

Bwrdd (Agored)

Thu 25 March 2021, 11:30 - 13:30

ar Zoom / Teleconference



GIG
CYMRU
NHS
WALES

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

Agenda

11:30 - 11:40

10 min

1. MATERION RHAGARWEINIOL

1.1. Croeso a Chyflwyniad

Cyflwynydd: Cadeirydd - Llafar

1.2. Ymddiheuriadau am Absenoldeb

Cyflwynydd: Cadeirydd - Llafar

1.3. Datganiad o Fuddiannau

Cyflwynydd: Cadeirydd - Llafar


1.4. Derbyn a chadarnhau cofnodion y Bwrdd a gynhaliwyd ar 28 Ionawr 2021

Cyflwynydd: Cadeirydd

 1.4 - CYM - Unconfirmed Minutes (Open) Board_28 January 2021 V4 ah_approved by CDVJ_cym.pdf (14 pages)

1.5. Log Gweithredu

Cyflwynydd: Cadeirydd

 1.5 - CYM - Board Action Log _2021-01-28 (Open) V3 ah-cym.pdf (2 pages)

1.6. Materion yn Codi:

1.6.1. Adolygu'r Gofyniad i Ymestyn y Tymor ar gyfer Cynnal Cyfarfodydd Cynhadledd Electronig

Cyflwynydd: Cadeirydd - Llafar

11:40 - 12:00

20 min

2. ADRODDIAD Y CADEIRYDD A'R PRIF WEITHREDWR

2.1. Adroddiad y Cadeirydd

Cyflwynydd: Cadeirydd

 2.1 - CYM Chairs Report - Adroddiad y Cadeirydd 2.1.cyf maw 21 (1).pdf (7 pages)

2.2. Adroddiad y Prif Weithredwr

Cyflwynydd: Prif Weithredwr

 2.2 - CYM - CEO Adroddiad Mawrth 2021.cyf maw 21.pdf (6 pages)

12:00 - 12:30

30 min

3. EITEMAU STRATEGOL

English Catherine
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3.1. Cymeradwyo'r Cynllun Blynyddol ar gyfer 2021/22

Cyflwynydd: Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol

- 3.1a - CYM - Board Report Annual Plan cyf maw 21.pdf (6 pages)
- 3.1b - Appendix 1 - HEIW Annual Plan 2021-2022 Final Draft.pdf (182 pages)
- 3.1c - Appendix 2 - Annual Plan EIA March 2021.pdf (57 pages)
- 3.1d - NHS Annual Plan Minimum Dataset 2021-22 HEIW.pdf (25 pages)

3.2. Lansio Egwyddorion Arweinyddiaeth Tosturiol

Cyflwynydd: Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol

- 3.2a - CYM - March Board Comp Leadership Report 3.2.cyf maw 21.pdf (3 pages)
- 3.2b - Appendix 1 - Updated Leadership Principles for Health & social Care V5.pdf (4 pages)
- 3.2c - Appendix 2 - NHS Wales Leadership and Succession Update_February 2021.pdf (3 pages)

3.3. Cam 2 - Adolygiad Strategol o Addysg Gweithwyr Iechyd Proffesiynol

Cyflwynydd: Cyfarwyddwr Nyrsio Dros Dro

- 3.3 - CYM - Adroddiad y Bwrdd 3.3.cyf maw 21.pdf (6 pages)

EGWYL

12:30 - 13:25
55 min

4. LLYWODRAETHU, PERFFORMIAD A SICRWYDD

4.1. Adroddiad y Cyfarwyddwr Cyllid

Cyflwynydd: Cyfarwyddwr Cyllid

- 4.1 CYM - adroddiad cyllid y bwrdd maw 21.cyf 2 maw 21.pdf (9 pages)
- 4.1b - Appendix 1 - Board Finance Paper_March 2021.pdf (5 pages)
- 4.1c - Appendix 2 - Month 11 - HEIW Monitoring Return Tables - Day 9 v3.pdf (32 pages)

4.2. Adroddiad Perfformiad Ch3

Cyflwynydd: Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol

- 4.2a - Cover Paper-Cym-Quarterly Integrated Performance Report Q3 2020-21 v5 cyf Bwrdd maw 21.pdf (5 pages)
- 4.2b - Appendix 1(i) Quarterly Integrated Performance Report Q3 2020-21 v5.pdf (31 pages)
- 4.2c - Appendix 1(ii) Quarterly Performance Reporting Dashboard - Dec20 v5.pdf (3 pages)

4.3. Adroddiad Cydraddoldeb Blynyddol 2019-2020

Cyflwynydd: Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol

- 4.3a - CYM - Adroddiad Cydraddoldeb - Equalities Board report cyf maw 21.pdf (3 pages)
- 4.3b - Appendix 1 - HEIW Equality Annual Report 2019-20 (F)_March 2021.pdf (30 pages)

4.4. Adborth i'r Ymgynghoriad ar Cynllun Iaith

Cyflwynydd: Ysgrifennydd y Bwrdd

- 4.4a - CYM - Adroddiad Bwrdd IG 4.4a.cyf maw 21.pdf (7 pages)
- 4.4b - Welsh language consultation document - FINAL - Cym.pdf (32 pages)

4.5. Cofrestr Risg Corfforaethol


Cyflwynydd: Ysgrifennydd y Bwrdd

- 4.5a - CYM - Adroddiad y Bwrdd Cofrestr Risg fh cyf maw 21.pdf (9 pages)
- 4.5b - Appendix 1 - Corporate Risk Register (March 2021) V2.pdf (12 pages)

4.6. Derbyn adroddiad mater allweddol gan:


4.6.1. Y Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 9 Chwefror 2021

Cyflwynydd: Cadeirydd y Pwyllgor

 4.6.1 - CYM - ECQC Chair Key Issue Report_2021-02-09.pdf (13 pages)

4.7. Penderfyniadau Mewn Pwyllgor Ionawr 2021

Cyflwynydd: Ysgrifennydd y Bwrdd

 4.7 - CYM - In Committee Decisions from January Board V2 cym.pdf (3 pages)

4.8. Rhaglen Blaengynllun 2021/22

Cyflwynydd: Ysgrifennydd y Bwrdd

 4.8a CYM - BRW Adroddiad y Bwrdd (Maw. 21) 4.8.cyf maw 21.pdf (3 pages)

 4.8b - Appendix 1 - Board FWP April 2021-March 2022 V4 14.3.21 DB.pdf (6 pages)

 4.8c - Appendix 2 BDS FWP April 2021-March 2022.pdf (2 pages)

13:25 - 13:25
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5. ER GWYBODAETH/I'W NODI

5.1. Derbyn a Nodi Adroddiad Sicrwydd Pwyllgor Partneriaeth Gwasanaethau a Rennir GIG Cymru ar gyfer y cyfarfod a gynhaliwyd ar 21 Ionawr 2021

Cyflwynydd: Ysgrifennydd y Bwrdd

 5.1 - CYM - SSPC Assurance Report 21 January 2021cym.pdf (4 pages)

5.2. Derbyn a Nodi Cofnodion Cymeradwy Fforwm Arweinyddiaeth Gydweithredol GIG Cymru a gynhaliwyd ar 1 Rhagfyr 2020

Cyflwynydd: Cadeirydd

 5.2 - CYM -LF-2103-01 - Minutes of CLF 011220 v1.pdf (7 pages)

13:25 - 13:30
5 min

6. MATERION ERAILL

6.1. Unrhyw fater brys arall

Cyflwynydd: Cadeirydd - Llafar

6.2. Crynodeb o'r camau gweithredu allweddol

Cyflwynydd: Cadeirydd - Llafar

6.3. Dyddiadau'r Cyfarfodydd Nesaf:

6.3.1. Sesiwn Datblygu Bwrdd AaGIC i'w gynnal ar 29 Ebrill 2021 i'w gynnal gyda un ai Microsoft Teams / Telegynhadledd neu yn Nhŷ Dysgu, Nantgarw

6.3.2. Cyfarfod Bwrdd AaGIC i'w gynnal ar 27 Mai 2021 i'w gynnal naill ai gyda Zoom / Teleconference neu yn Nhŷ Dysgu, Nantgarw

English Catherine
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Addysg a Gwellu Iechyd
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Health Education and
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**Cofnodion drafft heb eu cadarnhau o Gyfarfod Bwrdd AaGIC
a gynhaliwyd ar 28 Ionawr 2021
trwy Fideogynadledda trwy Dŷ Dysgu, Nantgarw**

Yn bresennol:

Dr Chris Jones
John Hill Tout
Tina Donnelly
Dr Ruth Hall
Gill Lewis
Yr Athro Ceri Phillips
Dr Heidi Phillips
Alex Howells
Yr Athro Pushpinder Mangat
Angela Parry
Julie Rogers

Cadeirydd
Is-gadeirydd, Aelod Annibynnol
Aelod Annibynnol
Aelod Annibynnol
Aelod Annibynnol
Aelod Annibynnol
Aelod Annibynnol
Prif Weithredwr
Cyfarwyddwr Meddygol
Cyfarwyddwr Nyrsio Dros Dro
Cyfarwyddwr y Gweithlu a Chyfarwyddwr
Gweithredol
Cyfarwyddwr Cyllid

Eifion Williams

Yn bresennol:

Dafydd Bebb
Nicola Johnson

Ken Hughes

Urvisha Perez
Angharad Price
Rob Heritage
Jaci Evans
Kay Barrow

Ysgrifennydd y Bwrdd
Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau
Corfforaethol
Rheolwr Archwilio, Archwilio Mewnol (Partneriaeth
Cydwasaethau GIG Cymru)
Uwch Archwilydd, Swyddfa Archwilio Cymru
Pennaeth Cyfathrebu
Rheolwr TG
Rheolwr Cyfieithu Cymraeg
Rheolwr Llywodraethu Corfforaethol
(Ysgrifenyddiaeth)

RHAN 1	MATERION RHAGARWEINIOL	Gweithredu
2801/1.1	Croeso a Chyflwyniad	
	Croesawodd y Cadeirydd bawb i'r cyfarfod. Cadarnhawyd bod cworwm yn bresennol. Estynnodd y Cadeirydd groeso cynnes i Ken Hughes (Rheolwr Archwilio, Archwilio Mewnol (Partneriaeth Cydwasaethau GIG Cymru) ac Urvisha Perez (Uwch Archwilydd, Archwilio Cymru) a oedd yn bresennol fel arsylwyr. Eglurodd Rob Heritage wrth yr arsylwyr y cyfarfod bod modd iddynt gael cyfieithiad Cymraeg o'r cyfarfod.	
2801/1.2	Ymddiheuriadau am absenoldeb	
	Ni chafwyd unrhyw ymddiheuriadau am absenoldeb.	
2801/1.3	Datganiadau o Fuddiannau	
	Ni fynegwyd unrhyw ddatganiadau buddiant.	

2801/1.4	Derbyn a chadarnhau cofnodion y Bwrdd a gynhaliwyd ar 26 Tachwedd 2020	
Penderfnwyd	Derbyniwyd bod y cofnodion yn gofnod cywir o'r cyfarfod.	
2801/1.5	Log Gweithredu	
	<p>Derbyniodd y Bwrdd y Log Gweithredu.</p> <p>Penderfynwyd bod camau gweithredu un ai wedi'u cyflawni, yn faterion i'w hystyried ar yr agenda heddiw neu'n faterion ar gyfer y flaen raglen. Darparwyd y diweddariad canlynol:</p> <ul style="list-style-type: none"> • 2611 / 1.7 Cyfarfodydd Rhithwir: Dywedodd y Cadeirydd bod y tymor cynnal cyfarfodydd rhithwir i fod i ddod i ben fis Mawrth 2021 ond, o ystyried parhad cyfyngiadau COVID, efallai y bydd angen ymestyn hyn ymhellach yng nghyfarfod nesaf y Bwrdd. <p>Gan y gall y cyhoedd gyrchu Sesiwn Agored Bwrdd AaGIC trwy Zoom, cynigiodd y Cadeirydd y dylid atal y gofyniad i gyhoeddi Briff cyhoeddus yn dilyn pob Cyfarfod Bwrdd.</p>	
Penderfnwyd	<p>Y Bwrdd:</p> <ul style="list-style-type: none"> • Nodwyd y Log Gweithredu; • cymeradwyo atal cyhoeddi Briff y Bwrdd Cyhoeddus yn dilyn pob Sesiwn Agored o'r Bwrdd. 	
2801/1.6	Materion yn Codi:	
	Nid oedd unrhyw faterion yn codi.	
RHAN 2	ADRODDIAD Y CADEIRYDD A'R PRIF WEITHREDWR	
2801/2.1	Adroddiad y Cadeirydd	
	<p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Adlewyrchodd y Cadeirydd ar heriau a dwyster cynyddol y pandemig COVID cyfredol a'r effaith sy'n cael ei theimlo ar draws GIG Cymru, gofal cymdeithasol, y sector cyhoeddus a sefydliadau'r trydydd sector. Pwysleisiodd mai'r raison d'être ar gyfer AaGIC oedd sicrhau ffrwd barhaus o raddedigion a hyfforddeion ar gyfer gweithlu'r GIG.</p> <p>Diolchodd y Cadeirydd i staff AaGIC a'i bartneriaid am yr ymdrech aruthrol i sicrhau bod y myfyrwyr a'r hyfforddeion yn cael eu cefnogi yn ystod y newidiadau parhaus wrth ddarparu addysg a hyfforddiant, tra hefyd yn cefnogi eu lles.</p> <p>Dywedodd y Cadeirydd bod cyfarfodydd Gweinidogol gyda Chadeiryddion, Is-gadeiryddion a Phrif Weithredwyr yn parhau yn ystod yr amser anodd hwn. Diolchodd i Julie Rogers sy'n yn cefnogi Llywodraeth Cymru i gyflwyno'r Rhaglen Frechu COVID a'r effaith y byddai hyn yn ei chael ar reoli lledaeniad y feirws.</p> <p>Dywedodd y Cadeirydd ei fod yn cefnogi gwaith y Grŵp Gorchwyl a Gorffen Gofal Brys ar ddatblygu Fframwaith Llywodraethu Clinigol Integredig ar gyfer GIG Cymru.</p> <p>Croesawodd y Cadeirydd Ymgynghoriad Gofal Cymdeithasol Cymru ar eu blaenoriaethau a'u cynigion drafft, a sut y gallai</p>	

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	<p>hyn gefnogi'r uchelgeisiau a'r camau gweithredu ar y cyd yn Strategaeth y Gweithlu ar gyfer lechyd a Gofal Cymdeithasol.</p> <p>Diweddarodd John Hill-Tout y Bwrdd ar waith yr Is-gadeiryddion a'r ffocws pennaf ar lechyd a Lles Meddwl ac, yn benodol, y pwyslais ar blant a phobl ifanc a mynediad at Wasanaethau lechyd Meddwl Plant a'r Glasoed (CAMHS).</p> <p>Adlewyrchodd y Cadeirydd ar y Digwyddiad Staff a gynhaliwyd ar 25 Ionawr 2021 a'r pwyslais ar sicrhau bod staff AaGIC yn cael yr wybodaeth ddiweddaraf am y meysydd perthnasol a phwysig o waith parhaus. Roedd y rhain yn ymwneud â meysydd fel datblygu'r Cynllun Blynyddol ac amcanion strategol; gwaith y Grŵp Bioamrywiaeth a Newid Hinsawdd a chanlyniadau'r Arolwg Staff.</p> <p>Eglurwyd y dylai Aelodau Annibynnol fod wedi derbyn gwahoddiad cyfarfod Digwyddiad Staff, fodd bynnag, byddai crynodeb o'r eitemau a drafodwyd yn cael eu dosbarthu i'r Aelodau Annibynnol hynny nad oeddent yn bresennol</p> <p>Croesawodd aelodau'r Bwrdd rannu nifer o adroddiadau lechyd Cyhoeddus Cymru, yn enwedig y rhai a oedd yn canolbwyntio ar effaith anghymesur COVID-19 mewn ardaloedd o amddifadedd, a oedd yn cynnwys ffoaduriaid. Amlygwyd bod Pandemig COVID-19 wedi tynnu sylw at yr angen sy'n dod i'r amlwg i ddeall yr anghydraddoldebau hyn yn well, yn enwedig y rhai sy'n ymwneud â chyfluoedd addysgol.</p>	
Wedi'i benderfynu	<p>Y Bwrdd:</p> <ul style="list-style-type: none"> • nodwyd yr amrywiaeth o waith a amlygwyd gan y Cadeirydd a'r Is-gadeirydd; • cytunwyd y dylid dosbarthu manylion y rhaglen ar gyfer y Digwyddiad Staff a gynhaliwyd ar 25 Ionawr 2021 i Aelodau'r Bwrdd. 	AH / JR
2801/2.2	Adroddiad y Prif Weithredwr Derbyniodd y Bwrdd yr adroddiad.	
<p>English Catherine 03/31/2021 11:25:31</p>	<p>Wrth gyflwyno'r adroddiad, pwysleisiodd Alex Howells effaith parhad pandemig COVID-19 ar ddarparu addysg a hyfforddiant. Eglurodd sut mae Briff y Bwrdd a gynhaliwyd ar 7 Ionawr 2021 wedi bod yn gyfle i ddiweddarau'r Bwrdd ar nifer o feysydd gwaith allweddol sy'n cael eu gwneud mewn ymateb i'r heriau cynyddol i addysg a hyfforddiant o ganlyniad i COVID-19. Mae cofnod risg manwl yn cael ei gynnal a'i rannu yn ôl arbenigeddau a disgyblaethau. Pwysleisiwyd mai cyflwyno addysg a hyfforddiant oedd yr her fwyaf i AaGIC ar hyn o bryd ac y byddai angen i'r log risg gael ei adolygu'n fanwl gan y Pwyllgor Comisiynu ac Ansawdd Addysg er mwyn sicrhau yr eir ati i graffu a monitro'n briodol ar risgiau a oedd yn gysylltiedig a ddarparu addysg a hyfforddiant.</p> <p>Eglurodd Alex Howells fod y Digwyddiad Staff wedi cael ei ddefnyddio er mwyn trafod nifer o bynciau allweddol a oedd yn cynnwys datblygu'r Cynllun Blynyddol a'r cyfle i staff roi adborth gan ddefnyddio'r offeryn rhyngweithiol Mentimeter. Trafodwyd</p>	

	<p>yr argyfwng newid yn yr hinsawdd sy'n dod i'r amlwg hefyd gyda diweddariad ar waith Grŵp Bioamrywiaeth a Newid Hinsawdd AaGIC a oedd yn mynd rhagddo.</p> <p>O ran y Cynllun Blynyddol, eglurwyd bod AaGIC yn glir ynghylch ei uchelgeisiau yn y flwyddyn ariannol nesaf a bod cynlluniau tymor canolig yn cael eu monitro.</p> <p>Roedd AaGIC yn darparu cefnogaeth ac adnoddau ar-lein yn canolbwyntio ar iechyd a lles GIG Cymru. Pwysleisiwyd mai'r her allweddol oedd cyfathrebu a chodi ymwybyddiaeth o'r materion a'r adnoddau. Roedd Claire Smith yn mynychu nifer o gyfarfodydd ledled Cymru gyda phartneriaid allweddol er mwyn helpu i godi ymwybyddiaeth a chyfeirio at y gefnogaeth a'r adnoddau ar-lein.</p> <p>O ran hyfforddiant wedi'i dargedu mewn ymateb i heriau cynyddol COVID-19, eglurwyd bod AaGIC yn cael ei ddiweddarau ac yn ychwanegu at raglenni sy'n bodoli eisoes, yn enwedig y rhai sy'n ymwneud â Gofal Critigol a Rheoli Heintiau. Eglurwyd, oherwydd y ddibyniaeth ar dechnoleg yn ystod COVID-19, fod AaGIC yn cefnogi'r broses benderfynu o bell.</p> <p>Diweddarwyd y Bwrdd ar adleoli hyfforddeion meddygol i weithlu rheng flaen y GIG. Amlygwyd y byddai'r Ddeoniaeth Feddygol yn cefnogi cylchdroi'r hyfforddeion meddygol ym mis Chwefror 2021 fel y gellid rhannu'r baich ymhlith mwy o unigolion i leddfu'r pwysau.</p> <p>Eglurwyd na fydd y broses arfarnu meddygon teulu yn ailddechrau nes fis Mawrth 2021 ac y gellid defnyddio'r amser a neilltuwyd ar gyfer y broses hon i helpu gyda brechu. Roedd proses debyg hefyd yn cael ei mabwysiadu o fewn yr adran Fferylliaeth a Deintyddiaeth.</p> <p>Cadarnhawyd bod Julie Rogers yn cefnogi Llywodraeth Cymru gyda Rhaglen Frechu COVID-19 ac yn chwarae rhan flaenllaw ar ddatblygiadau polisi Llywodraeth Cymru.</p>	
Penderfnwyd	Nododd y Bwrdd adroddiad y Prif Weithredwr.	
RHAN 3	MATERION STRATEGOL	
2801/3.1	Cynllun Blynyddol ar gyfer 2021/22	
	<p>Derbyniodd y Bwrdd y Cynllun Blynyddol drafft.</p> <p>Wrth gyflwyno'r ddogfen ddrafft, dywedodd Nicola Johnson fod y Bwrdd wedi derbyn diweddariad ar y cynnydd gyda datblygiad y Cynllun Blynyddol yn ei Sesiwn Ddatblygu ym mis Rhagfyr 2020. Mae adborth o ymgysylltu â staff a phartneriaid wedi helpu i lunio'r ddogfen ddrafft, ac mae'r gwaith yn parhau i gwblhau'r cyflawniadau amcan strategol, cerrig milltir, adnoddau a mesurau llwyddiant. Roedd dadansoddiad o'r adnoddau gofynnol yn cael ei wneud i gefnogi cyflwyno'r Cynllun Blynyddol i sicrhau gallu a chyflawni.</p>	

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Deilliodd yr adolygiad o'r nodau a'r amcanion strategol ar y cynnydd a wnaed yn 2020/21, gan ymgorffori ein ffyrdd newydd o weithio ac arloesi mewn ymateb i bandemig COVID-19. Byddai ymgysylltiad parhaus trwy rannu'r Cynllun Blynnyddol drafft yn eang er mwyn cael sylwadau partneriaid a grwpiau cymheiriaid, gan gynnwys Gofal Cymdeithasol Cymru, Cyfarwyddwyr Cyllid a Chyfarwyddwyr y Gweithlu a'r Cyfarwyddwr Gweithredol a thrafodaethau pellach â sefydliadau eraill y GIG.

Eglurodd Eifion Williams bod y Cynllun Ariannol a gynigiwyd ar gyfer 2021/22 yn seiliedig ar Gynllun Comisiynu a Hyfforddi Addysg GIG Cymru ar gyfer 2021/22, a oedd wedi'i gymeradwyo gan Lywodraeth Cymru. Esboniodd, yng nghydestun yr heriau ariannol cyfredol y mae Llywodraeth Cymru yn eu hwynebu, bod trafodaethau gyda hwy i gytuno ar y Cynllun Ariannol terfynol yn parhau. Rhagwelir y cyhoeddir y canlyniad ffurfiol yng nghyfarfod nesaf y Bwrdd.

Croesawodd y Bwrdd ddrafft cyntaf y Cynllun Blynnyddol ond cwestiynodd a oedd unrhyw sicrwydd na fyddai'r arian a ddychwelwyd i Lywodraeth Cymru yn y flwyddyn hon a blynnyddoedd blaenorol yn cael ei dynnu oddi ar ddyraniad cyllideb sylfaenol AaGIC. Eglurwyd bod Cynllun Comisiynu a Hyfforddi Addysg AaGIC ar gyfer 2021/22 wedi'i gytuno â Llywodraeth Cymru ac y byddai'r dyraniad cyllideb hwn yn cael ei dderbyn. Roedd y trafodaethau cyfredol gyda chydweithwyr cyllid Llywodraeth Cymru mewn perthynas â'r cyllid ar gyfer y meysydd eraill o wariant AaGIC y tu allan i addysg a hyfforddiant a oedd yn ymwneud â mentrau newydd. Eglurwyd ymhellach bod y cronfeydd a ddychwelwyd i Lywodraeth Cymru yn ymwneud â lleoedd addysg a hyfforddiant heb eu llenwi a chyllid bwrsariaeth lle roedd myfyrwyr wedi dewis hunan-ariannu.

Ystyriodd y Bwrdd y ddogfen ddrafft a gwnaed y sylwadau cychwynnol:

- Roedd y Cynllun Blynnyddol drafft yn bellgyrhaeddol o ran dadansoddiad PESTLE, fodd bynnag, roedd pryder nad oedd cyfeiriad at y Rheoliadau Diogelu Data Cyffredinol (GDPR), yn enwedig mewn perthynas â rheoli gwybodaeth a llywodraethu gwybodaeth.
- Sicrhau bod y Cynllun Blynnyddol drafft yn adlewyrchu'r cynlluniau ar draws ein sefydliadau partner ac wedi'i lofnodi cyn dechrau'r flwyddyn ariannol newydd.
- Nid yw'n ymddangos bod yr agweddau Gofal Cymdeithasol yn cael eu hadlewyrchu yn y naratif sy'n ymwneud â'r Strategaeth Iechyd a Gofal Cymdeithasol. Mae hyn yn gofyn am safbwynt partner ac alinio â blaenoriaethau Gofal Cymdeithasol Cymru (SCW).

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<p>English Catherine 03/31/2021 11:25:31</p>	<ul style="list-style-type: none"> Tud 9 - Cywiro'r camgymeriad yn y diagram. Tud 12 – angen eglurhad pellach ar gyfer y cyhoedd ynghylch Asesu wedi'u Strwythuro. Roedd gwasanaethau Iechyd Meddwl, yn enwedig i blant a phobl ifanc, yn flaenoriaeth gan Lywodraeth Cymru. Eglurwyd bod llwybrau hyfforddi ar gael eisoes ar gyfer myfyrwyr nyrsio a oedd yn dymuno dewis hyfforddiant iechyd meddwl, ac roedd y rhain o fewn y Cynllun Comisiynu a Hyfforddiant Addysg cymeradwy ar gyfer 2021/22. Byddai'r ddarpariaeth hyfforddiant hon yn cael ei hehangu ymhellach fel yr amlinellwyd yn Amcan Strategol 4.3 a mynd ati i ddatblygu model a chynllun y gweithlu iechyd meddwl mewn cydweithrediad â Llywodraeth Cymru a Gofal Cymdeithasol Cymru (SCW) i gefnogi'r gwaith o roi ar waith Law yn Llaw at Iechyd Meddwl (gan gynnwys CAMHS). Roedd gwasanaethau Iechyd Meddwl yn gangen o Seiciatreg ar gyfer hyfforddeion meddygol, fodd bynnag, roedd gwasanaethau iechyd meddwl i bobl ifanc yn arbenigedd a oedd yn anodd recriwtio ar ei gyfer, nid yn unig yng Nghymru, ond yn genedlaethol hefyd. Pwysleisiwyd bod gan effaith COVID-19 ar y boblogaeth gyffredinol oblygiadau ar gyfer gwasanaethau iechyd meddwl a lles yn y dyfodol a'i bod yn bwysig bod hyfforddiant mewn iechyd meddwl a lles yn gofyn am fuddsoddiad pellach a bod swyddi'n fwy deniadol i ddenu ymgeiswyr. Eglurodd Alex Howells fod y Tîm Gweithredol wedi derbyn papur yn manylu ar adborth a chanlyniadau'r rhith-gynhadledd Iechyd Meddwl ar y cyd a gynhaliodd AaGIC a GCC. Darparodd y papur y camau cyntaf wrth gefnogi trawsnewid y Gweithlu Iechyd Meddwl yng Nghymru, gan dynnu sylw at waith a oedd eisoes yn cael ei wneud a'r gwaith yr oedd angen ei ymgorffori yn amcanion gweledigaeth trawsnewid gweithlu iechyd meddwl AaGIC wrth symud ymlaen. O ystyried y pwysau ledled GIG Cymru, cydnabuwyd bod yr ymgysylltu â phartneriaid allweddol wedi bod yn anodd eleni oherwydd cyfyngiadau COVID-19, fodd bynnag, roedd y Cynllun wedi galluogi cryfhau'r cysylltiadau â'r agenda genedlaethol a'r rhaglenni cydweithredol. Sesiwn Datblygu'r Bwrdd ym mis Chwefror i ganolbwyntio ar drafod y dadansoddiad ac unrhyw flaenoriaethu neu ddewisiadau sy'n ofynnol. Y Cynllun terfynol i'w gyflwyno yng nghyfarfod Bwrdd fis Mawrth. 	
<p>Penderfnowyd</p>	<p>Y Bwrdd:</p> <ul style="list-style-type: none"> Yn gofyn i ddiolch gael ei fynegi i'r Tîm i gydnabod eu 	<p>NJ</p>

	<p>gwaith caled;</p> <ul style="list-style-type: none"> • cytunwyd bod papur y Tîm Gweithredol sy'n crynhoi cyd-gynhadledd rithwir lechyd Meddwl Rhithwir AaGIC a GCC yn cael ei ddosbarthu ymysg Aelodau'r Bwrdd er gwybodaeth iddynt; • yn gofyn a ellir ymgorffori eu sylwadau yn y Cynllun terfynol; • yn gofyn a all unrhyw sylwadau pellach gael eu hanfon at Nicola Johnson o fewn y saith niwrnod nesaf; • yn cefnogi datblygu'r Cynllun terfynol; • yn cytuno y dylai Sesiwn Ddatblygu'r Bwrdd mis Chwefror ganolbwyntio ar drafod y dadansoddiad ac unrhyw flaenoriaethu neu ddewisiadau gofynnol. • Yn cytuno y dylai'r Cynllun terfynol gael ei gyflwyno yng nghyfarfod mis Mawrth o'r Bwrdd. 	<p>AH</p> <p>NJ</p> <p>Pawb</p> <p>NJ</p> <p>NJ</p>
2801/3.2	Efelychu	
	<p>Y Bwrdd yn derbyn yr adroddiad.</p> <p>Dywedodd Angela Parry fod yr adroddiad yn darparu diweddariad ar y cynnydd o ran cyflawni'r Strategaeth a'r Rhaglen Efelychu Rhyngbroffesiynol. Amlygwyd bod recriwtio Deoniaid Cysylltiol ar gyfer Efelychu wedi sicrhau bod y gwaith o ddatblygu'r Strategaeth ar gyfer Hyfforddiant Seiliedig ar Efelychu wedi dechrau symud ar gyflymder i gefnogi cyflwyno'r fethodoleg addysgol hon, gan hwyluso'r dysgu arbrofol ar gyfer y cysyniad newydd hwn yn arferiad arferol.</p> <p>Amlygwyd y byddai angen Cyfadrannau a'r amgylchedd i'w gefnogi er mwyn creu dewisiadau amgen i gyfleoedd dysgu a hyfforddi 'wyneb yn wyneb', a oedd yn gynaliadwy ac yn hwyluso gwell canlyniadau.</p> <p>Croesawodd y Bwrdd y dull a oedd yn gwella dull y tîm amlddisgyblaethol o hyfforddi a hefyd yn cefnogi gwelliant parhaus yn ansawdd ledled Cymru.</p>	
Penderfynwyd	Y Bwrdd yn nodi'r yr adroddiad.	
2801/3.3	Cynllun AaGIC ar gyfer Cyrhaeddiad Gwahaniaethol	
	<p>Y Bwrdd yn derbyn yr adroddiad.</p> <p>Rhoddodd Pushpinder Mangat drosolwg o gyrhaeddiad gwahaniaethol a oedd yn canolbwyntio'n bennaf ar y bwch cyrhaeddiad yn ymwneud ag ethnigrwydd mewn meddygaeth. Roedd y GMC yn cydnabod y mater hwn yn llawn a byddai'n cyhoeddi data Cyrhaeddiad Gwahaniaethol ar gyfer pob Deoniaeth Feddygol ledled y DU.</p> <p>Roedd y mater hwn yn amcan a nodwyd yng Nghynllun Cydraddoldeb Strategol AaGIC a'i nod oedd creu cyfleoedd i weithredu rhaglenni gwaith a oedd yn mynd i'r afael yn uniongyrchol â chyrhaeddiad gwahaniaethol ymysg staff, myfyrwyr a hyfforddeion AaGIC.</p> <p>Roedd AaGIC wedi sefydlu Bwrdd Rhaglen Cyrhaeddiad Gwahaniaethol a'r aelodau yn deillio o ystod o bartneriaid</p>	

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	<p>mewnol ac allanol. Byddai gwaith y Bwrdd Rhaglen yn cael ei adrodd i Grŵp Llywio Cynllun Gweithredu Cydraddoldeb Hiliol Llywodraeth Cymru gan Pushpinder Mangat, fel aelod o'r Grŵp Llywio.</p> <p>Croesawodd y Bwrdd waith y Bwrdd Rhaglen i fynd i'r afael â'r anghydraddoldebau mewn cyrhaeddiad gwahaniaethol a bod y Pwyllgor Comisiynu Addysg ac Ansawdd yn monitro'r cynnydd.</p>	
Penderfynwyd	<p>Y Bwrdd:</p> <ul style="list-style-type: none"> • nodwyd yr adroddiad. • Cytunwyd bydd y Pwyllgor Addysg, Comisiynu ac Ansawdd yn mynd ati i fonitro cynnydd y Bwrdd Rhaglen Cyrhaeddiad Gwahaniaethol. 	PM
2801/3.4	Addysg a Hyfforddiant Gofal Sylfaenol	
	<p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Diweddarodd Alex Howells y Bwrdd ar y gwaith y mae AaGIC yn ei wneud i symud ymlaen i sefydlu Fframwaith Cymru Gyfan ar gyfer addysg a hyfforddiant Gofal Sylfaenol a Chymunedol i gefnogi'r weledigaeth o 'ofal yn nes at y cartref' fel y nodir yn 'Cymru Iachach'. Byddai'r dull yn cefnogi'r model amlddisgyblaethol gofal sylfaenol a rhwydwaith o Hybiau Hyfforddi Ardal Gofal Sylfaenol.</p> <p>Amlygwyd bod Addysg Genedlaethol yr Alban yn fwy datblygedig wrth gynllunio a gweithredu eu fframwaith hyfforddiant amlddisgyblaethol gofal sylfaenol a'u bod ar hyn o bryd yn y cam peilot. Byddai AaGIC yn monitro cynnydd yn yr Alban yn agos wrth i'r peilot fynd rhagddo.</p> <p>Nododd y Bwrdd y byddai AaGIC yn ymgysylltu â ffocws â meddygon teulu gyda sefydlu Grŵp Gorchwyl a Gorffen i ddatblygu model cyflenwi a chynnig peilot. Eglurwyd y byddai AaGIC yn defnyddio'r model Hyfforddwr Meddygon Teulu fel y cyfrwng i ddylanwadu ar y gwaith hwn a'i yrru ymlaen gyda dull y Grŵp Gorchwyl a Gorffen. Er mwyn cefnogi'r rhaglen waith, byddai AaGIC yn ystyried penodi arweinydd clinigol i ganolbwyntio ar gyflawni'r gwaith trawsnewid hwn.</p> <p>Mynegwyd peth pryder mewn perthynas â'r amgylchedd ffisegol a'r cyfyngiadau mewn lleoliadau gofal sylfaenol a chymunedol i ddarparu'r hyfforddiant gofynnol, ac a ellid defnyddio practisau preifat fel gyda gwasanaethau 'gofal yn nes at y cartref' eraill. Eglurwyd y byddai AaGIC yn cadw llygad barcud ar y cynnydd yn yr Alban yn enwedig o ran practisau sy'n hyfforddi a'r rheini nad ydynt.</p> <p>Awgrymwyd y dylai AaGIC ystyried ymarfer mapio gwasanaethau'r trydydd sector fel rhan o raglen waith y dyfodol ac ystyried a ellid bod yn gysylltiad â hyfforddiant a chydleoli ar sail efelychiad.</p>	
Penderfynwyd	<p>Y Bwrdd:</p> <ul style="list-style-type: none"> • Gofynnodd y Bwrdd i'w diolch gael ei fynegi i'r Tîm am eu 	AH

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	<p>gwaith caled;</p> <ul style="list-style-type: none"> • cytunwyd y dylid darparu diweddariad i'r Bwrdd ar ddechrau'r Haf. 	AH
2801/4	LLYWODRAETHU, PERFFORMIAD A SICRWYDD	
2801/4.1	Adroddiad y Cyfarwyddwr Cyllid	
	<p>Derbyniodd y Bwrdd yr adroddiad.</p> <p>Wrth gyflwyno'r adroddiad, rhoddodd Eifion Williams ddiweddariad ynghylch y sefyllfa ariannol mis 9 ar gyfer 2020/2021 a oedd yn danwariant blwyddyn i'r dyddiad o oddeutu £1.5m. Roedd hwn yn gynnydd yn y sefyllfa tanwariant o £250k o'i gymharu â'r mis blaenorol.</p> <p>Roedd yr enillion y cytunwyd arno'n flaneorol o £5m i Lywodraeth Cymru wedi digwydd ar ôl mis 6, a disgwylid y byddai'r £2.5m gweddilliol yn cael ei ddychwelyd i Lywodraeth Cymru ar ôl mis 9.</p> <p>Roedd y meysydd refeniw tanwariant ar gyfer cyllidebau Tâl a Di-dâl ar gyfer yr un meysydd ag yr adroddwyd arnynt yn ystod y misoedd blaenorol. Disgwylid y byddai AaGIC yn llwyddo i sicrhau bod sefyllfa ariannol refeniw gytbwys gyffredinol yn cael ei chyflawni ar ddiwedd y flwyddyn. Amlygwyd bod recriwtio i swyddi gwag yn parhau er gwaethaf cyfyngiadau symud, ond roedd mwy o drosiant yn ystod y cyfnod hwn wrth i lawer o recriwtio gael ei wneud i raglenni a phrosiectau.</p> <p>Roedd tanwariant sylweddol yn y cyllidebau Comisiynu, yn bennaf o ganlyniad i dan-recriwtio neu gyfraddau gadael o gyrsiau addysg Proffesiynol Gofal Iechyd a llai o bobl yn defnyddio'r taliadau Bwrsariaeth neu'r garfan gyfredol. Roedd hyn yn cyfateb i danwariant pellach o £1.5m, fodd bynnag, roedd hwn wedi'i addasu o'r sefyllfa hyd yn hyn a byddai'n cael ei hysbysu i Lywodraeth Cymru i'w ddychwelyd yn Ch4, o gael cymeradwyaeth y Bwrdd.</p> <p>Cadarnhawyd y byddai eitemau i'w prynu yn erbyn y gyllideb gyfalaf, fodd bynnag, nid oedd angen y dyraniad cyfalaf a drosglwyddwyd o'r flwyddyn flaenorol ar gyfer Fferylliaeth at y diben a fwriadwyd. Mae Llywodraeth Cymru wedi cadarnhau ei bod yn ofynnol i AaGIC ddychwelyd y £46k yn Ch4.</p> <p>Ni amlygwyd unrhyw faterion mewn perthynas â sefyllfa'r Fantolen a chadarnhawyd mai'r sefyllfa gronnus mewn perthynas â Pholisi Taliadau'r Sector Cyhoeddus (PPSP) oedd 94.5%. Rhagwelwyd y byddai gwelliant pellach yn cael ei wneud i gyflawni'r targed cydymffurfio o 95% erbyn diwedd y flwyddyn ariannol.</p> <p>Gofynnwyd cwestiwn ynghylch yr effaith yn yr oedi cyn talu anfonebau nad ydynt yn rhai'r GIG. Eglurwyd bod y mwyafrif o anfonebau yn rhai nad oeddent yn rhai y GIG ac roedd unrhyw oedi cyn derbyn yr anfonebau hyn yn effeithio ar gydymffurfiaeth ac yn cyrraedd targed y PSPP. Cytunwyd y</p>	

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	<p>byddai'r rhesymau am hyn yn cael eu nodi ar wahân y tu allan i gyfarfod y Bwrdd.</p> <p>Mynegwyd pryder mewn perthynas â llai o ddefnydd yn y Fwrsariaeth, a'i effaith ar y gweill ar gyfer gweithlu'r GIG yn y dyfodol. Eglurwyd y gallai'r niferoedd hyn gynnwys israddedigion Cymreig sy'n dymuno hunan-ariannu i alluogi dewis cyrchfan cyflogaeth ar ôl graddio. Byddai dadansoddiad o'r dewisiadau cyllido myfyrwyr yn cael ei gyflwyno i'r Pwyllgor Comisiynu Addysg ac Ansawdd i'w adolygu.</p> <p>Gwnaed sylw mewn perthynas â'r naratif ynghylch y tanwariant a naws adrodd Cyfwerth ag Amser Cyflawn (WTE) yn erbyn y gwariant a allai ddrysu'r cyhoedd.</p>	
Penderfynwyd	<p>Y Bwrdd:</p> <ul style="list-style-type: none"> • nodwyd sefyllfa ariannol mis 9 a'r rhesymau dros yr amrywiadau allweddol gan y Gyfarwyddiaeth; • nodwyd y sefyllfa mewn perthynas â'r gyllideb gyfalaf a gwariant; • nodwyd sefyllfa'r fantolen; • nodwyd y perfformiad yn erbyn polisi talu'r sector cyhoeddus; • cytunwyd y byddai'r rhesymau sy'n effeithio ar gydymffurfiaid ag anfonebau heblaw'r GIG yn cael eu nodi ar wahân y tu allan i gyfarfod y Bwrdd; • cymeradwywyd y cynnig i ddychwelyd adnodd comisiynu ychwanegol o £1.5m i Lywodraeth Cymru fel rhan o'r cam gweithredu i fod yn cytbwys ar ddiwedd y flwyddyn; • cytunwyd bod y Pwyllgor Comisiynu Addysg ac Ansawdd yn adolygu effaith dewisiadau cyllido myfyrwyr ar gyfer gweithlu'r GIG yn y dyfodol. 	<p>EW / GL</p> <p>AP</p>
	Cafodd Dr Chris Jones anhawster i gysylltu â'r cyfarfod. Cymerodd John Hill-Tout rôl y Cadeirydd yn absenoldeb Dr Chris Jones.	
2801/4.2	Fframwaith Perfformiad	
	<p>Derbyniodd y Bwrdd y Fframwaith Perfformiad.</p> <p>Wrth gyflwyno'r adroddiad, dywedodd Nicola Johnson fod y gofyniad i AaGIC ddatblygu Fframwaith Perfformiad a Rhestr Termiau i gyd-fynd â'r Dangosfwrdd Perfformiad, wedi codi oherwydd argymhellion yr archwiliad gan Archwilio Mewnol ac Archwilio Cymru. Aethpwyd ati i ddatblygu'r Fframwaith drafft trwy broses ailadroddol a chydag ymgysylltiad mewnol helaeth.</p> <p>Disgrifiodd y Fframwaith system AaGIC i sicrhau gwelliant parhaus wrth gyflawni ei nodau a'i amcanion strategol, ac i gyflawni'r gweithgareddau 'busnes fel arfer' yn effeithiol.</p>	
	Ail-ymunodd Dr Chris Jones â'r cyfarfod gan ailafael yn ei rôl fel Cadeirydd.	
	Croesawodd y Bwrdd y Fframwaith Perfformiad a nododd y byddai adrodd ar berfformiad i'r Bwrdd yn newid i fod pob	

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	<p>chwarter er mwyn cyd-fynd â threfniadau adrodd eraill. Eglurwyd y byddai cywirdeb y data yr adroddir arno gan Gyfarwyddiaethau yn cael ei adolygu gan yr SRO a nodwyd a'r Arweinydd Gweithredol ac yna'n cael eu hadolygu gan y Tîm Gweithredol cyfan cyn eu cynnwys yn yr adroddiadau perfformiad i'r Bwrdd.</p>	
Wedi'i benderfynu	<p>Y Bwrdd:</p> <ul style="list-style-type: none"> wedi cymeradwyo Fframwaith Perfformiad AaGIC; wedi nodi Geirfa Data a ddatblygwyd i gyd-fynd â'r Dangosfwrdd Perfformiad; wedi nodi bod angen cwblhau nifer o'r argymhellion Archwilio ar Reoli Perfformiad. 	
2801/4.3	Parodrwydd i Dderbyn Risg (Risk Appetite)	
	<p>Derbyniodd y Bwrdd y Parodrwydd i Dderbyn Risg.</p> <p>Wrth gyflwyno'r adroddiad, amlygodd Dafydd Bebb fod adolygu Parodrwydd i Dderbyn Risg AaGIC yn ofyniad blynyddol fel y nodir yn y Polisi Rheoli Risg.</p> <p>Yn dilyn y drafodaeth yn Sesiwn Ddatblygu'r Bwrdd ym mis Rhagfyr, ni chynigwyd unrhyw welliannau i'r Datganiad Parodrwydd i Dderbyn Risg a lefelau Goddefgarwch Risg. Fodd bynnag, cynigiwyd dau welliant i ddogfen ehangach Parodrwydd i Dderbyn Risg:</p> <ul style="list-style-type: none"> Adran 4 - ychwanegwyd diffiniad o oddefgarwch risg; a Diweddarwyd y Nodau Strategol ar y dudalen olaf er mwyn adlewyrchu'r Cynllun Canolig Tymor Integredig (IMTP) y gellir ei gymeradwyo. 	
Penderfynwyd	<p>Y Bwrdd:</p> <ul style="list-style-type: none"> wedi cymeradwyo y diwygiadau i Barodrwydd i Dderbyn Risg fel a ganlyn: <ul style="list-style-type: none"> Ychwanegu diffiniad o oddefgarwch risg yn Adran 4; a Y Nodau Strategol ar y dudalen olaf wedi'u diweddarau i adlewyrchu'r Cynllun Canolig Tymor Integredig (IMTP) y gellir ei gymeradwyo. 	
2801/4.4	Polisi Ymdrin â Chwynion	
	<p>Derbyniodd y Bwrdd y Polisi.</p> <p>Wrth gyflwyno'r adroddiad, amlinellodd Dafydd Bebb y rhesymau pam roedd AaGIC wedi datblygu Polisi Ymdrin â Chwynion pwrpasol a oedd yn adlewyrchu ei rôl fel darparwr hyfforddiant ac addysg. Roedd y Pwyllgor Archwilio a Sicrwydd wedi adolygu'r Polisi drafft yn ei gyfarfod ym mis Hydref 2020 ac wedi cyflwyno nifer o awgrymiadau i'w hystyried.</p> <p>Byddai dull safonol o ymdrin â'r Polisi yn galluogi AaGIC i symleiddio ei broses cwynion a phryderon. Byddai cofnodi pryderon a chwynion yn ganolog yn galluogi nodi meysydd pryder yn gyflym a chanolbwyntio ar ddatrys yn gyflym. Byddai'r adroddiadau rheolaidd o fewn strwythur pwyllgorau AaGIC a rhannu'r gwersi a ddysgwyd yn sicrhau proses wella</p>	

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	barhaus wrth symud ymlaen.	
Wedi'i benderfynu	Cymeradwyodd y Bwrdd y Polisi Ymdrin â Chwynion.	
2801/4.5	Adolygu Rheolau Sefydlog Derbyniodd y Bwrdd yr adroddiad. Wrth gyflwyno'r adroddiad, cadarnhaodd Dafydd Bebb fod yr adroddiad yn cynnwys crynodeb o'r diwygiadau a wnaed i'r Rheolau Sefydlog yn ystod 2020. Yn dilyn adolygu'r Rheolau Sefydlog cynigiwyd y dylid gwneud y diwygiadau canlynol i'r adroddiad: <ul style="list-style-type: none"> • y dyddiad cau ar gyfer cynnal y Cyfarfod Cyffredinol Blynnyddol (CCB) i ddychwelyd yn ôl i 30 Medi ar gyfer pob blwyddyn; • y diwygiad i'r Cynllun Dirprwyo i adlewyrchu penodiad a chyfrifoldebau'r Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol a'r Cyfarwyddwr Digidol; • adlewyrchu'r teitl cywir ar gyfer rôl y Cyfarwyddwr Cyllid; • gosod terfyn ariannol dirprwyedig ar gyfer y Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol a'r Cyfarwyddwr Digidol o £50,000 ar gyfer Contractau nad ydynt yn rai Addysg a Hyfforddiant. Nododd y Bwrdd fod y Pwyllgor Archwilio a Sicrwydd wedi adolygu'r diwygiadau i'r Rheolau Sefydlog ac yn argymhell y dylent gael eu cymeradwyo.	
Penderfynwyd	Y Bwrdd: <ul style="list-style-type: none"> • wedi nodi'r diwygiadau a wnaed i'r Rheolau Sefydlog yn 2020; • wedi cymeradwyo'r diwygiadau pellach i'r Rheolau Sefydlog fel y'u hamlinellir isod: <ul style="list-style-type: none"> ◦ y dyddiad cau ar gyfer cynnal y Cyfarfod Cyffredinol Blynnyddol (CCB) i ddychwelyd i 30 Medi ar gyfer pob blwyddyn; ◦ y diwygiad i'r Cynllun Dirprwyo i adlewyrchu penodiad a chyfrifoldebau'r Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol a'r Cyfarwyddwr Digidol; ◦ y cywiriad i adlewyrchu'r teitl cywir ar gyfer rôl y Cyfarwyddwr Cyllid; ◦ gosod terfyn ariannol dirprwyedig ar gyfer y Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol a'r Cyfarwyddwr Digidol o £50,000 ar gyfer Contractau nad ydynt yn rai Addysg na Hyfforddiant. 	
2801/4.6	Adroddiadau Materion Allweddol o'r:	
2801/4.6.1	Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 18 Ionawr 2021	
	Derbyniodd y Bwrdd yr adroddiad. Wrth gyflwyno'r adroddiad, amlygodd Gill Lewis fod y Pwyllgor wedi ystyried amrywiaeth eang o adroddiadau a rhoddodd drosolwg byr o'r eitemau a ystyriwyd. Tynnodd sylw at y	

<p>English Catherine 03/31/2021 11:25:30</p>	<p>meysydd nodedig canlynol ar gyfer y Bwrdd:</p> <ul style="list-style-type: none"> • Roedd y Pwyllgor wedi nodi'r Memorandwm Cydddealltwriaeth a Chytundeb Rhannu Gwybodaeth gyda'r Cyngor Fferyllol Cyffredinol, sef y cyntaf o gytundebau o'r fath rhwng AaGIC a rheoleiddiwr. Y gobaith oedd mai hwn fyddai'r cyntaf o lawer o gytundebau o'r fath rhwng AaGIC a rheoleiddwyr. • Amlygodd y Cynllun Gwaith Gwrth-Dwyll y gwaith sy'n cael ei wneud ar atal a chodi ymwybyddiaeth. Bydd adroddiad ar ganlyniad y Fenter Twyll Genedlaethol yn cael ei gyflwyno i'r cyfarfod ym mis Ebrill 2021. • Roedd Archwilio Cymru wedi cyflwyno eu Hadroddiad Blynyddol ar gyfer 2020 a'u Cynllun Harchwilio dangosol a'u Ffi ar gyfer 2021 a bydd y Cynllun Archwilio terfynol yn cael ei gyflwyno ym mis Ebrill 2021. • Cyflwynodd Archwilio Mewnol nifer o adroddiadau archwilio a aseswyd i gyd gyda sicrwydd rhesymol. Tynnodd y Broses Adolygu Datblygiad Personol sylw at y ffaith, er nad oedd AaGIC yn diwallu targed Llywodraeth Cymru o gyfradd cwblhau arfarniad o 85%, bod gwaith sylweddol wedi cael ei wneud yn datblygu a gweithredu proses PDR oedd yn seiliedig ar Fframwaith Gwerthoedd ac Ymddygiad AaGIC ac yn cydymffurfio â Pholisi Datblygiad Cyflog newydd Cymru Gyfan. • Roedd pump o'r saith argymhelliad yn yr Archwiliad Systemau Ariannol Mewnol eisoes wedi'u cwblhau ac roedd gwaith sylweddol eisoes wedi'i wneud gyda'r Tîm TG / Digidol mewn perthynas â'r rhestr TG i gefnogi'r Gofrestr Asedau. Disgwylir y bydd wedi'i gwblhau erbyn 31 Mawrth 2021. • Roedd y Pwyllgor yn falch o'r cynnydd sy'n cael ei wneud o ran cryfhau a chodi proffil seiberddiogelwch o fewn AaGIC a'r cynnydd cyffredinol gyda'r Cynllun Gwaith Llywodraethu Gwybodaeth a oedd wedi'i ddiweddarau i adlewyrchu'r 10 Cam at Atebolrwydd. • Nododd y Bwrdd fod y Pwyllgor Archwilio a Sicrwydd wedi adolygu'r diwygiadau i'r Rheolau Sefydlog ac yn argymhell eu bod yn cael eu cymeradwyo. • Roedd y Cynllun Cyfrifon Blynyddol ar gyfer 2020/21 yn manylu ar y cynllun cau cyfrifon arfaethedig ar gyfer blwyddyn ariannol 2020/21 a disgwylir mai 11 Mehefin 2021 fydd y dyddiad cyflwyno terfynol ar gyfer Lywodraeth Cymru. 	
Penderfynwyd	Nododd y Bwrdd yr adroddiad sicrwydd.	

2801/4.7	Penderfyniadau Mewn Pwyllgor	
Wedi'i benderfynu	Derbyniodd y Bwrdd a nododd yr adroddiad a ddarparodd y materion allweddol a drafodwyd 'yn y pwyllgor' yng nghyfarfod mis Tachwedd o'r Bwrdd.	
2801/5	ER GWYBODAETH / NODI	
2801/5.1	Fforwm Arweinyddiaeth Gydweithredol GIG Cymru a gynhaliwyd ar 29 Gorffennaf 2020	
	Gwnaeth y Bwrdd dderbyn a nodi cofnodion cymeradwy Fforwm Arweinyddiaeth Gydweithredol GIG Cymru a gynhaliwyd ar 29 Gorffennaf 2020.	
2801/6	MATERION ERAILL	
2801/6.1	Unrhyw Fusnes Brys Eraill	
	<ul style="list-style-type: none"> • Gwobr BAPIO am Wasanaethau i Addysg a Hyfforddiant Meddygol Llongyfarchodd y Bwrdd Pushpinder Mangat am ennill Gwobr BAPIO am ei wasanaethau i addysg a hyfforddiant meddygol. • Ysgrifenyddiaeth y Bwrdd Diolchodd y Bwrdd i Kay Barrow am y gefnogaeth a roddodd i'r Bwrdd ac estynnodd eu dymuniadau gorau iddi yn ei rôl newydd. 	
28016.2	Dyddiad y cyfarfod nesaf	
	Dyddiadau'r Cyfarfodydd Nesaf: <ul style="list-style-type: none"> • Sesiwn Datblygu Bwrdd AaGIC ar 25 Chwefror 2021 trwy Fideogynadledda. • Bwrdd AaGIC ar 25 Mawrth 2021 trwy Fideogynadledda. 	

.....
Chris Jones (Cadeirydd)

.....
Dyddiad:

English Catherine
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Bwrdd AaGIC (Agored)
28 Ionawr 2021
Log Gweithredu

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

Cyfeirnod Cofnod	Gweithredu Cytûn	Arweinydd	Dyddiad Targed	Cynnydd / Wedi'i gwblhau
2801/2.1	Adroddiad y Cadeirydd			
	<ul style="list-style-type: none"> Dosbarthir y rhaglen o'r Digwyddiad Staff a gynhaliwyd ar 25 Ionawr 2021 i Aelodau'r Bwrdd. 	Prif Weithredwr/ Cyfarwyddwr y Gweithlu a DS	O fewn 2 wythnos	Wedi'i gwblhau.
2801/3.1	Cynllun Blynyddol ar gyfer 2021/22			
	<ul style="list-style-type: none"> Rhaid trosglwyddo diolch y Bwrdd i'r Tîm i gydnabod eu gwaith caled. 	Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol	O fewn wythnos	Wedi'i gwblhau.
	<ul style="list-style-type: none"> Papur y Tîm Gweithredol sy'n crynhoi cyd-gynhadledd rithwir lechyd Meddwl Rhithwir AaGIC a GGC i'w gylchredeg i Aelodau'r Bwrdd er gwybodaeth. 	Prif Weithredwr	O fewn 2 wythnos	Wedi'i gwblhau.
	<ul style="list-style-type: none"> Bydd sylwadau'r Bwrdd yn cael eu hymgorffori yn y Cynllun terfynol. 	Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol	Chwefror 2021	Wedi'i gwblhau.
	<ul style="list-style-type: none"> Unrhyw sylwadau pellach i'w hanfon at Nicola Johnson o fewn y saith niwrnod nesaf. 	Aelodau'r Bwrdd	O fewn wythnos	Wedi'i gwblhau.

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Cyfeirnod Cofnodion	Gweithredu Cytûn	Arweinydd	Dyddiad Targed	Cynnydd / Wedi'i gwblhau
	<ul style="list-style-type: none"> Sesiwn Datblygu'r Bwrdd ym mis Chwefror i ganolbwyntio ar drafod y dadansoddiad ac unrhyw flaenoriaethu neu ddewisiadau sy'n ofynnol 	Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol	Chwefror 2021	Wedi'i gwblhau.
	<ul style="list-style-type: none"> Y Cynllun terfynol i'w gyflwyno yn y Bwrdd ym mis Mawrth. 	Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol	Mawrth 2021	Mae'r Cynllun Blynnyddol terfynol ar gyfer 2021/22 yn eitem i'w chymeradwyo ar agenda'r Bwrdd ym mis Mawrth.
2801/3.3	Cynllun AaGIC ar gyfer Cyrhaeddiad Gwahaniaethol			
	<ul style="list-style-type: none"> Y Pwyllgor Addysg, Comisiynu ac Ansawdd i fonitro cynnydd y Bwrdd Rhaglen Cyrhaeddiad Gwahaniaethol. 	Cyfarwyddwr Meddygol	Chwefror 2021	Wedi'i gwblhau. Cyflwynwyd adroddiad i'r Pwyllgor Comisiynu Addysg ac Ansawdd yn ei gyfarfod ar 8 Chwefror 2021. Mae diweddariadau rheolaidd wedi'u hamserlennu ym mlaen raglen y Pwyllgor.
2801/3.4	Addysg a Hyfforddiant Gofal Sylfaenol			
	<ul style="list-style-type: none"> Rhaid trosglwyddo diolch y Bwrdd i'r Tîm i gydnabod eu gwaith caled. 	Prif Weithredwr	O fewn wythnos	Wedi'i gwblhau.
	<ul style="list-style-type: none"> Dylid darparu diweddariad i'r Bwrdd yn gynnar yn yr Haf 	Prif Weithredwr	Gorffennaf 2021	Mae diweddariad wedi'i drefnu yn Rhaglen Blaen-Waith y Bwrdd ar gyfer Gorffennaf 2021
2801/4.1	Adroddiad y Cyfarwyddwr Cyllid			
English Catherine 03/31/2021 11:25:31	<ul style="list-style-type: none"> Byddai'r rhesymau sy'n effeithio ar gydymffurfiaid ag anfonebau sydd ddim yn berthnasol i'r GIG yn cael eu nodi ar wahân y tu allan i gyfarfod y Bwrdd. 	Cyfarwyddwr Cyllid / Cadeirydd y Pwyllgor Archwilio a Sicrwydd	I'w gadarnhau	Mae gwaith ar y gweill i symud ymlaen â'r camau sydd eu hangen.
	<ul style="list-style-type: none"> Y Pwyllgor Comisiynu Addysg ac Ansawdd i adolygu effaith dewisiadau cyllido myfyrwyr ar y gweill ar gyfer gweithlu'r GIG yn y dyfodol. 	Cyfarwyddwr Nyrsio Dros Dro	Chwefror 2021	Wedi'i gwblhau. Ychwanegwyd yr eitem ar flaen raglen y Pwyllgor Addysg, Comisiynu ac Ansawdd ar gyfer 2021/22.



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

Dyddiad Cyfarfod	26 Mawrth 2021	Eitem Agenda	2.1
Teitl Adroddiad	Adroddiad y Cadeirydd		
Awdur Adroddiad	Dr Chris Jones, Cadeirydd		
Noddwr Adroddiad	Dr Chris Jones, Cadeirydd		
Cyflwynwyd gan	Dr Chris Jones, Cadeirydd		
Rhyddid Gwybodaeth	Agored		
Pwrpas Adroddiad	Mae'r adroddiad hwn er gwybodaeth yn unig.		

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Adroddiad y Cadeirydd

1. DIBEN ADRODDIAD

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

2. ADRODDIAD Y CADEIRYDD

Mae darllen adroddiad y Prif Swyddog Gweithredol heddiw yn ein hatgoffa i gyd bod y rhain wedi bod yn amseroedd eithriadol. Fe ymddengys ein bod yn ymlwybro drwy gyfnod wedi'i ddynodi â cherrig milltir trist a didostur effaith pandemig byd-eang ac ar yr un gwynt yn clywed achosion rhyfeddol o dosturi a gofalaeth, ynghyd â'r ymdrech wirioneddol syfrdanol i gael Gymru wedi'i brechu. "Buont yn amseroedd gyda'r gorau ohonynt. Buont yn amseroedd gyda'r gwaethaf."

Fel y rhan fwyaf ohonom rwyf wedi bod yn myfyrion ar y flwyddyn ddiwethaf ond hefyd yn edrych ymlaen at 2021/ 2022 ac i'r dyfodol. Dywedai fy adroddiad Cadeirydd ym mis Mawrth 2020:

"Y mae'r rhain yn amseroedd heriol i'n Cenedl ac yn dyfod ag ansicrwydd a straen. Rydym yn ymrwymedig i gefnogi a galluogi cydweithwyr ar y rheng flaen i gyflawni eu rolau, cefnogi ein staff, cefnogi ein myfyrwyr a'n hyfforddeion. Rydym wedi arwain y sgwrs genedlaethol ynghylch arweinyddiaeth Dosturiol – ni fu erioed angen mwy taer i ni ofalu am les y gweithlu ac i ni oll fod yn garedig ac yn ystyriol o'n hunain ac o eraill. Pan fydd yr her hon yn gostegu, bydd angen i AaGIC fod yno i afael yn ei rôl o ran helpu i wella a thyfu system y GIG a Gofal dros Gymru. Byddwn yn cael y cyfle i ddysgu gwersi a helpu i barhau i drawsnewid gwasanaethau. Byddwn mewn sefyllfa i helpu i gyflawni dyheadau Deddf Cenedlaethau'r Dyfodol ac yn alluogwr ar gyfer ein gweithlu i'r dyfodol."

Gallwn ailadrodd y sylwadau hynny'n briodol iawn heddiw. Yn wir, mae agenda'r Bwrdd heddiw yn adlewyrchu cefnogaeth barhaus ein sefydliadau tuag at heriau'r dydd heddiw ond wedi'i chydbwyso â chanolbwyntiad ar symud ymlaen ac, yn bwysig, y dyfodol. Mae angen i fynegiant o ddiolch i'r gweithlu iechyd a gofal a helpu i wella ac adfer pob un ohonom fod yn ganolog i'r cyfnod hwn. Mae arweinyddiaeth dosturiol wrth wraidd y materion hyn.

Ddydd Llun cyhoeddwyd **cynllun adfer gwasanaethau iechyd a gofal Llywodraeth Cymru a'r Fframwaith Clinigol Cenedlaethol**. Ymatebodd Cydffederasiwn y GIG yng Nghymru:

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Fodd bynnag, mae'n bwysig ein bod i gyd yn cydnabod cymhlethdod yr her sydd o'n blaenau, gan sicrhau ein bod yn realistig o ran ein disgwyliadau. Ni fydd adferiad y system yn digwydd dros nos.

"Mae angen ymagwedd realistig a chadarn i fynd i'r afael ag ôl-groniad triniaeth y GIG os yw staff iechyd a gofal i gael eu hamddiffyn rhag gorweithio, mae'n rhaid i ni ddysgu byw a gweithio ochr yn ochr â Covid-19 am sbel eto, gan gydnabod cyfyngiadau a chyfleoedd. Diolchwn i'r cyhoedd yng Nghymru am y gefnogaeth y maent wedi'i rhoi i'r GIG drwy gydol y cyfnod hynod anodd hwn." ac edrychwn ar y gwersi a ddysgwyd i fanteisio ar y cyfle i drawsnewid gwasanaethau mewn ffordd gynaliadwy, drwy arloesi a thechnoleg newydd. Mae'n rhaid i ni bob amser sicrhau bod gwasanaethau ac ymyriadau iechyd yn sicrhau'r canlyniadau gorau posibl i bobl, a bod cyfiawnder iechyd wrth wraidd popeth a wnawn."

Mae arwyddion gwelliant yn glir, a dylem edrych ymlaen yn awr gyda pheth gobaith ac optimistiaeth ar gyfer y 12 mis nesaf – gan fynd ati gyda phwyll, ond ag agwedd gadarnhaol.

Rhaid i AaGIC chwarae ei ran yn cefnogi'r system Gofal Iechyd i ailadeiladu'n gryfach a bydd yn parhau i wneud hynny. Rydym mewn sefyllfa dda i helpu i gyflawni 'Cymru Iachach', cefnogi Deddf Cenedlaethau'r Dyfodol, a chyfrannu at y Ddyletswydd Economaidd-Gymdeithasol.

Materion y Bwrdd

Llongyfarchiadau i'r Athro Ceri Phillips, a fydd yn gadael Bwrdd AaGIC ar ddiwedd y mis i ymgymryd â rôl Is-gadeirydd Bwrdd Iechyd Prifysgol Caerdydd a'r Fro. Mae Ceri wedi bod yn aelod egnïol a brwdfrydig o'r Bwrdd ac roedd yn rhan o Adolygiad Evans ar sefydliad y corff. Byddwn, wrth gwrs, yn colli ei gyfraniad ond dymunwn iddo bob llwyddiant yn ei rôl newydd.

Ers mis Ionawr mae aelodau'r Bwrdd wedi cael dwy sesiwn frifio arbennig – Iechyd Meddwl a Lles, a'r ymateb i'r ymgynghoriad Ailgydbwyso Gofal a Phapur Gwyn Cefnogol ar Ofal Cymdeithasol, yn ogystal â Sesiwn Datblygu'r Bwrdd ym mis Chwefror.

Mae Aelodau Annibynnol yn cyfarfod yn anffurfiol bob pythefnos i ddiweddarau. Mae John Hill-Tout a minnau yn cael sgysiau diweddarau ddwywaith yr wythnos. Rwy'n parhau i gyfarfod yn ffurfiol ag Alex fel Prif Swyddog Gweithredol bob wythnos ac aelodau o'r Tîm Gweithredol bob pythefnos.

Rwyf wedi darparu tystiolaeth ysgrifenedig ar gyfer fy Adolygiad Canol Blwyddyn a chawsom gyfarfod *Teams* gyda'r Gweinidog Vaughan Gething fel rhan o'r broses arfarnu.

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Cefais drafodaethau ynghylch Cyfweiliad Asesu Strwythuredig AaGIC gydag Archwilio Cymru a Chyfarfod Cynllunio Archwilio Mewnol 2021/22.

Yn gynharach y mis hwn, cymerais ran mewn cynhadledd Timau Meddygon SAS a fynychwyd yn dda. Da oedd cael cwrdd a dweud diolch wrth gydweithwyr clinigol sydd wedi bod ar y rheng flaen yn ystod pandemig Covid-19. Cafwyd cyflwyniadau a thrafodaethau rhagorol - yn tanlinellu'n glir ein gwaith yn parhau i gefnogi a datblygu'r gweithlu clinigol hwn.

Ar 9^{fed} Mawrth, cyflwynodd Ruth Hall y wybodaeth ddiweddaraf am waith AaGIC, ar y cyd â Chyfarwyddwr Meddygol AaGIC, i Fwrdd Rheoli Iechyd a Gofal Gwledig Cymru. Cafwyd ymateb cadarnhaol i waith AaGIC a arweiniwyd gan ein Cyfarwyddwr Meddygol ar gyrhaeddiad gwahaniaethol, yn rhannol seiliedig ar y ffaith bod llawer o staff GIG o dras dramor yn gweithio mewn lleoliadau gwledig yng Nghymru.

Mynychais Ddosbarth Meistr Hiliaeth Sefydliadol defnyddiol.

Cafodd John a minnau sesiwn frifio gyda'n Huned Cymorth Proffesiynol ar 8 Mawrth. Roeddem wedi'n plesio ac yn ddiolchgar am yr holl waith a wnaed gan staff yr Uned i helpu a chynorthwyo'r hyfforddeion hynny a allent fod yn cael anawsterau yn ystod eu rhaglenni hyfforddi. Mae ystod eang o adnoddau ar gael a thynnwyd sylw arbennig at bwysigrwydd mentora ar hyn o bryd pan fo'n hyfforddeion yn gorfod delio â holl straen y Pandemig.

Mae adroddiad ar yr agenda heddiw ar ganlyniadau'r ymgynghoriad ynghylch ein Cynllun Iaith Gymraeg. Roedd yn galonogol iawn gweld adroddiadau ar draws nifer o allfeydd newyddion – gan gynnwys y *BBC*, *The Guardian* a *The New York Times* – yn datgan mai'r Gymraeg yw'r iaith sy'n tyfu gyflymaf ar yr ap dysgu iaith *Duolingo* dros y flwyddyn ddiwethaf – gan fod ar y blaen i Hindi, Ffrangeg, Japaneg a hyd yn oed Saesneg o ran twf canrannol.

Mae'r ap dysgu bellach yn cynnwys dros 1.5 miliwn o ddysgwyr Cymraeg, o bob cwr o'r byd, gyda phobl yn gwysio mynediad i ddiwylliant Cymru ac yn gallu defnyddio pythau defnyddiol mewn cyfarfodydd ar-lein gyda Chymry, yn ogystal â deall cleifion Cymraeg eu hiaith, yn rhai o'r prif gymhellion dros ddysgu'r iaith. Ar hyn o bryd mae gennym 52 o ddysgwyr Cymraeg gweithredol yn AaGIC.

Mae cadeiryddion holl sefydliadau Iechyd Cymru yn parhau i gyfarfod yn fisol. Mae lles staff y GIG wedi bod yn ffocws ar gyfer trafodaeth yn ogystal â'r heriau o ddelio ag ôl-groniad gofal a gynlluniwyd. Mae'r pandemig yn parhau i fod yn ganolbwynt trafodaethau, yn arbennig felly yng nghyd-destun y gwaith ar draws y GIG i gyflwyno brechlynnau. Mae'r Cadeiryddion, fel grŵp, wedi cael sesiynau brifio ar anghydraddoldebau, effeithiau tymor hirach y pandemig ac ymddangosiad amrywiolion cellwriad. Ers mis Ionawr mae cydweithwyr AaGIC wedi rhoi'r wybodaeth ddiweddaraf i'r Cadeiryddion am gyfraniadau mawr AaGIC gan gynnwys: Gweithredu Strategaeth y Gweithlu – Gwnaed yng Nghymru, Datblygu Proffil Llwyddiant y

Cyfarwyddwr Gweithredol a Chynllunio Olyniaeth Weithredol, Addysg ac Hyfforddiant ar gyfer Gofal Sylfaenol. Rwyf, yn ogystal, wedi rhoi diweddariad i'r grŵp Cadeiryddion ar y gwaith rwy'n ei arwain ar Lywodraethiad Clinigol Achos Brys ac Argyfwng.

Rwyf wedi mynychu cyfarfod diwethaf Grŵp Cyngori Ewropeaidd y Prif Weinidog ac yn parhau i fod yn aelod o'r Grŵp Llywio Dyraniad Adnoddau. Yn ystod yr wythnos ddiwethaf rwyf wedi mynychu'r Fforwm Arweinwyr Cyhoeddus ac wedi cynnal cyfarfod ar y cyd â Chadeirydd a Phrif Swyddog Gweithredol Gofal Cymdeithasol Cymru.

Mae Cydffederasiwn y GIG yn parhau i gynnig nifer o drafodaethau defnyddiol ar-lein ac, ym mis Ionawr, mynychodd John a minnau gyflwyniad ar y Ddyletswydd Economaidd-Gymdeithasol, sydd i'w chyflwyno'n fuan ac sy'n gosod dyletswydd ar bob corff cyhoeddus i ystyried goblygiadau cymdeithasol ac economaidd eu penderfyniadau. Mynychasom hefyd sesiwn ar Reoli Iechyd Meddwl a Lles yn sgil Covid, a ymdriniai ag effeithiau uniongyrchol ac hirdymor posibl y Pandemig ar staff y GIG. Canolbwyntiai ar bwysigrwydd cefnogi lles ac mae AaGIC wedi datblygu amrywiaeth o raglenni cymorth ar gyfer staff lechyd a Gofal Cymdeithasol yng Nghymru.

Adroddiad Is-gadeirydd

Mae Is-gadeiryddion o bob sefydliad lechyd Cymreig yn parhau i gyfarfod yn fisol. Mae'r pandemig yn parhau i fod yn ganolbwynt trafodaethau, yn enwedig yng nghydestun y gwaith anhygoel ar draws y GIG i ddosbarthu'r brechlynnau, lle mae staff AaGIC wedi bod yn gyfranwyr sylweddol.

Cyflwynodd cydweithwyr AaGIC y model Hyfforddiant ac Addysg Gofal Sylfaenol a Chymunedol i'r Grŵp Is-gadeiryddion a chroesawyd hyn, gyda llawer o drafod ynghylch y cysylltiadau â Gofal Cymdeithasol a'r sector Annibynnol.

Ar ddechrau mis Mawrth cyfarfu'r Gweinidog Iechyd Meddwl, Llesiant a'r Gymraeg gyda'r Grŵp Is-gadeiryddion a gofynnodd am i'w diolch gael ei rannu â holl staff y GIG am eu holl ymdrechion yn ystod y pandemig. O ystyried ei gorchwylion, cafodd gwasanaethau lechyd Meddwl sylw fel manylyn trafod pwysig. Roedd pryder ynghylch y nifer cynyddol o bobl sydd angen eu hatgyfeirio at wasanaethau iechyd meddwl, a'r rhestr aros gynyddol ar gyfer y Gwasanaethau i Blant a Phobl Ifanc. Cadarnhaodd y Gweinidog y bydd cyllidau ychwanegol yn cael eu clustnodi y flwyddyn nesaf ar gyfer y gwasanaethau hyn, a gofynnodd i Is-gadeiryddion oruchwyllo sut y defnyddir bob gwariant ar iechyd meddwl i'r eithaf. Gofynnwyd i Is-gadeiryddion hefyd annog mwy o gydweithredu â'r sector gwirfoddol.

Roeddwn yn gallu diweddarau'r gwaith y mae AaGIC yn ei wneud i sicrhau bod cyrsiau Cymraeg ar gael i fyfyrwyr dan hyfforddiant.

Ym mis Chwefror, ymunodd Kerri Eilertsen-Feeney â mi i gyfarfod â Chyfarwyddwr MIND Cymru, i drafod y posibilrwydd o gydweithio rhwng AaGIC a'r sector Annibynnol.

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Cytunodd y Cyfarwyddwr i rannu gwybodaeth ag AaGIC i helpu ein gwaith mapio gweithlu.

Camau Gweithredu'r Cadeirydd

Ymgwymerwyd â Chamau Gweithredu'r Cadeirydd i gadarnhau llofnodi'r contract gyda'r cyflenwr *CDMS Interactive Solutions* i ddarparu Porth Arweinyddiaeth Ddigidol a Rheoli Talent Gwella. Tra bydd y contract yn darparu porth a fydd yn cefnogi addysg ac hyfforddiant, ac felly'n bosib ei ystyried dan derfyn ariannol dirprwyedig uwch AaGIC, er mwyn osgoi unrhyw amwysedd posibl cyrchwyd Camau Gweithredu'r Cadeirydd i gadarnhau gweithrediad y contract.

Dilynwyd Camau Gweithredu'r Cadeirydd mewn perthynas â'r mater ar 15 Mawrth. Yn unol â Rheolau Sefydlog AaGIC, ymgwymerwyd â Chamau Gweithredu'r Cadeirydd gan y Cadeirydd a'r Prif Weithredwr ar ôl ymgynghori'n gyntaf â dau Aelod Annibynnol.

Llywodraethiad a Sicrwydd				
Cyswllt ag amcanion corfforaethol (✓ os gwelwch yn dda)	Fel sefydliad newydd ymsefydlu AaGIC fel partner yr ymddiriedir ynddo, fel cyflogwr rhagorol a brand arbenigol o fri	Adeiladu gweithlu iechyd a gofal cynaliadwy ac hyblyg i'r dyfodol	Gyda Gofal Cymdeithasol Cymru – llunio'r gweithlu i gyflawni gofal yn nes at adref ac alinio'r gwasanaethau a ddarperir yn well.	Gwella ansawdd a diogelwch drwy gefnogi sefydliadau'r GIG i ganfod datrysiadau gweithlu yn gyflymach ac yn fwy cynaliadwy ar gyfer heriau darparu gwasanaethau blaenoriaethol.
	✓	✓	✓	✓
	Gwella cyfleoedd i ddefnyddio technoleg a digidoleiddio cyflenwad addysg a gofal.	Adfywio datblygiad arweinyddiaeth a chynllunio olyniaeth ar draws iechyd a gofal cymdeithasol mewn partneriaeth â Gofal Cymdeithasol Cymru ac Academi Cymru	Dangos gwerth buddsoddiad yn y gweithlu a'r sefydliad	
	✓	✓	✓	
Ansawdd, Diogelwch a Phrofiad y Claf				
D/Dd				
Goblygiadau Ariannol				
D/Dd				
Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth)				

D/Dd	
Goblygiadau Staffio	
D/Dd	
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)	
Bydd yr ystod o weithgareddau a amlinellir yn yr adroddiad yn cyfrannu at 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 gwmpasir ar ffurf trosolwg yn yr adroddiad hwn.	
Report History	D/Dd
Appendices	D/Dd

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

Dyddiad Cyfarfod	25 Mawrth 2021	Eitem Agenda	2.2
Teitl Adroddiad	Adroddiad y Prif Weithredwr – Mawrth 2021		
Awdur Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Noddwr Adroddiad	Alex Howell, Prif Weithredwr		
Cyflwynwyd gan	Alex Howells, Prif Weithredwr		
Rhyddid Gwybodaeth	Agored		

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ADRODDIAD Y PRIF WEITHREDWR – MAWRTH 2021

1. CYFLWYNIAD

Y mae hi'n flwyddyn union ers cychwyn y cyfnod clo mewn ymateb i'r pandemig, ac yn adeg amserol i fyfrio ar y 12 mis diwethaf a'r digwyddiadau trallodus a gafwyd. Y mae nifer o bobl wedi colli eu bywydau, nifer o deuluoedd wedi colli anwyliad a nifer yn ein cymunedau wedi brwydro ag effaith y cyfyngiadau a'r atalfeydd. Mae ein sefydliad wedi ail-ganoli ei gynlluniau ac wedi addasu blaenoriaethau yn rheolaidd yn ystod y cyfnod hwn i gefnogi'r ymateb cenedlaethol, sydd wedi creu gwaith a straen ychwanegol. Pwysig yw cydnabod y pethau hyn – y mae wedi bod yn amser hynod anodd. Wrth i ni agosáu at ddiwedd y flwyddyn ariannol, fodd bynnag, mae arwyddion gwelliant yn glir, a gallwn edrych ymlaen gyda pheth gobaith ac optimistiaeth ar gyfer y 12 mis nesaf – gan fynd ati gyda phwyll, ond ag agwedd gadarnhaol. Mae'r ffocws yn symud tuag at ailosod ac adferiad, diolch i'r ymdrechion enfawr a wnaed gan staff o fewn y system iechyd a gofal drwyddi draw, a chydweithrediad ac amyneddgarwch y cyhoedd. Y mae gennym gynllun gwych ar gyfer 21/22 – toreth o uchelgais a brwdfrydedd ynghylch y mynych ffyrdd y gallwn estyn cymorth i gefnogi a thrawsffurfio'r gweithlu er budd "Cymru Iachach" – wedi ei gyfarwyddo gan Strategaeth y Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol.

Adlewyrcha'r adroddiad hwn y symudiad hwn mewn ffocws

2. GWEITHGAREDDAU ALLWEDDOL

- **Coronafeirws**

Mae'r dangosyddion parthed Coronafeirws oll yn symud i'r cyfeiriad cywir yn y gymuned ac yn yr ysbytai fel ei gilydd, sy'n galluogi adolygiad gochelgar o'r cyfyngiadau. Mae'r rhaglen frechu wedi chwarae rhan allweddol ac yn parhau i fynd y tu hwnt i'r disgwyl. Yn AaGIC rydym yn parhau i arolygu'r effaith y mae'r pandemig wedi ei gael ar ein myfyrwyr a'n hyfforddeion ac yn rhoi gweithredoedd lliniarol ar waith. Rhannwyd ysgrif benodol ynghylch effaith COVID ar hyfforddiant gweithwyr iechyd proffesiynol ag Aelodau'r Bwrdd ac rydym yn parhau i gasglu a dadansoddi data.

Y mae Tŷ Dysgu yn dal i fod yn agored ar gyfer y staff hynny sydd angen mynediad ar sail rhesymau dyletswyddol neu lesiant. Rydym yn parhau i gynnal fforwm staff agored bob pythefnos sydd yn aml yn cael ei fynychu gan dros 120 o staff, i sicrhau bod cyfathrebiad cyson a chyfle i roi diweddariad i staff ynghylch unrhyw newidiadau neu ddatblygiadau. Mae llesiant yn parhau i fod yn thema yn ein cyfathrebiad drwyddo draw.

O fewn yr ychydig wythnosau nesaf, byddwn yn trafod sut yr ydym yn mynd i weithio fel sefydliad yn y dyfodol, yn dilyn y dosbarthiad brechu, gan gydnabod yr angen i symud tuag at fodel mwy cymhleth sy'n gweddu i anghenion y sefydliad ac yn cefnogi gweithio ystwyth ar gyfer ein staff.

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- **Penodiadau Newydd**

Mae'n bleser gen i gadarnhau bod Sian Richards wedi cychwyn ar ei swydd fel Cyfarwyddwr Digidol ar ddechrau mis Chwefror 2021. Mae Sian wedi cynnal amrywiol rolau o fewn y GIG ers ymuno ag o yn 2002. O 2010 ymlaen, mae Sian wedi gweithio yn Y Gyfarwyddiaeth Ddigidol ym Mwrdd Iechyd Prifysgol Bae Abertawe, gyda chyfrifoldeb dros ystod o adrannau a systemau digidol, rheoli gwybodaeth, cofnodion iechyd, codio clinigol ac ansawdd data. Penodwyd Sian yn Ddirprwy Brif Swyddog Digidol yn 2018 gyda chyfrifoldeb dros strategaeth ddigidol, gan gynnwys rhaglenni lleol, rhanbarthol a chenedlaethol.

Fel y nodwyd yn fy adroddiad blaenorol fis Ionawr rydym wedi hysbysebu ynghylch y rôl Cyfarwyddwr Addysg Nyrsio a Gweithwyr Iechyd Proffesiynol ac mae'r broses ymgeisio yn awr wedi dod i ben. Disgwylwn gyfweld fis Ebrill. Yn y cyfamser, rydym yn falch bod Angela Parry yn parhau i gefnogi AaGIC yn y rôl dros dro fel Cyfarwyddwr Nyrsio.

- **Cynllun Blynnyddol ar gyfer 2021/22**

Ystyriwyd y Cynllun Blynnyddol yn ystod sesiwn Datblygiad y Bwrdd fis Chwefror ac y mae'n parhau i gael ei gywreinio. Credwn y bydd y cynllun yn cynrychioli rhaglen waith uchelgeisiol a chyffrous sy'n adeiladu ar Strategaeth y Gweithlu, gwersi COVID 19 a'r gwelliannau a newyddbethau arloesol a hyrwyddir gan ein timau.

O ystyried y niferus elfennau o ansicrwydd sydd ynghylch 21/22, nid yw Llywodraeth Cymru yn gofyn am gymeradwyaeth derfynol ar gyfer y cynllun tan fis Mai.

- **Perfformiad**

Wedi ei gynnwys yn y papurau y mae'r adroddiad perfformiad chwarterol cyntaf yn gyflin â Fframwaith Perfformiad newydd AaGIC a gymeradwywyd fis Ionawr. Rydym yn parhau i ganolbwyntio ar wella'r Dangosfwrdd Perfformiad. Mae'r adroddiad perfformiad, ar y cyfan, yn darparu sicrwydd bod cynnydd da wedi'i wneud o ran cyflawniad yn ôl ein Amcanion Strategol ar waethaf yr heriau a grëwyd gan COVID 19.

Rydym wedi rhoi technegau ychwanegol mewn gweithrediad i gefnogi'r broses Fwrsariaeth "gydweddol" drwy gefnogaeth wedi'i thargedu, ac mae hyn wedi golygu bod o leiaf 90% o garfan 2020 yn awr wedi canfod gwaith. Rydym wedi dysgu llawer o wersi a fydd o gymorth i drefnu rheolaeth y garfan 2021 hyd yn oed yn well, gan gynnwys estynnu'r broses symleiddio o fewn nyrsio a llu o adrannau gweithwyr iechyd proffesiynol eraill. Bydd hyn o fudd sylweddol o ran sicrhau bod myfyrwyr sydd wedi derbyn nawdd gan GIG Cymru i ddilyn eu hyfforddiant yn symud ymlaen at ddiogelwch swydd o fewn GIG Cymru.

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- **Arweinyddiaeth ac Olyniaeth**

Rydym yn cyflwyno diweddariad i'r Bwrdd ar y cynnydd a wnaed gan AaGIC i gefnogi datblygiad arweinyddiaeth a chynllunio olyniaeth o fewn gweithlu'r GIG. Ym mis Mawrth cynaliasom y Bwrdd Rheoli Talent Cenedlaethol cyntaf, wedi'i gadeirio gan Andrew Goodall, DG HSSG/ Prif Weithredwr GIG Cymru. Mae'r diweddariad yn amlinellu'r cynnydd sylweddol a wnaed yn y maes hwn ac rwy'n hynod falch bod yr ysgrif yn cynnwys yr Egwyddorion Arweinyddiaeth Dosturiol ar gyfer Iechyd a Gofal Cymdeithasol. Caiff yr egwyddorion hyn eu lansio ar y cyd gyda Gofal Cymdeithasol Cymru yn fuan.

- **Law yn Llaw at Iechyd Meddwl**

Cafodd y Bwrdd sesiwn frifio arbennig fis diwethaf ynghylch y gwaith sy'n cael ei ymgymryd ag o i ddatblygu'r gweithlu iechyd meddwl er budd cyflawni cynllun Law yn Llaw at Iechyd Meddwl Llywodraeth Cymru. Rydym yn ddiweddar wedi cyhoeddi Adroddiad Cynhadledd sy'n crynhoi ymarferiad ymgysylltu cynhwysfawr a ymgwymerwyd ag o yn ystod yr hydref. Mae'r blaenoriaethau cyntaf yn cynnwys y gweithlu Iechyd Meddwl Plant a Phobl Ifanc, y gweithlu iechyd meddwl amenedigol, a'r gweithlu seicoleg. Rwyf hefyd wedi mynychu'r Bwrdd Cyflawni a Goruwchwylio Gweinidogol cyntaf.

- **Addysg Ofal Sylfaenol a Fframwaith Hyfforddi**

Ers y cyfarfod Bwrdd diwethaf, rydym wedi cyhoeddi ein papur "Gweledigaeth" i ennyn sylw ac wedi ymgymryd ag ymgysylltiad pellach ynglŷn â sut y mae'n rhaid i'r fframwaith weithio ar lawr gwlad. Rydym wedi bod yn cynnal cyfarfodydd gyda chydweithwyr ar Fyrddau Iechyd sy'n datblygu academiâu gofal sylfaenol er mwyn gweld sut y gallwn saerïo eu profiad hwy yn rhan o'n fframwaith. Y mae safonau addysgol a rheolaeth, safleoedd, cyllid cynaliadwy, platfformau digidol oll yn heriau i'w cydnabod.

- **Grŵp Llwybrau Clinigol**

Gan ein bod yn awr yn ymwneud â chymaint o raglenni gwaith clinigol cenedlaethol, rydym wedi sefydlu grŵp mewnol i gydlyn hyn, a sicrhau ein bod yn darparu'r mewnbwn cywir ar gyfer rhwydweithiau clinigol a byrddau cyflawni cenedlaethol. Bydd y grŵp newydd hwn yn cael ei gadeirio gan Nicola Johnson, Cyfarwyddwr Cynllunio, ac yn cynnwys y gwaith yr ydym yn ei wneud ym maes endosgopi clinigol; delweddu; patholeg; llwybr cancr unigol; gofal critigol. Gyda lansiad disgwylidig Fframwaith Clinigol Cenedlaethol Llywodraeth Cymru dylai'r grŵp hwn fod yn ddefnyddiol i sicrhau ein bod yn ychwanegu gwerth ym mherthynas y cydgysylltiad clinigol hwnnw.

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- **Canolfan Addysg Optometrig Ôl-raddedig Cymru (WOPEC)**

Y mae trosglwyddiad WOPEC o Brifysgol Caerdydd (PC) i AaGIC i fod i gael ei gwblhau ar 1^{af} Ebrill 2021. Mae'r broses ar gyfer trosglwyddo staff ac adnoddau wedi cael ei drefnu'n llwyddiannus rhwng AaGIC, PC a Llywodraeth Cymru.

Amserol yw integreiddiad staff optometreg newydd o fewn AaGIC wrth i drafodaethau fynd rhagddynt ynglŷn â chontract optometreg newydd yng Nghymru. Bydd hyn ar y cyd â diwygiad addysg gan y rheoleiddiwr proffesiynol yn llunio gwasanaethau cleifion i'r dyfodol. Y mae trosglwyddiad y tîm i mewn i AaGIC yn darparu cyfle i ddylanwadu a chyflwyno modelau gweithlu newydd ar draws ystod o wasanaethau gofal llygaid.

Yn gyflin â hyn mae Nik Sheen wedi cael ei benodi yn Bennaeth trawsffurfiad optometreg a bydd yn cychwyn ar ei swydd ar y 1^{af} Ebrill – llongyfarchiadau i Nik sydd wedi gweithio gyda ni ar secondiad ers ein sefydlu yn 2018. Y mae tri aelod o staff optometreg rhan amser hefyd wedi cael trosglwyddiad TUPE a byddant yn parhau i gyflenwi gofal llygaid gan ddal ymlaen â datblygiad proffesiynol ar gyfer optometryddion sy'n gweithio yng Nghymru yn ogystal â chefnogi optometryddion newydd gymhwyso ochr yn ochr â thiwtoriaid rhanbarthol.

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

Mae'r Adolygiad Strategol o Addysg Gweithwyr Iechyd Proffesiynol yn parhau i fod yn faes gweithgarwch allweddol, ac mae'r cynigion a dderbyniwyd ar gyfer Cam 1 yn cael eu gwerthuso.

Rydym heddiw yn darparu diweddariad ar gyfer y Bwrdd ynghylch Cam 2 sy'n cwmpasu ystod mwy amrywiaethol o addysg ac hyfforddiant ac yn gofyn am ymgysylltiad mwy teilwredig. O ganlyniad, credwn bod angen i ni addasu'r ffrâm amser ar gyfer Cam 2, ac mae hynny wedi cael ei osod allan mewn mwy o fanylder yn y papur.

- **Iaith Gymraeg**

Cwblhawyd ein ymgynghoriad cyhoeddus ynglŷn â'n Cynllun Iaith Gymraeg (IG) ym mis Ionawr a bydd gofyn i aelodau'r Bwrdd gymeradwyo'r Cynllun IG er diben ei gyflwyno i Gomisinydd yr Iaith Gymraeg. Bydd gofyn i'r Bwrdd hefyd ystyried y gwaith ehangach a ymgwymerwyd gan AaGIC ym mherthynas cryfhau sgiliau ieithyddol AaGIC a'r gweithlu GIG ehangach ble bydd y buddion mwyaf i'w canfod.

- **Adroddiad Cydraddoldeb Blynyddol**

Rydym heddiw'n cyrchu cymeradwyaeth y Bwrdd i gyhoeddi ein Adroddiad Cydraddoldeb Blynyddol 2019-2020. Mae'r adroddiad yn darparu crynodeb o'r wybodaeth mewn perthynas â'n gweithlu o ran cydraddoldeb, cyflogaeth ac arolygaeth, ac yn manylu ar ychydig o'r gwaith da a ymgwymerwyd ag i gynyddu cydraddoldeb o fewn ein tîm.

English Caerdydd
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- **Adroddiad Cyllid**

Y mae ysgrif sy'n amlinellu sefyllfa'r unfed-mis-ar-ddeg ar yr agenda. Fel y nodwyd o fewn yr adroddiad rydym yn parhau i weithio'n agos â Llywodraeth Cymru i wneud defnydd o'r tanwariant sydd gennym ac i gefnogi buddsoddiad mewn gweithgareddau ychwanegol i gyfnerthu ein Cynlluniau Chwarterol.

- **Risg**

Y mae naw risg gyfredol ar y Gofrestr Risgiau Rheolaethol, gydag un ohonynt yn goch o ran diogelwch Seiber.

3. ARGYMHELLION

Gofynnir i'r Bwrdd nodi'r adroddiad hwn.

Llywodraethiant a Sicrwydd			
Dolen ar gyfer amcanion strategol IMTP (✓ os gwelwch yn dda)	Amcan Strategol 1: Arwain cynlluniad, datblygiad a llesiant gweithlu cymwys, cynaliadwy ac hyblyg er mwyn cefnogi cynhyrchiad 'Cymru Iachach'	Amcan Strategol 2: Gwella ansawdd ac hygyrchedd addysg ac hyfforddiant ar gyfer bob aelod staff gofal iechyd gan sicrhau ei fod yn diwallu eu hanghenion i'r dyfodol	Amcan Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy adeiladu galluedd arweinyddiaeth dosturiol a chyfunol ar bob lefel
	✓	✓	✓
	Amcan Strategol 4: Datblygu'r gweithlu i gefnogi cyflenwad diogelwch ac ansawdd.	Amcan Strategol 5: Bod yn esiampl-gyflogwr ac yn le gwyh i weithio	Amcan Strategol 6: Cael cydnabyddiaeth fel partner, dylanwadwr ac arweinydd rhagorol
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad Cleifion			
Nid oes materion uniongyrchol o ran ansawdd na diogelwch a phrofiad cleifion ym mherthynas yr adroddiad hwn.			
Goblygiadau Ariannol			
Nid oes gan yr adroddiad hwn oblygiadau ariannol uniongyrchol.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)			
Nid oes gan yr adroddiad hwn oblygiadau cyfreithiol uniongyrchol.			
Goblygiadau Staffio			
Nid oes gan yr adroddiad hwn oblygiadau staffio uniongyrchol.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Bydd yr ystod o weithgareddau a amlinellir yn yr adroddiad yn cyfrannu tuag at ymagwedd AaGIC at Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. Fodd bynnag, bydd y cyfraniadau yn benodol ar gyfer bob un o'r meysydd unigol a gwmpaswyd ar ffurf trosolwg yn yr adroddiad hwn.			
Hanes Adroddiad	Caiff adroddiad y Prif Weithredwr ei gyflwyno ym mhob sesiwn Bwrdd agored a gynhelir unwaith bob deufis.		
Atodiadau	D/Dd		

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Health Education and
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Dyddiad Cyfarfod	25 Mawrth 2021	Eitem Agenda	3.1
Teitl Adroddiad	Cynllun Blynyddol Drafft Terfynol 2021/22		
Awdur Adroddiad	Chris Payne, Cyfarwyddwr Cynorthwyol Cynllunio a Pherfformiad a Gwasanaethau Corfforaethol		
Noddwr Adroddiad	Nicola Johnson, Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol		
Cyflwynwyd gan	Nicola Johnson, Cyfarwyddwr Cynllunio, Perfformiad a Gwasanaethau Corfforaethol		
Rhyddid Gwybodaeth	Agored		
Pwrpas Adroddiad	yr	Papur clawr yw hwn ar gyfer Cynllun Blynyddol Drafft Terfynol 2021/22	
Materion Allweddol	<p>Mae'r papur hwn yn ymdrin â Chynllun Blynyddol Drafft Terfynol 2021/22 sydd wedi'i ddatblygu yn unol â chanllawiau cynllunio Llywodraeth Cymru.</p> <p>Ers i'r Cynllun drafft gael ei ystyried gan y Bwrdd ym mis Ionawr, mae wedi'i ddiweddarau i fyfyrion ymhlith amrywiaeth o feysydd:</p> <ul style="list-style-type: none">• Adborth gan y Bwrdd;• Adborth gan randdeiliaid;• Diwygio a mireinio Cynlluniau ar Dudalen; A• Cynlluniau cyllid a gweithlu. <p>Ymgysylltwyd yn sylweddol wrth ddatblygu'r Cynllun Blynyddol gyda'r Bwrdd, y Tîm Gweithredol a'r Uwch Dîm Arwain (SLT) i adeiladu ar sylfaen gref IMTP y gellir ei gymeradwyo ar gyfer 2020-23. Mae ymgysylltu allanol wedi'i gynnal hefyd, a rhannwyd yr ymatebion cryno â'r Bwrdd yn y Sesiwn Ddatblygu ym mis Chwefror.</p> <p>Mae'r Cynllun Blynyddol Drafft Terfynol wedi'i ddatblygu, yn seiliedig ar Flwyddyn 2 yr IMTP gan ganolbwyntio ar gydnabod ac ymateb i'r amgylchedd presennol y mae</p>		

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	<p>AaGIC yn gweithio ynddi a sicrhau bod gan y sefydliad y gallu a'r gallu priodol i gyflawni ei gynlluniau uchelgeisiol. O ystyried yr ansicrwydd sy'n deillio o bandemig COVID-19 bydd angen o fewn cyfnod y cynllun i gynnal adolygiad chwarterol o'r Amcanion Strategol er mwyn sicrhau ystwythder blaenoriaethau AaGIC mewn ymateb i COVID-19.</p> <p>Mae Cyfarwyddwr Cyffredinol GIG Cymru wedi gofyn i holl Gynlluniau Blynnyddol 2021/22 gael eu hystyried fel drafftiau ym mis Mawrth. Bydd hyn yn caniatáu mireinio ychwanegol yn Chwarter 1 gan ystyried cymhlethdod y cyd-destun ariannol ac iechyd cyhoeddus ac yn caniatáu cymeradwyaeth ffurfiol gan y Bwrdd ym mis Mai neu fis Gorffennaf 2021.</p> <p>Cyflwynir y Cynllun Drafft Terfynol i'r Bwrdd i'w gymeradwyo i'w rannu â Llywodraeth Cymru i gael adborth.</p>			
Camau penodol sydd eu hangen (Rhowch un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd	Cymeradwyo
				✓
Argymhellion	<p>Gofynnir i'r Aelodau:</p> <ul style="list-style-type: none"> • Derbyn Cynllun Blynnyddol Drafft Terfynol 2021/22 a'i gymeradwyo i'w rannu â Llywodraeth Cymru i gael adborth. • Noder y bydd y gallu i gyflawni'r Amcan Strategol yn cael ei adolygu bob chwarter yn ystod y flwyddyn er mwyn cynnal ein ystwythder o ran pandemig COVID-19. • Sylwer y bydd y cynllun ariannol yn cael ei fireinio'n ychwanegol yn Chwarter 1. • Sylwer y bydd y Cynllun terfynol yn cael ei gyflwyno i'r Bwrdd ym mis Mai neu fis Gorffennaf 2021 i'w gymeradwyo. 			

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CYNLLUN BLYNYDDOL DRAFFT TERFYNOL 2021/22

1. CYFLWYNIAD

Mae'r papur hwn yn rhoi Cynllun Blynyddol Drafft Terfynol 2021/22 i'r Bwrdd i'w sicrhau a'i gymeradwyo i'w rannu â Llywodraeth Cymru. Bydd yr Amcanion Strategol yn cael eu hadolygu bob chwarter drwy gydol y flwyddyn er mwyn ystyried sefyllfa COVID-19. Bydd y cynllun ariannol yn cael ei fireinio ymhellach yn Chwarter 1 a bydd y Cynllun terfynol yn cael ei gyflwyno i'r Bwrdd i'w gymeradwyo fel y mae'r cyd-destun ariannol ac iechyd cyhoeddus yn ei ganiatáu ym mis Mai neu fis Gorffennaf 2021.

2. CEFNDIR

Mae'r gofyniad i ddatblygu Cynllun Blynyddol mewn cyd-destun tair blynedd wedi'i ddatblygu ers mis Tachwedd yn unol â Fframwaith Cynllunio Llywodraeth Cymru gyda chefnogaeth ac ymgysylltiad agos gan y Bwrdd, y Tîm Gweithredol a'r Uwch Dîm Arwain. Ymgysylltwyd â rhanddeiliaid yn ehangach hefyd.

Yn dilyn trafodaeth ar y drafft cyntaf ym Bwrdd mis Ionawr datblygwyd y cynllun ymhellach i ystyried ystyriaethau'r Bwrdd ochr yn ochr ag adborth a gafwyd gan ein rhanddeiliaid, mireinio'r Cynlluniau ar Dudalen a datblygu'r cynlluniau ariannol a'r gweithlu.

Mae meysydd y Set Ddata Ofynnol genedlaethol sy'n berthnasol i AaGIC wedi'u cwblhau ac fe'i cynhwysir yn Atodiad 3. Caiff ei gyflwyno i Lywodraeth Cymru fel rhan o'r Cynllun Blynyddol Drafft Terfynol. Mae Asesiad o'r Effaith ar Gydraddoldeb wedi'i gynnal hefyd.

Ar 11 Mawrth ysgrifennodd Prif Weithredwr GIG Cymru at holl sefydliadau'r GIG i gydnabod yr amseriad o ran etholiadau'r Senedd a'r ansicrwydd sylweddol parhaus ynghylch iechyd y cyhoedd sy'n effeithio ar y cyd-destun ariannol a'r gallu i gadarnhau dyraniadau ariannol.

3. CYNNIG

Mae Cynllun AaGIC yn gynllun strategol sy'n seiliedig ar flwyddyn 2 ein IMTP y gellir ei gymeradwyo. Ar ôl i'r Bwrdd gyflwyno'r Cynllun drafft i'w adolygu ddiwedd mis Ionawr, gwnaed y diwygiadau canlynol yn y Drafft Terfynol hwn:

- Yn cynnwys Crynodeb Gweithredol a'r Cynllun Blynyddol cyffredinol - Cynllun ar Dudalen.
- Wedi derbyn ac ystyried adborth gan y Bwrdd a rhanddeiliaid ac wedi ymgorffori cyfeiriadau lle bo hynny'n berthnasol ac yn gryfach at ein gwaith ar BAME a chydraddoldeb hiliol, cyfeiriadau at amrywiaeth a chynhwysiant a chydbwysedd y cynllun ar draws proffesiynau.
- Aildrafftio'r adrannau ar ymateb ac adferiad COVID i gyd-fynd â'r cyngor presennol gan Lywodraeth Cymru a'r ansicrwydd parhaus yn y flwyddyn i ddod.

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- Cyfuno Penodau blaenorol 3 (Cydd-destun Strategol a Phennod 4, Fframwaith Strategol) yn un bennod.
- Adolygu a mireinio'r Cynlluniau ar Dudalen a chynnwys y Cynlluniau Amcan Strategol manwl ar Dudalen mewn Atodiad.
- Yn cynnwys y Cyflawniadau lefel uchel ar gyfer 2021/22 ym Mhennod 5.
- Diweddarau elfennau gweithlu a chyllid y Cynllun i adlewyrchu'r cytundebau ar y cynllun adnoddau a gymerwyd drwy'r Tîm Gweithredol, a'u trafod gyda'r Bwrdd yn y Sesiwn Ddatblygu ym mis Chwefror.
- Adlewyrchu'r ansicrwydd parhaus ynglŷn â'r cydd-destun ariannol ac iechyd y cyhoedd.

4. MATERION LLYWODRAETHU A RISG

Yn dilyn trafodaeth ar y Cynllun drafft yn y Bwrdd ar 27 Ionawr, fe'i rhannwyd ag ystod eang o randdeiliaid a rhwydweithiau cymheiriaid i gael sylwadau ac ystyriwyd sylwadau'r rhanddeiliaid a ystyriwyd yn flaenorol gan y Bwrdd yn y Sesiwn Ddatblygu ym mis Chwefror ac mae ymatebion wedi'u cynnwys yn y ddogfen lle y bo'n briodol.

Mae'r Cynlluniau ar Dudalen wedi'u datblygu ar gyfer y 46 Amcan Strategol y cytunwyd arnynt yn y Cynllun ac mae'r rhain wedi'u hadolygu a'u mireinio er cysondeb a rhoddir manylion llawn yn Atodiad C i'r cynllun. Mae crynodeb o'r hyn y gellir ei gyflawni ar lefel uchel ar gyfer 2021/22 yn ôl Amcan Strategol wedi'i gynnwys ym Mhennod 4.

Cyhoeddwyd templed Set Ddata Gofynnol (MDS) cenedlaethol gan Lywodraeth Cymru ar 15 Chwefror i'w gwblhau gan holl sefydliadau'r GIG. Mae AaGIC wedi cwblhau'r meysydd perthnasol mewn perthynas â manylion Cyllid a Gweithlu ac mae wedi'i gynnwys yn Atodiad 3. Caiff ei gyflwyno i Lywodraeth Cymru ochr yn ochr â'r Cynllun Blyneddol Drafft Terfynol.

Yn ogystal, mae Asesiad o'r Effaith ar Gydraddoldeb wedi'i gynnal gyda chymorth Arweinydd Cynhwysiant AaGIC ac fe'i cyflwynir ochr yn ochr â'r Cynllun Blyneddol i'r Bwrdd ei ystyried yn wybodaeth ategol.

Mae'r Cynllun Blyneddol yn ymateb i'r Gofrestr Risg Gorfforaethol (CRR). Mae'r unig risg goch ar y gofrestr yn gysylltiedig â seiberddiogelwch, a eir i'r afael â hyn drwy Amcan Strategol 5.8.

O ystyried effaith COVID-19 ar y system iechyd a gofal, mae'n amlwg bod llawer iawn o ansicrwydd yn debygol yn y flwyddyn i ddod. Er mwyn sicrhau ein bod yn gallu parhau i fod yn hyblyg yn yr amgylchedd hwn a'n bod yn parhau i gefnogi ymateb ac adferiad y system, cytunwyd y bydd adolygiad Chwarterol wedi'i gynllunio o'r gyfres lawn o Amcanion yn cael ei gynnal ochr yn ochr â monitro a rheoli'r gwaith o gyflawni'r Cynllun.

Mae hyn yn cyd-fynd â'r llythyr dyddiedig Mawrth 11eg lle mae Llywodraeth Cymru yn cydnabod yr ansicrwydd gan gynnwys yr effaith ar y cydd-destun ariannol a'r gallu i gadarnhau dyraniadau ariannol. Yn y cydd-destun hwn, mae Llywodraeth

Cymru wedi gofyn i gynlluniau gael eu hystyried fel drafftiau gan Fyrddau ym mis Mawrth i'w rhannu â Llywodraeth Cymru i gael adborth ar hyn o bryd. Bydd hyn yn cefnogi mireinio a chytundeb y Cynllun terfynol yn Chwarter 1 i'w gyflwyno i'r Bwrdd ym mis Mai neu fis Gorffennaf 2021 i'w gymeradwyo i'w gyflwyno i Lywodraeth Cymru.

5. GOBLYGIADAU ARIANNOL

Mae trafodaethau manwl yn mynd rhagddynt gyda Llywodraeth Cymru i gwblhau ein dyraniad ariannol ar gyfer cyfnod y Cynllun Blynnyddol. Mae hyn er mwyn sicrhau bod ein dyraniad sylfaenol yn adlewyrchu'r cynnydd mewn gweithgarwch comisiynu, a newidiadau mewn swyddogaethau a chyfrifoldebau AaGIC sydd wedi digwydd ers ein creu ym mis Hydref 2018. Efallai y bydd angen rhagor o wybodaeth a thrafodaeth yn ystod y flwyddyn i sicrhau cydnabyddiaeth arweiniol polisi Llywodraeth Cymru o bob un o'r rhain yn y gwaelodlin a ariannwyd ynghyd â newidiadau yn y gwaith o sefydlu'r gweithlu ers mis Hydref 2018.

At hynny, ym mis Chwefror, cytunodd y Tîm Gweithredol i ofyn am gyllid i gefnogi'r gwaith o ddiwygio gofynion Seilwaith Craidd sydd i'w cynnwys mewn trafodaethau ynghylch y cyllid sylfaenol disgwylidig o £275.3m.

Dylid ystyried ceisiadau ychwanegol am y gweithlu a nodwyd wrth ddatblygu Cynlluniau ar Dudalen drwy ymarfer hawliau a gynhelir gan Adran y Gweithlu gydag unrhyw ychwanegedd yn cael ei ystyried drwy achos yn ystod y flwyddyn. Mae rhain yn delio gyda prosesau newid ac yn ystyried y risg ariannol bob chwarter yn unol ag adolygiad o'r Amcanion Strategol a'r agenda adfer.

Bydd y cynllun ariannol yn cael ei fireinio ymhellach yn Chwarter 1 ochr yn ochr â chydweithwyr yn Llywodraeth Cymru. Mae'r dull a'r tybiaethau sy'n cefnogi datblygiad ein cynllun ariannol yn cael eu mynegi ym Mhennod 9.

6. ARGYMHELLION

Gofynnir i'r Aelodau:

- Dderbyn Cynllun Blynnyddol Drafft Terfynol 2021/22 a'i gymeradwyo i'w rhannu â Llywodraeth Cymru i gael adborth.
- Nodi y bydd y gallu i gyflawni'r Amcan Strategol yn cael ei adolygu bob chwarter yn ystod y flwyddyn er mwyn cynnal ein ystwythder o ran pandemig COVID-19.
- Sylwi y bydd y cynllun ariannol yn cael ei fireinio'n ychwanegol yn Chwarter 1.
- Sylwi y bydd y Cynllun terfynol yn cael ei gyflwyno i'r Bwrdd ym mis Mai neu fis Gorffennaf 2021 i'w gymeradwyo.

Llywodraethiant a Sicrwydd

Cyswllt i Amcanion yr IMTP	Amcan Strategol 1: Arwain y gwaith o gynllunio, datblygu a sicrhau gweithlu cymwys, cynaliadwy a hyblyg i helpu i gyflawni 'Cymru Iachach'	Amcan Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Amcan Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu i arwain yn dosturiol ac ar y cyd ar bob lefel
	✓	✓	✓
	Nod Strategol 4: I ddatblygu'r gweithlu i gefnogi'r gwaith o gyflawni diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	Nod Strategol 6: I gael ein cydnabod fel partner rhagorol, yn ddylanwadr ac arweinydd
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf			
Mae ein Cynllun Blynyddol yn cefnogi ein dull o wellu ansawdd addysg a hyfforddiant a fydd yn effeithio ar ansawdd y gofal a'r profiad y mae cleifion yn eu derbyn. Mae Nod Strategol penodol wedi'i neilltuo ar gyfer darparu Ansawdd a Diogelwch drwy addysg a hyfforddiant.			
Goblygiadau Ariannol			
Mae'r Cynllun Blynyddol yn gynllun integredig a bydd y cynllun ariannol yn cael ei fireinio ymhellach yn Chwarter 1. Mae'r Set Ddata Ofynnol genedlaethol wedi'i chynnwys yn Atodiad 3.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth)			
Mae asesiad o'r Effaith ar Gydraddoldeb wedi'i gwblhau ac mae wedi'i gynnwys yn Atodiad 2.			
Goblygiadau Staffio			
Mae'r broses gynllunio wedi cynnwys ystyried y twf yn ein sefydliad staffio a'r gofynion capasiti i gyflawni'r Cynllun yn 2021/22. Mae'n cynnwys ein cynllun gweithlu ac mae'r Set Ddata Ofynnol genedlaethol wedi'i chynnwys yn Atodiad 3.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Y Cynllun Blynyddol yw'r cynllun cyflawni ar gyfer Strategaeth y Gweithlu sy'n seiliedig ar Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. Mae crynodeb o'r aliniad â'r 5 ffordd o weithio wedi'i gynnwys yn y Cynllun.			
Hanes yr Adroddiad			
Atodiadau		Atodiad 1 – Cynllun Blynyddol Drafft Terfynol 2021/22 Atodiad 2 - Asesiad o'r Effaith ar Gydraddoldeb Atodiad 3 – Set Ddata Ofynnol	

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Health Education and Improvement Wales

Annual Plan

Final Draft
2021/22

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GIG
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NHS
WALES

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

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Foreword from the Chair and Chief Executive

HEIW was in a strong place moving into 2020/21 with an approvable IMTP, a developing organisation and a clear strategic direction. During the year we celebrated our second birthday whilst keeping on track with much of our strategic work and making a considerable contribution to the NHS response to COVID-19. This has highlighted the important role we have as part of the NHS and has played to our strengths as an organisation; that we can respond to new challenges and develop creative solutions to problems.

It has been important that as well as the immediate response we remained focussed on delivering the workforce of the future and maintained education, training, leadership development and workforce planning as far as practicably possible. We will need to remain agile in 2021/22 and this is plan carefully balances the demands of the COVID-19 pandemic response and recovery and our new ways of working alongside our strategic activities.

Our partnership working has been strong throughout the pandemic, and we been able to keep on-track with the majority of the ambitious plans that we set ourselves at the start of the year. This is an incredible achievement, especially given that our whole team has been working remotely for the majority of the year.

The pandemic has brought particular challenges for our commissioned services generally, and this has had a specific impact on education and training, requiring our teams to implement significant adjustments and flexibilities to support our students and trainees across the professions. The team has risen to the challenge and we are investing in building on these innovations in the next year.

We are delighted that the national ten-year *Workforce Strategy for Health and Social Care* was published in October 2020 which we developed in partnership with Social Care Wales following extensive consultation with multiple organisations, bodies and agencies. It puts wellbeing and equality at the heart of our plans for the workforce and delivery of the vision and the 7 key themes will transform traditional roles and ways of working. The Strategy's focus is on improving the wellbeing, diversity, inclusion, capability and bilingualism of the health and social care workforce, and our Annual Plan is the delivery plan for the health aspects of the Strategy, in partnership with all our stakeholders.

We look forward to enabling the NHS in Wales to continue to respond to the ongoing challenges of the pandemic in 2021/22 and delivering our strategic plans to *Transform the Workforce for A Healthier Wales*.



Ms Alex Howells
Chief Executive



Dr Christopher Jones, CBE
Chairman

Executive Summary

Our Annual Plan describes how we are going to achieve our vision '**to transform the workforce for a healthier Wales**'. The Plan is also the delivery plan for our contribution to the 10-year *Workforce Strategy for Health and Social Care* which was launched in 2020. The plan is centred around 6 Strategic Aims:

- To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of '*A Healthier Wales*'
- To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs
- To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
- To develop the workforce to support the delivery of safe, high-quality care
- To be an exemplar employer and a great place to work
- To be recognised as an excellent partner, influencer and leader.

Over the past 12 months, the pandemic has made a big impact on our the health and care system and we have been able to respond effectively to support the NHS, in adapting practices to support education and training, developing specialist training and education and creating a range of wellbeing resources. The organisation has been operating remotely for much of the year but despite this, has made good progress with the delivery of our Strategic Objectives and our business as usual activities. We have continued to be recognised for our activities as exemplified by the award for excellence for the development of the new digital leadership portal.

This Annual Plan has been built upon the foundations of our approvable IMTP 2020-23 and we have engaged with staff and stakeholders to align delivery of our plans to seek out opportunities provided through innovation in workforce and digital technologies and to capitalise on the step-change that has taken place during the pandemic. Ongoing collaboration with our staff and stakeholders will be essential for the successful delivery of the Annual Plan.

The Plan has been designed to reflect the strategic context which has changed considerably over the last year as result of the pandemic, and with the agreement of the Workforce Strategy for Health and Social Care. More broadly we need to consider the implications of the new Socio-Economic Duty alongside our delivery of the Wellbeing of Future Generations Act. One of our key priorities is to ensure not only compliance with our public sector duties under Equality Act (2010), Welsh Standards (2011) but to ensure that inclusivity is thoroughly embedded in all that HEIW does. The pandemic has disproportionately affected areas with higher deprivation levels and disproportionately affected and harmed Black, Asian and Ethnic Minority people, vulnerable groups and those with learning disabilities. Through workforce development, this plan will help address these challenges.

As with last year, as the system leader for the workforce, we have taken an integrated multi-professional approach to reflect the diverse group of professions and occupations. This year we are keen to enhance the way that we undertake research, evaluation, innovation and improvement across the system to begin to assess the impact our activities and the associated investment has had on health professional practice and patient care. We have agreed 46 Strategic Objectives across the full breadth of our roles and responsibilities which include planning, developing, shaping, and supporting the NHS Wales workforce - ensuring we have the right staff, with the right skills, to deliver world-class health and care to the people of Wales.

We are also clear that our purpose is to deliver improvements in safety, equality and quality of care for patients and staff and thereby to improve system outcomes. We directly support NHS Wales strategic programmes of change, clinical pathway development and the Covid-19 recovery through our leadership of workforce transformation in mental health, primary care, cancer diagnostics, unscheduled care and other services. This includes the underpinning enabler of delivering the best system leadership practice through our compassionate leadership, talent management and succession planning programmes. Our work on supporting and promoting staff, student and trainee wellbeing, engagement and experience has also come to the fore during the pandemic as well as our ongoing work on education and training quality assurance and management.

As we enter our third year of existence we are maturing our approaches to the education and training pipeline, widening access and using flexible options to ensure that our 'Made in Wales' ethos drives a more home grown approach to the workforce for NHS Wales. This includes management of the pathway from education and training commissioning through to employment in conjunction with colleagues across the healthcare system.

One of the key challenges for HEIW will be to adapt our internal operating model and to retain some of the new ways of working as a benefit for staff working for the organisation and our learners, trainers and educators. We will continue to liaise with Welsh Government to ensure that we have sufficient capacity and capability to deliver the plan and to continue to grow the numbers of students and trainees who are educated in Wales over the next five years.

In addition, we will ensure that our own workforce has the skills needed to deliver the expectations outlined in the Annual Plan. We will continue to shape our enabling and support functions, including Finance, Workforce and OD, Digital, Planning and Performance and Governance to ensure that we have the right capacity and capability for a statutory body and to support the organisation in the delivery of our Strategic Aims.

We know that 2021/22 will continue to be a year of uncertainty with regard to the COVID-19 pandemic and we will need to retain our agility to support the system response and recovery. We will manage and monitor our progress with delivery of our Plan through our Performance Framework and support success by developing a programme management approach. The financial plan will continue to be refined alongside Welsh Government colleagues in Quarter 1 and we will also pro-actively review our Strategic Objectives on a quarterly basis to ensure that we can remain agile and support the system as required during the year ahead.

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Plan on a Page

Our vision

Transforming the workforce for a healthier Wales



GIG
CYMRU
NHS
WALES

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

Purpose

Our purpose is to integrate and grow expertise and capability in planning, developing, shaping, and supporting the health workforce - ensuring we have the right staff, with the right skills, to deliver world-class health and care to the people of Wales.

Our six strategic aims

1

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

Nursing workforce plan	Made in Wales
CPD strategy	Workforce intelligence
Wellbeing	Workforce planning
Recruitment and careers	International recruitment

2

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

Education strategy	Welsh education
Strategic review - 1	Education infrastructure
Strategic review - 2	SAS doctors
Digital education	Simulation
Pharmacy standards	Digital capacity
Differential attainment	Clinical academic careers
Work-based learning	Revised funding models

3

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

Leadership strategy	Leadership programmes
Succession planning	Graduate training programme
Leadership platform	Executive leadership

4

To develop the workforce to support the delivery of safety and quality.

COVID-19 response	Collaborative programmes
Primary and community care	Professional frameworks
Wellbeing	Workforce planning
Mental health	Post-registration support

5

To be an exemplar employer and a great place to work

People strategy	HEIW Welsh language
HEIW wellbeing	QIST
Biodiversity and climate change	Evaluation, research and improvement
Strategic equality plan	Cyber security

6

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

Communication strategy	Digital platform
Network analysis	Chief digital officer

Fundamental to what we want to achieve

Workforce strategy for health and social care themes

- Engaged, Motivated and Healthy Workforce
- Seamless Workforce Models
- Digitally Ready Workforce
- Attraction & Recruitment
- Education & Learning
- Leadership & Succession
- Workforce Supply & Shape

- Our values
- Equality and inclusion
- A Healthier Wales
- Future Generations and Wellbeing Act
- Ministerial priorities
- Decarbonisation

Chapter 1 – Organisational profile and progress in 2020-21

1.1 HEIW Vision

Our vision is “**Transforming the Workforce for A Healthier Wales**” which was developed through extensive engagement with our staff, stakeholders and partners. The workforce is pivotal in building a sustainable health and care system that can meet our future needs and we will work closely with our stakeholders to continuously evaluate, re-imagine, and transform how we need to work to meet the needs of an ever-changing world. We are delivering this vision using our PEOPLE principles, as outlined below:

P	Planning ahead to predict and embrace changes and build a sustainable health and social care system
E	Educating , training and developing staff to meet the needs of patients and citizens in line with prudent healthcare principles
O	Offering opportunities for development to new and existing staff from all professional and occupational groups throughout career pathways
P	Partnership working to increase value for our citizens, patients, learners and staff
L	Leading the way, through continuous learning, improvement and innovation
E	Exciting, Enthusing, Engaging, Enabling and Empowering staff across all professional and occupational groups

1.2 Purpose

Our purpose is to integrate and grow expertise and capability in planning, developing, shaping, and supporting the NHS Wales workforce - ensuring we have the right staff, with the right skills, to deliver world-class health and care to the people of Wales. A *Healthier Wales* reinforced the need for a more strategic and sustainable approach to workforce in health and social care, and we have set out our ambitions for this through the Workforce Strategy for Health and Social Care.

We are also clear that our purpose is to deliver improvements in safety and quality of care for patients and staff and thereby to improve system outcomes. This has been reinforced by our experience during the pandemic; supporting the workforce and education and training aspects of the service response and providing access to wellbeing and support. We also directly support service change, the development of clinical pathways and the Covid-19 recovery through leadership of workforce transformation in mental health, primary care, cancer, diagnostics and unscheduled care. In addition we are leading the transformation of professional education and training to support the integration of care through our commissioning responsibilities and delivering new standards and regulatory frameworks, for example the Healthcare Sciences framework and the new pharmacy training standards.

We are the system leader for the underpinning enabler of delivering the best system leadership practice through our compassionate leadership, talent management and succession planning programmes. Our work on supporting and promoting staff, student and trainee wellbeing, engagement and experience has also come to the fore during the pandemic as well as our ongoing work on education and training quality assurance and management.

The impact of the pandemic and the Black Lives Matter movement have together highlighted the ways in which racial inequality and white privilege exist and continue to be upheld by the structures of society, with one of the impacts being differential attainment in education and training. Our role as the system workforce leader and the commissioning of education and training for NHS Wales makes us well-placed to use our influence and commissioning levers and tools to promote equality, diversity and inclusion and to implement the *Wellbeing of Future Generations (Wales) Act* and the Socio-Economic Duty. We also see these as key levers to promote the use of the Welsh language and to foster a bilingual workforce that meets the needs of the Welsh population.

Our 'Made in Wales' approach includes strategic workforce planning to create the plans and conditions for a sustainable NHS Wales workforce, widening access to a range of health careers and opportunities, reducing socio-economic inequality and engaging with the public and our partners, students and trainees to shape education and training opportunities that can be delivered locally. This also includes supporting our local learners into employment through our streamlining approach.

We have now been established for over two years, and since merging the three predecessor organisations we have taken on an increasing number of additional staff and responsibilities. We will continue to strive to be an exemplar employer by valuing our staff, listening to their experiences and role-modelling compassionate leadership. The implementation of a remote working model so early in our development does present a risk to our Organisational Development (OD) programme to deliver an integrated and multi-professional approach, notwithstanding the fact that it has worked well in helping to respond to a crisis. We will build on the innovative ways we have used to improve staff experience, maintain work/life balance, encourage the use of the Welsh language in our business and to work together as a team during the pandemic, and will foster our ongoing OD journey.

Finally, we will continue to nurture our relationships with our key stakeholders and partners, including on a UK-wide basis, and to use best practice and innovation in our ongoing communications and engagement.

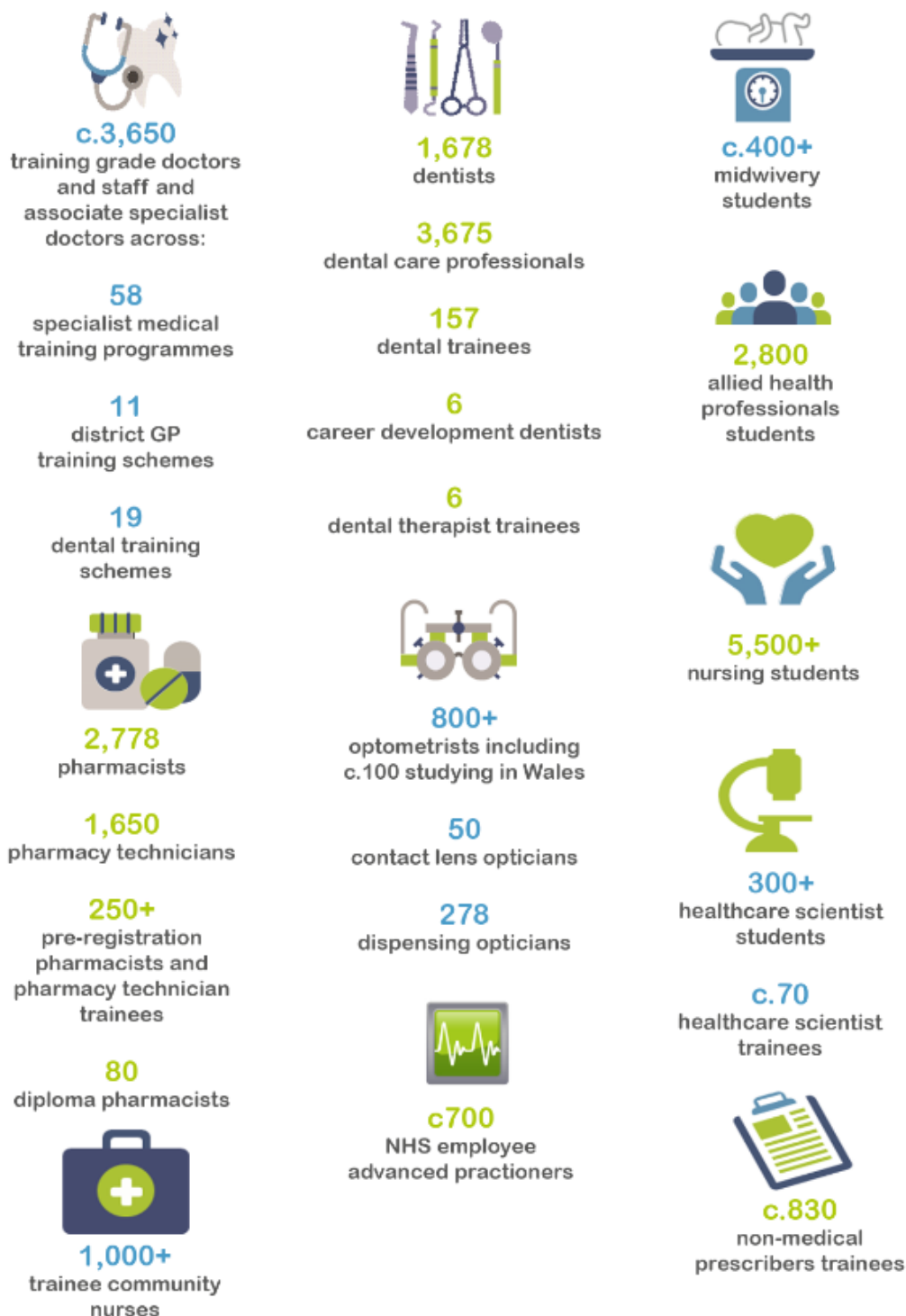
1.3 Functions

HEIW is a Special Health Authority and is an all-Wales organisation employing circa 400 members of staff, but also working closely with large numbers of NHS staff who deliver education, training, supervision and appraisal with us on a daily basis. We have an annual budget in excess of £227 million which is set to rise to a baseline of circa £275m in 2021-22 and further in future years in line with the expansion in education and training and in the organisation's supporting functions over the next 5 years (as described in Chapter 9). Our functions are as follows:

Education Commissioning and Delivery: HEIW plans, commissions and delivers education and training for a wide range of health professional groups, and incorporates the Deaneries for Medicine, Dentistry and Pharmacy. This is what the majority of the HEIW budget is spent on, and through the commissioning approach HEIW ensures value and sustainable outcomes are delivered for the NHS system, and promotes equality, diversity and inclusion and the use of the Welsh language.

We support the education and training of the health professions that work in the NHS. The diagram below shows our education and training activity.

At any time we are supporting the education, training and CPD of:



Quality Management: HEIW assures and manages the quality of education and training provision ensuring it meets the required standards, and improvements are made where required. This includes supporting teachers, trainers, trainees and students and working closely with education providers, NHS organisations and regulators.

Supporting Regulation: HEIW plays a key role representing Wales in liaison with regulators, working within the policy framework established by the Welsh Government. HEIW also undertakes, independently of the Welsh Government, specific regulatory support roles.

Workforce Intelligence: HEIW is recognised as a primary source for information and intelligence about the Welsh health workforce. We provide analytical insight and intelligence to support the development of the current and future shape of the workforce, including promoting diversity and inclusion. We act as a central body to identify and analyse sources of intelligence from Wales, UK and abroad.

Workforce Strategy and Planning: HEIW provides strategic leadership for workforce planning, working with Health Boards/Trusts and the Welsh Government to produce a forward strategy to transform the workforce to deliver new health and social care models of service delivery. In addition, through this process, HEIW identifies and develops new workforce models required within the NHS and fosters equality, including a bilingual workforce.

Leadership Development and Succession Planning: HEIW is leading and developing the strategic direction for the development and delivery of leadership development for and succession planning for NHS Wales.

Careers and Widening Access: HEIW provides the strategic direction for health careers and the widening access agenda, delivering an ongoing agenda to promote health careers. With a clear focus on inclusion through opening access to the many people in our communities that have valuable skills and experience that are currently under-represented in our workforce.

Workforce Transformation and Improvement: HEIW provides strategic and practical support for workforce transformation and improvement, including skills development, role design, Continuing Professional Development and career pathway development. This work links closely with the development of new workforce models to underpin strategic developments in the NHS including the Strategic Programme for Primary Care, Working Together for Mental Health, national programmes and the strategic programmes led by the NHS Wales Collaborative. During 2020 we also became responsible for several new areas including the Nurse Staffing Levels (Wales) Act 2016 and the workforce implications arising from the Healthcare Sciences and the Allied Health Professionals Framework.

Professional Support for Workforce and Organisational Development (OD): HEIW has an express function to support the development of the workforce and OD profession within Wales.

1.4 Our Culture, Values and Behaviours

As a workforce focused organisation, our culture and the way we do business are very important to us. In line with our aim to be an exemplar employer we want our own workforce to be happy, healthy and engaged and we promote wellbeing, equality, diversity, inclusion and bilingualism within HEIW, in line with the national *Workforce Strategy for Health and Social Care*. We created a Values and Behaviour Framework prior to the establishment of the new organisation, which was developed by our staff who came together as a team to form HEIW, and consists of the following values:

Respect for all: in every contact we have with others

Together as a Team: we will work with colleagues across NHS Wales and with partner organisations

Ideas that Improve: harnessing creativity, and continuously innovating and evaluating

The full values and behaviours framework can be found at **Appendix A**. We will continue to embed the values and behaviours into our policies, practices and processes and will take all opportunities to be a role model for the national work we are leading on compassionate and collective leadership.

In October 2020, we launched our Strategic Equality Plan (SEP) 2020-2024. This was created using feedback from a robust consultation and engagement process and sets out our direction of travel for the next four years and how we will embed equality, diversity and inclusion at the heart of our work. It explains how we will promote equality, eliminate discrimination and foster good relations between those who share a protected characteristic and those who do not, including race equality and Welsh Language status.

The launch of the SEP also formally declared our commitment to being part of Wales' first Public Body Equality Partnership (WPBEP). This group of 11 public sector organisations has come together to share resources, insight and expertise in order to promote equality across all areas. Through this collective approach, the WPBEP works to meet the challenges set out in the *Is Wales Fairer* report whilst reflecting the principles of the *Well-being of Future Generations (Wales) Act*. Furthermore, we have agreed two Strategic Objectives for delivery in 2021-22, as described in Chapter 4 and in **Appendix C** on the delivery of our SEP and our work to mitigate the impact of differential attainment for BAME learners through our training and education processes.

As described earlier HEIW is aware of its responsibility as a public body to apply our responsibilities under the socio-economic duty when making strategic decisions. As the system leader for the NHS workforce in Wales we understand we have a significant role in considering how our Annual Plan helps to reduce inequalities associated with socio-economic disadvantage across Wales.

HEIW has been fully engaged with the development of Welsh Government's draft Race Equality Action Plan (REAP). The HEIW Medical Director is a member of the First Minister's REAP Steering Committee which has led on this work. We will have a significant role in the delivery of the plan as can be seen from the themes below which form the basis of the actions proposed.

Health and Social Services have identified goals under five broad themes:

Health

1. Leadership & accountability
2. Workforce
3. Data and intelligence
4. Access to health services
5. Tackling health inequalities

Social Services

1. Access to & provision of social care services
2. Workforce
3. Leadership
4. Accountability
5. Data and analysis

The draft plan includes Health and Social Care as two distinct policy areas, as Welsh Government has taken the view that both are substantial and divergent areas containing a significant number of actions within the shared ambition of the goals. The links and read-across between health and social care are maintained through the goals and a number of the actions, particularly around *Our Workforce Strategy for Health and Social Care*. Health and social care is also provided for within the wider Leadership and Representation Goals and Actions, recognising the necessary and intended overlap.

1.5 Organisational Governance Structures for Planning and Delivery

HEIW was formally launched as a statutory body on 1 October 2018 and we will be celebrating our third anniversary in the next financial year. HEIW has a statutory Board consisting of a Chair, Chief Executive, six Independent Members and four Executive Directors. In 2020 we also appointed a Director of Planning, Performance and Corporate Services and a Director of Digital Development to the Board, both for a period of two years. A summary of Executive Director portfolios and a “who’s who” of the Board can be found on our website at <https://heiw.nhs.wales/corporate>

The Board sets the strategic direction for HEIW and approves the Annual Plan (or IMTP) for submission to the Welsh Government in line with the NHS Wales Planning Framework. At a strategic level the Board scrutinises and assures the performance of the organisation which includes the delivery of the Annual Plan and delivery of our ‘Business as Usual’ activities. The Board also ensure arrangements are in place to monitor and manage the key risks of the organisation.

Our approach to the development of this Annual Plan has been to engage with the Board at all stages as priorities and actions have been developed. The development of the Annual Plan has been overseen by the Executive Team with ongoing engagement with the wider Senior Leadership Team, our staff and our external stakeholders.

In January 2021 the Board approved our **Performance Framework** (available on our website [here](#)) which sets out how we will scrutinise, assure and improve performance in all our activities, based on the Performance Dashboard and reporting cycle. The purpose of this is to describe the organisation’s system for making continuous improvements to achieve our Strategic Aims and Objectives and to deliver our ‘Business as Usual’ activities effectively. The Performance Report and Dashboard will be considered at quarterly intervals by the Board and will ensure that HEIW places information at the forefront of decision-making process in order to support delivery of the Strategic Objectives. Due to the ongoing uncertainty as a result of Covid-19 we will also pro-actively review our Strategic objectives on a quarterly basis to ensure that we can remain agile and support the system response and recovery.

The organisation received a positive Structured Assessment for 2020 from Audit Wales. The report grouped its findings under three main themes: governance arrangements, managing financial resource and operational planning. The Structured Assessment found that HEIW had adapted its governance, risk management and assurance arrangements to respond effectively to COVID-19. It also found that the Board and senior leaders showed strong leadership and continued to maintain oversight of quality of training together with staff wellbeing. The report confirmed that HEIW was meeting its financial objectives and had strong financial controls which had remained in place throughout the period of home working. The

report also found that the organisation has robust arrangements in place to monitor and report on progress with the delivery of our strategic plans.

The Risk section in Chapter 8 explains how the Annual Plan responds to the key risks on HEIW's Corporate Risk Register, how the Register is aligned to the Strategic Aims and how it is systematically reviewed by the Board.

1.6 Capacity and Capability to Deliver

We have a significant vision and ambitious agenda to deliver with our staff, partners and stakeholders. Following extensive review and engagement, we have translated this ambition into six Strategic Aims and the specific Strategic Objectives laid out in Chapter 4.

One of the challenges of this Annual Plan is to ensure that we have the capacity and capability to deliver against our aims and the range of Strategic Objectives outlined. The national *Workforce Strategy for Health and Social Care* was approved and published in October 2020 and both HEIW and Social Care Wales agree that the significant implementation actions will need to be supported by additional investment.

As an organisation we are continuing to develop, and we expect to continue to grow in the medium term. We have taken on several new roles and responsibilities over the last year and will be hosting the Chief Digital Office from 2021/22 until the NHS Executive is established. We have matured as an organisation and this includes reviewing our original staffing establishment and identifying the investment that has been required to meet statutory and NHS governance requirements. The impact of new policies such as the Bursary "tie in" in 2020 has required a substantial focus from the whole of the Executive Team as well as the education and workforce planning teams and this needs to be put on a sustainable footing. The significant funding increase in student and trainee numbers that will continue to grow over the next five years has resulted in additional workload across our organisation. Additionally, the COVID-19 pandemic has radically accelerated the shift to virtual working, education and training and we want to retain much of this innovation for the future. A Driver Diagram of the drivers for growth in our organisational infrastructure is included at **Appendix B**.

As a result of this analysis in conjunction with our Plan we have discussed the priorities with our wider Senior Leadership Team in the context of our values and the wellbeing and engagement of our staff. This has shaped the Plan and the capacity required to deliver it. As outlined in Chapters 7 and 9 we have decided to rebase the staffing establishment to reflect the current shape and size of the organisation and to invest in the organisational infrastructure we need to underpin the delivery of the Plan. We will keep the capacity required for some of the newer deliverables under review in conjunction with the Senior Responsible Officers. In the light of the ongoing COVID-19 response and recovery our intention is to proactively review the deliverables outlined in **Appendix C** on a quarterly basis to maintain agility to support the system in balance with the wellbeing and engagement of our staff.

Regarding capability, we have a stable and highly motivated workforce who have a breadth of expertise and skills. However, as a relatively new organisation we are still focusing on the areas that need to be strengthened given the transfer of many staff from an education context to the NHS, and the new ways of working that are needed. We are developing a three-year Training and Development plan, which will sit

alongside our People and OD Strategy, that will help to ensure our workforce has the skills needed to deliver the expectations set out in this plan. We will also develop our programme management approach to support successful delivery of our Strategic Objectives. The main areas for further skills development that have been identified to date are programme and project management, preparation of business cases, risk management and digital capability. These are in addition to the usual training requirements of an NHS and a new organisation in relation to leadership, management skills, information governance, finance and procurement.

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Chapter 2 – Progress in 2020-21

2.1 Response to the COVID-19 Pandemic and New Ways of Working

As an active partner in the COVID-19 response our priority has been to support the wider NHS and care system, but also to support our trainees and students to continue their education. In order to co-ordinate our response we refreshed our Business Continuity Plan and we set up our Crisis Management Team. Members of our senior and executive team also joined partners and colleagues as part of national emergency planning and coordination groups. Our Chief Executive was seconded to Welsh Government to support the national leadership response in the first wave, our Director of Workforce and OD has also jointly chaired the National Workforce Cell and is HEIW's representative on the national Coronavirus Planning and Response Group, the COVID-19 Vaccine Delivery Programme Board and the COVID-19 Vaccine Deployment Battle Rhythm/SITREP Meetings. Furthermore, HEIW has been represented and contributed to the Welsh Government Nosocomial group.

During the early stages of the pandemic we reduced key areas of our IMTP programmes to redirect resources to our COVID-19 response. However, we were mindful of our duty to mitigate the effect of the pandemic on the education and training of the current and future workforce to preserve future workforce supply and protect services going forwards. Therefore, as well as carrying out immediate actions we also continuously assessed and took necessary actions to minimise the impact on education, training and the workforce of the future. In line with all NHS organisations we developed and published three Quarterly Operational Plans and the development of these ensured that we balanced the needs of the immediate response with the future strategic direction and workforce pipeline.

Across our education and training responsibilities we actively engaged with key stakeholders to ensure where possible the application of appropriate training, assessment and quality assurance processes, and many of these have been undertaken virtually through the use of technology. We have worked very closely in partnership with regulators, other statutory education bodies, education providers, Welsh Government and our colleagues across NHS Wales and the UK. This partnership work enabled us to mitigate the effects of the pandemic on our trainees, students and staff wherever possible. We also ensured that there was effective communication at a national and local level and produced guidance and advice for students, trainees, trainers and employers which can be found on our dedicated COVID-19 webpages at <https://heiw.nhs.wales/covid-19/>.

We also developed appropriate contingency plans to mitigate the impact on future cohorts. This included:

- We secured GMC training site approval for several field and independent sector hospitals to ensure trainees could contribute to NHS service and progress their training in a range of settings
- We were involved in the development of and subsequently incorporated 4 nation agreements and processes for medical trainees in completing the Annual Review of Competency Progression (ARCP).

We have worked closely with colleagues from the 4 nations and the Royal College to develop a new professional exam format to ensure that GP trainees due to gain their Certificate of Completion of Training (CCT) by the beginning of August

were able to sit the required exams in a timely manner and will not experience a delay to qualification.

- New online resources continue to be developed and are nearing completion to replace study days for both Dental Core and Foundation trainees.

We have met with all Universities individually and analysed each cohort or every course to determine whether graduation is predicted to be delayed due to the COVID-19 pandemic. Where delays were identified HEIW worked with the Universities and the Service to develop innovative ways of restructuring education (both academic and placements) to ensure all delays are mitigated or reduced to a minimum. However, despite the close monitoring and management of education and training, and the collaboration of all our partners to protect the future workforce supply, there are concerns in some areas. Risks exist in health professional education, surgical training within the Medical Deanery and in the training of our future dentists.

With regard to health professional education the impact of the pandemic has emerged in the recruitment to the Spring 2021 nursing cohort. There has been a 7% drop in numbers which will impact on future workforce supply. The surgical training will remain under close management and we await finalisation of Dental Foundation training (DFT) contingency plans in line with facilitating a UK wide position on national recruitment. For DFT we are planning to recruit to DFT and maintain the number of training places that have been commissioned by Welsh Government. We will monitor the impact on individuals as they move through important progression points.

We also provided practical specialist training and education to support the pandemic response in the areas of critical care, remote consultation and rehabilitation, infection prevention and control, and support for care homes. This included the rapid introduction of structured critical care training in collaboration with Universities.

A comprehensive suite of wellbeing resources was developed at pace by HEIW in partnership with staff health and wellbeing leads across NHS Wales and Trade Union partners to support the COVID-19 response. This was distributed via HEIW and Health Board and Trusts websites and onward dissemination as appropriate. In addition we supported the national work programme of wellbeing, and facilitated the delivery of a dedicated Samaritans Wales helpline for NHS and Social Care staff including Welsh Language provision as well as an extension of the Health for Health Professionals provision (which was originally only for doctors) to all NHS staff. This includes a confidential help line, counselling and self-guided and professional guided online tools. Details of the comprehensive wellbeing offer can be found at <https://heiw.nhs.wales/covid-19/>.

Furthermore, we repurposed our HEIW digital leadership portal to enable new ways of working and access for the health system through digital and virtual education solutions.

Regarding our own organisation, all our staff moved very quickly to a remote working model during the first wave. In response to the needs of the staff, and our business needs as a new organisation we moved to a more blended model in September. Staff are able to access Ty Dysgu for wellbeing or business purposes on an individual basis as a choice. Our learning over the past year will inform a more flexible model of working for the future. We are pleased to have had very few positive cases of

COVID-19 amongst our staff and we continue to monitor the situation and the other impacts of the virus closely.

2.2 The Workforce Strategy for Health and Social Care

In October 2020, the ten-year national *Workforce Strategy for Health and Social Care* was endorsed and published by Welsh Government. The document represents the culmination of almost a year's development work by HEIW and Social Care Wales in partnership with NHS Wales and Local Government, the voluntary and independent sectors as well as regulators, professional bodies and education providers.

The wellbeing of the workforce, equality, diversity and inclusion and the Welsh language is at the heart of the Strategy's ambition that we will have a motivated, engaged and valued, diverse health and social care workforce, with the capacity, confidence and competence to meet the needs of the people of Wales. The Strategy is summarised in the diagram in **Appendix D** and sets out that:

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

The Strategy is underpinned by seven key themes as follows and our Annual Plan Strategic Objectives represent the delivery plan for the health actions that will be undertaken in partnership to deliver the Strategy.

Theme	Descriptor
1. An Engaged, Motivated and Healthy Workforce	By 2030 the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.
2. Attraction and Recruitment	By 2030, health and social care will be well established as a strong and recognisable brand and sector of choice for our future workforce.
3. Seamless Workforce Models	By 2030 multi-professional and multi-agency workforce models will be the norm.
4. Building a Digitally Ready Workforce	By 2030 the digital and technological capabilities of the workforce are well developed and in widespread use to optimise the way we work, to help us deliver the best possible care for people.
5. Excellent Education and Learning	By 2030 the investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the future needs of people in Wales.
6. Leadership and Succession	By 2030 leaders in the health and social care system will display collective and compassionate leadership.
7. Workforce Supply and Shape	By 2030 we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population

2.3 Key Achievements and Progress with Delivery in 2020-21

Throughout 2020-21, despite the impact of the pandemic our staff have worked hard to make progress with our Strategic Aims and Objectives in line with delivering our vision of a future sustainable workforce for A Healthier Wales. As outlined in Section 2.1, due to the need to respond rapidly to the first wave of the pandemic we suspended the majority of our IMTP programmes during April and May. During May, the Board agreed to recommence the reviewed objectives outlined in the Q2 Operational Plan and for the period to the end of Q2 we committed to delivering around three-quarters of our Strategic Objectives. In our Q3/4 Plan we committed to delivering 39 of our Strategic Objectives, reflecting several objectives being restarted or new objectives added to support the national Winter Protection Plan. Our Q3 Performance Report indicates that all Objectives are on track for delivery by the end of the year.

The IMTP 2020-23 was developed to deliver the organisation's six Strategic Aims and the highlights of our progress and achievements to date are included in the following table:

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
Achievements	Achievements
<ul style="list-style-type: none"> • Endorsement from WG and publication of the 10 Year Workforce Strategy to 2030. • Transfer of Widening Access team into HEIW. • Transfer of Train Work Live into HEIW portfolio. • Supported the development of BAME risk assessment tool. • Piloted the Continuing Professional Development Course Management System (CMS). • Delivered the first non-clinical qualification for Primary Care Practice administration and reception staff. • Developed and started progression of Made in Wales programme. • Agreed to standardised workforce planning methodology. 	<ul style="list-style-type: none"> • Phase 1 of Strategic Review of Education completed. • Approved and endorsed Education and Commissioning Plan. • Implemented enhanced Single Lead employer arrangements across a breadth of Medical specialities, dental and pharmacy. • Invested in an interprofessional team to drive forward our approach to co-ordinate Simulation Based Education and hosted 2 webinars to take forward the agenda. <p>We have professionalised our Training Programme Director programme.</p> <ul style="list-style-type: none"> • First cohort of nurses commenced on Future Nurse Programme. • Expanded Clinical Fellowship to include Pharmacy and Optometry. • Assisted the rollout of Attend Anywhere to dental practices. • Established Differential attainment programme board to drive forward change. • GMC remain satisfied with HEIW's general approach to quality management • Bilingual and accessible version of the Revalidation Wales site launched
Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality

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and collective leadership capacity at all levels	
Achievements	Achievements
<ul style="list-style-type: none"> Developed and utilised 'Gwella' our Leadership Portal. Led the implementation of the Health & Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action. Produced Talentbury – 4-day festival of Leadership. Relaunched the NHS Graduate Scheme with inclusive recruitment, assessment and induction processes and plan to over recruit to an initial cohort of 22. Piloted Executive Leadership programme developed in conjunction with the Kings Fund. Created Alumni networks to support Leadership cohort. 	<ul style="list-style-type: none"> Established the first All-Wales endoscopy training programme. Developed an optometry CPD programme to support eye care services Developed and delivered critical care training and supported the care home workforce. Hosted virtual conference on Informing the Future of the Mental Health workforce in Wales and developed CAMHS training. Delivered workforce developments in Primary Care and started a workforce bulletin. Transferred the Nurse Staffing Act, Healthcare Sciences and Allied health Professionals Framework programme teams into the organisation.
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
Achievements	Achievements
<ul style="list-style-type: none"> Publication of our Strategic Equality Plan which explains how HEIW will promote equality, eliminate discrimination and foster good relations. Piloted and shared a range of wellbeing resources for staff to raise awareness and provide availability of support across mental health, money advice. Taken forward and embraced our organisational approach to the Biodiversity and decarbonisation agenda. Enhanced structure of Welsh Language team to meet increasing demands and requirements. Enabled staff to work virtually from home within 24 hours. Worked towards and achieved accessibility standards across our websites and applications 	<ul style="list-style-type: none"> Continued stakeholder engagement by virtual means including Quality Improvement conference, primary care workshops, SAS and mental health conferences. Moved to virtual board meetings and AGM increasing the ability of stakeholders to attend. Publication of detailed stakeholder bulletins. Developed range of bi-lingual materials. Increasing presence across various forms of media and ensuring appropriate engagement. Engaged with health boards on the availability of EDUROAM network across all sites.

As a core principle we applied the five ways of working as outlined in *The Wellbeing of Future Generations Act* across our Strategic Objectives. The table in **Appendix E** gives some examples.

As well as the delivery of our Plan, our Performance Reports also include monitoring of our other business activities. In 2020, part 1 of the Strategic Review of Health Professional Education was completed and the procurement exercise for the first cohort of students who will start under this revised offer is underway. In addition, the first cohort of students who had been beneficiaries of the Welsh bursary graduated

in the midst of the pandemic which created a number of challenges in managing and tracking the employment of this cohort. As a result, the bursary performance issues were put into escalation and targeted work has been undertaken to track the employment status of the 2020 cohort and to make recommendations for improving the tracking, appeals and repayment system. The conclusion of the work is that the first year of the bursary tie-in was largely a success with 85% of students taking up employment in NHS Wales. This number may rise further when the final tracking is complete. However, there are a small number of students who have not complied with the terms of the bursary and will need to repay their tuition fees.

As a consequence of the bursary issues the streamlining process that applied to nursing students (matching students in commissioned places to jobs in the originating Health Boards and Trusts) has been rapidly extended. In collaboration with NWSSP the larger Allied Health Professions and Healthcare Sciences student groups are now included, and discussions are ongoing about Midwifery. Together with the Strategic Review, this process will support system workforce sustainability through the 'Made in Wales' ethos and it is also likely to have positive socioeconomic, wellbeing and Welsh Language impacts. It is a change to the way that the pipeline has previously managed for these staff groups and we will continue to work with our NHS colleagues to manage the financial and workforce planning aspects through the IMTP processes.

Our achievements and progress have been successful through collaboration, engagement and close working with our stakeholders and partners and more detail on our partnership and engagement activities this year is included in Chapter 8.

2.4 Awards for Excellence in 2020-21

In November 2020, our Leadership Team won the Gold Award for the Best UK Digital Transformation of a Training Programme in Response to COVID-19 award at the 2020 Learning Technologies Awards. This award was for the development of 'Gwella' – the digital leadership portal that was launched in August 2020. The team created a bilingual, digital solution aimed at providing open access to a wide range of leadership resources and it includes integrated virtual classroom capability that enables the NHS workforce to engage in education and training remotely and safely.

The HEIW Pharmacy team were shortlisted in the 'Training and Development' category of the annual Chemist and Druggist Awards 2020 for their innovative multi-sector training programme, taking trainees from being students to professional pharmacist by providing them with opportunities to experience and deliver pharmaceutical care in a range of settings.

Emyr Meek, a recent graduate from Cardiff University and dental foundation trainee at HEIW became the first winner of the College of General Dentistry and Dental Society of Wales/Y Gymdeithas Ddeintyddol Art and Science of Dentistry Prize for dental students in Wales. Rebecca Chamberlain, a Pharmacy Technician at HEIW, was also awarded the International Professional Development Association (IPDA) Cymru Howard Tanner Research Prize 2019 for her research into the role of community pharmacy technicians within NHS Wales and the scope they have for role development.

Professor Pushpinder Mangat, HEIW Medical Director, has also been recognised by the British Association of Physicians of Indian Origin (BAPIO) for his contribution and support to the education and training of Black, Asian and Minority Ethnic workforce.

Chapter 3 – Strategic Context, Engagement and Organisational Strategic Framework

3.1 Strategic Context – PESTLE Analysis

As a strategic organisation responsible for planning and developing the national workforce it is important that we build on our progress in 2020-21 within the current strategic environment. Clearly 2020 was an unprecedented year and the impact of the COVID-19 pandemic has radically changed the strategic context in which we work and live on a global, national and local basis. This has offered opportunities, as well as challenges, which we respond to in this Plan.

We have reviewed and refreshed our PESTLE analysis to inform the review of our Strategic Objectives. More context and detail is included in **Appendix F** with a summary below. The PESTLE analysis is based on a review of the Political, Environmental, Social, Technological, Legal and Environmental landscape that we operate within and ensures that we have reviewed the changing strategic context and the impact of the pandemic in a structured way to continue to take advantage of opportunities and mitigate threats to HEIW functions and to take appropriate actions to achieve our Strategic Aims.

Political	Economic	Social
<i>Government policies beneficial/detrimental to HEIWs success. Is the political environment stable or likely to change?</i>	<i>Economic factors that will impact on us moving forward. Is current economic performance affecting HEIW? Any impact on our revenue/costs?</i>	<i>How does human behaviour / cultural trends play a role in HEIW?</i>
<ul style="list-style-type: none"> Welsh Government policy and legislation (<i>Wellbeing of Future Generations (Wales) Act, A Healthier Wales, Nurse Staffing Levels (Wales) Act 2016, forthcoming Social Care Quality and Engagement Bill, Strategic Programme for Primary Care (2018) Is Wales Fairer? (2018)</i>) COVID-19 has highlighted the need for closer working with the four nations in the context of our field of work, such as the Code of Practice for International Recruitment. Political situation is less stable in Wales than last year given forthcoming Senedd election in May 2021 but uncertainty 	<ul style="list-style-type: none"> Economic trend for austerity and spending cuts across public services; uncertain economy caused by COVID-19 pandemic and Brexit exacerbating Wales' economic difficulties and impact upon our funding settlement. Welsh Government economic policy (Prosperity for all: economic action plan; prudent healthcare) and uncertain WG funding allocation for FE/HEIs in Wales and to meet the increasing funding demands for future social care. Impact of economic and social environment on health inequalities. Changes to the Nursing bursaries in England 	<ul style="list-style-type: none"> Increasing pressures from a growing and ageing population with more complex health needs; an ageing workforce and generating pressures on workforce (staffing shortages) and increasing demand on services in a time of austerity and spending cuts. Compounded by COVID-19 pandemic. Welsh Government Social and Economic Duty and policy to widen access and provide greater flexibility in higher education for under-represented groups. Health trends such as mental health, obesity and smoking related illnesses.

<p>remains as a result of Brexit.</p> <ul style="list-style-type: none"> • System politics associated with the development of new service models. Response to the <i>Strategic Programme for Primary Care (2018)</i>. • Status of equality and human rights in Wales is likely to change and will impact on all public bodies in Wales. • National Clinical Plan determining future location of clinical services across Wales. • <i>National Workforce Strategy for Health and Social Care</i>. • National move to integrated care (Health and Social Care). • National (NHS England, NHS Scotland, HEE/NES/NIMTA) workforce and education plans. 	<p>removed but retained in Wales for two further cohorts until 2023.</p> <ul style="list-style-type: none"> • Contractual changes impacting on T&Cs of junior doctor contract. • Pension changes. 	<ul style="list-style-type: none"> • Trends such as heavy workload, balancing career and personal responsibilities and health resulting in measures to offer more flexible approaches to work and careers for a better work-life balance (part time, portfolio work). • Healthcare inequalities i.e. health provision for children and young people, learning disability. • Patterns of migration to change following Brexit and new immigration system. • Urban/rural geography of Wales resulting in hard to recruit areas. • Impact of different levels of Digital literacy (how to use digital functions and use it properly) is variable amongst different age groups.
Technological	Legal	Environmental
<i>What innovation and technological advancements are available or on the horizon? How will this affect our operations?</i>	<i>What regulation and laws apply to our business? Do they help/hinder HEIW. Do we understand the laws across HEIW?</i>	<i>What are the effects of our geographic location? Are we prepared for future environmental targets?</i>
<ul style="list-style-type: none"> • Impact of COVID-19 on the way technological changes have been advanced at pace within the NHS. • <i>The Topol Review</i> support the aims of the NHS long term plan and the workforce implementation plan (i.e. creating a digitally ready workforce to ready to use new technology and medicines and to adapt to new ways of working). • Continuing medical advances in technology (AI, miniaturisation, Genomics, 	<ul style="list-style-type: none"> • <i>A Healthier Wales</i> 2018. • <i>Well-being of Future Generations (Wales) Act</i> 2015. • <i>Nurse Staffing Levels (Wales) Act</i> 2016. • <i>Social Services and Well-being (Wales) Act</i> 2014. • <i>Equality Act</i> (2010). • <i>Welsh Language (Wales) Measure</i> 2011 • <i>Health and Social Care (Quality and Engagement) (Wales) Bill</i>. • Education Standards Regulations and Laws (NMC, GMC, GDC, GOC, HCPC, GPC). 	<ul style="list-style-type: none"> • <i>Climate Change Act</i> 2008 to reduce carbon emissions, a key contributor to the causes of climate change (50% reduction by 2025 and 80% by 2050). • <i>The Environment (Wales) Act</i> 2016 requires the government to reduce emissions by 40% by 2020. • Increase the amount of renewable energy used, limit emissions from transport, agriculture, industry and business. • <i>Wellbeing of Future Generations (Wales)</i>

<p>bioengineering, digital medicine, robotics) e.g. advances in remote monitoring of patients and enabling service users to use technology will require changes to the education and training of the workforce and the population.</p> <ul style="list-style-type: none"> • Changes in technology and communications infrastructure will require a change in roles and functions of clinical staff. • Digital solutions to analyse data, improve intelligence. • Digital literacy and digital accessibility in relation to the rapid take up of tools for remote working. • Information Security (NIS) regulation introduced in 2018 sets out a framework for Operators of Essential Services (OES) in areas of healthcare, transport, water etc to respond to cyber incidents affecting operations. 	<ul style="list-style-type: none"> • Future changes to immigration system in the UK. • Workforce terms and conditions around changes to the Junior Doctor contract. • The General Data Protection Regulation 2018 data protection and privacy. 	<p><i>Act 2015</i> seeks to reduce our environmental impact in line with the meaning that we are low carbon and efficient with our resources.</p> <ul style="list-style-type: none"> • Introduction of OFGEM DCP228 will mean a rise in energy costs. • Biodiversity duty (S6 Duty of Environment Act) – reporting every 3 years. • The COVID-19 pandemic has seen fewer people travelling for work and a greater awareness of the environment.
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3.2 Stakeholder and Staff Engagement in the Development of the Annual Plan

3.2.1 Stakeholder Engagement

The publication of the ten-year national *Workforce Strategy for Health and Care* in partnership with Social Care Wales involved extensive stakeholder engagement, including staff, professional bodies and trade unions, employers, carers, patients, people who access care and support, third sector organisations, commissioners and volunteers. We also undertook extensive engagement on the development of our approvable IMTP through a series of regional workshops across Wales in 2019-20.

Our Annual Plan has been developed on the strong foundations of our last IMTP and refreshed utilising the knowledge and expertise of our Board, senior leaders and staff who have built strong links with our key stakeholders. This is reflected in the PESTLE analysis and the refreshed Strategic Objectives contained within this Annual Plan.

We have worked closely with the NHS Wales Collaborative to make sure that our Plans and detailed work programmes align. HEIW leads on the transformation and delivery of the workforce models to underpin the new service models across the transformative strategic change programmes led by the Collaborative. This includes key programmes which underpin the recovery from the pandemic including the national imaging, pathology and endoscopy programmes. To formalise our work with

the Collaborative we are in the process of developing and agreeing a Memorandum of Understanding.

We have also undertaken detailed work to share our plans with the NHS Wales Informatics Service and are offering practical support as they become the second Special Health Authority in NHS Wales. As two strategic national enabling bodies we have agreed to engage quarterly with other enabling NHS Wales organisations throughout the year to align the delivery of our plans and the opportunities provided through innovation in workforce and digital technologies and to capitalise on the step-change that has taken place during the pandemic.

These quarterly engagement meetings will include the NHS Wales Shared Services Partnership (NWSSP) and we have also shared our detailed plans with NWSSP as a key partner for us in delivering a sustainable workforce for NHS Wales. Our recent work together on streamlining and Single Lead Employer status for a number of professions have been examples of successful collaboration and delivery.

The Executive Team has also shared and discussed HEIWs plans at a range of national boards and with their Peer Network Groups. This has built on discussions held in the Autumn with Health Board colleagues and Royal Colleges. We have continued to work virtually with NHS Wales Directors and Assistant Directors of Planning throughout the planning cycle to ensure that we integrate our plans for the workforce within their plans. Through these groups we have had the benefit of receiving early drafts and indications of workforce and education content from emerging IMTPs from several organisations.

Following the consideration of the draft Annual Plan by our Board in January we circulated it for comment and feedback to our wide range of stakeholders and we were pleased to receive 19 responses from organisations detailed in **Appendix G**. The themes of the responses are show below:

- A general positive response to the ambition and content of the plan.
- Clear appreciation of approach to wellbeing and the focus on this post-pandemic.
- References to supporting contract reform for independent contractors.
- Need to improve coverage across learning disabilities, PAs, midwifery and Allied Health Professionals.
- Ensure balance of plan across professions.
- Support for continuing to grow the workforce.

It is acknowledged that a number of views were related to profession-specific areas of interest and therefore a proportionate response has been used to strengthen the document to ensure it remains a strategic multi-professional plan. We also acknowledge that, as shown in Chapter 9 the 5-year trajectory is to continue to invest in education and training but there are constraints to growing the workforce, particularly in light of the pandemic response and recovery, that the whole system will need to work together to manage.

Finally, we have discussed the development of our plans regularly with Welsh Government to update on progress, build relationships and share information about key risks and incorporated useful feedback into our plans as part of this process.

3.2.2 Staff Engagement

We have consulted with our staff on the development of the Plan through ongoing engagement at our monthly Senior Leadership team meetings and our Partnership Forum. We also discussed our Plan at our Staff Winter Event in January 2021, with good feedback from the 141 staff who attended. In this session we asked what new ways of working arising from the pandemic we would want to continue in the next 12 months and the results are shown in the picture in **Appendix I**. As a result we are using the revised NHS Wales Agile Working Policy to agree our blended Operating Model early in 2021-22 and as outlined in Chapter 9 we have agreed in our resource plan to invest in our digital infrastructure to support this and also the extensive innovation that has taken place in virtual learning, engagement and quality management during 2020.

3.3 Organisational Strategic Framework

3.3.1 COVID-19 Response and Recovery

There remains significant uncertainty in the health and care system related to the ongoing response to the COVID-19 pandemic and the reset and recovery plans. We will continue to be agile and support the system throughout the year. As described through Chapter 5 we are actively involved in many areas which directly relate to the response and recovery phases and we will pro-actively review our Strategic objectives on a quarterly basis to ensure we have the agility to support the system as required.

3.3.2 Our Strategic Framework

We have refreshed our Strategic Framework for the next three years in reflection of our purpose, roles and responsibilities, the PESTLE analysis, the *Workforce Strategy for Health and Social Care*, our stakeholder and staff engagement, the learning from the response to the pandemic and our achievements and progress in 2020-21. We promote an integrated approach to the planning and development of the workforce across the full range of professional and occupational groups and we have ensured that our Strategic Aims and Objectives are multi-professional in scope. We are clear that by working in this way there are many exciting opportunities for us to transform education and training to underpin new workforce models and to add value to the health and care system in the short, medium and long term.

We formally reviewed our 6 Strategic Aims and the Board agreed that these are still valid and applicable to our functions and priorities for the Annual Plan and the three-year context. Our ongoing work to support the system to remain agile through the COVID-19 pandemic response and recovery is integrated throughout the Strategic Aims so that we have one plan that describes our objectives and deliverables for 2021-22.

Our Six Strategic Aims	
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	Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

and collective leadership capacity at all levels	
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

3.3.3 Alignment with *A Healthier Wales*, the Wellbeing of Future Generations Act (WBFGA) and the Ministerial Priorities

In **Appendix C** we have included the Plan on a Page for each of the Strategic Objectives under the Strategic Aims. For each Objective we have highlighted how it links to each of the 7 themes of the *Workforce Strategy for Health and Social Care* and identified where each Strategic Objective supports *A Healthier Wales* and the *Wellbeing of Future Generations Act*. More detail on the alignment of our Plan with the WBFGA and the Ministerial Priorities is included in **Appendix E**.

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Chapter 4 – Strategic Aims and Objectives 2021/22

This chapter describes our Strategic Aims and outlines our Strategic Objectives and deliverables for 2021/22. Detailed deliverables and milestones and the high-level deliverables for 2022-24 are included in **Appendix C**.

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'

HEIW is the system leader for planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of A Healthier Wales. We will improve continuous professional development for the workforce to ensure that they have the right skills and capabilities and will implement key actions from the Workforce Strategy for Health and Social Care to focus on staff wellbeing. We will lead the development of strategic workforce plans that address current challenges and deficits in key professional and occupational groups and 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 with a focus on our 'Made in Wales' ethos, identifying and promoting activities for widening access, diversity and inclusion and actively promote health and care careers in Wales.

Strategic Objectives	Deliverables for 2021-22
Strategic Objective 1.1: Lead and develop a sustainable national workforce plan for nursing to achieve a better match between demand and supply in Wales.	<ul style="list-style-type: none">• Scope current nursing workforce from band 2 to 8 speciality and level of practice.• Publication of current workforce mapping.
Strategic Objective 1.2: Develop a multi-professional Continuous Professional Development (CPD) Strategy and improve CPD activity to ensure that the existing NHS Wales workforce has the skills and capabilities required for the future.	<ul style="list-style-type: none">• Development and Implementation of the CPD Strategy.• Implementation and roll out of the Education Delivery System across HEIW.
Strategic Objective 1.3: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience.	<ul style="list-style-type: none">• Scope requirements for the NHS Wales Health and Wellbeing Framework.• Evaluate health and wellbeing initiatives introduced during 2020-21 to assess impact and inform ongoing development.• Scope the development of a Wellbeing in Work Impact Resource (WiWIR).• Implement the Staff Governance Framework.• Further embed flexible training opportunities for medical trainees in Wales and ensure robust return to training support is available for trainees in Wales.

<p>Strategic Objective 1.4: Improve recruitment and access to careers in the health and care sector in partnership with Social Care Wales (SCW).</p>	<ul style="list-style-type: none"> • Create a comprehensive digital platform and social media presence to include virtual reality experiences which offer input to SCW • Scope Careers and Widening Access Strategy • Align attendance and contribution of #TrainWorkLive and careers campaigns to maximise reach. • Create and launch the Made in Wales Programme • Create targeted retention initiatives aimed initially to the post-55 years old workforce.
<p>Strategic Objective 1.5: Develop a range of opportunities to promote and achieve the 'Made in Wales' ethos for careers in health and care.</p>	<ul style="list-style-type: none"> • Establish the Made in Wales Team • Scope and establish the programme of work to deliver a rolling 3-year work programme • Build the digital content to host the programme content and resources. • Map current activity across Wales which aligns to Made in Wales. • Create and Launch the Made in Wales Programme.
<p>Strategic Objective 1.6: Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales.</p>	<ul style="list-style-type: none"> • Develop an outline business case for the establishment of a Centre of Excellence (CoE) for health (and social care subject to engagement with SCW). • Lead work to improve the quality and completeness of workforce data at both local and national levels. • Lead the development of a data strategy and work with the performance team to develop the performance dashboard for HEIW to support the Performance Framework. • Develop capacity and capability to produce and provide workforce intelligence and workforce modelling reports including NHS staff survey and pay modelling. • Scope the programme of work required to build capacity and capability across NHS Wales in workforce data and analytics to inform the development of a Strategy for Workforce Intelligence. • Scope and undertake an analysis of the options for a single platform specification and a robust business case.
<p>Strategic Objective 1.7: Develop education and training to support NHS organisations to improve the quality of workforce planning expertise and capability across the system.</p>	<ul style="list-style-type: none"> • Launch of Workforce Planning (WFP) Capability Matrix. • Evaluation of WFP training (Skills for Health). • Scope development of blended approach for WFP learning & development (cross sector). • Develop online WFP training for Primary Care (Skills for Health) and digital platform (Networks). • 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. • Review and update current workforce planning resources including web based and digital.
<p>Strategic Objective 1.8: Develop effective and ethical international/global mechanisms to enhance workforce supply.</p>	<ul style="list-style-type: none"> • Build on and promote the #TrainWorkLive (TWL) brand across Wales, UK and Internationally. • Align TWL and careers campaigns to maximise reach. • Complete a review of NHS Wales' end to end recruitment practices. • Assess impact of travel restrictions on overseas recruitment

- Research/scope opportunities to develop training posts for International Medical Graduates (IMGs).
- Consider links with ongoing overseas networks and initiatives.

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

Education and training is one of our core functions, and we spend the majority of our budget on commissioning undergraduate and postgraduate programmes. Based on the national Workforce Strategy we will develop a enabling Strategy for Education, Learning and Development to set out our principles and objectives for transforming the workforce through the transformative enabler of education. We plan 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 focus on multi-professional models of care, the shift to prevention and care closer to home, digitally and technology enabled care, maximise opportunities for work-based learning and apprenticeships and promote the importance of Welsh Language skills. Improvements will be made in the infrastructure available for education and training across Wales, working closely with NHS colleagues, regulators, professional bodies and education providers locally and nationally. We want to take advantage of, and embed, the new ways of education and training that were put in place in response to the Covid-19 pandemic and promote a reduction in differential attainment in education and training in line with our Strategic Equality Plan. It will also be important to develop and implement modernised funding models to incentivise training and education in NHS Wales

Strategic Objectives	Deliverables for 2021-22
Strategic Objective 2.1: Develop a multi professional Education, Learning and Development Strategy designed to deliver future roles.	<ul style="list-style-type: none"> • Develop and publish a multi professional Education, Learning and Development Strategy designed to deliver future roles. This will take the form of key principles to support the transformation of the workforce through education, learning and development.
Strategic Objective 2.2: Implement Phase 1 of the Strategic Review of the commissioning of health professional education through a successful procurement process.	<ul style="list-style-type: none"> • All contracts awarded for each lot / sub-lot • Nursing and Midwifery Council and Health Care Professions Council regulatory approval achieved • Mobilisation plans developed and key milestones achieved • Students offered places on new courses to meet commissioning numbers across all professions.
Strategic Objective 2.3: Plan for Phase 2 of the Strategic Review of the commissioning of health professional education.	<ul style="list-style-type: none"> • Project plan for the second phase of the strategic review has commenced and the project manager and team are in post. • Governance Framework established and effective mechanisms in place for engagement with stakeholders • Engagement undertaken for Phase 2A of the Strategic Review • Procurement process completed for Phase 2A up to evaluation of bids.

<p>Strategic Objective 2.4: Embed the new ways of education and training that have been put in place in response to the Covid-19 pandemic, including digitally enabled learning, assessment and quality assurance.</p>	<ul style="list-style-type: none"> • Evaluate teaching and training that has been adapted during Covid to enable non face-to-face delivery to consider whether there has been an enhancement or detriment to learning • Scope what could be delivered online for medical and non-medical training this year: for TPDs, trainers, trainees, educators and learners. • Develop an action plan for online training and education.
<p>Strategic Objective 2.5: Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacy (IETP).</p>	<ul style="list-style-type: none"> • Secure funding from Welsh Government for the 5-year Programme • Programme Governance Framework established • Post-Registration Foundation Pharmacists 2021-22 intake - in partnership with Higher Education Institutions (HEIs) and training providers start delivery of the new pilot transition pathway for IETP to include Independent Prescribing (IP) outcomes and secure funding for delivery • Post-Registration Foundation Pharmacists 2022-23 intake - in partnership with HEIs and training providers review and iterate the transition pathway for IETP to include IP outcomes and secure funding for delivery • Complete negotiations with HEIs regarding the proposed funding of clinical placements within MPharm to support the transition of learning outcomes • Iterative development, continuous improvement and quality management of Pre-Registration Foundation and pilot transition programme alongside IETP developments.
<p>Strategic Objective 2.6: Lead and promote a reduction in differential attainment in education and training in line with the Strategic Equality Plan.</p>	<ul style="list-style-type: none"> • Lead an approach to reducing differential attainment in medicine by developing a comprehensive education and training programme available for all trainees, non-training grade doctors and educational supervisors • Deliver the programme via the Professional Support Unit in workshops (online or face-to-face) • Share good practice in addressing differential attainment with all disciplines within healthcare via the Differential Attainment Board. • Launch and promote 'Comms4Docs' app • Launch 'Welcome to Wales' e-book for people new to Wales • Develop a business case for a mentorship scheme for 2022.
<p>Strategic Objective 2.7: Maximise opportunities for work-based learning (WBL) and apprenticeships in health.</p>	<ul style="list-style-type: none"> • Work with NHS Wales to ensure that there is appropriate representation on the foundation economy subgroups of the 3 Regional Skills Partnerships (RSPs). • Establish a mechanism for keeping up to date with apprenticeship developments in England, at a strategic and operational level • Establish effective tripartite mechanisms for HEIW, NHS organisations and Universities. • Develop core common multi-disciplinary principles for supporting students in practice. • Develop training models for dispersed learning, e-learning and widening access. • Develop a new suite of performance management and student monitoring tools to benchmark, improve knowledge, improvement and to roll-out best practice.

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	<ul style="list-style-type: none"> Expand the number and range of qualifications HEIW is permitted to deliver by Agored and City and Guilds. Scope the infrastructure requirements to support WBL across NHS Wales.
Strategic Objective 2.8: Improve opportunities for learners to undertake education and training through the medium of Welsh.	<ul style="list-style-type: none"> Scope and map current accessibility to Welsh language education provision across all commissioned and HEIW delivered programmes. 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. Continue to develop more health specific learning resources – in particular, translation apprenticeship qualifications, Welsh Language Skills Certificate (WLS Cert) and basic awareness courses for our undergraduate students. Working with the Coleg Cenedlaethol Cymraeg to increase the number of posts funded across Welsh universities.
Strategic Objective 2.9: Develop and implement a multi-professional education and training quality assurance framework and supporting infrastructure.	<ul style="list-style-type: none"> Review of educational infrastructure, funding allocations, models of working and develop recommendations for change Develop a multi-professional Quality Framework for HEIW Develop innovative placement capacity solutions for healthcare students Scope, develop functionality and engage with stakeholders to design an all Wales placement database for healthcare students. Develop key placements in rural areas, community and primary care.
Strategic Objective 2.10: Implement improvements to ensure equitable access to education and training for Specialty and Associate Specialist (SAS) and locally employed doctors.	<ul style="list-style-type: none"> Complete mapping exercise to ascertain numbers of current SAS/non training grade doctors including recruitment and retention data and number of unfilled SAS posts Scope SAS/non training grade development/support programmes across UK to identify best practice and potential models Identify at-need specialties in terms of recruitment and retention Develop team for SAS and non-training grade doctors support and development Complete an independent evaluation of the current impact of SAS Charter across Wales Conduct a survey of learning, development and support needs of SAS/non training doctors Develop SAS/non training support and development programme for SAS/non-training grade doctors Commence pilot of SAS training and development scheme in 2 specialties in Wales mapped to specialty curriculum
Strategic Objective 2.11: Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education.	<ul style="list-style-type: none"> Develop and implement an All-Wales Simulation Strategy and investment plan supported by consultation. Explore and implement key alternatives to support the recognised deficit in face-to-face training, including the use of immersive technologies and other opportunities

	<ul style="list-style-type: none"> • Review standards, accreditation and Quality Assurance requirements and develop a plan to take forward and embed across Wales. • Develop options to improve utilisation, availability and accessibility of facilities, equipment, faculty, and other resources across Wales.
Strategic Objective 2.12: Lead the development and implementation of a digital capability framework for the healthcare workforce in partnership with DHCW (for staff who are not digital specialists).	<ul style="list-style-type: none"> • Engage with Health Education England (HEE) and NHS Education Scotland (NES) to understand their learning and actions in this area and whether these could be adopted or adapted for the NHS Wales workforce. • Deliver a Digital Capability Discovery Tool. • Develop a draft action plan. • Engage with partners on the action plan – including the development of a framework of digital skill competencies and Digital Capability Role Profiles for healthcare roles in NHS Wales. • Define and agree the scope and definition of ‘A digital ready workforce’ for NHS Wales and agree the action plan.
Strategic Objective 2.13 Improve career pathways and education opportunities for the clinical academic and research workforce.	<ul style="list-style-type: none"> • Scope current options available for research and education career pathways. • Map competencies against the Learning and Development Framework. • Develop competencies against the enhanced, advanced and consultant pathway to address any gaps.
Strategic Objective 2.14: Develop and implement modernised funding models to incentivise training and education in NHS Wales.	<ul style="list-style-type: none"> • Make recommendations to improve the efficiency of operation of the Bursary system whilst maintaining the attractiveness and minimising the loss of funded training. • Review existing arrangements for funding study leave and work with NWSSP and others to implement a revised approach including the potential implementation of individual flexible study leave accounts for postgraduate medical and dental trainees. • Review and recommend a revised approach for funding Postgraduate Medical Education and support for libraries and other support services. • Review and recommend a revised approach to the funding of training grade posts across NHS Wales.

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

We will implement our strategy for leadership and succession planning in partnership with others, and will direct and develop the programmes, tools and resources to support implementation. A collective and compassionate approach to leadership will be embedded, 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 and accessible approach to leadership.

Strategic Objectives	Deliverables for 2021-22
<p>Strategic Objective 3.1 Lead the implementation of the Health and Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership framework for action.</p>	<ul style="list-style-type: none"> • Influence the inclusion of the compassionate leadership principles and manager core competences into all leadership and management offerings • Develop measures to assess the effectiveness of compassionate leadership and culture within organisations • Develop compassionate leadership resources including those that attract educational credit • Provision of a compassionate leadership module for use within HEIW and Induction • Continue to lead and support a network of Collective Leadership Champions/accredited practitioners. • Provision of compassionate leadership conference to promote and embed compassionate leadership across the system and share best practice. • Continue to partner with experts to ensure HEIW leadership offerings are credible and steeped in evidence base • Establish coaching and mentoring capacity able to support executive and clinical leaders • Increase HEIW profile within the 5 Nations collective leadership network
<p>Strategic Objective 3.2: Lead the implementation and management of the NHS succession planning framework for Tiers 1 -3 and monitor progress.</p>	<ul style="list-style-type: none"> • Implement the programme deliverables identified by the national Talent Board through the Talent and Succession Operational Group • Develop and deliver a standardised, evidence-based approach to the identification and management of Tier 1-2 talent across NHS Wales. • Integration of a self-assessment / diagnostic tool based on the NHS Wales Executive Success Profile into 'Gwella' TM solution. • Design and deliver Executive Director development centre to identify potential successors for prioritised posts. • Develop a range of talent management dashboards for Tiers 1 – 3 • Establish and support networks of 'ready now' and 'ready soon' executive talent. • Implement targeted processes to support Succession Planning, based on intelligence from Workforce and Talent Management dashboards • Provision of a range of master classes and development offers • Support organisations in identifying best practice Talent and Succession processes /frameworks for local application of robust Talent Management. • Scope the option of HEIW playing a leading role in executive leadership recruitment.
<p>Strategic Objective 3.3: Lead the implementation and management of the Digital Leadership portal</p>	<ul style="list-style-type: none"> • Implement the Shaw Trust accessibility action plan to achieve conformance level AA for the Gwella Leadership Portal • Integrate talent management (TM) software into Gwella Leadership Portal and undertake functional and end user testing

	<ul style="list-style-type: none"> • Integrate the Executive Director success profile into Gwella to enable self-service access to aspiring executive leadership talent opportunities • Continue to curate and enhance bilingual leadership and management resources to widen resources accessible via Gwella • Continue to market Gwella and widen access to compassionate leadership resources • Develop analytics to evidence effective use of Gwella and resources • Create compassionate leadership learning pathways within Gwella that attract educational credits • Promote Gwella for the use of all HEIW and organisational leadership and management conferences, networks and programmes
Strategic Objective 3.4: Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds.	<ul style="list-style-type: none"> • Develop and market a suite of inclusive clinical leadership offerings and digital resources • Pilot a multi-disciplinary clinical leadership offering • Provide action learning sets, coaching, mentoring, conversations etc to supplement clinical leadership offerings • Review Primary Care Clusters succession and leadership requirements • Create clinical leadership alumni and networks to grow vibrant communities of compassionate clinical leaders across NHS Wales. • Lead and deliver the Welsh Clinical Leadership Trainee Fellows scheme • Provide support and governance for the Florence Nightingale Foundation (FNF) Scholars participating in the 2021/22 Leadership and Transformation Programme
Strategic Objective 3.5: Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme.	<ul style="list-style-type: none"> • Onboard the new NHS Wales Graduates • Finalise the master's degree content in partnership with the University of South Wales • Organise and facilitate 3 virtual engagement sessions with trainees and organisations • Develop Framework for Onboarding Induction • Establish an organisational 'safari tour' and work experience schedule in partnership with organisations • Develop and agree a performance framework for the graduate trainee • Create a Gwella Graduate network to maintain engagement with the appointed graduates prior to their commencement September 2021 • Review the Graduate marketing and recruitment process and develop lessons learned • Develop supplementary leadership offerings to support the graduates' leadership development • Delivery of the HEIW internship programme • Establish a HEIW Graduate Management Programme Alumni • Explore options to establish a joint network with the Finance Academy and Academi Wales
Strategic Objective 3.6: Lead the development, implementation and	<ul style="list-style-type: none"> • Deliver the HEIW executive compassionate leadership offering. • Develop in-house capability, skills, and capacity to deliver executive leadership modules.

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management of the new NHS Executive Collective and Compassionate Leadership programme.

- Publish a scheduled calendar of executive leadership offering.
- Undertake executive leadership development centres to support identification of customised leadership development interventions.
- Provide coaching and mentoring capacity to support executive leadership offerings.
- Establish executive leadership alumni and networks.

Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

We will continue to provide NHS Wales with an agile response to the specific workforce needs of the COVID-19 pandemic response and recovery. We want to increase the direct connection and contribution between our functions and the delivery of safe, high quality care for people and will develop a focus on multi-professional training for patient safety, taking a targeted approach to national service priorities such as primary care, mental health, urgent and emergency care, cancer, and eye care. We will support the workforce implications arising from community and integrated models of care and this will require an organisation wide approach to encompass workforce intelligence, workforce planning, education and training, workforce modernisation, careers, leadership development, bilingualism and digital. We will also develop post-registration support, education and training pathways to improve the transition of health care professionals from education to the workforce.

Strategic Objectives	Deliverables for 2021-22
Strategic Objective 4.1: Maintain an agile response to the specific workforce needs of the COVID-19 pandemic response and recovery	<i>Additional deliverables may be added to this Objective in-year as required to support the workforce needs of the emerging reset and recovery plans.</i>
(a) Care Homes	<ul style="list-style-type: none"> • Exploration of opportunities to support overseas registrants working in care sector to gain access to Nursing and Midwifery Council (NMC) register • Work with partners to expand training on offer to health workers in care homes • Maintain links with Social Care Wales.
(b) Infection, Prevention and Control	<ul style="list-style-type: none"> • Recruitment into Infection Prevention and Control (IP&C) post • Establishing relationships in IP&C community specialist workforce/education partners across health and social care • Scope current education and workforce skill mix of IP&C workforce • Review and analysis of new training resources developed in response to Covid and production of report
(c) Integrated collaborative decision making (ICDM)	<ul style="list-style-type: none"> • Recruit into 4 training posts • Delivery of Masterclasses for Executive Directors of NHS Wales • Develop project plan for roll-out of programme

<p>Strategic Objective 4.2: Support the development and implementation of multi-professional workforce models for primary and community care, in line with the Strategic Programme for Primary Care and Regional Partnership Board plans.</p>	<ul style="list-style-type: none"> • Engage with NHS Wales senior leaders to agree roll-out plan. • Framework for the establishment, functions and governance that will support the training, development and transformation of the primary care multidisciplinary workforce, subject to investment. • A revised HEIW project plan to support the workforce models for primary and community care and reflect the RPB plans for integrated working. • Increased numbers of new GP training practices and new trainers to support and physically accommodate the ongoing expansion in numbers of both GP trainees and other learners in that environment. • An established HEIW relationship with Regional Partnership Boards and their workforce agendas for primary care health and social care. • A multi-professional workforce plan to support implementation of new primary and community care workforce model. • Better workforce planning skills and capabilities in primary care. • GP Network Competency Framework. • Digitally enabled compendium of good practice for primary care. • Practice Based Small Group Learning (PBSGL) evaluation report with recommendations for future provision. • Increase in Independent Prescribers working in primary care.
<p>Strategic Objective 4.3: Develop a mental health workforce model and plan in collaboration with Welsh Government and Social Care Wales to support the implementation of Together for Mental Health (this includes CAMHS).</p>	<ul style="list-style-type: none"> • Develop and publish a transformation vision for mental health workforce. • Enable Welsh Government to publish an agreed and costed workforce plan for mental health. • Develop CAMHS education and training plans and commission the required education and training. • Publish pathways for primary care mental health referrals.
<p>Strategic Objective 4.4: Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative and national strategic programmes for:</p> <ul style="list-style-type: none"> • imaging; • pathology; • endoscopy; • major trauma; • unscheduled care; and, • critical care. 	<p><i>Additional deliverables may be added to this Objective in-year as required to support any additional strategic programmes arising from the emerging Covid reset and recovery plans. This includes mapping our existing contributions to planned care.</i></p> <p><i>The NHS Wales Collaborative Workplan also includes work on cardiac services and the delivery of the Sexual Assault Referral Centres. These areas do not have specific deliverables in the Plans on a Page as they are being supported through our core commissioning and medical training functions.</i></p>

a) Imaging	<ul style="list-style-type: none"> • Develop an Imaging Strategic Workforce Model in line with the Imaging Statement of Intent and the needs of the national Imaging Programme. • Develop and deliver a range of education/training programmes and qualifications for the Imaging workforce.
(b) Pathology	<ul style="list-style-type: none"> • Develop the Cellular Pathology Strategic Workforce Plan in line with the Pathology Statement of Intent and the needs of the national Pathology • Develop and deliver a range of education/training and qualifications for the Pathology workforce.
(c) Endoscopy	<ul style="list-style-type: none"> • Establish the Endoscopy Training Management Group (ETMG) • Develop and deliver a range of training programmes / educational pathways to meet all National Endoscopy Plan (NEP) staffing requirements in line with the NEP action plan 2019-2023 and the recovery plan for stabilising capacity within the workforce • Develop a business case to support the sustainability of the Welsh Institute of Minimal Access Therapy (WIMAT).
(d) Major Trauma	<ul style="list-style-type: none"> • Engage with WHSSC to address overlaps between the workforce needs of the Major Trauma Network (MTN) and our commissioning processes • Work with the MTN assisting with the identified training requirements and access to appropriate training resources and delivery.
(e) Unscheduled Care	<ul style="list-style-type: none"> • Establish current workforce models in Emergency Departments (ED) across Wales and best practice in other home nations • Establish the option to adopt the Health Education England (HEE) road map for First Contact Practitioners and adapt for use in Wales to support Contact First/111 • Establish potential for Research Fellows to evaluate/undertake impact study on Contact First/111 • Lead the Workforce and Development (W&D) Sub-Group of the National Unscheduled Care Programme.
(f) Critical Care	<ul style="list-style-type: none"> • Delivery of a series of options for Health Boards to use in staffing their Critical Care and response areas. • Development of a strategic workforce model for Critical Care including consideration of the potential role of the wider medical associate practitioners in workforce models (once regulated). • Delivery of Critical Care education and training programme with education providers.
Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including:	

<ul style="list-style-type: none"> • optometry; • allied health professionals; • healthcare sciences; • learning disabilities; • the Nurse Staffing Levels (Wales) Act 2016; • nursing standards; and, • Maternity Services 	
(a) Optometry	<ul style="list-style-type: none"> • Develop, publish and consult on a delivery plan (including financial analysis) for mentorship and support for newly qualified optometrists. • Implement an action plan to take the work forward and begin roll out of mentorship and support programme for all newly qualified optometrists. • Integrate reflection and appraisal as part of plan. • Embed education and training infrastructure for optometry and related professionals to include: • A standards and Quality Assurance (QA) template to support the delivery of education and training.
(b) Allied Health Professionals	<ul style="list-style-type: none"> • Induct programme team into HEIW and establish programme of work. • Develop strategic plan to support workforce and service model development to meet service priorities. • Facilitate access to HEIW Wales Leadership Training Fellowship opportunities. • Scope baseline and best practice infrastructure to inform plan to support advanced & consultant practice. • Support the service to identify best practice service and workforce models to support post COVID-19 Recovery • Develop strategic plan to roll out and implement best practice models for workforce development in primary care considering the development of those already working in / new to Primary Care. • Scope multi-professional learning & development opportunities around service priorities • Scope best practice approaches to AHP workforce capacity & planning and facilitate access to training / development offer to support service leads in workforce capacity & planning. • Coordinate the development of national value-based performance measures for person-centred rehabilitation • Coordinate the development of an implementation plan for the 'AHPs in Public Health UK Strategic Framework' (2019 - 2024) for Wales.

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(c) Healthcare Sciences	<ul style="list-style-type: none"> • Secure stability for programme team to ensure sustainability of the programme. • Define recruitment strategy for the programme team to include roles to support workforce, research and innovation and digital resources. • Collaborate with workforce team to align the national Workforce Strategy to a 10-year Healthcare Science workforce plan. • Development of a Research and Innovation Strategy for Healthcare Science. • Development of a communications toolkit that aligns to the HEIW communications strategy. • Work with HEIW Leadership team to expand on Practical Skills for Professional Education and Learning (PSEL) and deliver dedicated healthcare science leadership modules for mid-level and senior healthcare scientists to compliment wider HEIW leadership offer. • Secure two Welsh Clinical Leadership Training Fellowship places.
(c) Healthcare Sciences (HCS)	<ul style="list-style-type: none"> • Secure stability for programme team to ensure sustainability of the programme. • Define recruitment strategy for the programme team to include roles to support workforce, research and innovation and digital resources. • Collaborate with workforce team to align the national Workforce Strategy to a 10-year Healthcare Science workforce plan. • Development of a Research and Innovation Strategy for Healthcare Science. • Development of a communications toolkit that aligns to the HEIW communications strategy. • Work with HEIW Leadership team to expand on Practical Skills for Professional Education and Learning (PSEL) and deliver dedicated healthcare science leadership modules for mid-level and senior healthcare scientists to compliment wider HEIW leadership offer. • Secure two Welsh Clinical Leadership Training Fellowship places.
(d) Nurse Staffing Act	<ul style="list-style-type: none"> • Recruit digital engineer and Business Intelligence (BI) analyst to undertake scoping and commence integration of systems. • Review and revise programme management and accountabilities to reflect new system arrangements. • Extend the 2nd duty of the Nurse Staffing Levels (Wales) Act to paediatric inpatients • Ensure the capacity of the team is appropriate for the delivery of the work programme.
(e) Nursing Standards	<ul style="list-style-type: none"> • Building on successful Nursing and Midwifery Council approvals of pre-registration nursing programmes in Wales in 2020, ensure Approved Education Institutions (AEIs) and Placement Providers meet NMC gateway hub criteria for further approvals of Return to Practice, Non-Medical Prescribing and Midwifery programmes of learning. • HEIW to co-ordinate an all Wales approach to common programme elements. • Build on effective tripartite liaison and workstreams between HEIW, Placement Provider organisations and Universities.

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	<ul style="list-style-type: none"> • Ensure implementation of regulatory standards to support student supervision and assessment. • Develop an all Wales distance learning programme for preparation of practice supervisors and assessors including agreed mechanisms for blended learning options.
(f) Learning Disabilities (LD)	<ul style="list-style-type: none"> • Develop an All Wales foundation / mandatory learning offer for Learning Disabilities services. • Develop a plan to take forward and embed foundation / mandatory training across Wales. • Implement action plan to roll out mandatory training to Health Boards, Trusts and Primary Care and Social Care providers. • Develop options to improve utilisation of learning across Wales.
(g) Maternity Services	<ul style="list-style-type: none"> • Support the implementation of the <i>Maternity Care in Wales, A Five-year Vision for the Future (2019-2024)</i> through education and training. • Delivery of competency training framework for Newborn and infant Physical Examination (NIPEC).
Strategic Objective 4.6: Develop the post-registration support, education and training pathways to improve the transition of health care professionals from education into the workforce.	<ul style="list-style-type: none"> • Implement the planned expansion of the Foundation programme for medicine with placements across secondary care, General Practice and the community. • Scope the need for support following registration for all professional groups. • Identify how funding for advanced practice/extended skills can achieve value in the context of service priority areas.

Strategic Aim 5: To be 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. We want to implement important organisational changes to meet the requirements regarding biodiversity and climate change. We will also expand our capacity and capability for evaluation, innovation and research and protect our work from cyber security issues.

Strategic Objectives	Deliverables for 2021-22
Strategic Objective 5.1: Finalise and implement the People, Inclusion and Organisational Development (OD) Strategy.	<ul style="list-style-type: none"> • Launch and Implement the People, Inclusion and OD Strategy. • Implement the agreed training plan including actions in relation to digital competencies and capabilities, ensuring HEIW has 'a digitally ready workforce'. • Continue to implement the strategy priorities which include; <ul style="list-style-type: none"> ○ Embed organisational values in recruitment, career progression and capability. ○ Identified an organisational talent pool. ○ Continue to measure staff experience.

	<ul style="list-style-type: none"> ○ Evaluate the staff recognition approach developed in 2020/21. ○ Complete and evaluate first programme of Compassionate Leadership Management Programme. ○ Establish a Coaching Network. ○ Complete and evaluate the first tranche of two-year apprenticeship programme. ○ Undertake benchmarking of organisational progress against best practice, using research and evidence.
Strategic Objective 5.2: Lead, develop and embed a range of actions to support workforce and workplace wellbeing and excellent colleague experience within HEIW.	<ul style="list-style-type: none"> ● Focussed campaign on maximising the benefits of Electronic Staff Record across HEIW. ● Achieve the Bronze Corporate Health Standard accreditation. ● Pilot health and wellbeing information, resources and evaluation tools in HEIW prior to sharing across NHS Wales. ● Ensure that HEIW's needs are represented in once for Wales Health and Wellbeing programmes. ● Develop and implement the HEIW Health and Wellbeing Strategy and Action plan. ● Carry out the Health Needs Assessment at regular intervals to inform HEIW's health and wellbeing offering. ● Develop project implementation plan to ensure HEIW achieve the Silver Corporate Health Standard accreditation early 2022/23, subject to assessment being available. ● Develop and implement regular staff experience feedback mechanisms to inform strategic direction. ● Develop and deliver the Time to Change Action plan to maintain accreditation.
Strategic Objective 5.3: Implement and embed the Welsh Language framework within HEIW.	<ul style="list-style-type: none"> ● Complete Public Consultation on Welsh Scheme Consultation. ● Launch Welsh Language Scheme. ● Continue to deliver training and awareness around the key operational deliverables outlined above. ● Continue to improve our translation processes. ● Continue to grow staff Welsh language lesson numbers. ● Grow internal capabilities. ● Continue to increase the profile and use of the Welsh language policy within HEIW. ● Launch and grow Apprenticeship scheme and Key Skills Certificate. ● Work increasingly with Careers network to improve Welsh. ● Continue to share best practice with peer network.
Strategic Objective 5.4: Implement and embed HEIW's Strategic Equality Plan and continue partnership working across the public sector.	<ul style="list-style-type: none"> ● Embed the Strategic Equality Plan across the organisation. ● Effective partnership working on Equality, Diversity and Inclusion agenda with other Welsh Public Bodies. ● Embed the Socio-economic duty (Part 1, Section 1 Equality Act 2010), to ensure compliance across the organisation.

<p>Strategic Objective 5.5: Implement organisational changes to meet the requirements regarding biodiversity and climate change.</p>	<ul style="list-style-type: none"> • HEIW's first overarching biodiversity and decarbonisation plan produced and published applying the principles of the NHS All Wales Decarbonisation Strategy. • A 3-year action plan developed and implemented in line with the biodiversity and decarbonisation plan. • Specific organisational targets developed and implemented in line with NHS Wales goal of becoming carbon neutral by 2030. • All staff have the opportunity to engage in organisational development to increase knowledge, understanding and requirements. • Programme of active engagement with staff in place to embed thinking and to deliver the biodiversity and decarbonisation and action plans.
<p>Strategic Objective 5.6: Embed multi-disciplinary Quality Improvement (QI) capacity and capability within HEIW.</p>	<ul style="list-style-type: none"> • Assess priorities and share resources (internal and external) via internal stakeholder group, in collaboration with evaluation, research and innovation to feed into the wider ERIIC remit. • Develop infrastructure to support quality improvement in HEIW. • Train staff in QI and projects across HEIW, including ongoing project support, with a minimum of 35 staff to have undertaken introductory QI training and 3 QI projects commenced. • Develop foundation QI expertise including improvement science capability, Leadership for Improvement and modelling capabilities. • Deliver QI training and project support for HEIW trainees/trainers via the existing QIST programme. • Pilot a project sharing platform. • Include QI in HEIW induction.
<p>Strategic Objective 5.7: Develop the capacity and capability for evaluation, innovation and research.</p>	<ul style="list-style-type: none"> • Establish an evaluation and research stakeholder group to assess priorities and share resources (internal and external). • Develop infrastructure for evaluation, research and innovation as part of a Collaborative approach ('ERIIC'). • Establish/secure access to a research ethics advisory committee. • Secure external evaluation and research expertise. • Pilot baseline support for evaluation and research projects across areas in HEIW to include ongoing project support. • Scope sharing of evaluation and research via a HEIW platform. • Develop training to provide foundation-level evaluation, research and innovation knowledge and skills. • Scope the delivery of 'Trainees Transforming Training' initiative with innovation focus.
<p>Strategic Objective 5.8: Reduce the organisational risks regarding cyber security.</p>	<ul style="list-style-type: none"> • Document, develop, execute and continuously improve a cyber security programme as follows: • Defend <ul style="list-style-type: none"> ○ Understand the current state of cyber security. ○ Get cyber hygiene right and build a secure foundation.

- **Respond**
 - Respond quickly and effectively to cyber security incidents.
- **Develop**
 - Engage with HEIW functions.
 - Promote a cyber-aware culture.

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

We will continue to build 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 and to further improve in this area we will undertake an organisational network analysis. We will also support NHS Wales by temporarily hosting the Chief Digital Officer's office.

Strategic Objectives	Key Deliverables for 2021-22
Strategic Objective 6.1: Refresh and relaunch the HEIW Communications and Engagement Strategy.	<ul style="list-style-type: none"> • Refresh and relaunch the HEIW Communications and Engagement Strategy. • To support the delivery of HEIW objectives and the refreshed communications and engagement strategy: <ul style="list-style-type: none"> ○ Engage with under-represented groups to identify areas of interest and establish effective communication and engagement channels and partnership working (Phase 1) ○ Scope and plan the delivery of additional functions to the new HEIW website (known as HEIW+).
Strategic Objective 6.2: Improve external engagement and communication through an organisational network analysis.	<ul style="list-style-type: none"> • Research and agree the requirements for an ONA identifying internal and external influencers, super-connectors, leaders and opinion formers in formal and informal systems to support the development of effective communications and engagement. • Procure company to carry out ONA. • Complete Organisational Network Analysis (ONA) of our formal and informal systems. • Report on the ONA. • Use findings of report to plan new channels and methods to support effective organisational communications and engagement and support the delivery of the HEIW communications and engagement strategy. • Implement new channels and methods to increase effectiveness of HEIW communications and engagement.
Strategic Objective 6.3: Scope and agree our future single digital platform.	<ul style="list-style-type: none"> • Scope the delivery of a single platform for HEIW to support education and training which will bring in a simplified user experience, more manageable systems and end reliance on disparate and legacy systems.

	<ul style="list-style-type: none"> • Research and scope the Intrepid system and its services to map its functions to the single platform. • Develop a costed business case and benefits realisation plan for the single platform.
Strategic Objective 6.4: Establish the Chief Digital Officer's office as a hosted entity.	<ul style="list-style-type: none"> • Scope agreed • Action plan agreed • CDO office established • Hosting agreement in place with Welsh Government.

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Chapter 5 – Professional and Occupational Perspectives

The Strategic Objectives and deliverables in Chapter 5 illustrate our principle that we take an integrated and multi-professional approach to all of our work, in line with our vision and with future workforce requirements. This Chapter outlines our multi-professional ethos and also provides a brief summary of what our strategic plans mean for individual professional groups.

5.1 Multi-professional Workforce Transformation and Support

To meet current and future workforce challenges and deliver on key service requirements aimed at shifting the way we deliver health care in Wales, will require new ways of working, new skills, new thinking and a new culture. Engagement with clinical staff is essential to success and we are leading multi-professional strategic workforce redesign and planning because of an ageing workforce, the nature of health care work is changing, and the skills of the current workforce are not well matched to future needs.

Most professionals who will be working in the NHS in ten years' time are working in the NHS today. Workforce redesign needs to focus more on re-training or re-assigning/re-purposing the current workforce, so that they have the skills needed to deliver new models of care. They also need to develop the skills to act as a 'partner' and 'facilitator' rather than an 'authority' and to support care Closer to Home, which will require significant cultural change.

Previous investments in workforce have been heavily weighted to individual professional groups. Clinical staff work within multidisciplinary teams and the quality of teamwork is a major contributor to the quality of patient care. Developing team working may be more important than developing roles of one professional group. Strong teams can also reduce dependence on any single professional group and so work can be shared.

In addition to workforce re-design and planning we are also supporting the workforce to stay in Wales through moving to a Single Lead Employer model in conjunction with NWSSP and we will improve post-graduate support, infrastructure and funding models on a multi-professional basis. In addition we are engaged at strategic discussion on the workforce aspects of contract reform for the independent contractor professions.

5.2 Allied Health Professionals

There are 13 Allied Health Professionals (AHPs) which make a diverse contribution across the whole health and care system. AHPs are core professions providing rehabilitation and other therapeutic interventions across all health and care settings, for all age groups and have played a significant role in meeting the rehabilitation needs of people directly or indirectly affected by COVID-19.

HEIW will build on recent innovations in practice through the delivery of the Allied Health Professional (AHP) Framework for Wales – Looking Forward Together over the next two years. Through improvements in workforce design and planning, education, training, innovative service models and leadership development we aim to support the development of the AHP workforce to transform how we meet the needs of people in Wales. The AHP programme of work aims to marry the key themes from the AHP Framework, A Healthier Wales and the Workforce Strategy for

Health & Social Care, to support Health & Social care recovery and reset following COVID-19 by making the most of the current spotlight on the key role AHPs play. This programme offers the opportunity for AHPs to showcase their offer to improve population resilience and enable their ability to self-care. There is a commitment to whole systems shift from hospital-centric models to out of hospital / community and primary care provision, from reactive management to early intervention and prevention. The programme embraces the need to think more broadly around how people can have their care needs met closer to home. The programme aims to build on HEIW priorities to ensure AHPs embrace digital technologies in practice, build accessible rewarding career pathways for the registered and unregistered workforce and enhance the leadership infrastructure for AHPs.

Close working with both multidisciplinary and multi-sector partners will aim to improve innovation in the provision of practice placement education to increase the range and quality of education outcomes and student experience. These partnerships will also be instrumental in shaping the AHP offer within in primary and community care, and associated education and training required to support this shift in practice.

We will also review the learning from the streamlining agreement that has been put in place for AHP graduates to ensure that the process meets the needs of services and graduates, facilitating smooth transition from education into employment across the health and care system in Wales.

5.3 Healthcare Scientists

Releasing and harnessing the potential of the healthcare science workforce is of fundamental importance if we are to address the challenges that face NHS Wales in the future. The highly specialised scientific knowledge and skill base of the healthcare science workforce is considerable, and whilst more senior healthcare scientists have experience in the management of clinical resources, they lack profile and recognition for this. Despite the spotlight that has been on the profession during the COVID-19 pandemic it is considered that the healthcare science workforce remains an exciting and essential resource which has not had its potential to transform healthcare systems fully realised.

By addressing workforce challenges, enhancing skill sets, communicating effectively with other professions, raising the professional profile and working collaboratively, healthcare scientists can support the transformation of services by using evidence and value-based approaches. HEIW will build on the recent innovations in practice through the delivery of the workforce and training elements of the Healthcare Science in NHS Wales – Looking Forward Framework. In NHS Wales, the radiography workforce is included within healthcare science rather than AHPs. The development of point of care testing, modernisation of the radiology workforce, independent reporting across a number of diagnostic disciplines, delivering the Single Cancer Pathway, bio-engineering, the increasing use of genomic and precision medicine technologies and the analysis and interpretation of complex data sets by data scientists and bioinformaticians demonstrate the increasing role of the healthcare scientist workforce. The ambition is to create an environment in NHS Wales where healthcare science can flourish by establishing universal recognition of the profession, and by promoting its diverse array of rewarding and fulfilling career choices that can make a real difference to the lives of others.

5.4 Paramedics

HEIW is investing in training in advanced practice to support new models of delivery in primary care. Investment in paramedic roles in changing primary care services is being considered through evaluating the results of several pieces of work in this area including paramedic practitioners supporting GP sustainability working across in hours and out of hours; home visits to assess and report to General Practitioners and visits to assess, treat, refer, resolve. Early assessment is positive in terms of admission avoidance. Nuffield Trust research summary “Shifting the balance of care: Great expectations” identified paramedic triage to the community as providing the most positive evidence of relative strength of evidence of reduction in activity and whole-system cost.” We are also pleased with the commitment to increase numbers commissioned by 44% in 2021-22

5.5 Nurses

Nurses make up the largest part of the NHS workforce and we know that this is one of the most critical shortage areas in the health workforce. Over the next year we will seek to combine the results of improved workforce planning, workforce development, education and training to develop a more sustainable plan for the nursing workforce in Wales and will focus on delivering this plan over the next three years. We will promote career pathways and the development of specialist areas to ensure our nurses have the skills and knowledge for the future.

As outlined in section 6.3.1 HEIW has continued to invest in an increase in nurse commissioned pre-registration training places. Adult nursing places will increase from 1,400 to 1,540 in September 2021 representing a 10% increase. In 2019/20 1,216 adult places were commissioned. Therefore in 2 years the recommendation is for a 26.6% increase in adult nurse training numbers.

Support for nurses working in care homes has increased, this has been facilitated by an exercise to identify overseas staff working in care homes who are registrants in their country of origin but are unable to meeting the NMC standards. Work is now progressing to establish what support is necessary to support the individuals to access the NMC register and what HEIW can do to facilitate this. Furthermore, care home education facilitators (CHEF) are also being introduced to ensure development and educational needs are being increased to meet needs and HEIW has linked with Tec Cymru and the service to identify the training provided to care home registrants by health boards and will work together to up-skill health board staff to deliver the training remotely.

In addition, HEIW is pleased to be facilitating support for four Nurses each year over the next three years with scholars with the Florence nightingale foundation. This is a fantastic development opportunity to link closely with our leadership strategy developing the leaders of the future.

We will also need to take into account the continued implementation of safe staffing levels and compliance with the Nurse Staffing Levels (Wales) Act 2016. Undergraduate education will continue to change in line with new Nursing and Midwifery Council standards and our recent strategic review of health professional education. We will be working closely with partners across the NHS, the independent sector, social care and Universities to improve the system and quality of clinical placements. Work will also focus on the preparation of supervisors and assessors and the support to those who are newly registered in line with preceptorship principles

to deliver the best possible educational outcomes and to manage the future implications of any future change to the bursary arrangements.

5.6 Midwives

Midwifery students are educated at four universities across Wales. Over the next year we will combine the results of improved workforce planning, workforce development, education and training to develop a more sustainable plan for the midwifery workforce in Wales and will focus on delivering this plan over the next three years with an initial increase of 15% (161 to 185) in commissioned numbers. Part of this work includes two outputs of midwifery students annually from some partner education providers in Wales.

We are currently working with our NHS partners and Universities to implement the new Midwifery standards as well as working towards supporting educational needs following the HIW report 2020 phase 1 review of maternity services and Royal College Obstetrics and Gynaecology 2019 report, both highlighting the need for improved education and training within maternity service. Standards for education within Maternity and obstetrics will be a focus working with our partners to establish the priorities.

5.7 Healthcare Support Workers

Healthcare support workers are playing an increasingly important role in the delivery of care across all areas of healthcare provision. HEIW has reviewed and refreshed the All Wales Delegation Guidelines to support the better use of the skills and competencies of Health Care Support Workers. HEIW will continue to increase its investment in the education of this workforce to ensure they are competent and confident to take on new areas of care and registered practitioners are confident to delegate work to them. The development of this workforce will also provide those with the aspiration to continue their career and progress on to formal training programmes to become registered healthcare professionals, thus delivering the 'Made in Wales' ethos and also enabling individuals to 'earn while they learn'. Where possible this will be achieved using existing Apprenticeship Frameworks and the development of new Frameworks should this be required.

5.8 Doctors

HEIW plays a significant role in ensuring that postgraduate medical trainees have a positive experience and excellent training outcomes as this has a critical impact both on patient care and their own wellbeing. Our planned improvements in employment arrangements, study leave, training infrastructure and professional support will be part of this. HEIW will be collaborating with UK partners to progress transformation of medical education and training to support the Future Doctor report which includes ensuring the principles of flexible working are embedded, ensuring a greater focus on trainee and team wellbeing and increasing generic skills across the trainee workforce.

We also need to ensure that the numbers of doctors we are training at each stage of the medical training pipeline meets the needs of the population in Wales and makes NHS Wales as self-sufficient as possible. We will play an active part in the Welsh Government work on the development of a medical school in North Wales. We will build on the work already being progressed to increase GP trainees and to modernise their training and we will need to align numbers through the pipeline. Staff and Associate Grade doctors make up between 15 and 20% of the medical workforce and

therefore it is important that we provide better development and support to maximise their potential. Global links in terms of medical training will also be explored to support the workforce model in a sustainable way.

5.9 Physician Associates

The role of physician associate (PA) is a relatively new role to NHS Wales. The PA is trained member of the multi-professional team that works alongside the medical team and supervised by a consultant. PAs can work in all clinical areas including primary care, medicine/surgical specialties and mental health. PA training is delivered through a postgraduate MSc course, currently delivered in Wales by Swansea and Bangor Universities. As HEIW, we continue to work with partners across NHS Wales to further support the embedding of this role in both primary and secondary care. We are currently streamlining the recruitment process of PA internships across Wales to have a joined-up approach to workforce requirements and to ensure that PAs trained in Wales find employment.

5.10 Anaesthetic Associates

Anaesthesia Associates (AA) are highly trained, skilled practitioners that work within an anaesthetic team, providing general or regional anaesthesia, under the direction and supervision of a Consultant Anaesthetist. The role of the AA is new to NHS Wales. Only one Health Board, Hywel Dda, has the role embedded within its clinical services. During the last eighteen months HEIW has been working with partners from NHS Wales to explore the further expansion of the role across Wales. We are planning to pilot the role further in two additional Health Boards in Wales. Training these professionals will commence in the latter part of 2021.

For both the physician and anaesthesia associate we are working in partnership to ensure that there is an appropriate educational infrastructure and governance across Wales to support the ongoing development of these professionals and work is progressing to create appropriate career pathways. Furthermore, we continue to work with partners across the UK including the other statutory education bodies, GMC, Association of AAs and Faculty of PAs to support the move to regulation of both groups in early 2022.

5.11 Pharmacists

Pharmacy education and training will change rapidly over the course of the next three years to mirror the pace of change in service models, particularly in primary care. We have successfully implemented our quality assured multi sector pre-registration pharmacist programme in 2020-21, in parallel with increasing the number of pre-registration pharmacist trainees and supporting this with a single lead employer scheme. We will develop a plan to roll out our new model for post-registration foundation pharmacists training in line with UK recognised foundation curricula and the new General Pharmaceutical Council's (GPhC) initial education and training standards for pharmacists. We will be continuing our transition programme to support qualified pharmacists' transition into primary care roles and will be working with other professional groups to expand training opportunities in primary care settings. We will continue to target opportunities to develop extended and advanced practice to meet service needs including Independent Prescribing. We will also be exploring changes to pre-registration training for pharmacy technicians and improvements in the transition from education into practice.

During 2021, Pharmacy will be commencing a significant planning and implementation process for the roll out of the new GPhC initial education and training standards for pharmacists. The programme of work will be phased over the next five to six years and will transform the skills and competence of pharmacists at the point of registration. From day one of practice, pharmacists will be Independent Prescribers with the skills and ability to work seamlessly within the multi-disciplinary team offering more patient services at any point of care.

5.12 Dentists

A key focus for dental training will be transforming the workforce to deliver on the ambitions set out in *A Healthier Wales*. We will be supporting and developing a workforce for the General Dental Service that is fit for purpose, embeds the principles of prudent healthcare and optimises patient care. This will include upskilling the dental workforce and creating opportunities to develop additional skills. For dentists this will include providing enhanced services in primary care and for dental nurses, hygienists and therapists ensuring they are trained and equipped to deliver the prevention agenda.

We will increase the number of hygienists being trained in Wales to support the use of the wider dental team and increase the training places on the Welsh Dental Therapist Foundation Training Scheme. As apprenticeship development partners with Welsh Government we will work with training providers and colleagues in the All Wales Faculty for Dental Care Professionals (AWFDCP) hosted by Bangor University to improve dental nurse training, both in quality and provision. We will also work with partners in Betsi Cadwaladr Health Board and the AWFDCP to provide training opportunities for dentists and DCPs in North Wales through the creation of the North Wales Dental Academy.

Further developing the existing dental workforce, we will support Welsh Government in rolling out General Dental Services (GDS) contract reform and system changes with training and education for the profession that shifts cultural practices towards innovation and offers leadership training. This will include the development of treatment pathways, remote consultations and embedding quality improvement methodologies in all aspects of service delivery to ensure continuous improvement.

We will be exploring ways of ensuring that we continue to fill our dental foundation, core and specialty training places in Wales, developing innovative General Dental Service Dental Core Training roles to retain young dentists in Wales and continuing to support training with the Single Lead Employer arrangement. We will focus on quality assurance of training and wellbeing for the trainees to ensure their training experience is the best it can be.

5.13 Optometrists

We will continue to build on the work we have initiated to extend the role of optometrists through additional postgraduate education, to shift the focus of common eye conditions into primary care optometry practices. We will integrate the training, education and support of optometrists and contact lens opticians in Wales into HEIW and we have extended the Welsh Clinical Leadership Training Fellowship programme to incorporate optometrists as the next phase of developing this into a multi professional programme.

Evaluating a new mentor and support service for newly qualified optometrists will enable us to determine further plans and link into Continuing Professional Development (CPD) and scope of practice. We will build on success in providing multi-professional education and continuing professional development in line with HEIW's aspirations with a focus on quality assurance and determining value of CPD in changing practice.

5.14 NHS Managers

Alongside our work on Compassionate and Collective Leadership we will be refreshing management competences and capabilities to inform management development programmes and to develop a Talent Programme, succession planning and career pathways. The reintroduction of the Graduate Management Training programme will provide an additional pipeline of managerial talent.

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Chapter 6 – Education and Training Commissioning and Delivery

6.1 Introduction

HEIW is responsible for setting the strategic direction for education and training across the range of health professions in NHS Wales and we lead the delivery of Postgraduate Medical and Dental Education as well as a range of education and training for other professions. We also lead the commissioning of education and training for NHS Wales to ensure quality and value are achieved for the health and care system and this chapter sets out our progress and commissioning plans in more detail.

There has and continues to be significant redesign of education and training for NHS Wales and sustained growth in education and training places, which is planned to continue in the medium term. In line with the Workforce Strategy, our overall approach is to promote a 'Made in Wales' ethos to promote accessibility to NHS Wales careers across the whole of Wales, improve the economic opportunities for our population, promote bilingualism, improve diversity and ensure a sustainable supply of staff to provide high-quality healthcare in Wales. With the revised bursary approach and the expanded streamlining for Health Professional Education, in 2021/22 we will be continuing our work to align the whole education and training pipeline to deliver a sustainable workforce for NHS Wales including the need to consider the roles required to develop the future workforce of specialised services.

To structure this work we have undertaken a Strategic Review of our commissioning of Health Professional Education, and we will conclude Phase 1 of the implementation in 2021/22 and move into the second phase.

6.2 Progress in 2020-21

Details of progress in 2020-21 across our Multi Professional commissioning is detailed in **Appendix H**.

6.3 Education Commissioning Plans for 2021/22

A significant proportion of our recurring budget is spent on the commissioning of health professional education. Through the Strategic Review we are ensuring a value-based approach has been taken to the commissioning plan aligned with the strategic direction of NHS Wales alongside the need to assure quality and to tackle the immediate supply and training issues.

It is also important to highlight the complexity of the environment in which HEIW works. Whilst the overarching process is a continual cycle of planning, analysis, commissioning and contract management, as can be seen from the diagram below, for a particular intake of trainee or students the process will span and cut across a number of financial and academic years increasing the complexity of arrangements, planning and budget allocations.

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Due to the nature of the academic planning cycle the Education Commissioning Plan for 2021-22 has already been approved by Welsh Government and therefore forms an important part of the Annual Plan. In developing the NHS Wales Education Commissioning and Training Plan for 2021-22, HEIW used:

- information from NHS organisations IMTP's and Annual Plans (previous three years),
- workforce modelling and wider available workforce intelligence,
- Welsh Government strategic direction (*A Healthier Wales*) and wider policy requirements,
- capacity within the system to support training/student/trainees,
- opportunities to transform the workforce through innovation/new roles and new ways of working.

This identified the need for a continued increase in investment in education and training across a range of professional and occupational groups. The proposals were supported by a wide range of stakeholders and the increased commissions are outlined in the following sections.

6.3.1 Health Professional Education

The aims of the plan for Health Professional Education are to:

- Expand the number of health professional education programmes delivered through part time and shortened programmes
- Increase the proportion of pre-registration nursing places delivered by the part time/distance learning route
- Expand the provision of part time places available to the care home sector.
- Increase the level of investment in both advanced practice to build clinical careers and health care support worker development. Through our commissioning process HEIW continues to support a number of educational programmes for advanced Practitioners. Optimising the investment and contribution of these senior clinicians is critical to support the reset and recovery agenda across a wide range of health and care services. Advanced Practitioners are key to building workforce capacity and developing new workforce models required to meet population needs. HEIW will work with professional leaders and Advanced Practitioners to help ensure Advanced Practitioners and Consultant Practitioners are working to the top of their licence.

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Specialty	From	To	% Increase
Adult Nursing	1,400	1,540	10%
Mental Health Nursing	356	410	15%
Child Nursing	159	175	10%
Midwifery	161	185	15%
Radiotherapy & Oncology	22	26	18%
Dietetics	52	60	15%
Physiotherapy	164	174	6%
Occupational Therapy	163	179	10%
Podiatry	24	27	12%
Paramedics	52	75	44%
Doctorate in Clinical Psychology places	29	32	10%
Healthcare Science: Scientific Training programme	32	37	17%
Higher Specialist Scientific Training Programme	5	8	60%
Healthcare Science: PTP / BMS	24	25	4%

Note – Where professions are not listed, this is either because the existing numbers meet workforce needs or because there is work to do to achieve previous targets.

6.3.2 Postgraduate Medical Education

Specialty	Agreement	From	to
General Practice:	Continue to advertise 160 with option to over recruit should there be sufficient suitable applicants.	-	-
Emergency Medicine:	5 additional Higher Training posts (ST3) to address the deficit following the conversion of higher posts to ACCS in previous years	49 (emergency medicine)	54
	2 additional ACCS posts on the North Wales rotation.	21 (ACCS EM)	23
Anaesthetics:	3 additional Higher Training posts to address ongoing and predicted workforce shortages at consultant level. NB: Due to the impact of the Coronavirus pandemic the planned changes to the Anaesthetics curriculum will now be delayed by one year. As a result of curriculum changes projected requirements for additional posts for 2021 will now not be required until August 2022 and Anaesthetics will be reviewed again next year.	137	140
Intensive Care Medicine:	4 additional Higher Training posts are required to increase our ICM workforce in Wales.	27	31

	The Coronavirus pandemic has highlighted the need to expand and provide critical care capacity; the other 4 nations are planning expansion. ICM requirements to be reviewed again in 2021.		
Plastic Surgery:	2 additional Higher Training posts to support the workforce model for the Major Trauma Centre	13	15
General Surgery:	4 additional Higher Training posts in General Surgery to support the workforce model for the Major Trauma Centre; address predicted workforce shortages at consultant level and in response to increased demand and changes to curricula to support cancer treatments.	54	58
Trauma & Orthopaedics:	No change required following the increase of 4 trainees from the 2019 intake.	45	45
Urology:	4 additional Higher Training posts to support the Cancer agenda and workforce shortages at consultant level.	16	20
Neurosurgery:	A reduction of posts in line with trainees completing their training. Reducing the training programme by 1 post over the next year followed by further review.	8	7
Paediatrics:	4 additional ST1 posts to address the recommendations of the RCPCH workforce report and feminisation of the workforce which has led to an increase in the numbers of trainees opting for LTFT training resulting in persistent gaps within this training programme and consultants opting to work part time. This is part of a phased expansion programme across ST1-3. 2 Higher Training Clinical Teaching fellowships to support recruitment and retention within the Paediatrics training programme.	143	149
Obstetrics & Gynaecology workforce:	2 additional ST1 posts in response to ' <i>Maternity Care in Wales, a 5 year vision for the future</i> ' and to address attrition during the early years of the training programme.	93	95
Community Sexual & Reproductive Health (CSRH):	Specialty to be reviewed in 2021.	N/A	N/A
Internal Medicine	15 additional Core Training posts to support the changes to the Internal Medicine curriculum and the requirement to maintain the balance between core and higher specialty training. The additional posts will ensure there are sufficient core training posts	244	259

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	to meet the recommended increase in Higher Training posts.		
Acute Medicine:	4 additional Higher Training posts to support the expansion of the Acute Care Physician consultant workforce in this area; Acute Medicine is still a relatively new specialty.	12	16
Respiratory Medicine:	2 additional Higher Training posts to support future workforce requirements. The coronavirus pandemic has demonstrated the need for an increase in respiratory physicians.	29	31
Gastroenterology:	2 additional Higher Training posts to support future workforce requirements and to support the single cancer pathway work.	24	26
Renal Medicine:	No change to training numbers and specialty to be reviewed in 2021.	17	17
Diabetes & Endocrinology:	No change to training numbers and specialty to be reviewed in 2021	23	23
Medical Oncology:	3 additional Higher Training posts per year for 5 years to support the increased incidence of cancer and the Cancer agenda	6	9
Clinical Oncology:	4 additional Higher Training Posts per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists and to meet increasing demand for cancer treatments.	16	20
Medical Microbiology/Combined Infection Training:	Continue the recommendation from last year's plan of 3 additional posts for 5 years to support the increase in the clinical infection workforce. This would constitute the second year of the increase of 3 additional posts for 5 years.	13	16
Clinical Radiology:	To maintain an intake of 20 trainees per annum as agreed last year to maximise the capacity of the Imaging Academy and review again for 2021.	82	97 (estimate based on completion figures accurate March 2021)

6.3.3 Dental Education

Training	From (2020)	To (2021)	% Change
Dental Foundation Training (DFT)	62 DFT posts entered National Recruitment for Sept 2020 +1 extension to training = 63 posts	64 DFT posts in Wales entered National Recruitment for 2021 entry	+1.6%

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Career Development Dentist (CDD)	6 posts	6 posts	-
Dental Core Training (DCT)	72 posts	72 posts	-
Dental Specialty Training (DST)	22 posts	24 posts across 7 specialities	+9%
Dental Hygiene	18 places	18 places commissioned to train, with expansion of training in North Wales planned	-
Dental Therapy	13 places	13 places commissioned to train	-
Welsh Dental Therapy Foundation Training	6 posts	10 posts available for this programme with intakes in March and September.	+67%

6.3.4 Pharmacy Education

Education	Description
Pre-registration Pharmacist programme	125 trainees enrolled on new model of quality assured centrally employed multi-sector training programme for August 2021 start. This is a slight decrease on the final fill of 132 for 2020 intake. This is set against a challenging recruitment platform of a projected average fill across England and Wales of 50%. Training placements in hospital, GP practice and community pharmacies.
Pre-registration Pharmacy Technician Apprenticeships	63 hospital and minimum of 20 community apprenticeships offered in 2021. Percentage of apprenticeships will be offered as multi-sector training posts across hospital, primary care and GP practice.
Access to pre-registration pharmacy technician apprenticeships	Commission modules of learning to support up to 100 existing pharmacy staff to gain the necessary qualifications to apply for pre-registration technician training.
Clinical Diploma	40 clinical diploma hospital pharmacists two-year training posts funded.
Transition Programme: GP practice pharmacists	30 GP practice pharmacists to be enrolled on transition programme. Supportive programme to provide skills, competence and confidence to practice effectively within GP practice team.
Independent prescribing	100 community pharmacists offered training to support increase in community pharmacy professional services.
Advance Practice	Increase the competency of the existing pharmacy workforce through a range of courses targeted to transform service delivery.

Foundation Pharmacist Practice- post-registration	Develop and deliver a new programme of learning for emerging registrants which meets the skill gaps between existing and new initial education and training standards.
NVQ level 2 apprenticeships	Support the NHS to offer increasing numbers of NVQ level 2 apprenticeships to healthcare support staff.

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Chapter 7 – The HEIW Workforce

7.1 Developing our people and organisation

Our people are our most precious asset. HEIW's aspiration is to be an exemplar employer and great place to work. This has been one of our six Strategic Aims since we were created in 2018, placing it right at the heart of our work and People and Organisational Development practices. We continue to make good progress towards this aspiration as we enter our third full year of operation.

Having a motivated, engaged and sustainable workforce that is competent, confident and with the appropriate capacity to deliver HEIW's current future priorities is essential. As an education, workforce and improvement body we believe in the importance of continuing to grow our existing staff, and of working together to create a compassionate and collective workplace culture. We have consistently received positive feedback on what it feels like to work in HEIW. Our staff turnover remains low, our engagement scores remain high. Nevertheless, there remains much to do. Our workforce challenges are different to other organisations in NHS Wales both in respect of the skills our staff need, legacy contractual terms and also the number of sessional workers. It has taken some time to wholly understand the staff group make-up and to tailor our corporate approaches to embrace their differing needs. For almost half our staff we are the second employer, their main employment being in a health board or trust. Many of these staff work less than 3 sessions a week for HEIW. In that context we have needed to balance what we need organisationally in areas such as statutory and mandatory training and appraisal with what we can reasonably ask for from these staff.

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. Our first Strategic Equality Plan, published in 2020, sets an ambitious agenda for us and one which we are committed to progressing through the plan and underpinning local action plans.

We are working towards ensuring that our organisational Values and Behaviours Framework which was developed in partnership with our staff during 2018 underpins everything we do. We have made good progress in embedding our values in our recruitment and selection processes, Performance Appraisal and Development Reviews and our health and wellbeing programmes. During 2021/22 we will be rolling out compassionate and collective approaches and these will be embedded into our practices and business alongside our values.

Prior to the impact of the pandemic in early 2020 we had introduced a range of bespoke communications to reflect the geographical diversity of our workforce, and to improve the connection with our sessional and/or remote workers. The pandemic led to a rapid change in HEIW's operating model with all office-based staff initially moving to 100% home working. This sudden change led to a substantial step up for most of us in the use of virtual technology for day to day communication and ways of working. This in turn led to remote staff commenting that they felt the playing field had been levelled for them, something we are keen not to lose when we reintroduce an element of office-based working.

In summer 2020 we reopened Ty Dysgu, our office base, with appropriate measures in place, to enable staff to access the building for wellbeing or business needs and

this was well received by staff. Additionally, during the periods of easement of Government restrictions we actively encouraged staff to return to the office to reconnect with colleagues from other teams and the wider organisation. We are a relatively new organisation and whilst homeworking has been successful in ensuring we continued to deliver our business priorities it has had an impact on 'Team HEIW', our culture and our connectivity to each other. We are actively working on a set of principles to describe the way in which we will work in the future and will be engaging with our staff to discuss the approach during April. Our view is that an agile approach, underpinned by clear principles maximise the benefits of virtual working with the benefits of continuing to build our HEIW team culture and connectedness.

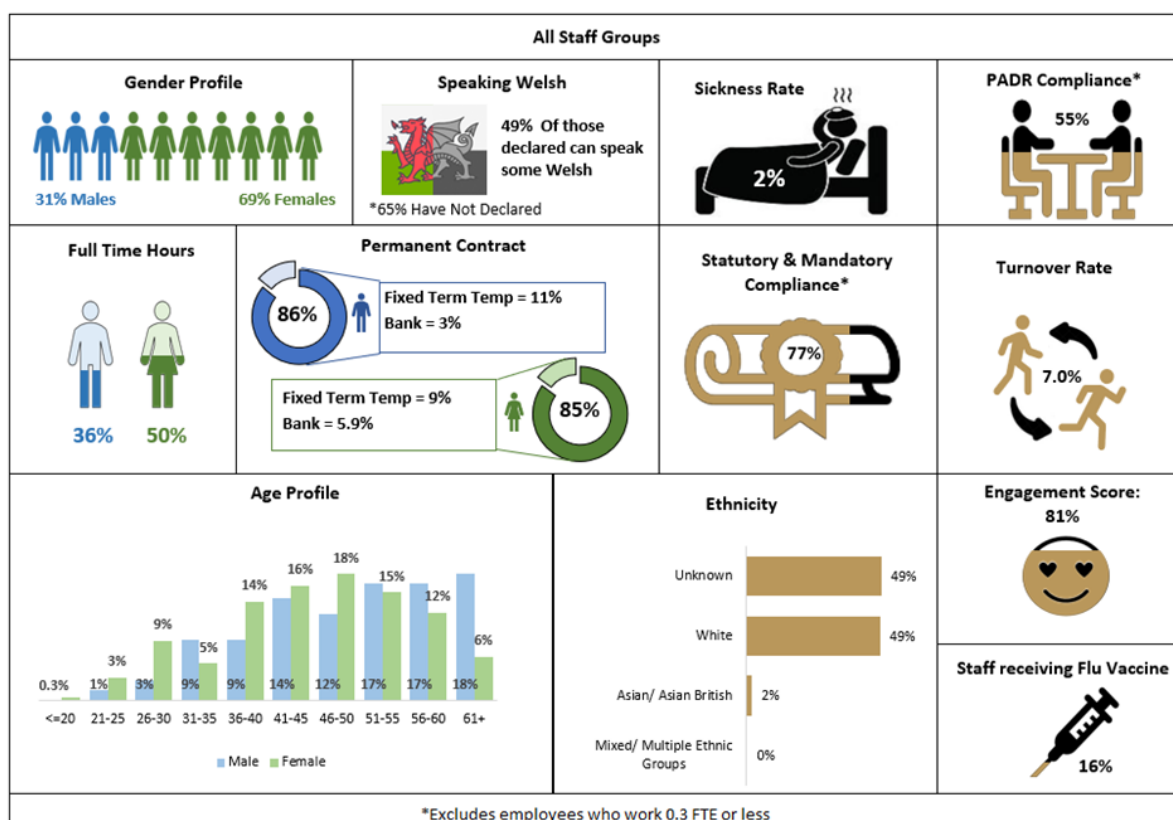
7.2 Shape of our workforce

When HEIW was established in October 2018, it brought together staff from 3 former organisations – Workforce Education and Development Service, Wales Deanery and the Wales Centre for Pharmacy Professional Education to sit alongside a number of new corporate and business roles. At this point there were 92% of HEIW staff on Cardiff University Terms and Conditions who transferred to HEIW under Transfer of Undertakings (Protection of Employment) Regulations (TUPE) arrangements. Most of the former Cardiff University staff are Medical and Dental staff where the terms and conditions, with some variations, essentially mirror NHS terms. However, the non-medical and dental transferred staff continue to be on significantly different contractual terms. Currently 21% of non-medical and dental staff remain on Cardiff University contractual terms, a substantial reduction since October 2018.

Our long-term plan remains the harmonisation of terms and conditions across the organisation, and we are working in partnership with our Trade Union colleagues to progress this. In 2020, following consultation with staff and Trade Unions, Statutes and Ordinances (a Cardiff University set of policies for senior staff related to disciplinary and grievance processes) were replaced by HEIW/NHS Wales policies. We have commenced the rationalisation of large numbers of Cardiff University policies where there is no detriment and often benefit to moving to the HEIW equivalents. All newly appointed staff are employed on NHS Terms and Conditions, and staff who wish to transfer from existing University contracts are supported to do so.

Over the past year, we have continued to recruit to our vacancies, we have taken on new or additional functions and our workforce headcount has increased from 400 at January 2020 to 443 at January 2021. Recruitment to our senior leadership team is now complete with several key appointments being made in the last year including our new Directors for Planning Performance and Corporate Services, Director of Digital Services and our Dental Dean to name a few. In parallel with the annual plan development we have reviewed our corporate infrastructure to ensure it reflects the range of statutory functions and support required from these areas – some of which was not known or identified when the original HEIW headcount was fixed pre: October 2018. We have also commenced a rightsizing exercise in respect of requests for additional capacity to deliver the programme of work outlined in this plan. The pace of delivery for some of our objectives will need to be confirmed once we have completed this work and will be subject to ongoing discussions with Welsh Government and/or in-year funding decisions.

Our current staff profile is shown below:



7.3 Workforce Measures

Figures as at 31 January 2021 are:

- Over the past year, we have continued to recruit to our vacancies, we have taken on new or additional functions and our workforce headcount has increased by 43, from 400 in January 2020 to 443 in January 2021.
- Of the HEIW workforce 69% are female, this is an increase of 2% compared to last year.
- HEIW's sickness absence rate is 2%, well below the Welsh Government target rate.
- The compliance rate for Statutory and Mandatory training for core staff (excluding those sessional staff who work 0.3 FTE or less) is 77% and is a positive increase on last year (71%).
- 55% of Personal Appraisal Development Reviews (PADR) for core staff have been entered into ESR, which is a positive increase on last year (53%).
- In January 2021, 55% (242 headcount) of the total workforce worked less than full time compared to 63% (251 headcount) in January 2020. This change represents a reduction of 9 part time workers between the two periods.

HEIW Headcount Detail by Full Time (FT) Part Time (PT) (January 2021 data)					
Date	Headcount	FT	PT	% FT	% PT
Jan-20	400	149	251	37%	63%
Jan-21	443	201	242	45%	55%

Data Source: ESR BI

HEIW has continued to expand as an organisation and while the numbers of part time workers is reducing slowly the number of full time workers is increasing at a much quicker rate.

Since our creation we have added to our key workforce metrics which sit alongside the Welsh Government required metrics. These will be further reviewed and improved as we implement the new HEIW performance framework. We will also have the opportunity to increase their sophistication as part of the development of our Centre of Excellence for data and analytics by 2023.

The ethnicity data for almost half of our staff is 'unknown' reflecting that this information is incomplete on ESR. We are committed to increasing the information available in respect of the diversity of our workforce and will be encouraging staff to provide us with information. This will enable us to understand and address underrepresentation within our workforce so that we better represent the communities we serve. This will help us shape our 'offer' to staff from diverse backgrounds and increase our workforce diversity so that its more on a par with the communities we support.

7.4 Future Priorities

HEIW was launched following a strong Organisational Development work programme with engagement across the legacy organisations and our newly appointed staff which has continued after establishment. Our work to develop our first People and OD Strategy was initially paused due to the onset of the pandemic but was subsequently resurrected, with a further round of engagement undertaken. Our draft Strategy - framed around the seven themes of the *Workforce Strategy for Health and Social Care* published in autumn 2020 - sets out a range of actions to address our aim of becoming an exemplar employer and a great place to work, as well as what can be expected from our staff. Finalising and implementing our local strategy will be a priority for 2021 and for this reason it has been included in our Annual Plan as Strategic Objective 5.1.

Other workforce priorities include the creation of a detailed Workforce Plan and planning process that encompasses known developments and growth and horizon scanning; embedding the 'Newcomers Group', set up during the pandemic in order to ensure new staff felt welcomed and inducted into the organisation; and implementation of our strategic equality action plan for our internal workforce.

We have been asked by Welsh Government to be the interim host employer for the new Chief Digital Officer for health and their office with effect from autumn 2021. Discussions are underway to clarify our role in relation to the establishment of the office, we are already supporting the CDO recruitment. The hosting arrangement will impact on our core functions and governance, which will need to grow and be adjusted. Costs will be met in full by Welsh Government.

Our focus on ensuring our staff feel engaged and that we are listening to their views has been strengthened during the last year, building on a strong engagement platform since 2018. In 2020 we have utilised innovative tools and approaches to measure staff satisfaction and wellbeing. This included four homeworking and wellbeing surveys, two health needs assessments and our second national staff survey which received an engagement score of 81%, up 3.4% from 2018. Facilitated conversations are taking place across the organisation in line with the implementation of NHS Wales's new 'Healthy Working Relationships' programme and to ensure that staff survey feedback is acted upon locally. In 2021/22 we will build and embed this approach further. We will also be rolling out the new Respect and Resolution Policy for NHS Wales. This represents a significant cultural shift away from traditional

grievance and disciplinary policies, much like the transformational approach introduced through the implementation of Managing Attendance at Work in 2019. It will require a new mindset for our managers and staff and will need to be supported through training and awareness events.

7.5 Attraction, recruitment and selection

We aim to be an inclusive employer and want to ensure we recruit the best people, with the right values and behaviours into HEIW. To support this, we want our recruitment experience to be excellent for all prospective employees from their first contact with HEIW.

During 2021/22 we will continue to utilise a variety of attraction methods to advertise our vacancies and embed values-based recruitment across all areas. We have commenced this journey and continue to roll out recruitment and selection training to managers, which also now includes an introduction to recruitment and selection, advanced training and training on unconscious bias. In addition, we will be offering training to help staff prepare for applying for vacancies and this links in with the local implementation requirements of the NHS Wales National Succession Planning Strategy for 2017-2027.

We know that around 80% of our future workforce are with us today. Therefore, we want to ensure that our staff feel included, valued, informed and that their wellbeing is supported. We have led work to curate and develop a range for wellbeing resources which can be accessed by staff across health and social care including our own workforce. In addition, we have made available and/or facilitated bespoke HEIW wellbeing resources. These have been promoted at staff events and fora, team, directorate and other meetings, our health and wellbeing network and via our intranet.

We have continued to press for greater compliance with our values-based Performance Appraisal and Development Review (PADR) policy and procedure. Whilst compliance rates are not where we would like them to be we have seen some progress and our intention is to renew our efforts in 2021/22 to ensure that all staff have timely PADR conversations which enable them to feel supported, valued and developed.

All HEIW staff are required to complete the All Wales statutory and mandatory training in line with NHS Wales Health Boards and Trusts. We are currently on 72% compliance and are working with managers to ensure that we meet the 85% national performance target rate as soon as possible. During 2021 we will be introducing some additional mandatory requirements for HEIW staff reflecting the particular needs of our organisation. We will also be running additional ESR learning and drop-in session to support staff who are less familiar with reporting requirements.

We have made excellent progress in our national work to develop our compassionate and collective leadership principles and programmes as well as in new talent and succession planning arrangements for NHS Wales. These programmes are being rolled out to HEIW staff as well as across the NHS. The first ever 'Talentbury festival' for aspiring Executive Directors took place last autumn and included nominees from our staff.

Our relationships with our Trade Union partners is extremely positive. We have a well-established Partnership Forum which meets bi-monthly and has been well

supported by our trade union representatives. A HEIW steward has been appointed to undertake trade union duties. As described above, in the last year, trade union colleagues have undertaken online staff consultation sessions to discuss moving from Cardiff University Statutes and Ordinances procedures to corresponding NHS Wales employment policies specifically in relation to disciplinary, grievance and capability.

7.6 Equality, Diversity and Inclusion

We have continued to embed the progress made since April 2019, in relation to our diversity, equality and inclusion agenda. Starting with the publication of our first Diversity, Equality and Inclusion policy early in 2020.

Our network of Inclusion Champions has increased, and we are committed to continuing with this approach through 2021/22. The Champions undertook a wide range of activities throughout the past year starting in January 2020 with Diversity and Inclusion Week, Holocaust Memorial; International Women in Science; LGBT month; St David's Day; International Women's Day; celebrated EID; PRIDE; Black History Project; Tran Health Week; International Men's Day; White Ribbon Day; and Purple Light Up for Disability Month in December 2020

On 1 October 2020 we published our first four-year Strategic Equality Plan (SEP). As part of the development process for the SEP, internal engagement was undertaken utilising focus group methodologies. This allowed us to retest our equality objectives against the new backdrop of the pandemic. Work on individual directorate action plans which hook directly onto high level actions within our SEP has been completed, and these will form the basis of progressing this work as well as monitoring and reporting during 2021/22.

We continue to engage with external partners to provide an impartial review of our policies and practices to ensure alignment with national standards in respect of equality, diversity and inclusion. Since 2019 we have opted to sign up to:

- Stonewall Diversity Champion – tackling barriers and inequalities faced by lesbian, gay, bisexual and transgender staff
- Disability Confident – supporting HEIW to make the most of the talents that disabled people can bring to your workplace
- Dying to Work TUC – additional employment protection for terminally ill workers
- Anti-Violence Collaboration – sets out the responsibilities of the partners when dealing with violent or aggressive incidents relating to NHS staff
- Communication Access Symbol – 1st organisation in Wales to make a commitment to adopting Communication Access Symbol – giving a voice to people living with a communication disability.

Policy development has continued and last year saw us sign off and implement policies in relation to Domestic Abuse and Mental Wellbeing in the Workplace.

Looking ahead to future work in 2021, most of this will be driven by the implementation of our SEP and local action plans but we also plan to lead on the national review and revision of NHS mandatory training 'Treat me Fairly'; to develop a Transitioning at Work Policy; and to development of Equality and Diversity training packages.

7.7 HEIW workforce: communications and engagement

Effective communications and engagement are the golden thread running through everything that the organisation does. The COVID-19 pandemic meant that our staff switched to a remote-working model and have quickly adapted the way communications and engagement is undertaken across the organisation and we will retain many of these new ways of working in the future. These have included:

- Launching Microsoft Teams to enable colleagues to keep in touch, attend team and project meetings and share files quickly and easily in a safe way;
- In the first wave producing a weekly staff message issued by email and intranet to keep staff up to date on what was happening in relation to COVID-19 nationally and across the organisation;
- Developing an online staff community to enable coffee catchups and watercooler conversations to continue;
- Issuing online health and wellbeing resources and links to external advice and guidance;
- Issuing regular online surveys to monitor health and wellbeing;
- Maintaining staff education and training by moving sessions online;
- Moving wellbeing sessions online;
- Moving HEIW corporate induction for new staff online and into smaller session;
- Moving our monthly staff open forum to Teams providing a monthly opportunity to get together virtually as an organisation;
- Moving staff events online with Teams;
- Continuing to consult and engage with colleagues on shaping policies and strategies via online surveys and feedback sessions;
- Introducing training on webinars and virtual classrooms to further enable online team meetings and external events;
- In COVID-19 wave 2 increasing our online staff open forums to fortnightly, and
- In line with regulations and guidance when appropriate providing safe access to our offices for business and wellbeing support.

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Chapter 8 – Our enabling and corporate functions, risk and governance

Our enabling and corporate functions play a vital role in supporting the organisation to deliver the Strategic Aims and Objectives described within this Annual Plan as well as working with our colleagues in the wider NHS.

8.1 Communicating effectively with people, partners and the public

As an All-Wales strategic organisation, close working with our partners and stakeholders is essential to the way we undertake our business. This includes trainees and students, NHS Wales, Social Care Wales, education providers, regulators, private sector businesses, voluntary sector, professional bodies, the public and Welsh Government. During 2020-21 our communications, engagement and partnership working has been even more important as we work together to meet the challenges presented to us by COVID-19.

As described in Chapter 2, our pandemic response included carrying out immediate actions to support the wider NHS and to minimise the impact on education, training and the workforce of the future. All of this entailed integrated working and innovation in partnership with regulators, other statutory education bodies, education providers, Welsh Government and our colleagues across NHS Wales. In addition, we worked closely with the NHS Wales staff health and wellbeing network, Third Sector partners and Welsh Government to ensure health and social care staff have effective health and wellbeing support during these difficult times. We also worked with partners to create resources for NHS staff to help them care for patients and meet service demands, including [workforce planning resources](#) and [rehabilitation resources](#).

In early May 2019, we launched the 'HEIW Roadshows' visiting Health Boards and Trusts across Wales to meet with healthcare trainees, students, educators and those responsible for education. Due to the pandemic, we were not able to continue the Roadshows in person this year, but we moved several of our information and engagement events online to ensure that partners continued to have the opportunity to hear about what we are doing and help shape key national workforce and education programmes.

To maintain openness and transparency our Board meetings and Annual General Meeting have been held in public and online, plus we have held larger virtual events such as:

- the [Informing the future of the Mental Health Workforce in Wales conference](#). A joint virtual conference with Social Care Wales bringing together people from across the mental health workforce to share best practice and influence the shape of the future mental health workforce.
- Talentbury – a four-day virtual festival of leadership and learning for emerging executive leaders in NHS Wales.
- the Education and Training in Primary and Community Care conference aimed at helping to set the direction and shape of future primary and community care education and training.
- Innovation in Challenging Times conference - bringing together medical trainers, trainees and others with an interest in quality improvement to build on and share the new innovative ways of working, learning and training brought about by the pandemic.

Further partnership and engagement activities this year have included:

- Regular stakeholder bulletins including COVID-19 specific updates.
- Social media to inform and update on HEIW work as well as support national COVID-19 messaging.
- Regular workshops, meetings and virtual working groups to inform and involve everyone in discussions on key topics and shape ongoing HEIW work including:
 - development of the annual education and commissioning plan
 - informing the development of our Annual Plan to ensure it is shaped to meet the needs of the NHS workforce and services across Wales
 - how we could support partners with their response to COVID-19.
- Participation in national boards and all Wales peer network groups.
- Collaboration and co-production of Wales's first Public Body Equality Partnership to develop and delivery Wales' first shared Strategic Equality Plan across public sector bodies.
- Extensive engagement of the strategic review of health professional education.
- Virtual showcase events.
- Virtual consultation on key agenda items such as Welsh Language Scheme and Leadership Principles.
- Trainee webinars, newsletters and regular messages from the Postgraduate Dean.
- Revising face-to-face CPD modules and workshops to be delivered effectively online.
- Guest blogs from partners across Wales highlighting contributions to the COVID-19 response as well as highlighting careers in the NHS.

Working together, understanding each other's needs and how we can best support each other is critical if we are to succeed as individual organisations and as a system. To achieve this, we will continue to innovate, collaborate, communicate, engage and work closely with our partners, stakeholders and the public. We will continue to use many of our new ways of working and will adapt when and how we engage in line with the current pandemic and the commitments of partners.

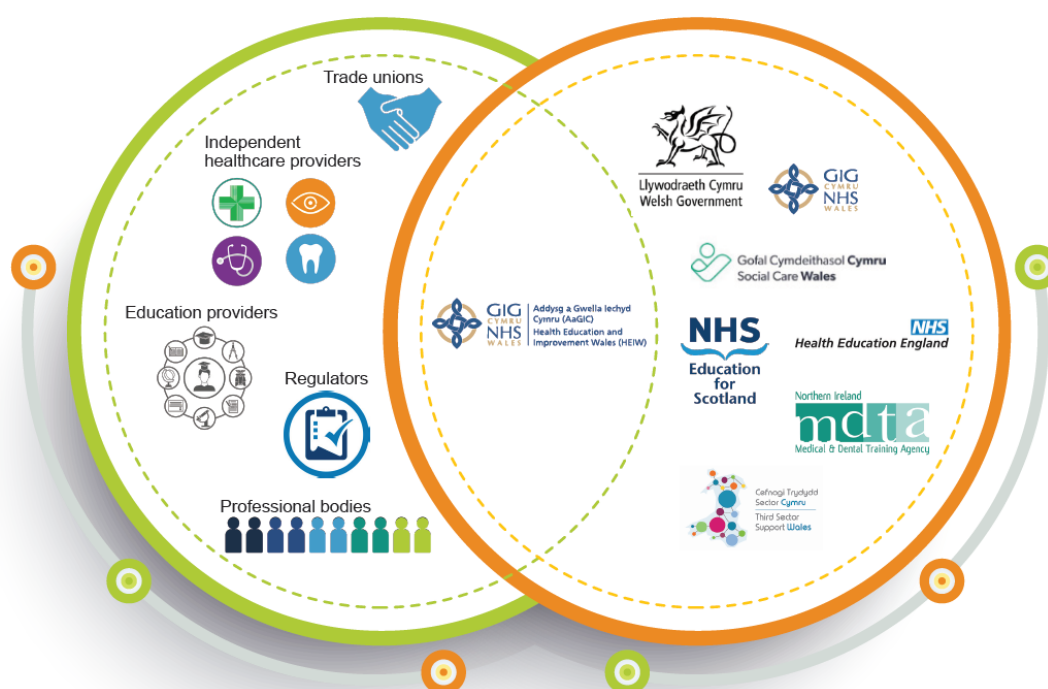
Our organisational structures within HEIW promote integration and collaboration with NHS Wales. This might involve collaboration through matrix working to join up team members from separate departments with external networking for the purpose of sharing information or joint working with colleagues from other NHS organisations to deliver services or working in partnership with other organisations and public bodies such as Social Care Wales.

Through collaboration, we build successful relationships based on shared goals, shared knowledge, building mutual respect and strong communication which is frequent, timely, accurate and focussed on problem-solving. Successful collaboration is based on the effectiveness of the relational co-ordination of the quality of the communication which depends on the quality of the relationship.

A new Strategic Objective has been included in the Annual Plan to review our current plans for communication and collaboration and to undertake an organisational network analysis that will enable us to design relevant interventions with others to continue to improve our approach to collaboration.

The diagram that follows shows the many partners with whom we collaborate and the complex relationships that we nurture and foster.

HEIW and our partners



8.2 Data analytics and intelligence

During 2020-21 we plan to develop our workforce intelligence support to improve the quality of workforce planning and modelling in Wales (Strategic Objective 1.6). Internally within HEIW the workforce intelligence team will provide analytical support with data, baseline modelling, corporate performance reporting and dashboard improvement.

In terms of corporate and business reporting, the analytics team maintain the local ESR system and work collaboratively with the Finance team to ensure accuracy on reporting of vacancies and resources. As data controllers of ESR, the team supports the whole organisation with ESR related issues and provide reports and analysis across HEIW. From 2020 onwards, the team has been bringing together a range of performance related data in one place to give HEIW deeper understanding of its business and enable more intelligence-led decision-making and this will continue to be developed in the context of the agreed Performance Framework. The team will also implement a training programme to enable staff to become digitally astute in the use of Microsoft Office.

8.3 Digital and information systems

In 2020 the organisation appointed a new Director Digital Development who will proactively identify opportunities to support innovation through new and emerging technologies, and ensure appropriate strategies and plans to deliver are aligned to the organisation's longer term strategic ambitions, and the Workforce Strategy for Health and Social Care. This includes developing strategic and operational digital planning processes, governance, digital roadmaps and frameworks.

As HEIW has grown over the last two years, the digital team have responded with support in expanding the IT infrastructure and estate. In addition to supporting the infrastructure requirements the Digital team have demonstrated their ability to maximise the digital opportunities and use it to transform how services are delivered.

In 2021/22 the Digital team will work with all departments across HEIW to ensure the digital progress made during the Covid-19 pandemic is continued and maximised. To achieve this the digital team is heavily involved in supporting the delivery of more than 20 Objectives outlined in this Annual Plan that require the delivery of digital enablers. To do this they will continue to lead and support for the development, integration and procurement of new digital solutions for the organisation (e.g. Objective 2.1 the new Course Management System for HEIW).

The team will also take a leading role to ensure that HEIW makes use of current, emerging and future technologies to their fullest potential in the context of enhancing learning, teaching and training. Specifically, for digital in 2020-21 we will undertake the scoping, design and development of an integrated digital platform for NHS Wales which will result in a single portal to access all HEIW services (Strategic Objective 1.5). We will also scope the development and implementation of a digital capability framework (Strategic Objective 2.12).

Working collaboratively with Digital Health and Care Wales (DHCW), the digital team will increase our capacity and capability to ensure the resilience and security of the network, reduce the organisational risks regarding cyber security (objective 5.8). We will also optimise the print, telephone and computer infrastructure and will develop and implement standards and frameworks to improve service management and delivery.

8.4 Ensuring a safe, sustainable and appropriate working environment

The Planning, Performance and Corporate Services Team will continue to contribute to the Strategic Aims and Objectives of the organisation, in particular to Strategic Aim 5: *to be an exemplar employer and a great place to work*. As Ty Dysgu is the main headquarters of the organisation, the team continues to ensure the provision of facilities and equipment and to ensure that the environment is as inclusive as possible for all staff. As remote working has become the norm, the organisation will develop a blended workforce model that builds on feedback from our staff whilst also underpinning our ongoing organisational development.

The organisation will continue to ensure that our staff are safe wherever they are undertaking work on behalf of HEIW and regardless of where their base may be. The Health and Safety Policy and supporting procedures are in place and have been cascaded to our HEIW workforce via the staff intranet and for new staff via the corporate induction. The Health and Safety Committee meets quarterly and reports to the Executive Team.

8.5 Planning and Performance

Planning and performance arrangements are in place to enable HEIW to achieve our Strategic Aims and to measure our progress and delivery of our business activities.

8.5.1 Planning

In 2020 the organisation appointed a new Director of Planning, Performance and Corporate Services and we are building on the work done to date to continuously improve our planning approach and practice. This includes our strategic, operational and business planning. We are developing approaches to supporting teams in the development of departmental delivery plans as well as internal and strategic business cases, ensuring that strong cases are developed that clearly identify the value and

benefits that the investment will achieve. In 2021 we will be implementing a systematic approach to programme management and supporting this with a digital planning system. This will also support our strategic planning and performance monitoring and our ongoing focus on value and outcomes.

In 2020 we revised our Business Continuity Plan and our crisis response arrangements will remain in place as required during the COVID-19 pandemic.

8.5.2 Performance

The Structured Assessment for 2020 noted that that was good assurance on the monitoring of the delivery of our Plans. However, we are committed to developing a compassionate and collective culture that is underpinned by effective performance management and a focus on improvement. Given the specific nature of our role as a strategic organisation and the demands placed on us by the UK regulators, we are taking a proportionate approach and we largely measure and monitor a different set of performance indicators to the rest of NHS Wales. Our reporting cycle is also different, with a greater focus on academic cycles, annual and quarterly timescales rather than the daily, weekly and monthly beat of other NHS organisations.

We routinely provide our Board with the Performance Dashboard and reports, providing them with assurance on the delivery of our strategic plan, the progress of projects and programmes and core business delivery. In January 2020 the Board approved our Performance Framework which describes the organisation's system for making continuous improvements to achieve our Strategic Aims and Objectives and to deliver our 'Business As Usual' activities effectively, as shown below.



Our revised approach will further support and embed our service review process in which the Executive Team holds biannual service review meetings with senior leaders and their teams to review the progress of key projects or programmes of work, to help remove any barriers and offer support and guidance where required. In addition our approach will align with the biannual JET meetings and the Quality and Delivery meetings with Welsh Government.

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8.6 Professional Support Unit

The Professional Support Unit (PSU) is an enabling function for NHS Wales and sits within HEIW. Its role is to provide proactive and comprehensive support and guidance to doctors, dentists and trainers to enable progression in training. Through 1:1 coaching, the team works with the trainee to identify objectives for resolving training and personal concerns to mitigate the impact on trainee progress or patient safety.

In more complex circumstances, the team refer the trainee to a specialist support service to improve well-being and performance. This specialist support is provided by Hammett Street Consultants as part of a formal service level agreement. The range of support includes:

Wellbeing / Physical Health / Mental Health	Time Management / Personal Organisation
Personal / Professional Issues	Decision Making / Problem Solving
Assertiveness / Confidence	Leadership / Team Working
Examination Issues / Study Skills	Communication / Language Skills

Assessment for Dyslexia Assessment is outsourced on case by case basis to local specialist providers.

An integral part of core work for the PSU is the production and delivery of workshops on topics to support trainees and trainers. The sessions aid understanding of the purpose of support and, as a result of better understanding, the rate of referrals and demand has increased significantly. The PSU strive for proactive interventions to minimise adverse effects on training, personal lives and ultimately patients. Data such as referral trends, outcomes and ARCP progress, demonstrates the positive impact the PSU is having on training outcomes and retention. Evidence shows that 90% of trainees supported by the PSU progress with positive outcomes (ARCP Outcome 1 or 6). In other cases, a trainee might decide to leave their training programme, and this can also be a positive outcome for the individual.

The PSU works across HEIW, e.g. Differential Attainment Board, Workforce Equality and Inclusion Unit, Quality Unit and the training programmes to understand and improve outcomes for HEIW trainees. In support of the Differential Attainment Board, during the coming year we will be collecting data and information on this specifically. As well as continuing to reinforce the key role that education supervisors, faculty leads, and heads of school have in supporting trainees.

Within Wales the PSU shares best practice guidance and information with all parties involved in postgraduate medical and dental training. The establishment of HEIW has provided an opportunity to explore how the learning and evidence from the work of the PSU can be used to inform the commissioning and development of our education programmes and approaches to training, and this will also be a priority for us in the next year. There is a PSU in each of the four countries of the UK and we believe that the Wales PSU leads the way with an innovative and proactive service, contributing widely to the medical and dental education authorities nationally and internationally.

8.7 Revalidation Support Unit

The aim of the Revalidation Support Unit (RSU) is to support and improve professional standards for healthcare professionals through Continuing Professional Development, appraisal and revalidation. The Unit is a core function within HEIW and works closely with stakeholders including Welsh Government, the regulators and Health Boards to deliver high quality, professionally led systems and resources. The Unit also works in partnership with teams across HEIW, in particular the HEIW digital team which maintains the IT systems to support activity. Our responsibilities include:

- Management of a suite of online resources to support staff and Health Boards through appraisal and revalidation, including the Medical Appraisal Revalidation system (MARS), the Orbit360 patient and colleague feedback system, the Dental Appraisal System (DAS) and the Wales Professional Review for Optometry (WPRO).
- Delivery of CPD events, training, online modules and resources
- Management of the 3D Programme: Discovering, Developing and Delivering in Healthcare.
- Management of the GP Appraisal Process in Wales.
- Leading on a programme of quality management activities and all Wales groups and networks that oversee medical appraisal and revalidation, in order to facilitate a consistent approach to policies, guidance and quality improvement.

The Unit's focus during 2019-20 has been to respond to needs of the workforce and to provide support throughout the COVID-19 pandemic. Key activity includes:

- Releasing over 120 sessions to support Primary Care services across Wales following the GMC's temporary suspension of the Revalidation Process, and the CMO's recommendation to suspend the medical appraisal process in Wales in March 2020.
- Recommencement of the medical appraisal process with a focus on wellbeing from 1st October 2020 in alignment with the four nations.
- Development of new online resources on returning to appraisal, virtual working and mental health
- Adapting to a virtual delivery model to maintain our CPD provision and key functions

The Unit's priorities over the next 12 months are to continue to provide a high quality service, to remain responsive to the needs of the workforce and to provide support through wellbeing focussed appraisal.

8.8 Research, Evaluation and Value

Research and evaluation is a key component in supporting HEIW achieve its vision. HEIW's priorities as defined in the Annual Plan 2021/22 identify evidence-based decision making, promotion of innovation, new initiatives and engagement in continuous evaluation and improvement as the foundation for high quality, accessible healthcare services in Wales. Research and Evaluation are key enablers for these organisational aims and to 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. It is also key to determining the impact that our activity has on the healthcare workforce, practice and ultimately, patient care and safety.

Relevant evaluation frameworks will be constructed to meet the organisational aims and enable us to determine the extent to which initiatives and schemes resonate with the six Strategic Aims and contribute to the transformation of the workforce for *A Healthier Wales*.

Evaluation frameworks will be developed to enable both summative and formative approach to be employed, and result in assessments of effectiveness and cost-effectiveness, along with the identification of process related factors that contribute to success. The frameworks will also provide opportunity for us to inform the nature and scope of the evaluations and to secure agreement with relevant stakeholders as to the nature of the proposed outcome measures.

Undertaking this work will enable HEIW to actively promote our activities and innovative approaches to education and training and support best practice and learning across national and international forums and through publications in peer-reviewed articles. All of which will support the promotion of Wales as a destination of choice for healthcare professional training and enhance the reputation of HEIW as an innovative, forward thinking organisation.

8.9 Improvement, Innovation and Transformation

In HEIW, our philosophy is that improvement is seen as core to our agenda and throughout all the work that we do. We will be rolling out improvement training as part of the Improving Quality Together programme and alongside this, we will provide development to support change management with particular reference to cultural change when progressing improvement programmes. We also have plans to develop an approach to facilitate and embed research and evaluation to multiple areas of our work. This will focus our attention on measuring the impact, supporting innovation and improvement activity, driving up quality and adding value.

In many areas of our work there are innovative solutions being developed and applied to help resolve system wide issues. Many examples of innovation can be found throughout our Annual Plan, particularly around our themes relating to education and training and supporting quality and safety. The Strategic Review of Education will help to influence the content of education provision here in Wales and is something that hasn't been done elsewhere in the UK. The work being undertaken with partners to roll out of new educational frameworks, workforce models, guidance, roles/extended skills are further examples of our innovative work. Our ability to embed our model of compassionate leadership and succession planning work across NHS Wales is unique here in Wales.

We have developed innovative ways of training (including the Longitudinal Integrated Foundation Training programme) and will use simulation and clinical skills training in the interprofessional workforce development area to, for example, find safe alternatives to face to face training.

We are also going to be utilising new technology to support areas of our work. For example, under the theme relating to a Sustainable Workforce we will be scoping the development of a Wellbeing in Work Impact Resource (WiWIR) and associated toolkit, which assesses the health and wellbeing indicators at the design stage (e.g. job descriptions, care pathways, shift patterns, buildings, services etc). This has not been done previously and is ground-breaking in its approach. We will also be exploring ways to better use our simulation equipment across Wales.

8.10 Organisational Risk and Governance

As an organisation we adhere to the HEIW risk management policy and maintain a risk management system which enables and empowers staff to identify, assess and manage risks to HEIW. Strategic risks are monitored by the Board and managed by the Executive Team and operational risks are managed by teams at the most appropriate level. This enables HEIW to have clear visibility in what might prevent us from delivering our Strategic Aims and Objectives. Since October 2018, new governance arrangements for managing our Strategic Aims and Objectives have been established.

During 2020 HEIW's Board has focussed further on the development of our approach to strategic risk. The updated Risk Management Policy was approved at July Board and HEIW's Strategic Risks confirmed as part of the organisation's Board Assurance Framework at November Board. HEIW's Risk Appetite approach was considered at a Board Development Session in December and is expected to be approved at January Board.

Our risk management policy and practice is currently being assessed by our internal auditors. Our Audit and Assurance Committee reviews the Corporate Risk Register on a quarterly basis. At the time of writing there is a sole Red-rated risk (relating to cyber-security) on the Corporate Risk Register and the Plan respond to this through Strategic Objective 5.8.

Following submission of the Annual Plan into Welsh Government at the end of March, the Executive and Senior Leadership Team will be focussing on developing the project and programme plans to support delivery of key actions, as well as articulating the risks and mitigating actions for each objective. HEIW's Corporate Risk Register will be amended in line with the Annual Plan in readiness for the start of the new financial year taking account of the agreed risk appetite.

While innovation requires an appetite for risk this does mean that there is a risk that a project or programme might fail. By taking a well-informed, evidence-based approach to decision making, and operating a risk management approach, we will ensure that any issues relating to the delivery of any Objectives are flagged early and responded to appropriately.

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Chapter 9 – Financial Plan

DN1 The Financial Plan will be refined in Quarter 1 alongside Welsh Government colleagues to reflect within national public health and financial context.

9.1 Our Approach

The HEIW Financial Plan is designed to enable the programmes and activities established by the Board, in response to our vision of *Transforming the Workforce for A Healthier Wales*, to be taken forward. The identified funding requirement is for the range of functions and programmes agreed with Welsh Government and will be appropriately managed to achieve financial balance in each and every year of the financial plan. The plan recognises that the 'quadruple aims' approach of Improving Health, Enhancing Quality and Access, Higher Value Care and a Motivated and Sustainable Workforce, go hand in hand with achieving good value in the use of public money. The HEIW financial plan has also been designed to support the ambitions articulated in the 6 Strategic Aims, which in turn align with *A Healthier Wales* and the Wellbeing of Future Generations Act.

Delivering value in the use of public money is an important requirement and HEIW will demonstrate value and sustainability of its programmes and activities over the life of the Annual Plan by:

Leadership

- Clear and effective leadership by the Executive Team.
- Timely planning, monitoring, support and action by the Finance Team.
- Integrated working with all Executives, Senior Leaders, Budget Holders and Departments
- Visible and timely intervention and interaction by all Executives, Senior Leaders and Budget Holders.
- Interrogation and collaboration of strategies plans and approaches with our sister organisations across the UK.

Using a Value-Based Approach to Commissioning and Development activities

- Developing a value-based approach to articulate the system benefits of investing resources in Education and Training.
- Developing a robust approach to business case development.

Strong Discipline

- Disciplined financial management of all expenditure commitments.
- Continuous and detailed monitoring and management of the financial position.
- Timely corrective response to any variation from plan.
- Adherence to standards and governance requirements.

Ensuring excellent Assurance and Governance

- Effective budget holder engagement to deliver the Plan and management of budgets.
- Provision of high quality, accurate and timely financial advice for budget holders, the Executive team and HEIW Board.
- Expert support and technical advice to budget holders to enable the development of robust plans and business cases.

- Continuous evaluation of systems to identify areas for improvement and timely actions in response to audit recommendations.

Engagement with Budget Holders

- Finance team will provide regular timely and informative reports and support for budget holders.
- Promotion of financial behaviours that encourage, incentivise and add value.

Using available tools to demonstrate efficient use of resources where appropriate

- Relevant and timely Performance Reporting aligned to the organisation's Performance Framework.
- Use of relevant NHS Benchmarking.
- Application of Efficiency Framework where possible.

HEIW agreed a three-year IMTP with Welsh Government for 2020-23. The Financial Plan within that IMTP presented the resource requirements and deployment over an extended 5-year planning time frame, in order to ensure that the timescales of the current agreed programmes and those envisaged were presented over their full annual cost commitment. It is important that the scale of the stepped commitment arising from the phasing impact of programmes is understood since the cost increases can be substantial when the additional student/trainee numbers commissioned progress through all the years of their education and training.

The process of developing the financial plan to date has involved a detailed review with individual budget holders of their 2020/21 budgets and WG agreed commitments, which were set following agreement of the 2020-23 IMTP. The emerging in-year financial position and year-end outturn forecast as at month nine was also considered in establishing the new-year starting base. Due to the inherent complexity involved in pay modelling, the exercise has been carried out centrally within the Finance Team, but budget holders have been able to subsequently review their proposed budgeted establishment for accuracy.

All business cases and increases in commissioning budgets that have the approval of Welsh Government or are part of the NHS Wales Education Commissioning and Training Plan 2021/22 have been included. Budget holders were also asked to include within the planning template essential requests for additional funding that may be required to fully deliver the Strategic Objectives set out in within this Annual Plan and the enabling corporate requirements. The resource requirements of these have not been included within the Plan and will be subject to further discussion and agreement with Welsh Government during the 2021/22 year and will be taken forward if and when they are agreed.

The key Pay and Inflation assumptions within the financial plan are as follows:

- Following the end of the 3 year pay agreement (ending 2020-21) for NHS staff an inflationary uplift of 1% on pay scales has been applied for future years.
- A 1% uplift on Cardiff University pay scales has been applied based on current rates.
- A 2.8% uplift on DDRB pay scales has been applied based on current rates.
- A 1% inflationary uplift on non-pay budgets has been applied.

The five year summary of the financial plan is set out below:

	Annual 2020/21 Budget	Draft 2021/22 Budget	Draft 2022/23 Budget	Draft 2023/24 Budget	Draft 2024/25 Budget	Draft 2025/26 Budget
Executive Office	£	£	£	£		
Pay	1,424,926	1,710,540	1,653,407	1,531,504	1,556,806	1,584,459
Non Pay	1,935,211	1,166,145	1,169,474	1,181,158	1,192,970	1,204,899
Total Executive Office	3,360,137	2,876,685	2,822,881	2,712,662	2,749,775	2,789,358
Finance & Corporate Services						
Income	-	-	-	-	-	-
Pay	864,447	882,886	901,581	922,567	934,710	948,287
Non Pay	103,377	121,015	122,225	123,435	124,670	125,917
Total Finance & Corporate Services	967,824	1,003,902	1,023,807	1,046,003	1,059,380	1,074,204
Digital						
Pay	854,257	986,642	1,007,239	1,032,147	1,049,510	1,074,611
Non Pay	3,969,775	4,010,033	3,550,693	3,591,353	3,632,827	3,674,715
Total Digital	4,824,032	4,996,675	4,557,932	4,623,501	4,682,337	4,749,326
Planning, Performance & Corporate Services						
Pay	312,301	329,960	336,694	341,876	347,211	353,946
Non Pay	601,629	1,482,432	1,496,889	1,511,709	1,526,826	1,542,095
Total Planning, Performance & Corporate Services	913,930	1,812,392	1,833,583	1,853,586	1,874,037	1,896,041
Medical Director						
Income	- 598,872	- 535,847	- 537,267	- 542,640	- 548,066	- 553,547
Pay	9,484,965	10,428,960	10,737,904	10,995,885	11,218,155	11,438,062
Non Pay	6,790,499	8,356,671	8,572,178	8,762,643	8,840,969	8,920,079
TGS	52,687,561	56,801,432	64,917,576	76,349,832	90,757,093	106,611,326
GP Training	20,521,467	28,870,238	33,494,642	34,333,383	34,976,104	35,625,253
I&R	231,290	237,766	240,144	242,545	244,970	247,420
PGMDE	4,863,900	4,875,185	4,926,551	5,032,636	5,145,783	5,266,061
WCAT	1,769,573	1,781,251	1,799,063	1,817,054	1,835,225	1,853,577
Pharmacy Commissioning	9,267,236	10,395,908	11,358,038	11,922,457	12,146,286	12,292,998
Dental Commissioning	4,976,400	8,143,357	9,367,720	9,461,397	9,556,011	9,651,571
Relocation Expenses	1,100,000	1,111,000	1,122,110	1,133,331	1,144,664	1,156,111
Total Medical Director	111,094,019	130,465,921	145,998,659	159,508,524	175,317,195	192,508,911
Nursing						
Pay	1,668,508	2,011,651	2,078,049	2,152,982	2,199,827	2,244,237
Non Pay	- 141,627	1,292,717	799,952	706,096	480,929	486,655
Commissioning	119,802,102	125,937,626	141,509,062	152,940,143	157,013,467	159,707,539
Total Nursing	121,328,983	129,241,995	144,387,063	155,799,221	159,694,223	162,438,431
Workforce & OD						
Pay	2,016,162	2,429,782	2,427,365	2,496,804	2,537,220	2,570,593
Non Pay	601,629	2,458,408	2,573,996	2,028,322	2,364,835	2,583,403
Total Workforce & OD	2,617,791	4,888,191	5,001,361	4,525,126	4,902,055	5,153,996
Grand Total	239,368,754	275,285,759	305,625,285	330,068,622	350,279,001	370,610,267

9.2 Developments and Investments

Through the process of developing the Annual Plan, developments and potential investment to deliver the Plan were identified through the 'Plans on a Page' approach. The resource requirements of these will be costed and when they are agreed, and will be incorporated into the plan subject to further discussion and agreement with Welsh Government in-year.

9.3 Financial Risks and Opportunities

The financial plan is being developed with the best available information and within the existing policy environment. There is some uncertainty on the scale, length and impact of the COVID-19 pandemic on the educational and training commitments in the early years of the financial plan. Consequently, the basis of the planning assumptions has been conservative.

9.4 Capital

HEIW has a recurrent discretionary Capital Allocation of c.£100k. Although this modest allocation will not initially inhibit the developments set out in the plan, a process will be established that involves budget holders and other partners to determine the capital needs of HEIW in support of its objectives and strategy over the next five years.

English Catherine
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Appendices

Appendix A

Our **values and behaviours** have been developed by us and reflect our thoughts, feelings and beliefs in how we will, and won't, behave and treat others. They reflect how we will carry out our work and support the delivery of health and social care to the people of Wales.

Respect for all - in every contact we have we have with others.	Together as a team - we will work with colleagues, across NHS Wales and with partner organisations.	Ideas that improve – harnessing creativity and continuously innovating, evaluating and improving.
We Will	We Will	We Will
<ul style="list-style-type: none"> • Actively listen – make time to listen, to hear, and respond to everyone's views; • Seek to understand alternative viewpoints and see things from others' perspectives; • Challenge constructively and objectively and deal with disagreement quickly and respectfully maintaining peoples' dignity; • Respect other people's expertise and trust people to do their jobs; • Take personal responsibility for our actions and have the confidence to admit mistakes and apologise; • Treat people fairly and equitably according to their needs; • Value all differences not just professional backgrounds, experience and skills. 	<ul style="list-style-type: none"> • Seek out, recognise and value the knowledge skills and experience of others from within HEIW and across our stakeholders; • Openly receive contributions from colleagues and partners; • Work hard for each other, contribute our best whether we are leading or supporting work; • Work collaboratively; • Be open and transparent and work towards shared objectives; • Have fun. 	<ul style="list-style-type: none"> • Be creative, curious and future thinking; • Challenge the status quo and suggest constructive solutions; • Take a positive approach to challenges and problems; • Drive informed innovation and improvement for patients, staff and learners; • Empower staff, teams and partners with skills to improve; • Seek out and respond to feedback from patients, learners, staff and partners; • Talk up and celebrate success; • Embrace and learn from mistakes; • Focus on the 'whys' - the purpose and the outcome; • Create and protect time and space for reflection and evaluation.
We will not	We will not	We will not
<ul style="list-style-type: none"> • Allow challenges or differences of opinion to become personal; 	<ul style="list-style-type: none"> • Withhold important relevant information; 	<ul style="list-style-type: none"> • Behave in a negative or "can't do" way; • Be defensive when challenging existing ways of working;

<ul style="list-style-type: none"> • Behave in a way which could be perceived as bullying; • Exclude others; • Behave in a way which could be perceived as prejudicial; • Give preferential treatment; • Dominate discussions or approaches. 	<ul style="list-style-type: none"> • Forget to communicate with each other; • Lack loyalty towards each other and HEIW; • Work rigidly to defined boundaries. 	<ul style="list-style-type: none"> • Think we know best; • Allow obstacles to stop improvement; • Blame others for mistakes.
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**HEIW RESOURCE PLAN :
DRIVERS FOR CHANGE**

Expanding HEIW Infrastructure and resources to provide capacity and capability to deliver our vision of Transforming the Workforce for a Healthier Wales

Additional Roles and Responsibilities
Nurse Staffing Programme
Allied Health Professionals Framework
Healthcare Sciences Programme
Hosting the CDO Office
Optometry Training
Graduate Training Scheme
#TrainWorkLive
Meeting Statutory Requirements: eg Welsh Language (Wales) Measure 2011, Socio Economic Duty, EU Transition, Equality Act, Wellbeing of Future Generations (Wales) Act 2016
Learning Disabilities Framework
National Mental Health Workforce Plan
New national policies: eg Decarbonisation Strategy
Scoping other Areas: WIMAT

A Maturing Organisation

Greater understanding of skills and capacity inherited from predecessor organisations
Filling identified gaps in comparison to other NHS organisations, including in statutory compliance
Maturing governance processes and structures
Complying with Audit Recommendations
Developing our Business Partnering approach
Developing our Transformation approach and capacity
Using best practice eg PMO, workforce planning, QI, Evaluation and Research
Expansion in numbers of commissioned HCP students and medical, pharmacy and dental trainees leading to increase in commissioning, training provision, QA and corporate departments workload
Expansion in direct programmes and functions requiring additional corporate support.
An exemplar employer: ensuring wellbeing, and engagement of our staff

Covid Response and Recovery and New Ways of Working

Majority of activities moved online inc homeworking and education and training - big increase in digital support required
New Covid response functions - IPC training, support to Care Homes, Critical Care training, some of which are becoming BAU
Leadership and support to the vaccination programme
Support and production of resources for trainees and students
Additional national Wellbeing offer

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

Strategic Objective 1.1: Lead and develop a sustainable national workforce plan for nursing to achieve a better match between demand and supply in Wales

Executive Lead: Angela Parry / **SRO:** Kerri Eilertsen-Feeney

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> • Scope current nursing workforce from band 2 to 8 speciality and level of practice. • Publication of current workforce mapping. 	Q1 (April-June) <ul style="list-style-type: none"> • Recruit to programme manager, if funded through Case for Change. • Research best practice for nursing workforce models. • Work with Workforce Analytics to scope current nursing workforce from band 2 to 8 speciality and level of practice. • Establish internal HEIW working group.
	Q2 (July-September) <ul style="list-style-type: none"> • Engage Executive Directors of Nursing (EDONs). • Establish an expert working/steering group. • Engaging with the nursing workforce - "Think Tank" month long event to identify/support future priorities. • Continue to work with Workforce Analytics and Health Boards (HBs) to scope current nursing workforce from band 2 to 8 speciality and level of practice.
	Q3 (October-December) <ul style="list-style-type: none"> • Analysis of "Think Tank" data from engagement events and process. • Analysis of workforce data and report of findings.
	Q4 (January-March) <ul style="list-style-type: none"> • Sharing data and information collected. • Engagement with HBs.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> • Engagement and consultation events to develop workforce plan, following analysis of workforce data. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> • Deliver and evaluate the workforce plan. 	

What does success look like?

An achievable and sustainable national strategic workforce plan to transform the nursing workforce for the future.

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

Strategic Objective 1.2: Lead the development of a multi-professional Continuous Professional Development (CPD) strategy and drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills and capabilities required for the future

Executive Lead: Push Mangat / SRO: Charlette Middlemiss

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Development and Implementation of the CPD Strategy Implementation and roll out of the Education Delivery System across HEIW. 	Q1 (April-June) <ul style="list-style-type: none"> Draft version of the CPD Strategy discussed with stakeholders and engagement events undertaken. Complete procurement for the Education Delivery System (EDS). Complete implementation plan for EDS. Staff trained on the system. Movement of data from existing systems complete.
	Q2 (July-September) <ul style="list-style-type: none"> Plan developed for the implementation of the CPD strategy. Completed roll out of EDS across the organisation. Communications with users, learners and all stakeholders involved with the EDS complete.
	Q3 (October-December) <ul style="list-style-type: none"> Final version of CPD strategy available. Complete action plan for the CPD strategy and identify actions. Evaluation of the initial engagement with the EDS.
	Q4 (January-March) <ul style="list-style-type: none"> Assessment of the initial uptake for the use of the EDS. Further develop the scope of EDS to include delivery of content developed externally e.g. HBs. Complete actions on the CPD Strategy action plan.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> An evaluation of the effectiveness of the CPD strategy. Implementation of any changes required, because of the evaluation. Evaluation the use and effectiveness of the EDS and identify any barriers to use. Development of the EDS further to suit the needs of HEIW. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> Complete - An implemented and evaluated CPD Strategy and the EDS used across the organisation. 	

What does success look like?

100% of online courses and virtual learning originating in HEIW being delivered through this system. Improved course booking processes and user experience which can be measured by an increase in the number of bookings and by customer satisfaction surveys. Standardised management of CPD. A financial model for CPD. Improved collection and monitoring of Performance Data. Increased delivery of multi-professional CPD with at least 30% of courses being available to a multi-professional audience. Movement of all online CPD courses from systems currently being used in HEIW to the EDS (8000 + courses) by January 2022.

Registration 10,000 healthcare workers enabling them to access on-line CPD by 2022 with the functionality to register up to 160k Health and Social Care workers if required.

English Catherine
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Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of ‘A Healthier Wales’

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

Executive Lead: Julie Rogers / **SRO:** Angie Oliver

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> • Scope requirements for the NHS Wales Health and Wellbeing Framework. • Evaluate health and wellbeing initiatives introduced during 2020-21 to assess impact and inform ongoing development. • Scope the development of a Wellbeing in Work Impact Resource (WiWIR). • Implement the Staff Governance Framework. • Further embed flexible training opportunities for medical trainees in Wales and ensure robust return to training support is available for trainees in Wales. 	Q1 (April-June) <ul style="list-style-type: none"> • Completed Project Initiation Document for the development of the Health and Wellbeing Framework. • Evaluation Report and PowerPoint slide pack of the health and wellbeing initiatives developed. • Completed the Project Initiation Document for the development of the WiWIR. • Evaluate the Single Lead Employer arrangements. • Conduct and conclude options appraisal for trainee relocation reimbursement allowance and funding model to support this.
	Q2 (July-September) <ul style="list-style-type: none"> • Started the engagement/consultation of the development of the NHS Wales Health and Wellbeing Framework. • Based on the findings of the evaluation report, and in collaboration with the NHS Wales Health and Wellbeing Network/Managing Attendance Project Group/Occupational Health Services Project Group, make recommendations to HEIW Executive team for next stage programme plans. • Implement trainee wellbeing and return to work support strategies. • Build on opportunity to increase flexible training opportunities for trainees in Wales including portfolio career opportunities and accreditation of transferable competencies.
	Q3 (October-December) <ul style="list-style-type: none"> • Completed the Literature Review to inform development of WiWIR. • Agree revised study leave policy and process for medical and dental trainees in Wales.
	Q4 (January-March) <ul style="list-style-type: none"> • WiWIR version 1 draft developed. • Health and Wellbeing Framework for NHS Wales draft version agreed. • Implement the new medical and dental study leave policy and process.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> • Implement the Health and Wellbeing Framework for NHS Wales which will include Information/Resources and Wellbeing Measures • Version 1 of the WiWIR agreed and testing sites planned. • Introduce ‘in-house’ training modules across a number of generic areas. • Work with NHS Wales partners to implement and evaluate national work programmes relating to health and wellbeing, workplace wellbeing and colleague experience. • Implement Single Lead Employer arrangements for remaining specialties. • Promotion and showcasing of good practice on approaches to wellbeing support services. 	
High level Deliverables for Year 3 (2023-24)	

- Test and evaluate the Wellbeing in Work Impact Resource.

What does success look like?

HEIW is providing system leadership in developing and embedding workforce wellbeing and colleagues experience. This is contributing to the ambition of an engaged, healthy and motivated workforce outlined in the Workforce strategy for health and social care. Specifically this means that:

- HEIW are leading the development of specific areas of the Workforce Strategy Implementation plans.
- A health and wellbeing framework to support physical and mental wellbeing has been developed and implemented.
- Information and Resources including toolkits to support managers and staff are widely available and utilised.
- Robust Diagnostic and Evaluation Tools have been developed and are providing evidence of improvement.
- Wellbeing measures are being implemented and monitored to track progress.
- Workforce related policies and practices are being designed with a focus on wellbeing.
- Managers and leaders are focussed and fully committed to ensuring the wellbeing of the workforce.

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

Strategic Objective 1.4: Improve recruitment and access to careers in the health and care sector in partnership with Social Care Wales (SCW).

Executive Lead: Julie Rogers / **SRO:** Angie Oliver

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> • Create a comprehensive digital platform and social media presence to include virtual reality experiences which offer input to SCW. • Scope Careers and Widening Access Strategy. • Align attendance and contribution of #TrainWorkLive and careers campaigns to maximise reach. • Create and launch the Made in Wales Programme. • Create targeted retention initiatives aimed initially to the post-55 years old workforce. 	Q1 (April-June) <ul style="list-style-type: none"> • Complete the move of the <i>careerswales.nhs</i> website to Mura. • Identify appropriate digital platform to host 'Careersville' event. • Build the Careersville digital village. • Create internal and external programme arrangements to progress Made in Wales to include partners across NHS Wales, education and professional bodies and trades unions. • Map current activity across Wales which aligns to Made in Wales. • Work with workforce colleagues across NHS Wales to agree process for highlighting retention initiatives to NMC registered staff who are considering retirement/changes of career.
	Q2 (July-September) <ul style="list-style-type: none"> • Launch the Careersville event on 5 July 2021. • Have a significant presence at key careers and recruitment events. • Hold stakeholder events to develop the Careers and Widening Access Strategy. • Agree the programme of work for the first 3 years of Made in Wales. • Launch targeted retention initiative for AHP staff.
	Q3 (October-December) <ul style="list-style-type: none"> • Consult on the Careers and Widening Access Strategy. • Further develop the Careers Network links and connections between careers approaches in health and social care to maximise our reach.
	Q4 (January-March) <ul style="list-style-type: none"> • Complete the Careers and Widening Access Strategy in readiness for April 2022 launch. • Identify further areas for targeted retention initiatives.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> • Implement the Careers and Widening Access Strategy (year 1). • Review current schemes and develop targeted schemes for shortage areas focussing particularly on actions to address the diversity of the workforce. • Examine inter-professional learning and working arrangements to support existing staff to change careers. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> • Implement an all Wales Careers and Widening Access Covenant and work experience toolkit. • Develop a Once for Wales approach to use of and development of skills based career choice. 	

What does success look like?

A national careers service is in place, providing services that are accessible for all ages and career stages. A recognised brand that aligns with our recruitment offer, attraction campaigns, and is available to Social Care, linked to targeted schemes for shortage areas, student graduation. A careers strategy which includes specific actions in relation to inclusion providing new and innovative ways to access careers in health and care.

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

Strategic Objective 1.5: Lead the development and implementation of 'Made in Wales' to improve career pathways and education opportunities for the current and potential future workforce

Executive Lead: Julie Rogers / **SRO:** Angie Oliver

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Establish the Made in Wales Team. Scope and establish the programme of work to deliver a rolling 3-year work programme. Build the digital content to host the programme content and resources. Map current activity across Wales which aligns to Made in Wales. Create and Launch the Made in Wales Programme. 	Q1 (April-June) <ul style="list-style-type: none"> Complete recruitment to the Made in Wales Team. Map current activity across HEIW which aligns to the Made in Wales approach (e.g. apprenticeships). Communicate the Made in Wales vision to engage Exec Peer Groups and key stakeholder support. Establish programme management arrangements.
	Q2 (July-September) <ul style="list-style-type: none"> Scope current activity across Wales which aligns to this approach (e.g. B4 nursing programmes which allow direct access to year 2 of degree). Scope the component parts of a programme of work which will inform a 3 year rolling work programme in the first instance.
	Q3 (October-December) <ul style="list-style-type: none"> Create the digital presence and graphic communication methods. Agree the programme of work for the first 3 years of Made in Wales to include registered and non-registered HCP pathways.
	Q4 (January-March) <ul style="list-style-type: none"> Hold an event to formally launch the Made in Wales Programme.
High level Deliverables for Year 2 (2022-23) <ul style="list-style-type: none"> Expand the current 'alternative' programmes available in nursing to other areas. Engage university providers in seeking recognition for previous learning, qualifications and experience in developing alternative pathway transfer routes (e.g. Physician Associate to medical training). 	
High level Deliverables for Year 3 (2023-24) <ul style="list-style-type: none"> Accelerate/expand the approach into other professional areas including consultant level and non-clinical areas. 	

What does success look like?

A career framework which enables staff to enter at multiple points, and then move across and up through the same or different professional lines, through a competence-based approach and recognising acquired and prior learning. Breaking down traditional barriers to learning and pre-registration programmes, and allow career change and career development at all stages of an individual's working life. Identifying future supply, attracting to health careers, providing the appropriate education and training including apprenticeships and internships, planning their ongoing roles through enhanced strategic recruitment, and continuing to support them in their roles through CPD. The development of career pathways at all levels and in all professional areas, including demonstrable widening of access to healthcare careers, reducing the impact of differential attainment increasing the reflection of Welsh Language and culture in our services by recruiting

local people, increasing our workforce supply and reducing reliance on agency and locum expenditure over time. In addition this work will contribute to the social and economic prosperity of Wales.

English Catherine
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Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of ‘A Healthier Wales’

Strategic Objective 1.6: Develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales.

Executive Lead: Julie Rogers / **SRO:** Angie Oliver

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Develop an outline business case for the establishment of a Centre of Excellence (CoE) for health (and social care subject to engagement with SCW). Lead work to improve the quality and completeness of workforce data at both local and national levels. Lead the development of a data strategy and work with the performance team to develop the performance dashboard for HEIW to support the Performance Framework. Develop capacity and capability to produce and provide workforce intelligence and workforce modelling reports including NHS staff survey and pay modelling. Scope the programme of work required to build capacity and capability across NHS Wales in workforce data and analytics to inform the development of a Strategy for Workforce Intelligence. Scope and undertake an analysis of the options for a single platform specification and a robust business case. 	<p>Q1 (April-June)</p> <ul style="list-style-type: none"> Identify key partners to inform the purpose, function, detail and design of the CoE. Review and agree appropriate alignment of data related roles/activity with statutory functions. Subject to above, agree a work programme for NHS Wales to improve the quality and completeness of ESR data. Establish a work programme for HEIW to improve the quality and completeness of ESR data. With the performance team, support the programme of work to develop the Performance Dashboard on quarterly basis. Produce a data quality dashboard (internal and external) and associated reporting structure to drive improvement. Clarify the purpose and function of a single platform specification
	<p>Q2 (July-September)</p> <ul style="list-style-type: none"> Engage with key stakeholders to understand the individual partner requirements of the CoE. Develop high level / prototype workforce dashboards to provide workforce planners and modellers a minimum dataset for planning. Produce a report outlining finding from the datasets audit. Engage with Social Care Wales to understand the outputs of their new workforce data collection process and results.
	<p>Q3 (October-December)</p> <ul style="list-style-type: none"> Engage with NHS and social care workforce planners and modellers to understand the types of data that would enable better workforce decisions to be made. Identify sources of demand to improve effectiveness of workforce modelling. Scope datasets and research methods to effectively pay model across NHS Wales. Research best practice and understand education requirements of workforce analytics. Undertake a gap analysis of workforce analysts skills. Evaluate the anticipated benefits of a single platform for HEIW.
	<p>Q4 (January-March)</p> <ul style="list-style-type: none"> Produce an outline business case for the establishment of a CoE for health and social care (subject to social care engagement). Engage with NWSSP in the re-procurement of ESR to influence a single workforce system solution from 2022. Launch workforce dashboard that provides workforce planners with the appropriate data they need to effectively workforce plan.

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High level Deliverables for Year 2 (2022-23)

- Develop a full business case for the establishment of the CoE.
- Develop the Strategy for Workforce Intelligence, including a capacity and capability building programme across NHS Wales.
- Deliver year one of the capacity and capability building programme across NHS Wales in workforce data and analytics.
- Further develop data quality metrics across HEIW and NHS Wales. HEIW to be the exemplar organisation in ESR workforce information.
- Evaluate the effectiveness of the data quality dashboard.
- Improve links with Social Care Wales and better understand each others data.
- Develop workforce modelling methodology to populate VENSIM.
- Develop a programme of work to support Staff Survey.
- Undertake an options appraisal for additional workforce data requirements (eg community pharmacy).
- Provide advanced analytics to support the Nursing Act.
- Produce workforce insight reports on specific specialties to support national workforce plans and education commissioning decisions.
- Scope the ability to source improved sources of demand to improve effectiveness of workforce modelling.
 - Interrogate the data to provide insight into a range of issues including Student flows and Succession planning.
- Establish workforce data sharing agreements between NHS Wales and Social care.

High level Deliverables for Year 3 (2023-24)

- Develop capacity in Business Intelligence services and Data Science.
- Agree and develop[dashboard specification for NHS Wales to synergise local and national reporting allowing for accurate comparison and intelligence-based decision making.
- Deliver year 1 of the strategy for workforce intelligence.
- Develop a workforce analytics brand that means HEIW are seen to be system leaders in national workforce intelligence.
- Investigate the feasibility for developing an analytical hub for the smaller organisations to provide capacity and sharing of best practice.

What does success look like?

We have high quality standardised data sets, analytical methods and sophisticated modelling techniques to support workforce planning, development and productivity. This facilitates benchmarking and opportunities to improve efficiency to ultimately help us understand our workforce shape and supply, to inform future workforce need, skills and transformation. Both internally and externally the improvements in our data quality is improving and senior managers are making workforce decisions based on the data, information and intelligence we make available. We are providing added value to the data we receive from our stakeholders, could be value in the collation, visualisation or analysis. We are innovating and moving the workforce analytics agenda forward through the CoE. HEIW has a clear data strategy.

English Catherine
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Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of ‘A Healthier Wales’

Strategic Objective 1.7: Develop education and training to support NHS organisations to improve the quality of workforce planning expertise and capability across the system.

Executive Lead: Julie Rogers / **SRO:** Angie Oliver

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Launch of Workforce Planning (WFP) Capability Matrix. Evaluation of WFP training (Skills for Health). Scope development of blended approach for WFP learning & development (cross sector). Develop online WFP training for Primary Care (Skills for Health) and digital platform (Networks). 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. Review and update current workforce planning resources including web based and digital. 	Q1 (April-June) <ul style="list-style-type: none"> Communications plan for the launch of the Matrix. Extension of Skills for Health contract to deliver outstanding training. Development of online training for Primary Care (Skills for Health). Continue to build the workforce planners network capability.
	Q2 (July-September) <ul style="list-style-type: none"> Engagement on the scope and shape of WFP learning and development required commenced. Scoping and engaging on the shape of the WFP digital platform. Commence work to re-shape the website presence for WFP. Develop the education commissioning plan requirements.
	Q3 (October-December) <ul style="list-style-type: none"> Completion of update of existing WFP resources. Review and revise the workforce planning guidance and templates for IMTP planning guidance.
	Q4 (January-March) <ul style="list-style-type: none"> Expansion of the digital training resources.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Scope the development of academic/accredited WFP training. Develop integrated workforce intelligence across health and social care to inform the strategic programme for primary care and planning for shortage areas. Continue to review strategies that are in place locally, developing across the UK and beyond, and to horizon scan for relevant research and developments. Refine and develop further web based and digital resources. Develop and build blended online learning and development. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> Deliver new workforce planning specialist qualification and training. 	

What does success look like?

This work is set against a backdrop of a demographic profile that forecasts fewer people of working age available to work in health and social care roles, which presents a significant challenge to health and social care services. By improving strategic workforce planning skills we better understand the shape and supply of our workforce, and the influence on changing medical technologies, and identify where and how key areas need to be addressed, including the ability to deliver our health and care in the Welsh language.

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

Strategic Objective 1.8: Develop effective and reciprocal international/global mechanisms to enhance education and training arrangements (overseas recruitment)

Executive Lead: Julie Rogers / **SRO:** Angie Oliver

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Build on and promote the #TrainWorkLive (TWL) brand across Wales, UK and Internationally. Align TWL and careers campaigns to maximise reach. Complete a review of NHS Wales' end to end recruitment practices. Assess impact of travel restrictions on overseas recruitment. Research/scope opportunities to develop training posts for International Medical Graduates (IMGs). Consider links with ongoing overseas networks and initiatives. 	Q1 (April-June) <ul style="list-style-type: none"> Recruit to vacant posts. Commence negotiation to move the website to HEIW. Review the TWL campaign at end of year 5 to inform future development. Build schedule of careers / TWL marketing opportunities. Have a significant presence at key careers and recruitment events.
	Q2 (July-September) <ul style="list-style-type: none"> Ensure all collateral from TWL is with HEIW from Welsh Government. Develop Stage 2 TWL campaign which will commence on completion of the current 5 year agreed programme. Contribute TWL to the Careersville event on 5 July 2021. Agree the strategic campaign programme of work for the next 3 years. Progress GMC sponsorship arrangements for IMGs.
	Q3 (October-December) <ul style="list-style-type: none"> Attend 4 major events (RGCP, RCM, RCN, BMJ). Progress GMC sponsorship arrangements for IMGs. Consider overseas recruitment priorities for 2022-23 including medical and non-medical specialties.
	Q4 (January-March) <ul style="list-style-type: none"> Identify further areas for targeted TWL campaign requirements. Review campaign management and attendance return of investment to inform future plans.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Review current schemes and develop targeted schemes for shortage areas focussing particularly on actions to address the diversity of the workforce. Bring all marketing and communications into HEIW to maximise return on financial investment and copyright. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> Complete. 	

What does success look like?

The TWL is currently primarily designed to attract health care professionals to primary care services. We intend to build on this to provide a national/international recruitment campaign service, with distinct and recognisable branding that can be adapted for UK, Wales and local campaigns, providing marketing opportunities that are accessible for all ages and career stages. The recognised brand that aligns with our careers and widening access offer and work programme is linked to targeted schemes for shortage areas as well as student graduation.

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

Strategic Objective 2.1: Develop a multi professional Education, Learning and Development Strategy designed to deliver future roles.

Executive Lead: Angela Parry / **SRO:** Anton Saayman

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
Deferred to the Annual Plan <ul style="list-style-type: none"> Develop and publish a multi professional Education, Learning and Development Strategy designed to deliver future roles. This will take the form of key principles to support the transformation of the workforce through education, learning and development. 	Q1 (April-June) <ul style="list-style-type: none"> Based on best available national and international evidence, scope outline principles to support a multi professional Education, Learning and Development Strategy designed to deliver future roles. Liaise with Workforce Strategy Colleagues to align priorities (also see stakeholders below).
	Q2 (July-September) <ul style="list-style-type: none"> Engage with key stakeholders in respect of the outline principles to support a multi professional Education, Learning and Development Strategy designed to deliver future roles
	Q3 (October-December) <ul style="list-style-type: none"> Through consultation events refine recommendations for multi professional Education, Learning and Development Strategy designed to deliver future roles.
	Q4 (January-March) <ul style="list-style-type: none"> Publish the Education, Learning and Development Strategy
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Education, Learning and Development Strategy implementation through using the principles to: <ul style="list-style-type: none"> Commission excellent and innovative education and training programmes for all students, trainees, and the workforce of Wales. Review educational infrastructures and the support required. Deliver education and training that directly benefits the provision of quality care and patient safety. Be a centre of excellence in high quality healthcare education for workforce and service transformation. Drive up improvements in the quality of practice-based learning across all programmes. Promote and support personal and career enhancing learning through both flexible and traditional models of education. 	
High level Deliverables for Year 3 (2023-24)	
Complete	

What does success look like?

Publication of a strategy that resonates with the workforce and people of Wales to support HEIW to be known as a centre of excellence in high quality healthcare education for workforce and service transformation. Commissioning of the right programmes to ensure the right professionals are in the right roles to deliver the care needed by the people of Wales.

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

Strategic Objective 2.2: Implement Phase 1 of the Strategic Review of the commissioning of health professional education through a successful procurement process.

Executive Lead: Angela Parry / **SRO:** Martin Riley

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• All contracts awarded for each lot / sub-lot.• Nursing and Midwifery Council and Health Care Professions Council regulatory approval achieved.• Mobilisation plans developed and key milestones achieved.• Students offered places on new courses to meet commissioning numbers across all professions.	Q1 (April-June) <ul style="list-style-type: none">• Finalise procurement evaluation.• Draft Ratification and Approval Paper.• Governance and Approvals Phase – HEIW, NWSSP and Welsh Government.
	Q2 (July-September) <ul style="list-style-type: none">• Bidders notified of outcomes.• Engagement commenced.• Courses marketed / student engagement days run.• HEIW to form part of each Universities mobilisation / implementation boards.
	Q3 (October-December) <ul style="list-style-type: none">• Universities to progress through approval “gateways” with NMC / HCPC.• Universities to offer places on courses.• Mechanisms developed to support courses where contracts will expire.• Contract extensions for expiring courses to be finalised.
	Q4 (January-March) <ul style="list-style-type: none">• Students recruited.• NMC and HCPC approvals processes completed.• Sign-off from professional bodies.• Performance metrics to be finalised and agreed.• New key themes embedded fully in new programmes.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">• New contracts to commence – on time in September 2022.• First cohort of students going through new courses.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">• Contracts embedded and achievement of key performance indicators and quality metrics.	

What does success look like?

All lots and sub-lots are awarded and all key themes embedded, including access, bilingualism, multi-professional learning, diversity and quality. KPIs are met and inter-professional preparation for practice embedded within and across Universities, with simulation / digital learning / digital skills at forefront of education delivery.

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

Strategic Objective 2.3: Plan for Phase 2 of the Strategic Review of the commissioning of health professional education.

Executive Lead: Angela Parry / **SRO:** Christine Love

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Project plan for the second phase of the strategic review will have commenced and the project manager and team are in post. Governance Framework established and effective mechanisms in place for engagement with stakeholders. Engagement undertaken for Phase 2A of the Strategic Review. Procurement process completed for Phase 2A up to evaluation of bids. 	Q1 (April-June) <ul style="list-style-type: none"> Project team in place. Procurement support in place.
	Q2 (July-September) <ul style="list-style-type: none"> Engagement commenced for Phase 2A.
	Q3 (October-December) <ul style="list-style-type: none"> ITT/tender documentation developed for those programmes which have undergone consultation. OJEU notice to trigger procurement.
	Q4 (January-March) <ul style="list-style-type: none"> Bids received. Evaluation of bids phase 2A.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Evaluate tenders and award contracts for those programmes which have time limited contracts in place. Commence phase 2B procurement exercise/scoping. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> Evaluate tenders and award contracts for those Phase 2B programmes which have undergone consultation and ITTs have been developed. Commence Phase 2C procurement exercise/scoping. 	

What does success look like?

HEIW are in a position to award contracts in 2022 to a number of post registration/post graduate programmes and Phase 2 of the Strategic Review is underway.

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

Strategic Objective 2.4: Embed the new ways of education and training that have been put in place in response to the Covid-19 pandemic, including digitally enabled learning, assessment and quality assurance.

Executive Lead: Sian Richards / **SRO:** Malcolm Gajraj

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• Evaluate teaching and training that has been adapted during Covid to enable non face-to-face delivery to consider whether there has been an enhancement or detriment to learning.• Scope what could be delivered online for medical and non-medical training this year: for TPDs, trainers, trainees, educators and learners.• Develop an action plan for online training and education.	Q1 (April-June) Commission evaluation of online learning and gap analysis <ul style="list-style-type: none">• Define evaluation approach and engage with procurement to ascertain a supplier to undertake work.• Include gap analysis to determine what teaching needs to be delivered to i. achieve minimum (prior) delivery and ii. improve delivery.
	Q2 (July-September) <ul style="list-style-type: none">• Review evaluation.• Review MDT scoping exercise.
	Q3 (October-December) <ul style="list-style-type: none">• Medical and non-medical training scoped.• Action planning underway.
	Q4 (January-March) <ul style="list-style-type: none">• Clear action plan for online training.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">• Trainee and learner education delivered with online learning where appropriate. Core content for TPD and trainer programmes established.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">• Supplementary modules for TPDs and trainers available. MDT training rollout.	

What does success look like?

High level of satisfaction from trainees, trainers, educators and learners. Feedback scores from modules with evidence of improvement based on intervention to address poor satisfaction. High level of engagement from trainers and educators for revalidation purposes. Core modules accessed by 100% trainers and educators. Additional modules accessed with positive feedback. Over time, ongoing access to non-core modular content with all trainers passing assessments on core topics.

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

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

Executive Lead: Push Mangat / **SRO:** Margaret Allan

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Secure funding from Welsh Government for the 5-year Programme.Programme Governance Framework established.Post-Registration Foundation Pharmacists 2021-22 intake - In partnership with HEIs and training providers start delivery of the new pilot transition pathway for IETP to include Independent Prescribing (IP) outcomes and secure funding for delivery.Post-Registration Foundation Pharmacists 2022-23 intake - In partnership with HEIs and training providers review and iterate the transition pathway for IETP to include IP outcomes and secure funding for delivery.Complete negotiations with HEIs regarding the proposed funding of clinical placements within MPharm to support the transition of learning outcomes.Iterative development, continuous improvement and quality management of Pre-Registration Foundation and pilot transition programme alongside IETP developments.	Q1 (April-June) <ul style="list-style-type: none">Finalise content and delivery methods for pilot post-registration pathway.Secure funding for pilot pathway, identify and enrol pharmacists.Roadmap for implementation of HEI/MPharm changes.Pre-Registration Foundation Curriculum for 2021/22 intake agreed and approved.HEIW approval of 5-year Programme Business Case.
	Q2 (July-September) <ul style="list-style-type: none">Commence Post-Registration Foundation pilot transition pathway.Negotiations concluded with HEIs to start enhanced funded Clinical Placements in Wales (3-4 year Cardiff MPharm students).Start the iteration Pre-Registration Foundation curriculum to align to IETP for 2022/23 intake.Welsh Government approval of 5-year Programme Business Case.
	Q3 (October-December) <ul style="list-style-type: none">Start the iteration and development of a Post-Registration Foundation pathway for 2022/23 intake.Pharmacy planning cycle – engage with internal stakeholder and submit any necessary business cases/change requests.
	Q4 (January-March) <ul style="list-style-type: none">2021/22 intake – formal external review of Post-Registration Foundation transition pathway to inform changes for 2022/23 intake.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">Develop an IETP pathway for pharmacists with a full IP outcome for 2023/24 intake and secure funding for delivery.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">Develop an IETP pathway for Pharmacists for 2024-/5 and secure funding for delivery. Intake will result in IP-qualified Pharmacist.	

What does success look like?

The successful transition of Learning Outcomes into MPharm degrees, the delivery of a single training programme that leads to Independent Prescriber qualified Pharmacists at the end of their Foundation Training Year and compliance with regulatory requirements.

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

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

Executive Lead: Push Mangat / **SRO:** Colette McNally

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Lead an approach to reducing differential attainment in medicine by developing a comprehensive education and training programme available for all trainees, non-training grade doctors and educational supervisors.Deliver the programme via the Professional Support Unit in workshops (online or face-to-face)Share good practice in addressing differential attainment with all disciplines within healthcare via the Differential Attainment Board.Launch and promote 'Comms4Docs' app.Launch 'Welcome to Wales' e-book for people new to Wales.Develop a business case for a mentorship scheme for 2022.	Q1 (April-June) <ul style="list-style-type: none">Develop the training and education materials.
	Q2 (July-September) <ul style="list-style-type: none">Provide training in differential attainment and related topics via the Professional Support Unit in a workshop format.Develop a business case for mentorship pilot to start in 2022.
	Q3 (October-December) <ul style="list-style-type: none">Receive feedback on the training package for differential attainment from workshop evaluations and a survey of the Heads of Schools.
	Q4 (January-March) <ul style="list-style-type: none">Refine the programme in light of the feedback.Launch the Comms4Docs app and Welcome to Wales e-book.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">Review the method of delivery of the training package. If face-to-face is the preferred method of delivery, develop a strategy for ensuring all areas of Wales have an equal and fair amount of training made available.Rollout the mentorship scheme if the business case is supported.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">Evaluate the impact of the strategy to reduce differential attainment	

What does success look like?

Reduced attainment gap, measurable by Royal College examination results for postgraduate trainees and training satisfaction, and equivalent for other professional groups.

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

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

Executive Lead: Angela Parry / **SRO:** Martin Riley

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> • Work with NHS Wales to ensure that there is appropriate representation on the foundation economy subgroups of the 3 Regional Skills Partnerships (RSPs). • Establish a mechanism for keeping up to date with apprenticeship developments in England, at a strategic and operational level. • Establish effective tripartite mechanisms for HEIW, NHS organisations and Universities. • Develop core common multi-disciplinary principles for supporting students in practice. • Develop training models for dispersed learning, e-learning and widening access. • Develop a new suite of performance management and student monitoring tools to benchmark, improve knowledge, improvement and to roll-out best practice. • Expand the number and range of qualifications HEIW is permitted to deliver by Agored and City and Guilds. • Scope the infrastructure requirements to support WBL across NHS Wales. 	<p>Q1 (April-June)</p> <ul style="list-style-type: none"> • Develop 'Kite Mark' approval criteria for preferred partner provider list. • Scope the infrastructure requirements to support WBL across NHS Wales e.g. delivery models, resources, register of assessors and IQAs. • Set up 'Grow Your Own' programme of work. • Identify who is involved in the national work and who from HEIW should be part of that group. • Appoint Band 7 Quality Assurance Manager and Band 6 Assessor Manager.
	<p>Q2 (July-September)</p> <ul style="list-style-type: none"> • Expand the number and range of qualifications HEIW is permitted to deliver by Agored and City and Guilds. • Introduce and monitor self-evaluation reporting (SAR) for all Health Board Education and Learning departments.
	<p>Q3 (October-December)</p> <ul style="list-style-type: none"> • Scope the benefit of HEIW co-ordinating a centralised Essential Skills Wales (ESW) delivery co-ordination with direct access to the Wales Essential Skills Toolkit (WEST) through contracted licencing.
	<p>Q4 (January-March)</p> <ul style="list-style-type: none"> • Evaluate and prioritise next stage requirements. • Establish a Quality Board and reporting structures to support policy, process and Quality Assurance development.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> • Develop and implemented a new approach to support learning in practice for all students and trainees. • Provide the quality control systems and processes for NHS Wales education and quality control all e-learning content for work based learning. • Develop a kite mark for education provision delivered across NHS Wales. • Review qualification development priorities in line with workforce requirements and apprenticeship framework developments. • Review effectiveness of Quality Board and review and publish 'Preferred Provider Partner List'. • Embed SAR policy and processes. • Continue identifying and establishing detailed tendering requirements for potential submission to WG for a NHS Wales Apprenticeship Frameworks contract. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> • Submit tender to WG to become a main contractor to draw down Apprenticeship Funding. 	

What does success look like?

HEIW to be a main contractor to draw down Apprenticeship Funding from Welsh Government and offering a wide range of opportunities across Wales.

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

Strategic Objective 2.8: Improve opportunities for learners to undertake education and training through the medium of Welsh

Executive Lead: Dafydd Bebb / **SRO:** Huw Owen

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• Scope and map current accessibility to Welsh language education provision across all commissioned and HEIW delivered programmes.• 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.• Continue to develop more health specific learning resources – in particular, translation apprenticeship qualifications, Welsh Language Skills Certificate (WLSCert) and basic awareness courses for our undergraduate students.• Working with the Coleg Cenedlaethol Cymraeg to increase the number of posts funded across Welsh universities.	Q1 (April-June) <ul style="list-style-type: none">• Continue to scope and map current accessibility to Welsh language education provision and placements across all commissioned and HEIW delivered programmes.• Ensure that Welsh language awareness is incorporated within final education contract.• Start proposed translation apprenticeship with Swansea Gower College.
	Q2 (July-September) <ul style="list-style-type: none">• Ensure reporting mechanisms within education contracts are embedded firmly into final contract.• Recruit second cohort of apprentices.
	Q3 (October-December) <ul style="list-style-type: none">• Develop learning courses with National Learning Centre.• Develop recruitment work through the Careers Network.
	Q4 (January-March) <ul style="list-style-type: none">• Continue to work with Coleg Cymraeg Cenedlaethol across all education courses ready for September 2022.• Expand apprenticeship across NHS Wales.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">• Embed first year of reporting on education contracts, ensuring process becomes robust.• Expand apprenticeship reach.• Establish and expand WLSCert.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">• Improve process in second year of reporting on education contracts, ensuring process becomes more robust.• Expand apprenticeship reach and volume – monitor effects on translation numbers across NHS Wales.• Further expand WLSCert.• Look for more nuanced training deliverables, follow same pilot/ dissemination model as before.	

What does success look like?

Better Welsh Language awareness in the NHS workforce and more resilience in the translation workforce across Wales. More posts funded across Welsh universities by Coleg Cenedlaethol Cymraeg.

Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs
Strategic Objective 2.9: Develop and implement a multi-professional education and training quality assurance framework and supporting infrastructure.
Executive Lead: Push Mangat / SRO: Tom Lawson

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Review of educational infrastructure, funding allocations, models of working and develop recommendations for change. Develop a multi-professional Quality Framework for HEIW. Develop innovative placement capacity solutions for healthcare students. Scope, develop functionality and engage with stakeholders to design an all-Wales placement database for healthcare students. Develop key placements in rural areas, community and primary care. 	Q1 (April-June) <ul style="list-style-type: none"> Scope current educational infrastructure provision across all HEIW areas with internal consultation on various approaches. Develop cross-directorate working for multi-professional Quality Framework. Scope options for an all Wales healthcare student placement database. Scope new opportunities for rural primary care and community placements in medical and non-medical disciplines. Appoint a Head of Placement Innovation and Experience. Produce an interim report of the work of the HEIW COVID-19 Healthcare Student Placement Reference Group.
	Q2 (July-September) <ul style="list-style-type: none"> Conduct physical educational infrastructure review with external stakeholders, and review funding allocations. Agree functionality of healthcare student placement database. Plan for implementation of community/primary care placements. Receive outcomes from Hywel Dda Pilot in Care Homes. Review/Monitor placement quality through AEI contract business performance meetings, the All Wales HEIW Placement Reference Group, and All Wales key forum specific reporting.
	Q3 (October-December) <ul style="list-style-type: none"> Implement new primary care/community placements for healthcare students. Collate educational infrastructure review findings. Evaluate needs – based on outcomes from Hywel Dda Pilot – to consider staffing infra-structure to develop placements in Nursing Homes for nursing, OT and physiotherapy students. Stakeholder engagement on the student placement database. Conduct student placement quality assurance as part of Education, Commissioning and Quality Team stakeholder engagement with Universities and practice partners. Scrutinise National Student Survey (NSS) returns.
	Q4 (January-March) <ul style="list-style-type: none"> Produce recommendations from educational infrastructure review. Publish and implement HEIW multi-professional Quality Framework. Develop business case to fund student placement database.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Evaluate impact of professionalisation of Training Programme Director role and review/refine. 	

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- Financial assessment of recommendations of educational infrastructure review and begin implementation.
- Implement multi-professional Quality Framework.
- Procure, award and establish all-Wales healthcare student placement database.
- Evaluate implementation of Care Home Education Facilitator roles across Wales.

High level Deliverables for Year 3 (2023-24)

- Evaluate quality framework.
- Evaluate all Wales placement database.

What does success look like?

Consistent educational infrastructure across all HEIW areas and consistent approach to quality. Functioning student placement database. Increase in community and rural placement across all professional areas (medical and non-medical). A published and implemented HEIW multi-professional Quality Framework.

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

Strategic Objective 2.10: Implement improvements to ensure equitable access to education and training for Speciality and Associate Specialist (SAS) and locally-employed doctors

Executive Lead: Push Mangat / SRO: Ian Collings

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Complete mapping exercise to ascertain numbers of current SAS/non training grade doctors including recruitment and retention data and number of unfilled SAS posts. Scope SAS/non training grade development/support programmes across UK to identify best practice and potential models. Identify at-need specialties in terms of recruitment and retention. Develop team for SAS and non-training grade doctors support and development. Complete an independent evaluation of the current impact of SAS Charter across Wales. Conduct a survey of learning, development and support needs of SAS/non training doctors. Develop SAS/non training support and development programme for SAS/non-training grade doctors. Commence pilot of SAS training and development scheme in 2 specialties in Wales mapped to specialty curriculum. 	Q1 (April-June) <ul style="list-style-type: none"> Complete mapping exercise and UI-wide scoping. Identify at need specialties related to recruitment and retention.
	Q2 (July-September) <ul style="list-style-type: none"> Appoint Associate Dean for non-training grade doctors and 2 x Training Programme Directors for SAS development and support. Appoint admin support.
	Q3 (October-December) <ul style="list-style-type: none"> Identify 2 HBs to commence pilot including trainers and SAS doctors who will be undergoing development. Commence pilot SAS support and development programme in 2 specialties.
	Q4 (January-March) <ul style="list-style-type: none"> Complete an independent evaluation of the current impact of SAS Charter across Wales. Conduct a survey of learning, development and support needs of SAS/non training doctors.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Conduct quality management exercise of pilot development programmes. Interim evaluation of SAS support and development programmes. Consideration of further expansion of pilot to other specialties including development of educational infrastructure to support development. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> Further evaluation and quality management of pilot programmes. Further expansion to other specialties. 	

What does success look like?

Increased and highly engaged and motivated SAS workforce in Wales measured via the Medical Engagement Survey. Increased recruitment and retention of SAS doctors in Wales on the 2021/22 baseline. Increased number of SAS doctors following Certificate of Eligibility for Specialist Registration (CESR) route and

being appointed to new Specialist Doctor grade on the 2021/22 baseline. Increased numbers of SAS doctors in leadership roles – e.g. Educational Supervisor, Appraiser, Clinical leadership roles.

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

Strategic Objective 2.11: Lead the development and management of a multi-professional infrastructure and strategy for Simulation Based Education

Exec Lead: Angela Parry / **SRO:** Anton Saayman

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Develop and implement an All Wales Simulation Strategy and investment plan supported by consultation. Explore and implement key alternatives to support the recognised deficit in face to face training, including the use of immersive technologies and other opportunities. Review standards, accreditation and Quality Assurance (QA) requirements and develop a plan to take forward and embed across Wales. Develop options to improve utilisation, availability and accessibility of facilities, equipment, faculty, and other resources across Wales. 	Q1 (April-June) <ul style="list-style-type: none"> Develop a strategy development group. Commence engagement on facility, equipment, faculty and other resources usage, availability, and accessibility. Engage with the Welsh simulation community regarding approaches to standards and QA in Wales.
	Q2 (July-September) <ul style="list-style-type: none"> Develop the draft Simulation Strategy. Hold the HEIW Simulation Annual Event. Develop faculty development training materials.
	Q3 (October-December) <ul style="list-style-type: none"> Engage and receive feedback on the draft Simulation Strategy. Action the standards and QA plan. Release a pilot All Wales Simulation app.
	Q4 (January-March) <ul style="list-style-type: none"> Launch the Simulation Strategy and implement action plan. Produce a report to outline the potential alternatives to face to face training in Wales. Develop a report of potential options to improve accessibility and deliverability with an action plan on moving forward.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Continue the development of resources to support simulation-based education. Review actions taken and consider further actions based on the development of new technology over previous years. Develop a faculty approach for simulation-based education. Publication of simulation development in Wales in a range of peer reviewed journals/publications. Enhanced usage of resources and best practice on appropriate virtual platform. Develop a strategy to support the unrecognised/unacknowledged simulation that is delivered across Wales. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> Evaluate impact of simulation strategy together with ERIIC. 	

What does success look like?

A clear Simulation Strategy supported by a number of sub-strategy plans, agreed investment, the implementation of alternatives to face to face learning opportunities including the use of immersive technologies, as well as improved and safe access to usage of simulation facilities, equipment, faculty and other resources, contributing to high quality education underpinned by standards.

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

Strategic Objective 2.12: Lead the development and implementation of a digital capability framework for the healthcare workforce in partnership with Digital Health and Care Wales (for staff who are not digital specialists).

Executive Lead: Sian Richards / **SRO:** Jay Beavan

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Engage with Health Education England (HEE) and NHS Education Scotland (NES), Digital communities Wales (DCW), Chief Digital Officers to understand their learning and actions in this area and whether these could be adopted or adapted for the NHS Wales workforce. Commission an external review of 'A digital ready workforce' for NHS Wales to prepare the workforce for new digital ways of working Define and agree the scope and definition of 'A digital ready workforce' for NHS Wales and agree the baseline measures and action plan. Deliver a Digital Capability Discovery Tool pilot in HEIW Develop a draft action and resource plan. Engage with partners on the approach – including the development of a framework of digital skill competencies and Digital Capability Role Profiles for healthcare roles in NHS Wales. 	Q1 (April-June) <ul style="list-style-type: none"> Review work undertaken to date Open communication with HEE, NES, DCW and CDOs Review the digital communication discovery tool Engage across Wales public sector on the definition of 'A digital ready workforce' for NHS Wales and agree the approach for assessments
	Q2 (July-September) <ul style="list-style-type: none"> Commission an external review of 'A digital ready workforce' for NHS Wales Release the digital communication discovery tool as a pilot in HEIW Review results from the discovery tool
	Q3 (October-December) <ul style="list-style-type: none"> Review results of the external review and develop an action plan Start work on NHS Wales role profiles Provide learning and support to responders to the engagement Engage on the action plan
	Q4 (January-March) <ul style="list-style-type: none"> Engage on HEIW's digital capabilities role within NHS Wales Agree the action plan.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Work with partners in NHS Wales and the wider public sector to implement the digital capability work undertaken and develop baselines and improvement plans. Continue to implement action plan, reviewing effectiveness and impact as actions are progressed. 	
High level Deliverables for Year 3 (2023-24)	
Complete.	

What does success look like?

An agreed digital capability framework for staff who are not digital specialists in NHS 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 Objective 2.13: Improve career pathways and education opportunities for the clinical academic and research workforce

Executive Lead: Angela Parry / **SRO:** Gail Harries-Huntley

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• Scope current options available for research and education career pathways.• Map competencies against the Learning and Development Framework.• Develop competencies against the enhanced, advanced and consultant pathway to address any gaps.	Q1 (April-June) <ul style="list-style-type: none">• Set up specialist group to include staff in research and education posts within NHS Wales.• Identify links to Learning and Development Framework.
	Q2 (July-September) <ul style="list-style-type: none">• Develop specific competencies at advanced and consultant level against first pillar i.e. development of self and others.
	Q3 (October-December) <ul style="list-style-type: none">• Develop specific competencies against second pillar i.e. professionalism and leadership.
	Q4 (January-March) <ul style="list-style-type: none">• Identify any of the professional practice competencies (clinical practice) that apply.• Develop competencies where there are gaps against this pillar.
High level Deliverables for Year 2 (2022-23)	
Identify education to support staff to research and education staff.	
High level Deliverables for Year 3 (2023-24)	
Complete.	

What does success look like?

There will be a recognised career pathway for research and education with supporting education to deliver it.

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

Strategic Objective 2.14: Develop and implement modernised funding models to incentivise training and education in NHS Wales.

Executive Lead: Eifion Williams / **SRO:** Rhiannon Beckett

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Engage with WG on the options to improve the efficiency of operation of the Bursary system whilst maintaining the attractiveness and minimising the loss of funded training.Review existing arrangements for funding study leave and work with NWSSP and others to implement a revised approach including the potential implementation of individual flexible study leave accounts for postgraduate medical and dental trainees.Review and recommend a revised approach for funding Postgraduate Medical Education and support for libraries and other support services.Review and recommend a revised approach to the funding of training grade posts across NHS Wales.	Q1 (April-June) <ul style="list-style-type: none">Following the identification of options to improve the efficiency of operation of the Bursary system, whilst maintaining the attractiveness and minimising the loss of funded training, engage with WG to ascertain their consideration of next steps.Review existing arrangements for funding study leave.
	Q2 (July-September) <ul style="list-style-type: none">Work with NWSSP and others to implement a revised approach including the potential implementation of individual flexible study leave accounts for postgraduate medical and dental trainees.
	Q3 (October-December) <ul style="list-style-type: none">Review and recommend funding Postgraduate Medical Education and support for libraries and other services.
	Q4 (January-March) <ul style="list-style-type: none">Review and recommend a revised approach to the funding of training grade posts across NHS Wales.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">With Welsh Government, determine future funding arrangement for SIFT with the potential that this is transferred to HEIW to allocate to Health Boards.Working with others, implement new arrangements for the funding of postgraduate training and education.Working with others, implement agreed new arrangements for the bursary system.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">Evaluate new arrangements and funding models.Work with Welsh Government colleagues to update and prioritise recommendations from Scott Review (2013) regarding SIFT in light of current policy priorities	

What does success look like?

Modernised funding system for postgraduate training which incentivises education and training in Wales, in line with our 'Made in Wales' ethos.

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

Strategic Objective 3.1 Lead the implementation of the Health and Care Leadership Strategy through the NHS Wales Compassionate and Collective Leadership Framework for action

Executive Lead: Julie Rogers / **SRO:** Helen Thomas

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> • Influence the inclusion of the compassionate leadership principles and manager core competences into all leadership and management offerings. • Develop measures to assess the effectiveness of compassionate leadership and culture within organisations. • Develop compassionate leadership resources including those that attract educational credit. • Provision of a compassionate leadership module for use within HEIW and Induction. • Continue to lead and support a network of Collective Leadership Champions/accredited practitioners. • Provision of compassionate leadership conference to promote and embed compassionate leadership across the system and share best practice. • Continue to partner with experts to ensure HEIW leadership offerings are credible and steeped in evidence base. • Establish coaching and mentoring capacity able to support executive and clinical leaders. • Increase HEIW profile within the 5 Nations collective leadership network. 	Q1 (April-June) <ul style="list-style-type: none"> • Compassionate Leadership Principles embedded within all leadership offerings across HEIW and NHS Wales. • Completion of compassionate leadership book with Professor Michael West that includes case examples from the UK and Wales. • Production of a range of compassionate leadership measures.
	Q2 (July-September) <ul style="list-style-type: none"> • Development of Compassionate Leadership module worth 20 credits at Masters level.
	Q3 (October-December) <ul style="list-style-type: none"> • Provision of compassionate leadership national conference that attracts NHS Wales and other sector leaders.
	Q4 (January-March) <ul style="list-style-type: none"> • Host the 5 Nations collective leadership event.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> • Create capability and capacity within HEIW to deliver compassionate leadership offerings.. • Continue to develop leadership resources that are available bilingually, pan Wales. • Establish a network /faculty of leadership associates who can support Executive development. • Provide leadership conference and learning events to share best practice. • Review the impact of the NHS Wales Leadership Framework for action. 	

High level Deliverables for Year 3 (2023-24)

- Provision of evidence based compassionate leadership resources, offerings and events.
- HEIW established as credible system leader in the field of compassionate leadership.

What does success look like?

Enhanced leadership capacity and capability at all levels across the system with leaders who prioritise the health and wellbeing of staff, build positive, safe and compassionate environments and create the conditions for teams to flourish. This will in turn generate innovation and continually improve services for the people of Wales whilst promoting NHS Wales as the best place to work.

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

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

Executive Lead: Julie Rogers / **SRO:** Helen Thomas

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Implement the programme deliverables identified by the national Talent Board through the Talent and Succession Operational Group. Develop and deliver a standardised, evidence-based approach to the identification and management of Tier 1-2 talent across NHS Wales. Integration of a self-assessment / diagnostic tool based on the NHS Wales Executive Success Profile into 'Gwella' Talent Management solution. Design and deliver Executive Director development centre to identify potential successors for prioritised posts. Develop a range of talent management dashboards for Tiers 1 – 3. Establish and support networks of 'ready now' and 'ready soon' executive talent. Implement targeted processes to support Succession Planning; based on intelligence from Workforce and Talent Management dashboards. Provision of a range of master classes and development offers. Support organisations in identifying best practice Talent and Succession processes /frameworks for local application of robust Talent Management. Scope the option of HEIW playing a leading role in executive leadership recruitment. 	Q1 (April-June) <ul style="list-style-type: none"> National Talent Board operational. Talent management practitioner group established. Talent management digital solution implemented. Talentbury 2020 network engaged. Schedule of succession planning activities and Leadership Masterclasses and Learning Events available.
	Q2 (July-September) <ul style="list-style-type: none"> Development Centres delivered for those aspiring to Tier 2 positions. Onboarding programme for new CEOs in NHS Wales established.
	Q3 (October- December) <ul style="list-style-type: none"> Self-service self-assessment / 360 degree assessment integrated into talent management solution. A range of talent dashboards developed.
	Q4 (January-March) <ul style="list-style-type: none"> Leadership/Talentbury 2021 Conference event provided.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Widen access to Executive compassionate leadership development to reflect local population requirements. Continued delivery of Executive Director development centres to identify possible successors for prioritised posts. Continued delivery of executive leadership offerings. 	
High level Deliverables for Year 3 (2023-24)	

- Continued provision of executive leadership offerings.
- Established talent pools for critical roles across NHS Wales.
- Established alumni's and networks.

What does success look like?

An established talent management process embedded across NHS Wales for Tiers 1-3. Best practice 'Talent Management and Succession Planning' frameworks and toolkit developed for NHS Wales. Ability to identify 'Ready Now' and 'Ready Soon' candidates across NHS Wales with robust aspiring executive talent pools and pipelines established and up to 3 NHS applicants shortlisted for all NHS Wales Executive positions by 2024 (3 minimum by 2027).

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

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

Executive Lead: Julie Rogers / **SRO:** Helen Thomas

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Implement the Shaw Trust accessibility action plan to achieve conformance level AA for the Gwella Leadership Portal. Integrate talent management (TM) software into Gwella Leadership Portal and undertake functional and end user testing. Integrate the Executive Director success profile into Gwella to enable self-service access to aspiring executive leadership talent opportunities. Continue to curate and enhance bilingual leadership and management resources to widen resources accessible via Gwella. Continue to market Gwella and widen access to compassionate leadership resources. Develop analytics to evidence effective use of Gwella and resources. Create compassionate leadership learning pathways within Gwella that attract educational credits. Promote Gwella for the use of all HEIW and organisational leadership and management conferences, networks and programmes. 	Q1 (April-June) <ul style="list-style-type: none"> Finalise implementation of new leadership portal contract. Integrate and deploy Talent Management (TM) software into Gwella. Complete TM functional and user testing. Develop a suite of user analytics and metrics.
	Q2 (July-September) <ul style="list-style-type: none"> Achieve accessibility level AA for Gwella Leadership Portal. Deploy an enhanced range of publications to the Gwella resource library. Development of Talent Management dashboards.
	Q3 (October-December) <ul style="list-style-type: none"> Enhanced portal functionality deployed to Gwella. Develop compassionate leadership learning pathways.
	Q4 (January-March) <ul style="list-style-type: none"> Enhanced range of bilingual leadership and management resources deployed.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Continue to curate and enhance a range of bilingual leadership and management resources available via the Gwella Leadership portal. Continue to enhance Gwella through a pipeline of developments that have been informed by users. Review contract and explore the market in readiness for new contract tender. Undertake full evaluation of the Gwella Leadership Portal to inform new tender/solution. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> Implement new contract / internal development of the Gwella Leadership Portal. 	

What does success look like?

An inclusive, bilingual digital self-service leadership portal available 24/7 providing open access to a range of up to date, accessible, evidence-based compassionate leadership resources. Gwella extensively used across NHS Wales and wider. A means of effectively managing executive talent and succession.

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

Strategic Objective 3.4: Lead the adaptation, development and implementation of leadership programmes and resources for clinical leaders from a range of professional backgrounds

Executive Lead: Julie Rogers / SRO: Helen Thomas

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Develop and market a suite of inclusive clinical leadership offerings and digital resources. Pilot a multi-disciplinary clinical leadership offering. Provide action learning sets, coaching, mentoring, conversations etc to supplement clinical leadership offerings. Review Primary Care Clusters succession and leadership requirements. Create clinical leadership alumni and networks to grow vibrant communities of compassionate clinical leaders across NHS Wales. Lead and deliver the Welsh Clinical Leadership Trainee Fellows scheme. Provide support and governance for the Florence Nightingale Foundation (FNF) Scholars participating in the 2021-22 Leadership and Transformation Programme. 	Q1 (April-June) <ul style="list-style-type: none"> Develop the HEIW clinical leadership offer.
	Q2 (July-September) <ul style="list-style-type: none"> Market and engage clinical leadership offer across NHS Wales. Commence clinical leadership module 1.
	Q3 (October-December) <ul style="list-style-type: none"> Provision of clinical leadership offer.
	Q4 (January-March) <ul style="list-style-type: none"> Produce forward looking clinical leadership schedule. Establish clinical leadership network and alumni. Evaluate and update clinical programme / offerings. Recruit to 2022-23 WCLTF Programme. Market and recruit to the FNF 2022-23 Programme.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Continue to review and enhance and provide clinical leadership development programmes, alumni and networks. Explore application of educational credit to clinical leadership programmes. Review support required to develop and grow leadership capacity within Primary Care. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> Scheduled provision of clinical leadership offerings, resources and development opportunities. Vibrant clinical leadership networks and alumni. Established clinical leadership mentors. 	

What does success look like?

The development of confident clinical leaders able to effectively lead transformational change through a model of compassionate and collective leadership. An established, evidenced based, range of multidisciplinary clinical leadership offerings. An evidence base of clinical improvement projects enabled through Quality improvement expertise and compassionate leadership.

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

Strategic Objective 3.5: Lead the review, improvement and re-launch of the NHS Wales Graduate training scheme

Executive Lead: Julie Rogers / SRO: Helen Thomas

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Onboard the new NHS Wales Graduates. Finalise the master's degree content in partnership with the University of South Wales. Organise and facilitate 3 virtual engagement sessions with trainees and organisations. Develop Framework for Onboarding Induction. Establish an organisational 'safari tour' and work experience schedule in partnership with organisations. Develop and agree a performance framework for the graduate trainee. Create a Gwella Graduate network to maintain engagement with the appointed graduates prior to their commencement September 2021. Review the Graduate marketing and recruitment process and develop lessons learned. Develop supplementary leadership offerings to support the graduates' leadership development. Delivery of the HEIW internship programme. Establish a HEIW Graduate Management Programme Alumni. Explore options to establish a joint network with the Finance Academy and Academi Wales. 	Q1 (April-June) <ul style="list-style-type: none"> Master's degree content finalised. Graduate network established. HEIW Internship complete (phase 1).
	Q2 (July-September) <ul style="list-style-type: none"> Graduate orientation and work experience schedule complete. Graduates commence. Launch HEIW internship (phase 2). Performance Framework established.
	Q3 (October-December) <ul style="list-style-type: none"> Master's programme commences. Evaluate internship programme. Review of Graduate process complete (from offer to post on-boarding of Trainees).
	Q4 (January-March) <ul style="list-style-type: none"> Commence master classes and learning offerings. Finalise internship programme and scale up. Final review and reflect of Graduate Programme process and operating model.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Support the Management Graduate Programme (Programme 1). Commence the marketing and recruitment process for a new Cohort of graduates to the NHS Wales graduate scheme (Programme 2). Evaluate graduate programme (1) developing lessons learned to inform improvements to Cohort 2. Organisation to confirm participation in Cohort 2. Provision of HEIW internship programme. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> Onboard new management graduates Commence the management Graduate Programme Cohort 3. 	

- Provision of HEIW internship programme.

What does success look like?

An established NHS Wales graduate leadership programme providing increased capacity of professionally diverse senior and executive leaders across NHS Wales. A sustainable creating a rich and diverse pool of aspiring leaders for senior and executive leadership positions across NHS Wales. An established NHS Wales internship programme that enhances the capacity of the NHS Wales workforce.

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

Strategic Objective 3.6: Lead the development, implementation and management of the new NHS Executive Collective and Compassionate Leadership programme.

Executive Lead: Julie Rogers / **SRO:** Helen Thomas

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• Deliver the HEIW executive compassionate leadership offering.• Develop in-house capability, skills, and capacity to deliver executive leadership modules.• Publish a scheduled calendar of executive leadership offering.• Undertake executive leadership development centres to support identification of customised leadership development interventions.• Provide coaching and mentoring capacity to support executive leadership offerings.• Establish executive leadership alumni and networks.	Q1 (April-June) <ul style="list-style-type: none">• Publish the executive collective and compassionate leadership development offerings.• Launch Cohort 1 Aspiring Executive Leadership Programme.• Provision of executive mentoring programme.
	Q2 (July-September) <ul style="list-style-type: none">• Analysis of Executive development needs (determined from Development Centre evaluation).• Launch Cohort 2 Aspiring Executive Leadership Programme.
	Q3 (October-December) <ul style="list-style-type: none">• Develop executive coaching and mentoring capacity.
	Q4 (January-March) <ul style="list-style-type: none">• Establish alumni and network.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">• Monitor, evaluate and continue to grow the executive leadership development offering.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">• Monitor, evaluate and continue to grow the executive leadership development offering.	

What does success look like?

Increased capacity of professionally diverse senior and executive leaders across NHS and public-sector Wales who can create the conditions and infrastructure for continuously improving high quality care. High demand and engagement in HEIW executive leadership offerings with vibrant networks of compassionate leaders influencing system change and who feel well prepared to progress to an Executive level position measured through:

Success Factors Year 1:

100% of senior leaders identifying as ‘Ready Now’ and ‘Ready Soon’ (1-2 years) engaged in development activity aligned to their personal needs analysis and activity choice.

English Catherine
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Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.1: Maintain an agile response to the specific workforce needs of the COVID-19 pandemic response and recovery.

Executive Lead: Alex Howells / **SRO:**Charlette Middlemiss

(a) Care Homes

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> • Exploration of opportunities to support overseas registrants working in care sector to gain access to Nursing and Midwifery Council (NMC) register. • Work with partners to expand training on offer to health workers in care homes. • Maintain links with Social Care Wales. 	Q1 (April-June) <ul style="list-style-type: none"> • Scope options to support overseas registrants to gain registration with NMC. • Scope working with external agencies e.g. TEC Cymru to deliver training on Once for Wales basis. • Matrix working with other HEIW departments including education commissioning regarding increasing the numbers of care home staff undertaking nurse training.
	Q2 (July-September) <ul style="list-style-type: none"> • Establish what training can be delivered remotely and what must be delivered face to face. • Develop training for care home sector clinical staff. • Develop to options to support overseas registrants to gain registration.
	Q3 (October-December) <ul style="list-style-type: none"> • Working with Health Boards and TEC Cymru make training available for care homes.
	Q4 (January-March) <ul style="list-style-type: none"> • Monitor uptake of training. • Review whether further support is needed for the sector.
High level Deliverables for Year 2 (2022-23)	
Review as required.	
High level Deliverables for Year 3 (2023-24)	
Complete.	

What does success look like?

Care home sector has well trained and support health care staff, overseas registrants are working towards NMC registration.

English Catherine
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Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.1: Maintain an agile response to the specific workforce needs of the COVID-19 pandemic response and recovery.

Executive Lead: Alex Howells / **SRO:** Charlette Middlemiss

(b) Infection, Prevention and Control

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Recruitment into Infection Prevention and Control (IP&C) post.Establishing relationships in IP&C community specialist workforce/education partners across health and social care.Scope current education and workforce skill mix of IP&C workforce.Review and analysis of new training resources developed in response to Covid and production of report.	Q1 (April-June) <ul style="list-style-type: none">Complete recruitment/induction into post.Identify areas of need.Liaise and build relationships with relevant stakeholders in health and care sectors.New post holder to undertake research into best practice - workforce models and education for specialist workforce.Develop process for evaluation of new training models in response to Covid.
	Q2 (July-September) <ul style="list-style-type: none">Establish an IP&C steering group to identify current workforce demographics and current education provision.Confirm reporting structure for group.Establish current service provision across health and social care.Identify and agree alternative education models/options and provision for the specialist workforce.
	Q3 (October-December) <ul style="list-style-type: none">Scoping current workforce structure and skill mix across health and care home sectors.Scoping current education provision for IP&C specialist staff across health and care home sectors.
	Q4 (January-March) <ul style="list-style-type: none">Deliver report and recommendations on workforce structure and skill mix and on education provision.Undertake consultation with Directors of Nursing/Therapies and Medical Directors.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">In partnership with the service, care sector and further/higher education develop education programme for specialist service across all levels of staff.Support recruitment onto education programme and monitor delivery of education.Support implementation of new workforce model.	
High level Deliverables for Year 3 (2023-24)	
Complete.	

What does success look like?

A new model of highly trained and skilled specialist IP&C workforce to advise on IP&C across health and care home sectors.

Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.1: Maintain an agile response to the specific workforce needs of the COVID-19 pandemic response and recovery.

Executive Lead: Alex Howells / SRO: Charlette Middlemiss

(c) Integrated collaborative decision making (ICDM)

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Recruit into 4 training posts.Delivery of Masterclasses for Executive Directors of NHS Wales.Develop project plan for roll-out of programme.Engage with NHS Wales senior leaders to agree roll-out plan.	Q1 (April-June) <ul style="list-style-type: none">Recruit into ICDM posts.Deliver Masterclasses for Executive Directors for NHS Wales.
	Q2 (July-September) <ul style="list-style-type: none">Begin training of ICDM trainers (phase 1).Agree KPIs.
	Q3 (October-December) <ul style="list-style-type: none">Phase 2 training of ICDM trainers.Develop project roll out plan for each region.Agree roll out of programme with Health Boards /Trusts.
	Q4 (January-March) <ul style="list-style-type: none">Deliver training under supervision in agreed areas.Agree roll out of programme across NHS Wales.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">Roll out of programme across NHS Wales HB/Trusts by trained ICDM trainers.Capture data – how many staff have been trained/change in culture/ impact on service e.g. reduction in waiting lists.Establish how programme will be delivered in future.	
High level Deliverables for Year 3 (2023-24)	
Review need for programme to continue.	

What does success look like?

The training supports culture change across NHS Wales impacting on clinical practice and decision making, reduction in waiting times, reduced inappropriate referrals and increased co-production.

English Catherine
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Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.2: Support the development and implementation of multi-professional workforce models for primary and community care, in line with the Strategic Programme for Primary Care and Regional Partnership Board plans.

Executive Lead: Alex Howells / **SRO:** Charlette Middlemiss

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Framework for the establishment, functions and governance that will support the training, development and transformation of the primary care multidisciplinary workforce, subject to investment. A revised HEIW project plan to support the workforce models for primary and community care and reflect the RPB plans for integrated working. Increased numbers of new GP training practices and new trainers to support and physically accommodate the ongoing expansion in numbers of both GP trainees and other learners in that environment. An established HEIW relationship with Regional Partnership Boards and their workforce agendas for primary care health and social care. A multi-professional workforce plan to support implementation of new primary and community care workforce model. Better workforce planning skills and capabilities in primary care. GP Network Competency Framework. Digitally enabled compendium of good practice for primary care. Practice Based Small Group Learning (PBSGL) evaluation report with recommendations for future provision. Increase in Independent Prescribers working in primary care. 	Q1 (April-June) <ul style="list-style-type: none"> Reviewed membership, Terms of Reference and actions of internal HEIW Primary Care group(s). Approved business case to secure investment for establishment of framework for Primary Care education and training. Continued recruitment, virtual inspection and accreditation of more new GP training practices Ongoing increase in numbers, superseding those who will retire, of GPs prepared for on-line Prospective Trainer Courses. Engagement and open dialogue with RPBs on aspirations and future planning for integrated working. Publish the new recorded/online workforce planning training for Primary Care on the HEIW website. GP Network Competency Framework launched. Project brief for revised compendium of good practice content and design, scoped and agreed with Digital team (HEIW) and external partners (NWSSP). Evaluation process for PBSGL agreed and designed. Development of an assessment and evaluation process to establish the numbers of independent prescribers working in primary care. Develop or commission support needed for integrated workforce models.
	Q2 (July-September) <ul style="list-style-type: none"> Implementation and roll out of the online training to Primary Care. Complete collection of information and resources to populate the good practice guide. Review of RPB transformation fund proposals to assess workforce implications and models. Completed evaluation of independent prescribing with recommendations for future provision.
	Q3 (October-December) <ul style="list-style-type: none"> Commence work to develop evaluation approach to assess lessons learned from the roll out of the online workforce planning training offer. Collate content of good practice guide. Consider options for virtual inspection of new and existing GP training practices and blended learning rather than completely virtual approach to prospective GP trainer courses.
	Q4 (January-March) <ul style="list-style-type: none"> Work with the Strategic PC Programme to embed the workforce planning approach within the Cluster IMTP process, working with partners. Launch of good practice guide. Consider inviting senior educators from other primary care professions to witness prospective GP trainer courses and actual practice visits. This is with a view to exploring the potential for similar

courses for other professions and to promote discussion of more widespread multi-professional supervision in future.

High level Deliverables for Year 2 (2022-23)

- Consolidate expansion in GP trainee numbers.
- Reflect cluster workforce plans in education and commissioning plans.
- Establish and begin role out of primary care training, development and governance framework.
- Development of a clear all Wales offer to support integrated workforce models in place.
- Translate workforce models developed by RPB into a good practice guide.

High level Deliverables for Year 3 (2023-24)

- Continue rollout and development of HEIW Primary Care & Community Framework.
- Evaluation of vision.

What does success look like?

A transformed and more sustainable primary care workforce with the right skills delivering integrated care models for local populations and communities.

English Catherine
03/31/2021 11:25:31

Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.3: Develop a mental health workforce model and plan in collaboration with Welsh Government and Social Care Wales to support the implementation of Together for Mental Health (this includes CAMHS).

Executive Lead: Angela Parry / **SRO:** Kerri Eilertsen-Feeney

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Develop and publish a transformation vision for mental health workforce. Enable Welsh Government to publish an agreed and costed workforce plan for mental health. Develop CAMHS education and training plans and commission the required education and training. Publish pathways for primary care mental health referrals. 	Q1 (April-June) <ul style="list-style-type: none"> Implement engagement plan for mental health workforce. Engage with Primary Care network for review of current pathways for Primary Care for mental health. Review educational plan for perinatal mental health professional to meet new standards and support creation of digital learning. Scope the potential for a dedicated resource for an all Wales approach to deliver for infant mental health Review priorities for early years educational needs to support children and young people following strategy development and engage with children and young people to establish the need for an equitable core service delivery across Wales. Set up/join specific service area and service user networking groups. Set up a Task and Finish Group for developing a mental health peer support network. Scope specific education provision for individuals working in CAMHS. Initiate process to commission level 6 and 7 CAMHS course as All Wales offering.
	Q2 (July-September) <ul style="list-style-type: none"> Implement engagement plan for mental health workforce. Set up focus groups relation to part 1 assessment. Develop Primary Care pathways for Mental Health referrals. Co-ordinating plan for the delivery of all Wales children and young people core services. Agree and plan priorities for phase 2 with WG. Produce an All Wales base level mental health first aid resource. Commission level 6 and 7 CAMHS course as All Wales offering.
	Q3 (October-December) <ul style="list-style-type: none"> Develop primary care pathways for MH referrals. Implement plan for phase 2 priorities. Work with careers and commissioning teams to increase access, scope and numbers of identified required education places. Build workforce planning reporting system for Mental Health workforce plan and immediate response.
	Q4 (January-March) <ul style="list-style-type: none"> Develop and publish transformation vision for mental health workforce. Initiate consultation for mental health workforce transformation vision. Make recommendations for part 1 assessments. Publish pathways for primary care mental health referrals.

English Catherine
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- Review of the high-level deliverables for year 2.

High level Deliverables for Year 2 (2022-23)

- Implement and evaluate key actions arising from the transformation vision.
 - Deliver on specified key actions in relation to education and workforce from phase 1 and 2.
 - Enabling the new strategy for mental health and key deliverables.
 - Potential for educational need following review of MHA work for new professionals.
 - Develop workforce plan for children and young people.
 - Implementation of mental health pathways from primary care.
 - Develop a training package for MHA work part 1.
 - Evaluate the need for a Competency framework for CAMHS.
- Phase 2 priorities confirmed.

High level Deliverables for Year 3 (2023-24)

- Implement actions from workforce transformation vision from children's and young people.
- Develop a training package for MHA work part 1.
- Deliver training package for MHA part 1 to professionals.
- Enable the delivery of competency framework for CAMHS through educational packages.
- Expansion of workforce plan for other mental health service areas.

What does success look like?

Success is recruiting sufficient staff to ensure the delivery of key milestones and establish a sustainable and achievable workforce transformation vision for a range of mental health services into the future.

English Catherine
03/31/2021 11:25:31

Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.4: Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes for imaging, pathology, endoscopy and major trauma as well as other national programmes and networks, including unscheduled care and critical care.

Executive Lead: Nicola Johnson / **SRO:** Head of HCS Transformation (when in post)

(a) Imaging

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• Develop an Imaging Strategic Workforce Model in line with the Imaging Statement of Intent and the needs of the national Imaging Programme.• Develop and deliver a range of education/training programmes and qualifications for the Imaging workforce.	Q1 (April-June) <ul style="list-style-type: none">• Develop the HEIW response to the Richards Report.• Identify Imaging workforce requirements including medical, Reporting Radiographers and Radiography Advanced Practitioners based on a review and national and international benchmarking.• Establish the governance and engagement structures and scope of workforce model through the Imaging Workforce and Education Group (IWEG).
	Q2 (July-September) <ul style="list-style-type: none">• Work with the Imaging Academy to develop digital resources for CT Colonography for Radiographers and other registrants.• Undertake engagement through the IWEG to capture workforce opportunities, gaps and barriers.• Review clinical placements for Radiographer trainees to maximise training capacity.
	Q3 (October-December) <ul style="list-style-type: none">• Develop a draft workforce model and undertake engagement through the IWEG.• Re-provision of clinical placements for radiographer trainees to maximise training capacity.
	Q4 (January-March) <ul style="list-style-type: none">• IWEG to agree the strategic workforce model.• Review Ultra Sonography training as part of SRPHE Phase 2.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">• Agreement of an Imaging Strategic Workforce Plan based on the agreed Workforce Model, including links to IMTP processes where required.• Development of an implementation plan for the Strategic Workforce Plan.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">• Delivery of the implementation plan.	

What does success look like?

A modernised NHS Wales workforce model for Imaging, using prudent and compassionate principles, with all practitioners working to the top of their licence and sustainable implementation plans in place.

Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.4: Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes for imaging, pathology, endoscopy and major trauma as well as other national programmes and networks, including unscheduled care and critical care.

Executive Lead: Nicola Johnson / **SRO:** Clem Price

(b) Pathology

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Develop the Cellular Pathology Strategic Workforce Plan in line with the Pathology Statement of Intent and the needs of the national Pathology Programme.Develop and deliver a range of education/training and qualifications for the Pathology workforce.	Q1 (April-June) <ul style="list-style-type: none">Registration of the first cohort of the Pathology Level 4 learners on the Healthcare Science Apprenticeship Framework.Sign off the Level 3 Healthcare Science qualification (Pathology).Establish governance structure and scope of Cellular Pathology workforce plan through the Pathology Workforce and Education Group (PWEG).
	Q2 (July-September) <ul style="list-style-type: none">Develop the Healthcare Science equivalence route all levels.Development of interactive career map for Life Sciences.Undertake engagement through the PWEG to identify workforce opportunities, gaps and barriers.
	Q3 (October-December) <ul style="list-style-type: none">Develop a draft workforce model and undertake engagement through the PWEG.
	Q4 (January-March) <ul style="list-style-type: none">PWEG to agree the strategic workforce model.Scope and review requirements and opportunities for part time routes for Biomedical Science degrees.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">Agreement of a Cellular Strategic Workforce Plan based on the agreed Workforce Model, including links to IMTP processes where required.Use the Cellular Pathology approach to develop models and plans for other pathology disciplines (priorities to be agreed by PWEG).	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">Use the Cellular Pathology approach to develop models and plans for other pathology disciplines (priorities to be agreed by PWEG).	

What does success look like?

A modernised NHS Wales workforce model for the priority Pathology disciplines, using prudent and compassionate principles, with all practitioners working to the top of their licence and sustainable implementation plans in place.

English Catherine
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Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.4: Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes for imaging, pathology, endoscopy and major trauma as well as other national programmes and networks, including unscheduled care and critical care.

Executive Lead: Nicola Johnson / **SRO:** Kerri Eilertsen-Feeney

(c) Endoscopy

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Establish the Endoscopy Training Management Group (ETMG).Develop and deliver a range of training programmes / educational pathways to meet all National Endoscopy Plan (NEP) staffing requirements in line with the NEP action plan 2019-2023 and the recovery plan for stabilising capacity within the workforce.Develop a business case to support the sustainability of the Welsh Institute of Minimal Access Therapy (WIMAT).	Q1 (April-June) <ul style="list-style-type: none">Confirm arrangements for the ETMG.Commence 2nd cohort of clinical endoscopists.Initiate review, development and delivery of contents of the training plan through ETMG (including at least therapeutic upskilling programme to accredit additional Screening Colonoscopists; nursing, administrative and managerial staff).Support the recruitment to the endoscopy training plan.Continue to develop the WIMAT business case.
	Q2 (July-September) <ul style="list-style-type: none">Support completion of the first cohort of clinical endoscopists.Complete the first ETMG reporting cycle.Continue with the review, development and delivery of contents of the training plan through ETMG.Continue to recruit against training plan.Agree the preferred option for WIMAT.
	Q3 (October-December) <ul style="list-style-type: none">Review implementation of local workforce actions as part of local endoscopy plans in line with the NEP action plan 2019-2023 and recovery plan.Develop an implementation plan for the preferred option for WIMAT (if required).
	Q4 (January-March) <ul style="list-style-type: none">Support timely completion of the second cohort of clinical endoscopists.Complete the ETMG reporting cycle in line with NEP expectations.Continue with the review, development and delivery of contents of the training plan through ETMG.Continue with the training of additional staff to sustain capacity across all areas of endoscopy related staffing.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">Evaluate the impact of the national workforce plan and related endoscopy training programme on patient experience and outcomes and continue to support NEP education approaches including incorporating new technology and enhancing the usage of resources on an appropriate web platform.Review implementation of regional and local workforce as part of national endoscopy plans in line with the NEP action plan 2019-2023 and recovery plan.Review and agree funding to support and maintain the National Endoscopy Training Programm and WIMAT is on a sustainable footing.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">Implement the plan for sustainable availability of endoscopy training to support a robust and competent workforce.	

What does success look like?

A HEIW led sustainable governance, faculty and delivery model to support the endoscopy education and training service across Wales.

English Catherine
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Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.4: Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes for imaging, pathology, endoscopy and major trauma as well as other national programmes and networks, including unscheduled care and critical care.

Executive Lead: Nicola Johnson / **SRO:** Angie Oliver

(d) Major Trauma

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Engage with WHSSC to address overlaps between the workforce needs of the Major Trauma Network (MTN) and our commissioning processes.Work with the MTN assisting with the identified training requirements and access to appropriate training resources and delivery.	Q1 (April-June) <ul style="list-style-type: none">Scope the feasibility of hosting education resources created by the MTN.Engage with the network on the further development of MTN capability in relation to trainee requirements and extended and advanced roles.
	Q2 (July-September) <ul style="list-style-type: none">Ensure that education requirements are identified in readiness for inclusion in the education commissioning process for advanced and extended practice
	Q3 (October-December) <ul style="list-style-type: none">Identify further appropriate education and training required to support role and professional development.
	Q4 (January-March) <ul style="list-style-type: none">Commission additional identified education programmes.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">Work with the MTN assisting with training requirements and role transformation as identified through the MTN programme.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">Complete.	

What does success look like?

The MTN will have been supported from an Education and Training perspective by HEIW in respect of improving patient survival and outcomes; enhancing multi-professional training and education; and development new roles and ways of working.

English Catherine
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Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.4: Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes for imaging, pathology, endoscopy and major trauma as well as other national programmes and networks, including unscheduled care and critical care.

Executive Lead: Nicola Johnson / **SRO:** Charlette Middlemiss

(e) Unscheduled Care

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Establish current workforce models in Emergency Departments (ED) across Wales and best practice in other home nations.Establish the option to adopt the Health Education England (HEE) road map for first contact practitioners and adapt for use in Wales to support contact first/111.Establish potential for Research Fellows to evaluate/undertake impact study on contact first/111.Lead the Workforce and Development (W&D) Sub-Group of the National Unscheduled Care Programme.	Q1 (April-June) <ul style="list-style-type: none">Research and collate best practice from across the UK.Establish a working group to review and adapt road map for FCP.Ensure matrix working with other relevant areas including Primary Care and care homes.Establish the W&D Sub-Group.
	Q2 (July-September) <ul style="list-style-type: none">Identify successful roles in ED across Wales and UK and where they could be adopted.Identify training already available to support staff development e.g. in relation to FCP.Recruit research fellows.Run workforce transformation event to engage on road map etc.Engage on the W&D priorities of the National Programme.
	Q3 (October-December) <ul style="list-style-type: none">Set objectives /outcomes measures in partnership with research fellow.Develop resource on workforce models in ED.Scope accreditation for FCP model/training.Agree the W&D priorities of the National Programme.
	Q4 (January-March) <ul style="list-style-type: none">Identify priority area for transformation for next year based on USC programme board priorities.Launch event to engage stakeholders on resource available in relation to ED workforce.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">Lead workforce, education and training development and transformation in the priority areas as identified with the W&D Group of National USC Programme Board.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">Lead workforce, education and training development and transformation in the priority areas as identified with the W&D Group of National USC Programme Board (note will require extension of dedicated USC programme resource).	

What does success look like?

NHS Wales will have a model and plans to transform the workforce in ED and a new training programme for First Contact Practitioners as the first priorities.

Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.4: Modernise workforce models to deliver service transformation arising from the NHS Wales Collaborative strategic programmes for imaging, pathology, endoscopy and major trauma as well as other national programmes and networks, including unscheduled care and critical care.

Executive Lead: Nicola Johnson / **SRO:** Clem Price

(f) Critical Care

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• Delivery of a series of options for Health Boards to use in staffing their Critical Care and response areas.• Development of a strategic workforce model for Critical Care including consideration of the potential role of the wider medical associate practitioners in workforce models (once regulated).• Delivery of Critical Care education and training programme with education providers.	Q1 (April-June) <ul style="list-style-type: none">• Complete the desktop review and benchmarking of NHS Wales, national and international workforce roles and models.• Establish engagement and governance processes.
	Q2 (July-September) <ul style="list-style-type: none">• Delivery of a pull-down menu of options for Health Boards to use in staffing their Critical Care and response areas.• Undertake engagement to capture workforce opportunities, gaps and barriers.• Identify appropriate education and training required.
	Q3 (October-December) <ul style="list-style-type: none">• Develop a draft strategic workforce model.• Identify education and training programme providers.
	Q4 (January-March) <ul style="list-style-type: none">• Engage on the strategic workforce model.• Agree the strategic workforce model.• Commission additional identified education programmes.
High level Deliverables for Year 2 (2022-23)	
Complete.	

What does success look like?

A strategic critical care workforce model is in place to assist organisations in planning and implementing best practice in critical care settings, including outreach.

English Catherine
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Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and maternity services.

Executive Lead: Angela Parry / **SRO:** Nik Sheen

(a) Optometry

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Develop, publish and consult on a delivery plan (including financial analysis) for mentorship and support for newly qualified optometrists.Implement an action plan to take the work forward and begin roll out of mentorship and support programme for all newly qualified optometrists.Integrate reflection and appraisal as part of plan.Embed education and training infrastructure for optometry and related professionals to include:A standards and Quality Assurance (QA) template to support the delivery of education and training.	Q1 (April-June) <ul style="list-style-type: none">Consultation and development of delivery plan for mentorship and support programme.Migration of staff into HEIW complete.Embed standards and QA delivery templates to support all CPD and education delivery.
	Q2 (July-September) <ul style="list-style-type: none">Publish delivery templates and establish implementation.Implement courses and CPD using new standards.
	Q3 (October-December) <ul style="list-style-type: none">Begin roll out of mentorship and support programme as necessary integrating appraisal and reflection.Instigate new multi-professional learning packages within HEIW.Devise workplan for 2022/23.
	Q4 (January-March) <ul style="list-style-type: none">Continue roll out for all newly qualified optometrists.Sign off workplan for 2022/23.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">Continuous mentorship and support programme for newly qualified optometrists.Development of plan to provide higher qualified optometrists with ongoing support programme with appraisal.Determine benefit/ cost of appraisal for all optometrists in Wales.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">Establish appraisal for all optometrists in Wales with emphasis on scope of practice.	

What does success look like?

- A programme of support for all optometrists including appraisal linked to scope of practice for the individual with a complete programme of CPD and learning packages for optometrists and support staff which supports their scope of practice and attending multi-professional training events will be normal and not an exception.

Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and maternity services.

Executive Lead: Angela Parry / **SRO:** Wendy Wilkinson

(b) Allied Health Professionals (AHPs)

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Induct programme team into HEIW and establish programme of work. Develop strategic plan to support workforce and service model development to meet service priorities. Facilitate access to HEIW Wales Leadership Training Fellowship opportunities. Scope baseline and best practice infrastructure to inform plan to support advanced & consultant practice. Support the service to identify best practice service and workforce models to support post COVID-19 Recovery Develop strategic plan to roll out and implement best practice models for workforce development in primary care considering the development of those already working in / new to Primary Care. Scope multi-professional learning & development opportunities around service priorities Scope best practice approaches to AHP workforce capacity & planning and facilitate access to training / development offer to support service leads in workforce capacity & planning. Coordinate the development of national value-based performance measures for person-centred rehabilitation Coordinate the development of an implementation plan for the 'AHPs in Public Health UK Strategic Framework' (2019 - 2024) for Wales. 	Q1 (April-June) <ul style="list-style-type: none"> Programme team recruitment and induction into HEIW. Establish implementation, reference and working groups structures and reporting mechanisms. Facilitate access to HEIW Wales Leadership Training Fellowship opportunities. HEIW & DoTHS will agree model for All Wales Leadership for Person-centred Rehabilitation and Public Health / Prevention. Scope multi-professional options to inform offer to enable the service to support new graduates into the workforce.
	Q2 (July-September) <ul style="list-style-type: none"> Host stakeholder engagement event(s). Develop communications & engagement plans. complete and publish Equality & Inclusivity Assessment Scope best practice models for person-centred rehabilitation (including Long COVID). Scope best practice approaches to AHP workforce capacity & planning. Establish baseline of advanced and consultant practice in Wales.
	Q3 (October-December) <ul style="list-style-type: none"> HEIW programme team will prepare and publish report to update priorities. Scope priorities for multi-professional learning & development opportunities and identify gaps in current offer (if any). HEIW facilitate access to training / development offer to support service leads in workforce capacity & planning. Scope best practice infrastructure to support advanced & consultant practice.
	Q4 (January-March) <ul style="list-style-type: none"> Develop and publish paper, resources, tools to support service in adopting change. Prepare and publish Public Health implementation plan for AHPs in Wales. HEIW will prepare a plan to address any outstanding L&D needs. Review and update the non-medical consultant framework to support the development of career pathways for consultant practice.

High level Deliverables for Year 2 (2022-23)

- Co-produce best practice guidance for clinical academic / consultant appointments between health and social care and Higher Education Institutions
- Develop interactive career pathway tool / resource for AHPs.
- Develop negotiate access to resources, not in current L&D offer, to support First Contact Practitioner, MSK, vocational rehabilitation, Fit Note prescription & mental health, COVID & Post COVID Syndrome, stroke, cancer & dementia.

High level Deliverables for Year 3 (2023-24)

Complete

What does success look like?

Single point of access to multi-professional L&D opportunities to meet AHP learning needs. AHP leaders have access to a range of compassionate learning and development opportunities, at different stages of their career e.g. participation in HEIW Leadership Fellowship scheme. AHP workforce have access to required training to provide high quality and safe services e.g. digital skills including virtual consultation and Welsh language. AHP workforce in primary care have access to required training to provide high quality and safe services e.g. First Contact Practitioner, MSK, vocational rehabilitation, Fit Note prescription & mental health, COVID & Post COVID Syndrome. AHP workforce have access to required training to provide high quality and safe services for specialty areas including stroke, cancer and dementia. Clear workforce development pathways which include consultant and clinical academic practice.

English Catherine
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Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and maternity services.

Executive Lead: Angela Parry / **SRO:** Christine Love

(c) Healthcare Sciences (HCS)

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Secure stability for programme team to ensure sustainability of the programme.Define recruitment strategy for the programme team to include roles to support workforce, research and innovation and digital resources.Collaborate with workforce team to align the national Workforce Strategy to a 10-year Healthcare Science workforce plan.Development of a Research and Innovation Strategy for Healthcare Science.Development of a communications toolkit that aligns to the HEIW communications strategy.Work with HEIW Leadership team to expand on Practical Skills for Professional Education and Learning (PSEL) and deliver dedicated healthcare science leadership modules for mid-level and senior healthcare scientists to compliment wider HEIW leadership offer.Secure two Welsh Clinical Leadership Training Fellowship places.	Q1 (April-June) <ul style="list-style-type: none">Existing programme team posts secured and build the Healthcare Science Programme Team (recruitment to posts).Develop a Task and Finish Group to focus on Healthcare Science Support Worker paper.Publish the NHS Innovation Study Report evidencing how COVID-19 has influenced HCS practice and how healthcare scientists have delivered services differently during COVID-19.Consult and receive feedback from PSEL leadership programme participants.Deliver first 'Healthcare Science' seminar in partnership with Welsh Government.
	Q2 (July-September) <ul style="list-style-type: none">Develop options for a bespoke Healthcare Science leadership programme.Successful appointment of up to two healthcare scientists into the Welsh Clinical Leadership Training Fellowship.Deliver second 'Healthcare Science' seminar.
	Q3 (October-December) <ul style="list-style-type: none">Develop a dedicated 'Research and Innovation' subgroup.Develop an underpinning workforce plan to support the required changes as a result of the Neurophysiology Service Specification.Deliver third 'Healthcare Science' seminar.
	Q4 (January-March) <ul style="list-style-type: none">Design and develop a Healthcare Science Travel Fellowship for Wales.Launch a suite of digital career pathways on website.Deliver and evaluate a dedicated healthcare science leadership programme.Deliver fourth 'Healthcare Science' seminar.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">Implement elements of HCS Framework as relevant to HEIWContinue to 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.Continue to work in partnership with NHS R&D Directors and health boards to develop strategic plans for prudent and value-based research, development and innovation.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">Evaluate impact of Neurophysiology Service Specification and underpinning workforce plan.	

- Review the 10-year workforce plan for HCS to create a stable and balanced workforce and establish procedures for more coordinated planning informed by workforce demographics.

What does success look like?

A stable and balanced workforce, and more coordinated planning measured by workforce demographics with:

- Strategic plans for prudent and value-based research, development and innovation.
- An environment in NHS Wales where healthcare science can flourish by establishing universal recognition of the profession, and by promoting its diverse array of rewarding and fulfilling career choices that will make a real difference to the lives of others.
- Science, technology and evidence-based practice playing a significant role in driving improvement, increasing value, reducing service pressures and enhancing patient outcomes and experiences in years to come.
- Wales' partnerships with key figures and national bodies strengthened, as well as being a vehicle for knowledge dissemination, learning, promotion of 'One Voice' and to raise the professional profile of healthcare science in NHS Wales.

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Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and maternity services.

Executive Lead: Angela Parry / **SRO:** Kerri Eilertsen-Feeney

(d) Nurse Staffing Act

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
Deferred to Annual Plan <ul style="list-style-type: none">Recruit digital engineer and Business Intelligence (BI) analyst to undertake scoping and commence integration of systems.Review and revise programme management and accountabilities to reflect new system arrangements.Extend the 2nd duty of the Nurse Staffing Levels (Wales) Act to paediatric inpatientsEnsure the capacity of the team is appropriate for the delivery of the work programme.	Q1 (April-June 2021) <ul style="list-style-type: none">Identify the requirements for the Once for Wales Complaints Management System to meet the requirements of the Act.Finalise operational guidance for paediatric inpatients.Deliver supportive mechanisms to prepare operational teams for initial testing of the draft Welsh Levels of Care for District Nursing.Conduct initial (1st phase) testing of the draft Welsh Levels of Care for District Nursing.Review impact assessments conducted by Health Boards on the draft interim nurse staffing principles for Health visiting.
	Q2 (July-September 2021) <ul style="list-style-type: none">Deliver range of supportive interventions to prepare Health Boards for extension of the 2nd duty of the Act to paediatrics.Conduct initial (1st phase) testing of draft Welsh Levels of Care for Health visiting.Analyse the findings of bi-annual audit for adult medical and surgical inpatient areas.Conduct initial testing of draft Welsh Levels of Care for Mental Health inpatients.Conduct initial testing of Quality indicators for District Nursing.
	Q3 (October-December 2021) <ul style="list-style-type: none">Analyse results from conduct bi-annual (PJ) audit in mental health inpatient areas.Analyse results following 1st phase testing phase Welsh Levels of Care for District Nursing.
	Q4 (January -March 2022) <ul style="list-style-type: none">Analyse the findings of bi-annual audit for adult medical and surgical inpatient areas.Review impact assessments conducted by Health Boards on the draft interim nurse staffing principles for Mental Health inpatients.Finalise interim nurse staffing principles for Health Visiting.Analyse the findings following testing of the Quality indicators for District Nursing.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">Continue the work depending on priorities as directed by Welsh Government.Support the implementation of the interim nurse staffing principles and reporting process for Health Visiting and Mental Health inpatient services.Implement use of the draft Welsh Levels of Care for Mental Health to further develop the evidence base.Implement use of the draft Welsh Levels of Care for District Nursing to further develop the evidence base.Seek agreement to analysis the impact of the implementation of the Act and explore how the data collected can be used to inform future work.	

High level Deliverables for Year 3 (2023-24)

- Seek guidance from Nurse Directors and CNO regarding commencing other workstreams and plans to extend the 2nd duty of the Act.
- Prepare Health Boards/ Trusts Support Health Boards to follow the 'Once for Wales' approach when submitting their second tri-annual report to Welsh Government.

What does success look like?

Health Boards adhere to the 'Once for the Wales' approach and have the IT systems and processes in place to enable the organisations to evidence compliance against the requirements of the Nurse Staffing Levels (Wales) Act with:

- Future planning to ensure the programme is sustainable and 'fit for purpose', learning lessons from experience.
- Ensure forward planning and future proof the programme, ensuring that the Nurse Staffing Programme Team has the resources, capacity and support to deliver the national programme. Implementation of interim nurse staffing principles for mental health inpatients and health visiting services.
- Devise Welsh Levels of Care tool for district nursing, health visiting and mental health, developing a sound evidence-based workforce planning tool.
- Key stakeholders are engaged, informed and aligned with the programme of work. The successful implementation of the 2nd duty of the Act to Paediatrics and plans for further extension.
- Delivery of the workstream plans and overarching programme plan within timescales.
- Effective management of the programme and associated risks.
- Positive evaluation of the impact of the Act through analysing data at a local and national level.

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Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and maternity services.

Executive Lead: Angela Parry / **SRO:** Kerri Eilertsen-Feeney

(e) Nursing Standards

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Building on successful Nursing and Midwifery Council approvals of pre-registration nursing programmes in Wales in 2020, ensure Approved Education Institutions (AEIs) and Placement Providers meet NMC gateway hub criteria for further approvals of Return to Practice, Non-Medical Prescribing and Midwifery programmes of learning.HEIW to co-ordinate an all Wales approach to common programme elements.Build on effective tripartite liaison and workstreams between HEIW, Placement Provider organisations and Universities.Ensure implementation of regulatory standards to support student supervision and assessment.Develop an all Wales distance learning programme for preparation of practice supervisors and assessors including agreed mechanisms for blended learning options.	Q1 (April-June) <ul style="list-style-type: none">All NMC Return to Practice programmes in all five Welsh AEI providers to be approved.All NMC Non-Medical Prescribing programmes in all five Welsh AEI providers to be approved.Monthly reporting of the implementation of the NMC Nursing and Midwifery standards to CNO and DoNs.Programme Mangers report for the All Wales pre-registration Nursing and Midwifery working group.Quarterly report to key stakeholder reference groups for return to practice and non-medical prescribing implementation.
	Q2 (July-September) <ul style="list-style-type: none">Stakeholder engagement and feedback to be received on the <i>implementation</i> of NMC Nursing, Return to Practice and Non-Medical Prescribing Programmes via Contract business meeting - performance and Quality/ Placement Provider reporting.Benchmark progress on implementation of NMC Future Midwife programmes across Welsh AEI/Placement Providers undertaken through HEIW Programme Manager Education Wales leads.
	Q3 (October-December) <ul style="list-style-type: none">Evaluate the year-in implementation of NMC approved programmes.
	Q4 (January-March) <ul style="list-style-type: none">Scope the benefits of implementation of NMC nursing, Return to Practice and Non-Medical Prescribing programmes.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">All Welsh AEIs will be approved by the Nursing and Midwifery Council to commence Midwifery programmes from Sept 2022.All AEIs/Placement Providers will review implementation of regulatory requirements for student supervision and assessment.HEIW will produce a cost-benefit analysis of introducing a national system for Quality Management of the Practice Learning Environment (QMPLE) held by HEIW but which will be overseen locally by PEFs.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">Establish a monitoring and evaluation mechanism to assess the impact of the introduction of NMC Future nurse programmes commenced September 2020.	

What does success look like?

Extensive co-production, engagement and sign-up across organisations is in place in response to significant programmes of change. A sustainable workforce of nursing and midwifery registrants who are technically skilled and appropriately equipped for interprofessional contemporary healthcare delivery.

Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and maternity services.

Executive Lead: Angela Parry / **SRO:** Wendy Wilkinson

(f) Learning Disabilities (LD)

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• Develop an All Wales foundation / mandatory learning offer for Learning Disabilities services.• Develop a plan to take forward and embed foundation / mandatory training across Wales.• Implement action plan to roll out mandatory training to Health Boards, Trusts and Primary Care and Social Care providers.• Develop options to improve utilisation of learning across Wales.	Q1 (April-June) <ul style="list-style-type: none">• Commence engagement with clinical and patient representatives and third sector communities• Establish a strategy development group.• Identify training needs, formats and priority populations for training and training providers.
	Q2 (July-September) <ul style="list-style-type: none">• Agree content and format for foundation / mandatory package.• Engage with stakeholders regarding coordinating access to training.
	Q3 (October-December) <ul style="list-style-type: none">• Design and develop foundation / mandatory training package.• Identify related performance metrics.
	Q4 (January-March) <ul style="list-style-type: none">• Launch training and engage stakeholders for access.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">• Continue the refinement and development of foundation training resources.• Develop plan for meeting training priorities for enhanced and advanced practice.• Scope existing training offers and providers for enhanced and advanced practice.• Develop plan for meeting required training needs including coordination of existing MDT L&D offers relevant to LD / identify and negotiate ongoing commissioning requirements and performance metrics.• Implementation of plan for enhanced and advanced practice training needs.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">• Continue roll out of all training packages to relevant populations.• Evaluation of training packages and amendments as required.	

What does success look like?

All health and social care staff will have access to education and training (relative to their role) to enable the needs of people with an LD to be identified and met. Training is available in multiple formats to improve and enable access for a wider range of staff. Training portfolio for LD to include improved access to existing MDT L&D offer where appropriate. People with LD report improved experience of health and social care.

Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.5: Support the implementation of national policy and professional frameworks and legislation related to the health professional workforce including: Optometry, Allied Health Professionals, Healthcare Sciences, the Nurse Staffing Act, nursing standards, Learning Disabilities and **maternity services**.

Executive Lead: Angela Parry / **SRO:** Kerri Eilertsen-Feeney

(g) Maternity Services

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Support the implementation of the <i>Maternity Care in Wales, A Five-year Vision for the Future (2019-2024)</i>. Delivery of competency training framework for Newborn and infant Physical Examination (NIPEC). 	Q1 (April-June) <ul style="list-style-type: none"> Review sector action plan and identify actions. Review the Health Inspectorate Wales report and develop related action plan for education and training. Identify national priorities for educational service needs and learning opportunities within the maternity workforce. Establish a plan for monitoring education contracts. Review and publish data interpretations.
	Q2 (July-September) <ul style="list-style-type: none"> Initiate engagement activities to establish training needs. Mapped data interpretations to new standards.
	Q3 (October-December) <ul style="list-style-type: none"> Evaluate and publish a plan from engagement activities to establish training needs. Developed training material appropriate for all NIPEC examiners.
	Q4 (January-March) <ul style="list-style-type: none"> Implement action plan for all Wales standards for specified education needs identified through the published report.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Identify further priorities for investment in education and training to meet service needs. Following all Wales birth rate plus review work force plan to ensure adequate skill mix and qualification to meet service need. 	
High level Deliverables for Year 3 (2023-24)	
Complete	

What does success look like?

Education and training in place to support the needs of midwifery services to provide quality care to mothers and babies as outlined in *Maternity Care in Wales, A Five-year Vision for the Future (2019-2024)*.

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Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

Strategic Objective 4.6: Develop the post-registration support, education and training pathways to improve the transition of health care professionals from education into the workforce.

Executive Lead: Push Mangat / **SRO:** Kirstie Moons

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
Deferred to Annual Plan <ul style="list-style-type: none">• Implement the planned expansion of the Foundation programme for medicine with placements across secondary care, General Practice and the community.• Scope the need for support following registration for all professional groups.• Identify how funding for advanced practice/extended skills can achieve value in the context of service priority areas.	Q1 (April-June) <ul style="list-style-type: none">• Establish steering group with key leads in HEIW and workforce and education.• Develop networks with service and education providers to enable communication channels.• Establish current range of post-registration training pathways available in HEIW and elsewhere in Wales.• Further expand the Foundation Programme with placements across secondary Care, GP and the community.
	Q2 (July-September) <ul style="list-style-type: none">• Consolidate information from Q1.• Scope need for additional training pathways and resource available/ consider expansion of existing programmes• Identify key areas to prioritise based on service and workforce need.• Develop plans to establish the return on investment of training programmes, particularly advanced practice/ extended skills.
	Q3 (October-December) <ul style="list-style-type: none">• Develop an implementation plan for support following registration should the scoping work identify a need for further work.
	Q4 (January-March) <ul style="list-style-type: none">• Support the service with the implementation of the learning and development framework.• Support the service with new workforce models to release the time of senior clinicians and establish the potential for other new roles.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">• Final expansion of the Foundation Programme with placements across secondary Care, GP and the community.• Gain recognition as a centre of excellence for workforce transformation.• Increase funding in Advanced practice/extended skills based on demonstration of value achieved in previous years.	
High level Deliverables for Year 3 (2023-24)	
Complete	

What does success look like?

The transition from education into the workforce is optimised for all health care professionals and they are fully supported to integrate into services and deliver best care for patients.

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

Strategic Objective 5.1: Finalise and implement the People, Inclusion and Organisational Development (OD) Strategy

Executive Lead: Julie Rogers / **SRO:** Foula Evans

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Launch and Implement the People, Inclusion and OD Strategy. Implement the agreed training plan including actions in relation to digital competencies and capabilities, ensuring HEIW has 'a digitally ready workforce'. Continue to implement the strategy priorities which include; <ul style="list-style-type: none"> Embed organisational values in recruitment, career progression and capability. Identified an organisational talent pool. Continue to measure staff experience. Evaluate the staff recognition approach developed in 2020/21. Complete and evaluate first programme of Compassionate Leadership Management Programme. Establish a Coaching Network. Complete and evaluate the first tranche of two-year apprenticeship programme. Undertake benchmarking of organisational progress against best practice, using research and evidence. Focussed campaign on maximising the benefits of Electronic Staff Record across HEIW. 	Q1 (April-June) <ul style="list-style-type: none"> Launch and Implement the People, Inclusion and OD Strategy. Implement the agreed training plan including actions in relation to digital competencies and capabilities, ensuring HEIW has 'a digitally ready workforce'. Establish a Coaching Network. Embed organisational values in recruitment, career progression and capability.
	Q2 (July-September) <ul style="list-style-type: none"> Focussed campaign on maximising the benefits of ESR across HEIW. Embed organisational values in recruitment, career progression and capability. Identified an organisational talent pool. Continue to measure staff experience.
	Q3 (October-December) <ul style="list-style-type: none"> Undertake benchmarking of organisational progress against best practice, using research and evidence e.g. from CIPD. Evaluate the staff recognition approach developed in 2020-21.
	Q4 (January-March) <ul style="list-style-type: none"> Complete and evaluate first programme of Compassionate Leadership Management Programme. Complete and evaluate the first tranche of two-year apprenticeship programme.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> Continue to implement the strategy – priorities will include: <ul style="list-style-type: none"> Work towards and achieve 'gold' for IIP/Great Places to Work, building on actions in years 1 and 2. Coordinate the third staff recognition scheme. Commence second 2 year apprenticeship programme. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> Evaluate impact of strategy and begin drafting new strategy in partnership with staff and staff representatives. 	

What does success look like?

A happy, inclusive and motivated workforce measured through Staff Surveys. Low sickness absence, good retention, low turnover and attraction of high calibre of diverse people, high numbers applying for vacant roles and positive outcomes from accreditations such as Investors in People and Great Places to Work.

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

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

Executive Lead: Julie Rogers / **SRO:** Angie Oliver

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> • Achieve the Bronze Corporate Health Standard accreditation. • Pilot health and wellbeing information, resources and evaluation tools in HEIW prior to sharing across NHS Wales. • Ensure that HEIW's needs are represented in once for Wales Health and Wellbeing programmes. • Develop and implement the HEIW Health and Wellbeing Strategy and Action plan. • Carry out the Health Needs Assessment at regular intervals to inform HEIW's health and wellbeing offering. • Develop project implementation plan to ensure HEIW achieve the Silver Corporate Health Standard accreditation early 2022/23, subject to assessment being available. • Develop and implement regular staff experience feedback mechanisms to inform strategic direction. • Develop and deliver the Time to Change Action plan to maintain accreditation. 	Q1 (April-June) <ul style="list-style-type: none"> • Provide detailed evidence which supports achievement of the Corporate Health Standard Bronze Award. • Develop and agree the project initiation document for the development and implementation of the wellbeing strategy and action plan. • Confirm the HEIW Health Promotion Calendar.
	Q2 (July-September) <ul style="list-style-type: none"> • Engagement/consultation commenced to inform the development of the HEIW Health and Wellbeing Strategy. • Produce a calendar of wellbeing events including training programmes for HEIW staff. • Carry out staff experience survey.
	Q3 (October-December) <ul style="list-style-type: none"> • Develop project implementation plan to ensure HEIW achieve the Silver Corporate Health Standard accreditation early 2022/23, subject to assessment being available. • Develop an agreed HEIW Health and Wellbeing Strategy. • Evaluate the staff experience feedback mechanism in HEIW.
	Q4 (January-March) <ul style="list-style-type: none"> • Held the Corporate Health Standard Silver Award mock assessment. • Commence Implementation of the HEIW Health and Wellbeing Strategy and Action Plan. • Time to Change employer status agreed.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none"> • Achieve Corporate Health Standard Silver 2021/22. • Implement year 2 of the HEIW Health and Wellbeing Strategy and Action Plan. • Evaluate the health wellbeing initiatives in the action plan via a Health Needs Assessment, to inform future years locally and nationally. 	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none"> • Achieve Corporate Health Standard Gold 2022 – 23. • Implement Year 3 of the Health and Wellbeing Action Plan. • Evaluate the health wellbeing initiatives in the action plan to inform future years, locally and nationally. 	

What does success look like?

Health and wellbeing information, resources and evaluation tools developed in HEIW prior to sharing across NHS Wales as well as developing a range of health and wellbeing resources and achievement of the Corporate Health Standard to Bronze level. This will mean that:

- Information and Resources including toolkits to support managers and staff are widely available and utilised.
- Robust Diagnostic and Evaluation Tools have been developed and are providing evidence of improvement.
- Wellbeing measures are being implemented and monitored to track progress.
- Workforce related policies and practices are being designed with a focus on wellbeing.
- Managers and leaders are focussed and fully committed to ensuring the wellbeing of the workforce.

English Catherine
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Strategic Aim 5: To be an exemplar employer and a great place to work

Strategic Objective 5.3: Implement and embed the Welsh Language Framework within HEIW

Executive Lead: Dafydd Bebb / SRO: Huw Owen

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• Complete Public Consultation on Welsh Scheme Consultation.• Launch Welsh Language Scheme.• Continue to deliver training and awareness around the key operational deliverables outlined above.• Continue to improve our translation processes.• Continue to grow staff Welsh language lesson numbers.• Grow internal capabilities.• Continue to increase the profile and use of the Welsh language policy within HEIW.• Launch and grow Apprenticeship scheme and Key Skills Certificate.• Work increasingly with Careers network to improve Welsh.• Continue to share best practice with peer network.	Q1 (April-June) <ul style="list-style-type: none">• New Language Scheme launched.• 10 key areas for the Welsh Language report published• Recruit second Apprenticeship cohort.
	Q2 (July-September) <ul style="list-style-type: none">• Consolidate activities around new Language Scheme.
	Q3 (October-December) <ul style="list-style-type: none">• 10 Key Areas for Welsh Language Policy report published• New year of Welsh learners start.
	Q4 (January-March) <ul style="list-style-type: none">• 10 Key Areas for Welsh Language Policy report published• Second year of Apprenticeship scheme starts.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">• Continue to deliver training and awareness around the key operational deliverables outlined above.• Continue to refine our translation processes.• Implement strategic standards.• Internal translation skills grow.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">• Learner numbers continue to grow• Translation skills embedded across all departments.	

What does success look like?

HEIW promotes and actively supports the use of the Welsh Language in our business and our workplace measured through:

- More learners at improving levels and more translation skills embedded within departments.
- High levels of compliance and no customer complaints or investigations by Welsh Language Council

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

Strategic Objective 5.4: Implement and embed HEIW's Strategic Equality Plan and continue partnership working across the public sector.

Executive Lead: Julie Rogers / **SRO:** Emma Kwaya-James

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• Embed the Strategic Equality Plan across the organisation.• Effective partnership working on Equality, Diversity and Inclusion agenda with other Welsh Public Bodies.• Embed the Socio-economic duty (Part 1, Section 1 Equality Act 2010), to ensure compliance across the organisation.	Q1 (April-June) <ul style="list-style-type: none">• Implement the directorate strategic equality action plans and measures.• Launch our first Welsh Public Body Equality Partnership Strategic Equality Plan.• Develop Public Body Equality Partnership strategic equality action plans.• Review the equality, diversity and inclusion policies.• Review Equality Impact Assessments and internal processes to ensure they reflect the socio-economic duty.• Continue to deliver accreditation pledges Disability Confident, Stonewall Diversity Champion, Dying to Work, Anti-Violence Collaboration.
	Q2 (July-September) <ul style="list-style-type: none">• HEIW achieves Disability Confident Employer (Level 2) status.• Review directorate strategic equality action plans.
	Q3 (October-December) <ul style="list-style-type: none">• Commence new accreditations which provide in-depth scrutiny of equality, diversity and inclusion within organisations i.e. Great Places to Work; Workplace Inclusion Audit.• Commence year 2 directorate strategic equality action planning.
	Q4 (January-March) <ul style="list-style-type: none">• Revised Diversity, Equality and Inclusion Policy published.• Implement the directorate strategic equality action plans and measures.• Review Public Body Equality Partnership strategic equality action plans.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">• Review and continue to embed the Strategic Equality Plan across the organisation.• Strengthen partnership working on Equality, Diversity and Inclusion agenda with other Welsh Public Bodies.• Embed and reinforce enactment of the Socio-economic duty (Part 1, Section 1 Equality Act 2010) across the organisation.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">• Review and evaluate impact of Strategic Equality Plan across the organisation.• Evaluate impact of partnership working on Equality, Diversity and Inclusion agenda across the Public Sector.• Review and evaluate impact of enactment of the Socio-economic duty (Part 1, Section 1 Equality Act 2010) across the organisation.	

What does success look like?

Diversity, equality and inclusion is promoted and actively supported throughout our business and our workplace.

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

Strategic Objective 5.5: Implement organisational changes to meet the requirements regarding biodiversity and climate change

Executive Lead: Nicola Johnson / **SRO:** Chris Payne

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• HEIW's first overarching biodiversity and decarbonisation plan produced and published applying the principles of the NHS All Wales Decarbonisation Strategy.• A 3-year action plan developed and implemented in line with the biodiversity and decarbonisation plan.• Specific organisational targets developed and implemented in line with NHS Wales goal of becoming carbon neutral by 2030.• All staff have the opportunity to engage in organisational development to increase knowledge, understanding and requirements.• Programme of active engagement with staff in place to embed thinking and to deliver the biodiversity and decarbonisation and action plans.	Q1 (April-June) <ul style="list-style-type: none">• Recruit to new roles.• Review NHS All Wales Decarbonisation Strategy.• Internal consultation on HEIW biodiversity and decarbonisation plan.• Internal process for approving new initiatives.• Research and consider opportunities for initiatives.• Internal and external engagement and communications in line with communications plan.• Local and wider research to benefit HEIW knowledge and decision making.
	Q2 (July-September) <ul style="list-style-type: none">• Induct new starters.• Continue review of NHS All Wales Decarbonisation Strategy and implement.• Following internal consultation, baselining of measures and assessment of impact of COVID (in Q1/2), publication of HEIW biodiversity and decarbonisation plan.• Draft 3-year action plan (to include actions from Feb 2020 staff conference).• Develop and approve organisational targets against the 2019/20 baseline.• Research and consider opportunities for initiatives.• Ongoing engagement and communications.• Ongoing research to benefit HEIW knowledge and decision making.
	Q3 (October-December) <ul style="list-style-type: none">• Continue implementation of NHS Decarbonisation Strategy.• Approve and implement action plan.• Draft staff training plan for approval.• Commence quarterly performance reporting against targets.• Research and consider opportunities for initiatives.• Business cases for approval as required.• Ongoing engagement and communications.• Ongoing research to benefit HEIW knowledge and decision making.• Commence development of action plan for the next IMTP period.
	Q4 (January-March) <ul style="list-style-type: none">• Implement staff training plan.• Quarterly performance reporting in place.• Develop HEIW Decarbonisation Action Plan.• Research and consider opportunities for initiatives.

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- Business cases for approval as required.
- Ongoing engagement and communications.
- Ongoing research to benefit HEIW knowledge and decision making.
- Action plan for IMTP 2022-25 approved.

High level Deliverables for Year 2 (2022-23)

- Review of all plans (biodiversity and decarbonisation plan, action plan and communications plan) (annual).
- Implement Decarbonisation Action Plan from April 2022.
- Review and reset of performance targets (annual).
- Ongoing research and consideration of new opportunities for initiatives.
- Business cases for approval as required.
- Quarterly performance reporting in place and informing forward action plan.
- Ongoing research.
- 3-yearly biodiversity report to Welsh Government (following report in Dec 2019).

High level Deliverables for Year 3 (2023-24)

- Review of all plans (biodiversity and decarbonisation plan, action plan and communications plan) (annual).
- Review and reset of performance targets (annual).
- Ongoing research and consideration of opportunities for initiatives.
- Business cases for approval as required.
- Performance reporting (quarterly).
- Ongoing research.
- Assessment of opportunities to work towards environmental awards, e.g., the Green Dragon Award.

What does success look like?

A phased reduction in carbon emissions in line with the NHS All Wales Decarbonisation Strategy to achieve Welsh Government ambition of a carbon neutral public sector in Wales by 2030 (and approved means for off-setting existing/additional emissions) measured through agreed targets. Initiatives in place that:

- contribute to reducing carbon emissions in line with the NHS All Wales Decarbonisation Strategy (overall NHS Wales targets compared to 2018/19 are -16% by 2025 and -34% by 2030); and
- maintain and enhance biodiversity on site in Ty Dysgu and in our local communities that align to the Nature Recovery Action Plan 2015 objectives via our own biodiversity and decarbonisation and action plans.

English Catherine
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Strategic Aim 5: To be an exemplar employer and a great place to work

Strategic Objective 5.6: Embed multi-disciplinary Quality Improvement (QI) capacity and capability within HEIW.

Executive Lead: Push Mangat / **SRO:** Anton Saayman

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Assess priorities and share resources (internal and external) via internal stakeholder group, in collaboration with evaluation, research and innovation to feed into the wider Evaluation, Research, Improvement and Innovation Collaborative (ERIIC) remit.Develop infrastructure to support quality improvement in HEIW.Train staff in QI and projects across HEIW, including ongoing project support, with a minimum of 35 staff to have undertaken introductory QI training and 3 QI projects commenced.Develop foundation QI expertise including improvement science capability, Leadership for Improvement and modelling capabilities.Deliver QI training and project support for HEIW trainees/trainers via the existing QIST programme.Pilot a project sharing platform.Include QI in HEIW induction.	Q1 (April-June) <ul style="list-style-type: none">Collaborate with internal stakeholder re improvement project sharing.Submission of business case to support QI infrastructure (staff/non-staff).Pilot training sessions for HEIW staff and provide project support.
	Q2 (July-September) <ul style="list-style-type: none">Populate platform for project sharing.Appoint relevant staff to support quality improvement.Completed priority activity via collaboration group.Train staff and support projects.
	Q3 (October-December) <ul style="list-style-type: none">Complete QI sharing platform requirement.Train staff and support projects.
	Q4 (January-March) <ul style="list-style-type: none">Host showcase event.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">Functional Hub supporting and coordinating Evaluation, Research, Innovation and Quality Improvement activity across all sections of HEIW.Showcase Evaluation, Research, Innovation and Quality Improvement collaborations in Wales and internationally.Scope available expertise in implementation science and behavioural science to promote upscaling and spread.40% of HEIW staff to have completed introductory QI training, with intermediate training also being delivered on a regular basis.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">Evaluate Hub and achievements both internally and externally.	

What does success look like?

- A well supported Evaluation, Research, Improvement and Innovation Collaborative which facilitates the incorporation of evaluation, research, improvement and innovation into all of HEIW activity and a consideration for value added by workstreams with 2021/22 measures being:
 - QI included in every HEIW induction.
 - 35 members of HEIW staff to have undertaken introductory QI training and 10 to have undertaken intermediate QI training, with 3 QI projects commenced.

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

Strategic Objective 5.7: Develop the capacity and capability for evaluation, innovation and research.

Executive Lead: Push Mangat / **SRO:** Anton Saayman

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Establish an evaluation and research stakeholder group to assess priorities and share resources (internal and external).Develop infrastructure for evaluation, research and innovation as part of a Collaborative approach ('ERIIC').Establish/secure access to a research ethics advisory committee.Secure external evaluation and research expertise.Pilot baseline support for evaluation and research projects across areas in HEIW to include ongoing project support.Scope sharing of evaluation and research via a HEIW platform.Develop training to provide foundation-level evaluation, research and innovation knowledge and skills.Scope the delivery of 'Trainees Transforming Training' initiative with innovation focus.	Q1 (April-June) <ul style="list-style-type: none">Collaboration with internal stakeholders regarding evaluation, research and innovation project sharing.Submission of business case to support evaluation, research and innovation staff and non-staff infrastructure.Development of tendering specification for procurement of external evaluation expertiseConvene a research ethics advisory committee
	Q2 (July-September) <ul style="list-style-type: none">Pilot evaluation, research and innovation project sharing via platform.Appoint relevant staff to support evaluation, research and innovation.Pilot training sessions for HEIW staff.Completed priority activity via collaboration group.
	Q3 (October-December) <ul style="list-style-type: none">Complete project sharing platform requirement.Complete procurement of external evaluation via OJEU tender.
	Q4 (January-March) <ul style="list-style-type: none">Host ERIIC event ('showcase').
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">Functional Hub supporting and coordinating Evaluation, Research, Innovation and Quality Improvement activity across all sections of HEIW.Showcase Evaluation, Research, Innovation and Quality Improvement collaborations in Wales and internationally.Scope available expertise in implementation science and behavioural science to promote upscaling and spread.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">Evaluate Hub and achievements both internally and externally.	

What does success look like?

A well-supported Evaluation, Research, Improvement and Innovation Collaborative which facilitates the incorporation of evaluation, research, improvement and innovation into all HEIW activity and including consideration of value added by workstreams.

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

Strategic Objective 5.8: Reduce the organisational risks regarding cyber security.

Executive Lead: Sian Richards / SRO: Ricky Hartland

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none"> Document, develop, execute and continuously improve a cyber security programme as follows: Defend <ul style="list-style-type: none"> Understand the current state of cyber security. Get cyber hygiene right and build a secure foundation. Respond <ul style="list-style-type: none"> Respond quickly and effectively to cyber security incidents. Develop <ul style="list-style-type: none"> Engage with HEIW functions. Promote a cyber-aware culture. 	<p>Q1 (April-June)</p> <ul style="list-style-type: none"> Continued roll-out of the cyber security work implementation plan. Report on the progress of the cyber security programme. Evaluate cyber security risks - Adopting a lifecycle approach to managing cyber security risks will ensure that cyber security controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose. Define, document and approve topic specific cyber security policies. Cyber security policies provide the foundation of cyber security, convey management intentions for cyber security and support the implementation of the cyber security programme. Board / Executive Management Cyber Awareness Training. Continued recruitment for cyber security FTE. Topic specific cyber security incident exercise. Document exercise outcomes.
	<p>Q2 (July-September)</p> <ul style="list-style-type: none"> Continued roll-out of the cyber security work implementation plan. Report on the progress of the cyber security programme. Evaluate cyber security risks - Adopting a lifecycle approach to managing cyber security risks will ensure that cyber security controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose. Schedule specific and specialist cyber incident response training for members of the CIRT. Host a series of topic specific cyber security workshops for HEIW employees (over a period of 3-5 days – open and interactive forum). Document and disseminate high level cyber security guidance to HEIW employees (email campaign, intranet, posters etc). Plan external penetration test. Topic specific cyber security incident exercise. Document exercise outcomes.
	<p>Q3 (October-December)</p> <ul style="list-style-type: none"> Continued roll-out of the cyber security work implementation plan. Report on the progress of the cyber security programme. Evaluate cyber security risks - Adopting a lifecycle approach to managing cyber security risks will ensure that cyber security controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose. Cyber Incident Response Policy review.

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	<ul style="list-style-type: none"> • Collect information and feedback from key stakeholders (e.g. CIRT); review documented outcomes from topic specific cyber security exercises; document and execute potential improvements. • Cyber Incident Response Plan review. • Collect information and feedback from key stakeholders (e.g. CIRT); review documented outcomes from topic specific cyber security exercises; document and execute potential improvements. • Plan internal penetration test. • Topic specific cyber security incident exercise. • Document exercise outcomes.
	Q4 (January-March) <ul style="list-style-type: none"> • Continued roll-out of the cyber security work implementation plan. • Report on the progress of the cyber security programme. • Evaluate cyber security risks - Adopting a lifecycle approach to managing cyber security risks will ensure that cyber security controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose. • Complete full cyber security risk assessment - Adopting a lifecycle approach to managing cyber security risks will ensure that cyber security controls and measures are appropriately evaluated to ensure they remain appropriate and fit for purpose. • Host a series of topic specific cyber security workshops for HEIW employees (over a period of 3-5 days – open and interactive forum). • Document and disseminate high level cyber security guidance to HEIW employees (email campaign, intranet, posters etc). • Topic specific cyber security incident exercise. • Document exercise outcomes.
	<ul style="list-style-type: none"> • Continued development of the cyber security programme. • Support the continuous improvement of cyber security throughout HEIW.
	High level Deliverables for Year 3 (2023-24)
	<ul style="list-style-type: none"> • Evaluate the effectiveness of the cyber security programme (3-year review). • Support the continuous improvement of cyber security throughout HEIW.

What does success look like?

Cyber security is not just about technology, and as such, building and driving forward a cyber security aware culture is a critical success factor of the cyber security programme. Ultimately, the cyber security programme aims to reduce HEIW's cyber security risks to an acceptable level of risk which is within appetite.

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Strategic Aim 6: To be recognised as an excellent partner, influencer and leader**Strategic Objective 6.1** Refresh and relaunch the HEIW Communications and Engagement Strategy**Executive Lead:** Julie Rogers / **SRO:** Angharad Price

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• Refresh and relaunch the HEIW Communications and Engagement Strategy.• To support the delivery of HEIW objectives and the refreshed communications and engagement strategy:<ul style="list-style-type: none">○ Engage with under-represented groups to identify areas of interest and establish effective communication and engagement channels and partnership working (Phase 1).○ Scope and plan the delivery of additional functions to the new HEIW website (known as HEIW+).	Q1 (April-June) <ul style="list-style-type: none">• Review progress against delivery of HEIW Communications and Engagement Strategy during 2020/21 and develop a progress report for Executive Team by May 2021 and for Board June 2021.• Create engagement plan for staff and stakeholders to give their views on refreshing HEIW Communications and Engagement Strategy.• With Equality lead carry out Equality Impact Assessment alongside development of strategy.• In parallel with the Strategic Equality Plan actions, develop a plan to engage with under-represented groups to identify areas of interest and establish effective communication and engagement channels and partnership working (Phase 1).
	Q2 (July-September) <ul style="list-style-type: none">• Implement the plan to commence engagement and research with under-represented groups.• Implement plan for staff and stakeholders to give their views on refreshing HEIW Communications and Engagement Strategy.• Collate the feedback to inform the HEIW Communications and Engagement strategy as gathered via staff surveys, meetings with stakeholders etc.• Collate requests and ideas for additional functions to be added to the HEIW website – known as HEIW+.
	Q3 (October-December) <ul style="list-style-type: none">• Refresh HEIW Communications and Engagement Strategy and share draft with staff, Executive Team and stakeholders for feedback.• Agree developments for HEIW+ website (with Digital Team).• Develop phased implementation plan (with Digital Team) to support the new HEIW+ website.
	Q4 (January-March) <ul style="list-style-type: none">• Final strategy to Executive Team February 2022 and Board March 2022.• Launch refreshed strategy following Board approval.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">• Continue to implement Strategy• Progress report against HEIW Communications and Engagement Strategy during 2021/22.• Begin development of HEIW+ website with Digital Team.• Engage with under-represented groups to identify areas of interest and establish effective communication and engagement channels and partnership working (Phase 2).	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">• Continue to implement strategy.• Progress report against HEIW Communications and Engagement Strategy during 2022-23.	

- Continue to develop HEIW+ website (Phase 2).

What does success look like?

More effective communications and engagement activities and an increased understanding of who we are and what we do by HEIW workforce. Increase in stakeholders having a comprehensive understanding of the functions we carry out, our areas of expertise and the support we can offer leading to greater collaboration as people recognise us as a key player, influencer and expert.

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

Strategic Objective 6.2: Support the development of effective communication and engagement through an organisational network analysis (ONA).

Executive Lead: Julie Rogers / **SRO:** Angharad Price

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">Research and agree the requirements for an ONA identifying internal and external influencers, super-connectors, leaders and opinion formers in formal and informal systems to support the development of effective communications and engagement.Procure company to carry out ONA.Complete Organisational Network Analysis (ONA) of our formal and informal systems.Report on the ONA.Use findings of report to plan new channels and methods to support effective organisational communications and engagement and support the delivery of the HEIW communications and engagement strategy.Implement new channels and methods to increase effectiveness of HEIW communications and engagement.	Q1 (April-June) <ul style="list-style-type: none">Research and agree requirements for an ONA identifying internal and external influencers, super-connectors, leaders and opinion formers in formal and informal systems to support the development of effective communications and engagement.Research existence of companies able to carry out analysis.With procurement colleagues identify appropriate procurement process for ONA.Agree ONA specification.Procure ONA.
	Q2 (July-September) <ul style="list-style-type: none">Company to carry out and complete ONA.
	Q3 (October-December) <ul style="list-style-type: none">Report on findings of the ONA.Use findings of report to plan new channels and methods to support effective organisational communications and engagement and support the delivery of the our communications and engagement strategy.Use results to inform refresh of HEIW Communications and Engagement Strategy - see objective 6.1.
	Q4 (January-March) <ul style="list-style-type: none">Implement new channels and methods to increase effectiveness of HEIW communications and engagement.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">Implement new channels and methods to increase effectiveness of HEIW communications and engagement.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">Carry out follow-up ONA to see how landscape has changed over 12 – 18 months and identify any changes in influencers, super-connectors, leaders and opinion formers.	

What does success look like?

More effective communications and engagement activities and an increased understanding of who we are and what we do by HEIW workforce. Increase in stakeholders having a comprehensive understanding of the functions we carry out, our areas of expertise and the support we can offer leading to greater collaboration as people recognise us as a key player, influencer and expert.

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

Strategic Objective 6.3: Scope and agree our future single digital platform.

Executive Lead: Sian Richards / **SRO:** Jay Beavan

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• Scope the delivery of a single platform for HEIW to support education and training which will bring in a simplified user experience, more manageable systems and end reliance on disparate and legacy systems.• Research and scope the Intrepid system and its services to map its functions to the single platform.• Develop a costed business case and benefits realisation plan for the single platform.	Q1 (April-June) <ul style="list-style-type: none">• Research HEE and NES implementations and lessons learned.• Start MARS design and development.
	Q2 (July-September) <ul style="list-style-type: none">• Review and map current Hicom Intrepid system and its services.
	Q3 (October-December) <ul style="list-style-type: none">• Continue Intrepid review and mapping.
	Q4 (January-March) <ul style="list-style-type: none">• Develop business case and benefits plan for single platform.• Create prototypes/mock-ups to support the business case.
High level Deliverables for Year 2 (2022-23)	
<ul style="list-style-type: none">• Create system architecture plan for the single platform taking into account a phased approach.	
High level Deliverables for Year 3 (2023-24)	
<ul style="list-style-type: none">• Start Phase 1 development of single platform.	

What does success look like?

A comprehensive scoping exercise undertaken to ascertain the merits and requirements for the development of a Single Platform to provide a roadmap to consolidate and meet the operational requirements of HEIW.

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

Strategic Objective 6.4: Establish the Chief Digital Officer’s office as a hosted entity.

Executive Lead: / **SRO:** TBC

Key Deliverables for Year 1 (2021-22)	Key Quarterly Milestones for Year 1 (2021-22)
<ul style="list-style-type: none">• Scope to be agreed.• Action plan agreed.• CDO office established.• Hosting agreement in place with Welsh Government.	Q1 (April-June) <ul style="list-style-type: none">• Scope to be agreed.• Action plan agreed.
	Q2 (July-September) <ul style="list-style-type: none">• CDO office established.• Hosting agreement in place with Welsh Government.
	Q3 (October-December)
	Q4 (January-March)
High level Deliverables for Year 2 (2022-23)	
Maintain arrangement until NHS Executive is established and the CDO office is handed over.	
High level Deliverables for Year 3 (2023-24)	
Complete.	

What does success look like?

HEIW has agreed to support NHS Wales by hosting the Chief Digital Officer’s office on a temporary basis until the NHS Executive is established.

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The Ambition – 2030

- Our workforce feels valued, is treated fairly and their wellbeing is supported
- Workforce language, culture and diversity reflects our population
- Potential shortage areas are known earlier and targeted effectively
- Widespread values based and inclusive recruitment ensures we have the right people
- Common competences are identified and underpin new and different ways of working
- Learning is delivered through flexible and accessible routes
- Widespread digital skills capability underpins care delivery
- National bi-lingual careers service is widening access to careers in health and care for all ages



2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030

32 Actions

REVIEW

? Actions

REVIEW

? Actions

- Very high levels of staff engagement, motivation, wellbeing and satisfaction
- Better recruitment and retention of staff through attractive and flexible working arrangements and career opportunities
- Increased levels of Welsh language skills in the health and care workforce
- Flexible education opportunities and career development
- Intelligence led workforce planning enabling us to change our workforce to meet our population need
- A compassionate culture, role modelled by excellent leaders and managers

Engagement & Consultation – what we heard



Wellbeing of Future Generations Act and the Ministerial Priorities

1. Examples of the Five Ways of Working in 2020-21

The Five Ways of Working	How they have been applied in HEIW
Long term The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.	<ul style="list-style-type: none"> Professional CPD strategy for the NHS workforce to ensure that our existing workforce has the skills and capabilities required for the future. Sustainable national workforce plans for key shortage professional areas to achieve a better match between demand and supply in Wales. Support workforce and workplace wellbeing for the NHS including trainees and students. Improve access to careers in the Health and Care sector in partnership with Social Care Wales. Workforce intelligence support to improve the quality of workforce planning and modelling in Wales. Education and training to support NHS organisations to improve the quality of workforce planning expertise and capability across the system.
Prevention How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.	<ul style="list-style-type: none"> Wellness strategy and this is being implemented within the organisation. It is a system that supports and anticipates health needs, prevents illness and reduces the impact of poor health. Preventative approaches across all functions and services and in particular how we plan to shift services, workforce and resources to support them.
Integration Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.	<ul style="list-style-type: none"> Support workforce and workplace wellbeing for the NHS, including trainees and students. Wellbeing strategy for all staff employed by HEIW. Integrating health along with social care.
Collaboration Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.	<ul style="list-style-type: none"> Collaboration and partnership working with others, matrix working internally within HEIW. Co-production of the national <i>Workforce Strategy for Health and Social Care in Wales</i> and intention to grow stronger working relations with Social Care Wales in the future. Understanding what our stakeholders and service users need from us, and how we can best support them. Communicating and engaging with our partners and on a regular basis, and through various channels.
Involvement The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.	<ul style="list-style-type: none"> Involving trainees and students in developing plans for education and training Welsh Health Student Forum and the Trainee Think Tank, the BMA Junior Doctors Committee. Wales first Public-Sector Equality Group to look at developing a suite of shared high-level strategic Objectives across the sector.

2. Delivery of 2021-22 Plans in line with the Ministerial Priorities

HEIW is an integral part of the Welsh healthcare system. Our Strategic Objectives and deliverables directly contribute to the Ministerial priorities, and support other organisations, to deliver as shown below.



Our approach to **Prevention** can be seen in our approach to health and wellbeing being implemented within the organisation and nationally. It is a system that supports and anticipates health needs, prevents illness and reduces the impact of poor health. Preventative approaches are taken widely across all of our functions and services e.g. our education and CPD strategies, our Advanced Practice programme; Infection Prevention and Control training and outbreak management; our internally focussed approach to decarbonisation and in particular how we plan to transform services, workforce and resources to support them.

As an organisation we do not have a population health responsibility but the health workforce represents a significant component of local communities. Therefore, we can contribute to **Reducing Health Inequalities** through our careers work, 'Made in Wales' and our plans to widen access to employment in the NHS by meaningful engagement with under-represented and marginalised groups in our society, continuing to provide more locally accessible and flexible routes into education and focusing on the well-being of staff in general. It is also evidenced by our work to deliver our Strategic Equality Plan.

Our strategic aim in respect of leading the transformation and modernisation of the multi-professional healthcare workforce in line with national priorities focuses on interventions to support the **primary and community care** in respect of workforce as part of the strategic programme for primary care. We are expanding our primary and community care programme.

We have set an objective to develop a **mental health** workforce programme in collaboration with WG and Social Care Wales to support implementation of Together for Mental Health (including CAMHS). We recognise that the National Clinical Plan and the Quality and Engagement (Wales) Bill are likely to impact on our plans as they evolve over the next few months. We are undertaking some significant work through our national leader of and internal work on **Wellbeing**.

HEIW has taken a number of steps to improve **timely access to care**. This is evidenced by the development of a sustainable workforce plan and the development

of a plethora of new workforce models to support those areas of the service most under pressure for example, Unscheduled Care, Cancer, MTN, Maternity, Critical Care and Learning Disabilities and through improvements to the urgent primary care out of hours workforce model, eye care and unscheduled care. We are working closely with partners to improve their digital capability and to improve the access to patient care through the medium of Welsh.

We are also addressing the additional priority area of **Decarbonisation**. This is really important to us and therefore our strategic objective around climate change and biodiversity outlines the approach we are taking. Our Strategic Objective relating to the implementation of the Strategic Equality Plan is a good example of our contribution towards the additional priority area of **Social Partnership**. This is also evidenced by our work in partnership with Social Care Wales and our work in response to COVID-19 associated with Care Homes and the Vaccination programme roll out.

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The PESTLE Analysis

Political and Legal

The Wellbeing of Future Generations (Wales) Act has become more important than ever as describing the core strategic principles for the public sector in Wales as the impact of the pandemic has highlighted societal inequalities in many ways. The Act aligns with HEIW's ambitions to develop a more sustainable workforce that meets the needs of future service models, and to reduce the reliance on short term, expensive solutions which often have a negative impact on the well-being of staff.

Education, training and workforce development are critical to this, recognising the importance of supporting our existing workforce to acquire new skills as well as ensuring that the pipeline into health careers is as wide as possible. The NHS is a significant employer for many local communities and widening access into training and employment opportunities can support the development of health and prosperity in these areas.

The 'ways of working' are clearly embedded in our PEOPLE principles as described in Chapter 1 and the *Workforce Strategy for Health and Social Care*. We recognise that we have levers and tools through our commissioning and leadership functions to generate opportunities to support people to have better health and wellbeing throughout their lives and to improve the prosperity of local communities. We have articulated throughout the Objectives in Chapter 5 where we see a clear alignment between the actions we are proposing and the 5 ways of working.

A Healthier Wales continues to challenge HEIW along with other NHS organisations to develop sustainable plans and actions to deliver care closer to home, through strengthening primary and community services, and refocusing on prevention. The learning from the pandemic has accelerated many of these aims which have been reiterated through the supplementary Primary and Community Care 2021-22 Annual Planning Framework.

It also emphasises the importance of quality improvement in a transformational system, and the need to maximise the opportunities of digital and other technology. This is an area which has seen a step-change in delivery in response to COVID-19. The development of new models of seamless local health and social care are being taken forward through the Regional Partnership Boards and it is intended that the funding provided by the national Transformation Programme will ensure that change happens quickly. There is an opportunity for HEIW to contribute to the removal of the barriers between different healthcare providers to make more efficient use of resources in order to find better outcomes for patients.

The Four Harms are the quality framework for planning for 2021-22 to ensure that the mitigation of harm from COVID-19 is balanced with the non COVID-19 harms of the pandemic response. The quadruple aim which underpins this plan also highlights the critical importance of staff engagement and well-being which are a key focus for HEIW. The prudent healthcare principles have been embraced by HEIW and have an important influence on how we design our roles and teams to get maximum value. In particular, we ensure that the education and training commissioned or delivered by us supports these principles.

The Nurse Staffing Levels (Wales) Act 2016 describes the need to both provide sufficient nurses and to allow nurses time to care for patients sensitively in both provided and

commissioned services. Interim nurse staffing principles for paediatric inpatient wards were published in July 2019. The aim of these principles is in part to prepare paediatric inpatient wards for the inevitable full extension of the Act to that setting before the end of this government term. As we are now responsible for rolling out this work, this is being carefully factored into our workforce planning and education commissioning planning.

In June 2019, the *Health and Social Care (Quality and Engagement) (Wales) Bill 2019* set out the intention to strengthen the existing duty of quality and to establish an organisational duty of candour. From a HEIW perspective this is being embedded in our education and training programmes and in our leadership development work.

The purpose of the *Socio-Economic Duty, Part 1, Section 1 of the Equality Act 2010* which comes into force on the 31 March 2021, is to achieve a more equal Wales, and highlights Welsh Government's commitment to safeguarding equality and human rights. As such, we will continue to pay due regard to the assessment of the socio-economic impact of our strategic decisions, and whether the outcome is going to reduce the inequalities associated with socio-economic disadvantage, thus contributing to the levelling the playing field. This has become increasingly important and highlighted further in the light of COVID-19 and Brexit. HEIW has developed an integrated approach to equality impact assessments, enabling us to assess the socio-economic impacts of our strategic decisions and highlight how our decisions might help to help reduce health inequalities associated with socio-economic disadvantage. Whilst being reflective and aligning with not only *A Healthier Wales (2018)* but also *Is Wales Fairer? (2018)* and the *Well-being and Future Generations Act (2015)* to further ensure we embed actions towards a more equal Wales.

There is considerable concern about the mental health and wellbeing of the workforce as a result of the pandemic which will have an impact in terms of resourcing support needs and work will be guided by the *Together for Mental Health* Delivery Plan.

On the 30 July 2020, NHS England published the *We are the NHS: People Plan for 2020-21 – action for us all* which provides a focus for developing the sustainability of high-quality health and care services. This long-term plan sets out clear ambitions and proposals for the workforce and has implications for the workforce agenda in Wales and requires us to understand the implications of these in relation to our plans. The plan focusses on key shortage areas of nursing (for which there is a global crisis), general practitioners and the medical workforce shortages caused by the UK Government pension legislation. The development of new roles across the UK can affect what happens in Wales and needs to be closely monitored. In some instances, this helps us accelerate local developments (for example, in relation to Physicians Associates). In others, we may have a different policy direction which results in different approaches, for example the Nursing Associate role which has been introduced over the last few years in England.

At the UK level, there continues to be uncertainty caused by Brexit but we will continue to look for opportunities offered by this change to support workforce challenges. The UK Government's significant majority means that there is an increased likelihood of political stability in England for the next few years and an expectation amongst counterparts in England that this will lead to greater potential for driving the implementation of the People Plan. In Wales, the situation is less stable than last year given the outcome of the forthcoming Senedd election in May 2021. COVID-19 has highlighted the need for closer working with the four nations in the context of our field of work, such as the Code of Practice for International Recruitment.

Better and more responsive healthcare professional regulation is a shared ambition for both the regulators and all four UK Governments. The Department of Health consulted on the need to reform professional regulation in England and Wales to help maximise public protection while supporting workforce development and improved clinical practice. This recognises the need for regulation to adapt and change to new service models and requirements, in particular the development of multi-disciplinary teams and extended roles. It will be important for HEIW to continue to foster good working relationships with the regulators and to influence this agenda where possible, in close cooperation with Welsh Government and employers.

Education and training standards for many healthcare professions changed in 2020 and we will need to respond to these changes to education standards. The implementation of New Nursing Standards by the Nursing and Midwifery Council (NMC), has led to a focus on core competences being embedded in curricula which may increase levels of supervision and placement capacity needed. However, the standards also extend the range of professionals who can supervise practice which is a positive change. Work is ongoing across Wales on the development of curricula to support the new Midwifery Standards due to be implemented across Wales in 2022.

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

In Optometry, the General Optical Council, is in the process of an Education Strategic Review for the profession. They have proposed a new outcomes-based approach offering the benefits of greater freedom and flexibility and a robust approach to approval and quality assurance of relevant optical education. This will change the delivery of education in optometry including undergraduate, pre-qualifying and postgraduate training.

A new set of Initial Education and Training Standards (IETP) for Pharmacists were agreed by GPhC Council in December 2020. All education and training will need to be compliant with the standards by 2026 with an agreed transition plan in place between 2021 and 2026. The outcomes of the overall change are that pharmacists will have an earlier and greater involvement in direct patient care and clinical contribution to multi-professional teams across primary and secondary care. The change is designed to enable pharmacists to be integral to the transformation and transference of patient services from secondary to primary care as described in *A Healthier Wales*.

The General Data Protection Regulation (2018) on data protection and privacy applies to the work of all NHS organisations including HEIW.

Economic

In Wales, the key driver for economic change is the Welsh Government national strategy to build the Welsh economy entitled '*Prosperity for All: Economic Action*'. This plan is an attempt to address the huge challenges around deindustrialisation, unstable and insecure employment, accelerating technological change, costly sickness and in work illness rates and the challenge of an ageing population. There is a need to be ever more efficient with the money that the nation spends and demand for NHS services has never been higher. The challenge for HEIW is to commission the future workforce to provide the services to meet this demand whilst ensuring both quality and value. We need to think of value in terms

of achieving desired outcomes that matter to individuals whilst considering the relative impact of cost that achieving those outcomes will have.

Concerns have arisen about the economic forecast for the UK given the impact of COVID-19 and future unemployment and whether this will impact the supply of jobs for our future trainees and students. However current thinking is this is unlikely due to the high vacancy rate in many professions and the need to reduce variable pay.

Uncertainty persists around the setting of student fees which will have a potential impact upon student demand and the delivery of programmes by Higher Education Institutions. It is also widely recognised that there is financial uncertainty around the adult social care sector following central funding cuts to local authorities, combined with an increased demand for social care services which has been highlighted again by the pandemic. Unless funding levels within social care sector are increased or new models are introduced this could lead to a significant reduction in the quality of care for the people they support.

Previous changes to the NHS Bursary System in England resulted in the withdrawal of funding for nursing, midwifery or Allied Health Professional courses which led to the reduction of student applications on some courses in England. The UK Government has since reintroduced a non-repayable grant in England. The Welsh Government retained the bursary arrangements in Wales including a 2-year tie-in to working in Wales and extended arrangements for another two academic cohorts until 2023 for nurses, midwives and allied health professionals. The system is currently being reviewed as it is acknowledged that it will have an impact on workforce supply, and further developments have taken place in 2020 with regard to matching commissioned student numbers into posts at the end of courses.

Social

COVID-19 has led to enormous challenges and its impact on society in Wales has been huge. This has led to widespread changes for people and communities and has had a massive impact on the NHS workforce in Wales.

In Wales, the growing and ageing population (with more complex health needs) is placing increasing demand on services. The impact of an older, sicker and poorer population in Wales compared to other parts of the UK may have contributed to the high impact of COVID-19 in Wales. We have an ageing population with the number of people aged 65 and over projected increase by as much as 34% in the next 20 years presenting a challenge to the health and social care system as well as on the economy. The ageing population is also having an impact on the workforce and generating pressures in terms of staff shortages for example shortages of GPs and Dentists in certain parts of Wales. The age profile within nursing shows that 19% of the workforce are now aged 55 and over and are eligible to opt for voluntary early retirement.

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

Patterns of migration are changing in the UK as a result of the uncertainty of the impact of Brexit and are likely to change further with the introduction of a new immigration system which will have an impact on jobs (in terms of supply and demand) and pay. The UK Government has engaged across the UK and internationally to listen to the views of stakeholders, to shape the future immigration system that will be implemented in a phased approach from January 2021.

The NHS workforce is widely dispersed across Wales and different parts of the country have very different needs. This is largely due to the urban/rural geography of Wales with staff being attracted more to working in large urban centres than rural areas and thus creating recruitment issues in some of these areas. It is HEIW's role as a system leader for education and training to bring the different strands of the workforce together and to consider innovative ways of developing, recruiting and re-training the workforce in rural and remote areas. On the upside, the pandemic has highlighted a strong interest in careers in the health and care sectors which has led to increased recruitment into training and employment in these sectors.

We also need to ensure that we conduct our business in accordance with the *Equality Act (2010)* and the Welsh specific duties contained within *The Equality Act (2010) (statutory duties) (Wales) Regulations 2011*. The pandemic has had a differential impact on people from Black and Ethnic Minority (BAME) backgrounds and we are also highly engaged in work on differential attainment in higher education. We have already commenced work on this by engaging with people from protected characteristic groups or their representatives in the development and co-production of our Strategic Equality Plan; ensuring COVID-19 risk assessments were undertaken for BAME staff and trainees; undertaking and publishing Integrated Equality Impact Assessments; publication of Equality Objectives; preparation of an annual report and four yearly reviews; provision of accessible information; collection of information on the protected characteristics and training staff and through leadership on differential attainment at a national level. We will act to ensure equality of opportunity through our implementation plans and Objectives to meet the needs of people with one or more protected characteristics, embed the citizens voice and consider the needs of the current and future diverse workforce and service users.

As a newly established organisation, HEIW has already adopted its own Welsh Language policy which is based on the need to meet the statutory requirements set out in the *Welsh Language (Wales) Measure 2011*. While HEIW does not currently come under the Welsh Language Standards, we are currently engaging with the Welsh Government and the Welsh Language Commissioner to ensure that the appropriate set of standards are applied. In the meantime, it is our intention to implement and embed the HEIW Welsh Language policy as prescribed by the Welsh Language Act 1993. Key to this will be the delivery of Objectives and actions set out in the *More than just words Action Plan for 2019-20, A Healthier Wales and The HEIW/ Social Care Wales Workforce Strategy*.

Technological

The COVID-19 pandemic has had a huge impact on facilitating rapid changes to NHS technology. A large number of NHS digital projects have been accelerated and funding made available for them to be introduced at pace. For example, the availability of laptops and access to Microsoft Teams meant that office-based NHS staff had the flexibility to work anywhere. Training and education had to adapt to simulation-based education in place of the enormous amount of face-to-face learning that is delivered across the NHS. The roll out of video conferencing tools and e-learning platforms such as Gwella have helped to support patient consultations and enabled recruitment and assessment processes to continue.

The Topol Review supports the aims of the NHS long term plan and the workforce implementation plan to create a digitally ready workforce able to use new technology and medicines and to adapt to new ways of working. This will have consequences for selection, curricula, education, training and development and lifelong learning of current and future NHS workforce. There is a lot to do to prepare the workforce in Wales for a digital future. Starting with digital literacy which is essentially how people gain an understanding of the range of digital technology functions (e.g. the use of databases, spreadsheets, search engines and social media channels) and use them properly. However, we know that there are different levels of adoption and accessibility to these functions and this variation is particularly noteworthy amongst different age groups and needs to be addressed.

Topol also points to the continuing medical advances in technology (including genomics, artificial intelligence, digital medicine, robotics) that will require changes to the roles and functions of clinical staff and also to the education and training of the workforce. For example, advances in remote monitoring of patients and enabling service users to use technology will require education of the population. Changes within technology and communications infrastructure has adapted rapidly as a result of the pandemic and will continue to require changes in roles and functions of clinical staff. More sophisticated digital solutions will be required to analyse data to improve intelligence. In addition, the NHS will need to respond to the *Network and Information Security (NIS) regulation introduced in 2018* which sets out a framework to respond to cyber incidents affecting their operations.

The Health and Social Services Minister plans to transform digital health and care in Wales and this has involved creating the role of Chief Digital Officer for Health and Care and a new NHS Wales Strategic Health Authority to deliver national digital services in Wales. This will result in the transition of NHS Wales Informatics Service to a new standalone NHS Wales organisation, reflecting the importance of digital and data in modern health and care. We are developing strong links with this new special health authority to recognise the close connections between the two national strategic enabling organisations.

Environmental

In Wales, *The Environment (Wales) Act 2016* required Welsh Government to set new emission reduction targets, reducing emissions by 40% by 2020. In 2020-21 we committed to action towards addressing the effects of climate change and maintaining and enhancing the resilience of biodiversity via a dedicated strategic objective, and we continue to be committed to this moving forward. We are actively working towards Welsh Government's ambition for a carbon neutral public sector in Wales by 2030, in line with the decarbonisation priority outlined in the NHS Wales Annual Planning Framework, 2021-2022. The COVID-19 pandemic has seen fewer people travelling for work or for leisure and a greater awareness of nature and the environment and presents us with the opportunity to make measurable progress towards these goals in the future.

We have already implemented a range of initiatives in Ty Dysgu to reduce our carbon emissions, including LED lighting throughout, a comprehensive recycling scheme, and 100% green energy supplies (via NHS Wales Shared Services Partnership). In 2021-22, we will be actively consulting with staff on HEIW's biodiversity plan and on organisational targets to further reduce carbon emissions in areas where we will have the greatest and most immediate impact.

In addition, for the first time from 2021-22, we will be reviewing all strategic Objectives in relation to *The Environment (Wales) Act 2016* and the S6 Duty to maintain and enhance the resilience of biodiversity. This is in line with HEIW's intention to make the organisational

change required to embed the thinking and implement the mitigation in to all our operations, activities and planning.

Our commitment to this agenda is evidenced through Strategic Objective 5.5 articulated in Chapter 5. The Environment (Wales) Act 2016 also introduced an enhanced biodiversity and resilience of ecosystems duty (the Section 6 duty) for public authorities in the exercise of functions in relation to Wales.

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Plan Circulated to	Response Received
Association of Optometrists	Academy of Medical Royal Colleges Wales
Association of Pharmacy Technicians UK	BCUHB - via Executive Director of Nursing
British and Irish Orthoptic Society (BIOS)	British Dental Association
British Dental Association	British Medical Association
British Dietetic Association (BDA)	Cardiff & Vale - Via Assistant Director of Therapies
British Medical Association	Cardiff & Vale - Via Medical Director
Chartered Society of Physiotherapy	Chartered Society of Physiotherapy
Directors of Nursing & Therapies	College of Podiatry
Directors of Planning	Cwm Taf Morgannwg -Via Executive Director of Nursing
Directors of Workforce	General Medical Council
General Medical Council	Nursing & Midwifery Council
General Optical Council	Royal Pharmaceutical Society
General Pharmaceutical Council	Royal College of Speech & Language Therapy
Medical Directors	Royal College of Nursing
Medical Royal Colleges	Royal College of Paediatrics and Child Health
NHS Wales Health Boards and Trusts	Royal College of Physicians
Nursing & Midwifery Council	Optometry Wales
Optometry Wales	WAST – Via Executive Director of Quality & Nursing
Royal College of General Practitioners	WHSCC – Via ADOP
Royal College of Occupational Therapists (RCOT)	
Royal Pharmaceutical Society	
Social Care Wales	
Society and College of Radiographers	
The College of Podiatry (COP)	
The Royal College of Speech and Language Therapists (RCSLT)	

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Nursing and Allied Health Professions (Health Professional Education)

We commission education for student groups including nursing, midwifery, community nursing, all allied health professions and health sciences. We refer to this as Health Professional Education. Advanced practice, non-medical prescribing and return to practice are also measured and benchmarked.

The COVID-19 pandemic has highlighted the need for a flexible, sustainable and responsive workforce, which can transform and transition across sectors of practice. The commissioning of all education and training has been prioritised to ensure the whole workforce has the skills to respond to a rapidly changing landscape. Wales is leading in embracing and adopting the positive learning from the COVID-19 and encouraging the use of innovative methods of training, including upskilling staff in critical care and use of digital technologies.

In learning from the pandemic NHS Wales is expanding apprenticeship models at all levels and increasing multi-professional and multi-agency placements and workplace experiences. We were delighted that Welsh Government agreed for HEIW to become the development partner for Health Apprenticeship frameworks taking on the role previously undertaken by Skills for Health. HEIW will continue to work with the service, regulatory bodies and Universities to continue to develop new ways of delivering education and assessment through blended learning with a much greater focus on digital methods and simulation. Changes are being made in the way that students and trainees are supported, including examinations, which have been undertaken through digital solutions while ensuring competence is fully assessed.

Section 6.3 highlights a selection of Health Professional pre-registration commissions across nursing, midwifery, allied health professions and healthcare science. Overall, in September 2021 we will see an increase in commissions of 9.2% from September 2020 to 3,480. This increase will represent the highest ever level of health professional commissioning in Wales. In addition, there has been further investment in both Health Care Support Worker funding and Health Professional Post-Registration funding with a particular emphasis on supporting staff with confidence, skills and knowledge to support to Wales during this pandemic.

Medical Training

For August 2020 HEIW commissioned 3,211 medical training posts as follows:

- 691 in Foundation Training years 1 and 2
- 1,779 across the 58 different training programmes within Secondary Care
- 741 in General Practice training.

These posts and programmes were occupied by 2,284 trainees, 93% of whom were actively in training posts and 7% were out of programme either for parental leave or training and development opportunities outside of the structured programme environment. During the height of

the COVID-19 pandemic earlier this year a substantial number of those trainees who were out of programme returned to support clinical activity where required.

In August 2020, 347 trainees commenced on the Foundation Training Programme and 566 new trainees commenced on Secondary Care Specialty Programmes, an increase of 4% for specialty training compared to August 2019. Notable increases in fill rates were seen for a number of specialties following the 2020 recruitment round including Combined Infection training and Higher Emergency Medicine. Recruitment challenges remain across higher Psychiatry and Medicine training programmes which is largely as a result of historical low fill rates through earlier stages of the training pipeline for a number of years. August 2020 saw the continued roll out of new approved training curricula with an impact on training programme configuration and duration. Further changes will be implemented over the coming years; this is likely to impact the number of vacancies advertised and along with applicant behaviour. The Foundation Programme has seen the first increase of 12 Foundation Year 1 training posts as part of the five-year expansion plan to meet medical school output in Wales and increase our Foundation places to 450 by August 2024. An increase of nearly 33% on previous foundation places.

	Number of F1 posts	F1 increase	Number of F2 posts	F2 increase
August 2019	339		339	
August 2020	351	12	339	0
August 2021	381	30	351	12
August 2022	411	30	381	30
August 2023	450	39	411	30
August 2024	450	0	450	39

This significant expansion will enable us to increase community placements across Wales with dedicated time for Foundation trainees to spend in General Practice and community settings.

A total of 200 GP Trainees accepted training places in Wales in the 2020 recruitment round for posts commencing in August 2020 and February 2021. The 1+2 model of GP training, whereby trainees undertake a total of 1 year in hospital posts and 2 years in GP training posts, was introduced in the Bangor, Dyffryn Clwyd, Wrexham, Gwent and Cardiff GP Training Schemes in August 2019 was rolled out across the remaining 6 Schemes in Wales training Schemes in Wales from August 2020. In order to accommodate the increased numbers of trainees based in general practice, an increase in new trainers and training practices was required. COVID-19 interrupted plans to offer the traditional face to face Prospective Trainers Courses (PTC) however an online version of the PTC was developed and launched in June 2020 and this allowed us to increase the number of new trainers from 328 in August 2019 to 457 in August 2020 and new training practices from 147 to 179 in August 2020.

Of the total number training, 494 trainees across all grades and programmes (Secondary Care, General Practice and Foundation Training) were registered with HEIW to train on a less than full time (LTFT) basis in August 2020 which is an increase of 18.5% compared with the

same time in 2019. Over the last 12 months we have seen significant increase in requests for LTFT arrangements as an increasing number of trainees reviewed their working hours to support the COVID-19 pandemic. An increasing number of trainees have applied this year to train less than full time as a result of wellbeing or personal work life balance reasons. Those specialties that attract high proportions of less than full time trainees include Paediatrics, Emergency Medicine and Public Health medicine.

Each year, trainees have two windows in which to submit an Inter-Deanery Transfer. Strict eligibility criteria govern this UK process in which trainees can apply to transfer into the same programme in an alternative region. In February 2020, 5 trainees transferred out and 10 trainees transferred into Wales. Later that year, in August 2020, 6 trainees transferred out of Wales and 6 trainees transferred into Wales.

Between 7 August 2019 and 4 August 2020, 3,232 Annual Reviews of Competence Progression (ARCPs) were undertaken across Foundation, General Practice and Secondary Care training programmes. These ARCPs determine whether trainees have made satisfactory progress within their training programmes. Through this process trainees were 'signed off' as having completed the following training programmes between the 2019-2020 training year with the performance as follows:

- 319 trainees satisfactorily completed Foundation training.
- 262 trainees satisfactorily completed Core and Higher Training programmes enabling progression either to the next level of training or Consultant positions.
- 81 trainees satisfactorily completed General Practice training programmes.

As a result of COVID-19, two new training ARCP outcomes (10.1 and 10.2) were issued to reflect the impact COVID had on training. These recognised that the trainee was achieving progress and developing competences/capabilities at the expected rate prior to COVID-19, but that acquisition of some capabilities had been delayed by the impact of COVID-19. Twenty-four trainees in General Practice and 304 trainees in Secondary Care were awarded Outcome 10s during the summer ARCPs.

Dental

In August 2020, 62 trainees commenced the Dental Foundation Training (DFT) Programme, with a fill rate of 100%, and 72 trainees commenced the Dental Core Training Programmes (DCT1, DCT2 and DCT3), with a fill rate of 100%. In Dental Specialty Training, 21 of the 22 posts across the various specialties were occupied in August 2020, with a 95.5% fill rate.

Six Dental Specialty trainees were registered with HEIW to train on a less than full time (LTFT) basis in August 2020. There were no LTFT trainees on the DFT and DCT schemes in August 2020.

A total of 292 Reviews of Competence Progression (RCPs) were undertaken across Dental Foundation, Dental Core and Dental Specialty training programmes (interim and annual). These RCPs determine whether trainees have made satisfactory progress within their training

programmes. Between August 2019 and August 2020, the following number of trainees were 'signed off' as having satisfactorily completed their training:

- 68 trainees satisfactorily completed Foundation Training
- 62 trainees satisfactorily completed Dental Core Training Programmes (i.e. DCT1, DCT2 and DCT3)
- 11 trainees satisfactorily completed Dental Specialty Training.

Pharmacy

For 2020-21, the number of HEIW commissioned training posts commenced and ongoing was 340. The breakdown of the posts are as follows:

- 132 Pre-registration Pharmacists -An increase of 39%
- 121 year 1 and year 2 Pre-registration Pharmacy Technicians
- 78 year 1 and year 2 Clinical Diploma Pharmacists an increase of 2 on the numbers associated with the 2019 and 2018 intake.

During 2020-21, 48 Independent Prescribers (IP) course have been commissioned for community pharmacists from the pharmacy budget. IP courses for hospital pharmacists were commissioned from the non-medical education budget.

Advanced practice commissioning for pharmacy currently sits within the pharmacy and non-medical education budget. In 2022-23, all pharmacy commissioned programmes will be held within the pharmacy budget.

129 advanced practice courses were commissioned from pharmacy budget during 2020-21. The breakdown of course are as follows:

- BTEC Level 4 Professional Diploma in Pharmacy Clinical Services: 10
- HEI 20 credit research module: 15
- HEI Minor ailment modules: 29
- Ear and Eye specific training course for NHS111 staff: 45
- GP Pharmacists transition programme: 30

COVID-19 has impacted on the completion of programmes of learning and the Pharmacy Deanery team has supported learners and tutors/assessors to maintain training progress during the pandemic. The most seriously affected were the 2019-20 intake of pre-registration pharmacists who should have registered in July 2020. The GPhC decided to delay the June 2020 registration assessment and develop an online assessment which will be held in March 2021. Therefore, currently there is no data for the completion of this programme due to the requirement to successfully complete the GPhC registration assessment. However, all 65 HEIW commissioned 2019-20 pre-registration pharmacist trainees did complete their competency sign-off and were able to move into employment posts as provisional registrants. HEIW has continued to support the provisional registrants until the March GPhC assessment.





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APPENDIX 2

HEIW Integrated Equality Impact Assessment (EIA)

Integrated Equality Impact Assessment

An integrated Equality Impact Assessment is a tool to assess the impact of policies, procedures, strategies and decisions on the ability of an organisation to perform the below public-sector equality duties.

Public sector equality duty section 149 of the Equality Act 2010:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

And to have due regard for advancing equality by:

- Removing or minimising disadvantages experienced by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low

To ensure HEIW policies, procedures, strategies and decisions are designed and delivered fairly in accordance with Equality, Welsh Language Legislation and Human Rights Legislation, please complete the below Integrated Equality Impact Assessment form. Highlight any positive and/or negative impacts included in section 4; actions to be taken to address any negative impacts and opportunities for further developing positive impacts that enhance section 149 of the Equality Act 2010 and Welsh Language Standards (2011), when detailing existing good practice in Section 10 of this form. Concluding with how actions are to be monitored and reviewed.

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HEIW Integrated Equality Impact Assessment (EIA)

Title of Policy/ Procedure/ Strategy or Decision	Annual Plan
Name of Group/Department	HEIW
Name and role of lead individual(s) completing this EIA	Jane Powell Planning & Performance Business Partner
Contact Details	Jane.Powell5@wales.nhs.uk
Date EIA initiated	24 November 2020
Date EIA agreed by accountable group/department	Executive Team
Signed (lead individual(s)/ head or chair of accountable group)	

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HEIW Integrated Equality Impact Assessment Template

1. The purpose and aims of the policy, procedure, strategy or decision required

*Please provide a brief description of the policy/procedure, **strategy**, e-learning, guidance etc. Please include what is the overall **objective or purpose** of the policy/decision, what are the stated **aims** (including who the intended beneficiaries are), a broad description of **how this will be achieved**, what the **measure of success** will be, and the **time frame** for achieving this. Please also include a brief description of how the **purpose and aims of the policy are relevant to equality** and intended beneficiaries.*

Brief description of the Annual Plan

All NHS organisations are required by statutory duty to produce a three-year Integrated Medium Term Plan (IMTP) each year. HEIW had an approvable IMTP in 2020-23 and the Annual Plan 2020/21 is built on the delivery of Year 2 of the IMTP, it is also the delivery plan for the *Workforce Strategy for Health and Social Care* which was developed and published in 2020. The Strategy was based on the Wellbeing of Future Generations Act and *A Healthier Wales* and this equality impact assessment builds on the underpinning equality impacts of these strategic plans.

Because of the impact of COVID-19, the NHS Planning Framework launched in December 2020 requires us to develop an Annual Plan, operational from 1 April 2021-31 March 2022. The national guidance behind this change is to provide NHS organisation to maintain the agility required to change course if needed in a period of uncertainty whilst we are in a period of pandemic response and recovery. This Annual Plan should address the key Ministerial priorities and meet the legislative requirements of *A Healthier Wales* and the Wellbeing of Future Generation (Wales) Act (2015). The Plan will also highlight those activities being undertaken by HEIW to address the workforce needs created as a result of the pandemic and our plans to take support the system recovery.

The Purpose of the plan

The purpose of the plan is to articulate the strategic plan for the organisation, providing insight into the steps to be taken and the resources required to achieve our organisational goals with timescales for delivery.

The Six Strategic aims

The plan describes the organisations 6 Strategic Aims and the 46 underlying Strategic Objectives beneath these. It also identifies the Executive Lead and Senior Responsible Officer, who will be accountable for the delivery of each Strategic Objective. The first 4 strategic aims of the Annual Plan outlined below are externally facing.

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'

There are 8 objectives which sit under this strategic aim that cover the development of a national nursing workforce plan, a CPD strategy, a wellbeing framework for NHS Wales, improvement with regard to recruitment and careers, made in Wales, increasing our workforce intelligence, improving our workforce planning and developing a plan for international recruitment.

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

There are 14 objectives under this strategic aim. They include the development of an education strategy, undertaking a strategic review of education and training in two phases, developing digital education and training, introducing new standards of training within Pharmacy, the Strategic Equality Plan, work-based learning, educational provision through the medium of welsh, improving the educational infrastructure, support for SAS doctors, developing a simulation strategy for Wales, development of a framework to improve digital capability, developing clinical academic careers and developing new funding models.

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

There are 6 objectives under this strategic aim. They are development of a Leadership Strategy for Wales, succession planning, digital leadership, development of leadership programmes, delivery of the graduate leadership and executive leadership programmes.

Strategic Aim 4: To develop the workforce to support the delivery of safe, high-quality care

There are 6 objectives under this strategic aim including HEIWs COVID-19 response, primary and community care, mental health, collaborative and strategic national programmes, professional frameworks and post registration support.

The following two strategic aims are more internally focussed, but also include our extensive stakeholder engagement and communications activities.

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

There are 8 strategic objectives under this strategic aim which include the implementation of the People and OD strategy, wellbeing, welsh language, Strategic Equality Plan, biodiversity and climate change, Quality Improvement Skills Training, the establishment of the Evaluation, Research, Improvement and Innovation Collaborative and cyber.

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

There are four strategic objectives under this strategic aim, including the communications strategy, organisational network analysis, digital platform and Chief Digital Officer's Office.

How this will be achieved

The Annual Plan contains a plan on a page for each strategic objective, describing the key deliverables over the course of the year. It also outlines the key milestones to be achieved by the end of each quarter. In order to set this in the context of a three year plan, the high level aspirational deliverables for years 2 and 3 are also included.

The measures of success

Each objective includes a measure of success; a selection of which will be incorporated into our performance management framework for monitoring and reporting purposes.

Timeframe

The Annual Plan covers the year from 1 April 2021-31 March 2022.

How the purpose and aims of the plan are relevant to equality

The beneficiaries of the Annual Plan are not only our HEIW staff but also the NHS workforce, comprising employees working in statutory organisations and contractor professions. The NHS workforce works with other public sector organisations, the independent, voluntary and third sectors and aims and provides services for patients and carers and as such is far reaching and inclusive of every citizen of Wales. Therefore, it is recognised as an organisational priority to ensure not only compliance with our public sector duties under Equality Act (2010), Welsh Standards (2011) but to ensure that inclusivity is thoroughly embedded in all that HEIW does. It is our aim therefore to also ensure that we eliminate unlawful behaviour, encourage equality of opportunity and to maintain good relations with under-represented groups both internally within HEIW and externally.

HEIW is also committed to reducing health inequalities and to achieve a fairer Wales in every aspect of our society as outlined in legislation such as the Wellbeing of Future Generations (Wales) Act and the Socio-economic Duty coming into force in March 2021.

<https://gov.wales/sites/default/files/publications/2020-07/preparing-for-the-commencement-of-the-socio-economic-duty.pdf>

The pandemic has disproportionately affected areas with higher deprivation levels and disproportionately affected Black, Asian and Ethnic Minority people, vulnerable groups and those with learning disabilities and we need to address these health inequalities for patients, delivery of services, and reducing variation in provision within our plan.

2. We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 identified as being relevant to the policy.

- *What steps have you taken to engage and consult with stakeholders, both internally and externally?*

- *How have people with protected characteristics been involved in developing the policy, procedure, strategy and or decision from the start?*
- *How have/will proposals be communicated?*
- *What are the arrangements for engagement as the policy/procedure/strategy or decision is being implemented?*

In October 2020, engagement began with the Executive Team and the extended Senior Leadership Team to review the Strategic Aims and to reformulate the objectives that are articulated in the Annual Plan. The Executive Team have reviewed the objectives within the Annual Plan and the Board has been kept updated on progress and have been given the opportunity to feedback comments prior to the formal submission for approval. Engagement has enabled the Executive Team to use the planning process to improve the clarity of the objectives and to broaden out the number of Senior Responsible Officers across the organisation. An update on the content of the plan and a consultation with the staff at the staff event in January also invited feedback on the draft plan. The Plan has been made available to all staff on Teams and to the public via the website and feedback has been actively encouraged.

The Executive Team and the Planning Team have engaged widely with our key stakeholders including NHS Wales, Trades Unions, regulators, professional bodies and Welsh Government. As an All Wales organisation with a number of strategic functions we undertook a range of engagement events in 2019 year to inform the development of the IMTP, on which this Plan is based. Due to COVID-19 and the enormous pressures placed on the NHS workforce the arrangements for engagement on this Annual Plan took a pragmatic and sensitive approach, with targeted virtual meetings with a smaller range of organisations. Given that there have been no significant changes of direction made to the Plan this year, this lighter touch approach was deemed appropriate in these circumstances.

To gain wider views the draft Annual Plan was sent to 21 different organisations including Social Care Wales, the Regulators, Royal Colleges and Trade Unions. It was also issued to NHS Wales Health Boards and Trust Chief Executives, NHS Directors of Planning, NHS Directors of Nursing & Therapies, NHS Directors of Workforce and NHS Medical Directors. Feedback from 18 organisations was received which was largely positive and supportive of our plan. There was a lot of positive support for our plans to deliver further opportunities for less than full time working, improvements to the quality and accessibility of education and training for all healthcare staff, including the need to tackle differential attainment. However, some of the feedback highlighted gaps e.g. we were advised to address the public demand for learning disability nursing which is to be considered by the Director of Nursing and the absence of a framework for career progression of members from the Black Asian and Minority Ethnic (BAME) community which is to be considered by the Medical Director.

It should also be noted that HEIW's Workforce and OD team undertook a comprehensive Integrated Equality Impact Assessment during the production of the Workforce Strategy and undertook considerable engagement with a wide range of staff and stakeholders which helped inform the direction of travel for the last IMTP and this Annual Plan. HEIW's education commissioning team have also engaged with and consulted stakeholders including Higher Education Institutions and students, both internally and externally at events including

stakeholder events, the Health Education Student Forum, educational contract review meetings, student engagement events, service user engagement events including young people.

Due to the scale and complexity of this Annual Plan, we have taken a proportionate approach to the Integrated Equality Impact Assessment (EIA) and we are considering whether more detailed Integrated Equality Impact Assessments will be undertaken by each Executive Lead and Senior Responsible Officer on the Strategic Objectives.

A priority for the Welsh Government is to take action to safeguard equality and human rights, particularly in the context of Brexit. One piece of this work is through commencing the socio-economic duty. This involves enacting Part 1, Section 1 of the Equality Act 2010 – the socio-economic duty. It requires HEIW as a specified public body, when making strategic decisions such as ‘deciding priorities and setting objectives’, to consider how their decisions might help to reduce the inequalities associated with socio-economic disadvantage. Work to reduce inequality across the NHS workforce has begun and it is the aim of HEIW to build on this foundation across occupation, education, place of residence and social class.

3. Evidenced used/considered

Your decisions must be based on robust evidence. What evidence base have you used in support? Evidence includes views and issues raised during engagement; service user or citizen journeys, case studies, or experiences; and qualitative and experience based research, not just quantitative data and statistics.

Please list the source of this evidence:

- *Identify and include numbers of staff, broken down by protected characteristics and other relevant information e.g. part time working (ESR)?*
- *What **research or other data is available locally or nationally that could inform the assessment of impact on different equality groups**? Is there any information available (locally/nationally) about how similar policies/procedures/strategies or decisions have impacted on different equality groups (including any positive impact)?*
- *Do you consider the evidence to be strong, satisfactory or and are there any gaps in the evidence?*

Detailed numbers of staff employed by HEIW broken down by protected characteristics staff is outlined in Appendix 1 below and has been carefully reviewed as we developed the strategic objectives under strategic aims 5 and 6 which are more internally focussed on our staff.

Further detail about the staff employed by NHS is also included in Appendix 2. The detail in regard of the Welsh Population in relation to each protected characteristic also provided us with useful context when we considered the impact of our ambitious proposed programme of changes on different protected groups.

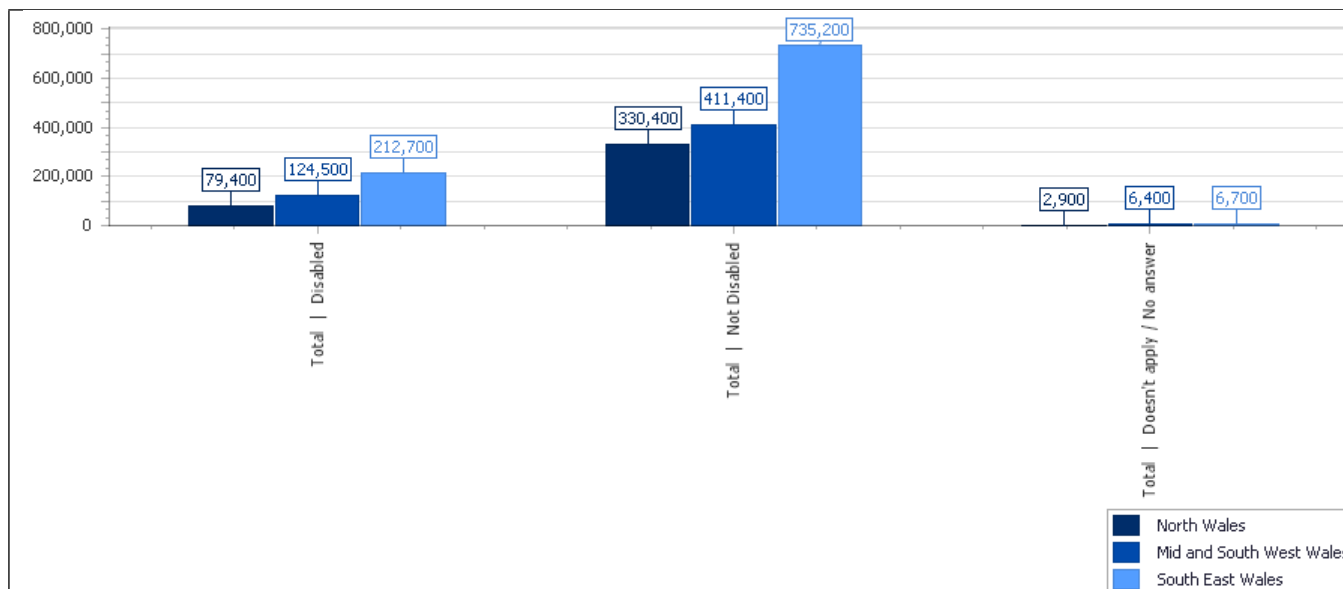
Welsh Population: According to Welsh Government's statistical release on the 20 May 2020 in 2018, Wales was home to over 3,138,000 residents. With almost half of these being concentrated in South East Wales. The most populated authority in Wales is, by some way, Cardiff, with an estimated 364,000 residents in 2018, representing nearly 24% of the population of its region, South East Wales. This region also included the authority with the smallest population in Wales, Merthyr Tydfil, with a population of around 60,000. Mid Wales was the least densely populated of the four regions, with only 29.5 persons to each square kilometre. The region contained the least densely populated local authority in Wales, which was Powys, at 25.6 persons per square kilometre. Mid Wales was the only region with a fall in population density in the 2008-2018 period, at 1.2 %. <https://gov.wales/sites/default/files/statistics-and-research/2020-05/summary-statistics-regions-wales-2020-629.pdf>

Age: Wales as a whole has an ageing population. Between 1998 and 2018, the proportion of the population aged 65 and over has increased from 17.4 % to 20.8 %, while the proportion of the population aged 15 and under has fallen from 20.6 % to 17.9 %. <https://gov.wales/sites/default/files/statistics-and-research/2020-05/summary-statistics-regions-wales-2020-629.pdf>

Age and Gender: Across Wales, for each year of age between 0 and 30, there are more males than females. However, males are outnumbered by females at almost every year of age after the age of 30. <https://gov.wales/sites/default/files/statistics-and-research/2020-05/summary-statistics-regions-wales-2020-629.pdf>

Disability: The following graph is taken from the annual population survey published in October 2020 for the period 2017 to 2019 which shows that 416,600 of the population who completed the survey of working age were registered as disabled. Meaning that 28% of the welsh population who completed the survey registered disabled.

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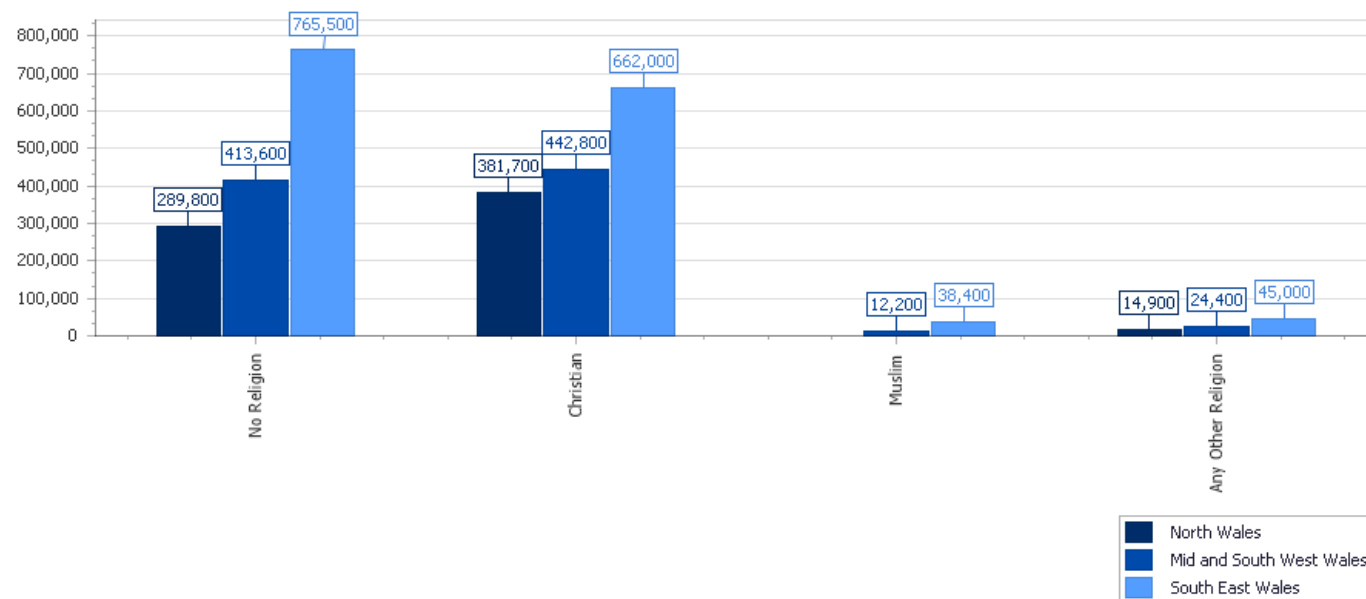
It should be noted that there are gaps in the information above given that the annual population survey is not completed by whole population, with figures last gathered in 2011. In 2011, nearly 1 in 5 people (17.9%) in England and Wales reported a disability that limited their daily activities. People living in deprived areas and working in routine occupations were more likely to be disabled, showing the inequality that exists across England and Wales. The proportion of people with a disability in Wales (22.7%) was notably higher than in England (17.6%).

Race:

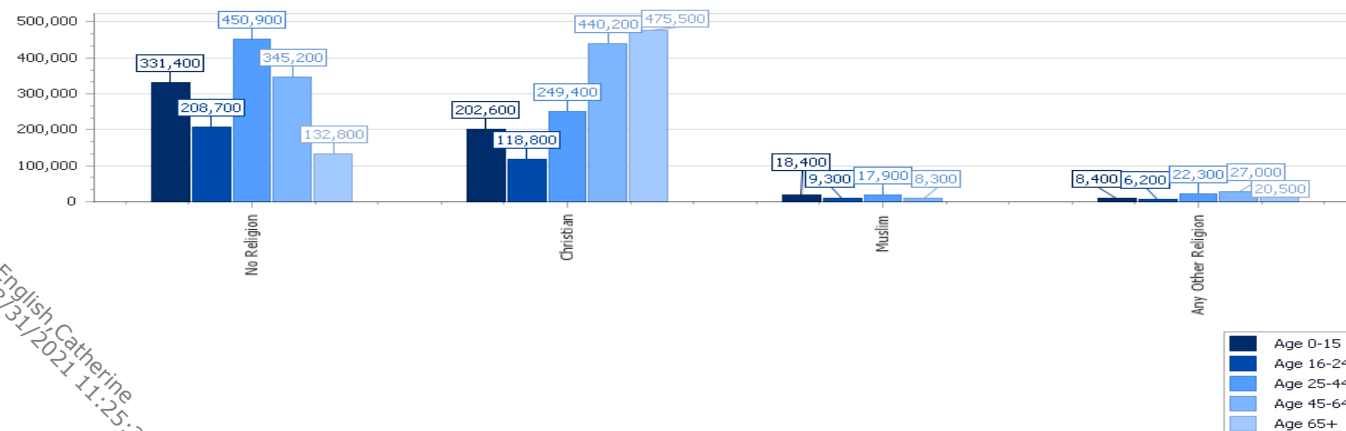
Ethnicity by region, year to end-March 2020. Source: Annual Population Survey

Ethnicity	North Wales	Mid & South West Wales	South East Wales	All Regions
White	679,500	854,700	1,395,500	2,929,600
Asian	7,000	19,900	61,500	88,400
Black	2,500	5,900	26,400	34,700
Mixed	4,300	8,700	17,900	30,800
Other	4,300	9,800	18,500	32,600
All BAME	18,000	44,300	124,300	186,600
Total	698,100	900,400	1,520,800	3,119,400

Main religions in Wales by region 2017 to 2019:



Main religions in Wales by age 2017 to 2019:

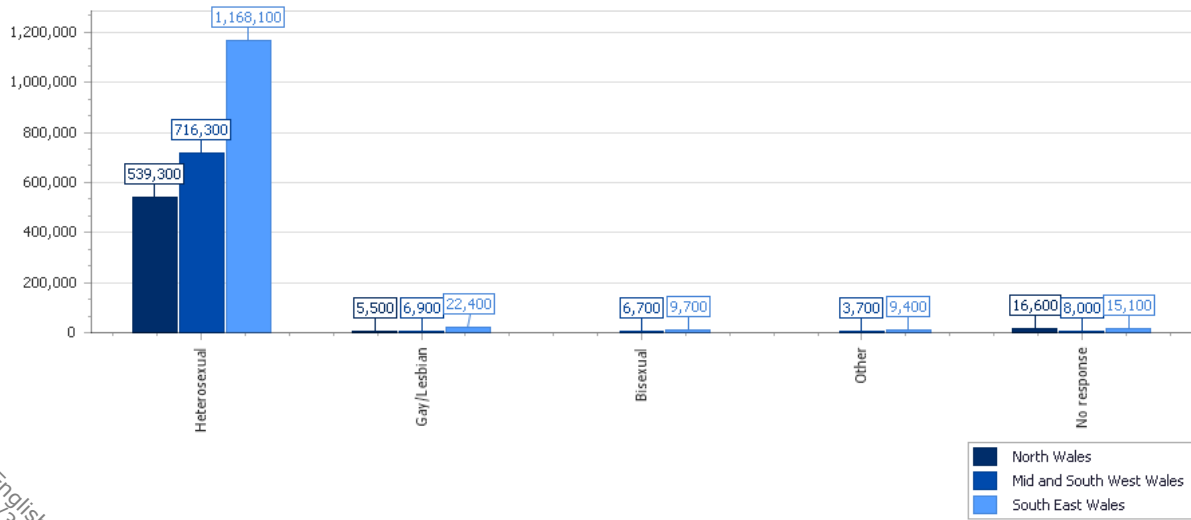


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Carers: According to evidence submitted to the inquiry into the impact of the Social Services and Well-being (Wales) Act 2014 in relation to carers, three in five of us will become a carer at some point in our lives. There are 370,000 carers in Wales, the highest proportionate figure of all UK countries, with 103,594 people in Wales providing over 50 hours of unpaid care per week. The number of carers continues to rise, and it is estimated that by 2037 there will be over half a million carers in Wales, a 40% rise.

Welsh language: According to census data, there were 562,016 Welsh-speakers aged three and over in Wales in 2011. 27 % of Welsh speakers were based in South East Wales, 36 % in North Wales, 10 % in Mid Wales and 26 % in South West Wales. Data from the Annual Population Survey shows that in the year ending September 2019, an estimated 29.0 % of people aged three and over across Wales reported being able to speak Welsh. This represented an increase of approximately 3.4 percentage points on the data for the year ending September 2009. The local authority with the highest proportion of Welsh speakers was Gwynedd, where around 75.6 % of residents aged three and over reported being able to speak Welsh in 2019. <https://gov.wales/sites/default/files/statistics-and-research/2020-05/summary-statistics-regions-wales-2020-629.pdf>

Annual Population Survey: Sexual Identity, last updated May 2020.



Due regard has been given to the difficulty in being able to quantify the actual number of people who share protected characteristics involved in some of the events that we were able to facilitate.

The Equality and Human Rights Commission *Is Wales Fairer: The state of Equality and Human Rights* (2018) report indicates that socio economic disadvantage is growing in some areas of Wales and is having a knock on effect in terms of education and training. Adults living in the most deprived areas of Wales have lower life expectancies than those living in the least deprived areas. Disabled people's employment rates in Wales are less than half of those for non-disabled people. Difficulties balancing caring responsibilities and moving up the career ladder are one of the drivers of this inequality for women. High levels of violence and abuse are experienced by some ethnic minority groups and people from ethnic minorities or for whom English is an additional language, face barriers to health, sport and leisure. Gypsy, Roma and Traveller families face barriers to accessing health services and access to mental health service provision for refugees and asylum seekers is challenging. The full report can be viewed at:

Equality and Human Rights Commission. Is Wales Fairer? The state of equality and human rights (2018)

<https://www.equalityhumanrights.com/sites/default/files/is-britain-fairer-2018-is-wales-fairer.pdf>

We have also reviewed the following publications and websites to inform this equality impact assessment:

Managing an age-diverse workforce: What employers need to know. CIPD Research Report (2015)

https://www.cipd.co.uk/Images/managing-an-age-diverse-workforce_2015-what-employers-need-to-know_tcm18-10832.pdf

Employee Outlook. Employees views on working life. Focus on skills and careers. CIPD Report (2016)

https://www.cipd.co.uk/Images/employee-outlook-focus-on-skills-and-careers_tcm18-10995.pdf

Higher Education Students Association

<https://www.hesa.ac.uk/news/16-01-2020/sb255-higher-education-student-statistics/numbers>

Government Office for Science. Future of an Ageing Population. Foresight (2016)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/816458/future-of-an-ageing-population.pdf

A Healthier Wales: long term plan for health and social care (2018)

<https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

Equality and Human Rights Commission 'Is Wales Fairer?' (2018)

<https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018>

Citizen's Advice

<https://www.citizensadvice.org.uk/about-us/our-work/policy/policy-research-topics/citizens-advice-cymru-wales-policy-research/work-and-health-in-wales/>

Centre for Ageing Better

<https://www.ageing-better.org.uk/>

Welsh Government. Inclusive Apprenticeships: Disability action plan for apprenticeships 2018-21 (2018)

<https://gov.wales/sites/default/files/publications/2018-11/inclusive-apprenticeships-disability-action-plan-for-apprenticeships-2018-21-1.pdf>

Welsh Government. A More Equal Wales: Preparing for the commencement of the Socio-economic Duty (2020)

<https://gov.wales/sites/default/files/publications/2020-07/preparing-for-the-commencement-of-the-socio-economic-duty.pdf>

Stonewall LGBT in Britain – Work report (2018)

<https://www.stonewall.org.uk/lgbt-britain-work-report>

A Healthier Wales: Our Workforce Strategy for Health and Social Care (2020)

<https://heiw.nhs.wales/files/workforce-strategy-for-health-and-social-care1/>

Race in the workplace: The McGregor-Smith Review (2017)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/594336/race-in-workplace-mcgregor-smith-review.pdf

Race at the Top: a review of BAME leadership in the UK (2014).

<https://www.equallyours.org.uk/race-at-the-top-a-review-of-bame-leadership-in-the-uk/>

General Medical Council. Differential Attainment: evaluating the impact of interventions aimed at addressing variation in progression associated with protected characteristics known as 'Differential Attainment' (2018)

<https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/evaluating-the-impact-of-differential-attainment-interventions>

Carers Wales

<https://www.carersuk.org/wales/about-us>

Welsh Government. Parliamentary Review of Health and Social Care in Wales (2018)

<https://gov.wales/sites/default/files/publications/2017-07/170714-review-interim-report-en.pdf>

Welsh Government. More than just words (2016)

<https://gov.wales/sites/default/files/publications/2019-04/follow-on-strategic-framework-for-welsh-language-services-in-health-social-services-and-social-care-2016-2019.pdf>

Office of National Statistics

<https://www.ons.gov.uk/>

The Employment Equality (Sexual Orientation) Regulations (2003)

<https://www.legislation.gov.uk/ukxi/2003/1661/contents/made>

4. Impact Assessment

Please complete the next section to show how this policy/procedure, strategy, e-learning, guidance etc. could impact upon protected groups as identified under the Equality Act 2010, compliance with Welsh Language Standards (2011) and HEIWs ability to perform its Public Sector Duty to:

- 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
- 2. Advance equality of opportunity between people who share a protected characteristic and those who do not.*
- 3. Foster good relations between people who share a protected characteristic and those who do not*

Please ensure positive impacts as well as negative are highlighted. Include any opportunities to advance equality and/or good relations, and for good practice to be further developed. Also include any opportunity to maximise contribution towards a more equal Wales under the Well-being and Future Generations Act.

Equalities and Welsh Language Impact Assessment

Protected Characteristic	Impact:			Reason for your decision (including evidence used). Include details of how it might impact on people from this group and how opportunities to advance equality and good relations have been maximised.
	P	N	N	
	O	E	E	
	S	G	G	
	I	A	L	
	T	T	I	

	I V E	I V E	G I B L E	
Age main categories: under 16 16-24 25-34 35-44 45-54 55-59 60-64 65-74 75+	✓			<p>The following section explains how the Annual Plan could impact upon people of different ages as identified under the Equality Act 2010, compliance with Welsh Language Standards (2011) and what HEIW plans to do to perform its Public Sector Duty and how it will achieve more equality for people of different ages.</p> <p>There are 8 objectives which sit under Strategic Aim 1 that cover the development of a national nursing workforce plan, a CPD strategy, a wellbeing framework for NHS Wales, improvement with regard to recruitment and careers, made in Wales, increasing our workforce intelligence, improving our workforce planning and developing a plan for international recruitment.</p> <p>In developing the nursing workforce plan, careful consideration will be given whilst developing the nursing workforce plan, to analysing the current workforce and determining future workforce needs. The organisation is committed to ensuring that plans do not discriminate (directly or indirectly) on the basis of age and to make advances in terms of equality of opportunity between people and to foster good relations between groups of people who share the same protected characteristics.</p> <p>Whilst the Annual Plan describes the improvements to the areas that we can control around both national and international recruitment, the teams who were involved in the development of the integrated Equality Impact Assessment for the Workforce Strategy will be aware of the need to support people of all ages and avoid any instances of age discrimination and to advance equal opportunities for all. There is anecdotal evidence that older employees looking to change career or wishing to take on a junior role have been restricted from doing so because of their age during the recruitment process. Similarly our plans to further develop NHS careers must provide equal opportunity and carefully avoid age discrimination. The CIPD (2015) highlighted the strong link between life stage and working experience on work priorities and identified knowledge sharing, different perspectives and enhanced customer experience as the key benefits of age diversity. Younger age groups focus on values such as trust, recognition and freedom, while older age groups focus on achieving work-life balance and flexibility. There is widespread appreciation that both younger and older colleagues are able to add value in these</p>

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<p>English Catherine 03/31/2021 11:25:31</p>		<p>areas. Younger colleagues feel that older age groups can share practical experience and expertise, while older colleagues look to younger groups for skills training and new working methods.</p> <p>The CIPD state that flexible working is valuable both as a retention tool and in helping people to return back to work. It also helps develop greater diversity within organisations and increased levels of job satisfaction and commitment from workers of all ages. Our teams will ensure that they examine the reasonable adjustments such as flexible working to enable older employees to carry on working. As outlined in the CIPD report 'Employee Outlook: Focus on older people' (2016) showed, 76% of employers had not made reasonable adjustments to enable older employees to carry on working.</p> <p>In terms of planning for the quality and accessibility of education and training under Strategic Aim 2, HEIW will continue to carefully consider age when developing these objectives further. This will be particularly key in the development of an education strategy. For example, the Commission for Rural Communities has examined whether there is a rural dimension to the issue of young people accessing education and training. The report found that young people living in rural areas face a number of uniquely rural barriers, particularly concerning access to transport, careers advice, employment and training support, and youth services. Above all, there was a lack of focal point and representation for rural youth affairs within and across central government. There was no clear, overarching responsibility for securing the development and employment of young people in rural areas, and insufficient consideration was being given to address these challenges in a co-ordinated, strategic way.</p> <p>Studies have demonstrated that lifelong learning has positive outcomes for individuals, communities and the economy. However, despite the well-established benefits of lifelong learning, those in later life are less likely to participate than those in other age groups. Data from the Higher Education Sector Association (HESA) for the 2013-16 academic year indicated that those aged 50+ comprise around 5% of the university student population and the rates are lowest, and the fall is steepest for those aged 60–69 years.</p> <p>A review commissioned by the UK central government entitled 'Future of an Ageing Population' (2016) stated that addressing the issue of developing a new approach and commitment to lifelong learning, relevant to the challenges of an ageing population, was an urgent issue for public policy in the UK.</p> <p>The strategic objectives relating to leadership under Strategic Aim 3, i.e. the development of a Leadership Strategy for Wales, succession planning, digital leadership, development of leadership</p>
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<p>English Catherine 03/31/2021 11:25:31</p>		<p>programmes, delivery of the graduate leadership and executive leadership programmes must advance equality of opportunity between people and ensure that they do not discriminate anyone directly or indirectly on the basis of age through effective engagement, implementation and delivery.</p> <p>Effective leadership across and throughout health and social care, the public, private and third sectors is recognised by 'A Healthier Wales: long term plan for health and social care' (2018) as a key element in turning good intentions into practice and one of the priorities outlined in the workforce strategies for leadership relates to the development of a shared approach to collective and compassionate leadership across health and social care which HEIW is committed to.</p> <p>The CIPD state that the need for leadership has changed significantly in the last decade in the way that UK Businesses work and operate. The CIPD report, 'Leadership – Easier Said Than Done' (2014) looks in detail at the barriers to leadership and good people management in practice. One of the key barriers identified was the inability of managers to embrace workforce diversity. Employees aged between 16-24 were far less likely to be appointed or promoted into management and leadership roles. People management processes were cited as inadvertently favouring 'sameness' over the desirable level of identifying talent and skills in local teams, regardless of age.</p> <p>The Centre for Aging Better found that attributes stereotypically associated with younger employees (e.g. being open to new ideas, learning new skills and rapid decision making) are viewed more positively in the talent management process than those of older employees (e.g. dealing with people politely, settling arguments or carefulness). These 'older' attributes were associated with lower status job roles and employers were less likely to select them for talent management programmes.</p> <p>In developing plans to address Strategic Aim 4 (i.e. HEIW's Covid response, primary and community care, mental health, collaborative and strategic national programmes, professional frameworks and post registration support) the teams must ensure that they work in partnership with others to ensure that these plans do not discriminate (directly or indirectly) on the basis of age but rather advance equality of opportunity between people and foster good relations. Healthcare inequalities i.e. health provision for children and young people and those with learning disabilities will be considered within these plans.</p> <p>Strategic Aims 5 and 6 are internally focussed on HEIW staff. The objectives under Strategic Aim 5 set out how the organisation will become an exemplar employer and a great place to work. This includes the implementation of the People and OD strategy, wellbeing, welsh language, Strategic Equality Plan,</p>
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			<p>biodiversity and climate change, Quality Improvement Skills Training, the establishment of the Evaluation, Research, Improvement and Innovation Collaborative and cyber.</p> <p>The EIA for the People and OD Strategy showed a potential for age discrimination at the recruitment stage. This has been acknowledged and is now being addressed at recruitment, through training and continuous development. The HEIW 'Strategic Equality Plan' (2020) sets out the organisation's aims to support and promote equality, diversity, inclusion and human rights in relation to employment, service delivery, goods and service suppliers, contractors and partner agencies.</p> <p>Teams will need to ensure that these plans do not discriminate (directly or indirectly) on the basis of age but rather advance equality of opportunity between people and foster good relations.</p> <p>The objectives under Strategic Aim 6 are designed to help the organisation be recognised as an excellent partner, influencer and leader. It will be essential for those senior responsible officers to give careful consideration at the planning stage to support the communications strategy, organisational network analysis, digital platform and Chief Digital Office to ensure that there is no age discrimination (either directly or indirectly) on the basis of age but rather advance equality of opportunity between people and foster good relations. The development of further strategies will require the development of an supporting Integrated EIA.</p>
<p>Disability</p> <p>Disability as defined in the Equality Act 2010: Those with any physical, sensory, learning, cognitive or mental health impairment or health condition</p>	P		<p>The following section explains how the Annual Plan could impact upon people with a disability as identified under the Equality Act 2010 and what HEIW plans to do to perform its Public Sector Duty and how it will achieve more equality for disabled people.</p> <p>The plans that have been designed to achieve Strategic Aim 1 cover the development of a national nursing workforce plan, a CPD strategy, a wellbeing framework for NHS Wales, improvement with regard to recruitment and careers, made in Wales, increasing our workforce intelligence, improving our workforce planning and developing a plan for international recruitment.</p> <p>The Equality and Human Rights Commission (EHRC) 'Is Wales Fairer?' (2018) report identified that the employment rate for non-disabled people (73.4%) was more than twice the rate for disabled people (34.6%) in 2016/17. Other UK-wide research indicates that employment rates for disabled people vary considerably according to the type of disability or health condition, and that people with mental health conditions and those with learning difficulties have the lowest rates. A report by Citizens Advice Cymru</p>

<p>which causes individuals to face barriers to employment, equal opportunities, access to goods, facilities or services lasting or expected to last 12 months or more, or terminal.</p>			<p>(2017) found that its clients who were disabled or had a health condition encountered bad practice and discrimination by employers. Moreover, people with a disability or health condition who sought help on an employment-related problem were more likely to require support on an issue relating to pay and entitlements or dismissal. Issues relating to sick leave, sick pay and unfair dismissal were more common among this group.</p> <p>The EHRC 'Is Wales Fairer?' report (2018) report highlights that non-disabled people in Wales are twice as likely as disabled people to be employed and that the disability employment gap has widened in recent years. The report also highlighted the pay gaps between disabled and non-disabled people with median hourly earnings were higher for non-disabled than for disabled employees, creating a disability pay gap of 8.9%. The report also highlighted that raising the participation of disabled people organisations could reduce the annual cost of people being out of work by £100 billion.</p> <p>The EHRC 'Is Wales Fairer?' report highlighted that the most significant workplace barriers that people with disabilities face relate to recruitment, promotion and the ability to stay within the workforce. Teams involved in building a sustainable workforce have considered flexible career opportunities and work-life balance to ensure that staff at all levels feel able and supported to access these opportunities and are vital to attracting and retaining people including disabled people. Teams will take into account the concerns of people about accessing occupational health including their fears of being reassigned to a role staff do not wish to do; colleagues not understanding reasonable adjustments; the stigma relating to mental ill health; and fears around fitness to practice which are heightened for disabled people.</p> <p>From the Workforce Strategy EIA, the NHS Wales Confederation policy forum subgroup on long-term conditions and mental health aims to drive forward the vision of 'A Healthier Wales' to develop holistic models of care that recognise the links between physical and mental health, with a focus on the mental health of people living with long-term conditions. This will ensure that care for long term conditions are holistic, co-ordinated and delivered predominantly in the community, by a multidisciplinary team, including psychology services, and is timely.</p> <p>Teams involved in Strategic Aim 2, which focuses on the quality and accessibility of education and training for all healthcare staff, will ensure that these plans do not discriminate (directly or indirectly) on the basis of age but rather advance equality of opportunity between people and foster good relations. Each senior responsible officer will ensure that an Integrated Equality Impact Assessment is undertaken for their respective objectives. They will be cognisant of the fact that Welsh Government has published</p>
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			<p>'Disability action plan for apprenticeships' (2018) to increase the very low proportion of disabled people on apprenticeships and will take the opportunity to explore how widening access can be improved for people with disabilities in apprenticeships.</p> <p>The Leadership programme under Strategic Aim 3 will consider how all of its activities will impact upon people with a disability as identified under the Equality Act 2010.</p> <p>An important factor for consideration, as evidenced by the Office of National Statistics, is that the employment rate for disabled people stands at 51.3% compared to 81.4% for non-disabled people and there is a lack of representation (7%) of disabled people employed in senior management and board level positions. Disability Rights UK (2010) made a clear distinction between simply accommodating impairment by providing reasonable adjustments and developing talent. The report claimed that disabled people are far less likely to obtain fit for purpose career development support and are therefore restricted in obtaining managerial roles and climbing the leadership ladder. The EHRC 'Is Wales Fairer?' (2018) report also shows that disabled people are less likely than non-disabled people to work in managerial or professional occupations, which tend to have high pay.</p> <p>In developing plans to address Strategic Aim 4 (i.e. HEIWs COVID-19 response, primary and community care, mental health, collaborative and strategic national programmes, professional frameworks and post registration support) the teams must ensure that they work in partnership with others to ensure that these plans do not discriminate (directly or indirectly) on the basis of disability but rather advance equality of opportunity between people and foster good relations.</p> <p>To be an exemplar employer and a great place to work (Strategic Aim 5), and to be recognised as an excellent partner, influencer and leader (Strategic aim 6), HEIW has already undertaken positive action in regard to disability having signed up to the Disability Confident Scheme, the Time To Change pledge, unconscious bias training and adoption of a compassionate inclusive leadership model. HEIW will also need to ensure that potential disability discrimination is acknowledged and addressed, through recruitment, training including leadership and development of policies and practice.</p>
Gender Identity	P		<p>The following section explains how the Annual Plan could impact upon people because of the way they identify their gender as identified under the Equality Act 2010 and what HEIW plans to do to perform its Public Sector Duty and how it will achieve more equality for people whatever gender they identify with.</p>

<p>A person's sex, including intersex people; internal sense of their own gender and gender expression, whether male, female or something else (for example non-binary people), which may or may not correspond to the sex assigned at birth; and aspects of how an individual expresses gender, including clothing, mannerisms and other aspects of expression.</p>			<p>The plans in Strategic Aim 1 designed to build a sustainable workforce, will need to carefully consider how all employees can be assured of an adequate standard of living, safe and healthy working conditions, fair wages, time to rest, and the opportunity to take part in public life regardless of their gender identity.</p> <p>The EHRC 'Is Wales Fairer?' (2018) report highlights the gender pay gap for full-time employees, and although it is narrower in Wales than in England and Scotland and women are more likely than men to work in low-pay occupations. The requirement in the Equality Act 2010 (Gender Pay Gap Regulations 2017 and the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 for employers with 250 or more employees to report on their gender pay gaps.</p> <p>Stonewall's 'LGBT in Britain – Work' (2018) report found that one in eight trans people (12%) have been physically attacked by customers or colleagues in the last year because of being trans. Almost a third of non-binary people (31%) and one in five trans people (18%) did not feel able to wear work attire representing their gender expression. In addition, the EHRC 'Is Wales Fairer?' (2018) report stated that women reported high levels of sexual harassment in the workplace across Wales. In creating these plans, it will be important to ensure that employees do not face unintentional or intentional harassment or victimisation in the workplace as a consequence of gender.</p> <p>The EHRC report also identified that the most significant workplace barriers that women face relate to harassment, recruitment, promotion and the ability to stay within the workforce. Therefore, clear direction within the plans as to how these barriers will be overcome will be critical and how advice, help and guidance to ensure that the workforce can work proactively with colleagues across care pathways to deliver seamless care, without losing their ability to maintain their professional specialisms and identities and unique value.</p> <p>The Stonewall 'LGBT in Britain – Work' report (2018) states that only three in five LGBT staff (61%) agree that their workplace has equalities policies that protect lesbian, gay and bisexual people at work. The number decreases for LGBT staff living in a rural area to 54% compared to 62% of LGBT staff in urban areas. The teams involved will take active steps towards establishing inclusive work policies, showing visible commitment to LGBT equality and showcasing best practice.</p>
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			<p>The objectives under Strategic Aim 2 around the theme of excellent education and training need to carefully consider how plans could impact upon gender identity. For example, the EHRC reported that in 2016/17, there were only 360 female apprentices on construction and engineering programmes, compared with 8,330 male apprentices. In contrast, in healthcare and public services, there were 15,120 female and 2,825 male apprentices (Welsh Government, 2018).</p> <p>In developing plans to achieve capacity and capability to lead under Strategic Aim 3, the team are taking care to ensure that their Leadership programmes provide all individuals with equal opportunity and ensure that all policies and procedures do not directly or indirectly discriminate anyone on the basis of gender identity.</p> <p>The plans that fall under Strategic Aim 4 to support quality and safety could impact groups of people as a result of their gender identity as identified under the Equality Act 2010.</p> <p>The senior responsible leads for Strategic Aim 5 that have been designed make HEIW an exemplar employer and a great place to work must consider the impact of their plans on groups with gender identity as their protected characteristics. In addition, the organisation must ensure that as a listed body in Wales, the organisation must comply with the duty set out in the Equality Act 2010 to publish an equality objective to address any gender pay difference identified or publish reasons why it has not done so. It also needs to publish an action plan in respect of gender pay difference setting out any policy it has that relates to the need to address the of any gender pay difference; any gender pay equality objective it has published (including any revisions). Consideration of pay and the causes of unequal pay are critical to achieving equality outcomes for all protected groups.</p> <p>The Teams responsible for delivery of the objectives under Strategic Aim 6 designed to help the organisation be recognised as an excellent partner, influencer and leader must give careful consideration at the planning stage to support the communications strategy, organisational network analysis, digital platform and Chief Digital Office to ensure that there is no discrimination (either directly or indirectly) on the basis of gender identity but rather advance equality of opportunity between people with this protected characteristic. .</p>
Marriage or civil Partnership	✓		<p>The following section explains how the Annual Plan could impact upon people because of marriage or civil partnership as identified under the Equality Act 2010 and what HEIW plans to do to perform its Public Sector Duty and how it will achieve more equality for people with this protected characteristic.</p>

			<p>The Equality Act 2010 makes it unlawful to discriminate against or treat someone unfairly because they are married or in a civil partnership. The EHRC 'Is Wales Fairer' (2018) report highlighted that single people (62.5%) were more likely to be employed than married people (58.3%) or those formerly married (38.5%), and the employment rate of single people had risen by 4.9 percentage points since 2010-11.</p> <p>The Annual Plan addresses many of the actions outlined in the 'Workforce Strategy for Health and Social Care' (2020) and is about building an inclusive culture. As with all of the strategic aims, but most especially, in terms of recruitment and careers, HEIW will ensure that our selection processes offer equal opportunity to all and prevent discrimination on the grounds that an individual is married or in a civil partnership from occurring.</p>
Pregnancy and maternity	✓		<p>The following section explains how the Annual Plan could impact upon people because pregnancy and maternity as identified under the Equality Act 2010 and what HEIW plans to do to perform its Public Sector Duty and how it will achieve more equality for people with these protected characteristics.</p> <p>The Equality Act (2010) legislation prohibits pregnancy and maternity discrimination but the evidence shows that many women are experiencing negative or possibly discriminatory experience during pregnancy, maternity leave and return from maternity leave.</p> <p>The EHRC 'Is Wales Fairer?' (2018) report highlighted that the majority of mothers had a negative or possibly discriminatory experience during pregnancy or maternity leave, or on their return from maternity leave. In the Workforce Strategy EIA it was reported that the Department for Business, Innovation and Skills (2016) found that 71% of mothers in Wales had reported having had a negative or possibly discriminatory experience during pregnancy, maternity leave or on their return from maternity leave, although this was a lower proportion than for Britain overall (77%). Nearly half of mothers in Wales (48%) reported a negative impact on opportunity, status or job security as a result of their experiences.</p> <p>The EHRC report found that male and female graduate entry into the workplace is relatively equal, and this equality is maintained at junior management positions, but suffers a significant decline in senior positions. Therefore, organisations investing in talented women, only to lose them before they reach senior management levels. One prevalent issue causing this talent gap is maternity leave discrimination, which causes up to 30,000 women to lose their jobs each year. Once women reach childbearing age they are perceived by some employers as a risk and a potentially costly choice to promote as they may</p>

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			<p>fall pregnant and take paid time off work. They subsequently made six recommendations to tackle pregnancy and maternity discrimination:</p> <ul style="list-style-type: none"> • Leadership for change • Improving employer practice • Improving access to information and advice • Improving health and safety management in the workplace • Improving access to justice • Monitoring progress <p>The EHRC report also called on the Welsh Government and other employers in Wales to implement these six areas of action to address pregnancy and maternity discrimination in the workplace and to facilitate equal opportunity for all.</p> <p>The plans contained within Strategic Aim 1 to build a sustainable workforce in Wales and the planning for the education and training under Strategic Aim 2, in particular, will require HEIW to carefully consider pregnancy and maternity when developing these further and offer flexible working practices that can both enhance retention but also offer more favourable opportunities to access to education and learning.</p>
<p>Race</p> <p>Race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers.</p>	✓		<p>The following section explains how the Annual Plan could impact upon people because of race as identified under the Equality Act 2010 and what HEIW plans to do to perform its Public Sector Duty and how it will achieve more equality for people with these protected characteristics.</p> <p>The Equality Act (2010) legislation requires that people of different races should be treated equally yet the evidence in the literature shows that this is not the case. The EHRC 'Is Wales Fairer?' (2018) report highlighted the pay gaps between individuals of different ethnic backgrounds in 2016/17. Indian people had higher median hourly earnings (£14.43) than White British people (£10.60) but Black people had lower median hourly earnings (£8.71) compared with White British people. There is an argument that further analysis of the impact of pay gaps is required to truly understand their causes and identify the solutions to address them.</p> <p>The UK Government 'Race in the workplace: The McGregor Smith Review' (2017) revealed that BME individuals in the UK are both less likely to participate in and then less likely to progress through the workplace, when compared with White individuals. Barriers exist, from entry through to board level, that</p>

<p>English Catherine 03/31/2021 11:25:31</p>		<p>prevent these individuals from reaching their full potential. This is not only unjust for them, but the 'lost' productivity and potential represents a huge missed opportunity for businesses and impacts the economy as a whole. In 2015, 1 in 8 of the working age population were from a BME background, yet BME individuals make up only 10% of the workforce and hold only 6% of top management positions.</p> <p>Stonewall's 'LGBT in Britain – Work Report' (2018) stated that one in ten black, asian and minority ethnic LGBT staff (10%) had similarly been physically attacked because of their sexual orientation and/or gender identity, compared to 3% of white LGBT staff. One in eight black, asian and minority ethnic LGBT employees (12%) had lost a job in the last year because of being LGBT, compared to 4% of white LGBT staff.</p> <p>The plans contained within Strategic Aim 1 to build a sustainable workforce in Wales and the planning in particular, will require HEIW to carefully consider the workplace barriers that ethnic minorities face relating to recruitment, promotion and the ability to stay within the workforce.</p> <p>The GMC's report 'Differential Attainment: evaluating the impact of interventions aimed at addressing variation in progression associated with protected characteristics known as 'Differential Attainment' (2018) explains that differential attainment refers to 'systematic differences in outcomes when grouping cohorts by protected characteristics and socio-economic background.' The biggest gaps in attainment during medical training were linked to race and both UK and international BME medical graduates were affected. HEIW's Inclusion and Diversity Group commenced a piece of work on differential attainment which has been reviewed by the Education Quality Committee and in recognition of the importance of this, further change is needed and is outlined in the Annual Plan as a specific objective relating to differential attainment under Strategic Aim 2.</p> <p>The EHRC 'Is Wales Fairer' report (2018) showed that over the past five years there has been a fall of almost 50% in the numbers of people from black or minority ethnic backgrounds completing apprenticeships. In 2016/17 the great majority of people on apprenticeship programmes (97.3%) self-identified as White and only 485 people (1.1%) identified as Indian, 330 (0.7%) as of Mixed ethnicity and 260 (0.6%) as Black. Consideration will be given to this by the team with responsibility for delivering the objective relating to work based learning and apprenticeships also under Strategic Aim 2.</p> <p>In the UK in 2015, one in 10 employed people were BAME, yet only one in 16 of top management positions and 1 in 13 management positions were held by BAME people. By 2051, it is estimated that</p>
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			<p>one in five people in the UK will be from an ethnic minority background, representing a scale of consumer spending and political voting power that business and government alike cannot afford to ignore ('Race at the Top: a review of BAME leadership in the UK' (2015)). The objectives under Strategic Aim 3 concerning Leadership will require HEIW to carefully consider the this in the light of leadership strategy, resources and programmes currently being developed.</p> <p>The objectives under Strategic Aim 5 set out how the organisation will become an exemplar employer and a great place to work. One of the key objectives describes the implementation and embedding of HEIW's Strategic Equality Plan and continuing partnership working across the public sector.</p>
<p>Religion or Belief</p> <p>Religion includes any religion as well as lack of religion. Belief means any religious or philosophical belief.</p>	✓		<p>The following section explains how the Annual Plan could impact upon people with different religions or beliefs or with no religion or belief as identified under the Equality Act 2010 and what HEIW plans to do to perform its Public Sector Duty and how it will achieve more equality for people with these protected characteristics.</p> <p>The EHRC 'Is Wales Fairer?' report (2018) observed that there was a lack of data on religion or belief, so our ability to evidence progress on religion and and/or beliefs equality as part of the workforce working together to deliver seamless, person centred care, in line with 'A Healthier Wales' principles of prudent health and social care. This means that the true scale of adverse outcomes or under-representation across many aspects of working life are limited for different religions and/or beliefs. There is limited evidence available to examine how Welsh Government policies have affected particular groups, as very few robust evaluations of policies have been carried out in the period under review. For example, there is a lack of disaggregated data across all areas of health, which means we do not truly know the religion and beliefs, and the potential barriers in the health and social care workforce for specific protected characteristics. Combined with inconsistent monitoring, this makes it difficult to assess the true level of equality in this area.</p> <p>Gathering and analysing data specifically in respect of religion and beliefs remains a challenge for all local authorities across Wales, not just HEIW. However, we need to improve our monitoring, analysing and reporting on all protected characteristics including religion and beliefs to ensure that when we undertake workforce planning, the NHS workforce is more reflective of its patient populations, in this case, in respect of religions and beliefs.</p>

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			The implementation and embedding of HEIW's Strategic Equality Plan and continuing partnership working across the public sector objective under Strategic Aim 5 , will help to address the absence of such data.
Sexual Orientation A person's orientation towards people of the same sex, the opposite sex or more than one gender.	✓		<p>The following section explains how the Annual Plan could impact upon people's sexual orientation as identified under the Equality Act 2010 and what HEIW plans to do to perform its Public Sector Duty and how it will achieve more equality for people with these protected characteristics.</p> <p>The Employment Equality (Sexual Orientation) Regulations 2003 make it unlawful to treat someone less favourably due to their sexual orientation, their perceived sexual orientation, or the sexual orientation of those they associate with. The law covers direct and indirect discrimination as well as harassment and victimisation.</p> <p>The literature shows significant evidence of discrimination at work. Stonewall's 'LGBT in Britain – Work Report' (2018) states that almost one in five LGBT staff (18%) were the target of negative comments or conduct from work colleagues...because they were LGBT. One in ten black, Asian and minority ethnic LGBT staff (10%) had been physically attacked because of their sexual orientation and/or gender identity, compared to 3% of white LGBT staff. Almost one in five LGBT people (18%) who were looking for work said they were discriminated against because of their sexual orientation and/or gender identity while trying to get a job in the last year. One in eight black, asian and minority ethnic LGBT employees (12%) had lost a job in the last year because of being LGBT, compared to 4% of white LGBT staff. More than a third of LGBT staff (35%) had hidden or disguised that they were LGBT at work in the last year because they were afraid of discrimination. One in eight lesbian, gay and bi people (12%) wouldn't feel confident reporting any homophobic or biphobia bullying to their employer and one in five trans people (21%) wouldn't report transphobic bullying in the workplace.</p> <p>To avoid discrimination and to facilitate equal opportunities, HEIW will take a closer look at different areas of work e.g. how employees are recruited, employment rules and contracts, workplace promotions, training, and dismissal procedures. HEIW has also signed up to Stonewall Diversity Champion scheme providing assistance in development of policies and practice and also has a Stonewall representative on Diversity and Inclusion Committee.</p>

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Carers A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of health condition, physical, sensory, cognitive, learning, or mental health impairment and cannot cope without their support. The care they give is unpaid.	✓		<p>The following section explains how the Annual Plan could impact upon carers as identified under the Equality Act 2010 and what HEIW plans to do to perform its Public Sector Duty and how it will achieve more equality for people with these protected characteristics.</p> <p>The Carers Wales website shows that there are at least 370,000 carers in Wales, many of whom provide more than 50 hours of care a week. Census records also tell us that there are over 30,000 carers under the age of 25 in Wales, of whom 7,500 are under the age of 16. Wales has the largest number of carers in the UK and this is probably because it has an ageing population with people living longer, resulting in many employees finding themselves part of the ‘sandwich generation’ – balancing working commitment with caring for older family members and looking after their own children. Carers living in remote or rural communities in Wales where social isolation, poverty, deprivation, lack of transport and long distances to travel to access health and care services mean that rural carers face additional challenges in accessing services.</p> <p>The objectives under Strategic Aim 1 are concerned with building a sustainable workforce and our workforce planning teams will need to consider people with caring responsibilities when they draw up plans to attract and retain staff, and to develop their skills and capabilities. To support unpaid carers and families by providing and delivering initiatives through new partnerships and joint working, using new ways to deliver existing services and making them more accessible through information or assistive technologies or the creation of new whole system models. The objectives under Strategic Aim 2 hope to improve the accessibility of education and training for the workforce and they will consider the accessibility for carers living in rural or remote communities in accessing this education and training. One of the key objectives under Strategic Aim 5, describes the implementation and embedding of HEIW’s Strategic Equality Plan and continuing partnership working across the public sector.</p>
Welsh Language Opportunities for persons to use the Welsh Language. Treating the Welsh language no less	P O S I T I V E	N E G A T I V E	<p>Welsh Language - In Wales, the Welsh and English languages will be treated on a basis of equality</p> <p>So;</p> <p>Any new policy must include a comprehensive impact assessment on the Welsh language. Wherever possible, any new policy ought to have at worst a neutral effect on the Welsh language.</p>

favourably than the English language.		E	<p>Opportunities to create more favourable conditions for the Welsh language to flourish ought to be sought when creating policies.</p> <p>Any new policies should be discussed with the Welsh Language Services Manager with regards to positive and negative impacts on the Welsh language.</p>
	✓		<p>The literature recognises the significant challenges in this area which will need to be factored into securing the staff in the right places across health and social care which recognise that the Welsh language is not fully integrated into these practices on a consistent basis nationally and needs to be developed to provide services for people who speak Welsh and to ensure the needs of service users and staff who speak Welsh are met.</p> <p>The Welsh Language Commissioner has highlighted the following actions:</p> <ul style="list-style-type: none"> • Develop targeted campaigns to attract Welsh speakers to health and care professions, particularly in sectors where there is a shortage of workers and where there is priority, e.g. children, older people and people with mental health problems (see priorities more than just words in this regard). This includes ensuring that the importance of Welsh language skills in providing care is an integral part of campaigns targeted at primary and secondary pupils, college and university students and the existing workforce. • To ensure that Welsh language knowledge and linguistic awareness are part of national and international recruitment campaigns. People across the world are used to working in multilingual countries and contexts, so Wales is not unique in this regard. There are examples of international workers in the sector learning Welsh because they see it as a clinical need. Welsh language and multilingualism must be used in a positive way to attract workers to Wales. <p>The 'Parliamentary Review of Health and Social Care in Wales' (2018) recognises that Wales recommended that the vision for health and social care should aim to deliver against four mutually supportive goals called 'The Quadruple Aim':</p> <ul style="list-style-type: none"> • Improve population health and wellbeing through a focus on prevention. • Improve the experience and quality of care for individuals and families. • Enrich the wellbeing, capability and engagement of the health and social care workforce. • Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

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			<p>New models of care must have a particular focus on Welsh language provision, building on the standards of Welsh Government's framework 'More than Just Words' (2016) so that more people can communicate in their language of choice.</p> <p>The future configuration of the workforce in delivering new innovative service models needs to adhere to the importance of the Welsh language in care that is factored into workforce planning with a focus on professions that use language-based tests and therapies such as speech therapists, school nurses, psychologists and clinical staff likely to be in contact with children, older people, people suffering from dementia and those with mental health problems.</p> <p>As such we have included two strategic objectives within the Annual Plan. The first objective is to improve opportunities for learners to undertake education and training through the medium of Welsh. This sits under Strategic Aim 2.</p> <p>The second strategic objective is to implement and embed the Welsh Language framework within HEIW which sits under Strategic Aim 5. This articulates the actions that we intend to do to implement and embed the Welsh Language framework within HEIW. For example, HEIW undertakes bilingual recruitment and adverts and bilingual social media. Internal documents and policies are produced bilingually. Staff make bilingual phone greetings and staff have access to Welsh language and culture awareness training and Welsh language courses.</p>
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5. Please describe and provide evidence of potential impacts on different socioeconomic groups

HEIW recognises as the system leader for the NHS Workforce in Wales with a clear purpose to integrate and grow expertise and capability in planning, developing, shaping, and supporting the healthcare workforce to ensure we have the right staff, with the right skills, to deliver world-class health and care to the people of Wales. We have a significant role in considering how our strategic decisions within our Annual Plan can help to reduce the inequalities of outcome associated with socio-economic disadvantage in both places and communities of interest in Wales. Therefore, the organisation will expect that due regard to addressing socio-economic will be undertaken as part of the development and delivery of each of our 6 strategic aims:

- 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 safe, high-quality care
- 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.

What do we mean by inequalities of outcome?

As defined by Welsh Government inequality of outcome relates to any measurable differences in outcome between those who have experienced socio-economic disadvantage and the rest of the population.

What do we mean by socio-economic disadvantage?

"Living in less favourable social and economic circumstances than others in the same society". Socio-economic disadvantage can be disproportionate in both communities of interest and communities of place, leading to further inequality of outcome, which can be further exasperated when considering intersectionality.

What is meant by communities of interest and communities of place?

- Communities of interest – those who share one or more of the protected characteristics listed in the Equality Act 2010 can be considered communities of interest.
- Communities of place refers to people who are linked together because of where they reside, work, visit or otherwise spend a substantial portion of their time.

As highlighted in Is Wales Fairer (2018), deepening poverty in Wales is leading to an even starker gap in the experiences and opportunities of people born into different socio-economic backgrounds. Key findings from the report shows that this gap has widened in particular for women, disabled people, and ethnic minority groups. Disabled people and those from ethnic backgrounds are experiencing education attainment gaps, alongside high levels of discrimination and racism. These findings are backed up by our findings in section 4 of this report when looking at age through an intersectional lens. We are able to see evidence of stronger gender segregation in the take up of apprenticeships and a clear under-representation

of ethnic minorities and disabled people. This evidence will help inform individual planning within our Careers and Widening Access through potential positive action schemes.

The Is Wales Fairer (2018) report continues to highlight the knock-on effect socio-economic disadvantage is having on education and health outcomes. With children from lower income backgrounds being recorded as being left behind and children eligible for free school meals also have higher exclusion rates than others. HEIW's education and commissioning function has the ability to take steps in this area by exploring how Higher Education institutes not only recruit but support individuals from lower income backgrounds. When looking through the lens of socio-economic disadvantage similar inequalities can be seen and as recorded in section 4 of this assessment with disabled people and ethnic minorities and are not limited to the young. Therefore for example our Careers and Widening Access function will need to evidence how we have not only reached out to children and young people from low income backgrounds but what actions we have taken to address inequalities for communities of interest i.e. children and young people; disabled people and those from ethnic minorities.

In addition to the findings of Is Wales Fairer (2018) the Welsh Index of Multiple Deprivation (WIMD) 2019 report highlights eight types of deprivation including: income, employment, health, education, access to services, housing, community safety and physical environment depending on where they live in Wales. WIMD is the official measure of relative deprivation for small areas in Wales. Whilst socio-economic disadvantage is more than just poverty findings from the National Survey for Wales 2017-18 Poverty and Deprivation highlights the link between poverty and material deprivation most notably that:

- 16% of adults in Wales are materially deprived.
- 39% of parents with three or more children are materially deprived.
- 49% of single parents are materially deprived.
- 4% of adults had gone at least one day without a substantial meal during the last fortnight, and 2% cannot afford to eat meat (or equivalent) at least every other day.
- People who provide care for family members or friends are more likely to be materially deprived.

<https://gov.wales/sites/default/files/publications/2020-07/preparing-for-the-commencement-of-the-socio-economic-duty.pdf>

<https://gov.wales/sites/default/files/statistics-and-research/2019-11/welsh-index-multiple-deprivation-2019-results-report-024.pdf>

<https://gov.wales/sites/default/files/statistics-and-research/2019-02/national-survey-wales-2017-18-poverty-deprivation.pdf>

List of significant factors linked with being in material deprivation:

- | | |
|-------------------------------|---|
| • Age between 25 and 44 | • Feeling anxious |
| • Being female | • Having low life satisfaction |
| • Being separated or divorced | • Being dissatisfied with accommodation |

- Being in poor general health
- Having low-level or no qualifications
- Being unemployed
- No-one working in household
- Children in the household
- Living in social housing
- Not having use of the internet
- Not having use of a car
- Being a carer
- Feeling lonely
- Living in rural areas
- Living in the 20% most deprived areas of Wales
- Living in a particular authority: for example, Wrexham or Conwy rather than Isle of Anglesey or Newport
- Disagreeing that local people are asked before their local authority sets its budget
- Not participating in sporting activity 3 or more times a week
- Not attending arts events three or more times a year

In recognition of the Topol Report which highlights the need to create a digital ready workforce due regard will need to be given to the digital divide that can be present between places and communities of interest. Estimates from the Office for National Statistics published in 'Exploring the UK's digital Divide' (2019) need to be taken into account. It estimates that the number of people in the UK lacking basic digital skills is declining, but in 2018, 8% of people in the UK (4.3 million people) were estimated to have zero basic digital skills (are unable to do any of the activities described in the five basic digital skills). A further 12% (6.4 million adults) were estimated to only have limited abilities online (missing at least one of the basic digital skills). Although there is a pattern of declining numbers of people lacking digital skills over time, in 2015, an estimated 7.9 million people will still lack digital skills in 2025. Across the UK regions, Wales has the lowest proportion of population with the five basic digital skills, 65% (UK average= 78%) and the highest proportion of population with zero basic digital skills, 18.5% (UK average = 9%).

HEIW as the system leader for the NHS Workforce is well placed to have a direct impact on addressing inequalities of outcome for places and communities of interest through our functions and plans as highlighted within our Annual Plan. Key function areas across HEIW which can have the biggest impact on addressing inequalities of outcomes will be our:

- People, Inclusion and OD
- Education Commissioning and Delivery
- Careers and Widening Access
- Leadership Development and Succession Planning
- Workforce Transformation and Improvement
- Workforce Intelligence

There will be a clear expectation that individual plans within these functions will demonstrate due regard to socio-economic disadvantage including:

- effective engagement with people who share protected characteristics and communities of interest to inform plans

- clear actions to address inequalities of outcome.

6. Please provide a summary of key impact findings on the organisations ability to perform Public Sector Equality Duty. Please include both negative impacts and opportunities to maximise positive impacts.




In summary due regard needs to be given to the evidence provided within section 4 of this Integrated Equality Impact Assessment (EIA). To ensure HEIW performs its public sector equality duties positively, there are a number of actions and opportunities which can be located in section 10 of this EIA. There are some common themes in relation to potential impacts across the 'protected characteristics' which highlight the need for:


- To introduce standardised minimum data set across health and social care with investment in data analytics and workforce business intelligence. To establish a baseline and enable increasing sophistication with workforce modelling and scenario planning across the public, private and third sectors. This should include improving our understanding impact and implications of the decision's organisations make on people who share protected characteristics and those who do not.
- To report and fully explore the reasons for pay gaps across the 'protected characteristics'.
- To review practices across the organisation to transform recruitment to be fair for all, fully bi-lingual and promote diversity in the workforce. It should place a strong emphasis on values-based recruitment as one key element of the selection process.
- True seamless working will need to be underpinned by fair, equitable and inclusive working conditions which enable all people to play their full role in supporting patients and service users.
- Our plans should address the skills required to lead and manage change at both a whole system and local level with clear routes for people who share characteristics and those who do not.
- A common leadership framework with clear progression, mentoring and coaching routes for people who share characteristics and under-represented groups.
- Design workforce plans such that under-represented groups have the tools they need to self-serve, collaborate and work efficiently.
- Engagement with citizens, service users, staff and trade unions to provide evidence on which to base ongoing development of implementation plans.
- When considering the socio-economic impacts due regard needs to be given to people and places (e.g. not only the divide in Wales between rural and urban settings) and also the impact of inequitable work practices, the impact of digitalisation and political drivers such as Universal Credit when devising workforce plans.

How does the policy/procedure, strategy, e-learning, guidance etc. embed, prioritise the Well-being Goals and Sustainability Development Principle of the [Wellbeing of Future Generations \(Wales\) Act 2015](#).

Please describe and provide evidence below of how the 5 ways of working have been met, inclusive of the 7 well-being goals, to maximise the social, economic, environmental and cultural wellbeing of people and communities in Wales.

Sustainable Development Principle	
<div data-bbox="219 341 501 624" data-label="Image"> </div> <p data-bbox="271 635 443 671">Long Term</p> <p data-bbox="163 711 526 780">Balancing short term with long term needs</p> <div data-bbox="136 1193 315 1390" data-label="Text"> <p>English Catherine 03/31/2021 11:25:31</p> </div>	<p data-bbox="577 308 2078 560">A number of our objectives demonstrate our commitment to developing a more sustainable workforce that meets the needs of future service models. At the same time reducing the over reliance on short term, expensive solutions which often have a negative impact on the wellbeing of staff. Education, training and workforce development are critical to this. This will involve the acquisition of new skills and ensuring that the pipeline into health careers is as wide as possible. The NHS is a significant employer for many local communities and widening access into training and employment opportunities will support the development of health and prosperity in these areas.</p> <p data-bbox="577 600 2078 780">Our strategic objective to develop workforce plan for nursing aligns with the long term principle by leading developments to achieve a sustainable workforce to meet the increasing service demands of the people of Wales. In addition, our plans to lead, develop and embed a range of actions to support workforce and workplace wellbeing and colleague experience link to all five ways of working, i.e. long term, prevention, integration, collaboration and involvement.</p> <p data-bbox="577 820 2078 967">We also intend to develop our workforce intelligence functions to improve the quality of workforce data, planning and modelling for NHS Wales. This demonstrates that we are working towards the longer-term vision of bringing together workforce data for the health and social care to help make evidence based decisions relating to workforce planning in both the long and the short term.</p> <p data-bbox="577 1007 2078 1153">The development and implementation of a digital capability framework for the healthcare workforce meets the Wellbeing of Future Generations Act 5 ways of working in terms of achieving higher value by improving the quality of patient care and extending the boundaries of what can be delivered for people through digital capability.</p> <p data-bbox="577 1193 2078 1302">Improve opportunities for trainees and students to undertake education and training through the medium of Welsh aligns with The Wellbeing of Future Generations Act, and with A Healthier Wales through strengthening the provision of Welsh language services.</p> <p data-bbox="577 1342 2078 1410">The objectives relating to the Welsh Language enables HEIW to support the Wellbeing of Future Generations Act's goal of ensuring a future for Wales with a vibrant culture and thriving Welsh language.</p>

 <p>Collaboration</p> <p>Working together to deliver objectives</p>	<p>The strategic objective to improve access to careers in the health and care sector in partnership with Social Care Wales aligns with the Future Generations Act through the development of national and local approaches to careers and widening access to health and care for all ages.</p> <p>HEIWs objective to provide workforce planning training will help achieve higher value from system-wide workforce planning expertise and capability.</p> <p>There is a requirement within the Wellbeing of Future Generations Act for HEIW to be a globally responsible organisation. To this end, we have begun to consider an ambition which would see international recruitment as part of a wider global engagement strategy in the longer term.</p>
 <p>Involvement</p> <p>Involving those with an interest and seeking their views</p>	<p>We are currently progressing a number of organisational approaches to combat climate change and reduce our environmental impact in line with the Wellbeing of Future Generations (Wales) Act 2015.</p>
 <p>English Catherine 03/31/2021 11:25:31</p>	<p>The development of a multi-professional Continuous Professional Development (CPD) strategy will help ensure that the NHS Wales workforce has the correct skills and capabilities required for the future. This upskilling the workforce links to prevention by reducing the risks to the safety and care of patients.</p> <p>The development of a Simulation strategy meets the Wellbeing of Future Generations 5 ways of working in that this demonstrates long term planning for simulation based education and prevention by means of improving patient safety by training the workforce effectively and collaboration in terms of working with multiple partners and stakeholders to inform the strategy.</p>

<p>Prevention</p> <p>Putting resources into preventing problems occurring or getting worse</p>	
 <p>Integration</p> <p>Considering impact on all wellbeing goals together and on other bodies</p>	<p>All of the objectives and deliverables under Strategic Aim 3, relating to the development of compassionate and collective leadership capacity provide an opportunity to influence cultural change within NHS Wales by building a collective and compassionate culture, with significant benefits for staff wellbeing. It also links to the Future Generations Act in all five ways of working, i.e. long term, prevention, integration, collaboration and involvement.</p> <p>HEIW is also driving the implementation and embedding of the HEIW Strategic Equality Plan and further develop equality and inclusion agenda including partnership working across the public sector.</p>

<p>8. If the policy, procedure, strategy and or decision is intended to increase equality of opportunity through positive action, does it appear to be lawful? (EHRC Positive Action in the Workplace)</p> <p><i>Briefly explain the reason for the answer, making reference to any relevant evidence</i></p>
<p>No not specific positive action.</p>

<p>9. Human Rights</p> <p><i>Is the policy, procedure, strategy, e-learning etc. likely to restrict or represent a missed opportunity to support Human Rights Act (The Human Rights Act - EHRC), UN Convention on the Rights of the Child (UNCRC) Rights of Children and Young Persons (Wales) Measure 2011 ?</i></p>
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- If yes, please state which rights and briefly explain the reason for your answer, making reference to any relevant evidence.

No

Please be advised that any restriction unless permitted by the Convention will make the policy, procedure, strategy or decision unlawful and therefore must not be implemented.

10. Action Planning

Actions to be taken to address negative impacts and maximise positive impacts	Potential Outcomes	Lead	Timescales
<p>Actions to be taken across 'protected characteristics'</p> <ul style="list-style-type: none"> • Explore and report on pay gaps across 'protected characteristics'. • Introduce a standardised minimum data set across health and social care and invest in data analytics and workforce business intelligence. • Review recruitment practices place a strong emphasis on values-based recruitment as part of the selection process. • Underpin seamless working by securing fair, equitable and inclusive working conditions. • Develop a leadership framework with clear progression, mentoring and coaching routes for people who share characteristics and those who do not. 	<ul style="list-style-type: none"> • Evidence gathered on pay gaps across the protected characteristics to support the case for change. • Standardised data set across health and social care used to establish a baseline and enable increasing sophistication with workforce modelling and scenario planning to improve our understanding of the impact and implications of the decisions HEIW makes on people who share protected characteristics and those who do not. • Transform recruitment to be fair for all, fully bi-lingual and promote diversity in the workforce. • Enable all people to play their full role in supporting patients and service users. • Clarifies arrangements for progression, mentoring and coaching routes. 	<p>Workforce & OD</p>	

<ul style="list-style-type: none"> • Ensure that service planning at a local level is undertaken using co-productive approach with people who share protected characteristics and those who don't. • Create opportunities, support, and specific and targeted campaigns to recruit under-represented groups and people with protected characteristics. <p>Age</p> <ul style="list-style-type: none"> • Undertake further work to attract young people to work and qualify to practice (particularly young people in rural areas). • Support older people enter health and social care professions including expectation of reasonable adjustments to be made i.e. flexible working. • Promote the benefits of intergenerational working especially in light of growing population in Wales with complex needs. • Work with the education sector to widen access to education and learning for all of our people and encourage greater diversity in our workforce and to work with education and CPD providers to ensure that learning and education helps people build flexible skills and portfolios. • Emphasise the importance of fair, equal, diverse and bi-lingual practice and address the skills required to lead and manage change at both a whole system and local level and develop a range of leadership resources for people at all levels. • Set out how to support the workforce become digitally literate. • Work with the education sector to widen access to education and learning for all of our people. To include developing new and innovative routes into 	<ul style="list-style-type: none"> • Well informed planning that offers equal opportunity for all. • Fairness and equality for all. • Create opportunities for younger people especially those living in rural areas. • Create opportunities for older people, acknowledging the demand for flexible working arrangements. • Create a sustainable workforce. • Create equal learning opportunities for all and generate a more diverse workforce able to take on a range of roles throughout their career. • Create a fair, equal, diverse and bilingual workforce that have the capacity and capability to lead and manage change. • Create a digitally literate workforce. • Widening access to encourage greater diversity and capability in our workforce. 		
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<p>pre-qualification education recognising experience and skills acquired through non-traditional routes.</p> <p>Disability</p> <ul style="list-style-type: none"> • Ensure that there are a range of leadership resources for people at all levels and that they are accessible and equitable for all employees. • Develop bilingual digital literacy skills in the whole workforce. • Remove barriers to progression and targeted mentoring and development programmes for disabled people. • Create opportunities, support, and specific and targeted campaigns to recruit under-represented groups, including disabled people and embedding schemes such as Disability Confident. <p>Gender Identity</p> <ul style="list-style-type: none"> • Lead the way in terms of eliminating bullying and harassment associated with gender identity. • Address gender inequalities within organisations through clear measurable equality objectives. • Remove barriers to progression and targeted mentoring and development programmes for including a person's orientation towards people of the same sex, the opposite sex or more than one gender are vital to addressing pay gaps and barriers to promotion. <p>Marriage or civil partnership</p> <ul style="list-style-type: none"> • Ensure that we are using our money to get the best possible balance of funding of education and training to meet the education and ongoing learning 	<ul style="list-style-type: none"> • All staff are able to access leadership resources. • Create a digitally literate workforce. • Disabled staff have the same opportunities for progression and access to mentoring and development programmes as everyone else. • Increase the number of disabled people in the workforce. • Eliminate bullying and harassment associated with gender identity in the workforce. • All people are treated equally regardless of gender identity. • All staff have the same opportunities for progression and access to mentoring and development programmes as everyone else. • Obtain value for money from our education and training providers. 		
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<p>needs of our people, and optimise digitally enabled education, learning and knowledge management.</p> <ul style="list-style-type: none"> • Work with professions and clinicians to ensure that personal development programmes and job plans provide the opportunity for increased leadership opportunities on a fair and equitable basis. <p>Pregnancy and maternity</p> <ul style="list-style-type: none"> • Draw on the experience of the different regional developments to propose further guidance for health and social care on how to promote and deliver fair and equitable seamless working. • Ensure that the sector obtains the best possible balance of funding of education and training to meet the education and ongoing learning needs of our people, and optimise digitally enabled education, learning and knowledge management, working through the medium of Welsh, multi-disciplinary working and core practice principles, and managing ongoing flexible learning and development. <p>Race</p> <ul style="list-style-type: none"> • Ensure that the adoption of new technologies enhances rather than undermines equality, fairness and diversity in the workplace. • Ensure that true seamless working is underpinned by fair, equitable and inclusive working conditions. • Recommend that targeted work be undertaken to create opportunities, support, and specific campaigns to recruit under-represented groups, including BAME groups. <p>Religion and belief</p>	<ul style="list-style-type: none"> • Increased leadership opportunities for all on a fair and equitable basis. • Guidance developed for health and social care on how to promote and deliver fair and equitable seamless working. • Create equal learning opportunities for all and generate a more diverse workforce able to take on a range of roles throughout their career. • New technologies are used to enhance the , ability of all employees to engage with patients and services users with different language and cultural needs. • All people are able to play their full role in supporting patients and service users. • Increase the number of under-represented groups including BAME groups. • All people are treated equally regardless of religion or belief. 		
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<ul style="list-style-type: none"> • Workforce implementation plans have the opportunity to use best practice in creating a faith-friendly organisation by developing and promoting a workplace policy for religion and belief that embraces all beliefs and promotes a culture of respect; having an all-faith staff network that provides a forum for peer support and celebrates diversity; implementing all-staff training on different religions and beliefs to help create a culture change and explore stereotypes and assumptions about different faiths; exploring how employees can maintain their faith in the workplace and promoting different religious events to encourage the integration of faith and work for all religions and beliefs. <p>Carers</p> <ul style="list-style-type: none"> • Address the skills required to lead and manage change at both a whole system and local level in supporting carers (and working carers) on an equitable basis. • Ensure that carers and volunteers receive training, support, and development. <p>Welsh Language</p> <ul style="list-style-type: none"> • Design and approach to ensure that staff can deliver care using the welsh language and target professions that use language-based tests and therapies such as speech therapists, school nurses, psychologists and clinical staff likely to be in contact with children, older people, people suffering from dementia and those with mental health problems. 	<ul style="list-style-type: none"> • Carers are supported on an equitable basis. • Carers are able to fulfil their role as volunteers or carers. • Increase the number of bilingual staff in the workforce. 		
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11. Monitoring Arrangements

- *What are the plans to monitor the actual and/or final impact? (The EIA will help anticipate likely effect but final impact may only be known after implementation).*
- *What are the proposals for reviewing and reporting actual impact?*

The EIA will be held on the EIA accountability database and will be monitored and supported by HEIW's Inclusion Lead with ultimate sign off by the Executive Team or Board as appropriate.

English Catherine
03/31/2021 11:25:31

Appendix 1

HEIW Diversity Detail @ 30 September 2020 (Exec Chair & Non-Executive Directors)					
Gender	Headcount				
Female	294				
Male	140				
Total	434				
<i>Data Source: ESR BI - NHS WF Profile Dashboard Diversity Detail</i>					
Disability	Headcount				
No	193				
Not Declared	1				
Prefer Not To Answer	4				
Unspecified	220	Unspecified - detail not held in ESR			
Yes	16				
Total	434				
<i>Data Source: ESR BI - NHS WF Profile Dashboard Diversity Detail</i>					
Ethnic Origin	Headcount				
A White - British	163				
C White - Any other White background	6				
CA White English	1				
CC White Welsh	21				
D Mixed - White & Black Caribbean	1				
E Mixed - White & Black African	1				
H Asian or Asian British - Indian	8				
N Black or Black British - African	1				
R Chinese	1				

Unspecified	231	Unspecified - detail not held in ESR			
Total	434				
Data Source: ESR BI - NHS WF Profile Dashboard Diversity Detail					
Religious Belief	Headcount				
Atheism	42				
Buddhism	2				
Christianity	109				
Hinduism	5				
I do not wish to disclose my religion/belief	43				
Islam	1				
Jainism	1				
Other	15				
Unspecified	216	Unspecified - detail not held in ESR			
Total	434				
Data Source: ESR BI - NHS WF Profile Dashboard Diversity Detail					
Sexual Orientation	Headcount				
Bisexual	2				
Gay or Lesbian	7				
Heterosexual or Straight	198				
Not stated (person asked but declined to provide a response)	14				
Undecided	1				
Unspecified	212	Unspecified - detail not held in ESR			
Total	434				
Data Source: ESR BI - NHS WF Profile Dashboard Diversity Detail					
Marital Status	Headcount				

Civil Partnership	1				
Divorced	14				
Legally Separated	2				
Married	156				
Single	59				
Unknown	9				
Widowed	2				
(blank)	191	(blank) - detail not held in ESR			
Total	434				
Data Source: ESR BI - NHS WF Profile Dashboard Diversity Detail					
Nationality	Headcount				
Australian	1				
Beninese	1				
British	151				
Dutch	1				
English	1				
Scottish	1				
Welsh	47				
(blank)	231	(blank) - detail not held in ESR			
Total	434				
Data Source: ESR BI - NHS WF Profile Dashboard Diversity Detail					
Age Band	Headcount				
<=20 Years	1				
21-25	11				
26-30	23				
31-35	26				

36-40	59					
41-45	69					
46-50	68					
51-55	75					
56-60	59					
61-65	31					
66-70	11					
>=71 Years	1					
Total	434					
Data Source: ESR BI - NHS WF Profile Dashboard Diversity Detail						
Location - based on position detail	Headcount					
082 Glan Clwyd Hospital	1					
082 Glangwili General Hospital	1					
082 HEIW Ty Dysgu	265					
082 Morriston Hospital	1					
082 Off Site	164					
082 Wrexham Maelor Hospital	2					
Total	434					
Data Source: ESR BI - Staff in Post Dashboard						

English Catherine
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Appendix 2

NHS Wales Diversity Detail @ 30 September 2020				
Gender	Headcount			
Female	75115			
Male	22708			
Total	97823			
Data Source: Data Warehouse - Motherload				
Disability	Headcount			
No	64570			
Not Declared	4574			
Yes	2686			
(blank)	25993		(blank) - detail not held in DW	
Total	97823			
Data Source: Data Warehouse - Motherload				
Ethnic Origin	Headcount			
A White - British	58298			
B White - Irish	558			
C White - Any other White background	4349			
C2 White Northern Irish	57			
C3 White Unspecified	3361			
CA White English	1184			
CB White Scottish	177			
CC White Welsh	11733			
CD White Cornish	18			
CE White Cypriot (non specific)	2			

CF White Greek	28			
CFWhite Greek	5			
CG White Greek Cypriot	1			
CH White Turkish	10			
CJ White Turkish Cypriot	1			
CK White Italian	37			
CL White Irish Traveller	3			
CM White Traveller	1			
CN White Gypsy/Romany	1			
CP White Polish	81			
CQ White ex-USSR	9			
CU White Croatian	1			
CV White Serbian	2			
CW White Other Ex-Yugoslav	4			
CX White Mixed	62			
CY White Other European	217			
D Mixed - White & Black Caribbean	163			
E Mixed - White & Black African	122			
F Mixed - White & Asian	225			
G Mixed - Any other mixed background	219			
GA Mixed - Black & Asian	4			
GB Mixed - Black & Chinese	1			
GC Mixed - Black & White	10			
GD Mixed - Chinese & White	9			
GE Mixed - Asian & Chinese	15			
GF Mixed - Other/Unspecified	21			
H Asian or Asian British - Indian	1889			
J Asian or Asian British - Pakistani	416			
K Asian or Asian British - Bangladeshi	144			
L Asian or Asian British - Any other Asian background	797			
LA Asian Mixed	12			

LB Asian Punjabi	6			
LC Asian Kashmiri	3			
LD Asian East African	5			
LE Asian Sri Lankan	44			
LF Asian Tamil	20			
LG Asian Sinhalese	6			
LH Asian British	41			
LJ Asian Caribbean	1			
LK Asian Unspecified	68			
M Black or Black British - Caribbean	128			
N Black or Black British - African	549			
P Black or Black British - Any other Black background	40			
PA Black Somali	8			
PB Black Mixed	4			
PC Black Nigerian	58			
PD Black British	24			
PE Black Unspecified	8			
R Chinese	179			
S Any Other Ethnic Group	502			
SA Vietnamese	4			
SB Japanese	5			
SC Filipino	436			
SD Malaysian	21			
SE Other Specified	81			
Z Not Stated	5836			
(blank)	5499		(blank) - detail not held in DW	
Total	97823			
Data Source: Data Warehouse - Motherload				
Religious Belief	Headcount			

Atheism	12625			
Buddhism	311			
Christianity	38814			
Hinduism	639			
I do not wish to disclose my religion/belief	12669			
Islam	927			
Jainism	17			
Judaism	36			
Other	8950			
Sikhism	63			
(blank)	22772		(blank) - detail not held in DW	
Total	97823			
Data Source: Data Warehouse - Motherload				
Sexual Orientation	Headcount			
Bisexual	548			
Gay or Lesbian	1307			
Heterosexual or Straight	65905			
Not stated (person asked but declined to provide a response)	7174			
Other sexual orientation not listed	44			
Undecided	45			
(blank)	22800		(blank) - detail not held in DW	
Total	97823			
Data Source: Data Warehouse - Motherload				
Nationality	Headcount			
Afghan	12			
Albanian	1			

Algerian	2			
American	52			
Argentine	2			
Australian	41			
Austrian	4			
Azerbaijani	1			
Bahraini	4			
Bangladeshi	37			
Barbadian	3			
Barbudan	1			
Belarusian	3			
Belgian	14			
Beninese	2			
Bolivian	1			
Brazilian	18			
British	65350			
British Virgin Islander	2			
Bruneian	3			
Bulgarian	28			
Burmese	29			
Burundi	1			
Canadian	46			
Central African	4			
Channel Islander	1			
Chilean	1			
Chinese	22			
Colombian	3			
Congolese	1			
Croatian	8			
Cypriot	11			
Czech	35			

Danish	9			
Dutch	70			
Ecuadorian	1			
Egyptian	158			
English	422			
Eritrean	2			
Estonian	6			
Ethiopian	1			
Filipino	493			
Finnish	12			
French	51			
Gabonese	1			
Gambian	7			
German	108			
Ghanaian	19			
Greek	73			
Grenadian	1			
Guinean	1			
Guyanese	3			
Honduran	1			
Hong Kong (British/Chinese)	6			
Hungarian	48			
Icelandic	3			
Indian	935			
Indonesian	5			
Iranian	15			
Iraqi	28			
Irish	504			
Italian	126			
Jamaican	10			
Japanese	7			

Jordanian	13			
Kenyan	18			
Korean	2			
Kuwaiti	3			
Kyrgyzstani	2			
Latvian	17			
Lebanese	6			
Liberian	1			
Libyan	24			
Lithuanian	30			
Malagasy	1			
Malawian	7			
Malaysian	120			
Maldivian	3			
Maltese	17			
Manx	1			
Mauritanian	1			
Mauritian	9			
Mexican	3			
Moroccan	1			
Motswana	3			
Nepalese	21			
New Zealander	22			
Nigerian	184			
Nigerien	2			
Ni-Vanuatu	1			
Northern Irish	27			
Norwegian	11			
Omani	1			
Pakistani	202			
Palestinian	4			

Peruvian	1			
Polish	317			
Portuguese	116			
Romanian	110			
Russian	18			
Saint Lucian	1			
Saint Vincentian	1			
Saudi Arabian	5			
Scottish	60			
Serbian	1			
Sierra Leonean	2			
Singaporean	14			
Slovak	27			
Slovenian	3			
Somali	4			
South African	45			
South Korean	3			
Spanish	109			
Sri Lankan	75			
Sudanese	45			
Swedish	17			
Swiss	5			
Syrian	13			
Taiwanese	1			
Tanzanian	2			
Thai	18			
Tobagonian	1			
Trinidadian	13			
Tunisian	2			
Turkish	9			
Ugandan	3			

Ukrainian	5			
Venezuelan	2			
Vietnamese	2			
Welsh	6613			
Yemeni	3			
Zambian	6			
Zimbabwean	59			
(blank)	20466		(blank) - detail not held in DW	
Total	97823			
Data Source: Data Warehouse - Motherload				
Age Band	Headcount			
Under 25	4539			
25 - 29	9595			
30 - 34	11356			
35 - 39	11140			
40 - 44	11003			
45 - 49	12626			
50 - 54	14202			
55 - 60	15243			
Over 60	8119			
Total	97823			
Data Source: Data Warehouse - Motherload				

Thank you for completing this Integrated Equality Impact Assessment (EIA)

For further guidance, assistance and submission, please contact Emma Kwaya-James HEIW Inclusion Lead

emma.kwaya-james@wales.nhs.uk

English Catherine
03/31/2021 11:25:31

2021/22 PLANNING MINIMUM DATASET	
SUMMARY OF CONTENTS	

Organisation	HEIW
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For further guidance on completion please contact:

HSS-PlanningTeam@gov.wales

Checklist (click section name to jump to relevant sheet)	Sections Complete (dropdown available)
BEDPLAN	
WORKFORCE WTE	Yes
TEST TRACE PROTECT	
COVID-19 VACCINATION	
CORE ACTIVITY	
SCREENING PROGRAMMES	
REVENUE PLAN	Yes
INCOME ASSUMPTIONS	Yes
IN YEAR COST BASE	Yes
NET EXPENDITURE	Yes
SAVINGS TRACKER	
COVID-19 ADDITIONAL SPEND	Yes
RISK & OPPORTUNITIES	
NHS WALES INCOME	Yes
CAPITAL	Yes
ASSET INVESTMENT	Yes

Comments
<p>Tabs completed as applicable to HEIW at the time of submission.</p> <p>We have utilised steady state assumptions to apply to workforce costs & FTE which can be adjusted in year as appropriate.</p>

General Notes

Please only fill in the lightly yellow shaded cells.

Please populate all cells and only use figures when populating.

If cell value is 0 then please enter 0 and do not leave blank.

This is intended to be a small guide, showing how the tabs work together, which hopefully assists in completion.

Tab	Completion order	Instructions
BEDPLAN	ANY	Populate as normal as this tab is not linked to other tabs.
WORKFORCE WTE	ANY	Populate all workforce sections as dictated by their section titles Including COVID-19 staff in the staff type sections. Then break the WTE down by project for triangulation with COVID-19 additional spend.
TEST TRACE PROTECT	ANY	Populate as normal as this tab is not linked to other tabs. Line 74 should reconcile back to total TTP spend included in tab 6.) COVID-19 Additional Spend.
COVID-19 VACCINATION	ANY	Populate vaccination activity & populate capital costs on line 60. Vaccination WTE is picked up from the WORKFORCE tab. Vaccination costs are mainly picked up from tab 6.) COVID-19 Additional Spend.
CORE ACTIVITY	ANY	Populate as normal this tab is not linked to other tabs.
SCREENING PROGRAMMES	ANY	Populate as normal this tab is not linked to other tabs.
1.) REVENUE PLAN	6	Populate all cells coloured yellow. All gold coloured tabs are linked with subsequent tabs.
2.) INCOME ASSUMPTIONS	5	Populate as normal this tab is not linked to other tabs.
3.) IN YEAR COST BASE	1	Enter values as negative. Populate each general and local investment (yellow shaded cells are free text lines to include investments not already listed.) breaking down the individual investment by expenditure category splitting by in year and FYE in columns C-P. These figures feed lines 40-48 in 1.) Revenue Plan tab. Secondly profile out each investment in columns T-AE.
4.) NET EXPENDITURE	4	Lines 11-34 are a summarized version of the tables in lines 40-158. Cells coloured in gold are automatically populated from lines in COVID-19 Additional Spend and Savings Tracker Tabs. Populate cells coloured in yellow manually.
5.) SAVINGS TRACKER	2	This tab is mirrored from the savings tracker utilised in the MMR returns. Please fill in lines 26 and below relevant to how many savings schemes in the organisation. If the scheme is an income generation scheme leave the cell in column P (MMR Category) blank. Check for error messages in columns AD - AH which highlights areas of the tracker filled incorrectly. Gold cells in lines 9 -22 are automatically populated from the tracker.
6.) COVID-19 ADDITIONAL SPEND	3	This tab reflects the information collected in table B3 in the MMR returns. Please fill out yellow coloured cells. This tab feeds Vaccination, Revenue Plan and Net Expenditure Tabs.
7.) RISK & OPPORTUNITIES	7	Populate as normal as this tab is not linked to other tabs.
8.) NHS WALES INCOME	8	Populate as normal as this tab is not linked to other tabs.
9.) CAPITAL	9	Populate as normal as this tab is not linked to other tabs.
10.) ASSET INVESTMENT	10	Populate as normal as this tab is not linked to other tabs.

For further guidance on completion please contact:

HSS-PlanningTeam@gov.wales

HEIW

Please fill in the lightly yellow shaded cells with bed numbers (for all sites).

This section is intended to capture the number of functional planned staffed and equipped beds available to organisations and should include all sites e.g. Mental Health and Community. Please ensure your narrative plan captures details in respect of the organisations ability to flex the available functional bed base to address the varying COVID-19 scenarios in the coming twelve months.

BEDPLAN - ALL SITES	PLANNED AVAILABLE BEDS		BED PROFILE											
	Baseline as @	Baseline as @	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
	31/3/2020	31/03/2021												
METRIC	NUMBER OF BEDS													
Invasive ventilated beds in critical care environment														
Invasive ventilated beds in hospital but outside of a critical care environment														
Designated COVID-19 hospital beds - Health Board sites (inc surge beds)														
Non designated COVID-19 hospital beds - Health Board sites (inc Surge beds)														
Designated COVID-19 hospital beds Field Hospital Sites														
Non designated COVID-19 hospital beds Field Hospital Sites														
TOTAL BED CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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Please fill in the lightly yellow shaded cells with WTEs.

Section 1 is intended to capture the organisations total workforce plan in whole time equivalent (WTE's) as at the end of each month.

Section 2 is intended to capture organisations key workforce information in relation to BAME assessments and anticipated absences.

Section 3 is a memorandum (subset) table of the total WTE's included in Section 1, specifically intended to capture workforce plans relating to the key major projects in the COVID-19 response.

Please ensure your narrative plan captures details in respect of the organisations ability to flex the available workforce to address the varying COVID-19 scenarios in the coming twelve months.

More specifically within the narrative plan, organisations are asked to indicate 1) Any areas/staff groups anticipating high levels of retirements, 2) Any areas/staff groups experiencing high levels of long term vacancies

3) Any areas/staff groups experiencing increase flexible working and reduction of the participation rate 4) Any areas/staff groups where you are planning to develop alternative clinical practitioners or the multi-disciplinary team

5) Any areas/staff groups where you are planning to develop the support worker workforce.

WORKFORCE PLANS - WTE	ACTUAL WTE		WORKFORCE PROFILE @ END OF MONTH											
	ACTUAL as @ 31/3/2020	ACTUAL as @ 31/03/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Section 1	WTE													
ESTABLISHMENT & BANK ADDITIONAL HOURS														
Administrative, Clerical & Board Members	183.0	228.0	228.0	228.0	228.0	228.0	228.0	228.0	228.0	228.0	228.0	228.0	228.0	228.0
Medical & Dental	178.0	177.0	177.0	177.0	177.0	177.0	177.0	177.0	177.0	177.0	177.0	177.0	177.0	177.0
Nursing & Midwifery Registered	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
Prof Scientific & Technical	38.0	38.0	38.0	38.0	38.0	38.0	38.0	38.0	38.0	38.0	38.0	38.0	38.0	38.0
Additional Clinical Services	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Allied Health Professionals		1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	406.0	451.0	451.0	451.0	451.0	451.0	451.0	451.0	451.0	451.0	451.0	451.0	451.0	451.0
AGENCY														
Administrative, Clerical & Board Members	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL AGENCY	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
RETURNERS (Former Employees)														
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical & Dental	-	2.0	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL RETURNERS	-	2.0	-	-	-	-	-	-	-	-	-	-	-	-
STUDENTS														
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL STUDENTS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OTHER TEMP STAFF														
Administrative, Clerical & Board Members	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL OTHER TEMP STAFF	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
Section 2		WTE												
		COVID-19 ANTICIPATED ABSENCE DATA (Profiled BY MONTH for remaining year)												
Anticipated sickness rate (%)	2%	2%	2%	1%	1%	1%	1%	2%	3%	3%	3%	1%	2%	2%
Anticipated COVID 19 sickness (headcount)	8.0	-	-	-	-	-	-	-	-	-	-	-	-	-
Anticipated Self Isolation (headcount)	37.0	-	-	-	-	-	-	-	-	-	-	-	-	-
Anticipated Shielding (headcount)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Section 3		WTE												
		COVID-19 WTE BREAKDOWN PER PROJECT (Please detail out WTE used in relevant major project that is included in the total workforce above)												
		TEST, TRACE & PROTECT												
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS														
		MASS VACCINATIONS												
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS														
		SURGE CAPACITY/FIELD HOSPITALS												
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS														
		CLEANING STANDARDS												
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS														
		OTHER COVID RELATED WTE												
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS														
		TOTAL COVID RELATED WTE												
Administrative, Clerical & Board Members														
Medical & Dental														
Nursing & Midwifery Registered														
Prof Scientific & Technical														
Additional Clinical Services														
Allied Health Professionals														
Healthcare Scientists														
Estates & Ancillary														
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS														

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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 / PLANNED)												
	M12 2020/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR

ANTIGEN													
DEMAND	POPULATION DEMAND - No's												
Hospital Staff													
Hospital Patients													
Care Homes - Staff and Patients													
Symptomatic Population													
Community - Closed settings (incl. outbreaks)													
Other - please specify below:													
SUB TOTAL ANTIGEN DEMAND	-	-	-	-	-	-	-	-	-	-	-	-	-
SAMPLING	SAMPLING SITES (NUMBER OF SITES)												
Community Testing Units (CTUs)													
Mobile Testing Units (MTUs)													
Population Sampling Centres (PSCs)													
SUB TOTAL ANTIGEN SAMPLING SITES	-	-	-	-	-	-	-	-	-	-	-	-	-
SAMPLING	SAMPLING SITE CAPACITY												
Community Testing Units (CTUs)													
Mobile Testing Units (MTUs)													
Population Sampling Centres (PSCs)													
Home Testing													
Other - please specify below:													
SUB TOTAL ANTIGEN SAMPLING CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-
TESTING	TESTING CAPACITY												
Laboratory Tests (Planned Monthly Laboratory Tests)													
Point of Care Tests (Planned Monthly POC1)													
SUB TOTAL ANTIGEN TESTING CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-
% Positive Test Rates													
Monthly Index Cases													

ANTIBODY													
DEMAND	POPULATION DEMAND												
Education Staff													
Health Care Workers													
Other - please specify below:													
SUB TOTAL ANTIBODY DEMAND	-	-	-	-	-	-	-	-	-	-	-	-	-
SAMPLING	SAMPLING CAPACITY												
Serology Antibody Testing - Phlebotomy Service													
Antibody - Point of Care Testing													
Other - please specify below:													
SUB TOTAL ANTIBODY SAMPLING CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-
TESTING	TESTING CAPACITY												
Laboratory Tests (Planned Monthly Laboratory Tests)													
Point of Care Tests (Planned Monthly POC1)													
SUB TOTAL ANTIBODY TESTING CAPACITY	-	-	-	-	-	-	-	-	-	-	-	-	-

TTP PROGRAMME COSTS														
OPERATIONAL EXPENDITURE - £'000														Planned year-end position
	M12 2020/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
Testing (including Sampling) - Antigen														-
Contact Tracing - Health Board Costs														-
Contact Tracing - Local Authority Costs														-
Testing (including Sampling) - Antibody														-
Protect														-
All Wales Team														-
TOTAL TTP PROGRAMME COSTS	-	-	-	-	-	-	-	-	-	-	-	-	-	-

This section is intended to collate information on population, activity, workforce.
The finance section is automatically populated from the COVID-19 Additional Expenditure sheet other than intended capital expenditure which should be entered here.
The workforce numbers are also populated from the workforce sheet.

VACCINATION PROGRAMME	FORECAST PROFILE													
	Actual as @ 31/03/2021	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
METRIC														
Mass Vaccination Centre's														
Total number of COVID-19 vaccinations supplied and administered														-
Total number of population fully vaccinated														-
Total number of COVID-19 vaccinations planned														-
COVID-19 vaccinations of populations 2021-22 Actual and End of Year Target														
Care Homes - Staff and Patients														-
Ages 80+ and Health and Social Care Staff														-
Ages 75+														-
Ages 70+														-
Ages 65+														-
High Risk Adults under 65														-
Moderate Risk Adults Under 65														-
Remaining 60+														-
Ages 55+														-
Ages 50+														-
Remaining Population														-
Mass Vaccination Workforce WTE														
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Programme Workforce WTE	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Care Setting														
Total number of COVID-19 vaccinations supplied and administered														-
Total number of population fully vaccinated														-
Total number of COVID-19 vaccinations planned														-
COVID-19 vaccinations of populations 2021-22 Actual and End of Year Target														
Care Homes - Staff and Patients														-
Ages 80+ and Health and Social Care Staff														-
Ages 75+														-
Ages 70+														-
Ages 65+														-
High Risk Adults under 65														-
Moderate Risk Adults Under 65														-
Remaining 60+														-
Ages 55+														-
Ages 50+														-
Remaining Population														-
Vaccination programme Expenditure														
£'000														
Pay Expenditure	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non Pay Expenditure	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital Expenditure	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Care Expenditure	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenditure	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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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 identified as Essential Services.

SCREENING PROGRAMMES	%		PROFILE @ END OF MONTH											
	ACTUAL as @ 31/03/2020	ACTUAL as @ 31/03/21	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
METRIC	%													

SCREENING PROGRAMME														
% 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%)														

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MOVEMENT OF OPENING FINANCIAL PLAN TO FORECAST OUTTURN	In Year Effect	FYE of Recurring
	£'000	

B/F ULD from Previous Year (Negative Value for Deficits):		
Primary Care		
Mental Health		
Continuing HealthCare		
Commissioned Services		
Scheduled Care		
Unscheduled Care		
Children & Women's		
Community Services		
Specialised Services		
Executive / Corporate Areas		
Support Services (inc. Estates & Facilities)		
Total: B/F ULD from Previous Year	0	0

Revenue (Enter as positive values):		
Core Cost and Demand Uplift (Allocation Paper Table A3)		
Pharmacy Additional Contract Funding (Allocation Paper Table E)		
Mental Health Pay Core Cost and Demand Uplift (Allocation Paper Table 2)		
Other Confirmed Funding in allocation paper, offsetting cost pressures (list below)		
WG Funding	31,045	31,045
WG Revenue/Funding - Anticipated on Income Assumptions	31,045	31,045
Trust Income		
LTA/SLA Inflation		
New Services / Changes to Existing Services		
Total: Provider Income	0	0
Total: Revenue	31,045	31,045

In Year Net Cost Base (Non-COVID-19): (Populated from sheet 3.) In Year Cost Base (please complete)		
Pay	(2,154)	(2,154)
Non Pay	(3,983)	(3,983)
Primary Care Drugs	0	0
Secondary Care Drugs	0	0
CHC/FNC	0	0
Primary Care Contractor	0	0
Commissioned Services	(24,908)	(24,908)
Total: In-Year Net Cost Base (Non-COVID-19)	(31,045)	(31,045)

Opening Cost Pressures	0	0
------------------------	---	---

Identified Savings Plans: (Populated from sheet 5.) Savings Tracker (please complete)		
Pay	0	0
Non Pay	0	0
Primary Care Drugs	0	0
Secondary Care Drugs	0	0
CHC/FNC	0	0
Primary Care Contractor	0	0
Commissioned Services	0	0
Total: Identified Savings Plans	0	0

Red Rated Pipeline Schemes (Populated from sheet 5.) Savings Tracker (please complete)	0	0
--	---	---

Planning Assumptions still to be finalised (positive value)		
---	--	--

Net Income Generation (Profit Element Only) (Populated from sheet 5.) Savings Tracker (please complete)	0	0
---	---	---

Forecast Outturn before COVID-19	0	0
----------------------------------	---	---

Net Additionality - COVID-19 Impact: (Populated from sheet 6.) COVID-19 Additionality (please complete)		
Additional Expenditure Increases	0	
Non-Delivery of Planned Savings	0	
Operational Expenditure Reductions	0	
Slippage on Investments	0	
Total: COVID-19 Impact	0	

Net Financial Challenge after COVID-19	0	
--	---	--

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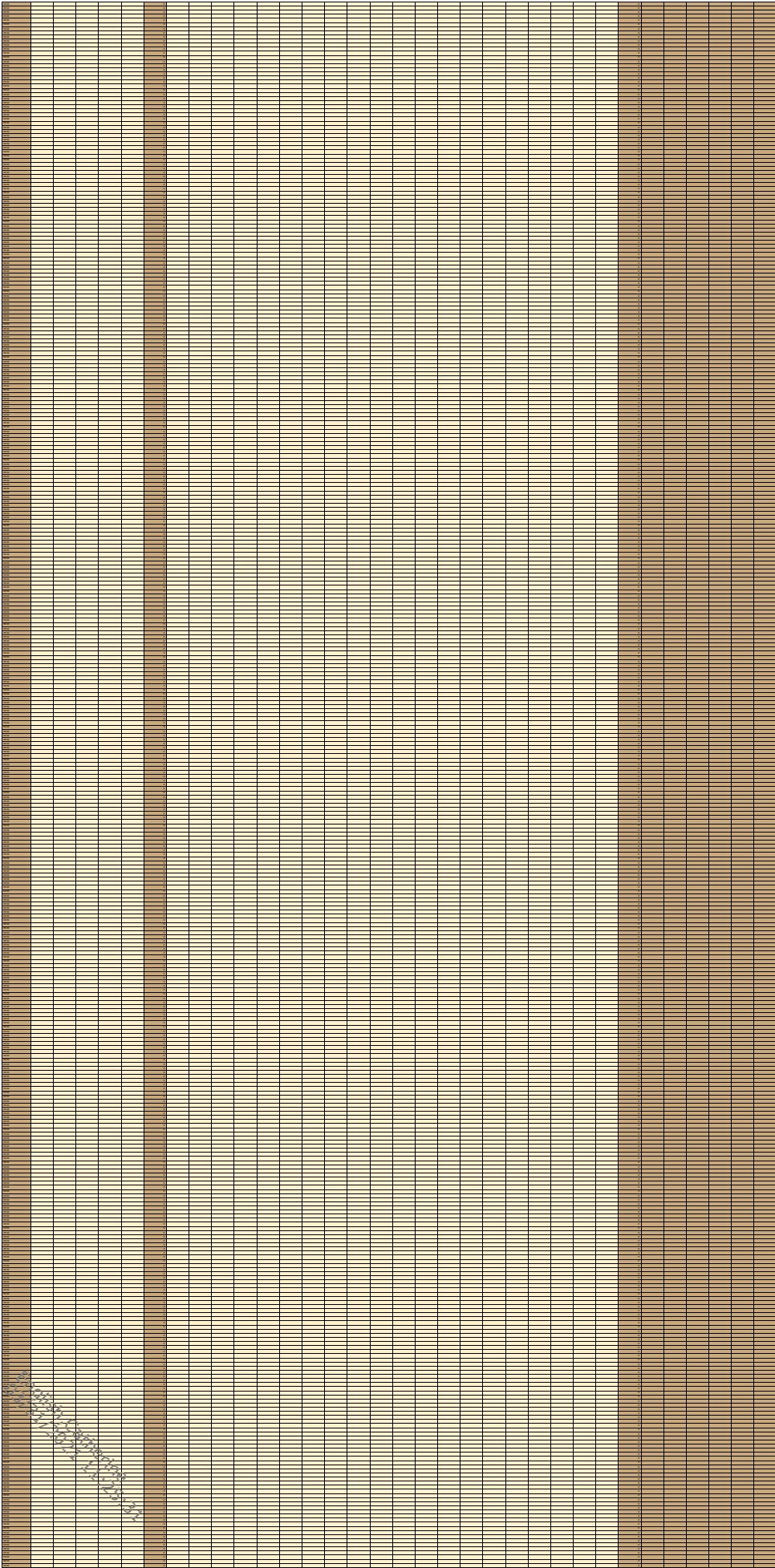
IMTP/Annual Plan expenditure (plan before C	
HealthCare Services Provided by Oth	
Non HealthCare Services Provided by	
Other Private & Voluntary	
Joint Financing & Other	

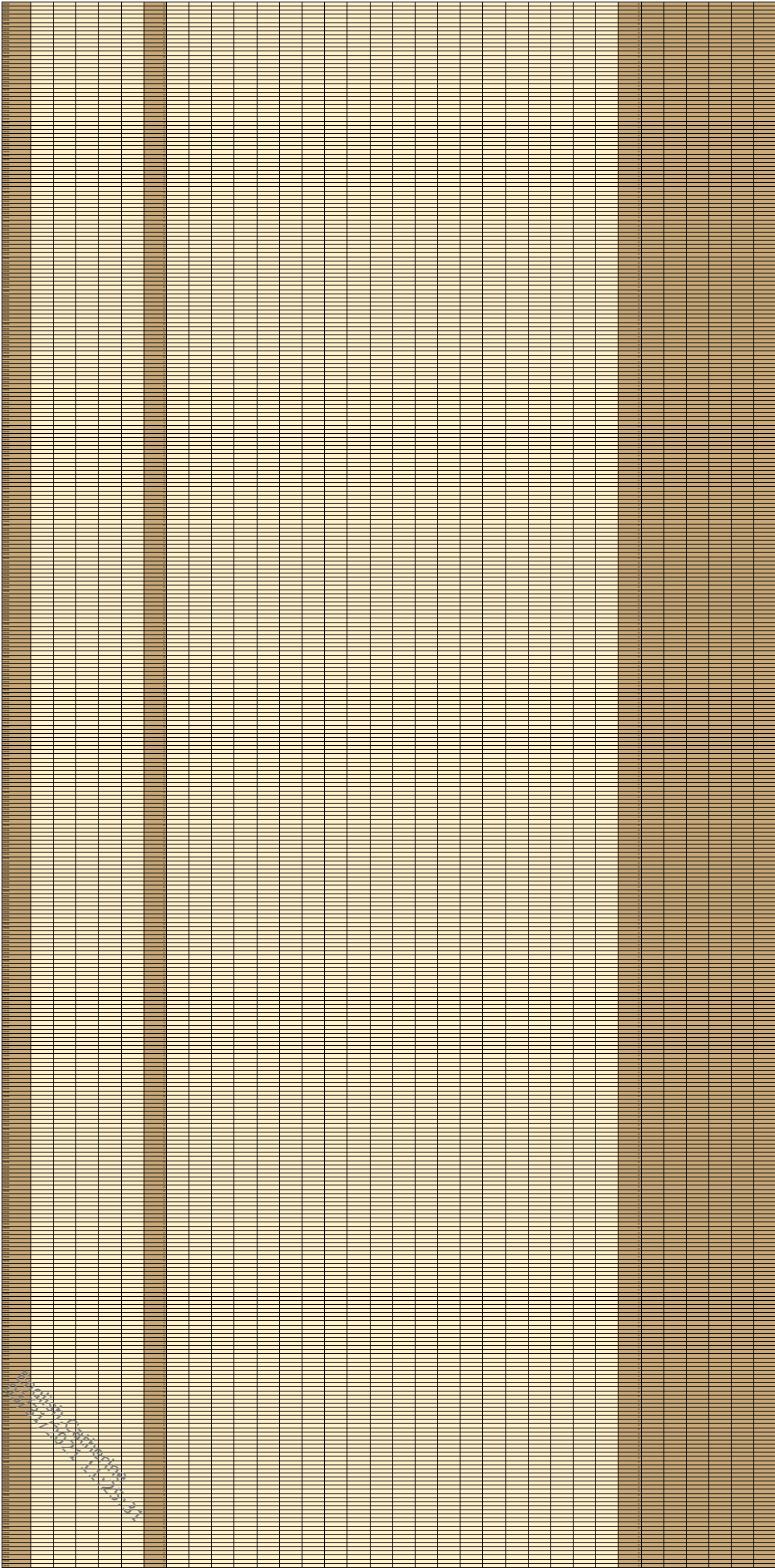
New cost pressures/funded spend not related to COVID-19 (positive value)	0	(6,075)	2,076	2,076	2,076	2,076	2,076	2,076	2,076	2,076	2,076	2,076	2,076	2,076	24,906
Identified savings (negative value)			0	0	0	0	0	0	0	0	0	0	0	0	0
Planning Assumptions (to be finalised) (negative value)															0
OPERATIONAL COST BASE															
	185,624	203,364	19,854	19,854	19,854	19,854	19,854	19,854	19,854	19,854	19,854	19,854	19,854	19,854	238,248
SPEND INCREASES DUE TO COVID-19 (positive value's)															
Purchase Of Health Care Services From Other non trust bodies		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Local Authority (Joint Financing and Other)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Services From Other NHS Bodies		0	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMISSIONED SERVICES EXPENDITURE IMPACT DUE TO COVID-19															
Spend Decreases due to COVID-19 (negative value)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Delivery of Finalised Savings due to COVID-19 (positive value)															0
Stoppage on Investments (negative value)															0
CURRENT NET COMMISSIONED SERVICES PLAN															
	185,624	203,364	19,854	19,854	19,854	19,854	19,854	19,854	19,854	19,854	19,854	19,854	19,854	19,854	238,248

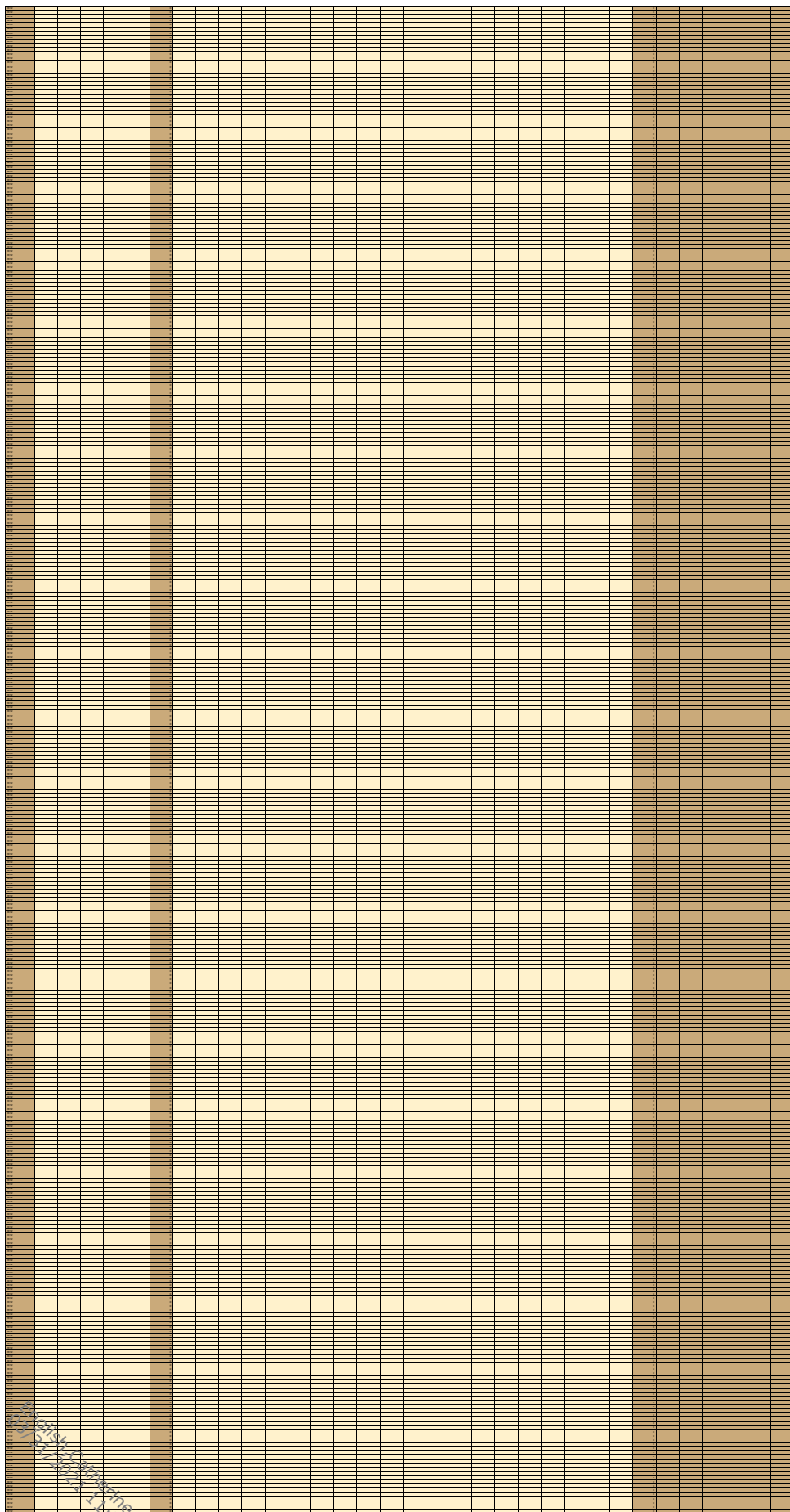
INCOME ANALYSIS £'000															
MTP Annual total income including RRS (Before COVID-19)	213,801	245,347	20,398	20,398	20,398	20,398	20,398	20,398	20,398	20,398	20,398	20,398	20,398	20,398	244,771
WS Allocations / Income Anticipated	0	(567)	0	0	0	0	0	0	0	0	0	0	0	0	0
Loss Of Planned Income (excluding Dental Patient Charges as part of Primary Care's net spend) due to COVID-19															0
Non Delivery of Finalised Income Generation due to COVID-19															0
TOTAL INCOME SUB TOTAL AFTER IMPACT OF COVID-19															
	213,801	244,780	20,398	20,398	20,398	20,398	20,398	20,398	20,398	20,398	20,398	20,398	20,398	20,398	244,771
Planned Income Generation		(80)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(7)
Additional or New WS Allocations / Income Received NOT related to COVID-19		(13,156)	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional WS Allocations / Income Anticipated NOT related to COVID-19		0	2,588	2,588	2,588	2,588	2,588	2,588	2,588	2,588	2,588	2,588	2,588	2,588	31,958
CURRENT INCOME PLAN															
	213,801	232,384	22,985	22,985	22,985	22,985	22,985	22,985	22,985	22,985	22,985	22,985	22,985	22,985	275,822

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Energy System Summary									
System Name	Location	Capacity (MW)	Technology	Status	Investment (\$M)	Operating Cost (\$/MWh)	CO2 Emissions (t/MWh)	Renewable (%)	Notes
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
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This section is intended to include the additional costs of organisations, incurred as a result of the COVID-19 response.

PROJECT		£ 2020/21 ACTUAL	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FORECAST YEAR-END POSITION
METRIC		£'000													
TEST, TRACE & PROTECT															
PAY (positive values)		£'000													
Administrative, Clerical & Board Members															0
Medical & Dental															0
Nursing & Midwifery Registered															0
Prof Scientific & Technical															0
Additional Clinical Services															0
Allied Health Professionals															0
Healthcare Scientists															0
Estates & Ancillary															0
SUB TOTAL PAY EXPENDITURE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY (positive values)		£'000													
Primary Care drugs															0
Secondary Care Drugs															0
Primary Care Costs															0
CHC/PNC															0
Clinical Service & Supplies															0
General Supplies & Services															0
Establishment Expenses															0
Premises & Fixed Plant															0
Purchase Of Health Care Services From Other non NHS bodies															0
External Contract Staffing & Consultancy															0
Local Authority (Joint Financing and Other)															0
Services From Other Nhs Bodies															0
Other Non Pay Expenditure outside the above categories:															0
															0
															0
SUB TOTAL NON PAY EXPENDITURE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL TTP EXPENDITURE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
COVID-19 VACCINATION PROGRAMME															
PAY (positive values)		£'000													
Administrative, Clerical & Board Members															0
Medical & Dental															0
Nursing & Midwifery Registered															0
Prof Scientific & Technical															0
Additional Clinical Services															0
Allied Health Professionals															0
Healthcare Scientists															0
Estates & Ancillary															0
SUB TOTAL PAY EXPENDITURE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY (positive values)		£'000													
Primary Care drugs															0
Secondary Care Drugs															0
Primary Care Costs															0
CHC/PNC															0
Clinical Service & Supplies															0
General Supplies & Services															0
Establishment Expenses															0
Premises & Fixed Plant															0
Purchase Of Health Care Services From Other non NHS bodies															0
External Contract Staffing & Consultancy															0
Local Authority (Joint Financing and Other)															0
Services From Other Nhs Bodies															0
Other Non Pay Expenditure outside the above categories:															0
															0
															0
SUB TOTAL NON PAY EXPENDITURE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL MASS VACCINATIONS EXPENDITURE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SURGE CAPACITY/FIELD HOSPITALS															
PAY (positive values)		£'000													
Administrative, Clerical & Board Members															0
Medical & Dental															0
Nursing & Midwifery Registered															0
Prof Scientific & Technical															0
Additional Clinical Services															0
Allied Health Professionals															0
Healthcare Scientists															0
Estates & Ancillary															0
SUB TOTAL PAY EXPENDITURE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY (positive values)		£'000													
Primary Care drugs															0
Secondary Care Drugs															0
Primary Care Costs															0
CHC/PNC															0
Clinical Service & Supplies															0
General Supplies & Services															0
Establishment Expenses															0
Premises & Fixed Plant															0
Purchase Of Health Care Services From Other non NHS bodies															0
External Contract Staffing & Consultancy															0
Local Authority (Joint Financing and Other)															0
Services From Other Nhs Bodies															0
Other Non Pay Expenditure outside the above categories:															0
															0
															0
SUB TOTAL NON PAY EXPENDITURE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SURGE CAPACITY EXPENDITURE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
CLEANING STANDARDS															
PAY (positive values)		£'000													
Administrative, Clerical & Board Members															0
Medical & Dental															0
Nursing & Midwifery Registered															0
Prof Scientific & Technical															0
Additional Clinical Services															0
Allied Health Professionals															0
Healthcare Scientists															0
Estates & Ancillary															0
SUB TOTAL PAY EXPENDITURE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY (positive values)		£'000													
Primary Care drugs															0
Secondary Care Drugs															0
Primary Care Costs															0
CHC/PNC															0
Clinical Service & Supplies															0
General Supplies & Services															0
Establishment Expenses															0
Premises & Fixed Plant															0
Purchase Of Health Care Services From Other non NHS bodies															0
External Contract Staffing & Consultancy															0
Local Authority (Joint Financing and Other)															0
Services From Other Nhs Bodies															0
Other Non Pay Expenditure outside the above categories:															0
															0
															0
SUB TOTAL NON PAY EXPENDITURE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL CLEANING STANDARDS EXPENDITURE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER COVID RELATED SPEND															
PAY (positive values)		£'000													
Administrative, Clerical & Board Members		152													0
Medical & Dental															0
Nursing & Midwifery Registered															0
Prof Scientific & Technical															0
Additional Clinical Services															0
Allied Health Professionals															0
Healthcare Scientists															0
Estates & Ancillary															0
SUB TOTAL PAY EXPENDITURE		152	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY (positive values)		£'000													
Primary Care drugs															0
Secondary Care Drugs															0
Primary Care Costs															0
CHC/PNC															0
Clinical Service & Supplies															0
General Supplies & Services															0
Establishment Expenses															0
Premises & Fixed Plant															0
Purchase Of Health Care Services From Other non NHS bodies															0
External Contract Staffing & Consultancy															0
Local Authority (Joint Financing and Other)															0
Services From Other Nhs Bodies															0
Other Non Pay Expenditure outside the above categories:															0
															0
															0
SUB TOTAL NON PAY EXPENDITURE		0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OTHER COVID RELATED EXPENDITURE		152	0	0	0	0	0	0	0	0	0	0	0	0	0

Other Non Pay Expenditure outside the above categories:																		0
																		0
																		0
SUB TOTAL NON PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OTHER COVID-19 RELATED EXPENDITURE	152	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COVID-19 RELATED PAY SPEND	152	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COVID-19 RELATED NON PAY SPEND	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COVID-19 ADDITIONAL SPEND	152	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON DELIVERY OF PLANNED SAVINGS DUE TO COVID-19																		
Non Delivery of Planned Savings (Due to COVID-19) (positive values)	£'000																	
Non Delivery of Planned Savings																		0
Non Delivery of Savings Not Enrolled																		0
TOTAL NON DELIVERY OF SAVINGS DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PLANNED OPERATIONAL EXPENDITURE REDUCTIONS DUE TO COVID-19																		
Expenditure Reductions (due to COVID-19) (negative values)	£'000 Negative Values																	
Reduction of non pay costs due to reduced elective activity																		0
Reduction of outsourcing costs due to reduced planned activity																		0
Reduction of travel and expenses																		0
Other (please specify):																		0
																		0
																		0
																		0
																		0
TOTAL EXPENDITURE REDUCTION	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUPPLAGE ON PLANNED INVESTMENTS/REPURPOSING OF DEVELOPMENT INITIATIVES DUE TO COVID-19																		
Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to COVID-19) Please List Below (negative values)	£'000 Negative Values																	
																		0
																		0
																		0
																		0
																		0
																		0
																		0
TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COVID-19 ADDITIONAL SPEND	152	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL NON DELIVERY OF SAVINGS DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENDITURE REDUCTION	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL COVID-19 FINANCIAL POSITION	152	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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	Contracted Income	Non Contracted Income	Total Income
LHBs / Trusts	£'000	£'000	£'000
Swansea Bay	0	4	4
Aneurin Bevan	0	4	4
Betsi Cadwaladr	0	4	4
Cardiff & Vale	0	7	7
Cwm Taf Morgannwg	0	4	4
Hywel Dda	0	3	3
Powys	0		0
Public Health Wales	0	9	9
Velindre	0	20	20
Welsh Ambulance	0	0	0
WHSCC	0	0	0
EASC	0	0	0
HEIW	0	0	0
NHS Wales Executive	0	0	0
Total	0	55	55

Contracted Expenditure	Non Contracted Expenditure	Total Expenditure
£'000	£'000	£'000
0	12,438	12,438
0	9,554	9,554
0	14,987	14,987
0	20,935	20,935
0	11,184	11,184
0	7,004	7,004
0	469	469
0	1,342	1,342
0	35,992	35,992
0	643	643
0	0	0
0	0	0
0	0	0
0	0	0
0	114,548	114,548

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2021-22

£m

[illegible][illegible]

NET CAPITAL FUNDING	0

KEY PERFORMANCE INDICATORS	2018-19 as per EFPMS	2021-22 Forecast
	£m	£m
High Risk Backlog Maintenance		
	%	%
Physical Condition: % in Category B or above		
Statutory, Safety & Compliance: % in Category B or above		
Fire Safety Compliance : % in Category B or above		
Functional Suitability: % in Category B or above		
Space Utilisation: % in Category F or above		
Energy Performance: % with Energy B or better		

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Please fill in the lightly yellow shaded cells

PROPERTY & ASSET INVESTMENT - APPROVED	2021-22
METRIC	£m

CAPITAL EXPENDITURE	
DISCRETIONARY	£m
IT	
Equipment	
Statutory Compliance	
Estates	
Other	
SUB TOTAL DISCRETIONARY	0
DISCRETIONARY NON CASH	£m
Discretionary Other Revenue Costs	
Discretionary Revenue Savings	
SUB TOTAL NON CASH	0

APPROVED SCHEMES	NON CASH -	NON CASH -	OTHER	REVENUE	NET REVENUE
PLEASE DELETE & INSERT SCHEME BELOW	DEL	AME	REVENUE	SAVINGS	
	DEL	AME	COSTS		
	£m				
SCHEME TITLE 1					
SCHEME TITLE 2					
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SCHEME TITLE 5					
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SCHEME TITLE 37					
SCHEME TITLE 38					
SCHEME TITLE 39					
SCHEME TITLE 40					
SUB TOTAL APPROVED SCHEMES	0	0	0	0	0

UNAPPROVED SCHEMES	NON CASH -	NON CASH -	OTHER	REVENUE	NET
PLEASE DELETE & INSERT SCHEME BELOW	DEL	AME	REVENUE	SAVINGS	REVENUE
	DEL	AME	COSTS		
	£m				
PRIORITY SCHEME TITLE 1					
PRIORITY SCHEME TITLE 2					
PRIORITY SCHEME TITLE 3					
PRIORITY SCHEME TITLE 4					
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PRIORITY SCHEME TITLE 6					
PRIORITY SCHEME TITLE 7					
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PRIORITY SCHEME TITLE 37					
PRIORITY SCHEME TITLE 38					
PRIORITY SCHEME TITLE 39					
PRIORITY SCHEME TITLE 40					
SUB TOTAL UNAPPROVED SCHEMES	0	0	0	0	0

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GIG
CYMRU
NHS
WALES

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

Dyddiad Cyfarfod	25 Mawrth 2021	Eitem Agenda	3.1
Teitl Adroddiad	Lansiad Egwyddorion Arweinyddiaeth Dosturiol		
Awdur Adroddiad	Helen Thomas, Cyfarwyddwr Cynorthwyol Arweinyddiaeth ac Olyniaeth		
Noddwr Adroddiad	Julie Rogers, Diprwy Brif Weithredwr/ Cyfarwyddwr y Gweithlu ac OD		
Cyflwynwyd gan	Julie Rogers, Diprwy Brif Weithredwr/ Cyfarwyddwr y Gweithlu ac OD		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Rhannu diweddariad â'r Bwrdd ar gynnydd y nod strategol hwn.		
Materion Allweddol	<p>Mae'r papur hwn yn amlinellu'r cynnydd hyd heddiw gan gynnwys fersiwn derfynol yr egwyddorion arweinyddiaeth dosturiol (Atodiad 1) sydd i gael eu lansio ar y cyd â Gofal Cymdeithasol Cymru yn fuan.</p> <p>Mae'r papur hwn yn adeiladu ar ddiweddariadau blaenorol a ddarparwyd ar gyfer y Bwrdd.</p>		
Camau penodol sydd eu hangen (Rhowch un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
	✓		
Argymhellion	<p>Gofynnir i Aelodau:</p> <ul style="list-style-type: none"> Nodi'r cynnydd a wnaed hyd heddiw er gwybodaeth. 		

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DIWEDDARIAD AR Y RHAGLEN WAITH ARWEINYDDIAETH AC OLYNIAETH

1. CYFLWYNIAD A THROSOLWG

Mae cynnydd sylweddol yn cael ei wneud yn barhaus ym mherthynas yr amcan strategol hwn a'r set o amcanion.

Wedi ei atodi (yn Atodiad 2) y mae diweddariad cynhwysfawr ar draws holl feysydd allweddol y rhaglen waith hon. Mae rhai elfennau pwysig o weithgarwch yn ystod y cyfnod cyfredol yn cynnwys:

- Recriwtiad ar gyfer rhaglen arbrofol interniaeth AaGIC.
- Recriwtiad a detholiad ar gyfer ein carfan gyntaf o Raddedigion GIG Cymru.
- Bwrdd Talent cyntaf wedi'i gynnal, a gadeiriwyd gan Andrew Goodall.
- Cychwyniad cynllun arbrofol mentora ar gyfer carfan 'barod rŵan' *Talentbury*.
- Cwblhad egwyddorion arweinyddiaeth dosturiol a pharatoadau ar gyfer lansiad.
- Drafft llawn cyntaf y llyfr arweinyddiaeth dosturiol sy'n cael ei gyd-gynhyrchu â Michael West wedi'i dderbyn, trafodaethau yn mynd rhagddynt ynghylch amserlen gyhoeddi.
- Rheolwr rhaglen arweinyddiaeth glinigol newydd wedi cychwyn ar ei waith.
- Dosbarthiadau meistr '*Allyship*' i hyrwyddo cynhwysiant, cydraddoldeb ac ymddygiad gwrth-hiliol yn digwydd fis Mawrth.
- Trefniadau terfynol ar gyfer dosbarthiad rhaglen arweinyddiaeth, gogyfer y chwarter nesaf, yn arbennig ar gyfer BAME i hyrwyddo amrywiaeth o fewn rolau arweinyddiaeth uwch.

2. MATERION LLYWODRAETHU A RISG

Mae prosesau llywodraethiant a risg yn sefydledig ar gyfer y rhaglen waith hon ar lefel ronynnog. Fodd bynnag, mae risgiau allweddol yn cynnwys:

- Galluedd y Tîm Arweinyddiaeth ac Olyniaeth cyfredol i gyflenwi'r rhaglenni gwaith sylweddol hyn.
- Galluedd ac argaeledd partneriaid allweddol i ymgysylltu yn sgil y pandemig Covid-19, pwysau rhaglen imiwneiddio ac adfer ac ailosod.

3. GOBLYGIADAU ARIANNOL

Mae goblygiadau ariannol cyflenwi'r rhaglen waith hon wedi cael eu prisio a'u diogelu ar gyfer 2020-21. Rydym yn cynnal deialog gyda Llywodraeth Cymru ar sail y prisiadau ar gyfer y flwyddyn nesaf ac i'r dyfodol. Does dim goblygiadau ariannol yn codi yng nghyd-destun y papur diweddariad hwn.

4. ARGYMHELLION

Gofynnir i Aelodau'r Bwrdd nodi'r cynnydd a wnaed er gwybodaeth.

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Llywodraethiant a Sicrwydd			
Cyswllt i Amcanion yr IMTP	Amcan Strategol 1: Arwain y gwaith o gynllunio, datblygu a sicrhau gweithlu cymwys, cynaliadwy a hyblyg i helpu i gyflawni 'Cymru Iachach'	Amcan Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Amcan Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu i arwain yn dosturiol ac ar y cyd ar bob lefel
	Amcan Strategol 4: I ddatblygu'r gweithlu i gefnogi'r gwaith o gyflawni diogelwch ac ansawdd	Amcan Strategol 5: Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	Amcan Strategol 6: I gael ein cydnabod fel partner rhagorol, yn ddylanwadrwr ac arweinydd
Ansawdd, Diogelwch a Phrofiad y Claf			
Mae diffyg prosesau Talent ac Olyniaeth cadarn, seiliedig ar dystiolaeth, ar gyfer y rolau uchaf un yn bodoli o fewn amcan strategol IMTP AaGIC 3.2: Arwain ymsefydliad a rheolaeth fframwaith cynllunio olyniaeth y GIG ar gyfer Haenau 1-3 ac arolygu cynnydd.			
Goblygiadau Ariannol			
Mae goblygiadau ariannol wedi cael eu dynodi ar ffurf cyflwyniad ariannol i'r Tîm Cyllid.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth)			
Bydd y rhaglen waith hon yn sicrhau ymagwedd dryloyw a chynwysol tuag at ddatblygiad talent arweinyddiaeth uwch a ategir gan atgyfeiriad hunan-wasanaeth.			
Goblygiadau Staffio			
Mae staffio y Tîm Arweinyddiaeth ac Olyniaeth yn cael ei annerch ar wahân yn dilyn yr arolwg canol-blwyddyn.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Mae datblygu galluedd arweinyddiaeth a chynllunio olyniaeth yn creu arfaeth o dalent i'r dyfodol a chenedlaethau newydd o arweinyddiaeth dosturiol ar gyfer GIG Cymru.			
Hanes yr Adroddiad	Diweddariadau cyson; adroddiad diwethaf Rhagfyr 2020.		
Atodiadau	Atodiad 1 – Egwyddorion Arweinyddiaeth ar gyfer Iechyd a Gofal Cymdeithasol wedi eu diweddarau. Atodiad 2 – Datblygiad Arweinyddiaeth a Chynllunio Olyniaeth ar gyfer GIG Cymru – Chwefror 2021		

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Compassionate Leadership Principles for Health and Social Care in Wales



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

What are Compassionate Behaviours?

The four behaviours of compassion are described below in the form of a compass, helping to navigate how we interact and engage with colleagues and citizens, whilst aligning with Health and Social Care values and beliefs:

Compassionate Behaviours Compass

Attending

Being present with those we lead. It requires that we 'listen with attention and fascination'.

Helping

to ensure there's a good path for those we lead to achieve their goals by removing the obstacles or providing the resources and support to help them deliver high quality care.

Understanding

is dependent on listening deeply. It requires that we take the time to listen in order to understand the challenges that those we lead face in their work.

Empathising

is feeling the strains, pains, anxieties and frustrations of those we lead without being overwhelmed by those feelings. This then gives leaders the motivation to help or serve those we lead.

How do we demonstrate compassionate leadership?

Examples Include:



Enabling cultures where teams feel safe to be open about challenges, share their ideas and share a vision.

Providing regular time for team reflection to enable sharing of learning and experiences.



Coproducing with colleagues and citizens

Taking the time to listen in order to understand the challenges that colleagues face



Our approach to leadership development will be encompassed by the principles of compassion. This includes the four pillars of compassionate leadership as outlined below.



Compassionate Leadership

Attending

Understanding

Empathising

Helping

Effective Leadership

- *Direction:* A clear shared inspiring purpose or vision
- *Alignment:* clear goals for people and teams, aligned and springing from the vision
- *Commitment:* Developing trust and motivation

Inclusive Leadership

- Clear, shared inspiring purpose or vision
- Positively valuing difference
- Frequent face to face contact
- Continuous commitment to equality and inclusion
- Clear roles and strong team

Collective Leadership

- Everyone has leadership responsibility
- Shared leadership in teams
- Interdependent leadership across boundaries
- Consistent leadership styles across the organisation

Systems Leadership

- Shared vision and values
- Long term objectives
- Frequent face to face contact
- Constructive and ethical conflict management
- Mutual support and altruism across boundaries

"The Compassionate Leadership Principles point the way to leading and working compassionately together across health and social care which is the most powerful way we can nurture the health and happiness of the staff who offer care in Wales. It is also the most powerful way we can promote the health and happiness of the people and communities of Wales now and in the future". **Professor Michael West, 2021**

Compassionate Leadership Principles

These overarching principles underpin our ambition that by 2030, leaders in the health and social care system will display collective and compassionate leadership

As Compassionate Leaders across Health and Social Care in Wales we will...



English Catherine
03/31/2021 11:25:31

UPDATE ON LEADERSHIP DEVELOPMENT AND SUCCESSION PLANNING FOR NHS WALES – FEBRUARY 2021

Our Workforce Strategy for Health and Social Care in Wales sets out the vision that by 2030, leaders across the system will demonstrate compassionate and collective leadership behaviours. A progress update against key deliverables included in HEIW's plans for 2020/21 and 2021/22 is provided below.

- **Creating a compassionate leadership movement**

Professor Michael West has and continues to support the Wales Compassionate Leadership agenda through the provision of masterclasses, interviews, a wide range of literature and compassionate leadership measures. HEIW are currently working with Professor West to publish a 'Developing Compassionate Leadership' book which will be completed in draft the end of February. This book will contain case studies, exercises, web links and videos, all of which will also be available and fully accessible via the Leadership Portal Gwella. This literature will be integrated into undergraduate and post graduate leadership modules.

- **Development of Compassionate Leadership Principles for Health and Social Care**

A review of two consultation exercises has been undertaken by HEIW, Social Care Wales and Academi Wales, concluding with a proposed set of 7 compassionate Leadership Principles (appendix 1). These principles will be launched in April supported by a joint H&SC 'spotlight on' series of awareness raising that features a Principle every month and they will be used to create system wide cultural change through embedding in, recruitment, PADR, policy and procurement processes.

- **Development of a bi-lingual digital leadership portal**

Our digital leadership portal for Wales 'Gwella' was launched August 2020 providing a common bilingual platform for leadership and management resources. Virtual classroom functionality was integrated into Gwella during the initial covid pandemic and this innovation was recently recognised with HEIW scooping Gold at the 2020 Learning Technologies Awards for the best digital transformation in response to COVID-19.

Gwella was utilised to host 'Talentbury' and is now being extensively used across NHS Wales organisations to virtually deliver leadership programmes and enhance leadership development through the range of leadership resources available. A range of exciting new leadership resources and masterclasses will be deployed over the next 6 months, along with a range of enhancements to Gwella that includes talent management software. Usage of Gwella is rapidly growing, with materials being accessed and shared with colleagues not just across health and social care in Wales, but also across the other UK nations. A pipeline of enhancements is scheduled throughout 2021/22

- **Executive and Clinical Leadership**

HEIW in partnership with The Kings Fund are currently developing an aspiring executive leadership programme. The first Cohort on this programme will commence June 2021, with

Cohort 2 commencing Autumn 2021. These programmes will support aspiring directors identified from the Talentbury 2020 network.

The HEIW multidisciplinary clinical leadership programme will be launched Autumn 2021 and recruitment has recently concluded for the 2021/22 Wales Clinical Leadership Trainee Fellows, with 10 places successfully filled. HEIW has also committed to support and sponsor 4 scholars (a year over the next 3 years) on the Florence Nightingale Foundation Leadership and Transformation programme. A senior nurse leadership network will also be established March 2021.

- **Talent Board**

The first meeting of the NHS Wales Talent Board took place 9th March 2021. Terms of reference were endorsed, subject to further strengthening our commitment to promoting diversity and equality. The Board recognised the requirement for an integrated and collective approach to managing all talent, not just executive talent, and supported the establishment of a Talent and Succession Reference Group. This group will develop a robust, inclusive, and transparent talent management operating model across NHS Wales, in line with the 2017 Succession strategy for NHS Wales. The NHS Wales Executive Success Profile was endorsed with members noting how this would also support executive recruitment processes. Minutes of the Talent Board and relevant slide decks will be available on Gwella.

- **Talent Management Software**

Intuitive talent management software will be integrated into Gwella between March and June 2021 and will enable the visibility of 'ready now' 'ready soon' talent pools. This will also enable development of talent dashboards, highlighting where there are robust talent pools and highlighting professions where active leadership development support is required.

- **Executive Success Profile**

Significant work has been undertaken to develop the NHS Wales Executive Success Profile with our partner Silvermaple. All CEOs, Chairs, several Executive Directors and a range of Assistant Director Groups have been engaged to help develop the competences, personality values and motivations required to perform the role of Executive Director within NHS Wales. The Profile has been arranged around 3 emerging themes; Shaping the Future; Embedding the Culture; Empowering the System. Uniquely to Wales, this profile also includes the key areas of transition required for individuals embarking on their first executive role.

- **Executive Development Centres**

To maximise the use of this Success Profile, it is envisaged that executive development centres will be established and run bi-annually as part of the talent and succession work programme. These development centres will enable aspiring executives to assess current fit and identify their development requirements, enabling the production of a focused, personalised development plan.

- **Executive Mentoring Programme**

HEIW commenced a six-month executive mentoring programme February 2021 which will be evaluated in August. This programme provides 30 members of the Talentbury 2020 network, an opportunity to participate in 3, executive mentoring sessions with Tracy Myhill.

- **NHS Wales Graduate Management Programme**

The recruitment of 22 graduate management trainees will conclude March 2021. These Graduate Management Trainees will commence September 2021. Funding was agreed from WG for 13 graduates. The 9 additional graduates will be funded directly by the organisations requesting additional places.

HEIW will launch the first Internship Programme throughout July and August 2021. Interviews successfully concluded in March with nine interns being selected to undertake an initial 2-week internship programme at Easter to help co-design the final HEIW internship programme which will commence July 2021.

- **Promoting Diversity, Inclusion and Race Equality**

A number of executive leadership webinars focusing on inclusion and advantage blindness have been provided via the Aspiring Executive Talent Network. A further series of engagement events are scheduled commencing with a master class with Dr Margaret Heffernan March 2021 and the commissioning and piloting of leadership development programmes aimed at promoting diversity across senior leadership roles.

English Catherine
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NHS
WALES

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

Dyddiad Cyfarfod	25 Mawrth 2021	Eitem Agenda	3.3
Teitl Adroddiad	Cam 2 Adolygiad Strategol Addysg Weithwyr Iechyd Proffesiynol (SRHPE)		
Awdur Adroddiad	Christine Love /Angela Parry/Martin Riley		
Noddwr Adroddiad	Angela Parry/Martin Riley		
Cyflwynwyd gan	Angela Parry		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Cyflwyno diweddariad i'r Bwrdd ar amserlenni arfaethedig a phroses arfaethedig Cam 2 Adolygiad Strategol Addysg Weithwyr Iechyd Proffesiynol		
Materion Allweddol	<ul style="list-style-type: none"> Mae Cam 2 yn cwmpasu sawl cyfle strategol i ail-lunio addysg ac hyfforddiant mewn sawl maes allweddol. Mae angen dull mwy addasedig ar gyfer Cam 2 ac mae hyn yn gofyn am addasu'r amserlen ddrafft wreiddiol. Mae trefniadau cytundebol bregus ar gyfer rhai rhaglenni yn golygu bod yn rhaid i'r gwaith ddechrau er diben ei gyflawni yn 2022. Cynigir dull graddol i leihau risg i AaGIC er mwyn galluogi symudiad mesuredig a chymesurol ymlaen yn ystod ailosod ac adfer y GIG. 		
Camau penodol sydd eu hangen (Rhowch un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
	✓		
Argymhellion	Gofynnir i'r Bwrdd NODI : <ul style="list-style-type: none"> yr amserlen 5-mlynedd ddiwygiedig y camau amrywiol o fewn cam 2 costau rhagweladwy'r rhaglen. 		

English Catherine
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AMSERLEN ARFAETHEDIG WEDI'I DIWEDDARU A PHROSES ARFAETHEDIG AR GYFER CAM 2 ADOLYGIAD STRATEGOL ADDYSG WEITHWYR IECHYD PROFFESIYNOL

1. CYFLWYNIAD

Roedd Cam 1 yr adolygiad strategol yn cwmpasu'n bennaf raglenni rhag-gofrestru gweithwyr iechyd proffesiynol israddedig. Er ei fod yn brosiect mawr o ran prosesau comisiynu a threfniadau cytundebol, un model sy'n bodoli. Fodd bynnag, nid yw hyn yn wir ar gyfer yr ail gam.

Mae Cam 2 yn cwmpasu ystod o raglenni addysg, megis:

- Rhaglenni addysg ôl-raddedig sefydledig yng Nghymru
- Rhaglenni a ddarperir gan brifysgolion yn Lloegr
- Rhaglenni addysg newydd posibl i gefnogi datblygiad y gweithlu a thrawsnewidiad a darpariaeth gwasanaethau gofal iechyd

O ran llywodraethu a rheoli contractau, mae model cymysg ar hyn o bryd:

- Mae gan nifer o'r rhaglenni addysg presennol sy'n sefydledig yng Nghymru gontractau cyfyngedig ar waith e.e. PhD Seicoleg glinigol, SPQ's a.y.b.
- Mae AaGIC (WEDS yn flaenorol) wedi defnyddio'r contractau presennol a gynhelir â phrifysgolion i gomisiynu addysg ymarfer uwch ac estynedig ers i Lywodraeth Cymru gyflwyno cyllid. Mae gwerth yr addysg hon wedi cynyddu'n sylweddol dros yr ychydig flynyddoedd diwethaf ac wedi tyfu o £500,000 yn 2016 i fod yn £1.5m y flwyddyn erbyn hyn. Bydd hyn yn cynyddu i £2m y flwyddyn o 2021. Mae cyllid addysg ôl-gofrestru yn allweddol o ran cefnogi'r agenda drawsnewid, ac mae angen sicrhau bod contractau cadarn ar waith o ystyried y twf mewn buddsoddiad.
- Parthed addysg ôl-raddedig a gomisiynwyd oddi wrth brifysgolion yn Lloegr, gan fod niferoedd y myfyrwyr ar gyfer y cyrsiau hyn wedi bod yn isel iawn, ymgymherodd AaGIC â hap-bryniannau ar gyfer 1 neu 2 le ar gwrs. Fodd bynnag, mae'r cyfaint o addysg a brynir yn cynyddu flwyddyn ar ôl blwyddyn. Dyma pam yr awgrymir tendro am ryw faint o'r addysg hon.
- Mae AaGIC yn cynnal MOU gyda HEE Canolbarth y Gorllewin ar gyfer y rhaglenni hyfforddi gwyddoniaeth gofal iechyd. Unwaith eto mae agoriad i dendro am gontract newydd proses gyflenwi ar gyfer rhai o'r gwyddorau.

Mae Cam 2 yn darparu'r cyfle i gael trefniadau cytundebol a strwythur llywodraethu cadarnach ar waith i sicrhau bod yr addysg o ansawdd uchel, yn gwasanaethu ei phwrpas ac yn ddibynadwy. Y mae hefyd yn caniatáu i broses gael ei sefydlu ble daw hyn yn orchwyl craidd ac yn fusnes fel arfer i AaGIC. Bydd yn caniatáu cynllunio blynyddol ar gyfer darpariaeth addysg ôl-gofrestru newydd, a fydd yn bwydo'r cynllun addysg ac hyfforddiant a'r IMTP i gefnogi gwasanaethau wrth iddynt ymfurfio ac espolygu. Bydd hefyd yn dod ag effeithlonrwydd ym mherthynas sut a beth mae AaGIC yn ei gomisiynu o ran addysg ôl-raddedig ar gyfer gweithlu Cymru.

Derbyniodd y Pwyllgor Addysg, Comisiynu ac Ansawdd adroddiad yn cwmpasu Cam 2 yr Adolygiad Strategol ym mis Chwefror 2021 ac mae sylwadau ynghylch y dull arfaethedig wedi'u hymgorffori yn y papur hwn sydd wedi'i ddiweddarau. Mae'r argymhellion ar gyfer y Bwrdd gan y Pwyllgor Comisiynu Addysg ac Ansawdd mewn perthynas â Cham 2 yn cael eu hystyried ar wahân ar agenda heddiw trwy adroddiad mater Allweddol y pwyllgor.

2. CEFNDIR

Canolbwyntiodd Cam 1 yr Adolygiad Strategol yn bennaf ar addysg rhag-gofrestru gweithwyr iechyd proffesiynol. Canolbwyntiodd Cam 2 yn bennaf ar addysg ôl-gofrestru. Fodd bynnag, yn wahanol i Gam 1 mae yna elfennau cynnil sydd wedi'u cwmpasu. Y prif feysydd a ystyrir yw:

- Rhagnodi Anfeddygol
- Rhaglenni Ôl-gofrestru
- Rhaglenni Gwyddoniaeth Gofal Iechyd
- Rhaglen Hyfforddiant Gwyddonol Arbenigol Uwch (HSST)
- Ymarfer Uwch/ Estynedig

Mae pob un o'r meysydd hyn yn unigryw ac mae angen cynlluniau cyflawni neilltuedig ar eu cyfer. Yn ogystal, rhagwelir y bydd canlyniadau tendr Cam 1 yn helpu i lunio strategaeth y Brifysgol o amgylch addysg ôl-gofrestru.

Dysgwyd gwersi drwy'r modd y cyflawnwyd Cam 1 Adolygiad Strategol Addysg Weithwyr Iechyd Proffesiynol o ran adnoddau, amserlenni ac uchelgeisiau. Mae dadansoddiad o'r rhaglenni sy'n ffurfio Cam 2 yr adolygiad wedi dangos bod graddfa'r ymarfer comisiynu hwn yn sylweddol. Bydd yn broses gymhleth, lle na fydd "un ateb yn addas i bawb" fel yn achos Cam 1. Mae'r tîm am liniaru yn erbyn unrhyw amhariad neu ddatblygiad i orchwyl craidd, felly cynigir dull ac amserlen wahanol o gymharu â'r hyn a grybwyllwyd yn flaenorol.

Anodd fydd mesur gwerth y contractau arfaethedig yng Ngham 2 yn llawn wrth i raglenni newydd gael eu darganfod. Fodd bynnag, mae costau rhedeg rhaglenni sefydledig sydd yng Ngham 2 oddeutu £18.5m ar hyn o bryd.

3. CYNIGIAD

Parthed Cam 2, mae angen dull aml-gam yn seiliedig ar bob "contract" unigol yn hytrach na'r dull unffurf a ddefnyddid ar gyfer Cam 1. Mae hyn yn gofyn am addasu'r amserlen ddrafft wreiddiol a ragwelai fis Medi 2022 fel dyddiad cwblhau ar gyfer dechrau addysg newydd.

Enghraifft
03/31/2021 11:25:31
Gherine

Mae rhychwant amser y prosiect bellach wedi'i addasu i 5 mlynedd o hyd, gyda bwrdd prosiect a fydd mewn grym erbyn mis Ebrill 2021. Cynigir y bydd y broses gaffaeliad yn cael ei graddoli drwy gyfrwng tri is-gam. Bydd hyn yn galluogi i'r broses gaffaeliad gael ei dyrannu yn ddarnau mwy hylaw a thrwy hynny'n lleihau'r cymhlethdod. Ar hyn o bryd mae AaGIC yn gwario £250,000 y flwyddyn er budd ymarfer uwch/ estynedig. Mae AaGIC yn cynnig cynnal adolygiad o'r trefniadau presennol mewn perthynas ag ymarfer uwch/ estynedig er mwyn llunio gofynion y rhaglenni hyn yn y dyfodol yn well.

Bydd amserlen 5 mlynedd yn sicrhau bod manylrwydd yn cael ei weithredu o fewn y prosiect, bod digon o adnoddau staffio ar waith, gan gynnwys Rheolwr Prosiect newydd, ac y rhoddir amser digonol ar gyfer ymgynghoriad rhag-farchnad â'r holl randdeiliaid perthnasol a'r prosesau caffaeliad ym mhob is-gam.

4. MATERION LLYWODRAETHU A RISG

- Bydd diffyg gweithredu yn gadael AaGIC mewn sefyllfa fregus, yn enwedig lle nad oes trefniadau cytundebol ffurfiol ar waith.
- Mae yna gontractau dan gyfyngiadau amser y dylid eu hail-dendro.
- Materion TUPE posibl ac amhariad rhaglen i gael eu hasesu o ran risg.

Gellir lliniaru'r risgiau uchod drwy reolaeth prosiect gadarn a chynllunio priodol, a byddai camau o'r fath yn cael eu blaenoriaethu gan dîm y prosiect i leihau unrhyw niwed i AaGIC.

Cysyllta'r prosiect hwn yn uniongyrchol ag amcanion Strategol yn y Cynllun Blynyddol:

- 2.1 Datblygu Strategaeth Addysg, Dysgu a Datblygu aml-broffesiynol wedi'i chynllunio er mwyn cyflawni rolau yn y dyfodol.
- 2.3 Cynllun ar gyfer Cam 2 Adolygiad Strategol o gomisiynu addysg gweithwyr iechyd proffesiynol

Mae angen adnoddau ychwanegol i yrru'r prosiect hwn yn ei flaen er mwyn osgoi oediadau yn ystod y broses. Bydd hyn yn gofyn am:

- Reolwr rhaglen ym mand 8a/b yn amodol ar werthusiad i reoli prosiect Cam 2 ar gontract cyfnod penodol 3 blynedd gyda'r opsiwn o ymestyn 1-2 flynedd arall (achos busnes i fynd drwy Lywodraeth Cymru).
- Angen ymestyn y 2 secondiad (band 7 a 4) o gaffaeliad NWSSP sydd, ar hyn o bryd, yn cefnogi Cam 1 o Fai 31^{ain}, (mae hyn bellach wedi'i sicrhau tan fis Awst 2022).
- Angen sicrhau cyngor cyfreithiol

English Catherine
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5. GOBLYGIADAU ARIANNOL

5.1 Costau Cefnogi'r Rhaglen

Bydd y rhaglen yn cael ei chefnogi gan reolwr rhaglen a swyddog cefnogi rhaglen. Bydd cymorth caffael o Gam 1 yn parhau wrth arwain i mewn i Gam 2 ac yn cael ei ariannu (gan Gam 1) hyd at ddiwedd mis Mai 2021. Felly mae angen 10 mis o gyllid yn 21/22. Amcangyfrifir bod y costau Cyfreithiol yn £10,000 y flwyddyn. Mae'r tabl isod yn crynhoi costau.

	Cyfradd y flwyddyn	21/22	22/23	23/24	24/25	25/26
Rheolwr Rhaglen	8b	67	68	69	70	53
Cefnogi'r Rhaglen	4	27	27	27	28	19
Costau Caffaeliad (o fis Gorffennaf '21)	7 a 4	65	78	78	79	56
Costau Cyfreithiol (amcan)		10	10	10	10	10
Cyfanswm (£mil)		169	183	184	187	138

Gofynnir am gyllid gan Lywodraeth Cymru i ariannu cost y rhaglen hon.

Bydd y gwaith hwn yn gysylltiedig â datblygu'r Rhaglen Gydweithredol Gwerthuso, Ymchwil, Gwella ac Arloesi (ERIIC) o fewn AaGIC. Mae pwysigrwydd ymchwil fel galluogwr allweddol ar draws y system addysg ac hyfforddiant yn ffactor llwyddiant allweddol parthed y rhaglen waith hon. Bydd gwerth ac effaith addysg gweithwyr iechyd proffesiynol ôl-gofrestru yn cael eu gwerthuso a'u hymgorffori yn rhaglen waith ERIIC. Bydd hyn yn ymgorffori nid yn unig fanteision ariannol y buddsoddiad mewn addysg a hyfforddiant ond hefyd yr effaith ar lwybr y claf, gyrfa a rôl yr unigolyn a'r manteision ar gyfer y tîm amlddisgyblaethol ehangach.

6. ARGYMHELLION

Gofynnir i'r Bwrdd **NODI**:

- yr amserlen 5 mlynedd arfaethedig ddiwygiedig
- amrywiol gamau Cam 2
- costau arfaethedig y rhaglen.

English Catherine
03/31/2021 11:25:31

Llywodraethiant a Sicrwydd			
Cyswllt i Amcanion yr IMTP	Amcan Strategol 1: Arwain y gwaith o gynllunio, datblygu a sicrhau gweithlu cymwys, cynaliadwy a hyblyg i helpu i gyflawni 'Cymru Iachach'	Amcan Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Amcan Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu i arwain yn dosturiol ac ar y cyd ar bob lefel
	✓	✓	
	Nod Strategol 4: I ddatblygu'r gweithlu i gefnogi'r gwaith o gyflawni diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	Nod Strategol 6: I gael ein cydnabod fel partner rhagorol, yn ddylanwador ac arweinydd
	✓		
Ansawdd, Diogelwch a Phrofiad y Claf			
Sicrhau gweithlu hynod fedrus sy'n dyrchafu/ gweithredu gofal iechyd diogel o ansawdd uchel i boblogaeth Cymru.			
Goblygiadau Ariannol			
Ni gyllidebwyd ar gyfer swydd ychwanegol rheolwr y Prosiect ar ddechrau'r flwyddyn ariannol gan nad oedd yn hysbys ar y pryd y byddai ei hangen. Nid yw estyniadau ar gyfer secondiadau wedi'u cyllidebu ar eu cyfer y tu hwnt i fis Mai 2021.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth)			
D/Dd			
Goblygiadau Staffio			
Cynnydd dros dro o ran sefydliad Y Gyfarwyddiaeth Nyrsio.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
<ul style="list-style-type: none"> Tymor hir: gweithlu wedi'i addysgu'n briodol i ddiwallu anghenion iechyd y boblogaeth yn awr ac i'r dyfodol. Atal: Gweithlu addysgedig sy'n cefnogi pobl i gadw'n iach, yn llesol ac yn gartrefol. Integreiddio: gwaith aml-broffesiynol ar gyfer Cymru iachach. Cydweithio: Datblygu addysg i gefnogi datblygiad ac amrywiant y tîm amlddisgyblaethol. 			
Hanes yr Adroddiad	Adolygiad Strategol o Addysg Ofal Iechyd yng Nghymru Cam 2. Adroddiad gweithredol Mai 2021		
Atodiadau			

English Catherine
03/31/2021 11:25:31



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

Dyddiad Cyfarfod	25 Mawrth 2021	Eitem Agenda	4.1
Teitl Adroddiad	Adroddiad y Cyfarwyddwr Cyllid		
Awdur Adroddiad	Rhiannon Beckett		
Noddwr Adroddiad	Eifion Williams		
Cyflwynwyd gan	Eifion Williams		
Rhyddid Gwybodaeth	Agored		
Pwrpas Adroddiad	Darparu adroddiad i Fwrdd AaGIC ar y sefyllfa ariannol ar gyfer mis Chwefror 2021 (Mis 11).		

Materion Allweddol	Mae gan AaGIC ddyletswydd statudol i fantoli'r gyllideb ar ddiwedd y flwyddyn a dylai'r adroddiad hwn gynorthwyo'r Bwrdd, y Swyddogion Gweithredol a Deiliaid Cyllidebau i ddeall y sefyllfa ariannol a adroddwyd ar gyfer Mis 11 ym mlwyddyn ariannol 2020-21 ac roedd angen cydbwysu'r camau gweithredu ar ddiwedd y flwyddyn.			
Camau penodol sydd eu hangen (Rhowch un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd	Cymeradwyo
	✓			
Argymhellion	<p>Gofynnir i'r Bwrdd:</p> <ul style="list-style-type: none"> • Nodi'r sefyllfa ariannol a adroddwyd ar gyfer AaGIC ym mis 11; • Nodi'r esboniad cryno o amrywiadau allweddol yn ôl Cyfarwyddiaeth; • Nodi'r sefyllfa Gyfalaf; • Nodi safle'r Fantolen; • Nodi'r targed PSPP yn Month11; • Cytuno ar y cynnig i ddychwelyd £5m o gyllid i Lywodraeth Cymru yn Ch4. 			

English Catherine
03/31/2021 11:25:31

ADRODDIAD CYFARWYDDWR CYLLID

1. CYFLWYNIAD

Mae'r adroddiad yn nodi'r sefyllfa ariannol ar ddiwedd mis Chwefror 2021, a adroddwyd yn erbyn cyllidebau wedi'u diweddarau. Mae'r cyllidebau dirprwyedig wedi deillio o Gynllun Adnoddau 2020/21 a dynnwyd o Gynllun Ariannol IMTP 2020-25 ac a ddiweddarwyd ymhellach gan y llythyr Dyrannu a dderbyniwyd gan Lywodraeth Cymru. Y sefyllfa ariannol a gofnodwyd gan AaGIC ym Mis 11 yw £2,213,247 heb ei gwario a'r sefyllfa a ragwelir a adroddwyd i Lywodraeth Cymru yw y bydd camau'n cael eu cymryd i sicrhau y bydd cydbwysedd ariannol rhwng AaGIC ar ddiwedd y flwyddyn.

2. CEFNDIR

Mae'r adroddiad hwn yn rhoi'r wybodaeth ddiweddaraf am y sefyllfa ariannol ar gyfer y cyfnod hyd at 28 Chwefror 2021, ac mae'r adroddiad yn nodi'r rhesymau dros unrhyw amrywiad ariannol yn erbyn y cyllidebau a bennwyd. Mae sefyllfa pandemig a chyfyngiadau symud COVID-19 yn parhau i effeithio ar gyllidebau cyflog a diffyg cyflog ac er bod cynnydd wedi'i wneud o ran recriwtio i swyddi gwag, hyfforddiant wyneb yn wyneb ac mae rhywfaint o weithgarwch addysg yn parhau i fod yn gyfyngedig. Mae deialog â Llywodraeth Cymru mewn perthynas â rheoli'r sefyllfa ariannol hyd at ddiwedd y flwyddyn yn parhau gyda'r addasiad i'r gyllideb y cytunwyd arno ym mis Hydref bellach wedi'i weithredu drwy lythyr dyrannu. Mae deiliaid cyllidebau a rheolwyr gwasanaethau wedi rhoi ystyriaeth bellach i weithgarwch a Gomisiynir a bydd hyn yn arwain at ddiwygiadau pellach i'r cynllun ariannol yn chwarter olaf 2020/21.

3. CYNNIG

Gofynnir i'r Bwrdd nodi'r sefyllfa ariannol a adroddwyd gan AaGIC ar gyfer Mis 11 ac ystyried yr esboniadau cryno o'r amrywiadau allweddol a ddisgrifir ar gyfer pob Cyfarwyddiaeth.

4. MATERION LLYWODRAETHU A RISG

Mae gan AaGIC ddyletswydd ariannol statudol i ad-mu hyd yn oed ar ddiwedd y flwyddyn a bydd Llywodraeth Cymru yn monitro'r sefyllfa a adroddwyd o ran y ddyletswydd hon a hefyd yn erbyn cynllun ariannol y flwyddyn gyfredol a gyflwynwyd o fewn IMTP 2020-23.

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5. GOBLYGIADAU ARIANNOL

Mae rheoli risg drwy'r Gofrestr Risg Gorfforaethol yn un o swyddogaethau craidd AaGIC fel Awdurdod Iechyd Arbennig. Ni ragwelir unrhyw oblygiadau cost ychwanegol.

5.1 Sefyllfa Ariannol Refeniw ym Mis 11

Gan fod AaGIC yn adrodd am danwariant o £2,213k yn erbyn cyllidebau wedi'u proffilio ar 28 Chwefror 2021. Mae'r tanwariant mewn cyllidebau Cyflog yn ganlyniad i swyddi gwag ar draws sefydliadau staffio AaGIC yn ystod y flwyddyn hyd yma. Mae'r tanwariant mewn cyllidebau di-dâl o ganlyniad i lai o hyfforddiant wyneb yn wyneb a gweithgarwch addysg, a chostau teithio, digwyddiadau a chynadledda wedi'u cwtogi'n sylweddol o ganlyniad i gyfyngiadau cyfyngiadau symud COVID-19. Mae'r tanwariant sylweddol mewn cyllidebau Comisiynu yn deillio'n bennaf o recriwtio is na'r hyn a dargedwyd a rhywfaint o athrofa o gyrsiau addysg Gofal Iechyd Proffesiynol. At hynny, mae'r nifer sy'n manteisio ar Fwrsariaeth sy'n daladwy ac yn ei graddio yn uwch na'r disgwyl. Mae'r tanwariant mewn cyllidebau meddygol yn gysylltiedig â thando i swyddi gradd hyfforddiant meddygol a Fferylliaeth.

Adroddwyd am sefyllfa mis 11 i Lywodraeth Cymru ar ddiwrnod 5 ac mae rhagor o fanylion wedi'u rhannu drwy'r ffurflen fonitro a gyflwynwyd ar ddiwrnod 9 yn unol â'r amserlen adrodd ofynnol ar gyfer WHC. Mae'r Datganiad Monitro a gyflwynwyd wedi'i gynnwys yn Atodiad 2.

Mae'r tabl isod yn dangos yr amrywiant lefel uchel ar gyllidebau dirprwyedig y Cyfarwyddwyr Gweithredol ym Mis 11;

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**GIG
CYMRU
NHS
WALES**

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

As at 28th February 2021

	Year to Date			Previous Month	
	Budget	Actual	Variance	Variance to Date	Movement
	£	£	£	£	£
INCOME:					
Welsh Government	(212,650,141)	(212,650,141)	0	0	0
Other Income	(549,827)	(490,627)	59,200	62,556	(3,356)
Total Income	(213,199,968)	(213,140,768)	59,200	62,556	(3,356)
Expenditure					
Board & Executive	1,620,703	1,527,288	(93,415)	(83,195)	(10,221)
Finance	890,539	845,937	(44,602)	(39,549)	(5,054)
Planning, Performance and Corporate Services	1,608,408	1,498,909	(109,499)	(98,729)	(10,770)
Digital and IT	4,458,578	4,212,916	(245,662)	(184,185)	(61,478)
Medical & Pharmacy	102,138,953	100,988,379	(1,150,574)	(1,138,400)	(12,174)
Nursing	100,047,138	99,685,984	(361,154)	(266,014)	(95,140)
Human Resources and Organisation Development	2,562,015	2,294,476	(267,539)	(239,958)	(27,582)
Sub-Total Expenditure	213,326,334	211,053,887	(2,272,447)	(2,050,029)	(222,418)
Total			(2,213,247)	(1,987,473)	(225,774)

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

	Income	Expenditure			Total
		Pay	Non Pay	Commissioning	
Directorate	£	£	£	£	£
Board and Executive		(24,338)	(69,077)		(93,415)
Chief Executive Reserve			0		0
Finance		(33,216)	(11,387)		(44,602)
Planning, Performance and Corporate Services		(4,258)	(105,241)		(109,499)
Digital and IT		(28,287)	(217,375)		(245,662)
Medical & Pharmacy	59,200	(219,970)	(1,298,203)	367,598	(1,091,375)
Nursing	0	(43,289)	(8,651)	(309,213)	(361,154)
Human Resources and Organisation Development		(67,145)	(200,395)		(267,539)
Total	59,200	(420,503)	(1,910,329)	58,385	(2,213,247)

Mae'r dadansoddiad sydd ynghlwm fel Atodiad 1 yn rhoi'r rhesymau allweddol dros danwario gan y Gyfarwyddiaeth. Y prif resymau dros yr amrywiannau tanwariant yw swyddi gwag yn erbyn lefelau staffio wedi'u cyllidebu ar gyfer Cyllidebau Cyflog, costau is mewn gweithgarwch cymorth addysg a hyfforddiant ac ar gyfer costau costau teithio mewn cyllidebau nad ydynt yn ymwneud â Thâl, a lleoliadau is a ariennir gan fwrariaeth nag a gynlluniwyd mewn cyllidebau addysg a hyfforddiant a gomisiynwyd.

Disgwylir y bydd AaGIC yn llwyddo i sicrhau y cyflawnir sefyllfa ariannol gytbwys gyffredinol ar ddiwedd y flwyddyn.

5.2 Cyllid Comisiynu

Dylid nodi bod y gyllideb Gomisiynu yn seiliedig ar y garfan bresennol o fyfyrwyr yn y system a'r niferoedd myfyrwyr a gomisiynwyd ar gyfer 20/21. Yn dilyn y 'rhaniad dwfn'

a wnaed ar ddiwedd chwarter 1, dychwelwyd y cyllid sy'n gysylltiedig â'r rhagolwg tanwariant bryd hynny i Lywodraeth Cymru, sy'n dod i £3.9m. Yn dilyn y rhaniad dwfn a wnaed yn chwarter 2, nodwyd y rhagwelwyd tanwariant sylweddol pellach o tua £7.5m mewn cyllidebau comisiynu Addysg Broffesiynol lechyd erbyn diwedd y flwyddyn. Yn dilyn trafodaeth gyda chydweithwyr Cyllid Llywodraeth Cymru, cytunodd y Bwrdd i ddychwelyd £5m arall o gyllid a gweithredwyd ar hyn drwy'r llythyr dyrannu.

Yn dilyn asesu'r ffurflenni gan Brifysgolion mewn perthynas â nifer wirioneddol y myfyrwyr sy'n dewis hunangyhoeddi ar gyfer y flwyddyn academaidd 20/21 ym mis 9, y nifer wirioneddol o hunangyhoeddwyd a adroddwyd oedd cyfanswm o 370 yn erbyn rhagdybiaeth cynllunio/cyllideb yn 200. Arweiniodd y cynnydd hwn o 170 o hunangyllidwyr at warged pellach mewn perthynas â ffioedd is sy'n daladwy a thaliadau bwrsariaeth eraill sy'n dod i gyfanswm o £1.5m yn y flwyddyn ariannol hon. Mae hyn wedi'i addasu o'r sefyllfa hyd yma a bydd yn cael ei hysbysu i Lywodraeth Cymru i'w ddychwelyd yn C4.

Amcangyfrifir y bydd yr amrywiad a'r rhagolygon tanwariant ar draws holl gyllidebau'r Gyfarwyddiaeth yn dod i gyfanswm o £3.5m erbyn diwedd y flwyddyn. Bydd £ £3.5m hwn yn cael ei ddychwelyd ynghyd â'r £1.5m a nodwyd uchod, ym mis 12 er mwyn sicrhau sefyllfa ariannol gytbwys ar ddiwedd y flwyddyn.

5.3 Gwariant Cyfalaf

Mae gan AaGIC ddyraniad cyfalaf dewisol o £105k ar gyfer y flwyddyn.

Aethpwyd i wariant o £14k yn y flwyddyn hyd yma ac mae gorchymyn ar gyfer offer TG wedi'i osod a disgwylir iddo gael ei ddarparu cyn diwedd y flwyddyn ariannol. ni fydd rhywfaint o'r offer TG a archebir yn cael ei ddarparu erbyn diwedd y flwyddyn ac mae'n bosibl na fydd y dyraniad cyfalaf ar gyfer offer TG yn cael ei wario'n llawn erbyn diwedd y flwyddyn.

5.4 Mantolen

Dangosir y fantolen ar 28 Chwefror 2021 isod:

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	2020/21 Opening Balance £000s	28th February 2021 £000s	Movement £000s
Non-Current Assets:			
Fixed Assets	2,595	2,137	(458)
Current Assets:			
Trade and other receivables	1,074	879	(195)
Cash & bank	7,465	5,770	(1,695)
Total Assets	11,134	8,786	(2,348)
Liabilities:			
Trade and other payables	(7,328)	(18,058)	(10,730)
Provisions	(130)	(130)	0
Total Liabilities	(7,458)	(18,188)	(10,730)
	3,676	(9,402)	(13,078)
Financed by:			
General Fund	3,676	(9,402)	(13,078)
Total Funding	3,676	(9,402)	(13,078)

- Mae'r symudiad ar asedau nad ydynt yn gyfredol yn adlewyrchu dibrisiant a godir yn ystod 2020/21.

- Cyfanswm y masnach a symiau taladwy eraill yw £18.0m, cynnydd o £10.7m ers dechrau'r flwyddyn ariannol. Mae'r prif falansau'n cynnwys:

- o Croniadau ar gyfer yr is-adran Feddygol yn y mis cyfanswm £ £5m. Mae £2.2m o'r balans hwn yn ymwneud â chostau Meddygon Teulu ym mis Chwefror a dalwyd ar 9 Mawrth. Mae £0.4m yn gronniad o gostau cyflog myfyrwyr mewn byrddau iechyd ac mae £1.6m ar gyfer ailwefru amrywiol i Sefydliadau'r GIG gan gynnwys Ailwefru Cyflogau Hyfforddeion a chostau Comisiynu Fferylliaeth.

- o Croniadau yn y mis ar gyfer cyfanswm yr is-adran Ansfeddygol yw £10.7m, gan gynnwys £2.5m ar gyfer GIG Cymru (gan gynnwys ad-dalu cyflogau myfyrwyr) a £7.8m ar gyfer costau nad ydynt yn gostau GIG Cymru (anfonebau prifysgol yn bennaf gan gynnwys ad-dalu bwrsariaethau, costau teithio ac ati). Dosbarthwyd gorchmynion amrywio i brifysgolion ddechrau mis Mawrth, a fydd unwaith y cytunir arnynt yn galluogi anfonebau i gael eu cyhoeddi a'u talu.

- o Mae balansau eraill yn cynnwys:

- £0.6m ar gyfer cronidau sy'n gysylltiedig â'r gyflogres – taliadau Pensiwn a Chyllid a Thollau Ei Mawrhydi a wnaed y mis yn dilyn y gyflogres.

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- £0.4m ar gyfer croniadau cyfrifyddu technegol e.e. gwyliau blynyddol cario ymlaen croniadau.
- £1.0m o anfonebau a gedwir ar y system ariannol sy'n aros am daliad yn unol â thelerau talu 30 diwrnod.

Gofynnwyd am gyllid dyrannu adnoddau o £23.5m a chafodd ei dderbyn gan Lywodraeth Cymru ym mis Chwefror 2021. Mae'r balans negyddol ar y gronfa gyffredinol o £9.4m yn adlewyrchu'r gwahaniaeth rhwng cyllid craidd a dynnwyd i lawr a'r gwariant arian parod gwirioneddol hyd yma. Oherwydd gwerth y credydwr sydd heb eu talu, nid oes angen i AaGIC dynnu gwerth llawn arian parod i lawr i gyfateb i'r gwariant cronedig. Bydd cydbwysedd cyffredinol y gronfa yn adlewyrchu'r sefyllfa wirioneddol ar ddiwedd y flwyddyn ar ôl i'r dyraniad llawn gael ei dynnu i lawr.

Y sefyllfa ariannol ar ddiwedd mis 11 oedd £5.7m.

5.5 Polisi Talu'r Sector Cyhoeddus

Disgwylir i holl gyrrff y GIG fodloni Polisi Taliadau'r Sector Cyhoeddus, sy'n ei gwneud yn ofynnol i sefydliadau'r GIG dalu 95% o'r holl anfonebau o fewn 30 diwrnod ac mae'n seiliedig ar sefyllfa gronol. Ar gyfer y cyfnod rhwng 1 Ebrill a 28 Chwefror 2021 talodd AaGIC 95.2% o anfonebau nad ydynt yn anfonebau'r GIG o fewn y targed hwn (94.8% yn gronol ar gyfer Mis 10). Ceir dadansoddiad o'r sefyllfa, ynghyd â chymhariaeth â mis 11 yn 2019/20 isod:

Non-NHS Invoices PSPP Performance 2019/20 & 2020/21 - By Number of Invoices (Target of 95%)								
	2019/20				2020/21			
	Total Number	Total Passed	Total Failed	% Passed	Total Number	Total Passed	Total Failed	% Passed
Quarter 1	1,304	1,255	49	96.2	1,118	982	136	87.8
Quarter 2	1,638	1,571	67	95.9	1,035	1,015	20	98.1
Quarter 3	1,604	1,498	106	93.4	1,008	989	19	98.1
January 21	664	624	40	94.0	323	316	7	97.8
February 21	685	666	19	97.2	437	433	4	99.1
Cumulative	5,895	5,614	281	95.2	3,921	3,735	186	95.2

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6. ARGYMHELLION

Gofynnir i'r Bwrdd nodi:

- y sefyllfa ariannol a adroddwyd ar gyfer AaGIC ym mis 11
- yr esboniad cryno o amrywiadau allweddol gan y Gyfarwyddiaeth
- sefyllfa'r arian Cyfalaf
- safle'r Fantolen
- cyflawni targed PSPP yn Month11
- Gofynnir i'r Bwrdd gytuno ar y cynnig i ddychwelyd £5m o gyllid i Lywodraeth Cymru yn Ch4.

Llywodraethiant a Sicrwydd			
Cyswllt i Amcanion yr IMTP	Amcan Strategol 1: Arwain y gwaith o gynllunio, datblygu a sicrhau gweithlu cymwys, cynaliadwy a hyblyg i helpu i gyflawni 'Cymru Iachach'	Amcan Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Amcan Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu i arwain yn dosturiol ac ar y cyd ar bob lefel
	Nod Strategol 4: I ddatblygu'r gweithlu i gefnogi'r gwaith o gyflawni diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	Nod Strategol 6: I gael ein cydnabod fel partner rhagorol, yn ddylanwadr ac arweinydd
Ansawdd, Diogelwch a Phrofiad y Claf			
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 asesiad o gydraddoldeb ac amrywiaeth)			
Mae gan AaGIC gyfrifoldeb statudol i ad-dorri hyd yn oed ar ddiwedd y flwyddyn mae'r adroddiad yn nodi'r sefyllfa ariannol ar gyfer mis Chwefror 2021. Nid oes unrhyw oblygiadau o ran cydraddoldeb ac amrywiaeth yn yr adroddiad hwn.			
Goblygiadau Staffio			
Does dim goblygiadau staffio ychwanegol yn deillio o'r adroddiad hwn.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Mae'r adroddiad yn disgrifio'n gryno sut mae AaGIC yn ceisio mabwysiadu dull cynaliadwy o reoli ariannol a fydd yn galluogi AaGIC i gyflawni ei amcanion hirdymor.			

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Hanes yr Adroddiad	Mae'r adroddiad yn cyfeirio ac yn diweddarau'r diweddariad cyllid blaenorol a rannwyd gyda Bwrdd AaGIC ym mis Chwefror 2021.
Atodiadau	Ceir rhagor o fanylion yn Atodiad 1.

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DIRECTOR OF FINANCE REPORT

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 £69K 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. Savings on translation services have also been recognised as a result of the appointment of a Welsh Translation Manager

2. Finance.

- The underspend on pay budgets of £33.2k 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 decision was taken to reduce the use of agency staff. 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 £11K 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 slightly underspent at month 11, 1 wte vacant post filled by an agency member of staff has now been filled by a substantive member of staff who took up post in January. Another vacancy has arisen due to the retirement of a substantive member of staff in January.
- There is an underspend of £105.2k against non-pay budgets as a result of savings in utilities costs and other variable costs associated with Ty Dysgu. There has also been a VAT rebate in year from 2019/20 following an end of year review.

4. Digital and IT

- The number of vacant posts within the team results in an underspend of £28.3k. Appointments have been made to all posts within the establishment and start dates confirmed in January. 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 £217.4k 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. Also VAT recovery of c£136k on services provided through the NWIS SLA. The planned migration from Cardiff University servers to Azure cloud-based servers has also been delayed, set up and migration costs are low while testing is being completed.

5. Medical and Pharmacy

- There is an adverse variance of £59.2k 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 £219.9k 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, the lead for Simulation, the Deputy Foundation lead has been appointed and took up post in October and the PGES lead has now been recruited.
- The underspend on non-pay of £1,298.2k 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 significant underspend of £560k. They recommenced in October but are not mandatory and it is unlikely there will be any recovery of previous activity. 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. The underspends are offset by an increasing spend on supernumerary posts and less than full time training posts.
- Commissioning budgets are overspent by £367.6k year to date. The overspend is predominantly due to additional expenditure on GP Training, first reported in month 5. Additional costs above budget of £3.864m are reported at month 11. This overspend is partially offset by an underspend of £225k due to under-recruitment to training grade posts, £261k underspend due to lower activity in training expenses and training, travel and subsistence costs and £2,096k of underspend in Pharmacy budgets. Pre Foundation is £1,256k underspent due to multisector salaries being less than budgeted for the period April to July with under recruitment of 28 students to the August 2020 cohort. Pre Foundation training grant budgets are currently £ 215k underspent. There are also underspends of £95.2K in the PGMDE budget and £139.5k in Welsh Clinical Academic Training and £180.3 k in GP Induction and Returners. It is currently understood that the GP returners programme will not attract any new recruits in this financial year.

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6. Nursing

- The underspend in Pay budgets of £43.3K 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 £309k is reported in the year to date. In month a reduction in the take up of Community modules, Advanced practice courses and non Medical Prescribing training has been reported by Universities. Following assessment of returns from Universities in respect of the actual number choosing to self-fund for the 20/21 academic year, the actual number reported is 370 in total against a planning/budget assumption of 200. This increase of 170 self funders creates a further surplus in respect of reduced fees payable and other bursary payments that will amount to £1.5m in this financial year. This has been adjusted out of the year to date position and has been notified to WG for return in Q4, following HEIW Board approval.
- 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

1. Under-recruitment to year 1 of the Spring 2020 co-hort which would not have been known at budget setting.
2. Underspend in respect of student salary re-imburement as a result of under-recruitment to certain courses in the Sept 2019 to August 2020 co-hort.

3. Underspend in contract fees and bursary as a result of student choice to self-fund in the Sept 2019 to August 2020 co-hort.
4. 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 was suggested. 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. Following the agreement of the Board, the return of £5m was actioned and Budgets have been adjusted accordingly.

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 an overspend of £43k in month.

5. Human Resources and Organisation Development

- There are 8 wte vacancies within the core budgets of the Directorate, with only 1.7 wte offset by agency staff, contributing to a £67.1k underspend against pay budgets. Two appointments have been made with start dates in January, with a further three appointments made in February. 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 £200.4k 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.

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VALIDATION SUMMARY 2020-21

Your organisation is showing as :	HEIW
Period is showing :	FEB 21
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 FEB 21 RETURN IS	1 ERRORS ON 1 DIFFERENT TABLE/S

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Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	2,213	0

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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		
10	0	0		
11 Planning Assumptions still to be finalised at Month 1	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		
15 Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	0	0	0	0
16 Additional In Year Identified Savings - Forecast (Positive Value)	61	61	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		
20 Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
21 Additional In Year Welsh Government Funding (Positive Value)	0	0		
22 Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	-567	-567		
23 Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-152	-152		
24 Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	719	719		
25 (Positive Value)	0	0		
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	-61	-61		
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 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	-25,946	-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	-25,946	-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	25,946	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	1	6	5	9	5	56	61
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						152	-719	-567
23	0	0	0	0	0	0	0	0	0	0	0	-152	0	-152
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	315	241	492	217	-2,218	2,157	-61
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	316	247	497	226	-2,213	2,213	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	

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 £'000	Recurring Savings (+ve) £'000	Recurring Allocations / Income (+ve) £'000	Subtotal £'000	£'000	Underlying Position c/f £'000
1	Pay - Administrative, Clerical & Board Members				0		0
2	Pay - Medical & Dental				0		0
3	Pay - Nursing & Midwifery Registered				0		0
4	Pay - Prof Scientific & Technical				0		0
5	Pay - Additional Clinical Services				0		0
6	Pay - Allied Health Professionals				0		0
7	Pay - Healthcare Scientists				0		0
8	Pay - Estates & Ancillary				0		0
9	Pay - Students				0		0
10	Non Pay - Supplies and services - clinical				0		0
11	Non Pay - Supplies and services - general				0		0
12	Non Pay - Consultancy Services				0		0
13	Non Pay - Establishment				0		0
14	Non Pay - Transport				0		0
15	Non Pay - Premises				0		0
16	Non Pay - External Contractors				0		0
17	Health Care Provided by other Orgs – Welsh LHBs				0		0
18	Health Care Provided by other Orgs – Welsh Trusts				0		0
19	Health Care Provided by other Orgs – WHSC				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 £'000	Recurring Savings (+ve) £'000	Recurring Allocations / Income (+ve) £'000	Subtotal £'000	£'000	Underlying Position c/f £'000
1	Primary Care				0		0
2	Mental Health				0		0
3	Continuing HealthCare				0		0
4	Commissioned Services				0		0
5	Scheduled Care				0		0
6	Unscheduled Care				0		0
7	Children & Women's				0		0
8	Community Services				0		0
9	Specialised Services				0		0
10	Executive / Corporate Areas				0		0
11	Support Services (Inc. Estates & Facilities)				0		0
12	Total	0	0	0	0	0	0

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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 : Feb 21

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 YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Revenue Resource Limit	Actual/F'cast	17,662	18,470	18,566	15,390	18,812	20,484	19,430	20,496	21,230	21,600	20,637	19,568	212,777	232,345
2	Capital Donation / Government Grant Income	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast													0	0
4	WHSSC Income	Actual/F'cast													0	0
5	Welsh Government Income (Non RRL)	Actual/F'cast													0	0
6	Other Income	Actual/F'cast	30	38	72	28	27	25	21	43	38	127	42	28	491	519
7	Income Total		17,692	18,508	18,638	15,418	18,839	20,509	19,451	20,539	21,268	21,727	20,679	19,596	213,268	232,864
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	1,342	1,397	1,503	1,462	1,573	14,669	16,242
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	1,149	1,121	1,189	(226)	703	1,197	1,058	1,065	1,428	1,516	1,156	1,400	11,356	12,756
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	17,774	18,154	18,169	17,795	18,796	184,570	203,366
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	42	40	40	460	500
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	20,223	21,021	21,230	20,453	21,809	211,055	232,864
27	Net surplus/ (deficit)	Actual/F'cast	329	363	289	145	358	414	(971)	316	247	497	226	(2,213)	2,213	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000
28 . Actual YTD surplus/ (deficit)	2,213
29. Actual YTD surplus/ (deficit) last month	1,987
30. Current month actual surplus/ (deficit)	226
31. Average monthly surplus/ (deficit) YTD	201 ▲
32. YTD /remaining months	2,213

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	2,439
34. Year to Date Trend Scenario	2,414

C. DEL/AME Depreciation & Impairments

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
35	Baseline Provider Depreciation	Actual/F'cast	42	42	42	42	42	42	42	42	42	42	40	40	460	500
36	Strategic Depreciation	Actual/F'cast													0	0
37	Accelerated Depreciation	Actual/F'cast													0	0
38	Impairments	Actual/F'cast													0	0
39	Other (Specify in Narrative)	Actual/F'cast													0	0
40	Total		42	42	42	42	42	42	42	42	42	42	40	40	460	500
41	AME															
41	Donated Asset Depreciation	Actual/F'cast													0	0

42	Impairments	Actual/F'cast													0	0
43	Other (Specify in Narrative)	Actual/F'cast													0	0
44	Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0

D. Accountancy Gains

			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		
45	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Committed Reserves & Contingencies

			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		
	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.															
46	Forecast Only														0	0
47	Forecast Only														0	0
48	Forecast Only														0	0
49	Forecast Only														0	0
50	Forecast Only														0	0
51	Forecast Only														0	0
52	Forecast Only														0	0
53	Forecast Only														0	0
54	Forecast Only														0	0
55	Forecast Only														0	0
56	Forecast Only														0	0
57	Forecast Only														0	0
58	Forecast Only														0	0
59	Forecast Only														0	0
60	Forecast Only														0	0
61	Forecast Only														0	0
62	Forecast Only														0	0
63	Forecast Only														0	0
64	Forecast Only														0	0
65	Forecast Only														0	0
66	Forecast Only														0	0
67	Forecast Only														0	0
68	Forecast Only														0	0
69	Forecast Only														0	0
70	Forecast Only														0	0
71	Forecast Only														0	0
72	Forecast Only														0	0
73	Forecast Only														0	0
74	Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Phasing		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

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Period : Feb 21

YTD Months to be completed from Month: 1

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Forecast Months to be completed from Month: 3

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	763	756	765	737	756	766	796	823	864	896	913	1,178	8,835	10,013
2	Medical & Dental	419	420	415	413	420	416	439	410	420	492	435	435	4,699	5,134
3	Nursing & Midwifery Registered	6	5	6	32	13	11	12	14	12	13	13	16	137	163
4	Prof Scientific & Technical	68	68	70	72	78	72	92	84	91	93	90	83	878	961
5	Additional Clinical Services	12	11	11	11	11	11	12	11	10	10	10	12	120	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	1,342	1,397	1,504	1,461	1,724	14,669	16,393

Analysis of Pay Expenditure															
11	LHB Provided Services - Pay	1,268	1,260	1,267	1,265	1,278	1,276	1,351	1,342	1,397	1,503	1,462	1,573	14,669	16,242
12	Other Services (incl. Primary Care) - Pay												152	0	152
13	Total - Pay	1,268	1,260	1,267	1,265	1,278	1,276	1,351	1,342	1,397	1,503	1,462	1,725	14,669	16,394
		0	0	0	0	0	0	0	0	0	0	0	0		

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	27	17	19	13	16	9	18	19	6	29	31	40	204	244
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	19	6	29	31	40	204	244

11	Agency/Locum (premium) % of pay	2.1%	1.3%	1.5%	1.0%	1.3%	0.7%	1.3%	1.4%	0.4%	1.9%	2.1%	2.3%	1.4%	1.5%
		1	1	1	1	1	1	1	1	1	1	1	1	1	1

C - Agency / Locum (premium) Expenditure

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

REF	REASON	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	27	17	19	13	16	9	18	19	6	29	31	40	204	244
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) – inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)													0	0
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Job Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	COVID-19													0	0
14	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	27	17	19	13	16	9	18	19	6	29	31	40	204	244
		0	0	0	0	0	0	0	0	0	0	0	0		

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Pay (Additional costs due to C19)														
2	Establishment & Bank Additional Hours:														
3	Administrative, Clerical & Board Members													0	0
4	Medical & Dental													0	0
5	Nursing & Midwifery Registered													0	0
6	Prof Scientific & Technical													0	0
7	Additional Clinical Services													0	0
8	Allied Health Professionals													0	0
9	Healthcare Scientists													0	0
10	Estates & Ancillary													0	0
11	Sub total Establishment & Bank Additional Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Agency:														
13	Administrative, Clerical & Board Members													0	0
14	Medical & Dental													0	0
15	Nursing & Midwifery Registered													0	0
16	Prof Scientific & Technical													0	0
17	Additional Clinical Services													0	0
18	Allied Health Professionals													0	0
19	Healthcare Scientists													0	0
20	Estates & Ancillary													0	0
21	Sub total Agency	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Returners (Provide WTE to the right):														
23	Administrative, Clerical & Board Members													0	0
24	Medical & Dental													0	0
25	Nursing & Midwifery Registered													0	0
26	Prof Scientific & Technical													0	0
27	Additional Clinical Services													0	0
28	Allied Health Professionals													0	0
29	Healthcare Scientists													0	0
30	Estates & Ancillary													0	0
31	Sub total Returners	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Students (Provide WTE to the right):														
33	Medical & Dental													0	0
34	Nursing & Midwifery Registered													0	0
35	Prof Scientific & Technical													0	0
36	Additional Clinical Services													0	0
37	Allied Health Professionals													0	0
38	Healthcare Scientists													0	0
39	Estates & Ancillary													0	0
40	Sub total Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
41	Other Temp Staff (Provide WTE to the right):														
42	Administrative, Clerical & Board Members													0	0
43	Medical & Dental													0	0
44	Nursing & Midwifery Registered													0	0
45	Prof Scientific & Technical													0	0
46	Additional Clinical Services													0	0
47	Allied Health Professionals													0	0
48	Healthcare Scientists													0	0
49	Estates & Ancillary													0	0
50	Sub total Other Temp Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0
51	Other (specify below and in narrative)														
52	Anticipated Increase in Annual Leave accrual for HEIW Employees												152	0	152
53														0	0
54														0	0
55														0	0
56	TOTAL ADDITIONAL PAY EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	152	0	152

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
	<i>Enter as Positive values</i>													
111	<i>Non Delivery of Planned Savings (due to C19)</i>													
112	Non Delivery of Finalised (M1) Savings													0
113	Non delivery of Savings Assumed but not finalised at M1													0
114	TOTAL NON DELIVERY OF PLANNED SAVINGS													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
	<i>Enter as Negative values</i>													
115	<i>Expenditure Reductions (due to C19)</i>													
116	Reduction of non pay costs due to reduced elective activity													0
117	Reduction of outsourcing costs due to reduced planned activity													0
118	Reduction of travel and expenses													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	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
	<i>Enter as Negative values</i>													
126	<i>Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19)</i>													
127														0
128														0
129														0
130														0
131														0
132														0
133														0
134														0
135														0
136	TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES (Agrees to Table A)					0	0	0	0	0	0	0	0	0
137	NET EXPENDITURE DUE TO Covid-19					0	0	0	0	0	0	0	152	(567)

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A - WTE of New Staff

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
22	Returners:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	Administrative, Clerical & Board Members												
24	Medical & Dental												
25	Nursing & Midwifery Registered												
26	Prof Scientific & Technical												
27	Additional Clinical Services												
28	Allied Health Professionals												
29	Healthcare Scientists												
30	Estates & Ancillary												
31	Sub total Returners	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32	Students:												
33	Medical & Dental												
34	Nursing & Midwifery Registered												
35	Prof Scientific & Technical												
36	Additional Clinical Services												
37	Allied Health Professionals												
38	Healthcare Scientists												
39	Estates & Ancillary												
40	Sub total Students	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41	Other Temp Staff:												
42	Administrative, Clerical & Board Members												
43	Medical & Dental												
44	Nursing & Midwifery Registered												
45	Prof Scientific & Technical												
46	Additional Clinical Services												
47	Allied Health Professionals												
48	Healthcare Scientists												
49	Estates & Ancillary												
50	Sub total Other Temp Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
REF	Enter as positive values												
98	Major Projects: Bed Capacity (due to C19)												
99													
100													
101													
102													
103													
104													
105													
106													
107													
108													
109													
110	TOTAL MAJOR PROJECTS: ADDITIONAL BED CAPACITY	0	0	0	0	0	0	0	0	0	0	0	0

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Period : Feb 21

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

This Table is currently showing 1 errors
Some errors will be resolved when complete rows have data or associated tables are completed

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Non Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		56	0			
11		Actual/F'cast	0	0	0	0	0	30	5	0	5	5	7	4	52	56	92.86%	56	0	56	0	0
12		Variance	0	0	0	0	0	30	5	0	5	5	7	4	52	56		0	0			
13	Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		4	0			
14		Actual/F'cast	0	0	0	0	0	0	0	1	1	0	2	1	4	5	80.00%	5	0	5	0	0
15		Variance	0	0	0	0	0	0	0	1	1	0	2	1	4	5		1	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	1	6	5	9	5	56	61	91.80%	61	0	61	0	0
21		Variance	0	0	0	0	0	30	5	1	6	5	9	5	56	61		1	0			
22	Variance in month																					
23	In month achievement against FY forecast		0.00%	0.00%	0.00%	0.00%	0.00%	49.18%	8.20%	1.64%	9.84%	8.20%	14.75%	8.20%								

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Table C1- Savings Schemes Pay Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	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		4	0			
17		Actual/F'cast	0	0	0	0	0	0	0	1	1	0	2	1	4	5	80.00%	5	0	5	0	0
18		Variance	0	0	0	0	0	0	0	1	1	0	2	1	4	5		1	0			
19	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		4	0			
20		Actual/F'cast	0	0	0	0	0	0	0	1	1	0	2	1	4	5	80.00%	5	0	5	0	0
21		Variance	0	0	0	0	0	0	0	1	1	0	2	1	4	5		1	0			

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

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	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			

This Table is currently showing 0 errors

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	30	5	5	5	5	5	5	55	60	60	0	60	60
	In Year - Actual/Forecast	0	0	0	0	0	30	5	1	6	5	9	5	56	61	61	0	61	61
	Variance	0	0	0	0	0	0	0	(4)	1	0	4	0	1	1	1	0	1	1
	Total Plan	0	0	0	0	0	30	5	5	5	5	5	5	55	60	60	0	60	60
	Total Actual/Forecast	0	0	0	0	0	30	5	1	6	5	9	5	56	61	61	0	61	61
	Total Variance	0	0	0	0	0	0	0	(4)	1	0	4	0	1	1	1	0	1	1
Income Generation	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	30	5	5	5	5	5	5	55	60	60	0	60	60
	In Year - Actual/Forecast	0	0	0	0	0	30	5	1	6	5	9	5	56	61	61	0	61	61
	Variance	0	0	0	0	0	0	0	(4)	1	0	4	0	1	1	1	0	1	1
	Total Plan	0	0	0	0	0	30	5	5	5	5	5	5	55	60	60	0	60	60
	Total Actual/Forecast	0	0	0	0	0	30	5	1	6	5	9	5	56	61	61	0	61	61
	Total Variance	0	0	0	0	0	0	0	(4)	1	0	4	0	1	1	1	0	1	1

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Period : Feb 21

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
	643	643
		0
		0
		0
		0
0	114,548	114,548

Table E - Resource Limits

1. BASE ALLOCATION

	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered Into Table
	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000						
1 LATEST ALLOCATION LETTER/SCHEDULE REF:	15									
2 Total Confirmed Funding	237,345				237,345		236,693	105	105	

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)	32				32 NR		32			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 Agreed return of funding not yet actioned	(5,000)				(5,000) NR		(5,000)			Month 11 - Richard Dudley
21 Internal funding of additional Anticipated Items (Identified Above)	(1,594)				(1,594) NR		(1,594)			Month 11 - Richard Dudley
22					0					
23					0					
24					0					
25					0					
26					0					
27					0					
28					0					
29					0					
30					0					
31					0					
32					0					
33					0					
34					0					
35					0					
36					0					
37					0					
38					0					
39					0					
40					0					
41					0					
42					0					
43					0					
44					0					
45					0					
46					0					
47					0					
48					0					
49					0					
50					0					
51					0					
52					0					
53					0					
54					0					
55					0					
56 Total Anticipated Funding	(5,000)	0	0	0	(5,000)		(5,000)	0	0	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57 Confirmed Resources Per 1. above	237,345	0	0	0	237,345		236,693	105	105	
58 Anticipated Resources Per 2. above	(5,000)	0	0	0	(5,000)		(5,000)	0	0	
59 Total Resources	232,345	0	0	0	232,345		231,693	105	105	

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Table E1 - Invoiced Income Streams - TRUSTS ONLY

		Swansea Bay ULHB	Aneurin Bevan ULHB	Betsi Cadwaladr ULHB	Cardiff & Vale ULHB	Cwm Taf Morgannwg ULHB	Hywel Dda ULHB	Powys LHB	Public Health Wales NHS Trust	Welsh Ambulance NHS Trust	Velindre NHS Trust	NWSSP	NWIS	HEIW	WG	EASC	WHSSC	Other (please specify)	Total	WG Contact and date item first entered into table
Ref		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1	Agreed full year income																		0	
	Details of Anticipated Income																			
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall																		0	
3	DEL Non Cash Depreciation - Strategic																		0	
4	DEL Non Cash Depreciation - Accelerated																		0	
5	DEL Non Cash Depreciation - Impairment																		0	
6	AME Non Cash Depreciation - Donated Assets																		0	
7	AME Non Cash Depreciation - Impairment																		0	
8	AME Non Cash Depreciation - Impairment Reversals																		0	
9																			0	
10																			0	
11																			0	
12																			0	
13																			0	
14																			0	
15																			0	
16																			0	
17																			0	
18																			0	
19																			0	
20																			0	
21																			0	
22																			0	
23																			0	
24																			0	
25																			0	
26																			0	
27																			0	
28																			0	
29																			0	
30																			0	
31																			0	
32																			0	
33																			0	
34																			0	
35	Total Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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Period : Feb 21

This table needs completing monthly from Month: 6
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Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 20 £'000	Closing Balance End of Feb 21 £'000	Forecast Closing Balance End of Mar 21 £'000
Non-Current Assets			
1 Property, plant and equipment	2,596	2,137	2,201
2 Intangible assets			
3 Trade and other receivables			
4 Other financial assets			
5 Non-Current Assets sub total	2,596	2,137	2,201
Current Assets			
6 Inventories			
7 Trade and other receivables	1,046	879	1,046
8 Other financial assets			
9 Cash and cash equivalents	7,465	5,770	7,152
10 Non-current assets classified as held for sale			
11 Current Assets sub total	8,511	6,649	8,198
12 TOTAL ASSETS	11,107	8,786	10,399
Current Liabilities			
13 Trade and other payables	7,301	18,058	7,506
14 Borrowings (Trust Only)			
15 Other financial liabilities			
16 Provisions			
17 Current Liabilities sub total	7,301	18,058	7,506
18 NET ASSETS LESS CURRENT LIABILITIES	3,806	(9,272)	2,893
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	(9,402)	2,763
FINANCED BY: Taxpayers' Equity			
25 General Fund	3,676	(9,402)	2,763
26 Revaluation Reserve			
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 Total Taxpayers' Equity	3,676	(9,402)	2,763

	Opening Balance Beginning of Apr 20	Closing Balance End of Feb 21	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)

41 Welsh NHS Receivables Aged 0 - 10 weeks
42 Welsh NHS Receivables Aged 11 - 16 weeks
43 Welsh NHS Receivables Aged 17 weeks and over

£'000
5
0
0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)

	£'000	£'000	£'000
44 Capital	0	0	0
45 Revenue	7,301	18,058	7,506

ANALYSIS OF CASH (opening, current & closing)

	£'000	£'000	£'000
46 Capital	0	0	0
47 Revenue	7,465	5,770	7,152

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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	22,500	23,500	34,193	231,693
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												105	105
5	Income from other Welsh NHS Organisations	13	27	6	0	2	2	18	0	21	29	17		135
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	48	36	134	46	30	1,657
11	TOTAL RECEIPTS	14,532	15,589	8,608	18,749	23,378	20,038	21,537	14,048	16,557	22,663	23,563	34,328	233,590
	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	1,363	1,372	1,357	1,516	1,573	15,934
18	Non Pay Expenditure	14,151	15,886	12,427	17,508	19,459	14,224	18,171	18,019	18,594	18,734	19,409	31,282	217,864
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only													0
21	Capital Payment											14	91	105
22	Other items (Specify in narrative)													0
23	TOTAL PAYMENTS	15,368	17,091	13,638	18,767	20,694	15,530	19,491	19,382	19,966	20,091	20,939	32,946	233,903
24	Net cash inflow/outflow	(836)	(1,502)	(5,030)	(18)	2,684	4,508	2,046	(5,334)	(3,409)	2,572	2,624	1,382	
25	Balance b/f	7,465	6,629	5,127	97	79	2,763	7,271	9,317	3,983	574	3,146	5,770	
26	Balance c/f	6,629	5,127	97	79	2,763	7,271	9,317	3,983	574	3,146	5,770	7,152	

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Table H - PSPP

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

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	95.7%	0.7%	87.9%	-7.1%	99.7%	4.7%		-95.0%	94.5%	-0.5%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	87.9%	-7.1%	93.2%	-1.8%	95.1%	0.1%		-95.0%	92.3%	-2.7%	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%	99.9%	4.9%		-95.0%	99.1%	4.1%	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%	98.1%	3.1%		-95.0%	94.5%	-0.5%	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%		67.9%				68.6%		70.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		46.7%		32.7%		29.0%				35.7%		37.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		77.8%		67.4%		72.2%				72.4%		75.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		36.0%		31.2%		35.2%				34.2%		35.0%	

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Table I - 2020-21 Capital Resource / Expenditure Limit Management

£'000 105
Approved CRL / CEL issued at : 19/1/21

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				0		0	0
2				0		0	0
3				0		0	0
4				0		0	0
5				0		0	0
6				0		0	0
7				0		0	0
8				0		0	0
9				0		0	0
10				0		0	0
11				0		0	0
12				0		0	0
13				0		0	0
14				0		0	0
15				0		0	0
16				0		0	0
17				0		0	0
18				0		0	0
19				0		0	0
20				0		0	0
21				0		0	0
22				0		0	0
23				0		0	0
24				0		0	0
25				0		0	0
26				0		0	0
27				0		0	0
28				0		0	0
29				0		0	0
30				0		0	0
31				0		0	0
32				0		0	0
33				0		0	0
34				0		0	0
35				0		0	0
36				0		0	0
37				0		0	0
38				0		0	0
39				0		0	0
40				0		0	0
41				0		0	0
42	Sub Total	0	0	0	0	0	0
	Discretionary:						
43	I.T.			0			0
44	Equipment			0			0
45	Statutory Compliance			0			0
46	Estates	14	14	0	14	14	0
47	Other			0	91	91	0
48	Sub Total	14	14	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	14	14	0	105	105	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	14	14	0	105	105	0	
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(91)			0		

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Table J - In Year Capital Scheme Profiles

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Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
					April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1																	0	0	
2																	0	0	
3																	0	0	
4																	0	0	
5																	0	0	
6																	0	0	
7																	0	0	
8																	0	0	
9																	0	0	
10																	0	0	
11																	0	0	
12																	0	0	
13																	0	0	
14																	0	0	
15																	0	0	
16																	0	0	
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22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Discretionary:																			
35	I.T.	Martyn Pennell															0	0	
36	Equipment	Martyn Pennell															0	0	
37	Statutory Compliance	Martyn Pennell															0	0	
38	Estates	Martyn Pennell	14	14											14	0	14	14	Low
39	Other	Martyn Pennell	35	91												91	0	91	Medium
40	Sub Total		49	105	0	0	0	0	0	0	0	0	0	0	14	91	14	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		49	105	0	0	0	0	0	0	0	0	0	0	14	91	14	105	

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Table K - Capital Disposals

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A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Feb 21)	£'000	£'000	£'000	£'000	
1								0	
2								0	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				0	0	0	0	

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

[illegible]

Invoices paid since the end of the month		
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Total outstanding as per MR submission date	0.00	0.00
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Table N - General Medical Services
Table to be completed from Q2

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
	LINE NO.	£000's	£000's	£000's	£000's	£000's
Global Sum	1					
MPIG Correction Factor	2					
Total Global Sum and MPIG	3				0	0
Quality Aspiration Payments	4					
Quality Achievement Payments	5					
Quality Assurance Improvement Framework (QAIF)	6					
QAIF (in hours Access)	7					
Total Quality	8				0	0
Direct Enhanced Services (To equal data in Section A (i) Line 32)	9				0	
National Enhanced Services (To equal data in Section A (ii) Line 42)	10				0	
Local Enhanced Services (To equal data in Section A (iii) Line 95)	11				0	
Total Enhanced Services (To equal data in section A Line 96)	12		0	0	0	0
LHB Administered (To equal data in Section B Line 109)	13				0	
Premises (To equal data in section C Line 138)	14				0	
IM & T	15				0	
Out of Hours (including OOHDF)	16				0	
Dispensing (To equal data in Line 154)	17				0	
Total	18	0	0	0	0	0
SUPPLEMENTARY INFORMATION						
Directed Enhanced Services Section A (i)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Learning Disabilities	19				0	
Childhood Immunisation Scheme	20				0	
Mental Health	21				0	
Influenza & Pneumococcal Immunisations Scheme	22				0	
Services for Violent Patients	23				0	
Minor Surgery Fees	24				0	
MENU of Agreed DES						
Asylum Seekers & Refugees	25				0	
Care of Diabetes	26				0	
Care Homes	27				0	
Extended Surgery Opening	28				0	
Gender Identity	29				0	
Homeless	30				0	
Oral Anticoagulation with Warfarin	31				0	
TOTAL Directed Enhanced Services (must equal line 9)	32		0	0	0	0
National Enhanced Services A (ii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring	33				0	
Shared care drug monitoring (Near Patient Testing)	34				0	
Drug Misuse	35				0	
IUCD	36				0	
Alcohol misuse	37				0	
Depression	38				0	
Minor injury services	39				0	
Diabetes	40				0	
Services to the homeless	41				0	
TOTAL National Enhanced Services (must equal line 10)	42		0	0	0	0

Local Enhanced Services	A (iii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
ADHD		43					0
Asylum Seekers & Refugees		44					0
Cardiology		45					0
Care Homes		46					0
Care of Diabetes		47					0
Chiropody		48					0
Counselling		49					0
Depo - Provera (including Implanon & Nexplanon)		50					0
Dermatology		51					0
Dietetics		52					0
DOAC/NOAC		53					0
Drugs Misuse		54					0
Extended Minor Surgery		55					0
Gonaderlins		56					0
Homeless		57					0
HPV Vaccinations		58					0
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm		59					0
Learning Disabilities		60					0
Lithium / INR Monitoring		61					0
Local Development Schemes		62					0
Mental Health		63					0
Minor Injuries		64					0
MMR		65					0
Multiple Sclerosis		66					0
Muscular Skeletal		67					0
Nursing Homes		68					0
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		69					0
Osteopathy		70					0
Phlebotomy		71					0
Physiotherapy (inc MT3)		72					0
Referral Management		73					0
Respiratory (inc COPD)		74					0
Ring Pessaries		75					0
Sexual Health Services		76					0
Shared Care		77					0
Smoking Cessation		78					0
Substance Misuse		79					0
Suturing		80					0
Swine Flu		81					0
Transport/Ambulance costs		82					0
Vasectomy		83					0
Weight Loss Clinic (inc Exercise Referral)		84					0
Wound Care		85					0
Zoladex		86					0
		87					0
		88					0
		89					0
		90					0
		91					0
		92					0
		93					0
		94					0
TOTAL Local Enhanced Services (must equal line 11)		95		0	0		0
TOTAL Enhanced Services (must equal line 12)		96		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

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Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
	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

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Table O - General Dental Services
Table to be completed from Q2
Operating Expenditure from the revenue allocation for the dental contract

This Table is currently showing 0 errors

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
TOTAL DENTAL SERVICES EXPENDITURE	13		0	0	0	0

OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	LINE NO.	£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14				
Additional Access	15				
Sedation services including GA	16				
Continuing professional development	17				
Occupational Health / Hepatitis B	18				
Gwen Am Byth - Oral Health in care homes	19				
Refund of patient charges	20				
Design to Smile	21				
Other Community Dental Services 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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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dyddiad Cyfarfod	25 Mawrth 2021	Eitem Agenda	
Teitl Adroddiad	Adroddiad Perfformiad Integredig Chwarterol AaGIC Ch3 2020-21, Mawrth 2021		
Awdur Adroddiad	Chris Payne, Dirprwy Gyfarwyddwr Cynllunio a Perfformiad a Digidol		
Noddwr Adroddiad	Nicola Johnson, Cyfarwyddwr Cynllunio a Perfformiad a Gwasanaethau Corfforaethol		
Cyflwynwyd gan	Nicola Johnson, Cyfarwyddwr Cynllunio a Perfformiad a Gwasanaethau Corfforaethol		
Rhyddid Gwybodaeth	Agored		
Pwrpas Adroddiad	yr	Rhoi'r wybodaeth ddiweddaraf chwarterol am berfformiad AaGIC ar gyfer Ch3 2020-21	

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Materion Allweddol	<p>Mae'r adroddiad integredig yn Atodiad 1 yn rhoi'r wybodaeth ddiweddaraf i'r Bwrdd am berfformiad yn erbyn cerrig milltir a dangosyddion perfformiad allweddol y Cynllun Gweithredol Chwarter 3-4. Mae'n cwmpasu'r cyfnod hyd at ddiwedd mis Rhagfyr 2020.</p> <p>I grynhoi:</p> <ul style="list-style-type: none"> • Yn gyffredinol, rhoddir sicrwydd bod AaGIC wedi gwneud cynnydd da o ran cyflawni ein Hamcanion Strategol diwygiedig a'i gyflawni'n effeithiol yn ystod y cyfnod y mae'r adroddiad hwn yn ymdrin ag ef. • Mae mecanweithiau ychwanegol wedi'u rhoi ar waith ar gyfer 'apeliadau bwrsariaeth a materion cysylltiedig' drwy Gymorth wedi'i Dargedu a chyfrannodd y rhain at welliannau o ran darparu a rheoli'r rhaglen fwrsariaeth a dadddwysau'r rhaglen. <p>Cymeradwywyd Fframwaith Perfformiad AaGIC gan y Bwrdd ym mis Ionawr 2021 a dyma'r adroddiad chwarterol cyntaf yn unol â'r Fframwaith. Rydym yn parhau i ddatblygu ein gwaith i wella'r Dangosfwrdd Perfformiad yn unol â gofynion a blaenoriaethau'r Fframwaith a'r sefydliad.</p>			
Camau penodol sydd eu hangen (Rhowch un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd	Cymeradwyo
			✓	
Argymhellion	<p>Gofynnir i Aelodau:</p> <ul style="list-style-type: none"> • Nodi'r adroddiad a'r atodiadau 			

Adroddiad Perfformiad Integredig Chwarterol AaGIC Ch3 2020-21, Mawrth 2021

1. CYFLWYNIAD

Mae'r papur hwn ag Atodiad 1 yn rhoi'r cyntaf o ddiwedderiadau chwarterol newydd i'r Bwrdd am berfformiad, I ddiwedd Rhagfyr 2020.

2. CEFNDIR

Yn unol â'r broses gynllunio chwarterol sydd ar waith ar hyn o bryd, mae'r adroddiad hwn a'r atodiadau yn crynhoi perfformiad yn erbyn y Cynllun Gweithredol Chwarter 3/4 a mesurau perfformiad allweddol.

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3. TROSOLWG PERFFORMIAD

Gwnaeth AaGIC gynnydd da o ran cyflawni ein Hamcanion Strategol diwygiedig a pherfformiodd yn effeithiol yn ystod y cyfnod a gwmpesir gan yr adroddiad hwn. Yn ogystal â chyflawni ein cynlluniau strategol, rydym yn parhau i gefnogi Llywodraeth Cymru a phartneriaid y GIG mewn ymateb i bwysau COVID-19 a phwysau'r gaeaf, gan ganolbwyntio'n allweddol ar gefnogi'r gwaith o gyflwyno brechiadau COVID-19 ledled Cymru.

Mae uchafbwyntiau ein cynnydd a'n cyflawniadau, ein dadansoddiad pellach a'r Dangosfwrdd wedi'u cynnwys yn Atodiad 1.

Ym mis Hydref, er mwyn rhoi sicrwydd pellach ynghylch Apeliadau Bwrsariaeth a materion cysylltiedig, cafodd yr elfen hon o'r busnes ei dwysáu o Fonitro Manylach i Gymorth wedi'i Thargedu ac fe'i nodwyd gyntaf yn adroddiad mis Tachwedd 2020. Ers hynny, mae mecanweithiau ychwanegol wedi'u cyflwyno ar gyfer monitro ac olrhain ac ar gyfer ymgysylltu â myfyrwyr/cofrestryddion, ac mae'r broses apelio'n cael ei mireinio. Er gwaethaf y ffaith mai dyma oedd profiad cyntaf y trefniadau bwrsariaeth newydd, mae 90% o garfan 2020 bellach wedi dod o hyd i waith yng Nghymru ac o ganlyniad, mae'r mater bellach wedi'i ddad-ddwysáu er ein bod yn parhau i fonitro graddedigion 2020 a elwodd o'r cynllun bwrsariaeth.

Materion eraill i'w nodi yw, er bod cyfraddau llenwi carfan gweithwyr ieuchyd proffesiynol yr Hydref yn dda iawn, mae'n ymddangos bod effaith COVID wedi bod ar garfan y Gwanwyn ar gyfer rhaglenni gweithwyr ieuchyd proffesiynol cyn cofrestru. Mae camau lliniaru yn cael eu harchwilio gyda Sefydliadau Addysg Uwch.

Yn ogystal, mae cynnydd sylweddol wedi parhau yn nifer a chyfran yr achosion a reolir gan yr Uned Cymorth Proffesiynol oherwydd rhesymau sy'n ymwneud ag ieuchyd (gan gynnwys COVID) ar ddiwedd C3, ac mae hyn yn parhau i gael ei adolygu a'i reoli'n agos.

4. MATERION LLYWODRAETHU A RISG

Mae'r adroddiad hwn yn cyflawni'r cytundeb ar gyfer adrodd chwarterol ar berfformiad i'r Bwrdd yn unol â Fframwaith Perfformiad newydd AaGIC, a gymeradwywyd ac a adroddwyd i'r Bwrdd ym mis Ionawr 2021. Cytunwyd ar y mesurau perfformiad allweddol a nodir yn y dangosfwrdd gyda'r Bwrdd yn yr hydref, 2019.

Yn ystod y cyfnod ers ein hadroddiad diwethaf, yn ogystal â chymeradwyo'r Fframwaith Perfformiad, mae nifer o argymhellion archwilio o 2020 bellach wedi'u bodloni. Sefydlwyd y Grŵp Llywio Perfformiad i oruchwylio datblygiad y Dangosfwrdd yn unol â gofynion a blaenoriaethau'r Fframwaith a'r sefydliad. Mae'r Grŵp wedi dechrau gan ganolbwyntio ar y biblinell addysg a hyfforddiant ac mae'n datblygu cynigion ar gyfer dangosyddion perfformiad allweddol aml-broffesiynol ychwanegol o dan Nod Strategol 2.

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5. GOBLYGIADAU ARIANNOL

Dim yn codi o'r adroddiad hwn

6. ARGYMHELLION

Gofynnir i Aelodau:

- Nodi'r adroddiad Perfformiad ag Atodiadau

Llywodraethiant a Sicrwydd	
Cyswllt i Amcanion yr IMTP	Amcan Strategol 1: Arwain y gwaith o gynllunio, datblygu a sicrhau gweithlu cymwys, cynaliadwy a hyblyg i helpu i gyflawni 'Cymru Iachach'
	✓
	Nod Strategol 4: I ddatblygu'r gweithlu i gefnogi'r gwaith o gyflawni diogelwch ac ansawdd
	✓
	Amcan Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol
	✓
	Nod Strategol 5: Bod yn gyflogwr enghreifftiol ac yn lle gwyh i weithio
	✓
	Amcan Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu i arwain yn dosturiol ac ar y cyd ar bob lefel
	✓
	Nod Strategol 6: I gael ein cydnabod fel partner rhagorol, yn ddylanwadr ac arweinydd
	✓
Ansawdd, Diogelwch a Phrofiad y Claf	
d/d	
Goblygiadau Ariannol	
Does dim goblygiadau ariannol yn codi o'r adroddiad hwn.	
Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth)	
d/d	
Goblygiadau Staffio	
d/d	
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)	
d/d	
Hanes yr Adroddiad	Dyma'r adroddiad perfformiad sefydliadol chwarterol cyntaf yn unol â Fframwaith Perfformiad newydd AaGIC. Cyflwynwyd yr adroddiad blaenorol (bob deufis) i'r Bwrdd ar 26 Tachwedd 2020.
Atodiadau	Atodiad 1 - Adroddiad Perfformiad Integredig a Dangosfwrdd

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Health Education and
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Health Education and Improvement Wales
Quarterly Integrated Performance Report
Q3 2020-21
March 2021

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CONTENTS

Introduction & Overview

Section 1: Performance Against Quarter 3/4 Plan Objectives

Section 2: Organisational Performance

Annex 1: HEIW Performance Dashboard

INTRODUCTION & OVERVIEW

Following approval by the Board of the HEIW Performance Framework in January 2021, this is the first quarterly report to be published in line with the new framework. It reports on HEIW performance to 31st December 2020 against the Quarter 3 milestones set out in the Quarter 3/4 Operational Plan and the key measures in the HEIW performance dashboard (Annex 1).

Overall HEIW made good progress on delivering our revised Strategic Objectives and performed 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, with a key focus on supporting the roll out of COVID-19 vaccinations across Wales.

Highlights

Key highlights of our progress in the delivery of our plans and business activities in Quarter 3 are included below:

- A six-step standardised methodology for workforce planning has been developed for use across health and social care and new workforce capacity has been appointed to support the development of this agenda.
- There was a very good fill rate to the Autumn cohort of Health Professionals, with 98% of commissioned places being filled. However, the lockdown from December to the present has significantly affected the Spring cohort (January-March 2021) recruitment, and mitigating actions are currently being explored with individual Higher Education Institutions.
- The Strategic Review procurement process continues to progress. All contract and procurement documentation and terms and conditions have been finalised and issued. The tender process was completed in January and the evaluation stage is currently underway.
- A virtual Festival of Leadership and Learning ('Talentbury') took place in October, utilising our learning and experience of digital delivery methods, and we hosted the 'Informing the future of the Mental Health Workforce in Wales' virtual conference in conjunction with Social Care Wales.
- In November, the Leadership team was shortlisted and was successful in achieving a Learning Technologies award in the category of Digital Transformation competing against organisations such as SKY, Network Rail and Health Education England.
- Due to the positive response to the relaunch of the Graduate Management programme, and with the support of Health Boards, we are planning to overrecruit by 9 places, to have an initial cohort of 22 trainees.

- We successfully transferred the #TrainWorkLive programme into the HEIW portfolio to support our education and careers approaches.
- HEIW supported the implementation of four Florence Nightingale Fellowships, which are a unique opportunity for the foundation to support HEIW's leadership development programme for nurses and midwives.
- To support the critical care workforce, the appointment of two Regional Workforce Transformational Facilitators has been agreed to support the transformation of new workforce models in critical care and also explore the role and contribution of the Practice Development Nurses more widely.
- The number of areas under Enhanced Monitoring status with the GMC reduced from six to five in the Quarter. Paediatric Surgery at the University Hospital of Wales was removed from Enhanced Monitoring status following a HEIW recommendation in November 2020.
- 'HEIW Open' was launched which is a dedicated email account enabling training grade doctors to raise concerns about training quality directly with HEIW.
- In December, an updated bilingual and accessible version of the Revalidation Wales site was launched, hosting all the relevant information doctors should need regarding appraisal and revalidation in Wales.
- Although the total number of cases has remained steady, there has been a significant increase in the number and proportion of cases managed by the Professional Support Unit due to health-related reasons (including COVID), increasing from a historical figure of 29% to 60% of active cases at the end of Q3, and this remains under close review and management.
- There has been continued growth in online CPD delivery during the pandemic and this provides a strong platform on which to build our future virtual delivery, in line with our CPD and decarbonisation plans.
- Our first Strategic Equality Plan was published and launched, as well as virtual events for Pride Cymru (for NHS Wales) and Black History Month.
- We are committed to supporting the use of the Welsh language in the way we undertake our business and there was a cumulative total of over 1 million words translated in our organisation for the first time in this Quarter.
- The indicators for the NHS Staff Survey 2020 were published and we are pleased that our organisation's engagement index is the second highest in NHS Wales.

There is no change to ARCP data for Foundation Training (Secondary Care and GP) since the last report; an annual presentation was included in the November report and this annual cycle will be adopted going forward. Dental ARCP data will continue to be presented on a quarterly basis for the time being, pending review with the Dental Deanery.

Recruitment rates (recruitment to commissioned places) remain unchanged for Foundation Training, Secondary Care, GP, Dental and Pharmacy since September 2020. This is because there has been no further recruitment activity in these professions/programmes since then.

Delivery of our Strategic Objectives

To track the progress of the delivery of our Strategic Objectives and to mitigate risks, the following RAG mechanism has been applied to report on 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

After re-setting our Strategic Objectives for the Quarter 3/4 Plan, in Q3 and 4 we are monitoring 39 Objectives in total. Seven of the original IMTP Objectives have been deferred. At the end of December, all Objectives included for Q3 were on track to be completed within associated timeframes or, where off track, will be recovered by the end of Q4. There were no Objectives rated Red (off track and requiring mitigation).

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 and was first reported in the November 2020 report. Since then, additional mechanisms have been introduced for monitoring and tracking and for student/registrant engagement, and the appeals process is being refined. Despite the fact this was the first experience of the bursary tie in, 90% of the 2020 cohort have now found employment in Wales, which is an excellent baseline to build upon. As a result, the issue has now been de-escalated although we continue to monitor the 2020 graduates who benefitted from the bursary scheme.

In collaboration with the NHS Wales Shared Services Partnership (NWSSP) to shape the programme for 2021 graduates, improvements have been made in the delivery and management of the bursary programme and the supply of graduates into NHS Wales. Details can be found in Section 2.

Performance Management

Regarding the development of our performance reporting, in addition to approval of HEIW's Performance Framework in January 2021, as reported to the Board in January, several audit recommendations from 2020 have now been met, prior to the next internal audit in February 2021. A Performance Steering Group has been established to oversee the development of the Dashboard over the coming 12-18 months in line with the Framework and organisational requirements and priorities. The Group has started with a focus on the training and education pipeline and is developing proposals for additional multi-professional Key Performance Indicators under Strategic Aim 2.

English Catherine
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SECTION 1: PERFORMANCE AGAINST QUARTER 3/4 PLAN OBJECTIVES

In our Quarter 3/4 2020/21 Operational Plan we agreed to progress 39 Strategic Objectives. This reflected several of the previous IMTP Objectives being restarted or new Objectives added to support the national Winter Protection Plan. Seven IMTP Objectives were deferred. Milestones were identified for each 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. This would enable mitigation to be put into place and/or to enable re-prioritisation by the end of the year.

Of the 39 Objectives, the following progress status has been reported by the end of Q3:

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

There is therefore positive assurance on the delivery of the Q3/4 Operational Plan as reported at the end of Q3.

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
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Objective 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 & capabilities required for the future.*

Progress: In supporting the development of a multi-professional CPD strategy a key element of our approach relates to the development and delivery of a digital Course Management System (CMS). At the end of Q3 the pilot process and evaluations of the digital CMS 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. Discussions are underway about the scope of the system use and the approach to be taken when dealing with the requirements of Health Boards. The procurement team have sent out expressions of interest to ascertain the level of interest from providers and the instruction to bidders has been completed.

In addition to the system procurement, meetings have taken place with a number of stakeholders to review the CPD provided across NHS Wales and contractor professions and a project plan is in development.

English Catherine
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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 been undertaken alongside initial workforce intelligence gathering. This work will be used to inform work included in the annual plan for 2021/22.

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.

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 on the impact of health and wellbeing support. We are actively collecting management information from national websites and Health Boards on the resources being accessed.

A Governance Framework has been developed to assess the appropriateness and quality of resources to support physical and mental wellbeing. A template has been developed to capture what resources are being provided to specific staff groups across NHS Wales who may be deemed ‘at risk’.

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. Work to take forward this is being reviewed following the departure of the HEIW lead.

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 has been 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. Scoping work is being progressed to inform the 2021 work programme and progress is being made to recruit to vacant posts.

Work is also ongoing to scope the feasibility of creating a ‘reservist workforce’ for registered staff considering retirement. ‘Pop-Up’ workforce procedures have been reviewed during December 2020 with feedback indicating that the provision is not required at the present time.

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.

English
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A meeting will be set up during Q4 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. New workforce capacity will support the development of this agenda.

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

5- Green Complete or on track to deliver

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 our interprofessional approach with a further appointment planned to support the Allied Health Professionals agenda. 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 during Q3 in 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 education strategy deliverable of the Objective was paused earlier in the year due to the COVID response and has been prioritised for 2021/22. The Strategic Review procurement process continues to progress. All contract and procurement documentation and terms and conditions have been finalised and issued. The tender process was completed in January and the evaluation stage is currently underway.

The content and scope of Phase 2 has been reviewed and a staged approach to the strategic review of re-procurement of individual programmes has been developed.

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 made significant progress in enhancing its education infrastructure through 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 CPD arrangements have commenced.

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 multi-professional 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. During Q3 all vulnerable students across Wales have been identified and bespoke plans have been put in place to support them to continue their training.

We have taken forward activities to enhance the quality of placement education in Wales. A Head of Placement Experience and Improvement role has been approved and a job description developed to commence the recruitment process and to take this work forward.

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). Modules have been finalised and are awaiting review.

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: In line with the November Board paper on work-based learning governance arrangements to support the establishment of a HEIW Apprentice Steering Group have been finalised and two meetings have been held. This will provide a forum with a range of key partners to review apprenticeship frameworks and identify new requirements – linking into the overarching “Made in Wales” programme.

Approval has also been given to provide further resource to support work-based learning assessment and quality. Consultation has also commenced during the Quarter of Quality Assurance framework with this scheduled to end on 31st January and reviewed during February 2021.

Within the Primary Care arena, the first non-clinical qualification for Practice administration and reception staff at Level 2 and Level 3 has been developed and is available for use.

English
03/31/21
Catherine
11:25:31

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, however the recent SAS doctors conference hosted by HEIW in March 2021 provided an opportunity to refocus and refresh the plans for improving the education, training and support for this important workforce in 2021/22. Dr Ian Collings has been appointed to the Director of Medical Professional Support and Development and will be leading on this work.

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

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 which will meet during Q4 for the first time to progress activities to identify roles to prioritise for succession planning over the next three years.

Access to the Gwella Leadership Portal has been made available freely and widely promoted to support the promotion of compassionate leadership within the undergraduate curriculum. Development of a Masters level 20-credit Compassionate Leadership module is in progress with Glyndwr University.

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. Accessibility testing has been undertaken and completed during Q3 and an action plan has been developed to meet requirements moving forward.

During November, the Leadership team was shortlisted and was successful in achieving a Learning Technologies award in the category of Digital Transformation competing against organisations such as SKY, Network Rail and Health Education England. We are delighted at the recognition of the work undertaken and progressed for the benefit of NHS Wales.

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 which is due for launch in Q4. In addition, engagement continues in relation to utilising the Leadership portal to host intensive learning academies to create a single leadership portal for Wales.

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 upcoming period.

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 alongside establishing the required infrastructure, governance and operating model. Over 300 applications were received. During Q4 it is anticipated that graduates will be recruited into the first cohort through a comprehensive recruitment process. Following a very positive response from NHS Wales and with additional support from Health Boards it has been agreed to over-recruit by 9, to a total of 22 graduate placements.

English Catherine
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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. A design concept is underway with a first module expected to be tested from April 2021.

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 by the end of the year

9 - Green

Complete or on track to deliver

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. Requests to host learning materials are currently being considered.

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, because of COVID-19, will be revised against the recovery plan and site visits are hoped to be undertaken through January where feasible. It should be noted that the clinical endoscopy programme has been unable to train the appropriate numbers given the impact of COVID-19. A key piece of work has been completed and reviewed in relation to a Governance structure to support the National Endoscopy Programme (NEP). Further work has been progressed in relation to faculty development for the delivery of endoscopy training alongside completing an agreement for the support of professional activities (SPA) time.

In relation to our work on the Single Cancer Pathway, HEIW has continued to be engaged via the Medical Director in relation to precision medicine, and the development of modules and resources relating to the identification and pathways of cancer treatment

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 'Informing the Future of the Mental Health Workforce in Wales'. The results and feedback of the event were collated

and analysed during the remainder of Q3 with a conference report being submitted for consideration in January.

A Workforce data collection tool is in the process of being reviewed. Engagement with sub-groups is underway to scope the workforce requirements.

Arrangements have also been made to create 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. This met for the first time in Q3 and is focused on the immediate short-term priorities of the CAMHS, perinatal and psychology workforce

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 colleagues across the NHS. 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 steering 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. Given COVID pressures the work of the steering group has paused but contact is being maintained electronically.

Objective 4.6: *Support implementation of the 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 guided the development of a vision paper to proceed with 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 roll 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. There has been some uptake but numbers have been limited due to COVID-19.

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 was undertaken and completed during Q3 to survey staff who undertake Newborn and Infant Physical Examinations (NIPE) following feedback from the Neonatal Network. Feedback on workforce mapping of NIPE has been delayed to January 2021

because of COVID pressures. In addition, a letter has been sent from HEIW to Executive Directors of Nursing to offer support with regards to the results of the Health Inspectorate Wales Maternity Services Review.

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.

During December we finalised the resource requirements to ensure the digitalisation of the nurse staffing programme in line with the Welsh Government digital board.

We have confirmed reporting arrangements under section 25E (2a) on a 'Once for Wales' basis.

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: During Q3 we completed our analysis and review of the critical care workforce requirements to support our COVID-19 response alongside the 'new normal'.

Whilst the number of COVID patients in Critical Care is reducing the focus will change to addressing the backlog of patients, many of whom may require Critical Care services as part of the reset and recovery stage. Planning for anticipated Autumn and Winter pressures and being ready to respond to any future Covid surge is critical. HEIW has maintained contact with clinical service managers to see what additional support we can offer. A package to support the appointment of two Regional Workforce Transformational Facilitators has been agreed by Executives. This additional resource will support the transformation of new workforce models in critical care and also explore the role and contribution of the Practice development Nurses more widely. The aim is to ensure current, new re-deployed staff have the appropriate training, education and support when working in Critical Care.

We have also completed a critical care package for enhanced skills in Health Boards to support COVID-19 and a paper has been developed on supporting training for newly redeployed staff supported via our workforce transformation facilitator role.

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.

The Project Initiation Document for the implementation of the AHP framework is on-track for completion in Q4 using the core themes of the Workforce Strategy.

NEW Objective 4.12: *Adopt a two-stage approach to support the Infection Prevention and Control (IPC) 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 and the IPC programme lead role is out to advert.

The Task and Finish Group has completed the scoping work on infection prevention and control training materials used in health and social care and reported their findings to the steering group during November.

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

Progress: Following the successful transfer to HEIW of the Healthcare Science Programme Team, a Project Initiation Document (PID) is being developed to accompany the National Healthcare Science Programme Brief.

Swansea University has commenced thematic analysis of the healthcare science survey data to capture innovation and new ways of working to support healthcare science deployment in the ongoing pandemic response. Work is ongoing to launch the NHS Wales COVID-19 Innovation and Transformation Study report in Q4.

In terms of communications:

- Work is underway to produce content for an infographic and animated CV to promote the diverse array of career opportunities available across the five healthcare science divisions.
- A task and finish group has been established to support the creation of a communications plan for International Women in Science Day and National Healthcare Science Week in Q4.
- Work is continuing to capture a variety of job profiles outlining the breadth of disciplines and various roles within healthcare science to enable the programme team to develop a compendium of examples from the workplace.

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. HEIW has become a member of the Welsh Government Care Homes Winter Planning Collaboration group, which is meeting on a regular basis. Links have been made with Health Board leads and Technology Enabled Care (Tec) Wales to consider the potential for remote delivery of training.

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 and the priority actions have been articulated. Discussions are progressing in relation to funding requirements for the care home sector action plan including Care Home Education Facilitator (CHEF) and support for overseas registrants to enter the NMC register.

English Catherine
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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 by the end of the year
4 - Green	Complete or on track to deliver

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

Progress: In light of the need to focus some of our capacity towards supporting the COVID response, a decision was taken early in 2020-21 to pause work on the development of HEIW's first People and OD Strategy. Despite this, we have continued to progress and in some cases accelerate actions within the People and OD portfolio. These have included enhanced engagement and networking opportunities; pulse, homeworking, health needs analysis and staff surveys; staff fora and events such as 'HEIW fun factor' and the Christmas extravaganza as well as OD sessions to look at our culture and ways of working. We have continued to improve our approach to recruitment and attraction, embedding our values, and have added significantly to our suite of workforce policies – mostly recently in respect of agile working, mental health and special leave. Our partnership working with trade unions has been strengthened through the recognition of our first staff representative to sit alongside the full-time regional officers. Work to finalise the draft Strategy, which will encompass all of these elements and more, has recently recommenced and is a priority for delivery in 2021/22.

A new Agile Working Policy has been developed and was considered by the Partnership Forum in January 2021 and approved by the Executive team in February.

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 which was originally scheduled for March 2021 but has been delayed as a result of COVID-19 to Autumn 2021.

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

Progress: The Translation Manager is now in post and translation demand continues to grow. An average of almost 400,000 words per month were translated in Q3 (Oct - Dec 2020) and early indicators show that this level of demand will be sustained, with over 1.2m words in total in the period. An Apprentice Translator has been appointed, and it is hoped that this post will be active by February 2021. A new external translation contract specification is also currently being prepared to deal with any demands in excess of the new internal capacity.

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 during Q3 to implement and embed the Strategic Equality Plan within HEIW. This commenced at the Staff Away Day on 14th October and engagement has been undertaken across the Medical Directorate, Workforce & OD and Nursing with submission of initial action plans at the end of December 2020.

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.

Work has commenced to develop an Inclusion training plan. HEIW participated in the Global Purple Light event which facilitated 'bitesize' training commencing with the Model of Social Disability, and communications including blogs from staff with lived experiences of disabilities.

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. During Q3 HEIW was successful in being accepted onto the Health, Arts, Research People (HARP) seed challenge programme which is an innovation partnership between Arts Council of Wales and Y Lab (Cardiff University and Nesta). It is an initiative which aims to increase the understanding of how the Arts and Health can work together.

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 and has met monthly with an aligned programme of communications to raise awareness and encourage individual and group action.

We have reviewed the Welsh Government Energy Support report to consider means of reducing carbon emissions. Taking this forward will require a site visit and more detailed feasibility studies to be undertaken.

A draft climate change and biodiversity plan is in development. Following receipt of the NHS All-Wales Decarbonisation Strategy its finalisation for internal consultation will be delayed until Q4 to enable appropriate review and consideration and prioritisation of the internal capacity to progress.

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: Introduction to QI training was delivered to HEIW staff during December 2020 with positive feedback received and future Q4 dates have been arranged. QI information has been included in the corporate induction and we are actively exploring bronze IQT for all staff.

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

3 - Green

Complete or on track to deliver

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.

Horizon scanning continues to take place with monitoring media and manifestos as they are published covering not only political parties but also Royal Colleges and regulators. An

information database has been created and will be populated with a variety of items and organisational responses.

We have continued to progress activities to raise the awareness of HEIW and its work through well received bi-monthly stakeholder bulletins open invitations to our open Board meetings and events. Research is being undertaken to increase contact details to inform targeted social media activity. We have published in excess of 30 news articles during November and December alongside a number of leaflets, videos and animations.

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 progressing to identify what additional support HEIW can offer.

During 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.

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SECTION 2: ORGANISATIONAL PERFORMANCE

Education and Training Activity: Commissioned Places

We are working through the process to develop Key Performance Indicators (KPIs) for the education and training pipeline and in this report we are using the following terms and definitions:

- Recruitment rate – number of learners/trainees recruited to a commissioned place/training programme prior to those learners/trainees taking up the place (as a percentage of the total places available)
- Fill rate – number of learners/trainees who started in a commissioned place or on a training programme (as a percentage of the total places available)

There has been no change to recruitment rates to commissioned places reported in the Dashboard for Foundation Training, Secondary Care, GP, Dental or Pharmacy since the Board report in September 2020. For details see the September 2020 report.

Please see below for a forward look at Pre-Registration Pharmacy recruitment for 2021/22 and for confirmed fill rates for Autumn 2020 for all pre-registration health professional programmes. The fill rate for Physician Associates has also been included for the first time in this report.

Pre-Registration Pharmacy

As presented in previous reports (September 2020 and November 2020), the Pharmacy fill rate shown on the Dashboard relates to Pre-Registration Pharmacy only and there has been no change since 31st October 2020.

For the forward look to 2021/22 for Pre-Registration Pharmacy in Wales, the initial recruitment rate is an uptake of 124 places, compared to the final fill rate of 132 in 2020/21 (a decrease of 6%). It is noted that if the 124 places remain filled (i.e., all learners take up their places) this is a 31% increase compared to 2019/20, when only 95 commissioned places were available via NHS Commissioning and Welsh Government Community funded posts.

The recruitment is being closely monitored to understand if there will be any change to the eventual fill rate for 2021/22. However, benchmarking shows that, at this recruitment stage, Wales is showing the highest rate of all regions in England and Wales, at 77%, with the next highest being Health Education England London at 66%.

In Wales, the breakdown of recruitment per sector at this stage is as follows:

Programme	Number of places advertised	Number of places recruited	Percentage recruitment
Community	92	55	60%
Hospital	13	13	100%
Multi-sector	56	56	100%
Total	161	124	77%

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Health Professional Education

Most Universities filled their September commissioned places and, of the 2,434 pre-registration places commissioned in Autumn 2020, only 38 places were not recruited to by contracted universities. This is a 98% fill rate against the pre-registration commissioning targets which is up by 2% from the combined number of learners taking up places in Autumn 2019 and March 2020. However, the lockdown from December to the present has significantly affected the Spring cohort (January-March 2021) recruitment, and mitigating actions are currently being explored with individual HEIs.

The fill rate for Physician Associates is included for the first time, due to newly available data. Although the percentage recruitment rate is lower than the previous year (2019/20), the total number of commissions was increased from 42 to 60 due to an exceptional round of recruitment. Of those 60, just 2 places were not filled.

Continuing Professional Development (CPD) Course Activity

The increase in attendees at online Continuing Professional Development (CPD) events has continued, as expected during the ongoing pandemic. There is 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.

Dental

Study days continue for the Dental training schemes around Wales for Dental Foundation, Dental Core and the Dental Therapy Schemes. The Dental team continues to provide as much online CPD as possible, with 37 courses being run in November and December, training 1,755 dental professionals since the last report.

In November, a blended module for dental professionals working in primary care to complete their basic life support training was launched. It is a General Dental Council (GDC) requirement of all dental professionals that they undertake Basic Life Support (BLS) training once every year and so it was essential to find an alternative way to deliver this during the pandemic. A total of 257 dental professionals have completed the online training to date, with the practical competency assessment currently being organised.

The Quality Improvement Educators ran focus groups during November and December to support Welsh Government's contract reform work for General Dental Practice. Three focus groups took place with 18 dental professionals in attendance. In addition, the team continues to collaborate with NWIS and Public Health Wales to support the roll out of Attend Anywhere to the Dental profession in Wales.

Revalidation Support Unit (RSU)

The RSU's alternative online delivery model for 2020/21 commenced in November. By the end of Q3, 6 webinars had been held on a range of clinical topics and attended by a total of 425 GPs and primary care providers. In the Quarter the GP CPD website was translated into the medium of Welsh and healthcare professionals in Wales can now access over 40 free online modules in Welsh. We have also developed an On-Demand page to increase access to learning opportunities by enabling viewers to watch a recorded learning event from the virtual delivery programme at their convenience.

The Discovering, Developing and Delivering in Healthcare (3D) programme continues to be delivered in a virtual format this year utilising the Gwella portal. Three modules have now taken place with excellent feedback received.

Pharmacy

The CPD programme has been finalised for January to March 2021. Recruitment of expert clinicians within the current climate has been challenging and therefore several events will be delivered by providers outside the NHS but a varied programme has been achieved and several events will be delivered with collaboration with our optometry and RSU teams.

The COVID-19 resource, the medicines administration module for support staff workforce in social care settings, continues to be accessed by the workforce and has now been completed by 877 individuals. The following new e-resources are also available on the website:

- Basic life support and anaphylaxis
- Blood Borne Viruses.

Delivery of the Pharmacy Introduction to Healthcare Leadership course will now continue virtually, to enable the current cohort to complete the full programme of learning. Applications for the Advanced Leadership and the Introduction to Healthcare Education programmes closed in early Q4. The Introduction to Healthcare Education programme has been revised, is now Agored Cymru accredited, and will be piloted in Q4.

Professional Support Unit (PSU)

We have embraced online working by designing and delivering new workshops, which have been welcomed by Postgraduate Centres, Training Programmes and others as a contact/check-in method. Trainers are also finding the workshops useful for developing their leadership and pastoral skills – this is not a scenario they are familiar with and managing training expectations is challenging.

During Q3, the PSU has delivered events to 118 participants (where these were approved by the Royal College of Physicians (RCP) for CPD points), including:

- Getting the Most out of Mentoring – Mentor and Mentee Training
- Developing Diverse Workforce for a Global Diverse Patient Groups – Addressing Differential Attainment
- Developing Diverse Workforce for a Global Diverse Patient Groups - Active Bystander Training
- Supporting Trainees

In addition, the following events included:

- Keeping Well
- Exam support
- Maintaining your Strength and Wellbeing
- Crucial Conversations: Giving and receiving feedback

There are 50 hours of workshops planned for Q4; many of these are out of hours to meet the needs of participants.

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Quality and Outcomes

Quality Management

Medicine

Key pieces of work undertaken in the current reporting period relate to concerns management, regulator engagement, trainer quality control and ongoing support to approve field hospitals as training locations where required. In addition to routine quality management, the Quality Unit has taken proactive steps to monitor the general impact of COVID-19 on education and training. This has been achieved by developing a core data set to enable us to gather information on the impact on Local Education Providers (LEPs), and this intelligence has been triangulated with data collected across the Medical Deanery. A key themes report has been produced in order to provide key data for the Education and Training Cell. This work is important in fulfilling our regulatory accountabilities and for considering how HEIW can support LEPs during this time.

Targeted Visits were moved to an online format during Q2. The move to a virtual format has been successful with a good level of engagement from all parties. A total of eight virtual visits have been undertaken 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. Where it is considered that a visit would be unhelpful, a close dialogue is being maintained in order to monitor progress. This is particularly important given the enhanced pressures associated with the pandemic.

The number of areas under Enhanced Monitoring status with the GMC has reduced from six to five in the last quarter. Paediatric Surgery at the University Hospital of Wales was officially removed from Enhanced Monitoring status following a HEIW recommendation on 11 November 2020. Details of the remaining Enhanced Monitoring areas are provided in the table below. Clear monitoring arrangements have been in place for all areas during this time and action plans remain on track.

Enhanced Monitoring Areas

LEP	Site	Specialty
Betsi Cadwaladr UHB	Wrexham Maelor Hospital	Medicine
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. Further work will be undertaken in the next quarter in order to promote the email address further.

HEIW's approach to meeting the GMC's requirements for the recognition and approval of trainers is the Medical Trainer Agreement which specifies the roles and responsibilities of all three parties, i.e., Education Organisers, LEP's and individual trainers. Whilst providing clarity around expectations is an important step, the need to develop and implement an appropriate approach to trainer quality control which will feed into appropriate quality management and other workstreams is essential to enable HEIW to fully fulfil its responsibility to the GMC as well supporting HEIW in the delivery of high-quality education and training in Wales. Therefore, the Quality Unit is taking forward a Trainer Quality Control project which aims to develop appropriate quality control mechanisms and associated policies to underpin HEIW's approach to trainer recognition. The first step in this approach is to develop appropriate data collection tools to provide evidence which can be used in conjunction with the findings of the GMC National Training Surveys. Therefore, a set of data fields have been incorporated into MARS in order to capture key data as part of a whole practice approach to appraisal. The benefit of incorporating these data fields into MARS is that it will reinforce the need for the development of training roles to be discussed through appraisal. Appropriate guidance is being developed to ensure appraisees and appraisers understand the new data requirements and how the information will be utilised.

Health Professional Education

Outcomes of the health professional education quality review process are being mapped into the HEIW Performance Framework and will form key components of future reports.

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

Information used in reviewing quality include:

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

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

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

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

GMC Training Survey Results

There have been no further surveys since the last report. For details of the shorter replacement survey undertaken in Summer 2020, please see the November 2020 report.

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.

In addition, as part of the GMC's Quality Assurance process the Quality Unit have co-ordinated and submitted the annual self-assessment which provides information on the key processes and activities within the Medical Deanery which demonstrate how the standards are being met. Given HEIW's wider remit for all healthcare professionals the return has included aspects of Multi Professional activity where relevant, e.g., Endoscopy and Simulation. The next stage of the Quality Assurance cycle is for the GMC to scrutinise the completed self-assessment following which they may identify areas of activity which they would like to observe or may request further documentary evidence in order to gain further assurance around the information provided within the return. Further information on the outcome of this will be provided within future iterations of this report as it becomes available.

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 and the work of the team to address this issue was reported in November. Despite the fact this was the first experience of the bursary tie in, 90% of the 2020 cohort have now found employment in Wales, which is an excellent baseline to build upon.

As a result, the issue has now been de-escalated although we continue to monitor the 2020 graduates who benefitted from the bursary scheme. The bursary team are engaging with graduates to better understand how HEIW can support them to find employment in Wales, or to commence discussions to ensure compliance with the terms and conditions of the mutually signed contract at the start of their studies in Wales.

Refinement of the appeals policy continues for those who wish to appeal against their commitment. This is to ensure that a timely and transparent process is in place by 5 April 2021, the date from when graduates, subject to certain conditions, will be permitted to appeal.

Discussions continue with the NHS Wales Shared Services Partnership (NWSSP) to shape the future of the bursary programme for 2021 graduates, to agree a shared responsibility for students currently studying in Wales.

Annual Review of Competence Progression (ARCP)

The annual presentation of ARCP data for Foundation Training, Secondary Care and GP Training was included in the November 2020 report with 1.7% receiving COVID-19 related outcomes. However, it is worth noting here that, given the significant ongoing challenges due to COVID, the 4 Statutory Education Bodies (SEBs) have agreed the more flexible arrangements and derogations for delivering ARCPs will continue until at least September 2021.

In Dental, final ARCPs for Dental Foundation Training (DFT) and Dental Core Training (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, 6 full ARCPs were held in the period: none were awarded COVID-related outcomes. One interim ARCP was held, with this receiving a COVID-related outcome.

Professional Support Unit (PSU)

At 31 December 2020, there were 317 active cases (a very similar number compared to 313 at 30 October 2020 and 317 at 30 June 2020).

Although the total number of active cases has remained steady throughout the year, there has been an increase in the number and proportion of total cases due to health reasons since January 2020. Historically, 29% of active cases were related to health-related reasons, but 60% of active cases at the end of Q3 are for support with health-related issues (including COVID).

Health-related cases, which are often related to COVID, have led to an increased demand on PSU resource, and options to address this are being considered by the Executive Team. More interaction is required with trainees because there are more factors to explore in the initial meeting. Follow-up meetings are also more frequent (sometimes weekly) due to the increased risk to the trainee as a result of isolation; often their regular support networks are not accessible.

Trainee Progression Governance (TPG)

There was one appeal (Review) in Q3, with the original outcome remaining unchanged. Data for the full calendar year January to December 2020 matches the previous year (2019), with a total of 9 appeals, of which 2 outcomes changed in each year.

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Medical Appraisal and Revalidation

Medical appraisal recommenced across all sectors in Wales on 1st October with a focus on wellbeing and support. This Dashboard shows the number of appraisals completed on both MARS and the Primary Care version of MARS, for the period 1 April – 31 December 2020 (1564). 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.

In December, an updated version of the Revalidation Wales site was launched. The site is designed to host all the relevant information doctors should need regarding appraisal and revalidation in Wales. There are also sections specifically for Appraisers and Health Boards/Designated Bodies. The Revalidation Wales website is also now available in the medium of Welsh and is compliant with the latest accessibility standards.

At 31 December 2020, 1262 users had registered on the **Orbit360™** system (a multi-source feedback system linked to MARS and developed to support doctors in Wales with gathering patient and colleague feedback), an increase of 696 since the end of Q1. This reflects the growing increase in traffic to the site.

We held a series of successful virtual annual quality assurance events in November to enable the RSU to continue to undertake its quality management functions in the context of the pandemic. The exercise involved scoring anonymised appraisal summaries from 2019/20 against agreed quality criteria, in order to provide assurance regarding the quality of appraisals in Wales, as well as providing a learning and development opportunity for appraisers and appraisal leads. A summary report detailing the results of the exercise will be shared within HEIW and with national appraisal and revalidation forums. However, initial analysis of the data continues to demonstrate the quality of GP Appraisal in Wales with a score of 91%, an increase of 3% from the 2018/19 score.

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Corporate Performance

HEIW Performance Metrics

Workforce Movement

The HEIW headcount had increased to 442 by the end of Quarter 3, which is an increase of 7 since the end of Quarter 2 and 42 over the preceding 12-month period. This reflects replacement of staff who have left, recruitment to posts previously filled by agency staff, recruitment to new posts and the TUPE transfer of Health Care Science Programme staff. New staff continue to be successfully onboarded and inducted whilst working from home, with positive feedback from our new employees.

Turnover

The 12-month rolling turnover rate for HEIW for the period to December 2020 was 7.5%, a reduction of 1.2% since the previous report. This remains relatively low but at a level which continues to be healthy enough to continue to support business continuity and organisational memory whilst also bringing in new thinking and new ideas.

Sickness

HEIW's rolling 12-month sickness rate was 1.9%. This remains significantly below the NHS Wales sickness target of 4.1%. The sickness absence trend has seen a decrease from October to December which is not consistent with traditional sickness patterns where there would be an expectation of an increase as we enter the winter period. This may reflect the impact of our staff's compliance with the continued social distancing practices/periodic lockdowns which reduce transmission of more routine viruses (e.g., flu) thereby reducing absence.

Short-term sickness absence makes up 25% of our total sickness absence, 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 very low levels of absence, any single long-term episode has a significant impact on the overall picture within the organisation.

Disciplinary & Grievance

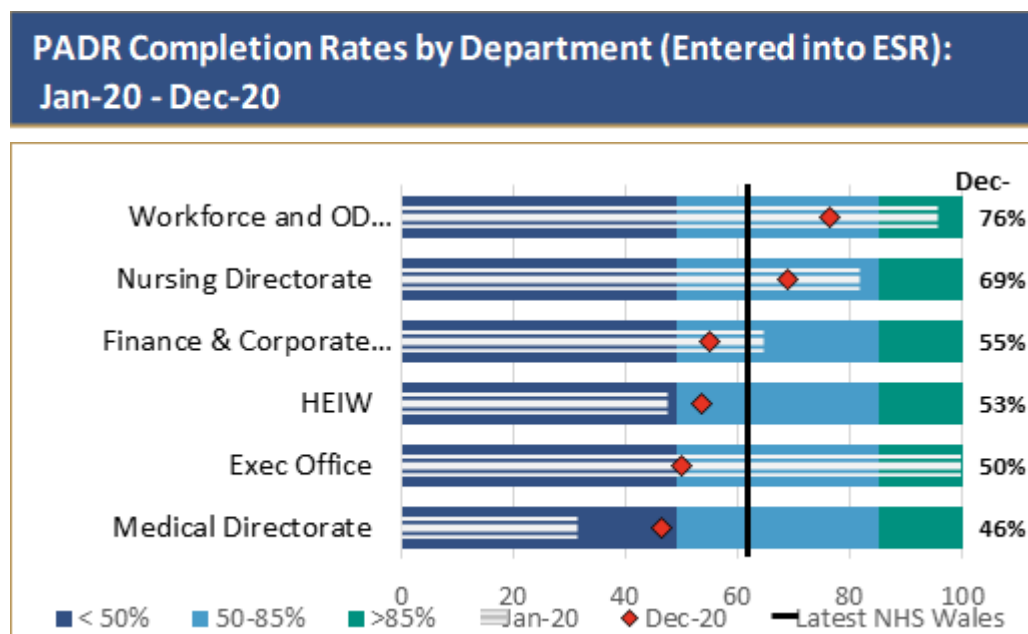
There were no disciplinaries or grievances in the period.

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 (KPIs) 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.

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The overall compliance level for HEIW core staff (excluding GP Appraisers/Pharmacy Assessors/Facilitators whose prime employment is generally elsewhere) was 53% at end December 2020, which represents a small reduction over the course of Quarter 3 although it continues to be only marginally below the level of compliance across NHS Wales. Two of our business areas are above the NHS Wales average compliance levels. With PADR review dates being orientated towards the end of the year it is expected that the figures will improve for the final Quarter. Further detail of HEIW compliance rates is shown in the table below.



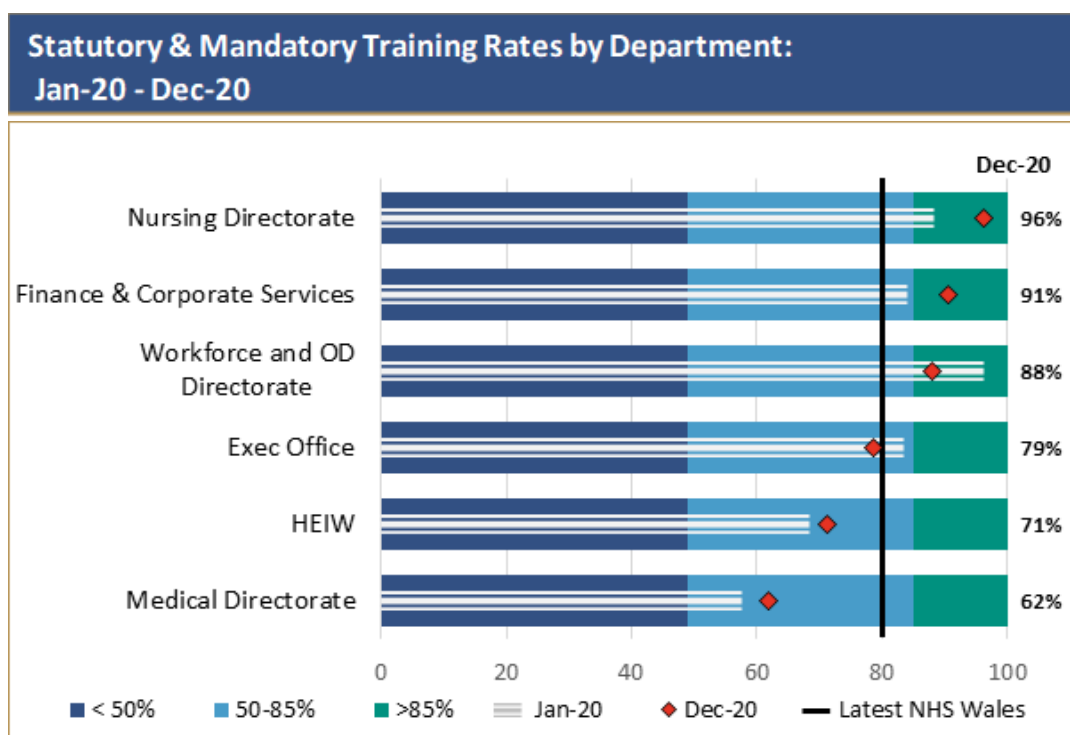
Statutory & Mandatory Compliance

The Welsh Government KPI requires 85% compliance at a minimum level 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 December 2020 was 71%. This continues to demonstrate 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.

Compliance in Information Governance training is at 58%, up from 55.8% in January 2020.

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Equality Data

Compliance in recording equality data remains the same as the previous quarter at 64%.

Welsh Language

Compliance in compiling Welsh language data has dropped slightly since September 2020, with the rate for this period being 32%, compared to 33% due to an increasing establishment. The rate has increased since January 2020, though, when it was 27.3%.

In Q3, just over 1.2m words were translated. This is the first period in which over 1m words have been translated. Once again, this is a significant increase on the previous quarter (153%), when just under 800k words were translated, and on the same period last year (497%), when just under 244k words were translated.

Homeworking and Wellbeing Surveys

There have been no further staff homeworking or wellbeing surveys since the November 2020 report.

Of 115 respondents to the last survey, 90% of staff are happy to continue to work from home but would welcome a more blended model of office/homeworking. It should be noted, though, that at time the survey was open, school-aged children had returned to school. Recent anecdotal evidence would suggest that staff would still prefer the blended model, but responses might present a different picture in January 2021, given that parents are home-schooling once again.

Of concern is that 34% of staff feel the home/work life balance is becoming blurred and say they are working longer hours. In this instance too, they would welcome a blended model when the office is reopened.

Staff Conferences

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 increased from 105 during our first birthday event, to over 185 at the virtual conference in October 2020, where all Directorates shared interactive showcases.

Staff Survey and Health Needs Analysis

HEIW led and implemented the new 2020 Staff Survey following feedback from all NHS staff. It had a reduced number of questions, a new interactive portal (Qlearsite) and was designed on our Healthy Working Relationships approach. HEIW received the second highest engagement score at 81%, which was 6% higher than the NHS Wales engagement score of 75%. There was an upwards trend in comparison to our 2018 survey. Culture and wellbeing have also been measured continuously across 2020. During 2021, we will assess ourselves against the Investors in People framework and will undertake a new organisational culture assessment.

The HEIW Engagement Score percentage from the 2019 and 2021 Health Needs Assessment has remained stable. The survey closed in mid-February and work is underway to analyse the responses.

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. Over Christmas, the team ran an NHS Wales staff health and wellbeing campaign in collaboration with Social Care Wales, the Samaritans, Silver Cloud, Health for Health Professionals, Public Health Wales and Case-UK.

Social media has also been used to raise awareness of NHS Wales as a place to work highlighting a landing page on the HEIW website <https://heiw.nhs.wales/jobs/join-team-nhs-wales/> providing links to recruitment sections of all NHS Wales organisation websites. In a similar way, the team have also promoted volunteer recruitment to support the response to Covid-19 with a dedicated webpage providing one place to find information on volunteering opportunities across NHS Wales <https://heiw.nhs.wales/jobs/covid-19-volunteer-vaccination-programme/>

In addition, we continue to support COVID-19 messaging from WG and PHW as well as communicating directly with trainees, trainers and employers regarding any changes to training. All updates are posted in the Covid-19 section of the HEIW website <https://heiw.nhs.wales/covid-19/> We have also produced another article in relation to how lesser-known professions are supporting the COVID response; this time we covered the tireless efforts of healthcare scientists.

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 including the publication of 30 news articles on our website covering topics such as:

Trainee Newsletter

Recruitment adverts for training programmes including CPD through Welsh Language for Healthcare Professionals

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- Increase in funding for training places
- Record numbers of GP trainees
- Continuation of our series of blogs promoting Learning Disability Nursing as a career
- Developments in our simulation programme, plus
- HEIW's win at the Learning Technologies Awards 2020

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 moved to bi-weekly and continues to be attended by approximately 80+ staff. 101 bulletins have been published on the intranet providing information on Covid-19 guidance, a joint message to staff from our executive team and trade union partners on health and wellbeing, opportunities to contribute to draft policies plus information on Brexit.

Finance

Work has been ongoing to achieve the Public Sector Payment Policy (PSPP) target of 95.0% of non-NHS invoices paid within 30 days, with 98.1% paid within the target in Q3. The cumulative position has increased from 92.7% at the end of September to 94.5% at the end of December. We expect to achieve the 95.0% target by the year-end.

We are reporting an underspend of £1,490k against profiled budgets at 31st December 2020. The underspend position in Pay budgets is due to vacancies across HEIW staffing establishments. The underspends in Non-Pay budgets are as a result of reduced face-to-face training and education activity due to the COVID-19 lockdown restrictions. The overspend in Commissioning budgets is primarily as a result of additional recruitment trainees to the programme and protected salary costs within GP training, offset by under recruitment in Pre-registration Pharmacy and some under recruitment to and attrition from nurse education places.

Agency spend is incurred as a result of filling some of the vacant posts in the agreed HEIW structure with agency staff until recruitment processes enable substantive appointments. As a result of the COVID pandemic:

- Recruitment for a number of 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 December are 1.2% of total pay costs.

Freedom of Information (FOI) Requests

HEIW received 7 FOI requests between 1 April 2020 and 31 December 2020. The compliance rate (response within the 20 working days) remains at 100%. There have been no requests for review.

Complaints

There were no complaints in the period.

Health and Safety

There were no health and safety accidents or incidents reported/recorded in the period.

The data shows the compliance rate of staff completion of statutory and mandatory training related to health and safety on ESR. Overall compliance is reported under 'Statutory & Mandatory Compliance'.

A fire risk assessment was carried out in November 2020. 14 low to medium risks were highlighted. An action plan has been produced to ensure that all risks and recommendations are logged and that mitigations are completed by the end of April 2021.

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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 Dec-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	0	5

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

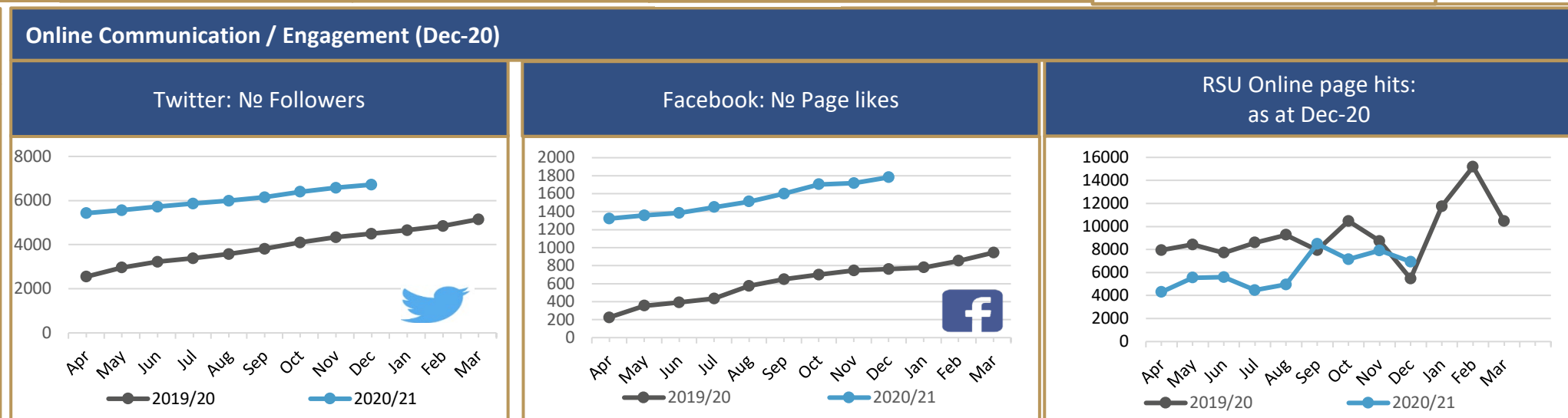
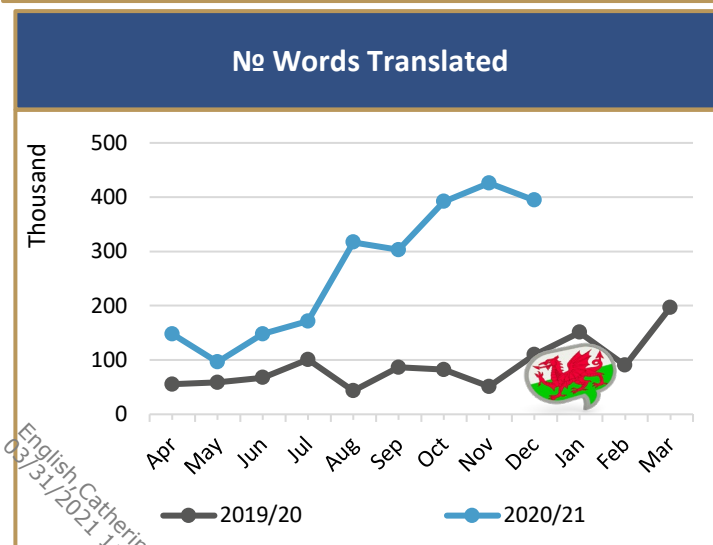
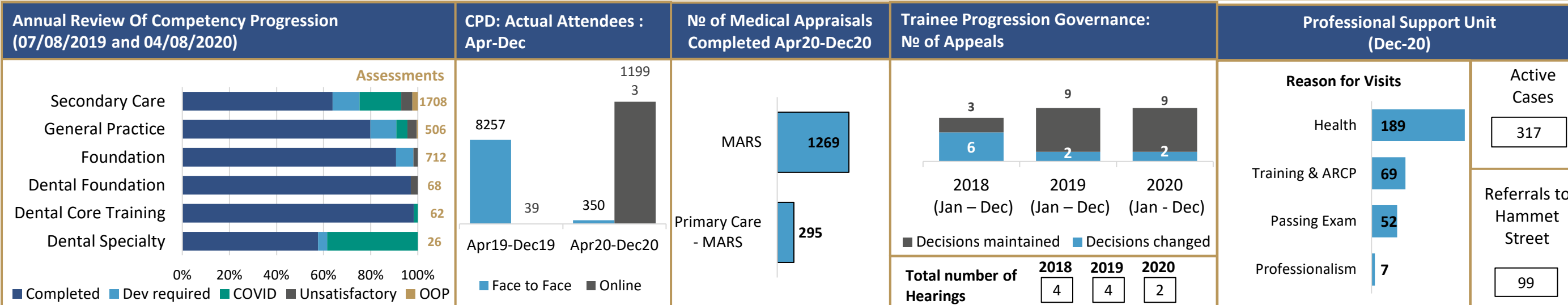
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Strategic Aim 6 - To be recognised as an excellent partner, influencer and leader

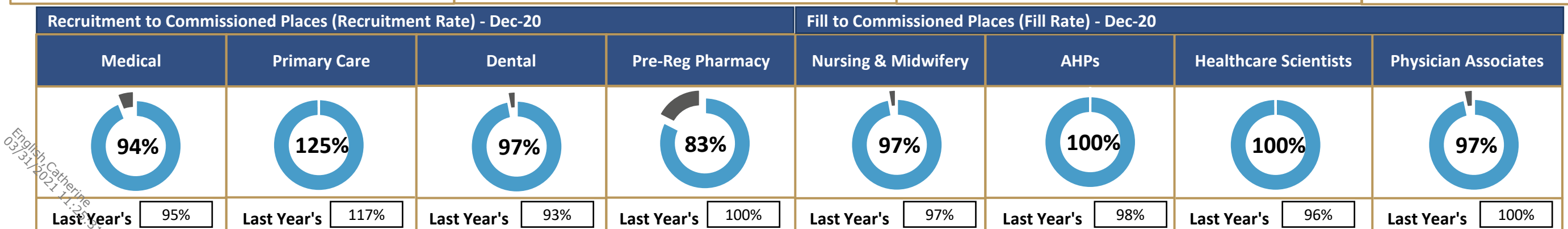
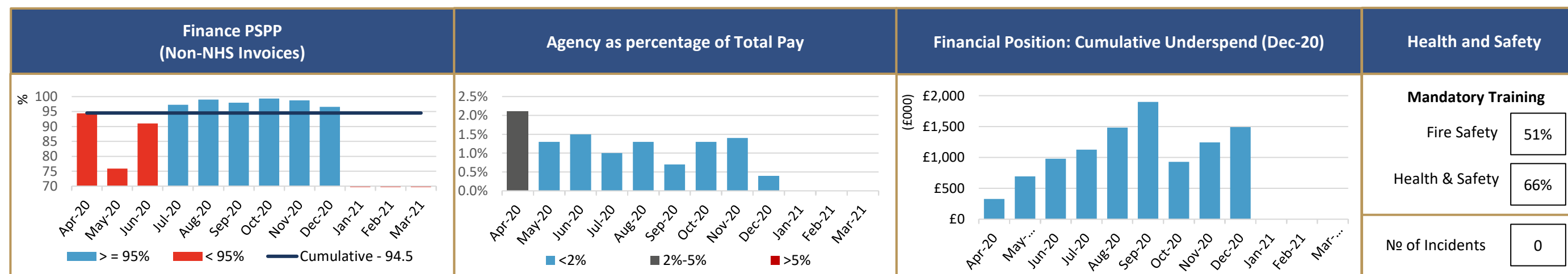
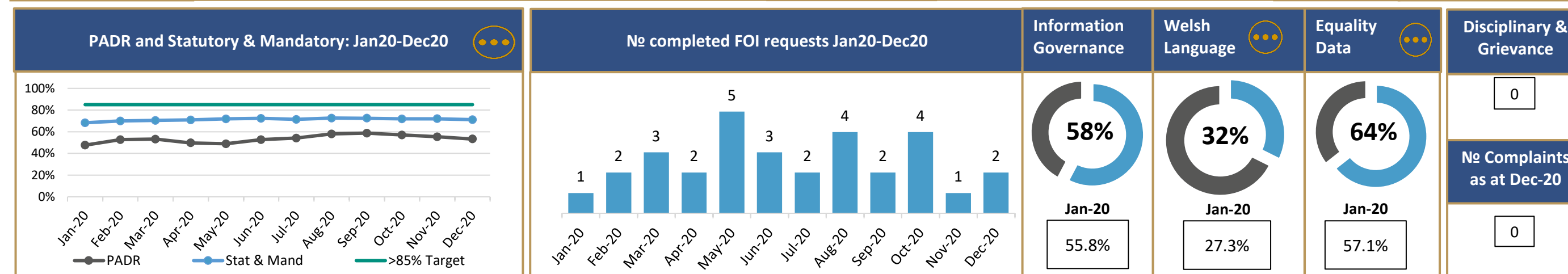
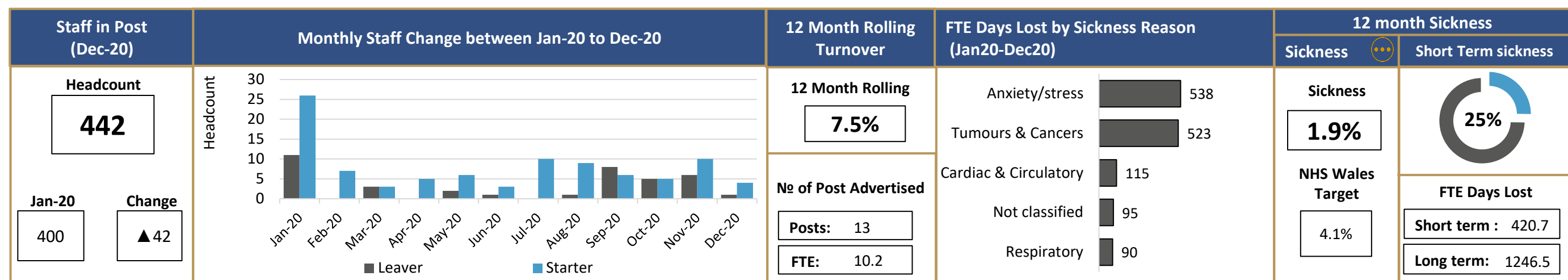
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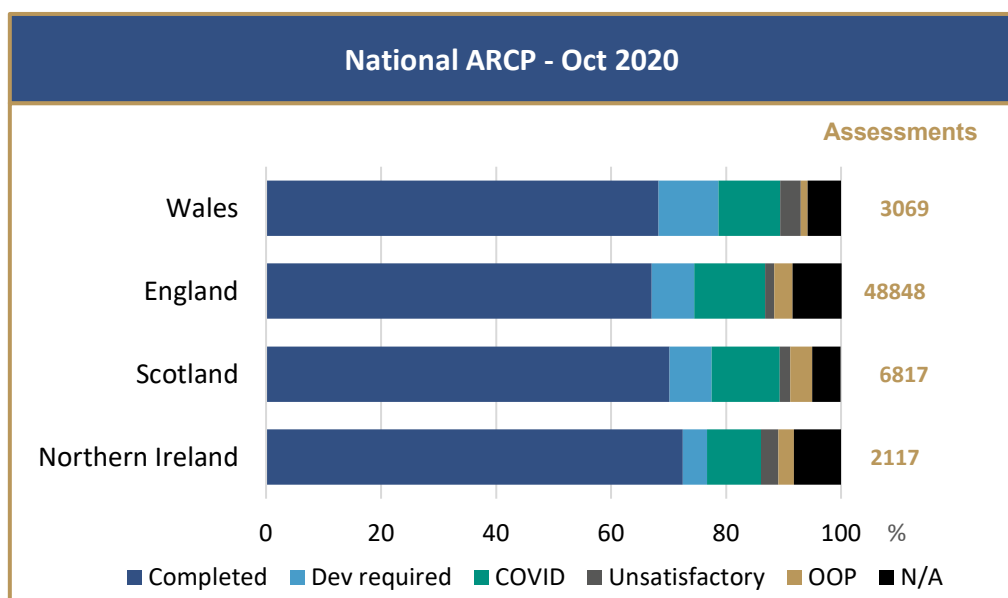
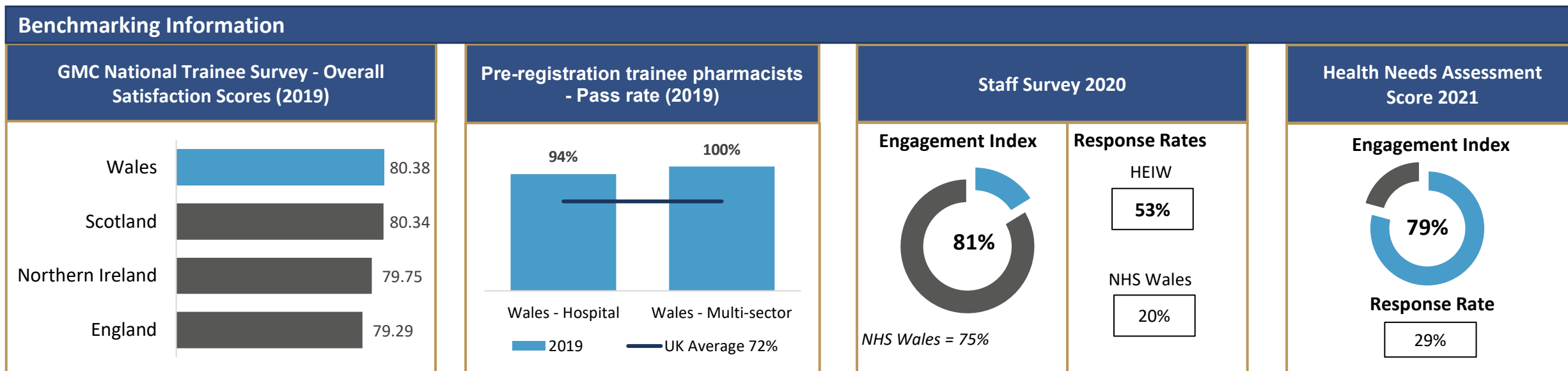


Departmental Information



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CYMRU
NHS
WALES

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

Dyddiad Cyfarfod	25 Mawrth 2021	Eitem Agenda	4.3
Teitl Adroddiad	Adroddiad Cydraddoldeb Blynnyddol 2019-2020		
Awdur Adroddiad	Emma Kwaya-James, Arweinydd Amrywiaeth a Chynhwysiant		
Noddwr Adroddiad	Foula Evans, Pennaeth Pobl & OD		
Cyflwynwyd gan	Julie Rogers, Dirprwy Brif Weithredwr a Chyfarwyddwr Gweithlu ac OD		
Rhyddid Gwybodaeth	Agored		
Pwrpas Adroddiad yr	Gofyn am gymeradwyaeth y Bwrdd i gyhoeddi ein Hadroddiad Cydraddoldeb Blynnyddol ar gyfer 2019-2020 erbyn 31 Mawrth 2021.		
Materion Allweddol	Mae gan sefydliadau sector cyhoeddus fel AaGIC ddyletswydd o dan Reoliadau Deddf Cydraddoldeb 2010 (Dyletswyddau Statudol) (Cymru) 2011 (y cyfeirir atynt hefyd fel 'dyletswyddau cydraddoldeb penodol Cymru') i lunio a chyhoeddi Adroddiadau Cydraddoldeb Blynnyddol		
Camau penodol sydd eu hangen (Rhowch un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
			Cymeradwyo
			✓
Argymhellion	Gofynnir i'r Bwrdd: • Gymeradwyo cyhoeddi Adroddiad Cydraddoldeb Blynnyddol AaGIC 2019-2020 – Atodiad 1		

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ADRODDIAD CYDRADDOLDEB BLYNYDDOL 2019-2020

1. CEFNDIR

- 1.1. Mae Dyletswydd Cydraddoldeb y Sector Cyhoeddus (PSED) yn ei gwneud yn ofynnol i gyrff rhestredig lunio Adroddiadau Cydraddoldeb Blynyddol er mwyn:
- dangos y camau y mae'r awdurdod wedi'u cymryd i nodi a chasglu gwybodaeth berthnasol;
 - dangos sut mae'r awdurdod wedi defnyddio'r wybodaeth hon i gyflawni tri nod y ddyletswydd gyffredinol ac i gyflawni dyletswyddau cydraddoldeb penodol Cymru;
 - darparu unrhyw resymau dros beidio â chasglu gwybodaeth berthnasol;
 - darparu datganiad ar effeithiolrwydd trefniadau'r awdurdod ar gyfer nodi a chasglu gwybodaeth berthnasol;
 - cynnydd tuag at gyflawni pob un o amcanion cydraddoldeb yr awdurdod;
 - darparu datganiad ar effeithiolrwydd y camau y mae'r awdurdod wedi'u cymryd i gyflawni pob un o'i amcanion cydraddoldeb;
 - pennu gwybodaeth am gyflogaeth, gan gynnwys gwybodaeth am hyfforddiant a thâl (oni bai ei bod eisoes wedi'i chyhoeddi mewn manau eraill).
- 1.2. Mae'r Adroddiad Cydraddoldeb Blynyddol hwn yn cwmpasu'r cyfnod adrodd rhwng 1 Ebrill 2019 a 31 Mawrth 2020 a'n blwyddyn lawn gyntaf o weithredu fel awdurdod ieuchyd arbennig

2. MATERION LLYWODRAETHU A RISG

- 2.1. Mae gan AaGIC ddyletswydd o dan Reoliadau Deddf Cydraddoldeb 2010 (Dyletswyddau Statudol) (Cymru) 2011 i lunio a chyhoeddi Adroddiadau Cydraddoldeb Blynyddol.

3. GOBLYGIADAU ARIANNOL

- 3.1 Does dim cost

4. ARGYMHELLION

- 4.1. Gofynnir i'r Bwrdd:
- Gymeradwyo cyhoeddi Adroddiad Cydraddoldeb Blynyddol AaGIC 2019-2020 – Atodiad 1

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Llywodraethiant a Sicrwydd			
Cyswllt i Amcanion yr IMTP	Amcan Strategol 1: Arwain y gwaith o gynllunio, datblygu a sicrhau gweithlu cymwys, cynaliadwy a hyblyg i helpu i gyflawni 'Cymru Iachach'	Amcan Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Amcan Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu i arwain yn dosturiol ac ar y cyd ar bob lefel
	Nod Strategol 4: I ddatblygu'r gweithlu i gefnogi'r gwaith o gyflawni diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	Nod Strategol 6: I gael ein cydnabod fel partner rhagorol, yn ddylanwadr ac arweinydd
Ansawdd, Diogelwch a Phrofiad y Claf			
d/dd			
Goblygiadau Ariannol			
Does dim cost.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth)			
Deddf Cydraddoldeb 2010 Adran Dyletswydd Cydraddoldeb y Sector Cyhoeddus			
Goblygiadau Staffio			
Dim			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Bydd y cynnig uchod yn dylanwadu ar bob un o'r 5 ffordd o weithio fel y nodwyd yn "Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015, 5 ffordd o weithio.			
Hanes yr Adroddiad			
Atodiadau		Atodiad 1 - Adroddiad Cydraddoldeb Blynnyddol AaGIC 2019-2020	



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Health Education and
Improvement Wales (HEIW)

Health Education and Improvement Wales

HEIW Annual Equality Report 2019-2020

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Executive Summary

We are pleased to publish our first full Annual Equality Report, which covers the reporting period 1st April 2019 to 31st March 2020.

This report highlights our key achievements, across our functions to further advance equality; how we are working together to meet our general and specific duties as defined in the public sector equality duty (2011) and analysis of the equality and training information we hold on our staff.

We acknowledge through analysing our workforce data that there are specific areas for us to focus on. By focusing on these areas, we hope to fully realise our ambition of having a workforce reflective of the communities we support. Key to this realisation will be to:

- undertake a full audit of our recruitment, selection and retention process and procedures to fully understand potential barriers to attracting, recruiting and retaining staff from diverse backgrounds.
- ensure the way, we recruit staff is fully accessible, flexible and inclusive and that we advertise posts in a way that attracts diverse talent.
- create opportunities for apprenticeships to people with protected characteristics.
- undertake work which increases staff confidence in completing equality data.
- continue to develop an inclusive workplace

We are committed to continuing our approach of co-production and collaboration to further our equality, diversity and inclusion work over the coming year. We will continue to embed equality into our plans and everyday business, to ensure that we properly consider and monitor the effects and outcomes of our work, on people who share protected characteristics and those who do not.

We recognise that the last few weeks of this reporting period saw huge changes to the way we work due to global pandemic. HEIW overnight became a virtual organisation with a smaller number of clinicians returning to the frontline. We are extremely proud of how our staff have adapted and recognise that staff wellbeing will be at the forefront of our journey forward.

Section 1: Introduction

Welcome to our Annual Equality Report, which covers the reporting period 1 April 2019 to 31 March 2020.

This report highlights how we see our culture, our commitment to being an inclusive employer, the development of our first Strategic Equality Plan, our key achievements in embedding and addressing equality across our functions in our first full year of operation and finally provides an analysis of our workforce data (Appendix 1).

Section 2: Our Legal Duties

Under the Public-Sector Equality General Duty, public bodies must:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between persons who share a relevant protective characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

And to have due regard for advancing equality by:

- Removing or minimising disadvantages experienced by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

Protective Characteristics under the Equality Act 2010:

- | | |
|-----------------------------------|----------------------|
| • Age | • Religion or belief |
| • Disability | • Race |
| • Gender Reassignment | • Sex |
| • Pregnancy and maternity | • Sexual orientation |
| • Marriage and civil partnerships | |

As well as the general duty, we must meet the specific duties, which are set out in the Equality Act 2010 (Statutory Duties), and the (Wales) Regulations 2011.

These duties came into force in Wales on 6 April 2011 and include:

- developing four yearly Strategic Equality Plans;
- involving and engaging stakeholders including the public when developing plans, policies and shaping services;
- undertaking appropriate equality impact assessments;
- collecting and publishing information about equality, employment and differences in pay;
- promoting equality-based staff training;
- considering equality when buying services and agreeing contracts;
- publishing our Annual Equality Report;
- reviewing our equality plans and objectives to make sure they are current;
- making sure people can access the information we provide.

Section 3: Being an Inclusive Employer

Our culture and the way we do business is very important to us. We want our workforce to be happy, healthy and engaged. We prioritise wellbeing, inclusion and Welsh language within HEIW, in line with '*A Healthier Wales – A Workforce Strategy for Health and Social Care*' and underpinned by our Compassionate Leadership Principles.

We created a national award-winning Values and Behaviours framework prior to the formal establishment of HEIW in 2018. Our staff came together as a team to develop our values and behaviours framework, which set the expectation and culture of our new organisation.

Respect for all

Together as a team

Ideas that improve

We are delighted that this work won the HPMA 2019 award in the colleague engagement category.



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Appendix 1 contains an analysis of our workforce equality data and shows how we are working towards meeting our general and specific duties as defined in the public sector equality duty (2011). It summarises the equality, employment and training data (information) we hold about staff, for the period 1st April 2019 to 31st March 2020.

Section 4: Our Commitment

HEIW is committed to supporting, developing and promoting equality, diversity and inclusion in all its practices and activities. We aim to establish an inclusive culture, free from discrimination, based upon the values and behaviours developed by HEIW staff.

HEIW will ensure equality of opportunity and access for all by building upon the foundation of Equality and Human Rights Legislation and strive not only to comply with legal requirements, but also to use these to ensure that the organisation exemplifies best practice. HEIW acknowledges that our ability to recruit and retain the best people depends upon creating a positive, compassionate and inclusive culture.

HEIW values diversity and recognises that the organisation is greatly enhanced by the wide range of backgrounds, experiences, views, beliefs and cultures represented within its workforce. It aims to embrace diversity and proudly acknowledges that variety and difference are intrinsic to the wellbeing and future development of HEIW.

Section 5: Our Equality and Human Rights Objectives

HEIW was set to publish its first four-year Strategic Equality Plan on the 1st April 2020. However, due to global pandemic this was postponed to 1st October 2020, which falls outside the period of this annual report.

This is the first time we have developed Equality Objectives following our inception on the 1st October 2018. Following engagement with the Equalities and Human Rights Commission (EHRC) in April 2019 it was agreed that HEIW needed time to develop these collaboratively and so we were given 12 months to prepare for the publication of our first Strategic Equality Plan.

During our initial research phase and in direct response to Equality and Human Rights Commission (EHRC) report *"Is Wales Fairer? The state of equality and human rights (2018)"* Welsh Government highlighted common themes across the public sector and endorsed the recommendation for better joined up working across the sector as being critical to ensure value for money.

HEIW took the proactive steps of joining and collaborating with a number of public sector bodies to look at developing a suite of shared high-level strategic objectives in partnership. By taking this approach, we hope with our partners to lead the way in terms of effective partnership working and sharing of resources across the public sector thus embracing the expectation of the [Wellbeing and Future Generations Act \(2015\)](#); [A Healthier Wales \(2018\)](#); [Is Wales Fairer? \(2018\)](#) and reflective of Welsh Government's Long-Term Equality Aims 2020-2024.

The collaboration has become known as Wales's first Public Body Equality Partnership and consists of:

- Health Education & Improvement Wales
- Velindre University NHS Trust
- Cardiff & Vale University Local Health Board
- Sports Wales
- Arts Council for Wales
- Careers Wales
- Higher Education Funding Council for Wales
- National Museums Wales
- Natural Resources Wales
- Welsh Language Commissioner
- Welsh Revenue Authority

The partnership commenced with a review of existing Strategic Equality Plans (SEP), current landscape and literature to develop a series of evidence papers highlighting common themes and issues. These common themes and issues were:

- Lack of workforce diversity
- Existence of pay gaps
- Lack of engagement with the public
- Issue of lack of equality visible in procurement process
- Lack of service delivery being reflective of individual need

The above were developed into 5 high-level, shared, long-term equality objectives:

- Increase workforce diversity
- Minimise pay gaps
- Engage with the community (public)
- Ensure procurement drives equality
- Ensure service delivery reflects individual need

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The partnership took the decision to commission a third sector partner to assist with meaningful engagement and consultation with individuals and groups who share 'protected characteristics' and those who do not resulting in the following activities between October 2019 and January 2020:

- 3 regional stakeholder events were undertaken, North, West and South East Wales. These were inclusive of individuals and groups from across the protected characteristics.
- Online consultation hosted through third sector partner in conjunction with promotion across the Public Sector Equality Group networks and internal mechanisms, in the form of a survey.
- Individual organisations held internal engagement events and focus groups with their own staff.

To ensure accessibility, documentation was made available through the medium of Welsh, easy read, British Sign Language (BSL) and child friendly versions. In addition, public participants were reimbursed for travel, childcare, replacement care and any other relevant expenses as necessary.

As a result of this work the following 5 high-level strategic equality objectives were agreed by the partnership:

- Objective 1: Increase Workforce Diversity and Inclusion
- Objective 2: Eliminate Pay Gaps
- Objective 3: Engage with Communities
- Objective 4: Ensure equality is embedded into the way that we procure and commission services and goods
- Objective 5: Ensure Service delivery reflects individual need

HEIW Executive Team signed off on the above objectives in February 2020 and they were due to be submitted to HEIW Board in March 2020. However, the decision was taken to postpone final sign off following the announcement by Equality and Human Rights Commission (EHRC) that publication date of the 1st April 2020 had been temporarily suspended due to unprecedented circumstances caused by global pandemic. The objectives were subsequently agreed.

Section 6: How we monitor our progress

Progress in achieving our equality aims is monitored primarily through our governance and reporting mechanisms linked to our Intermediate Medium-Term Plan (IMTP) **Strategic Objective 5.4: Implement and embed HEIW Strategic Equality Plan and continue partnership working across the public sector.** These include regular reporting to our Executive Team and Board.

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Other mechanisms established during this reporting period include:

- Diversity and Inclusion Group who meet bi-monthly with representatives from across the organisation including representation from HEIW Board
- Creation of Workplace Inclusion Champions in April 2019
- Development of an Integrated Equality Impact Assessment proforma and ongoing development of associated processes
- Development of external partnerships with third sector organisation to provide impartial review of our policies and practices, ensuring alignment with national standards in respect of equality, diversity and inclusion.
- Local Partnership Forum with Trade Union Representation from Unison and Royal College of Nursing
- Wales 1st Public Body Equality Partnership

Section 7: Who are we?

HEIW is a unique organisation in NHS Wales, established as a Special Health Authority with a leading role in the education, training, development and shaping of the healthcare workforce in Wales. We are here to make a real difference to patients, to enhance trainee and student experience and to improve the wellbeing and potential of the NHS workforce.

Our vision is “Transforming the workforce for a healthier Wales” which was developed through engagement with staff, stakeholders and partners. We deliver this vision using our PEOPLE principles as outlined below:

P	Planning ahead to predict and embrace changes and build a sustainable health and social care system
E	Educating , training and developing staff to meet the needs of patients and citizens in line with prudent healthcare principles
O	Offering opportunities for development to new and existing staff from all professional and occupational groups throughout career pathways
P	Partnership working to increase value for our citizens, patients, learners and staff
L	Leading the way, through continuous learning, improvement and innovation
E	Exciting, Enthusing, Engaging, Enabling and Empowering staff across all professional and occupational groups

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Section 8: Why are we here?

HEIW's purpose is to integrate and grow expertise and capability in planning, developing, shaping, and supporting the health workforce - ensuring we have the right staff, with the right skills, to deliver world-class health and care to the people of Wales. The publication of 'A Healthier Wales' prior to our establishment reinforced the need for a more strategic and sustainable approach to workforce in health and social care.

Our role in education and training makes a fundamental contribution to the implementation of the Wellbeing of Future Generations (Wales) Act 2015 and the five ways of working. We see this as part of our core purpose creating the conditions for a sustainable workforce for the future and widening access to health careers and opportunities. Plus, engaging with partners and stakeholders to shape education and training opportunities making them more accessible no matter what your background or where you live.

Section 9: What we do – our functions

We undertake a wide range of functions as outlined below which together help us to achieve and deliver our vision and purpose:

Education and training

- **Education commissioning and delivery:** We plan, commission and deliver education and training for a wide range of health professional groups, and incorporate the Deaneries for Medicine, Dental and Pharmacy. This includes undergraduate, postgraduate and CPD activities. This is what the majority of our budget is spent on.
- **Quality management:** We quality manage education and training provision ensuring it meets required standards, and improvements are made where needed. This includes supporting educators, trainers, trainees, students and working closely with education providers, NHS organisations and regulators. We have a specific role supporting the GMC in relation to quality of postgraduate medical education.
- **Supporting regulation:** We play a key role representing Wales in liaison with regulators, working within the policy framework established by the Welsh Government. We also undertake, independently of the Welsh Government, specific regulatory support roles.

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Workforce

- **Workforce intelligence:** We aim to be recognised as a primary source for information and intelligence about the Welsh health workforce. We provide analytical insight and intelligence to support the development of the current and future shape of the workforce and act as a central body to identify and analyse sources of intelligence from Wales, UK and abroad.
- **Workforce strategy and planning:** We provide strategic leadership for workforce planning, working with Health Boards and Trusts, Social Care Wales and the Welsh Government to produce a forward strategy to transform the workforce to deliver new health and social care models of service delivery. In addition, through this process, we identify and develop new workforce models required within the NHS.
- **Leadership development and succession planning:** We are leading and developing the strategic direction for compassionate and collective leadership at all levels, talent management and succession planning for NHS Wales.
- **Careers and widening access:** we provide the strategic direction for promoting health careers and the widening access agenda, which transferred into HEIW from Welsh Government during 2019-20, with a clear focus on opening access to the many people in our communities that have valuable skills and experience currently underrepresented in our workforce.
- **Workforce improvement:** We provide strategic and practical support for workforce transformation and improvement, including skills development, role design, CPD and career pathway development.
- **Professional support for workforce and organisational development (OD):** We have an express function to support the development of the workforce and OD profession within Wales.

Section 10: Our functions – key achievements in 2019-20

The following pages provide an overview of some of our key achievements in 2019-20 in respect of our core functions of education and training, workforce and us as an organisation.

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Education and Training

Health professional education and training

A significant proportion of HEIW contracting is the commissioning of education and training for health professionals and trainees on behalf of Welsh Government. Non-medical students form the largest group of these commissions. As at December 2019 there were approximately 7,400 pre-reg nurses, midwives and Allied Health Professionals in training.

With non-medical education being commissioned and provided by 6 universities (Bangor University, Cardiff University, Glyndwr Swansea University, The Open University, University of South Wales), existing contracts are due to expire in 2022.

During this reporting period an extensive review of our existing educational contracts was undertaken. With the intention for the review and contractual changes to be reflective and align with *A Healthier Wales (2018)*, *Is Wales Fairer? (2018)* and *Well-being and Future Generations Act (2015)* to further ensure embedding actions towards a more equal Wales.



HEIW engaged with and consulted a wide range of stakeholders, including people with protected characteristics and those without. Activity included an initial stakeholder event; the Health Education Student Forum; educational contract review meetings at all Universities; student engagement events, and a service user engagement including young people. At the end of the engagement phase in March 2020, we held 3 regional events to present the final proposals to stakeholders.

This review backed by research undertaken as part of our Integrated Equality Impact Assessment process resulted in a number of contractual changes and new requirements in relation to equality, diversity and widening access. Most significant changes include the introduction of:

- Socio-economic deprivation fund
- Contextual admissions

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- Reporting on any attainment gap between those who share protected characteristics and those who don't on all healthcare courses and cohorts

From 2022, when the new contracts take effect, higher education institutions will be required to evidence how they have recruited, selected and support students from the 10% most deprived areas in Wales as identified in the Welsh Index of Multiple Deprivation [Welsh Index of Multiple Deprivation](#).

With student support being a critical element for both, higher education institutions will also be expected to provide clear equality reporting of attrition rates, attainment gaps and action being taken to reduce and delivery of effective student support.

Differential Attainment

HEIW is leading the way in addressing Differential Attainment within the medical field. Differential attainment is defined by the GMC as the gap between attainment levels of different groups of doctors. In postgraduate medical training the research around differential attainment relates to ethnicity. In school aged children differential attainment research relates to gender and socio-economic status. Differential attainment relating to ethnicity is observed across higher education and many professions. Differential attainment is noted in workplace-based assessments, machine-marked tests and face-to-face assessments.

HEIW established the Differential Attainment Programme Board in summer of 2019 with the purpose of sharing good practice, plan future initiatives and to act as differential attainment champions to influence, enhance and advance the differential attainment agenda across stakeholder groups and the wider training community. Its remit is multi-professional and current membership includes Workforce representatives, Dental and Pharmacy Deaneries and Nursing Directorate, Medical Schools, Academy of Medical Royal Colleges, Health Boards, and their education representatives and the British Medical Association.

In August 2019 we appointed a leadership fellow to undertake qualitative research to inform the Differential Attainment strategy. The leadership fellow took a bottom up approach to the running of focus groups, led by those who had lived experience. Four main themes came out of the focus groups:

- ***Theme One: What makes a good learning situation?***
- ***Theme Two: Why might one doctor learn well and another not, in the same situation?***

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- ***Theme Three: Why might Differential Attainment exist in outcomes for Annual Review of Competency for Progression?***
- ***Theme Four: Suggested strategies to reduce differential attainment***

Our work has also included reviewing recent research by the General Medical Council 'Welcome to UK practice' which found that International Medical Graduate (IMG) doctors have specific needs that are not being well addressed at present and Black and Minority Ethnic doctors within the NHS are subject to discrimination. The most welcomed strategies were:

- Enhanced Induction for IMG doctors
- Supported by E-learning package on NHS structure and working in the UK
- Mentorship scheme

Future work will look at how differential attainment can be addressed across non-medical training providers. Differential attainment will be a critical part of our Strategic Equality Plan 2020 – 2024.

Gaps in pharmacy workforce equality data

In recognition of the gaps in equality and workforce data gathering and the impact this has upon our ability to fulfil our Public Sector Equality Duty we have been working with the General Pharmaceutical Council (GPhC) to gain access to this information. HEIW has now signed a memorandum of understanding for information to be shared which will be utilised to inform education, training and workforce development.

Alongside this we have taken steps to address potential accessibility issues at CPD events with specific questioning around accessibility being enhanced and added to all event booking pages since March 2020.

Equality training for community pharmacy staff

All community pharmacy staff offering any enhanced services to the public must complete an accreditation process, with equality being one of the areas covered. Between April 2019 to March 2020 - 301 staff completed this package, making a total of the current community pharmacy workforce who have completed awareness raising training on equality to 2286.

HEIW has updated its Introduction to Pharmacy Education & Training programme, including its eLearning package to include activities in the live sessions on unconscious bias and stereotyping, as well as adapted its learning

methods to increase accessibility (currently taking the 1st cohort through this training).

During the year, we have also created a dementia friends eLearning package with Dementia Friends to allow people to gain this badge, which we have used in the pre-registration pharmacy technicians course. This package is available in both English and Welsh.

Support for GPs - Gender diversity and transgender health

The Revalidation Support Unit (RSU) provide high quality CPD events and online modules designed to support the needs of the NHS Wales workforce. The study days are designed specifically for GPs but are also appropriate for other primary care allied health care providers. Following the announcement by Vaughan Gething, Cabinet Secretary for Health and Social Services, regarding the creation of a Welsh Gender Team, HEIW's GP Regional CPD Leads held a number of CPD Study Days on Gender Diversity and Transgender Health for Non-Specialist Practitioners. These events attended by 100+ delegates were primarily aimed at GPs and allied medical professionals, and were held in Cardiff, Carmarthen & Wrexham. and will be repeated next year.

Gender Diversity and Transgender Health e-learning modules were developed soon after these events to allow doctors access to event content and further information / resources.

Support for GPs, Amplifying the patient voice

Alongside work undertaken in relation to CPD in this reporting period, HEIW developed and rolled out a new Multi-Source feedback system linked to Medical Appraisal Revalidation Scheme (MARS) to support doctors in Wales with gathering patient and colleague feedback.

Professional Support for medical and dental trainees

HEIW is responsible for overseeing the training of all doctors, pharmacists and dentists in training in Wales and for addressing issues that may arise during the training process that could hinder progression. Our Professional Support Unit (PSU) provides guidance and information to all parties involved in postgraduate medical and dental training. In the last year, PSU delivered a range of training including:

- Developing Resilience - National (UK) RCPCH International Fellowship Training Day

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- Working Environment & feeling valued
- Support Awareness for Trainees
- Wellbeing for doctors in training and beyond
- Workshop for Senior Associate Specialist doctors from Cardiff and Vale

Support for pharmacy students and trainees

We have also provided support to pharmacy students and trainees via our pharmacy deanery. HEIW has undertaken 1 investigation this reporting period into fair treatment. Whilst the investigation found that the student had been treated fairly a number of actions were taken: the team completed the Autism Awareness e-learning to demonstrate personal development in Autism Awareness; additional learning support was provided and changes to approach and assessment methods for trainees with Autism Spectrum Disorder (ASD) were made.

In recognition of the importance of valuing international formative qualifications in English and Maths, HEIW has supported an individual to apply for a National Academic Recognition Information Centre (NARIC) certificate which will mean that they do not need to complete the additional Essential Skills Qualifications of Communication and Application of Number. In addition to this HEIW has agreed to reimburse cost of application so as to not put any undue financial strain on the applicant.

Support for Asylum Seeking and Refugee Doctors

The Wales Asylum Seeking and Refugee Doctors Group (WARD) is managed by HEIW in partnership with Displaced People in Action (DPIA). The project has been funded by the Welsh Government since 2002.

The WARD Group helps medical professionals with an asylum seeking or refugee background to meet the professional qualifications needed to join the NHS. The primary objective is to ensure that doctors seeking sanctuary in Wales have an opportunity to gain GMC registration, thereby enabling integration and inclusion in the society, whilst providing extra workforce for NHS Wales.

International English Language Test (IELT) tutoring, learning and pastoral support is provided at DPIA. HEIW's Professional Support Unit liaise with DPIA, managing the project and providing professional support to work ready WARD members to enable phased in return to NHS work and continual success through the six months Supernumerary placement. Liaison with DPIA charity is crucial as the partnership facilitates access to the asylum seeking and refugee communities to raise awareness of the opportunities available.

During this reporting period 7 new doctors were inducted into the WARD Group.

At the end of this reporting period, the total number of professionals helped by WARD was:

Dentist	14
Doctor	204
Other Healthcare Professionals:	8
Audiologist	1
Dietician	1
Medical Student	1
Midwife	1
Nurse	1
Pharmacist	3
Unknown	9
Non Refugee Doctor	5
Total Health Professionals	240

Of the 240 Health Professionals assisted by WARD, 76 identified as female and 164 as male. Health Professionals supported self-identify as the following nationalities: Iraqi, Sudanese, Syrian, Afghanistan, Iranian, Pakistani, Libyan, Eritrean, Somalian, Ethiopian, Albanian, Bahraini, Burmese, Burundian, Ivory Coast, Kurdish, Liberian, Palestinian, Russian, Sierra Leone, Sri Lankan.

Student and trainee voice

Critical to our education and training role and successfully contributing to the healthcare agenda in Wales is the voice of students and trainees. We have a number of methods in place to ensure we are hearing what is being said, including:

The trainee think tank – 12–15 medical and dental trainees influence their education agenda by representing a range of specialities from across Wales, providing a unique perspective from within medical and dental training.

The Wales Health Student Forum (WHSF) is an innovative group of over 100 healthcare students from across all health care courses who are passionate about shaping the learning experience of healthcare students within Wales.

The 'HEIW roadshows' were launched in May 2019, visiting Health Boards and Trusts across Wales and meeting over 300 healthcare trainees, students, educators and those responsible for education. The roadshows enable us to introduce HEIW and ourselves to students, trainees and colleagues across Wales and provided an opportunity to talk about and hear direct feedback on education experiences which we use to inform and shape future healthcare education in Wales.

Workforce

Workforce strategy and planning

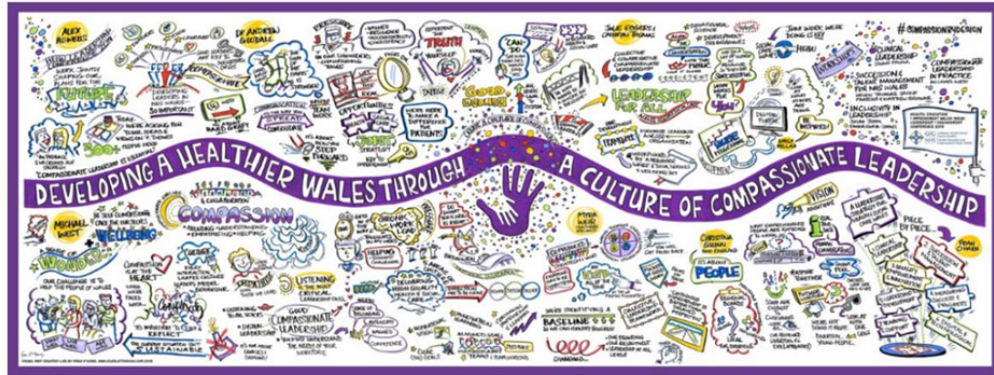
During 2019, HEIW in partnership with Social Care Wales developed and submitted an ambitious 10-year workforce strategy for Health and Social Care, a key commitment by Welsh Government in A Healthier Wales. Over the 12 months of development we undertook engagement and consultation events and heard from approximately 2,000 people from a range of organisations as well as individuals and carers. Golden threads woven throughout the key themes of the strategy include wellbeing, inclusion and Welsh language. The Strategy was finally published in autumn 2020, following a delay due to COVID-19.

Leadership, development and succession planning

In progressing our leadership and succession programme of work HEIW has adopted a Compassionate Leadership approach to its work whereby inclusion is a key principle.

In October 2019 HEIW launched this work with The Compassionate Leadership Conference. This conference explored Compassionate Leadership as a strategy for NHS Wales and built on the considerable engagement that had been previously undertaken in developing the Workforce Strategy for health and care.

The conference headlined Professor Michael West who positioned what compassionate leadership would mean for health and social care in Wales in respect of inclusion and equality. The conference included the opportunity to engage 200 health care workers on the leadership required to deliver increasingly improved health care services for the people of Wales. With the requirement for leaders to be inclusive and embrace diversity as a key theme. This core theme of inclusion and diversity will be one of the Compassionate Leadership Principles for Health and Social Care in Wales, scheduled to be launched March/April 2021.



Careers and Widening Access

Creating a solid foundation has been a key priority for our Careers and Widening Access work this period. We have achieved this through strengthening our partnership working with key stakeholders, promotion of health and care career opportunities, development of Continuous Professional Development (CPD) events and enhancement of our bilingual offer. During this period we also took on responsibility for the widening access programme from Welsh Government.

Key events have included:

Attendance at both SkillsCymru events (held in Llandudno and Cardiff) as a joint exhibitor with Social Care Wales (SCW). These events were aimed at students aged 14 -19 years with approximately 10,000 visitors attended across both events.

We have also developed and held a series of joint regional CPD events with Social Care Wales (SCW) recognising that careers advisors, work coaches and teachers play a pivotal role in delivering careers information, advice and guidance on behalf of NHS Wales and Social Care.

Alongside ensuring all our resources and communication are fully bilingual we provide translation services to the NHS Wales Network as a fully bilingual group.

We recognise that we have created a solid foundation for progressing this work. Over the coming year, we need to focus on our vision of opening access to the many people in our communities, that have valuable skills and experience who are currently underrepresented in our workforce.

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People and Organisational Development

As a new organisation it has been paramount for us to develop key people policies and procedures. During this reporting period the following policies and procedures have been developed or adopted:

- HEIW Diversity, Equality and Inclusion Policy published Feb 2020
- HEIW Travel and Subsistence Policy
- NHS Wales Managing Attendance at Work Policy which has at its heart the importance of “knowing your employee”, ensuring that employee health and wellbeing is individually tailored, preventative and supportive in nature. We supported the development of the new approach in our national role, developed and oversaw the roll out of training and supporting resources and then implemented the approach in HEIW.

In addition to the above policy developments a number of All Wales Policies were adopted including:

- Pay Progression
- Dignity at Work Procedure
- Secondment
- Grievance
- Disciplinary
- Employment Break
- Capability
- Organisational Change
- Menopause

Alongside the development of policies training of our staff is key. Staff are obliged to undertake NHS mandatory Equality Training ‘Treat me Fairly’ as at 31st March 2020 70% of our core staff had completed their mandatory training. In addition, core training packages have been developed to sit alongside statutory and mandatory training in the promotion of equality and human rights, including:

- Induction
- Electronic Staff Records
- Welsh Language lessons
- Recruitment and selection

In our aspiration to be an excellent employer and a great place to work, HEIW has committed to developing Workplace Inclusion Champions and we began to ‘recruit’ these in 2019. HEIW Inclusion champions not only offer peer support and provide an internal health check and insight into organisational climate but are active in the development of our Inclusion Calendar.

Events and activities undertaken by Inclusion Champions for this period include: Stress Awareness month, first Pride parade, Black History Month, Movember; Diversity and Inclusion Week, Holocaust Memorial; International Women in Science; LGBT month; International Day of Girls and Women in Science; St David's Day; International Women's Day



Digital and information systems

HEIW recognises the importance of Digital accessibility and the critical role our Digital Team plays. Digital accessibility is when everyone can equally perceive, navigate, interact and communicate with the content that is provided online or through digital tools, regardless of their cognitive and motor skills.

New regulations mean public sector organisations have a legal duty to make sure websites, their content and apps meet accessibility requirements. By 23rd September 2020, all public sector websites must be compliant to the standard known as WCAG 2.1 AA and contain an accessibility statement in order to meet The Public Sector Bodies Accessibility Regulations 2018. These statements cover the compliance status of the site, which areas fail and what action is being taken to improve compliance.

The regulations link to the organisation's legal obligations to people with a disability under the Equality Act 2010 where UK service providers must consider 'reasonable adjustments' for disabled people. Organisations are also legally responsible for meeting accessibility requirements with third party sites, where the platform is designed and built externally.

Ahead of the change in legislation, HEIWs Digital team invited accessibility experts Shaw Trust to speak at their away day in September 2019. HEIW has continued this engagement with Shaw Trust for support and guidance as we take our digital accessibility work programme forward.

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Facilities

As part of HEIW's commitment in ensuring accessibility for all, the Royal British Legion and Royal Institute of the Blind were commissioned to undertake a full accessibility audit of our Ty Dysgu office. This resulted in development of an accessibility action plan and commencement of work by our facilities team.

In this reporting period we have made changes to signage around the building, created gender natural toilet facilities, commenced contrast painting around the building, added manifestations to reception sliding doors and commissioned multi-lingual welcome signage.



Wellbeing & Welsh Language within HEIW

HEIW is striving to ensure Wellbeing, Inclusion and Welsh language are the golden threads throughout our work at HEIW, in line with the expectations and commitments in the national workforce strategy for health and care 2020-2030.

Wellbeing

We have continued to prioritise staff wellbeing, and towards the end of this reporting period accelerated our national and local actions in response to the global pandemic. Some examples of work undertaken by the HEIW led Health and Wellbeing Network during this period are:

- October 2019 the second NHS Wales Staff Health and Wellbeing Conference: *Compassion Starts with Me* – attended by 200 and sold out within hours of release.

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- Health Needs Assessment Survey developed, and pilot launched in HEIW in October 2019.
- Increased peer support for Health and Wellbeing leads across NHS Wales
- Supported NHS Wales organisations in achieving their Corporate Health Standards
- Increased access to resources across organisational boundaries and collaborative developments and projects across NHS Wales.
- Development of products that promote health and wellbeing across Wales: [Our Wellbeing Matters and Manager Wellbeing Matters](#).

Welsh Language

HEIW adopted a voluntary Welsh Language Scheme in May 2019, based on the Welsh Language Standards, a combination of those Sets of Regulations laid out for Health and Education bodies, providing a best fit for HEIW's unique set of business activities.

We hope to be informed within the next reporting period that we are to come statutorily under the Standards Regulations in accordance with the Welsh Language (Wales) Measure 2011. In the meantime, HEIW has agreed with the Welsh Language Commissioner that we will prepare a Welsh Language Scheme as required under the auspices of the Welsh Language Act (1993). A Public Consultation will be taking place on this Scheme in 2020-21, with the aim of having the Scheme in place at the start of 2021-22.

We also work to fulfil the aims of 'Mwy na Geiriau - More Than Just Words', the Welsh Government's strategic framework for Welsh language services in health, social services and care, and we actively participate in the MTJW forums throughout Wales as well as being a member of the national group guiding this work.

Our work in developing the Welsh language is strategically split into two distinct objectives, as reflected in our integrated and medium-term plan:

- **Strategic Objective 2.8:** Improve opportunities for trainees and students to undertake education and training through the medium of Welsh. Which puts an onus on us to help and encourage the use of more Welsh in all of the health learning that goes on in Wales.
- **Strategic Objective 5.3:** Implement and embed the Welsh Language framework within HEIW. That we educate, increase awareness and provide practical tools to allow all of our staff to comply with the linguistic needs of all of our stakeholders in Wales, treating the English and Welsh languages on the basis of equality.

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With regards to both internal and external objectives, we follow a couple of simple philosophies – you don't have to speak Welsh to work in Wales, but if you want to learn, we will do everything we can to support you; and; our starting point with regards to the Welsh language is to respect the needs and the rights of Welsh speakers, and as an organization we will go as far as we can to answer these needs.

Key Performance Indicators are still being developed for our work, but two which are already significant are the amount of words we translate, and the number of Welsh learners within HEIW.



Welsh Learner numbers have increased as follows:

- 1st April 2019; 24
- 1st September 2019; 32
- 1st January 2020; 36

Over the course of the next year, we will be developing more reporting metrics across both internal and external strategic objectives.

Section 11: External Accreditation Measures

To ensure our values become more than words we have made good progress in engaging with external partners to provide impartial review of our policies and practices to ensure alignment with national standards in respect of equality, diversity and inclusion.

- Stonewall Diversity Champion - tackling barriers and inequalities faced by lesbian, gay, bisexual and transgender staff
- Time to Change – Employee Pledge tackling stigma and discrimination around mental health
- Disability Confident – supporting HEIW to make the most of the talents that disabled people can bring to your workplace

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- Dying to Work TUC – additional employment protection for terminally ill workers
- Anti-Violence Collaboration - sets out the responsibilities of the partners when dealing with violent or aggressive incidents relating to NHS staff
- Communication Access Symbol – 1st organisation in Wales to make a commitment to adopting Communication Access Symbol – giving a voice to people living with a communication disability.



Section 12: In Conclusion - looking forward HEIW

We feel that we have made steady progress in our first full year of operation but recognise that there is more to do. Over the last year we have continuously adopted a co-productive and collaborative approach to our inclusion work. This approach can be best evidenced through the development of our first Strategic Equality Plan 2020-2024 which is due for publication during 2020.

Our first Strategic Equality Objectives will enable us to develop and embed our approach to equalities. Thus, HEIW will continue to embed equality into our plans and everyday business to ensure that we properly consider and monitor the effects and outcomes of our work on people with protected characteristics.

In horizon scanning HEIW acknowledges the pending enactment of the Socio-Economic duty and will ensure that future planning and reporting is reflective of this and other future legislative requirements.

March 2021

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Appendix 1

HEIW Workforce Equality Data

This section of the report is to show how we are working towards meeting our general and specific duties as defined in the public sector equality duty (2011). Through summarising the equality, employment and training data (information) we hold about staff, for the period 1st April 2019 to 31st March 2020.

Challenges in collecting Information

It should be noted that the below workforce data broken down into protective characteristics is sourced directly through Electronic Service Record (ESR) and as such uses same language and categories. This information relies on staff voluntary reporting it themselves through ESR.

It is fair to say that this information is not comprehensive as highlighted through number of fields identified as unspecified. Also given the low number where figures are below 11 numbers have been replaced with a * to protect individuals' privacy.

As part of our ongoing commitment to progress equality within HEIW we have set clear actions within our first Strategic Equality Plan 2020 2024 to train managers and increase staff confidence through awareness raising of the importance of collecting this information.

Our Workforce Gender

Female	273
Male	133
Total	406

Gender pay reporting is in a separate report.

Age

<=20 Years	*
21-25	*
26-30	16
31-35	27
36-40	56
41-45	73
46-50	61
51-55	70



56-60	57
61-65	27
66-70	*
>=71 Years	*
Total	406

Disability

No	166
Not Declared	*
Prefer Not To Answer	*
Unspecified	221
Yes	14
Total	406

Ethnicity

White - British	138
White - Any other White background	*
White English	*
White Welsh	19
Mixed - White & Black Caribbean	*
Mixed - White & Black African	*
Asian or Asian British - Indian	*
Black or Black British - African	*
Chinese	*
Unspecified	237
Not Stated	*
Total	406

Religion and Belief

Atheism	35
Buddhism	*
Christianity	101
Hinduism	*
I do not wish to disclose my religion/belief	33
Jainism	*
Other	*
Unspecified	221
Total	406

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Sexual Orientation

Bisexual	*
Gay or Lesbian	*
Heterosexual or Straight	173
Not stated (person asked but declined to provide a response)	12
Undecided	*
Unspecified	217
Total	406

Marriage and Civil Partnership

Divorced	12
Legally Separated	*
Married	141
Single	41
Unknown	13
Widowed	*
(blank)	195
Total	406

It should be noted that data collected through ESR does not give individuals the choice to select civil partnership therefore we can only report on above categories.

Pregnancy and Maternity

Between 1st April 2019 and 31st March 2020 (10) staff went on Maternity Leave, which equates to (2.5 %) of the workforce.

Analysis of our workforce data it is clear that, we need to take the following action which we will address within our Strategic Equality Plan these include:

- undertake a full audit of our recruitment, selection and retention process and procedures to fully understand potential barriers to attracting, recruiting and retaining staff from diverse backgrounds.
- ensuring the way, we recruit staff is fully accessible, flexible and inclusive and that we advertise posts in a way that attracts diverse talent;
- create opportunities for apprenticeships to people with protected characteristics.
- undertake work which increases staff confidence in completing equality data.
- continuing to develop an inclusive workplace.

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The last few weeks of the period that is covered by this report, saw huge changes to the way we work as a result of the Covid-19 pandemic. HEIW overnight became a virtual organisation with a smaller number of clinicians returning to the frontline. Staff wellbeing has been at the forefront of HEIW response to this global pandemic with regular pulse staff surveys and numerous wellbeing activities and resources being made available.

Attraction, recruitment and selection

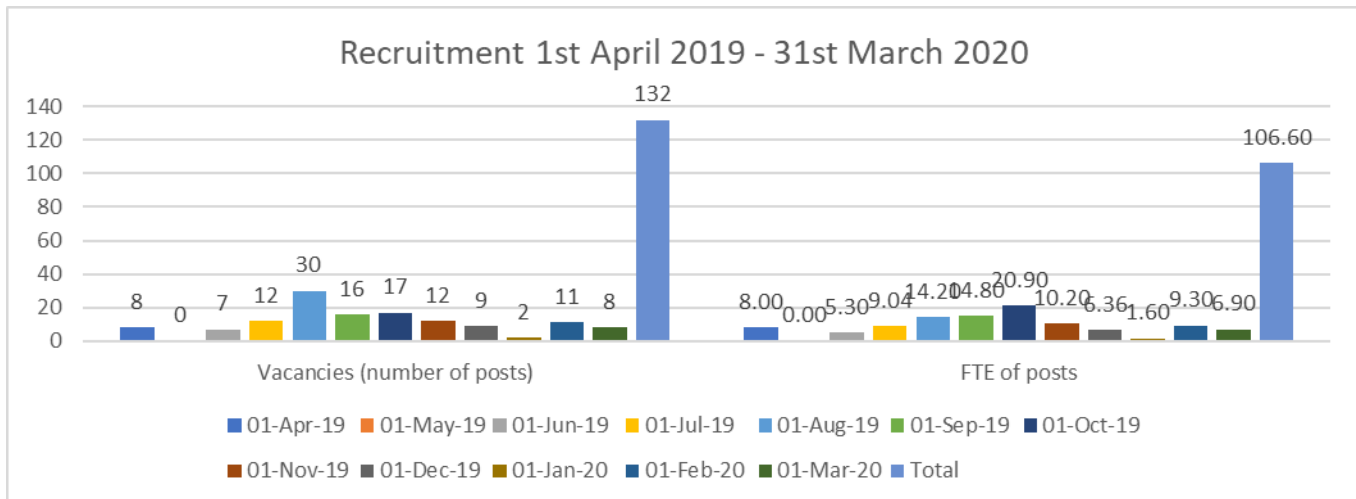
We use a variety of methods to advertise our vacancies and use values-based recruitment across all areas supported by appropriate training for managers, including on unconscious bias.

We know that around 80% of our future workforce are already with us today. As an organisation with a primary purpose in current and future workforce development for NHS Wales, it is vital that our own staff have excellent experience in this area. Key to this is our PADR policy and procedure. During the PADR staff have the opportunity to discuss their progress against their agreed objectives with their line manager, develop ongoing objectives and create and agree a personal development plan to enable ongoing personal and professional development. We are still working hard with our managers to ensure that PADRs are completed and recorded to achieve the expected target of 85%. Our current performance is 53%.

Medical staff also take part in the medical appraisal and job planning process. All our staff are required to complete the all Wales statutory and mandatory training in line with NHS Wales Health Boards and Trusts. We have worked hard with managers to ensure that we meet the 85% tier one performance target rate as soon as possible – our current performance is 70%.

HEIW is committed to making sure we have a reliable recruitment and selection process, which deals with applications fairly and consistently in line with statutory and NHS Wales requirements and good practice guidance.

HEIW raised 132 vacancies of which 106 were full-time equivalent positions within this reporting period.



N.B. Equality and diversity data is collected at point of application which is managed by the NHS Wales Share Services Partnership on behalf of all NHS Wales organisations and is not standardly shared with HEIW. Therefore, HEIW is unable to report on equality breakdown of candidates within this report. Moving forward it is hoped that this will be addressed to ensure that in future reporting we will be able to provide this information.

Disciplinary and Grievance

HEIW can report that there were no disciplinary and grievance procedures actioned within the period of 1st April 2019 to March 31st, 2020.

Leaving us

HEIW's turnover for 01 April 2019 to 31 March 2020 was at an overall rate of 9.46%.

Procurement

Procurement (buying goods and services) is a specific duty for Wales. We have contracts with organisations in the public, private and voluntary sectors to provide us with work, goods and services. Some of these contracts will have more relevance to equality than others.

END



GIG
CYMRU
NHS
WALES

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

Dyddiad Cyfarfod	25 Mawrth 2021	Eitem Agenda	4.4
Teitl Adroddiad	Adborth Ymgynghoriad Cynllun Iaith Gymraeg		
Awdur Adroddiad	Huw Owen, Rheolwr Gwasanaethau Iaith Gymraeg		
Noddwr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Darparu diweddariad ar ganlyniad ein ymgynghoriad cyhoeddus ynglŷn â'n Cynllun Iaith Gymraeg arfaethedig; ac ar y "10 Prif Flaenoriaeth" sy'n deillio o'r polisi iaith Gymraeg sydd gennym mewn bod.		
Materion Allweddol	<ul style="list-style-type: none"> Darperir diweddariad ar yr ymgynghoriad cyhoeddus a gwblhawyd mewn perthynas â Chynllun Iaith Gymraeg arfaethedig AaGIC. Gofynnir i'r Bwrdd ystyried cymeradwyo'r Cynllun Iaith Gymraeg er diben ei gyflwyno i Gomisiynydd y Gymraeg. Diweddariad ar y cynnydd a wnaed yn ôl ein "10 Prif Flaenoriaeth" ar gyfer y Polisi Iaith Gymraeg eisoes mewn bod ynghyd â'r cynnydd a wnaed yn ehangach gan AaGIC o ran cryfhau sgiliau ieithyddol gweithlu'r GIG. 		
Camau penodol sydd eu hangen (Rhowch un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd
			Cymeradwyo
			✓
Argymhellion	Gofynnir i Aelodau: <ul style="list-style-type: none"> Gymeradwyo'r Cynllun Iaith Gymraeg er diben ei gyflwyno i Gomisiynydd y Gymraeg; Nodi'r adroddiad ym mherthynas y "10 Prif Flaenoriaeth" ar gyfer y polisi iaith Gymraeg ynghyd â'r cynnydd ehangach a wnaed gan AaGIC. 		

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ADBORTH YMGYNGHORIAD CYNLLUN IAITH GYMRAEG

1. CYFLWYNIAD

Diben yr adroddiad hwn yw hysbysu'r Bwrdd ynghylch canlyniad y broses ymgynghori gyhoeddus a ymgwymerwyd â hi gan AaGIC ym mherthynas ei ddrafft Cynllun Iaith Gymraeg, i ddarparu diweddariad cyson ar gynnydd yn ôl ein "10 Prif Flaenoriaeth" yn gysylltiedig â'n Polisi Iaith Gymraeg sydd mewn bod ynghyd â'r cynnydd a wnaed yn ehangach gan AaGIC o ran cryfhau sgiliau ieithyddol y gweithlu.

2. CEFNDIR

2.1 Safonau a Chynllun iaith Gymraeg

Tua diwedd 2019, fe'n cynghorwyd gan Swyddfa Comisiynydd y Gymraeg na fyddai Llywodraeth Cymru yn cymeradwyo y Safonau'r Gymraeg perthnasol yn y dyfodol rhagweladwy. O wybod nad yw AaGIC felly'n dod dan Safonau'r Gymraeg, gofynnodd Comisiynydd y Gymraeg i AaGIC baratoi Cynllun Iaith Statudol (Cynllun) – fel y penasid dan Ddeddf yr Iaith Gymraeg (1993) wreiddiol.

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

2.1.1 Proses Ymgynghori

Ers y gymeradwyaeth gan y Bwrdd mae'r broses ymgynghori gyhoeddus wedi datblygu fel a ganlyn:

- anfonwyd drafft y Cynllun (a dogfennaeth ategol) at y Comisiynydd i ennyn sylwadau;
- yn dilyn derbyn ac ystyried sylwadau'r Comisiynydd, a ymgorfforwyd i ddrafft y Cynllun, rhannwyd y Cynllun diwygiedig ar gyfer Ymgynghoriad Cyhoeddus. Dechreuodd yr ymgynghoriad ar Hydref 14^{eg} a daeth i ben ar Ionawr 11^{eg};
- cafodd yr ymgynghoriad rediad o 13 wythnos sef y cyfnod statudol uchafrifol. Yng ngoleuni'r sefyllfa iechyd gyhoeddus gyfredol, cytunodd Comisiynydd y Gymraeg y byddai'r ymgynghoriad yn cael ei ymgymryd ag o ar sail rhithwir;
- cysylltwyd â chyfanswm o 84 sefydliad allanol. Cynhwysai'r rhestr hon yr holl Fyrddau Iechyd, Prifysgolion, Colegau Brenhinol a Chyrff Myfyrwyr sy'n weithredol yng Nghymru;

rhanasom hefyd bostiadau cyfryngau cymdeithasol ar draws ein sianelau ble mae'r Byrddau Iechyd, Cydffederasiwn GIG a Gofal Cymdeithasol Cymru

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wedi cael eu tagio i'w rhannu. Bu i ni hefyd dagio undebau myfyrwyr ar gyfer y postiadau cyfryngau cymdeithasol;

- postiwyd yr ymgynghoriad hefyd ar ein rhyngrwyd yn ogystal ag ar wefan AaGIC.

2.1.2 Canlyniad y broses Ymghyngori

Er i ni dderbyn nifer cymharol gyfyngedig o ymatebion sylweddol i'r broses ymgynghori, roedd bob ymateb o'i fath a dderbyniwyd yn ystod y broses ymghyngori ym mherthynas drafft y Cynllun yn gadarnhaol ac yn gefnogol. O ystyried hyn ni awgrymir unrhyw newidiad cyn cyflwyno drafft y Cynllun gerbron y Bwrdd i'w gymeradwyo.

Awgrymir yn awr bod y Bwrdd yn cymeradwyo drafft y Cynllun (Atodiad 1) er diben ei gyflwyno i'r Comisiynydd ac er cymeradwyaeth derfynol. Gofynnir i aelodau'r Bwrdd nodi y bydd y broses hon yn cael ei hailadrodd, o bosib, yng ngoleuni unrhyw waith cywreinio a awgrymir gan y Comisiynydd. Mae cymeradwyaeth y Bwrdd a'r Comisiynydd fel ei gilydd yn ofynnol cyn cyhoeddi'r cynllun terfynol.

2.2 Diweddariad ar gynnydd yn ôl ein meysydd 10 Prif Flaenoriaeth

Adnabyddwyd y rhain yn dilyn y Cyfarfod Bwrdd ym mis Mai 2019 – ac mae cynnydd yn ôl bob maes fel a ganlyn:

2.2.1 Ymarferiad cynyddu ymwybyddiaeth o ran cyfatebiaeth ddwyieithog – Rheolwr Gwasanaethau Iaith Gymraeg (RhGIG) i weithio â'r Tîm Cyfathrebu (Cyf.).

Cynhwysir hyn yn awr yn ein rhaglen anwytho a'i rannu ar ein tudalennau mewnwyd gyda chymorth Cyf. Ail-bwysleisiwyd hyn yn ein dau ddigwyddiad staff fis Hydref, ac yn gyson yn ein digwyddiadau staff ers yr Hydref. Tynnwyd sylw at hyn hefyd yn ein ymarferiad Ymghyngori staff yn ein Cynllun Iaith Gymraeg.

2.2.2 Ymarferiad cynyddu ymwybyddiaeth o ran ateb galwadau ffôn yn ddwyieithog – RhGIG i weithio â'r Cyf.

Cynhwysir hyn hefyd yn awr yn ein sesiynau anwytho a'i rannu ar ein tudalennau mewnwyd gyda chymorth Cyf. Mae "rhestr gyfieithiad cywir" wedi cael ei chynhyrchu a'i dosbarthu'n eang ar gyfer ein staff. Gofynnir amdani'n aml yn dilyn ein sesiynau anwytho, a'i hail-gyhoeddi yn ein digwyddiad "Arddangos" staff fis Hydref a chaiff ei hailadrodd yn y digwyddiad staff fis Mawrth. Amlygwyd hyn hefyd yn ein ymarferiad Ymgynghori staff yn ein Cynllun Iaith Gymraeg.

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2.2.3 RhGIG i greu rhestr o siaradwyr Cymraeg o fewn AaGIC fel y gellir cyfeirio galwadau ffôn at y bobl hyn.

Mae'r rhestr hon wedi'i chwblhau a'i chynnwys ar ein gwefan fewnrwyd. Fodd bynnag, gydag ychwanegiad nifer o staff dros y cyfnod clo, mwy o ddysgwyr yn datblygu drwy'n prosesau addysgol, a'r heriau ychwanegol o weithio o bell, fe ailymwelwyd â hi. Mae proses newydd yn cael ei threialu ar hyn o bryd (gyda chymorth ffyniant y grŵp "sgwrs" Cymraeg ar-lein).

2.2.4 RhGIG i gyflenwi rhestrau ffôn cyfieithiad cywir ar gyfer pob maes o fewn y sefydliad

Cwblhawyd hyn, fel y dangosir ym mharagraff 2.2.2 uchod. Amlygwyd hyn hefyd yn ein hymarferiad Ymgynghori staff yn ein Cynllun Iaith Gymraeg.

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

Cwblhawyd hyn, ac mae'r cit wedi cael ei ddangos i staff ar sawl achlysur. Fodd bynnag, mae'r cyfnod clo wedi golygu bod galw isel iawn am gyfieithu ar y pryd yn defnyddio ein offer materol. Yn ystod Bwrdd mis Ionawr gallasom ddarparu gwasanaeth cyfieithu ar y pryd ar gyfer y cyfarfod a ffrydiwyd yn fyw. Bydd modd i ni ddarparu'r gwasanaeth mewn cyfarfodydd Bwrdd yn y dyfodol.

2.2.6 Canllaw ar gyfer Trefnu Cyfarfodydd – RhGIG i gynhyrchu a chyhoeddi

Yn awr wedi ei gynnwys yn ein rhaglen anwytho a'i rannu ar ein tudalennau mewnwyd gyda chymorth Cyf. Amlygwyd hyn hefyd yn ein hymarferiad Ymgynghori staff yn ein Cynllun Iaith Gymraeg. Mae cyfarfodydd o bell yn cynning heriau newydd, ac mae angen i ni ailymweld â'r maes hwn yng ngoleuni'r sefyllfa barhaus.

2.2.7 Dylunio Canllawiau a Chanllawiau Cyfieithu – RhGIG i'w cynhyrchu a'u dosbarthu a chodi ymwybyddiaeth ynghylch eu bodolaeth.

Yn awr wedi eu cynnwys yn ein rhaglen anwytho a'u rhannu ar ein tudalennau mewnwyd gyda chymorth Cyf. Mae canllawiau cyfieithu pellach wedi cael eu cynhyrchu yn sgil y galw cynyddol, ond hefyd fe benodwyd rheolwr cyfieithu llawn amser.

Fe ymddengys bod y gwaith ynghylch cyhoeddi ein gwasanaethau Cyfieithu yn gweithio. Y mae tyfiant sylweddol wedi bod o ran y galw am gyfieithu ers mabwysiadu'r polisi Iaith Gymraeg;

- Yn 2019/20 bu i ni gyfieithu ychydig dros 1 miliwn o eiriau – oddeutu 85,000 o eiriau y mis yng nghwrs y flwyddyn.

- Dros yr wyth mis diwethaf, rydym wedi mynd y tu draw i 300,000 bob mis – gyda nifer gorchestol o 426,000 o eiriau wedi’u cyfieithu ym mis Tachwedd.
- Nid yw’r twf mewn cyfieithu yn dangos unrhyw arwyddion ei fod yn gwastadu ar hyn o bryd, ac rydym yn awr, ar gyfartaledd, yn cyfieithu dros 350,000 o eiriau y mis – dros 4 miliwn o eiriau y flwyddyn.

Mewn ymateb i’r galw cynyddol am gyfieithu iaith Gymraeg mae AaGIC wedi cadarnhau ei fod am greu dwy rôl gyfieithu llawn amser ychwanegol.

2.2.8 RhGIG a Rheolwr Cefnogaeth Weithredol i drefnu sesiynau cyfarch ar y ffôn ar gyfer pawb sy’n cwmpasu dyletswyddau Derbynfia.

Mae hyn wedi cael ei wneud – ond mae angen ei ymestyn at fwy o staff, a chyflwyno cyrsiau atgoffa. Nid yw hyn yn flaenoriaeth ar sail y sefyllfa gweithio gartref gyfredol ond fe gaiff ei ail-gyflwyno wrth a phan y byddwn yn dychwelyd at weithio yn y swyddfa.

2.2.9 Hyrwyddiad Gwasanaethau – rydym angen defnyddio cyfryngau cymdeithasol a’r Cyf. i hyrwyddo ein gwasanaethau iaith Gymraeg yn gyson. RhGIG i siarad â Cyf. i ddyfeisio technegau o wneud hyn.

Mae gennym yn awr Swyddog Cyf. wedi ei briodoli ar ein cyfer, yr ydym wedi cwrdd ag o yn rhithwir yn rheolaidd. O ganlyniad, mae llawer mwy o gyfathrebiadau ynghylch gwasanaethau a menterau yn awr yn cael eu rhannu ar y Mewnrwyd. Fodd bynnag, mae’r ffaith nad ydym yn gweithio yn y swyddfa yn golygu bod llai o gyfleoedd creadigol/ greddfol i i hyrwyddo a defnyddio nifer o’n meysydd gwasanaethol.

Rydym, fodd bynnag, wedi cynnal dwy “sesiwn ganu Gymraeg” hynod lwyddiannus a phoblogaidd yn ddiweddar, ble daeth staff ag aelodau o’u teuluoedd ynghyd ar-lein i ganu ystod eang o ganeuon Cymraeg – caneuon plant, emynau traddodiadol a chaneuon gwerin, a chaneuon mwy cyfoes a phoblogaidd. Croesawyd hyn yn gynnes gan staff, mae’n cynyddu mewn poblogrwydd ac yn rywbeth y bydd angen i ni ei addasu ar gyfer pan y byddwn yn symud at batrymau gweithio newydd.

2.2.10 Yr iaith Gymraeg a’n Dysgwyr

Mae’r garfan ddysgwyr eleni wedi cynyddu i gyfanswm o 52 dysgwr cofrestredig – cyfradd twf o 50% o’i gymharu â’r flwyddyn ddiwethaf. Rydym hefyd yn cynnal arolygon staff cyson i ganfod pa feysydd o ymwybyddiaeth iaith Gymraeg mae staff yn teimlo’r angen i wybod mwy yn eu cylch.

Yn ychwanegol, byddwn yn arbrofi gyda chymhwyster Cyfieithu newydd yn fuan yn 2021, sydd wedi ei ddylunio i ymblannu sgiliau newydd o fewn y gweithlu presennol yn hytrach na dibynnu’n gynyddol ar weithrediad Cyfieithu “annibynnol”.

3. GWAITH EHANGACH A YMGYMERWYD AG O GAN AaGIC O RAN CRYFHAU SGILIAU IATH GYMRAEG GWEITHLU'R GIG

Mae AaGIC hefyd wedi cyflwyno nifer o gamau i gefnogi amcan “Cymru Iachach” i gryfhau sgiliau iaith Gymraeg gweithlu'r GIG. Rydym wedi ymblannu gofyniad yng ngham un yr adolygiad strategol contractau hyfforddiant addysg iechyd i bob myfyriwr sefyll cwrs ymwybyddiaeth iaith Gymraeg yn flynyddol. Bydd hyn yn effeithio oddeutu 9000 o fyfyrwyr israddedig sy'n dechrau cyrsiau dan y contractau hyn o fis Medi 2022 ymlaen. Rydym, yn ogystal, wedi gofyn i ddarparwyr y cyrsiau hyn gynnig gwersi iaith Gymraeg hygyrch ar gyfer myfyrwyr sy'n awyddus i ddysgu'r Gymraeg. Mae'r fanyleb dendr hefyd yn ceisio cymell dysgu mwy o gyrsiau drwy gyfrwng y Gymraeg.

Yn ychwanegol, mae Strategaeth y Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol, a gyhoeddwyd ar y cyd â Gofal Cymdeithasol Cymru yn yr Hydref, â'r iaith Gymraeg wedi ei phlethu fel edafedd euraidd trwy'r Strategaeth – gyda'r disgwyliad iddi gael ei hystyried yng nghyd-destun pob un o'i 32 gweithred. Rydym yn awr hefyd yn ymgysylltu'n rhagweithiol gydag Ysgolion Meddygol Caerdydd ac Abertawe, a chyda Deoniaeth Cymru i drafod cefnogaeth iaith barhaus ar gyfer myfyrwyr ôl-raddedig ac i wella eu sgiliau ieithyddol yn y Gymraeg.

Rydym hefyd wedi penodi dau siaradwr Cymraeg yn ddiweddar i dîm Gyrfaoedd AaGIC. Mae'r penodiadau hyn yn barod yn galluogi mwy o weithgarwch o ran hyrwyddo'r defnydd o'r Gymraeg ar y llwybr Gyrfaoedd o fewn y GIG yng Nghymru. O ystyried hyn uchod rydym yn teimlo ein bod yn gwneud camau mawrion o ddifrif tuag at ddod yn sefydliad dwyieithog, er ein bod yn cydnabod, fel sefydliad cymharol newydd, bod mwy eto i'w wneud.

4. MATERION LLYWODRAETHU A RISG

Gall diffyg cydsynio ag unrhyw un o ymrwymadau'r Cynllun arwain at amser Rheolaeth (sylweddol) yn cael ei ddefnyddio wrth fod yn atebol i Ymchwiliad dan law Comisiynydd y Gymraeg, a difrod i enw da'r awdurdod.

5. GOBLYGIADAU ARIANNOL

Dim yn codi o'r adroddiad hwn.

6. ARGYMHELLION

Gofynnir i Aelodau:

- **gymeradwyo**'r Cynllun iaith Gymraeg er diben ei gyflwyno i Gomisiynydd y Gymraeg;
- **nodi**'r adroddiad ym mherthynas y “10 Prif Flaenoriaeth” ar gyfer y polisi iaith Gymraeg ynghyd â'r cynnydd ehangach a wnaed gan AaGIC.

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Llywodraethiant a Sicrwydd

Cyswllt i Amcanion yr IMTP	Amcan Strategol 1: Arwain y gwaith o gynllunio, datblygu a sicrhau gweithlu cymwys, cynaliadwy a hyblyg i helpu i gyflawni 'Cymru Iachach'	Amcan Strategol 2: Gwellu ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Amcan Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu i arwain yn dosturiol ac ar y cyd ar bob lefel
	✓	✓	
	Nod Strategol 4: I ddatblygu'r gweithlu i gefnogi'r gwaith o gyflawni diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	Nod Strategol 6: I gael ein cydnabod fel partner rhagorol, yn ddylanwadr ac arweinydd
	✓		✓
Ansawdd, Diogelwch a Phrofiad y Claf			
Mae ansawdd ein gwasanaethau Cymraeg yn adlewyrchu arnom ni fel corff sy'n weithredol ledled Cymru.			
Goblygiadau Ariannol			
Mae'r goblygiadau ariannol fel y nodir yn adran 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 o ran cyflenwi gwasanaeth dwyieithog effeithiol i'r rhannau hynny o Gymru lle mae'r egwyddor hwnnw wedi creu canlyniadau clinigol ac hyfforddiadol gwell, yn ogystal â helpu i atynu mwy o bobl Gymraeg at rolau lechyd a Gofal. Y mae hefyd yn caniatáu i ni amlhau i'r eithaf y tebygolrwydd o aros yn gydsyniol â'r ddeddfwriaeth iaith Gymraeg.			
Goblygiadau Staffio			
D/Dd			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Mae cyhoeddi ein cynllun iaith Gymraeg yn cyffwrdd â dau o saith nod y Ddeddf Llesiant – Cymru, o sicrhau cymunedau cydlynol a Chymru sy'n fywiog ei diwylliant a ffyniannus ei Chymraeg.			
Hanes yr Adroddiad	Cymeradwywyd drafft y Cynllun Iaith Gymraeg a'i amserlen yn nghyfarfod y Bwrdd fis Mai 2020		
Atodiadau	Y Cynllun Iaith Gymraeg arfaethedig.		

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

Cynllun Iaith Gymraeg

2020 - 2023

Dogfen Ymgynghoriad



English Catherine
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Comisiynydd
Gymraeg
Welsh Language
Commissioner

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RHAGAIR

Dyma ein Cynllun Iaith Gymraeg arfaethedig. Wrth ddarllen y ddogfen hon, cofiwch bob amser mai man cychwyn AaGIC yw bod gallu cynnig gwasanaethau'n ddwyieithog yn arwain at ganlyniadau clinigol gwell. Dyma'r sbardun y tu ôl i'n cynllun, ac ym mhopeth a wnawn yn AaGIC i sicrhau y bydd cleifion yng Nghymru yn gallu derbyn gofal yn well yn yr iaith o'u dewis – Cymraeg neu Saesneg.

Yr egwyddor y tu ôl i bron i 30 mlynedd o ddeddfwriaeth ar yr iaith Gymraeg yng Nghymru yw bod y Gymraeg a'r Saesneg yn cael eu trin yn gyfartal – mae hyn yn sail i'n cynllun iaith Gymraeg, ond yn bwysicach, profiad y cleifion yng Nghymru, gan ganiatáu iddynt deimlo'n fwyaf cyfforddus a theimlo eu bod yn cael eu parchu pan fyddant yn derbyn gofal iechyd, sy'n sbarduno'r cynllun hwn.

Dyma ein dyheadau – ac rydym yn hyderus y bydd AaGIC, drwy fabwysiadu'r egwyddorion a'r camau gweithredu a nodir yn y Cynllun hwn, yn helpu i wella profiad cleifion o'r system gofal iechyd yng Nghymru.

Dr Chris Jones
Cadeirydd, AaGIC



Man cychwyn AaGIC yw ei fod am ddod yn sefydliad dwyieithog.

Rydym yn dechrau o sefyllfa gref – yn y ddwy flynedd gyntaf o weithredu, teimlwn ein bod wedi cymryd camau breision tuag at y nod hwn. Mae dros 15% o'n staff craidd wedi bod yn cymryd gwersi Cymraeg yn wirfoddol yn y cyfnod hwnnw, gan wella ein gallu mewnol i ddarparu gwasanaethau'n ddwyieithog. Mae'r cyfle i ddysgu drwy gyfrwng y Gymraeg, a phwysigrwyd bod yn ymwybodol o fanteision clinigol gwasanaeth dwyieithog wedi bod yn themâu cryf wrth baratoi cyfleoedd dysgu i fyfyrwyr a staff y GIG yng Nghymru; mae ein porth dysgu newydd ("Y Tŷ Dysgu"), yn adeiladu ar y dyheadau hyn; mae ein holl bolisiâu yn cael "gwiriad synnwyr" am yr effaith a gânt ar y Gymraeg, a lle bynnag y bo'n ymarferol, rydym yn ceisio cryfhau'r effaith gadarnhaol ar yr iaith wrth i ni gyflwyno polisiâu newydd; mae ein holl wefannau a mwy a mwy o'n negeseuon i'r cyhoedd yn ddwyieithog – rhywbeth nad ydym wedi bod o dan unrhyw rwymedigaeth i'w wneud hyd yma. Mae'r syniad o wneud ein gwaith yn ddwyieithog yn ennill ei blwyf o fewn y sefydliad.



Rydym wedi gwneud hyn i gyd, a mwy, oherwydd credwn yn gryf fod cenedl ddwyieithog angen sefydliadau dwyieithog er mwyn iddi allu bod ar ei mwyaf effeithiol ac effeithlon. Yn ei hanfod, mae gwasanaeth gofal iechyd yn ymwneud â rhoi profiad cadarnhaol a chanlyniad da i'r unigolyn sy'n derbyn y gwasanaeth hwnnw. Bydd mwy a mwy o unigolion o fewn system gofal iechyd Cymru yn sicrhau gwell canlyniadau drwy dderbyn gofal drwy'r iaith o'u dewis. Dyma'r dyhead wrth wraidd ein cynllun.

Alex Howells,
Prif Weithredwr, AaGIC

CYFLWYNIAD

Ein Sefydliad

Sefydlwyd AaGIC ar 1 Hydref 2018, fel yr unfed aelod ar ddeg o GIG Cymru yn dilyn cyfuno tri sefydliad etifeddol; Deoniaeth Cymru, Canolfan Addysg Fferylliaeth Broffesiynol Cymru (WCPPE) a Gwasanaeth Datblygu'r Gweithlu ac Addysg (WEDS).

Mae gennym rôl arweiniol yn addysg, hyfforddiant, datblygiad a llunio'r gweithlu gofal iechyd yng Nghymru, gan gefnogi gofal o ansawdd uchel i bobl Cymru.

Mae ein prif swyddogaethau yn cynnwys:

- gweithio'n agos gyda phartneriaid a rhanddeiliaid allweddol, a chynllunio ymlaen llaw i sicrhau bod y gweithlu iechyd a gofal yn diwallu anghenion y GIG a phobl Cymru, nawr ac yn y dyfodol
- bod yn ffynhonnell ddibynadwy o wybodaeth am weithlu iechyd a gofal Cymru
- comisiynu, dylunio a darparu addysg a hyfforddiant o ansawdd uchel sy'n cynnig gwerth am arian, yn unol â safonau
- defnyddio addysg, hyfforddiant a datblygiad i annog a hwyluso staff i gamu ymlaen yn eu gyrfa
- cefnogi addysg, hyfforddiant a rheoleiddio gwasanaethau drwy chwarae rhan allweddol wrth gynrychioli Cymru, a gweithio'n agos gyda rheoleiddwyr
- datblygu arweinwyr gofal iechyd heddiw a'r dyfodol
- darparu cyfleoedd i'r gweithlu iechyd a gofal ddatblygu sgiliau newydd
- hyrwyddo gyrfaedd iechyd a gofal yng Nghymru, a Chymru fel lle i fyw ynddo
- cefnogi'r gweithlu proffesiynol a'r proffesiwn datblygu sefydliadau yng Nghymru
- dal ati i wella'r hyn a wnawn a sut rydym yn ei wneud.

Fel sefydliad, rydym wedi ein lleoli yn Nhŷ Dysgu, Nantgarw, adeilad ar brydles gan Gyngor Rhondda Cynon Taf, sy'n darparu'r ganolfan reoli a gweinyddol i dros 200 o staff a detholiad o fannau cyfarfod i ymgymryd â busnes. Rydym hefyd yn prydlesu swyddfa fach yn y Gogledd.



Prif nodau

Mae AaGIC am ddod yn sefydliad dwyieithog, yn y ffordd y mae'n cynnal ei fusnes mewnol ac yn y ffordd y mae'n rhyngweithio â'i randdeiliaid. Eisoës, llai na 2 flynedd ers ei sefydlu, dyma rai o'r pethau rydym yn eu gwneud yn fewnol i'r perwyl hwn:

- rydym yn cynhyrchu'r holl bapurau crynodeb ar gyfer cyfarfodydd Bwrdd Agored a Phwyllgorau yn Gymraeg
- rydym yn annog y defnydd o'r Gymraeg yn ein cyfarfodydd cyhoeddus drwy ddarparu gwasanaeth cyfieithu ar y pryd.
- rydym wedi buddsoddi yn ein hoffer cyfieithu ar y pryd, ac rydym yn hyfforddi mwy a mwy o staff i'w ddefnyddio. Rydym wedi defnyddio'r offer hwn i ddarparu gwasanaeth cyfieithu mewn cyfarfodydd cyhoeddus mawr o hyd at 400 o bobl – ond rydym hefyd yn ei ddefnyddio fwyfwy mewn cyfarfodydd llai, cyfweiliadau a gweithdai gyda rhwng 2 ac 8 o bobl.
- mae ein Cynllun Tymor Canolig Integredig (IMTP), sy'n rhan o Gynllun Tymor Canolig Integredig Cenedlaethol Llywodraeth Cymru, yn ein hymrwymo i gyflawni nifer o amcanion sydd â'r nod o feithrin y Gymraeg yn fewnol ac yn allanol. Rydym yn adrodd yn fisol ar gynnydd yn erbyn y cynllun hwn, ac yn cael ein galw i gyfrif yn ei erbyn gan Lywodraeth Cymru. Mae ein IMTP presennol i'w weld yma; <https://aagic.gig.cymru/corfforol/dogfennau-allweddol/>
- yn y flwyddyn gyntaf ar ôl ei sefydlu, cofrestrodd bron i 40 aelod o staff mewn gwersi Gymraeg ar wahanol lefelau. Yn ein hail flwyddyn, cynyddodd y nifer hwn.

Yn ein gweithgareddau allanol, mae'r uchafbwyntiau canlynol i'w nodi o'n dwy flynedd gyntaf o weithredu:

- mae Cyflwyniadau Cyhoeddus yn ddwyieithog i'r graddau sy'n ymarferol – mae penawdau sleidiau, agendâu ar gyfer cyfarfodydd, cyfarchion llafar o leiaf, a chyflwyniadau cyfan lle y bo'n ymarferol, yn ddwyieithog; mae gwasanaeth cyfieithu ar y pryd yn cael ei gynnig mewn mwyfwy o gyfarfodydd a gynhelir gennym ledled Cymru
- mae'r Gymraeg yn llinyn cyffredin ar hyd y drafft o'n Strategaeth Gweithlu ar gyfer lechyd a Gofal Cymdeithasol – sy'n aros am gymeradwyaeth ffurfiol gan Lywodraeth Cymru ar hyn o bryd
- mae'r Gymraeg yn chwarae rhan gynyddol yn y Broses Gomisiynu ar gyfer Addysg Gofal lechyd – mae ymwybyddiaeth o iaith yn orfodol i bob myfyriwr, a bydd cyfleoedd dysgu gwell i bob myfyriwr hefyd yn dod yn rhan ffurfiol o'u haddysg yng Nghymru
- rydym yn datblygu deialog adeiladol iawn gyda'r Coleg Gymraeg Cenedlaethol o ran datblygiad strategol y Gymraeg mewn gweithgareddau dysgu Addysg Uwch ledled Cymru
- yn ystod 2021/22 byddwn yn treialu ac yn datblygu un neu ddau gymhwyster arloesol iawn (gyda phartneriaid eraill y Bwrdd lechyd) gyda'r nod o recriwtio siaradwyr Gymraeg i'r gweithlu lechyd a Gofal Cymdeithasol, a datblygu sgiliau iaith presennol y rhai sydd eisoes yn gweithio gyda ni
- bydd y cymwysterau hyn yn ein helpu i recriwtio siaradwyr Gymraeg i'r gweithlu yng Nghymru – pwynt a atgyfnerthwyd yn ddiweddar gan greu a llenwi swydd Swyddog Gyrfaedd ac Allgymorth Gymraeg yn AaGIC a fydd yn canolbwyntio'n benodol ar y cyfleoedd gyrfa ym maes lechyd a Gofal Cymdeithasol sy'n gofyn am lefelau amrywiol o sgiliau Gymraeg.

Dim ond rhai o'r mentrau sydd eisoes wedi'u cyflawni ac sydd ar y gweill o fewn AaGIC sy'n atgyfnerthu ein nod datganedig o fod yn sefydliad dwyieithog yw'r rhain.

Diben y Cynllun

Fel corff sydd wedi ymrwymo i wella'r ddarpariaeth addysg iechyd yng Nghymru, rydym yn cydnabod pwysigrwydd cynyddol y Gymraeg o ran sicrhau gwell canlyniadau clinigol, a dyma'r prif ffactor ysgogol y tu ôl i'n hawydd i optimeiddio ansawdd a maint y gwasanaethau Cymraeg y gallwn eu cynnig.

Mae AaGIC wedi mabwysiadu'r egwyddor a sefydlwyd yn Neddf yr Iaith Gymraeg 1993, sef y dylid trin y Gymraeg a'r Saesneg yn gyfartal wrth arfer busnes cyhoeddus yng Nghymru.

Mae'r cynllun iaith Gymraeg statudol hwn yn disgrifio sut y byddwn yn gweithredu'r egwyddor hon ac yn nodi sut y byddwn yn darparu ein gwasanaethau i'r cyhoedd yng Nghymru yn Gymraeg.

Mae gan y Cynllun awdurdod, cefnogaeth a chymeradwyaeth lawn ein Bwrdd a'n Gweithrediaeth.

Cwmpas y Cynllun

Darparu gwasanaethau i'r cyhoedd

Mae'r Cynllun yn ymdrin yn bennaf â'r gweithgareddau a'r gwasanaethau a ddarparwn i'r cyhoedd yng Nghymru.

Mae'r term 'cyhoeddus' yn golygu unigolion, personau cyfreithiol a chyrff corfforaethol. Mae'n cynnwys y cyhoedd yn gyffredinol, neu ran o'r cyhoedd, yn ogystal ag aelodau unigol o'r cyhoedd¹.

Mae'r term yn cynnwys mudiadau gwirfoddol ac elusennau yn ogystal â chyrff cyhoeddus fel awdurdodau lleol a byrddau iechyd lleol. Mae cyfarwyddwyr ac eraill sy'n cynrychioli cwmnïau cyfyngedig wedi'u cynnwys yn ystyr y term 'cyhoeddus' hefyd.

Ar wahân i'r rhai a enwir uchod, fodd bynnag, nid yw'n cynnwys personau sy'n gweithredu mewn swydd sy'n cynrychioli'r Goron, y Llywodraeth neu'r Wladwriaeth. O ganlyniad, nid yw personau sy'n cyflawni swyddogaethau swyddogol o natur gyhoeddus, er eu bod yn bersonau cyfreithiol, wedi'u cynnwys yn ystyr y gair cyhoeddus pan fyddant yn cyflawni'r swyddogaethau swyddogol hynny.

Darparu gwasanaethau i bersonau

Mae AaGIC hefyd wedi ymrwymo i ddarparu gwasanaeth Cymraeg ar lefel sy'n cyfateb i'r safonau'r Gymraeg a osodir ar sefydliadau cyhoeddus tebyg yng Nghymru. Felly, mae ein Cynllun hefyd yn ymestyn i ymrwymo i ddarparu rhai gweithgareddau a gwasanaethau yn Gymraeg i 'bersonau'.

Mae i'r term 'person' ystyr ehangach na'r term 'cyhoedd'. Yn y cynllun hwn, mae cyfeiriadau at 'personau' yn cynnwys corff o bersonau corfforaethol neu anghorfforedig². Mae'r term yn cynnwys endidau fel unigolion, cyrff corfforaethol, cymdeithasau, cwmnïau, partneriaethau, ymddiriedolaethau ac awdurdodau cyhoeddus.

Llunio polisiau

Mae'r cynllun yn esbonio sut y byddwn yn ystyried effeithiau ein penderfyniadau polisi ar y Gymraeg.

1 Yn y cynllun hwn, ystyr 'unigolyn' yw aelod o'r cyhoedd

2 Dehonglir y term "person" yn unol ag Atodlen 1 o Ddeddf Dehongli 1978

Gweithrediadau mewnol

Mae'r Cynllun hwn hefyd yn esbonio sut y byddwn yn ystyried ac yn defnyddio'r Gymraeg yn fewnol ac yn amlinellu'r gweithgareddau a'r gwasanaethau a ddarparwn i'n staff yn Gymraeg. Mae hefyd yn esbonio sut y byddwn yn gweinyddu ac yn monitro ein Cynllun.

Cynllun gweithredu

Ceir cynllun gweithredu sy'n amlinellu sut y byddwn yn gweithredu'r ymrwymadau yn ein Cynllun, ac erbyn pryd, yn Atodiad 1.



Mesur y Gymraeg (Cymru) 2011

Mae Mesur y Gymraeg (Cymru) 2011 yn sefydlu'r egwyddor:

- yng Nghymru, ni ddylid trin y Gymraeg yn llai ffafriol na'r Saesneg, a
- y dylai pobl yng Nghymru allu byw eu bywydau drwy gyfrwng y Gymraeg os ydynt yn dewis gwneud hynny.

Comisiynydd y Gymraeg

Mae'r Mesur yn trosglwyddo swyddogaethau Deddf yr Iaith Gymraeg 1993, sy'n ymwneud â chynlluniau iaith Gymraeg, i Gomisiynydd y Gymraeg.

Prif nod y Comisiynydd yw hyrwyddo a hwyluso'r defnydd o'r Gymraeg. Mae'r Comisiynydd yn gyfrifol am reoleiddio gweithrediad ein cynllun yn unol â Fframwaith Rheoleiddio'r Comisiynydd¹.

Safonau'r Gymraeg

Mae'r Mesur yn gwneud darpariaeth ar gyfer pennu safonau ymddygiad mewn perthynas â'r Gymraeg ('safonau'). Dros amser, bydd safonau'n disodli'r system o gynlluniau iaith Gymraeg y darperir ar eu cyfer gan Ddeddf yr Iaith Gymraeg 1993.

Hyd yma, nid yw Gweinidogion Cymru wedi rhagnodi rheoliadau mewn perthynas ag ymddygiad AaGIC, a fyddai'n ein galluogi i gydymffurfio â safonau'r Gymraeg. Byddwn yn parhau i drafod yn adeiladol gyda Gweinidogion Cymru gyda'r bwriad i ni allu cael ein cynnwys yn y gyfundrefn safonau yn y dyfodol agos.

Hyd nes y daw safonau o'r fath i rym ar gyfer AaGIC, byddwn yn parhau i weithredu cynllun iaith Gymraeg a diwygio ein cynllun presennol bob tair blynedd er mwyn cryfhau ei ddarpariaethau.

Statws swyddogol y Gymraeg

Mae'r Mesur hefyd yn rhoi grym cyfreithiol i statws swyddogol y Gymraeg. Mae'r cynllun hwn yn ddatganiad o'n cydnabyddiaeth o'r statws cyfreithiol hwn.

Rhyddid personau i ddefnyddio'r Gymraeg gyda'i gilydd

Mae'r Mesur hefyd yn sefydlu rhyddid cyfreithiol personau yng Nghymru sy'n dymuno defnyddio'r Gymraeg i wneud hynny gyda'i gilydd. Mae AaGIC yn ymrwymo i sicrhau nad yw'n ymyrryd â hawl unigolyn (gan gynnwys staff) i ddefnyddio'r Gymraeg gyda rhywun arall.

4 Fframwaith Rheoleiddio Comisiynydd y Gymraeg
<http://www.comisiynyddygymraeg.cymru/Cymraeg/Rhestr%20Cyhoeddiadau/Fframwaith%20rheoleiddio.pdf>

Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru)

Un o'r saith nod llesiant yn Neddf Llesiant Cenedlaethau'r Dyfodol (Cymru) (2015) yw; Cymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu. Mae ein dyheadau yn y cynllun hwn yn adlewyrchu dyheadau'r darn pwysig hwn o ddeddfwriaeth – ein nod ar hyd y cynllun hwn ac yn ein gweithredoedd pob dydd fel sefydliad cwbl ddwyieithog yw sicrhau bod y Gymraeg yn ffynnu.

Polisiau a Mentrau Llywodraeth Cymru

Mae mentrau eraill Llywodraeth Cymru, yn benodol "Cymru Iachach" a "Mwy na Geiriau", hefyd yn cael eu hadlewyrchu a'u cefnogi yn y Cynllun hwn.

Ein Darpariaeth Gymraeg

Safonau ansawdd

Bydd y gwasanaethau a ddarperir yn Gymraeg ac yn Saesneg o ansawdd cyfartal ac fe'u darperir o fewn yr un amserlen.

Bydd unrhyw fath o gyswllt â'r cyhoedd yng Nghymru nad yw'r cynllun hwn yn ymdrin ag ef yn benodol yn cael ei wneud mewn modd sy'n gyson ag egwyddorion cyffredinol y Cynllun hwn.

1. Gohebiaeth ysgrifenedig - gan gynnwys llythyrau a negeseuon e-bost

Os cawn ohebiaeth gan berson yn Gymraeg, byddwn yn ymateb yn Gymraeg (os oes angen ateb), oni bai bod y person wedi nodi nad oes angen ymateb yn Gymraeg.

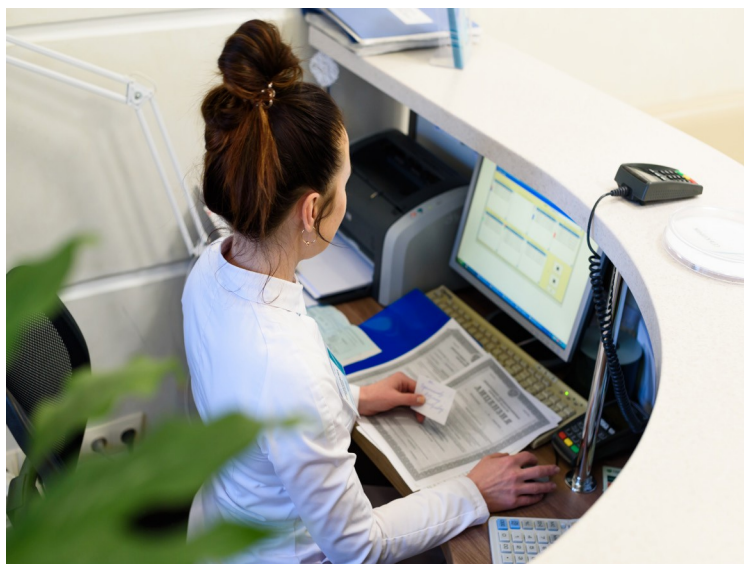
Pan fyddwn yn cychwyn gohebiaeth â pherson, bydd yr ohebiaeth yn ddwyieithog (oni bai ein bod yn ymwybodol o ddewis iaith y person). Bydd unrhyw ohebiaeth ddilynol yn cael ei chyhoeddi yn unol â dewis iaith cychwynol y person.

Pan fyddwn yn anfon yr un ohebiaeth at sawl person, gan gynnwys gohebiaeth safonol neu gylchlythyr, byddwn yn anfon fersiwn Gymraeg o'r ohebiaeth ar yr un pryd ag y byddwn yn anfon unrhyw fersiwn Saesneg.

Os nad ydym yn gwybod a yw person yn dymuno derbyn gohebiaeth gennym ni yn Gymraeg, pan fyddwn yn gohebu â'r person hwnnw, byddwn yn darparu fersiwn Gymraeg o'r ohebiaeth.

Os byddwn yn cynhyrchu fersiwn Gymraeg a fersiwn Saesneg gyfatebol o ohebiaeth, ni fyddwn yn trin y fersiwn Gymraeg yn llai ffafriol na'r fersiwn Saesneg. Er enghraifft, os llofnodir y fersiwn Saesneg, neu os darperir manylion cyswllt ar y fersiwn Saesneg, yna caiff y fersiwn Gymraeg ei thrin yn yr un modd. Byddwn hefyd yn sicrhau ein bod yn defnyddio cyfeiriadau post Cymraeg wrth anfon llythyrau yn Gymraeg.

Rydym yn croesawu gohebiaeth yn Gymraeg neu Saesneg, gan gynnwys deunydd atodol fel ffurflenni, taflenni gwybodaeth ac yn y blaen. Mae ein hamser targed ar gyfer ymateb i ohebiaeth yr un fath yn Gymraeg ac yn Saesneg.



Byddwn yn datgan -

a. mewn gohebiaeth, a

b. mewn cyhoeddiadau a hysbysiadau sy'n gwahodd personau i ymateb i ni neu i ohebu â ni, ein bod yn croesawu derbyn gohebiaeth yn Gymraeg, y byddwn yn ymateb i ohebiaeth yn Gymraeg, ac na fydd gohebu yn Gymraeg yn arwain at oedi.

Byddwn yn darparu -

a. geiriad neu logo i'n staff ei gynnwys mewn llofnodion e-bost a fydd yn eu galluogi i nodi a ydynt yn siarad Cymraeg yn rhugl neu a ydynt yn dysgu'r iaith, a

b. mewn cyhoeddiadau a hysbysiadau sy'n gwahodd personau i ymateb i ni neu i ohebu â ni, ein bod yn croesawu derbyn gohebiaeth yn Gymraeg, y byddwn yn ymateb i ohebiaeth yn Gymraeg, ac na fydd gohebu yn Gymraeg yn arwain at oedi.

2. Galwadau ffôn

Galwadau ffôn i'n prif rif cyswllt ac i unrhyw linellau gymorth neu ganolfannau galwadau

Pan fydd person yn cysylltu â ni ar ein prif rif (neu rifau) ffôn, neu ar unrhyw rifau llinell gymorth neu rifau canolfannau galwadau byddwn yn cyfarch y person yn Gymraeg. Ein harfer ar hyn o bryd yw bod ein prif linell ffôn gyhoeddus dan ofal derbynnydd dwyieithog sy'n ateb gyda chyfarchiad dwyieithog.

Byddwn yn hysbysu'r unigolyn bod gwasanaeth Cymraeg ar gael.

Byddwn yn delio â'r alwad yn Gymraeg os mai dyna ddymuniad y person hyd nes -

a. bod angen trosglwyddo'r alwad i aelod o staff nad yw'n siarad Cymraeg sy'n gallu darparu gwasanaeth ar bwnc penodol; a

b. nad oes aelod o staff sy'n siarad Cymraeg ar gael i ddarparu gwasanaeth ar y pwnc penodol hwnnw.

Pan fyddwn yn hysbysebu rhifau ffôn, rhifau llinell gymorth neu wasanaethau canolfannau galwadau, ni fyddwn yn trin y Gymraeg yn llai ffafriol na'r Saesneg.

Os ydym yn cynnig gwasanaeth Cymraeg ar ein prif rif (neu rifau) ffôn, ar rifau unrhyw linell gymorth neu rifau canolfannau galwadau, bydd rhif ffôn y gwasanaeth Cymraeg yr un fath ag ar gyfer y gwasanaeth Saesneg cyfatebol.

Pan fyddwn yn cyhoeddi ein prif rif ffôn, neu unrhyw rifau llinell gymorth neu rifau gwasanaeth canolfannau galwadau, byddwn yn datgan (yn Gymraeg) ein bod yn croesawu galwadau yn Gymraeg.

Os oes gennym ddangosyddion perfformiad ar gyfer delio â galwadau ffôn, byddwn yn sicrhau nad yw'r dangosyddion perfformiad hynny'n trin galwadau ffôn a wneir yn Gymraeg yn llai ffafriol na galwadau a wneir yn Saesneg.

Bydd ein prif wasanaeth (neu wasanaethau) ateb galwadau ffôn yn hysbysu personau sy'n galw, yn Gymraeg, y gallant adael neges yn Gymraeg.

Pan nad oes gwasanaeth Cymraeg ar gael ar ein prif rif (neu rifau) ffôn, neu ar unrhyw rifau llinell gymorth neu rifau canolfannau galwadau, byddwn yn hysbysu personau sy'n galw, yn Gymraeg (drwy neges awtomataidd neu fel arall), pryd fydd gwasanaeth Cymraeg ar gael. Er enghraifft, os

nad oes siaradwr Cymraeg ar gael a fyddai'n gymwys i ddelio ag ymholiad penodol y galwr, bydd y galwr yn cael dewis rhwng cael siaradwr Cymraeg i'w ffonio'n ôl cyn gynted â phosibl, parhau â'r alwad yn Saesneg, neu gyflwyno ymholiad ysgrifenedig yn Gymraeg.

Galwadau ffôn i adrannau ac i aelodau o'n staff

Os bydd person yn cysylltu ag un o'n hadrannau ar rif ffôn llinell uniongyrchol (gan gynnwys ar rifau llinellau uniongyrchol aelodau staff), a bod y person hwnnw'n dymuno derbyn gwasanaeth yn Gymraeg, byddwn yn delio â'r alwad yn Gymraeg hyd nes -

- bod angen trosglwyddo'r alwad i aelod o staff nad yw'n siarad Cymraeg sy'n gallu darparu gwasanaeth ar bwnc penodol; a
- nad oes aelod o staff sy'n siarad Cymraeg ar gael i ddarparu gwasanaeth ar y pwnc penodol hwnnw.

Pan fydd person yn cysylltu â ni ar rif llinell uniongyrchol (boed ar rif llinell uniongyrchol adran neu ar rif llinell uniongyrchol aelod o staff), byddwn yn sicrhau, wrth gyfarch y person, nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg.

Galwadau ffôn rydym ni'n eu gwneud

Pan fyddwn yn ffonio unigolyn ("A") am y tro cyntaf byddwn yn gofyn i A a yw A yn dymuno derbyn galwadau ffôn gennym ni yn Gymraeg, ac os bydd A yn ymateb i ddweud bod A yn dymuno derbyn galwadau ffôn yn Gymraeg byddwn yn cadw cofnod o'r dymuniad hwnnw, ac yn gwneud galwadau ffôn gydag A o hynny ymlaen yn Gymraeg.

Delio â galwadau ffôn gan ddefnyddio system awtomataidd

Bydd unrhyw systemau ffôn awtomataidd sydd gennym yn darparu'r gwasanaeth awtomataidd cyflawn yn Gymraeg.

3. Cynnal cyfarfodydd nad ydynt yn agored i'r cyhoedd

Cyfarfodydd rhyngom ni ac un person arall sydd wedi cael gwahoddiad

Cyfarfodydd rhyngom ni ac un person arall sydd wedi cael gwahoddiad -

- byddwn yn gofyn i'r person a yw'n dymuno defnyddio'r Gymraeg yn y cyfarfod, ac yn hysbysu'r person y byddwn yn cynnal y cyfarfod yn Gymraeg neu, os oes angen, yn darparu gwasanaeth cyfieithu o'r Gymraeg i'r Saesneg at y diben hwnnw, a
- os yw'r person wedi dweud wrthym ei fod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, byddwn yn cynnal y cyfarfod yn Gymraeg neu, os oes angen, yn trefnu bod gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod.

Cyfarfodydd rhyngom ni a mwy nag un person sydd wedi cael gwahoddiad

Os byddwn yn gwahodd mwy nag un person i gyfarfod, byddwn yn gofyn i bob person a yw'n dymuno defnyddio'r Gymraeg yn y cyfarfod.

Os yw o leiaf 10% (ond llai na 100%) o'r bobl sydd a wahoddwyd wedi ein hysbysu eu bod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, byddwn yn trefnu bod gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod.

Os yw'r holl bobl a wahoddwyd wedi dweud wrthym eu bod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, byddwn yn cynnal y cyfarfod yn Gymraeg neu, os oes angen, yn trefnu bod gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod.



4 . Cyfarfodydd Cyhoeddus

Os ydym yn trefnu cyfarfod sy'n agored i'r cyhoedd ac y caniateir cyfranogiad gan y cyhoedd ynddo, byddwn yn datgan ar unrhyw ddeunydd sy'n ei hysbysebu, ac ar unrhyw wahoddiad iddo, fod croeso i unrhyw un sy'n bresennol ddefnyddio'r Gymraeg yn y cyfarfod.

Pan anfonwn wahoddiadau i gyfarfod a drefnwn sy'n agored i'r cyhoedd ac y caniateir cyfranogiad gan y cyhoedd ynddo, byddwn yn anfon y gwahoddiadau yn Gymraeg.

Os byddwn yn gwahodd pobl i siarad mewn cyfarfod a drefnwn sy'n agored i'r cyhoedd a lle caniateir cyfranogiad gan y cyhoedd, byddwn yn -

- gofyn i bob person a wahoddir i siarad a yw'n dymuno defnyddio'r Gymraeg, a
- os yw'r person hwnnw (neu o leiaf un o'r personau hynny) wedi dweud wrthym ei fod yn dymuno defnyddio'r Gymraeg yn y cyfarfod, darparu gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg at y diben hwnnw (oni bai ein bod yn cynnal y cyfarfod yn Gymraeg heb wasanaeth cyfieithu).

Os trefnwn gyfarfod sy'n agored i'r cyhoedd ac y caniateir cyfranogiad gan y cyhoedd ynddo, byddwn yn sicrhau bod gwasanaeth cyfieithu ar y pryd o'r Gymraeg i'r Saesneg ar gael yn y cyfarfod, a byddwn yn hysbysu'r rhai sy'n bresennol ar lafar yn Gymraeg -

- bod croeso iddynt ddefnyddio'r Gymraeg, a
- bod gwasanaeth cyfieithu ar y pryd ar gael.

Os byddwn yn cynhyrchu ac yn arddangos unrhyw ddeunydd ysgrifenedig mewn cyfarfod a drefnwn sy'n agored i'r cyhoedd, byddwn yn sicrhau bod y deunydd yn cael ei arddangos yn Gymraeg, ac ni fyddwn yn trin unrhyw destun Cymraeg yn llai ffafriol na'r testun Saesneg.

Mae hyn yn cynnwys sicrhau ein bod yn darparu agendâu, papurau a gwybodaeth arall yn ddwyieithog. Byddwn yn cyhoeddi cofnodion neu bapurau a gynhyrchir yn dilyn y cyfarfodydd hyn yn ddwyieithog hefyd.

5. Digwyddiadau cyhoeddus

Os byddwn yn trefnu digwyddiad cyhoeddus, neu'n ariannu o leiaf 50% o ddigwyddiad cyhoeddus, byddwn yn sicrhau, wrth hyrwyddo'r digwyddiad, nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg (er enghraifft, yn y ffordd y caiff y digwyddiad ei hysbysebu neu yn y cyhoeddusrwydd ar ei gyfer).

Os byddwn yn trefnu digwyddiad cyhoeddus, neu'n ariannu o leiaf 50% o ddigwyddiad cyhoeddus, byddwn yn sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg yn y digwyddiad (er enghraifft, mewn perthynas â gwasanaethau a gynigir i bobl sy'n mynychu'r digwyddiad, mewn perthynas ag arwyddion rydym yn eu cynhyrchu ac yn eu harddangos yn y digwyddiad ac mewn perthynas â chyhoeddiadau sain a wneir yn y digwyddiad).



6. Darlithoedd Cyhoeddus

Pan gynhelir darlith gyhoeddus, byddwn yn sicrhau bod gwasanaeth cyfieithu ar y pryd o'r Gymraeg i'r Saesneg ar gael ar gyfer unrhyw gwestiynau a ofynnir gan y gynulleidfa yn ystod neu ar ôl y ddarlith lle -

- Mae pwnc y ddarlith gyhoeddus yn awgrymu y dylid darparu gwasanaeth o'r fath, neu
- Mae'r gynulleidfa ddisgwyliedig a'u disgwyliadau yn awgrymu y dylid darparu gwasanaeth o'r fath.

Pan fyddwn yn trefnu darlith gyhoeddus a'n bod yn darparu gwasanaeth cyfieithu ar y pryd, byddwn yn hysbysu'r rhai sy'n bresennol ar lafar yn Gymraeg bod croeso iddynt ddefnyddio'r Gymraeg

7. Deunydd cyhoeddusrwydd a hysbysebu

Rhaid cynhyrchu unrhyw ddeunydd cyhoeddusrwydd neu hysbysebu a gynhyrchwn yn Gymraeg, ac os cynhyrchwn y deunydd yn Gymraeg ac yn Saesneg, ni fyddwn yn trin y fersiwn Gymraeg yn llai ffafriol nag yr ydym yn trin y fersiwn Saesneg.



8. Dangos deunydd yn gyhoeddus

Bydd unrhyw ddeunydd rydym yn ei gynhyrchu ac yn ei arddangos yn gyhoeddus yn cael ei arddangos yn Gymraeg, ac ni fyddwn yn trin unrhyw fersiwn Gymraeg o'r deunydd yn llai ffafriol na'r fersiwn Saesneg

9. Dogfennau a ffurflenni

Mae ein IMTP a'n prosesau Asesu'r Effaith ar Gydraddoldeb yn sicrhau y bydd unrhyw ddogfen a ffurflen a gynhyrchwn yn cael ei chynhyrchu'n ddwyieithog fel mater o drefn.

Yn y man lleiaf, bydd unrhyw ddogfen a ffurflen a gynhyrchwn at ddefnydd y cyhoedd yn cael ei chynhyrchu yn Gymraeg.

Os byddwn yn cynhyrchu dogfen neu ffurflen yn ddwyieithog -

- ni fyddwn yn trin unrhyw fersiwn Gymraeg yn llai ffafriol nag yr ydym yn trin y fersiwn Saesneg (boed yn fersiynau ar wahân ai peidio);
- ni fyddwn yn gwahaniaethu rhwng y fersiwn Gymraeg a Saesneg mewn perthynas ag unrhyw ofynion sy'n berthnasol i'r ddogfen neu'r ffurflen (er enghraifft, mewn perthynas ag unrhyw ddyddiad cau ar gyfer cyflwyno'r ffurflen, neu mewn perthynas â'r amser a ganiateir i ymateb i gynnwys y ddogfen neu'r ffurflen); a

byddwn yn sicrhau bod y fersiwn Saesneg yn nodi'n glir bod y ddogfen neu'r ffurflen hefyd ar gael yn Gymraeg.

Pan fyddwn yn cyhoeddi unrhyw ddatganiad i'r wasg, byddwn yn ei gyhoeddi yn Gymraeg ac, os oes fersiwn Gymraeg a fersiwn Saesneg o ddatganiad, byddwn yn cyhoeddi'r ddwy fersiwn ar yr un pryd.

10. Ein gwefannau ac adnoddau ar-lein

Byddwn yn sicrhau -

- bod testun pob tudalen o'n gwefan ar gael yn Gymraeg,
- bod pob tudalen Gymraeg ar ein gwefan yn gwbl weithredol, a
- nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg ar ein gwefan.

Mae hyn yn cynnwys sicrhau y dylai unrhyw gynnwys neu ddatblygiadau yn y dyfodol ar brif wefan AaGIC, a microwefannau presennol, gael eu gweithredu'n ddwyieithog. Golyga hyn hefyd y bydd unrhyw wasanaeth ar-lein a ddarparwn i'r cyhoedd ar gael yn ddwyieithog

Os oes gennym dudalen we Gymraeg sy'n cyfateb i dudalen we Saesneg, byddwn yn datgan yn glir ar y dudalen we Saesneg fod y dudalen hefyd ar gael yn Gymraeg, a byddwn yn darparu dolen uniongyrchol i'r dudalen Gymraeg ar y dudalen Saesneg gyfatebol. Mae ein prif wefan, <https://aagic.gig.cymru/> wedi'i datblygu'n ddwyieithog gyda'r gallu i doglo'n uniongyrchol rhwng ieithoedd.

Byddwn yn darparu'r rhyngwyneb a'r dewislenni ar bob tudalen o'n gwefan yn Gymraeg.

Wrth ddylunio gwefannau newydd, neu ddatblygu ein gwefannau presennol, byddwn yn ystyried canllawiau Comisiynydd y Gymraeg, Technoleg, Gwefannau a Meddalwedd: Ystyried y Gymraeg, a Chynllun Gweithredu Technoleg Gymraeg Llywodraeth Cymru.

11. Apiau

Bydd pob ap a gyhoeddir gennym yn gweithredu'n llawn yn Gymraeg, ac ni fydd y Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg mewn perthynas â'r ap hwnnw.

12. Y cyfryngau cymdeithasol

Pan fyddwn yn defnyddio'r cyfryngau cymdeithasol ar ein cyfrifon corfforaethol ac adrannol ni fyddwn yn trin y Gymraeg yn llai ffafriol na'r Saesneg.

Os bydd person yn cysylltu â ni drwy gyfryngau cymdeithasol yn Gymraeg, byddwn yn ymateb yn Gymraeg (os oes angen ateb).

13. Arwyddion a hysbysiadau

Pan fyddwn yn -

- codi arwydd newydd neu'n adnewyddu arwydd (gan gynnwys arwyddion dros dro); neu
- yn cyhoeddi neu arddangos hysbysiad; bydd unrhyw destun a ddangosir ar yr arwydd neu'r hysbysiad yn cael ei arddangos yn Gymraeg (boed ar yr un arwydd neu hysbysiad â'r testun Saesneg cyfatebol neu ar arwydd neu hysbysiad ar wahân);

ac os yw'r un testun yn cael ei arddangos yn Gymraeg ac yn Saesneg, ni fyddwn yn trin y testun Cymraeg yn llai ffafriol na'r testun Saesneg

Er mai arwyddion dwyieithog yw'r dewis a ffefrir, bydd arwyddion Cymraeg a Saesneg ar wahân, os cânt eu cynhyrchu, yn gyfartal o ran maint, ansawdd, eglurder ac amlygrwydd.

Pan fyddwn yn -

- codi arwydd newydd neu'n adnewyddu arwydd (gan gynnwys arwyddion dros dro); neu
- yn cyhoeddi neu arddangos hysbysiad; sy'n cyfleu'r un wybodaeth yn Gymraeg ac yn Saesneg, bydd y testun Cymraeg yn cael ei leoli fel ei fod yn debygol o gael ei ddarllen yn gyntaf.
-

Byddwn yn sicrhau bod y testun Cymraeg ar arwyddion a hysbysiadau yn gywir o ran ystyr a mynegiant. Bydd cyfieithydd cymeradwy yn prawfddarllen yr holl arwyddion dwyieithog a'r arwyddion Cymraeg yn unig er mwyn sicrhau cysondeb yn safon y Gymraeg.

14. Gwasanaethau derbynfa

Bydd unrhyw wasanaeth derbynfa sydd ar gael yn Saesneg yn ein derbynfa ar gael yn Gymraeg hefyd, ac ni fydd unrhyw berson sydd angen gwasanaeth derbynfa Cymraeg yn ein derbynfa yn cael ei drin yn llai ffafriol na pherson sydd angen gwasanaeth derbynfa Saesneg.

Byddwn yn sicrhau bod staff yn y dderbynfa sy'n gallu darparu gwasanaeth derbynfa Cymraeg yn gwisgo bathodyn i gyfleu hynny. Ar hyn o bryd, mae gennym dderbynnydd dwyieithog yn ein derbynfa, ac mae'n gwisgo bathodyn a laniard i gyfleu ei fod yn gallu darparu gwasanaeth derbynfa Cymraeg.

Byddwn yn arddangos arwydd yn ein derbynfa sy'n dweud (yn Gymraeg) bod croeso i bobl ddefnyddio'r Gymraeg yn y dderbynfa.

15. Grantiau

Bydd unrhyw ddogfennau a gyhoeddwn sy'n ymwneud â cheisiadau am grant yn cael eu cyhoeddi yn Gymraeg ac ni fyddwn yn trin fersiwn Gymraeg o ddogfennau o'r fath yn llai ffafriol na fersiwn Saesneg.

Pan fyddwn yn gwahodd ceisiadau am grant -

- a. byddwn yn datgan yn y gwahoddiad y gellir cyflwyno ceisiadau yn Gymraeg ac na fydd unrhyw gais a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol na chais a gyflwynir yn Saesneg; a
- b. ni fyddwn yn trin ceisiadau am grant a gyflwynir yn Gymraeg yn llai ffafriol na cheisiadau a gyflwynir yn Saesneg (gan gynnwys, ymhlith materion eraill, mewn perthynas â'r dyddiad cau ar gyfer derbyn ceisiadau ac mewn perthynas â'r amserlen ar gyfer hysbysu ymgeiswyr am benderfyniadau).

Pan fyddwn yn hysbysu ymgeisydd am ein penderfyniad mewn perthynas â chais am grant, byddwn yn gwneud hynny yn Gymraeg os cafodd y cais ei gyflwyno yn Gymraeg.

16. Gwahoddiadau i dendro

Bydd unrhyw wahoddiadau i dendro am gontract a gyhoeddwn yn cael eu cyhoeddi yn Gymraeg os yw pwnc y contract yn awgrymu y dylid ei gynhyrchu yn Gymraeg, ac ni fyddwn yn trin fersiwn Gymraeg o unrhyw wahoddiad yn llai ffafriol na fersiwn Saesneg.

Pan fyddwn yn cyhoeddi gwahoddiadau i dendro am gontract -

- a. byddwn yn datgan yn y gwahoddiad y gellir cyflwyno tendrau yn Gymraeg, ac na fydd tendr a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol na thendr a gyflwynir yn Saesneg, a
- b. ni fyddwn yn trin tendr a gyflwynir yn Gymraeg yn llai ffafriol na thendr a gyflwynir yn Saesneg (gan gynnwys, ymhlith materion eraill, mewn perthynas â'r dyddiad cau ar gyfer derbyn tendrau, ac mewn perthynas â'r amserlen ar gyfer hysbysu'r sawl sy'n tendro am benderfyniadau).

Pan fyddwn yn hysbysu'r sawl sy'n tendro am ein penderfyniad mewn perthynas â thendr, byddwn yn gwneud hynny yn Gymraeg os cafodd y tendr ei gyflwyno yn Gymraeg.

17. Hyrwyddo gwasanaethau Cymraeg

Bydd AaGIC yn hyrwyddo drwy'r wefan a negeseuon e-bost staff unrhyw wasanaethau Cymraeg a ddarparwn ac yn hysbysebu'r gwasanaethau hynny yn Gymraeg.

Pan fydd gwasanaeth a ddarperir yn Gymraeg yn cyfateb i wasanaeth a ddarperir yn Saesneg, bydd unrhyw gyhoeddusrwydd neu ddogfen a gynhyrchir, neu wefan a gyhoeddir, sy'n cyfeirio at y gwasanaeth Saesneg yn datgan hefyd bod gwasanaeth cyfatebol ar gael yn Gymraeg.

Mae'r Asesiad o'r Effaith ar Gydraddoldeb, fel y soniwyd uchod, yn sicrhau bod y pwyslais ar brofi bod angen optio allan o wasanaethau dwyieithog, nid cyfiawnhad dros "optio i mewn".

Byddwn yn -

- a. sicrhau bod bathodyn ar gael i aelodau staff sy'n gallu siarad Cymraeg ei wisgo i gyfleu hynny; a
- b. hyrwyddo gwisgo'r bathodyn ymhlith aelodau staff.

18. Hunaniaeth Gorfforaethol

Pan fyddwn yn ffurfio, yn diwygio neu'n cyflwyno ein hunaniaeth gorfforaethol, ni fyddwn yn trin y Gymraeg yn llai ffafriol na'r Saesneg.

Bydd AaGIC yn mabwysiadu hunaniaeth gorfforaethol gwbl ddwyieithog. Mae hyn yn cynnwys enw AaGIC, ei gyfeiriad, ei logo, ei hunaniaeth weledol, ei slogan corfforaethol ac unrhyw wybodaeth safonol arall sydd i'w defnyddio ar:

- Bapur pennawd, papur ffacs, slipiau cyfarch, llofnodion e-bost
- Yr holl ddeunydd hyrwyddo / hysbysebu (h.y. taflenni, poster, taflenni ac ati.) sy'n ymddangos yn gyhoeddus

19. Cyrsiau addysg

Os byddwn yn cynnig cwrs addysg i un neu fwy o unigolion, byddwn yn -

- a. cynnal asesiad o'r angen i gynnig y cwrs hwnnw yn Gymraeg;
- b. cynnig y cwrs hwnnw yn Gymraeg os bydd yr asesiad yn dangos bod angen cynnig y cwrs yn Gymraeg.

Yn ogystal, wrth i'n cyrsiau Addysg gael eu newid drwy'r prosesau ail-gomisiynu, byddwn yn gweithio gyda phartneriaid cyflenwi trydydd parti i gynyddu'r cyfleoedd i gyflwyno mwy o gyfleoedd dysgu Cymraeg i fyfyrwyr.

Pan fyddwn yn datblygu neu'n diwygio cwrs (neu unrhyw elfen o gwrs) byddwn yn ystyried -

- a. pa effaith, os o gwbl (ac a yw'n gadarnhaol neu'n negyddol), y byddai'r cwrs hwnnw'n ei chael ar -
 - ii. cyfleoedd i bersonau ddefnyddio'r Gymraeg, a
 - iii. peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.
- b. sut y byddai'r cwrs hwnnw'n cael effaith gadarnhaol, neu fwy o effaith gadarnhaol, ar -
 - iii. cyfleoedd i bersonau ddefnyddio'r Gymraeg, a
 - iv. peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg;
- c. sut na fyddai'r cwrs hwnnw'n cael effaith andwyol, neu fel y byddai'n cael llai o effaith andwyol ar -
 - iv. cyfleoedd i bersonau ddefnyddio'r Gymraeg, a
 - v. peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

20. Cyflwyno gwaith ysgrifenedig

Byddwn yn hysbysu ein myfyrwyr y gellir cyflwyno unrhyw waith ysgrifenedig a gyflwynir i ni fel rhan o asesiad neu arholiad yn Gymraeg, ac na fydd gwaith a gyflwynir i ni yn Gymraeg yn cael ei drin yn llai ffafriol na gwaith ysgrifenedig a gyflwynir i ni yn Saesneg fel rhan o'r asesiad neu'r arholiad dan sylw.

Ni fyddwn yn trin unrhyw waith ysgrifenedig a gyflwynir i ni yn Gymraeg fel rhan o asesiad neu arholiad yn llai ffafriol na gwaith ysgrifenedig a gyflwynir i ni yn Saesneg fel rhan o'r asesiad neu'r arholiad dan sylw.

Bydd myfyrwyr yn cael eu cefnogi a'u hannog i gyflwyno aseiniadau yn Gymraeg. Pan wneir cais i'r perwyl hwnnw, bydd briffiau aseiniadau yn cael eu cyfieithu a bydd myfyrwyr yn gallu cael eu hasesu drwy gyfrwng y Gymraeg. Os nad oes gan dîm/ysgol y cwrs wasanaethau darlithydd Cymraeg, bydd AaGIC yn ystyried cyfieithu'r aseiniad o'r Gymraeg i'r Saesneg.

21. Systemau cyhoeddiadau cyhoeddus

Pan fyddwn yn cyhoeddi neges wedi'i recordio dros system gyhoeddiadau gyhoeddus, byddwn yn gwneud y cyhoeddiad hwnnw yn Gymraeg ac, os gwneir y cyhoeddiad yn Gymraeg ac yn Saesneg, gwneir y cyhoeddiad yn Gymraeg yn gyntaf.

22. Llunio Polisiâu

Pan fyddwn yn llunio polisi newydd, neu'n adolygu neu'n diwygio polisi sy'n bodoli eisoes, byddwn yn:

- ystyried pa effaith, os o gwbl (boed yn gadarnhaol neu'n andwyol), y byddai'r penderfyniad polisi yn ei chael ar -
 - a. cyfleoedd i bersonau ddefnyddio'r Gymraeg, a
 - b. peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg..
- ystyried sut y gellid llunio'r polisi (neu sut y gellid newid polisi sy'n bodoli eisoes) fel y byddai'r penderfyniad polisi yn cael effaith gadarnhaol, neu fwy o effaith gadarnhaol, ar -
 - c. cyfleoedd i bersonau ddefnyddio'r Gymraeg, a
 - d. peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.
- ystyried sut y gellid llunio'r polisi (neu sut y gellid newid polisi sy'n bodoli eisoes) fel na fyddai'r penderfyniad polisi yn cael effaith andwyol, neu fel y byddai'n cael llai o effaith andwyol, ar -
 - e. cyfleoedd i bersonau ddefnyddio'r Gymraeg, a
 - f. peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Pan fyddwn yn cyhoeddi dogfen ymgynghori sy'n ymwneud â phenderfyniad polisi, bydd y ddogfen yn:

- ystyried, ac yn ceisio barn ar, yr effaith (boed yn gadarnhaol neu'n andwyol) y byddai'r penderfyniad polisi dan sylw yn ei chael ar -
 - g. cyfleoedd i bersonau ddefnyddio'r Gymraeg, a
 - h. peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.
- ystyried, a cheisio barn ar, sut y gellid llunio neu ddiwygio'r polisi dan sylw fel y byddai'n cael effaith gadarnhaol, neu fwy o effaith gadarnhaol, ar -
 - i. cyfleoedd i bersonau ddefnyddio'r Gymraeg, a
 - j. peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.
- ystyried, a cheisio barn ar, sut y gellid llunio neu ddiwygio'r polisi dan sylw fel na fyddai'n cael effaith andwyol, neu fel y byddai'n cael llai o effaith andwyol, ar -
 - k. cyfleoedd i bersonau ddefnyddio'r Gymraeg, a
 - l. peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Pan fyddwn yn comisiynu neu'n ymgymryd ag ymchwil sydd â'r bwriad o'n cynorthwyo i wneud penderfyniad polisi, byddwn yn -

- sicrhau bod yr ymchwil yn ystyried pa effaith, os o gwbl (ac a yw'n gadarnhaol neu'n andwyol), y byddai'r penderfyniad polisi dan sylw yn ei chael ar -
 - m. cyfleoedd i bersonau ddefnyddio'r Gymraeg, a
 - n. peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.
- sicrhau bod yr ymchwil yn ystyried sut y gellid gwneud y penderfyniad polisi dan sylw fel y byddai'n cael effaith gadarnhaol, neu fel y byddai'n cael mwy o effaith gadarnhaol, ar— -
 - o. cyfleoedd i bersonau ddefnyddio'r Gymraeg, a
 - p. peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

- sicrhau bod yr ymchwil yn ystyried sut y gellid gwneud y penderfyniad polisi dan sylw fel na fyddai'n cael effaith andwyol, neu fel y byddai'n cael llai o effaith andwyol, ar-
 - a. cyfleoedd i bersonau ddefnyddio'r Gymraeg, a
 - b. peidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg.

Ein harfer presennol yw asesu effeithiau posibl ein penderfyniadau polisi ar y Gymraeg fel rhan o asesiad effaith cyfunol, lle gofynnir cwestiynau penodol ar gyfleoedd i ddefnyddio'r Gymraeg a sicrhau nad yw'n cael ei thrin yn llai ffafriol na'r Saesneg.

Byddwn yn sicrhau bod deddfwriaeth sylfaenol ac is-ddeddfwriaeth, polisïau a chodau ymarfer newydd yn cefnogi'r defnydd o'r Gymraeg ac yn gofyn i staff ystyried y Gymraeg o'r cychwyn cyntaf/dechrau unrhyw broses.

Datblygir pob polisi drwy ein proses IMTP gyhoeddus, wedi'i hategu gan ein Hasesiadau o'r Effaith ar Gydraddoldeb. Felly, rydym yn hollol dryloyw o ran y ffordd y caiff y Gymraeg ei hystyried, ei chynnwys ac yn bwysicaf oll ei chefnogi'n weithredol wrth ddatblygu a gweithredu polisïau. Mae ein IMTP presennol i'w weld yn <https://aagic.gig.cymru/corfforol/dogfennau-allweddol/>.

23. Defnyddio'r Gymraeg yn fewnol

Byddwn yn datblygu polisi ar ddefnyddio'r Gymraeg yn fewnol er mwyn hyrwyddo a hwyluso'r defnydd o'r iaith, a byddwn yn cyhoeddi'r polisi hwnnw ar ein mewnwyd.

Pan fyddwn yn cynnig swydd newydd i unigolyn, byddwn yn gofyn i'r unigolyn hwnnw a yw'n dymuno i'r contract cyflogaeth neu'r contract ar gyfer gwasanaethau gael ei ddarparu yn Gymraeg; ac os mai dyna yw dymuniad yr unigolyn byddwn yn darparu'r contract yn Gymraeg.

Gofynnir i bob cyflogai a yw'n dymuno derbyn unrhyw un o'r canlynol yn Gymraeg, ac os mai dyna yw dymuniad y cyflogai, byddwn yn ei ddarparu yn Gymraeg:

- Gohebiaeth sy'n ymwneud â'i gyflogaeth
- Dogfennau sy'n amlinellu unrhyw anghenion neu ofynion hyfforddi
- Dogfennau sy'n amlinellu ei amcanion perfformiad
- Dogfennau sy'n amlinellu neu'n cofnodi ei gynllun gyrfa
- Ffurflenni sy'n cofnodi ac yn awdurdodi gwyliau blyneddol
- Ffurflenni sy'n cofnodi ac yn awdurdodi absenoldebau o'r gwaith
- Ffurflenni sy'n cofnodi ac yn awdurdodi oriau gwaith hyblyg

Bydd y canlynol i gyd yn cael eu cyhoeddi yn Gymraeg::

- Polisi sy'n ymwneud ag ymddygiad yn y gweithle
- Polisi sy'n ymwneud ag iechyd a llesiant yn y gwaith
- Polisi sy'n ymwneud â chyflogau neu fuddion yn y gweithle
- Polisi sy'n ymwneud â rheoli perfformiad
- Polisi sy'n ymwneud ag absenoldeb o'r gwaith
- Polisi sy'n ymwneud ag amodau gwaith
- Polisi sy'n ymwneud â phatrymau gwaith

24. Cwynion a phrosesau disgyblu staff

Cwynion

Byddwn yn caniatáu ac yn datgan mewn unrhyw ddogfen sydd gennym sy'n nodi ein gweithdrefnau ar gyfer gwneud cwynion y caiff pob aelod o staff -

- b. gwneud cwyn i ni yn Gymraeg, a
 - c. ymateb i gŵyn a wnaed amdano yn Gymraeg
- a byddwn yn hysbysu pob aelod staff am yr hawl honno hefyd.

Os cawn gŵyn gan aelod staff neu gŵyn am aelod o staff, a bod angen cyfarfod gyda'r aelod hwnnw o staff, byddwn yn -

- a. cynnig cynnal y cyfarfod yn Gymraeg neu, os oes angen, yn darparu gwasanaeth cyfieithu o'r Gymraeg i'r Saesneg at y diben hwnnw; a
- b. os yw'r aelod staff yn dymuno i'r cyfarfod gael ei gynnal yn Gymraeg, cynnal y cyfarfod yn Gymraeg neu, os oes angen, gyda chymorth gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg.

Pan fyddwn yn hysbysu aelod staff ("A") o'n penderfyniad mewn perthynas â chwyn a wnaed gan A, neu mewn perthynas â chwyn a wnaed am A, byddwn yn gwneud hynny yn Gymraeg os i A -

- a. gwneud y gŵyn yn Gymraeg,
- b. ymateb yn Gymraeg i gŵyn am A,
- c. gofyn am gynnal cyfarfod am y gŵyn yn Gymraeg, neu
- ch. gofyn am ddefnyddio'r Gymraeg mewn cyfarfod am y gŵyn.

Cyfarfodydd disgyblu

Byddwn yn -

- a. caniatáu ac yn datgan mewn unrhyw ddogfen sydd gennym sy'n nodi eich trefniadau ar gyfer disgyblu staff y caiff unrhyw aelod staff ymateb yn Gymraeg i unrhyw honiadau a wneir yn ei erbyn, a
- b. os dechreuwn weithdrefn ddisgyblu mewn perthynas ag aelod o staff, hysbysu'r aelod hwnnw o staff am yr hawl honno.

Os byddwn yn trefnu cyfarfod ag aelod staff ynghylch mater disgyblu sy'n ymwneud â'i ymddygiad, byddwn yn -

- a. cynnig cynnal y cyfarfod yn Gymraeg neu, os oes angen, yn darparu gwasanaeth cyfieithu o'r Gymraeg i'r Saesneg at y diben hwnnw; a
- b. os yw'r aelod staff yn dymuno i'r cyfarfod gael ei gynnal yn Gymraeg, cynnal y cyfarfod yn Gymraeg, neu os oes angen gyda chymorth gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg.

Pan fyddwn yn hysbysu aelod staff ("A") am ein penderfyniad yn dilyn gweithdrefn ddisgyblu, byddwn yn gwneud hynny yn Gymraeg os i A -

- a. ymateb i honiadau a wnaed yn erbyn A yn Gymraeg,
- b. gofyn am gynnal cyfarfod ynghylch y weithdrefn ddisgyblu yn Gymraeg, neu
- c. gofyn am ddefnyddio'r Gymraeg mewn cyfarfod ynglŷn â'r weithdrefn ddisgyblu.

25. Meddalwedd Gyfrifiadurol

Mae cyfrifiadur pob aelod staff yn cynnwys meddalwedd gyfrifiadurol ar gyfer gwirio sillafu a gramadeg yn Gymraeg, a darperir rhyngwynebau Cymraeg ar gyfer meddalwedd (lle mae rhyngwyneb yn bodoli).

26. Y Fewnwyd

Byddwn yn sicrhau -

- a. bod testun pob tudalen o'ch mewnwyd ar gael yn Gymraeg,
- b. bod pob tudalen Gymraeg ar eich mewnwyd yn gwbl weithredol, a
- c. nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg ar eich mewnwyd.

Os oes gennym dudalen Gymraeg ar ein mewnwyd sy'n cyfateb i dudalen Saesneg, byddwn yn datgan yn glir ar y dudalen Saesneg fod y dudalen ar gael yn Gymraeg hefyd, a rhaid darparu dolen uniongyrchol i'r dudalen Gymraeg ar y dudalen Saesneg gyfatebol.

Byddwn yn dynodi ac yn cynnal tudalen (neu dudalennau) ar ein mewnwyd sy'n darparu gwasanaethau a deunydd cymorth i hyrwyddo'r Gymraeg ac i gynorthwyo ein staff i ddefnyddio'r Gymraeg.

Byddwn yn darparu'r rhyngwyneb a'r dewislenni ar ein tudalennau mewnwyd yn Gymraeg.

27. Asesu sgiliau Cymraeg staff

Asesir sgiliau Cymraeg ein cyflogaion drwy'r Cofnod Staff Electronig, a'r broses recriwtio.

28. Hyfforddi staff

Byddwn yn darparu cyfleoedd hyfforddi yn Gymraeg yn y meysydd canlynol, os ydym yn darparu hyfforddiant o'r fath yn Saesneg -

- a. recriwtio a chyfweld;
- b. rheoli perfformiad;
- c. gweithdrefnau cwyno a disgyblu;
- ch. prosesau sefydlu;
- d. ymdrin â'r cyhoedd; a
- dd. iechyd a diogelwch.

Byddwn yn darparu cyfleoedd hyfforddi yn Gymraeg ar ddefnyddio'r Gymraeg yn effeithiol mewn -

- a. cyfarfodydd;
- b. cyfweiliadau; a
- c. gweithdrefnau cwyno a disgyblu.

Byddwn yn darparu cyrsiau hyfforddi fel y gall ein cyflogaion ddatblygu—

- a. ymwybyddiaeth o'r Gymraeg (gan gynnwys ymwybyddiaeth o'i hanes a'i rôl yn niwylant Cymru);
- b. dealltwriaeth o'r ddyletswydd i weithredu yn unol â'n cynllun iaith Gymraeg; a
- c. dealltwriaeth o sut y gellir defnyddio'r Gymraeg yn y gweithle.

Pan fyddwn yn darparu gwybodaeth i gyflogeion newydd (er enghraifft, drwy broses sefydlu), byddwn yn darparu gwybodaeth at y diben o godi eu hymwybyddiaeth o'r Gymraeg

29. Gwella sgiliau Cymraeg staff

Byddwn yn darparu cyfleoedd yn ystod oriau gwaith -

- i'n gweithwyr dderbyn gwersi Cymraeg sylfaenol, a
- i gyflogeion sy'n rheoli eraill dderbyn hyfforddiant ar ddefnyddio'r Gymraeg yn eu rôl fel rheolwyr.

Byddwn yn rhoi cyfleoedd i weithwyr sydd wedi cwblhau hyfforddiant iaith Gymraeg sylfaenol gael hyfforddiant pellach, yn rhad ac am ddim, i ddatblygu eu sgiliau iaith.

Byddwn hefyd yn rhoi cyfleoedd i weithwyr dderbyn hyfforddiant, yn rhad ac am ddim, i wella eu sgiliau Cymraeg.

Bydd staff ac aelodau AaGIC yn cael eu hannog i ddysgu Cymraeg a gwella eu sgiliau Cymraeg (siarad ac ysgrifennu). Byddwn yn eu cefnogi yn hyn o beth, yn ariannol ac wrth neilltuo amser. Trefnwyd cyrsiau gan y Tîm Gwasanaethau Cymraeg a byddant yn cael eu cynnig ar wahanol lefelau.

Caiff pob un o'n staff gyfle i elwa ar y darpariaethau canlynol

- dosbarthiadau Cymraeg ar lefelau amrywiol, priodol
- modiwlau ar-lein Cymraeg wedi'u datblygu a'u cyflwyno gan fenter Cymraeg Gwaith Llywodraeth Cymru
- darpariaeth arall a gynigir gan fenter Cymraeg Gwaith Llywodraeth Cymru, fel y mae amser ac adnoddau yn caniatáu
- grŵp sgwrsio/diddordeb dysgwyr Cymraeg mewnol
- cyfeirio at sianeli effeithiol (fel Say Something in Welsh a Duolingo) rhoi gwybod i staff am gyfleoedd i gymdeithasu yn Gymraeg y tu allan i'r gwaith

30. Recriwtio a chynllunio'r gweithlu

Pan fyddwn yn asesu'r gofynion ar gyfer swydd newydd neu wag, byddwn yn asesu'r angen am sgiliau Cymraeg, ac yn ei chategoreiddio fel swydd lle mae un neu fwy o'r canlynol yn berthnasol -

- mae sgiliau Cymraeg yn hanfodol;
- mae angen i unigolyn ddysgu sgiliau Cymraeg pan gaiff ei benodi i'r swydd;
- mae sgiliau Cymraeg yn ddymunol; neu
- nid oes angen sgiliau Cymraeg.

Os ydym wedi categoreiddio swydd fel un lle mae sgiliau Cymraeg yn hanfodol, yn ddymunol neu angen eu dysgu byddwn yn -

- nodi hynny wrth hysbysebu'r swydd, a
- yn hysbysebu'r swydd yn Gymraeg.

Pan fyddwn yn hysbysebu swydd, byddwn yn datgan y gellir cyflwyno ceisiadau yn Gymraeg, ac na fydd cais a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol na chais a gyflwynir yn Saesneg.

Os cyhoeddwn -

- a. ffurflenni cais am swydd;
- b. deunydd sy'n esbonio eich gweithdrefn ar gyfer gwneud cais am swydd;
- c. gwybodaeth am eich proses gyfweled, neu am ddulliau asesu eraill wrth wneud cais am swydd; neu
- ch. disgrifiadau swydd; byddwn yn eu cyhoeddi yn Gymraeg; a byddwn yn sicrhau nad yw fersiynau Cymraeg y dogfennau yn cael eu trin yn llai ffafriol nag unrhyw fersiynau Saesneg o'r dogfennau hynny.

Ni fyddwn yn trin cais am swydd a wneir yn Gymraeg yn llai ffafriol nag yr ydym yn trin cais a wneir yn Saesneg (gan gynnwys, ymhlith materion eraill, mewn perthynas â'r dyddiad cau a bennir gennym ar gyfer derbyn ceisiadau ac mewn perthynas ag unrhyw amserlen ar gyfer hysbysu ymgeiswyr am benderfyniadau).

Byddwn yn sicrhau bod ein ffurflenni cais ar gyfer swydd yn rhoi lle i ymgeiswyr nodi eu bod yn dymuno cael cyfweled neu ddull asesu arall yn Gymraeg ac os mai dyna yw dymuniad yr ymgeisydd, byddwn yn cynnal unrhyw gyfweled neu ddull asesu arall yn Gymraeg, neu, os oes angen, yn darparu gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol o'r Gymraeg i'r Saesneg at y diben hwnnw.

Pan fyddwn yn hysbysu ymgeisydd am ein penderfyniad mewn perthynas â chais am swydd, byddwn yn gwneud hynny yn Gymraeg os cafodd y cais ei wneud yn Gymraeg.

31. Arwyddion yn y gweithle

Pan fyddwn yn -

- a. codi arwydd newydd neu'n adnewyddu arwydd yn eich gweithle (gan gynnwys arwyddion dros dro), neu

- b. yn cyhoeddi neu arddangos hysbysiad yn ein gweithle;

bydd unrhyw destun a ddangosir ar yr arwydd neu'r hysbysiad yn cael ei arddangos yn Gymraeg (boed ar yr un arwydd neu hysbysiad â'r testun Saesneg cyfatebol neu ar arwydd neu hysbysiad ar wahân), ac os dangosir yr un testun yn Gymraeg ac yn Saesneg, ni fyddwn yn trin y testun Cymraeg yn llai ffafriol na'r testun Saesneg.

Pan fyddwn yn -

- a. codi arwydd newydd neu'n adnewyddu arwydd yn ein gweithle (gan gynnwys arwyddion dros dro); neu

- b. yn cyhoeddi neu arddangos hysbysiad yn ein gweithle;

sy'n cyfleu'r un wybodaeth yn Gymraeg ac yn Saesneg, bydd y testun Cymraeg yn cael ei leoli fel ei fod yn debygol o gael ei ddarllen yn gyntaf.

Byddwn yn sicrhau bod y testun Cymraeg ar arwyddion a hysbysiadau a arddangosir yn ein gweithle yn gywir o ran ystyr a mynegiant.

32. Cyhoeddiadau wedi'u recordio yn y gweithle

Pan fyddwn yn gwneud cyhoeddiad wedi'i recordio yn y gweithle gan ddefnyddio offer sain, byddwn yn gwneud y cyhoeddiad hwnnw yn Gymraeg ac, os gwneir y cyhoeddiad yn Gymraeg ac yn Saesneg, gwneir y cyhoeddiad yn Gymraeg yn gyntaf.

33. Cadw cofnodion a gweithgareddau gweinyddol

Byddwn yn cadw cofnod, mewn perthynas â phob blwyddyn ariannol, o nifer y cwynion a dderbyniwn mewn perthynas â gweithredu ein cynllun iaith Gymraeg.

Byddwn yn cadw cofnod (yn dilyn asesiadau o sgiliau Cymraeg ein cyflogeion), o nifer y cyflogeion sydd â sgiliau Cymraeg ar ddiwedd pob blwyddyn ariannol a, lle mae'r wybodaeth honno gennym, byddwn yn cadw cofnod o lefel sgiliau'r cyflogeion hynny.

1. Byddwn yn cadw cofnod, mewn perthynas â phob blwyddyn ariannol, o nifer y swyddi newydd a gwag a gafodd eu categoreiddio fel swyddi lle -
 - b. mae sgiliau Cymraeg yn hanfodol;
 - c. mae angen i unigolyn ddysgu sgiliau Cymraeg pan gaiff ei benodi i'r swydd;
 - d. mae sgiliau Cymraeg yn ddymunol; neu
 - ch. nad oes angen sgiliau Cymraeg.

Byddwn yn sicrhau bod ein cynllun iaith Gymraeg a'n cynllun gweithredu ar gyfer gweithredu ein Cynllun ar gael mewn lle amlwg ar ein gwefan.

Byddwn yn cynhyrchu adroddiad ("adroddiad blynyddol"), yn Gymraeg, mewn perthynas â phob blwyddyn ariannol, sy'n ymdrin â'r ffordd rydym wedi gweithredu ein hymrwymadau cynllun iaith Gymraeg yr oedd dyletswydd arnoch i gydymffurfio â hwy yn ystod y flwyddyn honno.

2. Bydd yr adroddiad blynyddol yn cynnwys yr wybodaeth ganlynol (lle bo'n berthnasol) -
 - c. nifer y cwynion a gawsom yn ystod y flwyddyn dan sylw a oedd yn ymwneud â gweithredu ein cynllun iaith Gymraeg;
 - d. nifer y cyflogeion sydd â sgiliau iaith Gymraeg ar ddiwedd y flwyddyn dan sylw
 - e. nifer y swyddi newydd a gwag a hysbysebwyd gennym yn ystod y flwyddyn a gafodd eu categoreiddio fel swyddi lle -
 - i. roedd sgiliau Cymraeg yn hanfodol;
 - ii. roedd angen i'r unigolyn ddysgu sgiliau Cymraeg pan gaiff ei benodi i'r swydd;
 - iii. roedd sgiliau Cymraeg yn ddymunol; neu
 - iv. nad oedd angen sgiliau Cymraeg.
3. Byddwn yn cyhoeddi'r adroddiad blynyddol heb fod yn hwyrach na 6 mis ar ôl diwedd y flwyddyn ariannol y mae'r adroddiad yn ymwneud â hi.
4. Byddwn yn sicrhau bod copi cyfredol o'n hadroddiad blynyddol ar gael ar eich gwefan.

Byddwn yn rhoi unrhyw wybodaeth sy'n ymwneud â gweithredu ein cynllun iaith Gymraeg i Gomisiynydd y Gymraeg (os bydd y Comisiynydd yn gwneud cais am wybodaeth o'r fath).

34. Cyfrifoldebau o fewn AaGIC am Weithredu'r Cynllun – a Llwybrau Unioni

Bydd rheolwyr yn gyfrifol am weithredu'r agweddau hynny ar y Cynllun sy'n berthnasol i'w gwaith.

Byddwn yn penodi uwch aelod o staff i gydgyssylltu'r gwaith sydd ei angen er mwyn cyflawni, monitro ac adolygu'r Cynllun hwn.

35. Monitro ein Cynllun

Bydd gweithrediad a chynnydd ein Cynllun yn cael eu monitro'n flynyddol.

Bydd yr uwch aelod o staff a benodir i gydgyssylltu'r gwaith sydd ei angen i gyflawni, monitro ac adolygu'r Cynllun hwn yn rhoi adrodd ar y cynnydd hwnnw i uwch reolwyr yn flynyddol.

Byddwn yn cyflwyno adroddiad i Gomisiynydd y Gymraeg yn flynyddol ac yn ôl y gofyn, yn amlinellu cynnydd o ran cyflawni'r Cynllun hwn a'n cynllun gweithredu.

36. Adolygu a diwygio ein Cynllun

Caiff ein Cynllun ei adolygu'n llwyr a'i ailgyhoeddi 3 blynedd ar ôl iddo gael ei gymeradwyo. Bydd unrhyw newidiadau i'r cynllun yn cael eu cyfeirio at Gomisiynydd y Gymraeg i'w cymeradwyo cyn eu cyflwyno gerbron Bwrdd AaGIC i'w mabwysiadu'n ffurfiol.

Ni wneir unrhyw newidiadau i'r Cynllun hwn heb gymeradwyaeth Comisiynydd y Gymraeg.

37. Gwasanaethau a gyflawnir ar ein rhan gan drydydd partïon

Bydd unrhyw drefniadau neu gytundebau a wnawn gyda thrydydd partïon yn gyson â rhannau perthnasol y Cynllun hwn lle mae'r cytundebau neu'r trefniadau hynny'n ymwneud â darparu gwasanaethau i'r cyhoedd yng Nghymru.

Os bydd trydydd parti yn darparu gwasanaeth ar ein rhan, bydd y gwasanaeth a ddarperir i'r defnyddiwr dan sylw o'r un safon o ran y Gymraeg ag unrhyw wasanaeth a ddarperir yn uniongyrchol gennym ni. Bydd gallu'r trydydd parti i gadw at yr egwyddor hon yn cael ei sicrhau cyn dyfarnu contract, wrth sefydlu'r contract ac wrth fonitro'r contract.

38. Cwynion mewn perthynas â'n cynllun iaith Gymraeg

Byddwn yn -

- sicrhau bod gennym weithdrefn gwyno sy'n ymdrin â sut rydym yn bwriadu ymdrin â chwynion sy'n ymwneud â sut rydym yn gweithredu ymrwymadau ein cynllun iaith Gymraeg, ac yn
- cyhoeddi dogfen sy'n cofnodi'r weithdrefn honno ar ein gwefan.

Yn y lle cyntaf, dylid cyfeirio unrhyw gwynion ynglŷn â'r cynllun hwn at;

Rheolwr Gwasanaethau Cymraeg; Huw Owen (AaGIC)

Huw.owen5@wales.nhs.uk

0330 058 5005

Dylid cyfeirio unrhyw gwynion dilynol at;

Ysgrifennydd y Bwrdd; Dafydd Bebb

Dafydd.bebb@wales.nhs.uk

Os nad ydych chi'n achwynydd yn fodlon â'r ffordd rydym wedi ymdrin â'r gŵyn, gellir cyfeirio cwynion at Swyddfa Comisiynydd y Gymraeg. Mae gwybodaeth am y weithdrefn hon i'w gweld ar wefan y Comisiynydd. Byddwn yn cydweithredu â'r Comisiynydd i ddatrys cwynion – ac yn ystod unrhyw ymchwiliadau a gynhelir o dan Adran 17 o Ddeddf yr Iaith Gymraeg 1993.

ATODIAD

English Catherine
03/31/2021 11:25:31

Atodiad 1: Cynllun Iaith Gymraeg Addysg a Gwella Iechyd Cymru (AaGIC) 2020-2023 – Cynllun Gweithredu

Bydd AaGIC yn cael ei fonitro gan Gomisiynydd y Gymraeg o ran cydymffurfiaeth, yn unol â'r Cynllun Gweithredu hwn. Bydd y Cynllun Gweithredu hwn yn amlinellu'r prif fanylion gweithredu o ran yr ymrwymadau a wnaed yng Nghynllun Iaith Gymraeg AaGIC – pwy fydd yn gwneud beth, ac erbyn pryd. Mae'n cyd-fynd â'r Prif Gynllun.

Canlyniadau

Yn ystod cyfnod y Cynllun, y canlyniad sy'n ofynnol yw bod y ffrydiau gwaith canlynol yn parhau i gydymffurfio'n llawn â'r Cynllun. Websites

- i. Gwefannau
- ii. Cynnwys cyfryngau cymdeithasol
- iii. Cyhoeddiadau/adroddiadau/ymgyngoriadau
- iv. Cysylltu â'r cyfryngau yng Nghymru
- v. Ymgyrchoedd recriwtio
- vi. Gohebiaeth
- vii. Ymgyrchoedd cyhoedduswydd AaGIC

Bydd tîm iaith Gymraeg AaGIC yn darparu'r gwasanaethau canlynol i sicrhau cydymffurfiaeth:

- gwasanaeth Cyfieithu Ysgrifenedig (Saesneg > Cymraeg gan fwyaf, ac weithiau o Gymraeg > Saesneg);
- gwasanaeth prawf-ddarllen ar gyfer testun Cymraeg mewn cyhoeddiadau neu ddeunydd hyrwyddo etc. a gwasanaeth gwirio testun i staff sy'n dymuno drafftio gohebiaeth yn Gymraeg;
- gwasanaeth Cyfieithu ar y pryd ar gyfer cyfarfodydd sy'n cael eu cynnal yng Nghymru (Cymraeg > Saesneg);
- gwasanaeth Cymraeg i'r cyfryngau;
- datblygu a chynnal Cronfa Ddata Terminoleg;
- lanlwytho cynnwys Cymraeg ar wefannau AaGIC lle bo angen, a chynnal cynnwys Cymraeg yn ddyddiol;
- rheoli cynnwys cyfryngau cymdeithasol Cymraeg AaGIC;
- rhoi cyngor ar Gynllun Iaith Gymraeg AaGIC;
- cynnal perthynas waith gyda Chomisiynydd y Gymraeg;
- atchwiliad o'r holl waith sy'n cael ei gynnal ar ran AaGIC gan drydydd partion;

03/09/2021 Catherine
11:25:31

1. Cynllunio a chyflenwi gwasanaethau

Cam Gweithredu	Cyfrifoldeb am Gyflenwi	Dyddiad Targed
<p>a. Ymroi i hysbysebu a chodi ymwybyddiaeth o'r ymrwymadau a nodir yng Nghynllun Iaith Gymraeg AaGIC 2020 drwy:</p> <ul style="list-style-type: none"> Datblygu cynllun cyfathrebu mewnol ar gyfer y Cynllun Iaith Gymraeg diwygiedig Cynllunio a chynnal ymgyrch codi ymwybyddiaeth wyneb yn wyneb ar draws AaGIC Cynllunio a chynnal ymgyrch codi ymwybyddiaeth ddigidol ar draws AaGIC Cyhoeddi'r Cynllun Iaith Gymraeg diwygiedig ar wefan gyhoeddus AaGIC, https://aagic.gig.cymru/. 	Gwasanaethau Cymraeg	Dechrau o fewn 1 mis i Gymeradwyaeth y Bwrdd - parhaus
<p>b. Swyddogion polisi a Tîm Cyfathrebu AaGIC i gydlyn â Gwasanaethau Cymraeg AaGIC i sicrhau y rhoddir ystyriaeth ddyledus i'r Gymraeg wrth weithio ar adnoddau a/neu wasanaethau newydd (e.e. cynnwys y we, gohebiaeth â rhanddeiliaid, ymgynghoriadau).</p>	Holl dimau perthnasol AaGIC / Tîm Cyfathrebu AaGIC / Gwasanaethau Cymraeg AaGIC	O fewn 1 mis i Gymeradwyaeth y Bwrdd
<p>c. Ymroi i hyrwyddo adnoddau Cymraeg AaGIC.</p>	Gwasanaethau Cymraeg	Eisoed wedi dechrau - parhaus
<p>ch. Monitro gwasanaethau a ddarperir gan drydydd partïon ar ran AaGIC mewn perthynas â'r Gymraeg.</p>	Swyddogion Polisi AaGIC / Gwasanaethau Cymraeg	Eisoed wedi dechrau - parhaus
<p>d. Cydlyn â chyrrff cyhoeddus eraill i sicrhau bod arfer da yn cael ei rannu.</p>	Gwasanaethau Cymraeg	Eisoed wedi dechrau - parhaus

2. Darparu gwasanaethau i'r cyhoedd

Cam Gweithredu	Cyfrifoldeb am Gyflenwi	Dyddiad Targed
a. Gohebiaeth		
i. Atgoffa adrannau AaGIC o'r angen i gyfathrebu â'r cyhoedd yn ddwyieithog.	Holl wasanaethau perthnasol/ Gwasanaethau Cymraeg AaGIC	Eisoed wedi dechrau - parhaus
ii. Sicrhau bod gohebiaeth Gymraeg a Saesneg yn cael eu trin yn gyfar- tal a'u cyhoeddi ar yr un pryd.	Holl wasanaethau perthnasol/ Gwasanaethau Cymraeg AaGIC	Eisoed wedi dechrau - parhaus
iii. Darparu templedi / terminoleg allweddol ar lwyfannau a rennir ar gyfer staff AaGIC yng Nghymru. Darparu cyfieithiadau o lofnodion awtomatig / negeseuon allan o'r swyddfa etc.	Gwasanaethau Cymraeg	Eisoed wedi dechrau - parhaus
b. Cyfathrebu ar y ffôn		
i. Darparu gwasanaeth dwyieithog llawn ar y brif linell ffôn gyhoeddus. Trosglwyddo galwadau lle bo'n briodol, yn ôl dewis iaith a natur yr ymholiad.	Tîm Cymorth Busnes	Eisoed wedi dechrau – angen mwy o fireinio. O fewn 3 mis ar ôl dychwelyd i'r swyddfa.
ii. Sicrhau bod staff yn ateb eu ffonau gyda chyfarfodiad dwyieithog (bore da/prynhawn da) ac yn gyfarwydd â'r trefniant i gynnig gwasanaeth Cymraeg. Sicrhau bod negeseuon llais yn cael eu recordio'n ddwyieithog (llinell dir a ffonau symudol)	Staff AaGIC / Gwasanaethau Cymraeg	Eisoed wedi dechrau - parhaus
c. Cyfarfodydd		
i. Darparu cyfieithu ar y pryd mewn cyfarfodydd sy'n agored i'r cyhoedd	Gwasanaethau Cymraeg	Eisoed wedi dechrau - parhaus
d. Digwyddiadau Cyhoeddus		
i. Rhaid i AaGIC beidio â thrin y Gymraeg yn llai ffafriol na'r Saesneg mewn perthynas â chyhoeddusrwydd, arwyddion, gwybodaeth, staffio a chymorth y maent yn ei ddarparu i bobl mewn digwyddiad cyhoeddus a drefnir yng Nghymru, ar lafar neu'n ysgrifenedig.	Tîm Cyfathrebu sy'n gyfrifol am drefnu digwyddiadau/ Gwasanaethau Cymraeg (i gynghori a chyfieithu'r holl ddeunydd perthnasol ac i oruchwyllo staffio dwyieithog)	Eisoed wedi dechrau - parhaus
e. Cyhoeddiadau		
i. Codi ymwybyddiaeth ymhlith staff ynglŷn â phryd i ystyried cyhoeddi dogfennau, cyhoeddiadau a deunydd cyhoeddusrwydd yn Gymraeg a Saesneg	Gwasanaethau Cymraeg	O fewn 1 mis i Gymeradwyaeth y Bwrdd

f. Gwasanaethau digidol		
i. Sicrhau bod unrhyw gynnwys newydd ar wefan AaGIC yn cael ei gyfieithu i sicrhau gwasanaeth cyfartal yn y ddwy iaith drwy greu system fflagio o fewn y System Rheoli Cynnwys.	Gwasanaethau Cymraeg / Tîm Digidol	Ymarferoldeb i'w ychwanegu at ddatblygiadau unrhyw wefan newydd
ii. Asesu gofynion y Gymraeg wrth ddatblygu a diweddarau systemau TG ar gyfer gwasanaethau a ddarperir i'r cyhoedd yng Nghymru.	Gwasanaethau Cymraeg / Tîm Digidol	Eisoed wedi dechrau - parhaus
g. Cyfryngau Cymdeithasol		
i. Sefydlu gweithdrefn fewnol y cytunwyd arni i sicrhau bod negeseuon cymdeithasol perthnasol yn cael eu postio yn Gymraeg a Saesneg yng Nghymru.	Tîm Cyfathrebu / Gwasanaethau Cymraeg	Eisoed wedi dechrau - parhaus
ii. Wrth greu sianeli cymdeithasol newydd, neu ddatblygu sianeli sy'n bodoli eisoes, ystyriwch y gofynion a amlinellir yn y Cynllun Iaith Gymraeg i sicrhau gwasanaeth cyfartal yn y Gymraeg a'r Saesneg.	Tîm Cyfathrebu / Gwasanaethau Cymraeg	Eisoed wedi dechrau - parhaus

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3. Recriwtio

Cam Gweithredu	Cyfrifoldeb am Gyflenwi	Dyddiad Targed
i. Monitro prosesau recriwtio i sicrhau cydymffurfiaeth â'r gofynion a amlinellir yn y Cynllun Iaith Gymraeg.	Gwasanaethau Cymraeg / Arweinwyr Tîm Perthnasol	Sefydlu o fewn 3 mis i Gymeradwyaeth y Bwrdd
ii. Datblygu fframwaith i asesu a phennu lefel y sgiliau Cymraeg sy'n angenrheidiol ar gyfer swyddi yn AaGIC	Gwasanaethau Cymraeg	O fewn 1 mis i Gymeradwyaeth y Bwrdd
iii. Os bernir bod y Gymraeg yn 'Hanfodol' i swydd yn dilyn ymgynghoriad, cynghori ar y lefel sy'n ofynnol drwy ddefnyddio'r fframwaith hwnnw.	Gwasanaethau Cymraeg	O fewn 1 mis i Gymeradwyaeth y Bwrdd 3. ii. uchod
iv. Sicrhau bod hysbysebion / hysbysiadau recriwtio a phe cynnau cais ar gyfer swyddi yn cael eu darparu'n ddwyieithog a bod yr holl hysbysebion / hysbysiadau a roddir yn y cyfryngau yn ymddangos yn Gymraeg ac yn Saesneg.	Gwasanaethau Cymraeg / Arweinydd Tîm Recriwtio / Adnoddau Dynol AaGIC	O fewn 1 mis i Gymeradwyaeth y Bwrdd 3. iii. uchod

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4. Gweithredu, monitro ac adrodd

Cam Gweithredu	Cyfrifoldeb am Gyflenwi	Dyddiad Targed
i. Yn unol â'n hymrwymadau yn y Cynllun Iaith Gymraeg, nodi a hwyluso hyfforddiant Cymraeg priodol yn ôl yr angen.	Gwasanaethau Cymraeg / Tîm Cymorth Busnes	Eisoed wedi dechrau - parhaus
ii. Darparu bathodynau/laniardiau iaith Gwaith a deunyddiau cysylltiedig eraill i aelodau staff sy'n dymuno cynnig gwasanaeth Cymraeg.	Gwasanaethau Cymraeg	Eisoed wedi dechrau - parhaus
iii. Pan fydd AaGIC yn dechrau trefniadau gyda thrydydd partion/gweithio mewn partneriaeth, monitro'r trefniadau sy'n ymwneud â'r defnydd o'r Gymraeg ochr yn ochr â gofynion monitro eraill.	Gwasanaethau Cymraeg	Eisoed wedi dechrau - parhaus
iv. Monitro cynnydd AaGIC wrth gyflawni'r ymrwymadau a wnaed yn y Cynllun ochr yn ochr â'r camau mesuradwy a amlinellir yn y cynllun gweithredu hwn. Cofnodi'r galw am wasanaethau Cymraeg, gan gynnwys unrhyw alw am wasanaethau sy'n mynd y tu hwnt i'r ymrwymadau a wnaed yn ein Cynllun Iaith Gymraeg.	Gwasanaethau Cymraeg	Bob 3 mis ar ôl i'r Cynllun gael ei fabwysiadu
v. Darparu adroddiad hunan-asesu wedi'i gwblhau i Gomisiynydd y Gymraeg (Adroddiad Monitro Blynnyddol) gan werthuso ein cynnydd wrth weithredu'r Cynllun.	Rheolwr Iaith Gymraeg	Yn flynyddol, ar ôl i'r Cynllun gael ei fabwysiadu
vi. Cyhoeddi Adroddiad Monitro Blynnyddol AaGIC ar wefan gyhoeddus AaGIC heiw.nhs.wales	Gwasanaethau Cymraeg / Tîm Digidol	Yn flynyddol, ar ôl i'r Cynllun gael ei fabwysiadu
vii. Adolygu Cynllun Iaith Gymraeg AaGIC o fewn tair blynedd ar ôl iddo ddod i rym a thrafod unrhyw newidiadau gyda Chomisiynydd y Gymraeg.	Gwasanaethau Cymraeg	3 blynedd ar ôl mabwysiadu'r Cynllun



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

Dyddiad Cyfarfod	25 Mawrth 2021	Eitem Agenda	4.4
Teitl Adroddiad	Y Gofrestr Risg Gorfforaethol (CRG/ CRR)		
Awdur Adroddiad	Kay Barrow, Rheolwr Llywodraethiant Corfforaethol		
Noddwr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Rhoi trosolwg o'r risgiau a nodir ar hyn o bryd yn y Gofrestr Risg Gorfforaethol.		

Materion Allweddol	<ul style="list-style-type: none"> • Mae'r adroddiad yn rhoi'r wybodaeth ddiweddaraf am y Gofrestr Risg Gorfforaethol(CRR), sydd wedi'i hatodi yn Atodiad 1. • Mae'r CRR yn cadarnhau: <ul style="list-style-type: none"> - un risg statws 'coch'; - wyth risg statws 'ambr'. 			
Camau penodol sydd eu hangen (Rhowch un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd	Cymeradwyo
			✓	
Argymhellion	Gofynnir i'r Bwrdd: <ul style="list-style-type: none"> • Nodi cynnwys yr adroddiad at ddibenion sicrwydd. 			

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COFRESTR RISG GORFFORAETHOL

1. CYFLWYNIAD

Gofynnir i'r Bwrdd nodi'r sefyllfa bresennol o ran y Gofrestr Risg Gorfforaethol (**Atodiad 1**) fel yr amlinellir yn yr adroddiad hwn.

2. ASESIAID

Mae'r asesiad isod yn adlewyrchu'r newidiadau i'r Gofrestr Risg Gorfforaethol ers iddo gael ei ystyried ddiwethaf gan y Bwrdd ym mis Medi 2020. Ar hyn o bryd mae **9** risg ar y Gofrestr Risg Gorfforaethol ac aseswyd y risgiau hyn fel a ganlyn: un statws 'coch' ac wyth statws 'ambr'. Ac eithrio paragraff 2.1, mae'r sylwebaeth isod yn amlygu'r newidiadau i'r Gofrestr Risg Gorfforaethol ers yr adroddiad diwethaf.

2.1 Risgiau Coch

- **Risg 8** – Os nad yw AaGIC yn sicrhau bod pob cam rhesymol yn cael ei gymryd mewn perthynas â seiberddiogelwch, gall fod yn agored i dorri data, dirwyon posibl gan Swyddfa'r Comisiynydd Gwybodaeth a cyhoedduswydd gwael cysylltiedig.

Lliniaru: Mae hyn yn gofyn am weithredu argymhellion a amlygwyd yn adroddiad asesiad Seiberddiogelwch AaGIC. Cynllun gweithredu Seiberddiogelwch i'w ddrafftio a'i weithredu.

Cynnydd: Mae'r argymhellion yn adroddiad asesu Seiberddiogelwch AaGIC wedi'u gweithredu neu'n cael eu gweithredu. Mae gweithgareddau i gefnogi'r gwaith o gyflawni'r cynllun seiberddiogelwch ar y gweill.

- **Datblygiadau diweddar:**

- o Mae mynediad wedi'i roi i wasanaeth Gwybodaeth a Rheoli Digwyddiadau Diogelwch GIG Cymru(SIEM).
- o Mae cynllun caffael lefel uchel wedi'i gyflwyno i gaffael gwasanaeth eDdysgu ac efelychu seiberddiogelwch.
- o Mae gwaith ar y gweill i edrych ar adnodd seiberddiogelwch ychwanegol.
- o Mae gwaith ar y gweill i osod y gweinydd eilaidd (cynnes) i gefnogi gwefan Pharmacy.
- o Mae'r Polisi Ymateb i Ddigwyddiadau Seiber wedi'i ailddrafftio ac mae'n barod i'w adolygu gan y Bwrdd Gweithredol.
- o Mae Cynllun Adfer y Rhagolygon yn cael ei adolygu ar hyn o bryd ac yn cael ei ailddrafftio.

- **Datblygiadau eraill:**

- o Mae'r archwiliad mewnol seiberddiogelwch wedi dod i gasgliad. Mae copi drafft o'r adroddiad archwilio wedi'i ddosbarthu i'w adolygu'n fewnol.

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2.2 Risgiau gyda Sgôr Uwch

• **Risg 15** – Os nad oes digon o gyfleoedd cyflogaeth ar gael ar gyfer graddio AHPs a myfyrwyr SYG sydd wedi dewis y bwrsariau, gellir colli'r buddsoddiad mewn addysg i'r myfyrwyr hyn.

Lliniaru: Mae rhaniad dwfn wedi'i wneud i archwilio'r rhesymau sylfaenol dros brinder cyflogaeth a'r broses apeliadau bwrsariaeth sy'n rhyddhau/gorfodi myfyrwyr o'u cyfrifoldebau bwrsariaeth. Y canlyniad yw'r camau lliniaru canlynol:

1. Monitro'r swyddi sydd ar gael ac apeliadau bwrsariaeth yn well.
2. Ymgysylltu â Chyfarwyddwyr y Gweithlu a Chyfarwyddwyr Cyllid i dynnu sylw at y bwlch rhwng ceisiadau comisiynu a chyfleoedd cyflogaeth.

Disodlwyd y Grŵp Monitro Manylach gan y Grŵp Cymorth wedi'i Dargedu. Mae hyn wedi amlygu bod angen mireinio'r broses olrhain fel bod lleoliad myfyrwyr yn hysbys i AaGIC.

Mae'r broses bwrsariaeth wedi'i hystyried o Gymorth wedi'i Thargedu oherwydd y cynnydd a wnaed. Mae graddedigion eithriadol 2020 yn cael eu dilyn a rhoddir adroddiad i'r Bwrdd Gweithredol yn fisol. Mae symleiddio'n cael ei gyflwyno ar gyfer yr holl fyfyrwyr sy'n graddio yn 2021 ac mae'r protocolau i gefnogi hyn yn cael eu cwblhau.

Cynnydd: Gwell monitro a sgysiau gyda'r gwasanaeth yn mynd rhagddo. Bydd graddedigion AHP yn cael eu cynnwys ym proses symleiddio haf 2021 er mwyn hwyluso'r broses o drosglwyddo i swyddi GIG Cymru. Cytundeb a wnaed ym mis Rhagfyr/Ionawr 2021.

Ym mis Chwefror 2021, mae myfyrwyr Proffesiynol Perthynol i Iechyd (AHP) y flwyddyn olaf wedi cael gohebiaeth ar broses symleiddio 2021. Felly, gostyngodd y risg i ambr.

Rhai pryderon gan Benaethiaid Bydwreigiaeth ynghylch effaith recriwtio Band 5 ar gynlluniau'r gweithlu gyda thrafodaethau'n parhau.

Mae cyfarfodydd wythnosol bellach ar waith rhwng AaGIC a NWSSP.

AaGIC ac NWSSP yn mynychu sesiynau briffio gwybodaeth gyda holl grwpiau rhaglenni'r flwyddyn olaf ar draws yr holl ddarparwyr addysg. Ystyriaeth sy'n cael ei rhoi i reoli'r trefniadau diwedd blwyddyn ar gyfer y garfan hon.

Asesiad: Aseswyd y sgôr risg yn wreiddiol fel 9 a statws 'ambr'. Ailaseswyd bod hyn wedyn yn cynyddu i 12 ond mae'n parhau i fod yn risg statws 'ambr'.

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• **Risg 16** – Os bydd cynnydd yn nifer yr achosion o COVID 19 sy'n effeithio ar ddarparu gwasanaethau 'arferol', gall fod tarfu ar gyfleoedd lleoli i hyfforddeion a myfyrwyr a thrwy hynny effeithio ar eu gallu i symud ymlaen, graddio neu gwblhau hyfforddiant yn eu maes. Bydd hyn yn ei dro yn effeithio ar y gweithlu gyda phrinder a allai gael effaith hirdymor ar ddarparu gwasanaethau.

Lliniaru: Parhau i fapio oedi carfan/rhaglen. Cefnogi Darparwyr Addysg (EPs) a gwasanaeth i weithredu egwyddorion adfer lleoliadau SAU.

Ymgysylltu parhaus â rheoleiddwyr, EPs, CoDs, Colegau Meddygol, a chyrrff addysgol statudol eraill (dull 4 gwlad) i sicrhau parhad addysg.

Egwyddorion adfer lleoliadau. Prosesau diwygiedig ar gyfer ARCPs a rhanddirymiaidau cwricwlwm i hyfforddeion meddygol barhau tan fis Medi 2021 i gefnogi dilyniant. Sefydlu sianeli cyfathrebu gyda LEPs ar gyfer hyfforddeion meddygol er mwyn sicrhau dull cyfyngedig o adleoli yng nghyd-destun ail don. Casglu data ar lefel hyfforddeion meddygol a deintyddol unigol

Mae cymeradwyaeth y DU i frechlyn COVID 19 ar 2/12/20, gyda staff y GIG yn cael blaenoriaeth, ac yna poblogaeth ehangach y DU yn rhoi sicrwydd y bydd rhaglenni'n gallu dychwelyd i ddulliau cyn COVID erbyn gwanwyn 2021.

Cynnydd:

Ym mis Ionawr 2021:

• Nyrsio ac AHP

Mae'r Gyfarwyddiaeth mewn sgysiaid parhaus gyda rheoleiddwyr, EPs, CoDs a'r Llywodraeth. Yn dilyn atgyfodi pandemig COVID ym mis Hydref 2020, mae adolygiad ynghylch a ddylid defnyddio myfyrwyr eto wedi cael ei adolygu gan y 4 gwlad a rhanddeiliaid allweddol. Nid bwriad Cymru yw defnyddio myfyrwyr ar hyn o bryd a thrwy hynny alluogi'r myfyrwyr i gwblhau eu dysgu a mynd i mewn i'r gweithlu yn ôl y bwriad. Disgwylir i 350+ o fyfyrwyr nyrsio ymuno â'r gweithlu ym mis Mawrth 2021. Yn ogystal, mae nifer o e-adnoddau ar gael i fyfyrwyr i leihau unrhyw bryderon sydd ganddynt o ddechrau lleoliad / teithio i leoliad yn ystod sefyllfa'r pandemig. Mae'r broses o gychwyn safonau argyfwng yn cael ei hadolygu unwaith eto. Mae ymgysylltu â Llywodraeth Cymru wedi sicrhau bod myfyrwyr ar leoliad yn cael mynediad cyfartal i frechiadau COVID fel staff cyflogedig.

• Meddygaeth

Mae'r ail don wedi arwain at y potensial i adleoli hyfforddeion ymhellach. Mae'r gweithgaredd hwn yn cael ei fonitro'n ofalus ac mae cynlluniau rheoli a chyfathrebu mwy effeithiol ar waith. Cytunodd 4 gwlad ar brosesau a rhanddirymiaidau ARCP diwygiedig i gwricwla er mwyn parhau tan fis Medi 2021 i alluogi dilyniant hyfforddeion cyn belled ag y bo modd ond bydd tarfu pellach yn cael effaith gronnol ar ddilyniant a photensial hyfforddeion. Mae trafodaethau'n

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mynd rhagddynt ar lefel y DU ym maes Meddygaeth a Deintyddiaeth i sicrhau bod y newidiadau buddiol ledled y DU yn cael eu cynnal.

Ym mis Chwefror 2021

- Nyrsio

Mae Llywodraeth Cymru wedi cadarnhau nad oes unrhyw gynlluniau i adleoli myfyrwyr i gefnogi'r gweithlu yn ystod ail don COVID. Mae'r gostyngiad presennol mewn cyfraddau heintio ledled Cymru yn rhoi mwy o sicrwydd y bydd y sefyllfa hon yn parhau. Mae grŵp adfer lleoliadau dan arweiniad ECQT yn parhau i gefnogi ailagor ac ehangu lleoliadau'n ddiogel.

- Meddygaeth

Mae adleoli wedi digwydd pan fo angen ar lefel leol a chyda chytundeb a chyfranogiad y Ddeoniaeth Briodol. Mae cylchdroadau mis Chwefror wedi mynd rhagddynt yn ôl y bwriad. Mae pryderon parhaus ynghylch profiad ar gyfer arbenigeddau Crefft gyda lleihau'r llawdriniaeth a gynlluniwyd.

Ym mis Mawrth 2021

- Meddygaeth

Pryderon parhaus am arbenigeddau crefft. Gall hyn ddod yn gliriach gyda rhaglenni gofal newydd wedi'u cynllunio.

Asesiad: Aseswyd y sgôr risg hon yn wreiddiol fel 9 a statws 'ambr' fodd bynnag, mae'r risg wedi'i chyfuno a'i hailasesu. Mae hyn wedi arwain at gynnydd yn y sgôr i 12 ond mae'n parhau i fod yn statws 'ambr'.

2.3 Risg gyda Sgôr Is

Ar wahân i'r risgiau a aseswyd yn 'Wyrdd' ac sydd wedi'u dileu o'r Gofrestr Risg Gorfforaethol, ni fu unrhyw risgiau gyda llai o sgorau ers yr adroddiad diwethaf.

2.4 Risgiau Newydd

Ychwanegwyd tri risg newydd at y CRR ers yr adroddiad diwethaf:

- **Risg 17** – Os oes diffyg diddordeb gan Ddarparwyr Addysg mewn llawer fel y nodir yn y Gwahoddiad i Dendro (HCA). Yna gallai hyn arwain at dorri ar draws y gweithlu a risg o ran enw da i AaGIC. Er bod ymgynghori helaeth wedi'i gynnal wrth ddatblygu'r HCA, mae'r dirwedd ar gyfer darparwyr addysg wedi newid yn 2020 oherwydd pandemig ac atgyfodiad COVID.

Lliniaru: Bu ymgynghori manwl â'r holl randdeiliaid wrth ddatblygu'r IAD a datblygu 'Lotiau' wedi'u saernïo'n ofalus.

Mae addysg y bu'n anodd recriwtio ynddi o'r blaen wedi'i hymgorffori mewn 'Lotiau' mwy gan sicrhau y bydd cynigwyr – er enghraifft, mae Ymarferwyr

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Cynorthwyol Radiograffeg wedi'u hymgorffori yn y 'Lot' Radiograffeg Diagnostig mwyaf.

Mae'r holl PTPau Gwyddoniaeth Gofal Iechyd wedi'u hymgorffori mewn un 'Lot' – felly niferoedd cynyddol a chyllid ar gyfer y 'Lot', a ddylai arwain at gomisiynu pob PTPs HGG bach.

Cynnydd: Digwyddiad olaf y cynigydd wedi'i gynnal. Ni chodwyd unrhyw bryderon gan gynigwyr posibl drwy'r mecanweithiau caffael a nodwyd neu drwy unrhyw gyfathrebu uniongyrchol ag AaGIC.

Mae'r holl ddeiliaid contract presennol wedi defnyddio'r dogfennau tendro ar gwerthwchigymru.

Mae un brifysgol wedi rhoi rhybudd nad ydynt yn bwriadu gwneud cais am un o'u rhaglenni presennol, ond gwnaed sicrwydd yn cadarnhau y bydd Prifysgolion eraill yn gwneud cais.

Derbyniwyd ceisiadau gan Brifysgolion ar gyfer pob 'Lot' a gynigiwyd. Mae'r gwerthusiad o'r ceisiadau wedi dechrau. Mae angen i bob gwerthuswr gyfrannu eu hymatebion i'r safon a'r amserlenni gofynnol er mwyn cadw'r broses ar y trywydd cywir.

Asesiad: Aseswyd y sgôr risg hon yn wreiddiol fel 12 a statws 'Ambr' fodd bynnag, mae'r risg wedi'i hailasesu ac mae wedi arwain at leihau'r sgôr i 8 a'r statws 'Ambr' sy'n weddill.

• **Risg 18** – Gall methu â chau unrhyw fylchau yn y ddarpariaeth indemniad ar gyfer myfyrwyr sy'n cael eu rhoi ar leoliadau y tu allan i sefydliad GIG danseilio'r ymgyrch i leoli myfyrwyr ar leoliad o'r fath a gallai hyn arwain at dorri ar draws y gweithlu a risg o ran enw da i AaGIC ac addysg

Lliniaru: AaGIC i godi'r mater gyda darparwyr addysg a Llywodraeth Cymru a rhanddeiliaid eraill a cheisio sefydlu indemniad a gefnogir gan y wladwriaeth ar gyfer myfyrwyr sy'n cael lleoliadau y tu allan i sefydliad y GIG.

Asesiad: Aseswyd y risg i ddechrau fel risg ambr. Ar ôl gweithredu'r camau lliniaru, mae hyn wedi'i ailasesu fel risg statws Gwyrdd.

• **Risg 19** - Os byddwn yn parhau i gomisiynu addysg ôl-gofrestr ac ôl-raddedig gan Sefydliadau Addysg Iechyd yng Nghymru a Lloegr heb gontract nes bod un ar waith ar gyfer y ddarpariaeth hon. (Nid yw hyn yn cynnwys SCPHN ac SPQ). Yna, mae parhau â'r model presennol yn gadael AaGIC a'r Gyfarwyddiaeth mewn sefyllfa fregus gan nad oes sicrwydd y bydd cwrs yn rhedeg ac nid ydym yn goruchwyllo ansawdd/perfformiad ac ati. Mae'r materion allweddol hefyd yn cynnwys yr angen i newid y model presennol a fydd yn cymryd peth amser, cyflymder y newid gyda risg i enw da os caiff addysg ei thynnu'n ôl gan SAU.

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Lliniaru: Cam 2 yr adolygiad strategol i fod yn eitem sefydlog mewn cyfarfodydd contract gyda SAU. Parhau i ymgysylltu â thrafodaethau rheolaidd â'r Ysgol Genedlaethol (cynhelir cyfarfodydd 4 gwlad bob chwarter). Dull graddol gyda'r rhaglenni hynny sydd fwyaf mewn perygl yn y don gyntaf. Rheidrwydd i gadw at yr amserlen y cytunwyd arni a sicrhau bod digon o adnoddau ar gyfer y prosiect e.e. penodi rheolwr prosiect.

Asesiad: Aseswyd y risg i ddechrau fel statws ambr gyda sgôr risg o 9. Fodd bynnag, gyda'r mesurau lliniaru ar waith, aseswyd y risg weddilliol gyda sgôr o 6 ac felly risg 'werdd'.

2.5 Risgiau wedi'u Dileu

Cymeradwyodd y Pwyllgor Archwilio a Sicrwydd a gynhaliwyd ar 18 Ionawr 2021 gyfuno Risg 1 (a Risg 16 ac i Risg 1 gael ei dileu o'r Gofrestr).

Aseswyd y risgiau canlynol i gyd fel statws 'Gwyrdd' a'u dileu o'r CRR yn dilyn cymeradwyaeth gan y Pwyllgor Archwilio a Sicrwydd ers yr adroddiad diwethaf:

- **Risg 3** - Os bydd oedi wrth recriwtio i gylchdroadau PGME, gallai hyn greu problem gweithlu i'r GIG yn y tymor canolig.
- **Risg 4** - Os yw'r pwysau presennol yn effeithio ar y rhaglenni newid mawr sy'n ymwneud â hyfforddeion meddygon teulu a'r rhaglen Cyn-gofrestru fferylliaeth, mae perygl i'r ddarpariaeth gael ei chyflawni, ac effaith ar gynnydd yn y gweithlu yn y dyfodol yn y tymor canolig.
- **Risg 5** - Os nad yw AaGIC yn ailasesu ei Gynlluniau IMTP a Chwarterol yng nghyd-destun COVID-19 ni fydd yn gallu ail-ddyrannu adnoddau i ddarparu'r cymorth angenrheidiol i weithlu'r GIG yn ystod yr argyfwng a methu â rheoli disgwyliadau mewn perthynas ag amcanion IMTP.
- **Risg 9** - Os nad yw'r garfan cyn-gofrestru fferylliaeth a hyfforddeion meddygon teulu yn gallu symud ymlaen ar ddiwedd eu rhaglenni oherwydd bod arholiadau ymadael yn cael eu canslo, gallai fod canlyniadau ariannol i AaGIC.
- **Risk14** - Os nad yw'r broses gomisiynu ar gyfer yr Adolygiad Strategol o Addysg Broffesiynol lechyd yn bodloni'r amserlen a dyheadau'r dyfodol, fel y cytunwyd gan AaGIC, bydd hyn yn effeithio ar addasrwydd ac ansawdd addysg yn y dyfodol.
- **Risk18** - Os bydd methiant i gau unrhyw fylchau yn y ddarpariaeth indemniad ar gyfer myfyrwyr sy'n cael eu rhoi ar leoliadau y tu allan i sefydliad GIG, yna gallai hyn danseilio'r ymgyrch i leoli myfyrwyr ar leoliad o'r fath gan arwain at dorri ar draws y biblinell weithlu a risg o ran enw da i AaGIC a darparwyr addysg.

3. MATERION LLYWODRAETHU A RISG

Mae rheoli risg drwy'r Gofrestr Risg Gorfforaethol yn offeryn craidd ar gyfer llywodraethu risg o fewn AaGIC.

4. GOBLYGIADAU ARIANNOL

Mae rheoli risg drwy'r Gofrestr Risg Gorfforaethol yn un o swyddogaethau craidd AaGIC fel Awdurdod Iechyd Arbennig. Ni ragwelir unrhyw oblygiadau cost ychwanegol.

5. ARGYMHELLION

- Gofynnir i'r Bwrdd:
- Nodi cynnwys yr adroddiad at ddibenion sicrwydd.

Llywodraethiant a Sicrwydd			
Cyswllt i Amcanion yr IMTP	Amcan Strategol 1: Arwain y gwaith o gynllunio, datblygu a sicrhau gweithlu cymwys, cynaliadwy a hyblyg i helpu i gyflawni 'Cymru Iachach'	Amcan Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Amcan Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu i arwain yn dosturiol ac ar y cyd ar bob lefel
		✓	
	Nod Strategol 4: I ddatblygu'r gweithlu i gefnogi'r gwaith o gyflawni diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	Nod Strategol 6: I gael ein cydnabod fel partner rhagorol, yn ddylanwadr ac arweinydd
Ansawdd, Diogelwch a Phrofiad y Claf			
Y Gofrestr Risg Gorfforaethol yw'r offeryn craidd i sicrhau rheolaeth risg effeithiol o fewn AaGIC. Mae dull cadarn o reoli risg yn fwy tebygol o gael effaith ffafriol ar ddiogelwch a phrofiad cleifion a staff.			
Goblygiadau Ariannol			
Mae rheoli risg yn un o swyddogaethau craidd AaGIC fel Awdurdod Iechyd Arbennig. Ni ragwelir unrhyw gostau ychwanegol.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth)			
D/Dd			
Goblygiadau Staffio			
Does dim goblygiadau staffio ychwanegol.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Y Gofrestr Risg Gorfforaethol yw'r offeryn craidd i sicrhau rheolaeth risg effeithiol o fewn AaGIC wrth symud ymlaen.			

Hanes yr Adroddiad	Cyflwynir y Gofrestr Risg i'r Tîm Gweithredol a'r SLT yn fisol. Adolygiad y Pwyllgor Archwilio a Sicrwydd bob chwarter.
Atodiadau	Atodiad 1 – Cofrestr Risg Gorfforaethol

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HEIW CORPORATE RISK REGISTER (MARCH 2021)

te Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Action	Residual Risk			RAG Status	Progress
			Impact	Probability	Overall Score			Impact	Probability	Overall Score		
8. Apr 2020	1	<p>If HEIW does not ensure that all reasonable steps are taken in respect of cyber security it may be vulnerable to a data breach, possible fines from the Information Commissioner's Office and associated bad publicity.</p> <p>Board Secretary</p>	5	5	25	LOW	<p>This requires the implementation of recommendations highlighted within HEIW's Cyber Security assessment report.</p> <p>This includes the recruitment of a Head of Cyber Security.</p> <p>Cyber Security Implementation Plan to be drafted and implemented</p>	5	4	20		<p>The recommendations within HEIW's Cyber Security assessment report have or are being implemented.</p> <p>The new Head of Cyber Security joined HEIW on 29 June and has commenced working on a new Cyber Security Implementation Plan.</p> <p>Update 04/03/2021 Activities to support the delivery of the cyber security plan are underway. Recent developments:</p> <ul style="list-style-type: none"> Access has been granted to the NHS Wales Security Information and Event Management (SIEM) service. A high-level procurement plan has been submitted to procure a cyber security eLearning and simulation service. Work is underway to look at additional cyber security resource. Work is underway to setup the secondary (warm) server to support the Pharmacy website. The Cyber Incident Response Policy has been redrafted and is ready for Executive review. Disaster Recovery Plan is currently under review and being redrafted. <p>Other developments: The cyber security internal audit has drawn to a conclusion. A draft copy of the audit report has been distributed for internal review.</p>

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Date Added	Ref (Risk Area)	Risk Description and Executive Owner	Inherent Risk			Risk Appetite	Mitigating Action	Residual Risk			RAG Status	Progress
		Details of risk If...then... impact...	Impact	Probability	Overall Score	None Low Moderate High V. High	Summary of action to date or proposed action to reduce risk impact or proximity – this should include a deadline or timetable for completing actions	Impact	Probability	Overall Score	R/A/G & trend	
11. July 2020	1.	<p>If there is a second or multiple peaks of COVID-19 and HEIW does not re-assess its Quarterly Plan then it will not be able to re-allocate resources to provide the necessary support to the NHS workforce during the crisis and fail to manage expectations in the delivery of its objectives.</p> <p>Director of Performance, Planning and Corporate Services</p>	4	4	16	LOW	<p>HEIW undertook a review and pause of its IMTP objectives in Q2 and lessons learnt from this process have been captured and utilised. Our Q3 and Q4 Operational Plan has been agreed by the Board and submitted to WG. Our capacity to deliver our Q3&4 Plan remains under review but objectives have not been paused. Progress at the end of Q3 has been reviewed by the Executive Team and the majority of Objectives are on-track.</p>	4	2	8		

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		Details of risk If...then... impact...	Impact	Probability	Overall Score	None Low Moderate High V. High	Summary of action to date or proposed action to reduce risk impact or proximity – this should include a deadline or timetable for completing actions	Impact	Probability	Overall Score	R/A/G & trend	
12. July 2020	1.	<p>If HEIW is unable to access workforce data from other NHS organisations then its workforce will not be able to provide modelling data and fail to meet expectations in respect of the same and have an adverse impact on NHS workforce planning.</p> <p>Director of Workforce and Organisational Development</p>	4	3	12	LOW	HEIW to request access to live data from ESR and other workforce information systems as well as the current Data Warehouse information Requests for additional access to information in line with NHS Digital/Health Education England.	4	2	8		<p>Discussions with Welsh Government and NWSSP to take place to understand the remit and responsibilities for each organisation.</p> <p>Data access discussions with NWSSP in progress</p>

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13. July 2020	1	<p>If HEIW does not have sufficient capacity this may have an impact on its ability to support the NHS, delivery of Annual Plan commitments and levels of performance.</p> <p>Director of Workforce and Organisational Development</p>	4	4	16	LOW	Assessment and costing of workforce requirements made as part of the development of the Quarterly/Annual plans	4	2	8		Plans actively reviewed and monitored to assess delivery trajectories and inform revisions/mitigation. 'Reset' under consideration in context of draft 2021-22 annual plan to ensure that capacity and resources are aligned to priority areas

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		Details of risk If...then... impact...	Impact	Probability	Overall Score	None Low Moderate High V. High	Summary of action to date or proposed action to reduce risk impact or proximity – this should include a deadline or timetable for completing actions	Impact	Probability	Overall Score	R/A/G & trend	
15. Aug 2020	2	<p>If there are insufficient employment opportunities available for graduating AHPs and HCS students who have opted into the bursary tie in the investment in education for these students may be lost.</p> <p>Interim Director of Nursing</p>	3	5	15	LOW	<p>A deep dive has been undertaken to examine underlying reasons for employment shortages and the bursary appeals process that releases/enforces students from their bursary responsibilities. The outcome of which are the following mitigating actions:</p> <ol style="list-style-type: none"> 1. Enhanced monitoring of available posts and bursary appeals 2. Engagement with WoDs and DoFs to highlight the gap between commissioning requests and employment opportunities. <p>The Enhanced Monitoring Group has been replaced by the Targeted Support Group. This has highlighted that there is a need to refine the tracking process so that the whereabouts of students are known to HEIW</p> <p>The bursary process has been stood down from Targeted Support due to the progress made. The outstanding 2020 graduates are being followed up and a report is given to the Executive on a monthly basis. Streamlining is being introduced for all students graduating in 2021 and the protocols to support this are being finalised'.</p>	4	3	12		<p>Enhanced monitoring and conversations with service proceeding AHP graduates will be included in the summer 2021 streamlining process to facilitate transition to NHS Wales posts. Agreement made in Dec/ Jan 20-21.</p> <p>03/02/2021 – Final year AHP students have been issued comms on the 2021 streamlining process. Risk reduced to amber.</p> <p>Some concerns from Heads of Midwifery regarding the impact of Band 5 recruitment on workforce plans. Discussions ongoing.</p> <p>Weekly meetings now in place between HEIW and NWSSP.</p> <p>HEIW and NWSSP attending information briefing sessions with all final year programme groups across all education providers.</p> <p>Consideration being given to managing the year end arrangements for this cohort.</p>

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		Details of risk If...then... impact...	Impact	Probability	Overall Score	None Low Moderate High V. High	Summary of action to date or proposed action to reduce risk impact or proximity – this should include a deadline or timetable for completing actions	Impact	Probability	Overall Score	R/A/G & trend	
16. Aug 2020		<p>If there is an increase in cases of COVID 19 that impacts on 'usual' service delivery there may be disruptions to placement opportunities for trainees and students thereby impacting their ability to progress, graduate or complete training in their field . This in turn will impact the workforce with shortages that may have a long-term effect on service delivery.</p> <p>Interim Director of Nursing & Medical Director</p>	4	3	12	LOW	<ul style="list-style-type: none"> Continuation of the mapping of cohort/programme delays Supporting EPs and service to implement HEIW's placement recovery principles Continuous engagement with regulators, EPs CoDs medical Colleges and other statutory educational bodies (4 nation approach) to ensure continuity of education. Placement recovery principles. Revised processes for ARCPs and curriculum derogations for medical trainees to continue until September 2021 to support progression Established communication channels with LEPs for medical trainees to ensure time limited approach to any redeployment in context of second wave Data gathering at individual medical and dental trainee level The UK approval of a Covid 19 vaccine on 2/12/20, with NHS staff prioritised, followed by the wider UK population provides assurance that programmes will be able to revert to pre Covid approaches by spring 2021. 	4	3	12		<p><u>Nursing and AHP</u> The Directorate is in continuous conversations with regulators, EPs, CoDs and Government. Following a resurgence of the Covid pandemic in October 2020 a review as to whether students should be deployed again has been under review by the 4 nations and key stakeholders. It is not the intention of Wales to deploy students at this point thereby enabling the students to complete their learning and enter the workforce as planned. 350+ nursing student are due to enter the workforce in March 2021. Additionally, a number of e-resources have been made available to students to reduce any concerns they may have of entering placement / travelling to placement during the pandemic situation. Instigation of emergency standards is again under review. Engagement with WG has ensured that students on placement have parity of access to Covid vaccinations as paid staff.</p> <p>Update10.01.2020 <u>Medicine</u> The second wave has resulted in the potential for further redeployment of trainees. This activity is being carefully monitored and more effective management and communication plans are in place. 4 nation agreed revised ARCP processes and derogations to curricula to continue until September 2021 to enable progression of trainees as far as possible but further disruption will have a cumulative impact on trainee progression and potential There are ongoing discussions at UK level in Medicine and Dentistry to ensure that the beneficial changes across the UK are maintained.</p>

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		Details of risk If...then... impact...	Impact	Probability	Overall Score	None Low Moderate High V. High	Summary of action to date or proposed action to reduce risk impact or proximity – this should include a deadline or timetable for completing actions	Impact	Probability	Overall Score	R/A/G & trend	
16. Continued												<p>Update 3/2/21</p> <p><u>Nursing</u> WG has confirmed there are no plans to redeploy students to support the workforce during the second wave of COVID. The current fall in infection rates across Wales provides greater certainty that this position will remain. ECQT led placement recovery group continues to support the safe reopening and expansion of placements.</p> <p><u>Medicine</u> Redeployment has happened when needed at a local level and with the agreement and involvement of the Appropriate Deanery. February rotations have proceeded as planned. There are ongoing concerns about experience for Craft specialties with the reduction of planned surgery.</p> <p>04.03.2021</p> <p><u>Medicine</u> Ongoing concerns about craft specialties. This may become clearer with new planned care programmes.</p>

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		Details of risk If...then... impact...	Impact	Probability	Overall Score	None Low Moderate High V. High	Summary of action to date or proposed action to reduce risk impact or proximity – this should include a deadline or timetable for completing actions	Impact	Probability	Overall Score	R/A/G & trend	
17 Oct 2020		<p>If there is a lack of interest from Education Providers in lots as detailed in ITT. Then this may result in an interruption to the workforce pipeline and a reputational risk to HEIW. Whilst extensive consultation has been undertaken in developing the ITT, the landscape for education providers has shifted in 2020 due to the COVID pandemic and resurgence.</p> <p>Director of Finance/Interim Director of Nursing</p>	5	4	20	LOW	<ul style="list-style-type: none"> Detailed consultation with all stakeholders in developing the ITT. Development of carefully crafted lots. Education which has previously been difficult to recruit to has been incorporated in larger lots ensuring that there will be bidders – for example Radiography Assistant Practitioners has been incorporated into the largest Diagnostic Radiography lot All Healthcare Science PTP's have been incorporated into one lot – therefore increasing numbers and funding for the lot which should result in all small HCS PTPs being commissioned 	4	2	8		<p>2/10/20 Final bidder event undertaken. No concerns around have been raised by possible bidders through the procurement mechanisms set out or through any direct communication with HEIW.</p> <p>3/12/20 – All current contract holders have accessed the tender documents on sell2Wales.</p> <p>Jan 21 – One university has provided notice that they do not intend to bid for one of their current programmes, however assurances have been made to the Dept Dir of Ed that other Unis will bid.</p> <p>Feb 21 - Bids have been received from Universities for all Lots that were offered. Evaluation of the bids has commenced. There is a need for all evaluators to contribute their responses to the required standard and timescales to keep the process on track.</p>

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19 Dec 2020		<p>If we continue to commission post reg and post grad education from HEI's in England and Wales without a contract then HEIs may withdraw education provision or fail to provide high quality education that can be performance managed in the usual contractually governed way.</p> <p>Interim Director of Nursing</p>	3	6	18	High	<p>Strategic review phase 2 to be a standing item in contract meetings with HEI's.</p> <p>Continue to engage with regular discussions with the National School (4 countries meetings held quarterly)</p> <p>Phased approach with those programmes most at risk in first wave.</p> <p>Imperative to keep to agreed timeline and ensure project is sufficiently resourced e.g. appointing a project manager</p>	2	4	8		3/2/21 – Business case being drafted to present to WG to illustrate need for additional resource to support phase 2.

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Risk Scoring Matrix

L I K E L I H O O D	Probable	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Critical
		IMPACT				

Level	Colour	Score Range
Low		1 – 6
Moderate		7 – 14
High		15 – 25

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Risk Appetite Levels

Appetite Level	Described as:	What this means
None	Avoidance of risk and uncertainty is a key organisational objective.	Avoidance of loss is key objective, play safe, avoidance of developments. Priority for tight controls and oversight.
Low	Minimal, or as little as reasonably possible, is preferred for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.	Prepared to accept the possibility of very limited financial loss if essential. Win any challenges re compliance. Innovations avoided unless essential.
Moderate	Cautious is preferred for safe delivery options that have low degree of inherent risk and may only have limited potential for reward.	Prepare to accept some possibility of some financial loss. Limited tolerance for sticking neck out. Tendency to stick with status quo, innovation in practice avoided unless really necessary
High	Open and willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and Value for Money).	Prepared to invest for return & minimise the possibility of financial loss. Value and benefits considered. Gains outweigh adverse consequences. Innovation supported.
Very High	Seek and be eager to be innovative and too chose options offering potentially higher business rewards (despite greater inherent risk). Or also described as mature and confident in setting high levels of risk appetite because controls, forwards scanning and responsiveness systems are robust.	Investing for best possible return & acceptance of possibility of financial loss. Chances of losing any challenge are real and consequences would be significant. Desire to break the mould. High levels of devolved authority – management by trust not control.

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Dyddiad y Cyfarfod	25 Mawrth 2021	Eitem ar yr Agenda	4.6.1
Teitl yr Adroddiad	Adroddiad Cadeirydd – y Pwyllgor Addysg, Comisiynu ac Ansawdd		
Awdur yr Adroddiad	Kay Barrow, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Ruth Hall, Cadeirydd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Pwrpas yr adroddiad yw amlinellu'r trafodaethau a gynhaliwyd gan y Pwyllgor Addysg, Comisiynu ac Ansawdd.		
Materion allweddol	Mae'r adroddiad hwn yn canolbwyntio ar faterion allweddol a godwyd yng nghyfarfod y Pwyllgor Addysg, Comisiynu ac Ansawdd a gynhaliwyd ar 9 Chwefror 2021.		
Cam Penodol i'w Gymryd	Gwybodaeth	Trafodaeth	Sicrwydd
			✓
Argymhellion	<p>Gofynnir i Aelodau'r Bwrdd:</p> <ul style="list-style-type: none"> • Derbyn a nodi crynodeb Cadeirydd y Pwyllgor Addysg, Comisiynu ac Ansawdd o'r cyfarfod a gynhaliwyd ar 9 Chwefror 2021 – Atodiad 1. • Cymeradwyo argymhelliad y Pwyllgor ar gyfer Cam 2 o Adolygiad Strategol y Contract Addysg Gweithwyr Iechyd Proffesiynol i ddilyn yr amserlen 5 mlynedd ddiwygiedig a'r dull newydd (o dan eitem ar wahân ar agenda'r Bwrdd 3.4). • Cymeradwyo Cylch Gorchwyl y Grŵp Ansawdd ac Addysg Aml-broffesiynol (MPQEG) a'r Grŵp Cyngori ar Addysg (EAG) – Atodiad 2. 		

Adroddiad Cadeirydd – y Pwyllgor Addysg, Comisiynu ac Ansawdd

1. CYFLWYNIAD

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

2. CEFNDIR

Bydd y Bwrdd yn ymwybodol bod tri phwyllgor wedi'u sefydlu o dan reolau sefydlog AaGIC: y Pwyllgor Archwilio a Sicrwydd; y Pwyllgor Tâl a Thelerau Gwasanaeth a'r Pwyllgor Addysg, Comisiynu ac Ansawdd. Bydd pob un o'r pwyllgorau'n cyflwyno adroddiadau i'r Bwrdd yn ystod y flwyddyn, gan amlinellu trafodaethau, materion a risgiau allweddol a drafodwyd yn ystod y flwyddyn.

3. ADRODDIAD GAN GADEIRYDD Y PWYLLGOR

Gofynnir i'r Bwrdd wneud y canlynol:

- **Derbyn a nodi** crynodeb Cadeirydd y Pwyllgor Addysg, Comisiynu ac Ansawdd o'r cyfarfod a gynhaliwyd ar 9 Chwefror 2021 – Atodiad 1.
- **Cymeradwyo** argymhelliad y Pwyllgor ar gyfer Cam 2 o Adolygiad Strategol y Contract Addysg Gweithwyr Iechyd Proffesiynol i ddilyn yr amserlen 5 mlynedd ddiwygiedig a'r dull newydd (o dan eitem ar wahân ar agenda'r Bwrdd 3.4).
- **Cymeradwyo** Cylch Gorchwyl ar gyfer y Grŵp Ansawdd ac Addysg Amlbroffesiynol (MPQEG) a'r Grŵp Cynghori ar Addysg (EAG) – Atodiad 2.

4. MATERION LLYWODRAETHU A RISG

Caiff unrhyw risgiau a materion o ran llywodraethu eu rheoli drwy gyfarfodydd y pwyllgor a bydd adroddiadau ar eithriadau'n cael eu darparu i'r Bwrdd gan y cadeiryddion perthnasol.

5. GOBLYGIADAU ARIANNOL

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

6. ARGYMHELLIAD

Gofynnir i Aelodau'r Bwrdd:

- **Derbyn a nodi** crynodeb Cadeirydd y Pwyllgor Addysg, Comisiynu ac Ansawdd o'r cyfarfod a gynhaliwyd ar 9 Chwefror 2021 – Atodiad 1.
- **Cymeradwyo** argymhelliad y Pwyllgor ar gyfer Cam 2 o Adolygiad Strategol y Contract Addysg Gweithwyr Iechyd Proffesiynol i ddilyn yr amserlen 5 mlynedd ddiwygiedig a'r dull newydd (o dan eitem ar wahân ar agenda'r Bwrdd 3.4).
- **Cymeradwyo** Cylch Gorchwyl ar gyfer y Grŵp Ansawdd ac Addysg Amlbroffesiynol (MPQEG) a'r Grŵp Cynghori ar Addysg (EAG) – Atodiad 2.

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Llywodraethu a Sicrwydd			
Dolen i amcanion strategol IMTP (rhowch ✓)	Nod Strategol 1: Arwain y gwaith o gynllunio, datblygu ac ymorol am les gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflawni 'Cymru Iachach'	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd a sicrhau ei fod yn diwallu anghenion y dyfodol	Nod Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy feithrin gallu arwain tosturiol ac ar y cyd ar bob lefel
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi'r gwaith o ddarparu diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio	Nod Strategol 6: Cael eich cydnabod fel partner, dylanwadwr ac arweinydd rhagorol
Ansawdd, Diogelwch a Phrofiad Cleifion			
Mae sicrhau bod y Bwrdd yn cyflawni ei fusnes yn briodol drwy ei Bwyllgorau ac yn unol â'i reolau sefydlog yn ffactor allweddol o ran galluogi ansawdd, diogelwch a phrofiad cleifion sy'n derbyn gofal.			
Goblygiadau Ariannol			
Nid oes goblygiadau ariannol i'r Bwrdd fod yn ymwybodol ohonynt.			
Goblygiadau cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)			
Mae'n hanfodol i'r Bwrdd gydymffurfio â'i reolau sefydlog, sy'n cynnwys derbyn diweddariadau gan ei bwyllgorau.			
Goblygiadau Staffio			
Nid oes goblygiadau staffio i'r Bwrdd fod yn ymwybodol ohonynt.			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Mae'r adroddiad yn amlinellu'r gwaith a wnaed gan y Pwyllgor i gynghori a rhoi sicrwydd i'r Bwrdd ynghylch addysg, comisiynu addysg a rheoli ansawdd darpariaeth a chontractau addysg. Mae strwythur llywodraethu'r Pwyllgor yn anelu at ganfod materion yn gynnar er mwyn eu hatal rhag gwaethygu; gweithio'n agos gyda'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 – Pwyllgor Addysg, Comisiynu ac Ansawdd Atodiad 2 – Cylch Gorchwyl ar y Grŵp Ansawdd ac Addysg Aml-broffesiynol (MPQEG) a'r Grŵp Cynghori ar Addysg (EAG	

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Atodiad 1

Dyddiad y Cyfarfod	25 Mawrth 2021	Eitem ar yr Agenda	4.6.1
Statws Rhyddid Gwybodaeth	Agored		
Pwyllgor Adrodd	Y Pwyllgor Addysg, Comisiynu ac Ansawdd		
Awdur yr Adroddiad	Kay Barrow, Rheolwr Llywodraethu Corfforaethol		
Cadeirydd	Ruth Hall		
Cyfarwyddwyr Gweithredol Arweiniol	Angela Parry a'r Athro Pushpinder Mangat		
Dyddiad y cyfarfod diwethaf	9 Chwefror 2021		
Crynodeb o faterion allweddol a ystyriwyd gan y pwyllgor ac unrhyw benderfyniadau cysylltiedig a wnaed:			
<p>Oherwydd cyfyngiadau Llywodraeth Cymru yn sgil y pandemig COVID-19, nid oedd AaGIC yn gallu cynnal ei Bwyllgor Addysg, Comisiynu ac Ansawdd ar 9 Chwefror 2021 yn gyhoeddus. Serch hynny, yn dilyn y broses briodol, cynhaliwyd y cyfarfod drwy dechnoleg fideo gynadleda.</p> <p>Derbyniodd y Pwyllgor ddiweddariad ynglŷn â Goblygiadau COVID ar Addysg a Hyfforddiant holl fyfyrwyr a hyfforddeion gofal iechyd proffesiynol. Roedd y bartneriaeth glos rhwng yr holl randdeiliaid allweddol wedi arwain at darfu cyn lleied â phosib ar garfan newydd o unigolion cofrestredig a hyfforddeion a ymunodd â gweithlu'r GIG yn haf 2020. Soniwyd y bu addasiadau nodedig i ddarparu addysg ar sail theori i fyfyrwyr a hyfforddeion. Er, pwysleisiwyd bod angen i leoliadau ar gyfer dysgu sy'n seiliedig ar ymarfer barhau fel y cynlluniwyd i alluogi dysgu ac asesu cymwyseddau a sgiliau clinigol, er mwyn i'r cofrestru a'r graddio ddigwydd fel y cynlluniwyd.</p> <p>Amlygwyd nifer o risgiau ynglŷn â'r gallu i symud ymlaen mewn nifer o feysydd meddygol, llawfeddygol a deintyddol, canolbwyntiodd yn benodol ar y cymwyseddau sy'n seiliedig ar ymarfer. Roedd effaith pwysau cynyddol COVID ar draws y pedair cenedl yn debygol o gael effaith ar ymarferoldeb cyflawni'r prosesau recriwtio cenedlaethol a gynlluniwyd ar gyfer hyfforddeion meddygol yng nghanaf haf 2021. Datblygwyd cynlluniau wrth gefn ar gyfer pob arbenigedd ac roeddent yn cael eu hadolygu gan Grŵp Recriwtio a Dethol Meddygol a Deintyddol y pedair cenedl mewn cydweithrediad â'r prif gyrff recriwtio. Byddai angen mapio'r effaith ar lif y gweithlu dan hyfforddiant yng Nghymru er mwyn deall y sefyllfa'n well.</p> <p>Darparwyd crynodeb o Weithgaredd Rheoli Ansawdd y Ddeoniaeth Feddygol a'r pum maes risg sydd ar hyn o bryd mewn uwch statws monitro gyda'r Cyngor Meddygol Cyffredinol. Nododd y Pwyllgor fod COVID 19 wedi effeithio ar y gallu i gynnal ymweliadau corfforol ac ar Ddarparwyr Addysg Lleol i fynd i'r afael â rhai o'r pryderon a godwyd. Pwysleisiwyd fod rhai meysydd yn dal i fod o dan broses Uwch Fonitro oherwydd bod COVID 19 wedi rhoi pwysau ychwanegol ar ddarparu gwasanaethau rhwng flaen.</p> <p>Cafodd adborth Arolwg y Cyngor Meddygol Cyffredinol ei ystyried gan y Pwyllgor. Tanlinellodd fod yr arolwg wedi canolbwyntio'n bennaf ar y pandemig COVID-19 ac roedd cymryd rhan yn yr arolwg yn ddewisol eleni. Roedd y Pwyllgor yn ymwybodol nad oedd yr adborth o'r arolwg o reidrwydd yn ddarlun myfyriol</p>			

drwyddi draw, ond ei fod yn ystyriol yng nghyd-destun yr amgylchedd presennol, a'i fod yn dangos rhagdybiaethau'r rhai a ymatebodd.

Adroddiad Perfformiad Addysg Gweithwyr Iechyd Proffesiynol Cymru Gyfan ar gyfer y Flwyddyn Academaidd 2019/20: Derbyniodd y Pwyllgor drosolwg o grynoded yr adroddiad blynyddol ar ddangosyddion perfformiad allweddol, fel rhan o system Rheoli Contractau Gweithwyr Iechyd Proffesiynol. Soniodd y crynodeb am y sefyllfa ar draws Cymru, a nodwyd hefyd fod amrywiadau mewn perfformiad rhwng prifysgolion. Lle roedd perfformiad yn is na'r lefel ddisgwyliedig, byddai camau gweithredu yn cael eu nodi yn adroddiad perfformiad unigol pob Prifysgol.

Crynodeb o Arolwg Cenedlaethol Addysg Gweithwyr Iechyd Proffesiynol (NSS) 2020: Derbyniodd y Pwyllgor grynodeb NSS a roddodd drosolwg lefel uchel o'r canlyniadau. Amlygwyd bod y sgoriau boddhad ar gyfer y flwyddyn academaidd 2019/2020 yn uwch na chyfartaledd y DU mewn pump allan o chwech prifysgol a gafodd eu contractio gan AaGIC. Dangosodd hyn ansawdd uchel y rhaglen addysg iechyd a gomisiynwyd. Mae AaGIC yn defnyddio'r wybodaeth hon fel rhan o'i gyfres o brosesau i fesur perfformiad ac ansawdd. Mae tan-berfformiad neu feysydd lle roedd sgoriau prifysgolion yn is na'r disgwyl yn cael eu trafod mewn cyfarfodydd contract prifysgolion unigol a chamau gweithredu yn cael eu datblygu a'u monitro i sicrhau perfformiad gwell. Roedd y Pwyllgor yn falch o nodi'r broses recriwtio i rôl Pennaeth Profiad a Gwella Lleoliadau, a fyddai'n gweithio'n agos gyda phrifysgolion a meysydd gwasanaeth i fynd i'r afael ag unrhyw dan-berfformiad a materion ansawdd sy'n codi.

Nododd y Pwyllgor y cynnydd sy'n cael ei wneud i ddatblygu **Fframwaith Ansawdd a Sicrwydd Addysg a Hyfforddiant Aml-broffesiynol**, sydd i'w gyflwyno i gyfarfod nesaf y Pwyllgor.

Rhodddwyd diweddariad o ran y gwaith sy'n cael ei wneud gan Grŵp **Cyrhaeddiad Gwahaniaethol** AaGIC i fynd i'r afael â'r bylchau mewn cyrhaeddiad addysgol ar draws holl raglenni addysg a hyfforddiant, sy'n gysylltiedig yn benodol â nodweddion gwarchodedig ethnigrwydd.

Fe wnaeth y Pwyllgor longyfarch Pushpinder Mangat ar ei lwyddiant yng **Ngwobrau BAPIO am wasanaethau i addysg a hyfforddiant meddygol**.

Nododd y Pwyllgor fod dyddiad cau **Cam 1 o'r Contractau Addysg Gweithwyr Iechyd Proffesiynol** wedi dod i ben a bod yr holl 'lotiau' wedi derbyn cyflwyniadau tendr. Darparwyd trosolwg o gam nesaf y broses gaffael yn ogystal â datblygu a chynllunio'r **Fframwaith Gwerthuso**. Roedd hyn yn cynnwys sefydlu'r Paneli Gwerthuso, cwestiynau gwerthuso a methodoleg sgorio. Byddai Grŵp Gwerthuso yn monitro cynnydd a byddai unrhyw risgiau'n cael eu cynnwys yng nghofrestr risg y rhaglen ar gyfer gweithredu.

Cafodd y Pwyllgor sicrwydd ynglŷn â'r cynnydd ac roedd yn falch bod rhaglen waith gymhleth yn cadw at yr amserlenni. Fodd bynnag, er mwyn rhoi sicrwydd i'r Bwrdd ar raglen waith Cam 1, dylid cynnull y Pwyllgor Addysg, Comisiynu ac Ansawdd a'r Pwyllgor Archwilio a Sicrwydd gyda'i gilydd i gynnal adolygiad porth bach ar ôl gorffen cam gwerthuso rhaglen waith Cam 1.

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Derbyniodd y Pwyllgor drosolwg o gymhlethdodau **Cam 2 o'r Adolygiad Strategol o Gcontractau Addysg Gweithwyr Iechyd Proffesiynol**. Yn dilyn y gwersi a ddysgwyd o Gam 1 o'r broses gaffael, pwysleisiwyd bod maint y broses gaffael yn ystod Cam 1 yn llawer mwy sylweddol na'r hyn a fwriadwyd ac a gyfathrebwyd yn wreiddiol. Er mwyn lliniaru unrhyw darfu ar fusnes craidd, cynigiwyd dull ac amserlen wahanol dros gyfnod o 5 mlynedd gyda'r broses gaffael yn cael ei chyflwyno'n raddol dros dri is-gam. Cefnogodd y Pwyllgor yr argymhelliad am swydd Rheolwr Prosiect am dymor penodol o 3 blynedd gyda'r opsiwn i ymestyn am hyd at 2 flynedd arall, gan ymestyn 2 secondiad (band 7 a 4) o adran Gaffael Partneriaeth Cydwasanaethau GIG Cymru am 2 flynedd bellach o 31 Mai 2021 a'r amcangyfrif o'r costau cyfreithiol. Byddai hyn yn hwyluso rhaglenni gwaith mwy hylaw ac yn canolbwyntio i ddechrau ar y meysydd contract hynny a gafodd eu categorio fel statws 'coch' ac sy'n ffurfio Rhan A gyda'r nod o gael y contractau yn eu lle erbyn 2022. Croesawodd y Pwyllgor y dull hwn, a fyddai'n darparu'r diwydrwydd dyledus sy'n ofynnol i sicrhau bod y contractau newydd yn addas at y diben.

Derbyniodd a nododd y Pwyllgor y diwygiadau i **Gylch Gorchwyl y Grŵp Ansawdd ac Addysg Aml-broffesiynol (MPQEG) a'r Grŵp Cyngori ar Addysg (EAG)**.

Derbyniodd a nododd y Pwyllgor yr adroddiadau canlynol er gwybodaeth:

- **Cyfraddau Llenwi Addysg Gweithwyr Iechyd Proffesiynol 2020/21 a Dyranadau Myfyrwyr Iechyd Proffesiynol 2021/22.**
- **Adroddiad a Chanllawiau'r Tîm Efelychu.**
- **Proffesiynoli Rôl Cyfarwyddwr y Rhaglen Hyfforddi ar draws Hyfforddiant Gofal Eilaidd**
- **Diweddariad ar Ddatblygiad Cydweithrediad Gwerthuso, Ymchwil, Gwella ac Arloesi (ERIIC).**

Risgiau allweddol a materion sy'n achosi pryder mae angen i'r Bwrdd fod yn ymwybodol ohonynt:

Ddim yn gymwys

Argymhellion i'r Bwrdd eu hystyried

Yn dilyn ystyriaeth ddyledus o'r achos dros newid y dull ar gyfer **Cam 2 o'r Adolygiad Strategol o Gcontractau Addysg Gweithwyr Iechyd Proffesiynol**, mae'r Pwyllgor yn argymhell bod yr amserlen 5 mlynedd ddiwygiedig a'r dull newydd yn cael eu cymeradwyo gan y Bwrdd (o dan eitem ar wahân ar agenda'r Bwrdd 3.4).

Mae'r Pwyllgor yn argymhell y dylai'r Bwrdd gymeradwyo **Cylch Gorchwyl y Grŵp Ansawdd ac Addysg Aml-broffesiynol (MPQEG) a'r Grŵp Cyngori ar Addysg (EAG)**, sy'n amgaeedig yn Atodiad 2.

Camau gweithredu a ddirprwywyd gan y Pwyllgor

Ddim yn gymwys

Prif ffynonellau gwybodaeth a dderbyniwyd

- Goblygiadau COVID ar gyfer Addysg a Hyfforddiant
- Y Diweddaraaf am Addysg Feddygol a Deintyddol Ôl-raddedig
- Adroddiad ac Adborth ar Arolwg y Cyngor Meddygol Cyffredinol
- Adroddiad ar Berfformiad Addysg i Weithwyr Iechyd Proffesiynol Cymru Gyfan ar gyfer y Flwyddyn Academaidd 2019/20
- Crynodeb o Arolwg Myfyrwyr Cenedlaethol Addysg Proffesiynol Iechyd 2020
- Pensaernïaeth Sicrhau Ansawdd Aml-broffesiynol
- Cynllun AaGIC ar gyfer Cyrhaeddiad Gwahaniaethol
- Adroddiad Cynnydd ar Ran 1 y Contractau Addysg ar gyfer Gweithwyr Iechyd Proffesiynol

<ul style="list-style-type: none"> • Contractau Addysg Gweithwyr Iechyd Proffesiynol Cam 1: Fframwaith Arfarnu • Cam 2 - Adolygiad Strategol o Addysg Gweithwyr Iechyd Proffesiynol • Cylch Gorchwyl Grŵp Ansawdd ac Addysg Aml- broffesiynol (MPQEG) a'r Grŵp Cyngori ar Addysg (EAG). • Cofnodion Drafft heb eu Cadarnhau o'r Grŵp Cyngori ar Addysg ar 17 Tachwedd 2020.
Uchafbwyntiau o is-grwpiau sy'n adrodd i'r pwyllgor hwn
Derbyniodd a nododd y Pwyllgor gofnodion drafft heb eu cadarnhau o'r Grŵp Cyngori ar Addysg (EAG) a gynhaliwyd ar 17 Tachwedd 2020.
Materion a gyfeiriwyd at Bwyllgorau eraill
Ddim yn gymwys

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ATODIAD 2



GIG
CYMRU
NHS
WALES

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

CYLCH GORCHWYL GRŴP ANSAWDD AC ADDYSG AML-BROFFESIYNOL (MPQEG)

Dyddiad: Mawrth 2021

1. Cyflwyniad

Yn unol ag Adran 3 o Reolau Sefydlog AaGIC, mae'r Bwrdd wedi awdurdodi sefydlu grŵp ymgynghorol mewnol ar gyfer y Pwyllgor Addysg, Comisiynu ac Ansawdd i sicrhau y caiff holl weithgaredd addysg AaGIC eu cydlynw a'u goruchwylw. Bydd ganddo gynrychiolwyr o bob cyfarwyddiaeth a bydd yn cael ei alw'n Grŵp Ansawdd ac Addysg Aml- broffesiynol (MPQEG).

Nodir isod y cylch gorchwyl a'r trefniadau gweithredu a osodwyd gan y Bwrdd mewn perthynas â'r MPQEG.

Mae'r cylch gorchwyl a'r trefniadau gweithredu hyn i'w darllen ochr yn ochr â chylch gorchwyl a threfniadau gweithredu safonol sy'n gymwys i holl bwyllgorau AaGIC.

Bydd papurau ac adroddiadau'r Pwyllgor Addysg, Comisiynu ac Ansawdd yn cael eu hadolygu gan Dîm Gweithredol AaGIC cyn eu cyflwyno i'r Pwyllgor Addysg, Comisiynu ac Ansawdd.

2. Pwrpas

Pwrpas MPQEG yw darparu'r canlynol i'r Pwyllgor Addysg, Comisiynu ac Ansawdd:

- cynllun addysg a hyfforddiant blynyddol cenedlaethol drafft;
- cymorth ar lywodraethiant addysg a gwybodaeth i gefnogi strategaethau, polisiau, strwythurau a phrosesau ar gyfer addysg a hyfforddiant a fydd yn cynnwys cymryd golwg strategol o ansawdd sy'n edrych i'r dyfodol a fydd yn cynnwys pwyslais ar ffyrdd aml-broffesiynol o weithio;
- gwybodaeth i gael sicrwydd o berfformiad effeithiol, monitro, rheoli, ansawdd, ffyrdd aml-broffesiynol o weithio a gwerth rhaglenni a chontractau addysg a hyfforddiant;
- cefnogaeth wrth nodi gofynion addysg a hyfforddiant y dyfodol ac ystyried cynigion y dyfodol a chyfluoedd addysg newydd, gan ystyried datblygiadau cenedlaethol a rhyngwladol, gwerthusiadau ac ymchwil newydd, ffyrdd aml-broffesiynol o weithio a fyddai'n cael eu hystyried gan MPQEG cyn eu cyflwyno i'r Pwyllgor Addysg, Comisiynu ac Ansawdd:

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- tystiolaeth i fonitro cydymffurfiaeth gweithgareddau addysg a hyfforddiant o ansawdd uchel mewn perthynas â gofynion statudol, rheoliadol a pholisi, gan gynnwys tegwch, deddfwriaeth cydraddoldeb a gofynion y Gymraeg;
- tystiolaeth o gefnogi cydymffurfiaeth AaGIC gyda chyfrifoldebau dirprwyedig yn cael eu rhoi gan reoleiddwyr iechyd;
- arbenigedd mewn paratoi'r dogfennau tendro addysg i'w hadolygu gan y Pwyllgor Addysg, Comisiynu ac Ansawdd;
- cefnogaeth i dynnu sylw at unrhyw faterion anarferol ar gyfer y Pwyllgor Addysg, Comisiynu ac Ansawdd, gan gynnwys nodi a rheoli risg gysylltiedig;
- goruchwyliaeth ar gyfer drafftio'r Datganiad Ansawdd Blynyddol;
- cefnogaeth a chynghor ar gyrhaeddiad gwahaniaethol a llesiant myfyrwyr a lledaenu arfer gorau.

3. Cworwm a Thelerau'r Cadeirydd, Aelodau a Mynychwyr

3.1 Cadeirydd

Y Cyfarwyddwr Meddygol a'r Cyfarwyddwr Nyrsio fydd yn cyd-gadeirio'r Grŵp.

3.2.1 Aelodaeth

Yn ôl rôl ac fel y'i cymeradwywyd gan y Pwyllgor Addysg, Comisiynu ac Ansawdd, bydd yn cynnwys:

Aelodaeth:

- Cyfarwyddwr Nyrsio
- Y Gyfarwyddiaeth Feddygol
- Cyfarwyddwr Gwella Addysg (Deoniaeth Feddygol)
- Cyfarwyddwr Rheoli Ansawdd (Deoniaeth Feddygol)
- Deon Meddygol Ôl-raddedig
- Deon Deintyddol
- Cyfarwyddwr Cyswllt Cynllunio a Datblygu Gweithlu'r Tîm Deintyddol
- Deon Fferyllol
- Deon Cyswllt – Pennaeth Cyflenwi Rhaglenni ac Ymarfer Sylfaen (fferylliaeth)
- Pennaeth yr Uned Gymorth Ailddilysu
- Arweinydd Sefydliadol yr Uned Gymorth Ailddilysu
- Dirprwy Gyfarwyddwr Addysg, Comisiynu ac Ansawdd;
- Pennaeth Trawsnewid Nyrsio a Bydwreigiaeth;
- Pennaeth Trawsnewid Gweithwyr Proffesiynol Perthynol i Iechyd;
- Arweinydd Trawsnewid Gofal Llygaid;
- Pennaeth y Rhaglen Staffio Nyrsys;
- Cyfarwyddwr Digidol
- Rheolwr Gwasanaethau Cymraeg
- Swyddog Cydraddoldeb a Chynhwysiant y Gweithle

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3.2.2 Dirprwyon

Os na all aelod ddod i gyfarfod Grŵp, yna gall dirprwy enwebedig fynychu'r cyfarfod ar yr amod bod y Cadeirydd yn cytuno ar yr enwebiad cyn neu ar ddechrau cyfarfod.

Bydd gan y Dirprwy yr un statws ag Aelod a bydd yn cyfrif tuag at gworwm.

3.3 Mynychwyr

Bydd unigolion oddi mewn ac oddi allan i AaGIC, y mae MPQEG yn credu y dylai fod yn bresennol, yn cael eu gwahodd i ystyried y materion sy'n cael eu hystyried ym mhob cyfarfod.

3.4 Cworwm

Rhaid i hanner yr aelodau o leiaf fod yn bresennol i sicrhau cworwm y MPQEG, y dylai un ohonynt fod yn Gyd-Gadeirydd y Pwyllgor.

3.5 Telerau

Bydd aelodaeth MPQEG a'i gylch gorchwyl yn amodol ar arolwg blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd.

4 Amllder y cyfarfodydd

Bydd cyfarfodydd yn cael eu cynnal ddwywaith y flwyddyn, neu fel sy'n angenrheidiol yn ôl Cyd-gadeirydd y Pwyllgor.

CYLCH GORCHWYL Y GRŴP CYNGHORI AR ADDYSG (EAG)
Dyddiad: Mawrth 2021
Dyddiad Adolygu: Yn flynyddol
<p>1. Cyflwyniad</p> <p>Yn unol ag Adran 3 o Reolau Sefydlog AaGIC, mae'r Bwrdd wedi awdurdodi sefydlu grŵp ymgynghorol a fydd yn cynghori AaGIC ar flaenoriaethau addysg a hyfforddiant. Bydd gan y Grŵp hwn gynrychiolwyr o AaGIC a rhanddeiliaid allanol, a bydd yn cael ei alw'n Grŵp Cynghori ar Addysg.</p> <p>Nodir isod y cylch gorchwyl a'r trefniadau gweithredu a osodwyd gan y Bwrdd mewn perthynas â'r Grŵp Cynghori ar Addysg.</p> <p>Mae'r cylch gorchwyl a'r trefniadau gweithredu hyn i'w darllen ochr yn ochr â chylch gorchwyl a threfniadau gweithredu safonol sy'n gymwys i holl bwyllgorau AaGIC.</p> <p>Bydd papurau ac adroddiadau'r Grŵp Cynghori ar Addysg yn cael eu hadolygu gan Dîm Gweithredol AaGIC cyn eu cyflwyno i'r Grŵp Cynghori ar Addysg.</p>
<p>2. Pwrpas</p> <p>Pwrpas y Grŵp Cynghori ar Addysg yw darparu'r canlynol i'r Pwyllgor Addysg, Comisiynu ac Ansawdd:</p> <ul style="list-style-type: none"> fforwm amlddisgyblaethol aml-broffesiynol i gynghori ar drafodaethau, datblygu, craffu a chomisiynu anghenion addysg, hyfforddiant, dysgu a datblygu'r gweithlu iechyd yng Nghymru; cyngor ar hyrwyddo aliniad strategol o ddatblygu polisi a gweithredu gwasanaethau mewn perthynas â chynllunio'r gweithlu, addysg, ansawdd a datblygiad; cyngor mewn perthynas â goblygiadau hyfforddiant ac addysg o'r newidiadau arfaethedig i'r gweithlu yng nghyd-destun Cymru a'r DU; cefnogaeth a chynghori ar hyrwyddo'r cydweithio rhwng AaGIC ac asiantaethau allanol mewn perthynas â llywodraethu addysg a hyfforddiant, a fydd yn cynnwys cyrhaeddiad gwahaniaethol, cydraddoldeb mynediad a llesiant myfyrwyr a lledaenu arfer gorau; diweddariadau rheolaidd ar unrhyw werthuso neu ymchwil sy'n gysylltiedig â swyddogaeth hyfforddi AaGIC; <p>unrhyw wybodaeth sy'n amlygu materion mwy anarferol i'r Pwyllgor Addysg, Comisiynu ac Ansawdd.</p>

3. Cworwm a Thelerau'r Cadeirydd, Aelodau a Mynychwyr

3.1 Cadeirydd

Y Cyfarwyddwr Meddygol a'r Cyfarwyddwr Nyrsio fydd yn cyd-gadeirio'r Grŵp.

3.2.1 Aelodaeth

Yn ôl rôl ac fel y'i cymeradwywyd gan y Pwyllgor Addysg, Comisiynu ac Ansawdd, bydd yn cynnwys:

Aelodaeth:

AaGIC:

- Cyfarwyddwr Nyrsio
- Y Gyfarwyddiaeth Feddygol
- Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol
- Dirprwy Gyfarwyddwr y Gweithlu a Datblygu Sefydliadol
- Deon Meddygol Ôl-raddedig
- Deon Fferyllol
- Dirprwy Gyfarwyddwr Addysg, Comisiynu ac Ansawdd
- Deon Deintyddol
- Pennaeth Moderneiddio'r Gweithlu

Cynrychiolwyr y Grŵp Cymheiriaid

- Cyfarwyddwr Meddygol Bwrdd Iechyd/Ymddiriedolaeth
- Cyfarwyddwr Nyrsio Bwrdd Iechyd/Ymddiriedolaeth
- Cyfarwyddwr Therapiau a Gwyddor Gofal Iechyd Bwrdd Iechyd/Ymddiriedolaeth
- Prif Fferyllydd y Bwrdd Iechyd

Cynrychiolwyr Rhanddeiliaid:

- Cynrychiolydd o Gyngor y Deoniaid
- Cynrychiolydd o Fforwm Myfyrwyr Iechyd Cymru (WHSF) x2
- Cynrychiolydd o Hyfforddeion Ôl-raddedig x2
- Cynrychiolydd o Fforwm Partneriaeth Iechyd Cymru (WHPF) x4
- Gofal Cymdeithasol Cymru
- Colegau Cymru
- Coleg Cymraeg Cenedlaethol
- Diverse Cymru

3.2.2 Dirprwyon

Os na all aelod ddod i gyfarfod Grŵp, yna gall dirprwy enwebedig fynychu'r cyfarfod ar yr amod bod y Cadeirydd yn cytuno ar yr enwebiad cyn neu ar ddechrau cyfarfod.

Bydd gan y Dirprwy yr un statws ag Aelod a bydd yn cyfrif tuag at gworwm.

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3.2.3 Mynychwyr

Bydd unigolion oddi mewn ac oddi allan i'r sefydliad y mae'r Grŵp Cyngori ar Addysg yn credu dylai fod yn bresennol, yn cael eu gwahodd i ystyried y materion sy'n cael eu hystyried ym mhob cyfarfod.

3.4 Cworwm

Rhaid i hanner yr aelodau o leiaf fod yn bresennol i sicrhau cworwm y Grŵp Cyngori ar Addysg, y dylai un ohonynt fod yn Gyd-Gadeirydd y Pwyllgor.

3.5 Telerau

Bydd cylch gorchwyl ac aelodaeth y Grŵp Cyngori ar Addysg yn amodol ar arolwg blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd.

4 Amllder Cyfarfodydd

Bydd cyfarfodydd yn cael eu cynnal ddwywaith y flwyddyn, neu fel sy'n angenrheidiol yn ôl Cyd-gadeirydd y Pwyllgor.



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Dyddiad y Cyfarfod	25 Mawrth 2021	Eitem Agenda	4.7
Teitl yr Adroddiad	Materion a Adroddwyd yn y Pwyllgor		
Awdur yr Adroddiad	Kay Barrow, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Amlinellu materion allweddol a drafodwyd yng Nghyfarfod y Bwrdd mewn Pwyllgor a gynhaliwyd ar 28 Ionawr 2021.		
Materion Allweddol	Yn unol â'r Rheolau Sefydlog, mae'n ofynnol i AaGIC adrodd ar unrhyw benderfyniadau a wnaed mewn sesiwn breifat i'r cyfarfod cyhoeddus nesaf o'r Bwrdd sydd ar gael. Mae'r adroddiad yn amlinellu'r penderfyniadau a wnaed gan y Bwrdd mewn Pwyllgor ar 28 Ionawr 2021.		
Cam Penodol i'w Gymryd (✓ <i>mewn un blwch yn unig</i>)	Gwybodaeth	Trafodaeth	Sicrwydd
	✓		
Argymhellion	Gofynnir i Aelodau: <ul style="list-style-type: none"> • Nodi'r adroddiad er gwybodaeth. 		

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PENDERFYNIADAU A WNAED YN YSTOD CYFARFOD O'R BWRDD MEWN PWYLLGOR A GYNHALIWDY AR 28 IONAWR 2021

1. CYFLWYNIAD

Pwrpas yr adroddiad yw adrodd ar eitemau a ystyriwyd yng nghyfarfod y Bwrdd mewn pwyllgor a gynhaliwyd ar 28 Ionawr 2021.

2. CEFNDIR

Rhaid i'r Bwrdd gynnal cymaint â phosibl o'i fusnes ffurfiol yn gyhoeddus. Gellir cael amgylchiadau lle na fyddai er budd y cyhoedd bod mater yn cael ei drafod yn gyhoeddus. Mewn achosion o'r fath, mae'n ofynnol bod y Cadeirydd (wedi'i gynghori gan Ysgrifennydd y Bwrdd lle bo'n briodol) yn amserlennu'r materion hyn yn unol â hynny ac yn gofyn i unrhyw wylwyr adael y cyfarfod. Wrth wneud hynny, rhaid i'r Bwrdd benderfynu:

"y bydd cynrychiolwyr y wasg ac aelodau eraill o'r cyhoedd yn cael eu cau allan o weddill y cyfarfod hwn o ystyried natur gyfrinachol y busnes sydd i'w drafod, y byddai cyhoeddusrwydd yn ei gylch yn niweidio budd y cyhoedd"

Yn yr amgylchiadau hyn, pan nad yw'r Bwrdd yn cwrdd mewn sesiwn gyhoeddus, rhaid iddo weithredu mewn sesiwn breifat, gan adrodd yn ffurfiol ar unrhyw benderfyniadau a wneir yng nghyfarfod nesaf y Bwrdd mewn sesiwn gyhoeddus.

3. YSTYRIAETHAU O RAN LLYWODRAETHU A RISG

Trafodwyd yr eitemau canlynol yng **ngchyfarfod Bwrdd AaGIC mewn pwyllgor ar 28 Ionawr 2021**:

- **Materion yn codi o'r cyfarfod blaenorol** – Darparwyd diweddariad ar y mater canlynol a gododd o'r cyfarfod blaenorol am nad oedd wedi'i gynnwys yn yr agenda ar gyfer Sesiwn y Bwrdd mewn Pwyllgor a gynhaliwyd ar 28 Ionawr 2021:
 - **C2409/3.2 Cyflogwr Arweiniol Sengl i Ddeintyddion**: Cadarnhawyd bod Pwyllgor Rheoliadau Llywodraeth Cymru wedi cymeradwyo'r newidiadau sydd eu hangen yn y rheoliadau sy'n ymwneud â Deintyddion Sylfaen. Roedd hyn yn cadarnhau bod model y Cyflogwr Arweiniol Sengl ar gyfer Deintyddion yn gwbl gyson â'r Rheoliadau.
- **Adroddiad y Cadeirydd** – Cafodd y Bwrdd ddiweddariad llafar gan y Cadeirydd a'i nodi.
- **Adroddiad ar Faterion Allweddol gan Gadeirydd y Pwyllgor Archwilio a Sicrwydd** – Roedd y Bwrdd wedi cael ac wedi nodi adroddiad y Cadeirydd ar faterion allweddol ar gyfer y Pwyllgor a gynhaliwyd ar 18 Ionawr 2021.

4. GOBLYGIADAU ARIANNOL

Nid oes un rhyw oblygiadau ariannol wrth nodi'r diweddariad. Fodd bynnag, byddai unrhyw oblygiadau o ran adnoddau wedi'u nodi yn y ceisiadau gwreiddiol am gadarnhad.

5. ARGYMHELLIAD

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

Llywodraethu a Sicrwydd			
Cysylltiad â nodau strategol y Cynllun Tymor Canolig Integredig (rhodder ✓)	Nod Strategol 1: Arwain ar gynllunio, datblygu a sicrhau lles gweithlu cymwys, cynaliadwy a hyblyg i helpu i gyflawni nodau 'Cymru Iachach'	Nod Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau eu bod yn cwrdd ag anghenion y dyfodol	Nod Strategol 3: Cydweithio â phartneriaid i ddylanwadu er mwyn creu newid mewn diwylliant yn GIG Cymru drwy feithrin gallu i gydarwain yn dosturiol ar bob lefel
	✓	✓	✓
	Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i sicrhau diogelwch ac ansawdd da	Nod Strategol 5: Bod yn gyflogwr rhagorol ac yn lle gwych i weithio	Nod Strategol 6: Cael ein cydnabod yn bartner, dylanwadwr ac arweinydd rhagorol
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf			
Mae gallu'r Bwrdd a'i Bwyllgor i wneud penderfyniadau seiliedig ar wybodaeth yn dibynnu ar ansawdd a chywirdeb y wybodaeth a gyflwynir ac a ystyrir gan y rheini sy'n gwneud penderfyniadau. Mae penderfyniadau seiliedig ar wybodaeth yn fwy tebygol o gael effaith ffafriol ar ansawdd, diogelwch a phrofiad y cleifion a'r staff.			
Goblygiadau Ariannol			
Nid oes unrhyw oblygiadau uniongyrchol o ran adnoddau mewn perthynas â'r adroddiad hwn. Fodd bynnag, byddai unrhyw oblygiadau o ran adnoddau wedi'u nodi yn y ceisiadau gwreiddiol am gadarnhad.			
Goblygiadau Cyfreithiol (yn cynnwys asesu am gydraddoldeb ac amrywiaeth)			
Nid oes unrhyw oblygiadau cyfreithiol yn yr adroddiad hwn. Er hynny, bydd effeithiau penodol wedi'u hystyried, os oeddent yn berthnasol, yn yr adroddiadau y cyfeirir atynt yn y diweddariad hwn.			
Goblygiadau o ran Staffio			
Nid oes unrhyw oblygiadau uniongyrchol o ran y gweithlu yn yr adroddiad hwn. Er hynny, bydd effeithiau penodol wedi'u hystyried, os oeddent yn berthnasol, yn yr adroddiadau y cyfeirir atynt yn y diweddariad hwn.			
Goblygiadau Hirdymor (yn cynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Nid oes unrhyw oblygiadau uniongyrchol o ran y Ddeddf. Er hynny, bydd effeithiau penodol wedi'u hystyried, os oeddent yn berthnasol, yn yr adroddiadau y cyfeirir atynt yn y diweddariad hwn.			
Hanes yr Adroddiad	Darperir yr adroddiad hwn ym mhob cyfarfod o'r Bwrdd.		
Atodiadau	Dim.		

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Dyddiad Cyfarfod	25 Mawrth 2021	Eitem Agenda	4.8
Teitl Adroddiad	Blaenraglen Waith y Bwrdd 2021-22		
Awdur Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Noddwr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Derbyn cymeradwyaeth ar gyfer Blaenraglen Waith y Bwrdd ar gyfer Cyfarfodydd y Bwrdd a Sesiynau Datblygu'r Bwrdd.		

Materion Allweddol	<ul style="list-style-type: none"> Mae'r Rheolau Sefydlog yn ei gwneud yn ofynnol i'r Bwrdd gymeradwyo ei Flaenraglen Waith flynyddol. Mae'r adroddiad yn nodi'r Flaenraglen Waith arfaethedig: <p>ar gyfer cyfarfodydd y Bwrdd yn Atodiad 1; gyfer Sesiynau Datblygu'r Bwrdd yn Atodiad 2.</p>			
Camau penodol sydd eu hangen (Rhowch un ✓ yn unig)	Gwybodaeth	Trafodaeth	Sicrwydd	Cymeradwyo
				✓
Argymhellion	<p>Gofynnir i Aelodau gymeradwyo'r Flaenraglen Waith:</p> <ul style="list-style-type: none"> ar gyfer Cyfarfodydd y Bwrdd fel yr amlinellir yn Atodiad 1; ar gyfer Sesiynau Datblygu'r Bwrdd fel yr amlinellir yn Atodiad 2. 			

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BLAENRAGLEN WAITH Y BWRDD 2021-22

1. CYFLWYNIAD

Mae ei Reolau Sefydlog yn ei gwneud yn ofynnol i'r Bwrdd gymeradwyo Blaenraglen Waith flynyddol parthed gorchwylion y bwrdd ar gyfer y flwyddyn ariannol sydd i ddod.

2. CEFNDIR

Diben yr adroddiad yw cyflwyno diweddariad i'r Bwrdd ar ei FRW (FWP) rhwng mis Ebrill 2021 a mis Mawrth 2022.

Mae'r BRW (FWP) ar gyfer cyfarfodydd y Bwrdd i'w chanfod yn Atodiad 1 ac, ar gyfer Sesiynau Datblygu'r Bwrdd, i'w chanfod yn Atodiad 2.

Mae'r BRW (FWP) yn ddogfen ddeinamig a gall fod yn destun newid mewn ymateb i amgylchiadau newidiol.

Bydd cyfarfodydd y Bwrdd yn parhau i gael eu cynnal yn rhithwir mewn ymateb i'r cyfyngiadau a roddwyd ar waith i ddiogelu iechyd y cyhoedd yn ystod y pandemig. Bydd sesiynau agored y Bwrdd yn parhau i gael eu ffrydio'n fyw i alluogi'r cyhoedd i weld yr elfen hon o'r cyfarfod. Mae'r sefyllfa'n cael ei hadolygu'n rheolaidd a bydd yn parhau felly.

3. MATERION LLYWODRAETHU A RISG

Mae BRW (FWP) yn galluogi'r Bwrdd i gynllunio ei lwyth gwaith a'i alluogi i ganolbwyntio ar eitemau strategol allweddol drwy gydol y flwyddyn. Mae hyn yn galluogi aliniad â'r Rheolau Sefydlog ac yn cefnogi cydymffurfiaeth â gofynion llywodraethu corfforaethol.

4. GOBLYGIADAU ARIANNOL

Nid oes goblygiadau ariannol i'r Bwrdd eu hystyried gan fod y cynnwys ym mherthynas gweithrediadau creiddiol AaGIC.

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5. ARGYMHELLION

Gofynnir i Aelodau'r Bwrdd gymeradwyo'r Flaenraglen Waith:

- ar gyfer Cyfarfodydd y Bwrdd fel yr amlinellir yn Atodiad 1;
- ar gyfer Sesiynau Datblygu'r Bwrdd fel yr amlinellir yn Atodiad 2.

Llywodraethiant a Sicrwydd			
Cyswllt i Amcanion yr IMTP	Amcan Strategol 1: Arwain y gwaith o gynllunio, datblygu a sicrhau gweithlu cymwys, cynaliadwy a hyblyg i helpu i gyflawni 'Cymru Iachach'	Amcan Strategol 2: Gwella ansawdd a hygyrchedd addysg a hyfforddiant i'r holl staff gofal iechyd gan sicrhau ei fod yn diwallu anghenion y dyfodol	Amcan Strategol 3: Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru drwy feithrin gallu i arwain yn dosturiol ac ar y cyd ar bob lefel
	✓	✓	✓
	Nod Strategol 4: I ddatblygu'r gweithlu i gefnogi'r gwaith o gyflawni diogelwch ac ansawdd	Nod Strategol 5: Bod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	Nod Strategol 6: I gael ein cydnabod fel partner rhagorol, yn ddylanwadwr ac arweinydd
	✓	✓	✓
Ansawdd, Diogelwch a Phrofiad y Claf			
Mae sicrhau bod y Bwrdd yn cyflawni ei ddyletswydd yn briodol ac yn gyflin â'i Reolau Sefydlog yn ffactor allweddol o ran ansawdd, diogelwch a phrofiad cleifion sy'n derbyn gofal.			
Goblygiadau Ariannol			
Nid oes goblygiadau ariannol i'r Bwrdd eu hystyried gan fod y mater hwn yn gysylltiedig â gweithrediadau creiddiol AaGIC.			
Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth)			
D/Dd			
Goblygiadau Staffio			
D/Dd			
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
D/Dd			
Hanes yr Adroddiad	Caiff BRW (FWP) ar gyfer y Bwrdd a Sesiynau Datblygu'r Bwrdd ei hystyried a'i gymeradwyo'n flynyddol yn unol â Rheolau Sefydlog AaGIC.		
Atodiadau	BRW ar gyfer Cyfarfodydd y Bwrdd (Atodiad 1). BRW ar gyfer Sesiynau Datblygu'r Bwrdd (Atodiad 2).		

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Appendix 1 -Forward Work Programme - Board Meetings 2021/22

Health Education Improvement – WORK PLAN APRIL 2021 – MARCH 2022

The Board meets in public bi-monthly. The following table sets out the Board's business for 2021/22, including standing agenda items (denoted by *) and items are those that are reported to the Board as and when required (denoted by **).

AGENDA ITEM/ ISSUE	LEAD	29 Apr 2021	27 May 2021	17 Jun 2021	29 Jul 2021	19 Aug 2021	30 Sep 2021	28 Oct 2021	25 Nov 2021	16 Dec 2021	27 Jan 2022	24 Feb 2022	31 Mar 2022
		BDS	Board	BDS	Board	BDS	Board	BDS	Board	BDS	Board	BDS	Board
Apologies*	CJ		X		X		X		X		X		X
Declaration of Interests*	CJ		X		X		X		X		X		X
Minutes from previous meeting*	CJ		X		X		X		X		X		X
Actions Log*	CJ		X		X		X		X		X		X
Matters Arising *	CJ		X		X		X		X		X		X
Chair's Report*	CJ		X		X		X		X		X		X
Affixing of the Common Seal**	CJ												
Chief Executive's Report*	AH		X		X		X		X		X		X

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AGENDA ITEM/ ISSUE	LEAD	29 Apr 2021	27 May 2021	17 Jun 2021	29 Jul 2021	19 Aug 2021	30 Sep 2021	28 Oct 2021	25 Nov 2021	16 Dec 2021	27 Jan 2022	24 Feb 2022	31 Mar 2022
		BDS	Board	BDS	Board	BDS	Board	BDS	Board	BDS	Board	BDS	Board
Finance Report*	EW		X		X		X		X		X		X
Performance Report*	NJ		Q4 End of Year				Q1		Q2 Mid Year				Q3
Key issue reports from Committees*	Committee Chair		X		X		X		X		X		X
In Committee Decisions*	DB		X		X		X		X		X		X
Committee Annual Reports**	DB		AAC		ECQC								
Review Committee Terms of Reference	DB						X						
Review of Standing Orders	DB						X						
Forward Work Programme**	DB												X
Annual Self- Assessment*	DB						X						
Governance Leadership and & Accountability Standard**	DB		X										
Annual Governance Statement**	DB		X										

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AGENDA ITEM/ ISSUE	LEAD	29 Apr 2021	27 May 2021	17 Jun 2021	29 Jul 2021	19 Aug 2021	30 Sep 2021	28 Oct 2021	25 Nov 2021	16 Dec 2021	27 Jan 2022	24 Feb 2022	31 Mar 2022
		BDS	Board	BDS	Board	BDS	Board	BDS	Board	BDS	Board	BDS	Board
Accountability Report**	DB		X										
Final Accounts for 2019/20** (The Accounts will be signed off at a Board meeting on 10 June)	EW		X										
Letter of Representation**	EW		X										
Audit Wales ISA 260**	EW		X										
Annual Quality Statement**	DB		X										
Annual Report**	DB		X										
Annual General Meeting**	All				X								
Approve Annual Plan 2021/22	NJ		X										
Review Annual Plan 2021/22	NJ						Q1			Q2			Q3
Agree IMTP/Annual Plan 2022/23**	NJ										X		
Financial Plan and Budget Strategy**	EW												X

AGENDA ITEM/ ISSUE	LEAD	29 Apr 2021	27 May 2021	17 Jun 2021	29 Jul 2021	19 Aug 2021	30 Sep 2021	28 Oct 2021	25 Nov 2021	16 Dec 2021	27 Jan 2022	24 Feb 2022	31 Mar 2022
		BDS	Board	BDS	Board	BDS	Board	BDS	Board	BDS	Board	BDS	Board
Board Assurance Framework Annual Review**	DB						X						
Risk Management Policy**	DB				X								
Implementation of Workforce Strategy for H&SC	JR								X				
HEIW People & OD Strategy	JR		X										X
Risk Register**	DB						X						X
Business Cases	PM/AP/ JR/NP/SR		X		X		X		X		X		X
Independent Member Committee Reappointments	CJ						X						
Annual Education & Training Plan	AP		X		X								
Procurement Compliance Annual Report	EW		X										
Strategic Equality Plan Annual Review	JR						X						
COVID 19 Update	AH		X		X		X		X		X		X

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AGENDA ITEM/ ISSUE	LEAD	29 Apr 2021	27 May 2021	17 Jun 2021	29 Jul 2021	19 Aug 2021	30 Sep 2021	28 Oct 2021	25 Nov 2021	16 Dec 2021	27 Jan 2022	24 Feb 2022	31 Mar 2022
		BDS	Board	BDS	Board	BDS	Board	BDS	Board	BDS	Board	BDS	Board
HEIW Communication and Engagement Strategy & approach	JR		X				X						X
Leadership & Succession Programme Overview	JR						X						
Annual Equality Plan report	JR		X										X
Gender Pay Gap report	JR		X										X
HEIW Equality, Diversity & Inclusion Overview	JR				X								
Phase 2 of the Strategic Review									X				
Phase 1 of the Strategic Review	EW		TBC										
Performance Framework Annual Review	NJ										X		
Welsh Language Scheme Update	DB				X				X				X
Update on Primary Care Education & Training	AH				X								

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AGENDA ITEM/ ISSUE	LEAD	29 Apr 2021	27 May 2021	17 Jun 2021	29 Jul 2021	19 Aug 2021	30 Sep 2021	28 Oct 2021	25 Nov 2021	16 Dec 2021	27 Jan 2022	24 Feb 2022	31 Mar 2022
		BDS	Board	BDS	Board	BDS	Board	BDS	Board	BDS	Board	BDS	Board
Review of the Complaints Policy	DB										X		

Initials

AP – Angela Parry
 AH – Alex Howells
 CJ – Chris Jones
 DB - Dafydd Bebb
 EW – Eifion Williams
 JR – Julie Rogers
 NJ – Nicola Johnson
 PM – Pushpinder Mangat
 SR – Sian Richards

Venues for HEIW Board Meetings - These are currently scheduled as virtual meetings held through video conferencing. The position is to be reviewed in accordance with public health guidance.

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Appendix 2 - Forward Work Programme, Board Development Sessions 2021-22

29 April	17 June	19 August
<ul style="list-style-type: none"> Developing our Quality Framework (PM and AP to lead) Diversity and inclusion (JR to lead) Leadership and Succession Programme overview (JR to lead) Governance Leadership and Accountability Standard and the Corporate Governance Code of Good Practice (DB to lead) <p><u>External Speaker / Topic</u></p> <ul style="list-style-type: none"> Commissioning Voluntary Sector 	<ul style="list-style-type: none"> Stakeholder engagement (JR to lead) AHP and HCS Frameworks (AP to lead) Developing our Digital Vision (SR to lead) <p><u>External Speaker / Topic</u></p> <ul style="list-style-type: none"> Digital – session with Centre for Digital Public Services 	<ul style="list-style-type: none"> Nurse Staffing Levels Act Progress (AP to lead) Measuring value in HEIW (EW to lead) Development of the Performance Dashboard (NJ to lead) <p><u>External Speaker / Topic</u></p> <ul style="list-style-type: none"> Independent speaker on self-assessment Review of self-assessment and Board Matrix

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28 October	16 December	24 February
<ul style="list-style-type: none"> • Team Building Work (subject to face to face meetings being permitted) • Workforce strategy for health and social care – joint session with SCW – supporting integrated working (JR to lead) <p><u>External Speaker / Topic</u></p> <ul style="list-style-type: none"> • Tbc based on suggestions from Board Members 	<ul style="list-style-type: none"> • Development of Plan for 21/22 (NJ to lead) • Refresh our Strategic Aims/ look at our Wellbeing Objectives (NJ to lead) • Evaluation, value and research activities (PM to lead) <p><u>External Speaker / Topic</u></p> <ul style="list-style-type: none"> • Tbc based on suggestions from Board Members 	<ul style="list-style-type: none"> • Team building work <p><u>External Speaker / Topic</u></p> <ul style="list-style-type: none"> • Tbc based on suggestions from Board Members

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ADRODDIAD SICRWYDD

PWYLLGOR PARTNERIAETH CYDWASANAETHAU GIG CYMRU

Pwyllgor Adrodd	Pwyllgor Partneriaeth Cydwasaethau
Cadeiriwyd gan	Mrs Margaret Foster, Cadeirydd
Gweithredwr Arweiniol	Mr Neil Frow, Rheolwr Gyfarwyddwr, Partneriaeth Cydwasaethau GIG Cymru
Awdur a manylion cyswllt	Peter Stephenson, Pennaeth Cyllid a Datblygu Busnes
Dyddiad y cyfarfod	21 Ionawr 2021

Crynodeb o'r prif faterion yn cynnwys cyflawniadau a chynnydd a ystyriwyd gan y Pwyllgor ac unrhyw benderfyniadau cysylltiedig a wnaed.

- Gwasanaethau Negesydd Iechyd** – Rhoddodd Pennaeth y GNI ddiweddariad i'r Pwyllgor am yr heriau sylweddol a wynebwyd ers Mawrth 2020. Mae ymateb y gwasanaeth i'r Pandemig wedi bod yn eithriadol, ac roedd y tîm wedi addasu i ffyrdd newydd o weithio ac wedi parhau i gyflenwi, casglu a dosbarthu swm sylweddol o gyflenwadau/stoc feddygol ac anfeddygol i safleoedd y GIG ledled Cymru, gan sicrhau bod y trefniadau llywodraethu priodol a mesurau rheoli pellter cymdeithasol wedi'u rhoi ar waith. Mewn blwyddyn arferol, byddai tua 60 miliwn o eitemau'n cael eu cludo gan y GNI i sefydliadau'r GIG. Yn 2020, y ffigur oedd mwy na 630 miliwn o eitemau, 580 miliwn ohonynt yn gyfarpar diogelu personol. Mae'r galw ychwanegol ar y gwasanaeth wedi arwain at gynnydd o 50% yn ei weithlu. Ar y dechrau, cafwyd staff drwy asiantaethau allanol, ond roeddent wedi'u hail-leoli'n gyflym i fanc swyddi PCGC er mwyn lleihau costau. Un testun pryder mawr yw blinder a lles cyffredinol y staff, sydd angen ei reoli'n ofalus. Mae'r rhaglen frechu bresennol wedi codi nifer o heriau newydd o ran dosbarthu ac anghenion storio. Mae trefniadau diogelwch wedi'u gwella, gan sicrhau hefyd fod brechlynnau'n cael eu cadw'n unol â'r rheoliadau ar storio. Mae staff y GNI wedi'u cynnwys ar ddechrau'r rhaglen frechu. Roedd y Pwyllgor yn unfryd yn eu gwerthfawrogiad o gyflawniadau sylweddol tîm y GNI.
- Diweddariad ar Gynllunio** – Cyflwynwyd cynllun strategol PCGC i'r Pwyllgor gan y Cyfarwyddwr Cynllunio, Perfformiad a Gwybodeg. Yn unol â gofynion presennol Llywodraeth Cymru, cynllun un flwyddyn yw hwn, ond mae'n cyfuno sylw i weithrediadau presennol â sylw i amcanion tymor hwy PCGC. Nid yw'r blaenoriaethau Gweinidogol wedi newid, ond mae'r cynllun yn adlewyrchu'r pedwar niwed presennol – Niwed oddi wrth COVID ei hun, Niwed o ganlyniad i lethu'r GIG a'r system Gofal Cymdeithasol, Niwed o ganlyniad i lai o weithgarwch nad yw'n ymwneud â COVID ac, yn olaf, niwed oddi wrth weithredoedd cymdeithasol ehangach/cyfngiadau symud. Roedd y Pwyllgor wedi trafod ac adolygu'r cynllun amlinellol. Bydd y Cyfarwyddwr yn cwrdd ag aelodau'r Pwyllgor yn unigol dros y misoedd nesaf i sicrhau bod anghenion strategol lleol wedi'u hystyried wrth ddatblygu'r cynllun llawn. Bydd fersiwn

derfynol y cynllun yn cael ei hadolygu a'i llofnodi yng nghyfarfod y Pwyllgor ym mis Mawrth cyn ei gyflwyno i Lywodraeth Cymru.

3. **Adroddiad y Rheolwr Gyfarwyddwr** – y prif faterion a nodwyd oedd:

- **IP5** – Mae'r cyfleuster wedi parhau i ddarparu nifer o fuddion strategol i GIG Cymru dros y 12 mis diwethaf. Cafwyd ei fod yn amhrisiadwy yn ystod ton gyntaf ac ail don y pandemig COVID a'i fod hefyd wedi rhoi cryfder ychwanegol pwysig yn ystod y paratoadau at BREXIT. Yn ddiweddar, mae'r Gweinidog wedi cymeradwyo cynigion gan PCGC yn Achos Busnes cyffredinol y Rhaglen IP5 ac wedi cytuno hefyd i gwrdd â'r costau rhedeg cylchol ychwanegol. Mae gwaith ar labordy Iechyd Cyhoeddus Cymru bron â'i gwblhau ac mae'r gwiriadau terfynol mewn llaw. Cytunwyd ar y cytundeb lefel gwasanaeth ar gyfer Labordy Goleudy'r DU a throsglwyddir y berchnogaeth i GIG Cymru ymhen tua 18 – 24 mis.
- **Trawsnewid Mynediad at Feddyginiaeth** – Mae Achos Busnes Rhaglen (ABRh) TRAMS wedi'i gefnogi gan Grŵp y Prif Fferylllyddion a'i gymeradwyo wedyn yng nghyfarfod y Pwyllgor ym mis Tachwedd 2020 er mwyn ei gyflwyno i Lywodraeth Cymru, a oedd wedi gwneud rhai ymholiadau wedyn sydd bellach wedi'u hateb. Yn benodol, roedd rhai newidiadau wedi'u gwneud yn y dull o gyfrifyddu costau gweithredu a phontio'r prosiect a oedd wedi'u trafod â Swyddfa Archwilio Cymru. Hefyd, er y byddai'r prosiect yn creu arbedion refeniw cronol, datblygwyd cynigion i gau'r bwlch dros dro mewn cyllid refeniw anghylchol ym mlwyddyn 3 a 4. Bydd yr ABRh bellach yn cael ei gyflwyno i Fwrdd Buddsoddi Seilwaith Llywodraeth Cymru ar ddiwedd Ionawr 2021 ar gyfer craffu ffurfiol yn rhan o broses gymeradwyo'r llywodraeth.
- **Uned Meddyginiaethau Dros Dro** – Mae'r UMDD, a sefydlwyd â chyllid gan Lywodraeth Cymru mewn ymateb i COVID-19, wedi cynhyrchu ei sypiau cynhyrchion cyntaf. Mae hyn yn dilyn misoedd o waith caled gan staff ym mhob rhan o GIG Cymru, yn cynnwys mewnbwn gan arweinydd sicrwydd ansawdd cenedlaethol GIG Cymru, wrth helpu i greu'r Uned ac, yn benodol, wrth ddatblygu'r model gweithredu a'r prosesau rheoli ansawdd. Mae hyn wedi arwain yn ddiweddar at arolygiad trylwyr gan yr Asiantaeth Rheoleiddio Meddyginiaethau a Chynhyrchion Gofal Iechyd, a arweiniodd at roi trwydded dosbarthu cyfanwerthol yn ogystal â thrwydded gynhyrchu yn IP5. Rydym yn parhau i gydweithio â'n sefydliad lletya, Ymddiriedolaeth Felindre, i ddatblygu trefniadau'r Pwyllgor Ansawdd a Diogelwch a gymeradwywyd gan y Pwyllgor ym Medi 2020.

Ar y dechrau, bydd y gwasanaeth yn cyflenwi meddyginiaethau allweddol sydd eu hangen yn unedau gofal critigol y Byrddau Iechyd mewn chwistrelli parod i'w defnyddio. Gellir cyflenwi 2,600 o chwistrelli yr wythnos, gan sicrhau cyflenwad di-dor, ac arbed amser sylweddol i nyrsys fel y gellir ei roi at ofal am gleifion yn lle hynny. Mae'r uned hefyd wedi bod â rhan mewn helpu i ddosbarthu brechlynnau COVID ychwanegol a chyflenwadau o nwyddau traul cysylltiedig, yn rhan o'r ymateb cenedlaethol i'r argyfwng. Mae Llywodraeth Cymru hefyd wedi

cadarnhau cyllid ar gyfer yr Uned ar gyfer y ddwy flynedd nesaf.

Eitemau y mae Gofyn eu Cymeradwyo gan PCGC

4. **Amserlennu Systemau Gweithlu Digidol** – Cafodd y Pwyllgor gynnig yn ymwneud â mabwysiadu contract am system e-amserlennu Unwaith i Gymru ar gyfer Nyrsio Ardal. Mae'r gwaith hwn yn cael ei hyrwyddo ar gais Llywodraeth Cymru ac mae'n dilyn nifer o gynlluniau treialu llwyddiannus mewn Byrddau Iechyd. Mae'r system e-amserlennu a ddewiswyd yn galluogi timau Nyrsio Ardal i weithio'n fwy diogel ac effeithlon, gan leihau amser cyswllt anghlinigol ac ymweliadau dyblyg; ac roedd yn cynnig cyfle i gysylltu costau milltired â'r system Expense, er mwyn cael dull cywirach o dalu treuliau a lleihau gweinyddu. Mae Llywodraeth Cymru wedi trefnu i gyllid fod ar gael i helpu i roi'r system e-amserlennu ar waith yn genedlaethol, a gofynnwyd i'r Pwyllgor gefnogi gweithred tendro sengl i fwrw ymlaen â'r mater hwn. Cynigiwyd y dylai PCGC wneud contract tymor byr, a fydd yn galluogi GIG Cymru i ymchwilio ymhellach i'r farchnad ac ymgymryd ag ymarfer caffael cystadleuol, i ystyried rhagor o arbedion effeithlonrwydd/gwelliannau mewn gwasanaethau drwy ddatblygu manyleb dechnegol, a chyfleoedd i arbed rhagor o gostau drwy arbedion maint. **CEFNOGWYD** y dull hwn o weithredu gan y Pwyllgor.
5. **Sganio er Diogelwch** – Cafodd y Pwyllgor bapur yn gofyn am gymeradwyo'r Achos Busnes llawn er mwyn ei gyflwyno i Lywodraeth Cymru ar ddiwedd Ionawr. Yn dilyn oedi a achoswyd gan y pandemig COVID a'r gofyniad am newid yn y fanyleb dechnegol, mae'r amserlen ar gyfer cymeradwyo'r prosiect hwn yn dynn. Bydd y prosiect yn sicrhau gwelliannau yn niogelwch cleifion drwy dracio dyfeisiau meddygol er mwyn sicrhau bod y cynnyrch cywir wedi'i ddarparu i'r claf priodol a bod modd adnabod cynhyrchion a'u galw'n ôl yn gyflym, os ceir rhybuddion ynghylch diogelwch cynhyrchion. Cysylltwyd â naw cyflenwr i gyflwyno tendrau am y gwasanaeth hwn, ac mae pump ohonynt wedi cyflwyno ceisiadau ffurfiol, pob un ohonynt yn llai drud o lawer nag a ragwelwyd. Ar ôl adolygu'r achos busnes, **CYMERADWYWYD** y cynnig i'w gyflwyno i Lywodraeth Cymru gan y Pwyllgor.
6. **Cronfa Ddata Rheoli Pryderon Unwaith i Gymru** – roedd y Pwyllgor wedi cael ac wedi **CYMERADWYO'R** diweddariad o Gylch Gwaith y Bwrdd Rhaglen ar gyfer y fenter hon sy'n cael ei harwain gan PCGC ar ran GIG Cymru.
7. **Diweddariad o'r Rheolau Sefydlog** – **CYMERADWYWYD** y newidiadau arfaethedig yn Rheolau Sefydlog a Rhestr Ddirprwy PCGC gan y Pwyllgor.

Diweddariadau ar Gyllid, y Gweithlu a Llywodraethu

8. **Diweddariad y Swyddfa Rheoli Prosiectau** – Roedd y Pwyllgor wedi adolygu a nodi'r adroddiad crynodeb misol ar raglenni a phrosiectau a oedd yn dangos cynnydd a sefyllfa bresennol y tîm ar y 30 o wahanol gynlluniau sy'n cael eu rheoli.
9. **Adroddiad ar Gyllid a'r Gweithlu** – Ym Mis 8, mae PCGC wedi cofnodi sefyllfa gytbwys, gyda thanwariant blaenorol o £1.8 miliwn. O ganlyniad i adolygu rhagolwg, datganwyd dosbarthiad pellach o £1.25 miliwn i GIG Cymru. Mae'r rhagolwg am yr alldro gan Gronfa Risg Cymru yn aros ar

£121 miliwn, ac mae disgwyliad parhaus y bydd £13.8 miliwn yn cael ei ariannu o dan y cytundeb rhannu risg gyda chyfraniadau gan sefydliadau ieuchyd. Mae lefelau salwch staff yn parhau ar lefel hanesyddol isel ac mae'r rhan fwyaf o'r dangosyddion perfformiad allweddol ar y trywydd iawn.

10. **Cofrestr Risgiau Corfforaethol** – mae tair risg goch ar y gofrestr ac mae disgwyl y bydd pob un ohonynt yn cael ei dileu cyn hir neu'n cael sgôr is. Mae'r rhain yn ymwneud ag amnewid dwy system daliadau ar wahân mewn Gwasanaethau Gofal Sylfaenol a delio â'r goblygiadau o gytundeb Llywodraeth y DU â'r Undeb Ewropeaidd ar ddiwedd Rhagfyr.
11. **Adroddiad ar Roddion a Lletygarwch** – nododd y Pwyllgor yr adroddiad blynyddol am 2019/20.
12. **Adroddiadau Monitro Cyllid** – darparwyd y ffurflenni monitro ar gyfer Misoedd 7 a 8 i'r Pwyllgor er gwybodaeth.

Materion y mae Gofyn eu hystyried a/neu eu cymeradwyo ar lefel y Bwrdd/Pwyllgor

- Gofynnir i'r Bwrdd **NODI** gwaith Pwyllgor y Bartneriaeth Cydwasanaethau a sicrhau, lle y bo'n briodol, fod Swyddogion yn cefnogi'r ffrydiau gwaith cysylltiedig.

Materion a gyfeiriwyd i sylw Pwyllgor eraill

Amherthnasol

Dyddiad y cyfarfod nesaf

18 Mawrth 2021

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Fforwm Arweinyddiaeth Cydweithrediad Iechyd GIG Cymru	Cyfeirnod Papur: LF-2103-01 Cofnodion 01/12/20
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GIG
CYMRU
NHS
WALES

Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

Cofnodion Fforwm Arweinyddiaeth Cydweithrediad Iechyd GIG Cymru a gynhaliwyd ar 1 Rhagfyr 2020

Awdur: Mark Dickinson

Fersiwn: 1 (wedi'i chymeradwyo)

**Aelodau'n
bresennol**

Ann Lloyd (Cadeirydd), Cadeirydd, BIP Aneurin Bevan (AL)
Maria Battle, Cadeirydd, BIP Hywel Dda (MB)
Vivienne Harpwood, Cadeirydd, Bwrdd Iechyd Addysgu Powys (VH)
Gill Harris, Prif Weithredwr Dros-Dro, BIP Betsi Cadwaladr (GH)
Sian Harrop-Griffiths, Cyfarwyddwr Strategaeth, BIP Bae Abertawe (SHG)
Alex Howells, Prif Weithredwr, Addysg a Gwellu Iechyd Cymru (AH)
Charles Janczewski, Cadeirydd, BIP Caerdydd a'r Fro (RHANNOL) (CJa)
Chris Jones, Cadeirydd, Addysg a Gwellu Iechyd Cymru (CJo)
Jason Killens, Prif Weithredwr, Ymddiriedolaeth GIG Gwasanaeth Ambiwlans Cymru (JK)
Donna Mead, Cadeirydd, Ymddiriedolaeth GIG Felindre
Paul Mears, Prif Weithredwr, BIP Cwm Taf Morgannwg (PM)

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Dyddiad: 01/12/20

Fersiwn: 1 (wedi'i
chymeradwyo)

Tudalen: 1 o 7

Fforwm Arweinyddiaeth Cydweithrediad Iechyd GIG Cymru	Cyfeirnod Papur: LF-2103-01 Cofnodion 01/12/20
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	Judith Paget, Prif Weithredwr, BIP Aneurin Bevan (JP) Carol Shillabeer, Prif Weithredwr, Bwrdd Iechyd Addysgu Powys (CS) Martin Woodford, Cadeirydd, Ymddiriedolaeth GIG Gwasanaeth Ambiwlans Cymru (MW)
Yn bresennol	Rosemary Fletcher, Cyfarwyddwr, Cydweithrediad Iechyd GIG Cymru (RF) Rhys Blake, Pennaeth Cynllunio, Cydweithrediad Iechyd GIG Cymru (RB) Mark Dickinson, Cydweithrediad Iechyd GIG Cymru (MD)
Ymddiheuriadau	Tracey Cooper, Prif Weithredwr, Iechyd Cyhoeddus Cymru Steve Ham, Prif Weithredwr, Ymddiriedolaeth GIG Felindre (SHa) Marcus Longley, Cadeirydd, BIP Cwm Taf Morgannwg Steve Moore, Prif Weithredwr, BIP Hywel Dda Tracy Myhill, Prif Weithredwr, BIP Bae Abertawe (TM) Mark Polin, Cadeirydd, BIP Betsi Cadwaladr (MP) Len Richards, Prif Weithredwr, BIP Caerdydd a'r Fro Jan Williams, Cadeirydd, Iechyd Cyhoeddus Cymru Emma Woollett, Cadeirydd, BIP Bae Abertawe (EW)

Croeso a chyflwyniad	Cam Gweithredu
Croesawodd AL gydweithwyr i'r cyfarfod a nododd yr ymddiheuriadau.	
Cymeradwyo cofnodion y cyfarfod blaenorol (LF-2012-01)	Cam Gweithredu
Cymeradwywyd cofnodion y cyfarfod a gynhaliwyd ar 28 Gorffennaf 2020 fel cofnod cywir. Bydd y cofnodion yn cael eu hanfon at ysgrifenyddion y bwrdd yn 11 o sefydliadau GIG Cymru i'w nodi mewn cyfarfodydd bwrdd.	MD
Adroddiad - Diweddariad y Cydweithrediad - Hydref 2020 (LF-2012-02a)	Cam Gweithredu
Cyflwynodd RF yr adroddiad, gan nodi ei fod wedi'i gyhoeddi o'r blaen ar gyfer y cyfarfod a drefnwyd ar gyfer mis Hydref a oedd wedi'i ohirio tan nawr.	

Dyddiad: 01/12/20	Fersiwn: 1 (wedi'i chymeradwyo)	Tudalen: 2 o 7
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Fforwm Arweinyddiaeth Cydweithrediad Iechyd GIG Cymru	Cyfeirnod Papur: LF-2103-01 Cofnodion 01/12/20
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<p>Pwysleisiodd RF rai adrannau penodol yn yr adroddiad:</p> <p><i>Delweddu cynllun adfer COVID-19</i> Mae trafodaethau'n parhau gyda Llywodraeth Cymru ar y mater hwn, gyda Steve Moore yn cydlynu â Simon Dean. Gofynnwyd am 'opsiwn am arfarniad bach' ac mae'r Cydweithrediad yn rhoi deunydd perthnasol at ei gilydd.</p> <p><i>Rhaglen Endosgopi Genedlaethol</i> Unwaith eto, mae trafodaethau'n parhau gyda Llywodraeth Cymru, gyda gwybodaeth ychwanegol i gefnogi'r cynllun adfer a gyflwynwyd sawl wythnos yn ôl. Derbyniwyd cadarnhad o gyllid ar gyfer eleni'n unig.</p> <p><i>Canolfannau Diagnostig Cyflym</i> Mae hwn yn faes gwaith newydd sy'n cael ei arwain gan Rwydwaith Canser Cymru, yn dilyn cytundeb Grŵp Gweithredol y Cydweithrediad ac adeiladu ar brosiectau peilot a gynhaliwyd ym Mae Abertawe a Chwm Taf Morgannwg.</p>	
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Adroddiad - Diweddariad y Cydweithrediad – Rhagfyr 2020 (LF-2012-02b)	Cam Gweithredu
<p>Cyflwynodd RF yr adroddiad, gan nodi ei fod yn seiliedig ar adroddiad a oedd eisoes wedi'i gyflwyno i Grŵp Gweithredol y Cydweithrediad.</p> <p>Tanlinellodd RF a MD rai pwyntiau penodol o'r adroddiad ac ymatebwyd i'r pwyntiau a'r cwestiynau a godwyd:</p> <p><i>Adolygiad cyflym o Raglenni Meddygaeth Fanwl</i> Darparodd yr adolygiad hwn, a gomisiynwyd gan Len Richards, asesiad cyflym o seilwaith pedair rhaglen genedlaethol, gyda'r bwriad o nodi cyfleoedd i gydweithio â mwy o effeithiolrwydd. Nodwyd fod LR wedi cwrdd yn ddiweddar ag arweinwyr y rhaglenni perthnasol i drafod yr adroddiad drafft a'i argymhellion. Nodwyd gwerth posib dod â'r pedair rhaglen at ei gilydd, sy'n cael eu rheoli ar hyn o bryd ar draws tri sefydliad. Nid oes un sefydliad arweiniol wedi'i argymhell. Nodwyd y byddai LR yn rhannu'r adroddiad gyda Phrif Swyddogion Gweithredol a RF cyn bo hir.</p>	

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<p><i>Fframwaith GIG Cymru ar gyfer Adolygiadau gan Gymheiriaid</i></p> <p>Awgrymodd CJo y dylai pwyslais yr Adolygiad gan Gymheiriaid symud er mwyn helpu'r system elwa o'r hyn a ddysgwyd a'r arloesedd a grëwyd gan yr ymateb i COVID. Cefnogodd CJa hyn, gan bwysleisio y dylai Adolygiad gan Gymheiriaid ddod yn fwy blaengar i gefnogi newid trawsnewidiol. Cafodd yr awgrymiadau hyn eu cymeradwyo a'u croesawu a byddant yn cael eu cyflwyno gan y Cydweithrediad.</p> <p><i>Adolygiad trafnidiaeth Rhwydwaith Newyddenedigol</i> Mae'r Rhwydwaith Mamolaeth a Newyddenedigol wedi gweithio gyda byrddau iechyd a WAST i baratoi model trafnidiaeth newyddenedigol 24/7 dros-dro. Mae hyn bellach wedi'i gadarnhau gan Bwyllgor Gwasanaethau Iechyd Arbenigol Cymru i ddechrau yn gynnar ym mis Ionawr 2021. Wrth ymateb i gwestiwn gan VH, eglurodd RF y trefniadau llywodraethu ar gyfer y model dros-dro a chyfeiriodd at yr adroddiad ategol.</p>	RF/MD
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Cynllun Gwaith y Cydweithrediad (LF-2012-03)	Cam Gweithredu
<p>Cafodd RB ei gyflwyno gan RF fel Pennaeth Cynllunio'r Cydweithrediad.</p> <p>Yna cyflwynodd RF gyflwyniad i gynllun Tymor Canolig arfaethedig y Cydweithrediad a'r gwaith a wnaed i'w ddatblygu.</p> <p>Pwysleisiodd RF fod y deunydd a gyflwynwyd dal 'ar y gweill'. Mae'r blaenoriaethau a nodwyd yn cael eu cymryd drwy'r broses lywodraethu bresennol ar gyfer yr amrywiol rwydweithiau a rhaglenni Cydweithredol. Mae nifer o themâu cyffredin wedi'u nodi a cheir dull gydlynus ac ymgysylltiad parhaus ag arweinwyr clinigol a sefydliadau partner.</p> <p>Yna cyflwynodd RB gynnwys arfaethedig y cynllun ei hun, gan ganolbwyntio ar y themâu cyffredin a'r gwaith system gyfan gyda phartneriaid ar ganser ac iechyd meddwl i ddarlunio'r dull sy'n cael ei ffafrio a'r pwyslais ar ganlyniadau.</p> <p>Cafwyd trafodaeth yn dilyn y cyflwyniad.</p>	

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<p>Nododd AL fod y dadansoddiad o'r system yn arbennig o ddefnyddiol. Yn gyffredinol, cafodd y dull a'r cynnwys eu croesawu.</p> <p>Nododd CJo yr angen i edrych ar gyfleoedd trawsnewidiol yng ngoleuni COVID a chroesawodd y pwyslais ar weithio gyda'r awdurdodau iechyd arbennig, AaGIC ac Iechyd a Gofal Digidol Cymru, gan y bydd y gweithlu a digidol yn ysgogwyr allweddol o ran newid.</p> <p>Pwysleisiodd DM bwysigrwydd gwybodeg ar gyfer canser, a mynegodd bryderon ynglŷn â chyflymder y gwaith i ddisodli'r system gwybodeg Canser gyfredol, CANISC.</p> <p>Nododd CS fod cryn dipyn mwy o waith yn cael ei ddatblygu mewn iechyd meddwl, a byddai angen adlewyrchu hynny ar y sleid perthnasol.</p> <p>Nododd RF fod gwaith i gefnogi grwpiau gweithredu cyflyrau mawr yn parhau i fod braidd yn anghyson gan nad yw'r Cydweithrediad yn atebol am y gwaith a oruchwylir gan y grwpiau hyn sydd, o ganlyniad, yn arwain at heriau a risgiau. Mae angen gwaith pellach ar y llywodraethiant perthnasol a bydd hyn yn cael ei drafod ymhellach drwy Grŵp Gweithredol y Cydweithrediad.</p> <p>Fe wnaeth AL grynhoi drwy ddweud bod y cynllun sy'n dod i'r amlwg yn "ffordd dda ymlaen", yn hawdd i'w ddeall ac yn sicrhau na fydd materion allweddol yn cael eu colli.</p>	<p>RF/JP</p>
Canolfannau Atgyfeirio Ymosodiadau Rhywiol	Cam Gweithredu
<p>Cyflwynodd AL yr eitem hon drwy ddiolch i RF am godi'r mater eto, yng nghyd-destun diffyg cynnydd wrth weithredu trefniadau y cytunwyd arnynt yn flaenorol. Pwysleisiodd AL yr angen am gynnydd cyflym, ond nododd yr angen am adnoddau ychwanegol ar gyfer arweinyddiaeth a chefnogaeth i'r rhaglen fel rhagofyniad er mwyn i'r gwaith hwn gael ei wneud gan y Cydweithrediad.</p> <p>Dywedodd RF ei bod wedi siarad â phawb heblaw un o'r aweinwyr gweithredol y byrddau iechyd er mwyn deall y problemau o safbwynt bwrdd iechyd. Nododd RF fod y trefniadau llywodraethu a awgrymwyd yn flaenorol yn</p>	

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gymhleth heb fod angen. Mae angen strwythur llywodraethu arfaethedig newydd, symlach, wrth fynd i'r afael â'r angen i heddluoedd a Chomisiynwyr Heddlu a Throseddu fod yn rhan o'r llywodraethiant.

Cododd llythyr diweddar Alun Michael, Comisiynydd Heddlu a Throseddu De Cymru, dri phrif bryder:

1. Amser hir yn arwain at y gwaith cyfalaf sy'n ofynnol i ddarparu hyb yng Nghaerdydd, sy'n ganolog i'r model rhanbarthol, a'r achrediad ISO cysylltiedig. Ymchwilir i ba raddau y gellir cyflymu'r gwaith hwn.
2. Heriau'r gweithlu yng ngwasanaeth pediatreg Abertawe, lle nad oes ateb ar unwaith. Mae angen gwaith pellach ar draws ffiniau byrddau iechyd, gan gynnwys ystyried modelau gweithlu/gwasanaeth newydd creadigol, gyda chefnogaeth AaGIC.
3. Yr angen am fframwaith llywodraethu clir ac adnoddau rhaglenni.

Bydd y Cydweithrediad yn goruchwyllo rhaglenni i fynd i'r afael â'r materion hyn, gyda MB yn gadeirydd arweiniol a Steve Moore yn brif weithredwr arweiniol. Bydd y cyfrifoldeb am gyflenwi gweithredol yn parhau gyda'r tri bwrdd iechyd lle mae'r canolfannau wedi'u lleoli (Caerdydd a'r Fro, Bae Abertawe a Hywel Dda). Mae arweinyddiaeth ranbarthol yn parhau gyda Chaerdydd a'r Fro a Hywel Dda ar gyfer De Ddwyrain a De Orllewin Cymru. Nid yw'r Cydweithrediad yn ymgymryd â rôl Rhwydwaith Cyflenwi Gweithredol; bydd hyn yn cael ei arwain a'i reoli gan BIP Caerdydd a'r Fro yn unol â'r cytundeb gwreiddiol drwy'r chwe bwrdd iechyd.

Nodwyd y bydd y cynnydd hwnnw'n brin nes bod arweinyddiaeth a chymorth i raglenni wedi'u recriwtio/nodi.

Diolchodd MB i RF am ei gwaith hyd yma a'r hyn sy'n cael ei gynnig ac ailadroddodd yr angen am adnoddau ychwanegol. Dywedodd MB ei bod hi a Steve Moore newydd gwrdd ag Alun Michael ac Eleri Thomas (Comisiynydd Heddlu a Throseddu Cynorthwyol Gwent) ac wedi egluro'r rôl y byddai'r Cydweithrediad yn ei chyflawni. Trafodwyd yr angen i gynnwys yr heddlu, Comisiynwyr a'r trydydd sector o fewn y gwaith

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<p>Ilywodraethu a goruchwyllo, ynghyd â'r angen am gynlluniau tymor canolig a hirdymor.</p> <p>Ategodd VH y diolchiadau am waith y Cydweithrediad a phwysleisiodd yr angen i fod yn glir ynglŷn â llwyddiant mewn pum mlynedd.</p> <p>Cadarnhaodd SH-G yr angen i ail-edrych ar y ddarpariaeth pediatreg a'i hyfywedd, gan nodi y byddai angen i Gaerdydd a'r Fro barhau i gefnogi Abertawe nes y gellid datrys hyn.</p> <p>Nododd CJo fod y llythyr wrth Alun Michael yn adlewyrchu rhwystredigaeth ddealladwy a bod angen y lefel uchaf o uchelgais i ddarparu gofal o ansawdd uchel i'r rheini yr ymosodwyd arnynt. Mae angen strategaeth gyfathrebu glir hefyd fel bod yr holl bartïon yn ymwybodol o'r rhwystr i'w oresgyn a'r cynnydd a wnaed.</p> <p>Cymeradwyodd AL y pwyntiau a wnaed. Bydd RF yn datblygu'r gwaith sydd ei angen.</p>	RF
Dyddiad y cyfarfod nesaf	
Nodwyd nad yw cyfarfod nesaf y Fforwm Arweinyddiaeth wedi'i drefnu eto. Bydd RF ac AL yn cydlynu i ddod o hyd i ddyddiad cyfleus.	

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