

Bundle Bwrdd AaGIC (Agored) 26 November 2020

AGENDA

cy-DRAFT Agenda (Open) Board November 2020 V8 cym.docx

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 - 1.4 Derbyn a chadarnhau cofnodion y Cyfarfod Blynnyddol Cyffredinol a gynhaliwyd ar 24 Medi 2020
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- 6.1 Unrhyw faterion brys eraill
- 6.2 Crynodeb o'r prif gamau gweithredu
- 6.3 Dyddiadau'r cyfarfodydd nesaf:
 - 6.3.1 • Sesiwn Datblygu Bwrdd AaGIC i'w chynnal ar 17 Rhagfyr 2020, i'w chadarnhau, naill ai drwy Microsoft Teams/Telegynhadledd neu yn Nh Dysgu, Nantgarw
 - 6.3.2 • Cyfarfod Bwrdd AaGIC i'w gynnal ar 28 Ionawr 2021, i'w gadarnhau, naill ai drwy Zoom/Telegynhadledd neu yn Nh Dysgu, Nantgarw
- 7 RHAN 7 - DIGWYDDIAD ARDDANGOS I'R CYHOEDD
- 7.1 Cefnogi iechyd a lles y gweithlu gofal iechyd yng Nghymru
- 7.2 Sylwadau i Gloi

ADDYSG A GWELLA IECHYD CYMRU (AaGIC)

Cyfarfod y Bwrdd – 11:00 i 13:00

**i'w gynnal ddydd Iau, 26 Tachwedd 2020
Drwy Zoom/Telegynadledda**

AGENDA

RHAN 1	MATERION RHAGARWEINIOL	11:00-11:10
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 Cyfarfod Blynnyddol Cyffredinol a gynhaliwyd ar 24 Medi 2020	Cadeirydd/Atodiad
1.5	Derbyn a chadarnhau cofnodion Cyfarfod y Bwrdd a gynhaliwyd ar 24 Medi 2020	Cadeirydd/Atodiad
1.6	Cofnod Camau Gweithredu	Cadeirydd/Atodiad
1.7	Materion yn Codi: <ul style="list-style-type: none"> Adolygu'r Gofyniad i Ymestyn y Cyfnod ar gyfer Cynnal Cyfarfodydd drwy Gynhadledd Electronig hyd Ddiwedd y Flwyddyn Ariannol 	Cadeirydd/Ar lafar
RHAN 2	ADRODDIADAU'R CADEIRYDD A'R PRIF WEITHREDWR	11:10-11:30
2.1	Adroddiad y Cadeirydd	Cadeirydd/Atodiad
2.2	Adroddiad y Prif Weithredwr	Prif Weithredwr/Atodiad
RHAN 3	EITEMAU STRATEGOL	11:30-12:15
3.1	Dysgu Seiliedig ar Waith a Phrentisiaethau	Cyfarwyddwr Nyrsio Dros Dro/ Rheolwr Datblygu Addysg/ Atodiad
3.2	Y Wybodaeth Ddiweddaraf am Ddatblygiad Cynllun Blynnyddol 2021/22	Cyfarwyddwr y Gwasanaethau Corfforaethol, Cynllunio a Pherfformiad/Atodiad
RHAN 4	LLYWODRAETHU, PERFFORMIAD A SICRWYDD	12:15-12:55
4.1	Adroddiad y Cyfarwyddwr Cyllid	Cyfarwyddwr Cyllid/Atodiad
4.2	Adroddiad Perfformiad	Cyfarwyddwr y Gwasanaethau Corfforaethol, Cynllunio a Pherfformiad/ Atodiad

4.3	Fframwaith Sicrwydd y Bwrdd	Ysgrifennydd y Bwrdd/Atodiad
4.4	Diweddariad ar y Polisi Iaith Gymraeg	Ysgrifennydd y Bwrdd/Atodiad
4.5	Cael adroddiad ar faterion allweddol gan: <ul style="list-style-type: none"> Y Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 8 Hydref 2020 Y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 20 Hydref 2020 	Cadeirydd y Pwyllgor/Atodiad Cadeirydd y Pwyllgor/Atodiad
4.6	Penderfyniadau Mewnol	Ysgrifennydd y Bwrdd/todiad
RHAN 5	ER GWYBODAETH/I'W NODI	
5.1	Cael Cynllun Gweithredol Ch3 a Ch4 er Gwybodaeth	Cyfarwyddwr y Gwasanaethau Corfforaethol, Cynllunio a Pherfformiad/Atodiad
RHAN 6	MATERION ERAILL	12:55-13:00
6.1	Unrhyw faterion brys eraill	Cadeirydd/Ar lafar
6.2	Crynodeb o'r prif gamau gweithredu	Cadeirydd/Ar lafar
6.3	Dyddiadau'r Cyfarfodydd Nesaf: <ul style="list-style-type: none"> Sesiwn Datblygu Bwrdd AaGIC i'w chynnal ar 17 Rhagfyr 2020, i'w chadarnhau, naill ai drwy Microsoft Teams/Telegynhadledd neu yn Nhŷ Dysgu, Nantgarw Cyfarfod Bwrdd AaGIC i'w gynnal ar 28 Ionawr 2021, i'w gadarnhau, naill ai drwy Zoom/Telegynhadledd neu yn Nhŷ Dysgu, Nantgarw 	
EGWYL		
RHAN 7	DIGWYDDIAD ARDDANGOS I'R CYHOEDD	13:15-13:40
7.1	Cefnogi iechyd a lles y gweithlu gofal iechyd yng Nghymru	Phil Bushby Arweinydd y Rhaglen Strategol/ Claire Smith Rheolwr Rhaglen y Gweithlu/Cyflwyniad
7.2	Sylwadau i Gloi	13:40-13:45

HEB EU CADARNHAU

Cofnodion Cyfarfod Cyffredinol Blynnyddol AaGIC a gynhaliwyd ar 24 Medi 2020 Drwy Zoom/Fideo gynadleda

Yn bresennol:

Dr Chris Jones	Cadeirydd
Julie Rogers	Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol
John Hill-Tout	Is-gadeirydd
Tina Donnelly	Aelod Annibynnol
Dr Ruth Hall	Aelod Annibynnol
Gill Lewis	Aelod Annibynnol
Yr Athro Ceri Phillips	Aelod Annibynnol
Alex Howells	Prif Weithredwr
Yr Athro Pushpinder Mangat	Y Gyfarwyddiaeth Feddygol
Eifion Williams	Cyfarwyddwr Cyllid
Angela Parry	Cyfarwyddwr Nyrsio

Hefyd yn bresennol:

Dafydd Bebb	Ysgrifennydd y Bwrdd
Nicola Johnson	Cyfarwyddwr y Gwasanaethau Corfforaethol, Cynllunio a Pherfformiad
Huw Owen	Rheolwr Gwasanaethau'r Gymraeg
Angharad Price	Pennaeth Cyfathrebu

RHAN 1	MATERION RHAGARWEINIOL	Cam Gweithredu
AGM 2409/1.1	Croeso	
	Croesawodd y Cadeirydd bawb i Gyfarfod Cyffredinol Blynnyddol AaGIC.	
AGM 2409/1.2	Sylwadau Rhagarweiniol	
	Agorodd y Cadeirydd y Cyfarfod Cyffredinol Blynnyddol (AGM) a nodi mai dyma'r AGM cyntaf i'w gynnal ar-lein gan ddefnyddio technoleg fideo-gynadleda. Croesawodd y dull gweithredu newydd hwn oherwydd byddai'n galluogi rhagor o bobl i weld y digwyddiad. Cadarnhawyd bod 15 munud wedi'i neilltuo ar ddiwedd y cyfarfod ar gyfer sesiwn holi ac ateb gyda'r cyhoedd. Tynnwyd sylw at y ffaith y byddai Digwyddiad Arddangos i'r Cyhoedd ar waith AaGIC yn dilyn yr AGM hefyd.	

	<p>Cadarnhaodd y Cadeirydd fod yr AGM wedi'i alw i dderbyn a chymeradwyo'r Adroddiad Blynyddol, a fyddai'n gosod yr olygfa o ran y gwaith sylweddol a wnaed gan AaGIC yn 2019-20. Diolchodd i staff AaGIC ac i'r Tîm Gweithredol am eu rôl yn cefnogi'r GIG yn ystod pandemig COVID-19.</p> <p>Croesawodd y Cadeirydd y ffaith fod sesiwn gaeedig y Bwrdd yn gynharach wedi cymeradwyo Manyleb y Contract Addysg sy'n ymwneud â Cham 1 yr Adolygiad Strategol o Addysg Gweithwyr Iechyd Proffesiynol. Ar ôl eu dyfarnu, byddai'r contractau hyn ynghyd a Strategaeth y Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol yn cael effaith sylweddol ar gefnogi anghenion gweithlu GIG Cymru yn y dyfodol.</p>	
RHAN 2	ADRODDIAD BLYNYDDOL	
AGM 2409/2.1	<p>Trosolwg y Prif Weithredwr</p> <p>Cafodd yr AGM gyflwyniad gan y Prif Weithredwr ar waith AaGIC yn ystod 2019/20.</p> <p>Wrth gyflwyno ei throsolwg, croesawodd Alex Howells y ffaith fod cynifer yn bresennol yn y cyfarfod, gan ddangos mantais glir gweithio o bell.</p> <p>Pwysleisiodd mai gweledigaeth sylfaenol AaGIC oedd trawsnewid gweithlu'r GIG yn unol â Chymru Iachach, a gwneud AaGIC yn lle gwyb i weithio ynddo. Tynnodd sylw at y ffaith fod y gwaith a wnaed gan y sefydliad yn ei flwyddyn lawn gyntaf, 2019-20, wedi cyflawni ei amcanion a rhagori ar ei disgwyliadau. Roedd hyn yn golygu bod AaGIC mewn sefyllfa gref ym mis Mawrth i gefnogi ymateb y GIG i'r pandemig.</p> <p>Tynnwyd sylw at Sioeau Teithiol AaGIC fel llwyddiant allweddol a oedd wedi galluogi'r sefydliad i ymgysylltu'n uniongyrchol â rhanddeiliaid ac i ddylanwadu ar gynlluniau'r sefydliad ar gyfer y gweithlu.</p> <p>Dywedodd Alex Howells ei bod wedi yn ffrainc cael cais i gefnogi Llywodraeth Cymru yn uniongyrchol yn ystod ton gyntaf y pandemig. Dywedodd na fyddai hynny wedi bod yn bosibl heb gymorth y Tîm Gweithredol ac, yn benodol, heb y cyfrifoldebau a gyflawnwyd gan Julie Rogers, y Dirprwy Brif Weithredwr, yn ystod y cyfnod hwn.</p> <p>Dywedodd Alex Howells ei bod yn llawn edmygedd o'r ffordd yr oedd AaGIC wedi gallu ailddechrau ei brosiectau strategol yn Ch2. Pwysleisiwyd bod AaGIC wedi gwneud cyfraniad sylweddol i'r ymateb i COVID-19 drwy gydol y cyfnod hwn, yn benodol drwy'r gwaith a wnaed yn addasu'r hyfforddiant a'r addysg.</p>	

Penderfynwyd	Nododd yr AGM drosolwg y Prif Weithredwr.	
AGM 2409/2.2	Trosolwg y Tîm Gweithredol o 19/20	
	<p>Cafodd yr AGM gyflwyniadau gan y Tîm Gweithredol ar feysydd cynnydd allweddol yn ystod 19/20.</p> <p>Cafodd yr AGM drosolwg ar ddatblygiad Strategaeth y Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol gan Julie Rogers. Pwysleisiwyd y bydd y Strategaeth, yn amodol ar gymeradwyaeth derfynol gan Lywodraeth Cymru, yn darparu'r fframwaith a'r weledigaeth yn y maes hwn ar gyfer y 10 mlynedd nesaf.</p> <p>Cafodd yr AGM drosolwg o amrediad swyddogaeth addysg a hyfforddiant AaGIC gan Pushpinder Mangat ac Angela Parry. Roedd y cyflwyniadau'n cynnwys ystyriaeth o'r llwybr gyrfa addysg ar gyfer dysgu seiliedig ar waith ym maes iechyd a gofal cymdeithasol, yr Adolygiad Strategol o Addysg Gweithwyr Iechyd Proffesiynol, a phwyslais ar bwysigrwydd datblygu addysg a hyfforddiant amlbroffesiwn.</p>	
AGM 2409/2.2	Trosolwg y Cyfarwyddwr Cyllid	
	<p>Cafodd yr AGM gyflwyniad ar berfformiad ariannol 2019/20.</p> <p>Wrth gyflwyno perfformiad ariannol 2019/20, nododd Eifion Williams mai'r sefyllfa ariannol ar ddiwedd y flwyddyn oedd tanwariant o £84k yn erbyn dyraniad refeniw o £213.1 miliwn. Roedd tanwariant o £0k yn erbyn dyraniad cyfalaf o £95k. Cadarnhawyd bod gofyniad statudol blynyddol ar AaGIC i sicrhau sefyllfa o gydbwysedd ariannol ar ddiwedd y flwyddyn yn erbyn y Terfynau Adnoddau a osodir ar gyfer y flwyddyn, a bod hyn wedi'i gyflawni. Cadarnhawyd hefyd bod AaGIC wedi cyrraedd ei dargedau ariannol mewn perthynas â Pholisi Taliadau'r Sector Cyhoeddus.</p>	
Penderfynwyd	Nododd yr AGM drosolwg y Cyfarwyddwr Cyllid.	
AGM 2409/2.3	Derbyn a chymeradwyo Adroddiad Blynyddol 2019/20	
	Derbyniodd yr AGM Adroddiad Blynyddol 2019/20	
Penderfynwyd	Derbyniodd yr AGM Adroddiad Blynyddol 2019/20 a'i gymeradwyo.	
AGM 2409/2.4	Rhagolwg y Tîm Gweithredol ar gyfer y flwyddyn hon, 2020-21	
	Cafodd yr AGM gyflwyniad gan Alex Howells ar gynlluniau AaGIC ar gyfer y misoedd nesaf.	

	<p>Yn ei chyflwyniad, tynnodd y Prif Weithredwr sylw at y ffaith y bydd AaGIC, yn ystod y cyfnod hwn, yn ceisio taro cydbwysedd rhwng cefnogi'r ymateb i COVID-19 a Chynllun Diogelu'r Gaeaf, a'r angen i ddatblygu ymrwymïadau allweddol yn Strategaeth y Gweithlu ynghyd â'n Cynllun Tymor Canolig Integredig.</p> <p>Cafodd AaGIC gyflwyniad gan Dafydd Bebb ar gynlluniau AaGIC ar gyfer y Gymraeg yn ystod 2019/20. Yn ei gyflwyniad, nododd fod cynllun y Gymraeg wedi cael cymeradwyaeth derfynol, a'r ymrwymïadau i gryfhau addysg Gymraeg drwy Gam 1 yr Adolygiad Strategol o Addysg.</p>	
	Nododd yr AGM gyflwyniadau'r Tîm Gweithredol ar y rhagolwg ar gyfer 2020/21.	
RHAN 3	SESIWN HOLI AC ATEB	
AGM 2409/3.1	Y Bwrdd i ystyried cwestiynau ysgrifenedig gan wylwyr yr AGM	
	Ni chafwyd unrhyw gwestiynau gan y gwylwyr.	
RHAN 4	CYFARFOD YN DOD I BEN	
Penderfynwyd	Gan nad oedd unrhyw gwestiynau pellach, daeth y Cadeirydd â'r Cyfarfod Cyffredinol Blyneddol i ben.	

.....
Chris Jones (Cadeirydd)

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Dyddiad:

**Cofnodion Drafft Heb eu Cadarnhau Cyfarfod Bwrdd AaGIC
a gynhaliwyd ar 24 Medi 2020
drwy Zoom/Telegynadledda**

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
Yr Athro Pushpinder Mangat	Cyfarwyddwr Meddygol
Angela Parry	Cyfarwyddwr Nyrsio Dros Dro
Julie Rogers	Cyfarwyddwr y Gweithle a Datblygu Sefydliadol
Eifion Williams	Cyfarwyddwr Cyllid

Hefyd yn bresennol:

Dafydd Bebb	Ysgrifennydd y Bwrdd
Nicola Johnson	Cyfarwyddwr y Gwasanaethau Corfforaethol, Cynllunio a Pherfformiad
Angharad Price	Pennaeth Cyfathrebu
Rob Heritage	Rheolwr TG
Huw Owen	Rheolwr Gwasanaethau'r Gymraeg

RHAN 1	MATER RHAGARWEINIOL	Cam Gweithredu
2409/1.1	Croeso a Chyflwyniadau	
	Croesawodd y Cadeirydd bawb i'r cyfarfod. Cadarnhawyd bod cworwm yn bresennol. Croesawodd y Cadeirydd Nicola Johnson, Cyfarwyddwr y Gwasanaethau Corfforaethol, Cynllunio a Pherfformiad, i'w chyfarfod Bwrdd cyntaf.	
2409/1.2	Ymddiheuriadau am absenoldeb	
	Cafwyd ymddiheuriad gan Dr Heidi Phillips.	
2409/1.3	Datgan buddiannau	
	Cafwyd y datganiadau canlynol o fuddiannau mewn cysylltiad â Phrifysgolion Cymru – Ceri Phillips, Heidi Phillips, Eifion Williams, Ruth Hall, Pushpinder Mangat, Tina Donnelly ac Angela Parry.	
2409/1.4	Derbyn a chadarnhau cofnodion y Bwrdd a gynhaliwyd ar 30 Gorffennaf 2020	
Penderfynwyd	Cafodd y cofnodion eu derbyn a'u cymeradwyo fel cofnod cywir o'r cyfarfod	

2409/1.5	Cofnod Camau Gweithredu	
Penderfynwyd	Cafodd y cofnod camau gweithredu ei dderbyn a'i nodi gan y Bwrdd	
2409/1.6	Materion yn codi	
	Ystyriodd y Bwrdd ymestyn y cyfnod ar gyfer cynnal cyfarfodydd y Bwrdd a'i Bwyllgorau ar-lein.	
Penderfynwyd	Cytunwyd y byddai'r cyfnod ar gyfer cynnal cyfarfodydd y Bwrdd a'i Bwyllgorau ar-lein yn cael ei ymestyn am ddau fis arall, hyd ddiwedd mis Tachwedd.	DB
RHAN 2	ADRODDIADAU'R CADEIRYDD A'R PRIF WEITHREDWR	
2409/2.1	Adroddiad y Cadeirydd	
	<p>Derbyniodd y Bwrdd yr adroddiad ysgrifenedig.</p> <p>Dywedodd y Cadeirydd fod y Cyfarfod Cyffredinol Blynnyddol ar ôl Cyfarfod y Bwrdd heddiw yn gyfle i AaGIC fyfrio ar y flwyddyn ddiwethaf drwy'r Adroddiad Blynnyddol, ac i edrych ymlaen at y flwyddyn nesaf.</p> <p>Nododd y Cadeirydd fod Byrddau Iechyd a darparwyr addysg yn wynebu cyfnod anodd a heriol o ganlyniad i COVID-19. Oherwydd hynny, dywedodd ei bod yn bwysig cefnogi'r GIG a'n rhanddeiliaid allweddol yn y sectorau addysg, gofal cymdeithasol, a chartrefi nyrsio.</p> <p>Croesawodd y Cadeirydd y digwyddiad arddangos a fyddai'n dilyn y Cyfarfod Cyffredinol Blynnyddol, yn ogystal â'r cyfle i dynnu sylw at y gwaith pwysig mae AaGIC yn ei wneud.</p> <p>Gofynnodd y Cadeirydd i'r Bwrdd gadarnhau cam gweithredu'r Cadeirydd er mwyn galluogi'r Prif Weithredwr i gymeradwyo anfoneb gwerth £2.2 miliwn gan y Cydwasanaethau mewn cysylltiad â'r trefniadau Un Prif Gyflogwr ar gyfer hyfforddeion meddyg teulu.</p>	
Penderfynwyd	<p>Fe wnaeth y Bwrdd:</p> <ul style="list-style-type: none"> - nodi adroddiad y Cadeirydd; - cadarnhau cam gweithredu'r Cadeirydd a amlinellwyd ym mharagraff 3 adroddiad y Cadeirydd. 	
2409/2.2	Adroddiad y Prif Weithredwr	
	<p>Derbyniodd y Bwrdd adroddiad ysgrifenedig y Prif Weithredwr.</p> <p>Wrth gyflwyno'r adroddiad, tynnodd Alex Howells sylw at y ffaith fod yr her mewn cysylltiad â COVID-19 yn datblygu'n gyflym. Cadarnhawyd bod AaGIC yn barod i ymestyn ei drefniadau cynllunio at argyfwng yn unol â chyfarwyddyd Llywodraeth Cymru. Roedd AaGIC yn</p>	

	<p>paratoi ei gynllun ar gyfer Ch3 a Ch4 ar ôl cael canllawiau'r wythnos honno gan Lywodraeth Cymru.</p> <p>Tynnwyd sylw at y pedwar maes ffocws canlynol dros y cyfnod nesaf ar gyfer AaGIC:</p> <ul style="list-style-type: none"> - Lles staff o ystyried bod rhai wedi dychwelyd i weithio gartref yn sgil y cyfyngiadau lleol yn Rhondda Cynon Taf. Pwysleisiwyd y byddai'r penderfyniad yn cael ei adolygu'n rheolaidd. - Parhad busnes o ran addysg a hyfforddiant i sicrhau ymateb cadarn i her y pandemig, a gwneud yn siŵr bod staff a myfyrwyr yn dal i gael y profiad a'r hyfforddiant cywir. - Lle bo'n bosibl, ceisio cefnogi gweithlu'r GIG gyda COVID a phwysau'r gaeaf. Cadarnhawyd bod AaGIC mewn deialog â sefydliadau eraill y GIG i ofyn iddynt ble bydd AaGIC yn gallu rhoi cymorth. - Ceisio cynnal y cynnydd ar amcanion Cynllun Tymor Canolig Integredig AaGIC. <p>Adroddwyd bod sesiwn gaeedig y Bwrdd, a gynhaliwyd yn syth cyn y cyfarfod hwn, wedi gwneud y penderfyniadau canlynol ynghylch yr Adolygiad Strategol o Gontractau Addysg Gweithwyr Iechyd Proffesiynol, ar ôl rhoi ystyriaeth briodol:</p> <ul style="list-style-type: none"> • Cymeradwyo'r Gwahoddiad i Dendro a Manyleb y Contractau; • Cymeradwyo'r Adroddiad Caffael i'w gyflwyno i'r Cyfarwyddwr Gwasanaethau Caffael yn NWSSP a Llywodraeth Cymru; • Cytuno i gynnal gwerthusiad o'r gwerth a ddarparwyd gan Gontractau Cam 1 yr Adolygiad Strategol. <p>Croesawodd Ruth Hall y penderfyniad a datgan ei fod yn garreg filltir allweddol mewn proses barhaus. Pwysleisiwyd bod cymeradwyo contractau yn ddigwyddiad arwyddocaol a fyddai'n creu cyfleoedd cyfartal i unigolion ac i ardaloedd yng Nghymru.</p> <p>Diolchodd y Bwrdd i bawb am yr ymdrech enfawr a oedd wedi'i rhoi i'r prosiect arwyddocaol hwn.</p>	
Penderfynwyd	Nododd y Bwrdd adroddiad y Prif Weithredwr	
RHAN 3	MATERION STRATEGOL	
2409 3.1	Cymeradwyo Manyleb y Contract Addysg	
	Gweler adroddiad y Prif Weithredwr o dan eitem 2.2 ar yr agenda uchod – cadarnhau'r penderfyniad a wnaed yn ystod sesiwn gaeedig y Bwrdd.	

2409/3.2	Cynllun Cydraddoldeb Strategol Derbyniodd y Bwrdd yr adroddiad. Wrth gyflwyno'r adroddiad, tynnodd Julie Rogers sylw at y ffaith fod cymeradwyaeth y Bwrdd yn cael ei cheisio ar gyfer y Cynllun Cydraddoldeb Strategol. Cadarnhawyd bod y Cynllun wedi bod yn destun proses ymgynghori ac wedi'i drafod yn ystod Sesiwn Datblygu'r Bwrdd ym mis Awst. Pwysleisiwyd pwysigrwydd gweithredu ei amcanion cydraddoldeb. Dywedodd Alex Howells ei bod yn bwysig i AaGIC nid yn unig ymgorffori'r amcanion cydraddoldeb yn fewnol, ond hefyd eu cynnwys yn swyddogaethau cyflawni'r sefydliad. Roedd hyn yn gyfle i ddylanwadu ar ein rhanddeiliaid hefyd. Ystyriodd y Bwrdd y Cynllun. Nodwyd bod rhoi'r Cynllun ar waith am y tro cyntaf yn broses ddysgu i bawb ac yn gyfle i AaGIC gael dylanwad mewnol ac allanol cadarnhaol yn y maes hwn.	
Penderfynwyd	Cymeradwyodd y Bwrdd ddrafft terfynol y Cynllun Cydraddoldeb Strategol a chytuno â'r bwriad o'i gyhoeddi ar 1 Hydref, yn unol â'r dyletswyddau statudol.	JR
2409/4	LLYWODRAETHU, PERFFORMIAD A SICRWYDD	
2409/4.1	Adroddiad y Cyfarwyddwr Cyllid Derbyniodd y Bwrdd yr adroddiad. Wrth gyflwyno'r adroddiad, dywedodd Eifion Williams mai £1,493k oedd sefyllfa ariannol AaGIC a adroddwyd ym mis 5. Roedd y sefydliad yn adrodd i Lywodraeth Cymru ei fod yn rhagweld cyllideb fantoledig ar ddiwedd y flwyddyn. Nodwyd bod yr Adroddiad Perfformiad yn dangos bod AaGIC yn perfformio'n dda yn erbyn ei amcanion, er bod y sefydliad yn adrodd tanwariant. Dywedyd wrth y Bwrdd bod COVID-19 yn dal i gael effaith ar gyllidebau cyflogau a chyllidebau heb gynnwys cyflogau. Cadarnhawyd bod y tanwariant yn y cyllidebau cyflog yn adlewyrchu swyddi gwag ar draws sefydliadau staffio AaGIC. Y rheswm am y tanwariant yn y cyllidebau heb gynnwys cyflogau oedd llai o weithgareddau hyfforddi ac addysg, a llai o gostau teithio, o ganlyniad i gyfyngiadau COVID-19. Cadarnhawyd nad oedd gwariant cyfalaf hyd yma a bod rhaglen cyfalaf yn cael ei datblygu i'r Tîm Gweithredol ei chymeradwyo.	

	<p>Nodwyd y bu gwelliant sylweddol ym mis Gorffennaf a mis Awst o ran cyfran yr anfonebau nad ydynt yn rhai'r GIG a dalwyd o fewn y targed 30 diwrnod. Talwyd dros 95% o anfonebau ar amser yn ystod y cyfnodau hyn.</p> <p>Esboniwyd bod AaGIC yn hyderus y byddai'n sicrhau cyllideb fanteledig ar ddiwedd y flwyddyn, a hynny drwy fabwysiadu nifer o fesurau. Roedd y rhain yn cynnwys cynllunio i ailddyrannu adnoddau dros y flwyddyn a dechrau deialog â Llywodraeth Cymru i ystyried dychwelyd elfennau o'r tanwariant iddi.</p>	
Penderfynwyd	Nododd y Bwrdd y sefyllfa ariannol ym mis pump a'r rhesymau sy'n sail i'r prif amrywiadau i'r gyllideb.	
2409/4.2	Adroddiad Perfformiad	
	<p>Derbyniodd y Bwrdd yr Adroddiad Perfformiad.</p> <p>Wrth gyflwyno'r adroddiad, tynnodd Nicola Johnson sylw at y ffaith fod y perfformiad yn dda ar draws y rhan fwyaf o feysydd busnes.</p> <p>Roedd problem wedi bod mewn cysylltiad ag Apeliadau Bwrsari ac o ganlyniad, roedd y mater hwn yn destun gofynion monitro uwch mewnol. Cadarnhawyd y bydd y Pwyllgor Addysg, Comisiynu ac Ansawdd a'r Pwyllgor Archwilio a Sicrwydd yn cael adroddiadau ar y mater.</p> <p>Nodwyd bod yr Adroddiad Perfformiad yn dal yn waith ar y gweill i AaGIC oherwydd roedd rhaid iddo greu adroddiad pwrpasol sy'n adlewyrchu swyddogaethau unigryw'r sefydliad.</p> <p>Croesawodd y Bwrdd y cynnydd da sydd wedi'i wneud o ran datblygu'r Adroddiad Perfformiad.</p>	
Penderfynwyd	Nododd y Bwrdd y diweddariad ar yr Adroddiad Perfformiad.	
2409/4.3	Y Gofrestr Risg Gorfforaethol	
	<p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Cadarnhawyd bod 13 risg ar y Gofrestr Risgiau Corfforaethol ar hyn o bryd. Adroddwyd y risgiau hyn fel: un risg statws coch, wyth risg statws oren, a phedair risg statws gwyrdd.</p> <p>Roedd y risg goch yn ymwneud â'r risg Seiberddiogelwch. Cadarnhawyd bod y Pennaeth Seiber yn datblygu Cynllun Gweithredu Seiberddiogelwch newydd i wella'r cydnerthed yn y maes hwn.</p> <p>Cafodd dwy risg newydd eu hadrodd, a'u hasesu fel rhai oren:</p>	

	<p>Risg 15 – yn ymwneud â'r posibilrwydd o gyfleoedd cyflogaeth annigonol i raddedigion mewn rhai meysydd a oedd wedi optio i mewn i'r bwrsari;</p> <p>Risg 16 – yn ymwneud â COVID-19 yn amharu ar gyfleoedd lleoliad i fyfyrwyr, ac felly'n effeithio ar allu myfyrwyr i gamu ymlaen neu raddio yn eu galwedigaethau.</p>	
Penderfynwyd	Nododd y Bwrdd y Gofrestr Risgiau Corfforaethol.	
2409/4.4	Disodli adrannau penodol o'r Statudau ac Ordinhadau â pholisïau cyfatebol GIG Cymru mewn cysylltiad â Disgyblaeth, Galluogrwydd, Anghydfod ac Urddas yn y Gweithle	
	<p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Cadarnhawyd mai pwrpas y papur oedd ceisio cymeradwyaeth y Bwrdd i ddisodli adrannau penodol o'r Statudau ac Ordinhadau â pholisïau perthnasol GIG Cymru / AaGIC.</p> <p>Roedd yr adroddiad wedi cael ei ystyried yng nghyfarfod y Pwyllgor Tâl a Thelerau Gwasanaeth ar 27 Awst, a oedd wedi argymhell bod y Bwrdd yn cymeradwyo cynigion y papur.</p> <p>Croesawodd y Bwrdd y dull gweithredu.</p>	
Penderfynwyd	Cytunodd y Bwrdd weithredu ar y cynigion a amlinellir yn y papur.	JR
2409/4.5	Adolygu Aelodaeth y Pwyllgor	
	<p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Cadarnhawyd bod y cynnig yn cynrychioli canlyniad adolygiad a gynhaliwyd gan Gadeirydd aelodau'r Pwyllgor Archwilio a Sicrwydd a'r Pwyllgor Addysg, Comisiynu ac Ansawdd. Nod y penodiadau arfaethedig oedd gwella cadernid a chapasiti pob Pwyllgor.</p>	
Penderfynwyd	<p>Cafodd y canlynol gymeradwyaeth gan y Bwrdd:</p> <ul style="list-style-type: none"> • ailbenodi aelodau presennol y Pwyllgor Archwilio a Sicrwydd a'r Pwyllgor Addysg, Comisiynu ac Ansawdd (A&AC ac EC&QC) yn unol â manylion y cynnig, am gyfnod pellach o flwyddyn; • penodi aelodau newydd o A&AC ac EC&QC yn unol â manylion y cynnig, am gyfnod o flwyddyn; • ailbenodi Cadeiryddion A&AC ac EC&QC yn unol â manylion y cynnig, am gyfnod o flwyddyn; • ailbenodi Is-gadeiryddion A&AC ac EC&QC yn unol â manylion y cynnig, am gyfnod o flwyddyn. 	<p>DB</p> <p>DB</p> <p>DB</p> <p>DB</p>
2409/4.6	Cael adroddiad ar faterion allweddol gan: Y Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 16 Medi 2020	
	Derbyniodd y Bwrdd yr adroddiad.	

	<p>Wrth gyflwyno'r adroddiad, cadarnhaodd Ruth Hall, fel Cadeirydd y Pwyllgor Addysg, Comisiynu ac Ansawdd fod y Pwyllgor wedi ystyried yr Adolygiad Strategol drafft o Gontractau Addysg Gweithwyr Iechyd Proffesiynol (y Contractau Addysg). Roedd y Pwyllgor wedi gwneud nifer o argymhellion a oedd wedi cael eu hymgorffori yn fersiwn derfynol y contractau.</p> <p>Mae'r Pwyllgor hefyd wedi ystyried darpariaethau'r iaith Gymraeg yn y Contractau Addysg, a oedd wedi'u hystyried yn rhai cadarn, ynghyd â chylch gorchwyl dau is-grŵp newydd y Pwyllgor Addysg, Comisiynu ac Ansawdd.</p>	
	Nododd y Bwrdd yr adroddiad materion allweddol.	
2409/4.7	Penderfyniadau Cyfarfodydd Caeedig	
Penderfynwyd	Derbyniwyd a nodwyd yr adroddiad ar benderfyniadau cyfarfodydd caeedig a wnaed yng nghyfarfod diwethaf AaGIC ar 30 Gorffennaf.	
2409/5	MATERION ERAILL	
2409/5.1	Unrhyw faterion brys eraill	
	Nid oedd materion eraill i'w hystyried.	
2409/5.2	Dyddiad y cyfarfod nesaf	
	<p>Derbyniwyd dyddiadau cyfarfodydd nesaf y Bwrdd:</p> <ul style="list-style-type: none"> • Sesiwn Datblygu Bwrdd AaGIC i'w chynnal ar 29 Hydref 2020 drwy lwyfan fideo-gynadledda. • Cyfarfod Bwrdd AaGIC i'w gynnal ar 26 Tachwedd 2020 drwy lwyfan fideo-gynadledda. 	

.....
Chris Jones (Cadeirydd)

.....
Dyddiad:

Bwrdd AaGIC (Agored)
24 Medi 2020
Cofnod Camau Gweithredu

(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 Bwrdd 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
2805/4.5	Newid i'r Terfynau Ariannol/Rheolau Sefydlog Dirprwyedig			
	<ul style="list-style-type: none"> Adolygu'r Diwygiad y cytunwyd arno i'r Terfynau Ariannol Dirprwyedig/Rheolau Sefydlog erbyn diwedd mis Awst 2020. 	Ysgrifennydd y Bwrdd	Tachwedd 2020	Roedd y Pwyllgor Archwilio a Sicrwydd wedi ystyried diwygiadau i'w Derfynau Ariannol Dirprwyedig/Rheolau Sefydlog yn ei gyfarfod ar 20 Hydref 2020, ac wedi argymhell i'r Bwrdd gael ei gymeradwyo drwy Adroddiad Materion Allweddol Cadeirydd y Pwyllgor sef eitem 4.6.2 ar agenda Bwrdd mis Tachwedd.
24/09/1.6	Materion yn Codi			
	<ul style="list-style-type: none"> Ymestyn y cyfnod ar gyfer cynnal cyfarfodydd y Bwrdd a'i Bwyllgorau ar-lein am ddau fis arall, hyd ddiwedd mis Tachwedd. 	Ysgrifennydd y Bwrdd	Tachwedd 2020	Mae'r mater hwn i'w ystyried gan y Bwrdd yn ei gyfarfod ar 26 Tachwedd 2020.
2409/3.2	Cynllun Cydraddoldeb Strategol			
	<ul style="list-style-type: none"> Cymeradwyodd y Bwrdd y bwriad o gyhoeddi'r Cynllun Cydraddoldeb Strategol ar 1 Hydref 2020. 	Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol	1 Hydref 2020	Wedi Cwblhau.



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Cyfeirnod y Cofnod	Camau a Gytunwyd	Arweinydd	Dyddiad Targed	Cynnydd/ Wedi Cwblhau
2409/4.4	Statudau ac Ordinadau			
	Disodli adrannau penodol o'r Statudau ac Ordinadau â pholisïau cyfatebol GIG Cymru mewn cysylltiad â Disgyblaeth, Galluogrwydd, Anghydfod ac Urddas yn y Gweithle.	Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol	O fewn mis	Wedi Cwblhau. Hysbyswyd hysbysiad o newid polisi ar y fewnrwyd ar 28 Hydref 2020.
2409/4.5	Adolygu Cylch Gorchwyl y Pwyllgor			
	<ul style="list-style-type: none"> Y Pwyllgor Addysg, Comisiynu ac Ansawdd i gael cadarnhad ynghylch ailbenodi ei aelodau, ac ystyried a chymeradwyo'r diwygiadau i aelodaeth y Pwyllgor. 	Ysgrifennydd y Bwrdd	8 Hydref 2020	Roedd y Pwyllgor Addysg, Comisiynu ac Ansawdd wedi ystyried y diwygiadau i'w Gylch Gorchwyl yn ei gyfarfod ar 8 Hydref 2020.
	<ul style="list-style-type: none"> Y Pwyllgor Archwilio a Sicrwydd i gael cadarnhad ynghylch ailbenodi ei aelodau, ac ystyried a chymeradwyo'r diwygiadau i aelodaeth y Pwyllgor. 	Ysgrifennydd y Bwrdd	20 Hydref 2020	Roedd y Pwyllgor Archwilio a Sicrwydd wedi ystyried y diwygiadau i'w Gylch Gorchwyl yn ei gyfarfod ar 20 Hydref 2020.



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Dyddiad y Cyfarfod	26 Tachwedd 2020	Eitem Agenda	2.1
Teitl yr Adroddiad	Adroddiad y Cadeirydd		
Awdur yr Adroddiad	Dr Chris Jones, Cadeirydd		
Noddwr yr Adroddiad	Dr Chris Jones, Cadeirydd		
Cyflwynwyd gan	Dr Chris Jones, Cadeirydd		
Rhyddid gwybodaeth	Agored		
Diben yr adroddiad	Rhoi trosolwg i'r Bwrdd o'r gwaith a wnaed gan y Cadeirydd, yr Is-gadeirydd a Chadeiryddion y Pwyllgor Archwilio a Sicrwydd a'r Pwyllgor Comisiynu ac Ansawdd Addysg yn ystod y cyfnod adrodd.		
Materion allweddol	Mae'r adroddiad yn nodi ystod o waith a nodwyd gan y Cadeirydd ac mae hefyd yn ceisio cadarnhau Gweithredu dau Gadeirydd.		
Camau Penodol i'w Cymryd (un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
			Cymeradwyo <input type="checkbox"/>
Camau penodol sydd eu hangen	Gofynnir i'r Aelodau: <ul style="list-style-type: none"> - nodi'r ystod o waith a amlygwyd gan y Cadeirydd; - cadarnhau camau gweithredu'r Cadeirydd a amlinellir ym mharagraff 3 o'r adroddiad. 		

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 AaGIC, Is-gadeirydd a Chadeiryddion y Pwyllgor Archwilio a Sicrwydd a'r Pwyllgor Addysg, Comisiynu ac Ansawdd ers cyfarfod diwethaf y Bwrdd.

2. GWEITHGAREDDAU A CHYFARFOD Y CADEIRYDD

Heddiw rydym unwaith eto'n ffrydio cyfarfod y Bwrdd yn fyw. Rydym yn croesawu aelodau o'r cyhoedd i arsylwi cyfarfod y Bwrdd heddiw drwy dechnoleg ffrydio byw. Rydym hefyd yn defnyddio'r dechnoleg i alluogi cyfieithu Cymraeg / Saesneg. Yn dilyn cyfarfod y Bwrdd bydd digwyddiad ffrydio byw "Cefnogi iechyd a lles y gweithlu gofal iechyd yng Nghymru", ac mae croeso i bawb.

Arweiniodd digwyddiadau yn ystod yr wythnosau diwethaf, gydag achosion o Covid 19 yn ailymddangos yn ein cymunedau at gyfyngiadau lleol a chyfnod atal byr drwy Gymru gyfan. Mae effeithiau'r feirws hwn ar unigolion, teuluoedd a chymunedau yn glir i bob un ohonom. Rydym yn meddwl yn arbennig am y teuluoedd sydd, yn anffodus, wedi colli anwyliad a hefyd am y staff "rheng flaen" sy'n gweithio ym maes iechyd a gofal cymdeithasol sy'n wynebu'r heriau bob dydd wrth ddarparu gofal. Rydym yn croesawu'r datblygiadau o ran cyfleoedd brechu, a hynny yn y dyfodol agos gobeithio.

Mae hwn hefyd wedi bod yn gyfnod prysur ar gyfer y gwaith a wnaed gan AaGIC i gefnogi'r ymateb i her Covid ac i sicrhau ein bod yn cynllunio ac yn darparu'r hyfforddiant addysg a'r gweithlu ar gyfer y dyfodol. Yn ystod y 6 wythnos diwethaf lansiwyd y Strategaeth Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol, cynhaliwyd Digwyddiad Rhanddeiliaid Addysg a Hyfforddiant mewn Gofal Sylfaenol a Chymunedol, a chynhaliwyd cynhadledd fawr ar ddatblygu Arweinyddiaeth - "Talentbury". Mae'r rhain i gyd wedi'u cyflawni ar lwyfannau digidol ac wedi cael derbyniad da gan nifer dda o gyfranogwyr. Ni fyddai dim o hyn yn bosibl heb ein staff anhygoel sydd wedi dangos proffesiynoldeb ac ymroddiad enfawr. Mae ein tîm digidol a'n tîm cyfathrebu, yn benodol, wedi bod yno ac wedi cael cymorth ar draws y sefydliad.

Yn ein Sesiwn Datblygu Bwrdd ym mis Hydref derbyniodd y Bwrdd gyflwyniad ar y gwaith Llesiant a ddatblygwyd gan AaGIC ac a oedd ar gael ar draws yr holl sefydliadau Gofal Iechyd. Roeddem yn falch o weld yr ystod gynhwysfawr o adnoddau ar y we sydd ar gael i gefnogi ac annog lles staff gan ddiwallu angen enfawr yn y cyfnod hwn o Covid-19.

Mae lles ein staff yn parhau i fod yn ffocws i'r Bwrdd, ac roedd yn bleser mawr ymuno â chynhadledd staff rhithwir AaGIC. Roedd yn wych gweld cymaint – er drwy gyfrwng rithwir - a myfyrio eto ar yr egni, y proffesiynoldeb, yr ymroddiad a'r dalent sy'n amlwg. Mae cefnogi ei gilydd yn bwysig iawn ar hyn o bryd, ac er ein bod bellach wedi ailagor

y swyddfa mewn ffordd gyfyngedig, yr wyf wedi sicrhau fy mod wedi llwyddo i ymuno â nifer o gyfarfodydd tîm AaGIC.

Rwy'n dal i gynnal cyfarfodydd fideo ddwywaith yr wythnos gydag Alex a'r Cyfarwyddwyr Gweithredol bob pythefnos, ynghyd â thrafodaethau misol gyda'r Deoniaid Ôl-raddedig. Rwy'n cwrdd â John Hill-Tout, Is-gadeirydd, ddwywaith yr wythnos a'r Aelodau Annibynnol bob pythefnos. Mae hyn wedi galluogi cyfathrebu syniadau'n dda a diolchaf iddynt i gyd am eu cefnogaeth a'u cyngor.

Mae galwadau Cynhadledd y Prif Swyddog Gweithredol a'r Cadeirydd gyda'r Gweinidog ac Andrew Goodall wedi parhau bob mis gan ganolbwyntio ar wasanaethau'r GIG yn ystod Covid. Mae cyfarfodydd Cadeiryddion y GIG wedi canolbwyntio ar y gwaith sy'n mynd rhagddo o fewn heriau iechyd cyhoeddus, y GIG a Gofal Cymdeithasol, ac yn bwysig arweinyddiaeth a lles staff.

Mae cyfarfodydd Ailosod GIG Conffederasiwn y GIG wedi bod yn fforwm defnyddiol iawn ar gyfer cyfnewid gwybodaeth a safbwyntiau ehangach ac, ynghyd â'r gynhadledd Arweinwyr Rhyngwladol mewn Gofal Iechyd yn ddiweddar, mae wedi rhoi cipolwg gwirioneddol i mi ar heriau a safbwyntiau cyffredin iawn ar waith AaGIC – gan atgyfnerthu'r cyfleoedd arloesi, pwysigrwydd partneriaethau, yr angen am drawsnewid digidol, y gefnogaeth i Arweinyddiaeth Dosturiol a phwysigrwydd Iechyd a Lles Staff.

Is-gadeirydd, John Hill-Tout

Dros y cyfnod diweddar, mae conffederasiwn y GIG wedi trefnu cyfres o Weminarau ar ystod eang o bynciau. Rwyf wedi mynychu nifer ohonynt ac wedi cael llawer o wybodaeth a chyfle hefyd i ryngweithio ag eraill o ystod eang o gefndiroedd.

Yn y gweminar gyda Chomisiynydd Plant Cymru, yr oeddwn yn falch o glywed am y berthynas agos rhwng y Comisiynydd ac AaGIC yng Nghymru mewn perthynas â materion gweithlu gweithwyr proffesiynol CAMHS. Rhoddodd y sesiynau gyda Chomisiynwyr Pobl Hŷn a Chenedlaethau'r Dyfodol gipolwg gwirioneddol ar eu rolau a'r ffordd y maent yn rhyngweithio â'r Llywodraeth a Gwasanaethau Cyhoeddus.

Mae gweminarau eraill wedi archwilio'r ffordd y gall y GIG, fel cyfrannwr pwysig i economïau lleol a chymunedau lleol, annog adferiad economaidd a chymdeithasol yn dilyn Pandemig Covid.

Mae Is-gadeiryddion yn parhau i gyfarfod yn rheolaidd, er eu bod yn defnyddio technoleg ddigidol, ac maent wedi rhannu cynlluniau i gynnal gwasanaethau Iechyd Sylfaenol ac Iechyd Meddwl drwy'r Pandemig, a hefyd dulliau pwysig o gynnal lles staff, y mae AaGIC wedi gallu gwneud cyfraniad sylweddol iddynt. Mae Is-gadeiryddion wedi cyfarfod â'r Gweinidog dros Iechyd a Gofal Cymdeithasol ac wedi rhoi sicrwydd iddo fod y cynlluniau hyn yn cyd-fynd â'r Cynllun Diogelu'r Gaeaf.

Yn olaf, bûm yng Nghynhadledd Addysg a Hyfforddiant Gofal Sylfaenol AaGIC ar 21 Hydref. Roedd hwn yn ddigwyddiad calonogol a chefnogol a ddangosodd gefnogaeth eang i gynlluniau AaGIC i gynnal Addysg a Hyfforddiant mewn Gofal Sylfaenol.

Gweithgareddau'r Cadeirydd

24 Medi	Bwrdd y Pwyllgor
	Bwrdd Agored
	Cyfarfod Cyffredinol Blynnyddol AaGIC (Cyfarfod Cyffredinol Blynnyddol)
	Arddangosfa AaGIC
	Cyfarfod Gweinidogol â Chadeiryddion a Phrif Weithredwyr GIG Cymru
30 Medi	Gweminar: Y Comisiynydd Pobl Hŷn
1 Hyd	Tîm Cyfathrebu AaGIC
6 Hyd	Cyfarfod Cadeiryddion GIG Cymru
	Adolygiad Dyrannu Adnoddau – Grŵp Cyngori Technegol
8 Hyd	Cyfarfod â Chyfarwyddiaeth Nyrsio AaGIC
12 Hyd	Ailosod GIG Conffederasiwn y GIG: Cyfarfod Cadeiryddion ac Is-gadeiryddion
14 Hyd	Cynhadledd Staff Rhithwir AaGIC
15 Hyd	Grŵp Cyngori Gweinidogion Pontio'r UE
19 Hyd	Prif Weithredwr a Chadeirydd GIG Cymru Covid-19 Dal i Fyny gydag Andrew Goodall
20 Hyd	Gweithdy Dyrannu Adnoddau Iechyd Meddwl
21 Hyd	Cymrodyr Arweinyddiaeth Dosbarth Meistr "Gosod y Cyfeiriad"
	Talentbury (Gŵyl 4 diwrnod)
	Digwyddiad Rhanddeiliaid Addysg a Hyfforddiant mewn Gofal Sylfaenol a Chymunedol
	Bwrdd Prosiect - Adolygiad Strategol o Ddarpariaeth Addysg Broffesiynol Iechyd
22 Hyd	Lansio'r Strategaeth Gweithlu
	Fforwm Agored Staff
	Talentbury (Gŵyl 4 diwrnod)
23 Hyd	Gweminar gyda'r Comisiynydd Plant
	Talentbury (Gŵyl 4 diwrnod)
	Digwyddiad Rhanddeiliaid Gofal Sylfaenol - Ôl-weithredol
26 Hyd	Talentbury (Gŵyl 4 diwrnod)
27 Hyd	Dyfodol Gofal Cymdeithasol
29 Hyd	Sesiwn Datblygu'r Bwrdd
30 Hyd	Bwrdd Gweithredu 111
2 Tach	Cyfarwyddwr Cyfweiliadau Datblygu Digidol
	Cyfarfod Grŵp Cyfeirio Gweinidogol Dyfodol Gofal Cymdeithasol
9 Tach	Ailosod y GIG: Cyfarfod y Cadeiryddion
10 Tach	Cyfarfod Cadeiryddion GIG Cymru
12 Tach	Cyfarfod â Thîm Cyllid AaGIC
	Fforwm Cyngori Rhanddeiliaid y Gweinidog ar Iechyd a Gofal Cymdeithasol
17 Tach	Arweinwyr ym maes Gofal Iechyd 2020 – Cynhadledd Rithwir (cynhadledd 4 diwrnod)
	Siarad yn Nigwyddiad Cymwysterau Cymru
	Adolygiad Canol Blwyddyn y Prif Weithredwr
18 Tach	Arweinwyr ym maes Gofal Iechyd 2020 – Cynhadledd Rithwir (cynhadledd 4 diwrnod)
	Cyfarfod Dyrannu Adnoddau

19 Tach	Arweinwyr ym maes Gofal Iechyd 2020 – Cynhadledd Rithwir (cynhadledd 4 diwrnod)
20 Tach	Arweinwyr ym maes Gofal Iechyd 2020 – Cynhadledd Rithwir (cynhadledd 4 diwrnod)
25 Tach	Grŵp Cyngori Ewrop

3.GWEITHREDU'R CADEIRYDD

3.1 Ad-daliadau gan Bartneriaeth Cydwasanaethau GIG Cymru (NWSSP)

Cymerwyd camau i alluogi'r Cadeirydd i gynyddu awdurdod dirprwyedig y Prif Weithredwr o £2 filiwn i £2.5 miliwn i gymeradwyo dwy anfoneb ar gyfer misoedd Medi a Hydref. Roedd yr anfonebau'n ymwneud ag ail-daliadau gan NWSSP am gostau cyflog unigol sy'n gysylltiedig â'r cyflogwyr arweiniol unigol gyfer hyfforddeion meddygon teulu (Anfoneb Meddygon Teulu SLE).

Cymerwyd camau'r Cadeirydd ar 2 Hydref. Yn unol â Rheolau Sefydlog AaGIC, cymerwyd camau'r Cadeirydd gan y Cadeirydd a'r Prif Weithredwr ar ôl ymgynghori'n gyntaf â dau Aelod Annibynnol.

Gofynnir am gymeradwyaeth y Bwrdd yn awr ar gyfer Cam Gweithredu'r Cadeirydd.

Disgwylir y bydd anfonebau misol Anfoneb Meddygon Teulu SLE bellach yn fwy na £2filiwn yn rheolaidd. O ystyried hyn, ceisir cymeradwyaeth y Bwrdd heddiw, o dan eitem ar wahân ar yr agenda, i ddiwygio Rheolau Sefydlog AaGIC fel bod gan y Prif Weithredwr awdurdod dirprwyedig o hyd at £3 miliwn ar gyfer Anfonebau Meddygon Teulu SLE yn unig.

3.2 Cynllun Gweithredu Chwarter 3 a Chwarter 4

Cymerwyd camau'r Cadeirydd ar 19 Hydref i gymeradwyo Cynllun Gweithredu Chwarter 3 a Chwarter 4 i'w gyflwyno i Lywodraeth Cymru. O ystyried yr amserlen ar gyfer cymeradwyo a gyflwynwyd gan Lywodraeth Cymru, nid oedd yn bosibl i'r Cynllun Gweithredu gael ei gymeradwyo'n ffurfiol mewn cyfarfod o'r Bwrdd cyn ei gyflwyno. Serch hynny, dosbarthwyd y Cynllun Gweithredu ymhlith aelodau'r Bwrdd i'w ystyried drwy e-bost cyn i'r Cadeirydd weithredu.

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

Gofynnir am gymeradwyaeth y Bwrdd yn awr ar gyfer Cam Gweithredu'r Cadeirydd hwn.

4. Argymhelliad

Gofynnir i'r Aelodau:

- **nodi'r** ystod o waith a amlygwyd gan y Cadeirydd;
- **cadarnhau** Cam gweithredu'r ddau Gadeirydd a amlinellir ym mharagraff 3 o'r adroddiad.

Llywodraethu a Sicrwydd			
Cysylltu ag amcanion strategol IMTP <i>(rhowch ✓)</i>	Nod Strategol 1: Arwain y gwaith o gynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu arweinyddiaeth dosturiol a chyfunol ar bob lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi'r gwaith o sicrhau diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio	Nod Strategol 6: I gael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad Cleifion			
Nid oes unrhyw faterion uniongyrchol o ansawdd, diogelwch cleifion a phrofiad yn ymwneud â'r adroddiad hwn.			
Goblygiadau Ariannol			
Nid oes unrhyw oblygiadau ariannol uniongyrchol i'r adroddiad hwn			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Nid oes unrhyw oblygiadau cyfreithiol uniongyrchol i'r adroddiad hwn.			
Goblygiadau Staffio			
Nid oes unrhyw oblygiadau staffio uniongyrchol i'r adroddiad hwn.			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Bydd yr ystod o weithgareddau a amlinellir yn yr adroddiad yn cyfrannu at ddull AaGIC o ymdrin â Deddf Llesiant Cenedlaethau'r Dyfodol. Fodd bynnag, bydd y cyfraniadau'n benodol i bob un o'r meysydd unigol a drafodir yn y trosolwg yn yr adroddiad hwn.			
Hanes yr Adroddiad	Amh		
Atodiadau	Amh		



GIG
CYMRU
NHS
WALES

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

Dyddiad Cyfarfod	26 Tachwedd 2020	Eitem ar yr Agenda	2.2
Teitl yr Adroddiad	Adroddiad y Prif Weithredwr - Tachwedd 2020		
Awdur yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Noddwr yr Adroddiad	Alex Howells, Prif Weithredwr		
A gyflwynir gan	Alex Howells, Prif Weithredwr		
Rhyddid Gwybodaeth	Agored		

Adroddiad y Prif Weithredwr - Tachwedd 2020

1. CYFLWYNIAD

Pwrpas yr adroddiad hwn yw diweddarau'r Bwrdd ar weithgareddau allweddol ar y pwynt canol blwyddyn hwn, gan gydnabod bod yr heriau sy'n wynebu'r system iechyd a gofal wedi bod yn newid yn sylweddol yn ystod y flwyddyn, gan olygu bod angen canolbwyntio ar gynllunio chwarterol. I AaGIC mae hyn wedi golygu ffyrdd newydd sylweddol o weithio a chydbwyso ein hymateb ar unwaith ochr yn ochr â'n rhaglenni gwaith strategol ar gyfer gweithlu cynaliadwy. Fel erioed mae ein staff ymroddedig a brwdfrydig wedi parhau i gydweithredu â hyn ac wedi ein galluogi i gyflawni ystod o flaenoriaethau pwysig eisoes, gyda llawer mwy yn cael eu datblygu. Mae'n hanfodol ein bod yn sicrhau bod ganddyn nhw'r offer, yr adnoddau, y gefnogaeth a'r gallu cywir i gyflawni ein cynlluniau am weddill y flwyddyn, wrth gynnal eu lles. Mae hwn yn faes ffocws allweddol i mi a gweddill y Tîm Gweithredol.

2. GWEITHGAREDDAU ALLWEDDOL

- **Coronafeirws**

Mae AaGIC yn parhau i fabwysiadu dull ystwyth i gefnogi anghenion gweithlu'r GIG mewn ymateb i COVID-19, a'r ymchwydd diweddar mewn achosion. Gyda llawer o gynlluniau eisoes ar waith o ganlyniad i'r brig cyntaf yn ymdrechion y Gwanwyn y tro hwn maent yn canolbwyntio mwy ar weithredu yn hytrach na chynllunio brys.

Fodd bynnag, rydym wedi gwneud y penderfyniad i adfer Tîm Rheoli Argyfwng AaGIC (UDR) yn unol â threfniadau cynllunio ac ymateb brys LIC i sicrhau bod mecanweithiau cynllunio a chyfathrebu clir ar waith pe bai angen i ni gynyddu ein gweithgareddau. Y prif flaenoriaethau ar hyn o bryd yw monitro'r model gweithredu ar gyfer AaGIC, parhau i adolygu lles staff a lleihau a rheoli unrhyw darfu ar addysg a hyfforddiant yn yr ail don hon.

Yn ogystal, mae Julie Rogers yn parhau i gyd-gadeirio Cell y Gweithlu o'r trefniadau cenedlaethol gan sicrhau ein bod yn gallu siapia a dylanwadu ar yr ymateb i COVID 19 gan gynnwys y Rhaglen Frechu.

- **Ail-agor Tŷ Dysgu**

Ar ôl i gyfnod clo dros dro Cenedlaethol Llywodraeth Cymru ddod i ben, ailagorwyd Tŷ Dysgu ar 9 Tachwedd i ganiatáu mynediad diogel i staff i'r adeilad am resymau busnes a / neu les personol. Gweithio o bell yw ein prif fodel gweithredu am y tro ac mae'r sefyllfa'n parhau i gael ei hadolygu'n rheolaidd. Nododd ein harolwg diweddar o staff AaGIC ac adborth gan ein huwch arweinwyr fod llawer o bobl yn awyddus i sefydlu model mwy cyfunol a fydd yn sicrhau'r budd mwyaf o weithio ystwyth.

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

Fel y mae'r Bwrdd yn ymwybodol, mae Strategaeth y Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol wedi'i lansio'n ffurfiol gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, Vaughan Gething, a'r Dirprwy Weinidog, Julie Morgan, ar 22 Hydref mewn cyfarfod Bwrdd Gofal Cymdeithasol Cymru lle roedd Aelodau Bwrdd AaGIC hefyd yn bresennol.

Rydym yn edrych ymlaen at weithio gyda Gofal Cymdeithasol Cymru a'n holl bartneriaid a rhanddeiliaid i roi'r strategaeth hon ar waith dros y deng mlynedd nesaf. Fodd bynnag, rydym eisoes yn gwneud cynnydd cyflym mewn nifer o feysydd gan gynnwys lles, arweinyddiaeth ac addysg hyblyg a hygyrch.

Rydym yn arddangos y gwaith ar les ar ôl cyfarfod y Bwrdd heddiw ac yn ddiweddar rydym wedi cynnal ein gŵyl arweinyddiaeth lwyddiannus yn Talentbury gyda'r nod o ddatblygu cynllunio olyniaeth ar gyfer rolau Gweithredol yn GIG Cymru. Rydym hefyd wedi cael ymateb cadarnhaol i'r cynllun Graddedigion GIG a ail-lansiwyd gyda dros 300 o geisiadau am 13 lle. Bydd y gwaith datblygu arweinyddiaeth yn parhau i gyflymu dros yr ychydig fisoedd nesaf gan gynnwys sefydlu Bwrdd Rheoli Talent dan gadeiryddiaeth Andrew Goodall yn ei rôl fel Prif Swyddog Gweithredol GIG Cymru.

Mae adroddiadau ar Ddysgu Seiliedig ar Waith a Deallusrwydd y Gweithlu sydd wedi'u cynnwys ar agenda'r Bwrdd heddiw hefyd yn enghreifftiau o sut rydym yn datblygu gweithrediad y strategaeth gweithlu.

- **Adolygiad Strategol o Addysg Gweithwyr Iechyd Proffesiynol**

Roeddem wedi cyrraedd pwynt tyngedfennol yn y rhaglen hon yng nghyfarfod diwethaf y Bwrdd ac rwy'n falch o adrodd ein bod bellach allan i dendro, ar ôl derbyn cymeradwyaeth LIC ganol mis Tachwedd. Mae cryn dipyn o waith i'w wneud o hyd yn y camau nesaf ac rydym yn ddiolchgar am ymdrechion parhaus y Tîm Ansawdd a Chomisiynu Addysg i symud ymlaen â'r rhaglen gymhleth a phwysig hon.

- **Cyfarwyddwr Datblygu Digidol**

Rwy'n falch o gyhoeddi bod Siân Richards wedi'i phenodi i rôl newydd y Cyfarwyddwr Datblygu Digidol yn y Tîm Gweithredol ac yn dechrau gyda ni ar 1 Chwefror 2021 ar gyfer secondiad 2 flynedd. Ar hyn o bryd mae Siân yn gweithio ym Mwrdd Iechyd Prifysgol Bae Abertawe ac mae ganddi flynyddoedd lawer o brofiad mewn ystod o rolau gweithredol, prosiect a gwybodeg yn y GIG. Mae gennym dîm digidol talentog a brwdfrydig iawn yn AaGIC, ac rwy'n edrych ymlaen at y cynlluniau y byddant yn eu datblygu gyda chyfeiriad a chefnogaeth Siân. Yn y cyfamser, rwy'n ddiolchgar i Julie Rogers am ei rôl yn goruchwylio'r portffolio hwn am bron i 2 flynedd.

- **Cynllun Gweithredol Chwarter 3 a Chwarter 4 AaGIC**

Mae Cynllun Gweithredol Ch3 a Ch4 wedi'i gynnwys fel eitem agenda ar gyfer y Bwrdd heddiw. Mae hyn yn 4^{ydd} cynllun rydym wedi datblygu yn 2020 ac yn adlewyrchu'r heriau penodol y pandemig. Cymeradwywyd y Cynllun diweddaraf i'w gyflwyno o dan weithred Cadeirydd a'i gyflwyno i Lywodraeth Cymru ar 19 Hydref. Datblygwyd y Cynllun gyda'r Uwch Dîm Arweinyddiaeth a Gweithredol a'i gylchredeg i'w ystyried gan y Bwrdd.

Mae'r Cynllun yn cefnogi'r ymateb i bandemig COVID-19, y Cynllun Amddiffyn Gaeaf ac yn adnewyddu amcanion strategol y sefydliad yn unol â'r IMTP cymeradwy.

- **Diweddariad ar Ddatblygiad y Cynllun Blynyddol ar gyfer 2021/22**

Er gwaethaf y ffaith ein bod wedi treulio llawer o amser yn cynllunio yn ystod y flwyddyn mae'n hanfodol ein bod yn dechrau edrych ymlaen at 2021. Felly rydym wedi cynnwys diweddariad ar ddatblygiad y Cynllun Blynyddol ar gyfer 21/22 ar agenda'r Bwrdd. Mae hyn yn unol ag arwyddion Llywodraeth Cymru y bydd angen cynlluniau blynyddol y GIG yn hytrach nag IMTPs oherwydd ymateb COVID-19.

- **Perfformiad**

Er gwaethaf yr aflonyddwch a achoswyd gan y pandemig rydym yn parhau i wneud cynnydd da a chyflawni mwyafrif y targedau perfformiad. Mae'r adroddiad perfformiad yn tynnu sylw at gynnydd ar nifer sylweddol o amcanion strategol, gan ddangos ein bod wedi gallu cynnal ffocws ar ein cynlluniau tymor hwy er gwaethaf ymateb i heriau uniongyrchol COVID 19. Roedd yr olaf yn cynnwys addasiadau sylweddol yn y ffordd yr ydym yn darparu addysg, hyfforddiant, dilyniant a recriwtio i raglenni, a diolch i ymroddiad a phroffesiynoldeb ein staff nad ydym wedi gweld unrhyw effaith andwyol ar ein targedau perfformiad ar gyfer gweithgareddau addysg a hyfforddiant. Rydym yn dal i ddarparu cefnogaeth wedi'i thargedu mewn perthynas ag apeliadau bwrsariaeth i sicrhau ein bod yn alinio swyddi gwag a myfyrwyr sy'n graddio, ac o ganlyniad i hyn rydym wedi datblygu cynllun gwella ar gyfer carfan 2021 yr ydym yn ei drafod gyda phartneriaid ar hyn o bryd.

Yn ogystal ag adolygu'r dangosfwrdd perfformiad rydym wedi cwblhau cyfres o adolygiadau canol blwyddyn yn ddiweddar gyda'r timau canlynol:

- Ansawdd a Chomisiynu Addysg
- Moderneiddio'r Gweithlu
- Cynllunio a Dadansoddeg y Gweithlu
- Arweinyddiaeth ac Olyniaeth
- Deoniaeth Feddygol
- Deoniaeth Fferylliaeth
- Deoniaeth Ddeintyddol

Mynychwyd y sesiynau hyn gan holl aelodau'r Tîm Gweithredol neu eu dirprwyon ac roeddent yn gyfleoedd gwych i ddeall ehangder y rhaglenni gwaith sydd ar y gweill yn y sefydliad, a graddfa'r newid. Roedd y themâu allweddol yn cynnwys gweithio matrices, cyflwyno rhithwir / digidol a rheoli ansawdd.

- **Sefyllfa Ariannol**

Mae papur yn amlinellu sefyllfa mis saith ar yr agenda. Fel y nodwyd yn yr adroddiad rydym yn parhau i weithio'n agos gyda Llywodraeth Cymru i ddefnyddio'r tanwariant ac i gefnogi buddsoddiad mewn gweithgareddau ychwanegol yn unol â'n Cynlluniau Chwarter 3 a 4. Mae'r olaf wedi cael cymorth dros yr ychydig fisoedd diwethaf gan Banel Cyn-Fuddsoddi newydd sy'n darparu craffu ychwanegol ar gyfer achosion busnes.

- **Risg**

Ar hyn o bryd mae deg risg ar y Gofrestr Risg Gorfforaethol, ac mae dwy ohonynt yn goch:

Seiber-ddiogelwch a sicrhau ein bod yn cynyddu nifer y graddedigion iechyd proffesiynol sy'n cael swyddi yng Nghymru ar draws pob proffesiwn.

3. ARGYMHELLIAD

Gofynnir i'r Bwrdd nodi'r adroddiad hwn.

Llywodraethu a Sicrwydd			
Linc i nodau strategol Cynlluniau Tymor Integredig Clwstrwr (os gwelwch yn ddau)	Nod Strategol 1: Arwain cynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi cyflwyno ' <i>Cymru Iachach</i> '	Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy adeiladu gallu arweinyddiaeth dosturiol a chyfunol ar bob lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi darparu diogelwch ac ansawdd	Nod Strategol 5: I fod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	Nod Strategol 6: Cael eich cydnabod fel partner, dylanwadwr ac arweinydd rhagorol
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf			
Nid oes unrhyw faterion ansawdd, diogelwch cleifion a phrofiad uniongyrchol yn ymwneud â'r adroddiad hwn.			
Goblygiadau Ariannol			
Nid oes unrhyw oblygiadau ariannol uniongyrchol i'r adroddiad hwn.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)			
Nid oes unrhyw oblygiadau cyfreithiol uniongyrchol i'r adroddiad hwn.			
Goblygiadau Staffio			
Nid oes unrhyw oblygiadau staffio uniongyrchol i'r adroddiad hwn			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Lles Cenedlaethau'r Dyfodol (Cymru) 2015)			
Bydd yr ystod o weithgareddau a amlinellir yn yr adroddiad yn cyfrannu at agwedd AaGIC tuag at Ddeddf Lles Cenedlaethau'r Dyfodol. Fodd bynnag, bydd y cyfraniadau'n benodol i bob un o'r meysydd unigol a gwmpesir yn gyffredinol yn yr adroddiad hwn.			
Hanes yr Adroddiad	Cyflwynir adroddiad y Prif Swyddog Gweithredol ym mhob sesiwn Bwrdd agored a gynhelir unwaith bob deufis.		
Atodiadau	AMHERTHNASOL		



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Dyddiad y Cyfarfod	26 Tachwedd 2020	Eitem Agenda	3.1
Teitl yr Adroddiad	Yr Wybodaeth Ddiweddaraf am Ddysgu Seiliedig ar Waith a Phrentisiaeth		
Awdur yr Adroddiad	Liz Hargest, Rheolwr Datblygu Addysg		
Noddwr yr Adroddiad	Angela Parry, Cyfarwyddwr Nyrsio Dros Dro		
Cyflwynwyd gan	Angela Parry, Cyfarwyddwr Nyrsio Dros Dro		
Rhyddid Gwybodaeth	Agored		
Diben yr Adroddiad	Rhoi'r wybodaeth ddiweddaraf am ddatblygiadau sy'n gysylltiedig â dysgu seiliedig ar waith a phrentisiaethau yn AaGIC sy'n gysylltiedig â chynnydd Amcan Strategol 2.6 o fewn yr IMTP		
Materion Allweddol	Er mwyn gwireddu'r weledigaeth gyffredinol o fewn yr IMTP er mwyn i AaGIC fod yn brif contractwr i dynnu cyllid gan Lywodraeth Cymru er mwyn darparu prentisiaethau iechyd, datblygwyd cynllun tair blynedd. Mae'r adroddiad hwn yn rhoi'r wybodaeth ddiweddaraf am gyflawniadau Cyfnod 1 sy'n cyd-fynd â'r hyn y gellir ei gyflawni yn 2020/21 o fewn yr IMTP Cytundeb gan Lywodraeth Cymru i AaGIC fod yn Bartner Datblygu ar gyfer Fframweithiau Prentisiaethau Iechyd. Cyn hynny, cynhaliwyd y gwaith hwn gan Sgiliau Iechyd		
Camau Penodol i'w Cymryd (un✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
Argymhellion	✓		
	Gofynnir i'r Aelodau: <ul style="list-style-type: none"> Nodi cynnwys y papur a'r cynnydd yn erbyn yr hyn y dylid ei gyflawni o fewn yr IMTP 		

Yr Wybodaeth Ddiweddaraf am Ddysgu Seiliedig ar Waith a Phrentisiaeth

1. CYFLWYNIAD

Mae rhaglenni hyfforddiant a dysgu seiliedig ar waith sy'n sicrhau ansawdd yn allweddol i roi'r wybodaeth a'r sgiliau angenrheidiol i staff y GIG i ymgymryd â'u swyddi. Mae'r papur hwn yn amlinellu'r gwerth ychwanegol y gall AaGIC ei roi i sefydliadau drwy ddatblygu dull sicrhau ansawdd Cymru gyfan sydd wedi'i gydlynyn ganolog o ran llywodraethu a threfniadaeth ariannol bob agwedd ar ddarpariaeth DSW GIG Cymru yn unol ag Amcan Strategol 2 o'r IMTP *Adeiladu gweithlu iechedd a gofal cynaliadwy a hyblyg ar gyfer y dyfodol*:

Mae 2.6 yn datgan y bydd AaGIC yn: Cynyddu cyfleoedd ar gyfer dysgu seiliedig ar waith a phrentisiaethau mewn iechedd.

Yng nghyd-destun y papur hwn, mae dysgu seiliedig ar waith yn cyfeirio at yr holl ddysgu achrededig ac eithrio SAU ar draws pob lefel o Fframwaith Credydau a Chymwysterau Cymru (FfCChC). Nid yw'n cynnwys addysg ôl-gofrestru ar gyfer meddygon a reolir gan AaGIC.

2. CEFNDIR

Dros y 4 -5 mlynedd diwethaf mae Partneriaeth Cydwasanaethau GIG Cymru ac yn fwy diweddar mae AaGIC wedi gweithio'n gynyddol i integreiddio a sefydlu prosesau ar gyfer datblygu cymwysterau dysgu seiliedig ar waith achrededig Cymru Gyfan ar gyfer y sector iechedd. Mae hyn wedi cynnwys ymgysylltu â rhanddeiliaid fel Llywodraeth Cymru, Cymwysterau Cymru a Gofal Cymdeithasol Cymru. O ganlyniad, mae'r rhanddeiliaid hyn yn ystyried AaGIC yn awdurdod arweiniol ar gyfer dysgu a datblygu'r gweithlu iechedd galwedigaethol ar draws GIG Cymru.

Mae'r datblygiadau dysgu seiliedig ar waith yn cyd-fynd â - AaGIC; Adolygiad o addysg a hyfforddiant gweithwyr iechedd proffesiynol drwy Gymru (KPMG 2019) argymhellid 15: *Bod AaGIC a Llywodraeth Cymru yn ystyried y defnydd cynyddol o brentisiaethau mewn proffesiynau iechedd a gofal os yw'n bodloni'r 'Strategaeth Gweithlu ar gyfer iechedd a Gofal Cymdeithasol', ac eraill.*

Mae hefyd yn cefnogi'r cam o weithredu Strategaeth y Gweithlu Iechedd a Gofal Cymdeithasol o ran sut olwg fydd ar lwyddiant a'r angen i'n gweithlu fod yn hyblyg wrth ragweld ac ymateb i'r newidiadau i Iechedd a Gofal Cymdeithasol dros y blynyddoedd nesaf.

Mae dysgu seiliedig ar waith yn sail i agenda trawsnewid y gweithlu a'r angen i ddarparu gwasanaethau'n wahanol. Yn fwy diweddar, mae Covid 19 wedi effeithio ar y ffordd y mae dysgu seiliedig ar waith yn cael ei ddarparu a'i asesu a thynnwyr sylw at yr angen am systemau a phrosesau sicrhau ansawdd a gydlynir yn ganolog.

Ar hyn o bryd, mae AaGIC yn gweithio'n agos gyda Llywodraeth Cymru i nodi meysydd blaenoriaeth ar gyfer datblygu ac adolygu'r Fframwaith Prentisiaethau. Yn dilyn trosglwyddo'r Fframweithiau Cyhoeddi Prentisiaethau i Lywodraeth Cymru gan

Gynghorau Sgiliau Sector, mae Llywodraeth Cymru wedi cytuno y gall AaGIC fod yn Bartner Datblygu ar gyfer Fframweithiau Prentisiaethau iechyd. O ganlyniad, bydd AaGIC yn gallu gweithio'n uniongyrchol gyda Llywodraeth Cymru ar ran GIG Cymru i ddatblygu cyfres o Fframweithiau Prentisiaethau iechyd sy'n addas at y diben. Bydd Grŵp Llywio, dan arweiniad AaGIC, yn cael ei sefydlu i oruchwylio'r rhaglen waith hon.

3. CYNNYDD

Mae AaGIC wrthi'n sefydlu Grŵp Llywio Fframwaith Prentisiaethau iechyd. Diben y Grŵp fydd goruchwylio rôl AaGIC fel Partner Datblygu Fframweithiau Prentisiaethau iechyd yng Nghymru. *(Amcan Strategol 2.6: Cynyddu cyfleoedd ar gyfer dysgu seiliedig ar waith a phrentisiaethau mewn iechyd).*

Bydd Grŵp Llywio'r Fframweithiau Prentisiaethau iechyd yn rhoi sicrwydd bod y broses briodol yn cael ei dilyn o ran datblygu fframweithiau prentisiaeth iechyd presennol ac adolygu'r fframweithiau prentisiaethau iechyd presennol. Bydd yn adrodd i'r Grŵp Addysg Aml-Broffesiynol.

Bydd Grŵp Llywio'r Fframweithiau Prentisiaethau iechyd yn gweithio gyda Llywodraeth Cymru a rhanddeiliaid allweddol eraill i ddatblygu cyfres o fframweithiau prentisiaethau iechyd sy'n diwallu anghenion gweithlu GIG Cymru.

Rôl AaGIC fel y Partner Datblygu gyda Llywodraeth Cymru ar gyfer Fframweithiau Prentisiaethau iechyd yw un o'r allbynnau allweddol i gyflawni'r weledigaeth i AaGIC fod yn brif gontractwr gyda Llywodraeth Cymru ar gyfer cyllid Prentisiaethau. Nodir yn benodol bod angen cyflawni hyn yn ystod Cyfnod 1 (2020 – 2021) o'r cynllun gweithredu tair blynedd.

Hefyd, er mwyn bwrw ymlaen â'r gwaith hwn, gofynnwyd am gytundeb gan y Taliad Annibyniaeth Personol (PIP) i benodi dau aelod newydd o staff i'r Gyfarwyddiaeth Nyrsio. Rhoddwyd argymhelliad ar gyfer cymeradwyo'r swyddi hyn a bydd y broses recriwtio yn dechrau penodi Rheolwr Ansawdd Band 7 a Hyfforddwr Asesu Band 6. Bydd y swyddi newydd hyn yn cefnogi'r angen i sefydlu dull Cymru Gyfan o hyfforddi aseswyr mewnol ac arfer sicrhau ansawdd parhaus ar gyfer pob rhaglen Dysgu Seiliedig ar Waith, gan ddefnyddio methodoleg gyfredol AaGIC a'r adnoddau sydd ar gael i ddechrau. Byddai'r hyfforddiant hwn yn cael ei roi i unigolion sydd angen hyfforddiant aseswyr mewn meysydd â blaenoriaeth uchel e.e. gwyddor gofal iechyd ac ar gyfer safoni datblygiad staff mewnol a allai wedyn ddarparu'r hyfforddiant asesu hwn. Mae angen gwneud hyn yn ystod y chwarter nesaf er mwyn i'r ddarpariaeth dysgu seiliedig ar waith gadw i fyny â'r galw.

4. MATERION LLYWODRAETHU A RISG

Pe bai AaGIC yn gwneud dim a bod y status quo yn parhau, byddai sefydliadau iechyd yn parhau i dalu symiau mawr o arian yr Ardoll Prentisiaethau bob blwyddyn ac ychydig iawn o adnoddau a fyddai ar gael yn gyfnewid am y gwariant hwnnw. Codir yr ardoll ar gyfradd o 0.5% o fil cyflogau cyflogwr a chyfanswm y bil cyflogau ar gyfer GIG Cymru 2019/20 oedd £4.1 Biliwn (£4,182,627,033) felly, mae 0.5% yn cyfateb i £21 miliwn (£20,913,135). Bydd yn parhau i wynebu diffyg cyflenwad o sefydliadau i ddarparu prentisiaethau priodol, yn enwedig y rheini â niferoedd bach o ddysgwyr cysylltiedig.

Hyd yn oed gyda'r prentisiaethau sy'n cael eu darparu ar hyn o bryd, mae asesu cymhwysedd yn dibynnu ar staff o arfer y GIG i gwblhau asesiadau. Nid oes digon o aseswyr seiliedig ar waith hyfforddedig ar gael ar draws GIG Cymru i asesu a chofrestru dysgwyr fel rhai sy'n gymwys i ennill eu cymhwyster achrededig a'u fframwaith prentisiaeth. Mae'r broblem hon wedi'i dwysáu o ganlyniad i Covid 19

Y prif risg yn y tymor hir, os na wneir y gwaith hwn yw y bydd diffyg safoni a sicrhau ansawdd dysgu seiliedig ar waith ar draws GIG Cymru. Bydd hyn yn esgus dros brofiad gwael dysgwyr ac ansawdd cyffredinol y ddarpariaeth, gan leihau hyder yn y ddarpariaeth Dysgu Seiliedig ar Waith ar draws GIG Cymru wrth i sefydliadau barhau i weithio ar eu pennau eu hunain gan ddefnyddio dulliau anghyson.

5. GOBLYGIADAU ARIANNOL

Er mwyn datblygu'r gwaith hwn mae'r Tîm Gweithredol wedi cefnogi dwy swydd ym Mand 6 a 7 a chaiff y rhain eu hariannu o'n cyllid datblygu.

Er nad oes unrhyw arbediad cyffredinol i AaGIC wrth benodi'r swyddi hyn, ceir arbedion mewn Byrddau Iechyd ac Ymddiriedolaethau a fydd yn eu galluogi i gynyddu gwariant ar gymwysterau dysgu achrededig ar gyfer ystod ehangach o staff.

6. ARGYMHELLIAD

Gofynnir i'r Aelodau:

- Nodi cynnwys y papur a'r cynnydd yn erbyn yr hyn y dylid ei gyflawni o fewn yr IMTP

Llywodraethu a Sicrwydd			
Cysylltu ag amcanion strategol yr IMTP <i>(rhowch ✓)</i>	Nod Strategol 1: Arwain y gwaith o gynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu arweinyddiaeth dosturiol a chyfunol ar bob lefel
	X	X	
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi'r gwaith o sicrhau diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio	Nod Strategol 6: I gael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol
	X		X
Ansawdd, Diogelwch a Phrofiad Cleifion			
Mae dysgu seiliedig ar waith yn rhoi'r wybodaeth sylfaenol a'r cymhwysedd gofynnol i staff y GIG a asesir yn unol â safon y cytunwyd arni. Mae hyn yn rhoi hyder i gleifion a'u gofalmwyr yn yr unigolion hynny sy'n darparu gofal a chymorth iddynt			
Goblygiadau Ariannol			
Yn ystod cam cyntaf y cynllun, cytunwyd i ariannu dwy swydd amser llawn ychwanegol ym Mand 7 a Band 6. Bydd y swyddi hyn yn cefnogi'r twf mewn dysgu seiliedig ar waith nid yn unig ar lefel gweithwyr cymorth ond hefyd ar gyfer staff cofrestredig sy'n ymgymryd â dysgu seiliedig ar waith ar lefel 6 a 7. Drwy fod yn Bartner Datblygu gyda Llywodraeth Cymru ar gyfer y Fframweithiau Prentisiaethau iechyd rydym yn arbed arian i Lywodraeth Cymru oherwydd yn flaenorol byddai Llywodraeth Cymru wedi talu Sgiliau Iechyd i ymgymryd â'r gwaith hwn. Mae hyn yn golygu y bydd mwy o arian cyhoeddus ar gael ar gyfer Prentisiaethau ar draws pob sector.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Goblygiadau Staffio			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Tymor hir – bydd y bartneriaeth hon â Llywodraeth Cymru yn golygu y gall AaGIC sicrhau bod gan weithlu GIG Cymru gyfres o Fframweithiau Prentisiaethau sy'n addas i'r diben ac sy'n cael eu hadolygu'n rheolaidd Integreiddio – fel Partner Datblygu gyda Llywodraeth Cymru bydd AaGIC yn chwarae rhan debyg i rôl Ofal Cymdeithasol Cymru o ran Prentisiaethau. Bydd hyn yn cefnogi'r integreiddio rhwng y sectorau iechyd a gofal cymdeithasol Cynnwys – dim ond drwy gynnwys yr holl randdeiliaid allweddol y gellir cyflawni'r gwaith hwn Cydweithredu – dros y 3 blynedd nesaf bydd angen i'r gwaith o gyflwyno Fframweithiau Prentisiaethau ar draws GIG Cymru ddigwydd mewn cydweithrediad â Darparwyr Addysg Bellach a Hyfforddiant			
Hanes yr Adroddiad			
Atodiadau			



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Dyddiad y Cyfarfod	Dydd Iau, 26 Tachwedd 2020	Eitem ar yr Agenda	3.2
Teitl yr Adroddiad	Datblygu Cynllun Blynnyddol AaGIC 2021/22		
Awdur yr Adroddiad	Chris Payne, Cyfarwyddwr Cynorthwyol Cynllunio, Perfformiad a Gwasanaethau Corfforaethol		
Noddwr yr Adroddiad	Nicola Johnson, Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol		
Cyflwynwyd gan	Nicola Johnson, Cyfarwyddwr Cynorthwyol Cynllunio, Perfformiad a Gwasanaethau Corfforaethol (PPCS)		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Rhoi'r wybodaeth ddiweddaraf am gynnydd a'r camau nesaf mewn perthynas â datblygu Cynllun Blynnyddol AaGIC.		
Materion allweddol	Ar hyn o bryd disgwylir y bydd Fframwaith Cynllunio GIG Cymru ar gyfer 2021/22 yn cael ei gyhoeddi rhwng canol a diwedd mis Tachwedd. Mae'r papur hwn yn rhoi'r wybodaeth ddiweddaraf am y dull sy'n cael ei ddefnyddio i ddatblygu Cynllun Blynnyddol mewn cyd-destun tair blynedd ar gyfer 2021-24, a'r cynnydd a wnaed hyd yma.		
Cam Penodol i'w Gymryd (un ✓ yn unig)	Gwybodaeth	Trafod	Sicrhau
			✓
Argymhellion	<p>Gofynnir i'r aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> Nodi'r dull sy'n cael ei ddefnyddio i ddatblygu Cynllun Blynnyddol mewn cyd-destun tair blynedd ar gyfer 2021-24 a'r cynnydd a wnaed hyd yma, a Chytuno i gynnal Nodau Strategol cyfredol y sefydliad fel sail i'r Cynllun Blynnyddol. 		

1. CYFLYWNIAD

Mae'r papur hwn yn rhoi'r wybodaeth ddiweddaraf i'r Bwrdd am ddatblygu Cynllun Blynnyddol ar gyfer 2021/22.

2. CEFNDIR

Ar adeg ysgrifennu'r adroddiad hwn, nid yw Llywodraeth Cymru wedi cyhoeddi Fframwaith Cynllunio GIG Cymru ar gyfer 2021/22 eto ond mae'n edrych yn debyg y bydd y canllawiau'n cael eu cyhoeddi ddiwedd mis Tachwedd. Bydd hyn yn darparu canllawiau pwysig ar brif feysydd blaenoriaeth Gweinidogol, y rhaglenni cenedlaethol ac unrhyw ofynion polisi newydd a fydd yn gofyn am ein cefnogaeth, yn ogystal â set ddisgwyliedig o dempledi gorfodol i'w cwblhau. Fodd bynnag, oherwydd natur unigryw'r sefydliad, mae'r rhan fwyaf o'n cynllun yn ymateb i'r cyfeiriad strategol a nodir yn y Strategaeth Gweithlu ar gyfer lechyd a Gofal Cymdeithasol ac fel sefydliad strategol bydd AaGIC yn datblygu Cynllun Blynnyddol sy'n parhau i gyflawni ein Nodau Strategol. Bydd hyn yn seiliedig ar ddiweddarau Blwyddyn 2 o'n IMTP 2020-23 a gymeradwyir, yn ogystal ag ymateb parhaus ein system i bandemig COVID-19.

3. Y CYNNIG

3.1 Cynllun Blynnyddol mewn cyd-destun tair blynedd

Mae Llywodraeth Cymru wedi nodi'n anffurfiol y bydd yn ofynnol i sefydliadau'r GIG lunio Cynllun Blynnyddol ar gyfer 2021/22 oherwydd ymateb COVID-19. Mae Tîm Gweithredol AaGIC wedi cytuno y bydd y sefydliad yn paratoi'r Cynllun Blynnyddol yng nghyd-destun tair blynedd, yn seiliedig ar ddiweddarau'r IMTP 2020-23 a gymeradwyir. Disgrifir y targedau cyflawnadwy yn fanwl ar gyfer 2021/22, a rhag i'r canllawiau newid yn ôl i Gynlluniau Gweithredol chwarterol, ein bwriad yw nodi cerrig milltir chwarterol ar gyfer y flwyddyn. Byddwn hefyd yn cynnwys ein gweithgareddau i gefnogi'r ymateb parhaus i COVID-19 ac unrhyw feysydd gwaith newydd eraill ac yn disgrifio'r adnoddau ychwanegol sydd eu hangen i sicrhau darpariaeth yn ogystal â chynnwys y templedi gorfodol cenedlaethol perthnasol ar gyfer 2021/22.

Bydd y Cynllun hefyd yn manylu ar ein hamcanion allweddol, ein targedau cyflawnadwy a'n canlyniadau ar gyfer Blynnyddoedd 2 a 3 er mwyn nodi'n glir ein cyfeiriad fel sefydliad strategol o fewn system GIG Cymru.

3.2 Nodau Strategol



Gofynnir i'r Bwrdd gymeradwyo argymhelliad y Tîm Gweithredol y dylid cadw'r chwe Nod Strategol presennol ar gyfer 2021/22. Bydd hyn yn sicrhau cysondeb â'r IMTP a gymeradwyir ac yn sicrhau y gellir olrhain y gwaith o gyflawni amcanion a chanlyniadau o flwyddyn i flwyddyn. Bydd y rhain yn sail i strwythur y ddogfen a'n gwaith parhaus o fonitro perfformiad. Fel gyda Chynllun Gweithredol Chwarter 3/4, bydd unrhyw beth y gellir ei gyflawni sy'n gysylltiedig â COVID-19 yn cyd-fynd â'r Nodau Strategol ac yn cael ei drin fel rhan annatod o'n Cynllun.

3.3 Lansio'r Broses Gynllunio

Cynhaliwyd gweithdy estynedig rhithwir gan yr Uwch Dîm Arweinyddiaeth ar 3 Tachwedd 2020 i lansio'r broses gynllunio a chymerodd nifer dda ran ynddo. Yn ystod y sesiwn amlinellwyd y dull cynllunio i'w ddefnyddio ar gyfer y Cynllun Blynnyddol a chydnabuwyd bod cyfeiriad strategol cadarn wedi'i bennu yn sgil lansio'r Strategaeth Gweithlu ar gyfer lechyd a Gofal Cymdeithasol, y Cynllun Cydraddoldeb Strategol a chwblhau'r Adolygiad Strategol o Gomisiynu Addysg. Bydd angen i'r cynllun ddod o hyd i'r cydbwysedd cywir rhwng lefelau uchel o uchelgais gyda'r gallu a'r capasiti i gyflawni ein nodau a'n hamcanion.

Adolygodd a diweddarodd y grŵp y dadansoddiad macroeconomaidd Gwleidyddol, Economaidd, Cymdeithasol, Technolegol, Cyfreithiol ac Amgylcheddol (PESTLE). Bu hyn yn fodd i ystyried y ffactorau newydd neu'r ffactorau sy'n datblygu yn y macro-amgylchedd y mae angen eu hystyried wrth gynllunio ein gweithgareddau strategol a gweithredol. Roedd yn werth nodi bod y macroamgylchedd wedi newid yn sylweddol oherwydd COVID-19 a bydd hyn yn parhau i ddylanwadu ar feysydd gweithgarwch cyfredol a newydd hyd y gellir rhagweld. Er enghraifft, mae'r maes Technolegol wedi newid yn sylweddol gyda'r cynnydd mewn gweithio digidol a'r newid i hyfforddiant ar-lein, datblygiad proffesiynol parhaus, cynadleddau ar-lein a gweithio gartref. Yn yr un modd, yn yr amgylchedd cymdeithasol tynnwyd sylw at y materion cydraddoldeb, iechyd a lles ar gyfer staff, hyfforddeion a myfyrwyr Pobl Dduon a Lleiafrifoedd Ethnig gan y pandemig ac ymgyrch Black Lives Matter.

Roedd y sesiwn hefyd yn gyfle i brofi'r fformat 'Cynllun ar Dudalen' (gweler Atodiad 1) ar gyfer nifer o'r Amcanion Strategol. Cyflwynodd yr Uwch Swyddogion Cyfrifol (SROs) y targedau cyflawnadwy ar gyfer eu hamcanion a'r cerrig milltir chwarterol ar gyfer 2021/22. Hefyd disgrifiwyd lefel y flaenoriaeth ar gyfer yr amcan, eu gofynion ar gyfer adnoddau ychwanegol a'r gofynion sydd eu hangen gan y swyddogaethau galluogi (cyfathrebu, digidol a'r Gymraeg). Yn y sesiwn nodwyd rhywfaint o wybodaeth bellach i'w chynnwys yn y Cynllun ar Dudalen gan gynnwys y rhai sy'n ymwneud â chyflawni, eu halinio ag amcanion eraill, y cynnydd disgwylledig erbyn 31 Mawrth 2021, a ph'un ai a oedd unrhyw fuddsoddiad arall wedi'i dderbyn yn ystod y flwyddyn.

Mae'r Cynllun ar Dudalen diwygiedig wedi'i lenwi'n barod gyda thargedau cyflawnadwy Blwyddyn 2 IMTP 2020-23 a'i ddosbarthu i bob SRO i'w gwblhau. Caiff y data a ddarperir ei ddadansoddi a'i ystyried yn yr ail weithdy'r Uwch Dîm Arweinyddiaeth (SLT) estynedig ar 8 Rhagfyr 2020 i lywio ein gwaith cynllunio a blaenoriaethu.

3.3 Diwygio'r Amcanion Strategol

Drwy'r cam cynllunio gweithredol hwn, mae'r Tîm Cynllunio wedi cynnig cyfarfod pob SRO i drafod yr amcanion strategol er mwyn rhoi cymorth a chynngor iddynt. Y themâu sy'n dod i'r amlwg yw y bydd angen ailflaenoriaethu nifer o amcanion presennol a manylir ar nifer fach o ddarnau newydd o waith y bydd angen eu hystyried a'u cynnwys yn y cynllun. Mae SROs yn gweld cyfleoedd ar gyfer gwaith matrices pellach a rheoli'r rhyngddibyniaethau ag

amcanion eraill ac mae'r arweinwyr proffesiynol ym maes fferylliaeth ac optometreg wedi gweithio gyda'r tîm i gynnwys eu targedau cyflawnadwy yn yr amcanion presennol.

Gwnaed ymholiadau yn y gweithdy ynghylch dyblygu neu ddiwygio nifer fach o'r amcanion mwy 'strategol', yn enwedig o dan Nodau Strategol 1 a 2. Cytunwyd bod hyn yn golygu y byddai angen i'r SROs perthnasol adolygu'r amcanion strategol yn y meysydd hyn ar y cyd. Gallai hyn gynnwys datblygu fframwaith cyffredin o egwyddorion i sicrhau bod yr elfennau addysg a hyfforddiant yn llifo'n briodol drwy'r cynllun a'u hail-lunio i gyd-fynd â'r camau addysg a hyfforddiant o'r Strategaeth Gweithlu. Cytunwyd bod angen sgwrs bellach am y gweithlu sylfaenol a chymunedol a'r Byrddau Partneriaeth Rhanbarthol yn ogystal ag eglurhad pellach ynghylch amcan SIFT. Cynhelir cyfarfod ar 20 Tachwedd 2020 i gwblhau'r drafodaeth hon ac i gyflwyno cynigion i'r Tîm Gweithredol ac i Sesiwn Datblygu'r Bwrdd ym mis Rhagfyr.

3.4 Ymgysylltu

Bydd ymgysylltu mewnol yn parhau drwy'r Tîm Gweithredol a chyfarfodydd SLT estynedig. Cytunwyd hefyd i sefydlu Grŵp Integreiddio IMTP gan gynnwys Cyfarwyddwr PPCS, Cyllid a Gweithlu a Datblygu Sefydliadol yn ogystal â Dirprwy Gyfarwyddwyr priodol i oruchwylio'r gwaith o ddatblygu'r cynllun integredig.

Yn allanol, cynhaliwyd cyfarfod gyda chydweithwyr Gwasanaeth Gwybodeg GIG Cymru ynglŷn â'r cyfle i gysoni ein Cynlluniau fel y ddau brif sefydliad galluogi strategol ar gyfer GIG Cymru. Cytunwyd y bydd Cyfarwyddwr AaGIC PPCS yn trafod opsiynau ar gyfer ymgysylltu â'n cynlluniau gyda sefydliadau eraill GIG Cymru yng Ngrŵp Rhwydwaith Cymheiriaid y Cyfarwyddwyr Cynllunio ar 4 Rhagfyr. Bydd cyfarfod hefyd yn cael ei drefnu'n benodol gyda Rhaglen Gydweithredol GIG Cymru i archwilio eu prif raglenni gwaith a'r cymorth sydd ei angen.

Ailedrychir ar yr ymgysylltu a fu â rhanddeiliaid a phartneriaid eraill ynghylch yr IMTP hefyd ar ôl y Nadolig a chaiff y Cynllun drafft ei ddosbarthu i holl Grwpiau Rhwydwaith Cymheiriaid GIG Cymru ar ôl i'r Bwrdd ei ystyried ym mis Ionawr.

3.5 Y Camau Nesaf

Mae'r camau nesaf fel a ganlyn:

- Parhau â'r cam cynllunio gweithredol gydag SROs i adolygu ac ail-lunio'r amcanion ar 20 Tachwedd 2020.
- Cynnal dadansoddiad o'r templedi Cynllun ar Dudalen a gyflwynwyd a llunio adroddiad i'r Tîm Gweithredol ar y gofynion o ran adnoddau a'r dewisiadau posibl cyn cyfarfod pellach o'r grŵp SLT estynedig ar 8 Rhagfyr.
- Trafod y gofynion adnoddau a'r dewisiadau gyda'r SLT ar 8 Rhagfyr 2020.
- Sefydlu Grŵp Integreiddio IMTP gyda chynrychiolwyr o'r Tîm Gweithredol i reoli'r cynllunio integredig (hyd at ddiwedd mis Mawrth).
- Ystyried y cynlluniau newydd a'r dewisiadau gyda'r Tîm Gweithredol a'r Bwrdd ym mis Rhagfyr.
- Cytuno ar drefniadau ar gyfer ymgysylltu â sefydliadau eraill y GIG gyda Chyfarwyddwyr Cynllunio yng nghyfarfod y grŵp rhwydwaith cymheiriaid ar 4 Rhagfyr ac ymgysylltu â Rhaglen Gydweithredol GIG Cymru, yn ogystal ag ailedrych ar yr ymgysylltu a fu â rhanddeiliaid a phartneriaid ym mis Ionawr.

3.6 Amserlen

Bydd y camau gweithredu a ddisgrifir uchod yn cefnogi ein gwaith o ddatblygu'r cynllun ac adrodd ar gynnydd hyd at gyfnod y Nadolig.

Mae'r amserlen lawn ar gyfer cwblhau'r cynllun terfynol wedi'i chynnwys yn Atodiad 2. Ar ôl cytuno ar y drafft terfynol ym mis Ionawr, bydd cynlluniau cyflawni lleol ar gyfer Cyfarwyddiaethau hefyd yn cael eu datblygu o'r cynllun ar draws y sefydliad.

4. MATERION LLYWODRAETHU A RISG

Mae Asesiad o'r Effaith ar Gydraddoldeb yn cael ei gynnal. Mae data'n cael ei gasglu ar hyn o bryd gan Arweinydd Cynhwysiant AaGIC.

Mae'r oedi o ran Fframwaith Cynllunio GIG Cymru yn peri rhywfaint o risg i'r amserlen ar gyfer ein cynlluniau ond caiff hyn ei liniaru gan gyfeiriad strategol cryf a defnyddio fframwaith yr IMTP blaenorol. Trafodwyd y risgiau sefydliadol y bydd angen mynd i'r afael â nhw yn y Cynllun Blynyddol yng ngweithdy Cynllunio SLT.

Wrth i amcanion gael eu diwygio a'u hail-lunio dros yr wythnosau nesaf drwy ymgysylltu ag SROs ac aelodau o'r SLT, bydd cofnod o newidiadau'n cael ei gadw er mwyn gallu ystyried a chymeradwyo'r gwahaniaethau gan y Tîm Gweithredol ac Aelodau'r Bwrdd rhwng 2020/21 a 2021/22.

5. GOBLYGIADAU ARIANNOL

Wrth i ni ddatblygu ein cynllun, mae defnyddio'r Cynllun ar Dudalen yn rhoi cyfle i SROs a chydweithwyr nodi lle mae angen adnoddau ychwanegol i gefnogi'r gwaith o gyflawni'r amcan strategol dros y cyfnod. Bydd nodi adnoddau ychwanegol yn helpu i ganfod lefel y buddsoddiad sydd ei angen, blaenoriaethu cynlluniau a chwblhau penodau ariannol y cynllun yn gadarn ochr yn ochr â'r templedi adnoddau gorfodol gofynnol.

6. ARGYMHELLIAD

Gofynnir i'r aelodau wneud y canlynol:

- Nodi'r dull sy'n cael ei ddefnyddio i ddatblygu Cynllun Blynyddol mewn cyd-destun tair blynedd ar gyfer 2021-24 a'r cynnydd a wnaed hyd yma; a,
- Chytuno i gynnal Nodau Strategol cyfredol y sefydliad fel sail i'r Cynllun Blynyddol.

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: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	Nod Strategol 6: Cael ei gydnabod fel partner, dylanwadrwr ac arweinydd rhagorol
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad Cleifion			
Amh.			
Goblygiadau Ariannol			
Bydd angen paratoi cynllun ariannol.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Mae dyletswydd gyfreithiol i gydymffurfio â Fframwaith Cynllunio GIG Cymru.			
Goblygiadau Staffio			
Gan mai dyma'r ail IMTP, mae'r broses gynllunio yn debygol o nodi ceisiadau ychwanegol sylweddol am adnoddau staffio sydd eu hangen i fodloni gofynion capasiti. Caiff y rhain eu nodi a darperir costau priodol i allu gwneud penderfyniadau effeithiol a blaenoriaethu priodol lle bo angen.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Bydd yr IMTP yn rhoi ystyriaeth lawn i'r gofyniad i fodloni "Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015, 5 ffordd o weithio.			
Hanes yr Adroddiad	28 Hydref 2020		
Atodiadau	1 – Templed cynllun ar dudalen 2 – Amserlen		

Atodiad 1

Cynllun ar Dudalen

Nod Strategol:							
Amcan Strategol:							
Arweinydd Gweithredol: / SRO:							
Oes gennych chi dîm prosiect ffurfiol? Os felly, nodwch:							
A yw'r amcan hwn yn cyd-fynd ag unrhyw amcanion eraill? Os felly, rhestrwch:							
Disgrifiwch y cynnydd disgwyledig erbyn 31 Mawrth 2021:							
<ul style="list-style-type: none"> • Rhaid Gwneud? • Dylid Gwneud? • Gellid Gwneud? • Ddim am Wneud? 	<i>Menter aml-broffesiynol (Ydi/Nac ydi) (rhowch fanylion)</i>	<i>Ydych chi wedi cael unrhyw fuddsoddiad ychwanegol ar gyfer hyn yn ystod y flwyddyn 2020-2021 (Do/Naddo) Faint? (rhowch fanylion)</i>	<i>Angen cyllid ychwanegol nad yw'n staff Oes/Nac oes (rhowch fanylion)</i>	<i>Angen staff ychwanegol Oes/Nac oes (rhowch fanylion)</i>	<i>Angen mewnbwn cyfathrebu Oes/Nac oes (rhowch fanylion)</i>	<i>Angen mewnbwn digidol Oes/Nac oes (rhowch fanylion)</i>	<i>Angen mewnbwn Cymraeg Oes/Nac oes (rhowch fanylion)</i>
Prif Dargedau Cyflawnadwy ar gyfer Blwyddyn 1 (2021-22)				Cerrig Milltir Chwarterol Allweddol ar gyfer Blwyddyn 1 (2021-22)			
				Chwarter 1 (Ebrill-Mehefin)			
				Chwarter 2 (Gorffennaf-Medi)			
				Chwarter 3 (Hydref-Rhagfyr)			
				Chwarter 4 (Ionawr-Mawrth)			
Targedau Cyflawnadwy lefel uchel ar gyfer Blwyddyn 2 (2022-23)							
Targedau Cyflawnadwy lefel uchel ar gyfer Blwyddyn 3 (2023-24)							
Beth fydd llwyddo yn ei olygu?							

Atodiad 2

Cynllun Prosiect IMTP		
Amcan	Gan bwy?	Erbyn pryd?
Lansio'r broses IMTP drwy weithdy Cynllunio ar gyfer SLT a'r Tîm Gweithredol.	Nicola Johnson	3 Tachwedd 2020
Adolygu a dadansoddi cynnwys y Cynlluniau Gweithredol ar gyfer Ch3/Ch4 i nodi unrhyw feysydd cymorth penodol sy'n ofynnol gan AaGIC.	Chris Payne	20 Tachwedd 2020
Cyhoeddi Cynllun ar Dudalen diwygiedig i SROs ei gwblhau a threfnu sesiynau galw heibio cynllunio i roi cymorth gyda'r tîm cynllunio.	Jane Powell	6 Tachwedd 2020
Cyhoeddi Fframwaith Cynllunio IMTP Llywodraeth Cymru.	Llywodraeth Cymru	Amcangyfrifir ganol Tachwedd 2020
Rhannu Fframwaith Cynllunio IMTP gyda SLT a chroesgyfeirio â'r amserlen a'r cynllun gweithreolu.	Jane Powell	Tachwedd 2020
Dechrau Asesiad o'r Effaith ar Gydraddoldeb IMTP.	Jane Powell/Emma Kwaya-James	3 Tachwedd 2020
Hwyluso sesiynau Cynllunio Amcanion Strategol IMTP ar gyfer pob SRO a'r rhai sy'n newydd i'r sefydliad sy'n arwain ar raglenni newid sylweddol.	Chris Payne/Jane Powell	19 Tachwedd 2020
Hwyluso cyfarfod gydag Angie Oliver, Tom Lawson, Charlette Middlemiss, Chris Payne, Martin Riley i adolygu ac ail-lunio amcanion o dan nod strategol 1 a 2.	Nicola Johnson/Chris Payne/Jane Powell	13 Tachwedd 2020
Cyfarfod Margaret Allan i ystyried sut i gynnwys targedau cyflawnadwy yn yr amcanion ac ystyried unrhyw amcanion newydd posibl	Nicola Johnson/Chris Payne/Jane Powell	12 Tachwedd 2020
Amser allan o'r swyddfa i'r Tîm Gweithredol ddatblygu IMTP.	Nicola Johnson	Tachwedd 2020
Jane Powell i ofyn i aelodau'r SLT adolygu a diweddarau adrannau allweddol (gweithlu, perfformiad, risg, digidol, cyllid, gwerth, addysg a hyfforddiant) o'r IMTP.	Jane Powell/SLT	Tachwedd/Rhagfyr 2020
SLT i weithio gyda chydweithwyr cyllid / gweithlu a digidol i asesu'r goblygiadau o ran adnoddau.	SLT a Rhiannon Beckett	Tachwedd-Rhagfyr 2020
Rhannu cynnydd o ran datblygu'r Cynllun gyda'r Bwrdd.	Nicola Johnson	26 Tachwedd 2020 (cyhoeddus)
Grŵp SLT estynedig i flaenoriaethu targedau cyflawnadwy y rhan gyntaf a chyflwyno fesul cam (cerrig milltir) a nodi SROs ac Arweinwyr Prosiectau.	Nicola Johnson	8 Rhagfyr 2020
Rhannu cynnydd o ran datblygu'r Cynllun ac unrhyw ddewisiadau allweddol gyda'r Bwrdd.	Nicola Johnson	17 Rhagfyr 2020
Rhoi'r wybodaeth ddiweddaraf i'r SLT am gynnydd a dewisiadau allweddol.	Nicola Johnson	10 Rhagfyr 2020
Ysgrifennu Crynodeb Gweithredol	Justine Cooper	Rhagfyr 2020
Drafftio rhagair ar gyfer yr IMTP i'r Prif Weithredwr a'r Cadeirydd ei gymeradwyo.	Nicola Johnson	Rhagfyr 2020
Prawfddarllen yr IMTP yn derfynol.	Justine Cooper	15 Rhagfyr 2020
Y fersiwn drafft cyntaf o'r IMTP i'w rannu â DoP ar gyfer ei gymeradwyo	Jane Powell	16 Rhagfyr 2020
Tîm Gweithredol i ystyried y targedau cyflawnadwy terfynol, y dewisiadau i'w gwneud a'r cynllun adnoddau.	Nicola Johnson	Rhagfyr
Cyfarfod anffurfiol â Llywodraeth Cymru i fyfyrion ar gynnydd.	Nicola Johnson/Samia Saeed-Edmonds	I'w gadarnhau Rhagfyr?

Cwblhau'r taenlenni (cyllid, gweithlu).	Rhiannon Beckett/Foula Evans	31 Ionawr 2021
Drafft cyntaf i'w adolygu gan yr SLT.	Nicola Johnson	Dydd Mawrth, 12 Ionawr 2021*
Cyfarfod ffurfiol gyda LIC i adolygu'r IMTP.	Nicola Johnson/Samia Saeed-Edmonds	Ionawr 2021?
Fersiwn drafft cyntaf o Asesiad o'r Effaith ar Gydraddoldeb IMTP.	Jane Powell/Emma Kwaya-James	21 Ionawr 2020
Drafftio'r IMTP i'r Tîm Gweithredol.	Nicola Johnson	21 Ionawr 2021
Drafftio'r IMTP i'r Bwrdd.	Nicola Johnson	28 Ionawr 2021
Newidiadau terfynol i'r drafft.	Nicola Johnson	Chwefror 2021
Datblygu Cynlluniau Cyflawni lleol ar gyfer Cyfarwyddiaethau.	Nicola Johnson	Chwefror 2021
Cymeradwyo'r Cynllun terfynol yn ffurfiol gan y Tîm Gweithredol.	Nicola Johnson	11 Mawrth 2021
Cymeradwyo'r Cynllun terfynol yn ffurfiol gan y Bwrdd.	Nicola Johnson	25 Mawrth 2021
Cyflwyno i Lywodraeth Cymru i'w gymeradwyo.	Alex Howells	31 Mawrth 2021



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

Dyddiad y Cyfarfod	26 Tachwedd 2020	Eitem Agenda	4.1
Teitl yr Adroddiad	Adroddiad y Cyfarwyddwr Cyllid		
Awdur yr Adroddiad	Rhiannon Beckett		
Noddwr yr Adroddiad	Eifion Williams		
Cyflwynwyd gan	Eifion Williams		
Rhyddid Gwybodaeth	Agored		
Diben yr Adroddiad	Darparu adroddiad i Fwrdd AaGIC ar y sefyllfa ariannol ar gyfer mis Hydref 2020 (Mis 07).		
Materion Allweddol	Mae gan AaGIC ddyletswydd statudol i adennill costau ar ddiwedd y flwyddyn a dylai'r adroddiad hwn gynorthwyo'r Bwrdd, y Swyddogion Gweithredol a Deiliaid Cyllidebau i ddeall y sefyllfa ariannol a adroddwyd ar gyfer Mis 7 ym mlwyddyn ariannol 2020-21 a'r camau sydd eu hangen i sicrhau gweddill ar ddiwedd y flwyddyn.		
Camau Penodol i'w Cymryd un ✓ yn unig	Gwybodaeth	Trafodaeth	Sicrwydd
	✓		
Argymhellion	Gofynnir i Fwrdd AaGIC nodi'r sefyllfa ariannol a adroddwyd ym mis saith a'r rhesymau sylfaenol dros yr amrywiannau allweddol yn y gyllideb.		

ADRODDIAD Y CYFARWYDDWR CYLLID

1. CYFLWYNIAD

Mae'r adroddiad yn nodi'r sefyllfa ariannol fel ag y mae ar ddiwedd mis Hydref 2020, gan adrodd yn erbyn cyllidebau a ddiweddarwyd. Mae'r cyllidebau dirprwyedig wedi deillio o Gynllun Adnoddau 2020/21 a gymeradwywyd o Gynllun Ariannol IMTP 2020-25 ac a ddiweddarwyd ymhellach gan y Llythyr Dyrannu a dderbyniwyd gan Lywodraeth Cymru.

Sefyllfa ariannol AaGIC yw tanwariant £927K am y saith mis hyd yma. Roedd y sefyllfa a ragwelwyd ar ddiwedd y flwyddyn a adroddwyd i Lywodraeth Cymru yn cynnwys y camau a gymerir i sicrhau y bydd sefyllfa ariannol AaGIC yn gytbwys.

Mae angen ystyried yr adroddiad hwn ynghyd â'r Adroddiad Perfformiad a ddarparwyd i'r Bwrdd. Mae AaGIC wedi cymryd amryw o gamau i weithio'n wahanol yn ystod pandemig COVID-19 i sicrhau bod amcanion a thargedau'r sefydliad yn 2020/21 yn cael eu cyflawni. Er bod y sefydliad yn tanwario, mae'r adroddiad perfformiad yn nodi bod y sefydliad yn perfformio'n dda yn erbyn ei amcanion a'i dargedau er gwaethaf y cyfyngiadau sy'n deillio o'r pandemig.

2. CEFNDIR

Mae'r adroddiad hwn yn rhoi'r wybodaeth ddiweddaraf am y sefyllfa ariannol ar gyfer y cyfnod hyd at 30 Hydref 2020, ac mae'r adroddiad yn nodi'r rhesymau dros unrhyw amrywiad ariannol yn erbyn y cyllidebau a bennwyd. Mae'r pandemig COVID-19 a'r cyfyngiadau yn parhau i effeithio ar gyllidebau cyflog a chyllidebau eraill drwy gyfyngu ar gyfleoedd ar gyfer recriwtio, hyfforddiant ac addysg. Rydym yn trafod yn barhaus gyda Llywodraeth Cymru ynghylch rheoli'r sefyllfa ariannol hyd at ddiwedd y flwyddyn ac roedd cyfarfod mis Hydref yn gadarnhaol gyda chamau gweithredu arfaethedig manwl wedi'u nodi yn y naratif sydd ynghlwm. Mae deiliaid cyllidebau a rheolwyr gwasanaethau yn ystyried ailbroffilio'r gwaith a gomisiynwyd ac mae hyn yn debygol o arwain at newidiadau pellach i'r cynllun ariannol yn ystod 2020/21.

3. CYNNIG

Gofynnir i'r Bwrdd nodi'r sefyllfa ariannol a adroddwyd gan AaGIC ar gyfer Mis 7 ac ystyried yr esboniadau cryno o'r amrywiadau allweddol a ddisgrifwyd ar gyfer pob Cyfarwyddiaeth.

4. MATERION LLYWODRAETHU A RISG

Mae gan AaGIC ddyletswydd ariannol statudol i adennill costau ar ddiwedd blwyddyn a bydd Llywodraeth Cymru yn monitro'r sefyllfa yr adroddwyd arni o ran y ddyletswydd hon a hefyd yn erbyn cynllun ariannol y flwyddyn gyfredol a gyflwynwyd o fewn IMTP 2020-23.

5. GOBLYGIADAU ARIANNOL

5.1 Sefyllfa Ariannol Refeniw ym Mis 07

Mae AaGIC yn adrodd am danwariant o £927K yn erbyn cyllidebau wedi'u proffilio ar 30 Hydref 2020. Mae'r sefyllfa o danwariant mewn cyllidebau cyflogau'n deillio o nifer o swyddi gwag ar draws sefydliadau staffio pob Cyfarwyddiaeth. Mae'r tanwariant mewn cyllidebau eraill yn ganlyniad i lai o weithgarwch hyfforddi ac addysg, a chostau teithio, digwyddiadau a chynadleddau o ganlyniad i gyfyngiadau cloi COVID-19. Mae'r

tanwariant sylweddol mewn cyllidebau Comisiynu yn deillio'n bennaf o lai o gyrsiau addysg Proffesiynol Gofal Iechyd a'r nifer is sy'n dechrau cyrsiau a chyfradd Bwrsariaethau. Mae'r tanwariant mewn cyllidebau Meddygol yn gysylltiedig â thanrecriwtio i swyddi gradd hyfforddiant meddygol a maes Fferylliaeth wedi'i wrthbwysu gan niferoedd a chostau cynyddol y rhai sy'n dechrau neu'n ymestyn eu hamser mewn hyfforddiant meddygon teulu.

Adroddwyd sefyllfa ariannol mis 7 i Lywodraeth Cymru ar ddiwrnod 5 a rhannwyd rhagor o fanylion drwy'r ffurflen fonitro a gyflwynwyd ar ddiwrnod 9 yn unol ag amserlen adrodd ofynnol Cylchlythyr Iechyd Cymru. Mae'r Ffurflen Fonitro a gyflwynwyd i'w gweld yn Atodiad 2.

Mae'r tabl isod yn dangos yr amrywiant lefel uchel yng nghyllideb ddirprwyedig y Cyfarwyddwyr Gweithredol.



**GIG
CYMRU
NHS
WALES**

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

As at 30th October 2020

	Year to Date			Previous Month	
	Budget	Actual	Variance	Variance to Date	Movement
	£	£	£	£	£
INCOME:					
Welsh Government	(128,687,997)	(128,687,997)	0	0	0
Other Income	(339,981)	(241,208)	98,773	97,128	1,645
Total Income	(129,027,978)	(128,929,205)	98,773	97,128	1,645
Expenditure					
Board & Executive	956,921	907,110	(49,811)	(71,395)	21,584
Finance	553,714	532,037	(21,677)	(16,126)	(5,551)
Planning, Performance and Corporate Services	1,070,473	998,814	(71,659)	(68,964)	(2,695)
Digital and IT	2,774,790	2,708,885	(65,905)	(60,630)	(5,275)
Medical & Pharmacy	61,532,770	60,906,682	(626,088)	(619,601)	(6,487)
Nursing	60,921,457	60,852,760	(68,697)	(1,047,969)	979,273
Human Resources and Organisation Development	1,344,219	1,222,164	(122,055)	(109,984)	(12,071)
Sub-Total Expenditure	129,154,344	128,128,454	(1,025,890)	(1,994,668)	968,778
Total			(927,117)	(1,897,540)	970,423

Gellir gweld bod newid sylweddol yn y tanwariant a gofnodwyd rhwng mis 06 a mis 07. Mae hyn yn deillio o ail-neilltuo £5m o adnoddau i fis 12 yn hytrach na'i broffilio dros y flwyddyn. Gwnaed hyn gan ragweld, yn dilyn trafodaeth y Bwrdd ar y camau arfaethedig i gydbwysu ar ddiwedd y flwyddyn, y bydd y swm yn cael ei ddychwelyd i Lywodraeth Cymru yn ystod y flwyddyn. Disgwylir y bydd AaGIC yn llwyddo i sicrhau bod sefyllfa ariannol gytbwys gyffredinol yn cael ei chyflawni ar ddiwedd y flwyddyn.

Mae'r tabl canlynol yn rhoi dadansoddiad pellach o'r amrywiad ariannol a adroddwyd ar gyfer Mis 07 yn ôl categori gwariant.

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
	£	£	£	£	£
Directorate					
Board and Executive		(1,354)	(48,457)		(49,811)
Chief Executive Reserve			0		0
Finance		(14,052)	(7,625)		(21,677)
Planning, Performance and Corporate Services		31	(71,690)		(71,659)
Digital and IT		(17,523)	(48,382)		(65,905)
Medical & Pharmacy	98,773	(245,038)	(537,501)	156,451	(527,315)
Nursing	0	(87,718)	(6,991)	6,013	(88,697)
Human Resources and Organisation Development		(51,542)	(70,513)		(122,055)
Total	98,773	(397,196)	(791,159)	162,464	(927,117)

Mae'r dadansoddiad sydd ynghlwm yn Atodiad 1 yn rhoi'r prif resymau dros y tanwariant, yn ôl Cyfarwyddiaeth. Y prif resymau dros yr amrywiannau mewn tanwariant yw swyddi gwag yn erbyn lefelau staffio wedi'u cyllidebu ar gyfer Cyllidebau Cyflog, costau is o ran gwaith cymorth addysg a hyfforddiant a chostau teithio mewn cyllidebau di-dâl a llai o leoliadau na'r disgwyl mewn cyllidebau addysg a lleoliadau hyfforddiant a gomisiynwyd.

5.2 Comisiynu Cyllid

Dylid nodi bod y gyllideb Gomisiynu yn seiliedig ar y cohort presennol o fyfyrwyr yn y system a nifer y myfyrwyr a gomisiynwyd ar gyfer 20/21. Yn dilyn yr ymarfer 'manwl' a gynhaliwyd gan yr Adran Gyllid ar ddiwedd chwarter 1 a chymeradwyaeth y Bwrdd, trosglwyddwyd y cyllid sy'n gysylltiedig â'r rhagolwg tanwariant bryd hynny yn ôl i Lywodraeth Cymru a oedd yn dod i gyfanswm o £3.9m.

Yn dilyn yr ymarfer 'manwl' pellach a gynhaliwyd yn dilyn adrodd ar chwarter 2, nodwyd y rhagwelir tanwariant sylweddol pellach yng gyllidebau comisiynu Addysg Broffesiynol Iechyd. Yn ystod trafodaeth â chydweithwyr Cyllid Llywodraeth Cymru cynigir dychwelyd £5m pellach o gyllid. Ym mis 7, mae'r tanwariant y flwyddyn hyd yma wedi'i leihau drwy ail-neiltuo £5m o'r gyllideb yn raddol i fis 12 gan ragweld y bydd y cyllid hwn yn dychwelyd. Fodd bynnag, mae angen i Fwrdd AaGIC ystyried a chymeradwyo'r cam gweithredu hwn.

Dangosir dadansoddiad o'r tanwariant comisiynu a ragwelir yn y tabl isod:

	£'000	Nodiadau
Teithio a chynhaliaeth ar gyfer hyfforddiant	-920	1
Contractau E&T	-1,984	2
Ad-daliadau Cyflog Myfyrwyr	-1,004	3
Ad-daliadau Bwrsariaeth Myfyrwyr	-2,125	4
Taliadau Anabledd Myfyrwyr	206	5
Cyfanswm	-5,828	

1. Mae gwariant ar deithio a chynhaliaeth ar gyfer hyfforddiant wedi lleihau'n sylweddol o ganlyniad i Covid-19 gyda llai o fyfyrwyr yn teithio i leoliadau.
2. Mae'r £1,984k a ragwelir ar contractau Addysg o ganlyniad i 270 yn llai o fyfyrwyr yn dechrau blynyddoedd 2 a 3 yn y flwyddyn academaidd newydd sy'n dechrau ym mis Medi 2020 a'r wybodaeth orau sydd ar gael ar flwyddyn 1 allan o gyfanswm nifer y myfyrwyr o 6,648. Efallai y bydd amrywiad pellach pan gaiff yr enillion ar gyfer myfyrwyr blwyddyn 1 eu dilysu er na ddylai hyn achosi symudiad sylweddol gan fod Prifysgolion wedi adrodd lefelau uchel o recriwtio. Mae niferoedd yn is nag ar ddechrau'r flwyddyn academaidd flaenorol gyda 325 o fyfyrwyr yn cofrestru ar gyfer blwyddyn 2 neu 3 allan o gyfanswm nifer y myfyrwyr o 6,217.
3. Rhagwelir tanwariant o £1m ar ad-dalu cyflogau myfyrwyr i Fyrddau Iechyd ar gyfer staff sy'n ymgymryd ag addysg. Mae'r tabl isod yn dangos y prif rifau a gwerthoedd yn ôl cwrs

	No's less than budgeted	monthly budgeted salary costs	Projected year - end underspend
RAPS	8	£ 1,250	£ 70,000
scphn ft	1	£ 3,060	£ 21,420
scphn pt	12	£ 2,040	£ 171,360
HCSW	60	£ 921	£ 386,820
HSST diff	12	£ 2,128	£ 178,752
STP	6	£ 3,211	£ 134,862
			£ 963,214

4. Mae'r 270 o fyfyrwyr hefyd yn effeithio ar y bwrsari sy'n daladwy gan greu tanwariant o £0.8m yn erbyn y gyllideb bwrsariaeth. Gan fod y bwrsari yn seiliedig ar brawf modd, mae'r data diweddaraf ar gyfraddau bwrsariaeth cyfartalog sy'n daladwy nad oedd ar gael adeg pennu'r gyllideb yn dangos gostyngiad o £200 fesul myfyriwr ar gyfartaledd. Ar draws y grŵp myfyrwyr cyfan o 6,454 o fyfyrwyr, mae hyn yn cyfateb i £1.3m pellach o danwariant.
5. Mae taliadau anabledd myfyrwyr wedi cynyddu a rhagwelir y bydd gorwariant o £200k.

Rhagwelir y bydd amrywiadau a thanwariant pellach ar draws cyllidebau eraill y Gyfarwyddiaeth, amcangyfrifir eu bod tua £2.5m ar hyn o bryd, yn cael eu hystyried yng ngoleuni unrhyw ymrwymadau a wneir i gefnogi amcanion AaGIC rhwng diwedd y flwyddyn a diwedd y flwyddyn ac efallai y bydd angen dychwelyd cyllid ymhellach yn ôl yr angen.

6. CYFALAF

Cynhaliwyd cyfarfodydd gyda'r rhan fwyaf o gyfarwyddiaethau o fewn AaGIC i drafod gofynion cyllid cyfalaf ar gyfer 2020/21 ac ychydig iawn o geisiadau a dderbyniwyd hyd yma. Mae gwaith pellach yn cael ei wneud ar hyn o bryd i nodi gofynion, cost a chymhwysedd pob cynllun ar gyfer cyllid cyfalaf yn llawn. Y ddau gynllun a nodwyd hyd yma yw:

- Caffael system i gefnogi arolygu cenedlaethol a lleol yn GIG Cymru – Amcangyfrifir y bydd costau rhwng £40 a £60k.
- Caffael TG cyffredinol, gan gynnwys cefnogi'r cynnydd yn nifer y staff sy'n gweithio gartref – Amcangyfrif y bydd yn £30k.

O ran y tîm Fferylliaeth cariwyd drosodd ddyraniad cyfalaf penodol o £46k o 2019/20. Mae gofynion y cynllun fferylliaeth gwreiddiol bellach wedi newid, ac nid oes angen y cyllid mwyach ar gyfer y prosiect penodol hwnnw. Mae'r tîm Fferylliaeth yn cysylltu â'u cydweithwyr yn Llywodraeth Cymru i ofyn i'r cyllid hwn gael ei ailddyrranu ar gyfer defnyddiau eraill sy'n benodol i fferylliaeth, ac maent wrthi'n paratoi cais ffurfiol. Os na chaniateir hyn, bydd y dyraniad yn cael ei ddychwelyd a bydd AaGIC yn hysbysu Llywodraeth Cymru cyn gynted â phosibl.

7. Y FANOLEN

Dangosir Mantolen AaGIC ar 31 Hydref 2020 isod:

	2020/21 Balans Agoriadol £000au	31 Hyd 2020 £000au	Symud £000au
Asedau Anghyfredol:			
Asedau Sefydlog	2,595	2,302	(293)
Asedau Cyfredol:			
Masnach a derbyniadau eraill	1,074	943	(131)
Arian parod a banc	7,465	9,317	1,852
Cyfanswm yr Asedau	11,134	12,562	1,428
Rhwymedigaethau:			
Masnach a symiau taladwy eraill	(7,328)	(15,644)	(8,316)
Darpariaethau	(130)	(130)	0
Cyfanswm Rhwymedigaethau	(7,458)	(15,774)	(8,316)
	3,676	(3,212)	(6,888)
Ariannwyd gan:			
Cronfa Gyffredinol	3,676	(3,212)	(6,888)
Cyfanswmy Cyllid	3,676	(3,212)	(6,888)

- Mae'r symudiad ar asedau anghyfredol yn adlewyrchu dibrisiant a godwyd yn ystod 2020/21. Cyfanswm y dyraniad cyfalaf ar gyfer 2020/21 yw £151k yn sgil y £51k a gariwyd ymlaen o 2019/20. Ceir rhagor o wybodaeth am gynlluniau cyfalaf yn yr adran isod.
- Cyfanswm masnach a symiau taladwy eraill yw £15.6m, cynnydd o £8.3m ers dechrau'r flwyddyn ariannol. Mae'r prif falansau yn cynnwys:
 - Croniadau ar gyfer yr isadran Feddygol yn y mis oedd cyfanswm o £5.1m. Mae £2.4m o'r balans hwn yn ymwneud â chostau Hyfforddeion meddygon teulu ym mis Medi nad yw wedi'i dalu. Mae £0.6m arall yn groniad o ran comisiynu ym maes fferylliaeth, mae £1m yn groniad o gostau cyflog myfyrwyr mewn byrddau iechyd ac mae £0.7 ar gyfer Ad-dalu Cyflogau Hyfforddeion;
 - Cyfanswm cronïadau'r mis ar gyfer yr isadran Anfeddygol yw £7.4m, yn cynnwys £2.1m ar gyfer GIG Cymru (gan gynnwys ad-dalu cyflogau myfyrwyr) a £4.7m ar gyfer costau ac eithrio costau GIG Cymru (anfonebau prifysgolion yn bennaf gan gynnwys ad-dalu bwrsariaethau, costau teithio ac ati).
 - Mae balansau eraill yn cynnwys:
 - £0.5m ar gyfer cronïadau sy'n gysylltiedig â chyflogres – Taliadau Pensiwn a Chyllid a Thollau Ei Mawrhydi a wnaed y mis yn dilyn y gyflogres.
 - £0.5m ar gyfer cronïadau cyfrifyddu technegol e.e. cronïadau blynyddol a gariwyd ymlaen.

Gofynnwyd am gyllid dyrannu adnoddau o £21.5m a chafodd ei dderbyn gan Lywodraeth Cymru ym mis Hydref 2020. Mae'r balans negyddol ar y gronfa gyffredinol o £3.2m yn adlewyrchu'r gwahaniaeth rhwng cyllid craidd a dynnwyd i lawr a'r gwariant arian parod gwirioneddol hyd yma. Oherwydd gwerth credydwyd yn weddill, nid oes angen i AaGIC dynnu gwerth llawn y cyllid i gyfateb i'r gwariant cronedig. Ar ôl derbyn y dyraniad llawn ar gyfer

2020/21 erbyn diwedd y flwyddyn bydd balans cyffredinol y gronfa yn adlewyrchu'r sefyllfa 'wirioneddol'.

Roedd y sefyllfa o ran arian parod ar ddiwedd mis 7 unwaith eto yn uwch na'r disgwyl, sef £9.3m. Mae hyn o ganlyniad i gynnydd yng ngwerth credydwyd i £15.6m (£14.7m ar P6), y mae £5.8m (£4.9m ar P6) ohono yn ymwneud ag anfonebau a dderbynnir ac sy'n aros am daliad.

Mae'r taliadau a wneir i Brifysgolion ar gyfer nifer o gyrsiau yn seiliedig ar werthoedd blaenorol y contract ar hyn o bryd hyd nes y cytunir ar nifer y myfyrwyr ar gyfer y flwyddyn academaidd newydd. Mae hyn wedi arwain at groniad o £1.6m, y rhagwelir y bydd yn cael ei dalu yn gynnar yn 2021.

Nod AaGIC yw cynnal ei falans arian parod diwedd mis o dan £1m. Mae'r cyllid a dynnir i lawr ar gyfer mis Tachwedd wedi'i leihau, a fydd yn dod â'r sefyllfa ariannol yn ôl o fewn y targed.

8. POLISI TALU'R SECTOR CYHOEDDUS (PSP)

Disgwylir i bob corff yn y GIG gydymffurfio â Pholisi Talu'r Sector Cyhoeddus, sy'n ei gwneud yn ofynnol i gyrff y GIG dalu 95% o'u holl anfonebau o fewn 30 diwrnod ac sy'n seiliedig ar sefyllfa gronws. Ar gyfer y cyfnod rhwng 1 Ebrill a 31 Hydref 2020, talodd AaGIC welliant pellach i 93.55% o anfonebau nad ydynt yn rhai'r GIG o fewn y targed hwn o gymharu â'r 92.7% ar gyfer Mis 6. Ceir dadansoddiad o'r sefyllfa, ynghyd â chymhariaeth â mis 7 yn 2019/20 isod:

Perfformiad PSPP Anfonebau nad ydynt yn rhai'r GIG 2019/20 a 2020/21 - Yn ôl Nifer yr Anfonebau (Targed o 95%)								
	2019/20				2020/21			
	Cyfanswm	Cyfanswm a Basiodd	Cyfanswm a Fethodd	% a basiodd	Cyfanswm	Cyfanswm a Basiodd	Cyfanswm a Fethodd	% a basiodd
Ebrill	489	467	22	95.50	354	334	20	94.35
Mai	312	301	11	96.47	311	236	75	75.88
Mehefin	502	486	16	96.81	443	402	41	90.74
Gorffennaf	806	777	29	96.40	403	392	11	97.27
Awst	456	431	25	94.52	385	381	4	99.00
Medi	376	363	13	96.54	247	242	5	97.98
Hydref	587	522	65	88.93	307	305	2	99.35
Cronnol	3,528	3,347	181	94.87	2,450	2,292	158	93.55

Mae'r mesurau a gyflwynwyd/gryfhawyd o ganlyniad i berfformiad isel PSPP nad oedd yn rhan o'r GIG ym mis Mai 2020 wedi cyfrannu at wella'r targed yn gyffredinol. Adolygir cynnydd yn erbyn y targed yn ystod cyfarfodydd rheolaidd y tîm cyllid er mwyn sicrhau bod unrhyw faterion yn cael eu nodi a'u datrys yn gynnar.

Mae nifer yr anfonebau a dalwyd yn sylweddol is na'r lefel ar hyn o bryd y llynedd. Mae hyn yn rhoi pwysau ychwanegol ar y sefydliad i sicrhau bod cynifer o anfonebau â phosibl yn cael eu talu o fewn yr amserlen ofynnol er mwyn peidio ag effeithio'n negyddol ar berfformiad. Er

bod y targed wedi gwella i 93.55% ddiwedd mis Hydref, mae AaGIC wrthi'n gweithio i sicrhau bod y targed o 95.0% yn cael ei gyrraedd erbyn diwedd y flwyddyn.

9. ARGYMHELLIAD

Gofynnir i'r Bwrdd nodi'r:

- 1) Sefyllfa ariannol ar gyfer AaGIC ym mis 7,
- 2) Esboniad cryno o'r amrywiadau allweddol yn ôl Cyfarwyddiaeth,
- 3) Y sefyllfa Gyfalaf,
- 4) Y Fantolen
- 5) Y perfformiad PSPP

Gofynnir i'r Bwrdd ystyried a chytuno ar y cynnig i ddychwelyd £5m o adnoddau i Lywodraeth Cymru fel rhan o'r camau i fod mewn cydbwysedd ar ddiwedd y flwyddyn.

Llywodraethu a Sicrwydd			
Cysylltu ag amcanion strategol yr IMTP (rhowch✓)	Nod Strategol 1: Arwain y gwaith o gynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu arweinyddiaeth dosturiol a chyfunol ar bob lefel
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi'r gwaith o sicrhau diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwyh i weithio	Nod Strategol 6: I gael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol
Ansawdd, Diogelwch a Phrofiad Cleifion			
Nid oes unrhyw oblygiadau o ran Ansawdd, Diogelwch a Phrofiad Cleifion			
Goblygiadau Ariannol			
Nodir y goblygiadau ariannol uchod yng nghorff yr adroddiad.			
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)			
Mae gan AaGIC gyfrifoldeb statudol i adennill costau ar ddiwedd y flwyddyn ac mae'r adroddiad yn nodi'r sefyllfa ariannol ar gyfer mis Hydref 2020.			
Nid oes unrhyw oblygiadau o ran cydraddoldeb ac amrywiaeth yr adroddiad hwn.			
Goblygiadau Staffio			
Nid oes unrhyw oblygiadau staffio yn yr adroddiad hwn.			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Mae'r adroddiad yn disgrifio'n fyr sut mae AaGIC yn ceisio mabwysiadu dull cynaliadwy o reoli ariannol a fydd yn ei galluogi i gyflawni ei amcanion hirdymor.			
Hanes yr Adroddiad	Mae'r adroddiad yn cyfeirio at ac yn diweddarau'r diweddariad cyllid blaenorol a rannwyd gyda Bwrdd AaGIC ym mis Hydref 2020.		
Atodiadau	Ceir rhagor o fanylion yn Atodiad 1.		

REPORT OF THE DIRECTOR OF FINANCE

The following analysis of the key underspends, by Directorate, is provided below: -

1. Board and Executives

- An underspend on pay to date is as a result of 2 wte vacancies, the posts have been appointed to and the Interim Director of Nursing post appointed at less than 1 wte also contributes to the underspend. The year to date underspend has been reduced by the re-purposing of £1m of budget phased across the year to support activities required to enable trainees to progress as a result of the Covid-19 pandemic.
- An underspend on Non-Pay of £48.5K is due to lower than budgeted travel, catering, room hire and training expenses as a result of the Covid-19 pandemic and lockdown and lower legal and risk costs than budgeted.

2. Finance.

- The underspend on pay budgets of £14.1k is as a result of two 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 use of agency staff has reduced. The underspend to date has been reduced by the re-purposing of £1m of budget phased across the year to support activities to enable trainees to progress as a result of the Covid-19 pandemic and other new commitments.
- There is a favourable variance of £7.6K in Non-Pay that is predominantly related to lower than anticipated travel and subsistence costs and lower than budgeted bank charges.

3. Planning, Performance and Corporate Services

- The Pay budgets are break even at month 7, 1 wte vacant post is being filled by an agency member of staff. Recruitment to the post is expected in January.
- There is an underspend of £71.7k against non-pay budgets as a result of charges for utilities and other variable costs associated with Ty Dysgu, such as photocopying charges, being lower than budgeted. There has also been a VAT rebate in year from 2019/20 following EY review.

4. Digital and IT

- The number of vacant posts within the team created an underspend of £17.5k. Appointments have been made to the Head of Digital and Head of Cyber posts but two further posts will shortly become vacant. The year to date underspend on pay budgets has been reduced by the re-purposing of £1m of budget to support activities to enable trainees to progress as a result of the Covid-19 pandemic and other commitments.

- There is an underspend against non-pay budgets of £48.4k as a result of lower than anticipated travel and subsistence costs and underspends on intrepid development days and Office 365 licence take up by trainees. The planned migration from Cardiff University servers to Azure cloud-based servers has also been delayed, set up and migration costs are low whilst testing is being completed.

5. Medical and Pharmacy

- There is an adverse variance of £98.7k against the other income target as a result of lower than anticipated income from revalidation and CPD courses for Dentists and GPs.
- The underspend on pay of £245k is as a result of a number of administration and clerical vacancies across a range of teams which are only partly offset by agency costs. There are also vacancies in clinical lead roles including the SAS lead, lead for Simulation and Deputy Foundation lead.
- The underspend on non-pay of £537.7k is as a result of lower than anticipated spend on training expenses, lecture fees and travel and subsistence in the year to date. Also GP appraisals were suspended in the first six months of the year creating a £194k underspend. Virtual sessions, delivered through the Hamnet Street contract, are at a lower cost than face to face sessions which also contribute to the underspend, although the number of sessions is increasing. There is also lower spend than budgeted on lay representatives which is offset by an increasing spend on supernumerary posts.
- Commissioning budgets are overspent by £156.4k in month. The overspend is predominantly due to additional expenditure on GP Training first reported in month 5. Additional costs above budget of £1.436m is reported at month 07. This overspend is partially offset by an underspend of £116.9k due to under-recruitment to training grade posts, £261k underspend due to lower activity in training expenses and training, travel and subsistence costs and £675k of underspend due to lower than budgeted student salary reimbursements in Pharmacy budgets. There is also an underspend of £58.4K in the PGMDE budget and £20.5k in Welsh Clinical Academic Training.

6. Nursing

- The underspend in Pay budgets of £67.7K relates predominantly to the delay in appointing to senior posts within the nursing team and also within the Workforce Modernisation team that has now transferred into the Nursing Directorate. The start date for the Head of Science post is still unconfirmed at this point.
- 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 £6k is reported following re-profiling

of budgets into month 12 pending Board agreement of return of funding to Welsh Government. Further variation in future months could materialise should the actual number choosing to self-fund exceed the assumptions made.

- It should be noted that the Commissioning budget is based on the existing student cohort in the system and the commissioned student numbers for 20/21. Following the 'deep dive' undertaken at the end of quarter 1, the funding associated with the underspend forecast at that point was returned to Welsh Government amounting to £3.9m, which was as a result of the following factors:-

	Forecast Outturn	Notes
Spring 2020 co-hort under-recruitment	£1m	1
Student Salaries	£0.5m	2
Self Funding Students	£1.6m	3
Delayed Course Starts	£0.7m	4
Total	£3.9m	

Notes

- Under-recruitment to year 1 of the Spring 2020 co-hort which would not have been known at budget setting.
- Underspend in respect of student salary re-imbursement as a result of under-recruitment to certain courses in the Sept 2019 to August 2020 co-hort.
- Underspend in contract fees and bursary as a result of student choice to self-fund in the Sept 2019 to August 2020 co-hort.
- Delayed course starts as a result of Covid 19.

- Following the deep dive at quarter 2 and return of £3.8m as detailed above it was identified that a further significant underspend is forecast in Health Professional Education commissioning budgets. During discussion with Welsh Government Finance colleagues a return of £5m of funding has been suggested now. Further variation and underspend forecasts across other Directorate budgets currently estimated to be c£2.5m should be considered in the light of any commitments that can be made to support HEIW's objectives between now and year end with further return as necessary. In month 7 the year to date underspend has been reduced by the re-phasing of budget into month 12 in anticipation of this return of funding. However this is pending HEIW Board approval.

A breakdown of the forecast commissioning underspend is shown in the table below

	£'000	Notes
Training travel & subsistence	-920	1
E&T Contracts	-1,984	2
Student Salary Reimbursements	-1,004	3
Student Bursary Reimbursements	-2,125	4
Student Disability Payments	206	5
Total	-5,828	

1. Expenditure on training travel and subsistence has reduced significantly as a result of Covid-19 with fewer students travelling to placements.
2. The forecast of £1,984k on Education contracts is as a result of 270 fewer students starting years 2 and 3 in the new academic year starting September 2020 and the best available information on year 1 out of a total student number of 6,648. There may be further variation when the returns for year 1 students are verified although this should not cause a significant movement as Universities have reported high levels of recruitment. Attrition is lower than at the start of the previous academic year where 325 students didn't enrol for year 2 or 3 out of total student numbers of 6,217.
3. There is a forecast underspend of £1m on student salary re-imbursement to HBs for staff undertaking education. The table below shows the main numbers and values by course.

	No's less than budgeted	monthly budgeted salary costs	Projected year - end underspend
RAPS	8	£ 1,250	£ 70,000
scphn ft	1	£ 3,060	£ 21,420
scphn pt	12	£ 2,040	£ 171,360
HCSW	60	£ 921	£ 386,820
HSST diff	12	£ 2,128	£ 178,752
STP	6	£ 3,211	£ 134,862
			£ 963,214

4. The 270 students also impact on the bursary payable creating a £0.8m underspend against the bursary budget. As the bursary is means tested the latest data on average bursary rates payable that was not available at the time of budget setting shows a reduction of on average £200 per student. Across the entire student group of 6,454 students this equates to a further £1.3m of underspend.
5. Student disability payments have increased with a £200k overspend forecast.
 - The other non-pay budgets are related to travel and subsistence and other expenses of the Nursing team which are of minimal value and there is a small underspend of £7k in month.

5. Human Resources and Organisation Development

- There are 7 wte vacancies within the core budgets of the Directorate with only 1.7 wte offset by agency staff contributing to a £51.5k underspend against pay budgets. The year to date underspend on pay budgets has been reduced by the re-purposing of budget to support activities to enable trainees to progress as a result of the Covid-19 pandemic and other commitments
- A Non-Pay variance of £70.5K is predominantly due to underspends on training, workforce programmes, workforce planning training, consultancy, professional fees and conference budgets largely due to the impact of Covid-19 restrictions.

VALIDATION SUMMARY 2020-21

Your organisation is showing as :	HEIW
Period is showing :	OCT 20
TABLE A : MOVEMENT	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	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 C, C1 & C2 : SAVINGS SCHEMES	HEIW IS CURRENTLY SHOWING 1 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	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 F : STATEMENT OF FINANCIAL POSITION	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	HEIW IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	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 OCT 20 RETURN IS	1 ERRORS ON 1 DIFFERENT TABLE/S

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	927	0

HEIW

Period : Oct 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 £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'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)	-28,752	0	-28,752	-33,676
3 Opening Cost Pressures	-28,752	0	-28,752	-33,676
4 Welsh Government Funding (Positive Value)	28,752	0	28,752	33,676
5 Identified Savings Plan (Positive Value)	0	0	0	0
6 Planned Net Income Generated (Positive Value)	0	0	0	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	0	0	0
10	0	0	0	0
11 Planning Assumptions still to be finalised at Month 1	0	0	0	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 Due to Covid-19	0	0	0	0
15 Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	0	0	0	0
16 Additional In Year Identified Savings - Forecast (Positive Value)	60	60	0	0
17 Additional In Year & Variance from Planned Net Income Generated (Positive Value)	0	0	0	0
18 Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	0	0	0	0
19 Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
20 Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0	0	0
21 Additional In Year Welsh Government Funding (Positive Value)	0	0	0	0
22 Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	-719	-719	0	0
23 Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	0	0	0	0
24 Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	719	719	0	0
25 (Positive Value)	0	0	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	-60	-60	0	0
27	0	0	0	0
28	0	0	0	0
29	0	0	0	0
30	0	0	0	0
31	0	0	0	0
32	0	0	0	0
33	0	0	0	0
34	0	0	0	0
35	0	0	0	0
36	0	0	0	0
37	0	0	0	0
38	0	0	0	0
39	0	0	0	0
40 Forecast Outturn (- Deficit / + Surplus)	0	0	0	0

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1													0	0
2	-1,739	-1,739	-1,739	-1,739	-2,151	-2,806	-2,806	-2,806	-2,806	-2,806	-2,806	-2,806	-14,720	-28,752
3	-1,739	-1,739	-1,739	-1,739	-2,151	-2,806	-2,806	-2,806	-2,806	-2,806	-2,806	-2,806	-14,720	-28,752
4	1,739	1,739	1,739	1,739	2,151	2,806	2,806	2,806	2,806	2,806	2,806	2,806	14,720	28,752
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	0	30	5	5	5	5	5	5	35	60
17	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19													0	0
20													0	0
21													0	0
22						-719							-719	-719
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	719	0	0	0	0	0	0	719	719
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	329	363	289	145	358	384	-976	-302	-280	-340	-350	320	892	-60
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	363	289	145	358	414	-971	-297	-275	-335	-345	325	927	0

Table A1 - Underlying Position

This table needs completing monthly from Month: 6

This Table is currently showing 0 errors

Section A - By Spend Area		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Pay - Administrative, Clerical & Board Members				0		0
2	Pay - Medical & Dental				0		0
3	Pay - Nursing & Midwifery Registered				0		0
4	Pay - Prof Scientific & Technical				0		0
5	Pay - Additional Clinical Services				0		0
6	Pay - Allied Health Professionals				0		0
7	Pay - Healthcare Scientists				0		0
8	Pay - Estates & Ancillary				0		0
9	Pay - Students				0		0
10	Non Pay - Supplies and services - clinical				0		0
11	Non Pay - Supplies and services - general				0		0
12	Non Pay - Consultancy Services				0		0
13	Non Pay - Establishment				0		0
14	Non Pay - Transport				0		0
15	Non Pay - Premises				0		0
16	Non Pay - External Contractors				0		0
17	Health Care Provided by other Orgs – Welsh LHBs				0		0
18	Health Care Provided by other Orgs – Welsh Trusts				0		0
19	Health Care Provided by other Orgs – WHSSC				0		0
20	Health Care Provided by other Orgs – English				0		0
21	Health Care Provided by other Orgs – Private / Other				0		0
22	Total	0	0	0	0	0	0

Section B - By Directorate		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Primary Care				0		0
2	Mental Health				0		0
3	Continuing HealthCare				0		0
4	Commissioned Services				0		0
5	Scheduled Care				0		0
6	Unscheduled Care				0		0
7	Children & Women's				0		0
8	Community Services				0		0
9	Specialised Services				0		0
10	Executive / Corporate Areas				0		0
11	Support Services (inc. Estates & Facilities)				0		0
12	Total	0	0	0	0	0	0

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

YTD Months to be completed from Month: 1
Forecast Months to be completed from Month: 3

Period : Oct 20

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total <u>YTD</u>	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Revenue Resource Limit	Actual/F'cast	17,662	18,470	18,566	15,390	18,812	20,484	19,430	21,300	23,100	22,300	20,500	27,691	128,814	243,705
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	WHSCC Income	Actual/F'cast													0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast													0	0
6	Other Income	Actual/F'cast	30	38	72	28	27	25	21	33	57	34	36	6	241	407
7	Income Total		17,692	18,508	18,638	15,418	18,839	20,509	19,451	21,333	23,157	22,334	20,536	27,697	129,055	244,112
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	1,260	1,267	1,265	1,278	1,276	1,351	1,372	1,373	1,372	1,369	1,395	8,965	15,846
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	1,149	1,121	1,189	(226)	703	1,197	1,058	1,166	1,697	1,494	1,312	2,836	6,191	14,696
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	15,722	15,851	14,192	16,458	17,580	17,971	19,050	20,320	19,760	18,157	23,098	112,678	213,063
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	42	42	42	42	42	42	43	43	43	294	507
23	AME Donated Depreciation/Impairments	Actual/F'cast													0	0
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast													0	0
26	Cost - Total	Actual/F'cast	17,363	18,145	18,349	15,273	18,481	20,095	20,422	21,630	23,432	22,669	20,881	27,372	128,128	244,112
27	Net surplus/ (deficit)	Actual/F'cast	329	363	289	145	358	414	(971)	(297)	(275)	(335)	(345)	325	927	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28. Actual YTD surplus/ (deficit)	927	
29. Actual YTD surplus/ (deficit) last month	1,898	
30. Current month actual surplus/ (deficit)	(971)	
		Trend
31. Average monthly surplus/ (deficit) YTD	132	▼
32. YTD /remaining months	185	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	(3,928)
34. Year to Date Trend Scenario	1,589

C. DEL/AME Depreciation & Impairments

[illegible]

HEIW

Period : Oct 20

YTD Months to be completed from Month: 1

1

This Table is currently showing 0 errors

Forecast Months to be completed from Month: 3

3

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	763	756	765	737	756	766	796	837	840	841	837	862	5,339	9,556
2	Medical & Dental	419	420	415	413	420	416	439	437	436	435	435	435	2,942	5,120
3	Nursing & Midwifery Registered	6	5	6	32	13	11	12	12	12	12	12	12	85	145
4	Prof Scientific & Technical	68	68	70	72	78	72	92	75	74	74	75	75	520	893
5	Additional Clinical Services	12	11	11	11	11	11	12	11	11	10	10	11	79	132
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	1,260	1,267	1,265	1,278	1,276	1,351	1,372	1,373	1,372	1,369	1,395	8,965	15,846

Analysis of Pay Expenditure

[illegible]

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

B - Agency / Locum (premium) Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
- Analysed by Type of Staff															
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	27	17	19	13	16	9	18	25	25	30	30	35	119	264
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	17	19	13	16	9	18	25	25	30	30	35	119	264

[illegible]**C - Agency / Locum (premium) Expenditure**

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

[illegible]

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

[illegible]

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
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
111	<i>Enter as Positive values</i>													
111	Non Delivery of Planned Savings (due to C19)													
112	Non Delivery of Finalised (M1) Savings												0	0
113	Non delivery of Savings Assumed but not finalised at M1												0	0
114	TOTAL NON DELIVERY OF PLANNED SAVINGS												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
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
115	<i>Enter as Negative values</i>													
115	Expenditure Reductions (due to C19)													
116	Reduction of non pay costs due to reduced elective activity												0	0
117	Reduction of outsourcing costs due to reduced planned activity												0	0
118	Reduction of travel and expenses												0	0
119	Delayed course start dates						(719)						(719)	(719)
120													0	0
121													0	0
122													0	0
123													0	0
124													0	0
125	TOTAL EXPENDITURE REDUCTION (Agrees to Table A)						(719)	0	0	0	0	0	(719)	(719)

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
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
126	<i>Enter as Negative values</i>													
126	Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19)													
127													0	0
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	TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES (Agrees to Table A)												0	0
137	NET EXPENDITURE DUE TO Covid-19						(719)	0	0	0	0	0	(719)	(719)

A - WTE of New Staff

[illegible]

A1 - Major Projects : Change in Bed Numbers Due To C19 (subset of Table A)

[illegible]

Period : Oct 20

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 1 errors

Some errors will be resolved when complete rows have data or associated tables are completed

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000				Green £'000	Amber £'000	non recurring £'000	recurring £'000	
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Non Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		60	0			
11		Actual/F'cast	0	0	0	0	0	30	5	5	5	5	5	5	35	60	58.33%	60	0	60	0	0
12		Variance	0	0	0	0	0	30	5	5	5	5	5	5	35	60		0	0			
13	Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		60	0			
20		Actual/F'cast	0	0	0	0	0	30	5	5	5	5	5	5	35	60	58.33%	60	0	60	0	0
21		Variance	0	0	0	0	0	30	5	5	5	5	5	5	35	60		0	0			
22	Variance in month																					
23	In month achievement against FY forecast		0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	8.33%	8.33%	8.33%	8.33%	8.33%	8.33%								

Table C1- Savings Schemes Pay Analysis

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

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			

Table C3 - Tracker

	E'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	30	5	5	5	5	5	5	35	60	60	0	60	60
	In Year - Actual/Forecast	0	0	0	0	0	30	5	5	5	5	5	5	35	60	60	0	60	60
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	30	5	5	5	5	5	5	35	60	60	0	60	60
	Total Actual/Forecast	0	0	0	0	0	30	5	5	5	5	5	5	35	60	60	0	60	60
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Income Generation	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Month 1 - Actual/Forecast		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Actual/Forecast		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Actual/Forecast		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains		Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Month 1 - Actual/Forecast		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Plan		0	0	0	0	0	30	5	5	5	5	5	5	35	60	60	0	60	60
In Year - Actual/Forecast		0	0	0	0	0	30	5	5	5	5	5	5	35	60	60	0	60	60
Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Plan		0	0	0	0	0	30	5	5	5	5	5	5	35	60	60	0	60	60
Total Actual/Forecast		0	0	0	0	0	30	5	5	5	5	5	5	35	60	60	0	60	60
Total Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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Period : Oct 20

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University		4	4
2	Aneurin Bevan University		4	4
3	Betsi Cadwaladr University		4	4
4	Cardiff & Vale University		7	7
5	Cwm Taf Morgannwg University		4	4
6	Hywel Dda University		3	3
7	Powys			0
8	Public Health Wales		9	9
9	Velindre		20	20
10	NWSSP			0
11	NWIS			0
12	Wales Ambulance Services			0
13	WHSSC			0
14	EASC			0
15	HEIW			0
16	NHS Wales Executive			0
17	Total	0	55	55

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
	12,438	12,438
	9,554	9,554
	14,987	14,987
	20,935	20,935
	11,184	11,184
	7,004	7,004
	469	469
	1,342	1,342
	35,992	35,992
		0
		0
	490	490
		0
		0
		0
		0
0	114,395	114,395

Table E - Resource Limits

Table E - Resource Limits		STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered Into Table
		HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000						
1. BASE ALLOCATION											
1	LATEST ALLOCATION LETTER/SCHEDULE REF:	7									
2	Total Confirmed Funding	241,775				241,775		241,255	151	151	
2. ANTICIPATED ALLOCATIONS											
3	DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4	DEL Non Cash Depreciation - Strategic					0					
5	DEL Non Cash Depreciation - Accelerated					0					
6	DEL Non Cash Depreciation - Impairment					0					
7	AME Non Cash Depreciation - Donated Assets					0					
8	AME Non Cash Depreciation - Impairment					0					
9	AME Non Cash Depreciation - Impairment Reversals					0					
10	Removal of Donated Assets / Government Grant Receipts					0					
11	Nurse Staffing Act	180				180	NR	180			Month 1 - Richard Dudley
12	WCLF QIST (Pharmacy)	33				33	NR	33			Month 1 - Richard Dudley
13	Commitment Awards	38				38	NR	38			Month 1 - Richard Dudley
14	Development Funding	600				600	NR	600			Month 1 - Richard Dudley
15	Strategic Review of Education Provision	240				240	NR	240			Month 1 - Richard Dudley
16	Leadership & Succession Posts	77				77	R	77			Month 1 - Richard Dudley
17	SAS Post	111				111	R	111			Month 1 - Richard Dudley
18	Single Lead Employer Foundation	260				260	R	260			Month 1 - Richard Dudley
19	Senior Software Developer	56				56	R	56			Month 1 - Richard Dudley
20	WCLTF Optometry - 50% Funding	34				34	NR	34			Month 4
21	CDDS Dental posts P7-12	341				341	NR	341			Month 7
22	Pharmacy Clinical Fellows Scheme	(40)				(40)	NR	(40)			Month 7
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	1,930	0	0	0	1,930		1,930	0	0	
3. TOTAL RESOURCES & BUDGET RECONCILIATION											
57	Confirmed Resources Per 1. above	241,775	0	0	0	241,775		241,255	151	151	
58	Anticipated Resources Per 2. above	1,930	0	0	0	1,930		1,930	0	0	
59	Total Resources	243,705	0	0	0	243,705		243,185	151	151	

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Period : Oct 20

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY[illegible]

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Period : Oct 20

This table needs completing monthly from Month: 6
This Table is currently showing 0 errors

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 20 £'000	Closing Balance End of Oct 20 £'000	Forecast Closing Balance End of Mar 21 £'000
Non-Current Assets			
1 Property, plant and equipment	2,596	2,303	2,240
2 Intangible assets			
3 Trade and other receivables			
4 Other financial assets			
5 Non-Current Assets sub total	2,596	2,303	2,240
Current Assets			
6 Inventories			
7 Trade and other receivables	1,046	942	1,046
8 Other financial assets			
9 Cash and cash equivalents	7,465	9,317	7,350
10 Non-current assets classified as held for sale			
11 Current Assets sub total	8,511	10,259	8,396
12 TOTAL ASSETS	11,107	12,562	10,636
Current Liabilities			
13 Trade and other payables	7,301	15,644	6,830
14 Borrowings (Trust Only)			
15 Other financial liabilities			
16 Provisions			
17 Current Liabilities sub total	7,301	15,644	6,830
18 NET ASSETS LESS CURRENT LIABILITIES	3,806	(3,082)	3,806
Non-Current Liabilities			
19 Trade and other payables			
20 Borrowings (Trust Only)			
21 Other financial liabilities			
22 Provisions	130	130	130
23 Non-Current Liabilities sub total	130	130	130
24 TOTAL ASSETS EMPLOYED	3,676	(3,212)	3,676
FINANCED BY: Taxpayers' Equity			
25 General Fund	3,676	(3,212)	3,676
26 Revaluation Reserve			
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 Total Taxpayers' Equity	3,676	(3,212)	3,676

	Opening Balance Beginning of Apr 20	Closing Balance End of Oct 20	Closing Balance End of Mar 21
EXPLANATION OF ALL PROVISIONS			
31 Provision for Overtime Holiday Pay Claims	4	4	4
32 Provision for probable payment of untaken annual leave	126	126	126
33			
34			
35			
36			
37			
38			
39			
40 Total Provisions	130	130	130

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

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)	£'000	£'000	£'000
44 Capital	0	0	0
45 Revenue	7,301	15,644	6,830

ANALYSIS OF CASH (opening, current & closing)	£'000	£'000	£'000
46 Capital	0	0	0
47 Revenue	7,465	9,317	7,350

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Period : Oct 20

This Table is currently showing 0 errors

This table needs completing monthly from Month: 6

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	14,500	15,500	8,500	18,500	22,500	20,000	21,500	14,000	16,500	20,000	20,000	51,685	243,185
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												151	151
5	Income from other Welsh NHS Organisations	13	27	6	0	2	2	18	5					73
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)	19	62	102	249	876	36	19	16	33	57	34	135	1,638
11	TOTAL RECEIPTS	14,532	15,589	8,608	18,749	23,378	20,038	21,537	14,021	16,533	20,057	20,034	51,971	245,047
	PAYMENTS													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Cash Limited Payments													0
17	Salaries and Wages	1,217	1,205	1,211	1,259	1,235	1,306	1,320	1,372	1,373	1,372	1,369	1,395	15,634
18	Non Pay Expenditure	14,151	15,886	12,427	17,508	19,459	14,224	18,171	19,029	20,216	22,017	21,254	35,186	229,528
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	15,368	17,091	13,638	18,767	20,694	15,530	19,491	20,401	21,589	23,389	22,623	36,581	245,162
24	Net cash inflow/outflow	(836)	(1,502)	(5,030)	(18)	2,684	4,508	2,046	(6,380)	(5,056)	(3,332)	(2,589)	15,390	
25	Balance b/f	7,465	6,629	5,127	97	79	2,763	7,271	9,317	2,937	(2,119)	(5,451)	(8,040)	
26	Balance c/f	6,629	5,127	97	79	2,763	7,271	9,317	2,937	(2,119)	(5,451)	(8,040)	7,350	

Table H - PSPP

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

30 DAY COMPLIANCE			ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %	
	PROMPT PAYMENT OF INVOICE PERFORMANCE														
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	95.7%	0.7%	87.9%	-7.1%		-95.0%		-95.0%	91.3%	-3.7%	93.0%	-2.0%	
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	87.9%	-7.1%	93.2%	-1.8%		-95.0%		-95.0%	90.4%	-4.6%	93.0%	-2.0%	
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	99.6%	4.6%	97.8%	2.8%		-95.0%		-95.0%	98.7%	3.7%	98.0%	3.0%	
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	87.7%	-7.3%	98.1%	3.1%		-95.0%		-95.0%	92.7%	-2.3%	95.0%	0.0%	

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		76.4%		63.3%						69.0%		72.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		46.7%		32.7%						40.2%		45.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		77.8%		67.4%						72.5%		75.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		36.0%		31.2%						33.7%		35.0%	

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		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure (accrued, to include capitalised finance leases)</i>						
	All Wales Capital Programme:						
	Schemes:						
1	Pharmacy Equipment			0	46	46	0
2				0			0
3				0			0
4				0			0
5				0			0
6				0			0
7				0			0
8				0			0
9				0			0
10				0			0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	0	0	0	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	105	105	0
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	0
70	Total Expenditure	0	0	0	151	151	0	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	0
	Donations:							
77				0				0
78	Sub Total	0	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	0
91	Technical Adjustments			0				0
92	CHARGE AGAINST CRL / CEL	0	0	0	151	151	0	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(151)			0		

YTD Months to be completed from Month: 4
Forecast Months to be completed from Month: 6

This Table is currently showing 0 error:

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Min. £'000	Forecast Max. £'000	Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
					April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1	Pharmacy Equipment	Margaret Allen	0	46												46	0	46	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	Sub Total		0	46	0	0	0	0	0	0	0	0	0	0	0	46	0	46	
Discretionary:																			
35	I.T.	Martyn Pennell															0	0	
36	Equipment	Martyn Pennell															0	0	
37	Statutory Compliance	Martyn Pennell															0	0	
38	Estates	Martyn Pennell															0	0	
39	Other	Martyn Pennell	0	105									50		55		0	105	Low
40	Sub Total		0	105	0	0	0	0	0	0	0	0	50	0	55	0	0	105	
Other Schemes:																			
41																	0	0	
42																	0	0	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Total Capital Expenditure		0	151	0	0	0	0	0	0	0	0	50	0	55	46	0	151	

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	

This Table is currently showing 0 errors

This table needs completing monthly from Month: 6

Table L: EXTERNAL FINANCING LIMIT

		Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
REF	<i>NET FINANCIAL CHANGE</i>	A	B	C	D
1	Retained surplus/(deficit) for period			0	
2	Depreciation			0	
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments			0	
5	Net gain/loss on disposal of assets			0	
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals			0	
8	Other Income (specify)			0	
9	<i>APPLICATION OF FUNDS</i>				
10	Capital Expenditure			0	
11	Other Expenditure			0	
	<i>MOVEMENTS IN WORKING CAPITAL</i>				
12	Inventories			0	
13	Current assets - Trade and other receivables			0	
14	Current liabilities - Trade and other payables			0	
15	Non current liabilities - Trade and other payables			0	
16	Provisions			0	
17	Sub total - movement in working capital	0	0	0	0
18	NET FINANCIAL CHANGE	0	0	0	0
	<i>EFL REQUIREMENT TO BE MET BY</i>				
19	Increase in Public Dividend Capital			0	
20	Net change in temporary borrowing			0	
21	Change in bank deposits and interest bearing securities			0	
22	Net change in finance lease payables			0	
23	TOTAL EXTERNAL FINANCE	0	0	0	0

Invoices paid since the end of the month		
Total outstanding as per MR submission date	0.00	0.00

Total outstanding as per MR submission date	0.00	0.00
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HEIW

Period : Oct 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)						
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 : Oct 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	



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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad Cyfarfod	26 Tachwedd 2020	Eitem ar yr Agenda	4.2
Teitl yr Adroddiad	Adroddiad Perfformiad Integredig AaGIC Tachwedd 2020		
Awdur yr Adroddiad	Chris Payne, Cyfarwyddwr Cynorthwyol Cynllunio, Perfformiad a Digidol		
Noddwr yr Adroddiad	Nicola Johnson, Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol		
A gyflwynir gan	Nicola Johnson, Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	I roi'r diweddariad bob yn ail fis ar berfformiad cyfredol AaGIC.		
Materion Allweddol	<p>Mae'r adroddiad integredig yn Atodiad 1 yn diweddaru'r Bwrdd ar berfformiad yn erbyn amcanion Cynllun Gweithredol Chwarter 3 a mesurau perfformiad allweddol. Mae'n cwmpasu'r cyfnod rhwng 1 Medi 2020 i ddiwedd mis 7 ac mae'n dilyn ymlaen o'r adroddiad blaenorol i'r Bwrdd ym mis Medi 2020.</p> <p>I grynhoi:</p> <ul style="list-style-type: none"> • At ei gilydd, mae ein perfformiad yn dda ar draws mwyafrif y meysydd busnes. • Mae 'apeliadau bwrsariaeth a materion cysylltiedig' wedi'u trosglwyddo i Gymorth wedi'i Dargedu. <p>Rydym yn parhau i symud ymlaen â'n gwaith i gwblhau fframwaith trosfwaol i gefnogi ein dull o adrodd ar berfformiad yn unol â gofynion archwilio.</p>		
Angen Camau Penodol (✓un yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
			✓
Argymhellion	<p>Gofynnir i'r aelodau:</p> <ul style="list-style-type: none"> • Sylwi ar y diweddariad perfformiad. 		

Adroddiad Perfformiad Integredig Medi 2020

1. CYFLWYNIAD

Mae'r papur hwn ac Atodiad 1 yn rhoi'r diweddariad rheolaidd bob yn ail fis i'r perfformiad ar ddiwedd mis 7.

2. CEFNDIR

Yn unol â'r broses gynllunio chwarterol sydd ar waith ar hyn o bryd, mae'r adroddiad a'r atodiadau hyn yn crynhoi perfformiad yn erbyn Cynllun Gweithredol Chwarter 3 a mesurau perfformiad allweddol.

3. TROSOLWG PERFFORMIAD

Mae ein perfformiad cyffredinol yn parhau i fod yn dda, gyda gwelliant mewn sawl maes, er gwaethaf yr aflonyddwch a achoswyd gan COVID-19, y newid i raglenni gwaith a gynlluniwyd a gweithredu ffyrdd newydd o weithio. Mae uchafbwyntiau, dadansoddiad pellach a'r dangosfwrdd yn Atodiad 1.

Yn ystod y cyfnod adrodd hwn, er mwyn rhoi sicrwydd pellach ynghylch Apeliadau Bwrsariaeth a materion cysylltiedig, cafodd yr elfen hon o'r busnes ei huwchraddio o Fonitro Gwell i Gymorth wedi'i Dargedu. Mae'r manylion wedi'u cynnwys yn Atodiad 1. Nid oes unrhyw bryderon perfformiad arwyddocaol eraill i'w hadrodd i'r Bwrdd ar hyn o bryd yn Chwarter 3.

4. MATERION LLYWODRAETHU A RISG

Mae'r adroddiad hwn yn cyflawni'r cytundeb ar gyfer adrodd ar berfformiad bob yn ail fis i'r Bwrdd. Cytunwyd ar y mesurau perfformiad allweddol a nodwyd yn y dangosfwrdd gyda'r Bwrdd yr hydref diwethaf.

Yn ystod y cyfnod ers ein hadroddiad diwethaf, rydym wedi parhau â gwaith i ddatblygu Fframwaith Rheoli Perfformiad ar gyfer AaGIC yn unol â disgwyliadau archwilio a llywodraethu da. Rydym yn glir bod angen i'n dull o adlewyrchu'r gwahaniaethau yn ein cylch gwaith o'i gymharu â rhai sefydliadau GIG eraill a'r ffaith nad oes llawer o dargedau cenedlaethol sy'n berthnasol i'n swyddogaethau. Ers dyfodiad y Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol newydd ar 21 Medi, mae'r gwaith ar y Fframwaith wedi symud ymlaen ar gyflymder a thrafodir drafft gyda'r Bwrdd ym mis Rhagfyr.

5. GOBLYGIADAU ARIANNOL

Nid oes unrhyw rai yn codi o'r adroddiad hwn.

6. ARGYMHELLIAD

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

Llywodraethu a Sicrwydd			
Dolen i Nodau Strategol IMTP (os gwelwch yn ddau)	Nod Strategol 1: Arwain cynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi cyflwyno ' Cymru Iachach '	Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofaliachyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy adeiladu gallu arweinyddiaeth dosturiol a chyfunol ar bob lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi darparu diogelwch ac ansawdd	Nod Strategol 5: I fod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	Nod Strategol 6: Cael eich cydnabod fel partner, dylanwadwr ac arweinydd rhagorol
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf			
AMHERTHNASOL			
Goblygiadau Ariannol			
Nid oes unrhyw oblygiadau ariannol yn codi o'r adroddiad hwn.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)			
AMHERTHNASOL			
Goblygiadau Staffio			
AMHERTHNASOL			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Lles Cenedlaethau'r Dyfodol (Cymru) 2015)			
AMHERTHNASOL			
Hanes yr Adroddiad	Dyma'r adroddiad perfformiad sefydliadol bob yn ail fis. Roedd yr adroddiad blaenorol i'r Bwrdd ar 24 ^{ain} Medi 2020.		
Atodiadau	Atodiad 1 - Adroddiad Perfformiad Integredig a Dangosfwrdd		



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**Health Education and Improvement Wales
Integrated Performance Report 2020-21
November 2020**

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INTRODUCTION & OVERVIEW

This bi-monthly report provides an update on HEIW performance to 31st October 2020, in delivering against the objectives set out in the Quarter 3 operational plan and the key measures in the HEIW performance dashboard (Annex 1).

Overall HEIW has continued to deliver its Strategic Aims and perform effectively during the period covered by this report. In addition to the delivery of our strategic plans we continue to support Welsh Government and NHS partners in response to COVID-19 and winter pressures.

To manage progress and mitigate risks, the following RAG mechanism has been applied to all the objectives by Senior Responsible Officers.

Red	Off track for delivery by end of the Quarter and is unlikely to recover (mitigation plan required)
Amber	Off track to deliver at end of Quarter but will be able to recover
Green	Complete or on track to deliver at end of Quarter

After re-setting our strategic objectives for the Quarter 3&4 Plan, we are now monitoring 39 objectives in total. At the end of October, all objectives are on track to be completed within associated timeframes or, where off track, will be recovered. There are no objectives rated Red (off track and requiring mitigation).

There have been several key achievements during this period that merit highlighting. These include:

- A significant overfill of GP training places following the final round of recruitment for August 2020/February 2021 places, achieving a rate of 125%, with Welsh Government agreeing to fund the additional 40 places.
- GP training 1 + 2 model rolled out to all training schemes in Wales.
- One hundred and thirty-two pre-registration pharmacists have commenced training, an increase of 39% from the previous year, with increases in exposure to community and primary care settings and the fill rate for dental trainees has exceeded last year's rate.
- The professionalisation of the Training Programme Director role within the HEIW medical workforce and structure has been progressed significantly.
- Single Lead Employer arrangements have continued to be rolled out across Secondary Care, Pharmacy and Dental.
- The expansion of Foundation Training places and Longitudinal Integrated Foundation Training (LIFT).

- The trend towards online Continuing Professional Development has continued with over 8,000 attendees recorded to the end of October, compared with zero last year.
- Following the launch of the Gwella leadership portal, and positive feedback from partners across the UK, the Leadership team has, in November, won a Learning Technologies award in the category for Digital Transformation.
- The procurement documentation for the Strategic Review has been approved by Welsh Government (and Phase 1 has been issued to the market in November 2020).
- A webinar in October showcased how simulation-based education has been used across Wales during COVID-19 and explored new opportunities to facilitate simulation-based learning.
- A virtual 'Talentbury' – a Festival of Leadership and Learning – took place in October, utilising to best effect our learning and experience of digital delivery methods and HEIW hosted the 'Informing the future of the Mental Health workforce in Wales' virtual conference in conjunction with Social Care Wales.
- Our first Strategic Equality Plan was published and launched, as well as virtual events for Pride Cymru (for NHS Wales) and Black History Month.
- The launch of HEIW Open, a dedicated email account enabling training grade doctors to raise concerns about training quality directly with HEIW.

In addition, our new Director of Planning, Performance and Corporate Services joined the organisation towards the end of September. As a result, the work required to develop and implement a Performance Framework and to deliver recommendations from recent audits is now progressing at pace and will be discussed at the Board Development Session in December with the aim of approval at the January Board. This will include a proposal to move to quarterly reporting at Board level due to the strategic nature of the organisation and the difficulties of reporting across Quarters.

This report includes our first annual presentation of Annual Review of Competency Progression (ARCP) outcomes for Foundation Training, Secondary Care, GP and Dental trainees. For all areas (excluding Dental), this is based on HEIW's annual return to the General Medical Council (GMC) submitted in November. Following internal checks, all known outcomes are included in the return. An additional check will be run by the GMC (for the first time this year), and if this does highlight missing outcomes, there are expected to be proportionally very few. Going forward, this data will be presented to the Board annually in November to tie in with the GMC return.

To complement the inclusion of the ARCP outcomes for Wales, one new metric has been added to the 'Benchmarking' metrics on the dashboard, to show equivalent outcomes in all UK nations (excluding Dental). The benchmarking data is from 7 October and still subject to change while the Statutory Education Bodies across the UK validate and review their data. Data for Dental will be added when available.

In October, to provide further assurance regarding Bursary Appeals and related matters, this element of the business was escalated from Enhanced Monitoring to Targeted Support and this is explained in section 2.

There are several areas where the data remains unchanged. The reasons for this were explained in the Integrated Performance Report presented to Board in September and these have not been replicated again this time, in line with other organisations.

In terms of corporate performance, throughout this reporting period we have continued to demonstrate the resilience and agility of the organisation, maintaining the lowest sickness rate of all NHS Wales organisations.

SECTION 1: PERFORMANCE AGAINST QUARTER 3 PLAN OBJECTIVES

The period of this report spans the end of Q2 (September) and the start of Q3 (October) and so takes us beyond the mid-year point for 2020/21.

During May, the Board agreed the reviewed objectives for the Q2 Operational Plan and for the period to the end of Q2 we committed to delivering 32 strategic objectives. At the mid-year point for 2020/21, our monitoring indicated that all objectives were on track for delivery.

As stated above, in the Q3/4 Plan it was agreed to progress 39 objectives, reflecting several objectives being restarted or new objectives added to support the winter protection plan. Seven objectives were deferred. Deliverables have been identified per objective for the period to the end of Q3, as well as to the end of the year, in order to provide an 'early warning' through the monitoring process if actions become off-track, to enable mitigation to be put into place and/or to enable re-prioritisation by the end of the year.

Of the 39 objectives being progressed, the following status has been reported against the Q3 deliverables:

0 - Red	Off track for delivery by end of the Quarter and is unlikely to recover (mitigation plan required)
6 - Amber	Off track to deliver at end of Quarter but will be able to recover
33 - Green	Complete or on track to deliver at end of Quarter

There is therefore assurance on good progress being reported in the early stages of this quarter.

Strategic Aim 1 -To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'

6 - Green Complete or on track to deliver at end of Quarter, 1 deferred.

Objective 1.1: *Lead the development of a multi-professional CPD strategy & drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills & capabilities required for the future.*

Progress: The pilot process and evaluations of the digital Course Management System usage have been completed. To support a timely procurement process, contingencies are in place and recommendations have been made to implement short-term arrangements for current systems to maintain business continuity.

Objective 1.2: *Lead, develop and implement a sustainable national workforce plan for key shortage professional areas to achieve a better match between demand and supply in Wales.*

Progress: Engagement to identify priority workforce areas has begun alongside initial workforce intelligence gathering. Priority areas have been identified and Medical Directors and Chief Executive Officers have been notified and feedback is awaited. Work has also begun in relation to a workforce planning approach for primary care aimed at Clusters and developing additional training to support this.

Objective 1.3: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience. (National)

Progress: We have established a HEIW Health and Wellbeing Matrix Group, with the Directorate leads for the health and wellbeing objectives to undertake a gap analysis of shared health and wellbeing information, resources and tools to inform future priorities. The group is externally facing with members who lead on staff, student and trainee health and wellbeing. The group will support a collective understanding of the work HEIW are doing within a “community of practice”, with an opportunity to build on existing ideas and address any gaps. The National Group also continues to progress the agenda, led by the Strategic Programme Lead who currently is on secondment to HEIW. Tools and resources are still being developed and a Governance framework has been created to assess the appropriateness and quality of resources available.

HEIW has actively encouraged staff to complete the NHS Staff survey to ensure staff voices are heard and we are working with NHS England and NHS Improvement and NHS Scotland on developing an evaluation methodology of the impact of health and wellbeing support.

A Task and Finish Group has been established with core individuals from across NHS Wales to develop the Outline Business Case to progress the findings of the 2020 Occupational Health review.

Objective 1.4: Improve access to careers in the health and care sector in partnership with Social Care Wales

Progress: Development of the Made in Wales ‘Grow your Own’ programme has progressed internally with support and will be further shared across peer groups within the Quarter. The #TrainWorkLive campaign has successfully transferred to the HEIW portfolio and was a headline sponsor at the recent BMJ conference.

Work is also ongoing to scope the feasibility of creating a ‘reservist workforce’ for registered staff considering retirement, and discussions are being planned during November.

Objective 1.5: Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales.

Progress: In support of scoping immediate improvements in the quality and completeness of workforce data at both local and national levels, the Analytics team are developing an internal dashboard to promote the completeness of the Electronic Staff Record (ESR) alongside scoping key national ESR data quality metrics.

A meeting will be set up during Q3 with NHS Wales Shared Services Partnership (NWSSP) to explore roles, responsibilities and functions in relation to workforce data quality, planning and modelling for NHS Wales.

Objective 1.6: Develop Education and training to support NHS organisations to improve the quality of workforce planning expertise and capability across the system.

Progress: The team has further developed and implemented a six-step standardised methodology for workforce planning across health and social care, with ongoing consideration of digital resources and training in this model in both primary and secondary care.

An initial scoping meeting was undertaken with Social Care Wales (SCW) in October to gain an understanding of the workforce planning landscape and an overview of what workforce planning information is available and captured currently, as the social care employment

landscape is complex. It was agreed that the first phase of this work would be to identify and agree a minimum data set for workforce data.

Objective 1.7: Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements.

Progress: This objective has been deferred.

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

1 - Amber

Off track to deliver at end of Quarter but will be able to recover

4- Green

Complete or on track to deliver at end of Quarter

Objective 2.1: *Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education*

Progress: Two further appointments have been made in November to the Associate Dean infrastructure to expand the range of interest across nursing with a further appointment planned to support Allied Health Professionals. A webinar was held in October and attended by 78 delegates to showcase how simulation-based education has been used across Wales during COVID-19 and to explore new opportunities to facilitate simulation-based learning that will be made available on the Y Ty Dysgu e-learning platform. The webinar provided an opportunity to engage with faculty from across Wales, who will form part of an expanding simulation network. Our work on developing the Simulation faculty has also been recognised in recent abstract publications which showcase our approach to improve Simulation education in Wales.

Objective 2.2: *Develop an education strategy drawing on the outcome of the strategic review of health professional education & the Workforce Strategy.*

Progress: The Strategic Review procurement process continues to progress with Invitation to Tender documentation (ITT) being finalised. The procurement proceeded in early November for Phase 1.

Objective 2.3: *Lead the development and implementation of an education and training infrastructure to support the multi-professional workforce model.*

Progress: The Medical Deanery has completed the establishment of standards and job specifications for Training Programme Directors (TPDs), alongside introducing a provision for tariffs and continuing professional development. A review of the remuneration arrangements has been completed and, during Q3, further scoping of the training and induction requirements will be undertaken.

The Quality Unit within the Medical Deanery has commenced scoping of multi professional arrangements in relation to quality management across all HEIW managed areas to identify opportunities for collaboration and improvement.

A COVID-19 placement reference group has been set up with membership comprising of HEIW, all Health Boards and Universities, to consider the needs and develop principles for students at risk of not achieving essential learning outcomes.

Work is also progressing in developing distance learning units for nursing practice assessors and practice supervisors (as part of Once for Wales new Nurse Education Standards).

Objective 2.4: *Lead the development and implementation of a digital capability framework for the healthcare workforce.*

Progress: This objective has been deferred.

Objective 2.5: *Develop a plan in conjunction with Welsh Government for the future allocation of SIFT funding.*

Progress: This objective has been deferred.

Objective 2.6: *Maximise opportunities for work-based learning and apprenticeships in health.*

Progress: Within the Primary Care arena, the first non-clinical qualification for Practice administration and reception staff at Level 2 has been launched, with ongoing development at Level 3.

Governance arrangements to support the establishment of a HEIW Apprentice Steering Group are being finalised to enable the first meeting within the Quarter.

Approval has also been given to provide further resource to support work-based learning assessment and quality.

Objective 2.7: *Implement improvements to ensure equitable access to education and training for SAS and locally employed doctors.*

Progress: This objective has been deferred.

Objective 2.8: *Improve opportunities for trainees and students to undertake education and training through the medium of Welsh.*

Progress: This objective was paused until Quarter 3 and is now being taken forward by being embedded within specifications for Phase 1 of the Strategic Review of Health Professional Education contract. This will ensure all students and trainees have access to Welsh language lessons if required, whilst also incorporating base level Welsh language awareness within education commissioning functions and the new contract specification for non-medical education.

Objective 2.9: *Review career pathways and education opportunities for the clinical academic and research workforce.*

Progress: This objective has been deferred.

Strategic Aim 3 - To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels

7 Green Complete or on track to deliver at end of Quarter

Objective 3.1: *Lead the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action.*

Progress: The Compassionate Leadership Principles have been updated to reflect feedback from the first consultation which was undertaken pre-COVID-19 and a subsequent second consultation has been completed, with the final Principles to be launched prior to the end of the financial year. Compassionate Leadership has been embedded within the commissioning documentation to support the Strategic Review of Health Professional Education and formed a fundamental component of the Talentbury leadership event.

A significant focus for the team this Quarter was the delivery of the Festival of Leadership and Learning, entitled 'Talentbury', which took place in October 2020 as part of the arrangements to provide an annual leadership conference, and learning events aimed at enabling widespread adoption of best practice. The Festival was attended by a wide range of aspiring leaders from across Wales at the end of October, and feedback has been positive.

Objective 3.2: *Lead the implementation and management of the NHS succession planning framework for Tiers 1-3 and monitor progress.*

Progress: A range of deliverables are being taken forward to develop succession within NHS Wales, including the identification of aspiring leaders to attend Talentbury. The team are taking forward key pieces of work to establish an NHS Wales Talent Board and to progress activities to identify roles to prioritise for succession planning over the next three years.

Objective 3.3: *Lead the implementation and management of the Digital Leadership portal.*

Progress: The new HEIW Leadership Portal for Wales 'Gwella' was launched in Quarter 2 and has been extensively marketed across NHS Wales and partners. It has been used with success to support a range of virtual events including Talentbury and the Healthcare People Management Association conference utilising its wide range of virtual classroom functions. A Quality Assurance Group is being progressed to manage the process of validating and assuring materials prior to release via Gwella.

During November, the Leadership team has been shortlisted for a Learning Technologies award in the category of Digital Transformation alongside companies such as SKY, Network Rail and Health Education England. This is a significant achievement and winners will be announced on 18 November.

Objective 3.4: *Lead the establishment and management of a Wales Leadership alumni and range of leadership networks.*

Progress: This objective recommenced in Q3 through the development of both Leadership and multi-professional networks on Gwella. Following Talentbury, work is progressing to develop an Alumni network.

Objective 3.5: *Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds.*

Progress: Work is being progressed with the Kings Fund to develop a suite of Compassionate Leadership modules and the team is pleased to have appointed to the clinical leadership role to help drive forward the agenda.

During the period to date, approval has been received to support the Nursing Directorate with the implementation of four Florence Nightingale Fellowships which present a unique opportunity for the foundation to support HEIW's leadership development programme for nurses and midwives.

Objective 3.6: *Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme.*

Progress: A proactive marketing strategy to recruit 13 trainees has been undertaken. Over 300 applications were received and are currently being reviewed before taking forward the next stages of the recruitment process.

Objective 3.7: *Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme.*

Progress: Work has commenced with the Kings Fund on the development of an Executive Leadership programme and explorations have commenced to consider the range of Masters programmes to support Executive Leadership development. In addition, an NHS Wales Task and Finish Group will be created to input into plans and the design of an Executive Leadership programme.

Strategic Aim 4 - To develop the workforce to support the delivery of safety and quality

3 - Amber

Off track to deliver at end of Quarter but will be able to recover

9 - Green

Complete or on track to deliver at end of Quarter

Objective 4.1: *To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care.*

Progress: This objective has been deferred.

Objective 4.2: *Contribute to the workforce planning and workforce development requirements for the Major Trauma Network (MTN).*

Progress: HEIW will continue to review its contribution in line with the impact of COVID-19 and the requirements of the Major Trauma Network.

Objective 4.3: *Lead the workforce development and training requirements to support the Single Cancer Pathway.*

Progress: We have completed a mapping of the endoscopy workforce which, as a result of COVID-19, will be revised against the recovery plan. A key piece of work has been completed and reviewed in relation to a Governance structure to support the National Endoscopy Programme (NEP), which has been considered and approved by the Executive Team. Further work is being progressed in relation to faculty development for the delivery of endoscopy training alongside completing an agreement for the support of professional activities (SPA) time.

Objective 4.4: *Develop a mental health workforce plan in collaboration with Welsh Government and Social Care Wales to support implementation of Together for Mental Health (this includes CAMHS).*

Progress: In October HEIW hosted a month-long virtual conference on 'The results and feedback of the event are to be collated and analysed throughout November and we are on track to publish a draft mental health evaluation by the end of the Quarter.

Arrangements have also been made to set up a Task and Finish Group with Social Care Wales and Welsh Government to agree objectives and initiate proactive discussions on the development of a strategic workforce plan.

Objective 4.5: *Improve post registration education, support and training pathways to ensure all health care professionals can develop beyond the point of initial registration.*

Progress: The team have been actively leading work on the introduction of new roles, such as the Anaesthesia Associate in NHS Wales, in partnership with the service. A pilot approach to introducing Anaesthesia Associates has been approved to commence in 2021. Additional approval has also been given to take forward a strategic approach to behavioural science training across NHS Wales, to build on existing processes and methods of engagement.

HEIW manages the expert working group and through this has developed definitions of each level of practice. Development of competencies and learning outcomes have progressed and further engagement is required with clinicians involved in the work in how it is taken forward.

Objective 4.6: *Support implementation of primary care workforce model as part of the Strategic Programme for Primary Care (SPPC).*

Progress: A stakeholder event previously scheduled during the peak of the first COVID-19 outbreak was held virtually on 21st October. This will guide the rollout of primary care training hubs for the multi-professional workforce and which will align with the pacesetter projects.

An update of the Immunisation Unit within the Level 3 Agored Cymru Diploma in Primary Care has been developed in time to meet winter pressures. Furthermore, an offer to rollout out practice-based small group learning has been made to the service via the primary care Cluster group, urgent care leads and other relevant teams.

A scoping survey has been undertaken across primary and secondary care in relation to remote clinical decision making (RCDM). Initial discussions have also taken place with TEC Cymru.

Objective 4.7: *Support workforce development requirements of integrated care models being developed by Regional Partnership Boards.*

Progress: This objective has been deferred.

Objective 4.8: *Support the implementation of the Maternity Care in Wales, A Five-year Vision for the future (2019-2024).*

Progress: Work is ongoing during Q3 to survey staff who undertake Newborn and Infant Physical Examinations (NIPE) following feedback from the Neonatal Network. Workforce mapping and a review of workforce lessons from the Health Inspectorate Wales Maternity Services Review will be undertaken in Quarter 4.

Objective 4.9: *Secure the transfer of the Nurse Staffing Programme Team to HEIW and lead the further role out of the programme across NHS Wales.*

Progress: Following the successful transfer to HEIW of the Nurse Staffing Programme Team, further recruitment has been undertaken to Mental Health and Health Visitor programme manager roles. Additionally, a Task and Finish Group has been developed to monitor the digital resources required for the Nurse Staffing Act alongside identifying the staffing resources required and funding available to digitise the programme in line with the expectations of Welsh Government.

Objective 4.10: *Assess the Critical Care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their Critical Care workforce plans.*

Progress: Critical Care workforce requirements will be reviewed and will be formed from an analysis and review of Health Board assessments of critical care and other workforce needs to support the COVID-19 responses alongside the 'new normal'.

Objective 4.11: *Develop a plan in collaboration with Welsh Government and Social Care Wales to support implementation of the multi-professional workforce and training aspects of the Allied Health Professions Framework for Wales "Looking forward together".*

Progress: The 'Rehabilitation is Everybody's Business' resource has been finalised and circulated across health and social care. It has been shared with Higher Education Institutions for use in pre-registration education.

NEW Objective 4.12: *Adopt a two-stage approach to support the Infection Prevention and Control (IP&C) agenda across health and social care.*

Progress: HEIW continues to support the work of the national Nosocomial Steering Group and has representation on both the Infection Prevention and Control Steering (IPC) group and the Task and Finish (T&F) Group. Funding has been secured to support the on-going stages of work required for future sustainability of the specialist IPC workforce. HEIW has agreed to manage the use of the resources and work going forward. A draft job description has been developed for approval by the steering group.

The T&F group have completed the scoping work on infection prevention and control training materials used in health and social care and will be reporting and recommending their findings to the steering group during November. The Executive Team will be advised on any specific offer that the organisation will need to make towards this agenda for future provision or delivery of training.

NEW Objective 4.13: *Seamless transition into HEIW for the Healthcare Science Programme Team and minimise disruption to delivery of programme objectives.*

Progress: Work is progressing in developing a national plan for neurophysiology. This activity is aligned with several healthcare science framework workstreams but more prominently, service redesign and transformation. One of the key elements of this workstream has been the agreement on direction of travel from both medically qualified Consultant Neurophysiologists and Clinical Neurophysiologists, but also the co-production of a service specification and underpinning workforce plan to support the required changes.

Following widespread engagement, the team has developed a paper providing guidance on the role, recruitment and training of Consultant Clinical Scientists in Wales. The latest version of the paper has been disseminated to the Executive Directors of Therapies and Health Sciences for final comments.

Collaboration with the ABUHB Innovation Project has progressed to purchase thematic analysis of the healthcare science workforce utilisation log to collate evidence as to how COVID-19 has influenced Healthcare Scientist practice. The team has also been involved with the National Healthcare Science Programme which has included co-resourcing and commissioning a formal NHS Wales COVID-19 Innovation and Transformation study report, with tender applications to be reviewed during November.

NEW Objective 4.14: *Develop support for the care home sector.*

Progress: This agenda is being taken forward at pace with initial engagement undertaken with key stakeholders including Social Care Wales and Care Forum Wales to gain a greater appreciation of the work being undertaken, and by whom, to understand the support that HEIW could offer. As part of this, HEIW has become a member of the Welsh Government Care Homes Winter Planning Collaboration group, which is meeting on a regular basis. Initial engagement has supported the development of an internal action plan to progress the care home agenda in partnership with key internal and external stakeholders.

Strategic Aim 5 - To be an exemplar employer and a great place to work

2 - Amber	Off track to deliver at end of Quarter but will be able to recover
4 - Green	Complete or on track to deliver at end of Quarter

Objective 5.1: *Implement the People, Inclusion and OD Strategy.*

Progress: Whilst it has been decided to defer the launch and implementation of the strategy until 2021, work continues on a focussed programme of work to increase levels of compliance against targets for PADR completion and statutory and mandatory training.

The NHS Wales Staff Survey has been launched and all staff are being encouraged to respond in advance of the 24th November deadline. It is hoped, through our proactive approach to culture and working practices, that organisationally we will improve on our engagement score and completion rate to help inform future decision making and approaches.

Objective 5.2: *Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW.*

Progress: As the lead for NHS Wales for providing health and wellbeing resources, we have piloted resources such as #doingourbit, Sleepio, Daylight, Ramblers, and Money Advisory Service, before these are shared nationally, and have facilitated guest speakers to the National Network meetings to raise awareness of these services and resources.

We have also undertaken a mock assessment to support the achievement of the Bronze Corporate Health Standard in advance of our formal assessment in March 2021.

Objective 5.3: *Implement and embed the Welsh Language framework within HEIW.*

Progress: A new translation manager has been appointed and commenced in role to support the increasing demands for Welsh translation. This is a strong indicator of the Welsh Language Policy being embedded internally and is enhancing our translation services as can be seen from the steep increase in the number of words translated shown in the Dashboard.

In addition, our Welsh Language scheme is currently out for public consultation.

Objective 5.4: *Implement and embed the HEIW Strategic Equality Plan and further develop equality and inclusion agenda including partnership working across the public sector.*

Progress: A range of engagement activities has commenced to implement and embed the Strategic Equality Plan within HEIW. This commenced at the staff Away Day on 14th October and at directorate meetings scheduled during Q3.

Technical guidance has been developed with Welsh Government in advance of the enactment of the Socio-economic Duty part 1. This has been presented at a Board Development Session and plans have been developed to implement the roll out of training.

Exciting work has commenced to implement our annual learning programme celebrating diversity and inclusion and HEIW is providing a platform for key individuals and organisations to engage.

Objective 5.5: *Progress opportunities for organisational approaches to combat climate change.*

Progress: Our Biodiversity and Climate Change stakeholder group was launched internally during October with an aligned programme of communications to raise awareness and encourage individual and group action. A draft biodiversity plan is in development and will build on recommendations found within the Welsh Government Energy Support report provided to support HEIW in reducing its carbon emissions.

Objective 5.6: *Embed multi-disciplinary Quality Improvement capacity and capability within all aspects of HEIW's work and develop partnership working with Improvement Cymru.*

Progress: Scoping in progress and on track of current Quality Improvement resources and ongoing internally facing projects. The internal stakeholder group met in early November and is due to report on Q3 baseline information.

Strategic Aim 6 - To be recognised as an excellent partner, influencer & leader

3 - Green

Complete or on track to deliver at end of Quarter

Objective 6.1: *Implementing HEIW Communications and Engagement strategy; brand awareness and influencing for success.*

Progress: The principles of the HEIW Communications and Engagement Strategy are borne out in all core, IMTP and national project communications and engagement work as well as the COVID-19 response. We continue to proactively support national messaging on COVID-19 and have also been actively involved in the 14 days of health and wellbeing campaign which began at the end of October.

Horizon scanning continues to take place with monitoring media and manifestos as they are published covering not only political parties but also Royal Colleges, regulators etc. An information database has been created and will be populated with items such as manifestos and notes of external meetings.

We have progressed on activities to raise the awareness of HEIW and its work through engagement with MPs and members of the Senedd through our stakeholder bulletin and open invitations to our open Board meetings and events.

We have continued to develop our bilingual materials and have developed several videos covering events such as PRIDE, Graduate Training programme and the NHS Staff survey.

We continue to see a positive upturn in social media followers across Facebook and Twitter, as evidenced in the Dashboard.

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.*

Progress: The team has continued to support and implement agreed plans for communications and engagement across active IMTP programmes and additional programmes, as required to meet ongoing operational plans in support of winter pressures and COVID-19 response.

Objective 6.3: *Review the alignment of internal digital systems and functions, and opportunities to support the Education and training experience for trainees in Wales.*

Progress: EDUROAM is now available across NHS Wales, however work is required with a small number of NHS Wales organisations to ensure IT infrastructure is sufficient to enable the network to be visible to users. Work is ongoing to identify what additional support HEIW can offer.

During the initial stages of Q3, active recruitment has been undertaken to fill vacant posts with the Digital team. This has included the recruitment of a new Digital Director who will commence in February 2021 alongside the filling of vacant roles within the IT and e-learning teams.

SECTION 2: ORGANISATIONAL PERFORMANCE

Education and Training Activity: Commissioned Places

There has been no change to rates for Foundation Training or Secondary Care since the last report. For further details, see the September 2020 report.

GP training

Round 1 (R1) and R1 Readvert (R1R) have been completed for posts commencing in August 2020. All vacancies advertised in Round 2 (R2) recruitment have been filled. The total number of trainees recruited across R1, R1R (posts commencing August 2020) and R2 (posts commencing February 2021) is 200. This exceeds the target recruitment of 160 (noting the agreement by Welsh Government to fund up to 200 places) and is an increase of 13 (6.5%) compared to the previous year.

Dental

There has been a slight increase to the overall fill rate from 93% to 95% since the last report. All posts across Dental Foundation Training (DFT), Dental Core Training (DCT) and Dental Specialty are filled for September 2020, but in DCT, 5 posts (7%) were recruited locally by health boards. The fill rate exceeds the comparison for last year.

Pharmacy

As presented in the September report, the Pharmacy fill rate relates to pre-registration only. This is because the 2020 figures for the other areas are not yet available and the 2019 rate has been adjusted to ensure comparability across the years. We will revert to the rate across all areas of Pharmacy when the final fill rates for 2020/21 are available in Q4.

For Pre-Registration Pharmacy, 132 trainees have been placed against the 160 commissioned places offered and budgeted for in 2020/21, which is an 83% fill rate this year. However, it represents a step-change in pre-registration pharmacists in training, with an increase of 39% on last year when only 95 commissioned places were available via NHS Commissioning and Welsh Government Community funded posts.

For 2021, plans are in place to further increase the uptake in the commissioned places. During December indicative application numbers for Wales will be known for the 2021 intake.

Health Professional Education

The fill rate shows the confirmed and final fill rates for the 2019/20 academic year. For Nursing and Midwifery this was 96%, for Allied Health Professionals it was 98% and for Health Care Scientists it was 96%. Contract Business Meetings with universities took place in October, but final fill rates for 2020/21 are not yet confirmed and so are not included in this report.

Continuing Professional Development (CPD) Course Activity

The Dashboard shows the number of attendees at face-to-face and online Continuing Professional Development (CPD) events for the period 1 April 2020 to 31 October 2020 compared to the same period last year. The increase in attendees at online events has continued, as expected during the ongoing pandemic. (Please note a slight discrepancy

between the reporting period in 2020 compared to 2019, which is due to a change from quarterly reporting to year-to-date reporting.) The total number of events has almost doubled to nearly 9k, with over 8k of these being online events (compared with zero in the same period last year). All areas have been working towards plans for largely online CPD delivery from September 2020 onwards.

Dental

Study days commenced in September for the 2020/2021 Dental training schemes: Dental Foundation, Dental Core and the Dental Therapy Scheme.

We continue to liaise with Welsh Government (WG) to support the government position on the COVID-19 response. The Quality Improvement Educators are currently organising focus groups with the profession to support the WG's contract reform work for General Dental Practice. These will take place in November and early December.

The section is collaborating with colleagues in NWIS and Public Health Wales to support the roll out of Attend Anywhere to the Dental Profession in Wales. Attend Anywhere is an online video consultation platform.

Revalidation Support Unit (RSU)

The new CPD programme commenced on 4 November with 172 bookings for our Diabetes webinar, a positive indicator of the need and demand for these events. We have added an additional two new e-resources; on Sepsis and collecting patient feedback in the context of COVID-19 to our 'vital' session series (VSS). This series of accessible, open access resources is designed to provide bite size chunks of vital information on key topics.

In October the RSU supported the British Association of Gender Identity Specialists (BAGIS) with the design and delivery of a full day, 70 delegate virtual conference. We were pleased to support this event as part of our commitment to providing innovative solutions for the workforce.

Our online CPD website has remained available throughout this period and we launched an additional three modules in July and August, increasing the number of open access modules from 38 to 41. The data in the previous quarters has shown a decrease in the number of individual people visiting the site per day compared to the same period last year. This was anticipated as a direct impact of the COVID crisis and, potentially, an indirect impact of the temporary suspension of the Medical Appraisal process by the Chief Medical Officer on 27th March. However, as shown on the Dashboard, the increase in views this Quarter, compared to Quarter 1, indicates that traffic to the site is beginning to return to normal levels.

The Developing Doctors to Deliver Programme, has been re-named to reflect the interdisciplinary nature of the programme. The Discovering, Developing and Delivering in Healthcare (3D) programme has been completely re-designed for virtual delivery via the Gwella portal. The first module of the 2020/21 cohort took place on 14th October and received excellent feedback.

Pharmacy

The events held in the period were discussion-based events with no external clinical expert, relying on delegates sharing their knowledge and experience with each other, practice scenarios and identifying gaps in their own knowledge. We ran 3 events, with a total of 26 attendees. Despite the low numbers (maximum would be 72), all were well received with delegates stating they would attend this format again. The delivery team continue to enhance their confidence and innovation with this style of delivery, and we recognise it will take learners a while to engage in this format and to gain confidence.

Specific Health Board events have been delivered to support regional requirements:

- A 'Sore throat test and treat' webinar (40 registered attendees) was delivered for BC and CTM UHBs to enable contractors already trained to deliver this

service face to face to deliver this service virtually. A recording of this webinar has been circulated to the relevant Health Boards to enable more pharmacists to complete this training and deliver this service virtually.

- A 'Pain' webinar was delivered for Hywel Dda UHB (57 registered attendees) across all sectors to support more effective prescribing and review of patients with persistent pain.

Our 'access to all' webinar this month was 'Medicines Information' (53 registered attendees).

The recording of the NHS Wales 'Video Consulting Service' webinar is now available on the pharmacy website and this will also be made available for access on the TEC Cymru website, once the slides have been updated for accessibility and the Welsh language.

For COVID-19 resources, the medicines administration module for support staff workforce in social care settings has now been completed by 761 individuals (an additional 177 since 31 August).

Professional Support Unit (PSU)

The PSU has delivered 9 webinars to trainers and trainees in September and October, with 18 webinars and an Open Q&A Twitter & Facebook session planned for the rest of Q3.

In relation to programmes enabling a more diverse workforce, the PSU is working closely with the Differential Attainment agenda and we have developed the following workshops (webinars) for trainers:

- 'Developing Diverse Workforce for a Global Diverse Patient Groups - Active Bystander Training'
- 'Developing Diverse Workforce for a Global Diverse Patient Groups – Addressing Differential Attainment'

We are using coaching and workshops to identify and share best practice and develop leadership skills: 'Supporting Trainees through the Training Continuum' (face to face, when possible). In addition, the team is using research and best practice to design and deliver coaching and workshops that focus on behaviours that deliver safety and quality, e.g., dignity at work, leadership and communication skills: 'Getting the Most out of Mentoring (for mentors and mentees)'.

Quality and Outcomes

Quality Management

Quality management activity has continued throughout the pandemic albeit in a different way. Whilst active Targeted Visits were postponed during the first quarter, the need to ensure patient safety and effective learning environments has remained as important as ever. Effective relationships with Local Education Providers, (LEPs) and the GMC have been maintained. In addition to reviewing options for resuming quality management activity, key pieces of work undertaken in the current reporting period relate to concerns management, additional emergency hospitals, and regulator engagement. In addition, as we progress into the second wave of the pandemic further work is being undertaken to gather

evidence around the extent to which the pandemic is impacting education to ensure that we meet our regulatory accountabilities and to consider how to support LEPs during this time.

Following the successful pilot virtual visit to a primary care setting in Quarter 2, virtual visits have been expanded into larger secondary care settings and this format has worked very well with a good level of engagement. A total of six virtual visits has been arranged, three of which have taken place during the current reporting period and there is evidence that progress in all areas is on track despite COVID-19. Further visits will continue to be arranged and we are working with LEPs in order to reprioritise visits to ensure that they are undertaken where it is helpful to do so, maintaining a close dialogue to monitor those areas where it is unlikely that a visit would provide the evidence required or where a visit would be unnecessarily burdensome.

There are currently six areas under Enhanced Monitoring status with the GMC, shown in the table below. Clear monitoring arrangements have been in place for all areas during this time and action plans continue to be on track.

Enhanced Monitoring Areas

LEP	Site	Specialty
Betsi Cadwaladr UHB	Wrexham Maelor Hospital	Medicine
Cardiff & Vale UHB	University Hospital of Wales	Paediatric Surgery
Cwm Taf Morgannwg UHB	Prince Charles & Royal Glamorgan Hospitals	Obstetrics & Gynaecology
	Princess of Wales Hospital	Obstetrics & Gynaecology
Swansea Bay UHB	Morriston Hospital	Emergency Medicine
		Trauma & Orthopaedics

On 1 October, we launched HEIW Open, a dedicated email account enabling training grade doctors to raise concerns about training quality directly with HEIW. This mechanism was introduced as one of the ways to help address the outcomes of successive GMC National Trainee Survey results which report that Wales has the lowest score in the UK for reporting systems, with scores declining over time. The ethos of the system is to maintain links with existing reporting mechanisms and to seek to close the feedback loop where concerns are raised. Given current pressures on the service during the pandemic, HEIW Open is particularly important in providing an additional route to raise concerns. During the first month, four trainees contacted the Medical Deanery through HEIW, with three of these being general queries and one being a training concern. HEIW has responded to all queries.

GMC Training Survey Results

The GMC postponed the traditional National Training Surveys due to COVID-19. However, during the summer a shorter survey designed to capture trainee and trainer experiences of the pandemic was launched across the UK. The Wales response rates were 53.26% against a UK average of 48.67% for trainees and 33.8% against a UK average of 24.3% for trainers. As this survey reflects a unique period, it will not be possible to utilise this data to analyse trends as is routinely the case. The survey results were reported by the GMC at the end of October and work is now being undertaken to identify the key messages arising from these results. A further update will be provided in March 2021.

The annual engagement meeting with the GMC was held during October; the purpose of this is to provide a degree of scrutiny around HEIW's quality management activity as well

as an opportunity to have a general discussion around training quality. This meeting was positive, with the GMC indicating that they remain satisfied with the evidence provided and HEIW's general approach to quality management.

Escalation

In October, to provide further assurance regarding Bursary Appeals and related matters, this element of the business was escalated from Enhanced Monitoring to Targeted Support. This was for two reasons: firstly, to direct focused attention to the tracking process which provides evidence that registrants who received the Welsh bursary are working in Wales for the duration of two years following graduation; and, secondly, to further review and manage the appeals submitted to HEIW from students requesting release from their bursary tie-in obligations.

A specific Bursaries dashboard has been created and presented to the Executive Team. This provides quantitative 2020 registrant data that can be viewed from several perspectives, including by profession, university, and Health Board. Information from this dashboard will be used to inform recommendations to Workforce Directors, Directors of Therapies and NWSSP regarding approaches to secure employment in Wales in the summer of 2021 to healthcare graduates.

Regarding the 2020 graduates who are still seeking healthcare work in Wales, a decision to extend the time available to obtain employment has been given – registrants will have until 31 March 2021 to obtain employment.

Annual Review of Competence Progression (ARCP)

The COVID pandemic posed considerable challenges to undertaking this summer's ARCPs and to the ability of trainees to meet the curricula requirements. An early decision was made that ARCPs should proceed and that, where possible, no trainee should be delayed in progressing with their training.

Joint working between the 4 Statutory Education Bodies (SEBs) and the GMC, Medical Royal Colleges and Faculties led to an agreed derogation of the UK established processes. New "no fault" outcomes were created to ensure trainees could progress to the next stage of their training:

- Outcome 10.1 – recognises that the trainee has been making progress in their training but there has been a delay in the acquisition of competencies/capabilities due to COVID-19. As the trainee is not at a critical progression point it would be safe for the trainee to be facilitated to progress to the next stage in their training.
- Outcome 10.2 – recognises that the trainee has been making progress in their training but there has been a delay in the acquisition of competencies/capabilities due to COVID-19. As the trainee is at a critical progression point, either it would not be safe or not possible for the trainee to progress in, or complete, their training programme.

Changes to the ARCP process included:

- Redefining the composition of ARCP panels to facilitate as many ARCPs as possible.
- Ascertaining the minimum curriculum requirement compatible with maintaining patient safety for each specialty for each year of training to inform when a trainee can progress.
- Identifying compensatory evidence that ARCP panels could consider when normal evidence was not available.

- Prioritising ARCPs when there were pre-existing significant concerns about the clinical capability/fitness to practise/revalidation of the trainee or where the trainee was at a critical progression point in their programme.
- Introduction of two new ARCP Outcomes which recognised that the trainee was achieving progress and developing competences/capabilities at the expected rate, but that acquisition of some capabilities had been delayed by the impact of COVID-19 (see above).
- Panels were convened virtually rather than face to face.
- Flexibility in the delivery of post ARCP feedback with those trainees who receive an outcome indicating a concern with progression, meeting virtually with their TPD or ARCP panel to receive feedback.

Each SEB is undertaking a review into the delivery of ARCPs using the COVID derogations to gain an understanding of what went well or otherwise to inform future delivery of ARCPs. Feedback from this process so far indicates that:

- The virtual ARCP process seems to have been acceptable to panel chairs.
- The virtual platform performed well.
- Preparation before the virtual panel was considered important.
- The process was able to take place in the absence of externality or lay representation.

COVID ARCP outcome codes have been compared across the 4 SEBs to obtain a picture of implementation and impact. Data shows the process appears to have been consistent across the UK with overall percentages of trainees receiving similar Outcomes (see 'National ARCP' in 'Benchmarking' on the dashboard and note: *information reported to COPMED on 7 October 2020 and subject to change as SEB validation and review is undertaken*).

The percentage of Outcome 10 is consistent across all regions of the UK. The small numbers of Outcome 10.2 (the highest in England at 2.8% and the lowest in Wales and NI, both at 1.7%) may be underrepresented due to the short duration impacted (March-August) – this may have a further impact on 2020/21 ARCPs with ongoing disruption resulting from the pandemic. The percentage of Outcome 6 awarded, i.e., trainees completing training, is comparable with that of 2019.

Trainees working across Acute Medicine, Internal Medicine, Anaesthetics, ICM, Emergency Medicine, Diagnostic specialties and Surgical specialties have been most affected by COVID disruption. This is due to several reasons including: pausing elective, investigative, procedural and outpatient activity; reduction in patient throughput as a result of patients staying away from emergency departments, hospitals and primary care settings; and trainee redeployment to medicine and intensive care. Through redeployments trainees will have gained generic skills in leadership, management and medical care for the acutely ill patient, however, key competencies required for their specialty training and progression have been hampered as a result of COVID.

It was anticipated that ARCPs for Foundation doctors would not be disrupted by COVID-19 due to the nature of their training and curriculum requirements. It was therefore agreed that it should be possible to award one of the existing outcomes to almost all Foundation trainees, however there may be exceptional circumstances where an Outcome 10.2 should be used for Foundation doctors.

In Dental, final ARCPs for DFT and DCT took place in July for both programmes and were reported in the September 2020 report. Of the 62 in DCT, 61 were awarded Outcome 1 and one was awarded a COVID-related outcome. There are no COVID-related outcomes for DFT.

For Dental Specialty Training, 17 full ARCPs were held in the period August 2019 to August 2020: 3 were awarded COVID-related outcomes (2 were awarded Outcome 10.1 and 1 was awarded Outcome 10.2). In the period September and October 2020, 9 full ARCPs were held, with 7 of these receiving COVID-related outcomes. Five interim ARCPs were held, with one of these receiving a COVID-related outcome. (Note: ARCPs held in September and October are not included on the metric in Annex 1.)

Professional Support Unit (PSU)

At 31 October 2020, there were 313 active cases (compared to 317 at 31 August 2020). This is a drop of 32 active cases since 31 March 2020. Earlier in the year, we saw a decrease in uptake of support since the start of lockdown in March 2020 compared to the same point in previous years, as trainees focused on service provision. This was the same across all UK nations. With the restarting of the Royal College exams, the requests for exam-related support is reaching expected levels.

Trainee Progression Governance (TPG)

There is no change to the position with Reviews and Appeals of Annual Reviews of Competence Progression (ARCP) Outcomes since the last report. For more detail, see the September 2020 report.

Medical Appraisal and Revalidation

Medical appraisal recommenced across all sectors in Wales on 1st October with a focus on wellbeing and support.

The Dashboard shows the number of appraisals completed on both MARS and the Primary Care instance of MARS, for the period 1 April – 31 October 2020 (939). It should be noted that the appraisal completed data is based on the date the appraisal summary is agreed, not the date of the meeting. This data is not comparable with the same period last year due to the temporary suspension of medical appraisal. Appraisals due to take place during this period are classed as an 'approved missed' appraisal, therefore affected doctors will not be due to undertake their next appraisal until 2021.

To support the re-commencement of appraisal, a new MARS post Appraisal Survey was launched on 1 October. This was developed to enable us to compare data across the four nations. It also includes new questions on discrimination, inclusion and virtual appraisal to enable us to evaluate the quality and perceptions of virtual appraisals compared to face-to-face meetings.

To enable us to continue our quality management functions, a programme of Virtual Appraisal Quality Assurance events will be taking place across two weeks in November. We have developed this alternative model to replace our annual appraisal Quality Assurance event, which scores anonymised appraisal summaries against agreed quality criteria.

At 31 October 2020, following a relaunch of the **Orbit360™** system in August, there were 1033 registered users, compared with 566 at the end of Q1.

Corporate Performance

HEIW Performance Metrics

Workforce Movement

The HEIW headcount has remained at 435 (October data) although there has continued to be movement of staff leaving and joining the organisation. New staff continue to be successfully onboarded and inducted whilst working from home, with positive feedback from our new employees. We have also had a further TUPE transfer involving staff associated with the Healthcare Science and Allied Health Professions Framework transferring to HEIW on 1st October.

Turnover

The 12-month rolling turnover rate for HEIW for the period to October 2020 was 8.7%, an increase of 0.7% since the previous report. This remains relatively low but at a level which is healthy enough to continue to support business continuity and organisational memory whilst also bringing in new thinking and new ideas.

Sickness

HEIW continues to have the lowest sickness rate of all the 11 NHS Wales organisations, with a rolling 12-month sickness rate of 2.1% to October 2020. This remains significantly below the NHS Wales sickness target of 4.1%. The sickness absence trend has seen a decrease from April through to August with a small increase in September and October. This is consistent with traditional sickness patterns where there is a general increase as we enter the winter period. However, the current low rates continue to indicate a good degree of organisational resilience and positive health.

Short-term sickness absence makes up 28% of our total sickness absences, which continues to be broadly consistent with the ratio over the past year. This means that most days lost due to sickness are related to long-term episodes and the reasons have typically been either for stress/depression/anxiety or related to tumours/cancer and these episodes are sympathetically and appropriately managed. Given the overall low levels of absence, any single long-term episode has a significant impact on the overall picture within the organisation.

Disciplinary & Grievance

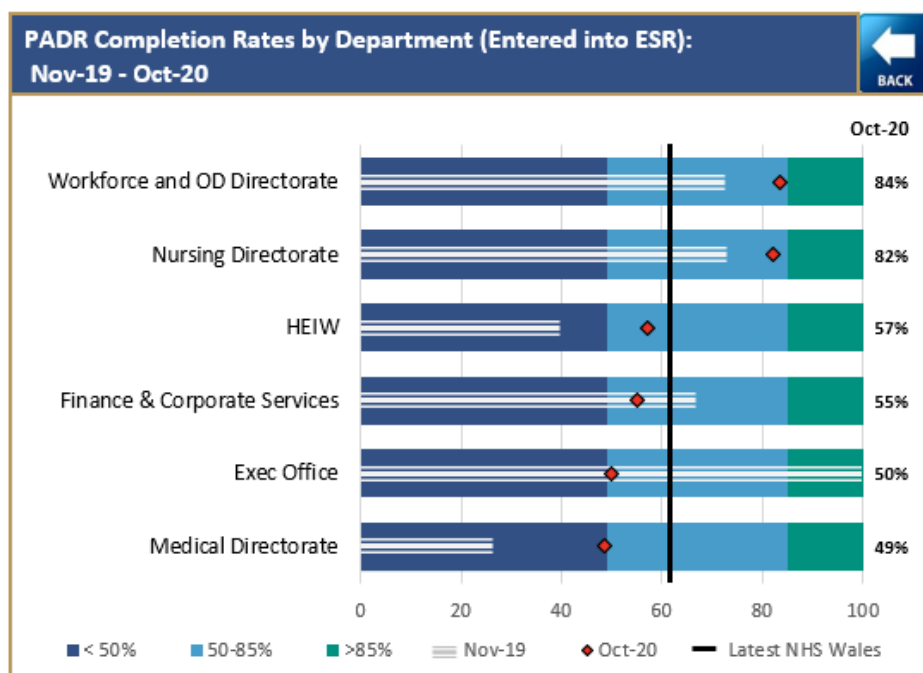
There were no disciplinaries, grievances or staff complaints in the period.

Personal Appraisal Development Review (PADR)

Personal Appraisal Development Review (PADR) forms part of contractual arrangements for staff and is one of the key performance indicators in the NHS Wales delivery framework set by Welsh Ministers. The target rate for PADR/Appraisal is 85% as recorded on 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. New starters are excluded from PADR compliance figures for the first 3 months in post.

The overall compliance level for HEIW core staff (excluding GP Appraisers/Pharmacy Assessors/Facilitators whose prime employment is generally elsewhere) was 57% at end

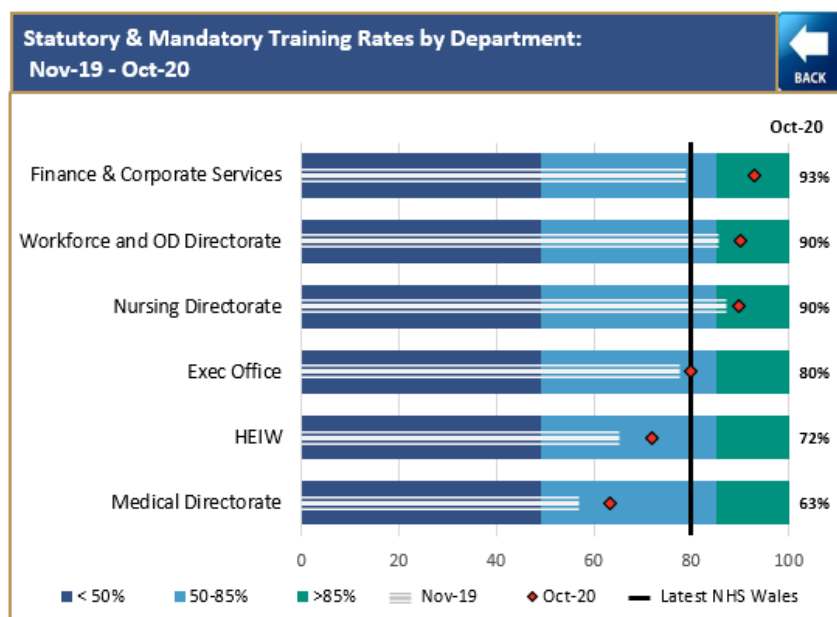
October 2020, which represents little change from the August position but remains broadly in line with the level of compliance across NHS Wales. Two of our business areas are above the NHS Wales average with both just marginally short of the target of 85%. Although the increases are small, the Medical Directorate is maintaining an upwards trend, and this is attributed to a more accurate reflection of compliance levels in the ESR reporting system. More work is being carried out on this with the expectation of a continuing improvement in compliance rates. Further detail of HEIW compliance rates is shown in the table below.



Statutory & Mandatory Compliance

The Welsh Government KPI requires 85% compliance at a minimum level 1 in the 10 UK Core Skills Framework for NHS Staff, hosted on the ESR 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 HEIW compliance rate for core staff (excluding GP Appraisers/Pharmacy Assessors/Facilitators) at end October 2020 was 72%. This demonstrates a relatively static position although, as can be seen from the table below, three of the five business areas have exceeded the 85% target figure. However, the organisation remains short of the target figure and whilst it remains the responsibility of individual staff and managers to ensure that they achieve compliance in statutory/mandatory training requirements, the People Team and the wider Workforce and OD teams will continue to support and encourage staff in this process.



Equality Data

Compliance in recording equality data has again improved marginally with the compliance rate increasing to 63%, from 62% in August. The Strategic Equality Plan was published in October and an update is included in Section 1.

Welsh Language

Compliance in compiling Welsh language data has also improved slightly since March 2020, with the rate increasing again this period to 33%.

In Q2, nearly 800k words were translated, an increase of nearly 350% on the same period last year (when just under 231k words were translated). Nearly 400k words were translated in the first month of Q3 alone and so the full quarter is expected to show a significant increase once again on the previous quarter.

Although there are some known peaks of work related to Board and Committee Meetings and corporate documentation, the work is otherwise still largely unpredictable, and is still growing in volume.

Our new Translation Manager joined the team in mid-August, not only doubling internal capacity, but also bringing a wealth of knowledge and expertise, which is already showing considerable cost saving and improving service levels.

Homeworking and Wellbeing Surveys

Since the outset of the pandemic and the move to homeworking, we have invited staff to give us ongoing feedback through four surveys. These findings have helped us to understand the impact of homeworking and virtual working on individuals and the organisation and have also helped shape and influence virtual events. The main findings from our recent Homeworking and Wellbeing pulse survey are as follows:

Positives

- 115 staff responded to the survey

- High percentage of staff (90%) are happy to continue to work from home but would welcome a more blended model of office/homeworking – 60/40 split (2 days in the office), which reflects how staff miss working with others
- They are more comfortable, particularly since the children are back in school
- 76% have taken steps to stay healthy and fit.

Area for concern

- 34% of staff feel home/work life balance is becoming blurred and say they are working longer hours and would welcome a blended model when the office is reopened.

Staff Conference

HEIW launched following extensive employee engagement around our values and culture. We have maintained this momentum by designing interactive all staff conferences with a range of internal and external speakers to share best practice. Attendance levels have increased from event to event. 105 colleagues attended our first birthday event in October 2019 and, at our second event which took place in the Spring 2020 at Cardiff City Stadium, 135 colleagues attended. In addition, in August, we hosted a virtual 'HEIW has got the fun factor' event which helped colleagues to reconnect virtually through informal awards.

This latter experience helped us to prepare for our first virtual all staff conference on 14 October. The virtual nature of the conference enabled staff from all over Wales to attend and at its peak, 185 people were logged on. The conference was extremely successful and concluded with a series of innovative and vibrant videos showcasing the work of our business areas.

Staff Survey and Health Needs Analysis

The data has not changed since the previous period.

Online communication/engagement

Social Media followers continue to increase as a result of a proactive approach involving a mix of original HEIW content as well as sharing key messages from partner organisations such as NHS and WG. We have also held two Twitter take overs (Graduate Management Programme and Pharmacy), with positive results.

Awareness raising of HEIW and establishing it as a leader, influencer and expert is a key driver for the communications and engagement team in partnership with colleagues across the organisation. As well as the social media activity mentioned above contributing to this, other activities have taken place:

- Publication of a variety of blogs from staff, events and guest speakers, including our clinical fellows
- Support for virtual events connected to our IMTP and national programmes, such as Talentbury, Primary Care, Mental Health, Allied Health Professions and the BMJ national careers fair as part of Train.Work.Live
- Running key corporate events virtually for the first time: 36 stakeholders attended our virtual interactive AGM giving the audience an opportunity to get involved, ask questions and contribute to our work; and after the AGM, we held an interactive virtual showcase event attended by 41 stakeholders who heard more about some specific topics in detail.

In relation to corporate communications and engagement, we have issued the September stakeholder bulletin and the first edition of our primary care newsletter. Regular meetings continue to take place with Royal Colleges most recently the Royal College of Surgeons

Wales. On the HEIW website we have issued 35 news articles, and we continue to contribute content to publications by the NHS Chief Executive and Welsh NHS Confederation. The team have also supported and promoted a number of 'launches' such as the application process for the graduate management programme, Welsh language consultation, Strategic Equality Plan, Workforce strategy and leadership principles consultation.

Internally, communications and engagement with staff continues to be a priority. To support health and wellbeing, as well as business continuity, the monthly staff open forum will be moving to bi-weekly. 81 bulletins have been published on the intranet inviting staff to feedback on draft policies affecting them and promoting the staff survey, as well as signposting to wellbeing resources and learning opportunities. In October we supported the People Team with a highly successful virtual staff event.

Finance

Since July there has been a significant improvement in the payment timescales, and the cumulative figure for PSPP has increased to 93.55% of invoices paid within 30 days. Work is ongoing with the aim of achieving the 95.0% target by the end of the year.

HEIW is reporting an underspend of £927k against profiled budgets at 31 October 2020. This is due to vacancies across HEIW staffing establishments, reduced face-to-face training and education activity due to the COVID-19 lockdown restrictions, the differences in the take up of Bursaries and some under recruitment to and attrition from Nurse education places, and under recruitment to some medical training grade posts and Pharmacy. Further detail is included in the Month 7 Finance Report to the Board.

As a result of the COVID pandemic:

- Recruitment for several posts has been paused/delayed.
- A change in the service requirements has reduced the reliance on agency staff.

The cumulative agency costs to the end of October are 1.3% of total pay costs. It is anticipated that the use of agency staff will increase during the year as service provision and requirements return to deliver the requirements of the IMTP.

As highlighted in the Month 7 Finance Report, the organisation has a duty to break-even and a return of £5m of funding is proposed based on a deep-dive and additional forecasting. It is not considered that this poses a risk to the delivery of the objectives and Key Performance Indicators as outlined in this report as there is good assurance on delivery. Further variation in commissioning budgets and the residual underspend forecast of c£2.5m will also be considered in the light of the commitments to support the delivery of the organisation's objectives between now and the year-end.

Freedom of Information Requests

HEIW received 6 FOI requests during this period. The compliance rate (response within the 20 working days) remains at 100%. There have been no requests for review.

Accidents and Incidents

In the period 1 April to 31 October 2020, there were no health and safety accidents, or incidents reported/recorded.

END

Health Education and Improvement Wales Performance Dashboard (2020/21)



**GIG
CYMRU
NHS
WALES**

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

HEIW Strategic Objectives as at Oct-20

Strategic Aim 1 -To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'

RED	AMBER	GREEN
0	0	6

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

RED	AMBER	GREEN
0	1	4

Strategic Aim 3 -To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels

RED	AMBER	GREEN
0	0	7

Strategic Aim 4 -To develop the workforce to support the delivery of safety and quality

RED	AMBER	GREEN
0	3	9

Strategic Aim 5 - To be an exemplar employer and a great place to work

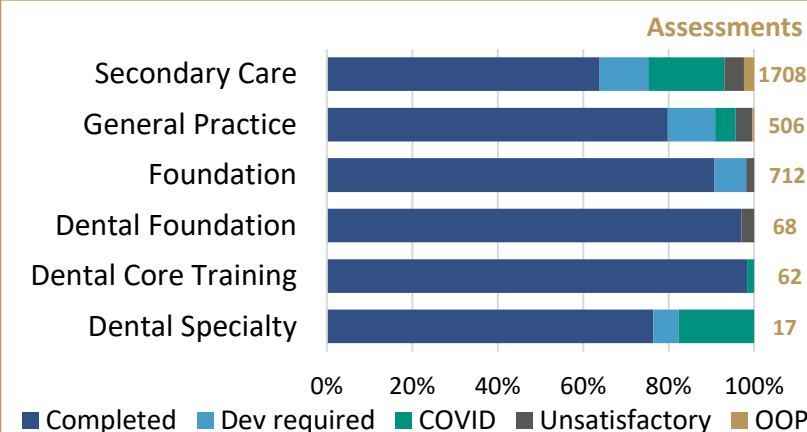
RED	AMBER	GREEN
0	2	4

Strategic Aim 6 - To be recognised as an excellent partner, influencer and leader

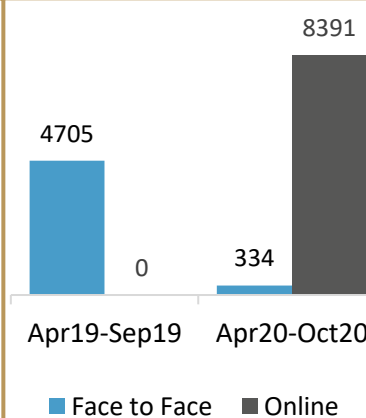
RED	AMBER	GREEN
0	0	3

Departmental Information

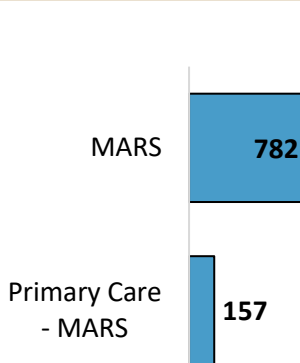
Annual Review Of Competency Progression (07/08/2019 and 04/08/2020)



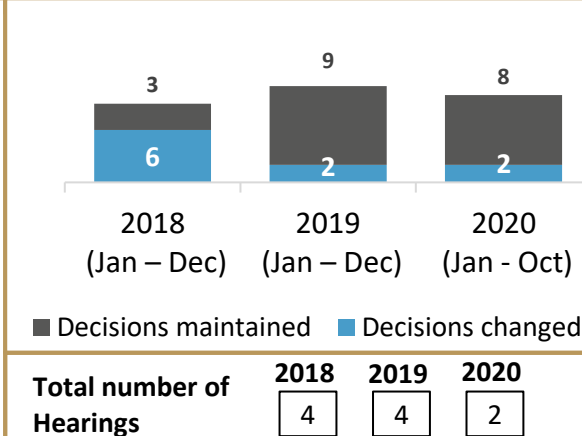
CPD: Actual Attendees : Apr-Aug



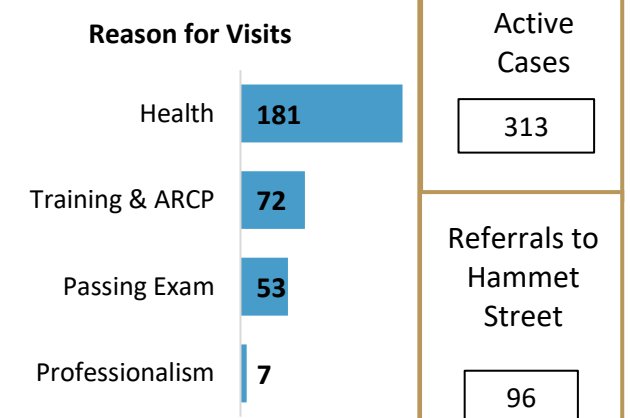
No of Medical Appraisals Completed Apr20-Oct20



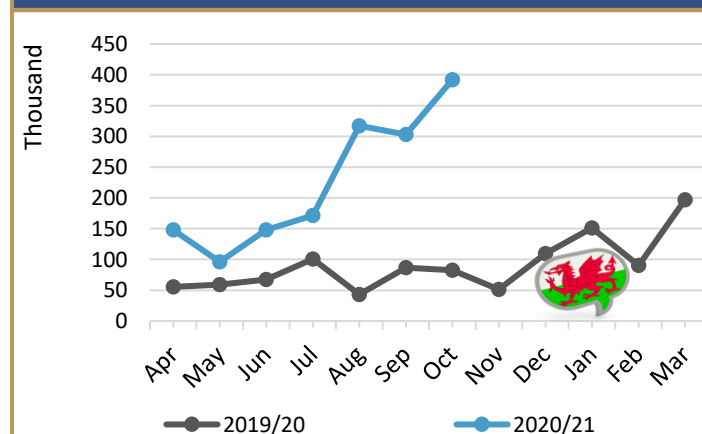
Trainee Progression Governance: No of Appeals



Professional Support Unit (Oct-20)

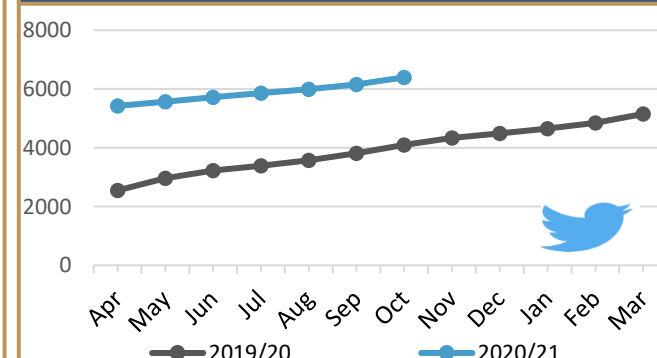


No Words Translated

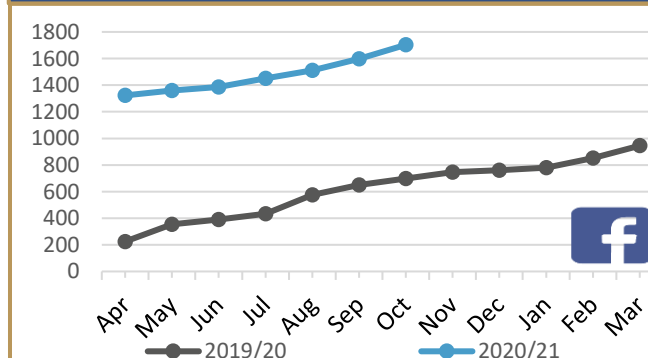


Online Communication / Engagement (Oct-20)

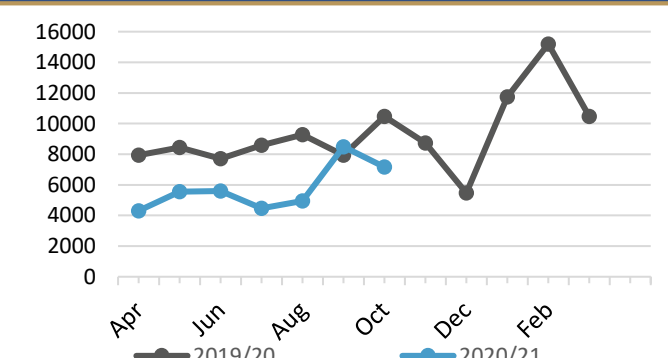
Twitter: No Followers

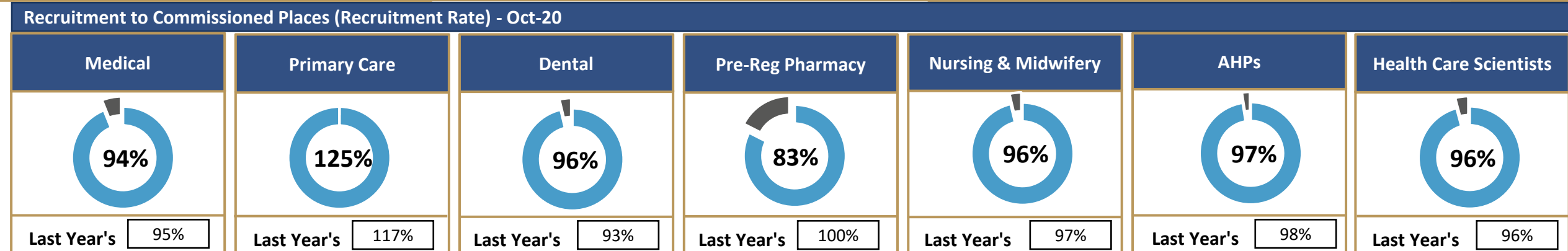
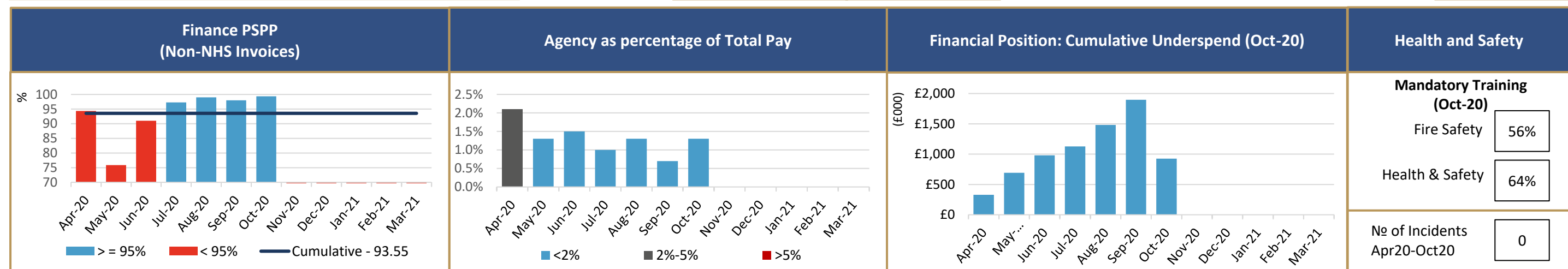
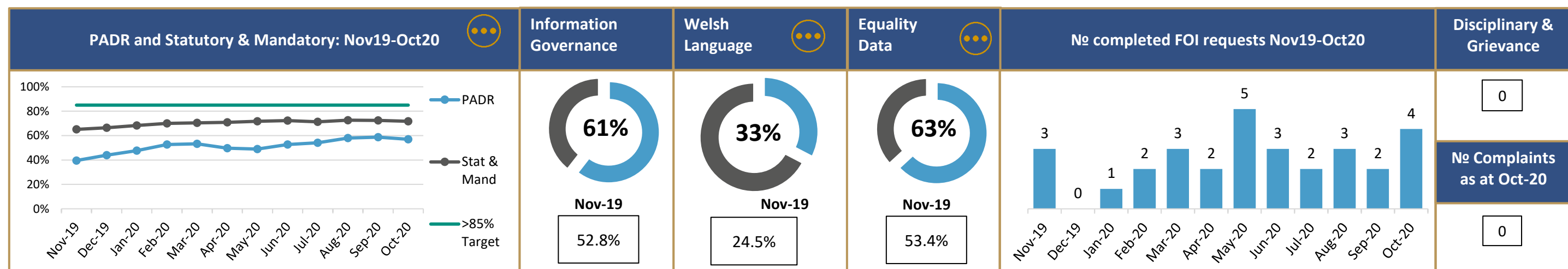
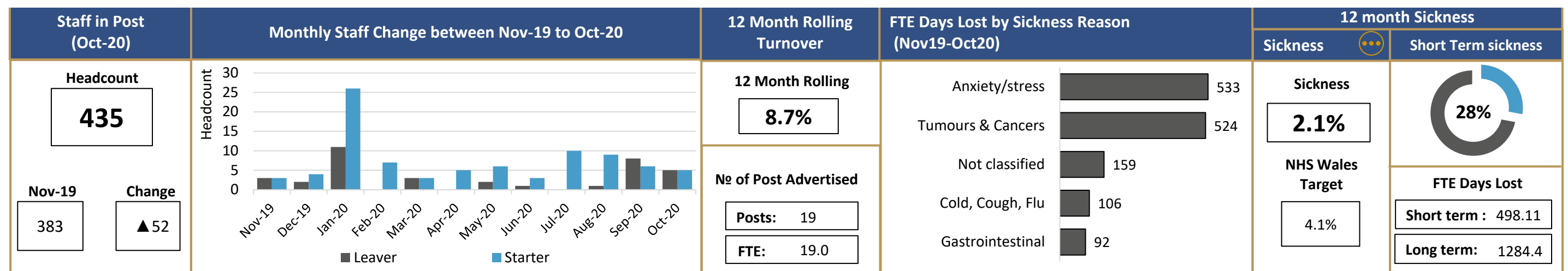


Facebook: No Page likes



RSU Online page hits: as at Oct-20



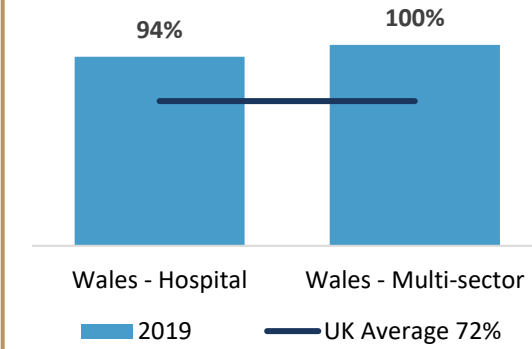


Benchmarking Information - 2019

GMC National Trainee Survey - Overall Satisfaction Scores (2019)

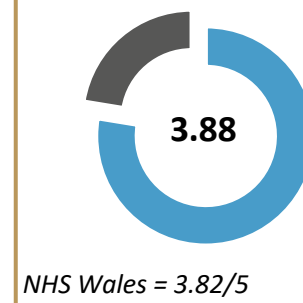


Pre-registration trainee pharmacists - Pass rate

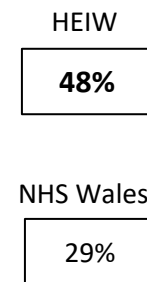


Staff Survey 2019

Engagement Index

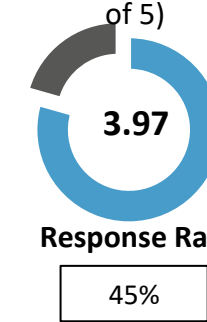


Response Rates

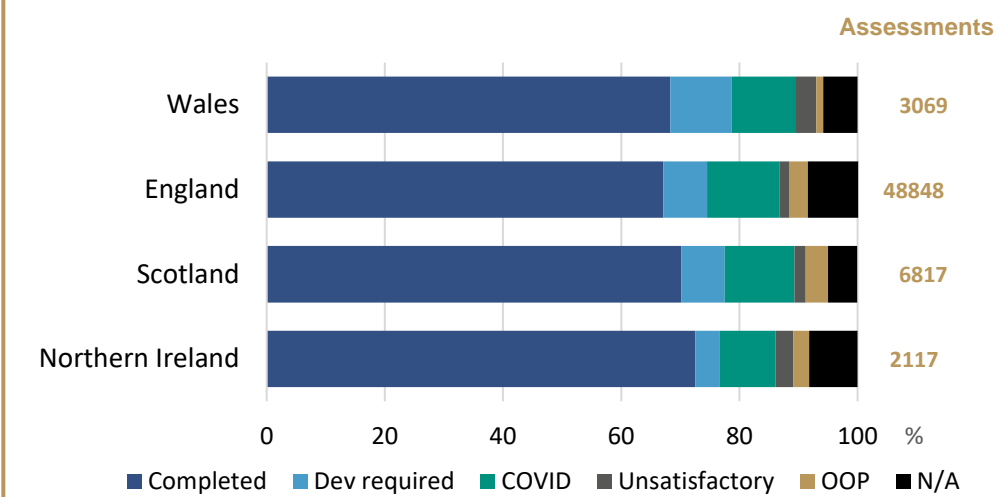


Health Needs Assessment Score 2019

The Engagement Index (out of 5)



National ARCP - Oct 2020





GIG
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NHS
WALES

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

Dyddiad y Cyfarfod	26 Tachwedd 2020	Eitem Agenda	4.3
Teitl yr Adroddiad	Fframwaith Sicrwydd y Bwrdd		
Awdur yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Gofyn am gymeradwyaeth y Bwrdd i Fframwaith Sicrwydd y Bwrdd (BAF).		
Materion Allweddol	<ul style="list-style-type: none"> • Adolygir y BAF yn flynyddol gan y Bwrdd ac mae wedi bod yn weithredol ers mis Medi 2019. • Mae'r BAF wedi'i ddiweddarau i adlewyrchu Amcanion Strategol presennol AaGIC fel y nodir yn yr IMTP y gellir ei gymeradwyo ac mae hefyd yn cynnwys Risgiau Strategol AaGIC. • Datblygwyd y Risgiau Strategol yn dilyn ystyriaeth yn Sesiwn Datblygu'r Bwrdd ym mis Hydref. 		
Camau penodol i'w cymryd (rhowch un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
			Cymeradwyo ✓
Argymhellion	Gofynnir i aelodau: <ul style="list-style-type: none"> • Cymeradwyo Fframwaith Sicrwydd y Bwrdd wedi'i ddiweddarau sy'n cynnwys Risgiau Strategol AaGIC - sydd i'w gweld yn Atodiad 1. 		

FFRAMWAITH SICRWYDD Y BWRDD

1. CYFLWYNIAD

Pwrpas yr adroddiad hwn yw rhoi diweddariad blynyddol i'r Bwrdd mewn perthynas â Fframwaith Sicrwydd y Bwrdd (BAF) a cheisio cymeradwyaeth y Bwrdd i'r fersiwn wedi'i diweddaru o'r un peth sy'n cynnwys Risgiau Strategol AaGIC.

2. CEFNDIR

Fframwaith Sicrwydd y Bwrdd

Mae'r BAF yn amlinellu sut mae'r Bwrdd yn nodi ac yn deall y prif risgiau i gyflawni ei amcanion strategol ac yn cael sicrwydd bod rheolaethau addas ar waith i reoli'r risgiau hyn.

Mae BAF AaGIC wedi bod yn weithredol ers mis Medi 2019 pan gafodd ei gymeradwyo gan y Bwrdd. Ym mis Ionawr cymeradwyodd y Bwrdd yr awydd risg ar gyfer AaGIC ac ym mis Gorffennaf cymeradwyodd Bolisi Rheoli Risg wedi'i ddiweddaru. Ystyriwyd risgiau strategol drafft AaGIC yn Sesiwn Datblygu'r Bwrdd ym mis Hydref.

3. Y CYNNIG

Mae'r BAF, sydd wedi'i atodi yn Atodiad 1, wedi'i ddiwygio i wneud y canlynol:

- adlewyrchu Amcanion Strategol presennol AaGIC fel y nodir yn yr IMTP y gellir ei gymeradwyo sydd hefyd yn sail i'r Cynlluniau Gweithredol Chwarterol;
- cynnwys Risgiau Strategol AaGIC.

Yn ystod y flwyddyn ddiwethaf, mae'r Gofrestr Risg Gorfforaethol (CRR) wedi gweithredu fel cyfrwng i roi sicrwydd rheolaidd ar y BAF. Y rheswm am hyn yw bod y CRR wedi'i alinio ag amcanion strategol AaGIC. Wrth symud ymlaen, cynigir mai'r cyfrwng ar gyfer rhoi sicrwydd rheolaidd ar y BAF fydd y Risgiau Strategol, sy'n rhan o'r BAF - fel yr amlinellir yn Atodiad 1. Datblygwyd y Risgiau Strategol yn dilyn ystyriaeth yn Sesiwn Datblygu'r Bwrdd ym mis Hydref.

Mae amserlen flynyddol BAF AaGIC fel a ganlyn:

Gweithredu	Arweinydd Gweithredol	Dyddiad
Poblogaeth Risgiau Strategol	Ysgrifennydd y Bwrdd	Parhaus
Adolygiad o'r BAF gan y Bwrdd a'r Pwyllgor Archwilio a Sicrwydd	Ysgrifennydd y Bwrdd	Unwaith y flwyddyn
Adolygiad o Risgiau Strategol gan y Bwrdd	Ysgrifennydd y Bwrdd	Ddwywaith y flwyddyn
Adolygiad o Risgiau Strategol gan y Pwyllgor Archwilio a Sicrwydd	Ysgrifennydd y Bwrdd	Chwarterol

Er mwyn datblygu'r BAF ymhellach, ac er mwyn adeiladu ar argymhellion Archwilio Cymru, bydd AaGIC nawr yn creu map sicrwydd drwy gynnal proses i nodi a mapio'r rheolaethau a'r ffynonellau sicrwydd allweddol yn erbyn Risgiau Strategol AaGIC. Bydd dull o'r fath yn gymesur ac yn adlewyrchu cylch gwaith AaGIC. Cyflwynir y rhain yng nghyfarfod nesaf y Pwyllgor Archwilio a Sicrwydd ar 18 Ionawr.

4. MATERION LLYWODRAETHU A RISG

Mae'n hanfodol bod fframwaith effeithiol ac effeithlon ar waith i roi sicrwydd digonol, parhaus a dibynadwy ar stiwardiaeth sefydliadol a rheoli'r prif risgiau i lwyddiant sefydliadol a darparu gwasanaethau cyhoeddus gwell, cost-effeithiol.

5. GOBLYGIADAU ARIANNOL

Nid oes goblygiadau ariannol uniongyrchol yn deillio o'r adroddiad hwn. Mae'r BAF yn elfen greiddiol o strwythur llywodraethu corfforaethol AaGIC.

6. ARGYMHELLIAD

Gofynnir i aelodau:

- **Cymeradwyo** Fframwaith Sicrwydd y Bwrdd wedi'i ddiweddarau sy'n cynnwys Risgiau Strategol AaGIC - sydd i'w gweld yn Atodiad 1.

Llywodraethu a Sicrwydd				
<div>Cysylltu ag amcanion strategol IMTP</div> <div>(rhowch ✓)</div>	<div>yr</div>	<div>Nod Strategol 1:</div> <div>Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni ‘Cymru Iachach’</div>	<div>Nod Strategol 2:</div> <div>Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol</div>	<div>Nod Strategol 3:</div> <div>Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel</div>
		✓	✓	✓
		<div>Nod Strategol 4:</div> <div>Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd</div>	<div>Nod Strategol 5:</div> <div>Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo</div>	<div>Nod Strategol 6:</div> <div>Cael ei nabod fel partner, dylanwadwr ac arweinydd rhagorol</div>
		✓	✓	✓
<div>Ansawdd, Diogelwch a Phrofiad y Claf</div> <div>Mae sicrhau bod y Bwrdd a'i Bwyllgorau yn gwneud penderfyniadau cwbl wybodus yn dibynnu ar ansawdd a chywirdeb y wybodaeth a gyflwynir ac a ystyrir gan y rhai sy'n gwneud penderfyniadau. Mae penderfyniadau gwybodus yn fwy tebygol o effeithio'n ffafriol ar ansawdd, diogelwch a phrofiad cleifion a staff.</div>				
<div>Goblygiadau Ariannol</div> <div>Nid oes unrhyw oblygiadau ariannol.</div>				
<div>Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth)</div> <div>Mae sicrhau bod gan y Bwrdd BAF effeithiol ac esblygol sy'n cynorthwyo'r Bwrdd i gyflawni ei gynlluniau chwarterol ar hyn o bryd, yn elfen hanfodol o drefniadau Llywodraethu'r Bwrdd wrth symud ymlaen.</div>				
<div>Goblygiadau Staffio</div> <div>Nid oes unrhyw oblygiadau staffio.</div>				
<div>Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</div> <div>Ni nodwyd unrhyw effaith.</div>				
<div>Hanes yr Adroddiad</div>		<div>Caiff y Flaenraglen Waith ei chymeradwyo gan y Bwrdd yn flynyddol.</div>		
<div>Atodiadau</div>		<div>Atodiad 1 – Fframwaith Sicrwydd y Bwrdd wedi'i ddiweddarau.</div>		

BOARD ASSURANCE FRAMEWORK

2020-21

Introduction

All NHS organisations in Wales are required to demonstrate good governance and ensure they are operating robust systems and processes to support this. Boards need to be confident that the systems and processes are operating in a way that is effective and is driving the delivery of objectives by focusing on minimising risk. They need to prove that they have identified their objectives and managed the principal risks to achieving them. The Board Assurance Framework will allow the Board to satisfy this requirement.

It is the responsibility of the Board to:

- Determine and clearly articulate its objectives;
- Identify the principal risks that threaten the achievement of these objectives;
- Agree the key strategic and operational plans that will deliver those objectives, and which encompass the controls and actions in place to manage the identified risks;
- Monitor delivery through robust performance and assurance measurements;
- Ensure that plans are in place to take corrective action where they are not assured that objectives will be fully delivered; and
- Engage with and listen to staff.

These requirements form the basis of the Assurance Framework.

The Assurance Cycle

The Board will undertake an annual self-assessment of its performance against the three key themes highlighted on the Governance and Accountability Module of HEIW:

Setting the direction;
Enabling delivery; and
Delivering results, achieving excellence.

The assurance system must therefore be designed to ensure that the Board can make this annual assessment. The outcome of this self-assessment is also a fundamental component of the Annual Governance Statement (AGS) which is published each year as part of the annual report and accounts.

Each of the steps on the Assurance Cycle can be explained as follows:

Priorities for action

The first step in developing a Board Assurance Framework is for the Board to identify the organisation's aims and objectives against which the Board requires assurance. It is necessary for Boards to focus on those that are crucial to the achievement of its overall vision and ambitions.

The aims and objectives of HEIW are:

Strategic Objective 1 - . To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of ‘ A Healthier Wales’.
Strategic Objective 2 – To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs.
Strategic Objective 3. To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels.
Strategic Objective 4. To develop the workforce to support the delivery of safety and quality.
Strategic Objective 5. To be an exemplar employer and to be a great place to work.
Strategic Objective 6. To be recognised as an excellent partner, influencer and leader.

These aims were incorporated within HEIW’s Integrated Medium Term Plan and currently taken forward through the organisation’s Quarterly Operational plan.

Risks

Against each objective priority the risk(s) which may stop the organisation achieving the objective need to be set out. Main risks are defined as those that threaten the achievement of the organisation’s priorities. It is essential that the Board identifies and oversees the main risks, rather than reacting to the consequences of risk exposure. The identification of main risks should be repeated at all levels within the organisation. The Board should ensure it assesses risk(s) as part of the decision making process.

The organisation’s Strategic Risks are attached as Appendix 2.

Controls

Key controls are defined as those controls and systems in place to assist in securing the delivery of the Board's strategic objectives. As part of the assurance process, the Board, through its Committees where appropriate, will need to assess whether current controls are adequate to provide assurance compared with the level of risk; controls must be proportionate to the risks identified.

There is not necessarily a 1:1 relationship between risks and controls, often there may need to be multiple controls in place to mitigate against a particular risk. Some controls will also manage more than one risk. There is not always a neat framework for this and even if controls are in place, consideration needs to be given as to how effective they are.

Examples of key controls are:

- Schemes of delegation
- Policies and procedures
- Performance data
- Financial Management information

Assurance

Assurance provides Board members with the evidence that HEIW is operating effectively, achieving desired outcomes, delivering on its strategic vision, meeting its strategic objectives through effective risk management, in a manner which upholds the Citizen Centred Principles and is in accordance with all statutory requirements.

The organisation uses several methods to obtain assurance through internal and external sources.

Internal assurance methods include:

- the Performance Report;
- internal audit reports;
- counter-fraud reports;
- serious incident reports; and
- the Annual Governance Statement.

A key vehicle for receiving external assurance will be through the Structured Assessment undertaken by the Wales Audit Office, which will be used to inform the annual governance and accountability review. A fuller, more comprehensive list of areas where assurance will be obtained is included in Appendix 1.

A further source for receiving external assurance is ensuring that external reports are reviewed to ensure that external lessons are learnt and embedded within HEIW's policies and procedures.

Reporting

A framework is in place for reporting key information to the Board and Committees. There is a plan of business to be reported to the Board and Committees and the Strategic Risks and

the Corporate Risk Register allows the Board to identify what risks need to be reported upon.

HEIW's Performance Report will provide the Board and Executive Team with a high level summary of performance, particularly in relation to the organisation's priorities for action.

HEIW is also required to produce public disclosure statements as part of the assurance system. The Board Assurance system, as described in this paper, will culminate in the production of the Governance and Accountability Module self-assessment and the Annual Governance Statement. These public disclosure documents together with the Financial Statements and Remuneration Report and other specific disclosures required by the Companies Act, would form the "Chapters" to the Annual Report.

Role of Board Committees

The Board may and, where directed by Welsh Ministers must, appoint Committees of the Board either to undertake specific functions on the board's behalf or to provide advice and assurance to the Board in the exercise of its functions.

Audit and Assurance Committee

The Board's Audit and Assurance Committee advises and assures the Board and Accountable Officer on whether effective arrangements are in place to support them in their decision making and in discharging their accountabilities for securing the achievement of HEIW's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

Education Commissioning and Quality Committee

The Board's Education Commissioning and Quality Committee advises and assures the Board in respect of the Commissioning of Education and the Quality of Education.

Remuneration and Terms of Service Committee

The Board's Remuneration and Terms of Service Committee is responsible for providing advice and assurance to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government. It also provides assurance to the Board in relation to HEIW's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

Annual Review

The Board Assurance Framework shall be considered by the Board on an annual basis.

Health Education Improvement Wales Board Control Framework

Leadership

Staff

Systems
and
Processes

Finances

Technology

Controls and Assurance Mechanisms

High Quality Education

Controls: evidence within

- IMTP/ Quarterly Operational Plan
- Commissioning
- Equality Impact Assessment

Assurance: gained via

- Education Commissioning and Quality Committee
- Senior Leadership Team
- Annual Report and Annual Governance Statement
- Chairs Reports
- Visits and inspections
- Annual Quality Statement.

Performance Management

Controls: evidence within

- Education Commissioning and Quality Committee
- Senior Leadership Team
- Annual Report and Annual Governance Statement
- Chairs Reports
- Visits and inspections.
- Performance Report

Assurance: gained via

- Education Commissioning and Quality Committee
- Senior Leadership Team
- Annual Report and Annual Governance Statement
- Chairs Reports
- Visits and inspections.
- Performance Report

Risk Management

Controls: evidence within

- Risk management strategy and Policy
- Board Assurance Framework
- Corporate Risk Register
- Divisional Risk Register
- Reports to the Board, Senior Leadership Team and sub committees
- Policies and Procedures
- Scheme of deleg

Assurance: gained via

- Escalation arrangements
- Internal/External Audits, visits
- Executive Director and Senior Leadership Team meetings
- Audit and Assurance Committee
- Education Commissioning and Quality Committee

Levels of Assurance

First Line Operational

- ❑ Organisational structures – evidence of delegation of responsibility through line Management arrangements
- ❑ Compliance with appraisal process
- ❑ Compliance with Policies and Procedures
- ❑ Incident reporting and thematic reviews
- ❑ Compliance with Risk Management processes and systems
- ❑ Performance Reports, Complaints and Trainee Experience Reports, Finance Reports



Second Line Risk and Compliance

Reports to Assurance and Oversight Committees

- Audit and Assurance Committee
- Education Commissioning and Quality Committee
- Remuneration Committee
- Health and Safety Groups etc

Findings and/or reports from inspections, Annual Reporting, Performance report through to Committees



Third Line Independent

- ❑ Internal Audit Plan
- ❑ Wales Audit Office (Structured Assessment)
- ❑ External Audits (e.g. Annual Accounts and Annual Report)
- ❑ HIW Inspections
- ❑ Regulators
- ❑ Reviews and Reports by Royal Colleges
- ❑ External visits and accreditations
- ❑ Independent Reviews

Approach to Risk Assessment - Risk scoring

The risks reported within the Corporate Risk Register are assessed by using the following assessment approach.

Risk Scoring Matrix

LIKELIHOOD	Probable	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical
		IMPACT				
Level	Colour	Score Range				
Low		1 – 6				
Moderate		7 – 14				
High		15 – 25				

Appendix 2 – Strategic Risks

1	Workforce skills and expertise given specialist nature of organisation. There is a risk that HEIW may find itself without the workforce with the requisite skills it requires to deliver on its Strategic Objectives. This could be caused by a lack of staff with relevant skills in the external market or education system or internally due to a lack of staff skills, career mobility, succession planning and skills management, or due to undesirable employee attrition and sickness absence of key individuals.
2	Capacity to deliver a growing range of functions and responsibilities. The risk of lack of capacity may be caused by a lack of sufficient workforce capacity to deliver the growing functions of the organisation, which could be a result of insufficient planning and an over reliance on existing ways of working, not embracing innovation, new ways of working and not investing in appropriate technology.
3	Cultural change required to deliver an integrated, multi professional approach. There is a risk that HEIW could fail to develop a positive organisational culture which enables, encourages and develops staff engagement in embracing the multi professional approach. This could be caused by an over reliance on existing ways of working or a lack of time and attention focused on Organisational Development and a failure to embed Compassionate Leadership principles.
4	Effective engagement to ensure that we are influencing and shaping the agenda as system leader and can deliver our plans. Acting as a system leader will require effective horizon scanning and insight into the NHS system and workforce trends and clear communication and engagement for coalition building to encourage system change. The risk of failing to influence the agenda as system leader could be caused by a failure to communicate and engage effectively with stakeholders within health and social care.
5	Effective engagement with our partners to ensure the delivery of shared objectives and aims. The successful implementation of HEIW's aims and objectives in several areas will rely on engagement and co-operation with our partners in health, social care and education. The risk of failing to deliver in these areas could be caused by insufficient capacity, not engaging with partners effectively or a failure to achieve buy in from our partners.
6	Volatility of HEIW's financial position including the reliance on commissioning plans, student choices and associated budgets. This could be exacerbated by the increasing financial challenges faced by government and our education providers particularly post COVID, leading to a reduction in our flexibility to respond to developments.
7	Workforce intelligence and Data. The risk that the quality of workforce intelligence captured and reported within the NHS does not support accurate decision making and planning for the NHS's future workforce requirements. This could lead to both overcapacity and under capacity within the workforce.



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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad y Cyfarfod	26 Tachwedd 2020	Eitem Agenda	4.4
Teitl yr Adroddiad	Y Wybodaeth Ddiweddaraf am Bolisi'r Gymraeg		
Awdur yr Adroddiad	Huw Owen, Rheolwr Gwasanaethau Cymraeg		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Pwrpas yr adroddiad hwn yw rhoi'r wybodaeth ddiweddaraf i'r Bwrdd am y broses ymgynghori mewn perthynas â'n Cynllun Iaith Gymraeg, a rhoi'r wybodaeth ddiweddaraf yn rheolaidd i'r Bwrdd am gynnydd yn erbyn ein "10 prif flaenoriaeth" sy'n deillio o'n polisi iaith Gymraeg presennol.		
Materion Allweddol	<ul style="list-style-type: none"> • Y wybodaeth ddiweddaraf am ein sefyllfa o ran cyflwyno ein Cynllun Iaith Gymraeg. • Y wybodaeth ddiweddaraf am gynnydd yn erbyn ein 10 prif flaenoriaeth o dan ein Polisi Iaith Gymraeg presennol. • Crynodeb o gyfarfod mis Hydref gyda Chomisiynydd y Gymraeg. 		
Camau penodol i'w cymryd (<i>rhowch un ✓ yn unig</i>)	Gwybodaeth	Trafod	Sicrwydd
			✓
Argymhellion	Gofynnir i aelodau: <ul style="list-style-type: none"> • Nodi'r adroddiad er sicrwydd. 		

DIWEDDARIAD IAITH GYMRAEG

1. CYFLWYNIAD

Pwrpas yr adroddiad hwn yw rhoi'r wybodaeth ddiweddaraf i'r Bwrdd am y broses ymgynghori mewn perthynas â'n Cynllun Iaith Gymraeg, a rhoi'r wybodaeth ddiweddaraf yn rheolaidd i'r Bwrdd am gynnydd yn erbyn ein "10 prif flaenoriaeth" sy'n deillio o'n polisi iaith Gymraeg presennol.

2. CEFNDIR

2.1 Safonau a Chynllun y Gymraeg

Mae Comisiynydd y Gymraeg wedi gofyn i AaGIC baratoi Cynllun Iaith Statudol - fel y'i rhagnodwyd o dan y Ddeddf yr Iaith Gymraeg wreiddiol (1993). Y rheswm am hyn yw nad yw Llywodraeth Cymru wedi cadarnhau eto bod fersiwn ddiweddaraf y Safonau yn berthnasol i AaGIC.

Cymeradwywyd y Cynllun drafft a'r cynllun gweithredu a'r amserlen gysylltiedig gan y Bwrdd ym mis Mai.

Ers hynny, mae'r canlynol wedi digwydd;

- Anfonwyd Cynllun AaGIC at y Comisiynydd i gael ei sylwadau arno;
- ar ôl derbyn ac ystyried sylwadau'r Comisiynydd, rydym wedi cyhoeddi ymgynghoriad cyhoeddus ar ein Cynllun diwygiedig; (Hydref – Ionawr 2021). Dechreuodd yr Ymgynghoriad ar 14 Hydref.
- y Cyfnod Statudol ar gyfer yr ymgynghoriad hwn yw'r uchafswm o 13 wythnos. Yng ngoleuni'r sefyllfa bresennol o ran iechyd y cyhoedd, mae Comisiynydd y Gymraeg wedi cytuno y gallwn gynnal yr ymgynghoriad yn gwbl ddigidol.
- cysylltwyd ag 84 o sefydliadau allanol i gyd. Roedd y rhestr hon yn cynnwys yr holl Fyrddau Iechyd, Prifysgolion, Colegau Brenhinol a Chyrff Myfyrwyr yng Nghymru.
- rydym hefyd yn dosbarthu negeseuon cyfryngau cymdeithasol rheolaidd ar draws ein holl sianelau (3 yn ystod y pythefnos cyntaf) lle mae'r Byrddau Iechyd, Cydffederasiwn y GIG a Gofal Cymdeithasol Cymru wedi'u tagio er mwyn rhannu ymhellach. Byddwn yn tagio undebau myfyrwyr ar gyfer y negeseuon cyfryngau cymdeithasol sydd ar ddod.
- mae'r Ymgynghoriad hefyd wedi'i roi ar ein mewnwyd.
- mae'r Ymgynghoriad ar-lein ar ein gwefan yma;

<https://aagic.gig.cymru/newyddion/ymgynghoriad-cyhoeddus-cynllun-iaith-cymraeg/>

Mae'r broses/amserlen sydd ei hangen i gyhoeddi'r cynllun cymeradwy terfynol yn dilyn y cyfnod ymgynghori fel a ganlyn:

- gwnaed diwygiadau pellach yng ngoleuni'r ymgynghoriad hwn cyn anfon drafft wedi'i ddiweddarau o'r Cynllun at y Comisiynydd i'w gymeradwyo;
- cynigir bod y Bwrdd yn cymeradwyo'r drafft terfynol hwn cyn iddo fynd at y Comisiynydd i'w gymeradwyo'n derfynol – gyda'r broses hon i'w hailadrodd yng ngoleuni unrhyw fireinio arfaethedig gan y Comisiynydd;
- rhagwelir y bydd y Cynllun yn cael cymeradwyaeth derfynol y Bwrdd ym mis Mawrth – yna mae'n ddyletswydd ar y Comisiynydd i gymeradwyo'r cynllun terfynol cyn y gellir ei gyhoeddi.

2.2 Y wybodaeth ddiweddaraf am gynnydd yn erbyn ein 10 prif flaenoriaeth.

Mae'r cynnydd yn erbyn pob maes fel a ganlyn;

2.2.1. Ymarfer codi ymwybyddiaeth ynghylch gohebiaeth ddwyieithog – Rheolwr Gwasanaethau Cymraeg (RhGC) i weithio gyda Chyfathrebu

Bellach wedi'i gynnwys yn ein rhaglen sefydlu a'i roi ar ein tudalennau mewnwyd gyda chymorth y tîm Cyfathrebu. Ail-bwysleisiwyd ymhellach yn y ddau ddigwyddiad staff diweddar ym mis Hydref. Tynnwyd sylw ato hefyd yn ein hymarfer ymgynghori â staff ar ein Cynllun Iaith Gymraeg.

2.2.2. Ymarfer codi ymwybyddiaeth o ateb ffôn dwyieithog – RhGC i weithio gyda Chyfathrebu

Hyn hefyd bellach wedi'i gynnwys yn ein rhaglen sefydlu ac wedi'i roi ar ein tudalennau mewnwyd gyda chymorth y tîm Cyfathrebu. Mae "taflen ganllaw" wedi'i chynhyrchu a'i dosbarthu'n eang i staff. Gofynnir amdani'n rheolaidd yn dilyn sesiynau sefydlu, a thynnwyd sylw ati eto yn y digwyddiad "Arddangos" diweddar i staff ym mis Hydref. Tynnwyd sylw ati hefyd yn ein hymarfer ymgynghori â staff ar ein Cynllun Iaith Gymraeg.

2.2.3. RhGC i greu rhestr o siaradwyr Cymraeg o fewn AaGIC fel y gellir cyfeirio galwadau ffôn Cymraeg atynt

Mae hwn wedi'i wneud a chafodd ei gynnwys ar ein safle ar y Fewnwyd. Fodd bynnag, gyda staff niferus wedi ymuno dros gyfnod y cyfnod clo, mwy o ddysgwyr yn symud ymlaen drwy ein prosesau addysgol, a'r heriau ychwanegol o weithio o bell, mae hyn bellach wedi'i ailystyried, ac mae proses newydd yn cael ei datblygu ar hyn o bryd (gyda chymorth y grŵp "sgwrsio" Cymraeg ar-lein ffyniannus).

2.2.4. RhGC i gyflenwi taflenni canllaw ar wasanaethau ffôn ar gyfer pob rhan o'r sefydliad

Mae hwn wedi'i wneud, fel y dangosir yn 2 uchod. Tynnwyd sylw at hyn hefyd yn ein hymarfer ymgynghori â staff ar ein Cynllun Iaith Gymraeg.

2.2.5. RhGC i ysgrifennu nodyn ar yr offer cyfieithu ar y pryd – a threfnu cyhoeddusrwydd

Mae hwn wedi'i gwblhau, ac mae'r offer wedi'i arddangos i'r staff ar sawl achlysur. Fodd bynnag, mae'r cyfnod clo wedi golygu mai ychydig iawn o alw sydd am gyfieithu ar y pryd gan ddefnyddio ein hoffer, felly ar hyn o bryd nid oes angen rhoi cyhoeddusrwydd i'r gwasanaeth.

2.2.6. Canllaw ar gyfer Trefnu Cyfarfodydd – RhGC i gynhyrchu a rhoi cyhoeddusrwydd

Bellach wedi'i gynnwys yn ein rhaglen sefydlu a'i roi ar ein tudalennau mewnwyd gyda chymorth y tîm Cyfathrebu. Tynnwyd sylw at hyn hefyd yn ein hymarfer ymgynghori â staff ar ein Cynllun Iaith Gymraeg. Mae cyfarfodydd o bell yn cynnig heriau newydd, ac mae angen inni ailedrych ar y maes hwn yng ngoleuni'r sefyllfa barhaus.

2.2.7 Canllawiau Dylunio a Chanllawiau Cyfieithu – RhGC i gynhyrchu a dosbarthu, a chodi ymwybyddiaeth o'u bodolaeth

Bellach wedi'i gynnwys yn ein rhaglen sefydlu a'i roi ar ein tudalennau mewnwyd gyda chymorth y tîm Cyfathrebu. Cynhyrchwyd canllawiau cyfieithu pellach yn ddiweddar yng ngoleuni'r galw cynyddol, a phenodwyd rheolwr cyfieithu llawn amser hefyd.

Bu cynnydd sylweddol yn y galw am gyfieithu Cymraeg ers mabwysiadu'r polisi iaith Gymraeg fel y nodir isod.

- Yn 2019/20 fe wnaethom gyfieithu ychydig dros 1 miliwn o eiriau – tua 85,000 o eiriau y mis ar gyfartaledd.
- Yn 20/21, gwnaethom fwy na dyblu'r geiriau cyfartalog yn ystod pum mis cyntaf y cyfyngiadau symud, sef bron i 200,000 o eiriau bob mis ar gyfartaledd.
- Dros y tri mis diwethaf, rydym wedi cyfieithu o leiaf 300,000 o eiriau bob mis – gyda'r lefel uchaf erioed o 392,000 o eiriau wedi'u cyfieithu ym mis Hydref.

Yn unig beth y gellir priodoli'r twf aruthrol hwn yn y galw am wasanaethau cyfieithu yw ymwybyddiaeth gynyddol, awydd a chefnogaeth pob aelod staff AaGIC mewn perthynas â'n polisi iaith Gymraeg.

2.2.8. RhGC a Rheolwr Cymorth Gweithredol i drefnu sesiynau hyfforddi cyfarch dros y ffôn ar gyfer pawb sy'n gweithio yn y Dderbynfa

Mae hyn wedi'i wneud – ond mae angen ei ymestyn i fwy o staff, a chyflwyno cyrsiau gloywi. Nid yw hyn yn flaenoriaeth o dan y sefyllfa bresennol o weithio gartref ond caiff ei ailgyflwyno pan fyddwn yn dychwelyd i weithio yn y swyddfa.

2.2.9. Hyrwyddo Gwasanaethau – mae angen i ni ddefnyddio'r cyfryngau cymdeithasol a'r tîm Cyfathrebu i fynd ati'n rheolaidd i hyrwyddo ein gwasanaethau Cymraeg. RhGC i siarad â'r tîm Cyfathrebu er mwyn creu mecanwaith ar gyfer gwneud hyn

Bellach mae gennym Swyddog Cyfathrebu wedi'i neilltuo i dîm y Gymraeg. O ganlyniad, mae yna lawer mwy o gyfathrebu ynghylch gwasanaethau a mentrau yn cael eu rhoi ar y Fewnwyd erbyn hyn. Fodd bynnag, mae'r ffaith nad ydym yn gweithio yn y swyddfeydd i'r un graddau yn golygu bod llai o fentrau/cyfleoedd creadigol i'w hyrwyddo ac mae llai o ddefnydd yn cael ei wneud o feysydd a chyfleusterau ein gwasanaeth.

2.2.10. Yr Iaith Gymraeg a'n Dysgwyr

Yn olaf, mae'r cohort o ddysgwyr presennol wedi cynyddu i 45 o ddysgwyr cofrestredig – twf o 40% a mwy ar ffigurau'r llynedd.

2.3 Cyfarfod â Chomisiynydd y Gymraeg

Ym mis Hydref, cynhaliwyd cyfarfod rhithwir gyda Chomisiynydd y Gymraeg. Mewn cyfarfod eang a chadarnhaol, y prif feysydd y canolbwyntiwyd arnynt oedd Strategaeth y Gweithlu ar gyfer lechyd a Gofal Cymdeithasol, y broses gomisiynu ar gyfer Cam 1 yr Adolygiad Strategol o Addysg Broffesiynol lechyd a chynllunio gweithlu'r GIG yn y dyfodol. Roedd y Comisiynydd yn croesawu'r gwaith a wnaed gan AaGIC mewn perthynas â'r Gymraeg ar gyfer y meysydd hyn a thynnodd sylw at y rôl bwysig o gynllunio'r gweithlu er mwyn cryfhau sgiliau iaith Gymraeg gweithlu'r GIG.

3. MATERION LLYWODRAETHU A RISG

Gall peidio â chydymffurfio ag unrhyw un o rwymedigaethau'r Cynllun arwain at ddefnyddio cyfnod (sylweddol) o amser rheoli yn ymateb i Ymchwiliad gan Gomisiynydd y Gymraeg, a niwed i enw da.

Gall ansawdd gwael neu beidio â chyfieithu dogfennau arwain yn uniongyrchol at achos o beidio â Chydymffurfio hefyd. O ystyried y sefyllfa bresennol a'r camau a gymerwyd o ran gweithredu polisi iaith Gymraeg AaGIC, ystyrir bod y risg yn isel ar hyn o bryd.

4. GOBLYGIADAU ARIANNOL

Dim costau uniongyrchol, cynyddrannol ar hyn o bryd o weithredu'r Cynllun, nac o fynd i'r afael â'r 10 Prif Flaenoriaeth.

5. ARGYMHELLIAD

Gofynnir i'r Aelodau nodi'r adroddiad, a rhoi sylwadau ar unrhyw elfennau y gallai fod angen eu hystyried ymhellach.

Llywodraethu a Sicrwydd			
Cysylltu ag amcanion strategol yr IMTP (rhowch ✓)	Nod Strategol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel
		✓	✓
	Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwyh i weithio ynddo	Nod Strategol 6: Cael ei nabod fel partner, dylanwadwr ac arweinydd rhagorol
		✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf			
Mae ansawdd ein gwasanaethau Cymraeg yn adlewyrchu arnom ni fel corff gweithredol ledled Cymru.			
Goblygiadau Ariannol			
Nodir goblygiadau ariannol ym mhwynt 4 uchod.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth)			
Mae sicrhau bod gan y sefydliad Gynllun Iaith Gymraeg cadarn yn cefnogi'r gweithlu i ddarparu gwasanaeth dwyieithog effeithiol i'r ardaloedd hynny o Gymru lle mae gwneud hynny'n arwain at ganlyniadau gwell o ran materion clinigol a hyfforddiant, yn ogystal â helpu i ddenu mwy o Gymry i rolau lechyd a Gofal. Mae'n ein galluogi hefyd i sicrhau hyd eithaf ein gallu y byddwn yn debygol o barhau i gydymffurfio â deddfwriaeth yr iaith Gymraeg.			
Goblygiadau Staffio			
Dim			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Mae gweithredu ein cynllun iaith Gymraeg yn mynd i'r afael yn uniongyrchol â dau o saith nod y Ddeddf Llesiant - Cymru o gymunedau cydlynus a Cymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu.			
Hanes yr Adroddiad	Cymeradwywyd Polisi'r Iaith Gymraeg yng nghyfarfod y Bwrdd ym mis Mai 2019.		
Atodiadau	https://aagic.gig.cymru/newyddion/ymgyngoriad-cyhoeddus-cynllun-iaith-cymraeg/		



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Dyddiad Cyfarfod	26 Tachwedd 2020	Eitem ar yr Agenda	4.5.1
Teitl yr Adroddiad	Adroddiad Cadeirydd y Pwyllgor - Pwyllgor Comisiynu Addysg ac Ansawdd		
Awdur yr Adroddiad	Kay Barrow, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
A gyflwynir gan	Dr Ruth Hall (Cadeirydd)		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Pwrpas yr adroddiad yw amlinellu trafodaethau a gynhaliwyd gan Bwyllgor Comisiynu Addysg ac Ansawdd.		
Materion Allweddol	Mae'r adroddiad hwn yn canolbwyntio ar y materion allweddol a godwyd yng nghyfarfod y Pwyllgor Comisiynu Addysg ac Ansawdd a gynhaliwyd ar 8 Hydref 2020.		
Angen Camau Penodol	Gwybodaeth	Trafodaeth	Sicrwydd
			✓
Argymhellion	Gofynnir i aelodau'r Bwrdd: <ul style="list-style-type: none"> • Sylwi ar yr adroddiad ar gyfer Sicrwydd. 		

Adroddiad Cadeirydd y Pwyllgor - Pwyllgor Comisiynu Addysg ac Ansawdd

1. CYFLWYNIAD

Pwrpas yr adroddiad yw rhoi diweddariad ar faterion a ystyriwyd gan y Pwyllgor Comisiynu Addysg ac Ansawdd. Gofynnir i'r Bwrdd nodi'r adroddiad cryno gan y Cadeirydd.

2. CEFNDIR

Bydd y Bwrdd yn ymwybodol bod tri phwyllgor wedi'u sefydlu o dan reoliadau sefydlog AaGIC; y Pwyllgor Archwilio a Sicrwydd; y Pwyllgor Taliadau a Thelerau Gwasanaeth a'r Pwyllgor Comisiynu Addysg ac Ansawdd. Bydd pob pwyllgor yn cyflwyno adroddiadau i'r Bwrdd yn ystod y flwyddyn yn amlinellu trafodaethau, materion a risgiau allweddol a drafodwyd yn ystod cyfarfodydd.

3. ADRODDIAD GAN GADEIRYDD Y PWYLLGOR

Gofynnir i'r Bwrdd **dderbyn a nodi** crynodeb Cadeirydd y Pwyllgor Comisiynu Addysg ac Ansawdd o'r cyfarfod a gynhaliwyd ar 8 Hydref 2020.

4. MATERION LLYWODRAETHU A RISG

Rheolir unrhyw risgiau a materion llywodraethu drwy gyfarfodydd y pwyllgor a bydd adroddiadau eithriedig yn cael eu darparu i'r Bwrdd gan y cadeiryddion perthnasol.

5. GOBLYGIADAU ARIANNOL

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

6. ARGYMHELLIAD

Gofynnir i aelodau'r Bwrdd:

- **Sylwi** ar gynnwys yr adroddiad er mwyn cael sicrwydd.

Llywodraethu a Sicrwydd			
Linc i nodau strategol Cynlluniau Tymor Integredig Clwstrwr (os gwelwch yn ddau)	Nod Strategol 1: Arwain cynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi cyflwyno ' Cymru Iachach '	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy adeiladu gallu arweinyddiaeth dosturiol a chyfunol ar bob lefel
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi darparu diogelwch ac ansawdd	Nod Strategol 5: I fod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	Nod Strategol 6: Cael eich cydnabod fel partner, dylanwadwr ac arweinydd rhagorol
Ansawdd, Diogelwch a Phrofiad y Claf			
Mae sicrhau bod y Bwrdd yn cyflawni ei fusnes yn briodol drwy ei Bwyllgorau ac yn cyd-fynd â'i reolau sefydlog yn ffactor allweddol yn ansawdd, diogelwch a phrofiad cleifion sy'n derbyn gofal.			
Goblygiadau Ariannol			
Dim goblygiadau ariannol i'r Bwrdd fod yn ymwybodol ohonynt.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)			
Mae'n hanfodol bod y Bwrdd yn cydymffurfio â'i reolau sefydlog, sy'n cynnwys derbyn diweddariadau gan ei bwyllgorau.			
Goblygiadau Staffio			
Dim goblygiadau staffio i'r pwyllgor fod yn ymwybodol ohonynt.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Lles Cenedlaethau'r Dyfodol (Cymru) 2015)			
Mae'r adroddiad yn amlinellu'r gwaith a wnaed gan y Pwyllgor i gynghori a sicrhau'r Bwrdd mewn perthynas ag addysg, comisiynu addysg a rheoli ansawdd darpariaeth a chontractau addysg. Nod strwythur llywodraethu'r Pwyllgor yw nodi materion yn gynnar er mwyn atal gwaethygu; gweithio'n agos gyda'r Pwyllgor Archwilio a Sicrwydd ac integreiddio i drefniadau cyffredinol y Bwrdd.			
Hanes Adroddiad	yr	Bydd yr adroddiad hwn yn eitem sefydlog ar agenda'r Bwrdd.	
Atodiadau		Atodiad 1 - Crynodeb y Cadeirydd - Y Pwyllgor Comisiynu Addysg ac Ansawdd Atodiad 2 - Gwerthusiad o Adolygiad Effeithiolrwydd y Pwyllgor Comisiynu Addysg ac Ansawdd	

Appendix 1

Meeting Date	26 November 2020	Agenda Item	4.5.1
Freedom of Information Status	Open		
Reporting Committee	Education, Commission and Quality Committee		
Report Author	Kay Barrow, Corporate Governance Manager		
Chaired by	Ruth Hall		
Lead Executive Director(s)	Angela Parry and Professor Pushpinder Mangat		
Date of last meeting	8 October 2020		
Summary of key matters considered by the committee and any related decisions made:			
<p>Due to the restrictions imposed by the Welsh Government as a result of the COVID-19 Pandemic, HEIW was unable to hold its Education, Commissioning & Quality Committee on 8 October 2020 in public. However, following due process, the meeting took place via Microsoft Teams/Teleconference.</p> <p>The Committee considered the Quality Management Report which provided an overview of the quality management monitoring meetings, and of the six areas within the Medical Deanery in enhanced monitoring status with the General Medical Council (GMC). The Committee observed that future quality management reporting will require a multi-professional focus.</p> <p>HEIW was in collaborative discussions with Aneurin Bevan University Health Board to address any training governance issues arising from the redistribution of the clinical workforce, as part of the significant service reconfiguration with the Grange University Hospital.</p> <p>In response to anecdotal feedback from the GMC National Training Survey, the Quality Unit had launched 'HEIW Open', a generic email account to provide trainees with the option of raising any concerns directly with HEIW. Whilst not replacing existing reporting processes, this will provide a safety net to complement local arrangements and signpost to local support services. The Committee will be receiving the GMC National Training Survey at its next meeting.</p> <p>The Committee was updated in relation to the unintended consequences of COVID 19 with the pausing of routine elective operations, and the impact on the progress of surgical trainees because of lack of face to face surgical operating time, a contributory requirement to their training competencies. A number of actions to mitigate the cumulative effect for this cohort of trainees were being undertaken. The Medical Deanery was finalising a 'face to face' Protocol with Public Health Wales and the Simulation Team were drafting a report to address the lack of face to face competencies and developing Guidance. These competency principles were also being rolled out to the Dental and Pharmacy Deaneries to address the impact of COVID 19 for similar reasons. The Committee will be receiving the Simulation Team Report and Guidance at its next meeting.</p> <p>The Committee received the Summary of Local Education Provider Commissioning Review 2019-2020. A number of all Wales themes had emerged which included workforce development; curriculum change; reporting systems; simulation training; wellbeing and eduroam. It was recognised that this was an extraordinary year, with lessons to be learnt, and a number of actions had been</p>			

identified. The Committee welcomed the multi-professional format and acknowledged concerns raised in relation to funding models and ongoing discussions regarding a review of the historic funding.

Internal Audit had undertaken a review of medical commissioning monitoring arrangements and the overall assessment was of reasonable assurance. The report was to be considered at the Audit & Assurance Committee at its meeting on 20 October 2020.

The outcomes of the **Evaluation of Committee Effectiveness** were considered, and it was noted that the Committee had already been strengthened with the creation of the two new Advisory Groups and the addition of a further Independent Member to the Committee membership. The report highlighted a number of areas of focus during 2020/2021 which included exploring the development of Committee induction resources for new members. These key areas will be scheduled into the Committee's **Forward Work Programme** which was also reviewed. The evaluation is attached to this report as Appendix 2

The Committee reviewed its own **Terms of Reference** and:

- noted the alignment of the appointment date of this Committee with the Audit & Assurance Committee;
- noted the reappointment of the existing Committee Members for a further one-year period;
- noted the appointment of the Committee Vice Chair;
- noted that the Board was expected to amend its earlier decision and appoint the three Deans as 'In-attendance' members;
- endorsed the revisions to its Terms of Reference, subject to the addition of the three Deans as standing 'In attendance' members, and the appointment of the Committee Vice Chair.

The revisions to the **Terms of Reference of the new Internal and External Facing Advisory Groups on Education and Training** were considered and the Committee approved a number of additional members to the Multi-Professional Quality and Education Group (MPQEG). The Education Advisory Group would consider their own Terms of Reference at their first meeting scheduled to take place on 17 November 2020.

The Committee noted the early development of an Evaluation, Research, Improvement and Innovation Collaborative (ERIIC) as a key enabler to ensure that HEIW continuously improves quality, enhances its processes for investment in the NHS Wales workforce and provides the evidence base for the decisions made in planning for current and future workforce. The Committee asked that the terms of reference of the internal and external Advisory Groups be reviewed in the context of HEIW's function in research and the establishment of ERIIC.

The Committee noted the **Briefing Paper – Enshrining the Positive Lessons from COVID-19: Defining the 'New Normal' for Education and Training in Wales** which captured where NHS organisations had adapted to new ways of working as a result of the restrictions imposed by COVID 19. Many changes had taken place out of necessity, but the crisis had provided a unique opportunity for beneficial change within Health Boards and Trusts. HEIW had gained stronger links not only from within NHS Wales and with education providers but across the UK with key stakeholders. There were lessons to be learned particularly in relation to

utilising digital technology and embedding multi-professional simulation-based training.

The Committee received an update on the progress of the **Health Professional Education Contract Specification** following the submission of the Procurement Report to the Director of Procurement Services in NHS Wales Shared Services Partnership (NWSSP) and the Welsh Government. The Committee received assurance that there was some contingency within the procurement timetable should there be any delay with the decision from Welsh Government and the impact of purdah due to the May 2021 elections. This was anticipated that this contingency would protect the time need for providers to prepare their tender submissions against all the lots. A review of the programme risk register would be undertaken to ensure that all risks had been identified and actions to mitigate were in place.

The Committee received a presentation by members of the **South Wales Trauma Network (SWTN)** on the education and training being undertaken which included a number of examples of the virtual clinical learning scenarios. The Committee was pleased with the multi-professional approach to the education and training being provided. The SWTN requested support from HEIW and it was agreed that the Medical Director would make contact to arrange to discuss the detail of the support required for the SWTN education and training.

Key risks and issues/matters of concern of which the Board needs to be made aware:

N/A

Recommendation for Board consideration

N/A

Delegated action by the Committee

The Committee **recommended** that the Audit & Assurance Committee review the amendments to the Committee Terms of Reference to reflect the Vice Chair role within its membership and the addition of the three Deans as standing 'In Attendance' members of the Committee.

Main sources of information received

- Quality Management Update
- Summary of Local Education Provider Commissioning Review 2019-2020
- Evaluation of Committee Effectiveness
- Annual Review of Committee Terms of Reference
- Draft Unconfirmed Minutes from the Multi-Professional Education & Quality Group Meeting held on 23 September 2020
- Terms of Reference of the new Internal and External Facing Advisory Groups on Education and Training
- Draft Forward Work Programme 2021
- Briefing Paper - Enshrining the Positive Lessons from COVID-19: Defining the 'New Normal' for Education and Training in Wales
- Update on Strategic Review of Healthcare Education in Wales
- Presentation from the South Wales Trauma Network

Highlights from sub-groups reporting into this committee

The Committee received the draft unconfirmed minutes of the first meeting of the Multi-Professional Quality and Education Group (MPQEG) and noted that the frequency of the meetings would align with the work of the Directorates and the Committee.

Matters referred to other Committees

N/A

APPENDIX 2



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

Meeting Date	8 October 2020	Agenda Item	3.1
Report Title	Evaluation of the Education, Commissioning and Quality Committee Effectiveness Review		
Report Author	Kay Barrow, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To present to Education, Commissioning and Quality Committee (ECQC) with the outcomes from the annual self-assessment exercise 2019/2020, to consider the suggested actions and any further improvements that could be made.		
Key Issues	Members are invited to consider the evaluation of the Committee Effectiveness Review (Appendix 1).		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
		✓	
Recommendations	<p>The Education, Commissioning and Quality Committee is asked to:</p> <ul style="list-style-type: none"> • Discuss the findings of the ECQC self-assessment exercise 2019/2020. • Consider any further improvements that could be made to improve the Committee's effectiveness. 		

EVALUATION OF THE EDUCATION, COMMISSIONING AND COMMITTEE EFFECTIVENESS REVIEW

1. INTRODUCTION AND BACKGROUND

Members of the Education, Commissioning and Quality Committee (ECQC) have been asked to complete a questionnaire to consider the Committee's effectiveness, and to consider their individual understanding, role and contribution to the Committee.

The 2019/2020 version of the questionnaire has been developed in response to the Committee's requirement for reflection and continual improvement. It includes additional questions to inform the evaluation and the key themes for discussion. The questionnaire also invites suggestions on any areas for improvement to assist the Committee in drawing up its own plan for development. Such suggestions may include focussing upon future training and/or development, or changes to the Committee's own processes and procedures.

The self-assessment questionnaire was circulated for completion by 28 August 2020. Of the two invited responses from ECQC Members, both have been completed and returned.

Of the six invited responses from ECQC In Attendance Members, three have been completed.

The completed Self-Assessment Checklist is attached at Appendix 1.

The respondents to the survey were also asked for comments on the following key areas and the responses received are outlined below.

1. The Committee's key successes in the past year were?

- The setting up and agreement of TOR, the agreement to establish two advisory groups. Gaining feedback from Regulators. REVIEW of single commissions of delivery of programmes and ensuring this is reviewed and common processes for contracting is put in place. Reviewing the current provision and engagement of an external agency to review contracting processes and making recommendations ahead of new commissioning models.
- Reviewing the contracting and advising Board of the need to extend the current contract for one year due to circumstances.
- Agreeing the Commissioning figures following the review of IMTPs and recommending to the Board the Commissioning recommendations for submission to Welsh Government.
- Becoming established as a sub-Committee providing credible, effective assurance
- Watching over and scrutinising critical areas of business, including the Strategic Review, Workforce Strategy, Annual HPE Plan
- Reviewing and assuring the effectiveness of quality monitoring processes particularly during COVID.

2. The Committee's major shortcomings in the past year were?

- Due to COVID not being able to fully establish the two sub groups, whilst we have agreed membership and meetings these were not enabled due to restrictions of access imposed by Government Guidance due to lockdown.
- Mainly due to COVID:
 - failure to get the internal and external sub-groups operational
 - Difficulty maintaining full public involvement during COVID Zoom/Teams-based meetings.
- Grasping breadth of business
- Adding value
- Attendance
- Challenge
- Leadership and giving direction / advice
- Agreeing establishment of 2 sub groups

3. What could be improved at the Committee's meetings, and how?

- Still early days but I am happy with the meetings / agenda / contribution from all members.
- Continue inviting external participants (eg Deans) as observers
- Flexibility in frequency and length
- Bilingual capacity
- Developing an induction approach
- Using the resources represented by the subgroups
- Security about quoracy.
- As previously mentioned – an additional independent member would add value.

4. What training would help you perform your Committee role more effectively?

- I think I will review this once we have seen way in which we are going to determine scrutiny of quality agenda in education provision going forward.
- Welsh language skills.
- It would be useful to have an induction document outlining committee functions and relationships across HEIW

5. What areas should the Committee focus on in future?

- New contracting process. Quality of provision. Learner experiences and effectiveness of data to commission workforce training going forward.
- Equity and differential attainment (in all its contexts)
- Quality assurance across all health professional groups
- Information, evidence, intelligence and research needs
- Understanding impacts, outcomes and value
- Digital agenda including 'soft' applications (use for opinion polls, reflections) to support whole Welsh geography
- Underpinning the development of compassionate leadership

- Wellbeing, in the education and training context
- As set out in the IMTP and ToR – ToR have been reviewed and are deemed fit for purpose – although continual (annual) review is good practice.
- The Committee focus is appropriate, an additional emphasis on quality has been discussed.

2. GOVERNANCE AND RISK ISSUES

In accordance with Section 8.2.1 of HEIW's Standing Orders, the Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of each Committee's performance and operation including that of any sub committees established and groups.

Undertaking an annual self-assessment provides assurance to the Board that the Committee is discharging its duties effectively. The Board shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Board Development Programme, as part of an overall Organisation Development framework; and
- The Board's report of its alignment with the Assembly Government's Citizen Centred Governance Principles.

3. FINANCIAL IMPLICATIONS

There are no financial implications associated with the Committee Effectiveness Review.

4. RECOMMENDATION

The Education, Commissioning and Committee is asked to:

- **Discuss** the findings of the ECQC self-assessment exercise 2019/2020.
- **Consider** any further improvements that could be made to improve the Committee's effectiveness.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	✓
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓	✓	✓
Quality, Safety and Patient Experience			
Undertaking an annual self-assessment provides assurance to the Board that the Committee is discharging its duties effectively.			
Financial Implications			
There are no financial implications.			
Legal Implications (including equality and diversity assessment)			
There are no legal implications.			
Staffing Implications			
There are no staffing implications.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The review of effectiveness will be completed regularly and supported by a rolling programme of improvement and assessment.			
The review of effectiveness assesses whether the Committee is discharging its duties in accordance with the Committee Terms of Reference			
The review is integral to the Governance report included in the organisation's annual report.			
Report History			
Appendices		Appendix 1 – Completed Education, Commissioning and Committee Self-Assessment Checklist	



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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

**EDUCATION, COMMISSIONING AND QUALITY COMMITTEE (ECQC)
COMMITTEE EFFECTIVENESS REVIEW**

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
The Role/ Purpose of the Committee					
1	The role of the Committee is understood and clearly defined in its Terms of Reference.	X			Good progress made in clarifying and understanding role; can build on and consolidate this now.
2	Committee Members understand their individual role and what is expected of them.	X			Agreed but there are only 2 members which, 1. Can give quorate issues 2. Places a lot of pressure on the 2 individuals 3. Additional membership could widen scope and influence of Committee
3	The Committee has clear mechanisms in place to keep it aware of topical, legal and regulatory issues, particularly in relation to external NHS and Welsh Government planning and commissioning requirements.	X			Maybe scope to focus these around the Committee's particular needs, moving forward
4	The Committee is aware of the areas in which it can take decisions under the Scheme of Delegation.	X			
5	The frequency and scheduling of Committee meetings are sufficient to carry out its functions and responsibilities.	X			The chair does arrange additional telephone calls if she feels we need to have a meeting or discussion reference agenda / meeting frequency and content. Sufficient so far: future business may require flexibility in meeting frequency and timing. Although the timing around the Education & Training Plan needs to always be taken into account when scheduling meetings.

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
6	The Committee has established and follows an agreed plan for the year.	x			The committee is within its first year and as such revised the terms of reference and needed to be established prior to the development of a year plan.
7	Overall, the Committee is effectively fulfilling its Terms of Reference.	x			The Executive team are very helpful and the Board Secretary very approachable in helping with TOR, etc. Need to evolve and build on the Committee's first-year experiences
Scope of Work					
8	The Committee receives sufficient and timely information to review, understand and assess the issues for discussion, on which to base its decisions.	x			A challenge to maintain this throughout pandemic but good information available to HEIW Board generally and our Committee papers have been comprehensive: we could usefully consider any wider specific needs of the Committee after/if 'normal' arrangements resume. Due to the nature of business and the need for everything to go to Exec's before Committee it can be a tight turn around but this is always well managed by the Corporate Team. Don't know- only recently joined membership but seems appropriate from initial experience.
9	The quality of presentations made to the Committee is appropriate.	X			We've had some outstanding presentations.
10	The Committee understands the issues which are on the horizon for HEIW which may impact on its areas of work.	X			This was an important issue to get right and it also did mean clarification of the role of the Audit Committee and how duplication of effort did not arise.
11	The work of the Committee culminates in appropriate recommendations to the Board.	X			I have not heard from any Board member that recommendations have been inappropriate. Regular written and verbal feedback provided to the Board. Increasingly, reported items have generated interest and response - both welcome and valuable.
12	The Board takes due regard of the recommendations from the Committee.	X			And also delegates work streams to the committee to bring back recommendations to the Board for consideration. For example, in relation to Annual Plan which the Committee commended highly to the Board.

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
					<p>I'm not a member of the Board so can't answer this- however, from review of minutes of the Board I believe the committee and the Board to work well and effectively together.</p> <p>Don't know- haven't experienced full circle of information yet.</p>
13	The Committee has effective escalation arrangements in place to alert relevant individuals and committees of any urgent/critical matters that may compromise training and education and affect the operation and/or reputation of HEIW.	X			<p>This is an area that could be reviewed and how these escalation arrangements differ / complement the Board agenda.</p> <p>Escalation arrangements work well throughout HEIW reflecting the quality of communication links and work interactions: the Committee benefits from these.</p>
Assurance					
14	The Committee works effectively with its designated Sub-Groups.	X	X		<p>Yes - Although this is a new committee in real terms and has not been established as long as the audit committee, we still have two sub – groups that have not met due to the intervention of COVID 19 but going forward this needs to be a priority.</p> <p>No - Pandemic response meant deferring setting-up the two subgroups and needs redressing as soon as feasible through technology or other means; also worth revisiting the subgroups' ToR in the light of COVID experience.</p> <p>Sub groups are only just being established.</p> <p>Don't know- still trying to understand the links between various groups.</p> <p>These are currently being established</p>
15	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to developing HEIW commissioning plans to meet the identified population training and education needs.	X			<p>This has been undertaken and given the changes in contracting arrangements this will be kept under review.</p> <p>Yes, however the Committee has been concerned about available workforce data quality, validity and completeness, noting efforts wider than HEIW to improve these. In time, this should enable better intelligence and evidence in support of HEIW's commissioning role. The Committee needs to continue to watch over and support this ongoing area of work.</p> <p>Appropriate areas for research identified should be recommended to the Board.</p>

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
16	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to developing HEIW's annual plan and integrated medium-term delivery plan.	X			<p>Extensive communication and work has been undertaken by staff within the organisation, and both the Chair and IM have been informed regularly and as an induction just after setting up the committee, considerable work in providing back ground information was also shared in order that we could establish the changes needed and review how evidence is collated.</p> <p>Both of these requirements fulfilled.</p> <p>I have recently joined the committee and have not had the opportunity to observe this throughout an entire year.</p>
17	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to determining a suite of performance and assurance measures to assess delivery against integrated plans and objectives.	X			<p>The Wales Audit office have attended and provided feedback regarding Board Governance in terms of the meetings in Board and Audit Committee and some of the evidence at these meetings has been provided by the papers to the Board from the Committee. Going forward it is important that we focus more on the Quality of Education provision and this should be a key work stream during the next year.</p> <p>This has been a key development area for HEIW as a whole. It will continue to evolve as performance and assurance measures are refined in line with plan adjustments. The Committee will need to continue to keep abreast of any changes, particularly as/when we emerge into the post-COVID 'new normal'.</p>
18	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to reviewing, monitoring and improving HEIW performance against specific performance measures as determined by the Board.	X			<p>This is an area upon which to develop and focus more, it has commenced this agenda in recent meetings, i.e. In relation to contracting for short course provision which resulted in a review of contracting and presentation to Board Meeting of a paper by the Finance Team.</p> <p>Should extend the Committee's deep-dive approaches to explore in detail evidence and outcomes in key performance areas, on behalf of the Board.</p> <p>As above- initial view is yes it is but I need to gain more experience of this committee and its links with Board and other groups to be able to judge more comprehensively.</p>

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
19	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to ensuring alignment of the HEIW's plans with partnership plans developed with, Health Education Institutions.	X			<p>This is early days in terms of seeking to develop new commissioning for the next 5 years, the inherited contract was due to end but has needed to be extended due to COVID and the unavailability of access with all staff due to home working arrangements by organisations enforced by Governments Guidelines.</p> <p>Much effort invested in ensuring full engagement of key partners and valuable working relationships established by staff. Looking forward, the Committee itself needs to extend its understanding of HEI needs, drivers, challenges and opportunities.</p> <p>As above- initial view is yes it is but I need to gain more experience of this committee and its links with Board and other groups to be able to judge more comprehensively.</p>
20	The Committee is effective in providing assurance to the Board regarding the strength of HEIW's performance management and accountability arrangements.	X			<p>Where these have been identified, given the short life span of the committee to date, what has been produced is effective but this is an area for development and testing and adjusting as we mature as a committee.</p> <p>A close working relationship with HEIW's AAC has been established, through a variety of mechanisms, to ensure appropriate respective coverage and avoid gaps – this needs to continue.</p> <p>As above- initial view is yes it is but I need to gain more experience of this committee and its links with Board and other groups to be able to judge more comprehensively.</p>
21	The Committee is effective in providing assurance to the Board regarding achievement against the HEIW's plans and objectives determined by the Board.	x			<p>This area needs developing to enable the Committee to advise the Board of the value achieved through its range of activities.</p> <p>As above- initial view is yes it is but I need to gain more experience of this committee and its links with Board and other groups to be able to judge more comprehensively.</p>
22	The Committee is assured of the procedures and indicators in place to identify concerns in relation to individuals, services and the organisation.	x			<p>As above- initial view is yes it is but I need to gain more experience of this committee and its links with Board and other groups to be able to judge more comprehensively.</p> <p>This has not arisen whilst I have been a member of the committee.</p>

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
23	The Committee is aware of the work of regulatory authorities and external bodies, including the outcomes of their work.	x			HEIW staff successes in establishing and maintaining sound working bases with regulators and other external bodies, within Wales and wider, are worthy of note and appreciated.
24	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to the quality and experience of education and training.				<p>This is an area which under development, whilst education contracting is scrutinised, we have established consumer (student feedback session) however Medical Evaluations have been in place for a long time and these processes do work well. Work is also reviewed across each of the Countries to ensure Wales quality and experience remain at high satisfaction levels.</p> <p>New approaches are being tried and efforts to obtain in depth feedback from trainees and trainers extended and improved, strongly supported by the Committee – quality of the whole learning experience will be a growing area of focus.</p> <p>Initial impression is yes but I need to gain more experience of this committee and its links with Board and other groups to be able to judge more comprehensively.</p>
25	The Committee is effective in providing assurance to the Board with regard to improving the experience of students/trainees and all those that come into contact with services.	X			<p>We need to ensure that as time progresses we can see trends and we should ensure that analysis is undertaken and reported at regular intervals with recommended improvement actions as required.</p> <p>As above- initial view is yes it is but I need to gain more experience of this committee and its links with Board and other groups to be able to judge more comprehensively.</p> <p>Great efforts invested by staff in listening and responding to feedback from students and trainees, providing leadership and Wellbeing services. The Committee continues to support this strongly.</p>
26	When areas of good practice emerge from the Committee's deliberations, there are effective arrangements in place for them to be shared with other committees/executives as appropriate.	x		with AAC, the Chairman, Executive Directors and others.

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
Meetings					
27	Committee meetings are scheduled with sufficient time to cover all agenda items, including discussion and answering questions.	X			So far, but this may not remain the case and flexibility important. Yes – Agenda is always packed but the time-management of the Chair enables all agenda items to be considered with enough time to discuss appropriately.
28	Committee meetings are managed and controlled effectively, and conducted in a business-like manner.	X			Zoom/teams-based meetings have worked well throughout COVID. Always.
29	The Committee meeting dynamic encourages full participation and open communications.	X			It remains a Committee objective to have fully bilingual meetings. All members and Officers are afforded the opportunity to contribute. Everyone has an equal voice.
30	Meeting time is used well with issues getting the time and attention proportionate to their importance.	X			The agenda is full and given the time taken to read papers and check some issues ahead of the meeting this is helpful. This has been the case but now need to rebalance timings to ensure adequate attention given to Quality in future.
31	The length of the Committee's meetings is appropriate in relation to the agenda.				In the main I would agree. ...so far. If they continue to be virtual then consideration will need to be given to duration as long virtual meetings are more challenging
Membership					
32	Committee Members receive induction, advice and ongoing development opportunities to support them in their role.	X	X		Yes - Very full induction took place. This is a new Committee with no new independent members so far – it would be sensible to develop some induction arrangements for the future. No As new member I have had warm welcome but no formal induction to understand relationship of committee with rest of HEIW.
33	Committee Members have the collective skills, knowledge and expertise to fulfil its Terms of Reference and to advise and assure the Board.	X			I value members of staff who are responsible for operational delivery of the agenda to attend meetings and it is helpful to have their feedback. An additional independent member would enhance resilience and broaden the available range of skills and experience.

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
34	Committee Members have a good understanding of the HEIW's planning and commissioning activities e.g. training needs assessment, prioritisation, design, delivery and performance management.	X			Some members have been members of the three different organisations that existed prior to the establishment of HEIW so the historical knowledge is very helpful. The Committee is growing understanding of how these activities play out at local level across the whole of Wales.
35	The Committee is the right size and sufficiently diverse.	X			See 33 above. As previously mentioned, I believe the Committee should add another independent member of HEIW. I understand the reasons why this has not happened to date – due to some independent members having affiliations with Universities in Wales – however if there was an opportunity to add a member I believe it would add a new dimension and further improve what is already a high performing committee.
36	Committee Members come to meetings prepared and ready to contribute.	X			Always.
37	There is consistent attendance and timely arrival by Members at Committee meetings.	X			Always. Don't know – recent member.
38	Attendance at Committee meetings is evaluated as a criterion for continued membership on the Committee.	X			Don't know – recent member.
Support for the Committee					
39	An appropriate agenda is set before Committee meetings and is followed.	X			Preliminary 'agenda-setting' meetings have been valuable and appreciated. There is always a pre-meet to determine the agenda.
40	The Committee receives clear and concise papers which focus on the key issues and priorities	X			Not necessarily 'concise' but background provided has been relevant and important. Papers are clear but due to the scale and scope of the business are not always concise!
41	The agenda and papers are received in a timely manner in advance of the meetings to allow time for appropriate review and preparation.	X			Mostly – some disruption due to COVID understandable – but this is an important Committee requirement. There is always room for improvement for most committees in this area and fine balance between too soon and too late.

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
42	The Committee receives appropriate advice from or via the Executive Team and staff.	X			This is excellent.
43	The Committee enjoys a good working relationship with management and significant issues are reviewed with the Chief Executive Officer or the relevant Lead Executive Director(s).	X			Thank you.
44	The minutes of the meetings are accurate and reflect the discussion, next steps and/or action articulated by Members.	X			Again, thank you.



Dyddiad Cyfarfod	26 Tachwedd 2020	Eitem ar yr Agenda	4.5.2
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		
A gyflwynir gan	Gill Lewis, Cadeirydd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Diben yr adroddiad yw amlinellu trafodaethau a gynhaliwyd gan y Pwyllgor Archwilio a Sicrwydd.		
Materion Allweddol	Mae'r adroddiad hwn yn canolbwyntio ar y materion allweddol a godwyd yng nghyfarfod y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 20 Hydref 2020.		
Angen Camau Penodol (✓un yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
			Cymeradwyaeth
			✓
Argymhellion	<p>Gofynnir i aelodau'r Bwrdd:</p> <ul style="list-style-type: none"> • Sylwi ar gynnwys yr adroddiad er mwyn cael sicrwydd. • Cymeradwyo'r diwygiadau i'r Cylch Gorchwyl (Atodiad 2) sy'n rhan o'r Rheolau Sefydlog fel a ganlyn: <ul style="list-style-type: none"> ○ cyfeirio at rôl yr Is-gadeirydd o fewn aelodaeth y Pwyllgor Archwilio a Sicrwydd; ○ cyfeirio at rôl yr Is-gadeirydd o fewn aelodaeth y Pwyllgor Addysg, Comisiynu ac Ansawdd ac, yn amodol ar ychwanegu'r tri Deon fel aelodau sefydlog 'Presenoldeb' yn hytrach nag fel aelodau llawn o'r Pwyllgor. • Cymeradwyo'r Diwygiadau i'r Terfynau Ariannol Dirprwyedig sy'n rhan o Reolau Sefydlog AaGIC o £2m i £3m ar gyfer anfonebau gan NWSSP sy'n ymwneud â chyflogau meddygon teulu Cyflogwyr Arweiniol Sengl (Atodiad 3). 		

Adroddiad Cadeirydd y Pwyllgor – y Pwyllgor Archwilio a Sicrwydd

1. CYFLWYNIAD

Diben yr adroddiad yw rhoi'r wybodaeth ddiweddaraf am faterion 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'u sefydlu o dan reolau sefydlog AaGIC. Bydd pob pwyllgor yn cyflwyno adroddiadau i'r Bwrdd yn ystod y flwyddyn yn amlinellu trafodaethau, materion a risgiau allweddol a drafodwyd yn ystod cyfarfodydd.

3. 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 20 Hydref 2020.

Mae'r Pwyllgor yn argymhell y dylai'r Bwrdd:

- Cymeradwyo'r diwygiadau i'r Cylch Gorchwyl (Atodiad 2) sy'n rhan o'r Rheolau Sefydlog fel a ganlyn:
 - cyfeirio at rôl yr Is-gadeirydd o fewn aelodaeth y Pwyllgor Archwilio a Sicrwydd;
 - cyfeirio at rôl yr Is-gadeirydd o fewn aelodaeth y Pwyllgor Addysg, Comisiynu ac Ansawdd ac, yn amodol ar ychwanegu'r tri Deon fel aelodau sefydlog 'Presenoldeb' yn hytrach nag fel aelodau llawn o'r Pwyllgor.
- **Gymeradwyo'r** Diwygiadau i'r Terfynau Ariannol Dirprwyedig sy'n rhan o Reolau Sefydlog AaGIC o £2m i £3m ar gyfer anfonebau gan NWSSP sy'n ymwneud â chyflogau meddygon teulu Cyflogwyr Arweiniol Sengl (Atodiad 3).

4. MATERION LLYWODRAETHU A RISG

Rheolir unrhyw risgiau a materion llywodraethu drwy gyfarfodydd y pwyllgor a bydd adroddiadau eithriedig yn cael eu darparu i'r Bwrdd gan y cadeiryddion perthnasol.

5. GOBLYGIADAU ARIANNOL

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

6. ARGYMHELLIAD

Gofynnir i aelodau'r Bwrdd:

- **Nodi** cynnwys yr adroddiad er sicrwydd;
- Cymeradwyo'r diwygiadau i'r Cylch Gorchwyl (Atodiad 2) sy'n rhan o'r Rheolau Sefydlog fel a ganlyn:

- cyfeirio at rôl yr Is-gadeirydd o fewn aelodaeth y Pwyllgor Archwilio a Sicrwydd;
- cyfeirio at rôl yr Is-gadeirydd o fewn aelodaeth y Pwyllgor Addysg, Comisiynu ac Ansawdd ac, yn amodol ar ychwanegu'r tri Deon fel aelodau sefydlog 'Presenoldeb' yn hytrach nag fel aelodau llawn o'r Pwyllgor.
- Cymeradwyo'r Diwygiadau i'r Terfynau Ariannol Dirprwyedig sy'n rhan o Reolau Sefydlog AaGIC o £2m i £3m ar gyfer anfonebau gan NWSSP sy'n ymwneud â chyflogau meddygon teulu Cyflogwyr Arweiniol Sengl (Atodiad 3).

Llywodraethu a Sicrwydd			
Linc i nodau strategol Cynlluniau Tymor Integredig Clwstwr (os gwelwch yn dda✓)	Nod Strategol 1: Arwain cynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi cyflwyno ' Cymru Iachach '	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy adeiladu gallu arweinyddiaeth dosturiol a chyfunol ar bob lefel
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi darparu diogelwch ac ansawdd	Nod Strategol 5: I fod yn gyflogwr enghreifftiol ac yn lle gwythio i weithio	Nod Strategol 6: Cael eich cydnabod fel partner, dylanwadwr ac arweinydd rhagorol
Ansawdd, Diogelwch a Phrofiad y Claf			
Mae sicrhau bod y Bwrdd yn cyflawni ei fusnes yn briodol drwy ei Bwyllgorau ac yn cyd-fynd â'i reolau sefydlog yn ffactor allweddol yn ansawdd, diogelwch a phrofiad cleifion sy'n derbyn gofal.			
Goblygiadau Ariannol			
Dim goblygiadau ariannol i'r Bwrdd fod yn ymwybodol ohonynt.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)			
Mae'n hanfodol bod y Bwrdd yn cydymffurfio â'i reolau sefydlog, sy'n cynnwys derbyn diweddariadau gan ei bwyllgorau.			
Goblygiadau Staffio			
Dim goblygiadau staffio i'r pwyllgor fod yn ymwybodol ohonynt.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Lles Cenedlaethau'r Dyfodol (Cymru) 2015)			
Mae'r adroddiad yn amlinellu gwaith a wnaed gan y Pwyllgor i adolygu perfformiad a chyllid tymor byr AaGIC yn ogystal â chanolbwyntio ar gynaliadwyedd tymor hwy. Nod y strwythur llywodraethu yw nodi materion yn gynnar er mwyn atal dwysáu ac mae'r Pwyllgor yn integreiddio i drefniadau cyffredinol y Bwrdd.			
Hanes yr Adroddiad	Bydd yr adroddiad hwn yn eitem sefydlog ar agenda'r Bwrdd.		
Atodiadau	Atodiad 1 – Crynodeb y Cadeirydd - Y Pwyllgor Archwilio a Sicrwydd Atodiad 2 – Cylch Gorchwyl diwygiedig ar gyfer y Pwyllgor Archwilio a Sicrwydd a'r Pwyllgor Addysg, Comisiynu ac Ansawdd Atodiad 3 – Terfynau Ariannol Dirprwyedig diwygiedig ar gyfer AaGIC.		

Appendix 1

Meeting Date	26 November 2020	Agenda Item	4.5.2
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	20 October 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 20 October 2020 in public. However, following due process, the meeting took place via Microsoft Teams/Teleconference.			
The Committee received the Counter Fraud Progress Report and was updated on the Review of NHS Counter Fraud Agency (NHSCFA) 2020 Strategic Intelligence Assessment Covering 2018-2019 and Impact on HEIW . Future quarterly Counter Fraud Newsletter would provide more general advice on current key areas being targeted by fraudsters and /or scammers.			
Audit Wales presented a number of reports to the Committee:			
<ul style="list-style-type: none">• Progress Report – This provided an overview of the financial and performance audit work with signposting to the interactive resources i.e. NHS Wales Finance Data Tool; COVID-19 Rapid Learning Project; other Auditor General studies and Good Practice events and products.• ‘Raising our Game’ Tackling Fraud in Wales – Report of the Auditor General for Wales: This report follows-up on the Welsh Public Sector Counter Fraud national audit undertaken on behalf of the Public Accounts Committee published in June 2019. The scope of this audit examined how effective counter fraud arrangements were in practice and made 15 recommendations for improvement across a range of themes. As a companion piece to this report each public sector organisation received a bespoke report that highlighted specific recommendations for their own organisation.• Effectiveness of Counter-Fraud Arrangements – HEIW: This report provided the specific recommendations for HEIW from the national Counter-Fraud audit. The Committee considered the report and the management response to the three recommendations.• Wellbeing of Future Generations National Report – This report was received for information as the HEIW Board was due to have an update as part of the October Board Development Session.• Structured Assessment 2020 – The approach to this year’s Structured Assessment was adapted for a shorter and more focussed review on leadership and governance; financial management and operational planning. The Committee welcomed the positive report and the provided assurance to Audit Wales that the recommendations were being taken seriously with significant progress already being reported.			

Internal Audit presented three reports to the Committee:

- **Progress Report** – This provided an update in relation to the Internal Audit Plan for 2020/2021 and the measures being considered should COVID-19 continue to cause disruption to the delivery of the audit programme.
- **Governance Arrangements during COVID-19** – This was a rapid advisory review commissioned by the All Wales Finance Directors Group and focussed on three key principles relating to governance and risk management; delegation and escalation; and departures from existing policies and processes. The Committee considered the report and the management responses to address the recommendations. Internal Audit are to compile an All Wales report on the common themes and observations for all the individual reports from NHS organisations.
- **Service Review: Medical Commissioning Monitoring** – As part of the original 2019/2020 audit plan, this report examined the arrangements in place for the monitoring of medical commissioning prior to COVID-19 however, the finalisation of the report was delayed due to COVID-19. The overall assessment was that of reasonable assurance with three recommendations, of which two were medium priorities and one low priority. The Committee welcomed the report and the progress being made in addressing the recommendations.

The Committee received the **Information Governance Report** and noted the progress being made in strengthening and raising the profile of cyber security within HEIW. A work plan had been developed and would be progressed to assist in mitigating and reducing the current corporate risk level from 'red' to 'amber' status. The Committee was pleased with the overall progress with the Information Governance Work Plan. The Work Plan was to be reviewed to reflect the updated Information Commissioner's Office (ICO) Guidance and Toolkit.

Procurement Compliance Report – The Committee was concerned about the continued number of 'not endorsed' entries which highlighted that the procurement process was not being adhered to by specific Directorates/Departments. The Committee considered whether these Directorates/Departments should be invited to attend the Committee to explain their actions. However, following an update on the initial findings of the **Independent Review of the HEIW Procurement Systems and Process**, the Committee agreed to receive the final report at the next meeting before deciding on the course of action with this matter.

The Committee considered the **Review of the Financial Control Procedures** and approved the revisions to 13 FCPs and the removal of FCP 14 Shared Services and FCP 15 Procurement.

The Committee was updated regarding the **Review of the Board Assurance Framework** and the work being undertaken to incorporate the recommendations from Audit Wales in terms of the assurance mapping of the key controls and sources of assurance and updated to reflect HEIW's strategic objectives.

The Committee reviewed the **Corporate Risk Register** and noted the position in relation to the assessed risks and the three new risks that had been added. Amendments were agreed to update the mitigating action for Risk 11 and the inclusion of additional narrative to Risk 15 to reflect that the risk could be further mitigated with improved workforce intelligence to monitor any gaps in employment

opportunities. The Committee also agreed that the Board Secretary request that the Executive Team consider the integration of the risk identification of fraud as part of the risk management framework.

The Committee reviewed the **Declarations of Interest Register** and noted that all members of the Board and Senior Leadership Team together with budget holders and staff members who may influence the procurement process were asked to complete a Declaration of Interest (DOI) form. There were only a small number of individuals who had not returned their form for this year and these were being actively chased.

The Committee reviewed the **Gifts, Hospitality and Sponsorship Register**. Whilst the number of entries was low, this was reflective in part of the COVID-19 restrictions. The focus going forward would be on further awareness raising and guidance on what may or may not be accepted.

The Committee considered the draft **Complaints Policy** which was for students, trainees, trainers and Training Programme Directors. It also included staff who could not raise a complaint under the existing NHS Wales Grievance Policy; NHS Wales Disciplinary Policy or Procedure for NHS Staff to Raise Concerns. A number of amendments, points of clarification and further considerations were requested by the Committee for the next iteration of the Policy.

The Committee considered the **Audit Recommendations Tracker** and whilst it was content with the overall position, noted a number of the recommendations were overdue. It was acknowledged that this was in part as a result of the COVID 19 Pandemic however, the Committee was anticipating an improvement in the position by its next meeting.

The Committee reviewed and endorsed its own **Terms of Reference** which reflected the formal appointment of the Committee Vice Chair. It noted the reappointment of the existing Committee Members for a further one-year period.

The Committee considered and endorsed **Revisions to HEIW's Standing Orders**, as follows:

- to reference the Vice Chair role within the membership of the Education, Commissioning and Quality Committee and, subject to the addition of the three Deans as standing 'In attendance' members rather than as full members of the Committee;
- Increasing the Delegated Financial Limits for invoices from NWSSP relating to Single Lead Employer GP salaries.

Key risks and issues/matters of concern of which the Board needs to be made aware:

N/A

Recommendations for Board consideration

The Committee recommends that the Board:

- **Approve** the amendments to the Terms of Reference (Appendix 2) which forms a part of the Standing Orders as follows:
 - to reference the Vice Chair role within the membership of the Audit and Assurance Committee;

<ul style="list-style-type: none"> ○ to reference the Vice Chair role within the membership of the Education, Commissioning and Quality Committee and, subject to the addition of the three Deans as standing 'In attendance' members rather than as full members of the Committee. ● Approve the Revisions to the Delegated Financial Limits which form a part of HEIW's Standing Orders.
Delegated action by the Committee
N/A
Main sources of information received
<ul style="list-style-type: none"> ● Counter Fraud: <ul style="list-style-type: none"> ○ Progress Report ○ Review of NHSCFA 2020 Strategic Intelligence Assessment Covering 2018-2019 and Impact on HEIW ● Audit Wales: <ul style="list-style-type: none"> ○ Progress Report ○ 'Raising Our Game' Tackling Fraud in Wales – Report of the Auditor General for Wales ○ Effectiveness of Counter-Fraud Arrangements - HEIW ○ Wellbeing of Future Generations National Report ○ Structured Assessment 2020 ● Internal Audit: <ul style="list-style-type: none"> ○ Progress Report ○ Governance Arrangements during COVID 19 Internal Audit Report and Management Response ○ Medical Commissioning Monitoring Internal Audit Report ● Information Governance Report ● Procurement Compliance Report ● Independent Review of HEIW's Procurement Systems and Processes ● Annual Review of Financial Control Procedures ● Review of Board Assurance Framework ● Corporate Risk Register ● Review of Declarations of Interest Register ● Review of Gifts, Hospitality & Sponsorship Register ● Approval of Complaints Policy ● Audit Recommendations Tracker ● Review of Committee Terms of Reference ● Review of the Agreed Amendment to the Delegated Financial Limits/Standing Orders
Highlights from sub-groups reporting into this committee
N/A
Matters referred to other Committees
None identified.

APPENDIX 2



Terms of Reference and Operating Arrangements Audit and Assurance Committee

Date: October 2020

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers Audit. This remit of this Committee will be extended to include Assurance and Corporate Governance and will be known as the **Audit and Assurance Committee**.

The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees.

2. Purpose

The purpose of the Audit and Assurance Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place, through the design and operation of HEIW's assurance framework, to support them in their decision taking and in discharging their accountabilities for securing the achievement of its objectives, in accordance with the standards of good governance determined for the NHS in Wales
- Where appropriate, the Committee will **advise** the Board and the Chief Executive on where, and how, its systems and assurance framework may be strengthened and developed further
- **Approve** on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation.

3. Delegated Powers

With regard to its role in providing advice to the Board, the Committee will comment specifically on the:

- adequacy of HEIW's strategic governance and assurance framework, systems and processes for the maintenance of an effective system of governance, internal control, and risk management across the whole

organisation's activities, designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement, providing reasonable assurance on:

- the organisations ability to achieve its objectives
- compliance with relevant regulatory requirements and other directions and requirements set by the Welsh Government and others
- reliability, integrity, safety and security of the information collected and used by the organisation
- the efficiency, effectiveness and economic use of resources
- the extent to which the organisation safeguards and protects all its assets, including its people.

In undertaking its work and responsibility the Committee will comment specifically on:

- Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate)
- accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors
- Schedule of Losses and Special Payments
- planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports)
- adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity
- anti-fraud policies, whistleblowing (raising concerns) processes and arrangements for special investigations
- issues upon which the Board, its Committees or the Chief Executive may seek advice
- contracting and tendering process
- provide assurance and undertake scrutiny of ensuring value for money

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

- all risk and control related disclosure statements, in particular the Annual Governance Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements
- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on the:

- comprehensiveness of assurances in meeting the Board and the Chief Executives assurance needs across the whole of HEIW activities;
- the reliability and integrity of these assurances

To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Chief Executive through the Committee
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Chief Executive through the Committee
- there is an effective improvement function that provides appropriate assurance to the Board and the Chief Executive
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities,

whether directly to the Board and the Chief Executive or through the work of the Board's committees

- the work carried out by key sources of external assurance, in particular, but not limited to HEIW's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply
- systems for financial reporting to the Board, including those of budgetary control, are effective
- results of audit and assurance work specific to HEIW, and the implications of the findings of wider audit and assurance activity relevant to the HEIW's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements

The Committee will review and agree the programme of work on an annual basis and will recommend it to the Board for approval.

4. Access

The Head of Internal Audit and the Auditor General and his representatives shall have unrestricted and confidential access to the Chair of the Audit and Assurance Committee at any time, and vice versa.

The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

The Chair of the Audit and Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Membership, Attendees and Quorum

5.1 Members

A minimum of three members, comprising:

Chair	Independent Member
Vice Chair	Independent Member
Members	Independent Members

The Chair of the organisation shall not be a member of the Audit and Assurance Committee but may be invited to attend by the Chair of the Committee as appropriate.

5.2 Attendees

In attendance:

Director of Finance
Board Secretary
Head of Internal Audit (or representative)
Local Counter Fraud Specialist
Representative of the Auditor General for Wales
Head of Financial Accounting

In addition to this others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

5.3 Quorum

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

6. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business. The External Auditor or Head of Internal Audit may request that the Chair convene a meeting if they consider this necessary.

7. Relationships and accountabilities with the board and its Committees/Groups:¹

The Audit and Assurance Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Audit and Assurance Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of HEIW's overall framework of assurance.

¹ Reference to the Board's Committees/Groups incorporates its sub committees, joint committees and joint sub committees as well as other groups, such as Task and Finish Groups, where this is appropriate to the remit of this Audit and Assurance Committee

8. Reporting and Assurance Arrangements

The Committee shall provide a written, annual report to the Board and the Chief Executive on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

APPENDIX 2



Education, Commissioning and Quality Committee Terms of Reference and Operating Arrangements

Date: October 2020

Review Date: Annually

1. Introduction

In line with Section 3 of the Standing Orders, the Board shall nominate annually a committee which covers education, education commissioning and quality management of education provision and contracts. This Committee will be known as the Education, Commissioning and Quality Committee.

The terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.

2. Purpose

The purpose of the Education, Commissioning and Quality Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.
- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its education systems and assurance framework may be strengthened and developed further.
- Recommend to the Board education training plans including investment in new programmes and disinvestment in others. .
- Recommend to the Board on strategic matters relating to Education Commissioning and Education Quality.
- **Recommend** the specification of tender documents in respect of Education to the Board

3. Delegated Powers

With regard to its role in providing advice to the Board, the Committee will:

- i. Provide assurance to the Board as to the effective management and improvement of the quality of HEIW's education and related research activities.
- ii. Recommend to the Board areas for investment/disinvestment in education and training plans taking into account value based commissioning.
- iii. Recommend to the Board the national annual education and training plan.
- iv. Alert the Audit and Assurance Committee and the Board to any matters requiring governance action, and oversee such action on behalf of the Board.
- v. Oversee the development, implementation and updating of strategies, policies, structures and processes for the governance of education and training which shall including taking a forward looking and strategic view.
- vi. Seek assurance of the effective performance, monitoring, management and value of education and training programmes and contracts, including the identification and management of related risk.
- vii. Monitor compliance of education and training activities with:
 - a. statutory and regulatory requirements, including equity, equality legislation and Welsh language requirements and;
 - b. with NHS Wales policy and other relevant policies and HEIW's priorities in relation to equity, equality and diversity, person-centred care and participation, and educational quality.
- viii. Monitor HEIW's compliance with delegated responsibilities given to it by health regulators i.e. GMC, GDC and GPhC as delegated to HEIW.
- ix. Promote collaboration within HEIW and with external agencies in relation to educational and training governance which shall include wellbeing.
- x. To work collaboratively with other HEIW Board standing committees.
- xi. Scrutinise the specification of education tender documents.

- xii. Recommend the specification of tender documents to the Board for Education.
- xiii. Recommend undertaking research on Education, Quality and Commissioning to the Board.
- xiv. Engage with Board Development Sessions with regards to making recommendations on strategic matters relating to Education Commissioning and Education Quality.
- xv. Seek assurance in respect of risk areas within its area of responsibility and highlight material areas of concern to the Audit and Assurance Committee.
- xvi. Highlight any issues out of the ordinary to the Board.

The Committee will review and agree its forward work programme on an annual basis, and will recommend it to the Board for approval.

4. Membership, Attendees Quorum and Term

4.1.1 Members

A minimum of two members, comprising of at least:

- Chair: Independent Member
- Vice Chair: Independent Member

The Chair of the organisation shall not be a member of the Committee, but may be invited to attend by the Chair of the Committee as appropriate.

4.1.2 Deputy Independent Member

The Board may appoint a Deputy Independent Member for the Committee. Where a member of the Committee is unable to attend a Committee meeting, then the nominated Deputy may attend in his or her absence as a member of the Committee. If a Deputy attends a Committee as a member of the Committee then the Deputy shall be included for the calculation of a quorum and may exercise voting rights.

4.2 Attendees

In attendance:

- Director of Nursing
- Medical Director
- Director of Finance
- Board Secretary
- Deputy Director of Education, Commissioning and Quality
- Dental Dean
- Pharmacy Dean
- Postgraduate Medical Dean

In addition to this, others from within or outside the organisation who the Committee considers should attend, will be invited taking account of the matters under consideration at each meeting.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

4.3 Quorum

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair (or Vice Chair where appointed).

4.4 Terms

Immediately following the establishment of HEIW the Members shall be appointed for an initial period of two years. Thereafter Members shall be appointed for a term of one year.

5. Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary – consistent with HEIW's annual plan of Board Business.

6. Relationships and accountabilities with the Board and its Committees/ Groups

The Committee must have an effective relationship with other committees or sub-committees of the Board so that it can understand the system of assurance for the Board as a whole. It is very important that the Committee remains aware of its distinct role and does not seek to perform the role of other committees.

The Committee will maintain effective working relationships with HEIW'S Audit and Assurance Committee (AAC), and with HEIW's other Board committees and subcommittees. To strengthen liaison with the AAC, one Independent Member will serve on both committees.

Appendix 3 - 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). NWSSP monthly invoices for SLE GP Salaries £3m.	£250,000
Deputy Chief Executive (when acting in that capacity)	up to £5m	No Limit (subject to Appropriate Contract Approval). NWSSP monthly invoices for SLE GP Salaries £3m.	£250,000
Director of Finance & Corporate Services	up to £2m	£2m	£100,000
Director of Nursing & Medical Director 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



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

Dyddiad Cyfarfod	26 Tachwedd 2020	Eitem ar yr Agenda	4.6
Teitl yr Adroddiad	Materion yr Adroddwyd amdanynt yn y Pwyllgor		
Awdur yr Adroddiad	Kay Barrow, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
A gyflwynir gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Ar agor		
Pwrpas yr Adroddiad	Nodi'r materion allweddol a drafodwyd yng Nghyfarfod Pwyllgor Mewnol y Bwrdd a gynhaliwyd ar 24 Medi 2020.		
Materion Allweddol	Yn unol â Rheolau Sefydlog, mae'n ofynnol i AaGIC adrodd ar unrhyw benderfyniadau a wneir mewn sesiwn breifat i gyfarfod cyhoeddus nesaf y Bwrdd. Mae'r adroddiad yn nodi'r penderfyniadau a wnaed gan Bwyllgor Mewnol y Bwrdd ar 24 Medi 2020.		
Angen Camau Penodol (✓un yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
	✓		
Argymhellion	Gofynnir i'r aelodau: <ul style="list-style-type: none"> Sylwch ar yr adroddiad er gwybodaeth. 		

**PENDERFYNIADAU A WNAED YN YSTOD CYFARFOD PWYLLGOR MEWNOL Y
BWRDD
A GYNHALIWDYD AR 24 MEDI 2020**

1. CYFLWYNIAD

Pwrpas yr adroddiad yw adrodd ar eitemau a ystyriwyd gan gyfarfod Pwyllgor Mewnol y Bwrdd a gynhaliwyd ar 24 Medi 2020.

2. CEFNDIR

Bydd y Bwrdd yn cynnal cymaint o'i fusnes ffurfiol yn gyhoeddus â phosibl. Efallai y bydd amgylchiadau lle na fyddai hi yn fudd i'r cyhoedd i drafod mater yn gyhoeddus. Mewn achosion o'r fath, rhaid i'r Cadeirydd (a gynghorir gan Ysgrifennydd y Bwrdd lle bo hynny'n briodol) drefnu'r materion hyn yn unol â hynny a mynnu bod unrhyw arsylwr yn tynnu'n ôl o'r cyfarfod. Wrth wneud hynny, bydd y Bwrdd yn datrys:

“Bod cynrychiolwyr y wasg ac aelodau eraill o'r cyhoedd yn cael eu heithrio o weddill y cyfarfod hwn gan ystyried natur gyfrinachol y busnes sydd i'w drafod, a byddai cyhoeddusrwydd yn niweidiol i fudd y cyhoedd”

Yn yr amgylchiadau hyn, pan nad yw'r Bwrdd yn cyfarfod mewn sesiwn gyhoeddus, bydd yn gweithredu mewn sesiwn breifat, gan adrodd yn ffurfiol am unrhyw benderfyniadau a wneir yng nghyfarfod nesaf y Bwrdd mewn sesiwn gyhoeddus.

3. MATERION LLYWODRAETHU A RISG

Trafodwyd yr eitemau canlynol **yng nghyfarfod Pwyllgor Mewnol y Bwrdd AaGIC ar 24 Medi 2020:**

- **Adroddiad y Cadeirydd** - Derbyniodd a nododd y Bwrdd ddiweddariad ar lafar gan y Cadeirydd.
- **Adroddiad y Prif Weithredwr** - Derbyniodd a nododd y Bwrdd ddiweddariad ar lafar gan y Prif Weithredwr.
- **Contractau Addysg Gweithwyr Iechyd Proffesiynol** - Derbyniodd y Bwrdd y cynigion caffael terfynol ar gyfer Cam 1 yr Adolygiad Strategol o addysg cyn-gofrestru Gweithwyr Iechyd Proffesiynol. Y Bwrdd:
 - cymeradwyo'r Gwahoddiad i Dendro a Manyleb Contract;
 - cymeradwyo'r Adroddiad Caffael i'w gyflwyno i'r Cyfarwyddwr Gwasanaethau Caffael yn NWSSP a Llywodraeth Cymru;
 - cytunwyd bod AaGIC yn comisiynu gwerthusiad i'w gynnal mewn perthynas â'r gwerth a ddarperir trwy'r Fanyleb Contract.
- **Cyflogwr Arweiniol Sengl ar gyfer Deintyddion** - Derbyniodd y Bwrdd ddiweddariad ar lafar ar gynnydd mewn perthynas â'r diwygiadau i'r rheoliadau sy'n ymwneud â Deintyddion Sylfaen a'r Model Cyflogwr Arweiniol Sengl.
- **Apeliadau Bwsariaeth Plymio Dwfn i Broffesiynol Perthynol i Iechyd** - Derbyniodd a nododd y Bwrdd ddiweddariad ar lafar mewn perthynas â'r trefniadau monitro gwell mewnol sydd ar waith ar gyfer y broses apelio bwsariaeth. Cytunodd y Bwrdd:
 - mae'r Pwyllgor Comisiynu Addysg ac Ansawdd yn derbyn papur i gael sicrwydd mewn perthynas â'r mater apeliadau Bwsariaeth;

- mae'r Pwyllgor Archwilio a Sicrwydd yn derbyn papur i gael sicrwydd mewn perthynas â'r mater apeliadau Bwrsariaeth;
- dylid ystyried ymhellach a yw Aelod Annibynnol yn rhan o'r broses apelio Bwrsariaeth.
- **Cymeradwyaethau Contract** - Derbyniodd y Bwrdd yr adroddiad mewn perthynas â'r amrywiadau contract ar gyfer contractau addysg nyrsio cyn-gofrestru a chytunwyd i ddirprwyo awdurdodiad i'r Prif Weithredwr i gymeradwyo'r Gorchmynion Amrywio ar gyfer addysg a hyfforddiant cyrsiau nyrsio cyn-gofrestru yng Nghymru.
- **Adroddiad Materion Allweddol gan Gadeirydd y Pwyllgor Taliadau a Thelerau Gwasanaeth (RATS)** - Derbyniodd a nododd y Bwrdd adroddiad mater allweddol y Cadeirydd ar y Pwyllgorau RATS a gynhaliwyd ar 30 Gorffennaf 2020 a 27 Awst 2020 at ddibenion sicrwydd. Cadarnhaodd y Bwrdd dri Gweithred y Cadeirydd a amlygwyd yn adran 3.2 yr adroddiad.
- **Fforwm Arweinyddiaeth Gydweithredol GIG Cymru** - Derbyniodd a nododd y Bwrdd gofnodion y cyfarfod a gynhaliwyd ar 15 Ionawr 2020.

4. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol wrth nodi'r diweddariad. Fodd bynnag, byddai unrhyw oblygiadau adnoddau wedi cael eu nodi yn y ceisiadau gwreiddiol am gadarnhad.

5. ARGYMHELLIAD

Gofynnir i'r aelodau **nodi'r** adroddiad er gwybodaeth.

Llywodraethu a Sicrwydd			
Cyswllt â nodau strategol IMTP (os gwelwch yn dda ✓)	Nod Strategol 1: Arwain cynllunio, datblygu a lles gweithlu cymwys, cynaliadwy a hyblyg i gefnogi cyflwyno ' <i>Cymru Iachach</i> '	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy adeiladu gallu arweinyddiaeth dosturiol a chyfunol ar bob lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi darparu diogelwch ac ansawdd	Nod Strategol 5: I fod yn gyflogwr enghreifftiol ac yn lle gwyb i weithio	Nod Strategol 6: Cael eich cydnabod fel partner, dylanwadrwr ac arweinydd rhagorol
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf			
Mae sicrhau bod y Bwrdd a'i Bwyllgor yn gwneud penderfyniadau gwybodus yn dibynnu ar ansawdd a chywirdeb y wybodaeth a gyflwynir ac a ystyrir gan y rhai sy'n gwneud penderfyniadau. Mae penderfyniadau gwybodus yn fwy tebygol o effeithio'n ffafriol ar ansawdd, diogelwch a phrofiad cleifion a staff.			
Goblygiadau Ariannol			
Nid oes unrhyw oblygiadau uniongyrchol o ran adnoddau yn gysylltiedig â'r adroddiad hwn. Fodd bynnag, byddai unrhyw oblygiadau adnoddau wedi cael eu nodi yn y ceisiadau gwreiddiol am gadarnhad.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)			
Nid oes unrhyw oblygiadau cyfreithiol yn yr adroddiad hwn. Fodd bynnag, bydd effaith benodol, lle bo hynny'n berthnasol, wedi'i hystyried mewn adroddiadau unigol y cyfeiriwyd atynt yn y diweddariad hwn.			
Goblygiadau Staffio			
Nid oes unrhyw oblygiadau uniongyrchol i'r gweithlu yn yr adroddiad hwn. Fodd bynnag, bydd effaith benodol, lle bo hynny'n berthnasol, wedi'i hystyried mewn adroddiadau unigol y cyfeiriwyd atynt yn y diweddariad hwn.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Lles Cenedlaethau'r Dyfodol (Cymru) 2015)			
Nid oes unrhyw oblygiadau uniongyrchol i'r Ddeddf. Fodd bynnag, bydd effaith benodol, lle bo hynny'n berthnasol, wedi'i hystyried mewn adroddiadau unigol y cyfeiriwyd atynt yn y diweddariad hwn.			
Hanes yr Adroddiad	Darperir yr adroddiad hwn ym mhob cyfarfod o'r Bwrdd.		
Atodiadau	Dim.		



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Addysg a Gwella Iechyd
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Dyddiad y Cyfarfod	26 Tachwedd 2020	Eitem Agenda	5.1
Teitl yr Adroddiad	Cynllun Gweithredol Chwarter 3/4 AaGIC		
Awdur yr Adroddiad	Chris Payne, Dirprwy Gyfarwyddwr Cynllunio a Pherfformiad		
Noddwr yr Adroddiad	Nicola Johnson, Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol		
Cyflwynwyd gan	Nicola Johnson, Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Derbyn Cynllun Gweithredol Ch3/4 AaGIC a thempledi gorfodol a gymeradwywyd i'w cyflwyno i Lywodraeth Cymru ar 19 Hydref 2020 drwy Gam Gweithredu Cadeiryddion.		
Materion Allweddol	<p>Ar 9 Medi cyhoeddodd Llywodraeth Cymru gynllun Diogelu'r Gaeaf 2020-21. Dyma'r cynllun trosfwaol sy'n disgrifio'r cyddestun a'r blaenoriaethau cyffredinol ar gyfer iechyd a gofal cymdeithasol tan fis Mawrth 2021. Cyhoeddwyd Fframwaith Gweithredu COVID-19 GIG Cymru ar gyfer Ch3/4 hefyd gan Lywodraeth Cymru ar 17 Medi.</p> <p>I gefnogi sicrhau ymateb amserol a chymesur i bandemig COVID-19, ar gyfer y flwyddyn ariannol 2020-21, roedd yn ofynnol i holl sefydliadau GIG Cymru gyflwyno Cynllun Gweithredol Chwarter 3/4 i Lywodraeth Cymru ar 19 Hydref.</p> <p>Datblygwyd Cynllun AaGIC gyda'r Uwch Dîm Arweinyddiaeth a Gweithredol i gefnogi'r gwaith o gyflwyno'r ymateb i bandemig Covid-19 ac adnewyddu amcanion strategol a'r hyn y gellir ei gyflawni gan y sefydliad.</p> <p>Bydd y gwaith o gyflawni'r cynllun yn cael ei fonitro dros y cyfnod hyd at ddiwedd mis Mawrth 2021.</p>		
Camau penodol i'w cymryd (rhowch un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
	✓		
Argymhellion	<p>Gofynnir i aelodau:</p> <p>Derbyn cynllun gweithredol Ch3/4 AaGIC a thempledi gorfodol a gymeradwywyd i'w cyflwyno i Lywodraeth Cymru ar 19 Hydref 2020 drwy'r Cam Gweithredu Cadeiryddion.</p>		

CYNLLUN GWEITHREDOL CHWARTER 3/4 AaGIC

1. CYFLWYNIAD

Mae'r papur hwn yn gofyn i'r Bwrdd dderbyn Cynllun Gweithredol AaGIC Ch3/4 a thempledi gorfodol a gymeradwywyd i'w cyflwyno i Lywodraeth Cymru ar 19 Hydref 2020 drwy'r Cam Gweithredu Cadeiryddion. Cafodd y Cynllun ei baratoi a'i gyflwyno i Lywodraeth Cymru yn unol â gofynion Fframwaith Gweithredu COVID-19 GIG Cymru ac mewn ymateb i Gynllun Diogelu'r Gaeaf.

2. CEFNDIR

Ar 9 Medi cyhoeddodd Llywodraeth Cymru gynllun Diogelu'r Gaeaf 2020-21. Dyma'r cynllun trosfwaol sy'n disgrifio'r cyd-destun a'r blaenoriaethau cyffredinol ar gyfer ieuchyd a gofal cymdeithasol tan fis Mawrth 2021. Ar 17 Medi, cyhoeddodd Llywodraeth Cymru Chwarter 3/4 Fframwaith Gweithredu COVID-19 GIG Cymru. Dyma esblygiad o'r Fframweithiau Gweithredu Chwarter 1 a 2 a oedd yn sail i Gynlluniau Gweithredu AaGIC ar gyfer hanner cyntaf y flwyddyn ac yr ydym wedi bod yn eu monitro o ran gofynion perfformiad a chynnydd.

3. MATERION LLYWODRAETHU A RISG

Cafodd ein Cynllun Gweithredol drafft ei ddatblygu a'i gyflwyno yn unol â'r amserlenni a nodwyd yn y Fframwaith Gweithredol a gyhoeddwyd gan Lywodraeth Cymru. Cymeradwywyd y cynllun a'r templedi gorfodol cysylltiedig i'w cyflwyno drwy'r Cam Gweithredu Cadeiryddion ac yn dilyn adborth cadarnhaol gan Aelodau Annibynnol.

Datblygwyd y Cynllun gan ystyried y themâu allweddol a nodwyd yn y Fframwaith ochr yn ochr â'r meysydd ffocws allweddol ar gyfer AaGIC – mae'r rhain yn cynnwys cefnogi ymateb COVID-19 a Chynllun Diogelu'r Gaeaf yn ogystal â chyflawni ein hamcanion strategol a'n cyraeddadwyedd y cytunwyd arnynt.

Er mwyn cefnogi datblygiad y Cynllun, ymgysylltodd y Prif Swyddog Gweithredol a Chyfarwyddwr y Gweithlu a'r CD â holl sefydliadau GIG Cymru a Gofal Cymdeithasol Cymru i gytuno ar ymateb ar y cyd i Gynllun Diogelu'r Gaeaf a oedd yn seiliedig ar gyflawni blaenoriaethau uniongyrchol Strategaeth y Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol. Mae hyn wedi'i gynnwys fel Atodiad i'r Cynllun Gweithredol.

Yn ogystal, cynhaliwyd adolygiad pellach o amcanion strategol a'r hyn y gellir ei gyflawni gan AaGIC er mwyn ystyried y capasiti a'r gofynion ychwanegol sydd eu hangen i gefnogi Cynllun Diogelu'r Gaeaf. Roedd hyn yn adeiladu ar yr adolygiad blaenorol a gynhaliwyd i lywio'r Cynllun Ch2 ac yn Ch3/4 cytunodd y Tîm Gweithredol i ohirio 7 o'r amcanion IMTP gwreiddiol fel a ganlyn:

- Datblygu mecanweithiau rhyngwladol/byd-eang effeithiol a dwyochrog i wella trefniadau addysg a hyfforddiant.
- Arwain y gwaith o ddatblygu a gweithredu fframwaith gallu digidol ar gyfer y gweithlu gofal iechyd.
- Datblygu cynllun ar y cyd â Llywodraeth Cymru ar gyfer dyrannu cyllid SIFT yn y dyfodol.
- Gweithredu gwelliannau i sicrhau mynediad teg at addysg a hyfforddiant ar gyfer SAS a meddygon a gyflogir yn lleol.

- Adolygu llwybrau gyrfa a chyfluoedd addysg ar gyfer y gweithlu academiaidd ac ymchwil clinigol.
- Datblygu pecyn cymorth ar arferion da a chanllaw adnoddau i gefnogi model y gweithlu mewn gofal heb ei drefnu.
- Cefnogi gofynion datblygu'r gweithlu o fodelau gofal integredig sy'n cael eu datblygu gan Fyrddau Partneriaeth Rhanbarthol.

At hynny, er mwyn hwyluso monitro perfformiad drwy un cynllun, ychwanegwyd tri amcan newydd i adlewyrchu gofynion ychwanegol Cynllun y Gaeaf, a'r datblygiad strategol o amgylch Gwyddorau Gofal Iechyd, fel a ganlyn:

- Mabwysiadu dull dau gam o gefnogi'r agenda Atal a Rheoli Heintiau (IP&C) ar draws iechyd a gofal cymdeithasol.
- Datblygu cefnogaeth i'r sector cartrefi gofal
- Trosglwyddo'n ddi-dor i AaGIC ar gyfer Tîm y Rhaglen Gwyddor Gofal Iechyd a lleihau'r tarfu ar gyflawni amcanion y rhaglen

O ganlyniad i'r newidiadau hyn, bydd AaGIC yn mynd ati i ddatblygu a monitro'r gwaith o gyflawni 39 o amcanion strategol ar gyfer gweddill 2020/21. Datblygwyd y Cynllun i gynnwys cerrig milltir chwarterol a'r hyn y gellir ei gyflawni ar gyfer y cyfnod hyd at ddiwedd Ch3, yn ogystal ag i ddiwedd y flwyddyn. Bydd hyn yn rhoi 'rhybudd cynnar' drwy'r broses fonitro os bydd camau gweithredu'n llithro oddi ar y trywydd iawn ac yn golygu y byddai modd rhoi mesurau lliniaru ar waith neu sicrhau bod yna ail-flaenoriaethu ar gyfer gweddill cyfnod y Cynllun.

Ochr yn ochr â chyflwyno naratif y Cynllun Gweithredol, roedd yn ofynnol cyflwyno templedi gorfodol. Roedd y Fframwaith yn cydnabod nad yw'r wybodaeth y gofynnwyd amdani yn berthnasol yn ei chyfanrwydd i AaGIC, ond cwblhawyd a chyflwyno'r templedi canlynol:

- Gweithlu
- Cyllid (gan gynnwys Refeniw, incwm a gwariant net)
- Cyfalaf
- Buddsoddi asedau.

4. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol uniongyrchol yn deillio o'r Cynllun a gadarnhaodd fod AaGIC yn bwriadu cyflawni ei ymrwymadau a'i dargedau ariannol. Mae'r Cynllun Ch3/4 wedi ei gwneud yn ofynnol cwblhau templedi manwl mewn perthynas â'r sefyllfa ariannol a'r gofynion cyfalaf a gefnogwyd drwy gyfarfodydd ymgysylltu â deiliaid cyllideb a chyfarfodydd a ragwelir. Cynhwysir adrannau naratif ar y cynlluniau ariannol a chyfalaf yn unol â gofynion y Fframwaith.

5. ARGYMHELLIAD

Gofynnir i aelodau:

- Derbyn cynllun gweithredol Ch3/4 AaGIC a thempledi gorfodol a gymeradwywyd i'w cyflwyno i Lywodraeth Cymru ar 19 Hydref 2020 drwy'r Cam Gweithredu Cadeiryddion.

Llywodraethu a Sicrwydd			
Cysylltu ag amcanion strategol yr IMTP (rhowch ✓)	Nod Strategol 1: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	Nod Strategol 6: Cael ei nabod fel partner, dylanwadwr ac arweinydd rhagorol
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf			
Ystyrir hyn drwy gydol ein hymateb.			
Goblygiadau Ariannol			
Nid oes unrhyw oblygiadau ariannol uniongyrchol o ganlyniad i gynhyrchu'r Cynllun drafft hwn. Asesir goblygiadau ariannol o ganlyniad i'r cynllun hwn yn ystod y cyfnod.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth)			
Mae asesiad cydraddoldeb wedi'i gynnal a chaiff ei ddiwygio os bydd angen yn dilyn newidiadau			
Goblygiadau Staffio			
Ystyriwyd goblygiadau staffio wrth fyfyrion ar yr argymhellion diwygiedig			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Mae'r rhain i'w hystyried wrth fyfyrion ar effaith COVID-19.			
Hanes yr Adroddiad	Amherthnasol		
Atodiadau	<ol style="list-style-type: none"> 1. Fframwaith Gweithredu GIG Cymru Llywodraeth Cymru - Chwarter 3-4 2. Cynllun Gweithredol AaGIC – Chwarter 3-4 3. Templedi Gorfodol 		



GIG
CYMRU
NHS
WALES

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

HEIW COVID-19 OPERATIONAL Plan Quarter 3 / Quarter 4 2020-21

19 October 2020

Final Version 10

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1. Introduction

This Operational Plan for the period October 2020 to March 2021 provides the framework for Health Education and Improvement Wales (HEIW) to respond to the ongoing COVID-19 pandemic and to support the delivery of the priorities highlighted in the Welsh Government Winter Protection Plan. During this period, we will also be delivering the refocussed organisational objectives agreed in our IMTP, which are key to delivering education, training and workforce development to improve the sustainability of the Welsh health and care system.

2. Context and Planning Assumptions

Prior to the COVID-19 pandemic we had developed our first three-year IMTP. In response to the crisis during Q1 of 2020/21 we paused all non-essential work programmes and refocussed our work to support the COVID-19 response.

In Q2 we stabilised our approach to our response, and through a reset phase we reviewed our priorities. As a result, in May the Board agreed to resume the delivery of the majority of our IMTP objectives through the summer, alongside our continued support for COVID-19 related work streams and our work to minimise disruption to students and trainees. We have also reviewed our 'New Normal', in particular the new ways of working for delivery and assurance of training and education as outlined at Appendix 3.

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



For Q3 and 4, we have developed this single plan to:

- Maintain a safe operating model for our staff
- Ensure business continuity for our core services
- Support the NHS and wider system with COVID-19 and winter pressures
- Deliver our Strategic Objectives through the IMTP.

Within our planning and performance function, we are also developing our performance management mechanisms to ensure we are able to monitor progress and take appropriate action if we need to prioritise or respond quickly again as a result of the next phase of the pandemic. This will help us identify if we need to adjust or defer delivery of our IMTP commitments.

Our Planning Assumptions for Q3 and Q4 are:

- Responding to the anticipated profile of the pandemic. As announced by the Welsh Government on the 5 October 2020, during the next six months it is likely the country will experience a series of mini-peaks controlled by rolling lockdowns to manage the effects of the virus, and this is likely to continue until either effective treatment or a vaccine is available.
- Learning from the first peak we will be working to ensure that training and education is maintained and protected through future peaks as far as possible in partnership with Universities, Health Boards and others.
- Building on the commitments in the Workforce Strategy for Health and Social Care to demonstrate early implementation.
- Remaining in review, refine and deliver mode during the winter.

The Plan has been prepared in response to the Accountable Officer letter from Welsh Government issued on the 24 September 2020, utilising the *NHS Wales COVID-19 Operating Framework for Quarter 3 / Quarter 4 (2020-21)*.

3. Delivering our Strategic Aims and Objectives

We recognise that whilst COVID-19 will continue to have a broad impact, as the system leader for workforce we have a responsibility to focus on the future post-COVID-19 recovery and the sustainability of health and care. This means our Q3 and Q4 plan will need to incorporate our emergency planning and response as well as progress against our six strategic aims as outlined below.



Much of the plan for the remainder of the year is a continuation of our Q2 Plan but priorities have also been discussed through a series of individual meetings at CEO/WOD level with each NHS organisation, and with Social Care Wales. Individual meetings have also taken place with a number of Royal Colleges and the Council of Deans.

In order to demonstrate a clear link with the *Workforce Strategy for Health and Social Care (2019)* we have also produced a joint plan with Social Care Wales to ensure that we are making progress in the right direction. This is included at Appendix 4, but maps back to the objectives in this plan.

Workforce Strategy for Health and Social Care – Themes



This first phase implementation plan for the draft strategy sets out clear actions for the remainder of 2020/2021 to support transformation of the health and social care workforce and enhance our winter resilience.

3.1 Business Continuity Plan and Response

The NHS is facing rising COVID-19 cases, and we are likely to experience a series of mini-peaks controlled by rolling lockdowns during the next six months. The main workforce challenges are in three key areas of wellbeing, skills and supply. HEIW has a contribution to make in each of these.

HEIW is not a responder under the Civil Contingencies Act but, during the summer, we refined and repurposed our Crisis and Business Continuity Plan to reflect our measures to prevent and respond to a pandemic. We also undertook a lessons-learned exercise to reflect on the processes that were in place, and have reconstituted the membership of the Crisis Management Team and initiated three additional Cells focusing on Education and Training, Facilities and IT and HEIW Workforce and Operating Model.

Our Crisis Management Team has been restarted to manage our Business Continuity and response in line with national arrangements and is monitoring our operating model, effects on staff wellbeing, staff flu vaccination, communications and engagement and the education and training arrangements in place in all regions to manage potential outbreaks or the impact of virus control measures. This remains an active focus of the organisation and will be regularly reviewed, with briefings to the Board and Welsh Government being provided as required.

In addition to the response to the pandemic, we will continue to monitor and advise on the impact of Brexit on the NHS and social care workforce and sit on the Health and Social Services European Union Transition Senior Risk Group. The Group meets once every two weeks and highlight matters and areas of focus arising for health and social care from the Brexit process.

The following sections outline our plans to support Winter Protection across the system.

3.1.1 Test, Trace and Protect (TTP)

To date this has not been a significant part of our work as the workforce has been sourced locally and training provided by PHW. Discussions with a number of NHS organisations have indicated that, as time progresses and other demands are placed on workforce, we may need to provide assistance, for example to adapt our flexible 'pop-up' workforce model to support the recruitment of contact tracing staff.

3.1.2 Infection, Prevention and Control (IPC)

HEIW is a member of the national Nosocomial Transmission Group and is working in partnership with Welsh Government to urgently improve IPC training across health and social care. A two-stage approach is being taken:

- Phase 1 – by the end of Q3 we will have developed a consistent, standardised and evidence-based approach to IPC training on a variety of platforms on a Once for Wales basis and including All-Wales standards for training. This will include further training on outbreak management to assist local responses and during the period we will also contribute specialist advice regarding behavioural issues.
- Phase 2 – in Q4 we will initiate the development of a workforce plan for IPC services to address the challenges of recruitment, offer alternatives to the composition of the skill mix within Multi-Disciplinary Teams, and review the provision of education for the development of specialist IPC clinical staff.

3.1.3 Urgent and Emergency Care

Remote clinical decision-making (RCDM), also known as *telephone triage* or *hear and treat*, is a recognised method of providing clinical assessment, consultation, and treatment advice to patients. It is an established strategy in UK ambulance services and is used to manage demand through services such as NHS Direct Wales/111 and 'Phone First' as outlined in the Six Goals for Unscheduled Care.

The pandemic has resulted in reduced service capacity due to the necessary infection control measures and has driven the roll-out of non-face-to-face patient care across wider service areas, e.g. general practice; dental services; optometry; therapy consultations; and mental health. Clinicians across a wide range of service areas need to make decisions about patients remotely, yet there has traditionally been little in the way of professional development to underpin RCDM as a way of making clinical decisions alongside computerised clinical triage systems.

During Q3, HEIW will be working in partnership with WAST to develop an all Wales education and training framework for RCDM. This will include:

- A review of RCDM education and training that is currently in place and which can be adapted or utilised, in a Once for Wales way, to meet the needs of this project.
- Clarification and refinement of accreditation of RCDM training.
- The review and improvement of methods of delivery of any future training and its sustainability.

Investing in a Once for Wales education, training, and continual development pathway for staff carrying out RCDM will benefit patient safety; future-proof clinical career frameworks; advance apprenticeship schemes and non-clinical career pathways; improve staff morale and staff retention; and promote the professionalism of health care staff in Wales.

3.1.4 Care Homes

HEIW is working with Social Care Wales to jointly contribute to the care home sector and improve resilience during the winter months. This includes expanding the development and delivery of the training programmes already provided and including additional material as required. We will also be scoping the requirements to provide overseas registrants with the skills to obtain Nursing and Midwifery Council registration.

3.1.5 Workforce Supply

We have noted the national capacity assumptions and modelling related to the second COVID-19 peak and are well positioned to support surge capacity requirements if required.

During Q1, we had rapidly developed proposals and a campaign for a 'pop-up' surge workforce. In light of the flattening of the peak the demand for the surge workforce ebbed and the decision was taken to pause the campaign launch. We are refreshing this campaign in collaboration with Health Boards, potentially to target sectors that have experienced job losses and provide temporary employment opportunities. Our approach could deliver a 'ready now' (trained and employment checked) generic unregistered workforce that could be used to support a range of functions i.e. TTP, mass vaccination, support to care homes as well as field hospitals.

We are planning to develop a proactive and professional approach to a 'reservist workforce' to maintain skills and involvement from registered staff, building on the lessons learned from the experience of staff returning to the temporary register.

3.1.6 Workforce Wellbeing

HEIW is the system leader in developing and embedding workforce and workplace wellbeing and colleague experience on a national basis and we will continue to lead the once for Wales activity with partners. To support our COVID-19 response, we accelerated the expansion of our comprehensive wellbeing digital resources available for the NHS workforce, and NHS Wales now has a comprehensive wellbeing platform which is available through our HEIW website, to support our workforce as well as our students and trainees across health and care sector staff.

During Q3 and 4 we will focus on the physical and mental wellbeing of students and trainees in response to the pandemic including continuing with the implementation of the Single Lead Employer arrangements for trainees, to reduce the disruption of rotations.

We will also be progressing the development of a business case in support of the findings of NHS Occupational Health review that was undertaken in 2020. Working in partnership, by the end of Q4 we will have developed an NHS Staff Governance Framework document to set out the expectations for both employers and our people to drive positive employee experience.

In consultation with other NHS organisations we have worked up proposals for a national staff survey in Autumn 2020, to be led by HEIW on behalf of NHS Wales. The launch date for this will be the end of October 2020. We are also improving other staff feedback mechanisms such as the Medical Engagement Scale.

3.1.7 Maintenance of Training and Education

We are working on the planning assumption that education and training will be maintained during the winter period wherever possible and we are actively supporting our trainers, providers, trainees and students to keep safe and to mitigate the effects of the pandemic on them. We are promoting the maintenance of education and training across the system to ensure that the sustainability of the NHS in Wales is not put at risk by disrupting the pipeline of qualified staff for the future. In order to achieve this goal we are keeping in close contact with all regulatory bodies and education providers as well as professional leads within Welsh Government.

The Education and Training Cell of the Crisis Management Team has been constituted and is proactively assessing the training impacts of the pandemic and putting mitigating actions in place. Through the cell we are also systematically collecting information to understand the cumulative impact of IPC and safety measures on education and training over the winter period. This includes communicating with education and training providers, trainees and students by circulating guidance and FAQs and monitoring any further impact on our BAME staff, trainees and students. The issues and risks will be monitored, and mitigating actions put into place as agreed by the Cell.

A focus of work is also on the small number of 'highly vulnerable' students and trainees as we put in place individual plans to manage the impact of the pandemic on their ability to complete their training.

3.1.8 Essential Services

Whilst HEIW does not deliver essential clinical services, it has a key contribution to make to the workforce challenges within many of the services in the Essential Services Framework. However, by definition much of this is targeted at improvements and solutions for the medium to longer term, as outlined under our IMTP objectives in sections 3.2-3.7 later in the plan.

Through our involvement in the emergency planning and response cell we will continue to review opportunities to provide targeted, short term assistance to support essential services. Our main areas of focus for the winter period relate to rehabilitation and critical care.

Rehabilitation

In Q2 we developed COVID-19 Rehabilitation Awareness Training to support Health and Social Care professionals to adopt an 'enabling approach' to routine care after COVID-19. In collaboration with partners, we released a digital resource ('playlist') for health and social care professionals supporting individuals with rehabilitation needs. This will enable health and social care professionals to work together in a systems-wide approach to rehabilitation. It covers a broad range of information for all levels of learner, including details on how rehabilitation can support people who are:

- recovering from COVID-19,
- waiting to have their planned healthcare re-instated (e.g. surgical or other procedures – including cancer),
- learning to cope with a new diagnosis of a long-term condition; and
- experiencing difficulties with daily activities after shielding.

We have also developed COVID-19 Rehabilitation awareness training to support Health and Social Care professionals to adopt an 'enabling approach' to routine care after COVID-19 and will deliver this during Q3 and 4.

Critical Care

In Q2 we created 4 new ITU medical training posts at short notice in response to COVID-19 and successfully filling all of them for August 2020. We also provided a framework which allows healthcare organisations to develop their Critical Care workforce plans and we delivered training to over 950 individuals across Wales in critical care skills.

A further expansion of 4 medical trainees is planned for next year thereby accelerating our plans to expand medical training numbers in intensive care medicine. An analysis of the critical care workforce needs has been completed and the findings used to inform recommendations within the Education and Training Plan 2021 for the medical workforce planning recommendations. We are also developing a critical care training package for Health Boards to use to support the COVID response and undertaking further planning work around the future workforce models.

3.2 Strategic Aim 1 – A Sustainable Workforce

This aim relates to our role in leading the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of *A Healthier Wales*. We will implement the key actions from the Workforce Strategy for Health and Social Care that focus on staff wellbeing and will lead the implementation of strategic priorities that address current challenges and deficits in priority professional and occupational groups. We will provide strategic leadership for workforce planning and workforce intelligence, setting clear priorities that support service delivery and improvement. We will develop and coordinate careers activities across Wales, identifying and promoting activities for widening access and actively promote health and care careers in Wales and Wales as a place to 'train, work, live'.

By the end of Q3 we will have:

- Piloted the Continuing Professional Development Course Management System (CMS).
- Increased the 'staff voice' by undertaking the NHS Wales Staff Survey.
- Planned to implement the findings of the NHS Wales Occupational Health review.
- Accelerated our Grow Your Own schemes (as supported through our IMTP development monies).

- Transferred responsibility for the #TrainWorkLive campaign from Welsh Government to HEIW.
- Reviewed the impact of reduced/no international travel on the workforce supply in the health and care sector in Wales.

By the end of Q4 we will have:

- Evaluated and made recommendations to procure a CMS.
- Completed the baseline assessment of Continuing Professional Development provided across NHS Wales and contractor professions.
- Led a national wellbeing programme specifically for trainees and students, to supplement the NHS Wales Health and Wellbeing Action Plan, including implementation of Single Lead Employer arrangements for trainees.
- Continued to develop our NHS careers digital solution.
- Started the first cohort of the Prince of Wales Trust Nursing Cadet Scheme (as supported by our IMTP development monies).
- Implemented a standardised workforce planning methodology for health and social care (subject to the timeline being agreed by Social Care Wales).

Strategic Objective 1.1: Lead the development of a multi-professional Continuing Professional Development (CPD) strategy & drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills & capabilities required for the future

The work to develop the strategy was paused to redirect resources to the COVID-19 response but this has now restarted. During Q3 and 4 we will be undertaking a baseline assessment of CPD across NHS Wales and our contractors. We will also be piloting a Course Management System, and, following evaluation, making recommendations to procure a system for NHS Wales.

Strategic Objective 1.2: Lead, develop and implement a sustainable national workforce plan for key shortage professional areas to achieve a better match between demand and supply in Wales

The activity to develop national workforce plans has been deferred to next year, but work is progressing to ensure that professional shortages and 'hot spots' are identified and that we are able to support NHS partners to deploy staff as required during the winter by challenging professional barriers and role definitions if appropriate.

Strategic Objective 1.3: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience. (National)

HEIW is the system leader in developing and embedding workforce wellbeing and colleague experience and has accelerated this programme of work to support the response to the COVID-19 pandemic as described in section 3.1.6.

Strategic Objective 1.4: Improve access to careers in the health and care sector in partnership with Social Care Wales

The pandemic has offered opportunities in terms of a significant interest in employment within the health and care sector and an increased supply of eligible applicants and HEIW will actively continue to capitalise on this opportunity. In Q3 we have decided to invest a significant proportion of our IMTP development monies to accelerate the Grow Your Own programme and to start the Prince of Wales Trust Nursing Cadet Programme, which will support up to 180 students from less privileged backgrounds over the next 3 years. We will take responsibility for the #TrainWorkLive campaign and refresh it to attract applicants to NHS Wales. Our work programme also includes expanding the NHS Careers digital solution to increase the available information and promote careers in NHS Wales.

As discussed in our winter response section we will ensure we are ready to provide a 'pop-up' workforce to support the response to the pandemic as identified in other organisations'

plans and we are also putting plans in place to develop a 'reservist' workforce which can be deployed at short notice if required.

Strategic Objective 1.5: Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales

Our strategic work in this area, including developing a Centre of Excellence for workforce intelligence for NHS Wales has been deferred to next year in order to release resources to support the COVID-19 response. Our work for the winter period will be focussed on making immediate improvements to workforce data at local and national levels and scoping the learning from the pandemic to reshape the data landscape. During the period we will also be further developing the performance management arrangements within HEIW.

Strategic Objective 1.6: Develop training to support NHS orgs to improve the quality of workforce planning expertise and capability across the system

During the period of this Plan we will be implementing a standardised methodology for workforce planning across the health and social care (subject to agreement of timelines with Social Care Wales). This includes the workforce planning approach for Primary Care and the development of a digital workforce planning platform.

Strategic Objective 1.7: Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements

The majority of the deliverables in this objective have been deferred to 2021/22 with the exception of a review of the impact of reduced/no international travel on workforce supply in Wales.

3.3 Strategic Aim 2 – Excellent Education and Training

Education and training are one of our core functions, and we spend 91% of our budget on commissioning undergraduate and postgraduate programmes. We want to improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs and delivers value. This will reflect the focus on multi professional models of care, the shift to prevention and care closer to home, digitally and technology enabled care, opportunities to “grow our own” particularly in rural and remote areas, and the importance of Welsh Language skills. We want to improve the infrastructure available for education and training across Wales, working closely with NHS colleagues, regulators, professional bodies and education providers locally and nationally.

By the end of Q3 we will have:

- Delivered the first 'Covid and Simulation in Wales' webinar.
- Delivered the first non-clinical qualification for Primary Care Practice administration and reception staff.
- Included a base level of Welsh Language awareness into the new contract terms to ensure that upon qualification students are able to optimise clinical outcomes for Welsh-speaking patients.

By the end of Q4 we will have:

- Awarded new contracts to education providers based on the Strategic Review of education commissioning.
- Consulted on a draft Quality Assurance Framework for Work-Based Learning.
- Implemented a modern apprenticeship for pharmacy technician pre-registration trainees to start in April 2021.
- Established a process for monitoring the number of trainees and students receiving Welsh Language bursaries from the Coleg Cenedlaethol Cymraeg.

Strategic Objective 2.1: Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education

The newly appointed Simulation Leads have begun to scope best practice and consider how a simulation-based education strategy could be taken forward across Wales. Our work in Q3 and Q4 includes the establishment and management of a multi-disciplinary Simulation Leads Network, with clear terms of reference to ensure robust engagement and activity. Plans are being made to showcase how simulation-based education has been used across Wales during COVID-19 and to facilitate simulation-based learning that can be made available on the Y Ty Dysgu learning platform through the HEIW website. The first of these will be a webinar in October exploring the learning from COVID-19.

Strategic Objective 2.2: Develop an education specification drawing on the outcome of the strategic review of health professional education and the draft Workforce Strategy

The strategic review of the commissioning of multi-professional education is complete and the outcome will be implemented by the end of Q4 including developing new contract terms around the themes identified in the review. During the period the tender, evaluation and award of the contracts will be completed.

Strategic Objective 2.3: Lead the development and implementation of an education and training infrastructure to support the multi-professional workforce model

Our actions to deliver this objective include establishing clear standards and job descriptions and putting in place a sustainable infrastructure for medical Training Programme Directors. We will also produce COVID-19 Principles & Frequently Asked Questions for pre-registration healthcare students to keep them fully up-to-date with the latest situation in Wales to provide guidance, support and assurances for students on placements.

By the end of Q4 we will also have modernised the dental core training management structure and developed a quality assurance framework for placement areas managed by HEIW.

Strategic Objective 2.4: Lead the development and implementation of a digital capability framework for the healthcare workforce

This objective has been deferred until next year whilst the recruitment of the Digital Director is completed and to allow the successful applicant to shape the programme of work.

Strategic Objective 2.5: Develop a plan in conjunction with Welsh Government for the future allocation of SIFT funding

This has been deferred to 2021/22.

Strategic Objective 2.6: Maximise opportunities for work-based learning (WBL) and apprenticeships in health

HEIW is leading on the standardisation of work-based learning across NHS Wales and in Q3 will launch the first non-clinical qualification for Primary Care Practice administration and reception staff. We will also consult with NHS Wales on a draft Quality Assurance Framework for WBL and undertake further baseline assessment work. In Q4 we are implementing a modern apprenticeship for pharmacy technician pre-registration trainees to start in April 2021.

Strategic Objective 2.7: Implement improvements to ensure equitable access to education and training for SAS and locally employed doctors

This has been deferred to 2021/22

Strategic Objective 2.8: Improve opportunities for trainees and students to undertake education and training through the medium of Welsh

A base level of understanding of the Welsh Language has been incorporated into the new education contract terms, including the 'active offer' so that upon qualification students are able to optimise clinical outcomes for Welsh speaking patients and all students and trainees

have access to Welsh language lessons should they wish to learn Welsh. In Q4 we will also establish processes for monitoring the number of trainees and students receiving Welsh language bursaries from the Coleg Cenedlaethol Cymraeg.

Strategic Objective 2.9: Review career pathways and education opportunities for the clinical academic and research workforce.

These objectives have been deferred to 2021/22.

3.4 Strategic Aim 3 – Leadership Capacity and Capability

We will articulate a clear strategy for leadership and succession planning in partnership with others, and will direct and develop the programmes, tools and resources to support implementation. We will embed a collective and compassionate approach to leadership, with a focus on inclusion, quality improvement, supporting individuals, teams and organisations to deliver on the transformation ambition. Digital platforms and self-service approaches will be a central theme to reinforce a shared approach (not an elitist approach) to leadership.

By the end of Q3 we will have:

- Held the 'Talentbury' 4-day virtual festival of leadership, learning and collaboration.
- Launched the Compassionate Leadership Principles.
- Established the NHS Wales Talent Board and prioritised the top tier roles for succession planning over the next three years.
- Expanded the Clinical Leadership Fellows programme to include optometry and pharmacy.
- Hosted the Allied Health Professional Festival of Innovation including a Leadership Planning workshop.
- Launched and commenced the recruitment for the NHS Wales Graduate Training Scheme.
- Established an NHS Wales Task and Finish Group that includes representatives of all professions to input into the executive leadership programme design.

By the end of Q4 we will have:

- Provided management modules via the Gwella leadership portal and continued to expand and promote it.
- Launched the Leadership Framework.
- Procured a digital Talent Management System and supported the identified talent through a series of Masterclasses and a range of learning opportunities.
- Commenced the NHS Wales Clinical Leadership Programme.
- Recruited 13 Graduate Management Trainees who will start in September 2021.
- Started providing an Executive Leadership programme.

Strategic Objective 3.1: Lead the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action

During Q2, the Compassionate Leadership Principles for health and social care in Wales were updated to reflect feedback from the first consultation pre-COVID-19. During September and we re-opened the consultation and will launch the Compassionate Leadership Principles in late autumn 2020. Significant engagement has been undertaken with NHS Peer Groups and presentations to outline the leadership deliverables and framework for action to embed these principles across NHS Wales.

A significant focus is the 'Talentbury' 4-day virtual festival of leadership, learning and collaboration commencing in October 2020 as part of the arrangements to provide an annual leadership conference and learning event aimed at enabling widespread adoption of best

practice. We will also be providing Open University management modules through the Gwella leadership portal.

Strategic Objective 3.2: Lead the implementation and management of the NHS succession planning framework for Tiers 1-3 and monitor progress

As well holding 'Talentbury' we will establish the NHS Wales Talent Board in Q3 and prioritise the top tier roles for succession planning over the next 3 years. We will also procure a digital Talent Management System by the end of Q4 and support identified talent through a series of Masterclasses and a range of learning opportunities.

We will also promote leadership in the healthcare setting by refreshing existing leadership competence, behaviours and values frameworks to create 'success profiles' and developing an inclusive process for senior leadership talent identification that includes positive action schemes, assessment / development centres and a leadership development framework. During this period we will also develop a marketing and engagement plan to promote the senior leadership talent and succession planning strategy and development frameworks.

Strategic Objective 3.3: Lead the implementation and management of the Digital Leadership portal

The new HEIW Leadership Portal for Wales '[Gwella](#)' was launched in Q2 and has been extensively marketed across NHS Wales and partners. Links to 'Partners' have been created on Gwella to promote widely all leadership events and resources, including those developed by others. The portal can now be used for managing conference events, master classes and provides the ability to reach diverse audiences. The portal has been shortlisted for a UK award in the category of Digital Transformation alongside companies such as SKY, Network Rail and Health Education England and will continue to be promoted and expanded during Q3 and 4.

Strategic Objective 3.4: Lead the establishment and management of a Wales Leadership alumni and range of leadership networks

This objective links closely with 3.2, 3.3 and 3.6. As well as those activities, we will engage with Intensive Learning Academies (ILA) to host ILA networks and alumni on Gwella, creating a single leadership portal for Wales.

Strategic Objective 3.5: Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds

We have established a range of Clinical Leadership fellows and in Q3 will expand them to include optometry and pharmacy Fellows. We will also be developing a suite of compassionate leadership modules to underpin the Clinical Leadership Programme in partnership with the King's Fund following a successful tendering process. In Q3 we will also be hosting the Allied Health Professional Festival of Innovation including a Leadership Planning Workshop. By the end of Q4, the NHS Wales Clinical Leadership Programme will start, including a range of experiential leadership opportunities including coaching, mentoring and master classes.

Strategic Objective 3.6: Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme

A marketing and recruitment campaign was launched in early October and the 13 graduates who will commence the programme in September 2021 will be recruited by the end of Q4.

Strategic Objective 3.7: Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme

In this period we will start to develop the Executive Leadership programme with the King's Fund by establishing an NHS Wales Task and Finish Group that includes representatives of all professions to input into the executive leadership programme design. By the end of Q4

we will be providing the national Executive Leadership development programme, underpinned by collective and compassionate approaches.

3.5 Strategic Aim 4 – Safety and Quality

We want to increase the direct connection and contribution between our functions and the delivery of safe, high quality care for people. We will develop a focus on inter professional training for patient safety and will take a targeted approach to national service priorities such as primary care, urgent and emergency care, cancer, mental health, and eye care. We will support the workforce implications arising from integrated models of care developed by Regional Partnership Boards. This will require an organisation wide approach to encompass workforce intelligence, workforce planning, education and training, workforce modernisation, careers, leadership development, digital.

By the end of Q3 we will have:

- Mapped the endoscopy workforce across Wales and put in place a sustainable governance structure to support education and training.
- Hosted the virtual conference on *'Informing the Future of the Mental Health Workforce in Wales'* in conjunction with Social Care Wales and reviewed the data collected as part of the conference and published a draft evaluation.
- Rolled out primary care training hubs across Wales, aligned with learning from the Pacesetter projects.
- Provided an Immunisation Unit within the Level 3 Agored Cymru Diploma in Primary Care in time to meet winter pressures and also rolled out funded Practice Based Small Learning Groups.
- Provided resources and guidance for workforce planning for the Cluster IMTPs.
- Increased the number of Independent Prescriber pharmacists.
- Completed the TUPE of the Nurse Staffing Act programme team into HEIW and recruited mental health and health visiting programme managers.
- Completed the TUPE of the Healthcare Science Programme Team from the NHS Wales Collaborative into HEIW.

By the end of Q4 we will have:

- Completed a review of all endoscopy training and aligned training requirements to the National Endoscopy Programme.
- Developed best practice workforce models including the scope for investment in extended or advanced practice roles.
- Developed quality standards for cancer rehabilitation including a set of measures.
- Produced and launched of an all Wales multi-professional Learning and Development Framework.
- Implemented the increase in GP trainees to over 190, with the agreed additional funding.
- Delivered a General Practice Nursing competency framework.
- Completed the increased training numbers and multi sector pre-registration programme for pharmacy, supported by implementation of a single lead employer model.
- Increased the number of Independent Prescriber pharmacists.
- Commenced training 6 Anaesthesia Associates as a pilot cohort (supported by IMTP development monies).
- Invested in systematic behavioural science training to improve patient outcomes (supported by IMTP development monies).
- Scoped Newborn and Infant Physical Examination (NIPE) training and developing a plan for national standards.
- Developed Nurse Staffing Act (NSA) workforce planning tools and prepared Health Boards for the extension of the Act to paediatric inpatients in October 2021.

- Worked with Health Boards to submit the first NSA triannual report to Welsh Government in April 2021.
- Coordinated the TUPE of the Allied Healthcare Professionals Framework Team into HEIW.
- Initiated work on the workforce plan for IPC.
- Procured the Practical Skills for Education and Leadership Programme for Health Care Scientists.

Strategic Objective 4.1: To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care

This has been deferred until 2021-22

Strategic Objective 4.2: Contribute to the workforce planning and workforce development requirements for the Major Trauma Network (MTN)

HEIW sits on the workforce group to support the MTN and we are continually reviewing our contribution in line with the impact of the pandemic.

Strategic Objective 4.3: Lead the workforce development and training requirements to support the Single Cancer Pathway

Our work to support the SCP is largely centred on the education and training requirements of the National Endoscopy Programme (NEP) and the Endoscopy Recovery Plan. During Q3 we will be mapping the endoscopy workforce across Wales and putting in place a sustainable governance structure to support education and training. By the end of Q4 we will have completed a review of all endoscopy training and aligned training requirements to the NEP. We will also develop best practice workforce models including the scope for investment in extended or advanced practice roles.

As well as our work on endoscopy by the end of Q4 we will also have developed quality standards for cancer rehabilitation including a set of measures.

Strategic Objective 4.4: Develop a mental health workforce plan in collaboration with Welsh Government and Social Care Wales to support implementation of Together for Mental Health (this includes CAMHS)

During October 2020, we are hosting a month-long virtual conference on '*Informing the Future of the Mental Health Workforce in Wales*' in conjunction with Social Care Wales. By the end of Q3 we will have reviewed the data collected as part of the conference and published a draft evaluation. We will also continue our engagement work and prepare to develop the strategic plan.

Strategic Objective 4.5: Improve post registration education, support and training pathways to ensure all health care professionals can develop beyond the point of initial registration

By the end of the period we will have produced and launched of an all Wales multi-professional Learning and Development Framework. Our actions also include leading the work on the introduction of new roles, e.g. the Anaesthesia Associate, in NHS Wales in partnership with the service. Through our IMTP we have also invested in developing an all Wales strategic approach to behavioural science training to ensure a consistent approach across NHS Wales and we will be contributing specialist advice on behavioural issues to support outbreak management in healthcare settings as required.

Strategic Objective 4.6: Support implementation of primary care workforce model as part of the Strategic Programme for Primary Care

This is an extensive programme of work within HEIW as we support the national Primary Care Programme on the workforce, education and training aspects. During the next six months we will be rolling out primary care training hubs across Wales, aligned with learning from the Pacesetter projects. In Q3 we will be providing and Immunisation Unit within the

Level 3 Agored Cymru Diploma in Primary Care in time to meet winter pressures and also rolling out funded Practice Based Small Learning Groups to promote multi-professional learning.

We have also provided resources and guidance for workforce planning for the Cluster IMTPs that are due in Q3 and by the end of Q4 we will have implemented the increase in GP trainees to over 190, with the agreed additional funding. With regard to pharmacy we will also implement the increased numbers and multi sector pre-registration programme for pharmacy, supported by implementation of a single lead employer model, and increase the number of Independent Prescriber pharmacists.

Our wider multi-professional work in primary care will also include developing national frameworks and training for new roles and a digitally enabled compendium of good practice and remote training for primary care. We will also deliver a General Practice Nursing competency framework and undertake scoping to set recommendations and standards to achieve a consistent approach across NHS Wales to primary care education and training.

Strategic Objective 4.7: Support workforce development requirements of integrated care models being developed by Regional Partnership Boards

These strategic actions have been deferred to 2021/22 in order to focus resources on the COVID-19 response.

Strategic Objective 4.8: Support the implementation of the *Maternity Care in Wales, A Five-year Vision for the Future (2019-2024)*

The delivery of this objective is proceeding at a slower pace as engagement from Health Boards is essential but there is limited capacity due to the pandemic response. During the period we will be undertaking a scoping exercise on Newborn and Infant Physical Examination (NIPE) training and developing a plan for national standards.

Strategic Objective 4.9: Secure the transfer of the Nurse Staffing Act (NSA) Programme Team to HEIW and lead the further role out of the programme across NHS Wales

During Q3 HEIW will finalise the TUPE transfer of the Nurse Staffing Act team into the organisation and ensure mental health and health visiting programme managers are recruited. During Q4 the team will continue the work to support the suite of workstreams in developing evidence-based workforce planning tools and prepare Health Boards for the extension of the Act to paediatric inpatients in October 2021. We will also support Health Boards/Trusts to follow the 'Once for Wales' approach in submitting the first triannual report to Welsh Government in April 2021.

Strategic Objective 4.10: Assess the Critical Care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their Critical Care workforce plans

Our contribution to date has included creating 4 new ITU training posts at short notice in response to COVID-19 and successfully filling all of them for August 2020. A further expansion of 4 planned for next year so we have successfully accelerated our plans to expand medical training numbers in intensive care medicine. An analysis of the critical care workforce needs has been completed and the findings used to inform recommendations within the Education and Training Plan 2021 for the medical workforce planning recommendations. Through IMTP development monies we will also be piloting Anaesthesia Associates with a cohort of 6 students starting in January 2021. We are also developing a critical care training package for Health Boards to use to support the COVID response and undertake further planning work around the future workforce models.

NEW Strategic Objective 4.11: Develop a plan in collaboration with Welsh Government and Social Care Wales to support implementation of the multi-professional workforce

**and training aspects of the Allied Health Professions (AHP) Framework for Wales
“Looking forward together”**

Our actions and deliverables are included in section 3.1.8. By the end of Q4 we will have also undertaken the TUPE of the AHP Framework Team into HEIW.

NEW Strategic Objective 4.12: Adopt a two-stage approach to support the Infection Prevention and Control (IPC) agenda across health and social care

HEIW is a member of the Nosocomial Transmission Group and is working in partnership with Welsh Government to develop a consistent, standardised approach to evidence-based training for IPC training. Our actions and deliverables are described in section 3.1.2.

NEW Strategic Objective 4.13: Seamless transition into HEIW for the Healthcare Science Programme Team and minimise disruption to delivery of programme objectives

This team will TUPE into HEIW early in Q3 and will continue their programme of work including publishing guidance on the role, recruitment and training of Consultant Clinical Scientists in Wales in collaboration with Welsh Government which is a critical element of service redesign that will transform the delivery of services. The team also facilitates the COVID-19 Healthcare Science Network meetings. In Q4 the team will also procure the Practical Skills for Education and Leadership programme for Health Care Scientists.

NEW Strategic Objective 4.14: Develop support for the care home sector

HEIW is working closely with Social Care Wales to provide a joint contribution to the care home sector. The actions and deliverables over the winter are described in section 3.1.4.

3.6 Strategic Aim 5 - An Exemplar Employer and a Great Place to Work

Our ambition is to be an exemplar employer where staff are motivated and empowered by undertaking interesting and varied work, where skills and talent is developed, and where staff wellbeing is supported by an inclusive and values-based culture, a modern working environment, effective HR function and flexible working patterns. Retention levels are high, turnover and sickness absence low, and vacancies easy to fill with high calibre applicants. Leaders lead with compassion, candour and openness, providing clear direction and supporting staff with effective feedback about performance and development.

By the end of Q3 we will have:

- Undertaken a second AI Wales Staff Survey, building on our pulse and wellbeing surveys earlier in the year.
- Increased the amount of Welsh Translation.
- Developed an inclusion training plan and worked in partnership with Welsh Government to develop technical guidance in preparation for the enactment of the socio-economic duty.
- Launched our internal climate change and biodiversity agenda.
- Undertaken a baseline assessment of our Quality Improvement (QI) resources and activities.

By the end of Q4 we will have:

- Aimed to have delivered PADR compliance and statutory and mandatory training compliance for our core staff of 85%.
- Achieved the Corporate Health Standard (Bronze level), subject to COVID-19 restrictions.
- Developed a Transition at Work Policy.
- Delivered on our Equality, Diversity and Inclusion (EDI) accreditation pledges.
- Started to embed our training plan that works in partnership with Directorates to ensure EDI practice and training is shared across organisation.

- Made recommendations to reduce the carbon emissions generated by our energy usage.
- Piloted QI training and project management to HEIW staff.

Strategic Objective 5.1: Implement the People, Inclusion and OD Strategy

Finalisation and implementation of the strategy was paused due to COVID-19. By the end of Q3 we will have reviewed our draft strategy in the light of our learning from COVID-19 and our blended operating model. We will engage staff to ensure that the draft takes sufficient account of our 'new normal' and is seen to add value.

Strategic Objective 5.2: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW

We will continue to develop and pilot health and wellbeing information, resources and evaluation tools in HEIW prior to sharing across NHS Wales as well as developing a range of health and wellbeing resources. We will also aim to achieve the Corporate Health Standard to Bronze level (subject to COVID-19 restrictions). Further description of our actions and deliverables is included in section 3.1.6.

Strategic Objective 5.3: Implement and embed the Welsh Language framework within HEIW

The organisation has implemented the existing plan with the production of vlogs, various information pieces produced for the Intranet, the introduction of the new Welsh Language Translator, and recruitment of a new cohort of learners and will continue to promote behaviours to increase the use of Welsh across the organisation. The new Welsh Language Translator will significantly improve the translation services provided by HEIW and increase internal capacity.

Strategic Objective 5.4: Implement and embed the HEIW Strategic Equality Plan (SEP) and further develop equality and inclusion (EDI) agenda including partnership working across the public sector

The final Strategic Equality Plan draft was presented and formally approved at September Board and published on the 1 October 2020. During Q3 we will develop Directorate SEP action plans, an inclusion training plan and work in partnership with Welsh Government to develop technical guidance in preparation for the enactment of the socio-economic duty. In Q4 we will develop a Transition at Work Policy and deliver on accreditation pledges and start to embed our training plan to ensure EDI practice and training is shared across organisation. We will also continue to review and monitor the actions from the risk assessment process for our BAME staff and trainees in response to the COVID-19 pandemic.

Strategic Objective 5.5: Progress opportunities for organisational approaches to combat climate change

An internal stakeholder group has been established to identify opportunities and challenges and an action plan is being developed. In Q3 we will launch our work on this agenda and review the Welsh Government Energy Support report and prepare recommendations to reduce carbon emissions. During Q4 (if COVID-19 allows) we will also consider our opportunities to promote biodiversity at the Ty Dysgu site and in the local area.

Strategic Objective 5.6: Embed multi-disciplinary Quality Improvement (QI) capacity and capability within all aspects of HEIW's work and develop partnership working with Improvement Cymru

In Q3 we will undertake a baseline assessment of our QI resources and activity and in Q4 we will pilot QI training and project support within HEIW.

3.7 Strategic Aim 6 – An Excellent Partner, Influencer and Leader

We will have clear networks, mechanisms and communication channels to work closely with a diverse range of partners and key stakeholders to plan ahead to ensure the health and care

workforce meets the needs of the people of Wales now and in the future. Partners will seek to involve us at local, national and UK levels because of our reputation and expertise. During 2020-21 we will be working with partners to identify other opportunities for development of the profession, early thoughts are workforce data and analytical skills, and influencing cultural change (organisational development). We are committed to working with the HPMA in Wales and nationally, as well as developing further our links with CIPD.

By the end of Q3 we will have:

- Developed new bilingual materials and channels of communication.
- Appointed to the new Digital Director post.

By the end of Q4 we will have:

- Started to bring together the existing and new content relevant to HEIW's remit onto one website.
- Rolled out the Eduroam system to NHS Wales.

Strategic Objective 6.1: Implementing HEIW Communications and engagement strategy; brand awareness and influencing for success

We continue to actively monitor and 'horizon scan' in relation to healthcare workforce, education and training to ensure our messaging is tailored and reflective of the current situation and developments that will influence future decision making. Ongoing scoping of national programmes will be undertaken to ensure we have representation where appropriate and are influencing through targeted communications, engagement and partnership work with particular groups including professional bodies, the Council of Deans for Health, NHS Wales, Welsh Government, regulators and peers across the four nations.

In Q3 we will develop new bilingual materials and channels and by the end of Q4 we will bring together all the existing and new content relevant to HEIW's remit into one website by end March 2021.

Further virtual events and webinars are planned to ensure we continue to have a visible presence and our partners and staff have regular contact with us to contribute to and help shape our work. This includes an internal Showcase even to mark our two-year anniversary in early Q3. Branding guidelines have also been released and have been adopted across the organisation providing a visual consistency and identity in delivery of our content across a range of media.

Our specific work during the winter to support the COVID-19 response and our operating model is included in section 4.2.

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

This objective supports the delivery of the IMTP by continuing to develop, implement and evaluate individual communications and engagement plans for the IMTP programmes. During Q3 and Q4 the Communications and Engagement team will continue to support the priority needs of business areas as articulated in this plan.

Strategic Objective 6.3: Review the alignment of internal digital systems and functions, and opportunities to support the education and training experience for trainees in Wales

During Q3 we will appoint the new Digital Director post and enhance the team by recruiting to vacant posts. Our work also includes rolling out the 'Eduroam' system to HEIW and NHS Wales as a whole during Q4.

4. Enablers

4.1 Organisational Workforce Plan

Our values of 'Respect for all', 'Together as a Team' and 'Ideas that Improve' are important to us and shape all that we do. We have high expectations in relation to how these values are demonstrated by all of us who work for HEIW and translated into our policies and practice e.g. values-based appraisal and recruitment and how we partner with others.

4.1.1 Keeping our Staff Safe, Healthy and Well

With the onset of the COVID-19 pandemic the HEIW workforce has adapted and responded to a radically different working environment both internally and external to the organisation. Staff have had to embrace home working as a norm and adjust business, educational and commissioning practices to a virtual environment without reduction of quality or effectiveness. In addition, we have worked to mitigate the effects of educational disruption for our students and trainees. Our communications, engagement and partnership working which are integral to our organisational culture are described in section 4.2.

4.1.2 Looking After our Workforce

HEIW aims to be an exemplar employer and a great place to work for and we will continue to implement our first-class People, Inclusion and Organisational Development practices to enable us to achieve this aspiration.

It is essential that we continue to have a motivated, engaged and sustainable workforce that is competent and confident and that models compassionate and collective behaviours as well as our organisational values. We will also ensure that we have the appropriate capacity to deliver not only HEIW's future priorities in support of NHS Wales' delivery of excellent health care provision but to support NHS Wales and partner organisations in successfully managing an ongoing pandemic situation and under Winter pressures.

We will continue to embed our diversity, equality and inclusion agenda which is informed by strong leadership, co-production, collaboration and direct engagement with those who are affected by the decisions we make. We will progress this through the implementation of our Strategic Equality Plan (SEP) which was agreed by the Board in September.

We will also continue to support our workforce and the wider NHS workforce with an active and innovative Wellbeing agenda that recognises the changed environment we live and work in. This is particularly relevant to HEIW staff who have had to adapt to a total virtual, homeworking environment.

The success of our approach to engagement and wellbeing, as well as the unique nature of the organisation, is reflected in the very low levels of absence through sickness that the organisation reports. With a rolling sickness absence rate of 2.1% this continues to be the lowest absence rate amongst all of the NHS organisations in Wales.

HEIW will be encouraging and supporting all staff to be vaccinated against flu as part of our drive to keep our staff healthy and safe. This is a priority in the current climate to protect our individual members of staff as well as to ensure we can maintain our operational effectiveness and flexibility to support the wider NHS in Wales during the pandemic and Winter pressures. A plan is in place for vaccination sessions and the reimbursement of any costs incurred where staff arrange for vaccinations independently.

4.1.3 Shape of our Workforce

HEIW is still a developing organisation and we have increased our headcount since the beginning of the year in line with our strategic aims, objectives and workforce plans. We have continued with our recruitment processes in a virtual environment including agenda for

change job matching and interview panel processes as well as TUPE transfers into the organisation. We have successfully onboarded over 20 staff during the lockdown period, with positive feedback from new recruits.

In line with the recruitment that has taken place, agency staff numbers have reduced substantially as many were initially used to fill vacant posts. At the end of March 2020 there were 19 agency staff engaged but this reduced to 5 at the end of September in line with the recruitment processes that had taken place for substantive staff.

Given the ongoing need for HEIW staff to provide support to the wider NHS in Wales through both pandemic and winter pressures situations in Q3 and Q4 it is projected that agency usage will rise to an estimated 15 assignments by the end of Quarter 4. This will enable appropriate backfill to be in place to allow the release of HEIW staff under the Mutual Aid agreement if required as well as to increase capacity in key areas.

It is planned that following Quarter 4, HEIW will resume its planned trajectory to cease to use agency staff almost entirely.

4.2 Stakeholder Management, Communications and Engagement

The critical importance of effective communications, engagement and partnership to enable the success of HEIW and ensure we lead effectively across NHS Wales is an ongoing priority. During the winter months we will ensure we are doing all we can to support our own staff as well as health and care colleagues, students, trainees and services across Wales.

External

The CEO and Director of Workforce and OD (WOD) are national representatives on the Wales Partnership Forum (WPF) and WPF Business Committee. Our WOD co-chairs the Health and Social Services Group Planning Response Workforce Cell alongside Welsh Government counterpart and also sits on the National Covid Vaccination Board. We also have members of our executive and senior leadership team sitting on a number of Wales and UK national groups and profession-specific groups. Throughout the winter months we will continue to maintain close engagement and dialogue with these groups as well as Welsh Government and our partners in social care and NHS Wales.

We are maintaining close dialogue and agreement with our UK counterparts when considering the arrangements for the future provision of education and training across professional boundaries. We will continue 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 will ensure that this is kept under constant review.

We have always prioritised engagement with our partners to inform and shape our core and IMTP related work. Our teams have adapted the way we engage to make sure partners still have every opportunity to get involved and contribute to this work alongside our COVID-19 response work. As a result, we are holding workshops and events online including our Annual General Meeting (AGM), showcase event and joint mental health conference. This will continue as appropriate throughout the winter months in line with our revised priorities and COVID-19 response.

Keeping our external stakeholders particularly students, trainees, education providers and employers up to date regarding our response to COVID-19 continues as a priority. As well as regular meetings and targeted correspondence we are continuing to add resources and guidance to our dedicated COVID-19 pages on our website <https://heiw.nhs.wales/covid-19/> as new information is available.

In addition to the above we will continue to directly support the health and wellbeing of the Welsh population. Our communications and engagement team have been and will continue to proactively share, via all channels available public health and wellbeing message including Test, Trace, Protect, Beat Flu, Keep Wales Safe as well as promote local healthcare services such as pharmacies.

Internal

Ongoing communication and engagement with our staff has been a priority since our inception. We hold regular staff open forums with the opportunity for staff to ask the Chief Executive and other members of senior staff questions. We also have a regular update bulletin from the Chief Executive as well as a busy intranet and Teams community for regular business and wellbeing updating, information sharing and discussion.

As we spend more of our time as a dispersed workforce working from home it is important that we stay connected both for the continuation of our business functions and our wellbeing. These channels have been critical in achieving this; particularly as a source of wellbeing information and support to each other. The staff open forums have become virtual and throughout the winter months we will be increasing their frequency to provide more opportunities for business and social contact. We will also continue to produce targeted written briefings to keep colleagues informed who are unable to attend the open forums.

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

4.3 Finance Plan

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

Due to the impact of COVID and changes made to our IMTP timelines and deliverables there has been a requirement to regularly review the in-year financial plan and the delegated budget allocations and requirements. As a result, and following a reported underspend due to a combination of vacancies within pay budgets, lower recruitment numbers than targeted and delayed course starts within the commissioning budgets, £3.8m of the 2020/21 allocation was returned to Welsh Government in Quarter 2.

A further £1m of the resource allocation was also re-purposed to restore the operational activity of HEIW and any additional costs incurred in maintaining trainees and students in roles until they are able to appropriately progress and graduate. Regular meetings will continue with Welsh Government finance colleagues and any further revisions to the in-year financial plan will be reported in a timely manner to the HEIW Board.

A further deep-dive into all delegated budgets will be undertaken following the reported £1.9m underspend Month 06 position, to assess the trajectory of current expenditure and the likelihood of anticipated commitments over the remainder of the year. There is the likelihood that further transfers of resources and re-purposing of budgets will be undertaken over Quarters 3 and 4. Reports to the Executive Team, Board and Welsh Government will be regularly provided on the financial position and the likely year-end position in order that timely decisions and action can be taken to ensure that HEIW meets its financial commitments and targets.

Looking forward to the development of the Plan for next year we acknowledge that the economic outlook may be difficult nationally. Whilst we always maintain a prudent approach to the management of our resources there may be greater pressures ahead. Through the development of our refreshed IMTP we will continue to explore methodologies to quantify the outcomes, benefits and value generated from our plans, commissioning activities and investments.

4.4 Capital Plan

HEIW has a small discretionary capital budget for 2020/21 of £105k and a further specific allocation of £46k for the purchase of pharmacy equipment. As a result of the COVID-19 pandemic the demand for capital expenditure has been lower than anticipated for the year-to-date. Options for the procurement of a system for the NHS Wales Staff Survey are currently being reviewed and additional general IT requirements are being considered. The £46k pharmacy allocation is no longer required for the original purposes. Permission to utilise the allocation for other purposes within the Pharmacy team is being sought from Welsh Government and if this is not approved the funding will be returned.

4.5 Digital Plan

Digital working within HEIW

Digital has played a significant role in the HEIW response to COVID-19 in the first two quarters of 2020-21 and underpins our ongoing approach to organisational working and wellbeing.

Our staff have experienced rolling periods of full remote working and we are aiming to utilise the technology to its full potential. However, whilst the flexibility has been positive, when allowed by Government guidelines, we will return to a blended working model within Ty Dysgu. This is a business need in a relatively new organisation that is still on an organisation development journey. Until that point, we will maintain regular virtual staff forums and we recently facilitated a virtual Annual General Meeting and showcase event attended by in excess of 100 people including staff and external stakeholders. We look forward to celebrating our second Anniversary by holding a virtual staff conference in October.

The digital advances during the crisis have been significant and we will maximise the substantial opportunities going forward in relation to our core functions. We have accelerated recruitment of a new a new Director of Digital and we hope to have an individual in post in early 2021. The successful candidate will be instrumental in developing our first digital strategy, embedding new digital ways of working, education and training and reviewing and integrating our inherited legacy systems e.g. medical appraisal and revalidation. This appointment will strengthen our ability to support the wider NHS in areas such as digital capabilities of the workforce, which is a key delivery objective and aligns with our approach to implementing areas of the workforce strategy in support of Building a Digitally Ready Workforce programme working alongside NWIS and other partners.

Digital working across NHS Wales

In Q3 and Q4, we will continue to support, the NHS more broadly through digitally enabled solutions. In August we launched 'Gwella' the Leadership portal for Wales which is available bi-lingually and provides access to a wide range of resources curated by Professor Michael West on compassionate leadership and management. Gwella will also enable our NHS Wales colleagues to create leadership networks, digitised resources and an ability to utilise virtual classrooms.

For the remainder of 2020-21 we will manage and update our digital playlists and ensure easy access to an extensive range of wellbeing resources. Longer term we will host them

on our new HEIW website as over the next six months, we will be actively working on developing a new site which will facilitate access and signposting to the wide range of digital resources at our disposal. As we take this forward, we are also ensuring that existing websites meet the accessibility requirements in line with expectations on public bodies.

The last six months has challenged our approach to delivery of training and education. In Q3 and Q4, we will embrace technology to deliver Continuing Professional Development and training through webinars, virtual classrooms and the development of new e-learning resources across our professions. In October we are also hosting 'Talentbury', a four-day virtual festival of leadership and learning including webinars, workshops and interactive sessions.

4.6 Research and Improvement

Evaluation, research, improvement and innovation are key enablers for HEIW as we ensure that we continuously improve quality, enhance our processes for investment in the NHS Wales workforce and provide the evidence base for the decisions we make in planning for our current and future workforce. They are also key to determining the impact that our activity has on the healthcare workforce, practice and ultimately, patient care and safety.

In relation to improvement we are continuing to develop Quality Improvement (QI) training across multi-professional boundaries in conjunction with Improvement Cymru as outlined in section 3.6. We are also currently hosting introductory sessions in QI methodology for HEIW staff and ongoing project development with expert faculty support and coaching. We also continue to facilitate Welsh Clinical Leadership fellows and are delighted to have been able to support the opportunity across professions including pharmacy and optometry.

To take forward our interprofessional approach to Simulation Based Education, we are involved, through our Associate Deans, in a range of international papers considering the learning from dealing with the COVID-19 pandemic and a webinar programme on 20 October 2020 is being facilitated to support the learning and sharing of best practice across Wales. Over the coming six months, HEIW will take forward activities internally to co-locate expertise, resources and access to relevant specialist knowledge and support for HEIW's evaluation, research, improvement and innovation activity. A co-ordinated approach will also provide a mechanism of interaction with external key stakeholders.

The approach will provide a mechanism for organisational oversight of evaluation, research, improvement and innovation activity and a co-ordinated approach to academic output and publication. It provides for activity informed by best practice with increased governance, accountability for associated expenditure and demonstration of added value.

To support the approach, we will establish a HEIW Research Ethics Committee to ensure evaluation and research activity is conducted in accordance with national governance arrangements with associated principles, requirements and standards for activity.

5. Risks and Assurance

5.1 Risk Management

In the early stages of the pandemic we maintained a COVID-19 risk log, however this approach has been reviewed and we now expect the risks to managing the delivery of our operational plans to be managed within Directorates and Teams. Any risks requiring escalation follow the normal escalation procedures for consideration onto the overall Corporate Risk Register by the Executive Directors.

The Corporate Risk Register (CRR) is assured by the Audit and Assurance Committee at each quarterly meeting and reviewed by the Board every 6 months. The CRR was

considered at September Board. In September there were thirteen risks on the CRR of which only one was assessed as a high ('red') which related to cyber security. The mitigating actions were outlined in the Board report and this will continue to be managed during Q3 and Q4.

5.2 Assurance and Governance

We have revised our Crisis and Business Continuity Plan to reflect the learning from the first wave of the pandemic and in line with the national planning and response arrangements we have restarted our Crisis Management Team meetings to ensure that we are able to respond effectively to the expected waves of the virus over the coming months. Our response focus is on keeping our staff safe and healthy and on monitoring and managing the effects of the pandemic on education and training and our commissioned students and trainees. Our arrangements will include providing reports and briefings to Welsh Government and our Board as appropriate.

In parallel, we have maintained routine governance arrangements e.g. Executive and Senior Leadership Team Meetings and our Committees and Board have continued to meet in line with normal arrangements – albeit in a virtual format. In line with our Q2 plan we have readmitted the public to observe at our Board meetings via Zoom.

In Q3 and Q4, as described throughout the Plan we will be in a review, refine and deliver phase with the majority of our activities to support the system-wide response to the pandemic, and to deliver the future workforce, being aligned to the Strategic Aims and objectives in our IMTP. This plan will therefore be monitored through the integrated performance reporting arrangements to the Executive Team and the Board on a bi-monthly basis. This includes monitoring the progress of the objectives, deliverables and milestones included in Appendix 2, using the documentation that was shared in the Operational Plan for Q2.

The *Structured Assessment Report* (August 2020) reviewed these arrangements and noted that 'HEIW has developed effective operational plans and has robust arrangements to monitor and report progress'. We will also continue to work on our overarching Performance Management Framework as highlighted in the Structured Assessment, with consultation and engagement on the first draft in Q3.

6. Appendices

Appendix 1 Mandatory Templates



FINAL ANNEX D -
NHS Operating Plan 1

Appendix 2 HEIW Strategic Aims and Objectives

Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'			
Objective	New Q3 Deliverables	Revised Q4 Deliverables	Defer to Annual Plan
1.1 Lead the development of a multi-professional CPD strategy and drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills and capabilities required for the future.	<p>Scope contingencies required for current systems and make recommendations for future options.</p> <p>Manage the work and complete the pilot of the CMS.</p> <p>Commence a review of CPD provided across NHS Wales and contractor professions.</p>	<p>Complete and report on the results of the pilot of the CMS and make commendations to procuring a system.</p> <p>Report on NHS Wales and Contractor CPD provision produced.</p>	<p>Establish project group with partners to scope out, engage and produce a draft CPD strategy.</p> <p>Develop and secure the funding model to support the strategy.</p>
1.2 Lead, develop and implement a sustainable national workforce plan for key shortage professional areas to achieve a better match between demand and supply in Wales.	Progress activity on professional shortages and supply in response to COVID-19 informs planning for Q3 and Q4.	Explore opportunities to maximise the utilisation and deployment of the Welsh workforce, including challenging professional barriers and role definitions where appropriate.	<p>Agree through executive professional peer groups the prioritisation of workforce plans for medicine and nursing.</p> <p>Review the actions taken during year 1 to identify areas to continue/discontinue</p> <p>Continue to focus on:</p> <ul style="list-style-type: none"> ○ Recruitment ○ Retention ○ Training requirements ○ International recruitment depending on COVID-19 situation ○ Upskilling of existing workforce – competency-based approach to workforce design.
1.3 Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience. <i>(National)</i>	Undertake gap analysis of shared health and wellbeing information, resources and evaluation tools to and inform future priorities, with a key	Support the commencement of the development of the national Health and Wellbeing Action Plan across NHS Wales (Year 1).	Continue to support the development of the Health and Wellbeing Action Plan (Year 2).

	<p>focus on mental wellbeing of students as a response to the COVID-19 crisis.</p> <p>Scope out Health and Wellbeing measures.</p> <p>Provide guidance and support to contribute to employer guidance in relation to wellbeing including infection control, PPE, vaccinations, risk assessments, home working, rest and respite.</p> <p>Continue developments of tools and digital resources to support physical and mental wellbeing and create targeted resources for staff who are identified in 'at-risk' groups.</p> <p>Increase staff voice through streamlining and improving staff feedback mechanisms including the Medical Engagement Scale and NHS Wales staff survey alongside local surveys and feedback mechanisms</p> <p>Progress the findings of the 2020 NHS Occupational Health review.</p>	<p>Continue to support the work of the Health and Wellbeing subgroup of the COVID-19 Workforce Cell.</p> <p>Lead, develop and implement a national wellbeing programme specifically for trainees and students, to supplement the NHS Wales Health and Wellbeing Action Plan to include:</p> <p>Develop channels of engagement to empower the trainee and student voice.</p> <p>Establish clear expectations around student wellbeing and support arrangements [links to education commissioning].</p> <p>Implement phased arrangements of the Single Lead Employer activities</p> <p>Return to training support and evaluation of existing courses for wellbeing and resilience.</p> <p>Commence research to underpin the development of Wellbeing in Work Impact Resource.</p> <p>Progress national work programmes relating to workplace wellbeing and colleague experience.</p> <p>Develop and launch an NHS staff governance framework to drive</p>	<p>Evaluate the health and wellbeing initiatives through the Health Needs Assessment.</p> <p>Scope requirements for a national Health and Wellbeing Framework to include information, resources and Wellbeing measures.</p> <p>Scope the development of a Wellbeing in Work Impact Resource.</p> <p>New study leave policy and process for medical and dental trainees in Wales.</p> <p>Evaluate the Single Lead Employer arrangements.</p> <p>Implement trainee wellbeing and return to work support strategies.</p>
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		positive employee experience and improved quality.	
1.4 Improve access to careers in the health and care sector in partnership with Social Care Wales.	<p>Accelerate the development of Grow your Own schemes for the current workforce and expand into other areas including endoscopy.</p> <p>Take responsibility for Train Work Live and scope future national campaigns to attract people to the NHS.</p> <p>Review and expand the widening access work programme following the transfer to HEIW from Welsh Government.</p> <p>Develop guidance for agile and flexible working, for employers and our people, and flexible by default approaches for HEIW.</p> <p>Scope feasibility of creating a 'reservist workforce' for registered staff considering retirement.</p> <p>Review Pop-up Workforce procedures to ensure continually fit to implement at short notice.</p> <p>Consider other areas which may benefit from elements or all of the pop-up approach.</p> <p>Identify areas which would benefit from a 'grow your own' approach including non-medical Consultants development and internationally</p>	<p>Continue to develop and expand our NHS Careers digital solution to increase the available information and resources, promoting careers in NHS Wales by migrating existing NHS Wales Careers site on to the HEIW platform.</p> <p>Identify opportunities to work with veterans' organisations and volunteering networks, including the Prince of Wales Nursing Cadet Scheme.</p> <p>Commence a review of NHS Wales's end to end recruitment practices to reflect expectations of a modern employer and ensure we attract and pay attention to diversity, welsh culture and language.</p> <p>Develop guidance for agile and flexible working, for employers and our people, and flexible by default approaches for HEIW.</p> <p>Scope targeted retention initiatives aimed initially to the post 55 workforce to ensure we maintain valuable experience of our registered staff, providing 'careers for life' which support the changing needs and life experiences of our people.</p>	<p>Create a comprehensive website and social media presence.</p> <p>Scope careers and widening access strategy.</p>

	<p>registered staff conversion to NMC/HCPC particularly in care homes.</p> <p>Work with Social Care Wales to identify areas which would benefit from pop-up and grow your own.</p> <p>Gather information on areas for potential action including training being delivered to care homes by HB, the number of carers with overseas nursing registration.</p>	<p>Further develop the Careers Network links and connections between careers approaches in health and social care to maximise our reach.</p> <p>Share good practice and resources to drive improvement in recruitment and retention across the sectors.</p>	
1.5 Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales.	<p>Work with partners to scope immediate improvements in the quality and completeness of workforce data at local and national levels.</p> <p>Discuss realignment of roles/activity with statutory functions.</p>	<p>Scope the learning from COVID to inform and reshape the data landscape, building the case for investment and new systems.</p> <p>Lead work to improve quality and completeness of data to produce robust data to produce up to date workforce analysis.</p> <p>Develop a data strategy to support the performance management arrangements of HEIW.</p>	<p>Develop a strategy for workforce intelligence including a capability building programme to build capacity and capability across NHS Wales in data and analytics.</p> <p>Scope the establishment of a Centre of Excellence initially for NHS Wales, identifying potential timelines and requirements to roll out across health and social care.</p> <p>Implement the strategy for workforce intelligence.</p> <p>Develop the necessary workforce modelling methodologies to populate workforce information systems in use.</p> <p>Identify sources of demand to improve effectiveness of workforce modelling.</p> <p>Identify new opportunities for data warehousing.</p>

			<p>Interrogate data to provide insight on a range of areas as required by NHS Wales, Wales Government and Local Health Boards/Trusts.</p> <p>Deliver Year 2 of the strategic workforce intelligence capability building programme.</p> <p>Commence the Platform Software Development (including development the business intelligence solution, procurement of the technology stack, implementation of the business process solution specification, development of the workforce solution and creation of the mobile applications specification).</p> <p>Scope and undertake an analysis of the options for a single platform specification and a robust business case.</p>
1.6 Develop training to support NHS orgs to improve the quality of workforce planning expertise and capability across the system.	Develop and implement a standardised methodology for workforce planning across health and social care, subject to SCW agenda.	<p>Refine, test and roll out the workforce planning capability matrix.</p> <p>Refine and further roll out the workforce planning approach for primary care</p> <p>Commence work to develop the workforce planning digital platform.</p>	<p>Complete and evaluate the second year of the workforce planning training and refine as required.</p> <p>Work with the Workforce Intelligence team to identify areas for modelling and contribute to the build of the workforce intelligence platform so that it enables improved and local 'live' workforce planning.</p> <p>Review and update current workforce planning resources including web based and digital.</p>

1.7 Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements.	Investigate the impact of no international travel/reduced travel on workforce supply in Wales and produce advice and recommendations.	Investigate the impact of no international travel/reduced travel on workforce supply in Wales and produce advice and recommendations.	<p>Drawing on the learning and reflections from the recruitment scheme in India, and building on previous foundations, develop with partners a plan for a consistent and once for Wales approach to international medical recruitment.</p> <p>Build the case for HEIW's role in relation to international recruitment and explore options including the quality management of education and training of overseas health care staff employed in NHS Wales.</p> <p>Continue to research and scope the opportunities for education and training links between Wales and other countries.</p> <p>Test the emerging opportunities with partners including WG, Health Boards and Public Health Wales, and organisations such as Wales for Africa.</p> <p>Prepare an options paper outlining the benefits and costs of strengthening international links as well as practical actions</p>
Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs			
Objective	New Q3 Deliverables	Revised Q4 Deliverables	Defer to Annual Plan
2.1 Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education.	Appoint to nursing and AHP Associate Dean roles to develop a fully established interprofessional agenda.	Developed a clear definition of simulation-based education for the health sector in Wales.	Explore the costs and benefits of the roll-out of simulation initiatives such as Boot Camps, learning from where they have been previously rolled-out.

	<p>Deliver the first “Covid and Simulation in Wales” Webinar,</p> <p>Identify how simulation has been used to upskill teams in Wales to prepare them for supporting the Service during the pandemic.</p> <p>Identify best practice and share ideas,</p> <p>Establish a virtual Simulation Network,</p>	<p>Establish and manage a Simulation Leads Network with clear terms of reference.</p> <p>Identify and share best practice and develop new opportunities to facilitate simulation-based learning.</p> <p>Identify process and requirements in relation to accreditation of faculty and needs of curriculum requirements.</p>	<p>Develop an All Wales simulation strategy and investment requirements, supported by consultation.</p>
<p>2.2 Develop an education strategy drawing on the outcome of the strategic review of health professional education and the draft Workforce Strategy.</p>	<p>Ensure contract and procurement documentation are complete to enable contractual process to proceed.</p> <p>Develop terms and conditions for the new education contract based on the contract specification and key themes.</p> <p>Establish Governance framework for phase 2 (post-registration) tendering exercise.</p> <p>Establish Project steering group, sub-groups and ToR.</p> <p>Scope the benefits of appointing a project manager for phase 2 of the strategic review.</p>	<p>Use the outcome of the strategic review, and the Workforce Strategy, to develop an education strategy for health professionals.</p> <p>Implement the outcome of the review including:</p> <ul style="list-style-type: none"> • Develop contract terms • Incorporate key themes into a new contract for issue with tender documentation. <p>Evaluate and award contracts tenders.</p>	<p>Evaluate and award contracts tenders.</p>
<p>2.3 Lead the development and implementation of an education and training infrastructure to support the multi-professional workforce model.</p>	<p>Establish clear standards and job specifications for Medical Training Programme Directors (TPDs).</p> <p>Introduce tariff and CPD provision for Medical TPD staff.</p>	<p>Establish clear standards and job specifications medical TPD staff.</p> <p>Introduction of a tariff and CPD provision for Medical TPD staff.</p>	<p>Scope and deliver learning and development offer, via primary care academies, for multi-professional workforce (NMW, AHP, HCS) in primary care.</p>

	<p>Review remuneration and appraisal/development arrangements for medical TPD staff.</p> <p>Set out clear standards and job specifications for medical TPD staff.</p> <p>Develop principles and plans for students at significant risk to achieve the essential learning outcomes.</p> <p>Finalise the Vision Paper surrounding enhancing the quality of placement education for Wales.</p> <p>Develop a vision paper surrounding supporting placements, placement support and infra-structure in Social Care.</p> <p>Develop distance learning units (for nursing) for practice assessors and practice supervisors (as part of once for Wales New Nurse Education Standards).</p>	<p>Review remuneration and appraisal/development arrangements for TPD Medical staff.</p> <p>Set out clear standards and job specifications for TPD (medical).</p> <p>Introduction of an appraisal process to support the Medical TPD roles.</p> <p>Modernise and streamline dental core training management structure and delivery of training.</p> <p>Scope current arrangements to support learning in practice e.g. TPD for medical, Practice Education Facilitators etc. across all Health Boards and staff groups.</p> <p>Review Job Descriptions and standardise responsibilities ensuring equitable level of support and service across all parts of Wales.</p> <p>Establish baseline of current configuration and support.</p> <p>Develop a quality assurance framework for placement areas managed by HEIW.</p> <p>Work with key partners scope trainee and student placements and identify new opportunities in community and primary care (See 4.6).</p>	<p>Embed education and training infrastructure for optometry and related professionals to include:</p> <p>Produce a standards and QA template to support the delivery of education and training.</p> <p>Complete outline of Management and responsibilities for staff.</p>
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		<p>Secure agreement to a future vision of education and training in primary care.</p> <p>Agree a plan for education and training infrastructure in primary care including standards, governance arrangements and funding approaches. (See 4.6).</p> <p>Develop a quality assurance framework for placement areas managed by HEIW.</p> <p>To produce COVID-19 Principles and FAQs for pre-registration healthcare students fully up-to-date with the latest situation in Wales to provide guidance, support and assurances for students on placements.</p> <p>To produce a range of resource materials – hosted by HEIW - to support practice supervisors and assessors when implementing NMC standards for Education.</p> <p>Work with Universities and the Service to develop a suite of training packages to upskill staff and build confidence and knowledge from different disciplines within HB's / Trusts.</p> <p>To produce a HEIW summary paper concerning outcomes and implications of NMC programme</p>	
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		approval timelines and <i>Once for Wales</i> common programme elements for nursing, return to practice, non-medical prescribing, midwifery, SCPHN and SPQ programmes.	
2.4 Lead the development and implementation of a digital capability framework for the healthcare workforce.	N/A	N/A	<p>Define and agree with partners the scope of and definition of 'A digital ready workforce'.</p> <p>Engage with HEE and NES with a view to understanding their learning and actions in this area and exploring whether these could be adopted or adapted for the NHS Workforce in Wales.</p> <p>Prepare and consult with partners on a implementation plan – including the development of a framework of digital skill competencies; and proposals for an All Wales Digital forum for prioritising, co-ordinating and sharing best practice.</p>
2.5 Develop a plan in conjunction with Welsh Government for the future allocation of SIFT funding.	N/A	N/A	<p>Review changes and developments in SIFT in other parts of UK.</p> <p>Work with Welsh Government colleagues to update and prioritise recommendations from Scott Review (2013) regarding SIFT in light of current policy priorities.</p> <p>Raise awareness of the recommendations and implications with other NHS organisations.</p>

			<p>In partnership with Welsh Government, wider stakeholders (Universities) and NHS colleagues address the funding obstacles to making improvements to the allocation of infrastructure SIFT.</p> <p>Develop implementation plan with Welsh Government for new arrangements and capacity for managing infrastructure and placement SIFT within HEIW in line with education priorities for the future.</p>
2.6 Maximise opportunities for work-based learning and apprenticeships in health.	<p>Primary Care: Launch first non-clinical qualification for Practice administration and reception staff at Level 2, with ongoing development at Level 3.</p> <p>Establish HEIW Apprentice steering group.</p> <p>Scope and produce options to support assessor training in the short and medium term including:</p> <ul style="list-style-type: none"> Identify resource to support assessor training Procure external assessors to deliver short term training priorities. <p>Consult with NHS Wales on the draft QA Framework.</p>	<p>Scope organisations' current models of work based learning delivery, including Apprenticeships and identify the added value that HEIW could bring to this arena.</p> <p>Work with Welsh Government to develop a suite of health apprenticeship frameworks that meet the needs of the NHS Wales workforce.</p> <p>Draft Quality Assurance Framework for Work Based Learning to include HEIW role in standardisation of work-based learning.</p> <p>Scope the infrastructure requirements to support WBL across NHS Wales e.g. delivery models, resources, register of assessors and IQAs.</p>	<p>HEIW to work with NHS Wales to ensure that there is appropriate representation on the foundation economy subgroups of the 3 Regional Skills Partnerships (RSPs).</p>

		<p>In light of Covid and general needs of the Service, develop and deliver assessor training and expert witness testimony training to support learners to achieve their vocational qualifications.</p> <p>Develop a commissioning plan for L4 Nursing Support Worker Education.</p> <p>Deliver project plan to implement a modern apprenticeship for pharmacy technicians pre-registration trainees starting April 2021.</p>	
2.7 Implement improvements to ensure equitable access to education and training for SAS and locally employed doctors.	N/A	N/A	<p>Work with partners including employers to identify the support currently available and the gaps.</p> <p>Review lessons and plans from across the UK.</p> <p>Scope a clear action plan setting out firm commitments in relation to support to be provided nationally and clear expectations on consistent and appropriate support to be made available via employers.</p> <p>Work with Welsh Government to support the new contract negotiations and to ensure that the non-pay benefits are understood and secured.</p> <p>Develop a comprehensive engagement process to test the proposals and assess the likely interest in the different potential</p>

			<p>elements of the support and development on offer.</p> <p>Pilot in one health board an enhanced training structure for SAS grade doctors who want to progress.</p>
2.8 Improve opportunities for trainees and students to undertake education and training through the medium of Welsh.	<p>Incorporate base level understanding of Welsh language awareness within education contract specification, including the active offer.</p> <p>All students and trainees have access to Welsh language lessons should they wish to learn Welsh.</p>	<p>Scope implications for all Wales activities.</p> <p>Establish mechanisms to monitor the number of trainees and students receiving Welsh Language bursaries from the Coleg Cenedlaethol Cymraeg.</p> <p>Continue to promote opportunities to teach, use and recruit through the medium of Welsh.</p>	<p>Scope current accessibility to Welsh language education provision across all commissioned and HEIW delivered programmes.</p> <p>Map placements which can be accessed through the Welsh language. Base level understanding of Welsh language awareness incorporated within education contract specification, including the active offer, so that upon qualification students are able to optimise clinical outcomes for Welsh speaking patients.</p>
2.9 Review career pathways and education opportunities for the clinical academic and research workforce.	N/A	N/A	<p>Identify key stakeholders and establish a national task and finish group.</p> <p>Map current clinical academic and research workforce.</p> <p>Identify all current funding mechanisms which support the development of clinical academic careers and those which build research capacity e.g. Welsh Clinical Academic Track (WCAT), Research Capacity Building Collaboration Wales (RCBC) Advanced practice funding etc.</p>

Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels			
Objective	New Q3 Deliverables	Revised Q4 Deliverables	Defer to Annual Plan
3.1 Lead the implementation of the Health and Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action.	<p>Re-launch the compassionate leadership principles for health and social care in Wales.</p> <p>Present leadership framework for action to national peer groups.</p> <p>Provision of leadership conference October 22 – Talentbury.</p> <p>Ensure compassionate leadership is embedded within the undergraduate curriculum as part of education commissioning process.</p> <p>Provision of accessible Open University management modules via Gwella.</p> <p>Develop infrastructure and pilot Evaluate pre-registration AHP student placement within HEIW.</p>	<p>Drive the implementation of the framework for action through extensive, marketing and engagement.</p> <p>Review and promote a range of existing evidence-based culture and leadership tools aimed at creating cultures of collective leadership across organisations and teams.</p> <p>Create a network of Collective Leadership Champions to support implementation and development/use of resources.</p> <p>Provide annual leadership conferences and learning events aimed at enabling widespread adoption of best practice.</p> <p>Influence and support the implementation of undergraduate leadership modules (embedded with quality improvement and digital leadership) across the curriculum.</p> <p>Commence the curation of 'manager core skills' resource hub that promotes inclusivity and equips managers with essential and portable management skills that compliments local management development programmes.</p>	<p>Develop and promote a cultural assessment tool that reliably measures compassionate and collective culture and behaviours within organisations. - Defer to 21/22 due to Staff survey being launched 2020.</p>

		<p>Review and update the NHS Wales manager competence framework.</p> <p>Share findings of pilot Leadership student placement to inform governance arrangements for future placements.</p> <p>Negotiate with key stakeholders to enable access to placement opportunity for pre-registration leadership students from wider range of Allied Health Professions / Higher Education Institutions.</p>	
3.2 Lead the implementation and management of the NHS succession planning framework for Tiers 1 -3 and monitor progress.	<p>Identify aspiring executive leaders to participate in Talentbury' - the HEIW festival of leadership, learning and collaboration.</p> <p>Commence the establishment of the NHS Wales Talent Board with representatives identified.</p> <p>Identify roles to prioritise for succession planning over the next 1-3 years in progress to inform an NHS Wales 'heat map'.</p> <p>Launch Talentbury – the 4-day festival of leadership, learning and collaboration.</p> <p>Develop NHS Wales executive success profiles.</p> <p>Digital talent Management specification developed.</p>	<p>Develop a map of prioritised senior leadership positions for succession planning.</p> <p>Undertake Talent Summit for identified talent to enable the co-design of an inclusive talent management process and leadership development framework.</p> <p>Support identified talent through provision of a series of master classes that supplement experiential learning opportunities and Academi Wales senior leadership programmes.</p> <p>Develop the specification and commence the procurement process for a national talent management solution.</p>	

	<p>Engage with Wales universities to promote compassionate leadership within the undergraduate curriculum along with the establishment of student leadership academies.</p> <p>Provision to the NHS service of a series of Compassionate Leadership master classes with Professor Michael West.</p>	<p>Review and refresh existing leadership competence, behaviours and values frameworks to create 'success profiles'.</p> <p>Develop an inclusive process for senior leadership talent identification that includes positive action schemes, assessment / development centres and a leadership development framework.</p> <p>Develop a marketing and engagement plan to promote the senior leadership talent and succession planning strategy and development frameworks.</p> <p>Promote the establishment of student leadership academies across all Wales universities that enable progression to leadership networks and talent pools.</p> <p>Actively engage with staff from BAME groups to understand the issues that may be preventing career development, taking positive action and providing targeted leadership development.</p> <p>Develop masterclasses focussed on racial injustice and health inequalities to support leaders.</p>	
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<p>3.3 Lead the implementation and management of the Digital Leadership portal.</p>	<p>Launch the HEIW Leadership portal for Wales – Gwella.</p> <p>Integrate virtual classroom functionality into Gwella to support new ways of delivering education and training.</p> <p>Provide training sessions on Gwella and use of virtual classrooms provided to all NHS Wales organisations.</p> <p>Widely promote Gwella across NHS Wales and the other UK nations.</p> <p>Commence accessibility testing on Gwella and establish accessibility compliance plan.</p> <p>Establish a NHS Wales Quality Assurance Group prior to releasing leadership materials via the Gwella Portal.</p>	<p>Commence the curation and establishment of a Leadership resource library.</p> <p>Develop and implement an operating model for the digital portal for wider implementation across HEIW and NHS Wales organisations.</p> <p>Brand and extensively market the HEIW Digital Leadership Portal.</p> <p>Manage digital leadership portal accounts and queries, whilst maintaining and developing the portal in line with user feedback.</p> <p>Promote the HEIW leadership programmes and link to leadership and management development opportunities across Academi Wales and NHS Wales Health Boards and Trusts.</p> <p>Utilise the portal for managing conference events, master classes etc to reach diverse audiences.</p>	
<p>3.4 Lead the establishment and management of a Wales Leadership alumni and range of leadership networks.</p>	<p>Develop leadership networks in development and pilot phase on Gwella.</p> <p>Create 'Talentbury' Alumni following the 4-day leadership festival.</p> <p>Establish NHS Graduate management Programme network.</p>	<p>Create a collective leadership network providing opportunities for a diverse range of individuals to become actively engaged in promoting and supporting the leadership agenda across NHS Wales.</p>	<p>Secondary Care: Establish a leadership alumnus and establish collaborative network of trainee leadership roles.</p> <p>Pilot and evaluate a trainee leadership network meeting/event and review existing wellbeing strategy/courses.</p>

	<p>Engage with Intensive Learning Academies to host ILA networks and alumni on Gwella creating a single leadership portal for Wales.</p> <p>Establish multi professional networks on Gwella.</p>	<p>Create a range of alumni networks to support existing leadership development cohorts.</p> <p>Provide a series of leadership master classes, webinars, networking events, online videos and resources.</p> <p>Provide a series of guest leadership blogs and interviews.</p> <p>Influence the establishment of student leadership academies within all Wales universities that promote access to NHS leadership networks and alumni.</p>	
3.5 Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds.	<p>Appoint to clinical leadership role.</p> <p>Increase scope of Welsh Clinical Leadership Programme.</p> <p>Scope scholarships from the Florence Nightingale Foundation.</p> <p>Development of a suite of compassionate leadership modules in partnership with Kings Fund scheduled following successful tender.</p> <p>Talentbury programme been designed to encompass clinical and non-clinical engagement in development of leadership programmes to support current and future executive leaders.</p>	<p>Review and evaluate the medical leadership programme inherited from Academi Wales to inform new HEIW clinical leadership offering.</p> <p>Establish the infrastructure to run the programme and appoint to vacancy in Succession and Leadership Team.</p> <p>Expand the Welsh Clinical Leadership Fellows scheme to include placements for optometrists; review the potential to expand to other clinicians in future years.</p> <p>Commission and co-design a suite of compassionate leadership modules to underpin a HEIW clinical leadership programme.</p>	

	<p>Host AHP Festival of Innovation including Leadership Planning Workshop.</p>	<p>Engage clinical leaders in clinical leadership design at Talent Summit.</p> <p>Deliver, test and evaluate modules with the clinical Fellows 20/21 Cohort as part of the 20/21 programme.</p> <p>Market the HEIW clinical Leadership programmes.</p> <p>Commence the HEIW Clinical Leadership programme end of Q4. This will be supported by a range of experiential leadership opportunities including coaching, mentoring and master classes.</p> <p>Develop leadership development opportunities that are accessible to all and reflect the requirements of all professions, including Primary Care.</p> <p>Identify and coordinate access to existing Learning and Development resources for recruitment candidates in response to Learning and Development needs identified from leadership masterclass for AHP and HCS.</p>	
3.6 Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme.	<p>Establish NHS Wales Graduate Management Programme operating model, infrastructure and governance.</p> <p>Identify and award contract for Master's Degree.</p>	<p>Recruit 13 graduate trainees onto the scheme for commencement in 2021.</p>	

	<p>Complete marketing and recruitment strategy in readiness to engage applicants.</p> <p>Confirm HEIW Executive approval to establish a HEIW internship pilot during 2021.</p>	<p>Research best practice models to re-establish and re-launch the NHS Wales graduate leadership scheme.</p> <p>Develop the component elements of the graduate programme including master's qualification and placements.</p> <p>Establish the operating model for the graduate scheme.</p> <p>Identify / train a range of mentors and coaches to support the graduates during their placements.</p> <p>Develop a marketing strategy and engagement plan to attract graduate applicants to the NHS Leadership scheme.</p> <p>Develop an inclusive recruitment, assessment and induction process.</p> <p>Explore opportunities to establish an HEIW internship in the following corporate areas: Finance, Planning, Workforce and OD and Communications.</p>	
3.7 Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme.	<p>Commence development of executive leadership programme in partnership with the Kings Fund.</p> <p>Establish NHS Wales Talent Board and explore opportunities to promote and expand experiential leadership opportunities.</p>	<p>Develop a suite of inclusive executive leadership development offerings, digital resources and networks.</p> <p>Provide national executive leadership development programmes, underpinned by</p>	

	<p>Explore the range of Master classes to support executive leadership development post Talentbury.</p> <p>Establish a NHS wales Task and Finish Group that includes representatives of all professions to input into executive leadership programme design.</p>	<p>collective and compassionate approaches.</p> <p>Support a range of experiential leadership opportunities including coaching and mentoring.</p> <p>Develop a suite of alumni masterclasses that enable learning from experts, industry and other public-sector bodies.</p> <p>Harness talent, maintain visibility and provide continued support to aspiring and existing talent so they are not lost within the system and can remain current and engaged through utilising of a digital talent management solution.</p>	
Strategic Aim 4: To develop the workforce to support the delivery of safety and quality			
Objective	New Q3 Deliverables	Revised Q4 Deliverables	Defer to Annual Plan
4.1 To develop a good practice toolkit and resource guide to support the workforce model in unscheduled care.	N/A	N/A	<p>Scope and review existing support and provision relevant to unscheduled care workforce (wellbeing, skills, training, etc).</p> <p>Scope and review workforce implications of new models of unscheduled care and good practice in workforce development across the UK.</p> <p>Consult with front line staff to identify workforce challenges and requirements.</p>

			<p>Progress development work for new initiatives to support any gaps identified in what's available in NHS Wales.</p> <p>Launch the first good practice guide for winter 2020.</p>
4.2 Contribute to the workforce planning and workforce development requirements for the Major Trauma Network (MTN).	Review Contribution in line with impact of COVID-19.	Review Contribution in line with impact of COVID-19.	<p>Engage with WHSSC to address overlaps between the workforce needs of the MTN and our Commissioning processes.</p> <p>HEIW will work with the MTN assisting with the following Training Requirements: Trauma Triage, Trauma Team working, Trauma Team Leadership, Damage Control Surgery, Rehabilitation Skills.</p>
4.3 Lead the workforce development and training requirements to support the Single Cancer Pathway.	<p>Complete mapping of Endoscopy workforce.</p> <p>Develop indicative governance structure for consideration to support the National Endoscopy Programme (NEP) education and training.</p> <p>Engage all key stakeholders in review of cancer rehabilitation standards to secure buy in and collaboration in project.</p> <p>Creation of an appropriately remunerated faculty for delivery of endoscopy training.</p>	<p>Review the national training programme for clinical endoscopists.</p> <p>Complete a review of endoscopy workforce and align training requirements for the NEP if approved by Welsh Government.</p> <p>Accelerate relevant actions from the National Endoscopy Action Plan.</p> <p>Identify national priorities for investment in extended/advanced roles</p> <p>Identify best practice workforce models to be adopted locally or regionally for endoscopy</p>	

	Develop an agreement of approaches for supporting professional activities (SPA) time for endoscopy faculty.	<p>Continue delivery of currently time lined endoscopy training programme.</p> <p>Implement training governance structure with HB engagement.</p> <p>Prioritise quality standards for cancer rehabilitation and negotiate measurement arrangements.</p>	
4.4 Develop a mental health workforce plan in collaboration with Welsh Government and Social Care Wales to support implementation of Together for Mental Health (this includes Child and Adolescent Mental Health Services (CAMHS)).	<p>Host a month-long virtual conference on '<i>Informing the Future of the Mental Health Workforce in Wales</i>' in conjunction with Social Care Wales.</p> <p>Publish draft Mental Health evaluation.</p> <p>Begin engagement with PNMH, CAMHS and therapies to scope workforce.</p> <p>Set up task and finish group with SCW and WG to review objectives and initiate discussions for strategic plan.</p>	<p>Work with Welsh Government to clarify expectations and timeline.</p> <p>Scope the current mental health workforce and assess implications for future need and models of care.</p> <p>Review good practice and innovation from across UK and internationally.</p> <p>Publish draft Mental Health evaluation.</p> <p>Continuation of engagement with PNMH, CAMHS and therapies.</p> <p>Develop engagement events to facilitate planning from conference outcomes.</p> <p>Confirm workforce data collection tool and engage with Workforce & OD for data collection.</p>	
4.5 Improve post registration education, support and training pathways to ensure all health care	Commission education and training places for higher qualifications to support cluster models of working	Produce and launch an all Wales multi-professional Learning and Development Framework	Implement the planned expansion of the Foundation programme for medicine with placements across

professionals can develop beyond the point of initial registration.	<p>Manage work programme to ensure partnership working and sharing of development with the service of regular engagement events as work is progressed.</p> <p>Manage the all Wales steering group and expert working group to develop competencies, learning outcomes and agree definitions of levels of practice.</p>	<p>Lead the work on the introduction of new roles e.g. the Anaesthesia Associate in NHS Wales in partnership with the service.</p> <p>Continue to develop an all Wales strategic approach to behavioural science training to ensure a consistent approach across NHS Wales.</p>	<p>secondary Care, GP and the community.</p> <p>Scope the need for support following registration for all professional groups.</p> <p>Identify how funding for advanced practice/extended skills can achieve value in the context of service priority areas.</p>
4.6 Support implementation of primary care workforce model as part of the Strategic Programme for Primary Care.	<p>Roll out primary care training hubs to support the multi professional workforce.</p> <p>Develop proposals for an education/training infrastructure in Primary Care to establish a structure and framework for multi-disciplinary and interprofessional learning – this will align with learning from Pacesetter projects.</p> <p>Enable access to the Immunisation unit that sits within the Level 3 Agored Cymru Level 3 Diploma in Primary Care Health Care Support (General Practice) to be made available.</p> <p>Roll out Practice based small group learning (PBSGL to support cluster engagement in this multidisciplinary/interprofessional way of learning.</p> <p>Scope the training and education available/currently being delivered</p>	<p>Support the development of workforce planning and modelling at cluster level.</p> <p>Implement the increase in GP trainees and roll out changes to GP training in line with the business case (subject to agreement).</p> <p>Implement the increased numbers and multi sector pre-registration programme for pharmacy, supported by implementation of a single lead employer model.</p> <p>Implement phase 2 of the transition programme for pharmacists.</p> <p>Implement an increase the number of Independent Prescriber pharmacists.</p> <p>Support implementation of pace setter projects related to workforce.</p> <p>Develop proposals for an education/training infrastructure for</p>	<p>Develop a digitally enabled compendium of good practice for primary care.</p> <p>Deliver GPN educational framework and work-based learning</p>

	remotely across Primary and Secondary care.	<p>primary and community care (academies/hubs).</p> <p>Implement a communication plan in relation to HEIW's role and primary care clusters.</p> <p>Role Development – national frameworks and training for new roles. A multidisciplinary approach to care; inter-professional working; community engagement; and leadership.</p> <p>Develop a digitally enabled compendium of good practice for primary care.</p> <p>Deliver GPN competency framework.</p> <p>Produce a framework/compendium of remote training available across primary and secondary care across all professions.</p> <p>Use the scoping to set recommendations and standards to achieve a consistent approach across NHS Wales to education and training.</p>	
4.7 Support workforce development requirements of integrated care models being developed by Regional Partnership Boards.	N/A	N/A	<p>Review all transformation fund proposals to assess workforce implications and models.</p> <p>Engage with Regional Partnership Boards to discuss future plans and</p>

			<p>ambitions in relation to integrated working.</p> <p>Review IMTPs with regard to future plans and ambitions for integrated working.</p> <p>Review best practice across UK and internationally to inform future work.</p>
<p>4.8 Support the implementation of the <i>Maternity Care in Wales, A Five-year Vision for the Future (2019-2024)</i>.</p>	<p>Deliver feedback on workforce mapping of NIPE.</p> <p>Survey out to all staff undertaking NIPE examinations.</p> <p>Review workforce lessons from HIW review.</p>	<p>Review workforce lessons from the maternity services review.</p> <p>Feedback survey results and develop plan for national standards of NIPE.</p>	<p>Identify inter-professional education opportunities across the university sector in Wales.</p> <p>Identify how the new undergraduate education contracts can support inter-professional learning.</p>
<p>4.9 Secure the transfer of the Nurse Staffing Programme Team to HEIW and lead the further roll out of the programme across NHS Wales.</p>	<p>Secure the TUPE transfer of the Programme management team to HEIW and their integration into the organisation.</p> <p>Mental health and health visiting programme managers recruited.</p> <p>Set up Task and finish group for monitoring of Digital resources for nurse staffing programme.</p> <p>Confirm with NWD resource for ensuring digitalisation of nurse staffing programme in line with WG digital board.</p> <p>Confirm the reporting arrangements under section 25E (2a) on a 'Once for Wales' basis.</p>	<p>Review and revise programme management arrangement and accountabilities between Welsh Government, NHS Health Boards and Trusts and HEIW.</p> <p>Continue the work to support the suite of workstreams in developing evidence based workforce planning tools.</p> <p>Prepare Health Boards for the extension of the Act to paediatric inpatients in October 2021.</p> <p>Support Health Boards/Trusts to follow the 'Once for Wales' approach in submitting the first triannual report to Welsh Government in April 2021.</p>	<p>Agree further areas for roll out of the act.</p> <p>Recruit digital engineer to commence integration of systems.</p> <p>Review and revise programme management and accountabilities between WG and HBs and HEIW.</p>

<p>4.10 Assess the Critical Care workforce needs across Wales and provide a framework which allows healthcare organisations to develop their Critical Care workforce plans.</p>	<p>Complete analysis and review Health Board assessments to Critical care and other workforce needs to support Covid response alongside 'new normal'.</p> <p>Feed initial findings into training requirements for 2021-22.</p> <p>Deliver a critical care package for enhanced skills for HBS to support COVID-19.</p> <p>Link with HEE regarding critical care education and training.</p>	<p>Scope workforce implications of new models of Critical Care and good practice in workforce development across the UK.</p> <p>Incorporate impact of new Shape of Training in Medicine.</p> <p>Consider the potential role of Physician Associates in workforce models.</p> <p>Complete scoping exercise for Anaesthetic Associates in Wales.</p>	<p>Create a series of options (pull down menu) for Health Boards to use in staffing their Critical Care and response areas.</p> <p>Update workforce implications of new models of Critical Care and good practice in workforce development across the UK.</p> <p>Consider the potential role of the wider medical Associates in workforce models.</p> <p>Develop Critical care education and training programme with education providers.</p>
<p>4.11 Develop a plan in collaboration with Welsh Government and Social Care Wales to support implementation of the multi-professional workforce and training aspects of the Allied Health Professions Framework for Wales "Looking forward together".</p>	<p>Implement COVID-19 Rehabilitation awareness training to support Health & Social Care professionals to adopt an 'enabling approach' to routine care after COVID-19 – completed and shared with health & Social Care.</p>	<p>Coordinate TUPE of AHP Framework Team into HEIW.</p>	<p>Baseline understanding of need / service priorities for AHPs that are relevant to HEIW.</p> <p>HEIW seen as key partner in delivering workforce aspects of AHP Framework.</p> <p>Prioritise and coordinate learning and development offer for AHPs in stroke.</p>
<p>4.12 Adopt a two-stage approach to support the Infection Prevention and Control (IP&C) agenda across health and social care.</p>	<p>Work in partnership with WG nosocomial group to develop a consistent, standardised and evidence - based approach to IP&C training.</p> <p>Complete scoping of IP&C training materials used in health and social care.</p>	<p>Appoint programme manager and develop the work programme.</p> <p>Working in partnership with the service commence the process to develop a workforce plan for the specialist IP&C workforce that offers alternatives to skill mix for the MDT.</p>	

	<p>Map training materials available to best practice evidence.</p> <p>Identify gaps in existing training materials.</p> <p>Develop All Wales standards for provision of training for health and social care.</p> <p>Scope workforce requirements to lead work on development of an IP&C workforce plan.</p>	<p>Review the provision of education for the specialist workforce in IP&C.</p>	
<p>4.13 Seamless transition into HEIW for the Healthcare Science Programme Team and minimise disruption to delivery of programme objectives.</p>	<p>Progress national plan for Neurophysiology.</p> <p>Publish a guidance paper on the role, recruitment and training of Consultant Clinical Scientists in Wales in collaboration with Welsh Government. This is critical element of service redesign that will transform the delivery of services.</p> <p>Continue the Medical Devices Regulations (MDR) workstream relating to compliance with new legislation concerning Article 5.5.</p> <p>Evaluate priorities in the light of COVID-19, prioritising areas to support ongoing ramifications of COVID-19 response i.e. testing staff, contribution to cancer backlog.</p>	<p>Develop a 10-year workforce plan for HCS to create a stable and balanced workforce and establish procedures for more coordinated planning informed by workforce demographics.</p> <p>Procure the Practical Skills for Education and Leadership programme for Health Care Scientists (referred to as PSEL).</p> <p>Continuation of Medical Devices Regulations (MDR) work to ensure compliance according to changes in legislation.</p> <p>Co-resource and commission a formal report to complete the thematic analysis of the Healthcare Science workforce utilisation log.</p>	

	Continuation of the facilitation of COVID-19 Healthcare Science Network meetings. Collate evidence how COVID-19 has influenced HCS practice.		
4.14 Develop support for the care home sector	Engage with SCW to establish joint contribution to care home agenda Develop links partners including WG, Care Forum Wales, NHS and PHW to gain understanding of what work is being undertaken by who Develop an action plan to progress the care home agenda including internal and external stakeholders Scope funding requirements to support care home sector	Progress delivery of care home action plan Develop training programmes as identified Work with colleagues in HEIW including commissioning and workforce to understand implications of up skilling overseas registrants to obtain NMC registration	
Strategic Aim 5: To be an exemplar employer and a great place to work			
Objective	New Q3 Deliverables	Revised Q4 Deliverables	Defer to Annual Plan
5.1 Implement the People, Inclusion and OD Strategy.	Focussed programme of activity to deliver PADR compliance to >85% and Mandatory Training Compliance to >85%. Second Staff Survey/Pulse Survey – target to improve on the 2018 staff survey completion rate, as well as engagement index score.	Focussed programme of activity to deliver PADR compliance to >85% and Mandatory Training Compliance to >85%. Develop an offer to remote workers including those based in the north that is tailored and appropriate, including in relation to training, engagement and access to offsite facilities such as hot desking. Finalise the suite of employment policies and practices, taking opportunities to develop unified	Launch and Implement the People and OD Strategy. Implement the agreed training plan including actions in relation to digital competencies and capabilities, ensuring HEIW has 'a digitally ready workforce'.

		approaches across all staff; deliver training and support to managers.	
5.2 Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW.	<p>Develop and pilot health and wellbeing information, resources and evaluation tools in HEIW prior to sharing across NHS Wales.</p> <p>Work towards and achieve the Bronze Corporate Health Standard accreditation.</p> <p>Ensure that HEIW's needs are represented in once for Wales Health and Wellbeing programmes.</p>	<p>Support the commencement of the development of the Health and Wellbeing Action Plan (Year 1).</p> <p>Review the OH support arrangements for staff, including remote workers against best practice.</p> <p>Implement Neyber (Salary Finance) Financial Services</p> <p>Continue to provide resources in line with national work.</p> <p>Achieve the Corporate Health Standard Bronze Level (scheduled for Jan 2021 subject to COVID-19 restrictions).</p>	<p>Continue to support the development of the Health and Wellbeing Action Plan (Year 2).</p> <p>Evaluate the health and wellbeing initiatives through the Health Needs Assessment.</p> <p>Work towards and achieve the Silver Corporate Health Standard accreditation.</p>
5.3 Implement and embed the Welsh Language framework within HEIW.	Enhance translation services provided by HEIW.	<p>Promoting awareness of the Welsh Language policy resulting from the adoption of the new Welsh Language Scheme and, when they are introduced, the Welsh Language Standards.</p> <p>Embedding behaviours that relate to increase use of the Welsh across the organisation</p> <p>Increase awareness of the advantages of the use of the Welsh language for staff, trainees and patients.</p>	Other more strategic requirements will be informed when Standards Regulations are applied to HEIW.

<p>5.4 Implement and embed the HEIW Strategic Equality Plan and further develop equality and inclusion agenda including partnership working across the public sector.</p>	<p>Develop directorate SEP action plans including directorate accountable leads.</p> <p>Engage with leadership Team to ensure Compassionate Leadership is explicit in its reference to Inclusive Leadership.</p> <p>Develop Inclusion training plan.</p> <p>Work in partnership with Welsh Government and partners to develop technical guidance in preparation for the enactment of socio-economic duty Part 1, Section 1 Equality Act 2010 on the 1 April 2020.</p> <p>Embed the Integrated Equality Impact Assessment framework into practice – this will need support from Governance sector of HEIW.</p> <p>Implement Annual Learning Programme celebrating diversity and inclusion - e.g. Black History (yearlong programme).</p> <p>Research to commence into developing systematic approach to unconscious bias.</p> <p>Engage with Directorates to fully understand equality, diversity and Inclusion as being core to everyday business.</p>	<p>Develop a Transition at Work policy.</p> <p>Embed the Integrated Equality Impact Assessment framework into practice.</p> <p>Deliver on accreditation pledges: Stonewall, Disability Confident, Dying to Work, Anti-Violence Collaboration, Communication Access Symbol.</p> <p>Work in collaboration with Trade Unions' to scope expansion of remit of Dying to Work pledge including support for families and work colleagues.</p> <p>Create co-produced strategic equality action plans with Public Sector Equality Bodies.</p> <p>Work in partnership with Welsh Government and partners to develop technical guidance in preparation for the enactment of socio-economic duty Part 1, Section 1 Equality Act 2010 on the 1 April 2020.</p> <p>Engage with Directorates to fully understand equality, diversity and Inclusion as being core to everyday business.</p> <p>Implement training plan that works in partnership with Directorates to ensure EDI practice and training is shared across organisation.</p>	
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5.5 Progress opportunities for organisational approaches to combat climate change.	<p>Launch the Biodiversity & Climate Change stakeholder group officially internally.</p> <p>Engage regularly with staff to raise awareness and to encourage individual and group action in line with the draft biodiversity plan (in development).</p> <p>Review the Welsh Government Energy Support (WGES) report and prepare recommendations to reduce carbon emissions.</p> <p>Prepare a draft biodiversity plan for internal consultation.</p>	<p>Scope the impacts, risks, opportunities and threats from climate change over the short, medium and long term with a focus on low carbon and being more efficient with our resources.</p> <p>Undertake a strategic assessment of energy efficiency opportunities with consultancy support from the Welsh Government Energy Service allowing HEIW to further reduce carbon emissions.</p> <p>Create a stakeholder group to develop an action plan within HEIW to lessen our impact on the Environment through operational activities and consider opportunities to promote biodiversity on site and in the local area.</p>	
5.6 Embed multi-disciplinary Quality Improvement capacity and capability within all aspects of HEIW's work and develop partnership working with Improvement Cymru.	Scope all current QI resource and ongoing QI internally facing projects in HEIW with a view to establishing a baseline of current configuration (needs assessment) and support.	<p>Deliver pilot introductory training & project support to HEIW staff.</p> <p>Scope online QI project sharing platform.</p>	<p>Develop an online QI project sharing platform for HEIW.</p> <p>Develop an options paper and robust business case, including a shared potential physical infrastructure.</p>
Strategic Aim 6: To be recognised as an excellent partner, influencer and leader			
Objective	New Q3 Deliverables	Revised Q4 Deliverables	Defer to Annual Plan
6.1 Implementing HEIW Communications and engagement strategy; brand awareness and influencing for success.	<p>Implement the principles of the HEIW Communications and Engagement Strategy to support COVID 19 response and essential work of HEIW.</p> <p>Review progress on delivery of HEIW Communications and Engagement Strategy.</p>	<p>Continue to implement the principles of the HEIW Communications and Engagement Strategy to support COVID 19 response and essential work of HEIW.</p> <p>Continue scaled back version of horizon scanning and input</p>	<p>Review and update of HEIW Communications and Engagement strategy.</p> <p>Develop and implement a bilingual three-year sustained HEIW brand awareness campaign.</p>

	<p>Continue scaled back version of horizon scanning and input information into the new information database to support decision making and direction of work in HEIW.</p> <p>Review of forward planning publication grid to ensure all opportunities are being utilised to raise awareness of HEIW, influence national programmes and engage with stakeholders.</p> <p>Implement delivery of activities to raise awareness of HEIW and inform its work, such as: targeted engagement events and briefings, news articles, blogs, contributions to Welsh NHS Confed and other publications.</p> <p>Use revised stakeholder mapping approach piloted in Q2 to support more targeted communications on a programme by programme basis.</p> <p>Develop new key bilingual materials and channels such as:</p> <ul style="list-style-type: none"> • Short videos – ongoing as and when required in Q3. Being added to the HEIW You Tube channel to support brand awareness raising of HEIW and ensure easy access for audience. 	<p>information into the new information database to support decision making and direction of work in HEIW.</p> <p>Regular updating of forward planning publication grid and review by exec team to ensure all opportunities are being utilised to raise awareness of HEIW, influence national programmes and engage with stakeholders.</p> <p>Continue to deliver activities to raise awareness of HEIW and inform its work, such as: targeted engagement events and briefings, news articles, blogs, contributions to Welsh NHS Confed and other publications.</p> <p>Use revised stakeholder mapping approach piloted in Q2 to support more targeted communications on a programme by programme basis.</p> <p>Provide staff training on branding and creating communications materials to support consistency across the organisation and brand identity.</p> <p>Develop new key bilingual materials and channels such as:</p> <ul style="list-style-type: none"> • Short videos – ongoing as and when required in Q3. Add to the HEIW You Tube channel to support brand awareness raising 	<p>Evaluation of current methods of communication and engagement with targeted groups and identifying their preferred channels of communication and engagement.</p> <p>Prospectus – paused move to 2021/22.</p> <p>Brochures. – paused move to 2021/22.</p> <p>Review the scope for influencing national programmes and partners.</p>
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	<ul style="list-style-type: none"> New website – continue undertaking work to bring together all the existing and new content relevant to HEIW's remit into one website by end March 2021 <p>Continue to use successful channels and materials such as:</p> <ul style="list-style-type: none"> Social media – increasing number of followers. <p>Stakeholder events –virtual events taking place in Q3 including showcase event following November Board meeting.</p>	<p>of HEIW and ensure easy access for audience.</p> <ul style="list-style-type: none"> New website – continue undertaking work to bring together all the existing and new content relevant to HEIW's remit into one website by end of Q4. <p>Continue to use successful channels and materials such as:</p> <ul style="list-style-type: none"> Social media – increasing number of followers. <p>Stakeholder events –virtual events taking place in Q4 including showcase event following January and March Board meetings.</p>	
6.2 Supporting HEIW business areas on key national programmes of work through the development and delivery of highly effective communications / engagement / marketing interventions.	<p>Implement individual C&E plans for the 17 active IMTP programmes.</p> <p>Provide plans for additional programmes as they become active in Q3.</p> <p>Evaluate impact of completed programmes using output, outtakes and outcomes model.</p>	<p>Continue to implement individual C&E plans for active IMTP programmes.</p> <p>Provide plans for additional programmes as they become active in Q4.</p> <p>Evaluate impact of completed programmes using output, outtakes and outcomes model.</p>	
6.3 Review the alignment of internal digital systems and functions, and opportunities to support the Education and training experience for trainees in Wales.	<p>Review health boards/HEIW EDUROAM availability and identify bottlenecks in making network available.</p> <p>Identify and agree start date for Digital Director.</p>	<p>Scope and identify Eduroam availability across all NHS Wales sites and develop a rollout plan to increase availability and usage of the network.</p> <p>Rollout Eduroam availability at HEIW.</p>	<p>Scope the delivery of a single platform for HEIW to support education and training arrangements and to end reliance on disparate and unsupported legacy systems.</p>

	Enhance sustainability of team by recruiting to vacant posts within structure and identify opportunities for further review and consideration.	Support NHS Wales organisations in onboarding the network. Undertake a review of the functionality and capacity of the HEIW digital team in the light of the agreed business priorities and make recommendations.	
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Appendix 3

Enshrining the Positive Lessons from COVID-19: Defining the ‘New Normal’ for Education and Training in Wales

1. Introduction

The current COVID-19 epidemic has created an entirely new environment where change to our society has been rapid, necessary and unprecedented in our lifetimes. We will only know how well we have adapted in our NHS services when we evaluate our actions some way down the line. However, this has provided an unique opportunity for beneficial change, innovation, advancement, transformation and lasting benefits.

Excerpt from Future Doctor Report (HEE): *“The Future came sooner than we thought”*

“One of the comments from those responding to our engagement believed that, despite the need for change, our aspirations for reform within a few years would fail without some significant event.”

“A geopolitical crisis, major global recession or cataclysmic pandemic will be the most likely driver of change. With all the will in the world, without a stepchange in the money and power available, current planned changes in how health and social care in the UK will be delivered will be at best partial.”

2. Background

The Medical Director of HEIW delivered a presentation at the June 2020 Board Development session and at the June 2020 ECQ committee on the opportunities presented by the changes following the appearance of the COVID-19 pandemic, and what the new normal should look like. This was received as an important recognition of the opportunities for HEIW to shape the skills of our future workforce and dovetail with the crucially important elements of our workforce strategy, “*A Healthier Wales*” and our IMTP. This paper aligns to the presentation and highlights its points for reference in the future.

3. Unique Opportunity

a. Appetite for Change

The Global nature of the pandemic and its impact in other countries mobilised the whole nation to change the way we were living to contain the spread of the virus and provide the NHS the capacity to deal with the expected surge of cases. This in retrospect appears to have been largely successful with the expectation that there would be a second surge of cases – a situation that has now materialised. Many changes have happened out of necessity. Capacity was created both physically in space and equipment and in the workforce to support those patients who were the most severely affected requiring hospitalisation and critical care. There was strong engagement between all layers of control (WG, Health Care organisations and Social Care) to create the trained workforce to deal with the epidemic. New clinical pathways were created and Respiratory teams took on the NIV/CPAP services.

Innovations such as telephone and video consultation were taken up widely rather than sporadically. Referral patterns changed – fewer admissions to hospital of elderly and those in nursing homes with respiratory and urinary infections. Fewer children with Gastrointestinal disorder attending hospitals. Fewer attendees at Emergency Departments (which has negative as well as positive impacts). HEIW already had the templates (in bold) to support the wider NHS within the HEIW/SC Workforce Strategy:

- An Engaged, Motivated and Healthy Workforce

- Attraction and Recruitment
- Seamless Workforce Models
- **Building a Digitally Ready Workforce**
- **Excellent Education and Learning**
- Leadership and Succession
- **Workforce Supply and Shape**
- **Wellbeing, Welsh Language, Inclusion**

b. Role of HEIW

Within Wales HEIW contributed to the Government Machinery and maintained links with Health Boards/Trusts/NHS Organisations through a variety of means (PEER groups, Contributing to WG led meetings etc). Many HEIW staff were freed to contribute in different ways (CEO secondment to WG, Clinicians freed to work on the “frontline”, trainees in dentistry and Pharmacy providing backup support in clinical areas, administrative support from a variety of sources. Strong links were formed across the UK via the Regulators, Professional bodies and the Statutory Education Bodies to create a variety of supportive measures (e.g. suspension of Medical rotations, discussions concerning return of retirees). Strong engagement with the Education Institutions facilitated early graduation and registration of medical students, mobilisation of the nurse, AHP and CS student workforce.

c. Lessons Learned

Remote Consultations VC/Telephone primary care has revealed the need for further training in this type of consultation. Video Discussions with Families/Friends – this was of huge importance for speaking to families of patients on critical care who were not able to visit. This may also require Training support. Discussions with clinical colleagues and Clinical meetings (MDTs) have been instigated virtually. These will provide excellent training opportunities for students and Trainees. The need for embedding multi-professional simulation based training into all levels of education and training is accepted and HEIW has already started developing its role in this area. Advances in transfer of Imaging being embedded and will provide valuable multi-professional and multispecialty training opportunities.

d. Undergraduate Training

HEIW must engage with our Education providers to ensure that we have Health Professionals who are ready to practice, particularly as we will increasingly need those with Generalist skills. The use of assistantships and meaningful Clinical Placement strategies will be needed to achieve this. We need to encourage our Education Providers to embed Multi-professional Team learning where possible to help breakdown interprofessional barriers and tensions. Where possible, new ways of learning could allow shortening the duration of courses and points of registration. ***Deliver graduates we need – not the ones we are given***

e. Postgraduate Training

HEIW will need to ensure that we modernise Postgraduate Training to reflect the new ways of working. Education in Digital methods of training and delivering services Incorporating a wider range of Generalist Skills and Portfolios. Provide flexible training options to prepare for wider range of roles and portfolio careers. Interprofessional training incorporating simulated training as routine. Work with Regulators and Professional Bodies to ensure recognition of skills obtained “out of training”. Work with Regulators and Professional Bodies to modernise and Digitise progression processes through training - Annual Reviews, Professional Exams, Training completion etc. Work with Regulators and Professional Bodies to ensure progression is geared more to competency not duration or exit exams while maintaining standards. Work with Regulators and Professional Bodies to create Multiprofessional opportunities (Nursing, Midwifery, Allied Health Professionals, Clinical Scientists, Optometry) for progression to Consultant roles. Create Advance Practice opportunities and development of MAPS (PAs, AAs, SCPs & ACCPs) geared to the NHS needs in Wales Create an environment that

welcomes and provides value to International Graduates to undertake postgraduate training in Wales. ***Deliver Professionals we need – not the ones we are given***

f. Other Benefits

Many staff have changed to home working which has been challenging for some but have conferred benefits to others. There may be wellbeing opportunities to grasp and challenges to face with a change in the future balance of the pattern of working. There are opportunities to reduce our Carbon footprint – Decreased use of paper, fuel. Reduced Physical conferences, travel and catering has saved money. Reduce road risk due to more homeworking. The role of HEIW on a UK basis has been positive and collaborative. Links have been strengthened with SEBs, Professional bodies and Regulators. These will need to continue and be formalised as normal working in the future.

g. Current Position

We are now experiencing a second peak of COVID cases. We have already recommenced Postgraduate Medical, Dental and Pharmacy Preregistration training and rotations. Future ARCP processes for Medicine and Dentistry will have the option of being done virtually. Future Deanery meetings will have encourage virtual attendance. There are lessons to be learned from how students and trainees were deployed during the first wave. HEIW's position is that staff, students and trainees should not be seen as an easy solution to the need for more staff to support immunisation and/or the second peak.

Taking students away from education towards the end of an academic year is very different to taking them out in the middle of an academic year where there would be risk of excessive disruption and potential detriment. The longer term impacts in the supply of trained professionals could be disrupted. We should recognise that not everyone had a positive experience during the first wave and there was no educational benefit for some, alongside acknowledging the valuable experiential learning for others. We acknowledge and accept that some students do work ad-hoc via local "bank" arrangements.

Appendix 4

A HEALTHIER WALES – A WORKFORCE STRATEGY FOR HEALTH AND SOCIAL CARE

SUPPORTING THE WINTER PROTECTION PLAN

Health Education and Improvement Wales and Social Care Wales have developed a draft [workforce strategy for health and social care](#) which was commissioned by the Welsh Government to support implementation of A Healthier Wales. This has been achieved with significant engagement and contributions from staff, partners and stakeholders, and provides a framework and direction for the next 10 years.

Strategies are only useful if they lead to action and improvement. Action from the draft workforce strategy (WFS) has already been taken, within areas such as leadership, and wellbeing. COVID-19 has escalated our work in some of these areas as set out in HEIW's quarterly plans and in Social Care Wales 2020/2021 business plan. Particular examples include:

- the [extensive resources](#) we have designed and implemented to support staff well-being,
- the development of our draft leadership principles for health and social care,
- our work to address specific workforce shortages, including mobilisation of students and returners to the temporary register,
- increased flexibility and availability of education and training, and
- our work to attract and widen access for people into health and care careers.

COVID-19 has also seen a huge change in many areas, in the way we deliver our services which has been underpinned by digital and virtual technology to support new ways of working.

The pandemic has reinforced the case for change that underpins the strategy, and the golden thread of wellbeing that runs throughout the themes and actions. We have seen such bravery, courage, compassion and professionalism from our people over recent months, and in return we need to put in place the support they need, by implementing the commitments set out in the strategy with pace and energy.

COVID-19 brought into sharp focus the issues of parity of esteem between health and social care workforce and the need to protect the safety and wellbeing of our people particularly those at the front line of service provision. It has highlighted the need for increased focus on the diversity of our workforce, and the additional vulnerability some groups particularly our BAME colleagues have faced. It has reinforced the benefit of developing a compassionate leadership approach at all levels, developing an inclusive

and diverse culture, reflective of our local communities, where staff well-being is paramount and each individual feels they are supported and belong.

This document represents a first phase implementation plan for HEIW and Social Care Wales in relation to our contribution to the draft WFS. It sets out clear actions, for 2020/2021 to support transformation across the health and social care workforce and enhance our winter resilience. It builds urgency and specific actions under the seven key themes of the strategy, allowing for early implementation building towards our longer term and more sustainable goals.

Given the immediate focus of this document on the next 6 months it is not feasible or desirable to take a joint approach to all of the actions. Where this is the case we will still be working closely together to share good practice and lessons learned to scale up our ability to deliver system improvement.

AN ENGAGED MOTIVATED AND HEALTHY WORKFORCE

The wellbeing of our people continues to be front and centre of our thinking. As a system we need to ensure that we continue to protect and support the staff who have been caring for COVID-19 patients and citizens in NHS and social care settings, as well as the rest of our workforce who have had to adapt with immediate effect to new ways of more remote and virtual working. The disproportionate impact of COVID-19 on our BAME colleagues and other vulnerable groups has highlighted existing and deep-rooted inequalities that we need to address.

This needs to be a shared approach with employers taking a leading role. However, there are also key contributions that HEIW and Social Care Wales need to make. During COVID-19, HEIW made available a range of resources to support staff wellbeing. A 'one-stop shop' was hosted on HEIW's website which provided a range of best practice guidance, self-help resources, as well as access to specialist help for colleagues such as counselling, PTSD and Samaritans support. We are continually evaluating these to understand and embed the benefits into practice. We also need to support employers to adopt guidance and best practice in relation to staff wellbeing and staff safety, backed up by effective access to Occupational Health Services where required.

Social Care Wales made an immediate response to the pandemic with dedicated wellbeing resources for the social care sector available on the Social Care Wales website, through regular newsletters going directly to registered persons and a newly created social care worker card, providing a form of identification which enabled access to a range of tangible benefits with retailers and access to a variety of well-being support.

As well as establishing a social care wellbeing network to share intelligence and solutions to support wellbeing, Social Care Wales are commissioning on behalf of Welsh Government an Employee Assistance Programme, which will be live from December 2020, targeted at workers who may not have access to support available from statutory or larger employers.

We have also been engaging our people in the early stages of developing our staff governance frameworks, which sets out the expectations staff can have of their employer, and the expectations the employer can have from their staff. We are also improving the ways in which we measure staff experience by encouraging more local immediate feedback loops, as well as formal surveys, which was a key action (action 4) in the strategy. Continuing this, is of critical importance, and our efforts, spread and speed in this area over the COVID-19 experience needs to be maintained.

By March 2021 HEIW will

- Develop and launch an NHS staff governance framework which will set out expectations for both employers and our people to drive positive employee experience and improved quality.
- Increase staff voice through streamlining and improving staff feedback mechanisms including the Medical Engagement Scale and NHS Wales staff survey alongside local surveys and feedback mechanisms.
- Progress the findings of the 2020 NHS Occupational Health review.
- Continue to provide guidance and support to contribute to employer guidance in relation to wellbeing including infection control, PPE, vaccinations, risk assessments, home working, rest and respite.
- Continually develop our excellent tools and digital resources to support physical and mental wellbeing and create targeted resources for staff who are identified in 'at-risk' groups.
- Develop robust ways of capturing the outputs of risk assessments particularly for BAME colleagues and ensure that this information supports decision making at local levels.

By March 2021 Social Care Wales will

- Continue to add to and refine the range of wellbeing resources available via its website.
- Continue to facilitate a social wellbeing network.
- Further develop the social care worker card into a long term solution for the social care sector to provide recognition as social care workers and access a range of benefits and wellbeing resources.
- Develop a consistent approach to monitoring and measuring employee experience through social care staff surveys.
- Improve our offer to registered people, supporting professional recognition, digital learning and personal development including promoting positive wellbeing for the workforce.
- Consider how the health and wellbeing framework may offer independent support to registered persons through any fitness to practise procedure
- Launch and manage an employee assistance programme for the social care sector.

By March 2021 together we will

- Ensure that our Health and Wellbeing Framework and Staff Governance Framework are based on common principles or approaches.
- Share good practice and resources between health and social care to drive improvement.
- Support the implementation of the flu vaccination programme.

We entered this pandemic with a workforce shortage across health and social care. Although there has been huge commitment to the creation of a “temporary” workforce this is not sustainable as we need to avoid long term impact on the temporary staff, students and trainees involved. In addition international recruitment may have additional challenges for some time to come, and in light of immigration changes related to leaving the EU. Consequently we need to embrace the opportunity that has arisen from the pandemic in putting a spotlight on working in health and social care - the profile of job opportunities and careers in this sector has never been higher.

We need vibrant and authentic promotional campaigns to underline the value of working in health and social care, the close connections to local communities, and to reinforce the diversity of roles, work and working patterns that exist. We need to focus our careers services on flexibility of access points and pathways, welcoming all and encouraging people to consider this even at later stages in their lives.

We need to capitalise on the renewed interest in NHS and social care careers as well as ensure that we offer flexibility and excellent practices to retain our existing staff, particularly those who are over 55. Along with ensuring excellent employment practices, we need to attract people into pre-registration training programmes and to develop our ‘grow your own’ schemes, where people can learn as they learn.

By March 2021 HEIW will

- Take responsibility for Train Work Live and scope future national campaigns to attract people to the NHS.
- Review and expand the widening access work programme following the transfer to HEIW from Welsh Government.
- Continue to develop and expand our NHS Careers digital solution to increase the available information and resources, promoting careers in NHS Wales. Develop guidance for agile and flexible working, for employers and our people, and flexible by default approaches for HEIW.
- Develop targeted retention initiatives aimed initially to the post 55 workforce to ensure we maintain valuable experience of our registered staff, providing ‘careers for life’ which support the changing needs and life experiences of our people.
- Accelerate our ‘grow your own’ schemes and expand the approach into other professional areas.
- Commence a review of NHS Wales’s end to end recruitment practices to reflect expectations of a modern employer and ensure we attract and pay attention to diversity, welsh culture and language.

By March 2021 Social Care Wales will

- Continue to develop the WeCare Wales website and jobs portal including additional video content promoting sector champions.
- Deliver further social media and TV based campaign bursts.
- Develop schools based resources to promote careers in social care.
- Develop values based resources to support employers recruitment practice.
- Capture positive practice and processes regarding recruitment and retention to share nationally.
- Recruit and support additional WeCare Wales ambassadors.
- Continue to financially support the care career connector posts in the 7 regions.
- Work with key stakeholders such as Department of Work and Pensions and Careers Wales to strengthen links between job seekers and careers in social care.

By March 2021 together we will

- Further develop the Careers Network links and connections between careers approaches in health and social care to maximise our reach.
- Share good practice and resources to drive improvement in recruitment and retention across the sectors.

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di-dor
Seamless Working
Models

SEAMLESS WORKING MODELS

Developing a health and social care workforce to provide services closer to home is a key commitment in the workforce strategy, with a particular focus on the new model of primary care, 'Together for Mental Health' and the new integrated service models being developed through Regional Partnership Boards. COVID-19 has accelerated some of this, with many service models adjusting to address social distancing. It is essential that our people have the right skills and training to work in that way on a sustainable basis.

We have also seen the critical importance of seamless working to support individuals living in care homes and being supported at home which is such a key part of the health and social care system but lacks a coherent workforce development plan.

We have refreshed and launched the delegation framework to support teams and professionals to work together during the pandemic, and this remains relevant to underpin cross profession and cross sector working.

Roles have been blended, expanded and extended to meet the need, and our staff have risen positively to this challenge. We have identified opportunities through this experience, to enhance our work to support primary care and social care at pace, through building on the work undertaken by local authorities, health boards and trusts to support both sectors with training, staff where appropriate, and joint planning.

We now need to build on the new service models that have been accelerated outside hospitals and support them with effective and sustainable workforce models at pace, equipping staff with the skills and training needed to ensure that we don't revert back to old ways of working.

By March 2021 HEIW will

- Support the multi professional workforce in primary care by the roll out of primary care training hubs across Wales.

By March 2021 Social Care Wales will

- Develop a workforce plan for direct care workforce.
- Develop a workforce plan for the social work profession including a new post qualification framework.

By March 2021 together we will

- Progress priorities for the mental health workforce and scope the development of a longer term workforce plan.
- Evaluate the impact of the joint induction training pilot for front line H&SC workers with Hywel Dda HB and social care partners.
- Develop new learning tools to support effective hospital discharge from the pilot with Aneurin Bevan and social care partners.
- Continue to roll out training, development and support across the care home sector to upskill staff to meet the requirements of the pandemic.

This is potentially the biggest enabler for change affecting the workforce and services. The effect of lockdown on services, and the need for social distancing has led to a dramatic change in the way we work, enabled and reliant on digital technology. From 'Team' and 'Skype' meetings, to GP online consultations, and remote triage and assessment many of our staff have rapidly adapted and learnt new skills. These new ways of working will need to be evaluated but it is clear we have taken a huge leap forward – we now need to ensure that staff are able to practice in this way safely and effectively.

We have also seen a huge shift in how we access training and learning online using virtual teaching and resources. This has been a revelation in terms of its effectiveness and accessibility and has proven its worth as a fundamental plank of our blended learning approach to education and training.

Our experience and rapid increase in adapting to the use of digital technology to support our services, has supported the changing culture in ways we would not have anticipated even six months ago when submitting the draft strategy. Our role in this is to ensure that we have a digitally ready workforce, who have the skills to be able to embrace this technology, and that the education we provide is delivered through blended learning, includes simulation and is reflective of these new ways of working. This applies to our existing workforce as much as the new workforce that are currently in training.

By March 2021 HEIW will

- Scope the “Building a Digitally Ready Workforce Programme” focused on enhancing the digital literacy and confidence of the health workforce in Wales.
- Target the clinical and non-clinical skills needed to assess, triage, consult through technology with appropriate training programmes
- Invest in on-line learning to support grow your own and pre-registration learning programmes to enhance flexibility in commencement and support flexible working and learning arrangements.

By March 2021 Social Care Wales will

- Develop plans for the creation of a digital learning platform and test out opportunities for once for Wales training.
- Provide flexible approaches to learning and ensure appropriate support is in place.
- Review the Continuing Professional Development requirements of registration so that online learning is seamlessly incorporated into renewal processes.
- Accelerate our transformation to a more person centred and evidence led organisation maximising the effectiveness of our digital offer to external customers.

- Work with DPSWales to understand the potential to use digital transformation in adult social care, via a pilot programme.

By March 2021 together we will

- Share learning on development of digital literacy and skills for current and future workforce.
- Work with partners to increase the availability and catalogue of virtual learning solutions, including e-learning, virtual classroom and simulation.
- Provide opportunities to pilot the delivery of digitally based learning content.
- Undertake a lessons learnt exercise from the DPSW pilot (above) to inform future digital service improvements.

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Excellent Education
& Learning

EXCELLENT EDUCATION AND TRAINING

The fragility of the workforce during the pandemic has underlined the importance of continuing to invest in the education and training of professions across the health and social care system, as well as reinforcing the need for a flexible and generalist focus for this. The nature and content of the education and training needs to equip students and trainees for their future work, in the “new normal”.

For our current students and trainees there has been some disruption to current education and training programmes which we have sought to minimise through close working with regulators, awarding organisations, training providers, colleges and universities. Trainees and students have cooperated with these changes and in some cases have stepped up to support the COVID -19 plans. However this is not sustainable and we are seeking to reset, where possible, “normal” rotations, assessment and placements to ensure that individuals are not disadvantaged.

We have also invested in training our existing workforce to deal with the particular needs of the pandemic such as the targeted training in critical care and respiratory skills, rehabilitation, infection prevention and control, and with learning to support end of life care and how to support individuals living with dementia which have been refocused and rolled out on a multi professional basis. We have learned a lot from the adjustments made to address the pandemic, and it has revealed opportunities to do things differently and better in the future.

We must continue our trend of expanding the number of trainees and students entering health and social care professions to meet the needs of employers and ensure that their education and training is fit for purpose.

We must challenge traditional ways of training and education and ensure that we develop a blended approach that gives students and trainees the best possible experience.

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

We need to continue to invest in our current workforce, nurturing the generalist skills and competences needed to maximise our resilience and ability to respond.

By March 2021 HEIW will

- Increase students and trainees across health professional groups for entry in 2020 programmes as outlined in the Education Commissioning and Training Plan for 20/21.
- Increase investment and support for advanced practice learning programmes and qualifications.
- Restore and reinforce the educational and supervisory roles of staff to ensure that trainees and students in Wales have the best training experience.
- Make improvements in key aspects of education including the quality and diversity of student clinical placement opportunities; simulation based training and standards for work based learning.
- Complete the re-procurement stage of the HEIW Strategic Review of Health Professional Education to transform future education programmes.
- Collaborate with UK partners to progress transformation of medical education and training to support the Future Doctor report.
- Review alignment of NHS recruitment and student graduation cohorts.

By March 2021 Social Care Wales will

- Support learning providers to recruit sufficient students to meet the qualification standards of all social work registered persons.
- Commence a review of funding streams that support workforce development including SCWWDP grant and bursaries.
- Monitor the take up and delivery of the new Level 2 & 3 qualifications and support implementation of new Levels 4 and 5 qualifications.

- Support the implementation and take up of the revised Level 4 and 5 apprenticeship frameworks.
- Work with academics, and Awarding Organisation consortium to review and support the development of assessment methods.

By March 2021 together we will

- Continue to develop and deliver targeted multi professional training programmes to upskill staff and to maximise winter resilience.
- Share good practice on student placements, work based learning and practice facilitators.

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Leadership and
Succession

LEADERSHIP AND SUCCESSION

Leadership and Succession

Our experience in Covid has seen many individuals take on new and/or different leadership roles. We have also seen the impact on our workforce in reacting to change. In both cases we need to ensure that our workforce is supported in this area, as we develop our 'new normal.' We will work with partners to influence cultural change within the health and care services through building compassionate and collective leadership capacity at all levels. This will deliver a more collective and compassionate culture, with significant benefits for staff wellbeing and thus patient and citizen outcomes.

We are building on this approach and rapidly introducing a range of resources, working closely with Professor Michael West. A Leadership Framework for Action has been developed for Health and Compassionate Leadership Principles for Health and Social Care in Wales are in final draft.

We cannot deliver the workforce strategy aims and actions without compassionate leaders. We have continued to support our leaders throughout the COVID-19 pandemic through the provision of a range of credible digital resources in health and continuation of leadership programmes in care all of which are building our leadership capacity for the future at all levels. We must take this opportunity to provide accessible multidisciplinary and multi-agency leadership and management development programmes, executive level leadership development and implement inclusive succession strategies that develop inclusive, collective, system leaders. Using blended approaches we will create vibrant communities of practice that will continue to grow compassionate leadership capacity across the system, creating a culture that promotes healthy working environments, as the wellbeing of our staff is critical to the provision of high quality care and outcomes.

The Covid-19 experience saw leaders at all levels, stepping up to respond to the crisis. We must take this opportunity to capitalise on this, and to support our leaders across statutory, voluntary and private settings and with independent and non-executive board members with an active offer of leadership development.

By March 2021 HEIW will

- Launch our bi-lingual “*Gwella*” digital leadership resource platform to provide increased and flexible access to evidence based compassionate leadership resources across health and social care in Wales.
- Actively engage with staff from BAME groups to understand the issues that may be preventing career development, taking positive action and providing targeted leadership development.
- Develop masterclasses focussed on racial injustice and health inequalities to support leaders.
- Develop inclusive national leadership development programmes aimed at increasing clinical and non-clinical leadership capacity and sustainability.
- Establish vibrant leadership networks and alumni to continue to grow compassionate leadership capacity across the system.
- Launch the NHS Wales talent and succession planning strategy and deliver the initial phase aimed at tiers 1-3 (Assistant Directors through to Executive Directors), to create compassionate leadership capacity and sustainability across NHS Wales.

By March 2021 Social Care Wales will

- Continue to invest in specific leadership programmes for social care professional heads of service and statutory directors.
- Develop and support peer networks across registered managers in social care in private, voluntary and public services to enhance wellbeing and help protect resilience.
- Develop a single point of access webpage hosting resources to support collective and compassionate leadership across the sector.
- Continue to collate wellbeing resources specific to supporting the wellbeing and resilience of social care leaders.
- Develop webinars and masterclasses in collective and compassionate leadership to support practice in the sector.
- Explore the scope of opportunities to align approaches to collective and compassionate leadership with fitness to practice, qualifications, community resilience and outcomes focussed practice to develop leadership in social care.

By March 2021 together we will

- Develop, consult and publish agreed principles of compassionate and collective leadership to underpin developments in each sector.

- Support the promotion and implementation of the new Level 4 and Level 5 qualifications including the related apprenticeship pathways.
- Work with Academi Wales to ensure leaders in health and social care contribute to and benefit from the One Public Services Leadership development resources.

WORKFORCE SUPPLY AND SHAPE

We have referred to shortages in the workforce throughout this plan, and these were a key driver for the development of the workforce strategy in 2019. COVID-19 has highlighted where these shortages exist with additional risks now being encountered due to the post COVID demands on essential services and winter pressures which will continue to challenge our supply. Staff wellbeing and levels of burnout need to be taken into account as well as new demands for additional workforce, for example in relation to Test Trace Protect and vaccination programmes. To respond to this in months rather than years requires us to be prepared to take an extraordinary approach to the supply, shape and skill mix of our workforce.

The COVID-19 experience brought into sharp focus that our current data systems and processes do not support workforce modelling in real time to enable rapid decision making about supply and demand. This is a complex situation, and one which we are placing urgency on resolving.

We need to ensure that as far as possible our services have the workforce needed to sustain care during the winter, whilst recognising that they are facing additional challenges. In the NHS, mental health services are already predicting peaks in demand of as much as 20%, and we need to address a significant backlog in diagnostic services to get cancer pathways running effectively. There is reported pressure on a number of parts of the system including: care homes especially in terms of the impact of Covid19 and the need to alter operating practices such as the use of agency staff, reported shortages of qualified nurses alongside issues in relation to testing; fragility of domiciliary care services and potential spike in demand when services are reinstated after the current wave of COVID-19 and pressures and demand for supporting vulnerable children **and families**.

We need to be prepared to adjust our norms about staffing in advance of any peak or pressures to ensure that this can be done safely and effectively – whether this relates to field hospitals, critical care or rehabilitation. If we don't have enough skilled staff available to us, we need to maximise their effectiveness by ensuring they are doing work that only they can do and deploying them with maximum effect.

This also means developing and nurturing a flexible and generic health and care workforce that, with targeted training, can be prepared easily and quickly to expand our workforce or allow other staff to be redeployed to other areas across the system.

We need to find quick and flexible ways of growing our workforce to meet new initiatives. It will be imperative to be clear about the roles and competencies required to minimise demand on professionally registered staff and create sustainable supply.

In the first peak HEIW developed a generic Patient Care Assistant (PCA) campaign with streamlined ways of attracting, recruiting and training a flexible temporary workforce. This was not required in the first peak but remains an option for winter resilience and could be broadened to recruit and support both health and social care workers. The PCA work saw the development of new induction programme, aligned to the new induction programme for health and care support workers, which maximises digital technology for delivery and should be further rolled out. This will standardise inductions and rapidly and remotely support employers to comply with quality and regulatory requirements.

All domiciliary care workers are now registered within 12 months of commencing employment and the data indicates that this workforce includes over 20,000 individuals in Wales. They will shortly be joined on the professional registers by care home workers, giving rich insights and intelligence to the workforce, and support to their training, learning and development. We want to ensure there is parity in expectations for the workforce and how we support their training, learning and development regardless of their registration status.

COVID-19 highlighted the need for high quality workforce data in real time, to understand the shape of our workforce and rapidly mobilise and deploy where required. This has presented a significant challenge, and there is much work to do to improve the level of quality and completeness of the data within our existing systems, and in the longer term, improve our data systems.

By March 2021 HEIW will

- Develop standardised, robust competence frameworks and job descriptions for new initiatives and services to support COVID-19.
- Actively support the NHS workforce requirements to deliver essential services in particular mental health, imaging, and cancer.
- Establish a 'reservist registered professional workforce' which can be mobilised rapidly when required.
- Launch the workforce planning digital platform to incorporate learning programmes, networks and virtual classroom capability to support the improvement of workforce planning capability.
- HEIW will work with NWSSP, Health Boards and Trusts to make immediate improvements in the quality and completeness of workforce data at local and national levels.

By March 2021 Social Care Wales will

- Complete an overhaul of our approach to workforce data collection.
- Continue to enable the care home workforce to register on a voluntary basis.
- Explore the scope for flexibility of learning pathways within the revised post qualifying framework for social workers.
- Work with the awarding body consortium to explore if top up units can be introduced to accredit individuals learning and enable movement across job roles and/or service settings.
- Analysis of the jobs portal to consider workforce supply and demand, and look to capture individuals interest in the sector and initial entry points into the sector.
- Complete with NWIS the scoping of a data strategy for social care in Wales.

By March 2021 together we will

- Implement our 'pop-up workforce' solution where required for temporary supply issues across health and social care – recruiting, onboarding and training people with experience of working in other sectors in flexible and generic skills to support increased demand.

IN CONCLUSION

It goes without saying that to implement this plan will require excellent and committed collaborative working across the health and social care sector, between local organisations and national bodies, working in social partnership.

It is also evident of the practical, responsive, initial steps that have been taken across the health and social care sector but it is recognised that there needs to be a longer term plan and approach if the ambitions set out in the 10 year health and social care strategy are to be realised.

Health Education and Improvement Wales

Social Care Wales

September 2020



Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential

This updated advice should be read in conjunction with the Winter Protection Plan: NHS Wales Operating Framework Quarters 3&4, 2020/21

1. Background

This document builds on guidance issued by the World Health Organisation (WHO) on maintaining essential health services:

<https://www.who.int/publications/i/item/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

It also takes into account the traffic light approach outlined in the Welsh Government plan for moving out of lockdown:

<https://gov.wales/sites/default/files/publications/2020-05/unlocking-our-society-and-economy-continuing-the-conversation.pdf>

Essential services must be maintained throughout all of these phases – from black to green. As lockdown restrictions ease and more routine services begin to come back on stream, it is important that we continue to define those services that are essential, particularly for when any future peaks or outbreaks may occur and while capacity to provide services remains challenging.

It is recognised that the delivery of essential services in the context of COVID-19 is challenging. It is not only the specific redirecting of resource to COVID specific services that can reduce the capacity to deliver essential services; essential services are also impacted by constraints on facilities and staffing that are a direct

consequence of action to reduce the risk of COVID transmission in healthcare settings, in order to protect patients, staff and the wider community. It is, however, important that, in this context, essential services are prioritised and that health boards and trusts are able to rapidly identify, highlight and respond to situations where the delivery of essential services is compromised or threatened (see Assurance and Governance section below).

This latest update of the Essential Services framework provides further advice and some specific actions for Boards to be able to seek assurance that they are maintaining essential services for their populations. It also includes reference to any clinical guidance since quarter 2.

This framework, and all guidance issued under it, is designed to support clinical decision-making in relation to the assessment and treatment of individual patients. The ultimate aim is to ensure harm is minimised from a reduction in non-COVID activity. It is recognised that the presence of coronavirus in society and, particularly, health and care settings changes the balance of risk in relation to many aspects of healthcare, including essential services. All decisions about individual care must ultimately be made by clinicians, in discussion with patients and their families and in the best interests of each individual. Essential services should remain available across NHS Wales during the outbreak. However, this framework does not mandate that specific interventions must be provided to all patients, where that is not in their overall interest.

2. Defining Essential Services and Supporting Delivery

In its initial advice in March, and as slightly amended in June, the WHO advises that countries should identify essential services in their efforts to maintain continuity of service delivery during the pandemic. WHO advises that the following high-priority categories be included:

- essential prevention and treatment services for communicable diseases, including immunisations;
- services related to reproductive health, including during pregnancy and childbirth;
- core services for vulnerable populations, such as infants and older adults;
- provision of medications, supplies and support from health care workers for the ongoing management of chronic diseases, including mental health conditions;
- critical facility-based therapies;
- management of emergency health conditions and common acute presentations that require time-sensitive intervention; and

auxiliary services, such as basic diagnostic imaging, laboratory and blood bank services.

These categories have been used to define a detailed list of essential services for the NHS in Wales. Organisations self-assessed their position against the comprehensive list during Quarter 1. This now leaves us better prepared to deal with any further peaks and disruption and the resulting need for further rapid scaling up of COVID-19 treatment capacity, while ensuring safe access to high quality essential services.

Balancing such demands and making difficult decisions need to be considered within the overriding ethical principles as articulated in the Welsh Government's 'Coronavirus: ethical values and principles for healthcare delivery framework' (<https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework.html>):

- everyone matters;
- everyone matters equally – but this does not mean that everyone is treated the same;
- the interests of each person are the concern of all of us, and of society;
- the harm that might be suffered by every person matters, and so minimising the harm that a pandemic might cause is a central concern.

It is important to define what we mean by 'essential'. Whilst we are familiar with categorising services according to 'emergency', 'urgent', 'soon' or 'routine', some essential services may straddle all of these categories, for instance the provision of immunisation services are routine, but they should also be classed as essential. Other services such as emergency surgery are clearly easier to immediately be classed as essential as they could be life threatening.

The identification of services considered as 'essential', in this context, therefore includes consideration of the following factors:

- Level of impact of any interruption to services on mortality and significant longer term morbidity (i.e. the degree of harm) and avoidable morbidity in life shortening illness (palliative and end of life care)
- Degree of the time sensitivity of interventions (noting that some services may not be essential in the immediate short term, but may become so over longer periods). This will become increasingly important given the backlog in service provision that will have been inevitable in managing the initial COVID-19 response.
- Value of interventions in value based healthcare.

Services deemed as essential and which must continue during the COVID-19 pandemic are, therefore, broadly defined as services that are life-saving or life impacting - i.e. where harm would be significant and irreversible, without a timely intervention. Irreversible for purposes of palliative and end of life care will include anything that will not realistically improve within the remaining life span.

3. Assurance and Governance

The advice from WHO makes it clear that there must be effective systems in place to monitor the provision of essential health services. This must happen at the local level in the first instance, and is key to ensuring provision of, and access to, essential services to ensure equity of provision, patient safety and experience as well as staff safety.

Board Quality and Safety Committees need to gain assurance that harm is minimised from the reduction in non-COVID activity. This should be done by triangulating timely information from different sources such as quantitative data, quality impact assessments, audit, harm reviews and risk profiles. These need to take into account clinical, operational and population risks and controls such as infection control and prevention interventions and processes. An open and transparent process to monitor and identify risks to delivery is necessary to identify where alternative solutions or ways of working may need to be determined.

NHS organisations should be routinely analysing local information to understand service gaps and outliers. This data should be disaggregated by age, sex and population group where possible to ensure equitable delivery of services.

Further advice setting out an assurance framework is attached at appendix 1. This also sets out some specific actions which organisations are asked to focus on over the next period. These are designed so that Boards can firstly be assured locally that services can be maintained and to the required level; as well as enabling the development of relevant metrics to ensure an all Wales consistent approach to track outcomes and minimise harm.

Organisations must therefore:

- Provide their Boards with appropriate evidence, including data, to assure themselves that their population has access to Essential Services, whether provided directly or indirectly
- Make decisions based on evidence and risk and be able to demonstrate rationale for those decisions
- Use the Health and Care Standards (2015) to guide decision making
- Have processes and systems in place to ensure that their clinical leaders are keeping up to date with, and following the latest guidance on Essential Health Services
- Ensure that their data is of sufficient quality on which to base informed decisions

4. Communications and Engagement

As also set out in the WHO guidance, effective communication and community engagement are essential to maintaining trust in the health service and ensuring appropriate care-seeking behaviours. Engagement and communications also play a key role in supporting the health service in maintaining essential services during the COVID pandemic. Organisations should ensure they have effective mechanisms in place to keep patients and stakeholders up to date with regard to service provision and any changes or specific requirements.

5. Essential services in outline

It is important to note that not all specific services under the broad headings below are deemed to be essential. Further, more specific, definitions will be set out in service/condition specific guidance issued under this framework where required.

In providing all essential services patient and staff safety must always be paramount. This includes ensuring that all appropriate steps are taken in respect of maintaining infection prevention and control including social distancing, guidance on PPE, procedure specific requirements and testing as appropriate. This also includes continued use of remote working including video consultations.

The Nosocomial Transmission Group continues to produce advice on infection prevention and control. This includes:

- The NHS Principles Framework to assist the NHS in Wales return urgent and planned care services in hospital settings during COVID-19
- Operational guide for the safe return of healthcare environments to routine arrangements following the initial COVID-19 response.
These are available at: <http://howis.wales.nhs.uk/sitesplus/407/home>
- COVID-19: Guidance for the remobilisation of services within health and care settings: Infection prevention and control recommendations (4 Nations guidance available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf
- NICE COVID-19 Rapid Guideline: arranging planned care in hospitals and diagnostic services, available at:
<https://www.nice.org.uk/guidance/ng179/resources/covid19-rapid-guideline-arranging-planned-care-in-hospitals-and-diagnostic-services-pdf-66141969613765>

This and further guidance issued by the group will be relevant and will underpin the provision of essential services.

Access to primary care services (providing essential, additional and a limited range of enhanced services that fulfil the WHO high priority categories, including immunisations)

Primary care services are fundamental to ensure the continued management of patients; albeit those with the most urgent needs during the period of the pandemic. Primary Care services remain the front door to the health service,

with 90% of patient contact taking place in these settings. Clinicians will be required to consider the necessity of appointments for whatever issue is presented at this time and there is no exhaustive list. As far, as is reasonably practicable, patients should be triaged and consulted remotely to avoid unnecessary face-to-face contact. Providing services that maintain people's health and well-being of those with a known chronic condition, as well as urgent new health issues which require time sensitive medical intervention should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high-risk and high risk, vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and reactive intervention to prevent hospitalisation. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how primary care services have been traditionally provided; including supporting the cluster hub model, as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care. The following must be maintained:

General Medical Services

Those essential services which must be provided under a general medical services contract in accordance with Regulation 15 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004.

Enhanced Services to continue are the childhood immunisation scheme, pertussis immunisation for pregnant and rubella for post-natal women and oral anti-coagulation.

WG guidance issued:

- COVID-19 update for GP in Wales **issued 11/03/20-** <http://howis.wales.nhs.uk/sitesplus/407/home>
- Temporary Primary care Contract changes **issued 17/03/20** <http://howis.wales.nhs.uk/sitesplus/407/home>
- Referral guidance primary-secondary **issued 31/3/20-** <http://howis.wales.nhs.uk/sitesplus/407/home>
- Repeat prescriptions and COVID-19: guidance for primary care **issued 20/03/20-** <https://gov.wales/coronavirus>

- Joint letter to the GP Profession from Welsh Government and BMA issued on 5 June -
<http://www.wales.nhs.uk/sites3/Documents/480/Letter%20to%20the%20GP%20profession%20-%20Recovery%20Plan%20June%202020.pdf>
- Link to Annex A of the letter -
<http://www.wales.nhs.uk/sites3/Documents/480/GMS%20Contract%20Changes%20-%20Recovery%20Annex%20A.pdf>

Community pharmacy services

Dispensing services, emergency medication service and emergency contraception and advice and treatment for common ailments (dependent on time and being able to maintain social distancing e.g. consultation by telephone), supervised consumption, discharge medicine reviews, needle & syringe service, smoking cessation and end of life care.

WG guidance issued:

- COVID 19 pharmacy weekly bulletin **23/03/20** and **30/03/20**- additional advice embedded in bulletin-
<http://howis.wales.nhs.uk/sitesplus/407/home>
- Support for community pharmacies **issued 18/03/20**-
<https://gov.wales/coronavirus>
- Repeat prescriptions and COVID-19: guidance for primary care
<https://gov.wales/repeat-prescriptions-and-covid-19-guidance-primary-care>
- Coordination of medicines delivery during the COVID-19 pandemic
<https://gov.wales/coordination-medicines-delivery-during-covid-19-pandemic>
[Community Pharmacy Toolkit to Support COVID-19](#)

Dental Services

Emergency dental care including severe swelling, trauma, bleeding and urgent suspected cancer.

Red Alert urgent/emergency dental services

WG Guidance issued:

- Dental Amber Alert – stop AGPs **issued 17/03/20**
- Dental Red Alert Urgent care only principle guidance **issued 23/3/20-** <http://howis.wales.nhs.uk/sitesplus/407/home>
- Dental care during the COVID-19 pandemic: guidance for teams- **issued 08/04/20-** <https://gov.wales/coronavirus>
- Restoration of dental services following COVID-19: guidance **issued 04/06/20 -** <https://gov.wales/restoration-dental-services-following-covid-19-guidance>
- Standard Operating Process for non-COVID-19 Dental Centres Providing Aerosol Generating Procedures in Wales issued 10/06/20

Optometry services

Those essential services, in accordance with their Terms of Service outlined in the National Health Service (General Ophthalmic Services) Regulations 1986 and Wales Eye Care services for urgent and emergency care in accordance with the Wales Eye Care Services Legislative Directions (Wales) regulations 2015.

WG Guidance issued:

- Optometry correspondence and guidance **issued 17/03/20 and 19/03/20-** <http://howis.wales.nhs.uk/sitesplus/407/home>
- Ophthalmology guidance **issued 07/04/20-** <http://howis.wales.nhs.uk/sitesplus/407/home>
- NHS Wales Eye Care Services payments during the COVID-19 Pandemic) (Wales) Directions 2020 **issued 22/05/20-** <https://gov.wales/nhs-wales-eye-care-services-payments-during-covid-19-pandemic-wales-directions-2020>
- Statement on NHS eye care services payments during the COVID-19 pandemic **issued 27/05/20-** <https://gov.wales/statement-nhs-eye-care-services-payments-during-covid-19-pandemic>

- Optometry recovery guidance (amber phase): COVID-19 issued 08/06/20- <https://gov.wales/optometry-recovery-guidance-amber-phase-covid-19>
- Move to Amber Phase Statement – issued 19 June 2020
- Progress through the Amber Phase – issued 30 July 2020
- Optometry Amber Phase 2 document – issued 07 August 2020

Community Nursing and Allied Health Professionals services

Providing services that maintain people's health and well-being of those with a known long-term condition, as well as urgent new health issues which require time sensitive nursing and / or AHP intervention, should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high risk, and high risk, vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and nursing and /or AHP intervention to prevent hospitalisation or loss of independent living skills. Palliative care services to enable people to stay at home and out of hospital must be maintained, enabling people to die with dignity in the place of their choice. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how community nursing and AHP services have been traditionally provided; integrated community rehabilitation, reablement and recovery are essential to maximising recovery and discharge from hospital. This includes supporting the cluster hub model, working in hospital at home or virtual ward community resource multi-professional teams as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care.

Urgent eye care including services that prevent loss of sight or irreversible damage

Diagnosis and treatment of potentially blinding disease. In particular, these concern Glaucoma and Macular patients requiring intra-vitreous injection therapies. In both cases, delays to review and/or treatment may result in irreversible sight loss. See separate letter and guidance issued on 7th April 2020 by the Chief Optometric Adviser and Deputy CMO.

WG guidance issued:

- Optometry correspondence and guidance **issued 17/03/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>
- Ophthalmology guidance **issued 07/04/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>

Urgent surgery including access to urgent diagnostics and related rehabilitation

The Royal College of Surgeons has issued guidance on the recovery of surgical services. This is updated as needed so services should ensure they access the latest version:

<https://www.rcseng.ac.uk/coronavirus/surgical-prioritisation-guidance/>

The guidance continues to classify patients requiring surgery during the pandemic into five categories:

- Priority Level 1a Emergency – operation needed within 24hours
- Priority level 1b Urgent – operation needed with 72 hours
- Priority level 2 Surgery that can be deferred for up to 4 weeks
- Priority level 3 Surgery that can be delayed for up to 3months

Priority level 4 Surgery that can be delayed for more than 3 months

The guide notes that these time intervals may vary from usual practice.

The guidance also contains a table of procedures by priority level

Guidance on obstetrics and gynaecology and ophthalmology is not included but links to specific advice are included.

Please note where this guidance links to NHS England guidance, the relevant NHS Wales advice should be followed as appropriate e.g. cancer.

It is also an imperative that patients do not get lost in the system and clear records of patients whose care is deferred must be held and coordinated through Health Board systems. Consideration should be given to providing pre-habilitation to those whose surgery is deferred in order to ensure they remain as fit and prepared as possible for when the surgery is scheduled.

It is expected that mutual aid support will be enacted between Health Boards where needed and surgical services (categories 1a and 1b in particular) that are currently provided on a regional/supra regional basis must be maintained.

The whole surgical pathway must be provided, including the rehabilitation required as a result of surgery.

Hip Fracture Surgery

Prompt, high quality care of all people with hip and fragility fracture is a key component of improving patient outcomes and reducing acute bed occupancy during the coronavirus pandemic. Essential services guidance in this area advises that health boards should aim to:

- Maximise and sustain capacity for the continued delivery of those hip and fragility fracture services through a coordinated escalation and de-escalation approach both regionally and nationally;
- Focus on maintaining surgical intervention and rehabilitation as prompt surgery is the ideal analgesic, is humane and aids good nursing care;
- Only consider conservative management on an individual basis and within an ethical framework;
- Ensure that hip and fragility fracture patients are managed in a timely and efficient manner, despite the potential for reduced theatre capacity for this group;

Fragility Fracture Services during the COVID-19 Pandemic – issued 16/6/20 - <http://extranet.wales.nhs.uk/howis/sitesplus/407/page/78293>

Major Trauma

Prompt identification and effective treatment of major trauma can save lives, prevent complications, speed recovery and allow an earlier return to active life. The ability to provide high quality care to major trauma patients should be maintained to the greatest possible extent. This includes access to:

- Immediate resuscitation and stabilisation (including blood management)
- Imaging and diagnostics
- Urgent and emergency surgery
- Critical care (where required)
- Transfer to tertiary centre or major trauma centre (where appropriate)
- Repatriation to local services
- Rehabilitation

Major Trauma Guidance issued 31/7/2020 - <http://extranet.wales.nhs.uk/howis/sitesplus/407/page/78293>

Rheumatology

Urgent, intensive treatment of autoimmune arthritis (such as rheumatoid arthritis) is needed to prevent irreversible joint damage, and reduces long-term pain and disability. Some autoimmune conditions, such as systemic vasculitis, can be life threatening if not diagnosed and treated promptly.

The situation where people may require urgent face-to-face consultations include:

People with suspected or newly diagnosed:

- Early inflammatory and rheumatoid arthritis
- Vasculitis
- Connective tissue disorders such as lupus
- Infective arthritis

People with established inflammatory disease who are:

- Starting or switching biologic medication
- Experiencing a severe flare of their symptoms
- Have a new hot, swollen joint that could be infected

Obesity Services

Given the evidence of the link between obesity and a poor outcome from Covid 19 Health Boards should maintain access to obesity management services. Further guidance is being considered on the need for access to bariatric surgery and will be issued as appropriate.

Urgent Cancer Treatments, including access to urgent diagnostics and related rehabilitation.

The Chief Executive of the NHS in Wales has written to all Health Board and Trust Chief Executives stating that urgent cancer diagnosis, treatment and care must continue as well as possible during this period to avoid preventable mortality and morbidity. The Wales Cancer Network has produced a further guidance document, which provides a prioritisation and list of services that need to continue.

In addition, a Framework for the reinstatement of cancer services in Wales has been produced. The Framework recognises that whilst it is vital that access to urgent and emergency treatment is maintained during this phase, it is also important that health boards resume additional 'normal' activity and start to address the rapidly growing backlog of tests and treatments. Such

decisions should be clinically led, based on risk stratified patient cohorts, individual patient assessment of risk and according to available capacity.

WG guidance issued:

- Maintaining cancer treatment during the COVID-19 response – **issued 1/4/20-** <http://howis.wales.nhs.uk/sitesplus/407/home>
- Cancer guidance- **issued 9/4/20-** <http://howis.wales.nhs.uk/sitesplus/407/home>
- A framework for the reinstatement of cancer services in Wales during Covid-19 – issued 11/5/20 - <http://howis.wales.nhs.uk/sitesplus/407/home>

Cardiac Services

Services need to be maintained for patients needing essential cardiology or cardiac surgery intervention. This includes the following conditions:

- myocardial infarction
- class IV heart failure
- arrhythmias (such as uncontrolled AF or VT)
- acute coronary syndromes –(such as Non-STEMI or unstable angina)
- endocarditis
- aortic stenosis

Services must include access to:

- Rapid access clinics can prevent admission or facilitate early discharge
- Admission and ongoing management with pathways expedited to allow rapid treatment and discharge.
- Appropriate and timely level of essential diagnostics
 - ECG
 - ECHO
 - 24 Hour ECH or event monitoring
 - CT coronary angiogram
 - Invasive coronary angiogram
 - Stress/exercise tolerance test
 - Doppler stress echo (DSE)
 - Myocardial perfusion scanning
 - Cardiac CT/MRI
- Appropriate intervention:
 - cardiac surgery
 - ICD implantation
 - CRT implantation

- Cardiac ablation
- PCI
- NSTEMI
- Primary PCI (PPCI)
- congenital heart surgery
- TAVI
- Rehabilitation

The Wales Cardiac Network are producing additional guidance but service should take account of guidance already published listed below.

WG guidance issued:

Cardiac Specialised Services guidance – **issued 07/05/20-**

<http://howis.wales.nhs.uk/sitesplus/407/home>

NICE guidance issued:

<https://www.nice.org.uk/guidance/ng171>

Stroke

Maintaining integrity of stroke services and patient outcomes are important alongside acute COVID-19 care.

- Patients should be encouraged to seek emergency attention when they experience symptoms of a stroke as almost all acute stroke treatments should be available during the pandemic and can reduce disability.
- Healthcare providers should strive to deliver high quality stroke and TIA care, aiming to adhere to national guidelines for acute treatments and secondary prevention.
- Maximise and sustain capacity for the continued delivery of stroke services though a coordinated escalation and de-escalation approach both regionally and nationally.
- To ensure that there are clear pathways into diagnostic, primary care and secondary care follow-up services for stroke patients.
- To maintain secondary prevention, rehabilitation to minimise long-term disability and life after stroke services.
- Maintain research participation in both stroke and COVID-19 projects as resources allow.

WG guidance issued:

Stroke services in Wales during COVID-19 – issued 18/5/20-

<http://howis.wales.nhs.uk/sitesplus/407/home>

Other Life-saving medical services including access to urgent diagnostics and related rehabilitation

Services will need to be maintained for patients needing a life-saving intervention.

Services include but are not limited to:

- gastroenterology including diagnostic endoscopy

Endoscopy Services Covid 19 Pandemic Recovery Plan – issued

27/2/20 - <http://extranet.wales.nhs.uk/howis/sitesplus/407/page/78293>

- Diabetic care including:
 - Diagnosis of new patients
 - DKA / hyperosmolar hyperglycaemic state
 - Severe Hypoglycaemia
 - Newly diagnosed patients especially where insulin control is problematic
 - Diabetic Retinopathy and diabetic maculopathy
 - Emergency podiatry services and limb at risk monitoring
- Neurological conditions, including dementia
- All supporting rehabilitation

An Imaging Essential Services Group (IESG), acting as a sub-group of the National Imaging Programme Strategy Board (NIPSB), is undertaking work to define develop additional capacity to address shortfalls in imaging being experienced by NHS Wales due to COVID-19. This will include a short term procurement and workforce plan to secure additional CT and MR capacity from October 2020. The scale and distribution of the additional capacity secured will need to be sufficient to address the currently understood gap between capacity and demand as informed by individual Health Boards. The plan will be considered by NIPSB in early September.

Rehabilitation

- Rehabilitation complements medical, surgical and psychiatric interventions for people of all ages, helps achieve the best outcome possible and is a key strategy for achieving care and sustainability.
- The interdependence of rehabilitation within the essential service pathways is therefore a critical component of quality and high value care and patient survivorship. For example, an individual within the Major Trauma pathway may require tracheostomy weaning; dietetic support; cognitive intervention; splinting prosthetics; positioning and seating input, and psychological support.

WG Guidance issued:

<https://gov.wales/health-and-social-care-services-rehabilitation-framework-2020-2021>

Guidance on the rehabilitation needs of people affected by the impact of the coronavirus pandemic. – issued 17/6/20

<https://gov.wales/rehabilitation-needs-people-affected-impact-covid-19-guidance>

Life-saving or life-impacting paediatric services including time critical vaccinations, screening, diagnostic and safeguarding services

Although children are fortunately not as affected by COVID-19 as older patients there are a range of services that will need to be maintained both in an emergency situation but particularly for children where delaying treatment could impact on the rest of their lives.

Many specialist paediatric services are already provided on a supra regional basis - for the South Wales population at UHW, Cardiff and for the North Wales population at Alder Hay Hospital Liverpool. Powys children access a range of providers in England including Birmingham Children's Hospital.

Services that need to be maintained include:

- Paediatric intensive care and transport
- Paediatric and neonatal emergency surgery and all related rehabilitation
- Urgent surgery (such as cardiac, transplantation etc)
- Urgent illness

- Emergency paediatric surgery (including for major trauma)
- Chronic conditions such as organ failure (including renal dialysis)
- Immunisations and vaccinations
- Screening – blood spot, hearing, new born and 6 week physical exam
- Community paediatric services for children with additional / continuous healthcare needs including care closer to home models and community hubs

Care will be underpinned by RCPCH guidance:

<https://www.rcpch.ac.uk/resources/COVID-19-guidance-paediatric-services>

WG guidance issued:

Continuation of immunisation programmes during the COVID-19 pandemic letter from CMO **issued 06/04/20**

<https://gov.wales/coronavirus>

Paediatric Diabetes

Access to paediatric diabetes services needs to be maintained. The guidance takes account of overarching guidance from RCPCH as well as *The Lancet Child & Adolescent Health* ([https://doi.org/10.1016/S2352-4642\(20\)30108-5](https://doi.org/10.1016/S2352-4642(20)30108-5)) published on 9 April 2020.

WG guidance issued:

Paediatric Diabetes services during COVID-19 **issued 20/04/20 -**

<http://howis.wales.nhs.uk/sitesplus/407/home>

Paediatric Specialist Services

There is a need to maximise and sustain the capability of paediatric specialised services to deliver:

- paediatric cardiology
- cystic fibrosis
- Sleep service
- Neurology and neurorehabilitation
- paediatric neurosurgery
- neonatal and paediatric surgery,

- Neonatal services
- Oncology services, including paediatric radiotherapy
- cleft Lip and Palate services,
- rheumatology services,
- renal services,
- endocrinology services,
- gastroenterology,
- inherited metabolic disease
- cochlear implants for paediatrics
- transplantation

WG guidance issued:

Paediatric specialised services surge guidance – **issued 11/06/09**

<http://howis.wales.nhs.uk/sitesplus/407/home>

Termination of Pregnancy

Access to termination of pregnancy services needs to be delivered in line with the guidance from the RCOG. Specific guidance has been issued to Health Boards:

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-01-coronavirus-COVID-19-infection-and-abortion-care.pdf>

This guidance confirms that women and girls wanting to terminate an early pregnancy will be prescribed two pills at home instead of going to a hospital or clinic, avoiding social contact and the unnecessary risk of exposure to coronavirus. The prescription of medication will follow a remote consultation with a medical practitioner via video link or telephone conference.

WG guidance issued:

Temporary approval of home use for both stages of early medical abortion

issued 31/03/2020- <https://gov.wales/coronavirus>

Maternity Services

Access to maternity services for antenatal, intrapartum and postnatal care, will include provision of community services on a risk-assessed basis. Care will be underpinned by RCOG guidance: <https://www.rcog.org.uk/coronavirus-pregnancy>

WG guidance issued:

Maternity services in Wales during COVID-19 – **issued 11/05/20**

<http://howis.wales.nhs.uk/sitesplus/407/home>

Neonatal Services

Access to special care baby units, including neonatal intensive care units, will be provided on the same basis as usual. This will include:

- Surgery for neonates
- Isolation facilities for COVID-19 positive neonates
- Usual access to neonatal transport and retrieval services.

WG guidance issued:

- Neonatal services in Wales during COVID-19 – **issued 16/4/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>

Mental Health, NHS Learning Disability Services and Substance Misuse including:

A letter was sent to health boards on 15 April by Dr Andrew Goodall setting out the Welsh Government's expectations for mental health services to continue to provide safe and sustainable responses for individuals who need access to mental health support during this period. This includes recognising the relevant legal safeguards and requirements that are in place. To support this, all the key functions of all age mental health services (including NHS led Learning Disability and Substance Misuse Services) that are considered essential and need to continue during the pandemic period have been set out in the following link: <http://howis.wales.nhs.uk/sitesplus/407/home>

To provide assurance on the capacity of services to fulfil the key functions a Mental Health Covid-19 monitoring tool has been developed. Health boards are required to complete and return the monitoring tool on weekly basis. The forms are submitted to the Mental Health Co-ordination Centre, which is facilitated by the National Collaborative Commissioning Unit, and discussed at weekly meetings with Covid-19 Mental Health Leads and CAMHS clinical leads. A copy of the mental health monitoring tools can be found on Mental Health and Learning Disability Co-ordination Centre Website

Guidance has been developed to support services during the pandemic:

- [Services under the Mental Health \(Wales\) Measure: COVID-19](#)
- [Mental Health Act 1983 hospital managers' discharge powers: coronavirus](#)
- Guidance for substance misuse and homelessness services **issued 19/03/20** - <https://gov.wales/coronavirus>
- A range of advice and support is also available on the Mental Health and Learning Disability Co-ordination Centre Website: <http://www.wales.nhs.uk/easc/nhswalesmhcc>
- Essential Mental Health, Learning Disability and Substance Misuse Services during Covid 19 Epidemic issued **11/06/20** - <http://howis.wales.nhs.uk/sitesplus/407/home>

Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions

In the provision of routine care, the NHS will need to pay particular attention to the availability of medicines that support delivery of specific types of procedure or care.

Guidance will be issued shortly describing a Wales wide strategic approach to maintaining supplies of medicines to support increasing levels of routine care, whilst balancing the need to retain adequate supplies of some medicines, particularly those used in critical and palliative care. This is particularly important for those medicines which are used both in routine and critical and or end of life care and which remain in short supply as a result of increased global demand.

The guidance will be available at - <http://howis.wales.nhs.uk/sitesplus/407/home>

Comprehensive therapeutic guidance on a range of issues associated with prescribing, therapeutic drug monitoring and medicine use are available at the All Wales Therapeutics and Toxicology Centre's (AWTTC's) COVID Therapeutics hub - <https://www.awttc.org/coronavirus-covid-19-therapeutic-advice>.

Advice on the management of specific medicines shortages is available at <https://www2.nphs.wales.nhs.uk/contacts.nsf> and <http://howis.wales.nhs.uk/sites3/docmetadata.cfm?orgid=428&id=501373> (NHS intranet users only)

Renal care - dialysis

Dialysis is a life maintaining treatment and without regular therapy, normally at least three times a week over a 4 hour session, patients will die in a matter of days. Although some patients dialyse at home, the majority of dialysis is delivered in the form of haemodialysis at out-patient units by specialist dialysis nurses. Irrespective of location or modality of treatment, there are a range of dependencies to enable dialysis to be delivered safely including access surgery, uninterrupted supply of dialysis fluids, consumables and medications. Renal services across Wales have plans developed regional plans to ensure the delivery of essential renal services including outpatient dialysis.

Services should take account on NICE COVID-19 rapid guidelines: dialysis service delivery - <https://www.nice.org.uk/guidance/ng160>

Blood and Transplantation Services

Blood and Blood components:

The Welsh Blood Service provides a range of essential services to ensure that NHS Wales has access to blood and blood components to treat patients. The provision of blood and blood components for customer hospitals across Wales will need to be maintained to ensure patients requiring blood transfusion and blood components for life saving treatments can continue during the COVID-19 outbreak.

Platelets are a critical product in the treatment plan for a number of acute health conditions including blood cancer and neonatal blood disorders. WBS is liaising with Health Boards and NHS Trust to assess the demand for blood products to treat COVID-19 patient (including plasma products) and non-COVID-19 essential services. Further guidance will be issued from WBS and Welsh Government in relation to blood collections and supply.

Bone Marrow and Stem Cells Transplantation:

Provision of blood stem cell services for acute blood cancers is time critical and essential to ensure patient status does not deteriorate beyond the treatment window into palliative care.

Services should be provided in accordance with:
European Society for Blood and Marrow Transplant (EBMT):

https://www.ebmt.org/sites/default/files/2020-04/EBMT-COVID-19-guidelines_v.6.1%282020-04-07%29.pdf

NICE COVID-19 rapid guideline: haematopoietic stem cell transplantation
<https://www.nice.org.uk/guidance/NG164>

Solid Organ Transplantation:

The safety of organ and tissue donation and patients in need of a transplant is paramount and deceased organ donation should be considered on a case by case basis. Organs are still being donated where possible and offered to the hospitals that are still performing transplants. Consideration needs to be given to maintaining donation and transplantation services, in particular for those patients on the urgent and super-urgent transplant waiting lists. Transplant teams will need to balance the patient's need for transplant against the additional challenges of being immuno-suppressed at this time. Transplant services should ensure they take account of the latest advice:

<https://www.odt.nhs.uk/deceased-donation/covid-19-advice-for-clinicians/>

NICE - COVID 19 rapid guideline: renal transplantation – issued 19/6/20 –
<https://www.nice.org.uk/guidance/NG178>

Retrieval services should be maintained to ensure the sustainability of the National Organ Retrieval arrangements.

Wherever possible, health boards should work with transplant centres to ensure referral for screening/assessment and follow-up pathways are maintained and transplant centres can access local services for any investigations or tests required to facilitate treatment.

Welsh Transplantation and Immunogenetics Laboratory (WTAI)

The Welsh Transplantation and Immunogenetics Laboratory (WTAI) along with the Welsh Bone Marrow Donor Registry (WBMDR) provide critical laboratory testing and donor stem cell provision for blood cancer patients in Wales, UK and worldwide. They are also responsible for the provision of laboratory testing for solid organ transplantation including supporting the National solid organ allocation scheme by testing deceased donors from Wales for allocation of organs to national patients. In addition, it is responsible for the regular monitoring of patients post-transplant providing information on transplant rejection and informing on requirements for time critical clinical intervention, as well as the provision of specialist screening and genetic testing of blood products including platelets.

Palliative and End of Life Care

This should occur where possible in the patient's home under the responsibility of the patient's general practitioners and community staff, supported where necessary by palliative specialists and third sector. Palliative care is specifically mentioned in the General Medical Services contract. Access to admission for palliative care purposes where necessary, to inpatient specialist palliative care expertise, and to palliative interventions should be preserved where it is possible and safe. This must be judged according to the local context. The palliative nature of the goals of care may make access more urgent. Access to the full range of allied health professionals to support end of life care is essential, including community assistive equipment, nutrition, communication and psychological care and to facilitate death in location of choice is essential.

WG guidance issued:

Palliative Care Information and Resources Guide – published 11/05/2020

<http://howis.wales.nhs.uk/sitesplus/407/home>

Guidance

The service/speciality areas described above highlight where guidance has already been produced (as at 25 August 2020). NHS Wales specific guidance has generally been produced from existing sources including Royal Colleges, NICE and drawing on NHS England guidance.

Essential services clinical guidance for NHS Wales will continue to 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>

Essential Health Services Quality Assurance Framework during COVID-19 Pandemic

1. Purpose

This Essential Health Services Quality Assurance Framework (EHSQAF) is designed to support NHS Wales bodies during, and in the immediate period following, the COVID-19 pandemic, in assuring themselves that quality assurance systems and processes are in place to support maintenance of essential health services (EHS) (as a minimum in line with guidance issued by Welsh Government and NHS Wales), and ensure harm is minimised from the reduction in non-COVID activity.

2. Background

As described by the World Health Organisation (WHO), health systems are being confronted with increased demand generated by the COVID-19 pandemic. NHS Wales bodies have been making difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain health service delivery, mitigating the risk of system failure. This approach is increasingly needed given that NHS bodies will have to balance service provision and risks to the population for a considerable time whilst COVID-19 is still circulating and there is the risk of further peaks, particularly during Winter 2020/21.

When caseloads are high, and/or the health workforce are reduced due to infection of health workers and redeployment of staff to acute COVID-19 areas, strategic changes are required to ensure that increasingly limited resources provide maximum benefit and minimise risk for the population.

To reflect this continued need to respond to COVID-19 and the potential peaks in COVID-19 demand, NHS bodies are being provided with an ongoing Operating Framework to ensure the system continues to focus its attention on the provision of a wider range of services.

The Operating Framework highlights four risks of harm that could emanate from COVID-19 which should remain the focus and where possible mitigated against. These are:

- Harm from COVID-19 itself

- Harm from an overwhelmed NHS and social care system
- Harm from a reduction in non COVID-19 activity
- Harm from a wider societal actions / lockdown

These four harms will manifest themselves across the whole health and care system, and therefore need to be considered across primary, secondary and community care, and also within prevention services and mechanisms.

This framework will support a whole-system focus to ensure a risk-based approach to the delivery of essential health services whilst providing a continued effective response to COVID-19.

3. Quality Assurance

[The Health and Care Standards \(2015\)](#) set out the Welsh Government's common framework of standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. They set out what the people of Wales can expect when they access health services. These standards remain as important now as ever, and although the people of Wales have been very accepting of the need to pause some services and respond to the biggest challenges the pandemic have given us, they will also and should also expect NHS services to respond appropriately in times of urgent need, and to minimise harm associated with changes in service provision.

NHS Wales bodies must ensure their assurance processes and systems are in place and appropriate to assess and monitor:

- Clinical, operational, and population risks,
- impact associated with changes to practice and services
- access to and the quality of care and services delivered,

so decisions can be taken for corrective actions if required to maintain or improve access and/or the quality of care and services, whether those services are provided in-house or commissioned from third parties.

All quality assurance processes must be transparent and support multidisciplinary working (a cross functional, non-hierarchical way of different individuals, teams and functions working together to accomplish a goal) and governance processes should reflect this.

The EHSQAF consists of a number of components:

1. Accountability
2. Governance
3. Guidance
4. Evidence-based assurance

3.1 Accountability

Decisions will need to be made in accordance with the law and official guidance issued and applicable at the time, and while meeting statutory duties and professional responsibilities. Balancing demands and making difficult decisions need to be considered within the overriding ethical principles as articulated in the Welsh Government's [Coronavirus: ethical values and principles for healthcare delivery framework](#)

Alongside ethical considerations, every decision will require consideration of individual wellbeing, overall public good and the resources that are available. A *Healthier Wales* values and principles remain relevant and should serve as a starting point to guide decision-making, supported by the views of lead professionals, and collaboration across disciplines and organisations.

NHS Wales Boards are accountable for their decisions and actions by:

- ensuring there are arrangements for receiving, responding to and adhering to official guidance, statutory duties, and professional regulations at the time
- being transparent about how and which decisions need to be made and on what basis
- being prepared to justify which decisions are made and why, ensuring that appropriate records are being kept

3.2 Governance

At the core of NHS Wales is the need to remain focused on keeping people safe while delivering compassionate excellence against the backdrop of the COVID-19 pandemic. To achieve this aim NHS bodies have adapted where appropriate their governance processes and systems. This has been supported by WG by the publication in May 2020 of the [Guidance Note: Discharging Board Committee Responsibilities during COVID-19 response phase and the agreement of Governance Principles \(also contained within this guidance\) which require a considered and proportionate response](#). The purpose of the guidance is to assist the Board in discharging their responsibilities during the pandemic and by paying particular attention to the role of the Quality and Safety Committee and Audit Committee.

Strong and agile board leadership is critical during this time of unprecedented challenge for health and care services. When difficult decisions have to be made and services have to be run in different ways from the norm, governance models must enable boards to assess their risk appetite; consider and seek assurance regarding new and increased levels of risk which remains evidence-based, rational and transparent; and with the appropriate level of challenge and oversight, whilst supporting the executive to implement decisions swiftly. Where new ways of working have been implemented to support the response to COVID-19, these must be evaluated robustly before becoming widely-adopted into routine practises.

As it has become evident the need to operate alongside COVID-19 will continue. Organisations will need to factor this into their governance arrangements.

Organisations will need to ensure their Risk Management Framework and board assurance arrangements are followed to ensure risk is appropriately mitigated and systems adapted accordingly.

3.3 Guidance

NHS Wales bodies need to assure themselves that care and services are delivered as a minimum in line with guidance issued and they reflect professional and legal responsibilities of the organisation and individuals following recognised standards of good practice.

This requires

1. Changes to current quality assurance processes to adapt to the current and evolving situation
2. Identification and implementation of standards for clinical effectiveness in line with COVID-19 related guidance, patient safety and patient experience of care.
3. Monitoring, evaluating and reporting against standards set out in national guidance
4. Sharing good practice on overcoming current challenges and addressing concerns
5. Recording and investigation of incidents (including deaths) which may have occurred as a result of reductions in service / changes to the provision of care provided
6. Evidence of closure of concerns (that they have been dealt with) and continuous improvement (sustainability of any changes) In line with *Putting Things Right* (PTR)

Essential health services clinical guidance for NHS Wales is published on a [dedicated section of the HOWIS site](#). NHS Wales-specific guidance has generally been produced from existing sources including Royal Colleges, NICE and drawing on guidance published in England.

Public facing guidance is published on the [Welsh Government website](#).

3.4 Evidence-based assurance

Organisations must seek evidence to assure themselves that their population is able to, and is actively, accessing Essential Health Services.

This evidence will be both qualitative and quantitative. The reliance placed on the evidence will be dependent on the source and the steps taken to triangulate / quality assure the information. Examples of the types of qualitative evidence available include patient stories and feedback; staff surveys; information from partners and third parties; information provided by the Community Health Councils; feedback from national organisations e.g. NHS Wales Delivery Unit), regulatory bodies (e.g. Health Inspectorate Wales, Health and Safety Executive); Internal and Clinical Audit Departments and Audit Wales. This evidence should be as real-time as possible and will inform the processes, systems and clinical pathways that need to be in place to ensure that the people of Wales have access to the Essential Health Services they need in line with guidance issued.

Clinical audits, both local and national, should continue to be undertaken and reported through Quality and Safety Committees. These provide further evidence that healthcare is being provided in line with standards and guidance, and lets care providers and patients know where their service is doing well, and where there could be improvements.

Quality and Safety Committees need oversight of this information to discharge their governance function and meet their responsibility with regard to providing evidence-based and timely advice to their Boards. Q&S Committees will provide assurance to the Board regarding the organisation's arrangements for safeguarding and improving the quality and safety of patient-centred healthcare in line with its objectives and the requirements and standards determined by NHS Wales. Boards will discharge their functions and meet their responsibilities with regard to the quality and safety of healthcare.

3.4.1 Measures and data

It is essential that each organisation uses accurate and up-to-date data to monitor demand, capacity, availability, waiting times and usage, of Essential Health Services and the support services on which these essential services rely, and use this to triangulate with the qualitative information described above. Organisations must be satisfied that their data is of sufficient quality and timeliness to enable them to make informed decisions, for individuals, and services as a whole.

This information should be analysed by demographics, stage of patient pathways, and any sub-conditions (for example specific tumour sites for cancer), to ensure that a fair service is provided for the Health Board population.

Data already exists within the NHS in Wales to support organisations in their analysis. NHS Wales Informatics Service (NWIS), Public Health Wales, NHS Delivery Unit and clinical networks all hold data that would be relevant. Organisations must supplement this with their own information. Work is also underway with clinical leads to develop more clinically-focused indicators around essential health services.

The World Health Organisation have also published [guidance and suggested metrics](#) that health organisations can adopt or adapt for local use.

Nationally, we must also ensure that the population of Wales has equitable access to the Essential Health Services it requires. We will therefore also be monitoring information and data relating to the provision of these services (in line with national guidance), using information that is available to us. Where we do not have access to sufficient information nationally, we may also require organisations to provide information from their local systems to provide us with that assurance.

4. Conclusion

Organisations must therefore:

- Provide their Boards with appropriate evidence, including data, to assure themselves that their population has access to Essential Services, whether provided directly or indirectly
- Make decisions based on evidence and risk and be able to demonstrate rationale for those decisions
- Use the Health and Care Standards (2015) to guide decision making
- Have processes and systems in place to ensure that their clinical leaders are keeping up to date with, and following the latest guidance on Essential Health Services

- Ensure that their data is of sufficient quality on which to base informed decisions

QUARTER 3 AND 4 PLANNING MINIMUM DATASET
SUMMARY OF CONTENTS

Organisation	HEIW
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Checklist	Sections Complete (dropdown available)
BEDPLAN	
WORKFORCE WTE	Yes
TEST TRACE PROTECT	
CORE ACTIVITY	
PUBLIC HEALTH	
REVENUE PLAN	Yes
INCOME ASSUMPTIONS	Yes
NET EXPENDITURE	Yes
FINANCE OTHER	
CAPITAL	Yes
ASSET INVEST APPROVED	

Comments
(please insert comments here if applicable)

HEIW								
Please fill in the lightly yellow shaded cells with WTEs								
This section is intended to capture the organisations workforce plan in whole time equivalent (WTE) as at the end of each month. Organisations are also asked to outline key workforce information in relation to BAME assessment and anticipated absences upon which the operating plan for Q3 and 4 would be based. This is based on existing workforce return to Welsh Government.								
WORKFORCE PLANS - WTE	ACTUAL WTE		WORKFORCE PROFILE @ END OF MONTH					
	ACTUAL as @ 31/3/2020	ACTUAL as @ 30/09/2020	Oct	Nov	Dec	Jan	Feb	Mar
METRIC	WTE							
ESTABLISHMENT & BANK ADDITIONAL HOURS								
Administrative, Clerical & Board Members	220.6	229.6	237.5	237.5	237.5	238.5	238.5	238.5
Medical & Dental	44.5	44.5	44.5	44.5	44.5	44.5	44.5	44.5
Nurses & Midwifery Registered	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Prof Scientific & Technical								
Additional Clinical Services								
Allied Health Professionals								
Healthcare Scientists								
Students & Ancillary								
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	286.0	299.4	307.5	307.5	307.5	308.5	308.5	308.5
AGENCY								
Administrative, Clerical & Board Members								
Medical & Dental								
Nurses & Midwifery Registered								
Prof Scientific & Technical								
Additional Clinical Services								
Allied Health Professionals								
Healthcare Scientists								
Students & Ancillary								
TOTAL AGENCY								
RETURNERS								
Administrative, Clerical & Board Members								
Medical & Dental								
Nurses & Midwifery Registered								
Prof Scientific & Technical								
Additional Clinical Services								
Allied Health Professionals								
Healthcare Scientists								
Students & Ancillary								
TOTAL RETURNERS								
STUDENTS								
Administrative, Clerical & Board Members								
Medical & Dental								
Nurses & Midwifery Registered								
Prof Scientific & Technical								
Additional Clinical Services								
Allied Health Professionals								
Healthcare Scientists								
Students & Ancillary								
TOTAL STUDENTS								
OTHER TEMP STAFF								
Administrative, Clerical & Board Members								
Medical & Dental								
Nurses & Midwifery Registered								
Prof Scientific & Technical								
Additional Clinical Services								
Allied Health Professionals								
Healthcare Scientists								
Students & Ancillary								
TOTAL OTHER TEMP STAFF								
COVID-19 ANTICIPATED ABSENCE DATA (Profiled BY MONTH for remaining year)								
Anticipated sickness rate (%)	3%	3%	3%	3%	3%	3%	3%	3%
Anticipated COVID 19 sickness (headcount)	2	2	2	2	2	2	2	2
Anticipated Self Isolation (headcount)	0	0	0	0	0	0	0	0
Anticipated Quarantine (headcount)	0	0	0	0	0	0	0	0
Anticipated all other sickness absence (headcount)	18.0	17.0	17.0	17.0	17.0	17.0	17.0	17.0
% of COVID 19 workforce risk assessments completed	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% of BAME staff who have completed the COVID 19 risk assessment tool	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

HEIW

Please fill in the lightly yellow shaded cells

This section captures a summarised position of Test, Trace and Protect (TTP) monitoring. The data is collected monthly through policy leads via the monthly monitoring return process.

TEST, TRACE, PROTECT	MONTHLY PROFILE (ACTUAL / FORECAST)											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

[illegible][illegible][illegible]

HEIW

Please fill in the lightly yellow shaded cells.

This section collects information in respect of the core activity that organisations' aim to deliver over the coming six months including Primary & Community Care, Mental Health, Cancer, Acute Care, Diagnostics and Ambulance Services against key priorities areas. This is not intended to be an exhaustive list as organisations narrative plans will provide context and detail on wider organisational deliverables.

DELIVERY OF ESSENTIAL SERVICES IN PRIMARY & COMMUNITY CARE			Forecast Profile								
	FY % 31/03/2020	YTD % 30/09/2020	Oct	Nov	Dec	Jan	Feb	Mar	Total		
METRIC	%										
1. Essential prevention of adverse outcomes against tier 1 targets											
% of Babies six week check complete											
% of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 27 months											
% of patients with any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 15 months											
% of current smokers with any of the following conditions: CHD, PAD, stroke/TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who have an offer of support and treatment within the preceding 15 months											
METRIC	FY as @ 31/03/2020	YTD as @ 30/09/2020	Oct	Nov	Dec	Jan	Feb	Mar	Total		
2. Responsive urgent care											
Dental: Number of Aerosol Generating Procedures											
Dental: Number of Aerosol non-Aerosol Generating Procedures											
Optometry: Acute eye care presentations (EHEW Band 1)											
Optometry: Low vision service (Care home residents) - number of patients accessing the service - new patients (as per EHEW Band 1)											
Optometry: Low vision service (Care home residents) - number of patients accessing the service - follow up patients (as per EHEW Band 1)											
Optometry: number of patients seen											
Optometry: number of patients maintained in primary care											
GP: In hours GP demand vs capacity: No. of GP practices at escalation levels 3 and 4											
GPS demand vs capacity: No. of community pharmacy services at escalation levels 3 and 4											
GP: Ambulatory sensitive conditions referral numbers (Interface with secondary care)											
GP: Urgent Cancer OPD referral numbers											
GP: Urgent non-Cancer OPD referral numbers											
GP: Total number of referrals for termination of pregnancy											
Community: Total number of tests relating to sexual health conditions (Syphilis and Chlamydia)											
METRIC	FY as @ 31/03/2020	YTD as @ 30/09/2020	Oct	Nov	Dec	Jan	Feb	Mar	Total		
3. Essential management of chronic conditions											
Number of admissions where the primary diagnostic reason for admission is exacerbation of COPD or asthma											
Number of COPD/asthma patients managed by the community team/pulmonary rehab team											
Number of patients receiving anti coagulants (DOAC/Warfarin)											
METRIC	FY as @ 31/03/2020	YTD as @ 30/09/2020	Oct	Nov	Dec	Jan	Feb	Mar	Total		
4. Timely diagnosis of new problems											
Optometry: number of practices open at least 75% of normal pre Covid-19 hours											
METRIC	FY as @ 31/03/2020	YTD as @ 30/09/2020	Oct	Nov	Dec	Jan	Feb	Mar	Total		
5. Proactive management of vulnerable groups											
DES for Care Homes – compliance rate (%)											
No. of advanced care plans in place for palliative care											
MENTAL HEALTH			Forecast Profile								
	FY as @ 31/03/2020	YTD as @ 30/09/2020	Oct	Nov	Dec	Jan	Feb	Mar	Total		
METRIC	No's	No's	No's								
Mental Health											
Number of Part 1a and 1b referrals											
Number of Mental Health Crisis referrals (Crisis Resolution Home Treatment)											
Number of Child and Adolescent Mental Health (CAMHS) Crisis referrals and assessments											
Number of Memory assessment service (MAS) referrals and assessments											
Part 2 duty - % of total caseloads with a valid care and treatment plan (%)											
ACUTE CARE - UNSCHEDULED CARE			Forecast Profile								
	FY as @ 31/03/2020	YTD as @ 30/09/2020	Oct	Nov	Dec	Jan	Feb	Mar	Total		
METRIC	No's										
1. Unscheduled Care Activity											
A&E Attendances											
Emergency admissions											
ELECTIVE CARE			Ave. Volumes per Month 2019/20	Ave. Volumes per Month YTD as @ 30/09/2020	Oct	Nov	Dec	Jan	Feb	Mar	Total
METRIC	No's										
2. Elective Care Activity											
OPA First appointment - face to face											
OPA First appointment - virtual											
OPA Follow up - face to face											
OPA Follow up - virtual											
Compliance with eye care measures for new and follow up patients (%)											
Number of inpatient procedures											
Number of day case procedures											
OUTSOURCED ACTIVITY			Ave. Volumes per Month 2019/20	Ave. Volumes per Month YTD as @ 30/09/2020	Oct	Nov	Dec	Jan	Feb	Mar	Total
METRIC	No's										
3. Outsourced Activity											
Number of inpatient procedures											
Number of day case procedures											
CANCER CARE			FY as @ 31/03/2020	YTD as @ 30/09/2020	Oct	Nov	Dec	Jan	Feb	Mar	Total
METRIC	No's										
Cancer											
Anticipated new referrals											
Number of cancer patients starting treatment											
Single cancer pathway performance (62 day) (%) compliance with)											
DIAGNOSTICS			Backlog @ 31/03/2020	Backlog @ 30/09/2020	Oct	Nov	Dec	Jan	Feb	Mar	Total
METRIC	No. px waiting > 8 weeks		Activity no's								
Diagnostics Anticipated Activity											
Cardiology:											
Blood Pressures Monitoring											
Cardiac CT											
Cardiac MRI											
Diagnostic Angiography											
Diagnostic Electrophysiology											
Dobutamine Stress Echocardiogram											
Echo											
Heart Rhythm Recording											
Myocardial Perfusion Scanning											
Stress Test											

[illegible]

HEIW

Please fill in the lightly yellow shaded cells

This section is intended to cover anticipated % delivery of each metric, at the period end stated for areas ide

SCREENING PROGRAMMES	%
	ACTUAL as @ 31/3/2020
METRIC	

SCREENING PI	
% Uptake of bowel cancer screening programmes	
% Uptake of AAA screening programmes	
% - Breast Test Results sent within 2 weeks of scan (Target 95%)	
% - Breast Test Assessment Invitations within 3 weeks of Screening Date (Target 70%)	
% - Diabetic Eye Screening Letters within 3 wks of screen date (target 50%)	
% - Waiting Time within 4 Weeks for a Colposcopy Appointment (CSW direct ref with abnormal cytology) (Target 95%)	
% - Waiting Time within 4 Weeks from Sample to Cervical Screening Test Result (Target 98%)	
% - Babies who complete New-born Hearing Screening programme within 4 weeks (Target 98%)	
% - Babies who complete New-born Hearing Assessment Procedure by 3 months (Target 85%)	

Identified as Essential Services.

%	PROFILE @ END OF MONTH					
YTD as @ 30/09/2020	Oct	Nov	Dec	Jan	Feb	Mar
%						

[illegible]

HEIW

THIS SECTION SHOULD NOT BE COMPLETED AT THIS STAGE.

This section is under review whilst organisations vaccinations programmes are being developed, a further update will be provided once the programmes are fully developed.

VACCINATION PROGRAMME

Actual as @
31/03/2020

METRIC

	Number
Total number of flu vaccinations	
Total number of COVID-19 vaccinations planned	
Flu vaccinations of at risk populations	
65 year old and over (%)	
Under 65 at risk (%)	
Pregnant women (%)	
Children aged 2-3 (%)	
Children aged 4-8 (%)	
NHS staff with patient contact (%)	
Childhood vaccinations	
Uptake of 5 in 1 vaccination at one year (%)	
Uptake proportion of childhood vaccinations by age 4 (%)	
Uptake proportion of two MMR vaccinations by age 5 (%)	
Uptake proportion of two MMR vaccinations by age 16 (%)	

Contact Information - Executive Lead for Vaccination	
Name	
Email address	
Contact Information - Social Care Workforce Vaccination Lead for each	
Name	
Email address	
Contact Information - Emergency Planning Support (Name)	
Name	
Email address	
Contact Information - Vaccination Co-ordination (Named)	
Name	
Email address	
Contact Information - Vaccine Storage and Distribution Lead (Name)	
Name	
Email address	

Date of last review of the Mass Vaccination Plan	
Mass Vaccination Plan for each cluster? (Yes/No)	
Has the Mass Vaccination Plan been discussed at the Regional Partnership Board? (Yes/No)	
Date of the last Mass Vaccination Exercise	

ate will be shared over the coming weeks.

	FORECAST PROFILE						
YTD as @ 31/09/2020	Oct	Nov	Dec	Jan	Feb	Mar	Total
No's & %							

r of Vaccinations							
s 2019-20 (%) Actual and End of Year Target (%)							
Actual and End of Year Target (%)							

ons
local authority (Name)
d Contact)
Contact)
amed Contact)

HEIW	
Please fill in the lightly yellow shaded cells	
This should reflect the corresponding amounts included within the M6 MMR submission to WG	

This should reflect the corresponding amounts included within the M6 MMR submission to WG.

[illegible]

[illegible]

[illegible]

HEW			
Please fill in the yellow shaded cells			
PROPERTY & ASSET INVESTMENT		2020-21	
Metric		£m	
EXPENDITURE			
Capital Expenditure			
New Equipment			
Renewal/Replacement			
Other			
Total Capital Expenditure			
Income			
Income from Property			
Income from Other			
Total Income			
NET CAPITAL EXPENDITURE			
PERFORMANCE INDICATORS			
		2019-20 per £100k £m	2020-21 Forecast £m
Capital Expenditure			
Income			
NET CAPITAL EXPENDITURE			
Capital Expenditure			
Income			
NET CAPITAL EXPENDITURE			
Capital Expenditure			
Income			
NET CAPITAL EXPENDITURE			

HEIW
Please fill in the lightly yellow shaded cells

PROPERTY & ASSET INVESTMENT - APPROVED	2020-21
METRIC	£m

CAPITAL EXPENDITURE	
DISCRETIONARY	£m
IT	
Equipment	
Statutory Compliance	
Estates	
Other	
SUB TOTAL DISCRETIONARY	-
DISCRETIONARY NON CASH	£m
Discretionary Other Revenue Costs	
Discretionary Revenue Savings	
SUB TOTAL NON CASH	-

APPROVED SCHEMES	NON CASH - DEL	NON CASH - AME	OTHER REVENUE COSTS	REVENUE SAVINGS	NET REVENUE
PLEASE DELETE & INSERT SCHEME BELOW					
	£m				
SCHEME TITLE 1					
SCHEME TITLE 2					
SCHEME TITLE 3					
SCHEME TITLE 4					
SCHEME TITLE 5					
SCHEME TITLE 6					
SCHEME TITLE 7					
SCHEME TITLE 8					
SCHEME TITLE 9					
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SCHEME TITLE 34					
SCHEME TITLE 35					
SCHEME TITLE 36					
SCHEME TITLE 37					
SCHEME TITLE 38					
SCHEME TITLE 39					
SCHEME TITLE 40					
SUB TOTAL APPROVED SCHEMES	-	-	-	-	-

UNAPPROVED SCHEMES	NON CASH - DEL	NON CASH - AME	OTHER REVENUE COSTS	REVENUE SAVINGS	NET REVENUE
PLEASE DELETE & INSERT SCHEME BELOW					
	£m				
PRIORITY SCHEME TITLE 1					
PRIORITY SCHEME TITLE 2					
PRIORITY SCHEME TITLE 3					
PRIORITY SCHEME TITLE 4					
PRIORITY SCHEME TITLE 5					
PRIORITY SCHEME TITLE 6					
PRIORITY SCHEME TITLE 7					
PRIORITY SCHEME TITLE 8					
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PRIORITY SCHEME TITLE 37					
PRIORITY SCHEME TITLE 38					
PRIORITY SCHEME TITLE 39					
PRIORITY SCHEME TITLE 40					
SUB TOTAL UNAPPROVED SCHEMES	-	-	-	-	-