeg yn llai ffafriol na'r fersiwn Saesneg (er enghraifft, os yw'r fersiwn Saesneg wedi ei llofnodi, neu os oes manylion cyswllt wedi eu darparu ar y fersiwn Saesneg, rhaid i'r fersiwn Gymraeg gael ei thrin yn yr un modd).

Safon 7:

Rhaid ichi ddatgan— (a) mewn gohebiaeth, a (b) mewn cyhoeddiadau a hysbysiadau sy'n gwahodd personau i anfon ymateb neu i anfon gohebiaeth atoch,

eich bod yn croesawu cael gohebiaeth yn Gymraeg, y byddwch yn ateb gohebiaeth yn Gymraeg, ac na fydd gohebu yn Gymraeg yn arwain at oedi.

Safon 8:

Pan fydd person yn cysylltu â chi ar eich prif rif ffôn (neu ar un o'ch prif rifau ffôn), neu ar unrhyw rifau llinell gymorth neu rifau canolfan alwadau, rhaid ichi gyfarch y person yn Gymraeg.

Safon 9:

Pan fydd person yn cysylltu â chi ar eich prif rif ffôn (neu ar un o'ch prif rifau ffôn), neu ar unrhyw rifau llinell gymorth neu rifau canolfan alwadau, rhaid ichi roi gwybod i'r person bod gwasanaeth Cymraeg ar gael.

Safon 10:

Pan fo person yn cysylltu â chi ar eich prif rif ffôn (neu ar un o'ch prif rifau ffôn), neu ar unrhyw rifau llinell gymorth neu rifau canolfan alwadau, rhaid ichi ddelio â'r alwad yn Gymraeg os yw'r person yn dymuno hynny— (a) hyd nes ei bod yn angenrheidiol trosglwyddo'r alwad i aelod o staff nad yw'n siarad Cymraeg sy'n gallu darparu gwasanaeth ar bwnc penodol; a

(b) hyd nes nad oes aelod o staff sy'n siarad Cymraeg ar gael i ddarparu gwasanaeth ar y pwnc penodol hwnnw.

Safon 11:

Pan fyddwch yn hysbysebu rhifau ffôn, llinellau cymorth neu wasanaethau canolfannau galwadau, rhaid ichi beidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg

Safon 12:

Os byddwch yn cynnig gwasanaeth Cymraeg ar eich prif rif ffôn (neu ar un o'ch prif rifau ffôn), ar unrhyw rifau llinell gymorth neu rifau canolfan alwadau, rhaid i rif ffôn y gwasanaeth Cymraeg fod yr un peth â rhif ffôn y gwasanaeth Saesneg cyfatebol

Safon 13:

Pan fyddwch yn cyhoeddi eich prif rif ffôn, neu unrhyw rifau sydd gennych ar gyfer llinellau cymorth neu wasanaethau canolfannau galwadau, rhaid ichi nodi (yn Gymraeg) eich bod yn croesawu galwadau yn Gymraeg.

Safon 14:

Os oes gennych ddangosyddion perfformiad ar gyfer delio â galwadau ffôn, rhaid ichi sicrhau nad yw'r dangosyddion perfformiad hynny yn trin galwadau ffôn a wneir yn Gymraeg yn llai ffafriol na galwadau a wneir yn Saesneg.

Safon 15:

Rhaid i'ch prif wasanaeth (neu wasanaethau) ateb galwadau ffôn roi gwybod i bersonau sy'n galw, yn Gymraeg, fod modd gadael neges yn Gymraeg.

Safon 16:

Pan na fo gwasanaeth Cymraeg ar gael ar eich prif rif ffôn (neu ar un o'ch prif rifau ffôn), ar unrhyw rifau llinell gymorth neu rifau canolfan alwadau, rhaid ichi roi gwybod, yn Gymraeg, i'r personau sy'n galw (pa un ai drwy gyfrwng neges wedi ei hawtomeiddio neu fel arall) pryd y bydd gwasanaeth Cymraeg ar gael.

Safon 17:

Os bydd person yn cysylltu ag un o'ch adrannau ar rif ffôn llinell uniongyrchol (gan gynnwys ar rifau llinell uniongyrchol aelodau staff), a bod y person hwnnw'n dymuno cael gwasanaeth Cymraeg, rhaid ichi ddelio â'r alwad yn Gymraeg— (a) hyd nes ei bod yn angenrheidiol trosglwyddo'r alwad i aelod o staff nad yw'n siarad Cymraeg sy'n gallu darparu gwasanaeth ar bwnc penodol; a

(b) hyd nes nad oes aelod o staff sy'n siarad Cymraeg ar gael i ddarparu gwasanaeth ar y pwnc penodol hwnnw.

Safon 18:

Pan fydd person yn cysylltu â chi ar rif llinell uniongyrchol (pa un ai ar rif llinell uniongyrchol adran neu ar rif llinell uniongyrchol aelod o staff), rhaid ichi sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg wrth gyfarch y person.

Safon 19:

Pan fyddwch yn ffonio unigolyn ("A") am y tro cyntaf, rhaid ichi ofyn i A a yw'n dymuno cael galwadau ffôn oddi wrthych yn Gymraeg, ac os yw A yn ymateb i ddweud ei fod yn dymuno hynny, rhaid ichi gadw cofnod o'i ddymuniad, a chynnal galwadau ffôn a wneir i A o hynny ymlaen yn Gymraeg.

Safon 20:

Rhaid i unrhyw system ffôn wedi ei hawtomeiddio sydd gennych ddarparu'r gwasanaeth cyfan wedi ei awtomeiddio yn Gymraeg

Safon 21:

Os byddwch yn gwahodd un person ("P") yn unig i gyfarfod rhaid ichi ofyn i P a yw'n dymuno defnyddio'r Gymraeg yn y cyfarfod, a hysbysu P y byddwch yn cynnal y cyfarfod yn Gymraeg neu, os oes angen, yn darparu gwasanaeth cyfieithu o'r Gymraeg i'r Saesneg at y diben hwnnw, a

(b) Os yw P yn eich hysbysu ei fod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, rhaid ichi gynnal y cyfarfod yn Gymraeg neu, os oes angen, drefnu bod gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod.

Safon 22:

Os byddwch yn gwahodd mwy nag un person i gyfarfod, rhaid ichi ofyn i bob person a yw'n dymuno defnyddio'r Gymraeg yn y cyfarfod.

Standard 22A:

Os byddwch wedi gwahodd mwy nag un person i gyfarfod, a bod o leiaf 10% (ond llai na 100%) o'r gwahoddedigion wedi eich hysbysu eu bod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, rhaid ichi drefnu bod gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod.

Standard 22B:

Os byddwch wedi gwahodd mwy nag un person i gyfarfod, a bod o leiaf 20% (ond llai na 100%) o'r gwahoddedigion wedi eich hysbysu eu bod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, rhaid ichi drefnu bod gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod.

Standard 22C:

Os byddwch wedi gwahodd mwy nag un person i gyfarfod, a bod o leiaf 30% (ond llai na 100%) o'r gwahoddedigion wedi eich hysbysu eu bod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, rhaid ichi drefnu bod gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod. Os oes person yn eich hysbysu ei fod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, rhaid ichi gynnal y cyfarfod yn Gymraeg neu, os oes angen, drefnu bod gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod.

Standard 22CH:

Os byddwch wedi gwahodd mwy nag un person i gyfarfod, a bod pawb a gafodd wahoddiad wedi eich hysbysu eu bod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, rhaid ichi gynnal y cyfarfod yn Gymraeg neu, os oes angen, drefnu bod gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod.

Safon 25:

Os byddwch yn gwahodd unigolyn ("A") i gynhadledd achos a gynhelir 5 neu ragor o ddiwrnodau gwaith ar ôl i'r gwahoddiad gael ei anfon—

(a) rhaid ichi ofyn i A a yw'n dymuno defnyddio'r Gymraeg yn y gynhadledd achos, a'i hysbysu y byddwch yn cynnal y gynhadledd yn Gymraeg, neu os oes angen, yn darparu gwasanaeth cyfieithu o'r Gymraeg i'r Saesneg ac o'r Saesneg i'r Gymraeg at y diben hwnnw, a

(b) os yw A wedi eich hysbysu ei fod yn dymuno defnyddio'r Gymraeg yn y gynhadledd achos, rhaid ichi gynnal y gynhadledd yn Gymraeg neu, os oes angen, ddarparu gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ac o'r Saesneg i'r Gymraeg.

Safon 26:

Os byddwch yn trefnu cyfarfod sy'n agored i'r cyhoedd ac y caniateir cyfranogiad y cyhoedd ynddo, rhaid ichi ddatgan ar unrhyw ddeunydd sy'n ei hysbysebu, ac ar unrhyw wahoddiad iddo, bod croeso i unrhyw un sy'n bresennol ddefnyddio'r Gymraeg yn y cyfarfod.

Safon 27:

Pan fyddwch yn anfon gwahoddiadau i gyfarfod yr ydych yn ei drefnu sy'n agored i'r cyhoedd ac y caniateir cyfranogiad y cyhoedd ynddo, rhaid ichi eu hanfon yn Gymraeg.

Safon 28:

Os byddwch yn gwahodd personau i siarad mewn cyfarfod yr ydych yn ei drefnu sy'n agored i'r cyhoedd ac y caniateir cyfranogiad y cyhoedd ynddo, rhaid ichi

(a) gofyn i bob person a wahoddir i siarad a yw'n dymuno defnyddio'r Gymraeg, a

(b) os yw'r person hwnnw (neu o leiaf un o'r personau hynny) yn eich hysbysu ei fod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, darparu gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg at y diben hwnnw (os nad ydych yn cynnal y cyfarfod yn Gymraeg heb wasanaeth cyfieithu).

Safon 29:

Os byddwch yn trefnu cyfarfod sy'n agored i'r cyhoedd ac y caniateir cyfranogiad y cyhoedd ynddo, rhaid ichi sicrhau bod gwasanaeth cyfieithu ar y pryd o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod, a rhaid ichi hysbysu'r rheini sy'n bresennol ar lafar yn Gymraeg—

(a) bod croeso iddynt ddefnyddio'r Gymraeg, a

(b) bod gwasanaeth cyfieithu ar y pryd ar gael

Safon 30:

Os byddwch yn llunio ac yn arddangos unrhyw ddeunydd ysgrifenedig mewn cyfarfod yr ydych yn ei drefnu sy'n agored i'r cyhoedd, rhaid ichi sicrhau bod y deunydd yn cael ei arddangos yn Gymraeg, a rhaid ichi beidio â thrin unrhyw destun Cymraeg yn llai ffafriol na'r testun Saesneg.

Safon 31:

Os byddwch yn trefnu digwyddiad cyhoeddus, neu'n ariannu o leiaf 50% o ddigwyddiad cyhoeddus, rhaid ichi sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg wrth hybu'r digwyddiad (er enghraifft, o ran y ffordd y mae'r digwyddiad yn cael ei hysbysebu neu y rhoddir cyhoeddusrwydd i'r digwyddiad)

Safon 32:

Os byddwch yn trefnu digwyddiad cyhoeddus, neu'n ariannu o leiaf 50% o ddigwyddiad cyhoeddus, rhaid ichi sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg yn y digwyddiad (er enghraifft, mewn perthynas â gwasanaethau a gynigir i bersonau sy'n bresennol yn y digwyddiad, mewn perthynas ag arwyddion yr ydych yn eu llunio ac yn eu harddangos yn y digwyddiad, ac mewn perthynas â chyhoeddiadau sain a wneir ynddo).

Safon 33:

Rhaid i unrhyw ddeunydd cyhoeddusrwydd neu ddeunydd hysbysebu yr ydych yn ei lunio gael ei lunio yn Gymraeg, ac os byddwch yn llunio'r deunydd yn Gymraeg ac yn Saesneg, rhaid ichi beidio â thrin y fersiwn Gymraeg yn llai ffafriol na'r fersiwn Saesneg.

Safon 34:

Rhaid i unrhyw ddeunydd yr ydych yn ei lunio ac yn ei arddangos yn gyhoeddus gael ei arddangos yn Gymraeg, a rhaid ichi beidio â thrin unrhyw fersiwn Gymraeg o'r deunydd yn llai ffafriol na'r fersiwn Saesneg.

Safon 36:

Os byddwch yn llunio ffurflen sydd i gael ei chwblhau gan unigolyn, rhaid ichi ei llunio yn Gymraeg.

Safon 37:

Os byddwch yn llunio dogfen (ond nid ffurflen) sydd ar gael i un neu ragor o unigolion, rhaid ichi ei llunio yn Gymraeg— (a) os yw pwnc y ddogfen yn awgrymu y dylid ei llunio yn Gymraeg, neu (b) os yw'r gynulleidfa a ragwelir, a'u disgwyliadau, yn awgrymu y dylid llunio'r ddogfen yn Gymraeg.

Safon 38:

Os byddwch yn llunio dogfen neu ffurflen yn Gymraeg ac yn Saesneg, rhaid ichi—

(a) peidio â thrin unrhyw fersiwn Gymraeg yn llai ffafriol na'r fersiwn Saesneg (pa un a ydynt yn fersiynau ar wahân ai peidio);
(b) peidio â gwahaniaethu rhwng y fersiwn Gymraeg a'r fersiwn Saesneg mewn perthynas ag unrhyw ofynion sy'n berthnasol i'r ddogfen neu'r ffurflen (er enghraifft mewn perthynas ag unrhyw ddyddiad cau ar gyfer cyflwyno'r ffurflen, neu mewn perthynas â'r amser a ganiateir ar gyfer ymateb i gynnwys y ddogfen neu'r ffurflen); ac
(c) sicrhau bod y fersiwn Saesneg yn datgan yn glir fod y ddogfen neu'r ffurflen hefyd ar gael yn Gymraeg.

Safon 39:

Rhaid ichi sicrhau— (a) bod testun pob tudalen ar eich gwefan ar gael yn Gymraeg, (b) bod pob tudalen Gymraeg ar eich gwefan yn gweithredu'n llawn, ac (c) nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg ar eich gwefan.

Safon 40:

Rhaid ichi sicrhau— (a) bod testun hafan eich gwefan ar gael yn Gymraeg, (b) bod unrhyw destun Cymraeg ar hafan eich gwefan (neu, pan fo'n berthnasol, fod eich hafan Gymraeg) yn gweithredu'n llawn, ac (c) nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg mewn perthynas â hafan eich gwefan.

Safon 41:

Pan fyddwch yn cyhoeddi tudalen newydd ar eich gwefan neu'n diwygio tudalen, rhaid ichi sicrhau— (a) bod testun y dudalen honno ar gael yn Gymraeg,

(b) bod unrhyw fersiwn Gymraeg o'r dudalen yn gweithredu'n llawn, ac

(c) nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg o ran testun y dudalen honno

Safon 42:

Os oes gennych dudalen Gymraeg ar eich gwefan sy'n cyfateb i dudalen Saesneg, rhaid ichi ddatgan yn glir ar y dudalen Saesneg fod y dudalen hefyd ar gael yn Gymraeg, a rhaid ichi ddarparu dolen uniongyrchol i'r dudalen Gymraeg ar y dudalen Saesneg gyfatebol.

Safon 43:

Rhaid ichi ddarparu'r rhyngwyneb a'r dewislenni ar bob tudalen ar eich gwefan yn Gymraeg

Safon 44:

Rhaid i bob ap yr ydych yn ei gyhoeddi weithredu'n llawn yn Gymraeg, a rhaid ichi beidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg o ran yr ap hwnnw.

Safon 45:

Pan fyddwch yn defnyddio'r cyfryngau cymdeithasol, rhaid ichi beidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Safon 46:

Os bydd person yn cysylltu â chi drwy'r cyfryngau cymdeithasol yn Gymraeg, rhaid ichi ateb yn Gymraeg (os oes angen ateb)

Safon 47:

Pan fyddwch— (a) yn gosod arwydd newydd neu'n adnewyddu arwydd (gan gynnwys arwyddion dros dro); neu

(b) yn cyhoeddi neu'n arddangos hysbysiad; rhaid i unrhyw destun sy'n cael ei arddangos ar yr arwydd neu'r hysbysiad gael ei arddangos yn Gymraeg (pa un ai ar yr un arwydd neu hysbysiad sy'n arddangos y testun cyfatebol yn Saesneg neu ar arwydd neu hysbysiad ar wahân); ac os yw'r un testun yn cael ei arddangos yn Gymraeg ac yn Saesneg, rhaid ichi beidio â thrin y testun Cymraeg yn llai ffafriol na'r testun Saesneg.

Safon 48:

Pan fyddwch— (a) yn gosod arwydd newydd neu'n adnewyddu arwydd (gan gynnwys arwyddion dros dro); neu (

b) yn cyhoeddi neu'n arddangos hysbysiad; sy'n cyfleu'r un wybodaeth yn Gymraeg ac yn Saesneg, rhaid i'r testun Cymraeg gael ei roi mewn safle fel mai hwnnw sy'n debygol o gael ei ddarllen yn gyntaf.

Safon 49:

Rhaid ichi sicrhau bod y testun Cymraeg ar arwyddion a hysbysiadau yn gywir o ran ystyr a mynegiant.

Safon 50:

Rhaid i unrhyw wasanaeth derbynfa yr ydych yn ei roi ar gael yn Saesneg yn eich derbynfa hefyd fod ar gael yn Gymraeg, a rhaid i unrhyw berson sydd am gael gwasanaeth derbynfa Cymraeg yn eich derbynfa beidio â chael ei drin yn llai ffafriol na pherson sydd am gael gwasanaeth derbynfa Saesneg.

Safon 52:

Rhaid ichi arddangos arwydd yn eich derbynfa sy'n datgan (yn Gymraeg) fod croeso i bersonau ddefnyddio'r Gymraeg yn y dderbynfa.

Safon 53:

Rhaid ichi sicrhau bod staff yn y dderbynfa sy'n gallu darparu gwasanaeth derbynfa Cymraeg yn gwisgo bathodyn sy'n cyfleu hynny.

Safon 54:

Rhaid i unrhyw ddogfennau yr ydych yn eu cyhoeddi sy'n ymwneud â cheisiadau am grant gael eu cyhoeddi yn Gymraeg, a rhaid ichi beidio â thrin fersiwn Gymraeg o'r dogfennau hynny yn llai ffafriol na fersiwn Saesneg ohonynt.

Safon 55:

Pan fyddwch yn gwahodd ceisiadau am grant, rhaid ichi— (a) datgan yn y gwahoddiad y caniateir i geisiadau gael eu cyflwyno yn Gymraeg ac na fydd unrhyw gais a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol na chais a gyflwynir yn Saesneg; a

(b) peidio â thrin ceisiadau am grant a gyflwynir yn Gymraeg yn llai ffafriol na cheisiadau a gyflwynir yn Saesneg (gan gynnwys, ymysg materion eraill, mewn perthynas â'r dyddiad cau ar gyfer cael ceisiadau, ac mewn perthynas ag amseriad rhoi gwybod i ymgeiswyr am benderfyniadau).

Safon 56:

Pan fyddwch yn rhoi gwybod i ymgeisydd beth yw'ch penderfyniad mewn perthynas â chais am grant, rhaid ichi wneud hynny yn Gymraeg os cyflwynwyd y cais yn Gymraeg.

Safon 57:

Rhaid i unrhyw wahoddiadau i dendro am gontract yr ydych yn eu cyhoeddi gael eu cyhoeddi yn Gymraeg os yw pwnc y contract yn awgrymu y dylai gael ei lunio yn Gymraeg, a rhaid ichi beidio â thrin fersiwn Gymraeg o unrhyw wahoddiad yn llai ffafriol na fersiwn Saesneg ohono.

Safon 58:

Pan fyddwch yn cyhoeddi gwahoddiadau i dendro am gontract, rhaid ichi—

(a) datgan yn y gwahoddiad y caniateir i dendrau gael eu cyflwyno yn Gymraeg, ac na fydd tendr a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol na thendr a gyflwynir yn Saesneg, a
(b) peidio â thrin tendr am gontract a gyflwynir yn Gymraeg yn llai ffafriol na thendr a gyflwynir yn Saesneg (gan gynnwys, ymysg materion eraill, mewn perthynas â'r dyddiad cau ar gyfer cael tendrau, ac mewn perthynas ag amseriad rhoi gwybod i dendrwyr am benderfyniadau).

Safon 59:

Pan fyddwch yn rhoi gwybod i dendrwr beth yw'ch penderfyniad mewn perthynas â thendr, rhaid ichi wneud hynny yn Gymraeg os cyflwynwyd y tendr yn Gymraeg.

Safon 60:

Rhaid ichi hybu unrhyw wasanaeth Cymraeg a ddarperir gennych, a hysbysebu'r gwasanaeth hwnnw yn Gymraeg.

Safon 61:

Os byddwch yn darparu gwasanaeth yn Gymraeg sy'n cyfateb i wasanaeth yr ydych yn ei ddarparu yn Saesneg, rhaid i unrhyw gyhoeddusrwydd neu ddogfen yr ydych yn ei llunio, neu wefan yr ydych yn ei chyhoeddi, sy'n cyfeirio at y gwasanaeth Saesneg nodi bod gwasanaeth cyfatebol ar gael yn Gymraeg.

Safon 62:

Pan fyddwch yn llunio, yn diwygio neu'n cyflwyno eich hunaniaeth gorfforaethol, rhaid ichi beidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Safon 63:

Os byddwch yn cynnig cwrs addysg i un neu ragor o unigolion, rhaid ichi— (a) cynnal asesiad o'r angen i'r cwrs hwnnw gael ei gynnig yn Gymraeg; (b) cynnig y cwrs hwnnw yn Gymraeg os dangosodd yr asesiad fod angen i'r cwrs gael ei gynnig yn Gymraeg.

Safon 64:

Pan fyddwch yn cyhoeddi neges wedi ei recordio dros system annerch gyhoeddus, rhaid ichi wneud y cyhoeddiad hwnnw yn Gymraeg ac, os yw'r cyhoeddiad yn cael ei wneud yn Gymraeg ac yn Saesneg, rhaid i'r cyhoeddiad gael ei wneud yn Gymraeg yn gyntaf.

Safon 69:

Pan fyddwch yn llunio polisi newydd, neu'n adolygu neu'n addasu polisi sydd eisoes yn bodoli, rhaid ichi ystyried pa effeithiau, os o gwbl (pa un ai yw'r rheini'n bositif neu'n andwyol) y byddai'r penderfyniad polisi yn eu cael ar—

(a) cyfleoedd i bersonau ddefnyddio'r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Safon 70:

Pan fyddwch yn llunio polisi newydd, neu'n adolygu neu'n addasu polisi sydd eisoes yn bodoli, rhaid ichi ystyried sut y gellid llunio'r polisi (neu sut y gellid newid polisi sydd eisoes yn bodoli) fel y byddai'r penderfyniad polisi'n cael effeithiau positif, neu effeithiau mwy positif, ar—

(a) cyfleoedd i bersonau ddefnyddio'r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Safon 71:

Pan fyddwch yn llunio polisi newydd, neu'n adolygu neu'n addasu polisi sydd eisoes yn bodoli, rhaid ichi ystyried sut y gellid llunio'r polisi (neu sut y gellid newid polisi sydd eisoes yn bodoli) fel na fyddai'r penderfyniad polisi'n cael effeithiau andwyol, neu fel y byddai'n cael effeithiau llai andwyol, ar -

(a) cyfleoedd i bersonau ddefnyddio'r Gymraeg, a

(b) peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Safon 72:

Pan fyddwch yn cyhoeddi dogfen ymgynghori sy'n ymwneud â phenderfyniad polisi, rhaid i'r ddogfen honno ystyried a cheisio barn ynghylch yr effeithiau (pa un ai yw'r rheini'n bositif neu'n andwyol) y byddai'r penderfyniad polisi o dan ystyriaeth yn eu cael ar—

(a) cyfleoedd i bersonau ddefnyddio'r Gymraeg, a

(b) peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Safon 73:

Pan fyddwch yn cyhoeddi dogfen ymgynghori sy'n ymwneud â phenderfyniad polisi, rhaid i'r ddogfen honno ystyried a cheisio barn ynghylch sut y gellid llunio neu addasu'r polisi o dan ystyriaeth fel y byddai'n cael effeithiau positif, neu effeithiau mwy positif, ar—

(a) cyfleoedd i bersonau ddefnyddio'r Gymraeg, a

(b) peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Safon 74:

Pan fyddwch yn cyhoeddi dogfen ymgynghori sy'n ymwneud â phenderfyniad polisi, rhaid i'r ddogfen honno ystyried a cheisio barn ynghylch sut y gellid llunio neu addasu'r polisi o dan ystyriaeth fel na fyddai'n cael effeithiau andwyol, neu fel y byddai'n cael effeithiau llai andwyol, ar—
(a) cyfleoedd i bersonau ddefnyddio'r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Safon 75:

Pan fyddwch yn comisiynu neu'n gwneud gwaith ymchwil y bwriedir i'ch cynorthwyo i wneud penderfyniad polisi, rhaid ichi sicrhau bod yr ymchwil yn ystyried pa effeithiau, os o gwbl (a pha un ai ydynt yn rhai positif neu'n rhai andwyol), y byddai'r penderfyniad polisi sydd o dan ystyriaeth yn eu cael ar—

(a) cyfleoedd i bersonau ddefnyddio'r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Safon 76:

Pan fyddwch yn comisiynu neu'n gwneud gwaith ymchwil y bwriedir i'ch cynorthwyo i wneud penderfyniad polisi, rhaid ichi sicrhau bod yr ymchwil yn ystyried sut y gellid gwneud y penderfyniad polisi sydd o dan ystyriaeth fel y byddai'n cael effeithiau positif, neu effeithiau mwy positif, ar— (a) cyfleoedd i bersonau ddefnyddio'r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Safon 77:

Pan fyddwch yn comisiynu neu'n gwneud gwaith ymchwil y bwriedir i'ch cynorthwyo i wneud penderfyniad polisi, rhaid ichi sicrhau bod yr ymchwil yn ystyried sut y gellid gwneud y penderfyniad polisi sydd o dan ystyriaeth fel na fyddai'n cael effeithiau andwyol, neu fel y byddai'n cael effeithiau llai andwyol, ar

(a) cyfleoedd i bersonau ddefnyddio'r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Safon 79:

Rhaid ichi ddatblygu polisi ar ddefnyddio'r Gymraeg yn fewnol, gyda'r bwriad o hybu a hwyluso defnyddio'r Gymraeg, a rhaid ichi gyhoeddi'r polisi hwnnw ar eich mewnrwyd.

Safon 80:

Pan fyddwch yn cynnig swydd newydd i unigolyn, rhaid ichi ofyn i'r unigolyn hwnnw a yw'n dymuno i'r contract cyflogaeth neu gontract am wasanaethau gael ei ddarparu yn Gymraeg; ac os yw'r unigolyn yn dymuno hynny rhaid ichi ddarparu'r contract yn Gymraeg.

Safon 81:

Rhaid ichi ofyn i bob cyflogai ("A") a yw'n dymuno cael unrhyw un neu ragor o'r canlynol yn Gymraeg, ac os yw A yn dymuno cael un neu ragor yn Gymraeg rhaid ichi ei ddarparu (neu eu darparu) i A yn Gymraeg—

(a) unrhyw ohebiaeth bapur sy'n ymwneud â'i gyflogaeth ac sydd wedi ei chyfeirio ato; (b) unrhyw ddogfennau sy'n amlinellu ei anghenion neu ofynion hyfforddi; (c) unrhyw ddogfennau sy'n amlinellu ei amcanion perfformiad;

(ch) unrhyw ddogfennau sy'n amlinellu neu'n cofnodi ei gynllun gyrfa;

(d) unrhyw ffurflenni sy'n cofnodi ac yn awdurdodi gwyliau blynyddol;

(dd) unrhyw ffurflenni sy'n cofnodi ac yn awdurdodi absenoldebau o'r gwaith; (e) unrhyw ffurflenni sy'n cofnodi ac yn awdurdodi oriau gweithio hyblyg.

Safon 82:

Os byddwch yn cyhoeddi unrhyw un neu ragor o'r canlynol, rhaid ichi ei gyhoeddi yn Gymraeg -

(a) polisi ynghylch ymddygiad yn y gweithle; (b) polisi ynghylch iechyd a lles yn y gwaith; (c) polisi ynghylch cyflogau neu fuddion yn y gweithle; (ch)polisi ynghylch rheoli perfformiad; (d) polisi ynghylch absenoldeb o'r gwaith; (dd) polisi ynghylch amodau gwaith; (e) polisi ynghylch patrymau gwaith.

Safon 83:

Rhaid ichi ganiatáu a datgan mewn unrhyw ddogfen sydd gennych sy'n nodi eich gweithdrefnau ar gyfer gwneud cwynion y caiff pob aelod o staff— (a) gwneud cwyn ichi yn Gymraeg, a (b) ymateb i gŵyn a wnaed amdano ef neu hi yn Gymraeg; a rhaid ichi hefyd roi gwybod i bob aelod o staff am yr hawl honno

Safon 84:

Os byddwch yn cael cwyn gan aelod o staff neu'n cael cwyn ynghylch aelod o staff, a bod angen cyfarfod â'r aelod hwnnw o staff, rhaid ichi— (a) cynnig cynnal y cyfarfod yn Gymraeg neu, os oes angen, ddarparu gwasanaeth cyfieithu o'r Gymraeg i'r Saesneg at y diben hwnnw;

Safon 85:

Pan fyddwch yn rhoi gwybod i aelod o staff ("A") beth yw'ch penderfyniad mewn perthynas â chŵyn a wneir ganddo, neu mewn perthynas â chŵyn a wneir amdano, rhaid ichi wneud hynny yn Gymraeg os yw A—

(a) wedi gwneud y gŵyn yn Gymraeg, (b) wedi ymateb yn Gymraeg i gŵyn amdano ef, (c) wedi gofyn bod cyfarfod ynglŷn â'r gŵyn yn cael ei gynnal yn Gymraeg, neu (ch) wedi gofyn am gael defnyddio'r Gymraeg mewn cyfarfod ynglŷn â'r gŵyn.

Safon 86:

Rhaid ichi— (a) caniatáu a datgan mewn unrhyw ddogfen sydd gennych sy'n nodi eich trefniadau ar gyfer disgyblu staff y caiff unrhyw aelod o staff ymateb yn Gymraeg i unrhyw honiadau a wneir yn ei erbyn, a (b) os byddwch yn dechrau gweithdrefn ddisgyblu mewn perthynas ag aelod o staff, rhoi gwybod i'r aelod hwnnw o staff am yr hawl honno.

Safon 87:

Os byddwch yn trefnu cyfarfod ag aelod o staff ynghylch achos disgyblu mewn perthynas â'i ymddygiad, rhaid ichi—

(a) cynnig cynnal y cyfarfod yn Gymraeg neu, os oes angen, ddarparu gwasanaeth cyfieithu o'r Gymraeg i'r Saesneg at y diben hwnnw; a

(b) os yw'r aelod o staff yn dymuno i'r cyfarfod gael ei gynnal yn Gymraeg, cynnal y cyfarfod yn Gymraeg, neu os oes angen, gyda chymorth gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg.

Safon 88:

Pan fyddwch yn rhoi gwybod i aelod o staff (“A”) beth yw’ch penderfyniad yn dilyn gweithdrefn ddisgyblu, rhaid ichi wneud hynny yn Gymraeg os yw A— (a) wedi ymateb i honiadau yn ei erbyn yn Gymraeg, (b) wedi gofyn bod cyfarfod ynglŷn â’r weithdrefn ddisgyblu yn cael ei gynnal yn Gymraeg, neu (c) wedi gofyn am gael defnyddio’r Gymraeg mewn cyfarfod ynglŷn â’r weithdrefn ddisgyblu.

Safon 89:

Rhaid ichi ddarparu meddalwedd gyfrifiadurol ar gyfer gwirio sillafu a gramadeg y Gymraeg i’ch staff, a darparu rhyngwynebau Cymraeg ar gyfer meddalwedd (pan fo rhyngwyneb ar gael).

Safon 90:

Rhaid ichi sicrhau— (a) bod testun pob tudalen ar eich mewnrwyd ar gael yn Gymraeg, (b) bod pob tudalen Gymraeg ar eich mewnrwyd yn gweithredu’n llawn, ac (c) nad yw’r Gymraeg yn cael ei thrin yn llai ffafriol na’r Saesneg ar eich mewnrwyd.

Safon 91:

Rhaid ichi sicrhau— (a) bod testun hafan eich mewnrwyd ar gael yn Gymraeg, (b) bod unrhyw destun Cymraeg ar hafan eich mewnrwyd (neu, pan fo’n berthnasol, fod hafan Gymraeg eich mewnrwyd) yn gweithredu’n llawn, ac (c) nad yw’r Gymraeg yn cael ei thrin yn llai ffafriol na’r Saesneg mewn perthynas â hafan eich mewnrwyd.

Safon 93:

Os oes gennych dudalen Gymraeg ar eich mewnrwyd sy’n cyfateb i dudalen Saesneg, rhaid ichi nodi’n glir ar y dudalen Saesneg bod y dudalen hefyd ar gael yn Gymraeg, a rhaid darparu dolen uniongyrchol i’r dudalen Gymraeg ar y dudalen Saesneg gyfatebol.

Safon 94:

Rhaid ichi neilltuo a chynnal tudalen (neu dudalennau) ar eich mewnrwyd sy’n darparu gwasanaethau a deunydd cymorth i hybu’r Gymraeg ac i gynorthwyo eich staff i ddefnyddio’r Gymraeg.

Safon 95:

Rhaid ichi ddarparu’r rhyngwyneb a’r dewislenni ar eich tudalennau mewnrwyd yn Gymraeg.

Safon 96:

Rhaid ichi asesu sgiliau Cymraeg eich cyflogeion.

Safon 97:

Rhaid ichi ddarparu cyfleoedd i gael hyfforddiant yn Gymraeg yn y meysydd a ganlyn, os ydych yn darparu hyfforddiant o’r fath yn Saesneg—

(a) recriwtio a chyfweld; (b) rheoli perfformiad; (c) gweithdrefnau cwyno a disgyblu; (ch) ymsefydlu; (d) delio â’r cyhoedd; ac (dd) iechyd a diogelwch.

Safon 98:

Rhaid ichi ddarparu cyfleoedd i gael hyfforddiant yn Gymraeg ar ddefnyddio’r Gymraeg yn effeithiol mewn—

(a) cyfarfodydd; (b) cyfweliadau; ac (c) gweithdrefnau cwyno a disgyblu.

Safon 99:

Rhaid ichi ddarparu cyfleoedd yn ystod oriau gwaith— (a) i'ch cyflogeion gael gwersi Cymraeg sylfaenol, a (b) i gyflogeion sy'n rheoli pobl eraill gael hyfforddiant ar ddefnyddio'r Gymraeg yn eu rôl fel rheolwyr.

Safon 100:

Rhaid ichi ddarparu cyfleoedd i'ch cyflogeion sydd wedi cwblhau hyfforddiant Cymraeg sylfaenol gael hyfforddiant pellach, yn rhad ac am ddim, er mwyn datblygu eu sgiliau yn yr iaith.

Safon 101:

Rhaid i chi ddarparu cyfleoedd i gyflogeion gael hyfforddiant, yn rhad ac am ddim, i wella eu sgiliau Cymraeg.

Safon 102:

Rhaid ichi ddarparu cyrsiau hyfforddi er mwyn i'ch cyflogeion ddatblygu— (a) ymwybyddiaeth o'r Gymraeg (gan gynnwys ymwybyddiaeth am hanes yr iaith a'i lle yn niwylliant Cymru);

(b) dealltwriaeth o'r ddyletswydd i weithredu yn unol â safonau'r Gymraeg; ac (c) dealltwriaeth am y modd y gellir defnyddio'r Gymraeg yn y gweithle

Safon 103:

Pan fyddwch yn darparu gwybodaeth i gyflogeion newydd (er enghraifft, fel rhan o broses ymsefydlu), rhaid ichi ddarparu gwybodaeth er mwyn codi eu hymwybyddiaeth o'r Gymraeg

Safon 104:

Rhaid ichi ddarparu— (a) geiriad neu logo ar gyfer llofnodion e-bost eich staff sy'n eu galluogi i ddynodi a ydynt yn siarad Cymraeg yn rhugl neu'n dysgu'r iaith, a (b) geiriad ar gyfer eich cyflogeion a fydd yn eu galluogi i gynnwys fersiwn Gymraeg o'u manylion cyswllt mewn negeseuon e-bost, ac i ddarparu fersiwn Gymraeg o unrhyw neges sy'n hysbysu pobl eraill nad ydynt ar gael i ateb negeseuon e-bost.

Safon 105:

Rhaid ichi— (a) rhoi ar gael i aelodau'r staff sy'n gallu siarad Cymraeg fathodyn iddynt ei wisgo sy'n cyfleu hynny; a (b) hybu gwisgo'r bathodyn ymhlith aelodau'r staff.

Safon 106:

Pan fyddwch yn asesu'r anghenion ar gyfer swydd newydd neu swydd wag, rhaid ichi asesu'r angen am sgiliau yn y Gymraeg, a'i chategoreiddio fel swydd pan fo un neu ragor o'r canlynol yn gymwys—

(a) bod sgiliau yn y Gymraeg yn hanfodol; (b) bod angen dysgu sgiliau yn y Gymraeg pan benodir rhywun i'r swydd; (c) bod sgiliau yn y Gymraeg yn ddymunol; neu (ch) nad yw sgiliau yn y Gymraeg yn angenrheidiol.

Standard 106A:

Os byddwch wedi categoreiddio swydd fel un sy'n gofyn bod sgiliau yn y Gymraeg yn hanfodol, yn ddymunol neu fod angen eu dysgu, rhaid ichi—

(a) pennu hynny wrth hysbysebu'r swydd, a (b) hysbysebu'r swydd yn Gymraeg.

Safon 107:

Pan fyddwch yn hysbysebu swydd, rhaid ichi ddatgan y caniateir i geisiadau gael eu cyflwyno yn Gymraeg, ac na fydd cais a gyflwynir yn y Gymraeg yn cael ei drin yn llai ffafriol na chais a gyflwynir yn Saesneg.

Standard 107A:

Os byddwch yn cyhoeddi— (a) ffurflenni cais am swyddi; (b) deunydd esboniadol ynghylch eich proses ar gyfer ymgeisio am swyddi;

(c) gwybodaeth am eich proses gyfweld, neu am unrhyw ddulliau asesu eraill wrth ymgeisio am swyddi; neu

(ch) swydd-ddisgrifiadau; rhaid ichi eu cyhoeddi yn Gymraeg a rhaid ichi sicrhau nad ydych yn trin unrhyw fersiynau Cymraeg o'r dogfennau yn llai ffafriol na fersiynau Saesneg ohonyn

Standard 107B:

Rhaid ichi beidio â thrin cais am swydd a wneir yn Gymraeg yn llai ffafriol na chais a wneir yn Saesneg (gan gynnwys, ymysg materion eraill, o ran y dyddiad cau yr ydych yn ei osod ar gyfer cael ceisiadau, ac o ran amseriad rhoi gwybod i ymgeiswyr ynghylch penderfyniadau).

Safon 108:

Rhaid ichi sicrhau bod eich ffurflenni cais am swyddi yn rhoi lle i ymgeiswyr nodi eu bod yn dymuno cael cyfweliad neu ddull arall o asesiad yn Gymraeg ac, os yw ymgeisydd yn dymuno hynny, rhaid ichi gynnal unrhyw gyfweliad neu ddull arall o asesiad yn Gymraeg, neu, os oes angen, ddarparu gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg at y diben hwnnw.

Safon 109:

Pan fyddwch yn rhoi gwybod i ymgeisydd beth yw'ch penderfyniad mewn perthynas â chais am swydd, rhaid ichi wneud hynny yn Gymraeg os gwnaed y cais yn Gymraeg.

Safon 110:

Rhaid ichi gyhoeddi cynllun ar gyfer pob cyfnod 5 mlynedd gan nodi—

(a) i ba raddau yr ydych yn gallu cynnig cynnal ymgynghoriad clinigol yn Gymraeg; (b) y camau yr ydych yn bwriadu eu cymryd i gynyddu eich gallu i gynnig cynnal ymgynghoriad clinigol yn Gymraeg;

(c) amserlen ar gyfer y camau yr ydych wedi rhoi manylion amdanynt yn (b).

Standard 110A:

Dair blynedd ar ôl cyhoeddi cynllun yn unol â safon 110, ac ar ddiwedd cyfnod 5 mlynedd cynllun, rhaid ichi— (a) asesu i ba raddau yr ydych wedi cydymffurfio â'r cynllun; a (b) cyhoeddi'r asesiad hwnnw o fewn 6 mis.

Safon 111:

Pan fyddwch— (a) yn gosod arwydd newydd neu'n adnewyddu arwydd yn eich gweithle (gan gynnwys arwyddion dros dro); neu

(b) yn cyhoeddi neu'n arddangos hysbysiad yn eich gweithle;

rhaid i unrhyw destun sy'n cael ei arddangos ar yr arwydd neu'r hysbysiad gael ei arddangos yn Gymraeg (pa un ai ar yr un arwydd neu hysbysiad sy'n arddangos y testun Saesneg cyfatebol neu ar arwydd neu hysbysiad ar wahân), ac os yw'r un testun yn cael ei arddangos yn Gymraeg ac yn Saesneg, rhaid ichi beidio â thrin y testun Cymraeg yn llai ffafriol na'r testun Saesneg.

Safon 112:

Pan fyddwch— (a) yn gosod arwydd newydd neu'n adnewyddu arwydd yn eich gweithle (gan gynnwys arwyddion dros dro); neu

(b) yn cyhoeddi neu'n arddangos hysbysiad; a bod yr arwydd neu'r hysbysiad hwnnw'n cyfleu yr un wybodaeth yn Gymraeg ac yn Saesneg, rhaid i'r testun Cymraeg gael ei roi mewn safle fel mai hwnnw sy'n debygol o gael ei ddarllen yn gyntaf.

Safon 113:

Rhaid ichi sicrhau bod y testun Cymraeg ar arwyddion a hysbysiadau a arddangosir yn eich gweithle yn gywir o ran ystyr a mynegiant.

Safon 114: Pan fyddwch yn gwneud cyhoeddiad wedi ei recordio dros offer sain yn eich gweithle, rhaid i'r cyhoeddiad hwnnw gael ei wneud yn Gymraeg, ac os gwneir y cyhoeddiad yn Gymraeg ac yn Saesneg, rhaid i'r cyhoeddiad gael ei wneud yn Gymraeg yn gyntaf.

Safon 115:

Rhaid ichi gadw cofnod, mewn perthynas â phob blwyddyn ariannol, o nifer y cwynion yr ydych yn eu cael sy'n ymwneud â'ch cydymffurfedd â'r safonau.

Safon 116:

Rhaid ichi gadw cofnod (yn dilyn asesiadau o sgiliau iaith Gymraeg eich cyflogeion a wnaed gennych yn unol â safon 96), o nifer y cyflogeion sy'n meddu ar sgiliau yn y Gymraeg ar ddiwedd pob blwyddyn ariannol a, phan fo hynny'n wybyddus ichi, rhaid ichi gadw cofnod o lefel sgiliau'r cyflogeion hynny.

Safon 117:

Rhaid ichi gadw cofnod, mewn perthynas â phob blwyddyn ariannol, o nifer y swyddi newydd a'r swyddi gwag a gategoreiddiwyd (yn unol â safon 106) fel swyddi sy'n gofyn— (a) bod sgiliau yn y Gymraeg yn hanfodol; (b) bod angen dysgu sgiliau yn y Gymraeg unwaith y penodir rhywun i'r swydd; (c) bod sgiliau yn y Gymraeg yn ddymunol; neu (ch) nad oedd sgiliau yn y Gymraeg yn angenrheidiol.

Safon 118:

Rhaid ichi sicrhau bod dogfen sy'n cofnodi'r safonau yr ydych o dan ddyletswydd i gydymffurfio â hwy, a'r graddau yr ydych o dan ddyletswydd i gydymffurfio â'r safonau hynny, ar gael ar eich gwefan.

Safon 119:

Rhaid ichi— (a) sicrhau bod gennych weithdrefn gwyno sy'n delio â sut yr ydych yn bwriadu delio â chwynion ynglŷn â'ch cydymffurfedd â'r safonau yr ydych o dan ddyletswydd i gydymffurfio â hwy, a

(b) cyhoeddi dogfen sy'n cofnodi'r weithdrefn honno ar eich gwefan.

Safon 120:

(1) Rhaid ichi lunio adroddiad ("adroddiad blynyddol"), yn Gymraeg, mewn perthynas â phob blwyddyn ariannol, sy'n delio â'r modd y bu ichi gydymffurfio â'r safonau yr oeddech o dan ddyletswydd i gydymffurfio â hwy yn ystod y flwyddyn honno.

(2) Rhaid i'r adroddiad blynyddol gynnwys yr wybodaeth a ganlyn (pan fo'n berthnasol, i'r graddau yr ydych o dan ddyletswydd i gydymffurfio â'r safonau y cyfeirir atynt)—

(a) nifer y cwynion a gawsoch yn y flwyddyn o dan sylw a oedd yn ymwneud â'ch cydymffurfedd â'r safonau yr oeddech o dan ddyletswydd i gydymffurfio â hwy (ar sail y cofnodion a gadwasoch yn unol â safon 115);

(b) nifer y cyflogeion sy'n meddu ar sgiliau yn y Gymraeg ar ddiwedd y flwyddyn o dan sylw (ar sail y cofnodion a gadwasoch yn unol â safon 116); (c) nifer (ar sail y cofnodion a gadwasoch yn unol â safon 117) y swyddi newydd a'r swyddi gwag a hysbysebwyd gennych yn ystod y flwyddyn a gategoreiddiwyd fel swyddi sy'n gofyn—

(ii) bod angen dysgu sgiliau yn y Gymraeg pan benodir i'r swydd; (iii) bod sgiliau yn y Gymraeg yn ddymunol; neu

(iv) nad oedd sgiliau yn y Gymraeg yn angenrheidiol.

(3) Rhaid ichi gyhoeddi'r adroddiad blynyddol heb fod yn hwyrach na 6 mis yn dilyn diwedd y flwyddyn ariannol y mae'r adroddiad yn ymwneud â hi.

(4) Rhaid ichi sicrhau bod copi cyfredol o'ch adroddiad blynyddol ar gael ar eich gwefan

Safon 121:

Rhaid ichi ddarparu i Gomisiynydd y Gymraeg (os gofynnir ganddo) unrhyw wybodaeth sy'n ymwneud â'ch cydymffurfedd â'r safonau cyflenwi gwasanaethau, y safonau llunio polisi neu'r safonau gweithredol yr ydych o dan ddyletswydd i gydymffurfio â hwy.

O Reoliadau Safonau rhif 6, mewn perthynas ag Addysg

Safon 40:

Os byddwch yn trefnu darlith gyhoeddus, rhaid ichi sicrhau bod gwasanaeth cyfieithu ar y pryd o'r Gymraeg i'r Saesneg ar gael at ddiben unrhyw gwestiynau a ofynnir gan y gynulleidfa yn ystod y ddarlith neu ar ôl y ddarlith— (a) pan fo pwnc y ddarlith gyhoeddus yn awgrymu y dylid darparu

gwasanaeth o‘r fath, neu (b) pan fo‘r gynulleidfa a ragwelir a‘u disgwyliad yn awgrymu y dylid darparu gwasanaeth o‘r fath.

Standard 40A:

Os byddwch yn trefnu darlith gyhoeddus ac y byddwch yn darparu gwasanaeth cyfieithu ar y pryd, rhaid ichi hysbysu‘r rheini sy‘n bresennol ar lafar yn Gymraeg fod croeso iddynt ddefnyddio‘r Gymraeg.

Safon 49:

Pan fyddwch yn rhyddhau unrhyw ddatganiad i‘r wasg, rhaid ichi ei ryddhau yn Gymraeg, ac os oes fersiwn Gymraeg a fersiwn Saesneg o ddatganiad, rhaid ichi ryddhau‘r ddwy fersiwn ar yr un pryd.

Safon 50:

Os byddwch yn llunio dogfen sydd ar gael i‘r cyhoedd neu i fyfyrwyr, a phan nad oes safon arall wedi ei gwneud yn ofynnol ichi ei llunio yn Gymraeg, rhaid ichi ei llunio yn Gymraeg— (a) os yw pwnc y ddogfen yn awgrymu y dylid ei llunio yn Gymraeg, neu (b) os yw‘r gynulleidfa a ragwelir, a‘u disgwyliadau, yn awgrymu y dylid llunio‘r ddogfen yn Gymraeg.

Safon 88:

Os byddwch yn cynnig cyfle dysgu sy‘n agored i‘r cyhoedd, rhaid ichi ei gynnig yn Gymraeg

Safon 89:

Os byddwch yn datblygu cyfle dysgu sydd i‘w gynnig i‘r cyhoedd, rhaid ichi asesu‘r angen i‘r cyfle hwnnw gael ei gynnig yn Gymraeg; a rhaid ichi sicrhau bod yr asesiad wedi ei gyhoeddi ar eich gwefan

Nodyn esboniadol;

At ddibenion safonau 88 a 89 (cyfleoedd dysgu) a pharagraff 31, ystyr cyfleoedd dysgu yw unrhyw seminar, hyfforddiant, gweithdy, sesiwn flas neu ddarpariaeth debyg sy ‘n cael ei ddarparu neu ei darparu ar gyfer addysgu neu wella sgiliau aelodau o‘r cyhoedd; ond nid yw‘n cynnwys —

(a) unrhyw seminar, hyfforddiant, gweithdy, sesiwn flas na darpariaeth debyg sy‘n cael ei ddarparu neu ei darparu fel rhan o gwrs; neu

(b) seminarau na chyflwyniadau llafar sy‘n ymwneud â pherfformiad neu gynhyrchiad.

Safon 90:

Rhaid ichi hysbysu eich myfyrwyr y caniateir i unrhyw waith ysgrifenedig a gyflwynir ichi fel rhan o asesiad neu arholiad gael ei gyflwyno yn Gymraeg, ac na fydd gwaith a gyflwynir ichi yn Gymraeg yn cael ei drin yn llai ffafriol na gwaith ysgrifenedig a gyflwynir ichi yn Saesneg fel rhan o‘r asesiad hwnnw neu‘r arholiad hwnnw.

Standard 90A:

Rhaid ichi beidio â thrin unrhyw waith ysgrifenedig a gyflwynir ichi yn Gymraeg fel rhan o asesiad neu arholiad yn llai ffafriol na gwaith ysgrifenedig a gyflwynir ichi yn Saesneg fel rhan o‘r asesiad hwnnw neu‘r arholiad hwnnw.

Safon 101:

Pan fyddwch yn comisiynu neu'n gwneud gwaith ymchwil y bwriedir i'ch cynorthwyo i wneud penderfyniad polisi, rhaid ichi sicrhau bod yr ymchwil yn ystyried pa effeithiau, os o gwbl (a pha un ai ydynt yn rhai positif neu'n rhai andwyol), y byddai'r penderfyniad polisi sydd o dan ystyriaeth yn eu cael ar—

(a) cyfleoedd i bersonau ddefnyddio'r Gymraeg, a (b) peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Safon 104:

Pan fyddwch yn datblygu neu'n addasu cwrs (neu unrhyw gydran o gwrs), rhaid ichi ystyried— (a) pa effeithiau, os o gwbl (a pha un a yw'r rheini'n bositif neu'n andwyol), y byddai'r cwrs hwnnw yn eu cael ar—

> (i) cyfleoedd i bersonau ddefnyddio'r Gymraeg, a (ii) peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg; (b) sut y byddai'r cwrs hwnnw yn cael effeithiau positif, neu effeithiau mwy positif, ar— (i) cyfleoedd i bersonau ddefnyddio'r Gymraeg, a (ii) peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg; (c) sut na fyddai'r cwrs hwnnw yn cael effeithiau andwyol, neu fel y byddai'n cael effeithiau llai andwyol ar— (i) cyfleoedd i bersonau ddefnyddio'r Gymraeg, a (ii) peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Cynllun Iaith Gymraeg Addysg a Gwella Iechyd Cymru (AaGIC) 2020-2023 – Cynllun Gweithredu

Bydd AaGIC yn cael ei fonitro gan Gomisiynydd y Gymraeg o ran cydymffurfiaeth, yn unol â'r Cynllun Gweithredu hwn. Bydd y Cynllun Gweithredu hwn yn amlinellu'r prif fanylion gweithredu o ran yr ymrwymiadau a wnaed yng Nghynllun Iaith Gymraeg AaGIC – pwy fydd yn gwneud beth, ac erbyn pryd. Mae'n cyd-fynd â'r Prif Gynllun.

Canlyniadau

Yn ystod cyfnod y Cynllun, y canlyniad sy'n ofynnol yw bod y ffrydiau gwaith canlynol yn parhau i gydymffurfio'n llawn â'r Cynllun.

i. Gwefannau
ii. Cynnwys cyfryngau cymdeithasol
iii. Cyhoeddiadau/adroddiadau/ymgynghoriadau
iv. Cysylltu â'r cyfryngau yng Nghymru
v. Ymgyrchoedd recriwtio
vi. Gohebiaeth
vii. Ymgyrchoedd cyhoeddusrwydd AaGIC

Bydd tîm iaith Gymraeg AaGIC yn darparu'r gwasanaethau canlynol i sicrhau cydymffurfiaeth:

- Gwasanaeth Cyfieithu Ysgrifenedig (Saesneg > Cymraeg gan fwyaf, ac weithiau o Gymraeg > Saesneg);
- Gwasanaeth prawf-ddarllen ar gyfer testun Cymraeg mewn cyhoeddiadau neu ddeunydd hyrwyddo etc. a gwasanaeth gwirio testun i staff sy'n dymuno drafftio gohebiaeth yn Gymraeg;
- Gwasanaeth Cyfieithu ar y pryd ar gyfer cyfarfodydd sy'n cael eu cynnal yng Nghymru (Cymraeg > Saesneg);
- Gwasanaeth Cymraeg i'r cyfryngau;
- Datblygu a chynnal Cronfa Ddata Terminoleg;
- Lanlwytho cynnwys Cymraeg ar wefannau AaGIC lle bo angen, a chynnal cynnwys Cymraeg yn ddyddiol;
- Rheoli cynnwys cyfryngau cymdeithasol Cymraeg AaGIC;
- Rhoi cyngor ar Gynllun Iaith Gymraeg AaGIC;
- Cynnal perthynas waith gyda Chomisiynydd y Gymraeg;
- Archwiliad o'r holl waith sy'n cael ei gynnal ar ran AaGIC gan drydydd partïon;

1) Cynllunio a chyflenwi gwasanaethau

Cam Gweithredu	Cyfrifoldeb am Gyflenwi	Dyddiad Targed
a) Ymroi i hysbysebu a chodi ymwybyddiaeth o'r ymrwymiadau a nodir yng Nghynllun Iaith Gymraeg AaGIC 2020 drwy: • Datblygu cynllun cyfathrebu mewnol ar gyfer y Cynllun Iaith Gymraeg diwygiedig • Cynllunio a chynnal ymgyrch codi ymwybyddiaeth wyneb yn wyneb ar draws AaGIC	Gwasanaethau Cymraeg	Dechrau o fewn 1 mis i Gymeradwyaeth y Bwrdd - parhaus

• Cynllunio a chynnal ymgyrch codi ymwybyddiaeth ddigidol ar draws AaGIC • Cyhoeddi'r Cynllun Iaith Gymraeg diwygiedig ar wefan gyhoeddus AaGIC, heiw.nhs.wales		
b) Swyddogion polisi a Thîm Cyfathrebu AaGIC i gydlynu â Gwasanaethau Cymraeg AaGIC i sicrhau y rhoddir ystyriaeth ddyledus i'r Gymraeg wrth weithio ar adnoddau a/neu wasanaethau newydd (e.e. cynnwys y we, gohebiaeth â rhanddeiliaid, ymgynghoriadau).	Holl dimau perthnasol AaGIC / Tîm Cyfathrebu AaGIC / Gwasanaethau Cymraeg AaGIC	O fewn 1 mis i Gymeradwyaeth y Bwrdd
c) Ymroi i hyrwyddo adnoddau Cymraeg AaGIC	Gwasanaethau Cymraeg	Eisoes wedi dechrau - parhaus
ch) Monitro gwasanaethau a ddarperir gan drydydd partïon ar ran AaGIC mewn perthynas â'r Gymraeg	Swyddogion Polisi AaGIC / Gwasanaethau Cymraeg	Eisoes wedi dechrau - parhaus
d) Cydlynu â chyrff cyhoeddus eraill i sicrhau bod arfer da yn cael ei rannu.	Gwasanaethau Cymraeg	Eisoes wedi dechrau - parhaus

2) Darparu gwasanaethau i'r cyhoedd

Cam Gweithredu	Cyfrifoldeb am Gyflenwi	Dyddiad Targed
(a) Gohebiaeth		
(i) Atgoffa adrannau AaGIC o'r angen i gyfathrebu â'r cyhoedd yn ddwyieithog.	Holl wasanaethau perthnasol/ Gwasanaethau Cymraeg AaGIC	Eisoes wedi dechrau - parhaus
(ii) Sicrhau bod gohebiaeth Gymraeg a Saesneg yn cael eu trin yn gyfartal a'u cyhoeddi ar yr un pryd.	Holl wasanaethau perthnasol/ Gwasanaethau Cymraeg AaGIC	Eisoes wedi dechrau - parhaus
(iii) Darparu templedi / terminoleg allweddol ar lwyfannau a rennir ar gyfer staff AaGIC yng Nghymru. Darparu cyfieithiadau o lofnodion awtomatig / negeseuon allan o'r swyddfa etc.	Gwasanaethau Cymraeg	Eisoes wedi dechrau - parhaus
(b) Cyfathrebu ar y ffôn		
(i) Darparu gwasanaeth dwyieithog llawn ar y brif linell ffôn gyhoeddus. Trosglwyddo galwadau lle bo'n briodol, yn ôl dewis iaith a natur yr ymholiad.	Tîm Cymorth Busnes	Eisoes wedi dechrau – angen mwy o fireinio. O fewn 3 mis ar ôl dychwelyd i'r swyddfa.
(ii) Sicrhau bod staff yn ateb eu ffonau gyda chyfarchiad dwyieithog (bore da/prynhawn da) ac yn gyfarwydd â'r trefniant i gynnig gwasanaeth	Staff AaGIC / Gwasanaethau Cymraeg	Eisoes wedi dechrau - parhaus

Cymraeg. Sicrhau bod negeseuon llais yn cael eu recordio'n ddwyieithog (llinell dir a ffonau symudol)		
(c) Cyfarfodydd		
(i) Darparu cyfieithu ar y pryd mewn cyfarfodydd sy'n agored i'r cyhoedd	Gwasanaethau Cymraeg	Eisoes wedi dechrau - parhaus
(d) Digwyddiadau Cyhoeddus		
(i) Rhaid i AaGIC beidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg mewn perthynas â chyhoeddusrwydd, arwyddion, gwybodaeth, staffio a chymorth y maent yn ei ddarparu i bobl mewn digwyddiad cyhoeddus a drefnir yng Nghymru, ar lafar neu'n ysgrifenedig.	Tîm Cyfathrebu sy'n gyfrifol am drefnu digwyddiadau/ Gwasanaethau Cymraeg (i gynghori a chyfieithu'r holl ddeunydd perthnasol ac i oruchwylio staffio dwyieithog)	Eisoes wedi dechrau - parhaus
(e) Cyhoeddiadau		
(i) Codi ymwybyddiaeth ymhlith staff ynglŷn â phryd i ystyried cyhoeddi dogfennau, cyhoeddiadau a deunydd cyhoeddusrwydd yn Gymraeg a Saesneg	Gwasanaethau Cymraeg	O fewn 1 mis i Gymeradwyaeth y Bwrdd
(f) Gwasanaethau digidol		
(i) Sicrhau bod unrhyw gynnwys newydd ar wefan AaGIC yn cael ei gyfieithu i sicrhau gwasanaeth cyfartal yn y	Gwasanaethau Cymraeg / Tîm Digidol	Ymarferoldeb i'w ychwanegu at ddatblygiadau unrhyw wefan newydd

ddwy iaith drwy greu system fflagio o fewn y System Rheoli Cynnwys.		
(ii) Asesu gofynion y Gymraeg wrth ddatblygu a diweddaru systemau TG ar gyfer gwasanaethau a ddarperir i'r cyhoedd yng Nghymru.	Gwasanaethau Cymraeg / Tîm Digidol	Eisoes wedi dechrau - parhaus
(g) Cyfryngau Cymdeithasol		
(i) Sefydlu gweithdrefn fewnol y cytunwyd arni i sicrhau bod negeseuon cymdeithasol perthnasol yn cael eu postio yn Gymraeg a Saesneg yng Nghymru.	Tîm Cyfathrebu / Gwasanaethau Cymraeg	Eisoes wedi dechrau - parhaus
(ii) Wrth greu sianeli cymdeithasol newydd, neu ddatblygu sianeli sy'n bodoli eisoes, ystyriwch y gofynion a amlinellir yn y Cynllun Iaith Gymraeg i sicrhau gwasanaeth cyfartal yn y Gymraeg a'r Saesneg.	Tîm Cyfathrebu / Gwasanaethau Cymraeg	Eisoes wedi dechrau - parhaus

(3) Recriwtio

(i) Monitro prosesau recriwtio i sicrhau cydymffurfiaeth â'r gofynion a amlinellir yn y Cynllun Iaith Gymraeg.	Gwasanaethau Cymraeg / Arweinwyr Tîm Perthnasol	Sefydlu o fewn 3 mis i Gymeradwyaeth y Bwrdd

(ii) Datblygu fframwaith i asesu a phennu lefel y sgiliau Cymraeg sy'n angenrheidiol ar gyfer swyddi yn AaGIC	Gwasanaethau Cymraeg	O fewn 1 mis i Gymeradwyaeth y Bwrdd
(iii) Os bernir bod y Gymraeg yn 'Hanfodol' i swydd yn dilyn ymgynghoriad, cynghori ar y lefel sy'n ofynnol drwy ddefnyddio'r fframwaith hwnnw.	Gwasanaethau Cymraeg	O fewn 1 mis i Gymeradwyaeth y Bwrdd 3. ii. uchod
(iv) Sicrhau bod hysbysebion / hysbysiadau recriwtio a phecynnau cais ar gyfer swyddi yn cael eu darparu'n ddwyieithog a bod yr holl hysbysebion / hysbysiadau a roddir yn y cyfryngau yn ymddangos yn Gymraeg ac yn Saesneg.	Gwasanaethau Cymraeg / Arweinydd Tîm Recriwtio / Adnoddau Dynol AaGIC	O fewn 1 mis i Gymeradwyaeth y Bwrdd 3. iii. uchod

(4) Gweithredu, monitro ac adrodd

(i) Yn unol â'n hymrwymiadau yn y Cynllun Iaith Gymraeg, nodi a hwyluso hyfforddiant Cymraeg priodol yn ôl yr angen.	Gwasanaethau Cymraeg / Tîm Cymorth Busnes	Eisoes wedi dechrau - parhaus
(ii) Darparu bathodynnau/laniardiau Iaith Gwaith a deunyddiau cysylltiedig eraill i aelodau staff sy'n dymuno cynnig gwasanaeth Cymraeg.	Gwasanaethau Cymraeg	Eisoes wedi dechrau - parhaus
(iii) Pan fydd AaGIC yn dechrau trefniadau gyda thrydydd partïon/gweithio mewn partneriaeth, monitro'r trefniadau	Gwasanaethau Cymraeg	Eisoes wedi dechrau - parhaus

sy'n ymwneud â'r defnydd o'r Gymraeg ochr yn ochr â gofynion monitro eraill.		
(iv) Monitro cynnydd AaGIC wrth gyflawni'r ymrwymiadau a wnaed yn y Cynllun ochr yn ochr â'r camau mesuradwy a amlinellir yn y cynllun gweithredu hwn. Cofnodi'r galw am wasanaethau Cymraeg, gan gynnwys unrhyw alw am wasanaethau sy'n mynd y tu hwnt i'r ymrwymiadau a wnaed yn ein Cynllun Iaith Gymraeg.	Gwasanaethau Cymraeg	Bob 3 mis ar ôl i'r Cynllun gael ei fabwysiadu
(v) Darparu adroddiad hunan-asesu wedi'i gwblhau i Gomisiynydd y Gymraeg (Adroddiad Monitro Blynyddol) gan werthuso ein cynnydd wrth weithredu'r Cynllun.	Rheolwr Iaith Gymraeg	Yn flynyddol, ar ôl i'r Cynllun gael ei fabwysiadu
(vi) Cyhoeddi Adroddiad Monitro Blynyddol AaGIC ar wefan gyhoeddus AaGIC heiw.nhs.wales	Gwasanaethau Cymraeg /Tîm Digidol	Yn flynyddol, ar ôl i'r Cynllun gael ei fabwysiadu
(vii) Adolygu Cynllun Iaith Gymraeg AaGIC o fewn tair blynedd ar ôl iddo ddod i rym a thrafod unrhyw newidiadau gyda Chomisiynydd y Gymraeg.	Gwasanaethau Cymraeg	3 blynedd ar ôl mabwysiadu'r Cynllun

Naratif y Bwrdd ar gyfer Cynllun Iaith Gymraeg 2020- 2023

Pwrpas

Mae'r naratif hwn ar gyfer rheolaethau a chanllawiau mewnol a bydd yn cyd-fynd â gweithrediad y Cynllun Iaith Gymraeg yn fewnol. Bydd yn egluro sut mae AaGIC yn bwriadu gweithredu ei Gynllun Iaith Gymraeg (Atodiad 3). Mae'n ddogfen llawer mwy greddfol na'r cynllun ei hun. Mae'n grynodeb o'r camau sy'n ymwneud â disgyblaethau busnes penodol fel sut byddwn yn defnyddio'r ffôn, sut byddwn yn gohebu â phobl a sut byddwn yn cynnal cyfarfodydd.

Cyflwyniad

Ein Sefydliad

Sefydlwyd AaGIC ar 1 Hydref 2018, fel unfed aelod ar ddeg GIG Cymru ar ôl i dri o hen sefydliadau uno: Deoniaeth Cymru, Canolfan Addysg Fferylliaeth Broffesiynol Cymru (WCPPE) a Gwasanaethau Datblygu Addysg a'r Gweithlu (WEDS).

Mae gennym rôl flaenllaw mewn addysg, hyfforddiant, datblygiad a llunio'r gweithlu gofal iechyd yng Nghymru, gan gefnogi gofal o ansawdd uchel i bobl Cymru.

Mae ein swyddogaethau allweddol yn cynnwys:

- Gweithio'n agos â phartneriaid a rhanddeiliaid allweddol, a chynllunio ymlaen llaw i sicrhau bod y gweithlu iechyd a gofal yn diwallu anghenion y GIG a phobl Cymru, nawr ac yn y dyfodol;
- Bod yn ffynhonnell o wybodaeth a chudd-wybodaeth ar weithlu iechyd a gofal yng Nghymru;
- Comisiynu, cynllunio a darparu addysg a hyfforddiant gwerth am arian o ansawdd uchel, yn unol â safonau;
- Defnyddio addysg, hyfforddiant a datblygiad i annog a hwyluso dilyniant gyrfa
- Cefnogi addysg, hyfforddiant a rheoleiddio gwasanaethau drwy chwarae rhan allweddol wrth gynrychioli Cymru, a gweithio'n agos gyda rheoleiddwyr;
- Datblygu arweinwyr gofal iechyd y presennol a'r dyfodol;
- Rhoi cyfleoedd i'r gweithlu iechyd a gofal ddatblygu sgiliau newydd;

- Hyrwyddo gyrfaoedd iechyd a gofal yng Nghymru, a Chymru fel lle i fyw;
- Cefnogi'r gweithlu proffesiynol a'r proffesiwn datblygu sefydliadol yng Nghymru;
- Parhau i wella'r hyn rydym yn ei wneud a sut rydym yn ei wneud.

Fel sefydliad, rydym wedi ein lleoli yn Tŷ Dysgu, Nantgarw, sef canolfan reoli a gweinyddol dros 200 o staff a dewis o lefydd cyfarfod i gynnal busnes. Mae gennym gofod swyddfa bach yng Ngogledd Cymru hefyd.

Ein Cynllun

Mae Cynllun Iaith Gymraeg AaGIC yn ein hymrwymo i gefnogi'r egwyddor y tu ôl i Ddeddf yr Iaith Gymraeg 1993, o drin y rhai yng Nghymru sy'n dymuno defnyddio'r Gymraeg, yn yr un ffordd â'r rhai sy'n dymuno defnyddio'r Saesneg. Mae'r naratif hwn yn nodi sut byddwn yn gweithredu'r egwyddor honno wrth ddarparu gwasanaethau i'r cyhoedd yng Nghymru a sut rydym yn bwriadu dod yn sefydliad mwy dwyieithog yn ystod cyfnod y Cynllun hwn.

Dylid ei ddarllen ar y cyd â'n Cynllun iaith Gymraeg a'r Cynllun Gweithredu manwl i weithredu'r cynllun hwnnw.

Ein Darpariaeth Gymraeg

Gohebiaeth Ysgrifenedig – Llythyron, e-byst a gohebiaeth drwy ein sianeli cyfryngau cymdeithasol

Byddwn yn sicrhau ein bod yn:

● Croesawu deunydd cyfathrebu yn Gymraeg neu Saesneg, gan gynnwys deunydd atodol fel ffurflenni, taflenni gwybodaeth ac ati.

● Ymateb i unrhyw ohebiaeth a dderbynnir yn Gymraeg yn Gymraeg, ac mae ein hamser targed ar gyfer ateb yr un peth yn Gymraeg a Saesneg.

● Pan fyddwn yn dechrau gohebu ag unigolyn, grŵp neu sefydliad yng Nghymru, mae'r ohebiaeth yn ddwyieithog (oni bai ein bod yn ymwybodol o'u dewis iaith).

● Cyhoeddir unrhyw ohebiaeth ddilynol yn unol â dewis iaith yr unigolyn/sefydliad.

● Anfonir gohebiaeth safonol neu gylchlythyrau yn ddwyieithog.

● Anfonir gohebiaeth ar yr un pryd yn y ddwy iaith.

● Bydd llofnodion e-bost, ymwadiadau, negeseuon 'allan o'r swyddfa' ac unrhyw wybodaeth safonol arall a ddarperir gan staff AaGIC yn ddwyieithog (darperir geiriad i helpu staff i gael safon a fformat cyson).

● Os ydym yn cynhyrchu fersiynau Cymraeg a Saesneg cyfatebol o ddeunydd cyfathrebu, byddwn yn trin y fersiwn Gymraeg yn gyfartal â'r Saesneg (er enghraifft, cynnwys llofnod electronig, logos, gwybodaeth cyfryngau cymdeithasol). Bydd hyn yn cynnwys defnyddio cyfeiriadau post Cymraeg wrth anfon llythyrau yn Gymraeg.

Ffôn

Rydym yn rhoi dewis iaith i'r rheini sy'n cysylltu ag AaGIC drwy'r ffôn, fel a ganlyn:

● Mae derbynnydd dwyieithog yn staffio'r brif linell ffôn gyhoeddus sydd ar y dderbynfa, sy'n ateb gyda chyfarchiad dwyieithog.

● Bydd galwadau gan aelodau o'r cyhoedd i'r rhif hwn yn Gymraeg ar gyfer timau penodol yn cael eu trosglwyddo i aelodau o'r timau hynny sy'n siarad Cymraeg.

● Os nad oes siaradwr Cymraeg ar gael sy'n gymwys i ddelio â'r ymholiad, rhoddir dewis i'r galwr i gael siaradwr Cymraeg i ffonio nôl cyn gynted â phosibl, parhau â'r alwad yn Saesneg, neu gyflwyno ymholiad ysgrifenedig yn Gymraeg.

● Gyda phob llinell ffôn yn AaGIC, bydd staff yn ateb y ffôn gyda chyfarchiad dwyieithog syml ('Bore da' neu 'Prynhawn da' gan fwyaf) ac os nad yw'r alwad ar eu cyfer nhw'n bersonol, bydd yn cynnig dewis iaith drwy ddilyn y camau a nodwyd uchod.

● Pan fyddwn yn dechrau cysylltu ar y ffôn gydag unigolyn, grŵp neu sefydliad yng Nghymru, bydd hyn yn cael ei wneud yn ddwyieithog (oni bai ein bod yn ymwybodol o'u dewis iaith).

● Mae'r holl negeseuon ffôn yn ddwyieithog.

Cyfarfodydd Mewnol

- Os gwahoddir un neu fwy o bobl i gyfarfod, gofynnwn i bob unigolyn os hoffent ddefnyddio Cymraeg neu Saesneg a gallwn ddarparu cyfieithu ar y pryd ar gyfer y cyfarfod. Mae offer ar gael yn fewnol.

Cyfarfodydd Cyhoeddus, Digwyddiadau a Chyhoeddusrwydd

- Rydym yn darparu cyfieithu ar y pryd o'r Gymraeg i'r Saesneg ym mhob cyfarfod yng Nghymru sy'n agored i'r cyhoedd. Mae gwahoddiadau a hysbysebion ar gyfer cyfarfodydd cyhoeddus yng Nghymru yn ddwyieithog gan nodi y bydd cyfleusterau cyfieithu ar gael.
- Rydym yn annog cyfraniadau yn Gymraeg drwy hysbysu'r rhai sy'n bresennol:
    - bod croeso iddyn nhw gyfrannu yn Gymraeg
    - bod gwasanaeth cyfieithu ar y pryd ar gael sy'n caniatáu iddyn nhw wneud hynny
    - darparu agendâu, papurau a gwybodaeth arall yn ddwyieithog
    - darparu gwasanaeth cyfieithu ar y pryd (Cymraeg i'r Saesneg)
    - cyhoeddi cofnodion neu bapurau yn dilyn y cyfarfodydd hyn yn ddwyieithog

Dogfennau a ffurflenni

- Bydd unrhyw ffurflenni newydd, sydd i'w llenwi gan unigolyn, hefyd yn cael eu cynhyrchu yn Gymraeg.
- Pan fydd AaGIC yn cynhyrchu dogfen (ond nid ffurflen) sydd ar gael i un neu fwy o unigolion, bydd yn cael ei chynhyrchu yn Gymraeg.

- (a) os yw testun y ddogfen yn awgrymu y dylid ei chynhyrchu yn Gymraeg, neu
- (b) Os yw'r gynulleidfa a ragnodir, a'u disgwyliadau, yn awgrymu y dylid cynhyrchu'r ddogfen yn Gymraeg.

Gwefan ac adnoddau ar-lein

- Mae prif wefan AaGIC heiw.nhs.wales wedi'i datblygu'n ddwyieithog gyda'r gallu i doglo yn uniongyrchol rhwng ieithoedd.
- Dylai unrhyw gynnwys neu ddatblygiadau i brif wefan AaGIC yn y dyfodol a micro-wefannau llai, gael eu gweithredu'n ddwyieithog.
- Byddwn yn sicrhau y bydd unrhyw wasanaeth ar-lein ar gael i'r cyhoedd yn ddwyieithog.
- Wrth ddylunio gwefannau newydd, neu ddatblygu ein gwefannau presennol, byddwn yn ystyried canllawiau Comisiynydd y Gymraeg ar Dechnoleg, Gwefannau a Meddalwedd: Ystyriaethau Iaith Gymraeg a Chynllun Gweithredu Technoleg Cymraeg Llywodraeth Cymru.

Apiau a Chyfryngau Cymdeithasol

- Bydd unrhyw apiau rydym yn eu cynhyrchu yn ymddangos yn ddwyieithog, gydag ansawdd y fersiwn Gymraeg cystal â'r fersiwn Saesneg.
- Wrth ddefnyddio cyfryngau cymdeithasol ar gyfrifon corfforaethol ac adrannol nid yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg.

Arwyddion

Bydd AaGIC yn sicrhau bod yr holl arwyddion newydd a'r rhai sy'n cael eu gosod yn lle'r hen rai oddi mewn i AaGIC yn ddwyieithog. Bydd hyn yn cynnwys arwyddion dwyieithog mewn derbynfeydd sy'n hysbysu'r cyhoedd o'u hawl i ddefnyddio'r Gymraeg neu'r Saesneg.

- Sicrhau bod y ddwy iaith yn cael eu trin yn gyfartal o ran maint, ansawdd, eglurdeb ac amlygrwydd.
- Er mai arwyddion dwyieithog yw'r opsiwn sy'n cael ei ffafrio, bydd arwyddion Cymraeg a Saesneg ar wahân, os cânt eu cyhoeddi, yn gyfartal o ran maint, ansawdd, eglurdeb ac amlygrwydd.
- Bydd cyfieithydd cymeradwy yn prawf-ddarllen yr holl arwyddion dwyieithog a'r fersiynau Cymraeg ar wahân er mwyn sicrhau cysondeb yn safon y Gymraeg.
- Mae'r mesurau hyn yn berthnasol i arwyddion parhaol ac arwyddion dros dro.

Gwasanaeth Derbynfa

- Mae derbynnydd dwyieithog yn staffio ein derbynfa, sy'n gwisgo bathodyn a laniard i ddangos eu bod yn gallu cynnig gwasanaeth derbynfa yn Gymraeg.
- Ceir arwydd clir sy'n nodi (yn Gymraeg) bod croeso i bobl ddefnyddio'r Gymraeg yn y dderbynfa.

Hyrwyddo gwasanaethau Cymraeg

- Bydd AaGIC yn hyrwyddo unrhyw wasanaethau Cymraeg a ddarparwn drwy'r wefan ac e-byst staff, a byddwn yn hysbysebu'r gwasanaethau hynny yn Gymraeg.
- Pan fydd gwasanaeth a ddarperir yn Gymraeg yn cyfateb i wasanaeth a ddarperir yn Saesneg, bydd unrhyw gyhoeddusrwydd neu ddogfen a gynhyrchir, neu wefan a gyhoeddir, sy'n cyfeirio at y gwasanaeth Saesneg, hefyd yn nodi bod gwasanaeth cyfatebol ar gael yn Gymraeg.

Hunaniaeth Gorfforaethol

- Bydd AaGIC yn mabwysiadu hunaniaeth gorfforaethol gwbl ddwyieithog.
- Mae hyn yn cynnwys enw AaGIC, ei gyfeiriad, logo, hunaniaeth weledol, slogan corfforaethol ac unrhyw wybodaeth safonol arall sydd i'w defnyddio ar:
    - bapur pennawd, papur ffacs, slipiau cyfarch, llofnodion e-bost
    - Yr holl ddeunydd hyrwyddo / hysbysebu cyhoeddus (h.y. taflenni, posteri etc.)

Hyfforddiant Cymraeg

- Bydd staff ac aelodau AaGIC yn cael eu hannog i ddysgu Cymraeg ac i wella eu gallu Cymraeg (siarad ac ysgrifennu). Byddwn yn eu cefnogi, yn ariannol ac wrth neilltuo amser. Mae cyrsiau wedi'u trefnu gan y rheolwr Cymraeg a chânt eu cynnig ar wahanol lefelau.

- Bydd gan holl staff AaGIC gyfle i elwa o'r darpariaethau canlynol:

- modiwlau ar-lein Cymraeg wedi'u datblygu a'u cyflwyno gan fenter Cymraeg Gwaith Llywodraeth Cymru.

- darpariaeth arall a gynigir gan fenter Cymraeg Gwaith Llywodraeth Cymru, wrth i amser ac adnoddau ganiatáu.

- grŵp dysgwyr Cymraeg mewnol.

- cyfeirio at sianeli effeithiol (fel Say Something in Welsh a Duolingo).

- hysbysu staff am gyfleoedd i gymdeithasu yn Gymraeg y tu allan i'r gwaith.

Gwneud polisïau

Byddwn yn sicrhau y canlynol:

- wrth ddatblygu polisïau a mentrau newydd, neu adolygu rhai cyfredol, byddwn yn ystyried unrhyw effeithiau posibl (p'un a ydynt yn bositif

neu'n negyddol) ar gyfleoedd i ddefnyddio'r Gymraeg a sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg.
- i asesu effeithiau posibl unrhyw bolisïau a mentrau newydd / diwygiedig, bydd yn rhan o asesiad cyfun o'r effaith lle gofynnir cwestiynau penodol ar gyfleoedd i ddefnyddio'r Gymraeg a sicrhau na chaiff ei thrin yn llai ffafriol na'r Saesneg.
- bod deddfwriaeth sylfaenol ac is-ddeddfwriaeth, polisïau a chodau ymarfer newydd yn cefnogi'r defnydd o'r Gymraeg ac yn gofyn i staff ystyried y Gymraeg o gychwyn/dechrau unrhyw broses.
- mae ein dogfennau ymgynghori yn trafod y berthynas rhwng y Gymraeg a'r polisïau, y mentrau a'r gwasanaethau sy'n cael eu datblygu.

Defnyddio'r Gymraeg yn fewnol

- Gofynnir i bob gweithiwr a yw'n dymuno derbyn unrhyw un o'r canlynol yn Gymraeg:
    - Gohebiaeth sy'n ymwneud â'u cyflogaeth.
    - Dogfennau sy'n amlinellu unrhyw angen neu ofynion hyfforddi.
    - Dogfennau sy'n amlinellu eu hamcanion perfformiad.
    - Dogfennau sy'n amlinellu neu'n cofnodi eu cynllun gyrfa.
    - Ffurflenni sy'n cofnodi ac yn awdurdodi gwyliau blynyddol.
    - Ffurflenni sy'n cofnodi ac yn awdurdodi absenoldebau o'r gwaith.
    - Ffurflenni sy'n cofnodi ac yn awdurdodi oriau gweithio'n hyblyg.

- Cyhoeddir y canlynol i gyd yn Gymraeg:
    - Polisi sy'n ymwneud ag ymddygiad yn y gweithle.
    - Polisi sy'n ymwneud ag iechyd a lles yn y gwaith.
    - Polisi sy'n ymwneud â chyflogau neu fuddion yn y gweithle.
    - Polisi sy'n ymwneud â rheoli perfformiad.
    - Polisi sy'n ymwneud ag absenoldeb o'r gwaith.
    - Polisi sy'n ymwneud ag amodau gwaith.
    - Polisi sy'n ymwneud â phatrymau gwaith.

Cwynion a chamau disgyblu staff

- Os yw staff eisiau i unrhyw gwynion neu faterion disgyblu gael eu trafod drwy gyfrwng y Gymraeg, byddwn yn ceisio sicrhau y gellir gwneud hyn.

Meddalwedd Cyfrifiadurol

- Darperir meddalwedd gyfrifiadurol i bob cyfrifiadur staff i wirio sillafu a gramadeg Cymraeg, a darperir rhyngwynebau Cymraeg ar gyfer meddalwedd (lle mae rhyngwyneb yn bodoli).

Mewnrwyd

- Lle bo'n briodol ac yn ymarferol, byddwn yn sicrhau bod staff yn gallu derbyn ac ymateb i gynnwys ar ein mewnrwyd yn ddwyieithog.

Sgiliau Cymraeg staff

- Drwy Gofnod Staff Electronig (ESR) a'r broses recriwtio, asesir sgiliau Cymraeg gweithwyr.

Bydd AaGIC yn cynnig cyfleoedd yn ystod oriau gwaith:
(a) i weithwyr dderbyn gwersi Cymraeg sylfaenol, ac
(b) i weithwyr sy'n rheoli eraill i dderbyn hyfforddiant ar ddefnyddio'r Gymraeg yn eu rôl fel rheolwyr.

Bydd AaGIC yn:
(a) sicrhau bod aelodau staff sy'n gallu siarad Cymraeg yn cael bathodynnau siarad Cymraeg er mwyn iddynt eu gwisgo i gyfleu hynny; a
(b) hyrwyddo gwisgo'r bathodyn ymhlith aelodau staff.

Recriwtio a chynllunio'r gweithlu

Pan fydd AaGIC yn asesu'r gofynion ar gyfer swydd newydd neu swydd wag, rhaid asesu'r angen am sgiliau Cymraeg, a'i gategoreiddio fel swydd lle mae un neu fwy o'r canlynol yn berthnasol:

(a) Mae sgiliau Cymraeg yn hanfodol;
(b) Mae angen dysgu sgiliau Cymraeg wrth gael eu penodi i'r swydd;
(c) Mae sgiliau Cymraeg yn ddymunol; neu
(ch) Nid oes angen sgiliau Cymraeg.

Arwyddion yn y gweithlu

- Bydd holl arwyddion y gweithlu yn Tŷ Dysgu yn ddwyieithog.

Cyhoeddiadau sydd wedi'u recordio yn y gweithle

- Bydd unrhyw gyhoeddiadau yn y gweithle sy'n cael eu recordio yn ddwyieithog.

Darlithoedd Cyhoeddus

Pan gynhelir darlithoedd cyhoeddus, byddwn yn sicrhau bod gwasanaeth cyfieithu ar y pryd o'r Gymraeg i'r Saesneg ar gael ar gyfer unrhyw gwestiynau a ofynnir gan y gynulleidfa yn ystod neu ar ôl y ddarlith lle:
(a) Mae testun y ddarlith gyhoeddus yn awgrymu y dylid darparu gwasanaeth o'r fath, neu
(b) Mae'r gynulleidfa a ragwelir a'u disgwyliadau yn awgrymu y dylid darparu gwasanaeth o'r fath.

Cyfathrebu
Pan fyddwch yn cyhoeddi unrhyw ddatganiad i'r wasg, rhaid ei gyhoeddi yn Gymraeg a Saesneg ar yr un pryd.

Darparu cyrsiau

Pan fydd AaGIC yn datblygu cyfleoedd dysgu, asesir yr angen i'r cyfle hwnnw gael ei gynnig yn Gymraeg; a chyhoeddir yr asesiad ar ein gwefan.

Cyflwyno gwaith ysgrifenedig

Bydd myfyrwyr yn cael eu cefnogi a'u hannog i gyflwyno aseiniadau yn Gymraeg. Pan ofynnir amdanynt, bydd briffiau aseiniad yn cael eu cyfieithu a bydd modd asesu myfyrwyr drwy gyfrwng y Gymraeg. Os nad oes gan dîm y cwrs/ysgol ddarlithydd Cymraeg, bydd AaGIC yn ystyried cyfieithu'r aseiniad o'r Gymraeg i'r Saesneg.

Dyddiad y Cyfarfod	**28 Mai 2020**	**Eitem ar yr Agenda**	**4.5**
Teitl yr Adroddiad	**Newid i'r Terfynau Ariannol/Rheolau Sefydlog Dirprwyedig**		
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	Mae'r adroddiad hwn yn ceisio cymeradwyaeth y Bwrdd ar gyfer y diwygiad arfaethedig i'r Terfynau Ariannol Dirprwyedig sy'n rhan o Reolau Sefydlog AaGIC.		
Materion allweddol	Mae'n rhaid i'r Bwrdd gymeradwyo unrhyw ddiwygiad i Reolau Sefydlog AaGIC. Mae'r diwygiad arfaethedig yn ymateb i'r ffaith fod y Cyfarwyddwr Nyrsio ar fin ymddeol. Bydd y diwygiad yn dod i rym yn ystod y cyfnod pan fydd y swydd Cyfarwyddwr Nyrsio yn wag (Cyfnod Dros Dro). Yn ystod y Cyfnod Dros Dro bydd terfynau ariannol y rôl Pennaeth Addysg, Comisiynu ac Ansawdd yn cael eu cynyddu i'r un lefel â therfynau'r Cyfarwyddwr Nyrsio.		
Cam Penodol i'w Gymryd ***(un ✓yn unig)***	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
				✓
Argymhellion	Gofynnir i'r aelodau wneud y canlynol: • **Cymeradwyo'r** Terfynau Ariannol Dirprwyedig yn Atodiad 1 (sy'n rhan o Reolau Sefydlog AaGIC) ar gyfer y cyfnod lle mae disgwyl i'r swydd Cyfarwyddwr Nyrsio fod yn wag yn dilyn ymddeoliad y deiliad presennol.		

DIWYGIAD I'R TERFYNAU ARIANNOL DIRPRWYEDIG/RHEOLAU SEFYDLOG

1. Cyflwyniad

Pwrpas yr adroddiad hwn yw ceisio cymeradwyaeth y Bwrdd ar gyfer y diwygiad arfaethedig i'r Terfynau Ariannol Dirprwyedig.

2. Cefndir

Mae'r Terfynau Ariannol Dirprwyedig yn rhan o Reolau Sefydlog AaGIC. Mae'n rhaid i'r Bwrdd gymeradwyo diwygiad i Reolau Sefydlog AaGIC.

Bydd y diwygiad arfaethedig yn galluogi'r Gyfarwyddiaeth Nyrsio i barhau i gymeradwyo gwariant yn ystod cyfnod lle bydd y rôl Cyfarwyddwr Nyrsio yn wag.

3. Y cynnig

Bydd y diwygiad yn dod i rym yn ystod y cyfnod pan fydd y swydd Cyfarwyddwr Nyrsio yn wag ar ôl ymddeoliad y deiliad presennol (Cyfnod Dros Dro).

Yn ystod y Cyfnod Dros Dro bydd terfynau ariannol y rôl Pennaeth Addysg, Comisiynu ac Ansawdd yn cael eu cynyddu i'r un lefel â therfynau'r Cyfarwyddwr Nyrsio.

4. Materion Llywodraethu a Risg

Bydd y diwygiad arfaethedig yn galluogi'r Gyfarwyddiaeth Nyrsio i barhau i gymeradwyo gwariant yn ystod cyfnod lle bydd y rôl Cyfarwyddwr Nyrsio yn wag.

5. Goblygiadau Ariannol

Nid oes goblygiadau ariannol i'r Bwrdd eu hystyried.

6. Yr Argymhelliad

Gofynnir i'r aelodau wneud y canlynol:

- **Cymeradwyo'r** Terfynau Ariannol Dirprwyedig yn Atodiad 1 (sy'n rhan o Reolau Sefydlog AaGIC) ar gyfer y cyfnod lle mae disgwyl i'r swydd Cyfarwyddwr Nyrsio fod yn wag yn dilyn ymddeoliad y deiliad presennol.

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
Bydd y diwygiad arfaethedig yn galluogi'r Gyfarwyddiaeth Nyrsio i barhau i gymeradwyo gwariant yn ystod cyfnod lle bydd y rôl Cyfarwyddwr Nyrsio yn wag. Yn y pen draw, bydd hyn yn cael effaith gadarnhaol ar ansawdd, diogelwch a phrofiad cleifion a staff.
Goblygiadau Ariannol
Nid oes goblygiadau ariannol i'r Bwrdd fod yn ymwybodol ohonynt.
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)
Mae'n hanfodol fod AaGIC yn cydymffurfio â'i Reolau Sefydlog.
Goblygiadau Staffio
Nid oes goblygiadau staffio i'r Bwrdd fod yn ymwybodol ohonynt.
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)
Amh.

Hanes yr Adroddiad	Amh.
Atodiadau	**Atodiad 1** – Terfynau Ariannol Dirprwyedig Diwygiedig (gyda'r newidiadau wedi'u tracio)

Appendix 1 - Delegated Financial Limits

Post	Education and Training Contracts	Education and Training Invoices	Revenue (Other Than Education & Training Contracts)
Board	Above £5m		No Limit
Chief Executive	up to £5m	No Limit (subject to Appropriate Contract Approval)	£250,000
Deputy Chief Executive (when acting in that capacity)	up to £5m	No Limit (subject to Appropriate Contract Approval)	£250,000
Director of Finance & Corporate Services	up to £2m	£2m	£100,000
Director of Nursing & Medical Director and Head of Education, Commissioning and Quality * within delegated budget area		£500,000	£50,000
Executive Directors within delegated directorate budget area			£50,000
Deputy Director of Finance		£50,000	£50,000
Delegated Budget Managers (within delegated budget area)			£25,000
Delegated Budget Managers (within delegated budget area)			£10,000
Delegated Budget Managers (within delegated budget area)			£5,000

Delegated Budget Managers (within delegated budget area)			£1,000

** - The delegated financial limit for the Head of Education, Commissioning and Quality role will take effect for the period where the Director of Nursing role will be vacant following the retirement of the current incumbent in May 2020.*

Dyddiad y Cyfarfod	**28 Mai 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	Mae'r adroddiad hwn yn canolbwyntio ar faterion allweddol a godwyd yng nghyfarfod y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 1 Ebrill 2020. Gofynnir i'r Bwrdd nodi crynodeb y cadeirydd er sicrwydd.		
Cam Penodol i'w Gymryd *(un ✓ yn unig)*	**Gwybodaeth**	**Trafod**	**Sicrhau** ✓ / **Cymeradwyo**
Argymhellion	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 Mai, yn eitem 4.7 ar 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. CEFNDIR

Bydd y Bwrdd yn ymwybodol bod tri phwyllgor wedi cael ei sefydlu o dan reolau sefydlog AaGIC. Bydd pob un o'r pwyllgorau'n cyflwyno adroddiadau i'r Bwrdd yn ystod y flwyddyn, gan amlinellu trafodaethau, materion a risgiau allweddol a drafodwyd yn ystod y flwyddyn.

3. 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 1 Ebrill 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.
- **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 Mai, yn eitem 4.7 ar yr agenda)

Llywodraethu a Sicrwydd			
Cysylltu â nodau strategol y Cynllun Tymor Canolig Integredig *(rhowch ✓)*	**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 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	Crynodeb y Cadeirydd - Y Pwyllgor Archwilio a Sicrwydd (Atodiad 1).

Appendix 1

Meeting Date	**28 May 2020**	**Agenda Item**	**4.6.1a**
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	1 April 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 1 April 2020 in public. However, following due process, the meeting took place via Skype/Teleconference.

The Committee received an update in relation to the completion of the HEIW **Counter Fraud Work Plan** for 2019-2020. A brief overview of the thematic assessment of counter-fraud, bribery and corruption prevention measures was provided which had taken place with NHS Wales Shared Services Partnership and across the Health Bodies. A number of weaknesses had been highlighted in some control process associated with agency staff and procurement. A number of actions are in place to address the identified weaknesses.

The Committee considered and approved the **Counter Fraud Annual Plan** for 2020-2021. The Committee recognised that the fraud threat posed during emergency situations was higher than at other times and was reassured that the Counter Fraud service was raising awareness of the threat. .

Internal Audit presented a number of reports at the meeting:

- The Committee noted the progress and challenges with the completion of the **2019-2020 Audit Plan.** The following Internal Audit Reports were considered:
    - Risk Management Report – Reasonable Assurance
    - Strategic Planning: IMTP Report – Substantial Assurance
    - Performance Management Report – Reasonable Assurance
    - Core Financial Management Report – Reasonable Assurance
- The Committee received the **Internal Audit Plan 2020-2021** noting that as a result of restrictions due to the COVID 19 Pandemic all audit fieldwork had been suspended. Given this, a review of the delivery of the Audit Plan was anticipated to take place in Q2.

The **Wales Audit Office (WAO)** confirmed that the reduction to the proposed **2020 Audit Fee** had been agreed by the Audit General. However, in terms of the **2020 Audit Plan**, all on-site audit work had ceased although the performance audit work and the financial auditing of the accounts would continue as far as practicably possible.

The Committee received the revisions to the timetable for the submission of the accounts issued by Welsh Government. Draft accounts submission deadline – 22 May 2020 and final accounts submission deadline – 30 June 2020, although Welsh Government would continue to keep these dates under review. The WAO will continue to work with the HEIW Finance Team to ensure the continuation of the financial auditing of the accounts. The Committee discussed the new timetable and was content for the HEIW Finance Team to work to the original submission timetable.

The Committee received and noted the management response to the WAO **2019 Structured Assessment** and agreed that the deadlines dates be revisited in light of the current restrictions and amended as required.

The Committee considered and approved the draft response to the **WAO Audit Enquiries to those Charged with Governance and Management**, which was required as part of the annual audit of the statutory accounts.

The Committee noted the update in relation to the delay with the **Review of the Standing Financial Instructions** which was aligned to the All Wales review. It was expected that the revised Standing Financial Instructions will be issued for NHS Wales Organisations to adopt in July 2020.

The Committee reviewed the **Draft Annual Governance Statement for 2019-2020** and requested that amendments be made to present a more balanced picture in relation to the risks and issues faced by HEIW and areas where improvement was needed.

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 **Procurement Compliance** Report was received. The Committee noted that a review of the current procurement procedure to check against an organisation's Declaration of Interest Register was not as robust as it could be. Potential areas of weakness in the operation of the designed system/control within procurement as also highlighted in the Counter Fraud Thematic Assessment within NHS Wales Shared Services Partnership. HEIW would be working with the Procurement Team to strengthen the process going forward.

The Committee received the **Audit Recommendations Tracker** which had been revised to reflect the Best Practice highlighted within the Welsh Ambulance NHS Trust Audit Tracking Tool and were adopted by HEIW.

The Committee considered the 8 recommendations contained within the Tracker and agreed that actions assessed as 'Green' and fully completed could be removed.

The Committee received an update in relation to the **Welsh Government Grip and Control Expectations** and noted that HEIW would be reviewing its existing

control arrangements in order to provide the required assurance to Welsh Government.

Governance Update for COVID 19: The Committee was updated in relation to the key governance changes that had been undertaken by the Board at its March meeting following the advice and guidance received from the Welsh Government letter in response to the COVID 19 Pandemic.

COVID 19 – Decision Making & Financial Guidance: The Committee received assurance that the Finance Department had a number of measures in place to ensure that work matters were conducted to the appropriate standards.

Key risks and issues/matters of concern of which the Board needs to be made aware:

The Committee is concerned regarding the impact of COVID 19 on the delivery of the Internal and External Audit Plans for 2020-2021 and the ability of both auditing bodies to provide the required assurances to the Board. The Board should also be made aware of the increase risk of fraud during the current crisis period.

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 **XX**)

Main sources of information received

- Counter Fraud:
  - Progress Report
  - Counter Fraud Annual Plan
- Internal Audit:
  - Progress Report:
  - Risk Management Internal Audit Report
  - IMTP Planning Internal Audit Report
  - Performance Management Internal Audit Report
  - Core Financial Management Internal Audit Report
  - Internal Audit Plan 2020/21
- Wales Audit Office:
  - Progress Report including an update on 2020 Audit Plan and Fee
  - Structured Assessment Management Response
- Wales Audit Office Audit Enquiries to those Charged with Governance and Management
- Update on Review of Standing Financial Instructions
- Draft Annual Governance Statement 2019/20
- Draft Committee Annual Report 2019/20
- Procurement Compliance Report
- Audit Recommendations Tracker
- Welsh Government Grip and Control Expectations
- Governance Update for COVID 19
- COVID-19 – Decision Making & Financial Guidance

Highlights from sub-groups reporting into this committee

n/a

Matters referred to other Committees

None identified.

Dyddiad y Cyfarfod	**28 Mai 2020**	**Eitem ar yr Agenda**	**4.6.1b**
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	Mae'r adroddiad hwn yn canolbwyntio ar faterion allweddol a godwyd yng nghyfarfod y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 6 Mai 2020. Gofynnir i'r Bwrdd nodi crynodeb y cadeirydd er sicrwydd.		

Cam Penodol i'w Gymryd *(un ✓ yn unig)*	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
			✓	

Argymhellion	Gofynnir i Aelodau'r Bwrdd: • **Nodi** cynnwys yr adroddiad er sicrwydd.

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. CEFNDIR

Bydd y Bwrdd yn ymwybodol bod tri phwyllgor wedi cael ei sefydlu o dan reolau sefydlog AaGIC. Bydd pob un o'r pwyllgorau'n cyflwyno adroddiadau i'r Bwrdd yn ystod y flwyddyn, gan amlinellu trafodaethau, materion a risgiau allweddol a drafodwyd yn ystod y flwyddyn.

3. 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 6 Mai 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.

Llywodraethu a Sicrwydd			
Cysylltu â nodau strategol y Cynllun Tymor Canolig Integredig *(rhowch ✓)*	**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 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	Crynodeb y Cadeirydd - Y Pwyllgor Archwilio a Sicrwydd (Atodiad 1).

Appendix 1

Meeting Date	**28 May 2020**	**Agenda Item**	**4.6.1b**
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	6 May 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 6 May 2020 in public. However, following due process, the meeting took place via Skype/Teleconference.

The Committee received the **Information Governance: General Data Protection (GDPR) Internal Audit Report** that had received an overall assessment of 'reasonable' assurance. Whilst the Committee was pleased with the reasonable assurance rating, it was recognised that there was more work to be undertaken to address the areas of weakness identified in the report. In particular regarding improving compliance with the mandatory online and face-to-face Information Governance training and the completion of the Information Asset Register.

The Committee was pleased to note the assessment of 'reasonable' assurance for the **IT Review Internal Audit Report**, which had also included a follow-up of the IT Baseline Review undertaken during April 2019. Whilst there was evidence of good practice, concerns were raised in relation to the pausing on the development of the Digital Strategy awaiting the recruitment of the new post of Director of Digital. The Committee noted that recruitment into the roles would be progressed as soon as practicably possible.

The **Draft Head of Internal Audit Opinion and Annual Report for 2019-2020** was presented to the Committee. The overall draft assessment was that of reasonable assurance and this was based on the completion of 11 out of the 12 audits within the Plan. It was noted that as a result of the COVID 19 Pandemic the medical training commissioning review had not been completed but the work already undertaken was used to inform the overall opinion. The Committee was content with the draft Head of Internal Opinion subject to the final report being updated to reflect the amendments discussed by the Committee.

The Committee considered the **Procurement Compliance Annual Report for 2019-2020** noting that the numbers of 'not endorsed' items were reducing. This was mainly due to the roll out of a programme of procurement training to raise awareness of the correct process to be followed within HEIW. Despite this, two departments had been identified as repeating offenders and would be contacted by the Head of Procurement in order to enable a better understanding of the reasons for not following the prescribed processes.

The Committee approved the **Senior Information Risk Owner (SIRO) Annual Report 2019-2020** that provides an overview of the legislative and regulatory requirements relating to the handling, quality, availability and management of information, including compliance with the General Data Protection Regulations (GDPR) and the Freedom of Information Act (2000).

Draft Accounts 2019-2020: The Committee reviewed the Draft Accounts for the accounting period 1 April 2019 to 31 March 2020. It was noted that the draft accounts had been submitted to Welsh Government on 28 April 2020, which was in keeping with the original submission deadline. The Committee was content with the draft accounts and expressed their thanks to the Finance Team for their hard work in delivering the draft accounts despite working remotely.

Annual Report and Annual Accounts Timetable Revisions: The Committee was informed by WAO that the Welsh Government was to defer the laying of all Health Accounts until early July 2020. It was confirmed that whilst HEIW was scheduled to meet the initial annual accounts submission deadline of the end of May 2020, the remainder of NHS Wales were not due to submit their final accounts until the revised deadline submission date of 30 June 2020. The Committee noted that HEIW should not submit their accounts at the end of May 2020 in case other NHS organisations find accounting issues that could impact on HEIW's reported position and requirement amendment.

The Committee also noted that further guidance had been received from Welsh Government that required additional reporting of COVID 19 related matters in the Annual Governance Statement.

The Committee agreed that the Final Accounts Committee Meeting scheduled for 26 May 2020 would be used to review the final accounts and to consider the draft Annual Governance Statement, Statement of Directors Responsibilities and the Staff and Remuneration Report. A further meeting of the Committee would be held on 23 June 2020 to approve the Final Accounts, Annual Governance Statement, Statement of Directors Responsibilities, and Staff and Remuneration Report and recommend for submission to the Board on 25 June 2020.

Key risks and issues/matters of concern of which the Board needs to be made aware:

The Committee is concerned that without the Director of Digital and an agreed Digital Strategy, caution is required in relation to decision-making around new technologies that may not suit the longer term Information and Communications Technology (ICT) objectives.

Delegated action by the Committee

Due to the revisions to the Annual Report and Annual Accounts submission timetable, the Board will need to hold a meeting of the Board on 25 June 2020 to approve the Final accounts, Annual Governance Statement, Statement of Directors Responsibilities and Remuneration Report to meet the revised submission deadline of 30 June 2020.

Main sources of information received

- Information Governance: General Data Protection (GDPR) Internal Audit Report
- IT Review Internal Audit Report
- Draft Head of Internal Audit Opinion and Annual Report for 2019-2020

• Procurement Compliance Annual Report for 2019-2020 • Senior Information Risk Owner (SIRO) Annual Report 2019-2020 • Draft Accounts 2019-2020 • Annual Report and Annual Accounts Timetable Revisions
Highlights from sub-groups reporting into this committee
n/a
Matters referred to other Committees
None identified.

Dyddiad y Cyfarfod	**28 Mai 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	Mae'r adroddiad hwn yn canolbwyntio ar faterion allweddol a godwyd yng nghyfarfod y Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 9 Ebrill 2020. Gofynnir i'r Bwrdd nodi crynodeb y cadeirydd er sicrwydd.		
Cam Penodol i'w Gymryd	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
			✓	
Argymhellion	Gofynnir i Aelodau'r Bwrdd **nodi'r** adroddiad er Sicrwydd.		

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 9 Ebrill 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.

Llywodraethu a Sicrwydd			
Cysylltu â nodau strategol y Cynllun Tymor Canolig Integredig *(rhowch ✓)*	**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 gynnar er mwyn eu hatal rhag gwaethygu; gweithio'n agos gyda' Pwyllgor Archwilio a Sicrwydd ac integreiddio i drefniadau cyffredinol y Bwrdd.

Hanes yr Adroddiad	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	**28 May 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)	Stephen Griffiths and Professor Pushpinder Mangat		
Date of last meeting	9 April 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 Education, Commissioning & Quality Committee on 9 April 2020 in public. However, following due process, the meeting took place via Skype/Teleconference.

The Committee received an **update on COVID 19 and its Impact on Impending Tender of the Health Professional Education Contracts**. Due to the impact of the Pandemic, a revised timescale for the tender process was considered by the Committee. Recognising the significance of the procurement exercise, it was felt that universities should be given as much time as possible during this period to give due consideration to the tendering process without compromising the quality of the bids being submitted. The Committee considered the revised timescales and acknowledged that the decision had not been taken lightly and that appropriate consideration had been given in light of the current situation. The Committee was supportive of the revised timetable which currently retains the original September 2022 student start date.

The Committee received an update on the **impact of COVID 19 on Nursing and Midwifery Education Provision and the Role of Students in Helping During the Crisis.** The 'opt in' for students to assist the health and social care system in response to the current crisis was a voluntary scheme for those who met the specific criteria. 'Opt in' students would not have supernumerary status but remain students during their clinical placement. For those not able to, their university would provide support to consider other options available. Student choice was being collated and recorded onto a database to monitor placements. Students are able to raise any concerns in relation to appropriate supervision and support during their temporary clinical placement with their university.

The Committee noted that national guidance was being finalised and due to be issued for Allied Health Professionals and Health Care Science students for a similar 'opt in' scheme to that being offered for nursing and midwifery students.
The Committee was pleased to see how the students and universities had responded to the crisis, and also the changes that had been embraced to ensure the continuation and delivery of student training and education.

Impact of COVID 19 on Medical, Dental and Pharmacy Education Provision and the Role of Trainees in Helping During the Crisis: The Committee received an overview of the national changes agreed and affecting university students and postgraduate trainees in Medicine, Dentistry and Pharmacy, in response to the COVID 19 Pandemic and to allow them to support the NHS Workforce.

The Committee discussed the financial implications of deferring final exams and medical trainees taking up placement early. This matter had been raised with Welsh Government. The costs relating to the impact of COVID 19 were being tracked and captured.

The Committee noted that all private and NHS Dentistry was on hold due to the high risk involved in undertaking dental procedures at this time. It was highlighted that the guidance issued by the General Dental Council for the redeployment into the temporary NHS workforce for all dental registrants was being reviewed.

In terms of Pharmacy, the Committee noted that national guidance was awaited for the redeployment of pharmacy student and trainees.

Quality Report of Health Education Contracts: The Committee received the first All Wales quality report summary on the quality measures in place to ensure the delivery of health professional contracts in Wales. The Committee received assurance that, in general, there were no areas of concern, however there were areas that could be improved upon to enhance the student experience. It was recognised that the content and format of the report would be further developed over the next year.

The Committee received the **Quality Assurance Review of Post Graduate Medical Education (PGME)** and noted that many of the planned visits had been deferred in response to the COVID 19 Pandemic. Since the previous report, the only area of material change was the addition of Emergency Medicine in Morrison which was now in enhanced monitoring. However, an action plan was in place to address the areas of concern.

It was clarified, in response to concerns raised on the risk of deferring that not all quality assurance processes had been postponed. The Faculty Leads and Teams were continuing to monitor areas of concern and feedback received. Where changes to clinical teams and structures had changed in response to the current crisis, the mapping of redeployments and staff affected by COVID 19 was being undertaken in order to maintain a balance and supervisory overview.

The Committee received the **General Medical Council (GMC) Annual Quality Assurance Summary** and was pleased with the very positive outcome.

Key risks and issues/matters of concern of which the Board needs to be made aware:

Following the consideration of the **Impact of COVID 19 on Medical, Dental and Pharmacy Education Provision and the Role of Trainees in Helping During the Crisis**, the Committee wishes to highlight to the Board the potential financial implications of deferring final exams and medical trainees taking up placement early. Whilst the cost of these measures has not been fully quantified, it was estimated that for the 340 FY1 posts in Wales, the anticipated cost for 2.5 months was likely to be circa £2m. This matter has been raised with Welsh Government

During the Committee's consideration of the Action Log, it was noted that the launch of the **Major Trauma Network** has been deferred due to the COVID 19 Pandemic. As such the discussion in relation to the Training Needs has been deferred and will be rescheduled into the Board Forward Work Programme when possible.

The Committee wishes to draw the Board's attention to the suspension of all **Post Graduate Medical Education** quality visits by the Quality Team as a result of the COVID 19 Pandemic. Clarification has been received that some members of the Quality Team have been reallocated to support Scheduled Care however, the Quality Team are continuing to undertake basic core activities virtually which include the quality management processes. Those areas within Health Boards that are in enhanced monitoring and/or where targeted visits were planned, are being reminded that they are still being observed.

Delegated action by the Committee

N/A

Main sources of information received

- Update on COVID 19 and its Impact on Impending Tender of the Health Professional Education Contracts
- Impact of COVID 19 on Nursing and Midwifery Education Provision and the Role of Students in Helping During the Crisis
- Impact of COVID 19 on Medical, Dental and Pharmacy Education Provision and the Role of Trainees in Helping During the Crisis
- Quality Report of Health Education Contracts
- Quality Assurance Review of Post Graduate Medical Education (PGME)
- General Medical Council (GMC) Annual Quality Assurance Summary

Highlights from sub-groups reporting into this committee

N/A

Matters referred to other Committees

N/A

Dyddiad y Cyfarfod	**28 Mai 2020**	**Eitem ar yr Agenda**	**4.7**
Teitl yr Adroddiad	**Adroddiad Blynyddol 2019/2020 y Pwyllgor Archwilio a Sicrwydd**		
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 Archwilio a Sicrwydd yw rhoi sicrwydd i'r Bwrdd fod y system sicrwydd yn addas i'r diben ac yn gweithio'n effeithiol. Mae'r adroddiad yn crynhoi prif feysydd y gweithgarwch busnes mae'r Pwyllgor wedi ymgymryd â nhw yn ystod 2019/2020.		
Materion allweddol	Mae'r adroddiad hwn yn crynhoi prif feysydd y gweithgarwch busnes mae'r Pwyllgor wedi ymgymryd â nhw yn ystod 2019/2020 ac yn nodi rhai o'r prif faterion mae'r Pwyllgor yn bwriadu rhoi ystyriaeth bellach iddynt dros y 12 mis nesaf.		
Cam Penodol i'w Gymryd ***(un ✓yn unig)***	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
			✓	
Argymhellion	Gofynnir i'r Bwrdd wneud y canlynol: • **Nodi** Adroddiad Blynyddol 2019/2020 at ddibenion sicrwydd.		

Adroddiad Blynyddol 2019/2020 y Pwyllgor Archwilio a Sicrwydd

1. CYFLWYNIAD

Prif bwrpas Adroddiad Blynyddol y Pwyllgor Archwilio a Sicrwydd (y 'Pwyllgor') yw rhoi sicrwydd i'r Bwrdd fod y system sicrwydd a ddarperir gan y Pwyllgor yn addas i'r diben ac yn gweithio'n effeithiol. Mae'r adroddiad hefyd yn cadarnhau bod y Pwyllgor wedi cyflawni ei Gylch Gorchwyl yn effeithiol.

2. CEFNDIR

Mae'r adroddiad blynyddol hwn wedi'i ddatblygu yn dilyn adolygiad o'r cofnodion wedi'u cymeradwyo a phapurau'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 gweithgarwch busnes mae'r Pwyllgor wedi ymgymryd â nhw yn ystod 2019/2020 ac yn nodi rhai o'r prif faterion mae'r Pwyllgor yn bwriadu rhoi ystyriaeth bellach iddynt dros y 12 mis nesaf.

4. MATERION LLYWODRAETHU A RISG

Caiff unrhyw risgiau a materion o ran llywodraethu eu rheoli drwy gyfarfodydd y pwyllgor a bydd adroddiadau ar eithriadau'n cael eu darparu i'r Bwrdd gan y cadeiryddion perthnasol.

5. GOBLYGIADAU ARIANNOL

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

6. ARGYMHELLIAD

Gofynnir i'r Bwrdd wneud y canlynol:

- **Nodi** Adroddiad Blynyddol 2019/2020 at ddibenion sicrwydd.

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
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
Nid oes 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 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	Ystyriwyd gan y Tîm Gweithredol a'r Pwyllgor Archwilio a Sicrwydd
Atodiadau	Atodiad 1 – Adroddiad Blynyddol 2019/2020 y Pwyllgor Archwilio a Sicrwydd.

Audit and Assurance Committee
Annual Report 2019/2020

Committee Chair's Reflection

The engagement and attendance of all parties has been one aspect of the Audit and Assurance Committee that has improved this year. The agenda setting has improved considerably as have 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.

The continuing challenges as a new organisation 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 Audit and Assurance Committee, the Education, Commissioning and Quality Committee and the Board.

The Audit and Assurance Committee will receive regular performance reports from the Wales Audit Office and Internal Audit, indicating areas that could merit examination that is more detailed. 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 Integrated Medium Term Plan (IMTP).

In order to facilitate a better understanding of the Audit and Assurance Committee and its business across the organisation, I think that key links to the minutes of the Committee are important, and making the Annual Report widely available.

1 Introduction and Background

The purpose of the Audit and Assurance Committee is to **advise** and **assure** the Board and the Accountable Officer on whether effective arrangements are in place, regarding the design and operation of Health Education and Improvement Wales's (HEIW) system of governance and assurance. This supports the Board in its decision taking and in discharging its accountabilities for securing the achievement of HEIW's objectives in accordance with the standards of good governance determined for the NHS in Wales.

Membership of the Audit and Assurance Committee:

The membership of the Committee during 2019/20 was as follows:

Chair:	Gill Lewis, Independent Member
Members:	John Hill-Tout, Independent Member
	Dr Ruth Hall, Independent Member

Other officers of HEIW attend to support key matters.

The Committee also has regular attendance from representatives of:

- Wales Audit Office;
- Audit and Assurance, NHS Wales Shared Services Partnership (HEIW's Internal Auditors);
- NHS Counter Fraud

The Committee met on 5 occasions between April 2019 and March 2020.

The Committee wishes to thank all those who have contributed to the Committee discharging its business over the last year.

2 Key Issues and Achievements

2.1 Planning and Review

During 2019/20, the Audit and Assurance Committee has undertaken work to further promote key governance principles and the need for explicit assurance about risk, quality, control and governance within NHS organisations as part of their individual systems of governance and assurance.

The Audit and Assurance Committee has led further work on governance and assurance objectives to ensure good practice is maintained, further improved and embed HEIW's approaches. It has also responded to feedback from Internal Audit reports and the Wales Audit Office Structured Assessment Baseline Review and Structured Assessment for 2019.

In line with good practice, the Audit and Assurance Committee reviewed its own Terms of Reference and carried out a self-assessment and Committee Evaluation process. As a maturing Committee, it was identified there was a need to focus on the areas of significant organisational risk, control and sound governance.

2.2 Governance and Assurance Development

Policies, Procedures and Plans

The Committee considered the Risk Management Policy and Revisions to the HEIW's Standing Orders and Scheme of Delegation and recommended approval to the Board.

The Committee received and approved:

- Revised Financial Control Procedures for the following areas:
    - Non-Current Assets;
    - Month End Process;
    - General Ledger;
    - Banking.
- Annual Reports for:
    - Wales Audit Office;
    - Internal Audit;
    - Counter Fraud.

- Annual Work Plans for:
    - Internal Audit;
    - External Audit; and
    - Counter Fraud

Following the establishment of the Education, Commissioning and Quality Committee, a review was undertaken of HEIW's standing orders. The review entitled 'Future Ways of Working' 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 Committee Terms of Reference and Standing Orders were updated to reflect the findings of the paper in November 2019.

Risk Management

The Committee maintained a focus on further developing and embedding risk management processes and work currently in progress to align the Corporate Risk Register to the Integrated Medium Term Plan for 2020/2023. The Risk Management Policy was approved by the Board, and mandatory risk management training has been rolled out to Senior Managers. The Committee recommended that the Board consider its position in relation to Risk Appetite and how it treats risks, and informs wider decision making and provide guidance to staff. In response, HEIW's draft Risk Appetite was considered at the Board Development Session in December and the final version of the Risk Appetite was approved at the Board in January 2020.

The Committee considered the draft Board Assurance Framework that outlines HEIW's framework for supporting good governance and ensuring this is supported by robust systems and processes. The Board approved the Board Assurance Framework at its meeting in September 2019.

A risk management internal audit was undertaken between October and December 2019. The overall objective of the audit was to evaluate and determine the adequacy of the systems and controls in place in relation to the organisation's risk management arrangements. The review sought to provide assurance to the Audit and Assurance Committee that risks material to the system's objectives be managed appropriately. The review concluded that the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with established controls over risk management was reasonable assurance.

Monitoring Progress

The Committee has also monitored continuing improvement in the arrangements for:

- Reducing the backlog of **Job Evaluations** and the **Recruitment** into those posts.

- **Compliance with Mandatory Training and PADR** recorded on ESR for core staff. The Committee was assured that focussed work with the Medical Directorate would be undertaken in order to drive improvement in compliance.

- **Information Governance** reporting and the progress against the Work Plan.

- **Procurement Compliance Activity** and **Declarations of Interest Register**: An area of further concern by the Committee generated by this reporting was that further work would need to be undertaken to clarify the process when declarations of interest conflicts arise within the procurement process for cases reported as 'not endorsed'.

- **Audit Recommendation Tracker (the Tracker)**: The Committee approved the mechanism for reporting the progress arising from recommendations from internal and external audit reports. The Tracker contains the current agreed actions in response to the recommendations within Audit reports received from Internal Audit and the Wales Audit Office. The reporting provides the Committee with assurance that those recommendations contained within the Tracker are being progressed, monitored and completed.

3.3 Financial Management Control and Systems Monitoring

The Committee has continued to seek improvements in the financial systems and has approved revised Financial Control Procedures in respect of Non-Current Assets; Month End Process; General Ledger and Banking.

The Committee received the Contracts and Agreements Register and noted the further work to be undertaken to ensure all elements of contract management were being captured.

An update on the current position of the **Strategic Review of Healthcare Education in Wales** was received. The Committee noted that the current contracts were to be extended for 2020/21 and that HEIW was working closely with Legal and Procurement colleagues to finalise the process for the extension with the issuing of a modification notice. The new contracts were to be developed by May 2020 in preparation for the tendering exercise and contract award.

In January 2019, the Committee received a request from the Education, Commissioning and Quality Committee, to scrutinise the remuneration arrangements 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 considered the remuneration package to support the case to implement a tariff arrangement.

3.4 Annual Accounts

In May 2019, the Committee reviewed the draft and audited accounts for 2018-19 and considered reports on the Accounts received from the WAO. The Committee was able to recommend to the Board that the Accounts be adopted and signed by the Chairman and Chief Executive this was done in June 2019.

In January 2019, the Committee received the **Annual Accounts Plan and Draft Annual Report Timetable for 2019/20** and noted the changes to the submission deadline dates.

3.5 Wales Audit Office (WAO)

In July 2019 the Committee noted that the WAO was to revisit the preparedness of Wales for a 'no deal' Brexit over the summer, and the increased interest of the Public Accounts Committee (PAC) regarding Counter Fraud arrangements in the Welsh public sector following the Landscape Review undertaken by WAO on behalf of the PAC.

Structure Assessment Baseline Review and Structured Assessment 2019: The report findings highlighted that HEIW had established the necessary arrangements to support good governance. There was more that the organisation needed to do in relation to risk management arrangements: the mapping of key sources of assurance to strengthen the Board Assurance Framework (BAF), and the further development of internal controls to support the Performance Management Framework and Information Governance. The Committee welcomed the report, which was positive and recognised the strong leadership and the progress being made in relation to the strategic vision with the development of the first Integrated Medium Term Plan.

3.6 Internal Audit

During the year, the Committee considered the following Internal Audit matters:

The **Board and Committee Governance Arrangements Internal Audit Repor**t had been assessed as Substantial Assurance.

The Committee was pleased to receive a number of internal audit reports that had received an overall assessment of **reasonable assurance**. These included:

- Transitional Management
- Risk Management
- Performance Management
- Values and Behaviours Framework
- Health and Safety
- Freedom of Information

Limited Assurance Report: Workforce Review – Casual Workers: In order to raise compliance levels, a number of actions were being implemented to address the recommendations. Internal Audit undertook a follow up review during September and October 2019 to provide assurance regarding the implementation of the agreed management actions. The follow-up review was assessed with reasonable assurance.

Internal Audit IT Baseline Review: The Committee received the report, noting that this was a review of HEIW's ICT and Information Governance arrangements and was a work in progress. The Committee confirmed that Information Governance was part of its role and remit and was receiving regular Information Governance reports.

The Internal Audit Plan for 2019/2020 has been delivered substantially in accordance with the agreed schedule, as approved by the Committee, with regular audit progress reports submitted to the Committee by Internal Audit 2019/20. As a result of the COVID-19 pandemic and the response to it from HEIW, Internal Audit was not able to complete the audit programme in full. However, Internal Audit has confirmed that they have undertaken sufficient audit work during the year to be able to give an overall

opinion in line with the requirements of the Public Sector Internal Audit Standards. The original audit plan agreed with the Committee was to produce 12 outputs at the year-end. However, due to the impact of COVID-19 the final position at HEIW was 11 final reports and one area where fieldwork was ongoing, this related to the Internal Audit review of medical training commissioning. The Head of Internal Audit has considered the work completed in this area to date, and does not consider there to be any matters identified that would affect the annual opinion.

3.7 Counter Fraud

The Committee agreed the Counter Fraud Strategy and Work Plan.

The Committee received quarterly Counter Fraud Newsletters; the Counter Fraud Report on Sharing Lessons Learnt and the completed Annual Declaration against the Counter Fraud Self Review Tool 2018/19 that had been undertaken as part of the national quality assurance process. The level of assurance and performance rating was an overall score of amber. Further focussed work would be undertaken to raise awareness of fraud, bribery and corruption.

4 Key Risks

The Committee had identified a number of risk areas, which have been highlighted in this report; these will be the focus of attention during the coming year:

5 Key Areas of Focus for the Coming Year

During 2020-2021, the Committee will continue to focus on the following areas:

- Compliance with Mandatory Training and PADR;
- Risk Management;
- Board Assurance Framework;
- Performance Management Framework;
- Information Management and Information Governance, particularly cyber security and digital agenda;
- Asset and Contract Management.

Sponsored by: **Gill Lewis**
Chair of Audit and Assurance Committee

Date: April 2020

Dyddiad y Cyfarfod	**28 Mai 2020**	**Eitem ar yr Agenda**	**4.8**
Teitl yr Adroddiad	**Materion a Adroddwyd Mewn 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 materion allweddol a drafodwyd yng Nghyfarfodydd Caeedig y Bwrdd a gynhaliwyd ar 26 Mawrth 2020 a 30 Ebrill 2020.		
Materion allweddol	Yn unol â'r Rheolau Sefydlog, mae'n ofynnol i AaGIC adrodd unrhyw benderfyniadau a wnaed mewn sesiwn breifat i gyfarfod cyhoeddus nesaf y Bwrdd. Mae'r adroddiad yn nodi'r penderfyniadau a wnaed gan Gyfarfod Caeedig y Bwrdd ar 20 Mawrth 2020 a 30 Ebrill 2020.		
Cam Penodol i'w Gymryd ***(un ✓yn unig)***	**Gwybodaeth** ✓	**Trafod**	**Sicrhau**	**Cymeradwyo**
Argymhellion	Gofynnir i aelodau wneud y canlynol: • **Nodi**'r adroddiad er gwybodaeth.			

PENDERFYNIADAU A WNAED YN YSTOD CYFARFODYDD CAEEDIG Y BWRDD A GYNHALIWYD AR 26 MAWRTH 2020 A 30 EBRILL 2020

1. CYFLWYNIAD

Pwrpas yr adroddiad yw adrodd ar eitemau a gafodd eu hystyried yng nghyfarfodydd caeedig y Bwrdd a gynhaliwyd ar 26 Mawrth 2020 a 30 Ebrill 2020.

2. CEFNDIR

Bydd y Bwrdd yn cynnal cymaint ag y mae modd o'i fusnes ffurfiol yn gyhoeddus. Efallai y bydd amgylchiadau lle na fyddai trafod mater yn gyhoeddus yn dwyn budd i'r cyhoedd. Mewn achosion o'r fath bydd y Cadeirydd (wedi'i gynghori gan Ysgrifennydd y Bwrdd pan fydd hynny'n briodol) yn trefnu'r materion hyn yn briodol ac yn mynnu bod unrhyw arsylwyr yn gadael y cyfarfod. Drwy wneud hyn, bydd y Bwrdd yn penderfynu:

"bod cynrychiolwyr y wasg ac aelodau eraill o'r cyhoedd yn cael eu gwahardd o weddill y cyfarfod hwn gyda golwg ar natur gyfrinachol y busnes sydd i'w drafod, lle byddai cyhoeddusrwydd yn niweidiol i fudd y cyhoedd"

O dan yr amgylchiadau, pan nad yw'r Bwrdd yn cyfarfod mewn sesiwn gyhoeddus bydd yn gweithredu mewn sesiwn breifat, ac yn adrodd yn ffurfiol ar unrhyw benderfyniadau mae wedi'i wneud yng nghyfarfod cyhoeddus nesaf y Bwrdd.

3. MATERION LLYWODRAETHU A RISG

Trafodwyd yr eitemau canlynol **yng nghyfarfod mewnol Bwrdd AaGIC ar 26 Mawrth 2020:**

- **Adroddiad y Cadeirydd** – Derbyniodd a nododd y Bwrdd yr wybodaeth ddiweddaraf ar lafar gan y Cadeirydd.
- **Adroddiad y Prif Weithredwr –** Roedd y Bwrdd wedi derbyn diweddariad llafar gan y Prif Weithredwr a chytunwyd ar y cam canlynol:
    - Rhoi awdurdod dirprwyedig i'r Cadeirydd gymeradwyo unrhyw gam neu gamau angenrheidiol yn ymwneud ag ymddeoliad a dychweliad Stephen Griffiths i'w rôl fel Cyfarwyddwr Nyrsio.
- **Adroddiad ar Faterion Allweddol gan Gadeirydd y Pwyllgor Archwilio a Sicrwydd - Sesiwn Gaeedig –** Fe wnaeth y Bwrdd nodi a chadarnhau adroddiad ar faterion allweddol y Cadeirydd ar Sesiwn Gaeedig y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 27 Ionawr 2020 at ddibenion sicrwydd.
- **Adroddiad ar Faterion Allweddol gan Gadeirydd y Pwyllgor Tâl a Thelerau Gwasanaeth –** Fe wnaeth y Bwrdd gadarnhau dau Gam y Cadeirydd a chymeradwyo'r tri argymhelliad a wnaed o'r cyfarfod a gynhaliwyd ar 19 Chwefror 2020.

Trafodwyd yr eitem ganlynol **yng nghyfarfod mewnol Bwrdd AaGIC ar 30 Ebrill 2020:**

- **Adroddiad ar Faterion Allweddol gan Gadeirydd y Pwyllgor Tâl a Thelerau Gwasanaeth –** Fe wnaeth y Bwrdd gymeradwyo'r tri argymhelliad a wnaed o'r cyfarfod a gynhaliwyd ar 30 Ebrill 2020.

Rhoddodd y Bwrdd ystyriaeth i gynnal cyfarfodydd y Bwrdd ‘o bell’ drwy ddefnyddio cyfleusterau Skype/Telegynadledda. Er bod nifer isel o anawsterau technegol yn ystod pob un o’r cyfarfodydd a gafodd eu datrys gyda chydweithwyr yr adran TG, roedd cworwm yn bresennol drwy gydol pob un o’r cyfarfodydd.

4. GOBLYGIADAU ARIANNOL

Nid oes goblygiadau 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.

<table>
<tr><th colspan="4">Llywodraethu a Sicrwydd</th></tr>
<tr><td rowspan="4">Cysylltu â nodau strategol y Cynllun Tymor Canolig Integredig
(rhowch ✓)</td><td>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’</td><td>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</td><td>Nod Strategol 3:
Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel</td></tr>
<tr><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Nod Strategol 4:
Datblygu’r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd</td><td>Nod Strategol 5:
Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo</td><td>Nod Strategol 6:
Cael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol</td></tr>
<tr><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td colspan="4">Ansawdd, Diogelwch a Phrofiad Cleifion</td></tr>
<tr><td colspan="4">Mae sicrhau bod y Bwrdd a'i Bwyllgor yn gwneud penderfyniadau ar sail gwybodaeth fanwl yn dibynnu ar ansawdd a chywirdeb yr wybodaeth a gyflwynir ac a ystyrir gan y rhai sy’n gwneud y penderfyniadau hynny. Mae penderfyniadau ar sail gwybodaeth yn fwy tebygol o gael effaith gadarnhaol ar ansawdd, diogelwch a phrofiad cleifion a staff.</td></tr>
<tr><td colspan="4">Goblygiadau Ariannol</td></tr>
<tr><td colspan="4">Nid oes unrhyw oblygiadau o ran 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.</td></tr>
<tr><td colspan="4">Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)</td></tr>
<tr><td colspan="4">Does dim goblygiadau cyfreithiol yn yr adroddiad hwn. Fodd bynnag, bydd effaith benodol, lle y bo’n berthnasol, wedi’i hystyried yn yr adroddiadau unigol y cyfeirir atynt yn y diweddariad hwn</td></tr>
<tr><td colspan="4">Goblygiadau Staffio</td></tr>
<tr><td colspan="4">Does dim goblygiadau uniongyrchol ar y gweithlu yn yr adroddiad hwn. Fodd bynnag, bydd effaith benodol, lle y bo’n berthnasol, wedi’i hystyried yn yr adroddiadau unigol y cyfeirir atynt yn y diweddariad hwn</td></tr>
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<tr><td colspan="4">Nid oes unrhyw oblygiadau uniongyrchol ar y Ddeddf. Fodd bynnag, bydd effaith benodol, lle y bo’n berthnasol, wedi’i hystyried yn yr adroddiadau unigol y cyfeirir atynt yn y diweddariad hwn</td></tr>
</table>

Hanes yr Adroddiad	Mae'r adroddiad hwn yn cael ei ddarparu ym mhob cyfarfod o'r Bwrdd.
Atodiadau	Dim.