

Bundle Pwyllgor Addysg, Comisiynu ac Ansawdd (Agored) 16 January 2020

AGENDA

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Y PWYLLGOR ADDYSG, COMISIYNU AC ANSAWDD (Agored)

Dydd Iau, 16 Ionawr 2020
9.00am – 11.30am

AaGIC Ystafell Gyfarfod 11, Tŷ Dysgu, Nantgarw

AGENDA

| RHAN 1 | MATERION RHAGARWEINIOL | 9.00-9.10 |
|---------------|---|--------------------------------------|
| 1.1 | Croeso a Chyflwyniadau | Cadeirydd/ Ar lafar |
| 1.2 | Ymddiheuriadau am Absenoldeb | Cadeirydd/ Ar lafar |
| 1.3 | Datgan Buddiannau | Cadeirydd/ Ar lafar |
| 1.4 | Derbyn a Chadarnhau Cofnodion y Cyfarfod Bwrdd a gynhaliwyd ar 21 Hydref 2019 | Cadeirydd/ Atodiad |
| 1.5 | Cofnod Gweithredu | Cadeirydd/ Atodiad |
| 1.6 | Materion yn Codi: <ul style="list-style-type: none"> PACA 16/05/4.4 Ymateb Ansawdd y Cyngor Meddygol Cyffredinol: Rhannu amserlen ag Aelodau'r Pwyllgor PACA 01/07/2.1 Cynllun Addysg, Comisiynu a Hyfforddiant GIG Cymru 2020/21: Adborth gan Lywodraeth Cymru | Cadeirydd/ Ar lafar |
| RHAN 2 | MATERION STRATEGOL | 9.10- 10.30 |
| 2.1 | Adolygiad KPMG o Addysg Broffesiynol ym Maes Iechyd Ledled Cymru | Cyfarwyddwr Nyrsio/ Atodiad |
| 2.2 | Cyllid ar gyfer Addysg Gweithwyr Iechyd Proffesiynol yn y Dyfodol | Cyfarwyddwr Nyrsio/ Ar lafar |
| 2.3 | Dyraniadau Myfyrwyr Gwaith Iechyd Proffesiynol ar gyfer 2020/21 | Cyfarwyddwr Nyrsio/ Atodiad |
| 2.4 | Y Rhwydwaith Trawma Mawr: Anghenion Hyfforddi | Cyfarwyddwr Meddygol/ Ar lafar |
| 2.5 | Y wybodaeth ddiweddaraf am Gylch Gorchwyl yr Is-grwp | Ysgrifennydd y Bwrdd/ Atodiad |
| 2.6 | Datblygu Trefniant Tariff ar gyfer Cyfarwyddwyr Rhaglenni Hyfforddiant Gofal Eilaidd ledled Cymru i Gefnogi Proffesiynoli'r Rôl | Cyfarwyddwr Meddygol/ Atodiad |

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| RHAN 3 | PERFFORMIAD AC ANSAWDD ADDYSG | 10.30-11.15 |
| 3.1 | Adroddiad ar Berfformiad Contractau Addysg | Cyfarwyddwr Nyrsio/ Atodiad |
| 3.2 | Adolygiad Sicrhau Ansawdd Addysg Feddygol Ôl-raddedig | Cyfarwyddwr Meddygol/ Atodiad |
| 3.3 | Trefniadau Newydd ar gyfer Proses Gomisiynu Flynyddol ar gyfer Addysg Ôl-raddedig | Cyfarwyddwr Meddygol/ Atodiad |
| RHAN 4 | CLOI | 11.50-11.30 |
| 4.1 | Unrhyw Fater Arall | Cadeirydd/ Ar lafar |
| 4.2 | Myfyrion ar Bwyllgor Heddiw | Cadeirydd/ Ar lafar |
| 4.3 | Dyddiad y Cyfarfod Nesaf Dydd Iau, 9 Ebrill 2020 am 10.00am yn yr Ystafell Gynadledda, Tŷ Dysgu, Nantgarw | Cadeirydd/ Ar lafar |

HEB GAEL EU CADARNHAU

**Cofnodion y Pwyllgor Addysg, Comisiynu ac Ansawdd (PACA)
a gynhaliwyd ar 21 Hydref 2019
yn yr Ystafell Gynadledda, AaGIC, Tŷ Dysgu, Nantgarw, CF15 7QQ**

Yn bresennol:

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| Dr. Ruth Hall | Cadeirydd ac Aelod Annibynnol |
| Tina Donnelly | Aelod Annibynnol |

Hefyd yn bresennol:

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| Dafydd Bebb | Ysgrifennydd y Bwrdd |
| Yr Athro Pushpinder Mangat | Cyfarwyddwr Meddygol |
| Stephen Griffiths | Cyfarwyddwr Nyrsio |
| Martin Riley | Pennaeth Addysg, Comisiynu ac Ansawdd |
| Eifion Williams | Cyfarwyddwr Cyllid Dros Dro |
| Kay Barrow | Rheolwr Llywodraethu Corfforaethol (Ysgrifenyddiaeth) |
| Clare James | Arweinydd Archwilio Perfformiad, Swyddfa Archwilio Cymru (Arsylwi) |

| RHAN 1 | MATERION RHAGARWEINIOL | Camau Gweithredu |
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| PACA: 21/10/1.1 | CROESO A CHYFLWYNIADAU | |
| | Croesawodd y Cadeirydd bawb i'r cyfarfod, yn enwedig Clare James (Arweinydd Archwilio Perfformiad), Swyddfa Archwilio Cymru, a oedd yno fel Arsyllwr. Cadarnhawyd bod cworwm yn bresennol. | |
| PACA: 21/10/1.2 | Ymddiheuriadau am Absenoldeb | |
| | Doedd dim ymddiheuriadau am absenoldeb. | |
| PACA: 21/10/1.3 | Datgan Buddiannau | |
| | Nid oedd dim datganiadau o fudd. | |
| PACA: 21/10/1.4 | Derbyn a Chadarnhau Cofnodion y Cyfarfod Bwrdd a gynhaliwyd ar 1 Gorffennaf 2019 | |
| | Fe wnaeth y Pwyllgor dderbyn cofnodion y cyfarfod a gynhaliwyd ar 1 Gorffennaf 2019 ac fe wnaed cais am y newidiadau canlynol: | |

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| | <ul style="list-style-type: none"> • PACA 16/05/2.2 Adolygiad o Addysg Gweithwyr Iechyd Proffesiynol: Rhannu'r paragraff cyntaf ar dudalen 3 i frawddegau byrrach fel ei fod yn darllen fel a ganlyn: "Rhoddwyd gwybod i'r Pwyllgor bod disgwyl penderfyniad ynghylch Bwrsari GIG Cymru. Fodd bynnag, ar 18 Mehefin 2019, cyhoeddodd y Gweinidog bod Llywodraeth Cymru yn gobeithio ymgysylltu'n fwy helaeth yng nghyswllt y model cyllid. Rhagwelwyd y byddai'r penderfyniad yn cael ei wneud o gwmpas mis Tachwedd/Rhagfyr 2019.' <p>Bydd y paragraff olaf ar dudalen 3 yn cael ei rannu'n ddau bwynt ar wahân, fel a ganlyn: 'Cwestiynodd Tina Donnelly pam mae cyllid o Gymru yn cael ei ddefnyddio i hyfforddi myfyrwyr sy'n penderfynu peidio ag aros yng Nghymru. Gofynnodd hefyd a allai KPMG gynnwys adolygiad o effeithiau modelau nad ydynt yn cynnwys bwrsariaethau ledled y DU.'</p> | |
| Penderfynwyd | Fe wnaeth y Pwyllgor gymeradwyo cofnodion y cyfarod a gynhaliwyd ar 1 Gorffennaf 2019, ar yr amod bod y newidiadau a drafodwyd yn cael eu gwneud. | DB |
| PACA: 21/10/1.5 | Cofnod Gweithredu | |
| | <ul style="list-style-type: none"> • PACA 16/05/4.4 Ymateb Ansawdd y Cyngor Meddygol Cyffredinol: Cadarnhawyd bod yr ymateb wedi'i ohirio tan fis Ionawr 2020. | |
| Penderfynwyd | Cytunodd y Pwyllgor y byddai'r amserlen yn cael ei rhannu yng nghyfarfod y Pwyllgor fis Ionawr. | PM |
| | <ul style="list-style-type: none"> • PACA 01/07/2.1 Cynllun Addysg, Comisiynu a Hyfforddiant GIG Cymru 2020/21: Roedd y Pwyllgor yn aros am adborth gan Lywodraeth Cymru ar ôl cyflwyno argymhellion AaGIC. Cadarnhawyd bod Alex Hale yn bwriadu cwrdd â Llywodraeth Cymru yng nghyswllt hyn. | |
| Penderfynwyd | Fe wnaeth y Pwyllgor nod i'r diweddariad a gwneud cais am wybodaeth pan fyddai canlyniad y penderfyniad yn hysbys. | SG |
| PACA: 21/10/1.6 | Materion yn Codi | |
| | Doedd dim materion yn codi. | |
| RHAN 2 | MATERION STRATEGOL | |
| PACA: 21/10/2.1 | Adolygu Cylch Gorchwyl y Pwyllgor | |
| | <p>Fe wnaeth y Pwyllgor dderbyn yr Adolygiad o'r Cylch Gorchwyl.</p> <p>Wrth gyflwyno'r adroddiad, nododd y Cadeirydd fod y Pwyllgor wedi ystyried yn fanwl yr argymhellion yn yr adroddiad Ffyrdd o Weithio yn y Dyfodol. Cafodd y Pwyllgor ei atgoffa bod yr adroddiad wedi cael ei baratoi oherwydd bod pryderon ynghylch sicrhau cworwm y Pwyllgor, a bod posibilrwydd bod y</p> | |

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| | <p>ffiniau rhwng atebolrwydd y Pwyllgor hwn a'r Pwyllgor Archwilio a Risg yn niwlog. Eglurodd fod y bwrdd wedi cymeradwyo'r argymhellion a bod y Pwyllgor wedi cael cyfarwyddyd gan y Bwrdd i ystyried y diwygiadau i'w Gylch Gorchwyl ei hun.</p> <p>Fe wnaeth y pwyllgor ystyried y diwygiadau i'w Gylch Gorchwyl.</p> <p>Rhoddwyd eglurhad yng nghyswllt 3.i. y Pwerau Dirprwyedig a'r gweithgareddau ymchwil cysylltiedig. Er ei fod wedi cael ei amlygu nad yw AaGIC yn gyllidwr ymchwil craidd, mae'n bosib bod rhai achosion lle mae angen i AaGIC ddechrau gwaith ymchwil. Gallai'r rhain olygu gofyn i'r Pwyllgor oruchwyllo a chraffu ar ran y Bwrdd.</p> <p>Yng nghyswllt rôl y Pwyllgor i sicrhau gwerth, pwysleisiwyd y dylai'r gwaith sy'n cael ei gynnal gan yr Athro Ceri Phillips (Aelod Annibynnol AaGIC) yn y maes hwn gael ei roi gerbron y Pwyllgor eto fel rhan o'r ffocws ehangach ar werth.</p> <p>O ran adnabod a rheoli risgiau cysylltiedig â gwerth, roedd y Pwyllgor yn awyddus i gael gwybod am y cynlluniau ar gyfer gweithlu'r dyfodol sy'n dod i'r amlwg ledled GIG Cymru, ac effaith y rheini ar raglenni hyfforddiant.</p> <p>Yn ystod y drafodaeth, gofynnwyd am wneud nifer o fân gywiriadau i atodiadau'r Adroddiad.</p> | |
| Penderfynwyd | <p>Dyma wnaeth y Pwyllgor:</p> <ul style="list-style-type: none"> • gofyn i swyddogion ac aelodau'r pwyllgor ddarparu rhestr o'r gwallau teipio i Ysgrifennydd y Bwrdd; • gofyn bod y gwallau teipio a nodwyd yn cael eu cywiro yn yr adroddiad; • cymeradwyo'r Cylch Gorchwyl; • gofyn bod adolygiad o Gylch Gorchwyl y Pwyllgor yn cael ei ychwanegu at Flaenraglen Waith y Pwyllgor ar gyfer mis Hydref 2020; • gofyn bod eitem benodol ar yr agenda ynghylch Gwerth i gael ei hychwanegu at Flaenraglen Waith y Pwyllgor; • gofyn bod eitem benodol ar yr agenda ynghylch Dulliau Cynllunio Gweithlu sy'n dod i'r Amlwg, ac effaith hynny ar raglenni hyfforddi, yn cael ei hychwanegu at Flaenraglen Waith y Pwyllgor erbyn mis Ionawr 2020 | <p>Pawb</p> <p>DB</p> <p>DB</p> <p>DB</p> <p>DB</p> |

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| | <ul style="list-style-type: none"> argymell bod y Pwyllgor Archwilio a Sicrwydd yn craffu ar y Rheolau Sefydlog diwygiedig yn ei gyfarfod fis Tachwedd. | DB |
| PACA: 21/10/2.2 | Adolygiad o Addysg Gweithwyr Iechyd Proffesiynol | |
| | <p>Fe wnaeth y Pwyllgor dderbyn yr adroddiad.</p> <p>Wrth gyflwyno'r adroddiad, fe wnaeth Martin Riley amlygu'r amserlenni diwygiedig a oedd yn deillio o'r oedi ym mhenderfyniad Llywodraeth Cymru yng nghyswllt cynllun Bwrsari'r GIG.</p> <p>Cafodd y Pwyllgor drosolwg o'r Strategaeth Cyfathrebu ac Ymgysylltu ac, yn enwedig, yr adborth cadarnhaol yn dilyn y Digwyddiad Ymgysylltu a Chaffael a gynhaliwyd ar 11 Hydref 2019.</p> <p>Rhoddodd Martin Riley grynodedb o'r prif themâu oedd yn codi o adolygiad KMPG, gan gynnwys y meysydd roedd angen rhoi rhagor o ystyriaeth iddynt a gweithio mwy arnynt.</p> <p>Croesawyd y ddarpariaeth Gymraeg. Fodd bynnag, canolbwyntiwyd ar yr hyn oedd eisoes yn cael ei gyflawni ym Mangor a'r ymrwymiad i gynyddu'r addysgu drwy gyfrwng y Gymraeg. Mae Prifysgol Bangor yn cynnig y dewis i fyfyrwyr astudio drwy gyfrwng y Gymraeg ac mae'n cynnig mwy o gyrsiau drwy gyfrwng y Gymraeg o gymharu â phrifysgolion eraill yng Nghymru. Mae llawer o ysgolion yn cynnig cyrsiau drwy gyfrwng y Gymraeg neu gall fod yn bosibl i fyfyrwyr ddewis modiwlau iaith Gymraeg ochr yn ochr â gradd cyfrwng Saesneg.</p> <p>Esboniwyd y gallai'r contractau addysg bara hyd at 10 mlynedd. Codwyd pryderon ynghylch a ddylai contractau fod yn hyblyg a chytunwyd bod angen edrych ar hyn mewn mwy o fanylder.</p> <p>Roedd aelodau'r Pwyllgor yn awyddus i gael cyfle i fynd i gyfarfodydd y rhaglen a'u harsylwi, er mwyn datblygu dealltwriaeth a helpu i gyflawni eu rolau a'u cyfrifoldebau unigol.</p> | |
| Penderfynwyd | <p>Dyma wnaeth y Pwyllgor:</p> <ul style="list-style-type: none"> nodi'r adroddiad; gofyn bod y sleidiau PowerPoint yn cael eu dosbarthu i'r Pwyllgor; gofyn am eglurder o ran a yw Prifysgol Bangor yn darparu cwrs rhyngosodol Cymraeg ar gyfer y Rhaglen Nyrsio; | SG SG |

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| | <ul style="list-style-type: none"> • gofyn bod y Cyfarwyddwr Nyrsio yn trafod â Chadeirydd y Pwyllgor Archwilio a Risg ynglŷn ag a oes angen cynnal cyfarfod ar y cyd rhwng y Pwyllgor Craffu a'r Pwyllgor Cyfraith a Risg; • cytuno y dylid gwahodd Aelodau'r Pwyllgor i arsylwi cyfarfodydd rhaglenni a nodir, lle bo hynny'n briodol i'w rolau a'u cyfrifoldebau IM; • cytuno y dylid cyflwyno'r wybodaeth ddiweddaraf am gynnydd i'r Pwyllgor ym mis Ionawr 2020. | SG SG SG |
| PACA: 21/10/2.3 | Adolygiad o Ymweliadau Comisiynu'r Ddeoniaeth Feddygol | |
| | <p>Fe wnaeth y Pwyllgor dderbyn yr adroddiad.</p> <p>Wrth gyflwyno'r adroddiad, rhoddodd Pushpinder Mangat drosolwg o'r prosesau comisiynu deddfwriaeth presennol, gan amlygu'r heriau a'r cyfleoedd cysylltiedig â'r ymweliadau. Esboniodd y byddai newid yr ymweliadau comisiynu yn esgor ar system fwy cadarn o gydymffurfio â safonau'r Cyngor Meddygol Cyffredinol.</p> <p>Roedd y pwyllgor yn cefnogi'r newidiadau i'r broses, y dull mwy cynhwysol, a'r pwyslais ar waith aml-broffesiwn.</p> | |
| Penderfynwyd | <p>Dyma wnaeth y Pwyllgor:</p> <ul style="list-style-type: none"> • cytuno y dylid edrych ar wersi a ddysgwyd gan Wledydd eraill; • cytuno y dylid cyflwyno'r wybodaeth ddiweddaraf am gynnydd yn y Pwyllgor ym mis Gorffennaf 2020. | PM PM |
| RHAN 3 | PERFFORMIAD AC ANSAWDD ADDYSG | |
| PACA: 21/10/3.1 | Adolygiad Sicrhau Ansawdd Addysg Feddygol Ôl-raddedig | |
| | <p>Fe wnaeth y Pwyllgor dderbyn yr adroddiad.</p> <p>Wrth gyflwyno'r adroddiad, fe roddodd Pushpinder Mangat grynoded o'r wybodaeth ddiweddaraf ynghylch meysydd sy'n peri pryder, a oedd yn cael eu monitro'n helaeth drwy graffu rheolaidd, triogli cwynion, rhoi adborth i hyfforddwyr a hyfforddeion a chynnal Arolygon Cenedlaethol.</p> <p>Fe wnaeth y Pwyllgor groesawu'r adroddiad, gan nodi'r diweddariad yng nghyswllt y pryderon parhaus ac uwchgyfeirio lle bo angen.</p> | |
| Penderfynwyd | Fe wnaeth y Pwyllgor nodi'r adroddiad. | |
| PACA: 21/10/3.2 | Arolwg Cenedlaethol o Hyfforddeion y CMC | |
| | Fe wnaeth y Pwyllgor dderbyn yr adroddiad. | |

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| | <p>Wrth gyflwyno'r adroddiad, fe roddodd Pushpinder Mangat drosolwg o'r prif negeseuon. Esboniodd y byddai'r CMC yn trafod y prif themâu sy'n dod i'r amlwg gyda'r Ddeoniaeth ac yn cyflwyno ymateb i'r arolwg.</p> <p>Aeth y Pwyllgor ati i drafod agweddau amrywiol ar yr adroddiad. Nodwyd bod statws a swyddogaeth Cyfarwyddwyr Rhaglenni Hyfforddiant yn drefniant anffurfiol ar hyn o bryd. Roedd trafodaethau yn mynd rhagddynt gyda'r Tîm Gweithredol ynghylch gwneud y rolau hyn yn rhai proffesiynol.</p> <p>Nodwyd bod cofnodi cwynion yn bryder mawr yng nghyswllt hyfforddeion ac yn ehangach. Awgrymwyd y byddai edrych ar sefydliad tebyg, fel yr Alban, yn gallu bod yn ddefnyddiol wrth adolygu dull AaGIC o ddelio â chwynion.</p> <p>Fe wnaeth y Pwyllgor gydnabod yr heriau a'r camau gweithredu sy'n cael eu cymryd i fynd i'r afael â nhw.</p> | |
| Penderfynwyd | <p>Fe wnaeth y Pwyllgor:</p> <ul style="list-style-type: none"> • nodi'r adroddiad; • gofyn bod yr wybodaeth ddiweddaraf yn cael ei rhoi i'r Pwyllgor pan ddaw ymateb y Gwasanaethau Meddygol Cyffredinol i law; • gofyn i'r Cyfarwyddwr Meddygol adolygu dull yr Alban o ddelio â chwynion. | <p>PM</p> <p>PM</p> |
| RHAN 4 | ER GWYBODAETH | |
| PACA: 21/10/4.1 | Ffyrdd o Weithio yn y Dyfodol | |
| | Fe wnaeth y Pwyllgor dderbyn a nodi'r adroddiad. | |
| PACA: 21/10/4.2 | Blaenraglen Waith | |
| | <p>Fe wnaeth y Pwyllgor dderbyn y Flaenraglen Waith.</p> <p>Fe wnaeth aelodau'r Pwyllgor amlygu bod angen nodi'r rhaglenni gwaith perthnasol a oedd yn arwyddocaol i'w rôl a'i gyfrifoldebau. Byddai hyn yn sicrhau bod gan y Pwyllgor drosolwg o unrhyw heriau oedd yn bodoli a ble mae'r rheini.</p> | |
| Penderfynwyd | <p>Gwnaeth y Pwyllgor y canlynol:</p> <ul style="list-style-type: none"> • gofyn bod y Flaenraglen Waith yn cael ei diweddarau i adlewyrchu trafodaethau'r Pwyllgor; • gofyn am siart Gannt ynghylch y broses ymgysylltu a chraffu ar gyfer Contractau Addysg Gofal Iechyd. | <p>DB</p> <p>SG</p> |
| RHAN 5 | CLOI | |
| PACA: 21/10/5.1 | Unrhyw Fater Arall | |
| | Doedd dim materion brys eraill ar gyfer sesiwn agored y Pwyllgor. | |

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| PACA: 21/10/5.2 | Myfyrio ar Bwyllgor Heddiw | |
| | <p>Fe roddodd Aelodau, Swyddogion ac Arsyllwyr adborth adeiladol ynghylch cyfarfod y Pwyllgor, ac fe nodwyd y pwyntiau canlynol:</p> <ul style="list-style-type: none"> • Roedd yr her gysylltiedig â rhaglenni gwaith a thybiaethau yn adeiladol, yn procio'r meddwl ac yn ddefnyddiol. Roedd hefyd yn rhoi eglurder ynghylch lefel y manylion roedd eu hangen ar Aelodau'r Pwyllgor ond bod angen gofalu nad oeddent yn tynnu materion gweithredol i'w pennau. • Er mai hon yw blwyddyn gyntaf y Pwyllgor, roedd ymdeimlad colegol i'r cyfarfod. Bydd cydbwysedd yr wybodaeth yn esblygu dros amser gan sicrhau y ceir y gwerth gorau o'r cyfarfodydd. • Roedd y dysgu oedd yn cael ei rannu drwy fyfyrion ar y cyd yn croesawu gwerthoedd ac ymddygiadau da. Mae'n cyflwyno safbwyntiau newydd, gan arwain at drosolwg mwy cyflawn a gwell dealltwriaeth o'r busnes Pwyllgorau. <p>Gan nad oedd unrhyw faterion eraill i'w trafod, daeth y cyfarfod i ben.</p> | |
| PACA: 21/10/5.3 | Dyddiad y Cyfarfod Nesaf | |
| | Cafodd dyddiad y cyfarfod nesaf ei gadarnhau, sef dydd Iau 16 Ionawr 2020 am 10:00am yn Ystafell Gyfarfod 11, Tŷ Dysgu, Nantgarw. | |

.....
Dr. Ruth Hall (Cadeirydd)

.....
Dyddiad:

Y Pwyllgor Addysg, Comisiynu ac Ansawdd (Agored)
21 Hydref 2019
Cofnod Gweithredu

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

| Cyfeirnod y Cofnod | Camau a Gytunwyd | Arweinydd | Dyddiad Targed | Cynnydd/ Wedi cwblhau |
|------------------------|--|-----------------------------|----------------|--|
| PACA: 21/10/1.4 | Cofnodion y Pwyllgor a gynhaliwyd ar 1 Gorffennaf 2019 | | | |
| | <ul style="list-style-type: none"> Diwygiadau i'r paragraffau cyntaf ac olaf ar dudalen 3 ar gyfer cofnod PACA 01/07/1.5 yng nghyswllt Cam Gweithredu 16/05/2.2 Adolygiad Strategol o Addysg Gweithwyr Iechyd Proffesiynol. | Ysgrifenyddiaeth | Yn ddi-oed | Wedi Cwblhau. |
| PACA: 21/10/1.5 | Cofnod Gweithredu | | | |
| | <ul style="list-style-type: none"> PACA 16/05/4.4 Ymateb Ansawdd y Cyngor Meddygol Cyffredinol: Ymateb wedi'i ohirio tan fis Ionawr 2020. | Cyfarwyddwr Meddygol | Ionawr 2020 | Bydd y wybodaeth ddiweddaraf ar lafar yn cael ei darparu yng nghyfarfod Pwyllgor mis Ionawr. |
| | <ul style="list-style-type: none"> PACA 01/07/2.1 Cynllun Addysg, Comisiynu a Hyfforddiant GIG Cymru 2020/21: Aros am adborth gan Lywodraeth Cymru ar ôl cyflwyno | Cyfarwyddwr Nyrsio | Ionawr 2020 | Bydd y wybodaeth ddiweddaraf ar lafar yn cael ei darparu yng nghyfarfod Pwyllgor mis Ionawr. |

| Cyfeirnod y Cofnod | Camau a Gytunwyd | Arweinydd | Dyddiad Targed | Cynnydd/ Wedi cwblhau |
|------------------------|---|---|-----------------|--|
| | argymhellion AaGIC. Bydd y Pwyllgor yn cael gwybod am ganlyniad y penderfyniad pan fydd ar gael. | | | |
| PACA: 21/10/2.1 | Adolygu Cylch Gorchwyl y Pwyllgor | | | |
| | <ul style="list-style-type: none"> Swyddogion ac aelodau'r pwyllgor i ddarparu rhestr o'r gwallau teipio yn yr atodiadau i Ysgrifennydd y Bwrdd. | Swyddogion ac Aelodau'r Pwyllgor | Yn ddi-oed | Wedi Cwblhau. |
| | <ul style="list-style-type: none"> Cywiro'r gwallau teipio a nodir yn atodiadau'r adroddiad. | Ysgrifennydd y Bwrdd | Yn ddi-oed | Wedi Cwblhau. |
| | <ul style="list-style-type: none"> Ychwanegu'r Adolygiad o Gylch Gorchwyl y Pwyllgor at Flaenraglen Waith y Pwyllgor ar gyfer mis Hydref 2020. | Ysgrifennydd y Bwrdd | Yn ddi-oed | Wedi Cwblhau. |
| | <ul style="list-style-type: none"> Ychwanegu eitem benodol ar yr agenda ynghylch Gwerth at Flaenraglen Waith y Pwyllgor ar gyfer cyfarfod yn y dyfodol. | Cyfarwyddwr Nyrsio | Ebrill 2020 | Wedi Cwblhau. |
| | <ul style="list-style-type: none"> Ychwanegu eitem benodol ar yr agenda ynghylch Dulliau Cynllunio Gweithlu sy'n dod i'r Amlwg, ac effaith hynny ar raglenni hyfforddi, at Flaenraglen Waith y Pwyllgor erbyn mis Ionawr 2020. | Cyfarwyddwr y Gweithlu a DG | Gorffennaf 2020 | Caiff y darn hwn o waith ei lywio gan gynlluniau'r gweithlu fel rhan o'r cynlluniau ar gyfer sefydliadau'r GIG ledled Cymru. Y dyddiad cau ar gyfer cyflwyno cais i Lywodraeth Cymru i'w gymeradwyo yw erbyn diwedd Ionawr 2020. Mae'r eitem hon wedi'i hychwanegu at flaenraglen waith y Pwyllgor ar gyfer 2020 Gorffennaf. |

| Cyfeirnod y Cofnod | Camau a Gytunwyd | Arweinydd | Dyddiad Targed | Cynnydd/ Wedi cwblhau |
|------------------------|---|-----------------------------|----------------|---|
| | <ul style="list-style-type: none"> Argymhell bod y Pwyllgor Archwilio a Sicrwydd yn craffu ar y Rheolau Sefydlog diwygiedig yn ei gyfarfod fis Tachwedd. | Ysgrifennydd y Bwrdd | Yn ddi-oed | Wedi Cwblhau. |
| PACA: 21/10/2.2 | Adolygiad o Addysg Gweithwyr Iechyd Proffesiynol | | | |
| | <ul style="list-style-type: none"> Dosbarthu sleidiau PowerPoint i'r Pwyllgor. | Cyfarwyddwr Nyrsio | Yn ddi-oed | Wedi Cwblhau |
| | <ul style="list-style-type: none"> Cael gwybod a yw Prifysgol Bangor yn cyflawni cwrs Cymraeg rhyngosodol ar gyfer y Rhaglen Nyrsio. | Cyfarwyddwr Nyrsio | Yn ddi-oed | Bydd y wybodaeth ddiweddaraf ar lafar yn cael ei darparu yng nghyfarfod Pwyllgor mis Ionawr. |
| | <ul style="list-style-type: none"> Trafod â Chadeirydd y Pwyllgor Archwilio a Sicrwydd a oes angen cynnal cyfarfod ar y cyd rhwng y Pwyllgor Caffael a'r Pwyllgor Cyfraith a Risg. | Cyfarwyddwr Nyrsio | Yn ddi-oed | Bydd y wybodaeth ddiweddaraf ar lafar yn cael ei darparu yng nghyfarfod Pwyllgor mis Ionawr. |
| | <ul style="list-style-type: none"> Gwahodd Aelodau'r Pwyllgor i arsylwi cyfarfodydd rhaglenni a nodir lle bo hynny'n briodol i'w rolau a'u cyfrifoldebau IM. | Cyfarwyddwr Nyrsio | Parhaol | Mae Cynllun y Rhaglen Contractau Addysg wedi cael ei gylchredeg i Aelodau Annibynnol y Pwyllgor. Bydd y trefniadau priodol yn cael eu gwneud gydag Aelodau Annibynnol y Pwyllgor ar gyfer cyfarfodydd y rhaglen a nodwyd. |
| | <ul style="list-style-type: none"> Cyflwyno'r wybodaeth ddiweddaraf yn y Pwyllgor ym mis Ionawr 2020. | Cyfarwyddwr Nyrsio | Ionawr 2020 | Wedi Cwblhau. |

| Cyfeirnod y Cofnod | Camau a Gytunwyd | Arweinydd | Dyddiad Targed | Cynnydd/ Wedi cwblhau |
|-----------------------------|---|-----------------------------|-----------------|--|
| PACA: 21//10/2.3 | Adolygiad o Ymweliadau'r Ddeoniaeth Feddygol | | | |
| | <ul style="list-style-type: none"> Archwilio unrhyw wersi a ddysgwyd gan Wledydd eraill. | Cyfarwyddwr Meddygol | Chwefror 2020 | I'w drafod fel rhan o'r ymweliad â'r Alban a drefnwyd ar gyfer Chwefror 2020. |
| | <ul style="list-style-type: none"> Cyflwyno'r wybodaeth ddiweddaraf yn y Pwyllgor ym mis Gorffennaf 2020. | Cyfarwyddwr Meddygol | Gorffennaf 2020 | Ychwanegwyd ar Flaenraglen Waith y Pwyllgor ar gyfer mis Gorffennaf 2020. |
| PACA: 21/10/3.1 | Arolwg Cenedlaethol o Hyfforddeion y Gwasanaethau Meddygol Cyffredinol | | | |
| | <ul style="list-style-type: none"> Rhoi'r wybodaeth ddiweddaraf i'r Pwyllgor pan ddaw ymateb y Cyngor Meddygol Cyffredinol i law. | Cyfarwyddwr Meddygol | I'w gadarnhau | Bydd y Cyngor Meddygol Cyffredinol yn cyfarfod â'r Ddeoniaeth Feddygol ar 16 Ionawr 2020. |
| | <ul style="list-style-type: none"> Cyfarwyddwr Meddygol i adolygu dull yr Alban o ddelio â chwynion. | Cyfarwyddwr Meddygol | Chwefror 2020 | I'w drafod fel rhan o'r ymweliad â'r Alban a drefnwyd ar gyfer Chwefror 2020. |
| PACA: 21/10/4.1 | Blaenraglen Waith | | | |
| | <ul style="list-style-type: none"> Diweddarau'r Flaenraglen Waith i adlewyrchu penderfyniadau'r Pwyllgor. | Ysgrifennydd y Bwrdd | Yn ddi-oed | Wedi Cwblhau. |
| | <ul style="list-style-type: none"> Rhoi Siart Gantt i'r Pwyllgor ynghylch y broses ymgysylltu a chraffu ar gyfer Contractau Addysg Gofal Iechyd. | Cyfarwyddwr Nyrsio | Yn ddi-oed | Mae Cynllun y Rhaglen Contractau Addysg wedi'i gylchredeg i Aelodau Annibynnol y Pwyllgor drwy e-bost. |



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

| | | | |
|--|--|---------------------------|------------|
| Dyddiad y Cyfarfod | 16 Ionawr 2020 | Eitem ar yr Agenda | 2.1 |
| Teitl yr Adroddiad | Adolygiad KPMG o Addysg Broffesiynol ym Maes Iechyd Ledled Cymru | | |
| Awdur yr Adroddiad | Martin Riley | | |
| Noddwr yr Adroddiad | Stephen Griffiths | | |
| A gyflwynir gan | Stephen Griffiths | | |
| Rhyddid Gwybodaeth | Agored | | |
| Gwybodaeth bwysig i'w Nodi am Atodiad 1 | <p>Er bod KPMG wedi rhoi caniatâd i AaGIC rannu cynnwys yr adroddiad (sydd ynghlwm yn Atodiad 1) at ddibenion gwybodaeth yn unig gyda rhanddeiliaid perthnasol AaGIC, nodwch mai at ddibenion AaGIC yn unig y paratowyd yr adroddiad. I'r perwyl hwnnw, ni fydd AaGIC yn derbyn unrhyw atebolrwydd na chyfrifoldeb os byddwch chi/eich sefydliad yn dibynnu ar gynnwys yr adroddiad hwnnw. Ymhellach, tynnir eich sylw at y cafeat a nodir o dan yr adran o dan y pennawd "Nodyn Pwysig: ynglŷn â'r adroddiad hwn" ar dudalen 2 o adroddiad atodedig KPMG.</p> | | |
| Diben yr Adroddiad | <p>I rannu adroddiad terfynol KPMG, eu 22 argymhelliad ac ymateb y Cyfarwyddiaeth Nyrsio i'r argymhellion gyda'r EC&QC.</p> <p>Mae'r adroddiad yn amlinellu'r gwaith sy'n cael ei wneud ar hyn o bryd gyda phob un o'r 22 argymhelliad fel rhan o'r adolygiad strategol a busnes craidd cyfredol ac yn amlygu'r camau gweithredu a gynigir yn y dyfodol i ymdrin â phob argymhelliad.</p> | | |
| Materion Allweddol | <p>Dyma'r themâu allweddol ar gyfer datblygu pellach:</p> <ul style="list-style-type: none">• Cefnogi staff sydd newydd ymgymhwyso• Gwelliannau mewn dysgu ymarfer• Ymgorffori llais y myfyriwr yn y broses QI o reoli contractau• Trefniadau gweithio teiran agosach• Gwreiddio sgiliau digidol• Mesur gwerth ac effaith addysg• Datblygu datrysiadau lleol a rhanbarthol i ddarparu addysg | | |

| | | | | |
|---|--|-------------------|------------------|-------------------|
| | <ul style="list-style-type: none"> • Cynyddu llwybrau rhan-amser a hyblyg i hyfforddiant • Gwell ymagwedd at Addysg Ryngbroffesiynol • Ystyriaeth i ddarpariaeth Gymraeg o fewn comisiynu | | | |
| Camau Penodol Sydd Eu Hangen <input type="checkbox"/> <i>un yn unig</i> | Gwybodaeth | Trafodaeth | Yswiriant | Cymeradwyo |
| | | ✓ | | |
| Argymhellion | Gofynnir i'r EC&QC: <ul style="list-style-type: none"> ➤ Nodi adroddiad terfynol KPMG a thrafod y dull drafft a gyflwynwyd gan y Gyfarwyddiaeth Nyrsio. | | | |

ADOLYGIAD KPMG O ADDYSG BROFFESIYNOL YM MAES IECHYD LEDLED CYMRU

1. RHAGARWEINIAD

Un o gyfrifoldebau craidd AaGIC yw comisiynu a chontractio addysg gweithwyr iechedd proffesiynol israddedig ac ôl graddedig. Mae'r buddsoddiad mewn addysg a hyfforddiant gofal iechedd wedi cynyddu o £ 76m yn 2014/15 i tua £ 113m yn 2019/20.

Galluogodd hyn dros 3,500 o fyfyrwyr newydd i ddechrau rhaglenni addysg a hyfforddiant yn 2019/20. Gan gynnwys y gweithwyr gofal iechedd proffesiynol hynny sy'n parhau â'u haddysg, erbyn hyn mae mwy na 9,000 o fyfyrwyr a lleoedd hyfforddi ar gael o gymharu â 6,881 yn 2015/16.

Mae'r contractau oedd AaGIC yn comisiynu yn dod i ben yn 2021 a bydd yn cael ei ail dendro drwy ymarfer caffael llawn. I gefnogi a llywio'r broses, comisiynodd AaGIC, KPMG - drwy broses dendro gystadleuol - i gynnal adolygiad o addysg broffesiynol iechedd ledled Cymru i ystyried y ddarpariaeth addysg yn y dyfodol sydd ei hangen i ddarparu gweithlu iechedd a gofal y Dyfodol.

Roedd cwrmpas y gwaith yn ystyried y ddarpariaeth addysg bresennol, mynediad i addysg, dysgu rhyngbroffesiynol a darpariaeth Gymraeg. Un o elfennau craidd yr adolygiad oedd ymgysylltu â 130 o randdeiliaid, ar draws cyrff addysg, iechedd a gofal, y Llywodraeth a chyrff proffesiynol rhwng mis Mai a mis Awst 2019.

Daw'r adolygiad hwn ar amser pwysig o ystyried y mentrau, y cynlluniau a'r strategaethau lluosog ar draws y sectorau gofal iechedd ac addysg, yng Nghymru a thu hwnt, fel ' Cymru Iachach ' a datblygu ' Strategaeth Gweithlu ar Gyfer Iechedd a Gofal Cymdeithasol '.

Cafodd AaGIC adroddiad terfynol ymgysylltu â rhanddeiliaid KPMG ar y 31^{ain} Hydref 2019. Ystyriwyd yr argymhellion i'w hystyried yn **Atodiad 1** gan y Gyfarwyddiaeth Nyrsio ar ôl ystyried:

- Cymru Iachach
- Strategaeth Gweithlu ar gyfer Iechedd a Gofal Cymdeithasol – sy'n cael ei datblygu ar hyn o bryd gan AaGIC a Gofal Cymdeithasol Cymru mewn partneriaeth â GIG Cymru a Llywodraeth Leol, y sectorau gwirfoddol ac annibynnol yn ogystal â rheoleiddwyr, cyrff proffesiynol a darparwyr addysg.
- Safonau a chynlluniau'r Gymraeg
- Adolygiad Topol – paratoi'r gweithlu gofal iechedd i gyflwyno'r dyfodol digidol
- Ymchwil o'r arferion gorau sy'n cael eu cynnal gan staff AaGIC o economïau iechedd eraill ledled y byd

Mae adroddiad llawn KPMG i'w weld yn atodiad 2.

2. THEMÂU ALLWEDDOL

Mae'r themâu allweddol yn ychwanegu gwerth at ddatblygu contract addysg newydd sy'n cwmpasu'r holl Addysg Broffesiynol ym maes lechyd yng Nghymru a fydd yn canolbwyntio ar:

- AaGIC datblygu ei rôl i **gefnogi staff sydd newydd ymgymhwyso**
- Datblygu rôl strategol ymhellach o ran **darparu lleoliadau**.
- **Dull lleol/rhanbarthol** o gomisiynu lle bo'n briodol
- Adeiladu cadernid yn y system
- Defnyddio **technolegau** i wella addysgu, cymorth i fyfyrwyr a pharatoi lleoliadau
- Integreiddio'r **amgylchedd digidol** i mewn i ddysgu
- Datblygu addysg a hyfforddiant ar draws y **llwybr gyrfa gyfan**
- Sefydlu dull gwell o ymdrin ag **addysg ryngbroffesiynol**
- Datblygu **llwybrau hyblyg**
- **Trefniadau gweithio teiran** agosach
- **Gwella ymatebolrwydd** i Anghenion Gwasanaeth/Polisi LIC
- **Cefnogi myfyrwyr** o gefndiroedd difreintiedig
- **Dysgu Gwasgaredig**
- Arweinyddiaeth Glinigol

3. CANLYNIADAU

Nodir y canlyniadau yn atodiad 1 lle y rhestrir 22 o argymhellion KPMG. Mae llawer o'r ardaloedd a nodwyd gan KPMG eisoes yn rhan annatod o'r broses gomisiynu a rheoli perfformiad sydd ar waith o fewn AaGIC ar hyn o bryd. Felly, mae atodiad 1 hefyd yn nodi'r gwaith sydd eisoes yn cael ei wneud gan AaGIC ar draws pob argymhelliad.

Mae atodiad 1 hefyd yn cynnwys cynllun drafft y Cyfarwyddiaethau Nyrsio i ymdrin yn llawn â'r 22 argymhelliad.

4. RISGIAU, MATERION A MESURAU LLINIARU

Mae'r risgiau'n cynnwys peidio â chynnwys llawer o'r themâu hyn yn y contract newydd fel cyfleoedd i sicrhau bod y contract newydd yn addas i'r diben, yn gyson â Chymru lachach ac y bydd y strategaeth gweithlu newydd yn cael ei cholli. Risgiau eraill, er enghraifft, nid yw goblygiadau'r cyhoeddiad am y cynllun bwrsariaeth yn uniongyrchol gysylltiedig â'r adroddiad hwn.

5. GOBLYGIADAU ARIANNOL

Nid oes pwysau ychwanegol o ran costau yn ymwneud yn uniongyrchol â'r adroddiad hwn.

Fodd bynnag, gallai contract gwell, sy'n cynnwys yr argymhellion, gyda gofynion cynyddol ar brifysgolion, o bosibl, gynyddu'r ffi fesul myfyriwr a adlewyrchir ym mhroses y contract sydd ar y gweill. Bydd y pris yn cael ei werthuso ynghyd ag ystod

o feini prawf gwerthuso eraill er mwyn sicrhau bod y cydbwysedd cywir rhwng ansawdd a gwerth.

6. ARGYMHELLIAD

Dylai'r canfyddiadau a'r argymhellion a wneir yn yr adolygiad hwn helpu i sicrhau bod AaGIC yn datblygu ac yn egluro ei rôl wrth lunio'r gweithlu gofal iechyd yn y dyfodol. Mae gan AaGIC gyfle i wneud hyn drwy gomisiynu rhaglenni addysg a datblygu'r cydberthnasau cydweithredol rhwng darparwyr addysg a darparwyr gofal iechyd.

Gofynnir i'r EC&QC,

- nodi adroddiad terfynol KPMG a thrafod y dull drafft a gyflwynwyd gan y Gyfarwyddiaeth Nyrsio.

Atodiad 1: Argymhellion KPMG ac Ymateb AaGIC

1. **AaGIC a darparwyr addysg i ystyried eu rôl wrth gefnogi nyrsys sydd newydd gymhwyso a rhai cofrestredig, bydwagedd a gweithwyr proffesiynol perthynol i iechyd ac a fyddai dull cyson ar draws AaGIC yn briodol ac yn cael effaith gadarnhaol.**

Presennol:

Ar hyn o bryd, mae AaGIC yn datblygu fframwaith gyrfaoedd amlbroffesiwn dysgu a datblygu i Gymru sy'n cynnwys agweddau hyfforddi blwyddyn gyntaf cofrestryddion yn ymarferol.

Dyfodol:

Bydd AaGIC yn gweithredu'r fframwaith gyrfaoedd proffesiynol i Gymru sydd newydd ei greu

Bydd AaGIC yn cwmpasu, mewn partneriaeth â gwasanaethau a phrifysgolion, fesurau i feithrin hyder a gwydnwch ymhlith myfyrwyr a bydd yn gweithio i ddod o hyd i ddatrysiadau arloesol ac egwyddorion cyffredin.

2. **AaGIC i ystyried sut mae cyllid dysgu ymarfer yn cael ei ddarparu i ddarparwyr addysg a darparwyr lleoliadau ar draws pob rhaglen. Yn benodol, cysylltu ag argymhelliad 6 a'r nodau i gynyddu addysg aml-broffesiynol ac ehangder y ddarpariaeth o leoliadau i gynnwys mwy o brofiad sylfaenol a chymunedol.**

Presennol/Blaenorol:

Cyflwynwyd cyllid gan fenter 2002 Ffitrwydd i Ymarfer (nyrsio yn unig) i helpu myfyrwyr i symud o 'Bwrdd sialc i ward'. Sefydlodd y fenter rôl newydd i'r hwylusydd Addysg Ymarfer i gefnogi myfyrwyr sydd wedi'u lleoli. Cyflwynodd dull unedig o baratoi mentoriaid, cefnogi mentoriaid yn y lleoliad clinigol, archwilio'r amgylchedd clinigol ac un ddogfennaeth ar gyfer asesiad clinigol myfyrwyr nyrsio.

Yn 2016, comisiynodd Gwasanaeth Addysg a Datblygu'r Gweithlu adroddiad i geisio deall sut y cymhwyswyd cyllid addasrwydd i ymarfer (FFP) i gefnogi ansawdd dysgu ymarfer a'r trawsnewid o fod yn fyfyrwr i fod yn ymarferydd cofrestredig yn amgylchedd gofal iechyd sy'n newid. Yn 2019, ar ôl trosglwyddo i AaGIC, bu'r Gyfarwyddiaeth Nyrsio yn ailedrych ar yr adroddiad, gan gynnal adolygiad mewnol arall o'r gronfa. Tynnodd y ddau adolygiad sylw at dri mater cyffredinol. Yn gyntaf, diffyg atebolrwydd yn y ffordd y mae SAU yn defnyddio'r cyllid, yn ail ddiffyg cysondeb yn rôl a chylch gorchwyl hwylusydd addysg y practis (PEF) ac yn drydydd, diffyg cefnogaeth gydradd ar draws yr holl broffesiynau cyn-gofrestru. Arweiniodd y canfyddiadau hyn at ddatblygu set o argymhellion ar gyfer dyfodol y gronfa a weithredir ar y cyd â'r 2021 o gontractau addysg iechyd.

Dyfodol:

Mae'r ddarpariaeth o leoliadau yn canolbwyntio ar ofal eilaidd yn bennaf a bydd angen ehangu hyn yn sylweddol o ystyried y nodau ar gyfer dysgu lleoliad i ddarparu ystod lawer ehangach o brofiad yn y dyfodol. Yn benodol, cynnwys y sectorau sylfaenol a chymunedol yn ogystal â darparwyr annibynnol yn elfennau dysgu ymarfer y rhaglenni.

Bydd AaGIC yn cymryd cyfrifoldeb strategol am leoliadau myfyrwyr cyn cofrestru ar y cyd â goruchwyliaeth reolaethol o'r gronfa addasrwydd i ymarfer a bydd yn sicrhau bod profiad lleoli ehangach yn cael ei ddarparu; ailgyfeirio'r ffocws o'r ysbyty i ofal cymunedol i gefnogi'r symudiad i ddarparu gofal yn nes at y cartref. Bydd myfyrwyr yn cael profiad o leoliad mewn nifer o fyrddau iechyd ac amgylcheddau gofal; sy'n galluogi'r profiad ehangaf, rhannu arfer gorau a dull unffurf o ofalu. Bydd gofal eilaidd, lleoliadau gofal sylfaenol, cymunedol a chymdeithasol, lle y bo'n ymarferol, yn galluogi addysg ryngbroffesiynol.

Mae AaGIC yn creu rôl ar gyfer Arweinydd Lleoliadau Cenedlaethol, gyda chefnogaeth Hwyluswyr Addysg Ymarfer Ranbarthol i oruchwyllo'r gwaith o foderneiddio profiad lleoliadau. Yn unol â'r 2021 o gontractau Addysg Iechyd, bydd yr holl gyllid ymarfer sy'n ymwneud â'r prifysgolion yn cael ei amsugno i bris y contract a bydd yr holl gyllid sy'n ymwneud â'r gwasanaeth yn cael ei dalu'n uniongyrchol i'r gwasanaeth. I ddechrau, mae'r cynllun tymor byr arfaethedig yn cynnwys:

- Cwmpasu pob Hwylusydd Addysg Ymarfer gyfredol ar draws yr holl Fyrddau Iechyd a grwpiau staff.
- Adolygu Disgrifiadau Swydd a safoni cyfrifoldebau gan sicrhau lefel deg o gefnogaeth a gwasanaeth ar draws pob rhan o Gymru.
- Sefydlu gwaelodlin o'r cyfluniad presennol a'r cymorth.
- Cwmpas ardaloedd â photensial ar gyfer lleoliadau newydd – gweithio'n agos gyda chydweithwyr yn y brifysgol a'r Bwrdd Iechyd i ddarparu cyfleoedd lleoliadau diogel, o ansawdd newydd.
- Cwmpas cyfleoedd ar gyfer lleoliadau amlbroffesiwn - o fewn prifysgolion lle mae myfyrwyr yn cael eu paratoi ar gyfer lleoliadau ac o fewn y gwasanaeth.
- Sefydlu cysylltiadau â Bwrdd Gofal Sylfaenol AaGIC i greu cynllun i ddatblygu cyfleoedd lleoliadau amlbroffesiwn newydd o fewn clystyrau Gofal Sylfaenol.

Caiff y gwasanaethau a ddarperir ar hyn o bryd eu mapio er mwyn sicrhau cyllid cydradd ar draws pob grŵp proffesiynol. Bydd rôl y PEF yn cael ei hegluro, gyda chyflwyniad i'r Bwrdd Iechyd a staff yr Ymddiriedolaeth i gael dealltwriaeth gliriach o'r rôl PEFs. Yn ogystal â hyn, bydd y PEFs yn cefnogi'r holl fyfyrwyr yn eu hardaloedd lleoliad gwaeth ym mha Brifysgol y maent wedi ymrestru.

Bydd AaGIC yn sicrhau bod darpariaeth lleoliadau addysg ledled Cymru yn cynnwys lleoliadau sy'n ehangach na gofal eilaidd. Dylai hyn ddiwallu anghenion aml proffesiynol y gwasanaeth yn ogystal â'r nodau a nodir yn 'Cymru Iachach'.

Mae defnydd gwell o dechnoleg o fewn ymagwedd tîm amlddisgyblaethol i leoliadau a pharatoi ar gyfer lleoliadau yn helpu i baratoi'r myfyrwyr ar gyfer y byd cyfnewidiol a digidol a thechnoleg o fewn system gofal iechyd modern.

Bydd myfyrwyr sy'n dysgu'n fwy cyfannol gyda'i gilydd fel rhan o dimau amlddisgyblaethol yn arwain i ddiogelwch ac ansawdd gofal gwell.

Profiad myfyrwyr o ansawdd gwell.

3. AaGIC i barhau i ystyried yn rheolaidd sut mae barn myfyrwyr yn llywio ei waith, gan gynnwys ansawdd y ddarpariaeth addysg.

Presennol:

Mae'r Fforwm Iechyd Myfyrwyr yn grŵp arloesol o fyfyrwyr iechyd sy'n cynrychioli eu grŵp cyfoedion ehangach. Yn cynnwys 60+ o fyfyrwyr sy'n cwmpasu nyrsio, bydwreigiaeth, AHPs, y gwyddorau, seicoleg glinigol a meddygaeth ar draws pob Prifysgol rydym yn ei gcontractio â nhw. Mae gan y myfyrwyr hyn angerdd i sicrhau bod profiad dysgu o safon yn cael ei ddarparu ar gyfer myfyrwyr y presennol a'r dyfodol. Wedi'i hwyluso gan AaGIC, mae'r grŵp yn cyfarfod bob chwarter i roi safbwynt myfyrwyr i AaGIC ar bynciau penodol sy'n ymwneud ag addysg iechyd. Mae'r Fforwm yn caniatáu iddynt rannu eu safbwyntiau ac felly mae ganddynt lais yn y ffordd y mae perfformiad ac ansawdd AaGIC yn rheoli ei berthnasoedd cytundebol â sefydliadau addysg uwch.

Mae aelodau'r fforwm iechyd myfyrwyr yn rhwydweithio â'u carfan ehangach, gan gasglu barn ar ddatblygiadau strategol yn AaGIC, y GIG a Llywodraeth Cymru a allai effeithio arnynt fel myfyrwyr neu fel rhan o weithlu iechyd Cymru yn y dyfodol.

Mae AaGIC yn hwyluso'r gynhadledd myfyrwyr iechyd dwywaith flynedd. Mae cynrychiolwyr yn elwa o gyflwyniadau amrywiol sy'n eu helpu i ddysgu mwy am eu GIG wrth elwa hefyd o rannu a rhwydweithio gyda chyd-fyfyrwyr. Mae'r digwyddiadau hyn bob amser yn ymgorffori nifer o "slotiau siaradwyr newydd" lle mae adborth myfyrwyr ar eu gwaith a'u profiadau. Mynychir y digwyddiad hwn bob amser gyda 250 o fyfyrwyr o bob cwr o Gymru yn mynychu.

Wedi'i anelu at israddedigion, mae'r Arolwg Cenedlaethol o Fyfyrwyr (ACF) a gomisiynwyd gan y Swyddfa ar gyfer Myfyrwyr ar ran Cyngor Cyllido Addysg Uwch Cymru (CCAUC) yn casglu barn myfyrwyr am eu hamser mewn addysg uwch. Mae'r ACF yn gofyn 27 o gwestiynau sy'n ymwneud ag wyth agwedd ar brofiad y myfyriwr. Yn ogystal, gofynnir cwestiynau am leoliadau i fyfyrwyr sy'n astudio cyrsiau a ariennir gan y GIG. Mae'r adborth hwn yn rhoi darlun i SAU o brofiad dysgu myfyrwyr sy'n cwblhau eu cyrsiau'r flwyddyn honno. Cwrs meincnodi fesul cwrs ac yn erbyn SAU eraill Mae sgorau'r ACF yn caniatáu i SAU nodi meysydd o gryfder a gwendid ar draws darpariaeth cyrsiau penodol sy'n cynorthwyo'r SAU i wneud newidiadau i wella'r profiad dysgu ar gyfer myfyrwyr presennol a darpar fyfyrwyr. Cyflwynir canlyniadau o'r ACF i AaGIC fel rhan o'r cyfarfod contract ansawdd blynyddol. Pe bai unrhyw bryderon yn cael eu codi, mae AaGIC yn cyfarwyddo'r SAU i wneud gwelliannau fel rhan o'r cynllun gweithredu ansawdd.

Bob blwyddyn, mae AaGIC yn cynnal cyfarfodydd contract gyda phob SAU contractio yn canolbwyntio ar ansawdd yr addysg a ddarperir. Mae tîm y contract yn arwain grŵp ffocws o fyfyrwyr sy'n ymateb i gwestiynau lled strwythuredig sy'n ceisio amlygu meysydd o foddhad ac anfonlonrwydd ag ansawdd y gwasanaeth y maent wedi'i brofi. Caiff canlyniad hyn ei fwydo'n ôl i'r SAU gyda chynllun gweithredu ansawdd ar gyfer gwella pan fo angen.

Dyfodol:

Mae llais y myfyriwr yn ddangosydd pwysig o ansawdd addysg, ac felly mae ymgysylltu yn flaenoriaeth gan AaGIC. Byddwn yn parhau i gryfhau cyfleoedd myfyrwyr i rannu eu profiadau

â ni ac efallai y bydd 2020 yn gweld cwblhau strategaeth ymgysylltu â myfyrwyr y timau comisiynu a fydd yn cynnwys—

- Parhau i gefnogi'r Fforwm Iechyd Myfyrwyr.
- Parhau i ymgysylltu â myfyrwyr fel rhan o'r cyfarfodydd contract ansawdd blynyddol.
- Parhau i gyhoeddi cynlluniau gweithredu i sefydliadau addysg uwch yn dilyn cyhoeddiad sgorau'r ACF.
- Cyflwyniadau blynyddol ar rôl AaGIC i'r holl Fyfrwyr Addysg Iechyd yn ystod wythnos sefydlu'r Brifysgol; rhoi cyfle i fyfyrwyr ofyn unrhyw gwestiynau ynghylch cwrdd a chylch gwaith y tîm comisiynu.

Yn ogystal â hyn ym mis Ionawr 2020 bydd AaGIC yn cynnal naw digwyddiad ymgysylltu ledled Cymru, gan wahodd pob myfyriwr addysg iechyd o bob SAU contractio i roi adborth ar themâu arfaethedig y contractau 2021.

Mae strwythur ac agenda presennol y tri chyfarfod busnes bob blwyddyn yn cael eu hadolygu ar hyn o bryd. Un o'r heriau y mae angen sylw arno, yw sut mae AaGIC yn ymgorffori llais y myfyriwr a phrofiad y myfyriwr yn y fforwm hwn. Bydd hyn yn cael ei gwmpasu'n gynnar yn 2020.

Bydd staff AaGIC yn cyflwyno i fyfyrwyr fel rhan o wythnosau cynefino prifysgolion i fyfyrwyr newydd. Bydd hyn yn codi ymwybyddiaeth o AaGIC, ei amcanion strategol a'i rôl wrth ariannu/cefnogi myfyrwyr a'u gwerth i GIG Cymru.

Mae AaGIC yn cydnabod, gyda phoblogaeth myfyrwyr sy'n tyfu ac sy'n amrywio, bod angen mwy o ymgysylltu er mwyn adlewyrchu'n llawn lais y myfyriwr o ran datblygu a gwella'r ddarpariaeth addysg a phrofiad lleoli. Bydd y "strategaeth ymgysylltu â myfyrwyr gwell" hon yn cael ei chwmpasu a'i chyflwyno i'r tîm gweithredol i'w hystyried yn (Mawrth 2020) - bydd yn cynnwys adolygiad o'r trefniadau presennol ac yn argymhell ymgysylltiad gwell.

4. AaGIC i ystyried cymryd rôl arweiniol wrth hwyluso cydweithio agosach rhwng darparwyr addysg a gwasanaethau iechyd a gofal. Dylai hyn sicrhau bod gofynion cyfnewidiol, yn lleol, yn rhanbarthol ac yn genedlaethol, yn cael eu hystyried wrth ddatblygu rhaglenni addysg ac anghenion y gweithlu a gomisiynir.

Presennol:

Ar hyn o bryd mae AaGIC yn defnyddio fforymau amrywiol i gael barn gwasanaethau iechyd a gaiff eu bwydo yn ôl i ddarparwyr addysg ac i'r gwrthwyneb. Yn ogystal â hyn, mae'r Ddeoniaeth Ôl-raddedig yn cyfarfod â phob Bwrdd Iechyd yn flynyddol.

Dyfodol:

Mae'r sector iechyd yn dibynnu ar brifysgolion i gynhyrchu rhannau helaeth o'i weithlu yn y dyfodol, a gwnânt hynny ar y cyd â Byrddau Iechyd/Ymddiriedolaethau a darparwyr lleoliadau clinigol eraill. Mae gofal iechyd yn faes portffolio sylweddol i brifysgolion ledled Cymru. Mae'r berthynas rhwng AaGIC, prifysgolion a'r Byrddau Iechyd/Ymddiriedolaethau yn hollbwysig, ac mae'n hanfodol bod hyn yn gweithio mewn amgylchedd agored a chydweithredol. AaGIC fel y sefydliad iechyd arweiniol ar gyfer addysg a hyfforddiant Mae

angen sefydlu mecanweithiau ffurfiol ac anffurfiol i sicrhau bod ei berthynas â'r sector prifysgolion a sefydliadau'r GIG yn gryf ac yn gadarn.

Bydd y Gyfarwyddiaeth Nyrsio yn creu Cyd-dridarn Iechyd, Gofal ac Addysg, o dan arweiniad AaGIC, gan ddwyn ynghyd gydweithwyr o'r byrddau iechyd a'r ymddiriedolaethau gyda sefydliadau addysg uwch i drafod meysydd sy'n benodol i ddarparu a rheoli nyrsio, bydwreigiaeth, gwyddoniaeth a chysylltiedig addysg i weithwyr iechyd proffesiynol. Bydd y cyfarfodydd pob chwe mis arfaethedig yn canolbwyntio ar sicrhau bod themâu ac amcanion allweddol sy'n deillio o strategaeth y gweithlu ar gyfer iechyd a gofal cymdeithasol, er mwyn mynd i'r afael â'r galwadau cynyddol a'r heriau newydd a nodir yn *Gymru iachach*, yn cael eu bodloni.

Byddai'r cyfarfodydd hyn yn mynd i'r afael ag anghenion lleol a chenedlaethol, ehangu lleoliadau i'r sectorau sylfaenol, cymunedol a'r sector annibynnol; ansawdd lleoliadau; tiwtoriaeth gofynion hyfforddi newydd a chreu rolau a phroffesiynau newydd, symleiddio myfyrwyr, llwybrau staff at ymarferwyr cofrestredig a materion eraill sy'n ymwneud ag addysg iechyd.

- 5. AaGIC i ystyried cymryd rôl strategol i sicrhau bod y ddarpariaeth o leoliadau addysg ledled Cymru yn cynnwys lleoliadau sy'n ehangach na gofal eilaidd. Dylai hyn ddiwallu anghenion aml proffesiynol y gwasanaeth yn ogystal â'r nodau a nodir yn ' Cymru iachach '.**

Presennol:

Ar hyn o bryd, mae'r cyfrifoldeb am ddatblygu a rheoli lleoliadau yn perthyn i brifysgolion sy'n gweithio gyda Byrddau Iechyd/Ymddiriedolaethau a darparwyr lleoliadau eraill.

Dyfodol:

Fel yr amlinellwyd yn argymhelliad dau, bydd AaGIC yn adolygu'r modd y mae SAU yn defnyddio Cyllid Addasrwydd ar Gyfer Ymarfer. Bydd AaGIC yn ymgymryd â throsolwg strategol o ansawdd lleoliadau a dyrannu lleoliadau myfyrwyr drwy Arweinwyr Cenedlaethol a Rhanbarthol sydd newydd eu penodi. Bydd yr arweinwyr newydd hyn yn ymgysylltu'n weithredol â Byrddau Iechyd ac Ymddiriedolaethau i hwyluso'r broses o ehangu lleoliadau o ansawdd mewn Gofal Sylfaenol a Chymunedol ac yn y sector Annibynnol.

- 6. AaGIC i ystyried y rolau strategol, cytundebol ac ariannol sydd ganddi ar hyn o bryd a datblygu'r rhain ymhellach er mwyn hwyluso'r gwaith o sicrhau bod darparwyr addysg a darparwyr lleoliadau yn cyflawni profiad lleoli ehangach, mewn cydweithrediad â Phartneriaeth Ranbarthol Byrddau.**

Presennol:

Mae AaGIC yn defnyddio offer digidol pwrpasol, sy'n cysylltu anghenion gweithlu'r IMTP ynghyd â thueddiadau comisiynu. Defnyddir y data hwn ar y cyd â phrofiad y timau comisiynu i greu matrices lleoliadau myfyrwyr blynyddol. Mae'r matrices lleoli yn tywys SAU wrth ddyrannu lleoliadau myfyrwyr ar draws Byrddau Iechyd ac Ymddiriedolaethau.

Dyfodol:

Fel yr amlinellwyd yn argymhelliad 2, mae AaGIC yn adolygu dyraniad cyllid Addasrwydd ar gyfer Ymarfer. Byddwn yn atgyfnerthu sut yr ydym yn cyfeirio sefydliadau addysg uwch yn y defnydd o arian a'r rhwymedigaethau cytundebol yr ydym yn eu gosod ar SAU wrth reoli lleoliadau myfyrwyr.

Mae'r cyfarfodydd tair ochrog arfaethedig yn rhoi'r cyfle i rannu arfer gorau gyda chydweithwyr meddygol sydd â system rheoli ansawdd soffistigedig ar waith ar gyfer lleoliadau a bydd hyn yn galluogi rhannu arfer da ac adeiladu egwyddorion cyffredin ar draws pob proffesiwn gofal iechyd. Bydd cyflwyno'r cydweithrediad triphlyg ym maes lechyd ac Addysg a chyflwyno Hwyluswyr Addysg Practis Arweiniol Cenedlaethol a Rhanbarthol yn caniatáu i AaGIC fynd ati mewn partneriaeth strategol i ehangu lleoliadau.

Bydd y gwaith efelychu cenedlaethol a arweinir gan AaGIC hefyd yn sicrhau bod adnoddau, offer hyfforddi a chyfleusterau yn cael eu defnyddio'n fwy effeithiol ar draws yr holl weithwyr iechyd proffesiynol yn ogystal â meddygon a deintyddion.

Bydd AaGIC yn cwmpasu ac yn archwilio model lleoliadau cenedlaethol yr Alban ac yn gwerthuso a fydd system debyg yng Nghymru yn ychwanegu gwerth at y system bresennol.

7. AaGIC, darparwyr addysg, Byrddau Iechyd ac Ymddiriedolaethau i ystyried y sgiliau digidol presennol ac yn y dyfodol sydd eu hangen gan y gweithlu iechyd a gofal a'u hymgorffori o fewn rhaglenni addysg.

Presennol:

Mae AaGIC yn adolygu cwmpas y dysgu digidol y mae angen i SAUau partner ei gwmpasu wrth symud ymlaen; ystyried sbardunau strategol gan gynnwys safonau newydd yr NMC a'r adolygiad Topol.

Dyfodol:

Bydd contractau Addysg Iechyd AaGIC 2021 yn cyfarwyddo darparwyr addysg i wreiddio'r defnydd o dechnolegau digidol o fewn eu cyrsiau fel sbardun allweddol i newid; sicrhau bod ein system addysg iechyd yn 'addas ar gyfer y dyfodol' ac yn gallu ymateb yn gyflymach i heriau a chyfleoedd yn y dyfodol.

Bydd AaGIC yn gweithio i sicrhau bod darparwyr addysg, Byrddau Iechyd ac Ymddiriedolaethau yn ystyried y sgiliau digidol presennol ac yn y dyfodol sydd eu hangen gan y gweithlu iechyd a gofal ac yn ymgorffori mewn rhaglenni addysg. Mae'r adolygiad Topol (2019) yn gwneud nifer o argymhellion ar gyfer paratoi gweithlu gofal iechyd y dyfodol-"*o fewn pum mlynedd, sicrhau bod addysg a hyfforddiant ar gyfer gweithwyr yn y dyfodol yn eu paratoi i gyflawni eu llawn botensial fel staff yn y dechnoleg GIG well.*"

I ddechrau bydd ffocws penodol ar:

- Gweithwyr gofal iechyd proffesiynol yn y dyfodol i ddeall posibiliadau technolegau gofal iechyd digidol a'r ystyriaethau moesegol a diogelwch claf

- Sicrhau bod myfyrwyr yn cael lefel briodol o lythrennedd digidol ar ddechrau eu hastudiaeth ar gyfer eu darpar lwybr gyrfa
- Buddsoddi yn VR i wella sgiliau myfyrwyr a chyfleoedd dysgu

8. AaGIC a Llywodraeth Cymru i ystyried datblygu cynllun gweithlu proffesiynol gofal iechyd strategol hirdymor, mewn partneriaeth â Byrddau Iechyd, Ymddiriedolaethau a darparwyr addysg

Presennol:

Cymru iachach a osododd y llwybr i AaGIC a Gofal Cymdeithasol Cymru ddatblygu strategaeth gweithlu hirdymor mewn partneriaeth â'r GIG, Llywodraeth Leol, y Sectorau Gwirfoddol ac Annibynnol yn ogystal â rheoleiddwyr, cyrff proffesiynol a darparwyr addysg. Caiff y strategaeth hon ar gyfer y gweithlu ei chwblhau ym mis Tachwedd 2019.

Dyfodol:

Bydd AaGIC yn sicrhau bod y cynllun addysg a hyfforddiant blynyddol yn cyd-fynd â strategaeth y gweithlu iechyd a gofal cymdeithasol. Byddwn yn cynllunio ac yn comisiynu addysg a hyfforddiant ar gyfer y dyfodol sy'n canolbwyntio ar heriau o ran gwasanaethau, gwella iechyd y boblogaeth, atal afiechyd a lleihau anghydraddoldebau iechyd.

9. AaGIC i ystyried datblygu ei ddull gwerth ychwanegol i ystyried gwerth ehangach addysg ac elw ar fuddsoddiad i lywio'r comisiynu.

Presennol:

Caiff adenillion ar fuddsoddiad eu hasesu ar hyn o bryd drwy fesurau ariannol a rhai nad ydynt yn ariannol. Rhoddir pwyslais sylweddol ar ansawdd y ddarpariaeth o gwrs a gallu SAU i baratoi myfyrwyr i bontio'n ddidrafferth i'r gweithlu fel gweithwyr proffesiynol sydd newydd gymhwyso. Bob blwyddyn mae sefydliadau addysg uwch a AaGIC yn cyfarfod i adolygu ansawdd yr addysg a gynigir, gan ganolbwyntio ar brofiad y myfyriwr ac ansawdd y cymorth a ddarperir gan sefydliadau addysg uwch.

Cyfrifir mesurau ariannol gan ddefnyddio fformiwlâu mathemategol pwrpasol sy'n ystyried y buddsoddiad mewn addysg o gymharu ag allbwn gweithwyr proffesiynol sydd newydd gymhwyso. Meincnodir y ffigurau hyn yn erbyn cymaryddion yn Lloegr i ddarparu mesur mwy cynhwysfawr o berfformiad

Dyfodol:

Bydd AaGIC yn parhau i ddefnyddio'r fformiwlâu ariannol presennol, gan barhau i ystyried ffioedd ac athreuliad fel mesurau, sy'n effeithio ar allbynnau. Byddwn yn parhau i feincnodi ein perfformiad yn erbyn cymaryddion Lloegr.

Mae AaGIC yn ehangu cwrpas metrigau perfformiad ac yn gosod DPA heriol i sicrhau bod addysg o'r safon uchaf yn cael ei darparu i fyfyrwyr Addysg Iechyd Cymru. Bydd mwy o ddisgwyliadau ar gyfer SAU i ehangu mynediad i grwpiau dan anfantais a rhai heb eu gwasanaethu a galluogi myfyrwyr i ymuno o lwybrau anhraddodiadol i addysg uwch.

Sefydlu grŵp a mecanweithiau o fewn y fframwaith cytundebol i ganfod effaith y buddsoddiad mewn Addysg a Hyfforddiant, gan gynnwys,

1. Gwell pwerau gwneud penderfyniadau
2. Effaith ar waith pobl eraill yn y TA (gan gynnwys meddygon)
3. Llwybr cleifion mwy effeithlon
4. Ansawdd gwell o brofiad cleifion
5. Gwell diogelwch i gleifion wrth ddarparu gwasanaethau
6. Lleihau costau neu arbed costau

10. AaGIC i ystyried dull comisiynu rhanbarthol i sicrhau bod gan bob rhanbarth o Gymru ddarpariaeth addysg, ar gyfer y rhaglenni hynny lle mae'r niferoedd a gomisiynir yn ddichonadwy ac yn adlewyrchu'r angen yn y rhanbarth hwnnw. Dylai AaGIC ganiatáu i ddarpar ddarparwyr newydd a phresennol ddangos sut y mae eu rhaglenni arfaethedig yn bodloni'r galw rhanbarthol am weithwyr gofal iechyd proffesiynol yn y dyfodol.

Presennol:

Ar hyn o bryd, mae addysg yn cael ei chomisiynu'n bennaf o brifysgolion y tir yng Nghymru gyda myfyrwyr yn mynychu'r campws i fodloni gofynion academiaidd. Rydym yn ymwybodol bod hyn wedi effeithio ar allu pob darpar fyfyrwr i gael mynediad i addysg. Ym mis Medi 2018, er mwyn goresgyn rhai o'r rhwystrau hyn, comisiynodd AaGIC addysg dysgu o bell o'r Brifysgol Agored a ehangodd fynediad at nyrsio cyn cofrestru ar gyfer Gweithwyr Cymorth Gofal Iechyd a gyflogwyd gan y GIG ledled Cymru. Yn 2019/20 Bydd y llwybr dysgu o bell hwn hefyd yn agored i'n cydweithwyr yn y gweithwyr cymorth sy'n gweithio mewn cartrefi gofal annibynnol.

Dyfodol:

Caiff contractau'r dyfodol eu cynllunio i ddiwallu anghenion lleol yn well. Bydd comisiynu addysg yn cael ei ddylanwadu gan fformiwla bwrpasol wedi'i phwysoli sy'n ystyried siâp Cymru ac anghenion gwahanol ranbarthau. Caiff comisiynau eu teilwra i gydweddu lefelau poblogaeth, dosbarth darpariaeth ysbyty cyffredinol, clystyrau gofal sylfaenol a heriau staff sydd i gyd yn seiliedig o amgylch pob Bwrdd Iechyd ar y droed; gwahanu Cymru yn 10 rhanbarth. Mae'r cynllun, lle mae'n hyfyw yn ariannol a lle y gellir darparu profiad ardderchog i fyfyrwyr o hyd, er mwyn symud oddi wrth ddarparwyr unigol i ehangu mynediad, datblygu gwytnwch yn y system a sicrhau bod anghenion y gweithlu'n cael eu diwallu'n well.

Mae digidoli wedi galluogi AaGIC i ail-ddychmygu cyflwyno Addysg Gofal Iechyd i Gymru. Bydd y contractau newydd yn ei gwneud yn ofynnol i bob contractwr ddarparu cyrsiau drwy lwybrau astudio traddodiadol, o bell ac o hirbell, yn llawn, yn rhan amser ac yn gyflym lle y bo'n ymarferol. Bydd yn ofynnol i gontractwyr fynd â'u haddysg allan i'r myfyrwr yn eu cymuned eu hunain, gan ehangu mynediad i bobl a allai fod wedi methu â chael addysg iechyd o'r blaen oherwydd cyfrifoldebau gofalu neu ariannol.

Bydd AaGIC yn cefnogi myfyrwyr o ranbarthau tlotaf Cymru i ymuno â'n cyrsiau a gomisiynir. Sicrhau bod gweithlu'r GIG yn adlewyrchu poblogaeth Cymru yn gyffredinol drwy ddyrannu cyllid ychwanegol i sefydliadau addysg uwch sy'n mynd ati i recriwtio myfyrwyr o'r ardaloedd tlotaf i ymgysylltu ymhellach â chymunedau, ysgolion a cholegau difreintiedig. Byddwn yn ariannu sefydliadau addysg uwch i ddarparu gwasanaethau cymorth wedi'u teilwra ar gyfer myfyrwyr o'r ardaloedd hyn ar ffurf tiwtora ychwanegol, mentora a chymorth gan gymheiriaid.

Bydd contractwyr yn cael eu cyfarwyddo i gyfweld â phob ymgeisydd cymwys sydd wedi astudio diploma mynediad i addysg uwch neu gwrs lefel 3 tebyg. Mae sicrhau bod ymgeiswyr aeddfed sy'n mynd i mewn i addysg drwy lwybrau anhraddodiadol yn cael eu cynrychioli'n gyfartal yn y gweithlu.

11. AaGIC i ystyried dichonoldeb comisiynu darparwyr ychwanegol ar gyfer y rhaglenni sydd ag un darparwr yng Nghymru ar hyn o bryd.

Presennol:

Mae risg o ran "ffurf contractau" cyfredol ledled Cymru. Yn nodedig,

- Radiograffeg Ddiagnostig: Mae'r cynnydd diweddar mewn niferoedd comisiynu i ddiwallu anghenion cynyddol y rhwydwaith canser wedi rhoi pwysau ar y ddau ddarparwr ac mae bodloni'r rhifau comisiynu yn llawn yn llawer anos na phe bai tri darparydd.
- ODP: Nid yw'r cwrs Cymru gyfan yn addas i'r diben ar gyfer diwallu angen y gweithlu yng Ngogledd Cymru lle mai dim ond dau fyfyrwr sy'n graddio o gwrs De Cymru sydd wedi dechrau cyflogaeth ym mwrdd Betsi Cadwaladr yn ystod y 5 mlynedd diwethaf.
- Mae maes nyrsio LD yn broblem ledled y DU ac er gwaethaf ymgyrchoedd marchnata gwell a gyflawnir gan y ddau ddarparwr presennol, gyda chymorth AaGIC, mae'n annhebygol iawn y caiff lleoedd a gomisiynir eu recriwtio'n llawn. Byddai trydydd darparwr, sydd wedi'i leoli'n strategol yng Nghymru, yn helpu i fynd i'r afael â'r broblem hon.

Dyfodol:

Bydd y contractau newydd yn hanfodol i fynd i'r afael â'r materion hyn. Datblygwyd strategaeth ddrafft lotiau sy'n cael ei rhannu'n eang gyda phrifysgolion a thimau gweithredol y Bwrdd Iechyd a'r Ymddiriedolaeth. Caiff y strategaeth lotiau ei haddasu yn dilyn ymgysylltu â rhanddeiliaid a bydd yn cynrychioli'r "ffit orau" i Gymru.

12. AaGIC i ystyried ei gwneud yn ofynnol i'r darparwyr addysg hynny sy'n unig ddarparwyr rhaglen yng Nghymru ddangos sut y mae eu rhaglenni yn cyflenwi nifer ddigonol o weithwyr proffesiynol cymwysedig i'r galw am wasanaethau o fewn Cymru gyfan.

Presennol:

Mae yna nifer o ddarparwyr unigol. Mae hyn yn cael ei adolygu a'i werthuso fel rhan o'r Adolygiad Strategol o Addysg Broffesiynol ym Maes Iechyd.

Dyfodol:

Fel yr amlinellwyd yn argymhelliad 11, bydd AaGIC, lle y bo'n briodol, yn symud i ffwrdd oddi wrth ddarparwyr unigol er mwyn ehangu mynediad a sicrhau bod anghenion gweithlu amryfal byrddau iechyd yn cael eu diwallu'n well. Fodd bynnag, os mai un darparwr yw'r unig opsiwn ymarferol, bydd disgwyl i'r darparwr ddarparu rhywfaint neu'r cyfan o'i ddarpariaeth drwy lwybrau o bell neu ar y ffyrdd cyfunol. Bydd contractwyr sy'n ymgeisio fel darparwyr unigol yn cael eu gwerthuso ar eu gallu i gyflenwi digon o weithwyr proffesiynol cymwysedig i'r galw am wasanaethau yng Nghymru gyfan.

13. AaGIC i ystyried sicrhau bod mwy o raglenni rhan-amser a rhaglenni byrrach ar gael ledled Cymru a chynyddu nifer y lleoedd a gomisiynir ar y rhaglenni hyn, yn unol â chynlluniau gweithlu rhanbarthol ac argaeledd myfyrwyr rhan-amser.

Presennol:

Ar hyn o bryd, mae AaGIC yn comisiynu sawl llwybr rhan-amser a chyflymedig i gofrestru ynghyd â llawer o gyrsiau ôl-gofrestru a rhan-amser modiwlaid a chysiau byr. Mae'r 2020/21 cynllun addysg y cytunwyd arno yn gweld cynnydd mewn lleoedd rhan-amser a chomisiynu cyflymach.

Dyfodol:

Mae'r ddarpariaeth hon yn cael ei hadolygu fel rhan o'r Adolygiad Strategol o Addysg Broffesiynol ym Maes Iechyd. Mae tegwch sy'n ymwneud â'r egwyddorion a chymhwysio ar draws yr ystod lawn o ddarpariaeth addysg yn cael ei ystyried.

Bydd ein contractau newydd yn ei gwneud yn ofynnol i bob contractwr ddarparu cyrsiau drwy lwybrau astudio traddodiadol, o bell ac o hirbell, yn llawn, yn rhan amser ac wedi'u cyflymu lle y bo'n ymarferol i ddiwallu anghenion pob darpar fyfyrwr gofal iechyd ledled Cymru.

Bydd AaGIC yn adolygu pob maes a gomisiynir ac yn ymgynghori â'r Gwasanaeth ar,

1. Cynnig digon o lwybrau ar draws ystod eang o broffesiynau
2. Sicrhau bod y llwybrau'n deg - h.y. bod yr un egwyddorion yn gymwys ar gyfer AHPs a'r gwyddorau yn ogystal â nyrsio
3. Yr her o'n cwmpas pe baem yn hyfforddi mwy o fyfyrwyr ar wahanol lefelau o addysg ym mhob maes yr ydym yn ei gomisiynu ar hyn o bryd
4. Os yw ardaloedd yn cael eu colli

5. Adolygu Strategaeth y Gweithlu i sicrhau bod y contractau newydd yn galluogi darparu a datblygu gwasanaethau.

14. AaGIC, Byrddau Iechyd, Ymddiriedolaethau a Llywodraeth Cymru i ystyried datblygu dull gweithredu safonol a chyfartal ar gyfer y trefniadau ariannu ar gyfer pob rhaglen ran-amser, gan gynnwys costau cyflenwi 'ôl-lenwi'.

Presennol:

Ar hyn o bryd mae sawl model ariannol o ariannu rhaglenni rhan amser cyn ac ar ôl cofrestru. Datblygwyd pob ffrwd ariannu o fewn ein sefydliadau etifeddol er mwyn diwallu anghenion y gweithlu o ran gwasanaethau. Gall cymorth gynnwys cyllid bwrsariaeth, cyflog yn ystod hyfforddiant neu ôl-lenwi ar gyfer staff.

Dyfodol:

Mae AaGIC yn cynnal adolygiad ar hyn o bryd i ganfod dichonoldeb safoni dulliau o gyllido trefniadau ariannu ar gyfer pob cwrs rhan-amser.

15. AaGIC a Llywodraeth Cymru i ystyried y defnydd cynyddol o brentisiaethau mewn proffesiynau iechyd a gofal os yw'n bodloni'r 'Strategaeth Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol'.

Presennol:

Mae AaGIC yn gweithio'n agos gyda Llywodraeth Cymru a sefydliadau'r GIG i ddatblygu prentisiaethau, ond nid yw hyn ar hyn o bryd yn cynnwys prentisiaethau sy'n arwain at gofrestrriad proffesiynol fel gweithiwr gofal iechyd proffesiynol.

Dyfodol:

Mae AaGIC yn ystyried gwneud cais i fod yn brif contractwr i hawlio arian gan Lywodraeth Cymru i ddarparu prentisiaethau iechyd. Pe bai hyn yn mynd rhagddo, bydd AaGIC yn datblygu draft Fframwaith Sicrwydd Ansawdd ar gyfer Dysgu Seiliedig ar Waith i gynnwys rôl AaGIC wrth safoni dysgu seiliedig ar waith. Er mwyn cyflawni hyn bydd AaGIC,

- Cwmpas modelau cyfredol sefydliadau o ddarparu dysgu seiliedig ar waith, gan gynnwys prentisiaethau, a nodi'r gwerth ychwanegol y gallai AaGIC ei gynnig i'r maes hwn. Gallai hyn gynnwys datblygu modelau ar gyfer darparu'r cymwysterau gweithiwr cymorth arbenigol iawn
- Gweithio gyda Llywodraeth Cymru i ddatblygu cyfres o fframweithiau prentisiaethau iechyd sy'n diwallu anghenion gweithlu GIG Cymru. Yn dilyn adolygiad o'r holl gymwysterau iechyd uwch, mae angen diwygio fframweithiau prentisiaeth berthnasol i adlewyrchu'r newidiadau i'r cymwysterau.
- Nodi unrhyw feysydd eraill ar draws iechyd lle byddai Fframwaith Prentisiaeth yn adnodd priodol i ddatblygu a gweithio gyda LIC i'w datblygu.
- AaGIC i fod yn gynrychiolydd GIG Cymru ar holl is-grwpiau gweithlu ac addysg briodol y 3 Partneriaeth Sgiliau Rhanbarthol (PSR). Mae'r partneriaethau hyn yn dwyn ynghyd gynrychiolwyr o bob sector i edrych ar anghenion sgiliau eu rhanbarth yn y dyfodol.

Mae gan AaGIC bresenoldeb cryf ar is-grŵp economi sylfaen ddynol polisi sgiliau rhanbarthol De-ddwyrain Cymru. Fodd bynnag, nid yw'r rhan fwyaf o'r materion sy'n ymwneud â gweithlu GIG Cymru wedi'u cyfyngu i ardal Dde-ddwyrain Cymru ond maent yn effeithio ar Gymru gyfan. Gan weithio mewn partneriaeth â sefydliadau, AaGIC fyddai yn y sefyllfa orau i ddarparu'r wybodaeth hon i bob un o'r 3 PSR

- Nodi'r cymwysterau hynny y dylai AaGIC reoli'r ddarpariaeth ohonynt er mwyn cyflawni gwerth am arian, e.e. cymwysterau arbenigol iawn sy'n denu niferoedd isel o ddysgwyr yn unig.
- AaGIC i ehangu nifer ac amrywiaeth y cymwysterau y caniateir iddo eu cyflawni gan Agored a City and Guilds.
- Cwmpas yr adnoddau sydd eu hangen i gyflawni ac asesu'r cymwysterau a nodwyd
- Cefnogi GIG Cymru gyda digwyddiadau safoni Cymru gyfan
- Drafft Fframwaith Aswariant Ansawdd

- 16. AaGIC i ystyried ei gwneud yn ofynnol i fwy o hyblygrwydd gael ei ymgorffori yn y rhaglenni a gomisiynir, megis cymwysterau dyfarniad ymadael, rhaglenni cyfun posibl neu ddulliau eraill y gall darparwyr addysg fod yn agored i'w datblygu, er mwyn caniatáu ar gyfer gyrfa hyblyg llwybrau i'w datblygu. Dylid ystyried hyn gyda'r gofynion ar gyfer 'Cymru Iachach' a'r 'Strategaeth ar gyfer y Gweithlu Iechyd a Gofal Cymdeithasol'.**

Presennol:

Mae myfyrwyr yn graddio gyda thystysgrif neu ddiploma ar ddiwedd blynyddoedd 1 a 2 yn y drefn honno ond ni chaiff y dyfarniadau hyn eu mapio i fframwaith HCSW.

Dyfodol:

Bydd contractau newydd AaGIC yn ei gwneud yn ofynnol i sefydliadau addysg uwch ddarparu cymwysterau ymadael ar ôl cwblhau pob lefel academaidd israddedig. Gan gynnwys y fframwaith gweithwyr cymorth gofal iechyd, bydd myfyrwyr yn datblygu cymwyseddau craidd sy'n caniatáu i fyfyrwyr gamu ymlaen ac oddi ar gyrsiau wrth feddu ar sgiliau sy'n eu galluogi i weithio mewn swyddi clinigol. Yn ogystal, bydd hyn yn lleihau lefelau gadael cyn gorffen y gwasanaeth ac yn darparu staff i'r GIG a allai o bosibl fod wedi'i golli o ofal iechyd.

- 17. AaGIC i ystyried ei rôl ar draws holl lwybr gyrfa gweithwyr gofal iechyd proffesiynol drwy gomisiynu amrywiaeth eang o raglenni cyn ac ôl-gofrestru ar draws gyrfaedd gweithwyr proffesiynol a chyda chymysgedd o lefelau cymwysterau, er mwyn bodloni gofynion y gweithlu yn y dyfodol. Dylai AaGIC weithio gyda Byrddau Iechyd, Ymddiriedolaethau, Llywodraeth Cymru a darparwyr addysg wrth gynllunio'r anghenion addysg i gefnogi llwybrau gyrfaol a fframweithiau gyrfa broffesiynol gofal iechyd.**

Presennol:

Ar hyn o bryd mae AaGIC yn gweithio gyda fforymau amrywiol i gael barn gwasanaethau iechyd a gaiff eu bwydo yn ôl i ddarparwyr addysg ac i'r gwrthwyneb. Ymateb i'r gwasanaethau iechyd sy'n canolbwyntio ar feysydd blaenoriaeth ac ymgysylltu'n uniongyrchol â Llywodraeth Cymru sicrhau bod AaGIC yn comisiynu ystod eang o raglenni cyn ac ar ôl cofrestru o lefelau 3 i 8 sy'n diwallu angen presennol ac yn y dyfodol

Dyfodol:

Er mwyn bod yn ddigon ymatebol i newidiadau yn anghenion gofal iechyd bydd gofyn i gcontractwyr ddarparu modiwlau craidd generig ar draws rhaglenni cyn cofrestru. Bydd dysgu craidd yn helpu ein gweithwyr iechyd proffesiynol i fod yn hyblyg er mwyn bodloni gofynion grwpiau galwedigaethol presennol sy'n newid ac sy'n datblygu. Bydd yn galluogi gweithlu'r dyfodol i ehangu eu sgiliau a'u galluoedd heb orfod dychwelyd i ddechrau cymhwyster neu raglen newydd.

Bydd y contractau yn caniatáu i ni gyfeirio prifysgolion i integreiddio mentrau sy'n datblygu ar sail tystiolaeth megis GiBCG (Gwneud i bob cyswllt gyfrif) ac yn HABOY (Hyfforddiant aml proffesiynol obstetrig ymarferol) i'r cwricwlwm yn ôl yr angen. Bydd ein cyfeiriad yn sicrhau bod myfyrwyr yn integreiddio gwelliant i weithio bob dydd; dileu niwed, amrywiad a gwastraff. Bydd addysg yn hyrwyddo atal, yn rhagweld anghenion iechyd, yn atal salwch, ac yn lleihau effaith iechyd gwael.

Bydd y Gydweithrediaeth Dairochrog yn darparu rhagor o gefnogaeth ar gyfer sianel uniongyrchol rhwng Darparwyr Addysg, Byrddau Iechyd ac Ymddiriedolaethau. Bydd y fenter gydweithredol yn caniatáu gwell cydgysylltu o ran ymchwil, arloesi a gwella, wrth geisio ansawdd a gwerth uwch ar lefel leol yn ogystal â chenedlaethol.

18. AaGIC i barhau i asesu ac ystyried, mewn partneriaeth â darparwyr addysg, y potensial a'r awydd i ddarparwyr addysg ddarparu rhaglenni gofal iechyd ychwanegol.**Presennol:**

Mae ffurf yr hyfforddiant yn cael ei adolygu ar hyn o bryd gyda'r holl randdeiliaid fel rhan o'r Adolygiad Strategol o Addysg Broffesiynol ym Maes Iechyd.

Dyfodol:

Bydd y Gydweithrediaeth Dairochrog yn cefnogi'r sianel rhwng Darparwyr Addysg, Byrddau Iechyd ac Ymddiriedolaethau ymhellach. Bydd y fenter gydweithredol yn hwyluso cyfathrebu er mwyn caniatáu ar gyfer cynigion a chynllunio dilynol ar gyfer rolau yn y dyfodol a'r addysg sydd ei hangen i hwyluso'r rolau hynny.

19. AaGIC i ystyried parhau i'w gwneud yn ofynnol i nifer o'r rhaglenni a fydd yn eu darparu ac ystyried a fyddai'n fuddiol rhoi mwy o ystyriaeth i raglenni eraill.**Presennol:**

Mae AaGIC yn contractio gyda SAU ar hyn o bryd i ddarparu nifer o gymeriannau ar gyfer cyrsiau cyn ac ar ôl cofrestru.

Dyfodol:

Fel rhan o'r contractau newydd, bydd AaGIC yn parhau i'w gwneud yn ofynnol i SAUau recriwtio i nifer o sefydliadau lle mae nifer y myfyrwyr yn gwneud y ddarpariaeth yn ddichonadwy.

- 20. AaGIC i ystyried cymryd rôl arweiniol, mewn partneriaeth â darparwyr addysg, Byrddau Iechyd ac Ymddiriedolaethau, i sefydlu ymagwedd well tuag at addysg ryngbroffesiynol sy'n hwyluso cyflwyno'r sgiliau cyffredinol ac addysg gyffredin graidd Gofynion ar draws proffesiynau. Dylai AaGIC ystyried ei gwneud yn ofynnol i ddarparwyr addysg ddarparu isafswm neu safon o weithgarwch rhyngbroffesiynol fel rhan o'r rhaglen a gomisiynir ac annog darparwyr addysg i arloesi a datblygu hyn ymhellach.**

Presennol:

Mae'r WHO yn diffinio IPE fel "Pan fydd dau neu fwy o broffesiynau yn dysgu am, o a gyda'i gilydd er mwyn galluogi cydweithio effeithiol a gwella canlyniadau iechyd". Mae AaGIC wedi adolygu IPE yng Nghymru a cheir dehongliadau gwahanol o IPE rhwng prifysgolion a gwahanol lefelau o IPE yn cael eu darparu.

- Mae pob SAU yn ymgymryd â rhyw fath o IPE. Ceir rhai enghreifftiau rhagorol o arfer gorau, fodd bynnag, ond nid ydynt i gyd yn cyd-fynd â'r diffiniad o IPE.
- Mae dau sefydliad yn cyflwyno strategaeth IPE newydd sy'n bodloni'r diffiniad o IPE ac a fydd yn cael ei chyflwyno ar draws pob un o'r tair lefel o ddysgu.
- Mae rhwystrau mewnol sylweddol yn bodoli o ran cyflwyno IPE yn llwyddiannus ym mhob sefydliad ac ni chanfuwyd unrhyw weithgarwch traws-sefydliad.
- Mae timau'n agored i ddefnyddio e-ddysgu at ddibenion IPE ond mynegwyd pryderon am golli cyswllt wyneb yn wyneb a chyfleoedd gweithio mewn tîm.
- Ychydig iawn o weithgarwch a hwylusir gan IPE sy'n digwydd mewn lleoliadau ac nid oes gofynion lleoliad penodol wedi'u gosod gan PSRBs.
- Mae rhai myfyrwyr wedi rhoi adborth gwael sy'n golygu bod modiwlau'n cael eu tynnu'n ôl. Y prif reswm yw diffyg ymgysylltu â gwaith grŵp a asesir.

Dyfodol:

Mae Cymru lachach yn gofyn am wasanaethau a gwybodaeth ddi-fwlch sy'n llai cymhleth ac wedi'u cydlynyn well ar gyfer yr unigolyn; integreiddio proffesiynol agos, gweithio ar y cyd, a rhannu gwybodaeth rhwng gwasanaethau a darparwyr er mwyn osgoi trosglwyddo rhwng gwasanaethau sy'n creu ansicrwydd i'r unigolyn.

Mae hyn yn rhoi cyfle gwirioneddol i ail-werthuso addysg a hyfforddiant, datblygu llwybrau gyrfa fwy hyblyg, cynyddu sgiliau a deall a chydabod gwerth a rôl gweithwyr proffesiynol eraill mewn tîm amlddisgyblaethol. Mae hefyd yn annog ac yn galluogi her a all arwain at ganlyniadau gwell i fyfyrwyr.

Bydd contractau newydd yn ei gwneud yn ofynnol i sefydliadau addysg uwch sefydlu lefel sylfaenol o gredydau am ddysgu rhyngbroffesiynol ar draws pob cwrs cyn cofrestru (IPE). Bydd ymgorffori IPE mewn dysgu israddedig yn galluogi integreiddio proffesiynol a sgiliau gweithio ar y cyd, gan wella cydweithio proffesiynol ac ansawdd gofal mewn gwasanaeth yn y pen draw ar ôl cofrestru.

Bydd modiwlau craidd IPE hefyd yn galluogi myfyrwyr i ddatblygu sgiliau cyffredinol gan alluogi llwybrau gyrfaol hyblyg lle bydd myfyrwyr yn gallu adeiladu ar gymwysterau presennol heb orfod dychwelyd i ddechrau rhaglen newydd.

Yn hytrach na dysgu yn yr ystafell ddosbarth a darlithoedd ar y cyd, bydd hyn yn canolbwyntio ar baratoi ar gyfer ymarfer gyda myfyrwyr o bob proffesiwn gofal iechyd ynghyd â myfyrwyr meddygol, lle bo'n briodol, yn dysgu gyda'i gilydd.

I gyflawni hyn, bydd AaGIC yn sicrhau bod prifysgolion:

- Darparu dysgu i'r myfyrwyr sy'n bodloni'r diffiniad o WHO IPE *“pan fydd dau neu ragor o broffesiynau yn dysgu am, o a gyda'i gilydd er mwyn galluogi cydweithio effeithiol a gwella canlyniadau iechyd.”*
- Rhoi cyfle i fyfyrwyr weithio ar y cyd â'r grwpiau proffesiynol y maent yn debygol o weithio gyda hwy yn eu gyrfaedd yn y dyfodol.
- Nodi'r grwpiau proffesiynol y byddai eu myfyrwyr yn elwa o weithio gyda hwy o'r tu allan i'w portffolio o raglenni hyfforddi. Yna dylent anelu at weithio gyda rhai sefydliadau partner sy'n darparu IPE ar draws ystod resymol o broffesiynau. Lle y bo'n briodol, gellid defnyddio trefniadau dysgu o bell i hwyluso dysgu ar draws sefydliadau.
- Darparu profiadau asesu ffurfiannol a chrynodol i'r myfyrwyr sy'n bodloni diffiniad y WHO o IPE.
- Cyflwyno gweithgareddau efelychu ymgolli lle mae gofyn i'r myfyrwyr weithio gyda gweithwyr gofal iechyd proffesiynol eraill mewn timau amlddisgyblaeth.
- Rhoi cyfleoedd i'r myfyrwyr ddysgu gyda phroffesiynau gofal iechyd eraill yn ystod eu hwythnosau lleoli. Y gofyniad sylfaenol ar gyfer darparu lleoliadau ar y cyd yw 4 wythnos o gyfanswm y dysgu o leoliadau.
- Rhoi cyfleoedd IPE i'r myfyrwyr weithio gyda'i gilydd a dysgu oddi wrtho ar bob lefel o astudio.

21. AaGIC, Byrddau Iechyd ac Ymddiriedolaethau i ystyried ymgorffori'r sgiliau iaith Gymraeg sydd eu hangen ar y gweithlu yn eu cynlluniau ar gyfer y gweithlu.

Presennol:

Ar hyn o bryd, nodir hyn gyda gofynion addysg y broses IMTP er y cydnabyddir mai dyma'r cyfnod cynnar o aeddfedrwydd. Mae Byrddau Iechyd/Ymddiriedolaethau yn gweithio ar hyn o bryd i gynyddu'r broses o nodi anghenion iaith Gymraeg.

Dyfodol:

Mae AaGIC ar hyn o bryd yn datblygu ei raglen gymorth i Fyrddau Iechyd/Ymddiriedolaethau mewn perthynas â chynllunio'r gweithlu, caiff gofynion y Gymraeg eu cynnwys yn hyn.

Bydd AaGIC yn parhau i weithio gyda Byrddau Iechyd ac Ymddiriedolaethau i wella cynllunio'r gweithlu, gan gynnwys sicrhau bod anghenion o ran y Gymraeg yn cael eu nodi.

- 22. AaGIC i ystyried darpariaeth Gymraeg fel rhan o'i ddull comisiynu, o bosibl yn gosod gofynion neu dargedau ar gyfer cyfran y myfyrwyr sy'n gymwys o raglenni a gomisiynir sydd â lefel ddiffiniedig o sgil yn yr iaith Gymraeg. Gallai AaGIC fonitro hyn ac addasu'r gofyniad neu'r targed yn seiliedig ar wybodaeth a fydd ar gael gan fyrdau ac ymddiriedolaethau ieuchyd am nifer y gweithwyr proffesiynol sy'n siarad Cymraeg y mae eu hangen ar y gwasanaeth.**

Presennol:

Mae darparwyr addysg bresennol yn gweithio'n agos gyda'r Coleg Cymraeg Cenedlaethol, ac o ganlyniad mae sawl swydd wedi ei hariannu ar draws prifysgolion a rhaglenni i gefnogi hygyrchedd darpariaeth addysg Gymraeg wrth astudio rhaglenni addysg ieuchyd. Mae prifysgolion hefyd yn sicrhau bod dosbarthiadau Cymraeg ar gael i fyfyrwyr gofal ieuchyd. Mae sgiliau cyfathrebu ac ymwybyddiaeth iaith yn un o ofynion canolog gofynion pob corff rheoleiddio ac felly mae cwricwlwm wedi'i gynllunio i adlewyrchu'r anghenion hyn.

Dyfodol:

Mae hyn yn cael ei drafod ar hyn o bryd a'i gwmpasu â Rheolwr Gwasanaethau Iaith Gymraeg AaGIC, sy'n cynnal ymarfer ymgysylltu â rhanddeiliaid, ond mater i Lywodraeth Cymru yn y pen draw fydd pennu unrhyw dargedau. Mae rheolwr y Gymraeg wedi cytuno i helpu i ddatblygu'r telerau i ymgorffori yn y contract newydd a chyngor ar yr agweddau iaith Gymraeg sydd wedi'u cyflwyno mewn ardaloedd gwella busnes fel rhan o'r broses gwerthuso tendrau.



Health Education and Improvement Wales

Review of health professional education and training across Wales

31 October 2019

Final Report

This document's use is limited – see
Notice on page 2.

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Important notice: about this report

This report, a review of health professional education and training across Wales, has been prepared by KPMG LLP (“KPMG”) solely for Health Education and Improvement Wales (“the Client”) in accordance with terms of engagement agreed by the Client with KPMG.

This report should not therefore be regarded as suitable to be used or relied on by any other person for any purpose. This report is issued on the basis that it is for information purposes only. Should anyone choose to rely on this report, they do so at their own risk. Without prejudice to KPMG’s liability to the Client subject to and in accordance with the terms of engagement agreed between them, KPMG will accordingly accept no responsibility or liability in respect of this report to any person. This report does not give rise to a client relationship between KPMG and any person (other than the Client).

KPMG’s work for the Client, on which this report is based, was conducted between March 2019 and October 2019, and the work comprised understanding stakeholder perspectives and reviewing and analysing available information and data for the undergraduate and postgraduate education programmes commissioned by Health Education and Improvement Wales.

KPMG does not provide any assurance as to the appropriateness or accuracy of sources of information relied upon unless specifically noted in the report, and KPMG does not accept any responsibility for the underlying data used in this report. For this report the Client has not engaged KPMG to perform an assurance engagement conducted in accordance with any generally accepted assurance standards and consequently no assurance opinion is expressed.

The opinions and conclusions expressed in this report are (subject to the foregoing) those of KPMG and do not necessarily align with those of Health Education and Improvement Wales.

1 Executive summary

1.1 Introduction

Health Education and Improvement Wales (HEIW) was established in October 2018, bringing together the Wales Deanery, NHS Wales' Workforce Education and Development Services, and the Wales Centre for Pharmacy Professional Education.

One of HEIW's core responsibilities is the commissioning and contracting of undergraduate and postgraduate health professional education. According to HEIW, investment in healthcare education and training has increased from £76m in 2014/15 to £106m in 2018/19. This enabled 3,300 new students to commence education and training programmes in 2018/19. Including those healthcare professionals that are continuing their education, there are 9,000 students and training places currently compared to 6,881 in 2015/16¹.

HEIW are due to run a new commission for health education provision. To support the commissioning HEIW appointed KPMG to undertake a review of health professional education across Wales to consider the future education provision required to deliver the health and care workforce of the future. The scope of the work considered the current education provision, access to education, inter-professional learning and Welsh language programmes. A core element of the review was to engage with 130 stakeholders, selected by HEIW, across education, health and care, government and professional bodies between May and August 2019.

This review comes at an important time given the multiple initiatives, plans and strategies across the healthcare and education sectors, within Wales and beyond, such as 'A Healthier Wales' and a draft 'Workforce Strategy for Health and Social Care'.

1.2 Findings

1.2.1 Current education provision

1.2.1.1 Quality

Health Boards, Trusts and professional bodies were in the main positive about the quality of education provision in Wales and felt that newly qualified health care professionals were well prepared for their roles. Students whom we engaged with were generally satisfied with their programmes, however some had concerns about placement experience.

There were some concerns from health professionals and students about the level of support provided to newly qualified nurses and midwives. Through the analysis a difference in approach was identified for this post qualification and professional registration phase across HEIW which depended on the profession.

Through our engagement with stakeholders, we found that there was a lack of awareness from Health Boards about how practice learning was funded and we identified a variation in approach between education providers about funding that goes towards the practice placement element.

1.2.1.2 Responsiveness of health education to the health and care system

There are regular discussions between education providers and Health Boards in Wales to ensure that programmes meet the needs of health and care services, such as Partnership Boards between Health Boards and universities. It was found that these tend to happen at a local or regional level and to differing degrees of detail and consistency across types of programmes. Despite these forums being in place, it was identified that those delivering health and care services would appreciate more opportunities to shape education programme development, to ensure their needs are being met. There are also opportunities for education providers to work more closely together.

Through the engagement it was noted that there was a need to increase student numbers further. However, stakeholders expressed concerns about any potential increase in student numbers resulting

¹ HEIW. University annual performance reports, 2018.

in an increase in placements required. This would have an impact on the resource to supervise and assess students within Health Boards and Trusts, especially at a time of high staff vacancy rates for some professions.

Linked to this, an area where HEIW could take a key role is in the development of the placement provision for education programmes, given the aims for placement learning to provide a much broader range of experience in the future and include primary and community sectors as well as independent providers. This could align with the aims of 'A Healthier Wales' to develop a seamless local health and social care approach, by developing and educating the future workforce to work across and understand multiple sectors. Placements are a core element of health professional education and any increase in programmes needs to ensure there are appropriate placements.

In relation to workforce planning, stakeholders felt there was a need to increase numbers of students that are commissioned for most of the professions considered, due to the demand in the health service from unfilled vacancies and/or use of agency staff. Workforce planning was an area that Health Boards and Trusts agreed could be much improved. Education providers were also concerned about the short term 'year to year' nature of the commissioning process which in some cases meant that universities needed to increase their provision substantially at short notice.

Implementing improved longer term strategic workforce planning would allow for a more robust workforce plan to be developed which aligns with health and care workforce and system strategies and facilitate longer term forecasting and commissioning of education.

1.2.2 Access to education

Through the engagement, concerns were raised about limited access to healthcare education in rural or more remote areas such as West and Mid Wales. As well as the lack of access to education locally, there are difficulties in recruiting to health and care positions, leading to increased agency staff costs for the Health Boards and Trusts. Having more local education provision may help with securing the local workforce. This could be achieved through new providers or existing providers increasing access to programmes through satellite campuses and/or distance learning. Through our discussions with universities, we identified that some have reviewed their portfolio of healthcare commissioned programmes to determine the viability of continuing to provide certain programmes. Others are keen to expand their portfolio of healthcare programmes to incorporate more students on programmes and also to add new healthcare programmes to their portfolio.

There was wide stakeholder support for increased flexibility for education programmes, in particular the use of part time programmes, apprenticeships and module based education. Stakeholders felt that providing education opportunities through part time programmes for those already working in healthcare, e.g. Healthcare Support Workers, should be enhanced.

The review identified no education programmes that are currently commissioned which were felt by stakeholders to be no longer needed or relevant. However, there was a view that HEIW should, through the education commissioning process, be considering the whole career pathway of professionals and therefore spanning pre-undergraduate education, through undergraduate, post registration training and continued professional development.

1.2.3 Inter-professional education

The review identified varied approaches to inter-professional education being delivered in education programmes and that this is taking place at different levels. Education providers running multiple healthcare education programmes provide a greater amount of inter-professional education due to having the opportunity to do this across multiple programmes in the same university college or school. Even though this happened within established university colleges or schools we found that there was limited inter-professional education between colleges or schools of the same university and even less between universities themselves. Some stakeholders felt that there is a "silo approach" to healthcare professional education which impacts the level of inter-professional education provided. This needs to be addressed through collaboration, to be able to deliver on the aims of a multi-professional workforce across health and social care.

Overall, there is a consistent view that more can be done in providing inter-professional education to healthcare students, in particular to be able to meet the aims of 'A Healthier Wales' to expand generalist skills and provide a seamless close professional integration of services. In addition, the draft 'Workforce Strategy for Health and Social Care' proposes specifying core or common educational requirements and inter-professional learning opportunities to promote multi-disciplinary and multi-agency learning opportunities.

In order to achieve these aims, consideration could be given to new, innovative approaches to inter-professional education in order to provide robust and effective multidisciplinary education and service. This will require new approaches to be developed and implemented.

1.2.4 Welsh language provision

Most of the education providers offer some level of Welsh language content on their programmes. Support for those wishing to be educated in Welsh is available to differing degrees through Welsh language lectures, placements, tutors and submitting assignments in Welsh. Some universities provide bilingual programmes and many spoke of aims to move to providing bilingual programmes and becoming a bilingual college or school.

Even though there was little demand identified to study healthcare professional programmes solely in the Welsh language, there is a demand for those studying to be able to learn elements of the programme through the Welsh language or develop Welsh language skills whilst on the programme. Good work is being done currently to allow for this, but more could be done to increase the amount of Welsh language component on programmes to meet the needs of students to study through the Welsh language and increase the Welsh language skills of the future healthcare professional workforce. Information that will be developed by Health Boards and Trusts through compliance with the Welsh language standards should inform the demand level and need for qualified students that have the necessary Welsh language skills. Therefore, workforce plans could include the required need for Welsh language professionals to deliver the services needed in a region and the education commissioning process could respond to this by providing the future workforce with the required Welsh language skills.

1.3 Conclusion and recommendations

The findings and recommendations made in this review should help to ensure that HEIW develops and clarifies its role in shaping the future healthcare workforce. HEIW has an opportunity to do this through the commissioning of education programmes and developing the collaborative relationships between education providers and healthcare providers.

HEIW's upcoming procurement exercise provides an ideal opportunity to put this into action and secure the education programmes required. It is proposed that HEIW do this in a flexible and collaborative way given the expected developments and changes in the healthcare workforce in the future, as the 'Workforce Strategy for Health and Social Care' is finalised and delivered.

Recommendations for consideration:

1. HEIW and education providers to consider their role in supporting newly qualified and registered nurses, midwives and allied health professionals and whether a consistent approach across HEIW would be appropriate and have a positive impact.
2. HEIW to consider how practice learning funding is provided to education providers and placement providers across all programmes. In particular, linking to recommendation 6 and the aims to increase multi-professional education and the breadth of placement provision to include increased primary and community experience.
3. HEIW to continue to consider routinely how student views inform its work, including the quality of education provision.
4. HEIW to consider taking a lead role in facilitating closer working between education providers and health and care services. This should ensure that changing demands, locally, regionally and nationally, are taken into account in the development of commissioned education programmes and workforce needs.

5. HEIW to consider taking a strategic role in ensuring the placement provision of education programmes across Wales includes placements that are broader than secondary care. This should meet the multi-professional needs of the service as well as the aims set out in 'A Healthier Wales'.
6. HEIW to consider the strategic, contractual and financial roles it currently has and develop these further to facilitate broader placement experience to be achieved by education providers and placement providers, in collaboration with Regional Partnership Boards.
7. HEIW, education providers, Health Boards and Trusts to consider the current and future digital skills required from the health and care workforce and incorporate within education programmes.
8. HEIW and the Welsh Government to consider developing a longer term strategic healthcare professional workforce plan, in partnership with Health Boards, Trusts and education providers.
9. HEIW to consider developing its added value approach to consider the wider value of education and return on investment to inform the commissioning.
10. HEIW to consider a regional approach to commissioning to ensure that all regions of Wales have available education provision, for those programmes where the numbers commissioned are feasible and are reflective of the need in that region. HEIW should allow potential new and existing providers to demonstrate how their proposed programmes meet the regional demand for future healthcare professionals.
11. HEIW to consider the feasibility of commissioning additional providers for the programmes that currently have a single provider in Wales.
12. HEIW to consider requiring those education providers who are sole providers of a programme in Wales to demonstrate how their programmes supply sufficient numbers of qualified professionals to service demand within the whole of Wales.
13. HEIW to consider increasing the availability of part time and shortened programmes across Wales and increase the number of commissioned places on these programmes, in line with regional workforce plans and availability of part time students.
14. HEIW, Health Boards, Trusts and the Welsh Government to consider developing a standard and equitable approach for the funding arrangements for all part time programmes, including 'back fill' cover costs.
15. HEIW and Welsh Government to consider the increased use of apprenticeships in health and care professions if it meets the 'Workforce Strategy for Health and Social Care'.
16. HEIW to consider requiring increased flexibility to be incorporated in the programmes commissioned, such as exit award qualifications, potential combined programmes or other approaches education providers may be open to develop, to allow for flexible career pathways to be developed. This should be considered with the requirements for 'A Healthier Wales' and the 'Workforce Strategy for Health and Social Care'.
17. HEIW to consider its role across the whole career pathway of healthcare professionals by commissioning a broad range of pre and post registration programmes across professionals' careers and with a mix of qualification levels, to meet future workforce demands. HEIW should work with Health Boards, Trusts, Welsh Government and education providers in planning the education needs to support healthcare professional career pathways and frameworks.
18. HEIW to continue to assess and consider, in partnership with education providers, the potential and appetite for education providers to provide additional healthcare programmes.
19. HEIW to consider continuing to require multiple intakes for the programmes providing them and to consider whether multiple intakes for other programmes would be beneficial.
20. HEIW to consider taking a lead role, in partnership with education providers, Health Boards and Trusts, to establish an enhanced approach to inter-professional education which facilitates

the delivery of the generalist skills and core common education requirements across professions. HEIW should consider requiring education providers to deliver a minimum amount or standard of inter-professional activity as a part of the commissioned programme and encourage education providers to innovate and develop this further.

21. HEIW, Health Boards and Trusts to consider incorporating the Welsh language skills required from the workforce in their workforce plans.
22. HEIW to consider Welsh language provision as a part of its commissioning approach, possibly setting requirements or targets for the proportion of students that qualify from commissioned programmes that have a defined level of Welsh language skill. HEIW could monitor this and adjust the requirement or target based on information that becomes available from Health Boards and Trusts about the number of Welsh speaking professionals the service requires.

2 Introduction

2.1 Background

Health Education and Improvement Wales (HEIW) was established in October 2018, bringing together the Wales Deanery, NHS Wales's Workforce Education and Development Services, and the Wales Centre for Pharmacy Professional Education.

HEIW is responsible for the education, training, development, and shaping of the healthcare workforce in Wales. HEIW's strategic objectives are:

- Establishing HEIW as a valued and trusted partner, an excellent employer, and a reputable and expert brand.
- Building a sustainable and flexible health and care workforce for the future.
- With Social Care Wales, shaping the workforce to deliver care closer to home, and to better align service delivery.
- Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
- Improving opportunities for use of technology and digitalisation in the delivery of education and care.
- Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales.
- Demonstrating value from investment in the workforce and the organisation.

One of HEIW's core responsibilities is the commissioning and contracting of undergraduate and postgraduate health professional education.

According to HEIW, investment in healthcare education and training has increased from £76m in 2014/15 to £106m in 2018/19. This enabled 3,300 new students to commence education and training programmes in 2018/19, compared to 2,498 in 2015/16. Including those healthcare professionals that are continuing their education, there are 9,000 students and training places currently compared to 6,881 in 2015/16².

The health professional education and training budget in Wales covers education contracts with universities for tuition fees, student bursaries, student salaries and related support costs (e.g. travel, childcare payments). The number of students and the fee per student are negotiated annually between HEIW and the university. Figure 1 shows the universities and the education programmes that HEIW commissioned at the time of the review. HEIW also contracts with some universities outside Wales for student places on some programmes (also shown in Figure 1).

The current contracts with universities have been extended to 2021, at which point new contracts will need to be in place. To inform what HEIW may want to commission, HEIW appointed KPMG to undertake a review of health professional education across Wales to consider the future education provision required to deliver the health and care workforce of the future. The scope of the work considered the current education provision, access to education, inter-professional learning and Welsh language programmes.

² HEIW. University annual performance reports, 2018.

Figure 1: HEIW commissioned university undergraduate and postgraduate programmes³

| | | |
|----------------------------------|---|--|
| University of South Wales | Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Nursing (all four fields) — BMid Midwifery | Postgraduate/Registration and Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Specialist Community Public Health Nursing; <ul style="list-style-type: none"> - Health Visiting - Occupational Health - School Nursing — Specialist Practice Qualifications (SPQs) <ul style="list-style-type: none"> - District Nursing - Practice Nursing - Community Paediatric Nursing - Community Psychiatric Nursing - Community Learning Disability Nursing — Return to Practice (Nursing/Midwifery & AHP's) — Non-Medical prescribing — Advanced Extended Practice MSCs & Modules |
| Bangor University | Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Nursing (all four fields) — BMid Midwifery — BSc Diagnostic Radiography | Postgraduate/Registration and Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Clinical Psychology — Community Health Studies (Modules) — Return to Practice (Nursing/Midwifery & AHP's) — MSc/PG Dip Nursing — PG Dip/MSc Physicians Associate Studies — Non-Medical prescribing — Advanced and Extended Practice MSC's & Modules — PG Cert/Dip/MSc Genomic Medicine |
| Swansea University | Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Nursing (all four fields apart from Learning Disability) — BMid Midwifery — BSc (Hons) Health Science; <ul style="list-style-type: none"> - Audiology - Respiratory and Sleep Science - Neurophysiology - Nuclear Medicine & Radiotherapy - Physics - Cardiac Physiology — DipHE Paramedic Science — Certificate of Higher Education in Basic Audiological Practice | Postgraduate/Registration and Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Specialist Community Public Health Nursing; <ul style="list-style-type: none"> - Health Visiting - Occupational Health - School Nursing — Specialist Practice Qualifications (SPQs); <ul style="list-style-type: none"> - District Nursing - Practice Nursing - Community Paediatric Nursing - Community Psychiatric Nursing - Community Learning Disability Nursing — MSc/PG Dip Nursing — PG Dip/MSc Physicians Associate Studies — MSc Clinical Science-Medical Physics (STP) — Return To Practice (Nursing/Midwifery & AHP's) — Non-Medical prescribing — Advanced and Extended Practice MSC's & Modules — PG Cert/Dip/MSc Genomic Medicine |
| Cardiff University | Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Nursing (all four fields apart from Learning Disability) — BMid Midwifery — BSc Diagnostic Radiography — BSc Therapeutic Radiography — BSc/PG Dip Occupational Therapy — BSc Operational Department Practice — BSc Physiotherapy — DipHE Dental Hygiene — BSc in Dental Hygiene & Therapy — Cert HE in Assistant Radiographic Practice | Postgraduate/Registration and Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Clinical Psychology — Specialist Community Public Health Nursing; <ul style="list-style-type: none"> - Health Visiting - Occupational health - School Nursing — Specialist Practice Qualifications (SPQs) <ul style="list-style-type: none"> - District Nursing - Practice Nursing - Community Paediatric Nursing - Community Psychiatric Nursing Community Learning Disability Nursing — Return to Practice (Nursing/Midwifery & AHP's) — Non-Medical prescribing — Advanced Extended Practice — MSCs & Modules |

³ Information provided by HEIW.

| | | |
|---|--|---|
| Cardiff Metropolitan University | Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc (Hons) Healthcare Science - Biomedical Science - Blood, Infection, Cellular and Genetics — BSc Dietetics — BSc Podiatry — BSc Speech & Language Therapy | Postgraduate/Registration & Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Advanced and Extended practice MSC's and Modules — PG Dip Dietetics |
| Wrexham Glyndwr University | Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc Occupational Therapy | Postgraduate/Registration & Postgraduate Pre-Registration programmes: <ul style="list-style-type: none"> — Specialist Community Public Health Nursing; <ul style="list-style-type: none"> - Health Visiting - Occupational health - School Nursing — Specialist Practice Qualifications (SPQs); <ul style="list-style-type: none"> - District Nursing - Practice Nursing - Community Paediatric Nursing - Community Psychiatric Nursing - Community Learning Disability Nursing — Return To Practice (Nursing/Midwifery & AHP's) — Non-Medical Prescribing — Advanced and Extended Practice MSC's & Modules |
| Open University | Undergraduate Pre-Registration programmes: <ul style="list-style-type: none"> — BSc/BN Adult Nursing — BSc/BN Mental Health Nursing | |
| Other education providers and programmes where HEIW commission specific places on the programmes | University of West England: <ul style="list-style-type: none"> — BSc (Hons) Healthcare Science – Clinical — Engineering – Rehabilitation Engineering (undergraduate) — PG Cert/Dip/MSc Medical Ultrasound Newcastle University: <ul style="list-style-type: none"> — MSc in Clinical Science (Scientist Training programme STP- Cardiac Science) King's College London: <ul style="list-style-type: none"> — MSc in Clinical Science – Rehabilitation and engineering Liverpool University: <ul style="list-style-type: none"> — HSST – PHD Clinical Engineering — HSST – PHD Medical Physics | Manchester University: <ul style="list-style-type: none"> — MSc in Clinical Science (STP) in; <ul style="list-style-type: none"> - Audiology - Neurophysiology - Bioinformatics – Health Informatics - Bioinformatics – Genomics — Cancer Genomics Clinical Biochemistry — Reproductive Science — HSST – PHD Transfusion Science — HSST – PHD Microbiology — HSST – PHD Histocompatibility & Immunogenetics — HSST – PHD Molecular Pathology of Acquired Disease — HSST – PHD Genetics Queen Mary University of London: <ul style="list-style-type: none"> — MSc in Clinical Science – Microbiology |

2.2 Context

The review comes at an important time given the multiple initiatives, plans and strategies across the healthcare and education sectors, within Wales and beyond. These have been taken into account through the course of this review and outlined in this section is a brief summary of each, focusing on the key points that are relevant to the review and to HEIW more broadly.

2.2.1 The Parliamentary Review of Health and Social Care in Wales – A Revolution from Within: Transforming Health and Care in Wales⁴

The Parliamentary Review of Health and Social Care outlined the pressures on health and social care in Wales, such as shortages in workforce, the need to improve patient outcomes and a lack of consistently good service delivery.

The review puts forward that the future vision for health and social care should deliver against a 'Quadruple Aim' through focusing on prevention, improving experience and quality of care, enriching the workforce and increasing the value from funding.

⁴ Welsh Government. The Parliamentary Review on Health and Social Care, A Revolution from Within: Transforming Health and Care in Wales. 2018. <https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf>. Accessed: August 2019.

To achieve this, recommendations were made which included delivering seamless care that is closer to home, developing quality improvement and continuous learning strategies, maximising the benefits of technology and aligning the workforce with new service models. On workforce planning, the review outlines that there should be joint planning at regional level which is supported by HEIW, Social Care Wales (SCW) and Academia.

This should focus on expanding generalist skills and new ways of working that enable staff to work at the top of their skill set and across professional boundaries. The current and future workforce should be skilled in shared decision-making, team working, prevention and population health and wellbeing, formal quality improvement techniques and the use of new technologies. The review also makes the point that Welsh language should also be considered and factored into workforce planning.

2.2.2 A Healthier Wales: Our Plan for Health and Social Care⁵

In response to the Parliamentary Review ⁶, the Welsh Government published 'A Healthier Wales', a plan that sets out a long term future vision of a whole system approach to health and social care, which is focused on health and wellbeing and on preventing illness. The plan will develop new models of seamless local health and social care, overseen by a national transformation programme and through a dedicated fund. Expanding on existing Primary Care Clusters and the national primary care pacesetter programme to transform access to and the sustainability of local health and care through the Regional Partnership Boards.

The plan outlines that the best new models being developed in Wales all share the need for a broad multidisciplinary team approach where well trained people work effectively together. This requires strengthening of support, training, development and services available to the workforce, with a clear and coherent approach to developing and planning the workforce. HEIW and SCW will develop a long-term workforce strategy in partnership with others, to allow for joint data led regional workforce planning, expanding generalist skills and enable staff to work at the top of their skillset and across professional boundaries.

2.2.3 A Healthier Wales: A Workforce Strategy for Health and Social Care⁷

The long-term workforce strategy is being developed by HEIW and SCW in partnership with NHS Wales and Local Government, the voluntary and independent sectors as well as regulators, professional bodies and education providers.

A consultation document for the strategy was released during the time of our review which sets out the themes that have emerged during the engagement period. The draft key priorities focus on seamless working, utilising digital opportunities, attracting and retaining health and care professionals, developing leadership, workforce planning and education and learning. On education, the document outlines the need for flexible innovative approaches to education, specifying core or common educational requirements and inter-professional learning opportunities, funding models, strategic partnerships and planning.

2.2.4 The Review of Higher Education Funding and Student Finance Arrangement in Wales (Diamond)⁸

The review considered widening access to education, skills needs, part-time and postgraduate education provision and long-term financial stability.

The review recommended a re-working of the student support package to move towards a simple system that recognises the holistic costs of higher education study to students, namely fees and maintenance. The review outlined that part-time study should be encouraged, with an opportunity for Wales to develop degree apprenticeships or other employer-sponsored provision, a need to increase postgraduate education and that delivery of higher education through the medium of Welsh should be enhanced.

⁵ Welsh Government. Welsh Government. A Healthier Wales: our Plan for Health and Social Care. 2018.

<https://www.basw.co.uk/system/files/resources/180608healthier-wales-mainen.pdf>. Accessed: August 2019.

⁶ Welsh Government. The Parliamentary Review on Health and Social Care, A Revolution from Within: Transforming Health and Care in Wales. 2018.

<https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf>. Accessed: August 2019.

⁷ Health Education Improvement Wales and Social Care Wales. A Healthier Wales - A Workforce Strategy for Health and Social Care consultation. 2019.

https://socialcare.wales/cms_assets/file-uploads/Health-and-social-care-workforce-strategy-consultation-document.pdf. Accessed: August 2019.

⁸ Welsh Government. The Review of Higher Education Funding and Student Finance Arrangements in Wales. 2016.

<https://gov.wales/sites/default/files/publications/2018-02/higher-education-funding-final-report-en.pdf>. Accessed: August 2019.

2.2.5 NHS Wales Bursary Scheme

To qualify for NHS Wales financial support, students must be accepted for an NHS Wales funded place on a full or part time course which leads to professional registration as a nurse, midwife, chiropodist, podiatrist, dietician, occupational therapist, physiotherapist, radiographer, healthcare scientist, paramedic, speech and language therapist, dental hygienist, dental therapist, doctor or dentist (eligible during the later stages of pre-registration training). All new students applying for support for the first time (excluding students undertaking courses to become doctors or dentists) will need to decide whether they wish to commit to working in Wales for two years following completion of their course, with different timescales applying for courses that are shorter or longer than three years.

The financial support currently available for students on NHS Wales funded courses include the cost of tuition fees, a non-means tested grant of £1,000 and a means tested bursary. The Welsh Government have confirmed that the NHS Wales Bursary Scheme will remain in place for individuals electing to study an eligible healthcare related programme in Wales commencing in the 2020/21 academic year⁹. The Welsh Government is currently undertaking further engagement with stakeholders about the options on the future arrangements for supporting healthcare students in Wales.

2.2.6 Welsh language standards and schemes

Welsh language duties (namely Welsh language standards and Welsh language schemes) explain how organisations in Wales should use Welsh in the workplace and with the public. The purpose of the Welsh language standards¹⁰ is to ensure clarity to organisations in relation to the Welsh language, clarity to Welsh speakers on what services they can expect to receive in Welsh and greater consistency in Welsh language services and improve quality to users. Public organisations are required to prepare a language scheme to explain which services they will provide in Welsh.

Every public services organisation in Wales, including universities, Health Boards, Trusts and HEIW, have to comply with language duties and part of the Welsh Language Commissioner's work is to ensure that organisations comply with their language schemes.

The aim of the language duties is to ensure that organisations in Wales should not treat Welsh less favourably than English. According to the Welsh language standards, organisations should also promote the Welsh language, ensuring that Welsh has an active role in the organisation's internal administration and that the language is accessible to the public. The Welsh language standards are centred around service delivery, policy making, operational and record making.

2.2.7 The Topol Review – Preparing the healthcare workforce to deliver the digital future¹¹

The Topol review advised on how technological developments are likely to change the roles and functions of clinical staff, the implications for the skills required by professionals and the consequences for the selection, curricula, education and training of current and future NHS staff. The educational recommendations included that NHS organisations need to have a strong workplace learning infrastructure allowing staff dedicated time for proactive development and reflection on their learning, adopt a multi-professional learning collaborative approach, develop educators and trainers and that staff should have the opportunity to access information about genomics and digital technologies. It also recommended that the NHS should commission flexible and responsive training for specialist roles, that education providers should ensure genomics, data analytics and artificial intelligence are prominent in undergraduate curricula for healthcare professionals and that students gain an appropriate level of digital literacy at the outset of their study.

⁹ Welsh Government announcement of NHS Bursary extension. <https://gov.wales/nhs-bursary-extended-wales-health-minister-vaughan-gething>. Accessed August 2019.

¹⁰ The Welsh Language Standards (No. 7) Regulations 2018. <http://www.legislation.gov.uk/wsi/2018/441/made>. Accessed: August 2019.

¹¹ Health Education England. The Topol Review, Preparing the healthcare workforce to deliver the digital future. 2019. <https://topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-2019.pdf>. Accessed: August 2019.

2.2.8 The NHS England Long Term Plan¹² and interim NHS England People Plan¹³

The Long Term Plan sets out a 10-year vision for healthcare in England with a new service model to take more action on health inequalities, improve quality of care and health outcomes, harness technology to transform services and get the most out of tax payers' investment.

The interim People Plan sets out a vision for people who work in the NHS in England and explains that the NHS needs different people in different professions working in different ways and also needs to address the cultural changes that are necessary. It proposes to develop a new operating model for workforce through continuing to work collaboratively and being clear what needs to be done locally, regionally and nationally, with more planning activities undertaken by local integrated care systems. It also puts forward the need for the health and care workforce to have a more varied and richer skill mix including technological knowledge in line with the needs of the service. Through integration of primary care and community health services, staff will be working in different ways, with a greater focus on preventative care and stronger links between health and social care, with new roles and significant changes to existing roles.

Although these set out plans for England, there may be impacts for the NHS workforce in Wales and also developments in education may impact all UK universities.

2.2.9 Independent panel report to the Review of Post-18 Education and Funding in England (Augar)¹⁴

An independent review on post-18 education in England highlighted several challenges within education which may also impact on Wales, such as gaps in access, reduction in university funding, decline in level 4/5 qualifications and lack of clarity on university spending. Key recommendations from this review included increasing education opportunities for all, reduction of tuition fees to £7,500, improving flexible learning through studying for one module at a time rather than a full qualification and awarding interim qualifications within degrees. Although the review was carried out in England there are relevant considerations for HEIW as they think through their commissioning of education. It is however currently unclear which of the Augar recommendations the new Secretary of State for Education will take forward.

¹² NHS. The NHS Long Term Plan 2019. 2019. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>. Accessed: August 2019.

¹³ NHS. Interim NHS People Plan. 2019. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf. Accessed: August 2019.

¹⁴ Secretary of State for Education. Independent panel report to the Review of Post-18 Education and Funding. 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/805127/Review_of_post_18_education_and_funding.pdf. Accessed: August 2019.

3 Approach

3.1 Scope

The scope of the review focused specifically on understanding stakeholder perspectives and to review and analyse available information and data for the undergraduate and postgraduate education programmes included in Figure 1 (page 9), across the following areas:

Current provision: Does the current education provision provide high quality education for the investment made, focusing on whether:

- Current provision provides high quality education as determined by student experience, employers and by professional regulators of the programmes.
- Newly registered health care professionals are fit for purpose as considered by employers, the students feel well prepared for their professional role and employers have confidence in their competence.
- The current provision delivers value for money as determined by investment made and outputs from the universities, is Wales receiving a return on its investment?
- Current provision is responsive to the ever changing healthcare landscape and education providers are flexing their curriculum to reflect these changes and whether they will be able to meet the future workforce and education needs as identified in 'A Healthier Wales'.
- Placement provision is expanding to reflect the drive to increase the amount of care delivered within the community/primary care setting.

Access to education: Does the spread of current education provision across Wales meet the needs of prospective and current students and healthcare providers, focusing on whether:

- Education is accessible and available across Wales and that rural and remote areas are considered in this context.
- Single providers should be able to demonstrate they provide a programme which meets the needs of all of Wales.
- There are any gaps in the current education provision which HEIW should consider commissioning to meet the future demands as identified in 'A Healthier Wales' and other key strategic drivers.
- There is education being delivered which no longer meets the needs of the service.
- There are further opportunities to extend flexible education pathways e.g. part time, shortened and distance learning.
- That where education is not delivered in Wales whether there is the potential for this to be commissioned locally.
- Multiple intakes remain a viable option for education programmes and should consideration be given to expand intakes to other programmes.

Inter-professional education: Considering:

- Alternative education delivery models to ensure all programmes have inter-professional learning and support embedded within their curriculum.
- Whether the development of regional hubs including collaboration between education providers would support the delivery of inter-professional education and whether this model could be used across the whole of Wales or whether a mixed model would be advised.

Welsh language provision: The viability of delivering programmes solely through the medium of Welsh.

3.2 Methodology

3.2.1 Stakeholder engagement

In order to understand stakeholder views and to inform the review, 130 stakeholders, selected by HEIW, were engaged through individual organisation meetings and workshops between May and August 2019. A full list of those who informed the review is included in Appendix 1 and a summary across different stakeholder groups in Figure 2. In order to obtain a baseline of views, key lines of enquiry were developed to ensure consistency in approach, the ability to analyse responses and to align with the scope of work.

Figure 2: Stakeholders engaged

| Type of stakeholder organisation or stakeholder | Number of representatives |
|---|---------------------------|
| Education providers | 35 |
| Health Boards and Trusts | 48 |
| Government organisations | 13 |
| Professional bodies and Unions | 19 |
| Students | 15 |

As well as meeting with stakeholders, some organisations provided written responses to the review and these organisations are also listed in Appendix 1.

3.2.2 Data and information

To inform the review and conduct the analysis a number of key data items were requested from HEIW relevant to the education programmes being considered. Examples of the information provided by HEIW include:

- **University performance reports:** This includes information on attrition rates, value for money, student demographic and funding of each university commissioned by HEIW.
- **Student university and placement quality questionnaire results:** This includes views from students on the quality of placements and teaching in 2018.
- **HEIW summary annual plan:** This outlined strategic objectives and what HEIW would like to achieve by the end of 2019/20.
- **NHS Wales education commissioning and training plan for 2019/20:** This report makes recommendations on the level of education commissioning.

To supplement the above data the National Student Survey (NSS) results were analysed to understand student satisfaction for the commissioned university programmes.

In addition key published reviews, strategies and plans were analysed relevant to the review, as outlined in section 1.3.

A full list of documents that informed the review can be seen in Appendix 2.

3.2.3 Costing analysis

As part of the review a full value for money costing analysis was not completed but instead a high level overview and comparison for initial view. HEIW's current approach to assessing value for money was reviewed from university annual performance reports. For the comparison the programme cost, number of students, attrition rates and any other support provided for programmes were considered. This was then compared to the weighted average total cost in Wales for Subjects and Professions Allied to Medicine¹⁵.

¹⁵ Department for Education. KPMG. Understanding costs of undergraduate provision in Higher Education: Costing study report. 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/804975/Understanding_costs_of_undergraduate_provision_in_higher_education.pdf. Accessed: August 2019

3.2.4 Evaluation of recommendations and options

From the stakeholder engagement and analysis possible recommendations and options were developed which were evaluated using criteria agreed with HEIW. This allowed for a consistent approach to be applied to considering and evaluating the recommendations. The agreed evaluation criteria included the following and further information on these can be found in Appendix 3:

- **Strategic intent:** Potential to align with the strategic aims of HEIW as well as wider strategic initiatives in Wales.
- **Access and flexibility:** Potential to increase access to health professional education across Wales.
- **Quality:** Potential to improve the quality of health professional education.
- **Practical:** Potential to implement the option and minimise the time and resource commitment across HEIW, universities and/or Health providers (where applicable).
- **Future focussed:** Potential to ensure a long term positive impact which adds value and meets strategic intent.
- **Financial:** Potential to achieve the financial efficiencies required.
- **Risk:** Potential to minimise the risk to HEIW of making the change and is within legal and regulatory frameworks.

3.3 Limitations

During this review some limitations were encountered:

- **Education programmes:** The work focused on the undergraduate and postgraduate programmes commissioned by HEIW set out in Figure 1. HEIW's role in relation to medical, dental and pharmacy education or those programmes outside Wales where HEIW commission specific student places was not considered in detail.
- **Information and data:** The same level of data and information was not available for all the programmes commissioned by HEIW, such as attrition rate, student numbers and cost.
- **Stakeholder availability:** A range of stakeholders were engaged during the review, however not everyone responded or were available.
- **Student input:** A range of students were engaged through HEIW's student forum, but there was not student representation from all the programmes that HEIW commissions.

4 Findings and recommendations

4.1 Current education provision

This section presents the findings associated with the quality of the current education provision, whether it provides added value and how the education being delivered meets the future workforce needs of Wales. The programmes that have been considered in the review are included in Figure 1 (page 9). The findings and related recommendations are presented throughout this section and a summary of all the recommendations made in this review are in Appendix 4.

4.1.1 Quality

4.1.1.1 Health Boards, Trusts and professional bodies

Through our engagement with Health Boards, Trusts and professional bodies there were positive responses about the quality of education provision in Wales and a view that newly qualified health care professionals were well prepared for their roles. There was a lack of quantitative evidence to understand the quality of newly qualified health care professionals. However, quality of education programmes can be ensured to a certain degree by the quality assurance undertaken by professional regulators and also for some programmes by the relevant professional body.

There were some concerns from health professionals and students about the level of support provided to newly qualified nurses and midwives at a key time when they enter the profession. The existence of well-managed and well-run preceptorship programmes was highlighted as an essential way to provide this support and has been widely commented on in research studies¹⁶. Nursing students also felt that it was essential to have clarity on the preceptorship programme that would be in place to support them transition into the workplace.

A difference in approach was noted for this post qualification and professional registration phase across HEIW which depended on the profession. For example, HEIW does not currently have a role in this newly qualified and registered phase for nurses, midwives and allied health professionals, whereas for pharmacy there is a HEIW commissioned structured programme (currently a diploma) and HEIW has an established role in post graduate medical and dental training.

Recommendation 1: HEIW and education providers to consider their role in supporting newly qualified and registered nurses, midwives and allied health professionals and whether a consistent approach across HEIW would be appropriate and have a positive impact.

As a result of the 1999 UKCC Fitness for Practice report, chaired by Sir Leonard Peach, the Welsh Government has provided financial support to education providers in Wales providing pre-registration nursing and midwifery programmes to support implementation of the recommendations in the report. The aims being to improve integration of theory and practice within the education programmes to produce 'knowledgeable doers' who could transition from being a student to a registered practitioner. This funding is widely referred to as 'fitness for practice' funding.

We found that there was a lack of awareness from Health Boards about how this additional funding was being used to achieve its aims and a degree of 'surprise' from allied health professional representatives that this additional funding was available for nurses and midwives but not for allied health professionals.

This also led to views being shared about the funding of education more generally, given the practice component and funding being made available to placement providers. Through the discussions a variation in approach was identified between education providers about funding that goes towards the practice placement element.

¹⁶ Health Education England (2018) Reducing Pre-registration Attrition and Improving Retention Report, <http://healtheducationengland.sharepoint.com/:b/g/Comms/Digital/EeNMV6yMRILQk3zKaV8niMBi78dT-8MUWvJXJ8uAMvCq?e=b1VlyY> (Accessed: August 2019)
University of Derby Supporting newly qualified nurses in the UK: a systematic literature review, <https://derby.openrepository.com/bitstream/handle/10545/292598/UDORA%20Literature%20Review%20Preceptorship%2020121030%20NET.pdf?sequence=3> (Accessed: August 2019).

Recommendation 2: HEIW to consider how practice learning funding is provided to education providers and placement providers across all programmes. In particular, linking to recommendation 6 and the aims to increase multi-professional education and the breadth of placement provision to include increased primary and community experience.

4.1.1.2 Students

In assessing the views of students on the quality of education programmes in Wales, the NSS results for 2018 and 2019 (undergraduate programmes), HEIW's student survey as well as views from the students that were met with were analysed.

The NSS gathers students' opinions on the quality of their courses. Every university in the UK takes part in the NSS and response rates are consistently high. The NSS is managed by the Office for Students on behalf of the UK funding and regulatory bodies, which includes the Higher Education and Funding Council for Wales.

The NSS results to the statement 'Overall, I am satisfied with the quality of the course', showed that most healthcare education programmes/subject areas being delivered in Wales scored highly in comparison to the UK average (detailed information in Appendix 5). Figure 3 includes the results from the 2019 survey for this question which shows Midwifery, Adult Nursing, Children's Nursing, Nutrition and Dietetics and Physiotherapy programmes/subject areas having higher student satisfaction rates for programmes run in Wales compared to the UK average. However, within these averages, there are specific programmes/subject areas being delivered in Wales that rate lower than the UK average (as shown in Appendix 5).

Figure 3: NSS 2019 average response to the question 'Overall, I am satisfied with the quality of the course' for programmes in Wales and for all programmes

| Programme/subject area | Average % (range) for programmes in Wales | Average % (range) for all programmes |
|---|---|--------------------------------------|
| Adult Nursing | 82% (73%-90%) | 81% (48% - 100%) |
| Children's Nursing | 96% (93% - 100%) | 86% (42% - 100%) |
| Mental Health Nursing | 80% (70% - 94%) | 80% (40% - 98%) |
| Learning Disability Nursing | 81% (72% - 89%) | 85% (64% - 100%) |
| Midwifery | 99% (94% - 100%) | 89% (59% - 100%) |
| Physiotherapy | 93% (93%) | 86% (42%-100%) |
| Nutrition and Dietetics | 91% (91%) | 81% (32% - 100%) |
| Counselling, Psychotherapy and Occupational therapy | 86% (70% - 100%) | 80% (30% - 100%) |
| Others in subjects allied to medicine | 81% (64% - 91%) | 82% (25% - 100%) |
| Others in Biosciences | 80% (73% - 91%) | 86% (60% - 100%) |

The students with whom we engaged were generally satisfied with their programmes. However some students had concerns regarding placement experience, in particular not being able to be involved in practice tasks, not feeling valued and not feeling supported through the programme.

The results from the NSS data (2019) (see Figure 4) for placement experience of students for the key commissioned programmes/subject areas across Wales (detailed information in Appendix 6) were analysed. These results were based on statements on student satisfaction on suitable placement allocation, receiving enough preparatory information, supervision, meeting student outcomes, feeling valued by clinical staff and practice supervisors.

Figure 4: NSS 2019 average responses to the placement questions for programmes in Wales and for all programmes

| Programme/ subject area | | I received sufficient preparatory information prior to my placement(s) | I was allocated placement(s) suitable for my course | I received appropriate supervision on placement(s) | I was given opportunities to meet my required practice learning outcomes/ Competence | My contribution during placement(s) as part of the clinical team was valued | My practice supervisor(s) understood how my placement(s) related to the broader requirements of my course | Average across placement questions |
|---|-------|--|--|---|---|---|---|---------------------------------------|
| Adult Nursing | Wales | 72% (69%-76%) | 89% (89%-90%) | 83% (80%-87%) | 92% (88%-96%) | 89% (87%-90%) | 90% (88%-91%) | 86% |
| | All | 75% (41%-92%) | 88% (71%-95%) | 82% (65%-97%) | 90% (73%-96%) | 87% (73%-95%) | 84% (64%-93%) | 84% |
| Children's Nursing | Wales | 75% (59%-93%) | 87% (79%-94%) | 86% (71%-94%) | 98% (93%-100%) | 94% (88%-100%) | 93% (86%-100%) | 89% |
| | All | 77% (33%-100%) | 92% (68%-100%) | 90% (68%-100%) | 95% (83%-100%) | 93% (82%-100%) | 89% (74%-100%) | 89% |
| Mental Health Nursing | Wales | 66% (58%-64%) | 86% (82%-92%) | 82% (83%-88%) | 95% (89%-96%) | 91% (92%-93%) | 94% (91%-98%) | 86% |
| | All | 70% (23%-95%) | 88% (40%-100%) | 80% (46%-97%) | 91% (67%-100%) | 88% (50%-100%) | 85% (43%-100%) | 84% |
| Learning Disability Nursing | Wales | 67% (67%-68%) | 89% (89%) | 84% (78%-89%) | 89% (78%-100%) | 92% (83%-100%) | 87% (78%-96%) | 85% |
| | All | 76% (53%-92%) | 85% (73%-100%) | 85% (67%-100%) | 86% (71%-100%) | 90% (73%-100%) | 90% (73%-96%) | 85% |
| Midwifery | Wales | 86% (56%-100%) | 97% (89%-100%) | 97% (94%-100%) | 100% (100%) | 94% (85%-100%) | 99% (95%-100%) | 95% |
| | All | 78% (47%-100%) | 97% (80%-100%) | 91% (67%-100%) | 94% (73%-100%) | 91% (73%-100%) | 90% (64%-100%) | 90% |
| Nutrition and Dietetics | Wales | 77% (77%) | 95% (95%) | 82% (82%) | 100% (100%) | 86% (86%) | 82% (82%) | 87% |
| | All | 85% (63%-97%) | 95% (83%-100%) | 91% (82%-100%) | 95% (85%-100%) | 87% (65%-100%) | 90% (87%-100%) | 91% |
| Others in subjects allied to medicine | Wales | 68% (59%-75%) | 93% (86%-100%) | 80% (64%-93%) | 89% (83%-93%) | 77% (64%-82%) | 76% (64%-89%) | 80% |
| | All | 77% (53%-97%) | 91% (50%-100%) | 84% (44%-100%) | 89% (70%-100%) | 85% (53%-100%) | 82% (50%-100%) | 85% |
| Physiotherapy | Wales | 92% (92%) | 99% (99%) | 96% (96%) | 95% (95%) | 94% (94%) | 88% (88%) | 94% |
| | All | 85% (50%-100%) | 95% (85%-100%) | 94% (82%-100%) | 95% (85%-100%) | 95% (85%-100%) | 90% (77%-100%) | 92% |
| Counselling, Psychotherapy and Occupational Therapy | Wales | 94% (92%-96%) | 97% (96%-98%) | 94% (88%-100%) | 95% (90%-100%) | 90% (84%-96%) | 94% (88%-100%) | 94% |
| | All | 84% (52%-100%) | 93% (79%-100%) | 93% (73%-100%) | 94% (79%-100%) | 92% (79%-100%) | 89% (78%-100%) | 84% |

Overall, students on Welsh programmes/subject areas were on average more satisfied with placement learning experience when compared to the average across all programmes. Examples of this include Adult Nursing, Mental Health Nursing, Midwifery and Physiotherapy. Programmes/subject areas where the level of satisfaction was lower on average for Welsh programmes/subject areas compared to the average for all programmes were Nutrition and Dietetics and other subjects allied to medicine. This was largely due to scoring lower on statements related to receiving preparatory information for placements, appropriate supervision and practice supervisors understanding how placements related to the broader requirements of a student's course.

As well as discussing the NSS results with education providers as a part of their quality reviews, HEIW conduct a student university and placement questionnaire quarterly. The questionnaire asks students to rate different aspects of placements such as support from mentors and organisation of placement. This provides more specific information than the NSS survey, however the number of respondents answering this questionnaire is low, averaging at 24 respondents across the four questionnaires in 2018. HEIW also have a student forum that meets four times a year to provide a forum for students to help shape the learning experience of students within Wales.

It is important that HEIW continues to hear directly from students about their views of programmes and any specific concerns. This allows HEIW to consider and take action if required and provides a key information source when HEIW are reviewing programme performance and quality.

Recommendation 3: HEIW to continue to consider routinely how student views inform its work, including the quality of education provision.

4.1.2 Responsiveness to the health and care system

4.1.2.1 Regulatory standards

As outlined in the context section, there are a number of factors impacting and influencing the education and health sectors in Wales. In addition, there are new regulatory standards and requirements that have been issued or being developed that education providers and placement providers will need to meet through their new education programmes. The Nursing and Midwifery Council (NMC) have issued new standards for pre-registration nursing programmes. The pre-registration midwifery standards are in development and expected to be finalised and published in 2020. The NMC are also considering reviewing their post registration programmes and are conducting early engagement on this. The Health Care Professions Council (HCPC) issued new standards of education and training in 2017 and are now reviewing their standards for prescribing which will be implemented during the 2019/2020 academic year.

A number of the elements that are included within the scope of this review are also included in the new or draft versions of the regulatory standards, such as the need for inter-professional learning and multi-agency learning content within programmes. The NMC standards for pre-registration nursing include aspects on broadening the placement learning experience of students.

The way in which the education providers and placement partners may meet these outcome focussed standards is dependent on the way the new curricula and criteria is developed. This provides an opportunity for the specific elements of education required for the Welsh health and care sectors to also be incorporated within the programmes as the curricula is being revised, such as specific skills and broader placement experience. For nursing, we heard about an 'all Wales' approach being adopted in response to the new nursing standards.

4.1.2.2 Collaboration

As well as the advent of new standards, there are regular discussions between education providers and Health Boards in Wales to ensure that programmes meet the needs of health and care services. An example being the Partnership Boards between Health Boards and universities. The review highlighted that these conversations tend to happen at a local or regional basis and to differing degrees of detail and consistency across types of programmes.

It was also identified during the review that those delivering health and care services would appreciate more opportunities to shape education programme development, to ensure their needs are being met. There are also opportunities for education providers to work more closely together.

This is particularly important as the 'Workforce Strategy for Health and Social Care' is finalised and agreed, to ensure that the education needs of the future health and care workforce in Wales is met.

Recommendation 4: HEIW to consider taking a lead role in facilitating closer working between education providers and health and care services. This should ensure that changing demands, locally, regionally and nationally, are taken into account in the development of commissioned education programmes and workforce needs.

4.1.2.3 Placements

Placement learning is an essential part of health professional education and successful delivery of an education programme and a qualified student depends on it.

The total number of students and training places has grown from 6,881 in 2015-16 to 9,000 in 2018-19¹⁷. Through the engagement it was noted that there was a need to increase student numbers further, however, stakeholders expressed concerns about any potential increase in student numbers resulting in an increase in placements required. This would have an impact on the resource to supervise and assess students within Health Boards and Trusts, especially at a time of high staff vacancy rates for some professions. Education providers explained that the number of places they could offer per commissioned programme was dependent on the number of placements available.

We found that placement provision is primarily secondary care focussed and this will need significant expansion given the aims for placement learning to provide a much broader range of experience in the future. In particular, incorporating primary and community sectors as well as independent providers into the practice learning elements of programmes.

As mentioned in section 4.1.2.1, some of the health and care professional regulators are requiring a broadening of the placement learning experience provided to students. In addition, this could align with the aims of 'A Healthier Wales' to develop a seamless local health and social care approach, by developing and educating the future workforce to work across and understand multiple sectors.

Stakeholders were aware of the need for development of the types of practice learning experience provided, however there was limited detail provided on how it would be achieved. There is a placement plan currently in place which provides management and clarity of current placement arrangements in Wales. This will need to be developed further given the complexity expected from increasing the breadth of placement provision such as supervision and responsibility for students, as well as funding and governance arrangements.

Given the importance of placement learning, pressure on existing provision, the need to expand the experience gained through placement learning and the increased complexity this brings, this is an area where HEIW could take a lead role to ensure that the development of the placement provision for education programmes meets the future aims for the health workforce and service in Wales.

Recommendation 5: HEIW to consider taking a strategic role in ensuring the placement provision of education programmes across Wales includes placements that are broader than secondary care. This should meet the multi-professional needs of the service as well as the aims set out in 'A Healthier Wales'.

Recommendation 6: HEIW to consider the strategic, contractual and financial roles it currently has and develop these further to facilitate broader placement experience to be achieved by education providers and placement providers, in collaboration with Regional Partnership Boards.

4.1.2.4 Digital skills

The Topol review¹⁸ advised on how technological developments are likely to change the roles and functions of clinical staff, the implications for the skills required by professionals and the consequences for the selection, curricula, education and training of current and future NHS staff. In

¹⁷ HEIW. University annual performance reports, 2018.

¹⁸ Health Education England. The Topol Review, Preparing the healthcare workforce to deliver the digital future. 2019. <https://topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-2019.pdf>. Accessed: August 2019.

addition, some health and care professional regulators are increasing the requirements for digital skills and literacy as a part of pre-registration education programmes.

In order to inform the digital skills that are included within education programmes, it is important that health and care services are clear on the skills required in the future. Even though stakeholders agreed with the need for increased digital skills, our discussions with stakeholders did not identify the specific digital skills that needed to be developed. This is a key area that requires close collaboration between the health and care services, education providers and HEIW, as outlined in section 4.1.2.2.

As well as the digital skills required by health professionals, some education providers are further developing their digital learning offering in order to facilitate easier and more efficient access to programmes and education material. This applied across the theoretical and practical elements of programmes, with advances in digital applications being used in simulated learning.

Recommendation 7: HEIW, education providers, Health Boards and Trusts to consider the current and future digital skills required from the health and care workforce and incorporate within education programmes.

4.1.2.5 Workforce planning

The current student numbers are based on the use of the Integrated Medium Term Plans (IMTPs), wider workforce intelligence and placement capacity information.

Throughout the review, concerns were raised about the number of students, the volume of vacancies and need and the requirement to increase those for certain professions due to the demand in the health service from unfilled vacancies and/or use of agency staff. We heard this in relation to most of the professions we considered.

Education providers were concerned about the short term 'year to year' nature of the commissioning process which in some cases meant that universities needed to increase their provision substantially at short notice, which can risk successful education delivery and performance.

There is a need for improved longer term strategic workforce planning. This could allow for more robust workforce plans to be developed which aligns with health and care workforce and system strategies and facilitate longer term forecasting and commissioning of education.

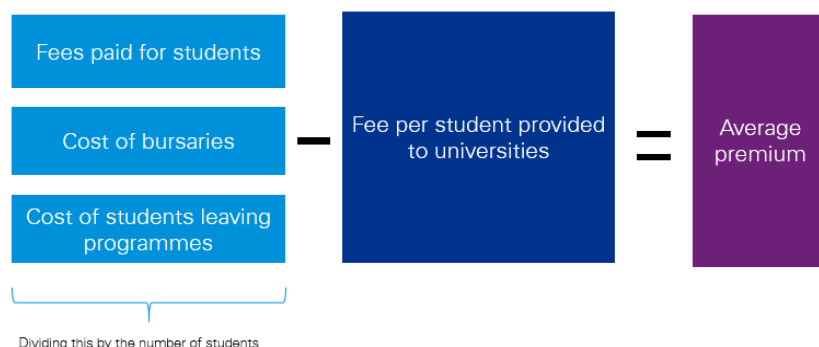
Recommendation 8: HEIW and the Welsh Government to consider developing a longer term strategic healthcare professional workforce plan, in partnership with Health Boards, Trusts and education providers.

4.1.3 Added value

Achieving value for money can be described as using public resources in a way that creates and maximises public value¹⁹. A full value for money costing analysis has not been completed and instead a high level overview and comparison is included which enables an indicative view of value.

From the 2018 university performance reports provided by HEIW, we have reviewed added value according to the analysis undertaken by HEIW, which includes calculating an average premium per student (Figure 5).

¹⁹ Value for money framework, Department for Transport. 2017.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630704/value-for-money-framework.pdf. Accessed: August 2019

Figure 5: How average premium per student is calculated by HEIW

The fee per student, as well as other additional costs, was compared against the weighted average total unit cost for Subjects and Professions Allied to Medicine in Wales from KPMG's report for the Department for Education on 'Understanding costs of undergraduate provision in Higher Education'²⁰. This report found that the weighted average total unit cost for Subjects and Professions Allied to Medicine in Wales was £10,541. This includes teaching costs comprising course delivery staff costs, non-pay, departmental running costs, student related central services, corporate services, estate and sustainability. For most programmes the cost per student per programme is lower in comparison to the weighted average total cost for Subjects and Professions Allied to Medicine in Wales.

This provides a basic comparator understanding of costs and further work could be undertaken to understand this in more depth and for each subject area. The cost of education and training is only one part of a detailed added value assessment with other factors to be considered such as quality of education, student attrition, return on investment, e.g. the length of time qualified professionals practice in the health service in Wales, and sustainability of education provision (in particular when there are single or low numbers of education providers).

Recommendation 9: HEIW to consider developing its added value approach to consider the wider value of education and return on investment to inform the commissioning.

4.2 Access to education

In this section the distribution and access to healthcare professional education and training across Wales is considered, assessing whether the spread of current education provision meets the needs of prospective and current students and healthcare providers.

4.2.1 Distribution of education across Wales

Seven universities across Wales are commissioned by HEIW to deliver healthcare professional education. Figures 6 and 7 show the number of specific commissioned programmes available across Wales.

Figure 6: Number of undergraduate commissioned programmes in Wales

| Programme | Number of commissioned programmes |
|--------------------------------|-----------------------------------|
| Undergraduate | |
| BSc Nursing | 5 |
| BMid Midwifery | 4 |
| BSc Diagnostic Radiography | 2 |
| BSc Therapeutic Radiography | 1 |
| BSc/PGDip Occupational Therapy | 2 |

²⁰ Department for Education. KPMG. Understanding costs of undergraduate provision in Higher Education: Costing study report. 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/804975/Understanding_costs_of_undergraduate_provision_in_higher_education.pdf. Accessed: August 2019

| Programme | Number of commissioned programmes |
|--|-----------------------------------|
| BSc Operational Department Practice | 1 |
| BSc Physiotherapy | 1* |
| BSc Dental Hygiene | 1 |
| DipHE Dental Hygiene & Therapy | 1 |
| BSc Healthcare Science | 2 |
| DipHE Paramedic Science | 1 |
| BSc Dietetics | 1 |
| BSc Podiatry | 1 |
| BSc Speech & Language Therapy | 1 |
| Cert HE in Assistant Radiographic Practice | 1 |
| Cert HE in Basic Audiological Practice | 1 |

Source: During our review an additional provider was commissioned to deliver this in Wales.

Figure 7: Number of postgraduate commissioned programmes in Wales

| Programme | Number of commissioned programmes |
|--|-----------------------------------|
| Postgraduate | |
| Specialist Community Public Health Nursing | 4 |
| Specialist Practice Qualifications (SPQs) | 4 |
| Return To Practice (Nursing/Midwifery & AHPs) | 5 |
| Non-Medical prescribing | 5 |
| Advanced and Extended practice MSC's & Modules | 6 |
| MSc/PG Dip Nursing | 2 |
| PG Dip/MSc Physicians Associate Studies | 2 |
| MSc Clinical Science-Medical Physics (STP) | 1 |
| PG Cert/Dip/MSc Genomic Medicine | 1 |
| PG Dip Dietetics | 1 |
| Clinical Psychology | 2 |

We heard concerns about access to healthcare education in rural or more remote areas such as West and Mid Wales. Rural Health and Care Wales has a current research project on the education, training and continuous professional development of health and social care professionals in rural areas that will seek to recognise the gaps in current skills and identify training and action to address them²¹.

As well as the lack of access to education locally, there are difficulties in recruiting to health and care positions, leading to increased agency staff costs for the Health Boards and Trusts. Expenditure on agency staff by NHS Wales has increased markedly in recent years with a rise of 117% over seven years to £135.7 million in 2017-18 and with 82% of agency expenditure in 2018-19 providing cover for vacant positions²².

Having more local education provision may help with securing the local workforce that is required and through the stakeholder engagement, phrases such as “train local, stay local” were used. Ways in which this could be achieved include:

- **Introducing new providers:** During the review education providers in Wales that did not currently run HEIW commissioned programmes commented that they were considering the possibility of doing so, in particular in the areas of Wales where there was limited provision currently.
- **Existing providers increasing access to programmes:** Some education providers recognise the need to incorporate more geographical flexibility in their programmes and are doing this through:

²¹ Rural Health and Care Wales. Research project on the education, training and continuous professional development of health and social care professionals in rural areas. <https://ruralhealthandcare.wales/research-academic-contribution/research-projects/>. Accessed August 2018.

²² Wales Audit Office. Expenditure on agency staff by NHS Wales. 2019. https://www.audit.wales/sites/default/files/press_releases/expenditure-on-agency-staff-by-nhs-2019-eng-online.pdf. Accessed: August 2019.

- **Satellite campuses** that are set up in multiple locations to allow students to be educated closer to their home or their placement setting.
- **Distance learning** being an increased element of their programmes, incorporating digital learning within their programmes to reduce the impact on students who are based far from the main university location.

Recommendation 10: HEIW to consider a regional approach to commissioning to ensure that all regions of Wales have available education provision, for those programmes where the numbers commissioned are feasible and are reflective of the need in that region. HEIW should allow potential new and existing providers to demonstrate how their proposed programmes meet the regional demand for future healthcare professionals.

Figures 6 and 7 also show those HEIW commissioned programmes which are delivered by a single university in Wales. This provides risks if the provider decides to discontinue the programme in particular for those programmes with a high number of applications per place and number of students. It also requires the provider to take an all Wales approach to provide the health and care professionals required across Wales. This is managed in part through the placement learning allocation process but there still remains the need for students to attend the academic elements of the programme in a specific location.

Figure 8 shows further information on the undergraduate single programmes available in Wales, such as student number and application ratios. Stakeholders voiced some concern that there were only single programmes available for Speech and Language Therapy, Dietetics and Podiatry programmes in particular. However, the number of student places is relatively low at 53 for Podiatry and 102 for Speech and Language Therapy. For these programmes the applications per place is also low, with 2-4 applications per place.

Figure 8: Further information on single programmes commissioned in Wales

| Commissioned Programme | Applications per place (2017/18) | Number of students (2017/18) | Attrition rate (2017/18) |
|-------------------------------------|----------------------------------|------------------------------|--------------------------|
| BSc Podiatry | 2.1 | 53 | 5.5% |
| BSc Dietetics | 4.4 | 87 | 5.0% |
| BSc Therapeutic Radiography | 6.4 | 144* | 14.9% ^(a) |
| BSc Operational Department Practice | 3.1 | 11 | 12.3% |
| BSc Physiotherapy | 6.9 | 374 | 5.1% |
| BSc Speech & Language Therapy | Information not available | 102 | 14.3% |

Note: (a) Data also includes BSc Diagnostic Radiography information.

From the engagement there is an understanding that universities in Wales are considering the possibility of adding additional programmes to their portfolio in the future and in particular reference to the following undergraduate programmes were made:

- Nursing
- Physiotherapy
- Occupational therapy
- Speech & Language Therapy
- Dietetics
- Radiography.

Recommendation 11: HEIW to consider the feasibility of commissioning additional providers for the programmes that currently have a single provider in Wales.

Recommendation 12: HEIW to consider requiring those education providers who are sole providers of a programme in Wales to demonstrate how their

programmes supply sufficient numbers of qualified professionals to service demand within the whole of Wales.

4.2.2 Flexible education programmes

There are part-time and shortened programmes commissioned by HEIW, in particular for nursing and post-graduate programmes. Previous reviews and strategies have outlined the need for more flexible approaches to education, such as the Review of Higher Education Funding and Student Finance Arrangement in Wales (Diamond) and the draft 'Workforce Strategy for Health and Social Care'.

There was wide stakeholder support for increased flexibility for education programmes, in particular the use of part time programmes, apprenticeships and module based education. Stakeholders felt that providing education opportunities through part time programmes for those already working in healthcare, e.g. Healthcare Support Workers, should be enhanced. This allows those that are already experienced in working in healthcare to upskill and develop their education as well as potentially addressing the regional shortage of roles by educating those based locally. This would require the education to be delivered relatively local or through distance learning.

The part time programmes already available in Wales are also being utilised alongside the Health Care Apprenticeship programme in Wales that include a Foundation Apprenticeship in Health Care Support Services (Level 2), progressing to an Apprenticeship in Clinical Health Care Support (Level 3) before embarking on a part-time university education programme. Another example of a possible introduction to a nursing career is the RCN Prince of Wales Nursing Cadet Scheme which is currently being piloted, whereby cadets are supported to be educated in health and care that can result in them working as a Healthcare Support Worker and support them towards employment in nursing.

The students spoken to also welcome increased flexibility and some of those that were currently studying nursing, but previously had been Healthcare Support Workers, would have considered a part time programme instead if it had been available to them.

A key consideration for part time programmes is the impact on the healthcare service and the employer whilst the student/employee is being educated, which will require role cover and funding.

Recommendation 13: HEIW to consider increasing the availability of part time and shortened programmes across Wales and increase the number of commissioned places on these programmes, in line with regional workforce plans and availability of part time students.

Recommendation 14: HEIW, Health Boards, Trusts and the Welsh Government to consider developing a standard and equitable approach for the funding arrangements for all healthcare part time programmes, including 'back fill' cover costs.

Recommendation 15: HEIW and Welsh Government to consider the increased use of apprenticeships in health and care professions if it meets the 'Workforce Strategy for Health and Social Care'.

Another element of flexibility that stakeholders commented on was the opportunity to provide 'stepping off' points within programmes, with two main points being raised. Firstly, the need for more flexibility for students to take breaks and re-join programmes, rather than the current situation which is based on the rigidity of the academic year. Secondly, for those students that do not complete the programme that there are relevant and adequate exit award qualifications provided to allow students that do not complete the programme to be able to practice in some capacity or allow transfer to another programme of education. An example provided was the new Paramedicine degree where there will be suitable 'stepping off' points to allow students to leave the programme and take on another role such as a Technician position.

There was also support for combination degrees to be developed, where an education programme could be designed in a way to allow those that qualify to potentially lead to registration in two professions e.g. social care and nursing.

Recommendation 16: HEIW to consider requiring increased flexibility to be incorporated in the programmes commissioned, such as exit award qualifications, potential

combined programmes or other approaches education providers may be open to develop, to allow for flexible career pathways to be developed. This should be considered with the requirements for 'A Healthier Wales' and the 'Workforce Strategy for Health and Social Care'.

4.2.3 Types of commissioned education programmes

There was stakeholder support for the programmes currently commissioned and there were no programmes identified that are currently commissioned which were felt by stakeholders to be no longer needed or relevant. However, there was a view that HEIW should, through the education commissioning process and in line with 'A Healthier Wales' and the 'Workforce Strategy for Health and Social Care', be considering the whole career pathway of healthcare professionals and therefore spanning pre-undergraduate education, through undergraduate, post registration training and continued professional development. HEIW already do this to a certain extent through commissioning pre and post registration programmes for some professions, however, the areas specifically identified where HEIW could increase their involvement through commissioning include:

- Healthcare Support Worker education and training.
- Clinical academics and increased specialist practice qualifications.
- Four year Masters programmes, in particular for nursing, occupational therapy and diagnostic radiotherapy.

In particular, stakeholders felt that there could be a more structured and focussed approach on the commissioning and delivery of post registration programmes to allow further development of the existing workforce and support career pathways and established career frameworks.

Some universities have reviewed their portfolio of healthcare commissioned programmes to determine the viability of continuing to provide certain programmes. This includes consideration of the cost of running particular programmes compared to the funding received for them, which may impact what programmes universities deliver in the future. Other universities are keen to expand their portfolio of healthcare programmes to incorporate more students on programmes and also to add new healthcare programmes to their portfolio, as outlined in section 4.2.1.

HEIW commissions a number of student places on programmes delivered by universities outside Wales. Some are for one or two student places per programme, however for the programmes where there are larger numbers of student places commissioned, there may be the potential to explore whether the programme can be delivered in Wales.

Recommendation 17: HEIW to consider its role across the whole career pathway of healthcare professionals by commissioning a broad range of pre and post registration programmes across professionals' careers and with a mix of qualification levels, to meet future workforce demands. HEIW should work with Health Boards, Trusts, Welsh Government and education providers in planning the education needs to support healthcare professional career pathways and frameworks.

Recommendation 18: HEIW to continue to assess and consider, in partnership with education providers, the potential and appetite for education providers to provide additional healthcare programmes.

4.2.4 Multiple intakes

Representatives from Health Boards and Trusts felt that there should be multiple intakes across the academic year, especially for programmes that have a high number of graduates that enter the profession, such as nursing. This would provide a spread of newly qualified and registered professionals into the health service across the year. This would allow the health service to better manage and support the new professionals by providing less of a peak in demand at one point in the year. However, some education providers and students that were spoken to felt that recruiting to the non-September intake group was difficult and that students in the non-September intake tend to be a smaller cohort, providing less of a 'typical' student experience and resulting in higher attrition in some cases.

This is an example of a specific area that would benefit from more collaborative and partnership working between the education provider, health service and HEIW to deliver programmes that meet the need of the health service. In particular to identify if there are other programmes that would benefit from multiple intakes, as this was unclear from the work we undertook.

Recommendation 19: HEIW to consider continuing to require multiple intakes for the programmes providing them and to consider whether multiple intakes for other programmes would be beneficial.

4.3 Inter-professional education

The Centre for the Advancement of Interprofessional Education defines inter-professional education as “occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care”²³

Through the review it was noted that there are varied approaches to inter-professional education being delivered in education programmes and that this is taking place at different levels. Some education providers have core academic modules that apply across different education programmes and involve different professionals learning together. There is also inter-professional education provided during the practice learning element of the programmes, where students of different professions will learn together in the practice setting, however we found that universities had different levels of oversight and management of the practice learning setting, to ensure that this happened.

It was identified that those education providers that were running multiple healthcare education programmes provided a greater amount of inter-professional education due to having the opportunity to do this across multiple programmes in the same university college or school. Even though this happened within established university colleges or schools we found that there was limited inter-professional education between colleges or schools of the same university and even less between universities themselves. Some stakeholders were of the view that there still remains a silo approach to healthcare professional education which impacts the level of inter-professional education provided. This needs to be addressed to be able to deliver on the aims of a multi-professional workforce across health and social care and requires intra and inter collaboration of education providers.

To facilitate inter-professional education, stakeholders felt it was important to ensure that the right learner groups were together and at the same education level for the education content being delivered. Some education providers had received negative feedback from students on inter-professional modules and had discontinued them as a result. This should not be a reason to not provide inter-professional education but instead redevelop and refine the approach that draws on the specific common learning outcomes set out for education curricula across curriculums and expand on these to show how inter-professional education can further enhance the required learning outcomes.

Suggestions were made that the whole first year of some healthcare programmes could be delivered across different professional groups, whereas others were more conservative and felt that possibly this could cover a module or two at most. Areas of commonality across healthcare education programmes that could allow for inter-professional education include understanding the health and care system, leadership, management, health literacy and quality improvement.

Some stakeholders questioned whether the regulatory system for the education programmes, due to different regulators being responsible for the approval and quality assurance of different professional programmes, would allow for inter-professional education to be increased. However, on review of current regulatory standards and requirements, it was found that the professional regulators have in fact increased the requirements and emphasised the importance of inter-professional education by requiring knowledge and experience of interdisciplinary team working and a broader spectrum of placements.

²³ The Centre for the Advancement of Interprofessional Education. <https://www.caipe.org/about-us> Accessed: August 2019.

Overall, there is a consistent view that more can be done in providing inter-professional education to healthcare students, in particular to be able to meet the aims of 'A Healthier Wales' to expand generalist skills and provide a seamless close professional integration of services. In addition, the draft 'Workforce Strategy for Health and Social Care' proposes specifying core or common educational requirements and inter-professional learning opportunities to promote multi-disciplinary and multi-agency learning opportunities.

In order to achieve these aims, consideration needs to be given to new innovative approaches to inter-professional learning to be able to achieve robust and effective multidisciplinary education and service. This will require more than continuing to provide an increased amount of what is currently being done by some education providers and would benefit from collaboration between education providers.

Recommendation 20: HEIW to consider taking a lead role, in partnership with education providers, Health Boards and Trusts, to establish an enhanced approach to inter-professional education which facilitates the delivery of the generalist skills and core common education requirements across professions. HEIW should consider requiring education providers to deliver a minimum amount or standard of inter-professional activity as a part of the commissioned programme and encourage education providers to innovate and develop this further.

4.4 Welsh language provision

In this section the Welsh language provision of commissioned education programmes is considered, the demand for Welsh language programmes and the future impact.

The Welsh Government has a vision that by 2050 there will be a million Welsh speakers in Wales and to increase the percentage who speak Welsh daily to 20 per cent. This includes increasing the number of Welsh speakers in post-compulsory education, the education workforce and increasing the use of Welsh in the workplace and in delivering services²⁴. The Employers Skills Survey²⁵ (2017) found that in Wales, around one in five skills gaps involved a need to improve written Welsh language skills (22 per cent) and oral Welsh language skills (20 per cent).

The 'Mwy na geiriau' or 'More than just words' follow-on strategic framework²⁶ aims to maintain momentum of the original framework and support a greater level of recognition among service providers that the use of the Welsh language is not just a matter of choice but also a matter of need. Its aims are to strengthen Welsh language provision in health, social services and social care as many people can only communicate and participate in their care as equal partners effectively through the medium of Welsh. This is especially true for the elderly, people with dementia or a stroke, or young children who may only speak Welsh. The 'Active Offer' presented means providing a service in Welsh without someone having to ask for it.

During the review consideration was given to the current Welsh language content of the education programmes commissioned by HEIW. Views were sought from stakeholders about the availability of Welsh language content and support on programmes, as well as the demand from students to study in Welsh and from patients and people to be treated and cared for through the Welsh language.

Most of the education providers offer some level of Welsh language content on their programmes and support for those wishing to be educated in Welsh is available to differing degrees through Welsh language lectures, placements, tutors and submitting assignments in Welsh. Some universities provide bilingual programmes and many spoke of aims to move to providing bilingual programmes and becoming a bilingual college or school. This is being promoted through including Welsh language skills in the recruitment and selection process, holding interviews in the Welsh language and promoting Welsh language programmes at Schools.

²⁴ Welsh Government. Cymraeg 2050: A million Welsh speakers. 2017. <https://gweddi.gov.wales/docs/dcells/publications/170711-welsh-language-strategy-eng.pdf>. Accessed: August 2019.

²⁵ Department for Education. Employers Skills Survey 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733509/Employer_Skills_Survey-report.pdf. Accessed: August 2019.

²⁶ Welsh Government. Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care. 2016. <https://gweddi.gov.wales/docs/dhss/publications/160317morethanjustwordsen.pdf>. Accessed: August 2019.

Universities have to comply with the Welsh language standards that require them to support Welsh delivery for services, policy making, operational delivery and record keeping. There are specific standards that relate to programme content and support for students through the Welsh language, where education providers are required to:

- Inform their students that any written work submitted as part of an assessment or examination may be submitted in Welsh, and will be treated no less favourably;
- Allocate a Welsh speaking personal tutor to a student if the student wishes to have one;
- Assess and publish the need for a public learning opportunity to be offered in Welsh;
- Consider what effects, if any (and whether positive or negative), that a new or revised course (or any component of the course) would have on opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language;
- Assess the Welsh language skills of their employees.

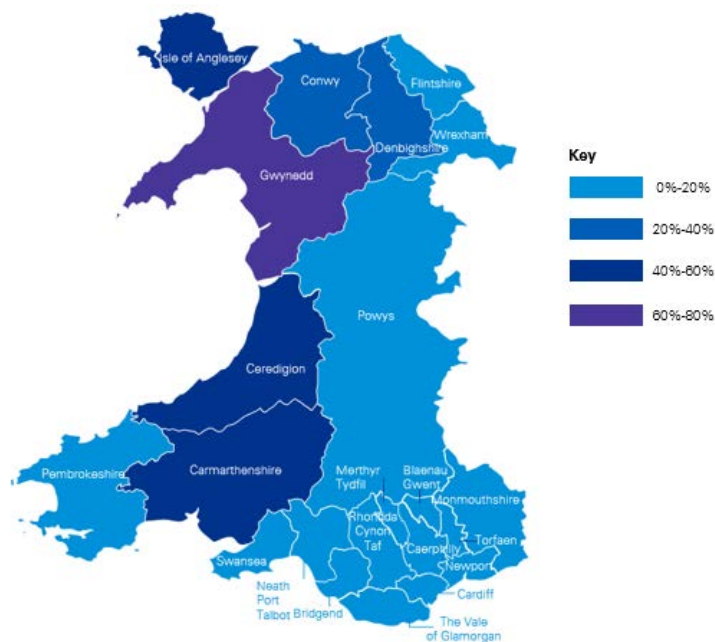
Education providers are supported by Y Coleg Cymraeg Cenedlaethol to develop Welsh language provision for their programmes such as providing initial funding for Welsh language lecturers, ongoing subject grants and providing scholarships to those studying in Welsh. Some of the commissioned education providers are a recipient of this funding. Rather than developing education programmes solely in the Welsh language, the aims are to develop bilingual programmes and the level of Welsh language content available on these programmes is measured at a 40 credit (1/3) or 80 credit (2/3) per year level. The additional support provided to develop Welsh language content and support for programmes is welcomed by education providers due to the increased cost implications for programme delivery.

Even though we heard limited demand to study healthcare professional programmes solely in the Welsh language, there is a demand for those studying to be able to learn elements of the programme through the Welsh language or develop Welsh language skills whilst on the programme. Good work is being done currently to allow for this but we are of the view that more can be done to increase the amount of Welsh language component on programmes to meet the needs of students to study through the Welsh language and increase the Welsh language skills of the future healthcare professional workforce. Given the differences across Wales in the proportion of the population that speak Welsh (see Figure 9), there needs to be better data collection and analysis of the Welsh speaking population that use healthcare services and wish to be treated through the Welsh language, as well as the existing Welsh language skills of the healthcare workforce.

Now that the Welsh language standards are in place we expect that the availability of information related to the scale of the Welsh language health care workforce will improve. In particular the specific standards that require Health Boards and Trusts to:

- Assess the Welsh language skills of their employees and keep a record of the number of employees with Welsh language skills at the end of each financial year along with the skill level of those employees.
- Assess the need for Welsh language skills in new or vacant posts, and categorise it as a post where one or more of the following apply – (a) Welsh language skills are essential; (b) Welsh language skills need to be learnt when appointed to the post; (c) Welsh language skills are desirable; or (ch) Welsh language skills are not necessary.
- Publish a plan for each 5 year period setting out – (a) the extent to which they are able to offer to carry out a clinical consultation in Welsh; (b) the actions to take to increase ability to offer to carry out a clinical consultation in Welsh; (c) a timetable for the actions.
- Provide opportunities during work hours for employees to receive basic Welsh language lessons and provide opportunities for those that have completed basic training to receive further training to develop their language skills.
- Provide training courses so that employees can develop - (a) awareness of the Welsh language (including awareness of its history and its role in Welsh culture); (b) an understanding of the duty to operate in accordance with the Welsh language standards; and (c) an understanding of how the Welsh language can be used in the workplace.

Figure 9: Percentage of people speaking Welsh from the 2011 census²⁷



Information that will be developed by Health Boards and Trusts through compliance with these and wider standards could inform the demand level and need for qualified students that have the necessary Welsh language skills. Therefore, workforce plans could include the required need for Welsh language professionals to deliver the services needed in a region and the education commissioning process could respond to this by providing the future workforce with the required Welsh language skills.

Recommendation 21: HEIW, Health Boards and Trusts to consider incorporating the Welsh language skills required from the workforce in their workforce plans.

Recommendation 22: HEIW to consider Welsh language provision as a part of its commissioning approach, possibly setting requirements or targets for the proportion of students that qualify from commissioned programmes that have a defined level of Welsh language skill. HEIW could monitor this and adjust the requirement or target based on information that becomes available from Health Boards and Trusts about the number of Welsh speaking professionals the service requires.

²⁷ Stats Wales. Welsh speakers by local authority, 2011 census. <https://statswales.gov.wales/Catalogue/Welsh-Language/Census-Welsh-Language/welshspeakers-by-localauthority-gender-detailedagegroups-2011census>. Accessed: August 2019.

5 Conclusions

Overall, the review found that stakeholders are generally content with the quality of current healthcare education provision in Wales and that those being educated and entering the profession have the required skills and knowledge. There are considerable changes and developments in the health and education sectors in Wales, with multiple strategies and initiatives aimed at developing the way health and care services are delivered and the workforce required to support this. The recommendations are aimed at further developing health professional education to meet the service needs.

5.1 Role of HEIW

HEIW has an opportunity to further shape and lead key areas in the education of health professionals and ultimately the future healthcare workforce and deliver against their strategic aims. Greater clarity for all stakeholders on the role of HEIW would help ensure that HEIW can take a strategic role in health education provision in Wales. Areas identified where HEIW can take such a role include:

- **Collaboration and partnership working between Health Boards, Trusts and education providers:** Collaboration between the health service and education providers occurs routinely for healthcare professional programmes due to the balance of academic and practice learning delivered. However, given the expected change in service provision, there needs to be strategic and informed collaboration so that views about what is needed from the workforce in the future, such as new roles, skillsets and knowledge, inform curricula development and delivery. HEIW is in a position to be able to coordinate and increase this collaboration on a local, regional and national basis to ensure alignment between service needs and education provision.
- **Workforce planning:** There needs to be a new longer term strategic workforce planning approach, in partnership with Health Boards, Trusts and education providers to provide a clear plan that aligns with strategic initiatives for healthcare workforce and individual professions. This could consider the workforce requirements across all roles and professions in the health service and align with the education needs to support healthcare career pathways and frameworks.

5.2 Access to education

There are opportunities through the commissioning approach to further enhance access to education programmes, these include:

- **Flexible education delivery:** The review found that education providers are incorporating more flexible approaches to their programmes such as part time programmes and flexible learning approaches. However this is an area where more can be done and which students and healthcare service providers are seeking. There are opportunities to increase part time programmes for those already working in healthcare roles, but there is a need to carefully consider the financial impact of such programmes.
- **Regional education provision:** Considering the spread of education provision across Wales and how access to programmes can be increased through distance learning, satellite sites and new providers to meet a wider set of students and also meet the required workforce demands.
- **Additional providers and programmes:** The review highlighted there are potential new education providers in Wales and existing providers which are keen to expand their portfolio or increase their provision.

5.3 Education programmes

There are specific education areas that are of key strategic importance for the future of healthcare education in Wales. In order to advance and develop these, HEIW could proactively set specific requirements such as:

- **Practice learning:** The aim for placement learning to provide a much broader range of experience in the future, incorporating primary and community sectors as well as independent providers, requires a new approach. This needs to consider the incentives for organisations to provide placements, consistency in approach across placement providers from different sectors and providing the right level of supervision of students.
- **IPE:** More can be done in providing inter-professional education to healthcare students, in particular to be able to meet the aims of 'A Healthier Wales' to expand generalist skills and provide a seamless close professional integration of services. In addition, the draft 'Workforce Strategy for Health and Social Care' proposes specifying core or common educational requirements and inter-professional learning opportunities to promote multi-disciplinary and multi-agency learning opportunities.
- **Welsh language provision:** There is a need to incorporate the Welsh language skills required for the health and care workforce across Wales within future workforce plans. This in turn could inform the education commissioning approach to capitalise on the increasing Welsh language component of programmes provided by education providers.

The findings and recommendations made in this review should help to ensure that HEIW develops and clarifies its role in shaping the future healthcare workforce. HEIW has an opportunity to do this through the commissioning of education programmes and developing the collaborative relationship between education providers and healthcare providers. HEIW's upcoming procurement exercise provides an ideal opportunity to put this into action and secure the education programmes required. To ensure sustained and appropriate healthcare education there is an opportunity for HEIW to commission in a flexible and collaborative way given the expected developments and changes in the healthcare workforce in the future, as the 'Workforce Strategy for Health and Social Care' is finalised and delivered.

Appendix 1 Stakeholders engaged

| Education providers | | |
|-----------------------------------|--------------------|--|
| Stakeholder organisation | Stakeholder name | Stakeholder role |
| — Cardiff University | — Carolyn Donoghue | — Registrar |
| — Cardiff University | — John Fox | — Clinical Director |
| — Cardiff University | — Reg Morris | — Clinical Psychology Course Director |
| — Cardiff University | — Petroc Sumner | — Head of Psychology |
| — Cardiff University | — Alastair Sloan | — Head of School of Dentistry |
| — Cardiff University | — David Whitaker | — Head of School Healthcare Sciences |
| — Cardiff University | — Sarah Woolley | — School Manager |
| — Swansea University | — Ceri Phillips | — Dean |
| — Swansea University | — Wyn Harris | — Programme Director |
| — Swansea University | — Julia Terry | — Associate Professor |
| — University of South Wales | — Martin Steggall | — Pro Vice Chancellor Research |
| — University of South Wales | — Linda Evans | — Dean |
| — University of South Wales | — Nicky Genders | — Head of School |
| — University of South Wales | — Mal Scofield | — Head of Administration |
| — University of South Wales | — Rachel Singleton | — Faculty Strategic Operations Manager |
| — Bangor University | — Rob Jones | — Clinical Psychology Programme Director |
| — Bangor University | — Chris Burton | — Head of School of Health Sciences |
| — Bangor University | — Huw Roberts | — Deputy College Manager for Physician Associates |
| — Cardiff Metropolitan University | — Leigh Robinson | — Dean/Director of Teaching |
| — Cardiff Metropolitan University | — Ian Mathieson | — Learning Deputy Dean of School |
| — Wrexham Glyndŵr University | — Simon Stewart | — Dean |
| — Wrexham Glyndŵr University | — Helen Carey | — Professional Lead in Occupational Therapy |
| — Open University | — Sally Boyle | — Head of School, Faculty of Wellbeing, Education & Language Studies |
| — Open University | — Judith Davies | — Head of School of Health, Wellbeing and Social Care |
| — Open University | — Jan Webb | — Associate Head of School, Professional Programmes |
| — Open University | — Linda Walker | — Associate Lecturer |

| Education providers | | |
|---|----------------------|---|
| Stakeholder organisation | Stakeholder name | Stakeholder role |
| — Open University | — Julie Messenger | — Professional Lead for Nursing |
| — Open University | — Majella Kavanagh | — Staff Tutor for Nursing in Wales |
| — Open University | — Sheila Hunt | — Consultant |
| — University of Wales Trinity Saint David | — Roger Maidment | — Dean, Faculty of Business and Management |
| — University of Wales Trinity Saint David | — Tania Davies | — Health Portfolio Programme Director |
| — Aberystwyth University | — Elizabeth Treasure | — Vice-Chancellor |
| — Aberystwyth University | — Neil Glasser | — Faculty Pro Vice-Chancellor for Earth and Life Sciences |
| — Aberystwyth University | — Debbie Pryor | — Senior Projects Officer |
| — Y Coleg Cymraeg Cenedlaethol | — Dafydd Trystan | — Registrar and Senior Academic Manager |

| Health Boards and Trusts | | |
|---|---------------------|--|
| Stakeholder organisation | Stakeholder name | Stakeholder role |
| — Aneurin Bevan University Health Board | — Sue Ball | — Assistant Director, Workforce & Organisational Development |
| — Aneurin Bevan University Health Board | — Kathryn Walters | — Joint Head of Psychology, Counselling and Arts Therapies |
| — Aneurin Bevan University Health Board | — Adrian Neal | — Head of Employee Wellbeing |
| — Aneurin Bevan University Health Board | — Rowena White | — Principal Pharmacist |
| — Aneurin Bevan University Health Board | — Jacqui Thornton | — Professional Development Lead |
| — Aneurin Bevan University Health Board | — Carolyn Middleton | — Associate Director of Nursing |
| — Cardiff and Vale Health University Health Board | — Fiona Jenkins | — Executive Director for Therapies and Health Science |
| — Cardiff and Vale Health University Health Board | — Kay Jeynes | — Director of Nursing for Primary and Intermediate Care |
| — Cardiff and Vale Health University Health Board | — Jayne Tottle | — Director of Nursing |
| — Cardiff and Vale Health University Health Board | — Darrell Baker | — Director of Pharmacy and Medicines Management |

| Health Boards and Trusts | | |
|--|--------------------|--|
| Stakeholder organisation | Stakeholder name | Stakeholder role |
| — Cardiff and Vale Health — University Health Board | — Julie Cassley | — Deputy Director of Workforce & Organisation Development |
| — Cardiff and Vale Health — University Health Board | — Colin Gibson | — Head of Rehabilitation Engineering |
| — Cardiff and Vale Health — University Health Board | — Matthew King | — Head of Podiatry Services |
| — Cardiff and Vale Health — University Health Board | — Ceri Butler | — Head of Learning Education and Development |
| — Cardiff and Vale Health — University Health Board | — Susan Dinsdale | — Senior Nurse Community Child Health |
| — Cardiff and Vale Health — University Health Board | — Natalie Prosser | — Practice Development Nurse |
| — Cardiff and Vale Health — University Health Board | — Lisa Franklin | — LED Facilitator for Coaching, Communication, and Clinical Skills |
| — Cardiff and Vale Health — University Health Board | — Lesly Harris | — Podiatry |
| — Cardiff and Vale Health — University Health Board | — Robert Kidd | — Consultant Psychologist |
| — Cwm Taf Morgannwg University Health Board | — Janet Gilberston | — Interim AD of Organisational Development |
| — Cwm Taf Morgannwg University Health Board | — Gaynor Thomas | — GP |
| — Cwm Taf Morgannwg University Health Board | — Angela Bell | — Consultant/Therapies |
| — Cwm Taf Morgannwg University Health Board | — Denise Jenkins | — Head of Podiatry and Orthotics |
| — Cwm Taf Morgannwg University Health Board | — Julie Davies | — Education and Training Lead Pharmacist |
| — Cwm Taf Morgannwg University Health Board | — Greg McKenzie | — Senior Nurse Education, Research and Development |
| — Powys Teaching Health Board | — Katelyn Falvey | — Head of Clinical Education |
| — Hywel Dda University Health Board | — William Oliver | — Assistant Director, Therapies and Health Science |
| — Hywel Dda University Health Board | — Sally Hore | — Senior Nurse Education and Training |
| — Hywel Dda University Health Board | — Julia Chambers | — Primary Care Manager |
| — Swansea Bay University Health Board | — Alison Clarke | — Assistant Director of Therapies and Health Science |

| Health Boards and Trusts | | |
|---|---------------------|---|
| Stakeholder organisation | Stakeholder name | Stakeholder role |
| — Swansea Bay University Health Board | — Lynn Jones | — Head of Nurse Education |
| — Swansea Bay University Health Board | — Joanne Wood | — Senior HRM – Workforce Planning |
| — Swansea Bay University Health Board | — Emily Davies | — Senior Nurse for Sustainability |
| — Swansea Bay University Health Board | — Helen Carter | — Professional Development Nurse |
| — Betsi Cadwaladr University Health Board | — Adrian Thomas | — Executive Director of Therapies & Health Sciences |
| — Betsi Cadwaladr University Health Board | — Naomi Holder | — Director of Nursing |
| — Betsi Cadwaladr University Health Board | — Lawrence Osgood | — Associate Director of Workforce Performance and Improvement |
| — Betsi Cadwaladr University Health Board | — Nia Thomas | — Head of Organisational and Leadership Development |
| — Betsi Cadwaladr University Health Board | — Dawn Henderson | — Clinical Psychologist |
| — Velindre NHS Trust | — Tracey Rees | — Head of Welsh Transplantation and Immunogenetics |
| — Velindre NHS Trust | — Diana Osman | — Pharmacist |
| — Velindre NHS Trust | — Hannah Russon | — Clinical Nurse Educator |
| — Welsh Ambulance Services NHS Trust | — Andrew Challenger | — Assistant Director, Professional Education and Training |
| — Welsh Ambulance Services NHS Trust | — Andy Swinburn | — Assistant Director of Paramedicine |
| — Welsh Ambulance Services NHS Trust | — Wendy Herbert | — Assistant Director of Quality and Nursing |
| — Public Health Wales | — Zoe Wallace | — Director of Primary Care |
| — Public Health Wales | — Angela Short | — Principal Public Health Practitioner |
| — Public Health Wales | — Philippa Basset | — Education and Training Manager |

| Government organisations | | |
|---------------------------------|--------------------------|--|
| Stakeholder organisation | Stakeholder name | Stakeholder role |
| — Welsh Government | — Jean White | — Chief Nursing Officer |
| — Welsh Government | — Ruth Crowder | — Chief Therapies Adviser |
| — Welsh Government | — David O’Sullivan | — Chief Optometric Adviser |
| — Welsh Government | — Rob Orford | — Chief Scientific Adviser |
| — Welsh Government | — Andrew Evans | — Chief Pharmaceutical Officer |
| — Welsh Government | — Lisa Howells | — Deputy Dental Officer |
| — Welsh Government | — Helen Arthur | — Director of Workforce and Organisational Development |
| — Welsh Government | — Sarah O’Sullivan-Adams | — Head of Ophthalmic and Audiology Policy |
| — Welsh Government | — Gillian Knight | — Nursing Officer |
| — Welsh Language Commissioner | — Aled Roberts | — Welsh Language Commissioner |
| — Welsh Language Commissioner | — Lowri Williams | — Senior Advice and Communications Officer |
| — Social Care Wales | — Sue Evans | — Chief Executive |
| — Healthcare Inspectorate Wales | — Kathryn Chamberlain | — Chief Executive |

| Professional bodies and trade unions | | |
|--|--------------------|--|
| Stakeholder organisation | Stakeholder name | Stakeholder role |
| — Council of Deans of Health | — Katerina Kolyva | — Executive Director |
| — Council of Deans of Health | — Ceri Phillips | — Chair of Council of Deans for Health Wales |
| — Care Forum Wales | — Melanie Minty | — Policy Officer |
| — Royal College of Nursing | — Helen Whyley | — Director |
| — Royal College of Nursing | — Diane Powles | — Education and Lifelong Advisor |
| — Royal College of Nursing | — Nicola Davis Job | — Acute Care & Leadership Adviser |
| — Royal College of Nursing | — Lisa Turnbull | — Policy & Public Affairs Adviser |
| — Royal College of Midwifery | — Helen Rogers | — Director for Wales |
| — Royal College of Midwifery | — Angharad Oyler | — Operational Lead Midwife |
| — British Dietetics Association | — Sandra Tyrell | — Policy Officer |
| — Royal College of Occupational Therapists | — David Davies | — Clinical Lecturer |

| Professional bodies and trade unions | | |
|---|----------------------|--|
| Stakeholder organisation | Stakeholder name | Stakeholder role |
| — Royal College of Speech and Language Therapists | — Alison Stroud | — Wales Country Policy Officer |
| — Society and College of Radiographers | — Kevin Tucker | — National Officer for Wales |
| — Chartered Society of Physiotherapy | — Shan Aguilar-Stone | — Professional Adviser Workforce |
| — Chartered Society of Physiotherapy | — Philippa Ford | — Policy Officer |
| — College of Podiatry | — James Coughtrey | — Head of Education & Professional Development |
| — College of Podiatry | — Ross Barrow | — Policy and Public Affairs Officer |
| — Unison | — Daron Dupre | — Regional Organiser |
| — Unison | — Paul Summers | — Regional Manager, Head of Health |

| Students | | |
|--|---------------------|---|
| Stakeholder organisation | Stakeholder name | Stakeholder role |
| — Bangor University | — Amy Hughes | — Adult Nursing student |
| — Bangor University | — Jennifer Kerins | — Adult Nursing student |
| — Bangor University | — Jessica Poultney | — Postgraduate diploma, Adult Nursing student |
| — Bangor University | — Katie May Davies | — Adult Nursing student |
| — Bangor University | — Rebecca Humphreys | — Adult Nursing student |
| — Bangor University | — Shumail Khan | — Postgraduate Diploma Adult Nursing student |
| — Bangor University | — Kate Young | — Learning Disabilities student |
| — Cardiff University | — Codie Illidge | — Masters Occupational Therapy student |
| — Cardiff University | — Nick Albert | — Occupational Therapy student |
| — Cardiff University | — Pamela Ncube | — Adult Nursing student |
| — Cardiff Metropolitan University | — Clara O'Beirne | — Human Nutrition and Dietetics student |
| — Wrexham Glyndŵr University | — Lucy Jones | — Occupational Therapy student |
| — Wales Centre for Pharmacy Professional Education | — Nicole Newton | — Pharmacy Technician student |
| — Kings College | — Philani Dube | — STP, Clinical Engineering student |
| — University of South Wales | — Sam Lynch | — Mental Health Nursing student |

Appendix 2 Documents reviewed

| Documents |
|---|
| HEIW Education and Training Plan for 2019/20 |
| HEIW Summary Annual Plan for 2019/20 |
| NHS Wales Education Commissioning and Training Plan for 2019/20 |
| University of South Wales performance report (September 2018) |
| Swansea University performance report (September 2018) |
| Wrexham Glyndwr University performance report (September 2018) |
| Cardiff University performance report (September 2018) |
| Cardiff Metropolitan University performance report (September 2018) |
| Bangor University performance report (September 2018) |
| Post graduate provision commissioned by HEIW |
| University of South Wales performance report (September 2018) |
| HEIW Student questionnaire results (April 2018) |
| HEIW Student questionnaire results (January 2018) |
| HEIW Student questionnaire results (July 2018) |
| HEIW Student questionnaire results (October 2018) |
| Bangor University annual quality report (2017) |
| Cardiff Metropolitan University annual quality report (2017) |
| Cardiff University annual quality report (2017) |
| Wrexham Glyndwr University annual quality report (2017) |
| Swansea University annual quality report (2017) |
| University of South Wales annual quality report (2017) |
| Annual quality summary review (2018) |
| Overview of the Welsh language standards |
| Student destination data (2016-2019) |
| Review of Welsh higher education institutions utilisation of fitness for practice funds |
| Review of Non-Medical healthcare education provision in Wales |
| Models of health education delivery in New Zealand |
| HEIW response to health, social care and sport committee enquiry into community and district nursing services (February 2019) |
| HEIW advice on future arrangements for student support of healthcare students in Wales |
| Pharmacy undergraduate and pre foundation programme work stream Terms of Reference |

| Documents |
|---|
| Pharmacy Technician work stream Terms of Reference |
| HEIW Pharmacy Workforce Group Terms of Reference |
| HEIW Pharmacy Advisory Board Terms of Reference |
| Pharmacy Foundation programme work stream Terms of Reference |
| Pharmacy Advanced Practice work stream Terms of Reference |
| HEIW Pharmacy now and the future presentation |
| Update on Investment in transformation of Pre-registration Pharmacist training for 2020 intake (2019 recruitment) |
| Chief Pharmacist Peer Group legacy issues document |
| Links to health and care regulator websites |
| Post Registration Career Framework for Nurses in Wales |
| Aligning nursing skills – Guidelines an all Wales governance framework (2014) |
| Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales |
| Developing Excellence in Healthcare: An NHS Wales skills and career framework for Healthcare Support Workers supporting Nursing and the Allied Health Professions |
| Website address for RCBC Wales |
| Website address for Research Studies in Wales |
| Hard documents/leaflets provided by Y Coleg Cymraeg Cenedlaethol |
| Website address for Bangor University Clinical Psychology programme |
| Proposed Service user engagement questions for WEDS quality framework |
| Involvement activities and reimbursement descriptors for service users and carers |
| Process of service user involvement smart art (April 2019) |
| Swansea University College of Human and Health services volunteer handbook |
| A distinctive university with a distinctive health and wellbeing portfolio (University of Wales Trinity Saint David) |
| The Parliamentary Review on Health and Social Care, A Revolution from Within: Transforming Health and Care in Wales |
| The Review of Higher Education Funding and Student Finance Arrangements in Wales |
| A Healthier Wales: Our Plan for Health and Social Care |
| Independent panel report to the Review of Post-18 Education and Funding |
| The Topol Review, Preparing the healthcare workforce to deliver the digital future |
| Interim NHS People Plan |
| The NHS Long Term Plan |
| A Healthier Wales - A Workforce Strategy for Health and Social Care consultation |

| Documents |
|--|
| Understanding costs of undergraduate provision in Higher Education Costing study report for the Department for Education |
| Nursing numbers in Wales (2018) |
| The Supply and Demand of Clinical Psychologists Across Wales: A Service Evaluation |

Appendix 3 Evaluation criteria

| Criterion | | What does this criterion consider? |
|-----------------------|--|--|
| Strategic | Potential to align with the strategic aims of HEIW as well as wider strategic initiatives in Wales | Whether the option is likely to: <ul style="list-style-type: none"> — Address the issues raised in the review; — Assist HEIW in meeting its strategic aims; — Meet the Health and Care workforce strategy (as published in draft); — Take account of the changes in Health and Social care provision as outlined in 'A Healthier Wales'; — Take account of the Augar review; — Take account of the Topol review; — Align with the Welsh Language Act and the requirements and standards that HEIW, universities and health providers must meet. |
| Quality | Potential to improve the quality of health professional education | Whether this option is likely to: <ul style="list-style-type: none"> — Improve the skills and knowledge of those students qualifying from health professional education; — Increase the readiness of newly qualified health professionals to practice; — Align with the Education standards (current and planned new) set by health professional regulators. |
| Access | Potential to increase access to health professional education across Wales | Whether this option is likely to: <ul style="list-style-type: none"> — Increase the availability of health professional education to more people across Wales; — Improve the flexibility of available programmes to allow students from different backgrounds and personal circumstances to access programmes; — Provides diversity for students to meet their needs. |
| Practical | Potential to implement the option and minimise the time and resource commitment across HEIW, universities and/or health providers (where applicable) | Whether the option is likely to: <ul style="list-style-type: none"> — Be practically implemented; — Minimise the time to the commencement of benefits; — Provide assurance that education providers can deliver the option within required timescales; — Minimise the resource commitment required to implement the option. |
| Future focused | Potential to ensure a long term positive impact which adds value and meets strategic intent | Whether the option is likely to: <ul style="list-style-type: none"> — Be future proof, providing sustainable long term impact; — Provide flexibility to allow HEIW to tailor and amend contracts as required during the course of the contracts. |
| Financial | Potential to achieve the financial efficiencies required | Whether the option is likely to: <ul style="list-style-type: none"> — Provide value for money; — Maximise the potential for net efficiency savings and the achievement of current and future targets; — Create a positive business case in support. |
| Risk | Potential to minimise the risk to HEIW of making the change and is within legal and regulatory frameworks | Whether the option is likely to: <ul style="list-style-type: none"> — Manage the risks and any conflicts of interest associated with implementation of change; — Allow risks to be shared or transferred and the potential impact of risks on HEIW reduced; — Is likely to receive a positive response or interest from potential partners, thus ensuring input from suitability qualified partners. |

Appendix 4 List of recommendations for consideration

1. HEIW and education providers to consider their role in supporting newly qualified and registered nurses, midwives and allied health professionals and whether a consistent approach across HEIW would be appropriate and have a positive impact.
2. HEIW to consider how practice learning funding is provided to education providers and placement providers across all programmes. In particular, linking to recommendation 6 and the aims to increase multi-professional education and the breadth of placement provision to include increased primary and community experience.
3. HEIW to continue to consider routinely how student views inform its work, including the quality of education provision.
4. HEIW to consider taking a lead role in facilitating closer working between education providers and health and care services. This should ensure that changing demands, locally, regionally and nationally, are taken into account in the development of commissioned education programmes and workforce needs.
5. HEIW to consider taking a strategic role in ensuring the placement provision of education programmes across Wales includes placements that are broader than secondary care. This should meet the multi-professional needs of the service as well as the aims set out in 'A Healthier Wales'.
6. HEIW to consider the strategic, contractual and financial roles it currently has and develop these further to facilitate broader placement experience to be achieved by education providers and placement providers, in collaboration with Regional Partnership Boards.
7. HEIW, education providers, Health Boards and Trusts to consider the current and future digital skills required from the health and care workforce and incorporate within education programmes.
8. HEIW and the Welsh Government to consider developing a longer term strategic healthcare professional workforce plan, in partnership with Health Boards, Trusts and education providers.
9. HEIW to consider developing its added value approach to consider the wider value of education and return on investment to inform the commissioning.
10. HEIW to consider a regional approach to commissioning to ensure that all regions of Wales have available education provision, for those programmes where the numbers commissioned are feasible and are reflective of the need in that region. HEIW should allow potential new and existing providers to demonstrate how their proposed programmes meet the regional demand for future healthcare professionals.
11. HEIW to consider the feasibility of commissioning additional providers for the programmes that currently have a single provider in Wales.
12. HEIW to consider requiring those education providers who are sole providers of a programme in Wales to demonstrate how their programmes supply sufficient numbers of qualified professionals to service demand within the whole of Wales.
13. HEIW to consider increasing the availability of part time and shortened programmes across Wales and increase the number of commissioned places on these programmes, in line with regional workforce plans and availability of part time students.
14. HEIW, Health Boards, Trusts and the Welsh Government to consider developing a standard and equitable approach for the funding arrangements for all part time programmes, including 'back fill' cover costs.
15. HEIW and Welsh Government to consider the increased use of apprenticeships in health and care professions if it meets the 'Workforce Strategy for Health and Social Care'.
16. HEIW to consider requiring increased flexibility to be incorporated in the programmes commissioned, such as exit award qualifications, potential combined programmes or

other approaches education providers may be open to develop, to allow for flexible career pathways to be developed. This should be considered with the requirements for ‘A Healthier Wales’ and the ‘Workforce Strategy for Health and Social Care’.

- 17. HEIW to consider its role across the whole career pathway of healthcare professionals by commissioning a broad range of pre and post registration programmes across professionals’ careers and with a mix of qualification levels, to meet future workforce demands. HEIW should work with Health Boards, Trusts, Welsh Government and education providers in planning the education needs to support healthcare professional career pathways and frameworks.**
- 18. HEIW to continue to assess and consider, in partnership with education providers, the potential and appetite for education providers to provide additional healthcare programmes.**
- 19. HEIW to consider continuing to require multiple intakes for the programmes providing them and to consider whether multiple intakes for other programmes would be beneficial.**
- 20. HEIW to consider taking a lead role, in partnership with education providers, Health Boards and Trusts, to establish an enhanced approach to inter-professional education which facilitates the delivery of the generalist skills and core common education requirements across professions. HEIW should consider requiring education providers to deliver a minimum amount or standard of inter-professional activity as a part of the commissioned programme and encourage education providers to innovate and develop this further.**
- 21. HEIW, Health Boards and Trusts to consider incorporating the Welsh language skills required from the workforce in their workforce plans.**
- 22. HEIW to consider Welsh language provision as a part of its commissioning approach, possibly setting requirements or targets for the proportion of students that qualify from commissioned programmes that have a defined level of Welsh language skill. HEIW could monitor this and adjust the requirement or target based on information that becomes available from Health Boards and Trusts about the number of Welsh speaking professionals the service requires.**

Appendix 5 NSS student satisfaction information

| Percentage of students who agreed with the NSS statement 'Overall, I am satisfied with the quality of the course' | | |
|---|---|---|
| University and programme/subject area | Percentage for specific university and programme (2018, 2019) | Average across the UK for programme (2018,2019) |
| Cardiff Metropolitan University | | |
| Nutrition and Dietetics | 84%, 91% | 83%, 81% |
| Others in subjects allied to medicine | 96%, 90% | 82%, 82% |
| Others in Biosciences | 80%, 91% | 86%, 86% |
| Cardiff University | | |
| Adult Nursing | Not available* | 82%, 81% |
| Children's Nursing | Not available* | 84%, 86% |
| Mental Health Nursing | Not available* | 83%, 80% |
| Others in subjects allied to medicine | 84%, 84% | 82%, 82% |
| Physiotherapy | 99%, 93% | 86%, 86% |
| Midwifery | 100%, 100% | 87%, 89% |
| Counselling, Psychotherapy and Occupational therapy | 94%, 92% | 80%, 82% |
| Swansea University | | |
| Others in subjects allied to medicine | 86%, 64% | 82%, 82% |
| Adult Nursing | 86%, 90% | 82%, 81% |
| Children's Nursing | 67%, 100% | 84%, 86% |
| Mental Health Nursing | 68%, 70% | 83%, 80% |
| Others in subjects allied to medicine | 86%, 64% | 82%, 82% |
| Midwifery | 100%, 100% | 87%, 89% |
| Wrexham Glyndwr University | | |
| Others in subjects allied to medicine | 90%, 80% | 82%, 82% |
| Counselling, Psychotherapy and Occupational therapy | 95%, 100% | 80%, 80% |
| University of South Wales | | |
| Children's Nursing | 90%, 96% | 84%, 86% |
| Learning disabilities Nursing | 77%, 89% | 87%, 85% |
| Mental Health Nursing | 76%, 94% | 83%, 80% |
| Midwifery | 100%, 94% | 87%, 89% |
| Bangor University | | |
| Adult Nursing | 75%, 73% | 82%, 81% |
| Children's Nursing | 91%, 93% | 84%, 86% |
| Mental health Nursing | 78%, 75% | 83%, 80% |
| Learning disabilities Nursing | 90%, 72% | 87%, 85% |
| Others in subjects allied to medicine | 86%, 91% | 82%, 82% |
| Midwifery | 80%, 100% | 87%, 89% |

Note

* No NSS 2018 and 2019 information available on this programme. All NSS public data conforms to NSS publication thresholds (at least 10 student responses and a 50 per cent overall response rate). If no data is available for a particular course on which students were surveyed, the data did not meet publication thresholds.

Appendix 6 NSS placement satisfaction information

| University and programme | I received sufficient preparatory information prior to my placement(s) (UK average) | I was allocated placement(s) suitable for my course (UK average) | I received appropriate supervision on placement(s) (UK average) | I was given opportunities to meet my required practice learning outcomes/ competences (UK average) | My contribution during placement(s) as part of the clinical team was valued (UK average) | My practice supervisor(s) understood how my placement(s) related to the broader requirements of my course (UK average) |
|---|---|--|---|--|--|--|
| Cardiff Met. | | | | | | |
| Nutrition and Dietetics | 77% (85%) | 95% (95%) | 82% (91%) | 100% (95%) | 86% (87%) | 82% (90%) |
| Others in subjects allied to medicine | 75% (77%) | 96% (91%) | 93% (84%) | 93% (89%) | 82% (85%) | 89% (82%) |
| Others in Biosciences | Not available* | Not available* | Not available* | Not available* | Not available* | Not available* |
| Cardiff University | | | | | | |
| Adult Nursing | Not available* | Not available* | Not available* | Not available* | Not available* | Not available* |
| Children's Nursing | Not available* | Not available* | Not available* | Not available* | Not available* | Not available* |
| Mental Health Nursing | Not available* | Not available* | Not available* | Not available* | Not available* | Not available* |
| Others in subjects allied to medicine | 59% (77%) | 86% (91%) | 76% (84%) | 83% (89%) | 79% (85%) | 72% (82%) |
| Physiotherapy | 92% (85%) | 99% (95%) | 96% (94%) | 95% (95%) | 94% (95%) | 88% (90%) |
| Midwifery | 95% (78%) | 100% (97%) | 100% (91%) | 100% (94%) | 85% (91%) | 100% (90%) |
| Counselling, Psychotherapy and Occupational therapy | 92% (84%) | 98% (93%) | 88% (93%) | 90% (94%) | 84% (92%) | 88% (89%) |
| Swansea University | | | | | | |
| Others in subjects allied to medicine | 73% (77%) | 100% (91%) | 64% (84%) | 91% (89%) | 64% (85%) | 64% (82%) |
| Adult Nursing | 69% (75%) | 90% (88%) | 87% (82%) | 96% (90%) | 90% (87%) | 91% (84%) |
| Children's nursing | 59% (77%) | 94% (92%) | 94% (90%) | 100% (95%) | 88% (93%) | 100% (89%) |
| Mental Health Nursing | 58% (70%) | 82% (88%) | 88% (80%) | 96% (91%) | 93% (88%) | 98% (85%) |
| Others in subjects allied to medicine | 73% (77%) | 100% (91%) | 64% (84%) | 91% (89%) | 64% (85%) | 64% (82%) |
| Midwifery | 95% (78%) | 100% (97%) | 95% (91%) | 100% (94%) | 95% (91%) | 95% (90%) |
| Wrexham Glyndwr University | | | | | | |
| Others in subjects allied to medicine | Not available* | Not available* | Not available* | Not available* | Not available* | Not available* |
| Counselling, Psychotherapy and Occupational therapy | 96% (84%) | 96% (93%) | 100% (93%) | 100% (94%) | 96% (92%) | 100% (89%) |
| University of South Wales | | | | | | |
| Children's Nursing | 74% (77%) | 89% (92%) | 93% (90%) | 100% (95%) | 100% (93%) | 93% (89%) |
| Learning Disabilities Nursing | 68% (76%) | 89% (85%) | 89% (85%) | 100% (86%) | 100% (90%) | 96% (90%) |
| Mental Health Nursing | 64% (70%) | 92% (88%) | 83% (80%) | 89% (91%) | 92% (88%) | 91% (85%) |
| Midwifery | 56% (78%) | 89% (97%) | 100% (91%) | 100% (94%) | 94% (91%) | 100% (90%) |

| University and programme | I received sufficient preparatory information prior to my placement(s) (UK average) | I was allocated placement(s) suitable for my course (UK average) | I received appropriate supervision on placement(s) (UK average) | I was given opportunities to meet my required practice learning outcomes/ competences (UK average) | My contribution during placement(s) as part of the clinical team was valued (UK average) | My practice supervisor(s) understood how my placement(s) related to the broader requirements of my course (UK average) |
|---------------------------------------|---|--|---|--|--|--|
| Bangor University | | | | | | |
| Others in subjects allied to medicine | Not available* | Not available* | Not available* | Not available* | Not available* | Not available* |
| Adult Nursing | 76% (75%) | 89% (88%) | 80% (82%) | 88% (90%) | 87% (87%) | 88% (84%) |
| Children's Nursing | 93% (77%) | 79% (92%) | 71% (90%) | 93% (95%) | 93% (93%) | 86% (89%) |
| Mental Health Nursing | 76% (70%) | 82% (88%) | 76% (80%) | 100% (91%) | 88% (88%) | 94% (85%) |
| Learning Disabilities Nursing | 67% (76%) | 89% (85%) | 78% (85%) | 78% (86%) | 83% (90%) | 78% (90%) |
| Midwifery | 100% (78%) | 100% (97%) | 94% (91%) | 100% (94%) | 100% (91%) | 100% (90%) |

Note: * No NSS 2018 and 2019 information available on this programme. All public data conforms to NSS publication thresholds (at least 10 student responses and a 50 per cent overall response rate). If no data is available for a particular course on which students were surveyed, the data did not meet publication thresholds.

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

| | | | |
|---|---|---------------------------|-------------------|
| Dyddiad y Cyfarfod | 16 Ionawr 2020 | Eitem ar yr Agenda | 2.3 |
| Teitl yr Adroddiad | 2020/21 Cynllun Comisiynu Gweithwyr Iechyd Proffesiynol | | |
| Awdur yr Adroddiad | Martin Riley | | |
| Noddwr yr Adroddiad | Stephen Griffiths | | |
| A gyflwynir gan | Stephen Griffiths | | |
| Rhyddid Gwybodaeth | Agored | | |
| Diben yr Adroddiad | <p>Mae'r papur hwn yn nodi cynigion ar gyfer cynllun comisiynu gweithwyr iechyd proffesiynol AaGIC ar gyfer 2020/21.</p> <p>Mae'r papur yn amlinellu'r rhesymeg a'r broses ar gyfer dyrannu manau a gomisiynir lle mae mwy nag un darparwr.</p> | | |
| Materion Allweddol | <p>Mae prifysgolion eisoes wedi marchnata'u cyrsiau ac wedi cynnal diwrnodau agored ar gyfer recriwtio ym mis Medi 2020.</p> <p>Er mwyn i'r prifysgolion gyflawni'r niferoedd comisiynu cynyddol yn llawn, gwneud y nifer priodol o gynigion i ymgeiswyr a denu myfyrwyr addas gyda'r gwerthoedd cywir, mae'n hanfodol bod hysbysu am y niferoedd yn cael ei gyfleu cyn Nadolig. Mae unrhyw oedi ym mis Ionawr neu Chwefror 2020 yn cynyddu'r risg o leoddd heb eu llenwi, dibyniaeth ar glirio ac ansawdd y myfyrwyr sy'n cael eu recriwtio.</p> | | |
| Camau Penodol Sydd Eu Hangen (✓dim ond un) | Gwybodaeth | Trafodaeth | Aswiriant |
| | | | Cymeradwyo |
| Argymhellion | <p>Gofynnodd y EC&QC i:</p> <ul style="list-style-type: none"> ➤ gymeradwyo'r cynllun comisiynu arfaethedig | | |

2020/21 CYNLLUN COMISIYNU GWEITHWYR IECHYD PROFFESIYNOL

1. RHAGARWEINIAD

Cyflwynodd AaGIC y Cynllun Addysg a Hyfforddiant i Lywodraeth Cymru ym mis Awst 2019. Ar 12fed Tachwedd 2019 Cymeradwyodd y Gweinidog Iechyd, Vaughan Gething, y cynllun yn ffurfiol. Mae hyn yn darparu £16.4 miliwn o gymorth ychwanegol ar gael i gefnogi addysg broffesiynol ym maes iechyd.

2. CEFNDIR

Mae'r papur hwn yn nodi'r cynllun ar gyfer comisiynu nyrsys, bydwragedd, gweithwyr proffesiynol perthynol i iechyd a gwyddonwyr i ddechrau astudio yn y flwyddyn academaidd 2020/21. Mae prifysgolion eisoes wedi marchnata'u cyrsiau ac wedi cynnal diwrnodau agored ar gyfer recriwtio ym mis Medi 2020. Er mwyn i'r prifysgolion gyflawni'r niferoedd comisiynu cynyddol yn llawn, gwneud y nifer priodol o gynigion i ymgeiswyr a denu myfyrwyr addas gyda'r gwerthoedd cywir, mae'n hanfodol bod hysbysu am y niferoedd yn cael ei gyfleu cyn y Nadolig. Mae unrhyw oedi ym mis Ionawr neu Chwefror 2020 yn cynyddu'r risg o leoedd heb eu llenwi, dibyniaeth ar glirio ac ansawdd y myfyrwyr sy'n cael eu recriwtio.

Wrth ddyrannu niferoedd comisiynu i brifysgolion mae'n bwysig ystyried amrywiaeth o ffactorau sy'n cynnwys, lle mae nifer o ddarparwyr, sy'n targedu addysg mor agos ag y bo modd at y Bwrdd Iechyd. Mae'r adrannau canlynol yn amlygu'r

- Egwyddorion dyrannu
- Canlyniadau
- Risgiau a Materion
- Goblygiadau Ariannol

Mae'r cynllun comisiynu – o rifau i Brifysgolion – wedi'i gwblhau. Y darn nesaf o waith yw cyhoeddi'r "Matrics Lleoliadau" i Brifysgolion a Byrddau Iechyd. Mae hyn yn hysbysu pob parti o'r niferoedd a gomisiynir a lle y dylid targedu lleoliadau i ddiwallu anghenion y Byrddau Iechyd a'r Ymddiriedolaethau yn y ffordd orau fel y nodir yn eu IMTP.

Bydd y **Matrics Lleoliad** yn cael ei gwblhau a'i ddosbarthu i bob parti ym mis Ionawr. Caiff hyn ei gyhoeddi'n fwriadol ychydig yn hwyrach na llythyrau comisiynu'r Brifysgol gan ei bod yn caniatáu cyfnod byr o amser i'r prifysgolion ganolbwyntio ar eu strategaeth recriwtio cyn ymgysylltu â'r Byrddau Iechyd, yr Ymddiriedolaethau ac AaGIC wrth ddarparu'r cynllun lleoliad.

3. EGWYDDORION DYRANNU

Os oes mwy nag un darparwr, ystyrir yr egwyddorion canlynol wrth ddyrannu myfyrwyr rhwng Prifysgolion:

- Dosbarthiad teg a chyfartal ledled Cymru sy'n gymesur ar sail anghenion y Byrddau Iechyd a'r Ymddiriedolaeth a geir o fewn yr IMTP

- Rhoi'r cyfle gorau i brifysgolion lenwi'r holl leoedd a gomisiynir. Mae hyn yn cymryd i ystyriaeth:
 - Dichonoldeb maint y garfan (hyfyw yn ariannol ac ansawdd profiad y myfyriwr)
 - Nifer y ceisiadau posibl – Mae data a thueddiadau hanesyddol wedi'u dadansoddi
 - Argaeledd lleoliadau addas
 - Y nifer uchaf a ddilyswyd ar gyfer cyrsiau a reoleiddir gan NMC neu HCPC
- Wrth benderfynu sut i rannu nifer y nyrsys ledled Cymru. Yn ogystal â'r niferoedd a nodwyd yn yr IMTP, ystyriwyd y ffactorau canlynol,
 - Cyfanswm dyraniad ariannol Bwrdd Iechyd
 - 2018/19 costau asiantaethau nyrsio fesul sefydliad
 - Dadansoddiad o dueddiad y gweithlu
 - Niferoedd sydd eisoes yn hyfforddi eto i raddio
 - Cyfanswm y nyrsys amser llawn fesul Bwrdd Iechyd
- Mae cynnydd yn gymesur â'r lefelau cymeriant hanesyddol – Mae hyn yn osgoi "ffyniant a methiant" ac felly mae'n cynnig mwy o sefydlogrwydd a thwf cynlluniedig o fewn prifysgolion
- Lle ceir hyblygrwydd o ran comisiynau nyrsys, dyfarnwyd y rhain i'r prifysgolion sy'n cael cynnydd ychydig yn uwch oherwydd,
 - Prifysgolion sydd â lefelau cyrrhaeddiad hanesyddol uwch o ran lleoedd a gomisiynir (yn lleihau'r risg i AaGIC o beidio â llenwi pob lle hyfforddi newydd y cytunwyd arno)
 - Prifysgolion â chyfraddau ymgeisio uwch (yn cynyddu'r siawns o recriwtio myfyrwyr o safon uwch sydd â'r gwerthoedd cywir)
 - Prifysgolion â chyfraddau athreulio is (yn darparu adenillion uwch ar fuddsoddiad ar gyfer AaGIC)

Defnyddir y matrices canlynol fel templed cychwyn ond gall y dyraniad terfynol amrywio o'r hyn sy'n dibynnu ar y ffactorau uchod.

| EGWYDDORION DYRANNU | PC | PDC | PA | PB |
|--------------------------|-------------|-------------|------|------|
| Aneurin Bevan | Hyblygrwydd | | | |
| PBC | | | | 100% |
| Caerdydd a'r Fro | 100% | | | |
| Cwm Taf Morgannwg | | 100% | | |
| Hywel Dda | | | 100% | |
| Powys | | Hyblygrwydd | | |
| Bae Abertawe | | | 100% | |
| Felindre | 100% | | | |

Nodiadau:

1. Rhaniad 50:50 ar gyfer AB (rhwng PC a PDC) yw'r man cychwyn ond mae'r dyraniad terfynol yn seiliedig ar y ffactorau eraill a restrir yn yr adran hon

2. Caiff niferoedd Powys eu dyrannu rhwng PDC, PA a PB yn seiliedig ar gyd-fynd orau

3. Nid yw niferoedd y Brifysgol Agored yn cael eu dyrannu i feysydd penodol ond maent yn cael eu targedu at fyfyrwyr ledled Cymru sy'n ei chael hi'n anodd mynychu Prifysgol "tir" yn rheolaidd

4. CANLYNIADAU

Mae'r **dyraniad nyrsio** ynghlwm yn atodiad 1. Mae hyn yn tynnu sylw at ddyraniad y pedwar maes nyrsio ar gyfer y 5 darparwr nyrsio yng Nghymru a'r byrddau iechyd y maent wedi'u comisiynu ar eu cyfer.

Mae'r tabl isod yn crynhoi'r dyraniad i bob prifysgol. Mae'r comisiynau nyrsio ar draws y pedwar maes wedi cynyddu gan 195 o 1,792 i 1,987. Mae hyn yn gynydd o 11%. Mae pob prifysgol yn derbyn cyfran o'r cynnydd gan arwain at niferoedd comisiynu uwch yn yr holl brifysgolion nag yn 2019/20. Mae'r egwyddorion a nodir yn yr adran uchod wedi'u cymhwyso i'r pwysau a nodwyd gydag IMTP y Bwrdd Iechyd, gyda modelu'n canolbwyntio ar anghenion y gwasanaeth a gallu prifysgolion i lenwi lleoedd a gomisiynir.

| | 2020/21 | | 2019/20 | | Cynnydd | |
|--------------------|------------------|---------------------|------------------|---------------------|------------|-----|
| | Comisiynu Nyrsys | Cyfran y Comisiynau | Comisiynu Nyrsys | Cyfran y Comisiynau | Rhifau | % |
| Prifysgol Caerdydd | 410 | 21% | 376 | 21% | 34 | 9% |
| PDC | 532 | 27% | 467 | 26% | 65 | 14% |
| Prifysgol Abertawe | 528 | 27% | 472 | 26% | 56 | 12% |
| Prifysgol Bangor | 437 | 22% | 416 | 23% | 21 | 5% |
| Prifysgol Agored | 80 | 4% | 61 | 3% | 19 | 31% |
| CYFANSWM | 1,987 | | 1,792 | | 195 | |

Caiff lleoedd **Bydwreigiaeth** eu rhannu fel a ganlyn,

| BYDWREIGIAETH | 2020/21 | | 2019/20 | | Cynnydd | |
|----------------------|-------------------------|---------------------|-------------------------|---------------------|-----------|-----|
| | Comisiynu Bydwreigiaeth | Cyfran y Comisiynau | Comisiynu Bydwreigiaeth | Cyfran y Comisiynau | Rhifau | % |
| Prifysgol Caerdydd | 49 | 30% | 40 | 30% | 9 | 23% |
| PDC | 41 | 25% | 32 | 24% | 9 | 28% |
| Prifysgol Abertawe | 36 | 22% | 21 | 23% | 5 | 16% |
| Prifysgol Bangor | 35 | 22% | 21 | 23% | 4 | 13% |
| CYFANSWM | 161 | | 134 | | 27 | |

Ar hyn o bryd, mae'r Gyfarwyddiaeth Nyrsio yn cynnal adolygiad o ddarpariaeth Prifysgol pob un o'r cyrsiau a'r llwybrau **nyrsio cymunedol** a ddarperir gan bob Prifysgol ar hyn o bryd. Caiff hyn ei gwblhau ym mis Rhagfyr a rhagwelir y gellir cyfleu niferoedd cymunedol i brifysgolion cyn diwedd 2019. Bydd yr adolygiad hwn yn sicrhau bod y niferoedd cywir yn cael eu targedu at y prifysgolion cywir ac yn rhoi'r cyfle gorau i lenwi pob man a gomisiynir.

Mae'r comisiynau cofrestru porthladdoedd yn cael eu mapio ar hyn o bryd ar draws yr holl arbenigeddau unigol i'r prifysgolion yng Nghymru a thu hwnt. Bydd y gwaith hwn yn cael ei gwblhau ym mis Rhagfyr 2019 a bydd llythyrau comisiynu yn cael eu dosbarthu i bob Prifysgol cyn diwedd y flwyddyn.

Mae'r holl gomisiynau sy'n gysylltiedig ag iechyd a'r comisiynau gwyddor gofal iechyd i israddedigion wedi cael eu mapio a'u dyrannu i brifysgolion er mwyn diwallu anghenion y Byrddau Iechyd a'r ymddiriedolaethau yn y ffordd orau ar sail eu IMTP. Amlinellir y rhaniad rhwng prifysgolion yn y tabl isod.

| Ar Gyfer Cymeriant Academaidd 2020/21 | | | | | | | CYFANSWM 20/21 | 19/20 |
|--|----|-----|------|----|----|-------|-------------------|-------|
| | PB | PC | METC | PG | PA | Arall | | |
| GWEITHWYR PROFFESIYNOL PERTHYNOL I IECHYD | | | | | | | | |
| B.Sc Radiograffeg Diagnostig | 35 | 105 | | | | | 140 | 112 |
| B.Sc Therapi Radiograffeg | | 22 | | | | | 22 | 20 |
| B.Sc Maethiad Dynol - Deietegydd | | | 35 | | | | 35 | 30 |
| Diploma PG Maethiad Dynol - Deietegydd | | | 17 | | | | 17 | 12 |
| Diploma PG Ffotograffiaeth Glinigol | | 5 | | | | | 5 | |
| B.Sc Therapi Galwedigaethol | | 85 | | 40 | | | 125 | 125 |
| Diploma PG Therapi Galwedigaethol | | 23 | | | | | 23 | 23 |
| B.Sc Therapi Galwedigaethol (Rhan Amser) | | | | 15 | | | 15 | 0 |
| B.Sc ODP | | 49 | | | | | 49 | 49 |
| B.Sc Ffisiotherapi | | 120 | | 25 | | | 145 | |
| Diploma PG Ffisiotherapi (o Ion 2021) | 19 | | | | | | 19 | 147 |
| B.Sc Podiatreg | | | 24 | | | | 24 | 24 |
| B.Sc Orthoptydd | | | | | | 5 | 5 | 5 |
| PhD Doethuriaeth Seicoleg Glinigol | 11 | 18 | | | | | 29 | 27 |
| B.Sc Therapi Iaith a Lleferydd | | | 40 | | | | 40 | 36 |
| B.Sc Therapi Iaith a Lleferydd - Iaith Cymraeg | | | 9 | | | | 9 | 8 |
| Parafeddygon Ambiwians - Trosi EMT | | | | | 30 | | 30 | 15 |
| B.Sc Pharafeddygaeth | | | | | 52 | | 52 | 0 |
| GWYDDONYDD GOFAL IECHYD | | | | | | | | |
| Gwyddoniaeth Ffisiolegol - PTP | | | | | | | | |
| B.Sc (Hons) Gwyddor Gofal Iechyd - Ffisioleg Gardiaidd | | | | | 24 | | 24 | 24 |
| B.Sc (Hons) Gwyddor Gofal Iechyd - <u>Awdioleg</u> | | | | | 10 | | 10 | 16 |
| HE Cert mewn Ymarfer Awdiolegol | | | | | 15 | | 15 | 0 |
| B.Sc (Hons) Gwyddor Gofal Iechyd - Gwyddor Anadlu a Chysgu | | | | | 5 | | 5 | 5 |
| B.Sc (Hons) Gwyddor Gofal Iechyd - Niwroffisioleg | | | | | 4 | | 4 | 3 |
| Peirianneg Ffisegol a Biofeddygol - PTP | | | | | | | | |
| B.Sc Peirianneg Glinigol | | | | | | 2 | 2 | 0 |
| B.Sc (Hons) Gwyddor Gofal Iechyd - Meddygaeth Niwclear/Ffiseg Radiotherapi | | | | | 3 | | 3 | 3 |
| Gwyddor Bywyd - PTP | | | | | | | | |
| B.Sc (Hons) Gwyddor Gofal Iechyd - Gwaed | | | 11 | | | | 11 | |
| B.Sc (Hons) Gwyddor Gofal Iechyd - Heintiau | | | 10 | | | | 10 | |
| B.Sc (Hons) Gwyddor Gofal Iechyd - Cellog | | | 2 | | | | 2 | 21 |
| B.Sc (Hons) Gwyddor Gofal Iechyd - Geneteg | | | 1 | | | | 1 | |
| DEINTYDDOL | | | | | | | | |
| Diploma mewn Hylendid Deintyddol | | 18 | | | | | 18 | |
| Gradd mewn Hylendid a Therapi Deintyddol | | 13 | | | | | 13 | |
| RADIOGRAFFEG - Ymarferwyr Cynorthwyol | | | | | | | | |
| Ymarferwyr Cynorthwyol Radiograffeg - Diagnostig | | 12 | | | | | 12 | |
| Uwchsain/Sonograffi Meddygol | | | | | | 15 | 15 | |
| GWEITHWYR PROFFESIYNOL ERAILL SY'N GYSYLLTIEDIG Â MEDDYGAEH | | | | | | | | |
| Cymdeithion Ffisigwyr | 18 | | | | 36 | | 54 | 42 |

5. RISGIAU, MATERION A MESURAU LLINIARU

Y risgiau mwyaf o ran cyflawni targedau comisiynu yw radiograffeg ddiagnostig, nyrsio oedolion a nyrsio anabledau dysgu.

- i. Mae niferoedd **Radiograffeg ddiagnostig** yn cynyddu o 112 i 140. Mae hyn yn gynnydd o 28 (25%) o lefelau 2019/20. Mae un o'r amcanion craidd sy'n gysylltiedig â chynllun Cyflawni Cancer Cymru wedi bod yn canfod cancer yn gynharach. Mae hyn wedi arwain at gynnydd yn y galw am wasanaethau radiotherapi i gyflymu'r diagnosis. Mae'r llwybr cancer sengl yn adeiladu ar lwyddiant clinigau diagnostig cyflym. Mae IMTPs yn amlygu'r angen am dwf yn y gwasanaethau hyn yn y dyfodol. Mae gennym ddau ddarparwr yng Nghymru, Prifysgol Bangor (mae'r niferoedd wedi cynyddu o 28 i 35) a Phrifysgol Caerdydd (o 84 i 105). Er bod cyfraddau ceisiadau (5.2 o ymgeiswyr fesul lle yn 2019/20 gyda 587 o ymgeiswyr am leoedd 112) yn awgrymu y bydd digon o ymgeiswyr o ansawdd digonol Mae'r cynnydd yn rhoi pwysau ar y prifysgolion o ran argaeledd lleoliadau addas a'r niferoedd a ddilyswyd fwyaf gan yr HCPC a'r SOR. Mae AaGIC yn gweithio gyda'r prifysgolion a'r byrddau iechyd i geisio lleihau a lliniaru'r risgiau a'r materion hyn.
- ii. Mae prifysgolion wedi'i chael trafferth recriwtio'n llawn i'r comisiynau cynyddol mewn **nyrsio oedolion** yn y ddwy flynedd diwethaf. Bydd y cynnydd pellach o 1,216 i 1,400 yn heriol. Mae AaGIC yn gweithio gyda phrifysgolion yn unigol ac ar y cyd o fewn y grŵp partneriaeth addysg i fynd i'r afael â'r mater hwn. Cyhoeddi rhifau comisiynu yn gynharach eleni, cyflwyno rhywfaint o hyblygrwydd o ran targedau mis Medi a mis Mawrth ynghyd â strategaeth gyfathrebu Cymru gyfan (Rhagfyr 2020 i Chwefror 2021) a gydlynir gan AaGIC, gan ganiatáu trosglwyddo lleoedd (lle bo'n briodol) rhwng prifysgolion yn helpu gyda hyn.
- iii. Mae recriwtio i **nyrsio AD** yn parhau i fod yn broblem nid yn unig yng Nghymru ond ledled y DU. Mae'r ddau ddarparwr yn ymwybodol o hyn ac wedi datblygu strategaethau, ar gais AaGIC, i gynyddu nifer yr ymgeiswyr. Cynigir, o fewn y broses dendro sydd ar ddod, y bydd trydydd darparwr yn cael ei gomisiynu yng Nghymru.

6. GOBLYGIADAU ARIANNOL

Mae'r cynllun dyrannu comisiynu wedi'i ddatblygu i roi'r cyfle gorau i brifysgolion gyflawni'r nifer a gomisiynir. Fodd bynnag, mae risgiau, fel y'u hamlinellir uchod, nad yw targedau comisiynu'n cael eu cyflawni ar draws pob grŵp o fyfyrwyr ym mhob prifysgol.

Lle mae darparwyr lluosog, gall AaGIC, drwy eu strategaeth ymgysylltu a chyfarfodydd busnes gyda phrifysgolion, drosglwyddo comisiynau rhwng darparwyr.

Fodd bynnag, bydd unrhyw tan-recriwtio yn arwain at danwariant yn erbyn cyllideb 2020/21. Nid yw'r cynllun dyrannu comisiynu yn cyflwyno unrhyw risg o orwario.

7. ARGYMHELLIAD

Gofynnir i'r tîm Gweithredol,

- cymeradwyo'r cynllun comisiynu cyn-gofrestru arfaethedig
- nodi'r adolygiad o ffurf nyrsio gymunedol yng Nghymru gyda'r mater o niferoedd cymunedol cyn diwedd Rhagfyr 2019
- nodi datblygiad cynllun comisiynu ôl-gofrestru i'w gyhoeddi cyn diwedd Rhagfyr 2019
- nodi datblygiad y matrices lleoliadau i'w gyhoeddi cyn diwedd Ionawr 2020

Atodiad 1 Comisiynau Nyrsys

| CYFANSWM RHIFAU - NYRSIO POB MAES | PC | PDC | PA | PB | PA | CYFANSWM |
|------------------------------------|------------|------------|------------|------------|-----------|--------------|
| Aneurin Bevan | 105 | 181 | | | | 286 |
| PBC | | | | 419 | | 419 |
| Caerdydd a'r Fro | 302 | 13 | | | | 315 |
| Cwm Taf Morgannwg | | 305 | | | | 305 |
| Hywel dda | | 10 | 228 | | | 238 |
| Powys | | 13 | 54 | 18 | | 85 |
| Bae Abertawe | | 10 | 246 | | | 256 |
| Felindre | 3 | | | | | 3 |
| PA | | | | | 80 | 80 |
| CYFANSWM: NYRSIO - POB MAES | 410 | 532 | 528 | 437 | 80 | 1,987 |

| | | | | | | |
|----------------------------|-----|-----|-----|-----|-----|------|
| 2019/20 DYRANIAD COMISIYNU | 376 | 467 | 472 | 416 | 61 | 1792 |
| CYNNYDD | 34 | 65 | 56 | 21 | 19 | 195 |
| % CYNNYDD | 9% | 14% | 12% | 5% | 31% | 11% |

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| NYRSIO OEDOLION | PC | PDC | PA | PB | PA | CYFANSWM |
|---------------------------------|------------|------------|------------|------------|-----------|--------------|
| Aneurin Bevan | 52 | 149 | | | | 201 |
| PBC | | | | 294 | | 294 |
| Caerdydd a'r Fro | 221 | | | | | 221 |
| Cwm Taf Morgannwg | | 214 | | | | 214 |
| Hywel dda | | | 167 | | | 167 |
| Powys | | | 45 | 15 | | 60 |
| Bae Abertawe | | | 180 | | | 180 |
| Felindre | 3 | | | | | 3 |
| PA | | | | | 60 | 30 |
| CYFANSWM NYRSIO OEDOLION | 276 | 363 | 392 | 309 | 60 | 1,400 |

| | | | | | | |
|----------------------------|-----|-----|-----|-----|-----|------|
| 2019/20 DYRANIAD COMISIYNU | 239 | 299 | 353 | 295 | 46 | 1792 |
| CYNNYDD | 37 | 64 | 39 | 14 | 14 | 168 |
| % CYNNYDD | 15% | 21% | 11% | 5% | 30% | 14% |

| NYRSIO PLANT | PC | PDC | PA | PB | CYFANSWM |
|------------------------------|-----------|-----------|-----------|-----------|------------|
| Aneurin Bevan | 18 | 5 | | | 23 |
| PBC | | | | 34 | 34 |
| Caerdydd a'r Fro | 25 | | | | 25 |
| Cwm Taf Morgannwg | | 25 | | | 25 |
| Hywel dda | | | 19 | | 19 |
| Powys | | 7 | | | 7 |
| Bae Abertawe | | | 21 | | 21 |
| Felindre | | | | | - |
| PA | | | | | - |
| CYFANSWM NYRSIO PLANT | 43 | 37 | 40 | 34 | 154 |

| | | | | | |
|----------------------------|------|------|-----|-----|-----|
| 2019/20 DYRANIAD COMISIYNU | 48 | 43 | 33 | 30 | 154 |
| CYNNYDD | -5 | -6 | 7 | 4 | - |
| % CYNNYDD | -10% | -14% | 21% | 13% | 0% |

| NYRSIO IM | PC | PDC | PA | PB | PA | CYFANSWM |
|---------------------------|-----------|------------|-----------|-----------|-----------|-----------------|
| Aneurin Bevan | 35 | 15 | | | | 50 |
| PBC | | | | 74 | | 74 |
| Caerdydd a'r Fro | 56 | | | | | 56 |
| Cwm Taf Morgannwg | | 54 | | | | 54 |
| Hywel dda | | | 42 | | | 42 |
| Powys | | 6 | 9 | | | 15 |
| Bae Abertawe | | | 45 | | | 45 |
| Felindre | | | | | | - |
| PA | | | | | 20 | 20 |
| CYFANSWM NYRSIO IM | 91 | 75 | 96 | 74 | 20 | 356 |

| | | | | | | |
|----------------------------|----|----|-----|----|-----|-----|
| 2019/20 DYRANIAD COMISIYNU | 89 | 73 | 86 | 71 | 15 | 334 |
| CYNNYDD | 2 | 2 | 10 | 3 | 5 | 22 |
| % CYNNYDD | 2% | 3% | 12% | 4% | 33% | 7% |

| NYRSIO AD | PDC | PDC | CYFANSWM |
|---------------------------|------------|------------|-----------------|
| Aneurin Bevan | 12 | - | 12 |
| PBC | - | 17 | 17 |
| Caerdydd a'r Fro | 13 | - | 13 |
| Cwm Taf Morgannwg | 12 | - | 12 |
| Hywel dda | 10 | - | 10 |
| Powys | - | 3 | 3 |
| Bae Abertawe | 10 | - | 10 |
| Felindre | - | - | - |
| PA | - | - | - |
| CYFANSWM NYRSIO AD | 57 | 20 | 77 |

| | | | |
|----------------------------|-----|----|----|
| 2019/20 DYRANIAD COMISIYNU | 52 | 20 | 72 |
| CYNNYDD | 5 | - | 5 |
| % CYNNYDD | 10% | 0% | 7% |

| Llywodraethu ac Yswiriant | | | | |
|--|--|---|--|--|
| Cyswllt ag amcanion corfforaethol (rhoi ✓) | Fel sefydliad newydd sy'n sefydlu AaGIC fel partner gwerthfawr y gallir ymddiried ynddo, cyflogwr rhagorol a brand ag iddo enw da ac arbenigwr | Adeiladu gweithlu iechyd a gofal cynaliadwy a hyblyg ar gyfer y dyfodol. | Gyda Gofal Cymdeithasol Cymru yn siapio'r gweithlu i ddarparu gofal yn nes at y cartref ac i gysoni'r gwaith o ddarparu gwasanaethau'n well. | Gwella ansawdd a diogelwch drwy gefnogi sefydliadau'r GIG dod o hyd i ddatrysiadau cyflymach a mwy cynaliadwy i'r gweithlu ar gyfer heriau darparu gwasanaethau sy'n flaenoriaeth. |
| | ✓ | ✓ | | ✓ |
| | Gwella cyfleoedd i ddefnyddio technoleg a digideiddio wrth gyflwyno 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 o fuddsoddi yn y gweithlu a'r sefydliad. | |
| | | | | |
| Ansawdd, Diogelwch a Phrofiad y Claf | | | | |
| Mae darparu addysg o ansawdd uchel yn hanfodol i ofal cleifion, mae'r cydberthnasau â'r sector prifysgolion yn sail i'r broses hon o ddarparu addysg, ac o ganlyniad, mae'r trefniadau hyn yn chwarae rhan hanfodol o ran gwella gofal a diogelwch cleifion. | | | | |
| Goblygiadau Ariannol | | | | |
| Nid oes unrhyw ganlyniadau ariannol o sefydlu'r fforymau hyn | | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth) | | | | |
| Nid oes unrhyw ganlyniadau cyfreithiol o sefydlu'r fforymau hyn | | | | |
| Goblygiadau Staffio | | | | |
| Nid oes unrhyw ganlyniadau staffio o sefydlu'r fforymau hyn | | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | | | | |
| Anhysbys | | | | |
| Hanes yr Adroddiad | Dim | | | |
| Atodiadau | Dim | | | |



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

| | | | |
|--|--|---------------------------|------------------------|
| Dyddiad y Cyfarfod | 16 Ionawr, 2020 | Eitem ar yr Agenda | 2.5 |
| Teitl yr Adroddiad | Cylch Gorchwyl y Grwpiau Ymgynghorol Arfaethedig Mewnol ac Allanol ar Addysg a Hyfforddiant | | |
| Awdur yr Adroddiad | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Noddwr yr Adroddiad | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Cyflwynwyd gan | Dafydd Bebb, Ysgrifennydd y Bwrdd | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | <p>Cymeradwyo cylch gorchwyl arfaethedig dau Grŵp ymgynghorol newydd ar gyfer y Pwyllgor Ansawdd a Chomisiynu Addysg (ACA)</p> <ol style="list-style-type: none"> 1. Grŵp Addysg Aml-broffesiynol Mewnol ac: 2. Grŵp Addysg integredig allanol (Dau Grŵp Ymgynghorol). | | |
| Materion allweddol | <p>Ym mis Medi, rhoddodd y Bwrdd gyfarwyddyd i'r Pwyllgor ACA ystyried y cylch gorchwyl ar gyfer sefydlu'r Ddau Grŵp Ymgynghorol uchod.</p> <p>Ystyriwyd cylch gorchwyl drafft ar gyfer y Ddau Grŵp Ymgynghorol yn sesiwn pwyllgor y Pwyllgor ACA ar 16 Hydref.</p> <p>Mae'r cylch gorchwyl drafft ar gyfer y Ddau Grŵp Ymgynghorol wedi'i atodi yn Atodiad 1.</p> | | |
| Cam Penodol i'w Gymryd (un ✓ yn unig) | Gwybodaeth | Trafodaeth | Sicrhau |
| | | | Cymeradwyo ✓ |
| Argymhellion | <p>Gofynnir i aelodau gymeradwyo'r cylch gorchwyl drafft ar gyfer y:</p> <ol style="list-style-type: none"> 1. Grŵp Addysg Aml-broffesiynol Mewnol a'r: 2. Grŵp Addysg Integredig Allanol. | | |

CYLCH GORCHWYL Y GRWPIAU YNGYNGHOROL ARFAETHEDIG MEWNOL AC ALLANOL AR ADDYSG A HYFFORDDIANT

1. CYFLWYNIAD

Pwrpas yr adroddiad yw gwahodd y Pwyllgor Ansawdd a Chomisiynu Addysg (ACA) i gymeradwyo cylch gorchwyl arfaethedig y grwpiau ymgynghorol canlynol:

- Grŵp Addysg Aml-broffesiynol Mewnol
- Grŵp Addysg Integredig Allanol (y Ddau Grŵp Ymgynghorol).

Mae'r cylch gorchwyl arfaethedig ar gyfer y Ddau Grŵp Ymgynghorol wedi'i atodi yn Atodiad 1.

2. CEFNDIR

Yng Nghyfarfod Bwrdd Addysg a Gwella Iechyd Cymru ym mis Medi, cymeradwywyd argymhellion y papur ar gyfer Ffyrdd o Weithio yn y Dyfodol.

Pwrpas y papur Ffyrdd o Weithio yn y Dyfodol yw egluro'r berthynas waith rhwng y Bwrdd, y Pwyllgor ACA a'r Pwyllgor Archwilio a Sicrwydd. Er mwyn cefnogi gwaith y Pwyllgor Ansawdd a Chomisiynu Addysg, mae'r Ffyrdd o Weithio yn y Dyfodol yn argymhell sefydlu'r Ddau Grŵp Ymgynghorol canlynol:

- Grŵp Addysg Aml-broffesiynol Mewnol a fydd yn sicrhau cydlynid a goruchwyliaeth yr holl weithgarwch addysg ar draws AaGIC. Bydd pob cyfarwyddiaeth yn cael ei chynrychioli yn y grŵp.
- y Grŵp Addysg Integredig Allanol i gynghori ar flaenoriaethau addysg a hyfforddiant. Bydd y grŵp hwn yn cael y dasg o nodi gofynion hyfforddiant addysg yn y dyfodol ac ystyried cynigion yn y dyfodol a chyfleoedd addysg newydd.

3. MATERION LLYWODRAETHU A RISG

Bydd sefydlu'r Ddau Grŵp Ymgynghorol yn galluogi'r ACA a'r Bwrdd i graffu'n well ar gomisiynu, monitro ac asesu ansawdd addysg a hyfforddiant. Bydd craffu gwell yn galluogi AaGIC i reoli a lliniaru risg.

4. GOBLYGIADAU ARIANNOL

Bydd rhywfaint o gostau ychwanegol yn gysylltiedig â chynnal dau gyfarfod Grŵp Ymgynghorol. Fodd bynnag, ystyrir bod hyn yn cefnogi swyddogaeth graidd AaGIC.

5. ARGYMHELLIAD

Gofynnir i aelodau gymeradwyo'r cylch gorchwyl drafft ar gyfer y:

1. Grŵp Addysg Aml-broffesiynol Mewnol a'r:
2. Grŵp Addysg Integredig Allanol.

| Llywodraethu a Sicrwydd | | | | |
|--|---|--|--|---|
| Cysylltu ag amcanion corfforaethol (rhowch ✓) | Fel sefydliad newydd, sefydlu Addysg a Gwella Iechyd Cymru fel partner dibynadwy a gwerthfawr, cyflogwr ardderchog a brand arbenigol ag enw da | Adeiladu gweithlu iechyd a gofal cynaliadwy a hyblyg i'r dyfodol. | Gyda Gofal Cymdeithasol Cymru, siapio'r gweithlu i ddarparu gofal yn nes at y cartref ac i gysoni darpariaeth gwasanaethau'n well. | Gwella ansawdd a diogelwch drwy gefnogi sefydliadau'r GIG i ddod o hyd i atebion cyflymach a mwy cynaliadwy o ran y gweithlu ar gyfer yr heriau darparu gwasanaethau sy'n cael eu blaenoriaethu |
| | ✓ | ✓ | | |
| | Gwella'r cyfleoedd ar gyfer defnyddio technoleg a digidoleiddio wrth ddarparu addysg a gofal | Rhoi hwb i ddatblygiad arweinyddiaeth a chynllunio ar gyfer olyniaeth ar draws iechyd a gofal cymdeithasol mewn partneriaeth â Gofal Cymdeithasol Cymru ac Academi Wales | Dangos gwerth buddsoddiadau yn y gweithlu a'r sefydliad | |
| | | ✓ | ✓ | |
| Ansawdd, Diogelwch a Phrofiad Cleifion | | | | |
| Mae sicrhau mwy o graffu a sicrwydd dros feysydd cyfrifoldeb Addysg a Gwella Iechyd Cymru o ran addysg a hyfforddiant yn ffactor allweddol o ran ansawdd, diogelwch a phrofiad cleifion sy'n derbyn gofal. | | | | |
| Goblygiadau Ariannol | | | | |
| Bydd rhywfaint o gostau ychwanegol yn gysylltiedig â chynnal dau gyfarfod Grŵp Ymgynghorol. Fodd bynnag, ystyrir bod cefnogi'r Pwyllgor Addysg yn swyddogaeth graidd AaGIC. | | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth) | | | | |
| Dim effaith niweidiol ar gydraddoldeb ac amrywiaeth. | | | | |
| Goblygiadau Staffio | | | | |
| Dim. Cefnogir y Ddau Grŵp Ymgynghorol gan swyddogaeth graidd yr AaGIC. | | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | | | | |
| Dim effaith uniongyrchol. | | | | |
| Hanes yr Adroddiad | Lluniwyd yr adroddiad yn unol â chyfarwyddyd cyfarfod y Bwrdd AaGIC ym mis Medi. Ystyriwyd cylch gorchwyl drafft ar gyfer y Ddau Grŵp Ymgynghorol yng nghyfarfod diwethaf sesiwn pwyllgor y Pwyllgor ACA ar 16 Hydref. | | | |
| Atodiadau | Atodiad 1 - Y cylch gorchwyl drafft ar gyfer y Ddau Grŵp Ymgynghorol | | | |

| <p style="text-align: center;">INTERNAL MULTI-PROFESSIONAL EDUCATION GROUP (IMPEG)</p> <p style="text-align: center;">TERMS OF REFERENCE</p> |
|---|
| <p>Date: 16 January, 2020</p> |
| <p>Review Date: Annually</p> |
| <p>1. Introduction</p> <p>In line with Section 3 of HEIW's Standing Orders, the Board shall nominate annually an internal advisory group to ensure the co-ordination and oversight of all education activity across HEIW. This shall have representatives from all directorates and will be known as the Internal Multi-Professional Education Group (IMPEG).</p> <p>The terms of reference and operating arrangements set by the Board in respect of the IMPEG are detailed below.</p> <p>These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.</p> |
| <p>2. Purpose</p> <p>The purpose of the IMPEG is to provide to the Education Commissioning and Quality Committee (ECQC):</p> <ul style="list-style-type: none"> • with the draft national annual education and training plan; • with information to support strategies, policies, structures and processes for the governance of education and training which shall include taking a forward looking and strategic view; • with information to seek assurance of the effective performance, monitoring, management and value of education and training programmes and contracts, including the identification and management of related risk; • with evidence to monitor compliance of education and training activities in respect of statutory, regulatory and policy requirements, including equity, equality legislation and Welsh language requirements; • with evidence for supporting HEIW's compliance with delegated responsibilities given to it by health regulators; • with support in preparing the education tender documents for review by the ECQC; • with support in highlighting any issues out of the ordinary for the ECQC. |

3. Chair, Membership, Attendees Quorum and Term

3.1 Chair

Co-Chair – shall be the Director of Nursing or Medical Director, as agreed at each meeting.

3.2 Membership

According to role and as approved by the Education Commissioning and Quality Committee, comprising:

Membership:

- Director of Nursing
- Medical Director
- Sub Dean (PGES and Quality Improvement Skills training)
- Postgraduate Medical Dean
- Director of Postgraduate Dental Education
- Deputy of Postgraduate Dental Education
- Director of General Practice
- Associate Dean (Foundation)
- Director of Postgraduate Secondary Care Training
- Dean of Pharmacy
- Eye care Transformation Lead
- RSU
- Head of Professional Support Unit
- Strategic Programme Lead – Global Engagement and SAS support and development
- Associate Dean - Head of Programme Delivery and Foundation Practice (Pharmacy)
- Head of Education, Commissioning and Quality
- Head of Workforce Modernisation
- Head of Healthcare Science
- Head of Allied Health Professions
- Head of Nursing

3.3 Attendees

Individuals from within or outside HEIW, who the IMPEG considers should attend, will be invited taking account of the matters under consideration at each meeting.

3.4 Quorum

At least half of the members must be present to ensure the quorum of the IMPEG, one of whom should be the Committee Co-Chair.

3.5 Terms

Membership of the IMPEG and its terms of reference shall be subject to an annual review by the ECQC.

4 Frequency of Meetings

Meetings shall be held no less than quarterly and otherwise, as the Co-Chair of the Committee deems necessary.

| <p style="text-align: center;">EXTERNAL EDUCATION GROUP (EEG)</p> <p style="text-align: center;">TERMS OF REFERENCE</p> |
|--|
| <p>Date: 16 January, 2020</p> |
| <p>Review Date: Annually</p> |
| <p>1. Introduction</p> <p>In line with Section 3 of HEIW's Standing Orders, the Board shall nominate annually an advisory group which shall advise on education and training priorities for HEIW. This group shall have representatives from both within HEIW and externally and will be known as the External Education Group (EEG).</p> <p>The terms of reference and operating arrangements set by the Board in respect of the EEG are detailed below.</p> <p>These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all HEIW committees.</p> |
| <p>2. Purpose</p> <p>The purpose of the EEG is to provide to the Education Commissioning and Quality Committee (ECQC):</p> <ul style="list-style-type: none"> • with a multi professional, multi-disciplinary forum to advise on the discussion, development, scrutiny and commissioning of the education, training, learning and development needs of the health workforce within Wales; • with advice on promoting strategic alignment of policy development and service implementation in relation to workforce planning, education and development; • with advice in respect of the training and education implications of proposed workforce changes in the Welsh and UK context; • with support and advice on promoting collaboration within HEIW and with external agencies in relation to educational and training governance which shall include wellbeing; • with support in identifying future education training requirements and considering future proposals and new education opportunities which would be considered by the EEG prior to submission to the EC&QC; • with any information highlighting issues outside of the ordinary to the ECQC. |

3. Chair, Membership, Attendees Quorum and Term

3.2 Chair

Co-Chair – being the Director of Nursing or Medical Director

3.2 Membership

According to role and as approved by the Education Commissioning and Quality Committee comprising:

Membership:

From HEIW:

- Director of Nursing
- Medical Director
- Postgraduate Medical Dean
- Dean of Pharmacy
- Head of Education, Commissioning and Quality
- Director of Postgraduate Dental Education
- Head of Workforce Modernisation

University Representatives:

- Representative from Cardiff University
- Representative from Swansea University
- Representative from Bangor University
- Representative from South Wales University
- Representative from Glyndwr University
- Representative from Cardiff Met University
- Representative from the Open University

Other representatives:

- Health Board/Trust Medical Director
- Health Board/Trust Director of Nursing
- Health Board/Trust Director of Therapies and Healthcare Science
- Health Board Chief Pharmacist
- Representative from Wales Health Student Forum (WHSF) x2
- Representative from Post Graduate - Trainees x2
- Representative from Welsh Health Partnership Forum (WHPF) x4
- Social Care Wales
- Colleges Wales
- Coleg Cymraeg Cenedlaethol

3.3 Attendees

Individuals from within or outside the organisation who the EEG considers should attend, will be invited taking account of the matters under consideration at each meeting.

3.4 Quorum

At least half of the members must be present to ensure the quorum of the EEG, one of whom should be the Committee Co-Chair.

3.5 Terms

The terms of reference and membership of the EEG shall be subject to an annual review by the ECQC.

4 Frequency of Meetings

Meetings shall be held twice a year and otherwise, as the Co-Chair of the Committee deems necessary.



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

| | | | |
|--|--|---------------------------|------------------------|
| Dyddiad y Cyfarfod | 16 Ionawr 2020 | Eitem ar yr Agenda | 2.6 |
| Teitl yr Adroddiad | Datblygu Trefniant Tariff ar gyfer Cyfarwyddwyr Rhaglenni Hyfforddiant Gofal Eilaidd ledled Cymru er mwyn helpu Proffesiynoli'r Rôl | | |
| Awdur yr Adroddiad | Tom Lawson/Helen Baker | | |
| Noddwr yr Adroddiad | Pushpinder Mangat | | |
| Cyflwynwyd gan | Pushpinder Mangat | | |
| Rhyddid Gwybodaeth | Caeedig | | |
| Pwrpas yr Adroddiad | Mae'r papur briffio hwn yn argymhell cyflwyno pecyn tâl ar sail tariff ar gyfer holl Gyfarwyddwyr y Rhaglen Hyfforddiant Gofal Eilaidd (TPD) ledled Cymru. | | |
| Materion allweddol | Yng Nghymru mae angen Cyfarwyddwyr Rhaglen Hyfforddiant sy'n frwdfrydig a llawn cymhelliant gydag amser wedi'i neilltuo i arloesi, ac sy'n gweithio i ddenu, recriwtio a chadw hyfforddeion o safon uchel i'n rhaglenni hyfforddi. Nid yw'r model presennol yn darparu hyn yng Nghymru, ac mae hyn yn broblem sylweddol. Mae ein Cyfarwyddwyr Rhaglenni Hyfforddiant gwirfoddol yn cael trafferth ymdopi gyda mwy o bwysau ar wasanaethau ac yn cael eu dadrithio oherwydd anghydraddoldeb ar draws rolau. Mae nifer sylweddol yn dymuno ymddiswyddo o'r rôl heb unrhyw gynllun dilyniant ar waith i gynnal sefydlogrwydd. | | |
| Cam Penodol i'w Gymryd <i>(un ✓ yn unig)</i> | Gwybodaeth | Trafodaeth | Sicrhau |
| | | | Cymeradwyo ✓ |
| Argymhellion | Gofynnir i'r Pwyllgor: <ul style="list-style-type: none"> • cefnogi'r argymhelliad i gyflwyno pecyn taliadau ar sail tariff ar gyfer holl Gyfarwyddwyr Rhaglen Hyfforddiant gofal eilaidd o 1 Ebrill 2020; • cefnogi'r argymhelliad i gyflwyno Tariff 2 fel y manylir yn yr achos busnes cysylltiedig. | | |

DATBLYGU TREFNIANT TARIFF AR GYFER CYFARWYDDWYR RHAGLENNI HYFFORDDI GOFAL EILAIDD LEDLED CYMRU I GEFNOGI PROFFESIYNOLI'R RÔL

1. CYFLWYNIAD

Mae rôl Cyfarwyddwr y Rhaglen Hyfforddiant yn allweddol i gefnogi'r gwaith o gyflwyno rhaglenni hyfforddi cynaliadwy ac arloesol yng Nghymru. Mae'r rôl wrth galon ansawdd yr hyfforddiant a phrofiad yr hyfforddeion/hyfforddwyr ac felly i sicrhau bod y Cyngor Meddygol Cyffredinol yn cymeradwyo rhaglenni hyfforddiant. Heb Gyfarwyddwyr y Rhaglen Hyfforddiant, ni ellir rheoli rhaglenni hyfforddi yng Nghymru yn briodol, a byddai hyn yn peryglu colli cymeradwyaeth y Cyngor Meddygol Cyffredinol ac effeithio ar ein gallu i hyfforddi'r gweithlu yn y dyfodol.

Yn wahanol i Loegr, yr Alban ac Iwerddon nid yw Cyfarwyddwyr Rhaglen Hyfforddiant Gofal Eilaidd yng Nghymru yn cael eu talu'n gyson drwy AaGIC.

Yn yr achos busnes sydd ynghlwm, rydym yn cynnig bod tariff cyllido yn cael ei gyflwyno i gefnogi'r broses o broffesiynoleiddio'r rôl hanfodol hon yng Nghymru. Bydd hyn yn arwydd o ymrwymiad AaGIC i broffesiynoli addysg a hyfforddiant ledled Cymru, gan godi safonau i gefnogi recriwtio, cadw staff ac arloesi a sicrhau dull cyson o weithredu rôl y Cyfarwyddwyr Rhaglenni Hyfforddiant ar draws yr holl raglenni hyfforddi.

2. CEFNDIR

Mae'r achos busnes cysylltiedig yn amlinellu'r achos dros weithredu strwythur Tariffau newydd; mae'r rhesymau'n cynnwys:

- mae seilwaith hyfforddi o safon uchel yn darparu hyfforddiant o safon uchel;
- Cymru yw'r unig genedl nad yw'n talu ei Chyfarwyddwyr y Rhaglen Hyfforddiant gofal eilaidd;
- anghydraddoldeb ar draws rolau Cyfarwyddwyr Rhaglen Hyfforddiant eraill yng Nghymru, ac
- Mae angen proffesiynoli rôl Cyfarwyddwyr Rhaglen Hyfforddiant.

Mae tri dewis ar sail Tariff yn cael eu hystyried yn yr achos busnes sydd wedi'i atodi ac yn darparu buddion i Gymru gan gynnwys:

- Cyfle i ddenu carfan newydd o Gyfarwyddwyr Rhaglen Hyfforddiant sy'n debygol o ddod ag elfen o arloesi a dewis i wella ansawdd yr addysg a'r hyfforddiant sydd ar gael.
- Mwy o ymgysylltu a chefnogaeth ar gyfer Cyfarwyddwyr Rhaglen Hyfforddiant; cyswllt hollbwysig rhwng AaGIC a'r hyfforddeion.
- Cyfle i fod yn glir ynghylch rôl, cyfrifoldebau a disgwyliadau Cyfarwyddwyr Rhaglen Hyfforddiant.
- Cydraddoldeb ar draws y rolau yng Nghymru yn ogystal ag ar draws gwledydd eraill y DU.

3. MATERION LLYWODRAETHU A RISG

Drwy gyflwyno system dalu seiliedig ar dariff, bydd gwaith gweithredol ychwanegol yn AaGIC, yn bennaf yn yr adrannau Cyllid a Deoniaeth Feddygol. Bydd angen i AaGIC hefyd gysylltu'n rheolaidd â Byrddau Iechyd sy'n cyflogi'r unigolion hyn i sicrhau:

- bod unrhyw faterion yn ymwneud â pherfformiad yn cael sylw priodol;
- bod y rôl yn cael ei hymgorffori yn holl sgôp ymarfer at ddibenion ailddilysu, a
- bod unrhyw drefniadau SPA presennol yn cael eu diwygio yn unol â hynny.

Yn sgil y materion pensiwn presennol sy'n wynebu ymgynghorwyr, rydyn ni'n ymwybodol nad yw rhoi tâl uniongyrchol ymgynghorwyr am y rôl Cyfarwyddwyr Rhaglen Hyfforddiant ar ben eu cyflog ymgynghorol yn fodel delfrydol i bob unigolyn. Rydyn ni'n gweithio gyda chydweithwyr cyllid i edrych ar ffyrdd eraill o lunio'r pecyn tâl hwn i sicrhau nad yw unigolion o dan anfantais wrth ymgymryd â'r swyddogaethau hollbwysig hyn.

4. GOBLYGIADAU ARIANNOL

Mae tri model sy'n seiliedig ar dariff wedi cael eu datblygu, ac mae eu goblygiadau cost yn cael eu crynhoi isod ac yn cael eu hystyried yn y papur sydd ynghlwm.

| | Tariff 1 | Tariff 2 | Tariff 3 |
|-----------------------------------|----------|----------|----------|
| Y cyfanswm sydd ei angen | £762,835 | £650,285 | £615,895 |
| Dyraniad ariannu presennol | £218,846 | £218,846 | £218,846 |
| Y cyllid ychwanegol sydd ei angen | £543,989 | £431,439 | £397,049 |

Ystyrir mai'r dull priodol o ariannu cyflwyno'r mecanwaith hwn yw cynnwys elfen o'r gost goruchwyllo ar gyfer ehangu niferoedd y rhaglen sylfaen newydd i feddygon a'r niferoedd o Feddygon Teulu dan hyfforddiant o fis Awst 2020 ymlaen. Gyda'r cynnydd graddedig yn y niferoedd, gall y gwerth goruchwyllo sydd ynghlwm wrth bob swydd leihau gyda phob carfan. Cynhyrchwyd model a allai gynhyrchu'r swm sydd ei angen i gyflwyno'r mecanwaith i dalu Cyfarwyddwyr Rhaglen Hyfforddiant yn gyson. Awgrymir felly cyflwyno opsiwn Tariff 2, ar sail adfer y cyllid a geisir ar gyfer Ehangu'r Rhaglen Sylfaen i Feddygon a'r rhaglen Hyfforddi Meddygon Teulu.

5. ARGYMHELLIAD

Gofynnir i'r Pwyllgor:

- **Cefnogi'r** argymhelliad i weithredu'r system Tariffau Cyfarwyddwyr Rhaglen Hyfforddiant o fis Ebrill 2020 ymlaen;
- **Cefnogi** cyflwyno Tariff 2 wedi'i grynhoi isod ac yn yr atodiad ar gost ychwanegol o £431,439.

| Tariff 2 Dyrennir sesiwn 0.5 i bob Cyfarwyddwr Rhaglen Hyfforddiant waeth faint o hyfforddeion sydd ar y rhaglen oherwydd disgwyliadau sylfaenol y rôl. | |
|---|------------|
| 20-50 o hyfforddeion | sesiwn 0.5 |
| 51-100 o hyfforddeion | sesiwn 1.0 |
| 101-200 o hyfforddeion | sesiwn 1.5 |
| 201 a mwy o hyfforddeion | sesiwn 2.0 |

Llywodraethu a Sicrwydd

Cysylltu ag amcanion corfforaethol (rhowch ✓)

Fel sefydliad newydd, sefydlu Addysg a Gwella Iechyd Cymru fel partner dibynadwy a gwerthfawr, cyflogwr ardderchog a brand arbenigol ag enw da

Adeiladu gweithlu iechyd a gofal cynaliadwy a hyblyg i'r dyfodol.

Gyda Gofal Cymdeithasol Cymru, siapio'r gweithlu i ddarparu gofal yn nes at y cartref ac i gysoni darpariaeth gwasanaethau'n well.

Gwella ansawdd a diogelwch drwy gefnogi sefydliadau'r GIG i ddod o hyd i atebion cyflymach a mwy cynaliadwy o ran y gweithlu ar gyfer yr heriau darparu gwasanaethau sy'n cael eu blaenoriaethu

✓

✓

Gwella'r cyfleoedd ar gyfer defnyddio technoleg a digidoleiddio wrth ddarparu addysg a gofal

Rhoi hwb i ddatblygiad arweinyddiaeth a chynllunio ar gyfer olyniaeth ar draws iechyd a gofal cymdeithasol mewn partneriaeth â Gofal Cymdeithasol Cymru ac Academi Wales

Dangos gwerth buddsoddiadau yn y gweithlu a'r sefydliad

✓

✓

Ansawdd, Diogelwch a Phrofiad Cleifion

Bydd gweithredu'r tariff yn sicrhau bod hyfforddeion yn cael eu lleoli mewn amgylcheddau hyfforddi priodol i'w galluogi i gyflawni gofynion y cwrwllwm a darparu gwasanaeth diogel a gofal i gleifion.

Mae'r rôl wrth galon ansawdd yr hyfforddiant a phrofiad yr hyfforddeion/hyfforddwyr ac felly i sicrhau bod y Cyngor Meddygol Cyffredinol yn cymeradwyo rhaglenni hyfforddi.

Goblygiadau Ariannol

Cyfanswm cost gweithredu Tariff 2 yw £650,285, o ganlyniad mae angen £431,439 yn ychwanegol.

Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)

Dim

| | |
|--|---|
| Goblygiadau Staffio | |
| Bydd cyflwyno'r model tariff hwn yn ychwanegu at faich gwaith unigolion o fewn y Gyfarwyddiaeth Feddygol a thimau Cyllid hefyd. Er bod gwaith ychwanegol yn cael ei ragweld ar gyfer y tîm Gofal Eilaidd, rhagwelir hefyd y bydd hyn yn cael ei wrthbwysu yn erbyn y problemau llwyth gwaith cyfredol sy'n deillio o ddiffyg ymgysylltu â'r rôl. | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | |
| Amh. | |
| Hanes yr Adroddiad | |
| Atodiadau | Atodiad 1 – Datblygu Achos Busnes Tariffau Atodiad 2 – Dadansoddiad ariannol manwl |

TEMPLATE A – SIGNIFICANT INVESTMENT PROPOSAL

| | |
|--|--|
| Title of Business Case: | Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to Support Professionalisation of the Role |
| Submitted to Welsh Government by: | Dr Tom Lawson |
| Senior Executive Sponsor: | Professor Pushpinder Mangat |
| Document Author: | Dr Helen Baker |
| Date: | 14 th May 2019 |

1. Executive Summary

The Training Programme Director (TPD) role is key to supporting the delivery of sustainable and innovative training programmes within Wales. They ensure trainees are placed in appropriate training environments to enable them to meet their curriculum requirements and provide safe service and patient care. They provide leadership on quality management, annual reviews of trainee progression (ARCPs), training innovation and support, engagement and training for trainees and trainers within their specialty areas. They have a responsibility to liaise with Health Boards to ensure co-ordination between training requirements of individuals and service needs across Wales. The role is of central importance to the quality of training and the trainee/trainer experience and therefore to securing GMC approval of training programmes.

Across England, Scotland and Northern Ireland tariff systems are in place to remunerate TPDs; recognising the importance of this role and supporting appropriate performance management. Within Wales remuneration packages are in place for Foundation Programme Directors and General Practice Programme Directors with Secondary Care Specialty Programme Directors being outliers. As a result of this inconsistency Secondary Care TPDs in Wales are becoming increasingly disillusioned, with a significant number wanting to resign from the role and with no succession plan in place to maintain stability.

In the current climate Wales needs to deliver high quality training or risk a detrimental impact on recruitment and retention, which are already major challenges. To achieve this and to maintain GMC approval of our training programmes we require highly motivated and enthusiastic TPDs with protected time to innovate, and who work to attract, recruit and retain high quality trainees to our training programmes. It is important that these individuals feel valued, identify with HEIW and its values and take responsibility for and are accountable for their performance. We currently have a significant issue in Wales; increasing service pressures are leading to individuals reconsidering any roles they undertake on a voluntary basis - the role of secondary care TPD falls into this category for the majority. Furthermore the highest calibre individuals are often sought after for numerous leadership roles in NHS Wales and as most others are remunerated the TPD role is often not considered attractive by comparison. Existing TPDs are becoming increasingly disillusioned with the arrangements when compared to their TPD colleagues in primary care and foundation within Wales and their secondary care counterparts across the UK. Without

TPDs, training programmes in Wales cannot be appropriately managed, risking loss of GMC approval and impacting our ability to train the future workforce.

We are proposing that funding is identified to support professionalisation of this essential role in Wales. This will signal HEIW's commitment to professionalising education and training across Wales, raising standards to support recruitment, retention and innovation and ensuring a consistent approach to the TPD role across all training programmes.

2. Background of proposal

The delivery of high-quality education and training programmes form the foundation of a sustainable workforce model for the NHS. Attracting high quality trainees who are then retained within the workforce as future consultants is critical to the future delivery of sustainable and innovative services across Wales.

Professionalising the role of the TPD to facilitate recruitment and performance management of high calibre individuals is one of a number of priority areas for HEIW over the next 3 years, which will help facilitate the delivery of high-quality training and support to our trainee doctors. Other priority areas include changes to the study leave arrangements, considering options for a single lead employer, increased wellbeing support, reviewing the commissioning and quality management framework and improving access to training and education through the use of simulation and digital technology.

In the current climate with continued challenges to recruitment and retention Wales needs inspiring and dedicated trainers and TPDs. There are a number of factors influencing trainees' recruitment and retention decisions such as location at time of application or that of family and friends which are outside of the control of HEIW or NHS Wales, however other key factors such as the quality of training or reputation of education providers can be influenced and changed. TPDs have a significant role to play in influencing trainee's future career decisions with doctors tending to feel drawn towards supportive teams and teachers who engaged with or inspired them or where a community is generated amongst the trainees making them feel valued as part of a wider team.

Secondary Care TPDs are consultants working in accordance with the policies set by the Postgraduate Dean. The TPD is responsible for supporting the professional development of trainees, managing progression and placements, providing advice and support to trainees and trainers and is often seen as the key link to HEIW for the vast majority of trainees and trainers. Within Wales there are 10 specialty training Schools each led by a Head of School employed directly by HEIW for the role. The Specialty Programmes, Training Committees and TPDs sit within one of these Schools (please see Appendix 1 for further details). There are 55 Specialty Training programmes currently delivered within Secondary Care with approximately 1700 trainees in post.

The role of the TPD predates the introduction of Modernising Medical Careers in 2007, however, with the introduction of specialty training in 2007 and various improvements to training the role has expanded considerably.

The TPD role is pivotal to the development and delivery of a high quality and sustainable training programme and includes following responsibilities:

- Supporting the Quality management framework including participation in local visits, evaluation of end of placement and GMC National Trainee survey data and contribute to the annual specialty report to HEIW
- Supporting recruitment and selection into programmes by participating in interview panels,
- participate in or provide advice to the Postgraduate Dean, School Board and HEIW as requested;
- chair/participate in local arrangements (including Specialty Training Committees (STCs) developed by the Postgraduate Dean to support and advise on the management of the specialty training programme(s) within

- leading on HEIW's response to the differential attainment agenda within the specialty
- work with delegated College/Faculty representatives (e.g. college tutors, regional advisors) and represent HEIW at national College/Faculty training or Specialty Advisory Committees (SACs) to ensure that programmes deliver the specialty curriculum and enable trainees to gain the relevant competences, knowledge, skills, attitudes and experience;
- the trainee experience taking into account the collective needs of trainees in the programme when planning training for individual trainees;
- ensure the allocation of trainees to appropriate placements and the coordination of rotational arrangements.
- coordinate and participate in the Annual Review of Competence Progression (ARCP) process;
- provide leadership in recruiting and performance managing educational supervisors and supporting clinical supervisors within the programme;
- ensure that all trainees receive a comprehensive induction into the specialty and to ensure that any subsequent induction to placements within the programme takes place in a timely manner;
- help the Postgraduate Dean manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying remedial placements where required;
- provide advice on Out-of-Programme activities and how these may be accessed
- provide pastoral support for trainees and trainers
- provide careers advice for trainees both within and outside of the specialty
- Representing HEIW at trainee ARCP independent appeal hearings.
- Supporting Heads of Schools in delivering initiatives to improve the quality of training available across Wales.

Whilst the volume of work varies for some of the above duties dependent upon the number of trainees on the programme the activities themselves must be completed irrespective of the size of the programme.

Case for change

1. High quality training infrastructure delivers high quality training

The delivery of a high quality and innovative training programme is heavily reliant upon a good, proactive and innovative TPD. All training programmes are unique and each have a set of challenges which could include recruitment and retention issues, high rates of less than full time training, quality issues at various sites, curriculum changes and trainees with complex training requirements. The TPD plays a pivotal role in responding to these challenges and attracting good quality trainees to Wales, supporting trainees through their training, investigating quality concerns and managing programmes to meet the requirements and maintain trainee satisfaction. Trainees, through the 2019 GMC National Trainee Survey continue to report high levels of satisfaction with training in Wales with 87% of trainees in Wales confident that their posts will enable them to acquire the competencies they need at their current stage of training and 90.69% of trainees reporting that their posts will be useful for their future careers. The TPD role is fundamental to this.

2. Wales is the only nation that does not remunerate their secondary care TPDs

Across the UK, with the exception of Wales, tariffs are in place to remunerate the Secondary Care TPD role through the Deanery/LETBs, each of which varies in their levels slightly but does recognise and support this vital role in training programme management. Feedback from lead Deans in other UK nations is that introducing a tariff based system for the secondary care TPD role has significantly increased interest in the role, recruitment of high calibre individuals and an improvement in standards.

Table 1 – UK Sessional Tariffs for TPDs

| England | Scotland | Ireland |
|---|---|--|
| Various models in place but the most common model detailed below | Revised tariff introduced in 2016 for 2016-2019 | Revised a couple of years ago although requires review |
| 1-2 trainees = 0.0625 PAs 3-5 trainees = 0.1250 PAs 6-10 trainees = 0.25 PAs 11-20 trainees = 0.50 PAs 21-30 trainees = 1 PAs 31-40 trainees = 1.5 PAs 41-60 trainees = 2 PAs 61+ trainees = 2.5 PAs | 0 – 6 trainees = 0 PAs 7 – 12 trainees = 0.5 PAs 13 – 34 trainees = 1 PA 35 – 59 trainees = 1.5 PAs 60 – 84 trainees = 2 PAs 85 – 109 trainees = 2.5 PAs 110 – 134 trainees = 3 PAs 135 – 159 trainees = 3.5 PAs >160 trainees = 4 PAs >200 trainees = 4.5 PAs | 1-4 trainees = 0.25 PAs 5-12 trainees = 0.5 PAs 13-20 trainees = 0.75 PAs 21-40 trainees = 1 PA |

Of note programmes in Ireland are much smaller compared to England and Scotland hence the variation.

TPDs have become increasingly frustrated about the lack of remuneration and recognition for the role. This frustration is becoming exacerbated as TPDs are becoming aware of the discrepancy across the roles, where individuals within the other nations are receiving remuneration for doing the same job. These frustrations are impacting upon TPDs' willingness to undertake certain duties or the role and the perception they give to UK colleagues of Wales at specialty and College meetings.

3. Disparity across TPD roles in Wales

There is significant disparity in employment/contractual arrangements and remuneration for TPD roles across the Medical Deanery with all Foundation Training Programme Directors and GP Programme Directors receiving remuneration (see Table 1).

| | Secondary Care Programme Directors (current allocation) | Foundation Programme Director | GP Programme Director |
|-------------------------------------|---|--|-----------------------------|
| Employment arrangement | No formal arrangement. HEIW interview. | Health Board employed. Appraised within faculty team appraisal | HEIW employed and appraised |
| Total funding for TPDs | £218,846 | £150,000 | £732,509 |
| TPD WTE funded | 17.5 | 15 | 6.4 |
| Number of TPDs | 60 | 15 | 26 |
| Number of Training posts | 1954 | 678 | 638 |
| Funding allocated per training post | £112 | £221 | £1148 |

Table 1 – Current disparity of funding allocations across the Medical Deanery.

Funding for Secondary Care TPDs has fallen behind that for Foundation and GP for a number of reasons.

- Prior to the introduction of MMC in 2007 a small amount of funding was available to the higher specialty programmes to support the delivery of education and training. Following 2007 specialty training programmes grew considerably in size as the SHO grade was incorporated into the Deanery's management of training. As a result, the funding allocated at the time was redistributed and apportioned across programmes according to size and complexity. Therefore, of the 55

Specialty Training Programmes now in place across Wales funding is currently allocated to the largest and more complex programmes to manage (11 programmes in all) and so 44 training programmes and associated TPDs are not remunerated.

- Historically funding was not earmarked for TPDs as individuals were able to obtain SPA (Supporting Professional Allocation) allocation within their employing Health Board to undertake this role. However, with inconsistency in approaches across and within Health Boards and increasing service and clinical demands this is becoming a challenge. A survey of TPDs asking about SPA allocation to support their TPD role has shown that over half of the respondents did not have any SPA time within their job plan to undertake their TPD role. New TPDs are experiencing significant challenges associated with SPAs whilst existing TPDs with long-established SPAs for the role have reported that this time was not sufficient to undertake the role and it has been made clear to them that the SPA allocation “remains under heavy review and could be taken away at any point in time”.

Implementing a tariff system as detailed in Appendix 1 would increase the amount allocated to TPDs across secondary care from £112 per post to £309-383 per post.

4. A need to professionalise the TPD role

It is becoming an increasing challenge to manage the issues associated with a lack of professionalisation (remuneration and performance management) of the role of the TPD.

Heads of Schools for Secondary Care and TPDs continue to report that it is becoming increasingly difficult to attract and retain good quality TPDs. Succession planning within training is becoming an increasing problem because of this lack of remuneration. We currently have 2 TPDs who have requested to resign from their TPD role having undertaken the role for in excess of 5 years however they have not yet done so as no member of the training committee is prepared to take on the role without remuneration. Where succession plans have been in place identified individuals have then chosen to take on the roles that are funded rather than the current unfunded TPD roles. For over 12 months the role of the ACCS TPD was undertaken by the Head of School for Emergency Medicine due to no applicants. Once funding was identified to support the role an excellent candidate stepped forward and has been successful in obtaining the post.

Over 10 Training Programmes have had the same TPD for 10 years or more, the role usually has a tenure of 3-5 years, because no-one else will take on the role due to the lack of funding. Whilst maintaining the same TPD has benefits in terms of corporate knowledge it does hamper innovation within training programmes. A significant number of TPDs took on the role knowing it was not remunerated expecting to be doing it as a development opportunity for a couple of years and then pass it on to a more junior colleague which has not now occurred due to the funding issue.

From feedback we know that TPDs often do not see themselves as part of the Deanery/HEIW team, however the Medical Deanery is heavily reliant on the TPD for the management of our training programmes. When considering the evidence from the 2019 GMC National Trainer Survey both primary and secondary care trainers reported strong levels of local support for their training roles. In terms of support for the training role from their Medical Deanery, 66% of secondary care reported that they received good support compared to 90% of primary care trainers. Whilst this result clearly illustrates that there is a significant variance between primary and secondary care, this is predictable given that the professionalisation of training roles for secondary care trainers is still at an early stage relative to primary care.

In considering time for the training roles, 29% of secondary care trainers reported that they didn't have time in their job plan for their training role. Of those trainers who did have time only 38% reported that they were able to use the time for the purpose it was intended.

To address some of these challenges and recognise the importance of this role we have introduced a number of initiatives and changes to provide further support to our TPDs these include:

- The introduction of a generic job description and appointments process for all TPDs.
- A quarterly TPD newsletter to improve communications between TPDs and HEIW and ensure TPDs have easy access to information around developments in education and training
- A quarterly TPD development day; however engagement has been variable across the TPDs with individuals unable to attend due to pressing clinical commitments.

Alongside the introduction of a tariff-based remuneration package we will also be:

- introducing an appraisal process which will feed into the NHS appraisal process,
- identifying development objectives for our TPDs to identify education and development needs,
- sharing best practice
- developing a network of support
- introducing a performance management framework to address of concern and to ensure individuals are appropriately undertaking the role for which they are being remunerated.

Over the years the role has grown and is becoming more challenging, trainees are requiring more flexibility which is increasingly challenging to manage and support everyone within a structured training programme. Where trainees are not progressing at the expected rate these cases are difficult to manage and often lead to tension and appeals requiring further support and input. With no remuneration it is difficult to expect TPDs to do this.

3. Strategic Priorities aligned to HEIW

The delivery of a high quality and innovative training programme is heavily reliant upon a good, proactive and innovative TPD therefore the professionalisation of the role of the Training Programme Director is integral to the delivery of HEIW's Strategic Objective 2 – *Building a sustainable and flexible health and care workforce for the future.*

TPDs are often seen as the 'face' of HEIW acting as the closest link trainees and trainers have with the organisation. A supportive and good quality TPD can make a trainee feel highly valued within their training programme impacting future recruitment and retention.

Alongside this TPDs have a fundamental role in supporting the delivery of a number of the key functions of HEIW including:

- Quality Management – The TPD is essential to the Quality Management Framework within HEIW. These individuals play a role in local programme Quality control, identifying and exploring issues and developing solutions to negate a need for formal escalation. These individuals also interrogate quality data from trainee surveys to ensure the training environments meet the required standard.
- Education delivery – These roles play a key part in delivering the education and training of Junior Doctors across Wales but also going forward can support the education and training of other roles within the multiprofessional team.
- Workforce intelligence and planning – TPDs play a key role in supporting the workforce planning process for medical training numbers providing essential detail around service challenges, developments, enabling HEIW to obtain a clear understanding of what is happening on the ground

along with acting as a conduit for obtaining information around other roles within departments, information not readily available at present.

- Supporting other roles within the team – TPDs along with supporting trainee doctors can also provide support to other multiprofessional roles within team aligned to HEIW strategic and workforce priorities i.e. Physicians Associates, Advanced Care Practitioners all of which require support, education and training.

4. Option Appraisal

Option 1 – Maintain the status quo

Wales is currently an outlier in the UK in terms of how it supports its TPDs and this option would maintain this, risking an impact on quality of training, recruitment of trainers and trainees and creating a negative perception of training in Wales.

Option 2 - Implement a Tariff based system for remuneration

Implementing a tariff-based system in Wales would address the current imbalance when compared to the other 3 nations of the UK. It would ensure that all TPDs across Wales receive a remuneration package commensurate with the role they are undertaking recognising that the demands of the TPD role have grown considerably over recent years and continue to do so.

This remuneration package could vary to offer flexibility to TPDs in that the tariff could either be paid to HB directorates to buy the individuals time and support backfill or paid directly to individuals but with either option ensuring clear job plan accountability so that there is always complete transparency

The proposed tariff-based allocation values the role of all TPDs irrespective of the size of the programme by ensuring that key functions such as recruitment and selection, ARCPs, representing Wales at UK meetings, programme management, Quality control and monitoring undertaken by all TPDs is recognised with additional funding issued to those larger programmes where increased numbers of trainees places additional demands upon TPDs.

Due to the short term nature of these roles it is anticipated that any sessional allocation for a specialty which exceeds 2 sessions would be split amongst several individuals each taking on lead portfolios.

The tariff allocation could be broken down as follows:

| Tariff Arrangement | | | |
|---|-------------|------------------|-------------|
| 0.5 session is allocated to all TPDs irrespective of the number trainees on the programme due to minimum expectations of the role. | | | |
| With <i>Tariff 2b</i> this has been reduced to 0.25 session for small specialties with 3 or less trainees. | | | |
| In addition to the basic sessional allocation further allocations will be distributed based upon the number of trainees on the programme: | | | |
| Tariff 1 | | Tariff 2 | |
| 20-50 trainees | 0.5 session | 20-50 trainees | 0.5 session |
| 51-100 trainees | 1.5 session | 51-100 trainees | 1.0 session |
| 101-200 trainees | 2.5 session | 101-200 trainees | 1.5 session |
| 201+ trainees | 3.5 session | 201+ trainees | 2.0 session |

5. Financial Analysis (Develop with Finance Business Partner)

A detailed financial breakdown of allocations across the programmes is available in Appendix 1.

These projections are based upon the number of training posts for each specialty as of the end of April 2019 and payment of 1 session costing £12,505.49 p.a.

The Tariff model would substantially increase the funding requirement for TPDs across Specialty Training but will provide a remuneration package that reflects the work of the TPDs now but also in the future to support HEIW's strategic priorities.

It is anticipated that if supported this revised funding allocation would be issued to all TPDs as soon as possible but projected from April 2020.

| | Tariff 1 | Tariff 2 | Tariff 2b |
|-----------------------------|-----------|-----------|-----------|
| Total amount required | £ 762,835 | £ 650,285 | £615,895 |
| Current funding allocation | £218,846 | £218,846 | £218,846 |
| Additional funding required | £543,989 | £ 431,439 | £397,049 |

Please note these costings are based upon TPDs being paid at the top of the consultant scale at the 2019/2020 rate. Reimbursement is based upon actual costs and so the above outlines the maximum amount of funding required. Once information is gathered from all TPDs actual figures can be confirmed.

6. Investment Appraisal and Value

As detailed within this business case the TPD role is essential delivering a sustainable training programme model across Wales. By remunerating TPDs and professionalising the role as detailed within section 2.3 appropriate benefits for implementation include:

- An opportunity to attract a new cohort of TPDs likely to bring innovations and options to improve the quality of education and training available which will have future impact upon the attractiveness of the programme, recruitment and retention.
- Increased engagement with and support for TPDs who are a crucial link between HEIW and the trainees thereby improving the trainee experience and impacting upon recruitment and retention.
- An opportunity to be clear around the role, responsibilities and expectations and for HEIW to introduce effective performance management.
- Parity across TPD roles within Wales as well as across other nations of the UK.

If not supported the problems currently experienced are likely to exacerbate as TPDs become increasingly concerned about the discrepancies and how the role is valued in Wales compared to elsewhere. Across Wales we are currently in a precarious position. Our TPDs are becoming increasingly disillusioned with the current arrangements. We are heavily reliant on goodwill which is rapidly running out. The worst case scenario would be that if this tariff arrangement is not supported TPDs would resign with no one wishing to take on the role without remuneration. If this occurred Wales would have to cease training in those specialties which would affect our reputation and the sustainability of our future workforce.

7. Timescale of recommended implementation

| | Task Description | Deadline |
|---|--|----------------------------|
| 1 | Notify all existing TPDs and Health Boards of the change to the new tariff | January 2020 |
| 2 | Implement new tariff | 1 st April 2020 |

8. Major risks

In implementing this process within HEIW there will be additional operational activity associated with notifying, paying and processing invoices associated with these TPDs with the majority of work falling within the Secondary Care Training Section and Finance departments. Given that these individuals will remain employees of the Health Boards and not HEIW this will not impact upon the PEOPLE team however consideration may be given to developing a contract with these individuals to ensure any future performance issues can be managed appropriately.

In addition it will be important to liaise with the employing Health organisation to ensure that:

- where performance issues are identified these are fed into the primary employer
- this role is incorporated into the whole scope of practice for revalidation purposes
- any previous SPA arrangements for the TPD role are amended accordingly to ensure no double counting of time to support this function.

With the current pension issues facing consultants we are aware that direct remuneration of consultants for the TPD role on top of their consultant salary may not be the desired model for all individuals. We are working with finance colleagues to explore alternative ways in which this remuneration package can be put together to ensure that individuals are not at a disadvantage when taking on these crucial roles.

There is the risk that despite these changes we continue to encounter problems recruiting individuals to TPD roles. If this were to occur then individuals within HEIW would need to engage with the training community and employing organisations to clearly understand the barriers to implementation.

9. Recommendation

In the current climate Wales needs to deliver high quality training. To achieve this we require highly motivated and enthusiastic TPDs who lead innovations within their training programmes and work to attract, recruit and retain high quality trainees to our training programmes.

Health and wellbeing is high on the agenda for organisations across the UK. Without time in their job plan or funding to release sessions these enthusiastic educationalists are increasingly using their own time, annual and professional leave to undertake these roles; a model which is not sustainable going forward. In Wales we aim to attract and retain high quality individuals. To support this, individuals need to feel valued in the roles they play. In supporting this business case and the professionalisation of the secondary care TPD role, HEIW will be demonstrating the value it places on supporting high quality education and training across Wales.

It is recommended that a Tariff model for TPD remuneration is introduced across Wales in line with the other nations of the UK and that action is taken to adopt one of the Tariffs recommended within this paper from April 2020 onwards.

This will signal HEIW's commitment to professionalising education and training across Wales and raising standards to support recruitment, retention and innovation.

Introducing a tariff structure for Training Programme Directors in Wales.

Assumptions
Cost of 1 consultant session for 19/20 £ 12,505.49 Assuming maximum of clinical scale
If, due to the size of the programme, the sessional allocation exceed 2 sessions it is anticipated this allocated will be shared across more than one role.

| Tariff Arrangement | | | | Tariff 2 | Tariff 2b |
|---|--|-------------|--|--|--|
| 0.5 session is allocated to all TPDs irrespective of the number trainees on the programme due to minimum expectations of the role. In addition to the 0.5 basic sessional allocation further allocations will be distributed based upon the number of trainees on the programme. | | | | 0.5 sessions 1 sessions 1.5 sessions 2 sessions | 0.25 as basic sessional allocation for small programmes with 3 or fewer trainees 0.5 sessions 1 sessions 1.5 sessions 2 sessions |
| 20-50 trainees | | 0.5 session | | | |
| 51-100 trainees | | 1.5 session | | | |
| 101-200 trainees | | 2.5 session | | | |
| 201+ trainees | | 3.5 session | | | |

| Specialty | Training Posts | Current sessional allocation | Current funding allocation | Tariff 1 | | | | Tariff 2 | | | Tariff 2(b) | | |
|---|----------------|------------------------------|----------------------------|---------------|---------------------------------|----------------------------|-----------|---------------------------------|----------------------------|-----------|---------------------------------|----------------------------|----------|
| | | | | Basic payment | Additional sessional allocation | Total sessional allocation | Cost (£) | Additional sessional allocation | Total sessional allocation | Cost (£) | Additional sessional allocation | Total sessional allocation | Cost (£) |
| School of Anaesthetics | | | | | | | | | | | | | |
| Anaesthetics | 238 | 2 | £ 25,011 | 0.5 | 3.5 | 4 | £ 50,022 | 2 | 2.5 | £ 31,264 | 2 | 2.5 | £31,264 |
| Intensive Care Medicine | 23 | | £ - | 0.5 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £12,505 |
| School of Surgery | | | | | | | | | | | | | |
| Core Surgical training | 97 | 1 | £ 12,505 | 0.5 | 1.5 | 2 | £ 25,011 | 1 | 1.5 | £ 18,758 | 1 | 1.5 | £18,758 |
| Cardiothoracic surgery | 7 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| General surgery | 61 | 1 | £ 12,505 | 0.5 | 1.5 | 2 | £ 25,011 | 1 | 1.5 | £ 18,758 | 1 | 1.5 | £18,758 |
| Neurosurgery | 8 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Ophthalmology | 39 | | £ - | 0.5 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £12,505 |
| Oral and maxillofacial surgery | 8 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Otolaryngology | 17 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Paediatric surgery | 3 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.25 | £3,126 |
| Plastic surgery | 10 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Trauma and Orthopaedic Surgery | 46 | 0.5 | £ 6,253 | 0.5 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £12,505 |
| Urology | 17 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Vascular Surgery | 8 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| School of Pathology | | | | | | | | | | | | | |
| Chemical pathology | 4 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Histopathology | 20 | | £ - | 0.5 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £12,505 |
| Paediatric and perinatal pathology | 2 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.25 | £3,126 |
| School of Radiology | | | | | | | | | | | | | |
| Clinical Radiology | 72 | 1 | £ 12,505 | | | | £ - | | | £ - | | | £0 |
| North Wales | 12 | | | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| South Wales | 60 | | | 0.5 | 1.5 | 2 | £ 25,011 | 1 | 1.5 | £ 18,758 | 1 | 1.5 | £18,758 |
| School of Obstetrics & Gynaecology | | | | | | | | | | | | | |
| Community sexual and Reproductive Health | 2 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.25 | £3,126 |
| Obstetrics and Gynaecology | 86 | 1 | £ 12,505 | 0.5 | 1.5 | 2 | £ 25,011 | 1 | 1.5 | £ 18,758 | 1 | 1.5 | £18,758 |
| School of Emergency Medicine | | | | | | | | | | | | | |
| Acute Care Common Stem (ACCS) | 92 | | £ - | 0.5 | 1.5 | 2 | £ 25,011 | 1 | 1.5 | £ 18,758 | 1 | 1.5 | £18,758 |
| Emergency medicine | 75 | 1 | £ 12,505 | 0.5 | 1.5 | 2 | £ 25,011 | 1 | 1.5 | £ 18,758 | 1 | 1.5 | £18,758 |
| Pre-hospital emergency medicine | 2 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.25 | £3,126 |
| School of Medicine | | | | | | | | | | | | | |
| Internal Medicine (CMT) | 244 | 4 | £ 50,022 | | | | £ - | | 0 | £ - | | 0 | £0 |
| IMT (SE Wales) | 87 | | | 0.5 | 1.5 | 2 | £ 25,011 | 1 | 1.5 | £ 18,758 | 1 | 1.5 | £18,758 |
| IMT (S Wales) | 82 | | | 0.5 | 1.5 | 2 | £ 25,011 | 1 | 1.5 | £ 18,758 | 1 | 1.5 | £18,758 |
| IMT (W Wales) | 26 | | | 0.5 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £12,505 |
| IMT(N Wales) | 49 | | | 0.5 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £12,505 |
| General Internal Medicine | 237 | 2 | £ 25,011 | 0.5 | 3.5 | 4 | £ 50,022 | 2 | 2.5 | £ 31,264 | 2 | 2.5 | £31,264 |
| Acute Internal Medicine | 12 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Audio vestibular medicine | 1 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.25 | £3,126 |
| Clinical genetics | 4 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Cardiology | 37 | | £ - | 0.5 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £12,505 |
| Clinical immunology | 1 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.25 | £3,126 |
| Clinical neurophysiology | 1 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.25 | £3,126 |
| Clinical oncology | 19 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Clinical pharmacology and therapeutics | 2 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.25 | £3,126 |
| Dermatology | 13 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Endocrinology and diabetes mellitus | 21 | | £ - | 0.5 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £12,505 |
| Gastroenterology | 21 | | £ - | 0.5 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £12,505 |
| Genito-urinary Medicine | 4 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Geriatric medicine | 51 | | £ - | 0.5 | 1.5 | 2 | £ 25,011 | 1 | 1.5 | £ 18,758 | 1 | 1.5 | £18,758 |
| Haematology | 15 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Medical oncology | 6 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Neurology | 7 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Occupational Medicine | 1 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.25 | £3,126 |
| Palliative medicine | 13 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Rehabilitation Medicine | 1 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.25 | £3,126 |
| Renal Medicine | 14 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Respiratory medicine | 29 | | £ - | 0.5 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £12,505 |
| Rheumatology | 9 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Stroke Medicine | 2 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.25 | £3,126 |
| School of Psychiatry | | | | | | | | | | | | | |
| Core psychiatry training | 83 | 1 | £ 12,505 | 0.5 | 1.5 | 2 | £ 25,011 | 1 | 1.5 | £ 18,758 | 1 | 1.5 | £18,758 |
| Child and adolescent psychiatry | 11 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Forensic psychiatry | 6 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| General psychiatry / Old age psychiatry | 26 | | £ - | 0.5 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £12,505 |
| Psychiatry of Learning Disability | 5 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| School of Paediatrics | | | | | | | | | | | | | |
| Paediatrics | 135 | 3 | £ 37,516 | | | | £ - | | 0 | £ - | | 0 | £0 |
| Paediatrics South Wales | 101 | | | 0.5 | 2.5 | 3 | £ 37,516 | 1.5 | 2 | £ 25,011 | 1.5 | 2 | £25,011 |
| Paediatrics North Wales | 34 | | | 0.5 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £12,505 |
| School of Public Health Medicine & Medical Microbiology | | | | | | | | | | | | | |
| Public health medicine | 22 | | £ - | 0.5 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £ 12,505 | 0.5 | 1 | £12,505 |
| Combined Infection Training | 10 | | £ - | 0.5 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £ 6,253 | 0 | 0.5 | £6,253 |
| Total | 1990 | 17.5 | £218,846 | | | 61 | £ 762,835 | 22 | 52 | £ 650,285 | £ 22 | £ 49 | £615,895 |

| | | | |
|---|----------|-----------|----------|
| Additional Cost incurred by implementing new Tariff structure | £543,989 | £ 431,439 | £397,049 |
| Cost per trainee | £ 383.33 | £ 326.78 | £309.50 |



GIG
CYMRU
NHS
WALES

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

| | | | |
|--|---|---------------------------|------------------|
| Dyddiad y Cyfarfod | 16 Ionawr 2020 | Eitem ar yr Agenda | 3.1 |
| Teitl yr Adroddiad | Crynodeb o Berfformiad Contract Comisiynu Gweithwyr Iechyd Proffesiynol 2019 | | |
| Awdur yr Adroddiad | Martin Riley | | |
| Noddwr yr Adroddiad | Stephen Griffiths | | |
| A gyflwynir gan | Stephen Griffiths | | |
| Rhyddid Gwybodaeth | Agored | | |
| Diben yr Adroddiad | I roi gwybod i EC&QC am y Dangosyddion Perfformiad Allweddol presennol sy'n cael eu casglu fel rhan o'r system Rheoli Contractau Gweithwyr Iechyd Proffesiynol. Adrodd ar ganlyniadau a gweithredoedd allweddol. | | |
| Materion Allweddol | <p>Mae'r grwpiau myfyrwyr a gwmpesir yn cynnwys nyrsio, bydwreigiaeth, nyrsio cymunedol, pob proffesiwn cysylltiedig ag iechyd a gwyddor iechyd. Mae ymarfer uwch, rhagnodi anfeddygol a dychwelyd i ymarfer hefyd yn cael eu mesur a'u meincnodi.</p> <p>Mae'r dangosyddion perfformiad allweddol yn cynnwys,</p> <ul style="list-style-type: none"> ➤ Cyflawni targedau comisiynu (cyfraddau llenwi hyfforddiant) ➤ Cyfraddau ymgeisio ➤ Athrofa ➤ Gwerth am arian ➤ Amseroldeb gwybodaeth ➤ Addysg Ôl-raddedig ➤ Rhagnodi anfeddygol ➤ Dychwelyd i ymarfer | | |
| Camau penodol sydd eu hangen (✓ un yn unig) | Gwybodaeth | Trafodaeth | Yswiriant |
| | ✓ | | |
| Argymhellion | <p>Gofynnir i'r EC&QC:</p> <ul style="list-style-type: none"> ➤ Nodi perfformiad y contract ledled Cymru | | |

CRYNODEB O BERFFORMIAD COMISIYNU GWEITHWYR IECHYD PROFFESIYNOL 2019

1. RHAGARWEINIAD

Y flwyddyn academiaidd 2018/19 oedd y flwyddyn academiaidd gyfan gyntaf ers sefydlu AaGIC. Cesglir data myfyrwyr ar ddechrau pob carfan gyda ffurflenni monitro misol a ffurflen ar gyfer pob carfan sy'n graddio. Cyflwynwyd y ffurflenni mis Awst - a oedd yn casglu'r olaf o garfannau graddio'r 2018/19 - i AaGIC cyn diwedd mis Medi. Ers y dyddiad hwn, mae AaGIC wedi casglu'r holl ddata, ei brofi a'i feincnodi lle y bo'n briodol. Defnyddiwyd y canlyniadau hyn i greu adroddiad perfformiad ar gyfer pob prifysgol.

Mae adroddiad perfformiad pob prifysgol yn amlygu nid yn unig eu perfformiad eu hunain ond yn nodi cyfartaledd Cymru, targedau'r Comisiynydd ac yn darparu system sgorio ar bob ardal a brofwyd. Lle mae perfformiad yn is na'r lefel a ddisgwylir, caiff cam gweithredu ei godi yn yr adroddiad i'r Brifysgol fynd i'r afael ag ef. Rhaid cyflwyno ymatebion i'r camau gweithredu hyn i'r Comisiynydd erbyn dyddiad penodol gyda gweithgarwch mesuradwy a gwelliannau wedi'u targedu. Caiff y rhain eu trafod mewn cyfarfodydd busnes contract yn y dyfodol fel rhan o'r agenda gwelliant parhaus.

Mae'r adroddiad hwn yn crynhoi safbwynt Cymru Gyfan. Amgaeir yr adroddiad llawn ar berfformiad Cymru Gyfan.

2. MYFYRWYR WEDI'U CYNNWYS A DANGOSYDDION PERFFORMIAD ALLWEDDOL

Mae'r grwpiau myfyrwyr a gwmpesir yn cynnwys nyrsio, bydwreigiaeth, nyrsio cymunedol, pob proffesiwn cysylltiedig ag iechyd a gwyddor iechyd. Mae ymarfer uwch, rhagnodi anfeddygol a dychwelyd i ymarfer hefyd yn cael eu mesur a'u meincnodi.

Mae'r dangosyddion perfformiad allweddol yn cynnwys,

- Cyflawni targedau comisiynu (cyfraddau llenwi hyfforddiant)
- Cyfraddau ymgeisio
- Athrofa
- Gwerth am arian
- Amseroldeb gwybodaeth
- Addysg ôl-raddedig
- Rhagnodi anfeddygol
- Dychwelyd i ymarfer

Ar gyfer y dyfodol, mae cynlluniau'n cael eu datblygu i gasglu data a meincnodi,

- Rheoli lleoliadau
- Rheoli Tarfu ar Astudiaethau (TaA)

3. EIN POBLOGAETH MYFYRWYR: AM EIN CYMERIANT 2018/19

Roedd **41%** o'r myfyrwyr a oedd yn derbyn addysg gweithwyr iechyd proffesiynol yng Nghymru yn 2018/19 yn **26 oed neu'n hŷn**. Mae hyn yn gynydd o 2017/18. Mae myfyrwyr hŷn yn fwy tebygol o fod yn hanu o Gymru, mae ganddynt ymrwymadau yn y gymuned ac maent yn fwy tebygol o aros yng Nghymru a gweithio'n lleol wrth raddio. Mae'r Nursing Times yn adrodd bod myfyrwyr dros 25 oed wedi gostwng 17% yn Lloegr.

Roedd **79%** o'r holl fyfyrwyr yn **byw yng Nghymru** cyn cychwyn y cwrs. Ar gyfer myfyrwyr nyrsio a bydwreigiaeth, cododd hyn i 87%. Roedd y canrannau uchaf ym Mhrifysgol Abertawe a Phrifysgol De Cymru lle'r oedd 98% a 97% yn y drefn honno yn fyfyrwyr a oedd yn hanu o Gymru. Roedd y canrannau isaf yn y cyrsiau AHP a gynhaliwyd gan Brifysgol Fetropolitan Caerdydd a Phrifysgol Caerdydd.

Derbyniodd **dros 95%** o fyfyrwyr y **cynllun bwrsariaeth** a'r "cysylltiad 2 flwyddyn" i Gymru.

Dim ond 23% o fyfyrwyr a ddatganodd eu bod yn **siarad Cymraeg** neu a oedd â dealltwriaeth sylfaenol o'r Gymraeg wrth iddynt ddechrau ar eu cwrs. O ystyried canran y myfyrwyr sy'n hanu o Gymru yw 79%, rhagwelwyd y byddai'r ffigur hwn yn uwch. Archwilir y rhesymau sy'n is na'r gyfradd datganiad isel gyda'r prifysgolion.

O'i gymharu â'r ystadegau **ethnigrwydd** ar wefan Stats Cymru mae'r boblogaeth myfyrwyr proffesiynol yn fwy amrywiol na phoblogaeth gyffredinol Cymru. Mae gwell dulliau adrodd yn cael eu datblygu i olrhain myfyrwyr ethnig drwy'r system er mwyn sicrhau bod pob myfyriwr yn cael cyfle cyfartal i raddio.

Datganodd 12% o'r holl fyfyrwyr anabledd. Mae gan AaGIC gyllideb i gefnogi myfyrwyr ag anableddau. Mae gwell dulliau adrodd yn cael eu datblygu i olrhain myfyrwyr ag anableddau drwy'r system er mwyn sicrhau bod pob myfyriwr yn cael cyfle cyfartal i raddio.

Roedd **36%** o'r myfyrwyr wedi cofrestru efo lefel 'A' fel eu **cymhwyster uchaf**. Mae hyn yn dangos bod myfyrwyr o gefndir addysgol amrywiol yn ennill lleoedd ar gyrsgiau iechyd proffesiynol yng Nghymru.

4. CANLYNIADAU: CRYNODEB O BERFFORMIAD

Mae adroddiad 2019 unwaith eto yn adlewyrchu meysydd perfformiad da ond mae hefyd yn codi rhai meysydd i'w hadolygu a'u gweithredu.

Mae'r tabl isod yn crynhoi perfformiad.

Allwedd:

| Anfoddhaol | Is Na'r Lefel Ddisgwyliedig | Foddhaol | Da | Ardderchog |
|------------|-----------------------------|----------|----|------------|
| 1 | 2 | 3 | 4 | 5 |

Cyflawniad Comisiynu 2019/20

| | Targed | Presennol | PC | PMC | PDC | PA | PB | PG |
|--------------------------------------|--------|-----------|------|------|------|-----|------|------|
| Cyrsiau Cyn - Gofrestru | 100% | 94% | 91% | 100% | 95% | 95% | 95% | 100% |
| Cymunedol – Llawn Amser a Rhan Amser | 93% | 99% | 103% | n/a | 96% | 98% | n/a | 100% |
| Cymuned - Modiwlau | 90% | 88% | 74% | n/a | 100% | 74% | 100% | 100% |

* % o leodd a gomisiynir wedi'u llenwi

Dychwelyd i Ymarfer

| | Targed | Presennol | PC | PMC | PDC | PA | PB | PG |
|---------------------|--------|-----------|----|-----|-----|----|----|----|
| Dychwelyd i Ymarfer | 120 | 96 | 27 | n/a | 10 | 30 | 17 | 12 |

* targed yn amrywio yn dibynnu ar yr ardal ddaearyddol dan sylw

Rhagnodi Anfeddygol

| | Targed | Presennol | PC | PMC | PDC | PA | PB | PG |
|--|--------|-----------|-----|-----|-----|-----|------|-----|
| | 95% | 92% | 98% | n/a | 93% | 83% | 100% | 91% |

* % o leodd a gomisiynir wedi'u llenwi

Athrofa 2018/19

Cymru wedi'i meincnodi â Lloegr

| Cymru |
|----------------------|
| Nyrsio Cyn Cofrestru |
| Bydwreigiaeth |
| AHP |

Er mwyn cynhyrchu'r un allbwn byddai angen i Loegr
hyfforddi 412 yn fwy o nyrsys ar gost ychwanegol o £7.6 m
hyfforddi 32 yn fwy o fydwreigedd ar gost ychwanegol o £869k
hyfforddi 66 mwy o AHP ar gost ychwanegol o £ 1.99 m

| Lloegr |
|--------|
| 20% |
| 21% |
| 13% |

Athrofa

Meincnodi mewnol Cymru

| | Targed | Presennol | PC | PMC | PDC | PA | PB | PG |
|----------------------|--------|-----------|-------|------|-------|------|-------|------|
| Nyrsio Cyn Cofrestru | 12% | 11.9% | 14.5% | n/a | 10.7% | 8.9% | 14.4% | n/a |
| Bydwreigiaeth | 10% | 12.4% | 12.0% | n/a | 12.1% | 8.3% | 17.2% | n/a |
| AHP | 10% | 9.2% | 10.7% | 6.2% | n/a | n/a | 8.1% | 4.4% |

Amseroldeb ac Ansawdd Gwybodaeth

| | Targed | Presennol | PC | PMC | PDC | PA | PB | PG |
|--|--------|-----------|----|-----|-----|----|----|----|
| | 5 | 4 | 5 | 4 | 5 | 5 | 3 | 5 |

Ymarfer Uwch

| | Targed | Presennol | PC | PMC | PDC | PA | PB | PG | Lloegr |
|---------------------------|--------|-----------|-----|-----|-----|-----|-----|----|--------|
| Staff yn defnyddio cyllid | 700 | 726 | 268 | 26 | 98 | 99 | 72 | 42 | 117 |
| % rannu rhwng sefydliadau | | | 37% | 4% | 14% | 14% | 10% | 6% | 16% |

* targed yn amrywio yn dibynnu ar gyrsiau a ddarperir

Roedd cyfathrebu, llif gwybodaeth a phrydlondeb gwybodaeth rhwng y prifysgolion a NWSSP/AaGIC wedi cael eu meincnodi am yr ail dro. Roedd y

prifysgolion ar y cyfan yn rhagori yn yr ardal hon, ond mae lle i wella ym Mhrifysgol Bangor a Phrifysgol Fetropolitan Caerdydd. Er bod hyn yn ymddangos yn fesuriad "meddalach"/ KPI nag efallai, cyfraddau cais, cyflawni targedau comisiynu, athreuliad, gwerth am arian ac ati. Mae'n elfen hanfodol o ymateb ac ymgymryd â busnes yn effeithlon ac yn effeithiol ar bob lefel o staff. Felly, o safbwynt y darparwr a'r Comisiynydd, mae hwn yn KPI pwysig i'w gyflawni ac mae'n sail i berthynas lwyddiannus.

Mae llawer o ffactorau sy'n effeithio ar **gyfraddau ceisiadau** am leoedd ar gyrsiau a gyllidir gan y GIG ym mhrifysgolion Cymru gan gynnwys,

- Hinsawdd economaidd
- Y newid yn strwythur y ffioedd yn Lloegr
- Cymorth i fyfyrwyr (gan gynnwys bwrsariaeth, benthychiad, lwfansau, gofal plant)
- Cyflogadwyedd ar ôl cwblhau'r cwrs
- Enw da Prifysgol – A enillwyd gan fyfyrwyr drwy'r NSS a thablau cynghrair

Mae'n bwysig nodi y gallai'r cyfraddau ymgeisio fod yn rhai sylfaenol mewn rhai achosion. Gall prifysgolion "gau" y broses ymgeisio ac felly ymddengys fod ganddynt lai o ymgeiswyr i ddewis ohonynt.

Mae'r cyfraddau ymgeisio yn fywiog ar y cyfan, ac mae hyn yn bwysig yn yr hinsawdd bresennol o gynyddu comisiynau. Fodd bynnag, mae meysydd sy'n peri pryder fel y nodir yn y tabl isod ac adran y gyfradd ymgeisio yn yr adroddiad hwn.

Crynodeb O'r Cyfraddau Ymgeisio 2019/20

| | |
|---------------------------------|---|
| Mwy na 5 ymgeisydd i bob lle | Nyrsio Cyn Cofrestru - Maes Plant Bydwreigiaeth Ffisiotherapi Radiotherapi Diagnostig Radiograffeg Therapiwtig Parafeddygon Gwyddorau Gofal Iechyd - Niwroffisioleg Gwyddorau Gofal Iechyd - Ffisioleg Gardiaidd Gwyddorau Gofal Iechyd - Ffiseg Radiotherapi a Ffiseg Niwclear |
| Llai na 3 ymgeisydd i bob lle | Nyrsio Cyn Cofrestru - Maes AD Podiatreg Gwyddorau Biofeddygol ODP |
| Rhwng 3 a 5 ymgeisydd i bob lle | Pob Cwrs Arall |

Yn gyffredinol, yn 2018/19, cyflawnodd prifysgolion Cymru gyfradd cyflawniad o **94%** yn erbyn y niferoedd **comisiynu cyn cofrestru** (i lawr 2% o 96% y flwyddyn flaenorol). Mae hyn yn cynnwys nyrsys, bydwreigiaeth a gweithwyr proffesiynol perthynol i iechyd. O'r 2,597 o leoedd cyn cofrestru a gomisiynwyd (dros y grwpiau myfyrwyr a brofwyd), ni chafodd 153 eu recriwtio gan brifysgolion. Mae hyn yn cymharu â dim ond 13 o leoedd a gomisiynwyd nad oeddent wedi'u llenwi yn 2016/17 a 110 o leoedd wedi'u comisiynu nad oeddent wedi'u llenwi yn 2017/18. **Mae AaGIC yn disgwyl i**

100% o'r lleoedd cyn cofrestru cael eu llenwi. Mae'r materion y mae'r prifysgolion yn eu hwynebu wrth recriwtio nyrsys sy'n oedolion yn destun pryder ac mae angen mwy o wybodaeth ar AaGIC ynghylch y materion penodol. Bydd hyn yn cael ei godi ar lefel Cymru gyfan yng nghyfarfod nesaf y bartneriaeth addysg. Mae'n hanfodol bod y materion yn cael eu deall ac yn cael sylw gan ei bod yn debygol y bydd niferoedd y comisiwn nyrsio oedolion yn parhau i gynyddu.

Ar hyn o bryd mae'r gyfradd llenwi cyn cofrestru ar gyfer 2019/20 yn 95%. Mae hyn yn seiliedig ar y sefyllfa ym mis Medi 2019 a'r rhagolwg ym mis Mawrth 2020 cymeriant nyrsio. Mae'n sicr bod o leiaf 2,704 allan o 2,834 o gomisiynau cyn cofrestru. Mae hynny'n 130 i lawr ar niferoedd comisiynu fodd bynnag, rhagwelir y gallai hyn godi i 98% (2,766 allan o 2,834). Mae'r cynnydd yn ymwneud â'r cyfraddau llenwi a ragwelir ar gyfer nyrsio oedolion ym mis Mawrth 2020 a'r nyrsys IM. Felly, bydd ein 2019/20 comisiynu cyn cofrestru yn yr ystod 95%-98%. Nid yw'r targed comisiynu wedi'i golli o ran nyrsio anabledau dysgu, ODP a hylendid deintyddol.

Mae'r cyflawniad cyfartalog o lenwi lleoedd a gomisiynir yn llwyddiannus ar gyfer **nyrsio cymunedol amser llawn a rhan-amser** ledled Cymru wedi cynyddu yn 2018/19 i **99%**. Pennodd AaGIC y targed ar 93% ac, ar sail Cymru gyfan, cyflawnwyd hyn.

Y cyflawniad cyfartalog o lenwi lleoedd a gomisiynir yn llwyddiannus ar gyfer **modiwlau cymunedol** ledled Cymru yw **88%**. Mae hyn ychydig yn is na'r targed o 90% ond yn sylweddol well na'r gyfradd cyflawniad o 81% yn 2017/18.

Roedd y defnydd o gyllid **Ymarfer Uwch** yn uchel. Yn 2019/20 Bydd Ymarfer Uwch yn cael ei werthuso blaen llaw. Bydd hyn yn nhermau gwerth ac effaith ar ansawdd profiad cleifion, symleiddio llwybr y claf, diogelwch cleifion, yr effaith ar y tîm amlddisgyblaethol (gwell cymysgedd sgiliau a gwneud penderfyniadau) yn ogystal ag unrhyw leihad mewn costau/arbedion.

Llenwyd 92% o'r holl **gomisiynau rhagnodi anfeddygol**. Roedd y defnydd uchaf ym Mhrifysgol Bangor (100%) a Phrifysgol Caerdydd (98%). Prifysgol Abertawe (83%) oedd y gyfradd llenwi ganrannol isaf.

Cyflawnodd prifysgolion Cymru **96 o staff yn dychwelyd i'r practis** yng Nghymru yn 2018/19. Roedd perfformiad mewn prifysgolion yn amrywio o 10 o ddychwelwyr ym Mhrifysgol De Cymru i 30 o ddychwelwyr ym Mhrifysgol Abertawe. Gyda chostau cynyddol asiantaethau nyrsio, mae'n hanfodol bod y fenter R2P yn cynyddu niferoedd. Mae'r Comisiynydd wedi darparu cyllid i helpu gyda'r gwaith o farchnata R2P cyrsiau. Mae'n bwysig bod y Comisiynydd a phrifysgolion yn parhau i flaenoriaethu'r maes hwn i gynyddu'r niferoedd ymhellach.

Mae'r 2018/19 **cyfradd athreuliad nyrsio cyn cofrestru yn 11.9%**. Mae'r targed o athreuliad yn 12% ac mae Cymru wedi cyflawni hyn ar gyfer pob un o'r 10 mlynedd diwethaf. Y cymharydd Lloegr yw 20%. Mae risg y bydd y gyfradd athreuliad yn codi uwchlaw'r trothwy a bennwyd gan y Comisiynwyr. Bydd hyn yn cael ei godi fel risg yng nghyfarfod perfformiad pob Prifysgol a bydd angen cymryd camau i wrthdroi'r duedd hon. Bydd hyn hefyd yn cael ei drafod yng nghyfarfod Bwrdd Partneriaeth Cymru gyfan a gadeirir gan AaGIC.

Yn hanesyddol, mae **cyfradd athreuliad Bydwreigiaeth** Cymru wedi bod yn gyson isel, fodd bynnag, dros y 4 blynedd diwethaf, mae wedi bod yn cynyddu. Y gyfradd 2018/19 yw **12.4%**. Y cymharydd yn Lloegr yw 21%. Dyma'r tro cyntaf i'r gyfradd fod yn uwch na 10%. Oherwydd y niferoedd isel sy'n cael eu hyfforddi yng Nghymru (357 mewn hyfforddiant yn 2018/19) Gall amrywiadau bach gael effaith fawr ar y gyfradd athreuliad cyffredinol. Yn ddiweddarach yn yr adroddiad hwn Dadansoddir perfformiad prifysgolion ar sail unigol gyda chamau gweithredu i helpu i wrthdroi'r duedd hon.

Cyfartaledd Cymru sy'n berthynol i'r **gyfradd Athreuliad Proffesiwn Iechyd yw 9.2%**. Y cyfartaledd ar gyfer Lloegr yw 13% ac mae Cymru'n is na hyn yn gyson. Dim ond dau gwrs sydd, o'r 9 prif gwrs API, yng Nghymru sy'n uwch na'r cyfartaledd yn Lloegr, mae'r ddau ym Mhrifysgol Caerdydd (ODP a radiograffeg). Mae gan bediatreg ym Mhrifysgol Fetropolitan Caerdydd "athreuliad negyddol". Mae hyn oherwydd bod mwy o fyfyrwyr yn dychwelyd o ganlyniad i astudiaethau na myfyrwyr sy'n gadael y cwrs. Mae therapi galwedigaethol ym Mhrifysgol Glyndŵr a Phrifysgol Caerdydd, ffisiotherapi (Caerdydd), Dieteteg (met Caerdydd) a radiograffeg ddiagnostig (Bangor) i gyd yn is na chyfartaledd Cymru.

Cyflawnodd **90%** o'r myfyrwyr a raddiodd yn 2018/19 radd 2:2 neu uwch. Graddiodd **41%** gyda gradd anrhydedd dosbarth cyntaf. Roedd **o leiaf 74%** o'r myfyrwyr a oedd yn graddio mewn 2018/19 wedi ennill cyflogaeth yn GIG Cymru. Sicrhodd 7% arall gyflogaeth o fewn eu proffesiwn naill ai mewn awdurdodau lleol neu yn y sector preifat yng Nghymru. Sicrhodd 9% o fyfyrwyr gyflogaeth yn y GIG y tu allan i Gymru. Ar adeg casglu data, dywedodd 1% o fyfyrwyr nad oeddent wedi cael gwaith eto ac nad oedd 9% o fyfyrwyr wedi ymateb i ymarfer casglu data'r brifysgol. O'r 9% hyn mae'n debygol bod rhai yn gweithio o fewn y GIG ond wedi methu ag ymateb i ohebiaeth y brifysgol. Nid oes rheidrwydd ar fyfyrwyr i roi gwybod i brifysgolion am gyrchfannau eu swyddi. Mae prifysgolion wedi gweithio i gynyddu'r wybodaeth yn y maes hwn fel 3 blynedd yn ôl roedd dros 40% o fyfyrwyr yn rhai "anhysbys". Roedd y garfan raddio hon (ar wahân i ychydig o gyrsiau 2 flynedd) heb fod yn destun y ddwy flynedd o gysylltu. Bydd mecanweithiau sy'n cael eu datblygu i olrhain graddedigion yn helpu i gynyddu nifer y graddedigion sy'n gweithio yng Nghymru a'r wybodaeth ynghylch cyrchfannau swyddi.

5. RISGIAU, MATERION A MESURAU LLINIARU

Lle mae perfformiad yn is na'r lefel ddisgwyliedig, nodir y camau gweithredu o fewn adroddiad perfformiad pob prifysgol. Mae adroddiad Cymru gyfan yn cofnodi sefyllfa Cymru gyfan ac yn nodi lle mae amrywiaeth mewn perfformiad rhwng prifysgolion. Mae Atodiad 1 yn grynodeb o'r camau a nodwyd yn yr adroddiad hwn a'r Adroddiadau Perfformiad Prifysgolion unigol.

6. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol uniongyrchol. Mae model **gwerth am arian** wedi'i ddatblygu. Caiff contractau eu cytuno a'u hariannu ar sail "ffi mewnbynnu fesul myfyriwr". Nid yw hyn yn cael ei ystyried yn yr athrofa yn y flwyddyn a chost myfyrwyr sy'n rhoi'r gorau i'r cwrs nad yw'r Comisiynydd yn cael unrhyw enillion amdano.

Mae'r "ffi allbwn fesul myfyriwr" yn darparu mesur cynhwysfawr a mwy cywir o berfformiad. Felly, datblygwyd model i ganfod y gost a'r effaith ar gyfer myfyrwyr nad ydynt yn graddio. Yn ei hanfod, mae'r gost hon yn "oncost" neu'n "bremiwm" ar gyfer myfyrwyr sy'n graddio. Ar gyfartaledd, y gost fesul myfyriwr i gael ei amsugno dros fyfyrwyr sy'n graddio yw £847 y flwyddyn. Mae'r adroddiad yn meincnodi prifysgolion a chysiau ar draws yr ardal hon. Ym 2018/19 Prifysgol Abertawe a roddodd y gwerth gorau am arian o ran nyrsio cyn cofrestru.

Mae'r cysiau sy'n cynnig y gwerth gorau am arian yn,

- Podiatreg (Prifysgol Fetropolitan Caerdydd)
- Ffisiotherapi (Prifysgol Caerdydd)
- Dieteteg (Prifysgol Fetropolitan Caerdydd)
- OT (Prifysgol Caerdydd a Prifysgol Glyndŵr)

Fodd bynnag, mae ODP a Radiograffeg Ddiagnostig (ddwy Brifysgol Caerdydd) gryn dipyn yn uwch na chyfartaledd Cymru Gyfan. Mae adroddiad perfformiad Prifysgol Caerdydd yn adlewyrchu'r camau y mae'n eu cymryd i fynd i'r afael â'r materion hyn. Mae'r adran gwerth am arian yn ddiweddarach yn yr adroddiad hwn yn egluro'r fethodoleg ac yn rhoi mwy o fanylion.

Hefyd, mae cyfleoedd pellach i archwilio ffyrdd o fesur effaith y buddsoddiad mewn addysg a hyfforddiant sy'n cwmparu,

- Gwelliannau o ganlyniad i'r cynnydd yn y pwerau gwneud penderfyniadau ar y tîm amlddisgyblaeth
- Llwybr y claf
- Ansawdd profiad cleifion
- Diogelwch cleifion
- Defnydd mwy effeithlon o adnoddau
- Osgoi costau
- Arbedion cost

7. ARGYMHELLION

Gofynnir i'r EC&QC:

- nodi cynnwys yr adroddiad perfformiad a'r camau gweithredu ar gyfer prifysgolion
- nodi'r gwelliannau sydd ar y gweill ar gyfer blynyddoedd i ddod
- nodi'r dangosyddion perfformiad allweddol i'w cynnwys yn fframwaith perfformiad corfforaethol AaGIC

Atodiad 1: CRYNODEB O'R GWEITHREDOEDD

1. Y DIWEDDARAF AM YR ADOLYGIAD STRATEGOL O ADDYSG

Caiff prifysgolion eu diweddaru gan AaGIC ar ddatblygiadau allweddol mewn cyfarfodydd contract ffurfiol a thrwy gyfathrebu ysgrifenedig rheolaidd yn amserol.

2. Y DIWEDDARAF AM Y DEFNYDD A WNEIR O WARIANT ARIAN GRANT YCHWANEGOL

Mae'n ofynnol i'r prifysgolion ddiweddaru AaGIC o ran defnyddio'r cyllid y cytunwyd arno.

3. CYNHYDDU ADDYSG ÔL-RADDEDIG YNG NGHYMRU

Byddai AaGIC yn hoffi cael cymaint o addysg â phosibl yng Nghymru. Anogwyd prifysgolion i adolygu'r rhestr o ddarpariaeth a gaffaelir ar hyn o bryd y tu allan i Gymru ac, os yw'r cyrsiau hyn ar gael o fewn y brifysgol, ymgysylltu â phartneriaid y Bwrdd Iechyd i drafod darpariaeth Gymraeg y cyrsiau/modiwlau hyn.

4. RHEOLI LLEOLIADAU

Mae'r matrices lleoli yn offeryn pwysig i helpu i sicrhau bod y myfyrwyr yn graddio i swyddi yn y rhannau cywir o Gymru, fel y'u nodwyd gan Fyrddau Iechyd ac Ymddiriedolaethau o fewn eu IMTP.

Bydd y Comisiynydd yn monitro hynt hyn ac yn gallu ymyrryd os oes unrhyw faterion penodol yn ymwneud â,

- Nid yw'r Byrddau Iechyd/Ymddiriedolaethau yn rhyddhau digon o leoliadau i fodloni'r gofynion hyfforddi newydd a geisiwyd yn eu IMTP.
- Nid yw prifysgolion yn gosod nifer y myfyrwyr yn unol â'r niferoedd a nodir yn y matrices lleoliadau isod

5. POB PRIFYSGOL: TAN RECRIWTIO COMISIYNAU NYRSIO OEDOLION

Mae'r materion y mae'r prifysgolion yn eu hwynebu wrth recriwtio nyrsys oedolion yn destun pryder ac mae angen mwy o wybodaeth ar AaGIC ynghylch y materion penodol. Bydd hyn yn cael ei godi ar lefel Cymru gyfan yng nghyfarfod nesaf y Bartneriaeth Addysg. Mae'n hanfodol bod y materion yn cael eu deall ac yn cael sylw gan ei bod yn debygol y bydd niferoedd y Comisiwn nyrsio oedolion yn parhau i gynyddu.

6. PRIFYSGOL BANGOR: TAN RECRIWTIO COMISIYNAU MAES NYRSIO IECHYD MEDDWL

Mae'n bwysig deall y rhesymau dros y tan recriwtio ar y maes nyrsio iechyd meddwl gan ei bod yn debygol y bydd y niferoedd comisiynu yn parhau i gynyddu. Mae angen diweddariad gan y Brifysgol sy'n amlygu'r rhesymau dros y tan recriwtio ynghyd â chynllun ar sut y gellir mynd i'r afael â'r materion hyn **erbyn Rhagfyr 2019**.

7. PRIFYSGOL DE CYMRU PRIFYSGOL BANGOR: TAN RECRIWTIO COMISIYNAU NYRSIO ANABLEDDAU DYSGU

Mae recriwtio nyrsys anableddau dysgu yn fater hirsefydlog, mewn Cymru a'r DU cyfan. Mae'r ddwy brifysgol wedi datblygu ymgyrchoedd marchnata gwell i fynd i'r afael â'r mater hwn.

8. PRIFYSGOL CAERDYDD: TAN RECRIWTIO COMISIYNAU ODP

Mae'r Brifysgol wedi cydnabod yr anhawster wrth recriwtio i'r lleoedd a gomisiynir yn gynyddol gan ODP. Gan fod 35% o'r lleoedd a gomisiynir heb eu llenwi, mae galw am wasanaeth nad yw'n cael ei fodloni. Mae'r Comisiynydd yn gofyn am gynllun gweithredu o fesurau ychwanegol sy'n amlinellu sut y gall Prifysgol Caerdydd leihau'r bwlch hwn erbyn diwedd Rhagfyr 2019.

9. PRIFYSGOL BANGOR: CYNLLUN GWEITHREDU I GYNYDDU CEISIADAU

Mae angen diweddariad gan y Brifysgol i ddangos sut y gellir cynyddu nifer yr ymgeiswyr nyrsio erbyn **Rhagfyr 2019**.

11. PRIFYSGOL DE CYMRU: DYCHWELYD I LEOEDD YMARFER YN GYNYDDOL

Gyda chostau cynyddol asiantaethau nyrsio, mae'n hanfodol bod y fenter R2P yn cynyddu niferoedd. Mae'n bwysig bod y Comisiynydd a phrifysgolion yn parhau i flaenoriaethu'r maes hwn i gynyddu'r niferoedd ymhellach.

Felly, gofynnir i PDC ddatblygu cynllun marchnata i gynyddu'r niferoedd R2P. Os oes costau'n gysylltiedig â'r cynllun, bydd y Comisiynydd yn ystyried ariannu'r rhain.

Mae angen cynllun amlinellol erbyn diwedd Tachwedd 2019.

12. PRIFYSGOL BANGOR: ATHROFA NYRSIO CYN COFRESTRU: GWANWYN 2017, GWANWYN 2018 A'R HYDREF 2018 CARFANNAU

Yr athreuliad ar y tair carfan hyn yw 28%, 17% a 10% yn y drefn honno gyda'r rhan fwyaf o athreuliad yn digwydd yn ystod 2018/19. Mae'r comisiynydd yn gofyn am adroddiad cryno sy'n amlinellu'r rhesymau y tu ôl i'r lefel hon o athreuliad yn y carfannau hyn, mecanweithiau ar waith i sicrhau bod myfyrwyr ar doriad mewn astudiaethau yn dychwelyd, ac unrhyw wersi a ddysgwyd sydd wedi eu gweithredu i gynorthwyo gyda rheoli athreuliad. **Rhaid i'r papur fod yn ofynnol erbyn diwedd Tachwedd 2018 mewn pryd ar gyfer y cyfarfod adolygu ansawdd.**

13. PDC: CARFAN ATHREULIAD NYRSIO CYN COFRESTRU YN YR HYDREF 2017

Mae gan y garfan ym mis Medi 2017 lefelau athreuliad uchel, 22% ar ddiwedd blwyddyn dau'r cwrs. Mae'r Comisiynydd yn gofyn am adroddiad byr yn amlinellu'r rhesymau y tu ôl i'r lefel hon o athreuliad yn y garfan hon, mecanweithiau ar waith i sicrhau bod myfyrwyr ar doriad mewn astudiaethau yn dychwelyd, ac unrhyw wersi a ddysgwyd sydd wedi eu gweithredu i gynorthwyo gydag athreuliad Rheoli. **Rhaid i'r papur fod yn ofynnol erbyn diwedd Tachwedd 2018 mewn pryd ar gyfer y cyfarfod adolygu ansawdd.**

14. PDC A PHRIFYSGOL BANGOR: CYNNYDD CYFFREDINOL MEWN CYFRADDAU ATHREULIO NYRSIO CYN COFRESTRU

Y brifysgol sydd wedi cynhyrchu'r cyfraddau isaf o ran athreulio nyrsys cyn cofrestru yng Nghymru yn gyson. Fodd bynnag, mae'r ddwy flynedd diwethaf wedi gweld y sefyllfa hon yn newid. Mae angen adroddiad byr ar y rhesymau sylfaenol y tu ôl i hyn, y gwersi a ddysgwyd ac unrhyw brosesau ychwanegol y mae'r Brifysgol wedi'u cyflwyno i sicrhau y caiff hyn ei reoli yn y dyfodol. **Rhaid i'r papur fod yn ofynnol erbyn diwedd Tachwedd 2019 mewn pryd ar gyfer y cyfarfod adolygu ansawdd.**

15. PRIFYSGOL BANGOR: ATHROFA BYDWREIGIAETH

Bu cynnydd sylweddol yn athreuliad bydwreigiaeth rhwng 2017/18 a 2018/19. Mae angen adroddiad cryno sy'n amlinellu'r rhesymau dros y cynnydd a'r camau gweithredu a fydd yn cael eu mewnlannu er mwyn lliniaru hyn yn y dyfodol.

16. PDC: YR ATHROFA BYDWREIGIAETH/YMYRIADAU ASTUDIO

Mae angen adroddiad byr o amgylch y 7 myfyriwr a adawodd addysg bydwreigiaeth yn 2018/19. Os yw'r myfyrwyr ar ymyriadau astudio yna mae angen eu dyddiad dychwelyd disgwyledig ar gyfer cwrs neu gadarnhad eu bod wedi gadael y cwrs yn barhaol.

17. PRIFYSGOL CAERDYDD: CYNLLUN GWEITHREDU ATHREULIAD AR GYFER RADIOTHERAPI DIAGNOSTIG AC ODP

Fel yr adroddwyd, dyma'r ddwy gyfradd athreuliad uchaf o unrhyw gwrs yng Nghymru. Mae'r ODP, yn enwedig pan gaiff ei gyplysu â'r tan recriwtio yn erbyn niferoedd comisiynu yn bryder mawr.

Mae angen cynllun gweithredu ar y ffactorau cyfrannol a chynlluniau Prifysgol Caerdydd i fynd i'r afael â'r meysydd hyn erbyn diwedd Rhagfyr 2019.

| Llywodraethu ac Yswiriant | | | | |
|---|--|---|--|---|
| Cyswllt ag amcanion corfforaethol (rhowch ✓) | Fel sefydliad newydd sy'n sefydlu AaGIC fel partner gwerthfawr y gellir ymddiried ynddo, cyflogwr rhagorol a brand ag iddo enw da ac arbenigwr | Adeiladu gweithlu iechyd a gofal cynaliadwy a hyblyg ar gyfer y dyfodol. | Gyda Gofal Cymdeithasol Cymru yn siapio'r gweithlu i ddarparu gofal yn nes at y cartref ac i gysoni'r gwaith o ddarparu gwasanaethau'n well. | Gwella ansawdd a diogelwch drwy gefnogi sefydliadau'r GIG dod o hyd i atebion cyflymach a mwy cynaliadwy i'r gweithlu ar gyfer heriau darparu gwasanaethau sy'n flaenoriaeth. |
| | ✓ | ✓ | | ✓ |
| | Gwella cyfleoedd i ddefnyddio technoleg a digideiddio wrth gyflwyno 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 o fuddsoddi yn y gweithlu a'r sefydliad. | |
| | | | | |
| Ansawdd, Diogelwch a Phrofiad y Claf | | | | |
| Mae darparu addysg o ansawdd uchel yn hanfodol i ofal cleifion, mae'r berthynas â'r sector prifysgol yn sail i'r ddarpariaeth addysg hon ac o ganlyniad mae'r trefniadau hyn yn chwarae rôl hanfodol o ran gwella gofal a diogelwch cleifion. | | | | |
| Goblygiadau Ariannol | | | | |
| Nid oes unrhyw ganlyniadau ariannol o sefydlu'r fforymau hyn | | | | |
| Oblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth) | | | | |
| Nid oes unrhyw ganlyniadau cyfreithiol o sefydlu'r fforymau hyn | | | | |
| Goblygiadau Staffio | | | | |
| Nid oes unrhyw ganlyniadau staffio o sefydlu'r fforymau hyn | | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r dyfodol (Cymru) 2015) | | | | |
| Anhysbys | | | | |
| Hanes yr Adroddiad | Dim | | | |
| Atodiadau | Dim | | | |



GIG
CYMRU
NHS
WALES

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

HEALTH EDUCATION AND IMPROVEMENT WALES

ALL WALES HEALTH PROFESSIONAL EDUCATION & TRAINING PERFORMANCE REPORT 2019

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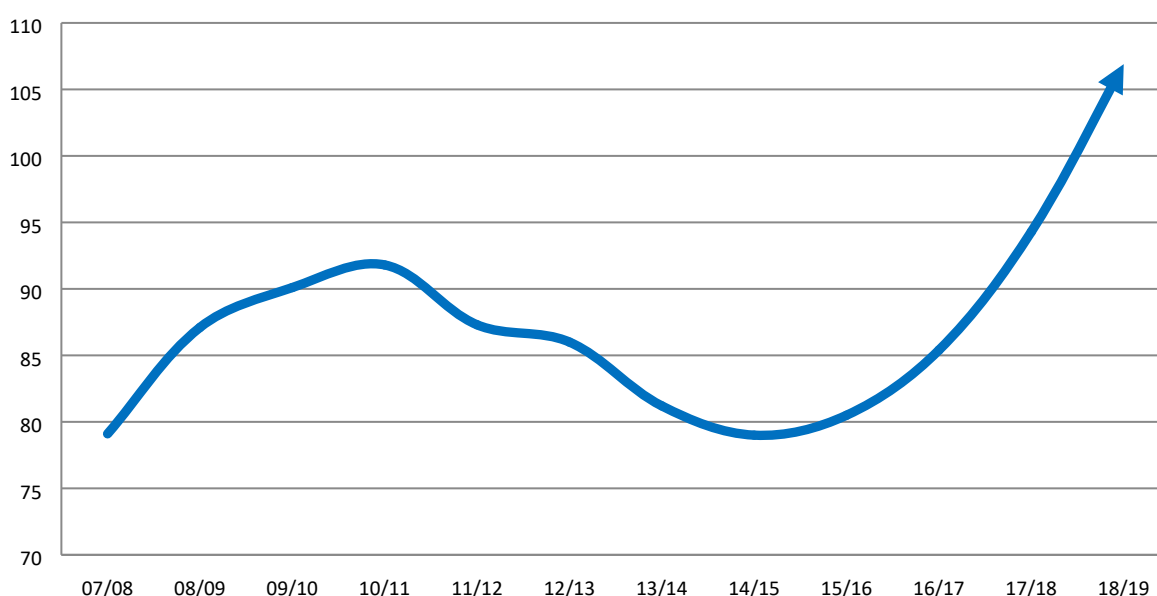
STRATEGIC CONTEXT

Health Education and Improvement Wales (HEIW) was established in October 2018 as a Special Health Authority and provides the strategic leadership for NHS Wales on a wide range of education and workforce issues.

The 2018/19 academic year, on which this report is based, straddled both NWSSP and HEIW with responsibility for the first quarter performance within NWSSP and the remainder of the academic year within HEIW. However, there is a high level of continuity in this area as all functions and most of the staff transferred between organisations. The establishment of HEIW will provide a higher profile for health education and there will be more opportunity to influence, innovate and improve systems.

Investment in education and training is a Welsh Government priority and investment over the past four years has seen the budget increase from £76m in 2014/15 to £106m in 2018/19.

The 18/19 NMET budget reached a historical high at **£106.9m**



The £106.9m investment package negotiated with the Welsh Government provided funding for the next generation of healthcare professionals. This represents a further investment in education budgets of in excess of £11m over 2017/18 levels.

The package of funding enabled **3,300 new students** to commence education and training programmes in 2018/19 compared to 2,498 in 2015/16.

Including those continuing their education increases the total number of students and training places for 2018-19 was **9,000** compared to 6,881 in 2015/16. Professions will have the highest level of training places in Wales since devolution.

It is vital to ensure that the benefits to NHS Wales are maximised as a result of this investment. This performance report therefore assists in assessing value for money and return on investment. The HEIW performance management framework is being developed to provide key performance and benchmarking data across a range of areas. The dashboard measures performance across 4 key areas: -

1. Recruitment and Selection
2. VfM and Contract Performance
3. Employability
4. Quality and Partnership

This report covers recruitment, selection, contract performance and value for money. The employability and quality sections are currently being assessed and evaluated and will be discussed and reviewed in the Autumn/Winter contract meetings.

PERFORMANCE SUMMARY

Commissioning Achievement 2019/20

Pre-Registration Courses

Community - Full-time & Part-time

Community - Modules

Target Actual

| | |
|------|-----|
| 100% | 94% |
| 93% | 99% |
| 90% | 88% |

CU CMU USW SU BU GU

| | | | | | |
|-----------------------------------|------|------|-----|------|------|
| 91% | 100% | 95% | 95% | 95% | 100% |
| 103% | n/a | 96% | 98% | n/a | 100% |
| 74% | n/a | 100% | 74% | 100% | 100% |
| * % of commissioned places filled | | | | | |

Return to Practice

Return to Practice

Target Actual

| | |
|-----|----|
| 120 | 96 |
|-----|----|

CU CMU USW SU BU GU

| | | | | | |
|--|-----|----|----|----|----|
| 27 | n/a | 10 | 30 | 17 | 12 |
| * target varies dependant upon geographical area covered | | | | | |

Non-Medical Prescribing

Target Actual

| | |
|-----|-----|
| 95% | 92% |
|-----|-----|

CU CMU USW SU BU GU

| | | | | | |
|-----------------------------------|-----|-----|-----|------|-----|
| 98% | n/a | 93% | 83% | 100% | 91% |
| * % of commissioned places filled | | | | | |

Attrition 2018/19

Wales benchmarked with England

Pre-Registration Nursing

Midwifery

Allied Health Professionals

Wales

11.9%

12.4%

9.2%

To generate same output England would need to...

train 412 more nurses at an additional cost of £7.6m

train 32 more midwives at an additional cost of £869k

train 66 more AHPs at an additional cost of £1.99m

England

20%

21%

13%

Attrition

Wales internal benchmarking

Pre-Registration Nursing

Midwifery

Allied Health Professionals

Target Actual

| | |
|-----|-------|
| 12% | 11.9% |
| 10% | 12.4% |
| 10% | 9.2% |

CU CMU USW SU BU GU

| | | | | | |
|-------|------|-------|------|-------|------|
| 14.5% | n/a | 10.7% | 8.9% | 14.4% | n/a |
| 12.0% | n/a | 12.1% | 8.3% | 17.2% | n/a |
| 10.7% | 6.2% | n/a | n/a | 8.1% | 4.4% |

Timeliness & Quality of Information

Target Actual

| | |
|---|---|
| 5 | 4 |
|---|---|

CU CMU USW SU BU GU

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 5 | 5 | 3 | 5 |
|---|---|---|---|---|---|

Advanced Practice

Staff utilising funding

% split between organisations

Target Actual

| | |
|-----|-----|
| 700 | 726 |
|-----|-----|

CU CMU USW SU BU GU

| | | | | | |
|---|----|-----|-----|-----|----|
| 268 | 26 | 98 | 99 | 72 | 42 |
| 37% | 4% | 14% | 14% | 10% | 6% |
| * target varies dependant upon courses provided | | | | | |

England

117

16%

Key:

| | | | | |
|---------------------|---------------------------|-------------------|-----------|----------------|
| Unsatisfactory 1 | Below Expected Level 2 | Satisfactory 3 | Good 4 | Excellent 5 |
|---------------------|---------------------------|-------------------|-----------|----------------|

The 2019 report again reflects areas of good performance but also raises a few areas for review and action.

Communication, information flow and the timeliness of information between the Universities and NWSSP / HEIW had been benchmarked for the second time. The Universities generally excelled in this area however there is room for improvement in Bangor University and Cardiff Metropolitan University. Whilst this appears a “softer” measure / KPI than perhaps, application rates, achieving commissioning targets, attrition, value for money etc. it is a vital component of being responsive and undertaking business efficiently and effectively at all levels of staff. Therefore, from both the provider and commissioner perspectives this is an important KPI to achieve and underpins a successful relationship.

There are many factors affecting **application rates** for places on NHS funded courses in Welsh Universities including,

- Economic climate
- The change in fee structure in England
- Student support (including bursary, loan, allowances, childcare)
- Employability on completion of course
- University reputation – gained by students via NSS and League Tables

It is important to note that in some cases the application rates may be minimum positions. Universities can “close” the application process and therefore appear to have fewer candidates to choose from.

Application rates are generally buoyant which is important in the current climate of increasing commissions. However, there are areas for concern as highlighted in the table below and the application rate section within this report.

Application Rates Summary 2019/20

| | |
|---|--|
| Greater than 5 applicants per place | Pre-Registration Nursing - Child Field Midwifery Physiotherapy Diagnostic Radiography Therapeutic Radiography Paramedics Healthcare Sciences - Neurophysiology Healthcare Sciences - Cardiac Physiology Healthcare Sciences - Radiotherapy Physics & Nuclear Physics |
| Less than 3 applicants per place | Pre-registration nursing LD field Podiatry Biomedical Sciences ODP |
| Between 3 and 5 applications per place | All Other Courses |

Overall, in 2018/19, Welsh Universities achieved a **94%** fill rate against **pre-registration commissioning** numbers (down by 2% from 96% the previous year). This covers nursing, midwifery and allied health professionals. Out of the **2,597** pre-registration places commissioned (over the student groups tested) 153 were not recruited by Universities. This compares with just 13 commissioned places that were not filled in 2016/17 and 110 commissioned places that were not filled in 2017/18. **HEIW expects 100% of pre-registration places to be filled.** The issues being faced by the universities in recruiting adult nurses is a concern and HEIW requires more intelligence surrounding the specific issues. This will be raised on an all Wales level in the next Education Partnership meeting. It is vital that the issues are understood and addressed as it is likely that adult nurse commission numbers will continue to increase.

The average achievement of successfully filling commissioned places for **full time and part time community nursing** across Wales has increased in 2018/19 to **99%**. HEIW set the target at 93% and, on an all Wales basis, this has been achieved.

The average achievement of successfully filling commissioned places for **community modules** across Wales is **88%**. This is slightly below the target of 90% but up significantly from the 81% achievement rate in 2017/18.

The utilisation of **Advanced Practice** funding was high. In 2019/20 Advance Practice will be evaluated. This will be in terms of the value and impact on the quality of patient experience, streamlining the patient pathway, patient safety, impact on the MDT (improved skills mix and decision making) in addition to any cost reduction / savings.

92% of all **non-medical prescribing commissions** were filled. The highest utilisation was in Bangor University (100%) and Cardiff University (98%). Swansea University (83%) was the lowest percentage fill rate.

The Universities in Wales delivered **96 Return to practice** numbers in 2018/19. Performance in universities ranged from 10 returners in the University of South Wales to 30 returners in Swansea University. With escalating nursing agency costs it is imperative that the R2P initiative maximises numbers. Funding has been supplied by the Commissioner to assist with marketing R2P courses. It is important that the Commissioner and Universities continue to prioritise this area to further increase numbers.

The 2018/19 **pre-registration nursing attrition rate** is **11.9%**. The attrition target is 12% and Wales has achieved this for each of the last 10 years. The English comparator is 20%. There is a risk that the attrition rate will rise above the threshold set by the commissioners. This will be raised as a risk in each University's performance meeting and steps will need to be taken to reverse this trend. This will also be discussed at the All Wales Partnership Board meeting chaired by HEIW.

The Welsh average **Midwifery attrition rate** has historically been consistently low, however, over the last 4 years it has been increasing. The 2018/19 rate is **12.4%**. The English comparator is 21%. This is the first time the rate has been higher than 10%. Due to the low numbers being trained in Wales (357 in training

in 2018/19) small variations can have a large impact on the overall attrition rate. University performance is analysed later in this report on an individual student basis with actions to assist in reversing this trend.

The Welsh average **Allied Health Profession attrition rate** is **9.2%**. The English comparator is 13% and Wales is consistently below this. There are only two courses, of the 9 main AHP courses, in Wales above the English average, both are in Cardiff University (ODP and Radiography). Podiatry in Cardiff Metropolitan University has “negative attrition”. This is due to more students returning from Interruption of Studies than students leaving the course. Occupational Therapy in both Glyndwr University and Cardiff University, Physiotherapy (Cardiff), Dietetics (Cardiff Met) and Diagnostic Radiography (Bangor) are all below the Welsh average.

A **value for money** model has been developed. Contracts are agreed and funded based on an “input fee per student”. This analyses the cost of students that drop out of the course for which the Commissioner gains no return.

The “output fee per student” provides a comprehensive and more accurate measure of performance. Therefore a model has been developed to ascertain the cost and impact for students that does not graduate. This cost is in effect an “oncost” or “premium” on graduating student costs. On average the cost per student to be absorbed over graduating students is **£847 per annum**. The report benchmarks Universities and courses across this area. In 2018/19 Swansea University provided the best value for money in terms of pre-registration nursing.

The courses offering the best value for money are,

- Podiatry (Cardiff Metropolitan University)
- Physiotherapy (Cardiff University)
- Dietetics (Cardiff Metropolitan University)
- OT (Cardiff University and Glyndwr University)

However, ODP and Diagnostic Radiography (both Cardiff University) are significantly above the All Wales average. The Cardiff University performance report reflects actions for them to address these issues. The value for money section later in this report explains the methodology and results in more detail.

The **management of students on interruption of studies (IoS)** will be tested in future years.

In addition to the areas tested the **management of placements** will be benchmarked in 2020.

The Commissioner has also received satisfactory responses to the issues raised in the 2018 individual university reports.

About our 2018/19 Student Intake

41% of students entering health professional education in Wales in 2018/19 were **aged 26 or above**. This is an increase from 2017/18. Older students are more likely to be domiciled in Wales, have commitments within the community and are more likely to stay in Wales and work locally on graduation. The Nursing Times reports that students over the age of 25 fell by 17% in England.

79% of all students recruited were **domiciled in Wales** prior to course commencement. For nursing and midwifery students this rose to 87%. The highest percentages were in Swansea University and the University of South Wales where 98% and 97% respectively were Welsh domiciled students. The lowest percentages were in the AHP courses run by Cardiff Metropolitan University and Cardiff University.

Over 95% of students accepted the **bursary scheme** and the "2 year tie-in" to Wales.

Only 23% of students declared that they **spoke Welsh** or had a basic understanding of the Welsh language on entry to their course. Considering the percentage of Welsh domiciled students is 79% it was anticipated this figure would be higher. The reasons below the low declaration rate will be explored with the universities.

When compared against the **ethnicity** statistics on the Stats Wales website the health professional student population is **more diverse** than the general Welsh population. Enhanced reporting mechanisms are being developed to track ethnic students through the system to ensure that all students have an equal opportunity to graduate.

12% of all students declared a **disability**. HEIW hold a budget to support students with disabilities. Enhanced reporting mechanisms are being developed to track students with disabilities through the system to ensure that all students have an equal opportunity to graduate.

36% of students entered with 'A' levels as their **highest qualification**. This demonstrates that students from a diverse educational background are gaining places on health professional courses in Wales.

90% of students that graduated in 2018/19 achieved a 2:2 or higher. **41%** graduated with a first class honours degree.

At least 74% of students graduating in 2018/19 secured **employment** in NHS Wales. Another 7% secured employment within their profession in either local authorities or the private sector in Wales. 9% of students secured employment in the NHS outside Wales. At the time of data collection 1% of students reported they were yet to secure employment and 9% of students did not respond to the University data collection exercise. Of these 9% it is likely that some are working within the NHS but failed to respond to the university correspondence. Students are not obliged to inform universities of their job destinations. Universities have worked to increase the intelligence in this area as 3 years ago over 40% of students were "unknowns". This graduating cohort were (apart from a few 2 year

courses) not subject to the two year tie-in. The tie-in a mechanism being developed to track graduates will assist with both increasing the number of graduates working within Wales and the intelligence surrounding job destinations.

Summary of Actions

Where performance is below the expected level actions are identified within each University's performance report. This All Wales report captures the all Wales position and identifies where there is variation in performance between universities. Below is a summary of actions identified within each section of this report and the individual University Performance Reports.

1. UPDATE ON THE STRATEGIC REVIEW OF EDUCATION

Universities will be updated by the HEIW on key developments both within formal contract meetings and by regular written communication on a timely basis.

2. UPDATE ON UTILISATION ON SPEND OF ADDITIONAL GRANT FUNDING

The universities are required to update HEIW regarding the utilisation of the agreed funding.

3. INCREASING POST GRADUATE EDUCATION IN WALES

HEIW would like as much education as possible delivered within Wales. Universities were encouraged to review the list of provision currently procured outside Wales and, if these courses are available within the University, engage with Health Board partners to discuss Welsh provision of these courses / modules.

4. MANAGING PLACEMENTS

The placement matrix is an important tool to assist with ensuring the students graduate into jobs in the right parts of Wales, as identified by Health Boards and Trusts within their IMTP's.

The Commissioner will be monitoring the progress of this and can intervene if there are any specific issues with,

- The Health Boards / Trusts not releasing enough placements to meet the new training demands that they requested in their IMTPs
- Universities are not placing the number of students in accordance with the numbers set out in the placement matrix

5. ALL UNIVERSITIES: UNDER-RECRUITMENT OF ADULT NURSING COMMISSIONS

The issues being faced by the universities in recruiting adult nurses is a concern and HEIW requires more intelligence surrounding the specific issues. This will be raised on an all Wales level in the next Education Partnership meeting. It is vital that the issues are understood and addressed as it is likely that adult nurse commission numbers will continue to increase.

6. BANGOR UNIVERSITY: UNDER-RECRUITMENT OF MENTAL HEALTH NURSING FIELD COMMISSIONS

It is important to understand the reasons for the under-recruitment on the mental health nursing field as it is probable that commissioning numbers will continue to increase. An update is required from the University highlighting the reasons for the under-recruitment together with a plan on how these issues can be addressed **by December 2019**.

7. UNIVERSITY OF SOUTH WALES & BANGOR UNIVERSITY: UNDER-RECRUITMENT OF LD NURSING COMMISSIONS

The recruitment of LD nurses is a long-standing issue which is Wales and UK wide. Both Universities have developed enhanced marketing campaigns to address this issue.

8. CARDIFF UNIVERSITY: UNDER-RECRUITMENT OF ODP COMMISSIONS

The University has recognised the difficulty in recruiting to the increasing ODP commissioned places. With 35% of commissioned places unfilled there is a Service demand that is not being met. The Commissioner requires an action plan of enhanced measures outlining how Cardiff University can reduce this gap by the end of December 2019.

9. BANGOR UNIVERSITY: ACTION PLAN TO INCREASE APPLICATIONS

An update is required from the University highlighting way in which increasing the number of applicants in nursing can be achieved **by December 2019**.

10. ALL UNIVERSITIES: INCREASING APPLICATIONS

To meet the increasing workforce needs and pressures identified by the Health Boards and Trusts covered by the Universities in their three year Integrated Medium Term Plans (IMTP) it is imperative that high levels of applicants continue to apply for courses. It is essential that universities continue to explore ways of maintaining / increasing applications to their courses to ensure there are applicants of sufficient quality, with the right values, to fill commissioned places.

11. UNIVERSITY OF SOUTH WALES: INCREASING RETURN TO PRACTICE PLACES

With escalating nursing agency costs it is imperative that the R2P initiative maximises numbers. It is important that the Commissioner and Universities continue to prioritise this area to further increase numbers.

Therefore, USW are asked to develop a marketing plan to increase the R2P numbers. If there are costs associated with the plan the Commissioner will consider funding these.

An outline plan is required by the end of November 2019.

12. BANGOR UNIVERSITY: PRE-REGISTRATION NURSING ATTRITION: SPRING 2017, SPRING 2018 and AUTUMN 2018 COHORTS

Attrition on these three cohorts is 28%, 17% and 10% respectively with most attrition occurring during 2018/19. The commissioner requires a brief report outlining the reasons behind this level of attrition in these cohorts, mechanisms in place to ensure students on interruption of studies return, and any lessons learned that have been implemented to assist with attrition management. **Paper required by the end of November 2018 in time for the quality review meeting.**

13. USW: PRE-REGISTRATION NURSING ATTRITION AUTUMN 2017 COHORT

The September 2016/17 cohort has high attrition levels, 22% at the end of year two of the course. The Commissioner requires a brief report outlining the reasons behind this level of attrition in this cohort, mechanisms in place to ensure students on interruption of studies return, and any lessons learned that have been implemented to assist with attrition management. **Paper required by the end of November 2018 in time for the quality review meeting**

14. USW and BANGOR UNIVERSITY: GENERAL RISE IN PRE-REGISTRATION NURSING ATTRITION RATES

The University has consistently produced the lowest pre-registration nursing attrition rates in Wales. However, the last two years has seen this position change. A brief report is required on the underlying reasons behind this, lessons learned and any additional processes that the University has introduced to ensure this is managed in future. **Paper required by the end of November 2019 in time for the quality review meeting.**

15. BANGOR UNIVERSITY: MIDWIFERY ATTRITION

There has been a significant increase in midwifery attrition between 2017/18 and 2018/19. A brief report is required outlining the reasons for the increase and actions that will be implanted to mitigate this in the future.

16. USW: MIDWIFERY ATTRITION / INTERRUPTIONS OF STUDY (IoS)

A brief report is required surround the 7 students that left midwifery education in 2018/19. If the students are on IoS then their expected course return date is required or confirmation that they have permanently left the course.

17. CARDIFF UNIVERSITY: ATTRITION ACTION PLAN FOR DIAGNOSTIC RADIOTHERAPY AND ODP

As reported these are the two highest attrition rates of any course in Wales. ODP, particularly when coupled with the under-recruitment against commissioning numbers is a major concern.

An action plan on the contributory factors and Cardiff University plans to address these areas is required by the end of December 2019.

INTEGRATED MEDIUM-TERM PLANS

The NHS Wales Planning Framework 2019/22 sets the tone and direction for the next three years and focuses on the delivery of *A Healthier Wales*. Organisations were required to ensure their IMTP's continue to demonstrate a truly integrated planning approach with the overarching strategic priority being to improve population health, focussing on prevention and reducing health inequalities based on the prudent health and care philosophy.

The integrated plans for seven organisations have been approved following a robust assessment process. At the time of preparing this report, three organisations were unable to submit Board approved three-year plans, however they have provided their workforce information which has been taken into consideration in developing this plan.

Education commissioning numbers have been collated and reviewed using centrally available data. HEIW has worked closely with NHS organisations in developing this plan.

The IMTPs identified a number of areas of significant workforce risk and challenge including:

- Recruitment challenges in a range of areas including:
- Nursing across all fields of practice,
- Medical specialties including Psychiatry, GPs (including out of hours), Radiologists, Acute Physicians, Emergency Medicine and Occupational Health. PH Consultants, Oncologists, Trauma & Orthopaedics, General Surgery, O&G, Diabetes, Pathology specialties, Ortho-geriatrics, Dermatology, Care of the Elderly Anaesthetics, Neurophysiology, Palliative, Haematology, Paediatrics, Histopathology, Microbiology, Urology, Geneticist, Sexual Health, Endoscopy and ENT,
- Allied health professionals,
- Pharmacy,
- Biomedical scientists in some organisations,
- Others including, Bio-informaticians IT technicians and Information Analysts, Estates staff, Cyber security, Business Intelligence, Clinical coders and experienced senior and executive level managers, CBT therapists.

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

- Redesign: The majority of the plans emphasise the need to redesign their workforce to mitigate against recruitment challenges and ensure the workforce sustains fragile services, especially for the medical workforce. The emphasis seems to be on skill mix particularly the development of extended roles, advanced practitioners and prescribing rights with most focusing their target on primary care.
- Growing the multi-disciplinary team particularly in primary care:
- Pharmacists including Pharmacy Technicians
- Paramedics – Pilots of advanced paramedics planned in a number of areas supporting GP sustainability and admissions avoidance
- Advanced practitioner roles across nursing and AHP professions

- Physicians Associates
- Independent prescribing for Nurses/Pharmacists/Dietetics
- Extended roles for example within Cardiac Physiology
- Non-medical consultant roles – Consultant Midwife, Clinical Biochemist, CAMHS and Microbiology
- New emerging roles including
- Care Navigators
- Social care co-ordinators
- Non-medical social prescribing
- Delivering a cluster model

DEVELOPMENT OF AN EDUCATION AND TRAINING PLAN

This is the first year HEIW has developed a national education and training plan for the health workforce. This plan is for one year as HEIW develops a new approach to the planning of education and training for future years, as such this is a transitional plan albeit with an increasing focus on service challenges as well as individual professional and occupational groups. The publication of the health and social care workforce strategy will play a key role informing the future long-term education and training needs of the health and social care sectors. Key elements of the plan are identified below.

The report makes recommendations on the level of education and training required for 2020/21, across the following areas:

- Centrally funded Healthcare Support Worker development
- Undergraduate health professional education and training (nurses, midwives, allied health professionals and health care science)
- Non-medical prescribing
- Post-registration education programmes/modules
- Post graduate medical education training places
- Pre-Registration Pharmacy and Pharmacy Technicians

In developing the plan, HEIW has agreed with Welsh Government:

- The recommendations are to be based on **workforce need** having taken into account:
 - a. Information from NHS organisations IMTP's (previous three years),
 - b. Workforce modelling and wider available workforce intelligence
 - c. Welsh Government strategic direction (*A Healthier Wales*) and wider policy requirements,
 - d. Capacity within the system to support training/student/trainees,
 - e. Opportunities to transform the workforce through innovation/new roles and new ways of working.

The Minister for Health and Social Services will sign off the final education and training numbers and investment required. This will require investment in education and training for 2020/21 to be agreed in the autumn. **At this point in time the recommendations have not been approved and the proposals below are indicative subject to approval.** They are included here to assist

the universities in planning future recruitment initiatives and to show the “direction of travel”.

Education commissions should continue to:

- Expand the number of 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 nursing places available to the care home sector.
- Maintain current level of investment in advanced practice and health care support worker development

Increases are proposed in the following areas,

| | FROM | TO | % change |
|--|-------|--------------|----------|
| Adult Nursing places | 1,216 | 1,400 | 15.13% |
| Mental Health Nursing places | 324 | 356 | 9.88% |
| Midwifery places | 134 | 161 | 20.15% |
| Diagnostic Radiography places | 112 | 140 | 25.00% |
| Therapeutic Radiography places | 20 | 22 | 10.00% |
| Dietetic places | 42 | 52 | 23.81% |
| Physiotherapy places | 147 | 164 | 11.56% |
| S< places including Welsh Language Provision | 44 | 49 | 11.36% |
| Doctorate in Clinical Psychology places | 27 | 29 | 7.41% |
| Healthcare Science: | | | |
| ▪ STP's places | 24 | 30 | 25.00% |
| ▪ PTP BMS places | 21 | 24 | 14.29% |
| Physicians Associates | 42 | 54 | 28.57% |
| Increase post registration modules for community staff | 472 | 560 | 18.64% |
| To increase the Non-Medical Prescribing budget | £300k | £500k | 66.67% |

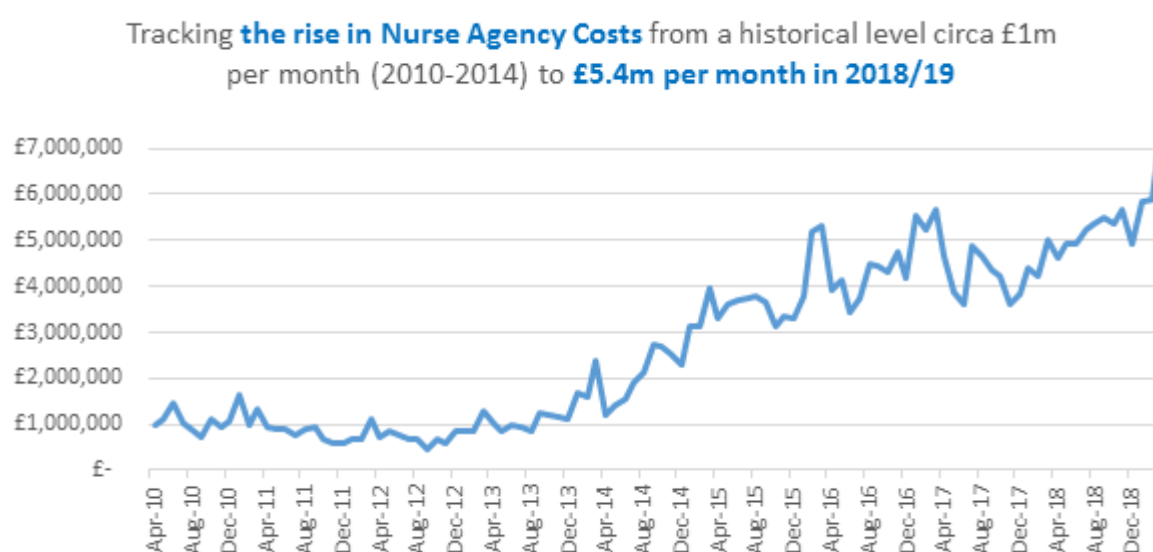
New areas for investment include,

- i. To commission education to enable existing radiographers to extend their practice and undertake radiography ‘reporting’ this will support the cancer/diagnostic workforce challenges by optimising their contribution to the MDT in line with the prudent healthcare principles. It is proposed to fund this at £40,000 recurring annually for 2 years initially
- ii. The HCPC have announced that from 2021 paramedic science education must be at degree level. In order to maintain high calibre application for this programme it is recommended that the degree programme is introduced in Wales from 2020. This will also support the service demands for this critical workforce. This has no financial implication in year 1 and 2 of this programme.

RETURN ON INVESTMENT - THE IMPORTANCE OF PRE-REGISTRATION TRAINING

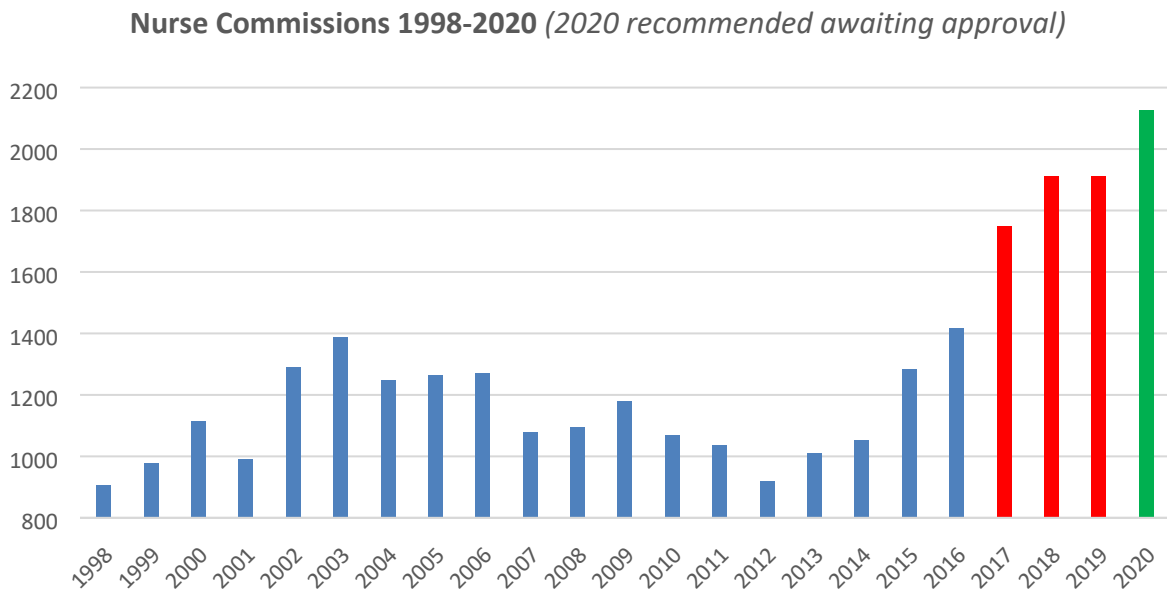
Nursing & Midwifery agency cost across NHS Wales increased in 2018/19 by 27.2% from 2017/18 levels. The nurse agency bill for NHS Wales was £51.4m in 2017/18 but rose by £14m to £65.4m in 2018/19. This level of nurse agency expenditure is a historical high. For the first time Nursing and Midwifery agency costs exceeded Medical & Dental agency costs, with Nursing and Midwifery agency cost being £10.8m higher than Medical and Dental costs.

The graph below shows that the total nurse agency bill to NHS Wales has risen from £9.2m in 2012/13 to its current levels which is a 609% increase in nurse agency costs.



Other professions such as AHPs have also seen significant increases in AHP agency costs. To highlight the potential financial impact that increases to commissioned placement could have, this paper focuses on nursing although the principles are transferable to other health professions.

The need for increased training places has been reflected in IMTP's and in response to this, the numbers commissioned have increased significantly from 2015, as highlighted in the graph below. Nurse commissions are now at a record high level. However, the graph below shows the "lag" between increasing the commissioning placements and graduates being available for employment within NHS Wales.



The blue bars show nursing cohorts that have graduated. Commissioned numbers between 2007 and 2014 were generally between 900 and 1,100.

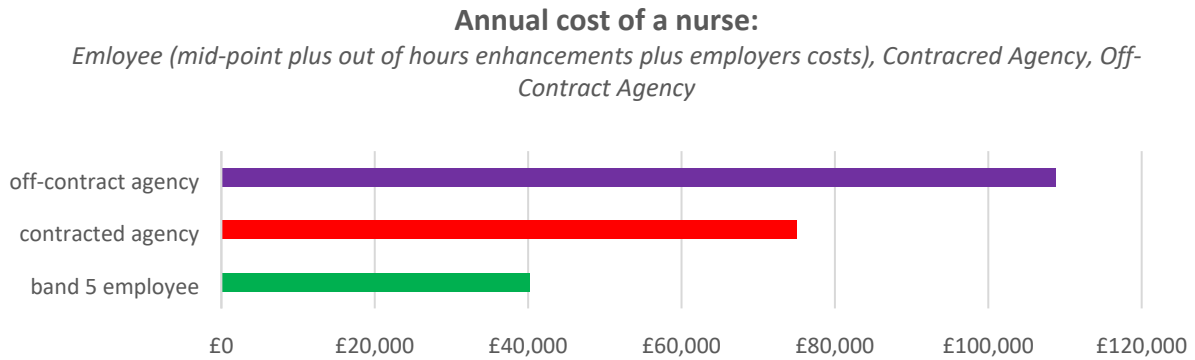
The red 2017-19 bars which, at the time they were commissioned, were the highest numbers since data has been collected in this area (over 20 years). However, these numbers are still in training and will not be available to work as qualified nurses until summers 2020-22. The 2017 cohort were the first cohort subject to the two-year tie-in to Wales. Over 96% of the students signed up to this initiative and HEIW, in partnership with NWSSP, are working with the Universities and the Service to ensure that the right students work in the right areas of Wales in the right roles.

The green bar denotes the proposed 2020 recruitment cohort of 2,127 nursing students. This comprises of 1,987 commissioned students plus 140 return to practice places. This cohort will commence training in autumn 2020 and spring 2021. The majority of these students will not graduate until the summer of 2023 and spring 2024.

Increased investment in cohort numbers, whilst not providing a benefit to the service during their training, builds the infrastructure, capacity and resilience in both the higher education sector and the service (in terms of placements) and provides a robust base for nurturing, providing and developing the workforce to meet the needs of an increasingly complex Health and Social Care Wales.

Investment in the workforce will also assist in the delivery of the vision set out in the 10 key recommendations in the Parliamentary Review of Health and Social Care in Wales and also in the plan to address these addressed in "A Healthier Wales" which was published earlier this year by the Welsh Government.

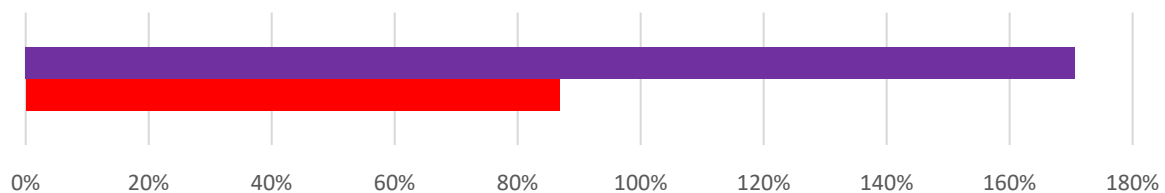
The table below presents the costs of employing a band 5 nurse on A4C terms and conditions (mid-point plus enhancements plus employers' costs) with the cost of a contracted agency nurse and an "off-contract" agency nurse.



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

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

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



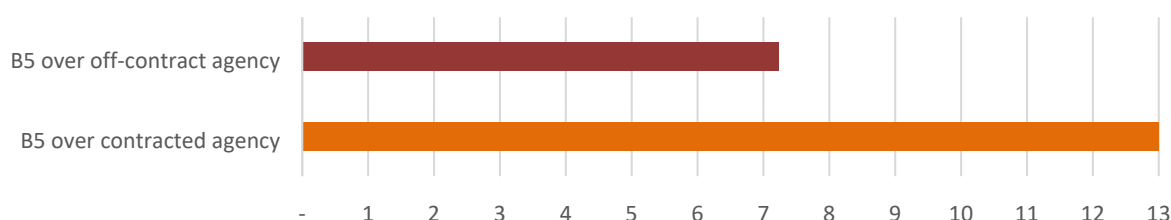
1. The cost of training a student nurse.

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

2. Return on Investment

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

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



Analysing these savings over a 10-year period reveals that in excess of £200k will be saved comparing an employed nurse to a contract agency nurse. The table below shows this in summary form and the table at annex 2 highlights in detail how this is calculated, and the assumptions used.

| | Cost per annum | Number of years | Total Cost |
|-----------------------------|----------------|-----------------|------------|
| cost of contracted agency | £75,077 | 10 | £750,774 |
| cost of contracted agency | £75,077 | 3 | £225,232 |
| cost of b5 | £40,198 | 7 | £281,388 |
| cost of training | £13,782 | 3 | £41,346 |
| | | | £547,967 |
| Saving over 10 years | | | £202,807 |

The above savings analysis is based on analysing a vacant post whereby a contract nurse is employed whilst a student nurse is trained for three years, and then the student nurse takes up the post for the remaining seven years of the 10-year period. These costs are measured against a nurse secured via a contracted agency supplier. If an off-contract agency is used for the 10-year period, the savings would increase to £439k over 10 years.

In the 2020 plan, it is proposed to increase nurse training numbers by 216 places. It is proposed that Child and LD nurse numbers are to remain constant at 154 and 77 respectively. However, it is proposed that adult nurse numbers would increase by 184 (from 1,216 to 1,400) and mental health nurses would increase by 32 (from 324 to 356). The combined numbers equate to the increase of 216.

If the proposal to commission an additional 216 student nurses is accepted, it is expected that based on the current attrition rates, that 193 students will graduate. With student streamlining and the "two-year tie-in" it is anticipated that all these students will work in Wales on graduation.

The savings over 10 years, relating to the additional 216 proposed nursing commissions in 2020, will be circa £38m based on the contract nurse agency rates. The table below shows the high-level costings and the table at annex 3 highlights the more detailed analysis and assumptions.

| | Cost per annum | Number of years | Number of staff / students | Total Cost |
|-----------------------------|-----------------------|------------------------|-----------------------------------|---------------------|
| cost of contracted agency | £75,077 | 10 | 193 | £144,899,362 |
| cost of contracted agency | £75,077 | 3 | 193 | £43,469,809 |
| cost of b5 | £40,198 | 7 | 193 | £54,307,930 |
| cost of training | £13,782 | 3 | 216 | £8,930,812 |
| | | | | £106,708,551 |
| Saving over 10 years | | | | £38,190,811 |

The above costs are measured against a contracted agency company. If the graduates replace posts where off-contract agency is used, then the savings increase to £84m over a 10-year period.

Summary

Investment in education and training is a vital component in ensuring that NHS Wales has the nursing capacity to meet its service commitments and in assisting NHS Wales reduce agency costs. The proposed investment would make a significant contribution to relieving the financial pressure on the Service in addition to providing a quality and safer environment for patient care.

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

Commissioning the proposed increase of 216 nurses as set out in the Education and Training Plan would save the NHS in Wales upwards of £38m over a 10-year period.

UPDATE ON THE STRATEGIC REVIEW OF HEALTH EDUCATION

The high-level plan is outlined below –

| Key Action | Date |
|--|--------------------------|
| Place OJEU Notice to trigger procurement | May 2020 |
| Clarification with bidders | August 2020 |
| Evaluation of bids | September – October 2020 |
| Clarifications / Award procedures / sign-off | November – December 2020 |
| Award of Contracts | December 2020 |
| Contract Commencement | August 2021 |
| New education programmes commence | September 2022 |

A Workforce Strategy for Health and Social Care

HEIW are working in partnership with Social Care Wales in developing a new long-term workforce strategy. This will be published in the autumn. It is important that the new Education Contract reflects the key themes, developments and timescales to be an enabler for the long-term Workforce Strategy. The timescale provides an opportunity to align the new Education Contract with the Workforce Strategy to ensure health education provision is “future-proofed”.

The Augur Review

The UK Government are expected to announce their response to the Augur Review in the autumn. This may provide more opportunity to consider the implications for Wales and potentially adjust the new Contract being developed.

How HEIW will achieve the extension

HEIW intends to issue either a VEAT (voluntary ex-ante transparency notice) or a modification notice to extend all current contracts, due to expire on 31st July 2021, by a further year to 31st July 2022. HEIW are working closely with Legal and Procurement colleagues in NWSSP to finalise a plan for extension.

How this will work in practice

The new contracts will commence in August 2021 but there will be no expectation that students will start on the new contract until September 2022.

For existing providers that are awarded new contracts there will be two contracts in place in 2021/22.

- a) The first will be the current contract, supporting students in the system and this will be subject to the current contract performance and quality scrutiny.

- b) The second will be the new contract which will be in its set up phase. HEIW, through formal contract meetings, will monitor the progress against the delivery plan and assist in ensuring that all commitments for the new contract are delivered on time and in line with the contract specification.

If, on award of the new contract it is feasible, and all conditions of the new contract is met then students could start in September 2021 on the new contract.

For any new providers the contract will start in August 2021 and HEIW will commence contract meetings to monitor the progress against the delivery plan and assist in ensuring that all commitments for the new contract are delivered on time and in line with the contract specification for student commencement in September 2022.

High Level Engagement Plan

| Date | Engagement |
|-------------------------------------|--|
| 11th October 2019 | Event in Cardiff for all interested bidders. The morning will be a series of presentations delivered by HEIW on the emerging themes, draft lotting strategy and key procurement information. The afternoon will be available for interested parties to book 30-minute individual sessions with key HEIW staff. A formal invite will follow. |
| November 2019 | HEIW to visit each Health Board and Trust to share emerging themes, draft lotting strategy and key procurement information. The focus of these visits will be to ensure that, as far as possible, the new contract addresses the needs of individual regions to act as an enabler in providing the right workforce at the right time with the necessary skills to support quality and safe patient care. |
| November 2019 - January 2020 | HEIW, will visit all Universities: a) For currently contracted Universities a "Part B" will be added to the scheduled Contract Quality visit b) For other interested parties a separate visit will be arranged This will provide the Universities the opportunity to seek further clarification and provide more feedback on the draft contract and strategy. HEIW to meet students from all Universities in Wales to ascertain student voice on the proposed new contract |
| February 2020 | Final stakeholder events where final contract and strategy are presented to all interested parties. There will be 3 events: North, West and South Wales. |

Summary of Benefits

In summary the benefits of the timescales ensure that –

1. The recommendations of the KPMG Report can be fully evaluated
2. Pre-tender engagement with the Universities interested in bidding can be more extensive
3. More time to develop the terms of the contract to ensure the maximum

- benefits materialise
4. Enhanced engagement with the Service
 5. Universities will be afforded more time to consider and prepare their bids
 6. Further clarity around the implications of the Augur Review.
 7. Key themes and service priorities arising from the long-term workforce strategy can be incorporated into the development of the new Education Contract
 8. HEIW can work with Universities during the first year of the contract (the "set-up year") to assist and ensure that the new contract is in place, accredited and in line with the tender submission for students to commence in September 2022.

UPDATE ON THE STRATEGIC REVIEW OF EDUCATION

Universities will be updated by the HEIW on key developments both within formal contract meetings and by regular written communication on a timely basis.

FURTHER HEIW DEVELOPMENTS

HEIW are developing a **Health Professional Education Performance Dashboard**, based on the key performance indicators (KPI's) and metrics. This will be updated quarterly and will be made available to Universities. A prototype is shown below. There will be drill down abilities in each area.

This interactive tool will provide more up to date and detailed performance information which should allow the individual universities, HEIW and the Health Boards to analyse trends on a timelier basis and to develop plans to address any issues earlier in the process.

The Health Professional Education Performance Dashboard will be compatible to link with the wider HEIW performance framework and the key metrics will be reported to the HEIW Executive Team. Education Commissioning Committee and the HEIW Board.

HEIW are also reviewing the current **student monitoring information system** received from Universities. The current system was developed in NLIAH over 10 years ago and information that is collected has not been reviewed for a number of years. The methodology is time-consuming, and paper driven. The review will explore,

- If information is collected but not used
- If information received is fit for purpose
- Whether the right information is being received but may be required in a different format
- If any information that is available is not collected and how this can be collated for submission

HEIW will pursue a digital solution, cognisant of GDPR requirements and compatible with NHS and University systems.

Education Commissioning and Quality, Health Education and Improvement Wales (HEIW) Performance Dashboard 2018/19

Value for Money

(compared to England)

Overall (per annum) £10.5m

Nursing £7.6m
Midwifery £0.9m
AHPs £2.0m

Payback period (nurse training) 14 mths
Savings to service to train extra nurs £203k over 10 years

Attrition

(compared to England)

Wales England



| | | |
|-----------|-------|-----|
| Nursing | 11.9% | 20% |
| Midwifery | 13.1% | 21% |
| AHPs | 9.2% | 13% |

Application Rates

(Applicants per place)

| | | | |
|---------------|------|------------|-----|
| adult nursing | 3.4 | Clin. Psy. | 17 |
| child nursing | 9.8 | Physiol. | 6 |
| Id nursing | 1.9 | Dietetics | 4.2 |
| mh nursing | 4 | Diag Rad. | 5.2 |
| Physio | 6.1 | BMS | 2.6 |
| midwifery | 15.7 | | |
| OT | 3.6 | | |
| S< | 3.5 | | |
| Rad. Therapy | 6.1 | | |
| Podiatry | 1.6 | | |
| Paramedic | 5.9 | | |

Commissioning Targets

By University By Profession



| | | | |
|-------|------|-----------|------|
| Uni A | 95% | Nursing | 95% |
| Uni B | 91% | Midwifery | 99% |
| CMU | 100% | AHPs | 95% |
| Uni C | 100% | Nursing | 100% |
| Uni D | 95% | Midwifery | 95% |
| Uni F | 95% | AHPs | 89% |

Advanced Practice

(take-up of allocation by organisation)

Total Usage Allocation Usage

94%



| | | |
|---------------------|-----------|------|
| ABM UHB | £220.5k | 97% |
| Aneurin Bevan UHB | £183.75k | 92% |
| Betsi Cadwaladr UHB | £251.125k | 100% |
| Cardiff & Vale UHB | £196k | 98% |
| Cwm Taf UHB | £110.25k | 80% |
| Hywel Dda UHB | £134.75k | 95% |
| Trusts/Other | £128.625k | 87% |

Return to Practice

(number in year)

Overall (number) 96

| | |
|-------|----|
| Uni A | 17 |
| Uni B | 27 |
| Uni C | 12 |
| Uni D | 30 |
| Uni F | 10 |

Supplementary Financial Allocations to Welsh Universities 18/19

During 2018-19 the full utilisation of the Non-Medical budget was not realised due primarily to the under-recruitment to commissioned places and the implications of "self-funders". HEIW requested proposals from Universities to help strengthen and supplement healthcare professional education and training in Wales. This was to assist the Universities in the development of education programmes and ensure that students in Wales are taught within a learning environment which has modern facilities and provides and prepares the students for a career in the NHS in Wales on graduation.

These proposals were reviewed by the HEIW Commissioning Team and measured against the following criteria;

| No | Core Criteria – All must be achieved |
|----|--|
| 1. | Funding will only be supplied non-recurrently |
| 2. | The commissioner will not agree to any recurrent costs as part of the proposal. Any recurrent costs incurred pertaining to a non-recurrent funding award must be borne by the University |
| 3. | State whether proposal is divisible – i.e. elements of the proposal can be awarded as well as full funding |
| 4. | The proposal must be submitted on the HEIW template supplied and signed by the Head of School |
| 5. | Funding must be utilised in the financial year in which it was awarded |
| 6. | Detailed cost schedules must be provided with the proposal |

| No | Student benefits Criteria – 1 or more must be achieved |
|----|---|
| 1. | Priority will be given to proposal that benefit more than one student group – references to multi-disciplinary education delivery must be included |
| 2. | Priority will be given to proposals that cross-cut with Primary Care and develops links / relationships / placement opportunities with Primary and Social Care |
| 3. | Priority will be given to proposals that widen access, and provide flexible delivery approaches |
| 4. | Benefit to the student must be measurable. Where appropriate value must be demonstrated across: <ul style="list-style-type: none"> ○ Student pathways ○ Shared learning ○ Collaboration with Service ○ Financial efficiencies ○ Business efficiencies ○ Student experience ○ Links with Primary Care |

The below proposals were reviewed and agreed by the HEIW Executive team.

| | |
|--|--|
| | Funding awarded to the University |
|--|--|

| | |
|--|-----------------|
| Bangor University <ul style="list-style-type: none"> • Expansion of clinical skills facilities, which enable students to gain confidence in fundamentals in clinical practice before, and after exposure to clinical practice. • A remote and virtual campus to increase the reach of the School's healthcare education programmes into rural and remote areas of North Wales • Simulation centre management solution suitable for use within all commissioned health programs | £124,340 |
| Cardiff University <ul style="list-style-type: none"> • Interactive Simulation Equipment • Clinical Skills Equipment • Replacement Equipment | £200,330 |
| Cardiff Metropolitan University <ul style="list-style-type: none"> • Simulation Suite Development and Resources • Technology to Support Clinical Education link between university and placement across programmes • Specialist resources to support teaching | £37,138 |
| Glyndwr University <ul style="list-style-type: none"> • Skills and Simulation Equipment • Light refurbishment and refit of Health Centre of Excellence Simulation suites with observation area | £259,127 |
| Swansea University <ul style="list-style-type: none"> • Simulation centre management solution suitable for use within all commissioned health programs | £226,645 |
| University of South Wales <ul style="list-style-type: none"> • TTE Base Unit Transducer - Cardiac Simulator Base Unit • Interactive Simulation Equipment • Clinical Skills Equipment • Replacement Equipment | £132,016 |

UPDATE ON UTILISATION ON SPEND OF ADDITIONAL GRANT FUNDING

The universities are required to update HEIW regarding the utilisation of the agreed funding.

POST GRADUATE EDUCATION

Introduction

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

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

Post registration education that supports the training of clinicians to undertake a new role or that advances or extends their scope of practice is integral in supporting health organisations with the transformation and redesign of clinical services. It also promotes and supports the diversification within teams and a healthy balance of skill mix.

Supporting clinicians to access education provides the NHS with the opportunity to develop new roles and develop a flexible workforce able to keep in step with changing service requirements. This in turn ensures service users receive high quality patient care from expert practitioners.

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

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

HEIW commissions' education from HEI's across Wales that supports the training of clinicians to undertake new roles or that advances or extends their scope of practice which is integral in supporting health organisations with the transformation and redesign of their clinical services. The University is integral in the delivery of this education to meet the needs of the NHS in Wales.

HEIW commissions a variety of programs at post graduate level from the university and this section within this report will focus on advanced and extended practice education and non-medical prescribing education.

Advanced and Extended Practice Education

There has been significant investment in advanced/extended practice education and since 2016 the budget has grown from 500k to 1.25m in 2018/19. With a further increase for 2019/20 to £1.5m. This investment has supported a wide range of clinicians to develop additional skills and knowledge to extend their scope

of practice and has also supported health services to gain advanced clinical practitioners. All NHS health boards, and trusts have been able to take advantage of this increased investment.

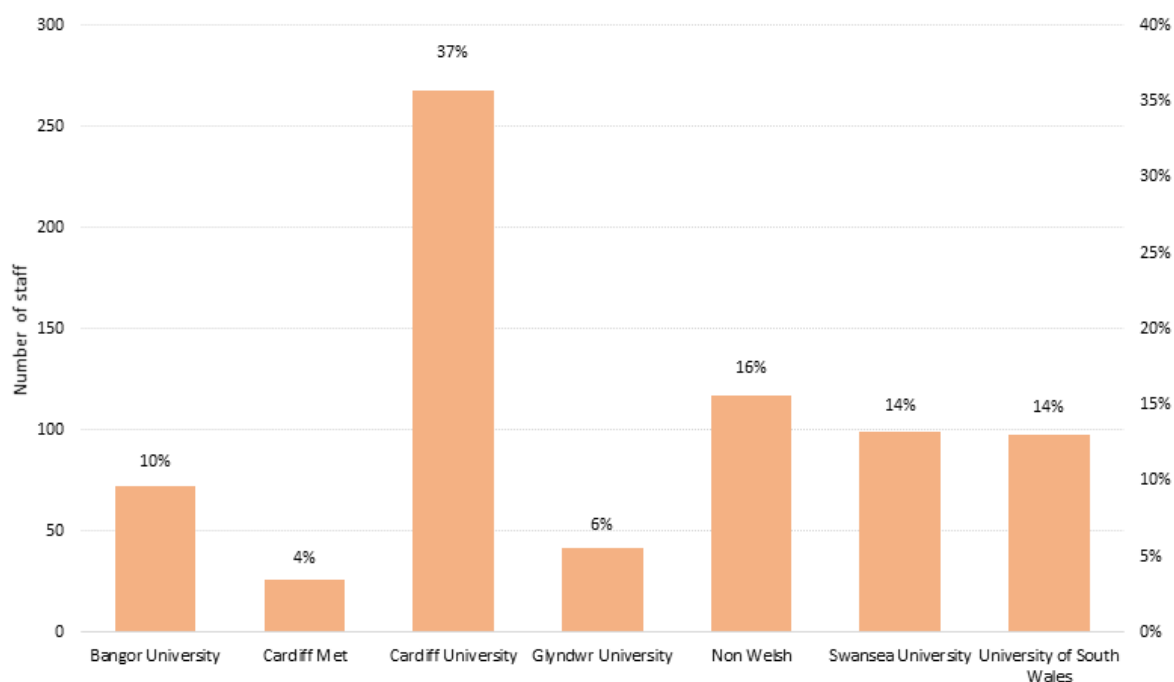
HEIW has worked collaboratively throughout the year with all NHS Health organisations and Higher Education Institutes within Wales to maintain the robust monitoring process for this budget. This monitoring process continues to provide greater transparency and continues to support NHS organisations in ensuring that the education funded is appropriate and meets service need. The allocation of the funding should be reflective of the requests that are submitted on the education commissioning template via the IMTP process and meet key priority areas of healthcare.

During 2018/19 the budget of **£1.25m** funded **726 individuals** across Wales to undertake advanced/extended practice education, which equates to an investment on average of £1,721 per head. Use across the larger professions is fairly balanced which is encouraging with 50% of the budget utilised by therapy roles, 37% by nursing, 9% by Pharmacists and 4% by healthcare scientists.

16% of education was accessed from non-Welsh universities which is a 2% increase on last year's usage. **Appendix 1** outlines all the courses HEIW currently fund in non-Welsh universities.

INCREASING POST GRADUATE EDUCATION IN WALES

HEIW would like as much education as possible delivered within Wales. Universities were encouraged to review the list of provision currently procured outside Wales and, if these courses are available within the University, engage with Health Board partners to discuss Welsh provision of these courses / modules.



All Wales NON MEDICAL PRESCRIBING

HEIW currently supports the funding of a number of prescribing courses:

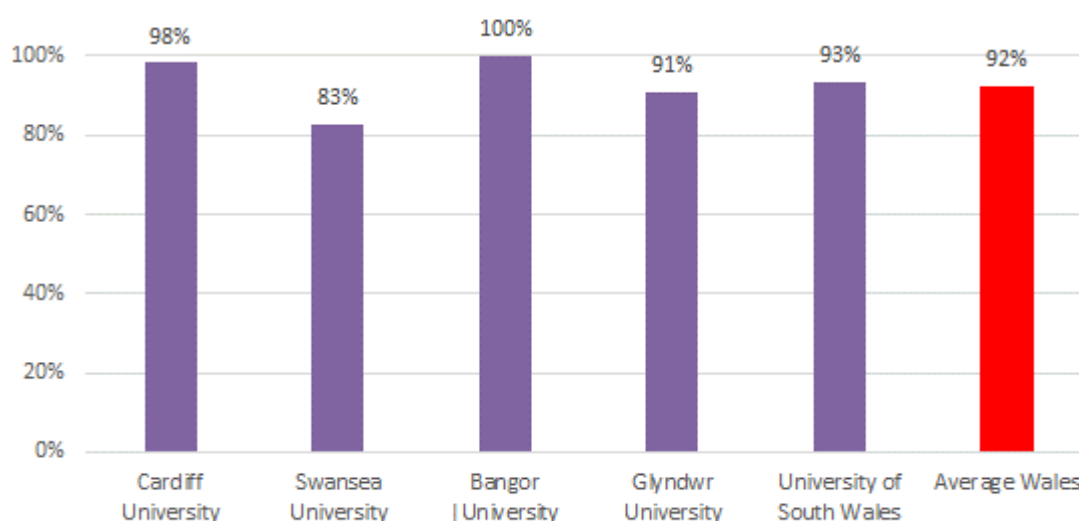
- Independent prescribing.
- Supplementary prescribing
- Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners
- Non-Authorisation of blood transfusion

Funding for prescribing programmes provide education for eligible professional groups to undertake a valuable role as a prescriber, to support the workforce modernisation and redesign agenda across NHS Wales. For 2018/19, the first paramedics were funded to train as independent prescribers, leading the way to further increase prescribing paramedics for the future. Although nurses remain the dominant professional group accessing this training, it is increasingly being utilised by pharmacists who used 23% of the allocations in 2018/19.

Investment in this education has remained at £300k for a number of years. There is an increasing demand to train prescribers especially with the development of community services. The establishment of a National Endoscopy Training Programme for non-medical endoscopists will also require health professionals on this programme to train as prescribers, which will increase the demand.

The graph below identifies that **92%** of all commissioned places in Wales were utilised by the Health Boards and Trusts which is an increase of **3%** compared to academic year 17/18 where **89%** was achieved. It must however be recognised that the under use is often beyond the control of the university, as it is the responsibility of the Health Boards to manage the allocation of places to staff who are appropriate, eligible, and committed to the programme.

NMP summary of usage for 2018/19



MANAGING PLACEMENTS – PLANNING FOR 2019/20

To assist the University in managing placements and to ensure that placements are directed to the Health Boards and Trusts in line with their 3-year Integrated Medium Term Plans (IMTP's) the following table has been issued which splits the 2019 commissions between Health Boards.

Therefore, when placing students from the new cohort the closer the University can get to this split means that the Health Board and Trust will be afforded the greatest opportunity to recruit the numbers upon graduation in line with their IMTP planning needs.

HEIW have met with all Health Boards and Trusts (Directors of Nursing and Directors of Therapies) informing them of the number of placement opportunities they should be offering up to each University for each field / student group.

The Health Organisations identifying the need for new graduates in their IMTPs should make available the appropriate number of placements to support students during their education. This builds on the principles set out in the "Local Level Agreement" which has been circulated.

This is more transparent and assists collaborative working between Health Boards and Universities.

MANAGING PLACEMENTS

The placement matrix is an important tool to assist with ensuring the students graduate into jobs in the right parts of Wales, as identified by Health Boards and Trusts within their IMTP's.

The Commissioner will be monitoring the progress of this and can intervene if there are any specific issues with,

- The Health Boards / Trusts not releasing enough placements to meet the new training demands that they requested in their IMTPs
- Universities are not placing the number of students in accordance with the numbers set out in the placement matrix below

2019/20 ALL WALES PLACEMENT PLAN

| COMMISSIONED COURSE | UNIVERSITY | Commissioned | Aneurin Bevan | Cardiff & Vale | Velindre | Swansea Bay | BCU | Cwm Taf | Hywel Dda | Powys | PHW |
|--|------------|--------------|---------------|----------------|----------|-------------|-----|---------|-----------|-------|-----|
| Bachelor of Nursing (B.N.) Adult (incl. p/t numbers) | BANGOR | 295 | | | | | 295 | | | | |
| Bachelor of Nursing (B.N.) Adult (incl. p/t numbers) | CARDIFF | 239 | 84 | 151 | 4 | | | | | | |
| Bachelor of Nursing (B.N.) Adult (incl. p/t numbers) | SWANSEA | 353 | | | | 119 | | 44 | 170 | 20 | |
| Bachelor of Nursing (B.N.) Adult (incl. p/t numbers) | USW | 299 | 94 | 8 | | 20 | | 132 | | 45 | |
| Bachelor of Nursing (B.N.) Child | BANGOR | 30 | | | | | 30 | | | | |
| Bachelor of Nursing (B.N.) Child | CARDIFF | 48 | 17 | 31 | | | | | | | |
| Bachelor of Nursing (B.N.) Child | SWANSEA | 33 | | | | 13 | | 5 | 15 | | |
| Bachelor of Nursing (B.N.) Child | USW | 43 | 17 | | | 5 | | 17 | | 4 | |
| Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers) | BANGOR | 71 | | | | | 71 | | | | |
| Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers) | CARDIFF | 89 | 29 | 60 | | | | | | | |
| Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers) | SWANSEA | 86 | | | | 28 | | 10 | 40 | 8 | |
| Bachelor of Nursing (B.N.) Mental Health (incl. p/t numbers) | USW | 73 | 24 | | | 9 | | 32 | | 8 | |
| Bachelor of Nursing (B.N.) LD | BANGOR | 22 | | | | | 22 | | | | |
| Bachelor of Nursing (B.N.) LD | USW | 55 | 11 | 11 | | 11 | | 8 | 11 | 3 | |
| MIDWIFERY | BANGOR | 31 | | | | | 30 | | | 1 | |
| MIDWIFERY | CARDIFF | 40 | 11 | 29 | | | | | | | |
| MIDWIFERY | SWANSEA | 31 | | | | 13 | | 5 | 11 | 2 | |
| MIDWIFERY | USW | 32 | 10 | | | | | 21 | | 1 | |
| PHYSIOTHERAPY | CARDIFF | 117 | 29 | 22 | | 26 | | 11 | 21 | 8 | |
| PG Dip PHYSIOTHERAPY | BANGOR | 12 | | | | | 10 | | | 2 | |
| PHYSIOTHERAPY | GLYNDWR | 18 | | | | | 16 | | | 2 | |
| OCCUPATIONAL THERAPY | GLYNDWR | 34 | | | | | 28 | | | 6 | |
| OCCUPATIONAL THERAPY | CARDIFF | 79 | 17 | 11 | | 20 | | 10 | 13 | 8 | |
| OCCUPATIONAL THERAPY (Accelerated) | CARDIFF | 20 | 3 | 4 | | 5 | | 3 | 5 | | |

| COMMISSIONED COURSE | UNIVERSITY | Commissioned | Aneurin Bevan | Cardiff & Vale | Velindre | Swansea Bay | BCU | Cwm Taf | Hywel Dda | Powys | PHW |
|--|-------------|--------------|---------------|----------------|----------|-------------|-----|---------|-----------|-------|-----|
| DIAGNOSTIC RADIOGRAPHY | BANGOR | 28 | | | | | 25 | | | 3 | |
| DIAGNOSTIC RADIOGRAPHY | CARDIFF | 84 | 22 | 15 | 1 | 15 | | 15 | 15 | 1 | |
| THERAPEUTIC RADIOGRAPHY | CARDIFF | 20 | | | 11 | 3 | 6 | | | | |
| RADIOGRAPHY ASSISTANT PRACTITIONER | CARDIFF | 12 | 2 | 2 | | 2 | 2 | 1 | 1 | | 2 |
| ODP | CARDIFF | 49 | 9 | 5 | | 9 | 8 | 9 | 8 | 1 | |
| B.Sc. Human Nutrition - Dietician | CARDIFF MET | 30 | 8 | 7 | 1 | 2 | 2 | 4 | 5 | 1 | |
| PG Dip Human Nutrition - Dietician | CARDIFF MET | 12 | 2 | 2 | | 2 | 2 | 1 | 2 | 1 | |
| B.Sc. Podiatry | CARDIFF MET | 24 | 4 | 6 | | 2 | 3 | 2 | 4 | 3 | |
| Speech and Language Therapy | CARDIFF | 44 | 9 | 10 | | 4 | 6 | 3 | 6 | 6 | |
| Clinical Photography | CARDIFF | 5 | 1 | 1 | | 1 | | 2 | | | |
| Clinical Psychology | BANGOR | 10 | | | | | 9 | | | 1 | |
| Clinical Psychology | CARDIFF | 17 | 4 | 3 | | 6 | | | 4 | | |
| Healthcare Scientists - Cardiac Physiology | SWANSEA | 24 | 4 | 4 | | 5 | 4 | 3 | 4 | | |
| Healthcare Scientists - Audiology | SWANSEA | 16 | 2 | | | 3 | 2 | 3 | 4 | 2 | |
| Healthcare Scientists - Respiratory and Sleep | SWANSEA | 5 | | 1 | | 1 | | 1 | 2 | | |
| Healthcare Scientists - Neurophysiology | SWANSEA | 3 | | 1 | | 1 | 1 | | | | |
| Healthcare Scientists - Nuclear Medicine & Radiotherapy Physic | SWANSEA | 3 | | 1 | 1 | 1 | | | | | |
| Healthcare Science - Biomedical Science - Blood | CARDIFF MET | 12 | 2 | 2 | 2 | 1 | 2 | 1 | 2 | | |
| Healthcare Science - Biomedical Science - Infection | CARDIFF MET | 4 | | 1 | | 1 | | 1 | | | 1 |
| Healthcare Science - Biomed Science - Cellular | CARDIFF MET | 5 | 1 | 1 | | 1 | 1 | 1 | | | |

2019/20 ALL WALES PLACEMENT PLAN - PART TIME NURSING ROUTE

| COMMISSIONED COURSE | UNIVERSITY | Commissioned | Aneurin Bevan | Cardiff & Vale | Velindre | Swansea Bay | BCU | Cwm Taf | Hywel Dda | Powys | PHW |
|-------------------------|------------|--------------|---------------|----------------|----------|-------------|-----|---------|-----------|-------|-----|
| Nursing - Adult/MH | BANGOR | 15 | | | | | 15 | | | | |
| Nursing - Adult/MH | SWANSEA | 30 | | | | 10 | | 3 | 13 | 4 | |
| Nursing - Adult/MH | UOSW | 30 | 8 | 8 | 2 | | | 9 | | 3 | |
| Nursing - Adult/MH (10) | OU | 40 | 5 | 5 | 1 | 5 | 7 | 5 | 8 | 4 | |

TIMELINESS OF INFORMATION, COMMUNICATION AND INFORMATION FLOW

All Wales Timeliness of Information

Below is the schedule of dates for the various returns for 2019/20. *(Sampled from Cardiff University's schedule as each University's plan varies slightly depending on the specific courses they run)*

| Return: | To be submitted by: |
|--|--|
| Monthly Student Monitoring Returns | |
| • August 2019 | Friday 20 th September 2019 |
| • September 2019 | Friday 25 th October 2019 |
| • October 2019 | Friday 22 nd November 2019 |
| • November 2019 | Friday 20 th December 2019 |
| • December 2019 | Friday 24 th January 2020 |
| • January 2020 | Friday 21 st February 2020 |
| • February 2020 | Friday 20 th March 2020 |
| • March 2020 | Friday 24 th April 2020 |
| • April 2020 | Friday 22 nd May 2020 |
| • May 2020 | Friday 26 th June 2020 |
| • June 2020 | Friday 24 th July 2020 |
| • July 2020 | Friday 21 st August 2020 |
| Intake Forms | |
| • September 2019 Cohort Intake Form • February – April 2020 Intake Form | Friday 13 th November 2019 Friday 8 th May 2020 |
| Exit Forms | |
| • June-August 2019 Graduating Cohort Exit Form | Friday 16 th October 2019 |
| • Feb-March 2020 Graduating Cohort Exit Form | Friday 24 th April 2020 |
| Application Rates | End Feb 2020 |
| Recruitment Numbers | Oct 2019 |

| Salaried Student Names and Start Dates (Including Return to Practice) | On Enrolment |
|---|---|
| Invoices | |
| <ul style="list-style-type: none"> Community <ul style="list-style-type: none"> FT/PT Modules | <p>September Intake by the end of December 2019</p> <p>April Intake by the end of July 2020</p> <p>Interim invoice by December 2019 with any further invoices ASAP (before 31 March 2020)</p> |
| <ul style="list-style-type: none"> Advanced Practice | <p>September Intake by the end of December 2019</p> <p>Any further invoices by the end of Feb 2020. (we will accept invoices in March but please ensure HEIW are aware that they are due)</p> |
| <ul style="list-style-type: none"> Non Medical Prescribing | <p>September Intake by the end of December 2019</p> <p>Any further invoices by the end of Feb 2020. (we will accept invoices in March but please ensure HEIW are aware that they are due)</p> |
| <ul style="list-style-type: none"> Return to Practice <ul style="list-style-type: none"> Fees Bursary | <p>Within one month of course commencement</p> <p>Within one month of bursary instalment being paid</p> |
| <ul style="list-style-type: none"> Bursary Invoices/Backing | 25 th of every month |

The schedule of when documentation was due, introduced by the Commissioner In 2015/16 has proved very useful and assisted both the Commissioner and Universities in the transfer of information.

A portal was established to ensure sensitive information could be shared securely. Whilst this is a little more time-consuming than e-mail correspondence

it is necessary from an information governance perspective and has been accepted and utilised by both the Commissioner and the Universities. In the 2016 report it was stated that the timeliness of information would be analysed and integrated as a performance measure although this has not been actioned due to issues with the performance of the portal, changes in University admin staff responsibilities and in some cases returns requiring several amendments due to methods of capturing and recording self-funding students.

Operational Meetings

Operational meetings have been established and held over the past 5 years. The meetings provide assurances to the Commissioner and the University that the information relating to student finance, activity, interruptions of study, support costs and support systems is robust.

The meetings focus on the importance of the accuracy of the information provided as it is a vital foundation for the performance report. The following items have been considered:

- Reviewing timeliness and accuracy of student monitoring information
- Review achievement of commissioning targets
- Analyse the effectiveness and governance surrounding the flow of student information
- Review of students on "Interruption of Study" breaks
- Analyse any issues in terms of the processes of student bursaries, childcare and DSA
- Review Income schedules and timetables
- Investigate invoice reconciliation issues
- Review of Advanced Practice funding and monitoring process
- Review of Non-Medical Prescribing funding and monitoring process

The Groups are chaired by the Commissioners Finance Manager and the University has a lead liaison officer. Membership of the Group is flexible, dependent upon the agenda. The group will always consist of Commissioner Finance staff, Student Awards Service representative and the relevant University staff. Administrative support is provided by the Commissioner.

Meetings are held annually, as a minimum, or at a time which most benefits the larger Commissioner / University Contract meeting agendas. The University lead should brief their School Manager and/or the Head of School. The Commissioner lead briefed the Head of Finance and/or the Director of WEDS. The meetings were an excellent opportunity to meet face to face and address individual University issues.

As HEIW is now established it is an appropriate time to re-visit the terms of reference and the membership of the group as there have been new appointments/roles developed within HEIW and the postholders would benefit from attending the meetings.

Due to time constraints a Spring meeting has not been held this year. However an All Wales operational meeting has been arranged for September at the HEIW office, where we will take the opportunity to share any new developments, planned

changes, sharing of good working practices etc. we are sure that the Universities welcome this meeting and it will be useful to receive feedback to ascertain whether it would be useful to hold an annual All Wales Operational meeting as well as the individual meetings in future years.

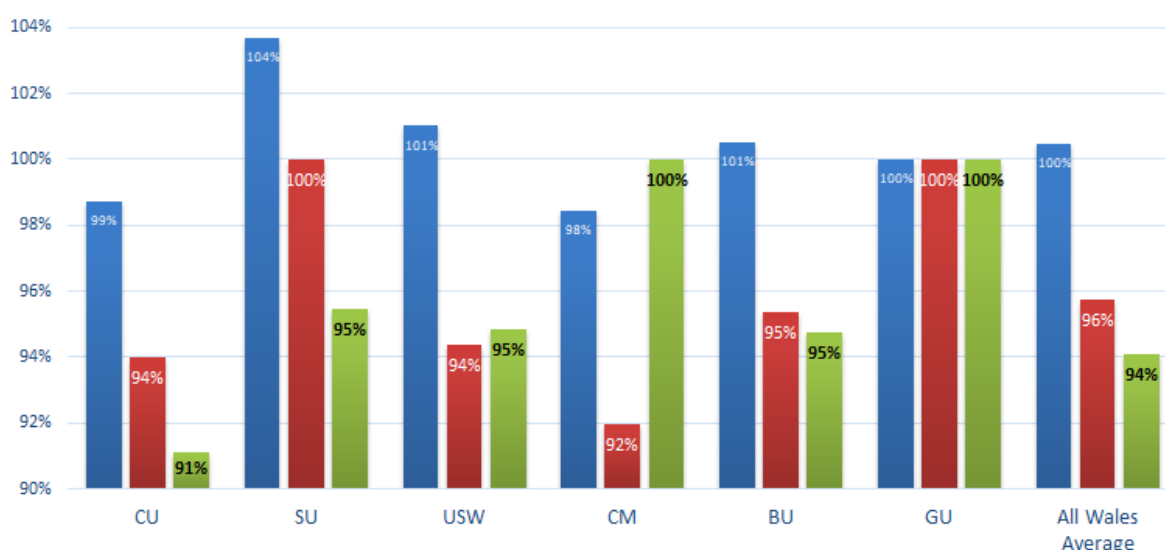
RECRUITMENT & SELECTION

ACHIEVEMENT OF COMMISSIONING NUMBERS 2018/19

PRE-REGISTRATION All Wales Achievement v Commissioning Numbers

Overall, in 2018/19, Welsh Universities achieved a **94%** achievement rate against pre-registration commissioning numbers (down by 2% from 96% the previous year). This covers nursing, midwifery and allied health professionals. Out of the **2,597** pre-registration places commissioned (over the student groups tested) **153 were not recruited** by Universities. This compares with just 13 commissioned places that were not filled in 2016/17 and 110 commissioned places that were not filled in 2017/18.

Achievement against Pre-registration Commissioning Targets 2016/17 - 2018/19



HEIW expects 100% of pre-registration places to be filled.

This is the second year that the achievement of commissioning targets has fallen below 99%. Four of the six Universities dropped to 95% or below.

Under-recruitment on AHP's was 28 in total. The ODP course in Cardiff University under-recruited by 17. Only 32 places out of 49 commissions were filled. This has been raised as an issue in the Cardiff University Performance Report. Cardiff University also under-recruited 5 diagnostic radiography places. All other AHP courses were either filled or the commissions were missed by 1 place. All 4 midwifery providers achieved full recruitment of commissioned numbers.

1,724 nurses were commissioned but only 1,599 places were filled. This is a commissioning fill rate (CFR) of 93%. For the autumn intake the CFR was 98% (1,199 of 1,220) and for the spring intake the CFR was 79% (400 of 504).

Analysing by field the CFR's were,

| Field | CFR |
|----------------------------|------------|
| <i>Adult</i> | 93% |
| <i>Mental Health</i> | 96% |
| <i>Child</i> | 98% |
| <i>Learning Disability</i> | 70% |
| ALL FIELDS | 93% |

All under-recruitment is highlighted in the individual University performance reports and discussed in the University Performance meetings. The following specific actions are identified.

ALL UNIVERSITIES: UNDER-RECRUITMENT OF ADULT NURSING COMMISSIONS

The issues being faced by the universities in recruiting adult nurses is a concern and HEIW requires more intelligence surrounding the specific issues. This will be raised on an all Wales level in the next Education Partnership meeting. It is vital that the issues are understood and addressed as it is likely that adult nurse commission numbers will continue to increase.

BANGOR UNIVERSITY: UNDER-RECRUITMENT OF MENTAL HEALTH NURSING FIELD COMMISSIONS

It is important to understand the reasons for the under-recruitment on the mental health nursing field as it is probable that commissioning numbers will continue to increase. An update is required from the University highlighting the reasons for the under-recruitment together with a plan on how these issues can be addressed **by December 2019**.

UNIVERSITY OF SOUTH WALES & BANGOR UNIVERSITY: UNDER-RECRUITMENT OF LD NURSING COMMISSIONS

The recruitment of LD nurses is a long-standing issue which is Wales and UK wide. Both Universities have developed enhanced marketing campaigns to address this issue.

CARDIFF UNIVERSITY: UNDER-RECRUITMENT OF ODP COMMISSIONS

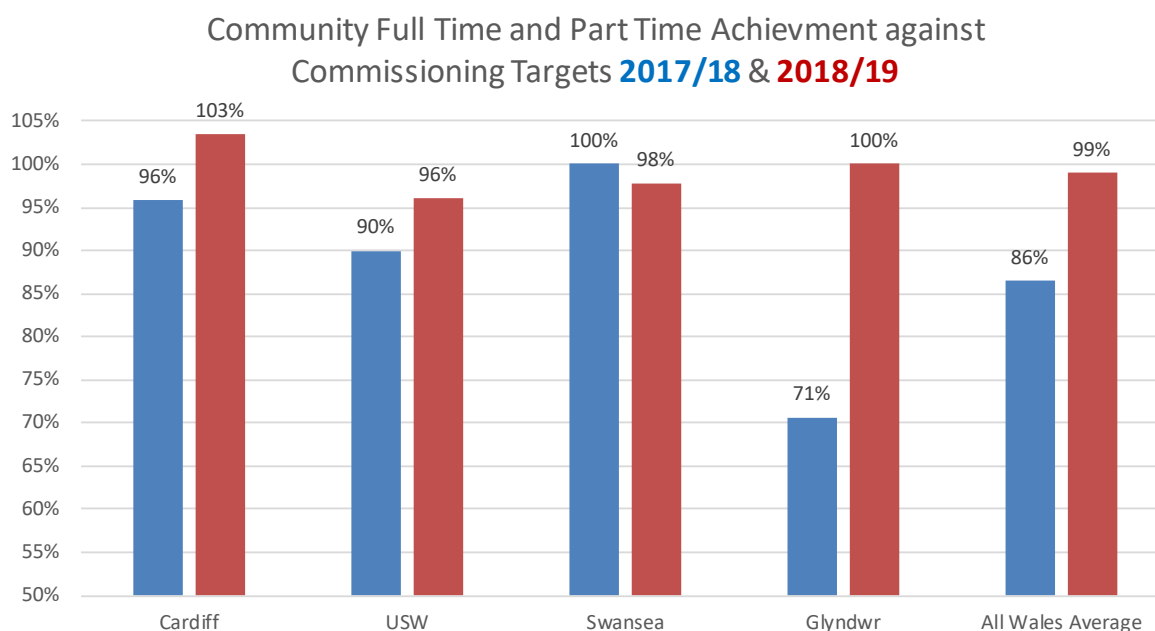
The University has recognised the difficulty in recruiting to the increasing ODP commissioned places. With 35% of commissioned places unfilled there is a Service demand that is not being met. The Commissioner requires an action plan of enhanced measures outlining how Cardiff University can reduce this gap by the end of December 2019.

FULL TIME / PART TIME COMMUNITY All Wales Achievement v Commissioning Target

This was monitored for the first time in 2016/17. The average achievement of successfully filling commissioned places for full time and part time community nursing across Wales has increased in 2018/19 to **99%**. HEIW set the target at 93% and, on an all Wales basis this has been achieved.

All universities achieved this target.

The 2019/20 target will increase to 97%.



COMMUNITY MODULES

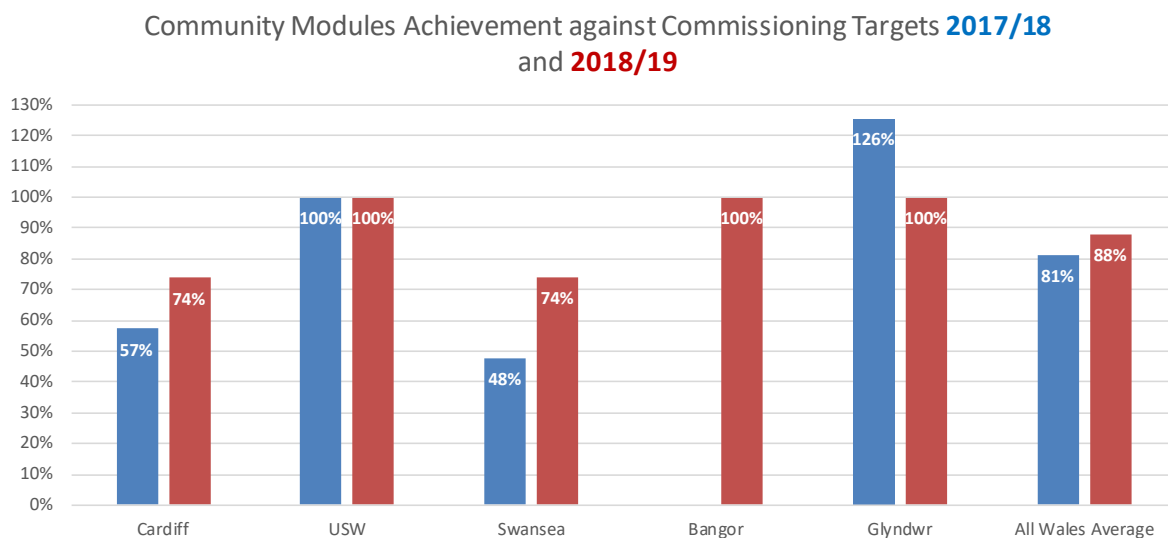
All Wales Achievement v Commissioning Target

The average achievement of successfully filling commissioned places for community modules across Wales is **88%**. This is slightly below the target of **90%** but up significantly from the 81% achievement rate in 2017/18.

Two Universities failed to meet the 90% target, but both these Universities have improved since 2017/18 with Swansea University increasing from 48% to 74% and Cardiff University improving from 57% to 77%. This represents significant improvement but it is still below the Welsh average.

This has been raised as an issue to address in both universities.

Three of the five universities achieved 100%.



APPLICATION RATES 2018/19

There are many factors affecting application rates for places on NHS funded courses in Welsh Universities including,

- Economic climate
- The change in fee structure
- Student support (including bursary, loan, allowances, childcare)
- Employability on completion of course
- University reputation – gained by students via NSS and League Tables

In addition, as covered in the introduction to this report, England removed the bursary system. Wales has kept the bursary system which provides students with non-repayable benefits including a grant of £1,000, access to a means tested bursary and full payment of all tuition fees. However, as outlined earlier some courses have seen a reduction in applications and application rates but these are minimal compared to the reductions reported in England. With the announcement of the continuation of the bursary scheme for 2020 it is anticipated that applications will increase again. This will be closely monitored by the Commissioner.

2019 again saw an increase in commissioning places across a number of student groups. These increases again affect application rates.

It is important to note that in some cases the application rates may be minimum positions. Universities can “close” the application process and therefore appear to have fewer candidates to choose from.

Any change in application rates therefore cannot be solely be attributed to a change in student support in isolation as the other factors listed above will influence student options.

Health education courses in Wales remain extremely popular. The table below identifies the total applicants per course and the average applications per place. The table below highlights application rates on individual student groups. The key to the colour coding is application rates of,

above 5 applicants per place

between 3 and 5 applicants per place

below 3 applicants per place

All Wales Application Rate Position

| | 2018/19 Apps per Place | 2019/20 | | |
|--|------------------------------|------------|-------------------|---|
| | | Applicants | Apps per place | |
| Pre-Registration Nursing - All Fields | 4.2 | 6,925 | 4.0 | ↓ |
| Pre-Registration Nursing - Adult | 3.4 | 4,004 | 3.4 | ▬ |
| Pre-Registration Nursing - Child | 10.5 | 1,507 | 9.8 | ↓ |
| Pre-Registration Nursing - Mental Health | 4.6 | 1,271 | 4.0 | ↓ |
| Pre-Registration Nursing - LD | 1.4 | 143 | 1.9 | ↑ |
| Midwifery | 14.6 | 2,109 | 15.7 | ↑ |
| Physiotherapy | 6.2 | 713 | 6.1 | ↓ |
| Occupational Therapy | 3.3 | 475 | 3.6 | ↓ |
| Diagnostic Radiography | 6.3 | 587 | 5.2 | ↓ |
| Therapeutic Radiography | 6.4 | 122 | 6.1 | ↓ |
| Speech & Language Therapy | 3.6 | 156 | 3.5 | ↓ |
| Dietetics | 5.7 | 178 | 4.2 | ↓ |
| Podiatry | 2.0 | 38 | 1.6 | ↓ |
| Biomedical Sciences | 2.5 | 54 | 2.6 | ↑ |
| Paramedic | 3.7 | 410 | 5.9 | ↑ |
| ODP | 2.2 | 106 | 2.2 | ▬ |
| Clinical Physiology: | 5.3 | 307 | 6.0 | ↑ |
| Respiratory and Sleep Science | 3.2 | 18 | 3.6 | ↑ |
| Cardiac Physiology | 3.8 | 119 | 5.0 | ↑ |
| Radiotherapy Physics & Nuclear Physics | 11.3 | 46 | 15.3 | ↑ |
| Audiology | 5.4 | 74 | 4.6 | ↓ |
| Neurophysiology | 13.7 | 50 | 16.7 | ↑ |

All Wales courses with an application rate of 5:1 and above are,

- Pre-registration nursing Child field
- Midwifery
- Physiotherapy
- Diagnostic Radiography
- Therapeutic Radiography
- Paramedics
- Healthcare Science: Neurophysiology
- Healthcare Science: Cardiac Physiology
- Healthcare Science: Radiotherapy Physics & Nuclear Physics

All Wales courses with an application rate of 3:1 and below, and therefore in need of monitoring are,

- Pre-registration nursing LD field
- Podiatry
- Biomedical Sciences
- ODP

The list of courses with a ratio of less than 3:1 contain the same 4 student groups as last year. Whilst LD Nursing, which was the lowest ratio in 2018, is still in this category it has however increased from 1.4 applications per place to 1.9. Biomedical science and ODP application rates remain largely unchanged but podiatry rates continue to deteriorate and it is now the lowest application rate in Wales at 1.6.

For Healthcare courses, Cardiff remains the most popular university of choice within Wales. Of the courses commissioned with Cardiff University that are also commissioned in other Universities all Cardiff courses, with the exception of diagnostic radiography, the application rates are significantly above the Welsh average.

Of the courses commissioned with Bangor University that are also commissioned in other Universities only radiography is above the All Wales average with adult. MH and LD nursing equal to or below 3:1. In 2018/19 Bangor failed to recruit all of the Adult, MH and LD commissions and with application rates in 2019/20 below 3:1 in all these areas the university may struggle again. The following action is contained within the Bangor University performance report.

BANGOR UNIVERSITY: ACTION PLAN TO INCREASE APPLICATIONS

An update is required from the University highlighting way in which increasing the number of applicants in nursing can be achieved **by December 2019.**

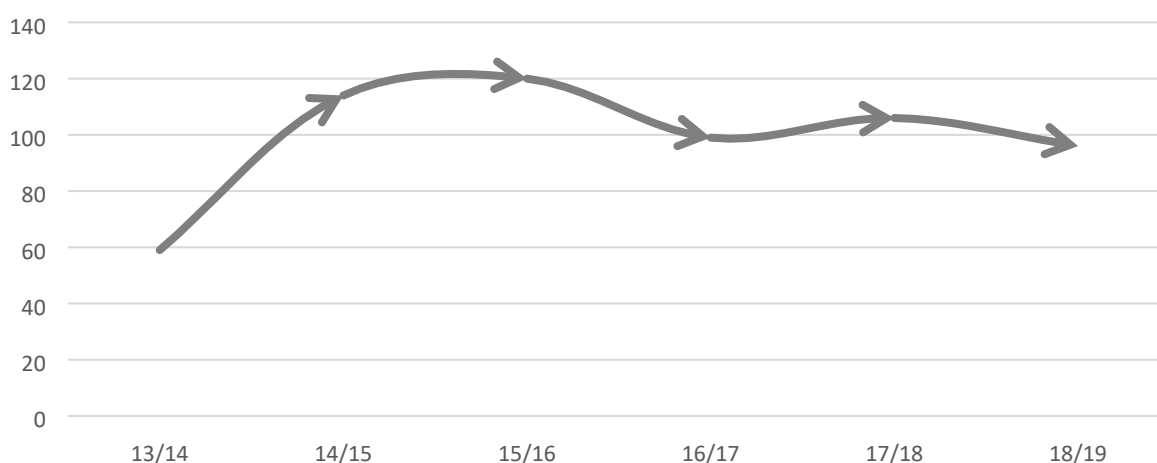
To meet the increasing workforce needs and pressures identified by the Health Boards and Trusts covered by the Universities in their three year Integrated Medium Term Plans (IMTP) it is imperative that high levels of applicants continue to apply for courses. It is essential that universities continue to explore ways of maintaining / increasing applications to their courses to ensure there are applicants of sufficient quality, with the right values, to fill commissioned places.

RETURN TO PRACTICE

All Wales Return to Practice

There had been an increase in the recruitment of Return to Practice (R2P) students' year-on-year up to 2015/16 but in 2016/17 the total number of returners fell by 17.5% from 120 to 99 and whilst 2017/18 returned a slight increase, 2018/19 numbers reduced to **96**, the lowest level since 2013/14.

Return to Practice numbers across Wales 2013-2019



With escalating nursing agency costs it is imperative that the R2P initiative maximises numbers. Funding has been supplied by the Commissioner to assist with marketing R2P courses. It is important that the Commissioner and Universities continue to prioritise this area to further increase numbers.

Change in Return to Practice Numbers 13/14 to 18/19
by University



Both Cardiff and Swansea Universities have a trend of attracting increasing numbers onto return to practice programmes and between Bangor and Glyndwr North Wales have a proportionate number of returners.

However, the number of returners in the University of South Wales have been decreasing over the last five years and the following action is highlighted in their individual performance report.

UNIVERSITY OF SOUTH WALES: INCREASING RETURN TO PRACTICE PLACES

With escalating nursing agency costs it is imperative that the R2P initiative maximises numbers. It is important that the Commissioner and Universities continue to prioritise this area to further increase numbers.

Therefore, USW are asked to develop a marketing plan to increase the R2P numbers. If there are costs associated with the plan the Commissioner will consider funding these.

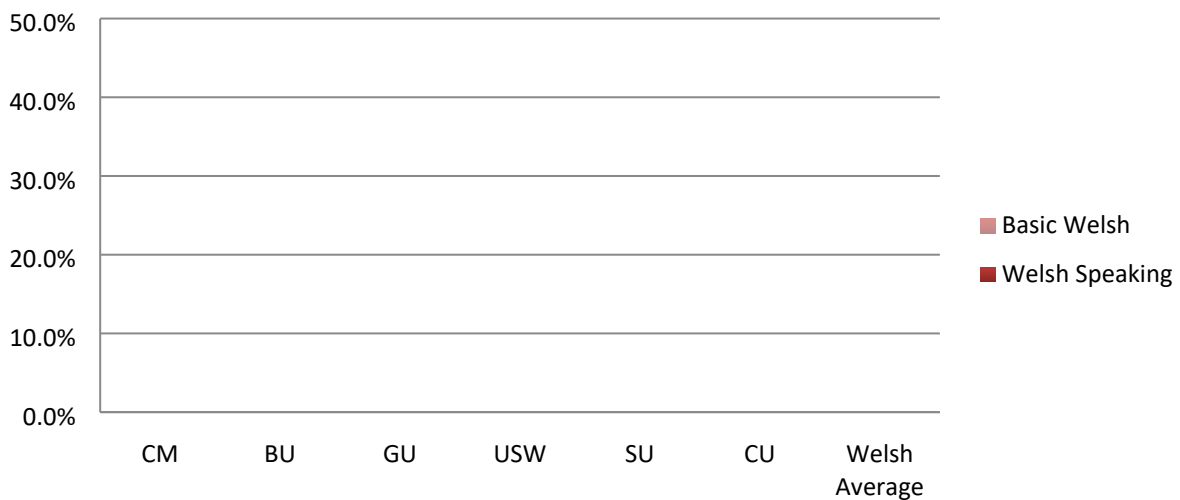
An outline plan is required by the end of November 2019.

The areas below do not score as no targets are set in these areas. Information included show comparisons with Welsh averages and other Universities.

Student's ability to speak Welsh

The following information has been collated from the intake forms supplied to HEIW by Universities. 14.4% of students reported they are fluent in Welsh with another 8.7% of students confirming a basic level of Welsh language skills. This data will be checked with the Universities as part of the ongoing data validation exercise.

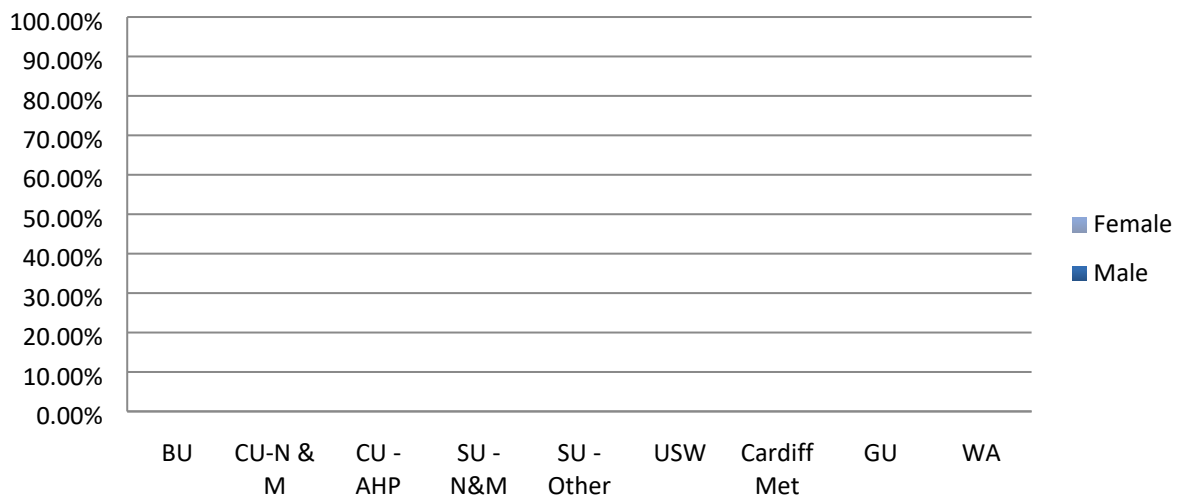
Welsh Speakers - Autumn 2018 and Spring 2019 Intakes



Gender

There has been a slight drop on last year in the number of male students across all Welsh Heath Funded courses - from 15% down to 13.7%.

Gender: New Welsh Health Students 2018/19



Age range

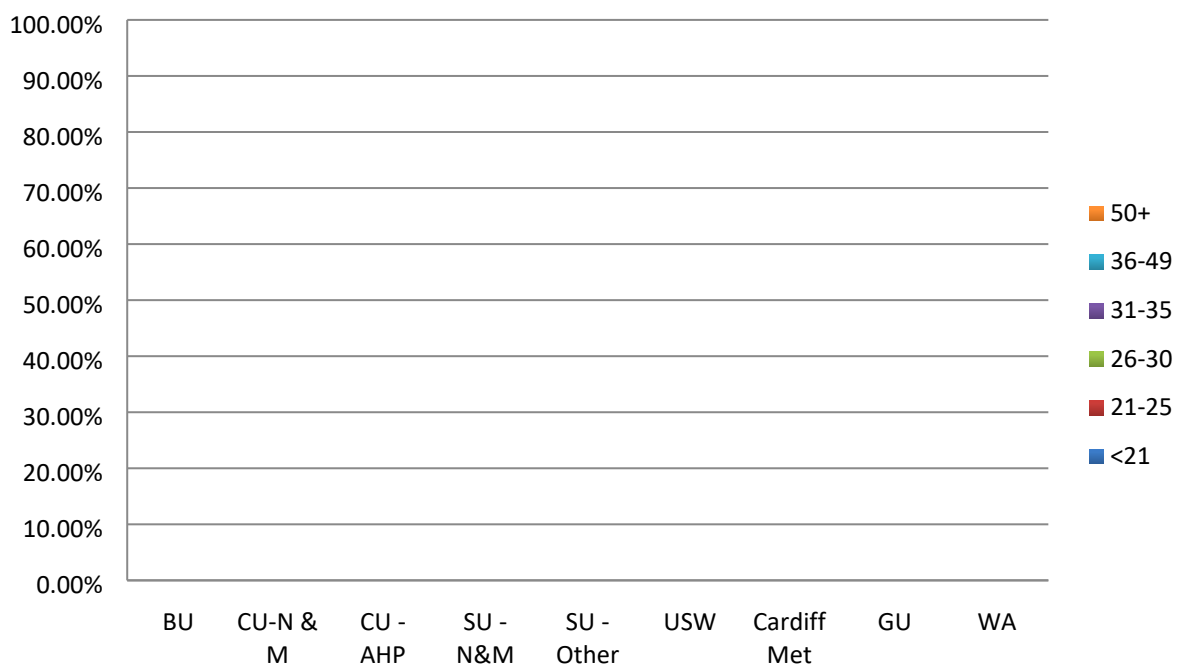
The below graph outlines the range of ages of students accepted onto HEIW funded Health courses across all universities in 2018/19.

The percentage of acceptances for students under the age of 21 across all health courses averaged 36.8% although there were significant differences between universities. 59.3% of students on Cardiff University's AHP courses were under 21 compared to 22.1% of students under 21 commencing health funded courses in the University of South Wales.

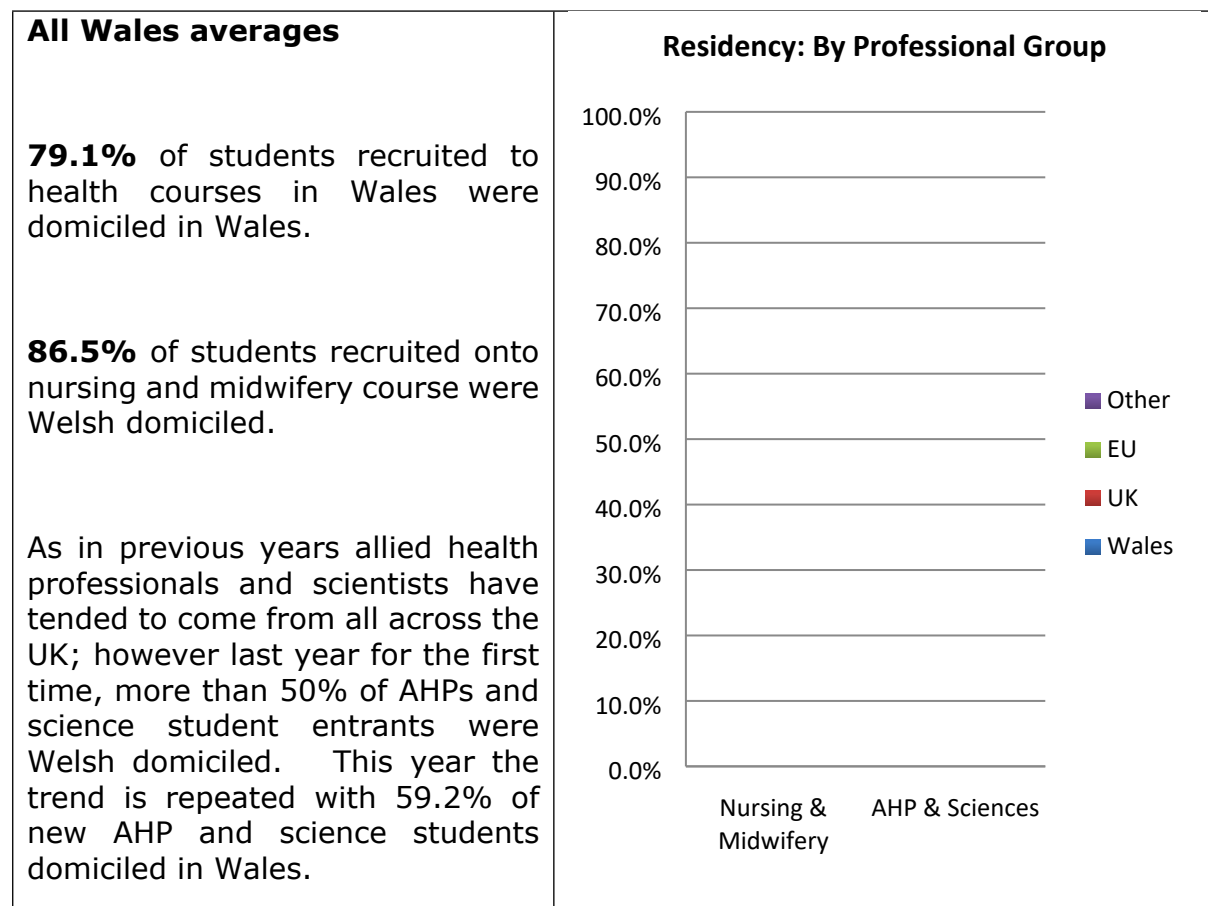
41.1% of students recruited were over 26. These 'mature' students tend to be domiciled in Wales; HEIW's experience indicates that 'mature' Welsh domiciled students are more likely to have 'roots' in Wales, be embedded into the local community and will therefore work locally on graduation. Wales' Health Education application rate as a whole for over 26s remains buoyant, this can be contrasted with the situation in England.

Since the withdrawal of the bursary across the border applications have fallen sharply. UCAS figures from September 2018 evidenced that applications to study nursing in England fell for the second year following the withdrawal; the greatest reduction was amongst mature students.

Age: New Welsh Health Students 2018/19



Student residency

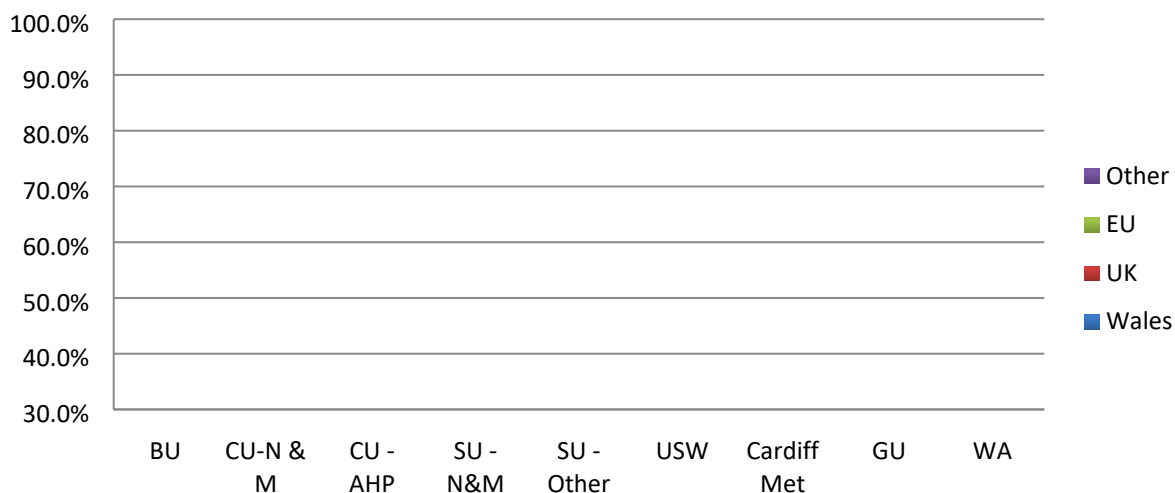


Residency: New Welsh Health Students 2017/18

There is considerable deviation in universities between students domiciled in Wales prior to course entry. For example 98% of nursing and midwifery students recruited by Swansea University were Welsh domiciled. The University of South Wales recruited 97% Welsh domiciled nursing and midwifery students, Bangor University 80% and Cardiff University 68%.

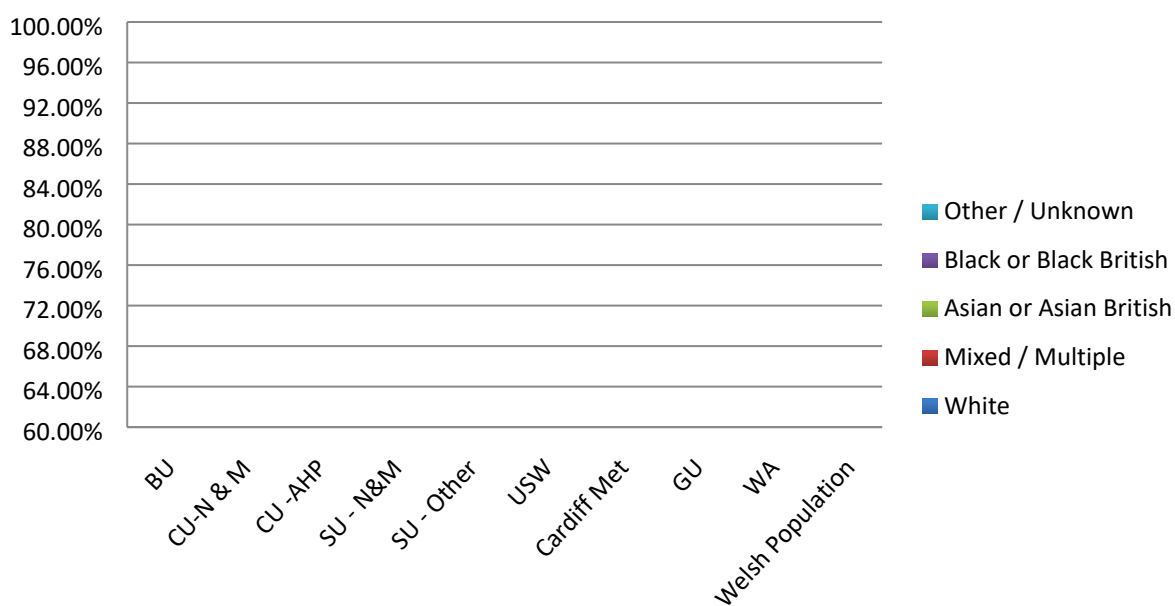
In terms of new AHP students Cardiff University recruited 53% of students from outside of Wales and Cardiff Metropolitan University recruited 45% of students from over the border.

Residency: New Welsh Health Students 2018/19



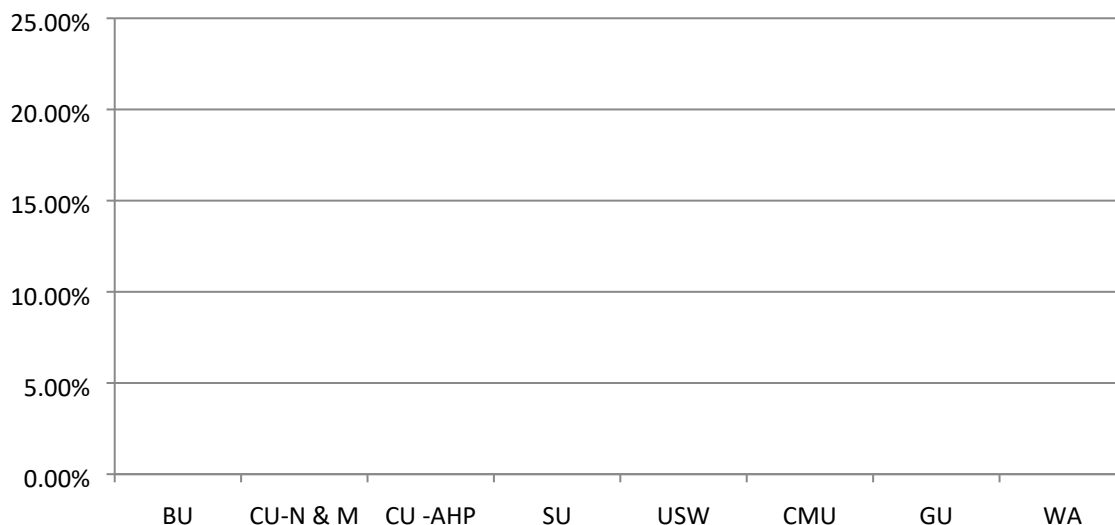
Ethnicity is shown on the graph below. The Welsh population figures are taken from Welsh government figures. The figures reflect that Welsh Universities are drawing from ethnic groups wider than the Welsh population as a whole.

Ethnicity: New Welsh Health Students 2018/19



The below table identifies that 11.7% of students recruited in 2018/19 onto healthcare funded courses have declared a disability. Work is currently underway to revise student monitoring information and tracking these students through the system will be a requirement. This will provide HEIW with assurances that students with disabilities are being adequately supported and provided with the best experience to assist them in graduating.

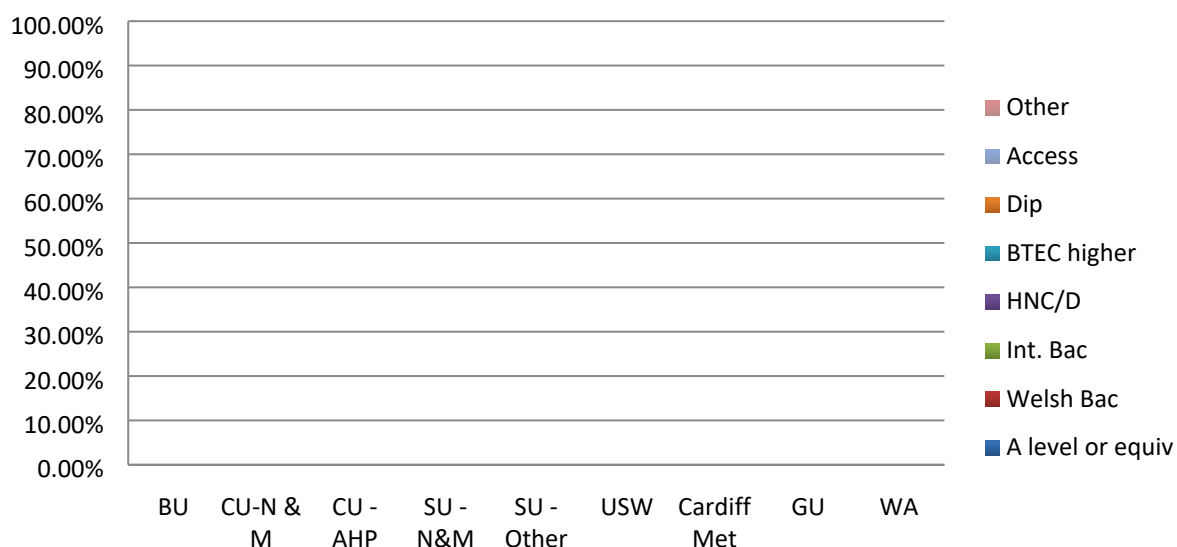
**% students declaring a disability upon entry to healthcare professional training:
Autumn 2018 and Spring 2019**



Entry and Graduating Qualifications

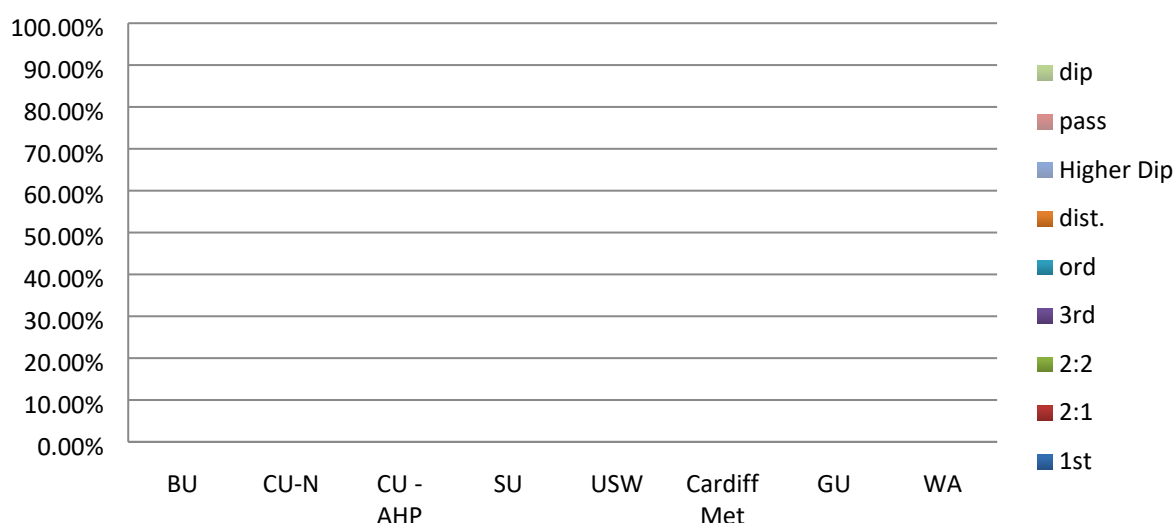
The below graph demonstrates that across Wales an average of 35.9% of students enter healthcare courses with 'A' levels as their highest qualification. The "other" category is too high and work will be undertaken to examine and report this in more detail in the future.

Qualification on Entry: New Welsh Health Students 2018/19



41% of Welsh health students graduated with First class honours degrees, an increase on the previous year's figure of 37%.

Exit Qualifications: Graduating students 2018/19 academic year



Student Destination

Collecting data on student destination continues to be difficult. There is no obligation for students to keep in touch with universities after graduation or inform the universities of their career choice / job outcomes.

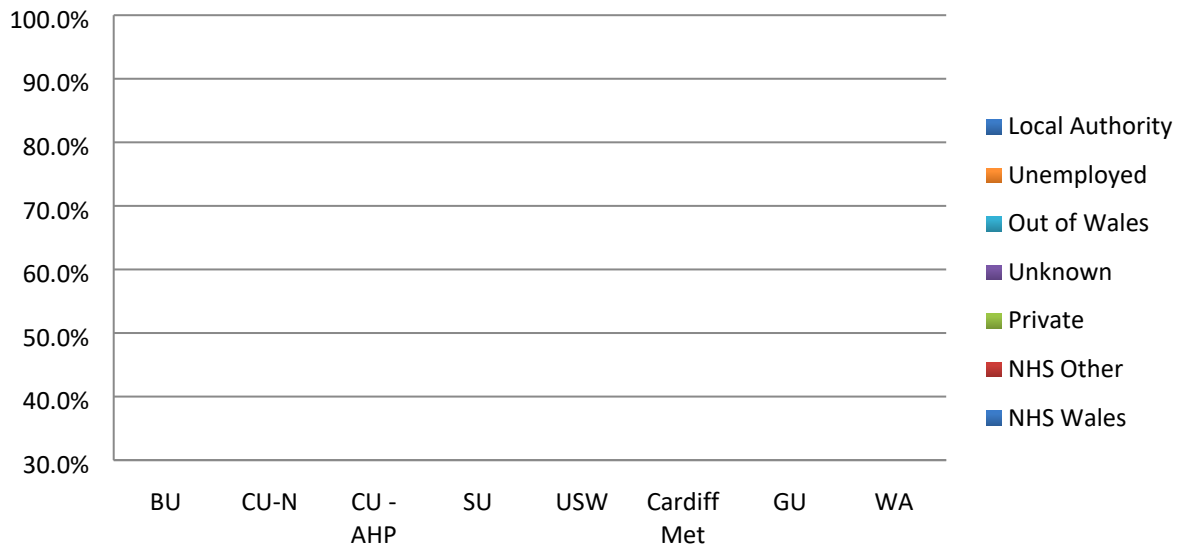
This will change with student streamlining and the maturity of the "tie-in" system.

The data collected highlights that across Wales **at least 73.7%** of students that graduated in 2018 and 2019 cohorts commenced employment in NHS Wales, a 12% increase on the previous year.

Just 8.6% are working in the NHS in other parts of the UK, a 30% reduction on the previous year and 3.2% are working in the private sector, a 25% reduction on the previous year.

Universities have not been able to provide evidence of where the remaining 9.3% of students are working. Some of these students may still be in the system, either undertaking resits, completing placements or have an agreed extension (of up to one year) due to illness or maternity. Others may actually be working within Wales but have not informed the relevant university therefore this has not been recorded.

Destination Information for 2018/19 graduating cohorts @ June 2019



Overall the increase in Students choosing to work in Wales is reassuring. Demonstrating the success of the bursary, the high standard of education provided by Welsh universities and the attractiveness of Welsh health boards and trusts in which to train and work. The two year tie-in is producing real benefits to Wales with an increase in Welsh Health Board staff positively impacting NHS finances by reducing agency costs as well as improving patient care.

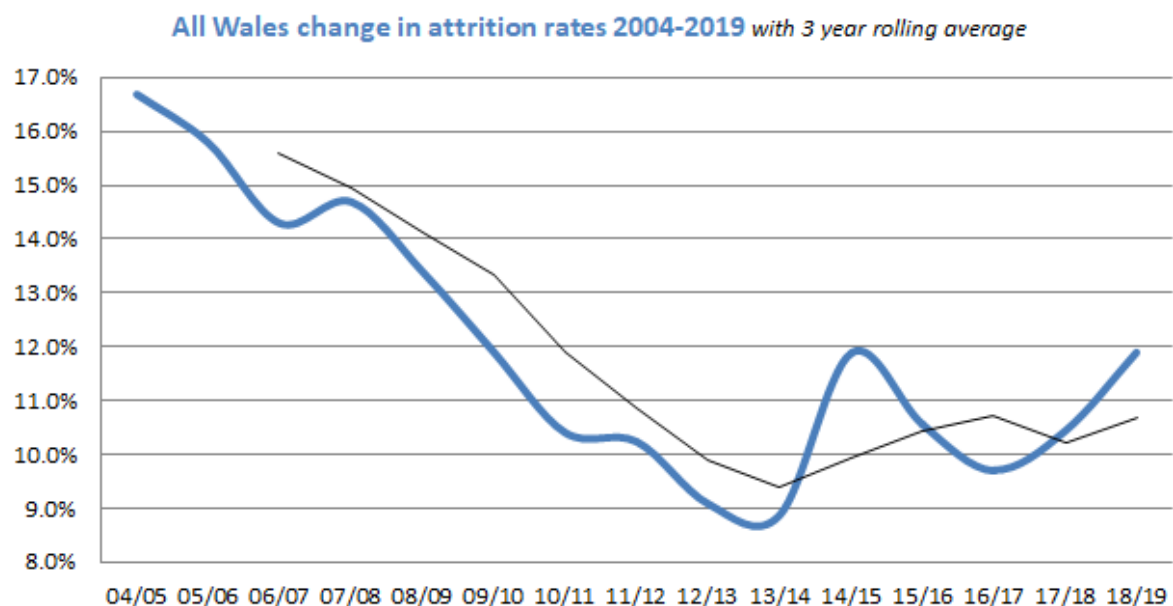
VALUE FOR MONEY AND CONTRACT PERFORMANCE

Nursing Attrition – All Wales

The graph below identifies a continual downward trend on student attrition for pre-registration nursing across Wales until 13/14 academic year. Attrition in 2014/15 increased significantly to 11.8%. This was discussed with each University in the Performance meetings and there has been a subsequent reduction.

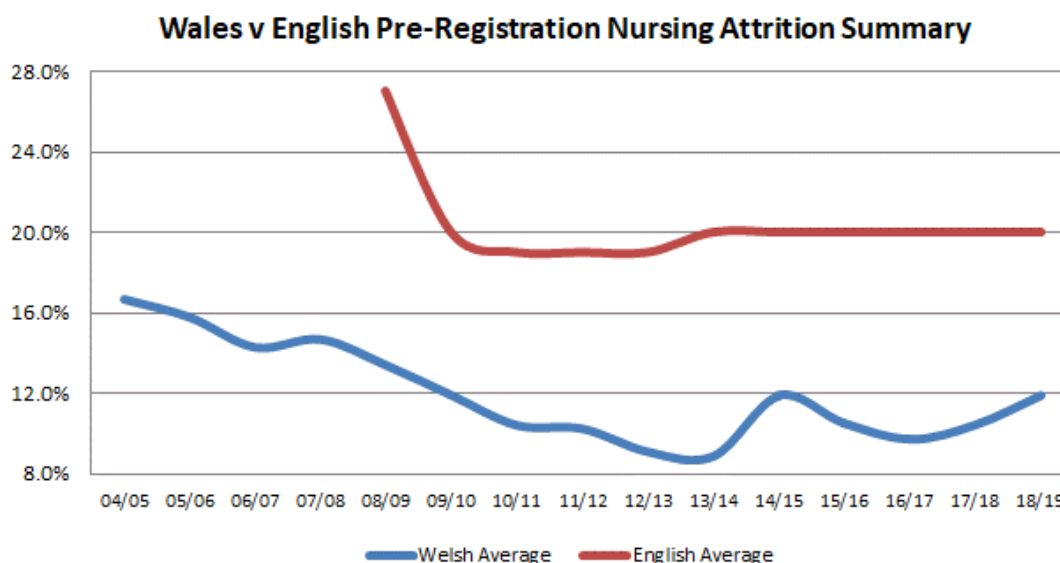
The 2018/19 pre-registration nursing attrition rate is **11.9%**. The attrition target is 12% and Wales has achieved this for each of the last 10 years. However, the 2018/19 position is only marginally below the target and the trend since 2013/14 (as highlighted by the 3-year rolling average line on the graph below) is upwards. **There is therefore a distinct possibility that the attrition rate will rise above the threshold set by the commissioners. This will be raised as a risk in each University's performance meeting and steps will need to be taken to reverse this trend. This will also be discussed at the All Wales Partnership Board meeting.**

The information for September 2017 onwards is based on the actual number of students that sign up to the 2-year tie-in. i.e. all self-funders are ignored for attrition analysis.



Nursing Attrition Wales compared to England

When compared to England pre-registration nursing attrition in Wales is significantly lower. The gap has however narrowed in the last two years. England are still reporting (see note below) attrition at a minimum of 20%. It is important that Wales reverses the trend of the last two years and reduces attrition to below 10% again.



Note:

"Raising the Bar" the Lord Willis Review The Shape of Caring released by Health Education England March 2015. Theme 8: Funding and commissioning levers to support future education and training (page 61),

"Non-completion rates within pre-registration nursing programmes have been raised as a longstanding issue for many decades. While there is some variation in recorded rates of attrition, HEE projects that the overall attrition rate for nursing undergraduates is, on average, in excess of 20 per cent."

The House of Commons Health Committee report entitled "The Nursing Workforce: Second Report of Session 2017-19 (HC 353)" published in January 2018, contains the following narrative in relation to student nurse attrition in England.

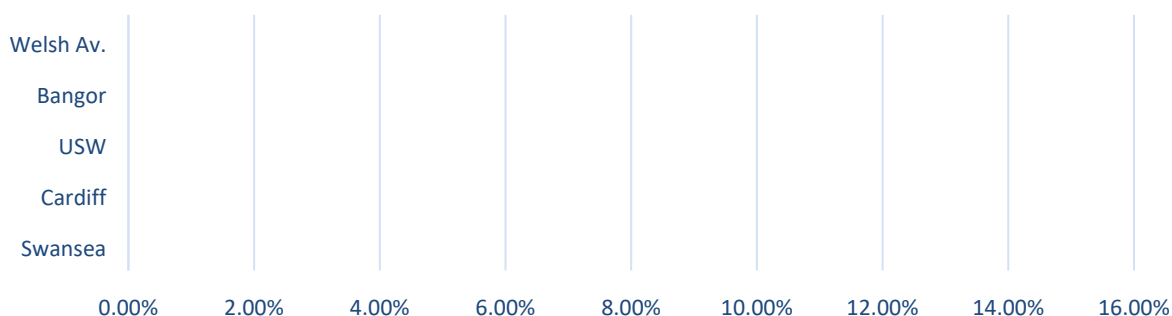
"Historically a large percentage of student nurses have failed to complete their training, with the rate of attrition varying widely between universities. Health Education England's Reducing Pre-Registration Attrition and Improving Retention (RePAIR) project aimed to reduce unnecessary attrition and identify areas of best practice in retaining student nurses. Initial results from RePAIR show that 30% of students who were due to complete in either 2015/16 or 2016/17 failed to complete within the standard time period."

Some of the 30% attrition quoted are still in the system and will qualify – but at a later date, generally between one month and a year later. This is no different to Wales with students taking longer than the 3 years to qualify due to ill health, maternity, resits or placements. It therefore seems more appropriate to us the 20% attrition rate for England identified in the Lord Willis report.

Individual University pre-registration nursing attrition rates

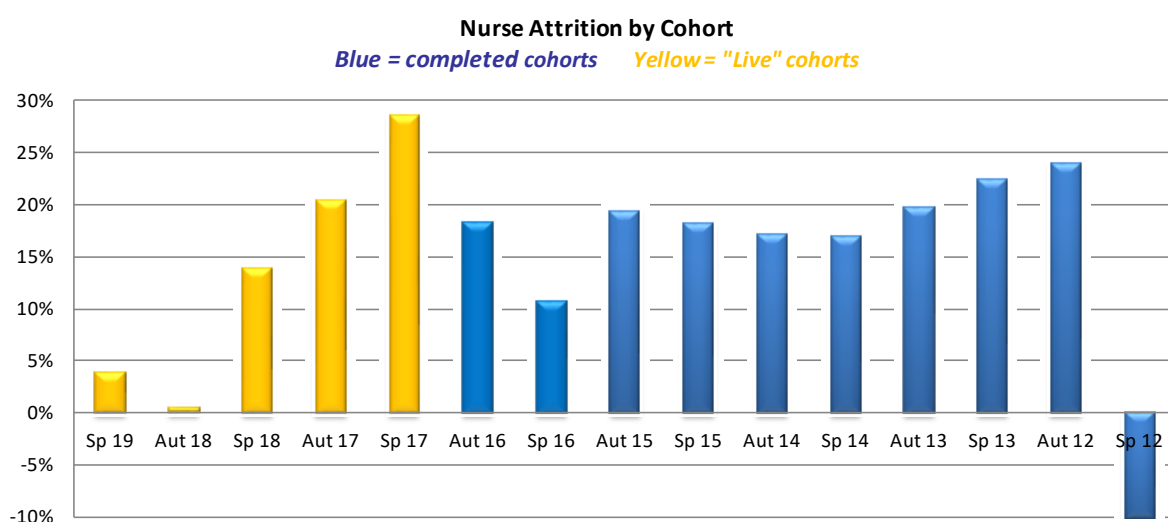
The Welsh average pre-registration nursing attrition rate is **11.9%**. However, attrition rates within the four large providers¹ range from **8.9% in Swansea** to **14.5% in Cardiff**.

Pre-registration Nursing Attrition Rates 2018/19



The graph below analyses Cardiff University's pre-registration nursing attrition by cohort. The blue bars identify cohorts of students that have completed. The yellow bar represents current cohorts. The graph identifies low attrition in the most recent 3 cohorts and very high attrition from the 2017 cohorts.

Therefore, there should, with careful student support and management, be a significant reduction in the Cardiff University nursing attrition rate next year as the two cohorts with the highest level of attrition graduate the programme.



¹ The Open University also delivers Nurse Education. However, the course is relatively new and will be included for benchmarking purposes next year

The following actions are identified in individual university performance reports;

BANGOR UNIVERSITY: PRE-REGISTRATION NURSING ATTRITION: SPRING 2017, SPRING 2018 and AUTUMN 2018 COHORTS

Attrition on these three cohorts is 28%, 17% and 10% respectively with most attrition occurring during 2018/19. The commissioner requires a brief report outlining the reasons behind this level of attrition in these cohorts, mechanisms in place to ensure students on interruption of studies return, and any lessons learned that have been implemented to assist with attrition management. **Paper required by the end of November 2018 in time for the quality review meeting.**

USW: PRE-REGISTRATION NURSING ATTRITION AUTUMN 2017 COHORT

The September 2016/17 cohort has high attrition levels, 22% at the end of year two of the course. The Commissioner requires a brief report outlining the reasons behind this level of attrition in this cohort, mechanisms in place to ensure students on interruption of studies return, and any lessons learned that have been implemented to assist with attrition management. **Paper required by the end of November 2018 in time for the quality review meeting.**

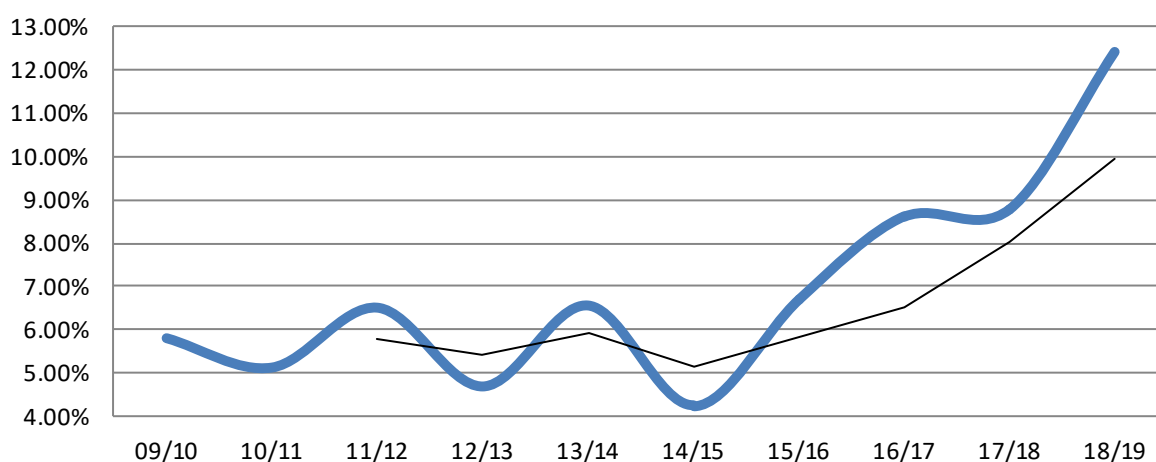
USW and BANGOR UNIVERSITY: GENERAL RISE IN PRE-REGISTRATION NURSING ATTRITION RATES

The University has consistently produced the lowest pre-registration nursing attrition rates in Wales. However, the last two years has seen this position change. A brief report is required on the underlying reasons behind this, lessons learned and any additional processes that the University has introduced to ensure this is managed in future. **Paper required by the end of November 2019 in time for the quality review meeting.**

All Wales Midwifery Attrition

The Welsh average midwifery rate has historically been consistently low. However, the graph below shows that over the last 4 years midwifery attrition has been increasing. The 2018/19 rate is **12.4%**. **This is the first time the rate has been higher than 10%.** Due to the low numbers being trained in Wales (357 in training in 2018/19) small variations can have a large impact on the overall attrition rate. The 3-year rolling average therefore represents a more accurate view of attrition. This also indicates that the trend is upwards. Later in this section university performance is analysed on an individual basis with actions to assist in reversing this trend.

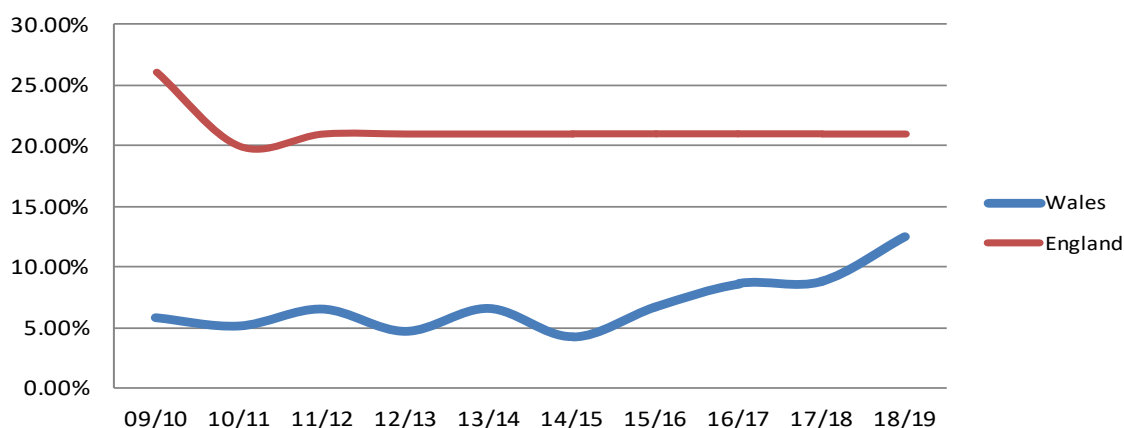
Welsh Average Midwifery attrition rate - 2009-2019 (with 3 year rolling average)



All Wales Midwifery Attrition: Wales v England

Midwifery attrition in England is quoted at 21%. Attrition in Wales has been consistently below this level although the gap is reducing.

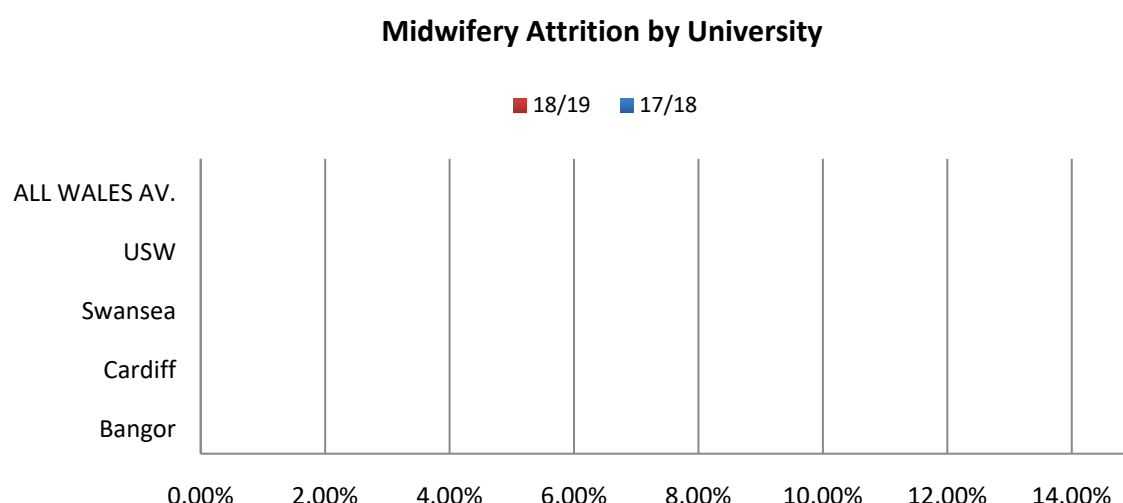
Midwifery Attrition 2009-2019
Wales v England Comparison



Individual University pre-registration midwifery attrition rates

The Welsh average pre-registration midwifery attrition rate is **12.4%**. However, attrition rates within the four large providers range from **8.3% in Swansea** to **17.2% in Bangor**.

The graph below shows Cardiff were the only University in Wales where midwifery attrition reduced from the previous year.



The following actions are identified in individual university performance reports;

BANGOR UNIVERSITY: MIDWIFERY ATTRITION

There has been a significant increase in midwifery attrition between 2017/18 and 2018/19. A brief report is required outlining the reasons for the increase and actions that will be implanted to mitigate this in the future.

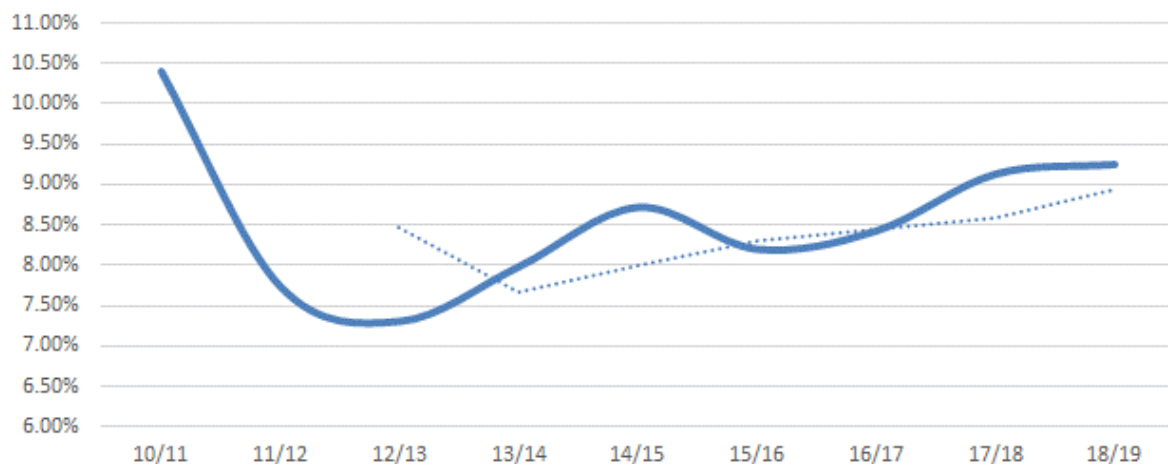
USW: MIDWIFERY ATTRITION / INTERRUPTIONS OF STUDY (IoS)

A brief report is required surround the 7 students that left midwifery education in 2018/19. If the students are on IoS then their expected course return date is required or confirmation that they have permanently left the course.

All Wales Allied Health Profession Attrition

The Welsh average Allied Health Profession rate is consistently low. The graph below shows that over the last 8 years the attrition rate has always been below 10%. The 2018/19 rate is **9.2%**. Rates on individual courses range from 0%-26%. The 3-year rolling average therefore represents a more accurate view of attrition. This indicates that the trend is upwards and although this is at a slow rate this will be explored in detail with the Universities providing AHP courses.

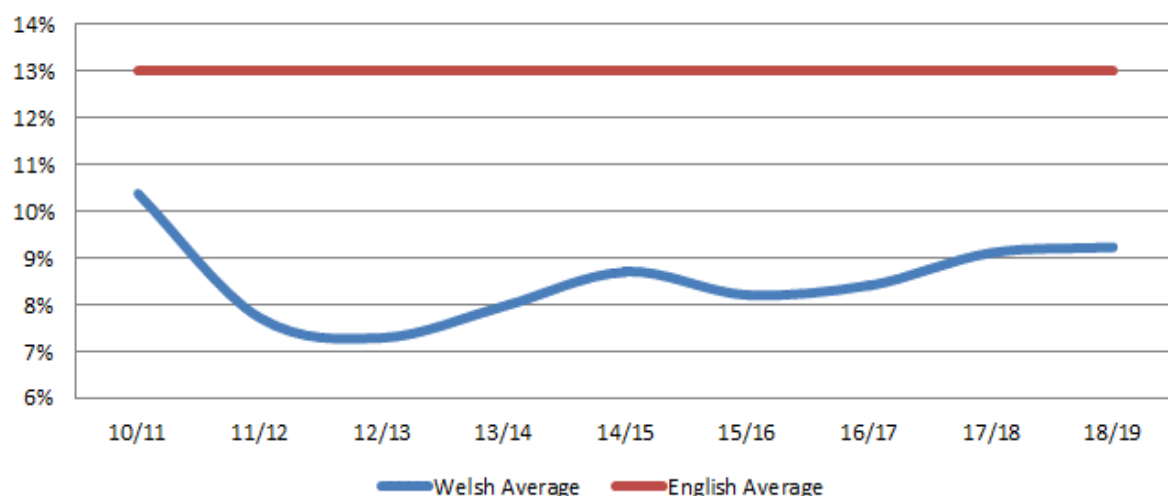
Welsh Average Allied Health Professional Attrition Rate - 2009-2019 (with 3 year rolling average)



All Wales AHP Attrition: Wales v England

AHP attrition in England is quoted at 13%. Attrition in Wales has been consistently below this level.

Average AHP attrition: Wales v England 2010-19



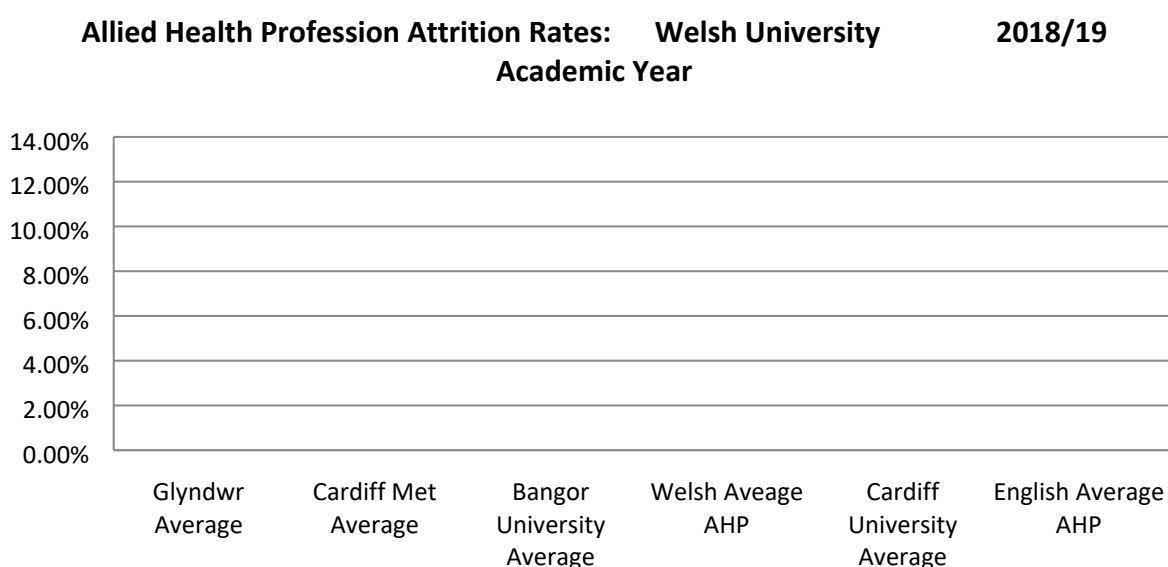
Comparing AHP Attrition in Wales

AHP Attrition by provider

The Welsh average pre-registration midwifery attrition rate is **9.2%**. However, attrition rates within the four main AHP providers² range from **4.2% in Glyndwr** to **10.7% in Cardiff**.

The graph below identifies that three of the four main AHP providers in Wales are below the average Welsh AHP attrition rate and that all Welsh providers are lower than the average English AHP attrition rate.

As highlighted in the previous section the Welsh and English AHP averages are 9.2% and 13% respectively.



AHP Attrition by course

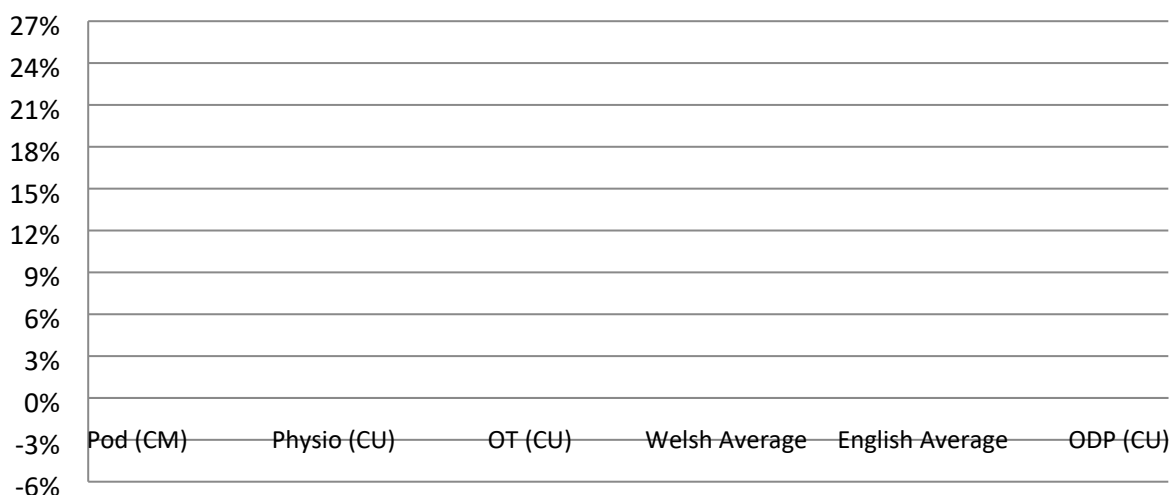
The graph below shows individual AHP attrition rates from the courses throughout Wales. There are only two courses, of the 9 main AHP courses, in Wales above the English average, both are in Cardiff University.

Podiatry in Cardiff Metropolitan University has “negative attrition”. This is due to more students returning from Interruption of Studies than students leaving the course.

Occupational Therapy in both Glyndwr University and Cardiff University, Physiotherapy (Cardiff), Dietetics (Cardiff Met) and Diagnostic Radiography (Bangor) are all below the Welsh average.

² Swansea University delivers an AHP course: Paramedics. However, the course is two years and the numbers are high enough to effectively benchmark

AHP attrition rates 2018/19 academic year by Welsh Course



However, Radiography at 16.1% and ODP at 26.1% are the two highest attrition rates in Wales of any course commissioned and are the only courses above the English average. The following actions have been identified in Cardiff University's performance report;

CARDIFF UNIVERSITY: ATTRITION ACTION PLAN FOR DIAGNOSTIC RADIOTHERAPY AND ODP

As reported these are the two highest attrition rates of any course in Wales. ODP, particularly when coupled with the under-recruitment against commissioning numbers is a major concern.

An action plan on the contributory factors and Cardiff University plans to address these areas is required by the end of December 2019.

VALUE FOR MONEY

Pre-registration nursing attrition in Wales is 11.9%. This is significantly lower than England. The gap between Wales and England continues to increase with England still reporting attrition at a minimum of 20%. The Welsh average midwifery rate is 13.2%. Midwifery attrition in England is quoted at 21%. The Welsh average Allied Health Profession rate is 9.2% the English comparator is 13%.

The Welsh and English funding systems have historically been different, in the way Universities were paid etc. although there has always been some commonality surrounding the bursary scheme. The systems have diversified further following England's decision to remove the bursary scheme from September 2017.

A model has been developed to compare the two systems. The fundamental principle is to review the output (graduates) that Wales derives from its system compared to its inputs (commissions) and by undertaking a full economic costing exercise to identify the total cost of producing the number of graduates.

This is compared against the English costs by ascertaining the number of commissions they would need in order to produce the same number of graduates as Wales. This is based on their published attrition rates, the English benchmark prices for contracts, etc. the comparison is based on 2016/17 benchmark contract prices.

In summary, England would need to commission 510 (8.9%) more students than Wales to produce the same output. In terms of contract fees, England would pay £6.3m more than Wales and an additional £2.1m in student support costs. This equates to a value for money cost benefit for Wales of **£10.4m**.

As previously reported, Wales overall performs highly when benchmarked against England providing significant value for money across the main three student classification groups:

| Nursing VFM v England | Midwifery VFM v England | AHP VFM v England |
|-----------------------|-------------------------|-------------------|
|-----------------------|-------------------------|-------------------|

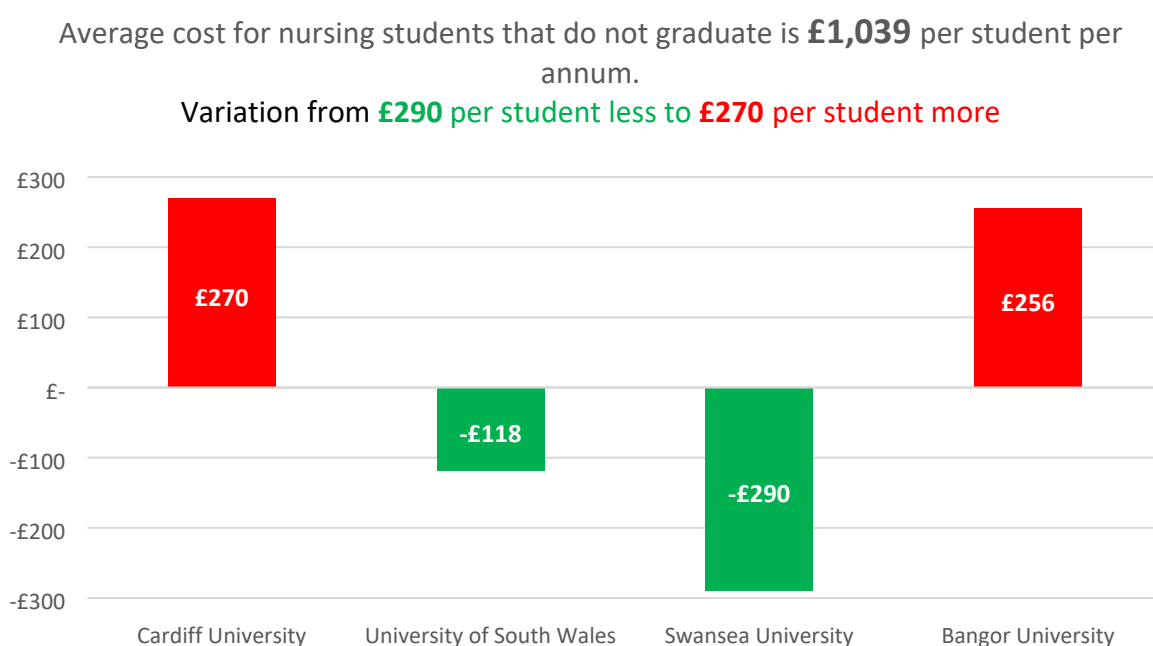
Pre-Registration Nursing Value for Money – Benchmarking Welsh Universities

Contracts are agreed and funded based on an “input fee per student”. This does not take into account in year attrition and the cost of students that drop out of the course for which the Commissioner gains no return.

The “output fee per student” provides a comprehensive and more accurate measure of performance.

The graph below highlights the **cost per nursing student** that does not graduate. This cost is in effect an “oncost” or “premium” on graduating student costs. On average the cost per student to be absorbed over graduating students is **£1,039** per annum.

There is significant variation in the system with Swansea University costing £290 less per student and Cardiff University and Bangor University costing £270 and £256 more per student respectively.



If all universities were at the Swansea University “premium” then spending on students that do not graduate would reduce by £870k. Targeting measures to reduce attrition is therefore a priority for the Commissioner as the benefits are tangible and measurable. This is a key theme in all Universities performance reports.

Value for Money – Benchmarking All Courses

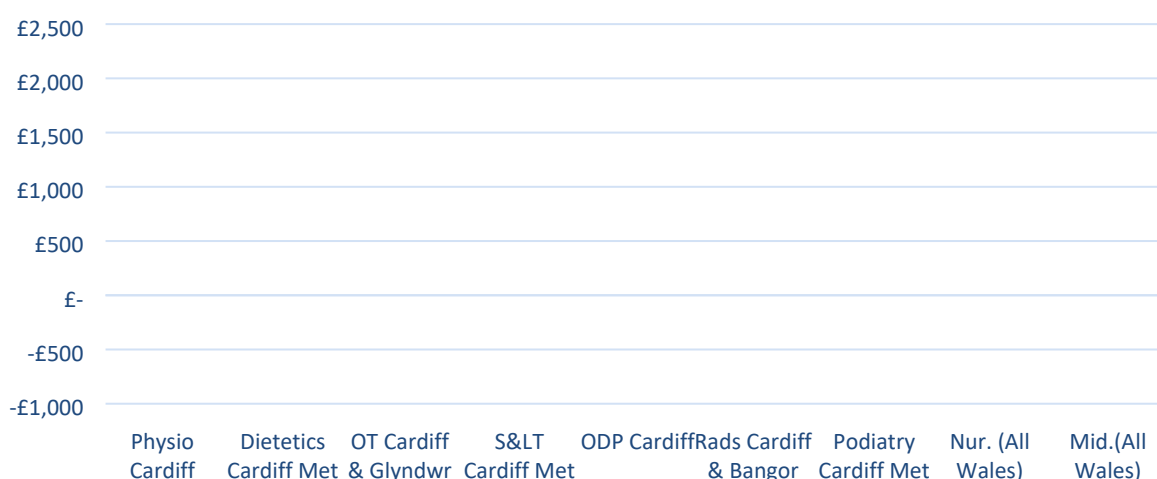
The graph below highlights the cost per student – across nursing, midwifery and AHPs - that does not graduate. This cost is in effect an “oncost” or “premium” on graduating student costs. On average the cost per student to be absorbed over graduating students is **£847³** per annum.

There are several courses below the average, thus providing value for money;

- Physiotherapy (Cardiff)
- OT (Cardiff and Glyndwr)
- Dietetics (Cardiff Met)
- Podiatry (Cardiff Met)

However, ODP’s are costing an additional £3.1k per student per year on top of the contract fee for students that do not graduate. This is raised as an issue in Cardiff University’s performance report.

Cost per student - **above** / **below** the Welsh average of £847 of non graduates by student group



³ The lower attrition rates on AHPs reduces the Welsh average to £847 whereas the nursing average in isolation is £1,039

POST GRADUATE COURSES HEIW CURRENTLY FUND IN NON-WELSH UNIVERSITIES

APPENDIX 1

| programme | No's | programme | No's | programme | No's |
|---|------|---|------|---|------|
| MSc Clinical Neuropsychiatry | 1 | Lower Quadrant Neuromuscular Physiotherapy Dysfunction | 1 | MSc/Dip/cert and modules in medical Ultrasound | 6 |
| Advanced Professional Practice in Neurological rehabilitation | 1 | Upper Quadrant | 1 | Medical Imaging (Computed Tomography) P G Certificate | 1 |
| Certificate in Diabetes Care | 1 | Non-Invasive Ventilation and Respiratory Failure Module | 1 | PgC Radiography | 2 |
| Diabetes in Pregnancy | 1 | MSc module Optimizing asthma management | 1 | PGCert GI Imaging | 2 |
| Nutrition and Dietetics in common paediatric Disorders | 1 | MSc respiratory module | 1 | PGDip/Cert Nuclear Medicine | 4 |
| British Dietetic Association Paediatrics - Nutrition and Dietetics in Common Paediatric Disorders | 1 | MSc Musculoskeletal Medicine | 3 | UZYSQ4-15-M Science and Instrumentation in Current Nuclear Medicine Practice | 3 |
| Masters Certificate of Professional Development in Medicines Use in Paediatrics and neonates | 2 | MSc Paediatric Physiotherapy | 1 | DECIPHer course on Evaluation of Complex Interventions (Course 1) | 1 |
| MMEDSCI, Master of Medical Science Advanced Paediatric Nurse Practitioner | 1 | MSc Advanced Manipulative Physiotherapy | 2 | Motivational Interviewing: Strategies for Lifestyle Changes | 1 |
| Early assessment and intervention-Early Ax & intervention with babies and young children | 1 | MSc Hand Therapy | 1 | MSc Infection: Prevention and Control | 2 |
| MSc Language and Communication Impairment in Children | 1 | MSc in Advanced Physiotherapy | 1 | Assessment and measurement PTY40046 | 2 |
| Speech Difficulties 1: Nature and Investigation | 1 | Diploma Ergonomics in Health and Community Care | 1 | Dermatology for Health professionals online distance learning | 2 |
| Chemotherapy Nurse Training (Oncology/palliative care) ONC8024 | 1 | Injection therapy theory and practice/ Musculoskeletal Injection Therapy/joint and t tissue injection | 8 | Foundation level in Family Therapy & Systemic Practice | 1 |
| Principles of Haemato-Oncology Care, | 1 | Pain Science and Management in Adults 7HSK0221 | 1 | MSc Understanding Domestic and Sexual Violence | 1 |
| MSc Chromatography-Mass Spectrometry Analysis in Healthcare Settings | 2 | Acupuncture course AACP foundation | 1 | Transforming Professional Practice (final Year MSc Advancing Healthcare Practice) | 1 |
| MSc Biomedical Science (Clinical Data Interpretation) | 1 | MSc Theory of Podiatric Surgery | 1 | Emergency Practitioner | 1 |
| MSc Biomedical Sciences | 2 | Tinnitus and Hyperacusis | 2 | Evidence based practice PTY40002 | 1 |
| Certificate of Expert Practice in Management | 2 | MMedSci Advance Practice (Vision & Strabismus) | 1 | MSc Advanced Healthcare Practice | 1 |
| Higher Specialist Diploma - Medical Microbiology | 2 | Sensory Integration Modules 1,2,3,5,6 | 7 | Developing Expertise | 1 |
| Histopathology BMS Reporting | 1 | Adult Aural Rehabilitation: Advanced Practice | 1 | Research Methods (distance learning) 7HSK0122 | 1 |
| IBMS Certificate of Expert Practice | 1 | Ax & Mx of Adults with dysphagia course | 1 | MSc in Complex Health needs in Ageing | 1 |
| Identification of Pathogenic Fungi | 2 | MSc Clinical Pharmacy (long distance) | 2 | | |
| Diploma in Expert Practice in Immunocytochemistry | 1 | MSc Pharmaceutical Technology & Quality Assurance | 6 | | |

| | | | | | |
|--------------------|---|---|---|--|--|
| Stem Cell Therapy | 1 | Medicines Optimisation | 1 | | |
| Andrology Module 1 | 1 | Certificate in Psychiatric Therapeutics and Pg. Dip Psychiatric pharmacy | 2 | | |

Whilst for some programme's numbers are small, they have arranged them in themes which may help with any decisions about developing new education programmes. Also, it may be that HEI's are delivering education within the appendix or something along similar lines which is described differently.



GIG
CYMRU
NHS
WALES

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

| | | | |
|--|---|---------------------------|----------------|
| Dyddiad y Cyfarfod | 16 Ionawr 2020 | Eitem ar yr Agenda | 3.2 |
| Teitl yr Adroddiad | Adolygiad Sicrhau Ansawdd Addysg Feddygol Ôl-raddedig | | |
| Awdur yr Adroddiad | Mrs Mandy Martin | | |
| Noddwr yr Adroddiad | Yr Athro Pushpinder Mangat | | |
| Cyflwynwyd gan | Yr Athro Pushpinder Mangat | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | Mae hwn yn ddiweddariad chwarterol rheolaidd ar y materion ansawdd mewn Hyfforddiant Meddygol Ôl-raddedig ar hyn o bryd. | | |
| Materion allweddol | <p>Mae 5 ardal mewn statws Monitro Uwch.</p> <p>Mae meddygaeth yn Wrecsam wedi cael ei ddwysáu i statws Monitro Uwch.</p> | | |
| Cam Penodol i'w Gymryd (un ✓ yn unig) | Gwybodaeth | Trafodaeth | Sicrhau |
| | | ✓ | |
| Argymhellion | <p>Gofynnir i aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> • Ystyried cynnwys yr adroddiad. | | |

Adolygiad Sicrhau Ansawdd Addysg Feddygol Ôl-raddedig

1. CYFLWYNIAD

Mae'r adroddiad hwn yn ddiweddariad rheolaidd ar Faterion Ansawdd mewn Hyfforddiant Meddygol ôl-raddedig yng Nghymru, wedi'i ddarparu gan yr Uned Ansawdd yn y Ddeoniaeth Feddygol.

2. CEFNDIR

Y nod yw hysbysu'r Pwyllgor am feysydd pryder presennol a rhai sy'n cael eu rhagweld, a hynny drwy fonitro rheolaidd, triongli cwynion, adborth gan hyfforddeion ac Arolygon Cenedlaethol.

3. MATERION LLYWODRAETHU A RISG

Mae 5 ardal mewn statws Monitro Uwch

- **Llawdriniaeth Bediatrig yn Ysbyty Athrofaol Cymru:** Wedi cael statws Monitro Uwch ym mis Ebrill 2017 oherwydd bod hyfforddeion wedi cael eu tynnu yn 2015, ac rydym wedi bod yn asesu pa mor addas fyddai i hyfforddeion ddychwelyd. Rhoddwyd cymeradwyaeth i ailddyrannu ym mis Mehefin 2019 ac ers hynny cafodd un Technegydd Llawfeddygol (ST) ddechrau hyfforddi ym mis Awst ac mae hyfforddai arall yn dechrau ym mis Chwefror 2020.

Meini prawf ar gyfer gostwng statws monitro uwch:

- Tystiolaeth o rota gynaliadwy a allai gefnogi hyfforddiant, (Gofyniad y Cyngor Meddygol Cyffredinol R1.12).
- Llwyth achosion sy'n galluogi'r hyfforddeion i gwrdd â gofynion y cwricwla (Gofyniad y Cyngor Meddygol Cyffredinol R1.17)
- Tystiolaeth o gyfarfodydd amlddisgyblaethol, (Gofyniad y Cyngor Meddygol Cyffredinol R1.17)
- Goruchwyliaeth Addysg briodol, (Gofyniad y Cyngor Meddygol Cyffredinol, R1.17).
- Clinigau cyn-derbyn, (Gofyniad y Cyngor Meddygol Cyffredinol R1.17).
- Amgylchedd sy'n cymell profiad dysgu cadarnhaol, (Gofyniad y Cyngor Meddygol Cyffredinol R3.3).
- Rhaglen addysgu sy'n cydymffurfio â Chonsortium y BBC, (Gofyniad y Cyngor Meddygol Cyffredinol R1.16).

Y camau nesaf:

Rhoddwyd trefniadau monitro ar waith a threfnir Ymweliad Wedi'i Dargedu ar gyfer Ebrill 2020.

- **Trawma ac Orthopedeg, Ysbyty Treforys:** Cafodd yr adran hon ei rhoi mewn statws Monitro Uwch ym mis Ionawr 2019 o ganlyniad i bryderon ynglŷn â Goruchwyliaeth Glinigol, Amgylchedd Cefnogol, Profiad Digonol, Cynefino a Llwyth Gwaith. Bu pryderon parhaus am y 12 mis blaenorol nad oedd yr adran na'r Bwrdd Iechyd wedi rhoi sylw digonol iddynt. Ers dwysáu'r

statws, mae'r Bwrdd lechyd wedi darparu ymateb llawn i'r pryderon anffurfiol. Ar 21 Tachwedd 2019, cynhaliwyd ymweliad pellach lle nodwyd bod rhywfaint o welliannau wedi bod o ran materion diogelwch cleifion a ganfuwyd yn flaenorol. Fodd bynnag, nid oedd y cynnydd o ran sicrhau y gallai'r hyfforddeion gael mynediad at y gofynion cwricwlaidd na digon o amser ar gyfer hyfforddiant yn amlwg ac mae angen mewnbwn pellach er mwyn ystyried gostwng y lefel monitro uwch (Gofynion y Cyngor Meddygol Cyffredinol R4.2 a R1.17).

Y camau nesaf:

Mae'r Bwrdd lechyd wedi gofyn am gynllun gweithredu a byddwn yn monitro'r cynnydd gyda'r tîm lleol yn ôl y cynllun gweithredu hwn. Bydd Ymweliad wedi'i Dargedu arall yn cael ei drefnu ymhén chwe mis er mwyn asesu cynnydd yn fwy ffurfiol.

- **Obstetreg a Gynaecoleg, Ysbyty Brenhinol Morgannwg/Ysbyty'r Tywysog Siarl:** Mae'r adran hon wedi bod mewn statws Monitro Uwch ers mis Rhagfyr 2017 o ganlyniad i bryderon ynglŷn â Goruchwyliaeth Glinigol ac Ad-drefnu Gwasanaethau. Roedd yr adran yn destun adroddiad beirniadol gan Goleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr am yr holl Wasanaethau Obstetreg. Serch hynny, ystyrir bod y materion hyfforddi wedi gwella. Cynhaliwyd Ymweliad wedi'i Dargedu ar 23 Hydref 2019, gyda'r Cyngor Meddygol Cyffredinol yn bresennol. Roedd aelod o'r grŵp Goruchwyllo a oedd yn ymchwilio i Wasanaethau Obstetreg yng Nghwm Taf a oedd wedi gofyn am wahoddiad yn methu bod yn bresennol. Nododd y panel ymweld y bu gwelliant sylweddol yn y profiad hyfforddiant ers yr ymweliad blaenorol. O safbwynt yr amgylchedd dysgu ehangach, roedd yr hyfforddeion yn cadarnhau bod morâl ymhlith bydwagedd yn isel ac roeddent yn pryderu ynghylch gwneud penderfyniadau oherwydd yr argraff eu bod yn cael eu beio am gamgymeriadau er nad oedd tystiolaeth bod hynny'n digwydd. Roedd systemau adrodd yn well a chynlluniau meithrin fel y dull aml-ddisgyblaethol o Reoli CTG yn cael eu cyflawni er mwyn meithrin cysylltiadau â bydwagedd. Mae'r canlynol yn angenrheidiol er mwyn symud i ffwrdd o statws monitro uwch:
 - Tystiolaeth bod y gwelliannau sydd wedi'u cyflawni yn gynaliadwy (Safonau'r Cyngor Meddygol Cyffredinol, S1.1 a S1.2).
 - Datrys y pryderon o ran diogelwch cleifion mewn perthynas â llwybrau Damweiniau ac Achosion Brys (Safon 1.1 y Cyngor Meddygol Cyffredinol).
 - Mynediad at hyfforddiant uwchsain, (Gofyniad y Cyngor Meddygol Cyffredinol R1.20).

Y camau nesaf:

Mae'r Bwrdd lechyd wedi gofyn am gynllun gweithredu a byddant yn monitro cynnydd gyda'r tîm lleol. Yn ogystal, bydd ymweliad arall yn cael ei drefnu ymhén chwe mis er mwyn asesu cynnydd.

- **Obstetreg a Gynaecoleg, Ysbyty Tywysoges Cymru:** Mae'r adran hon wedi bod mewn statws Monitro Uwch ers mis Ionawr 2019 o ganlyniad i bryderon ynglŷn â Goruchwyliaeth Glinigol, Profiad Digonol, Darpariaeth Cwricwlwm ac Ad-drefnu Gwasanaethau. Bu ymweliad arall ar 23 Hydref gyda'r Cyngor Meddygol Cyffredinol yn bresennol er mwyn monitro'r cynnydd yn fwy ffurfiol. Yn ystod yr ymweliad, roedd yn amlwg bod y materion yn ymwneud â diogelwch cleifion a nodwyd yn yr ymweliad blaenorol wedi cael sylw a bod profiad y meddygon ar y rhaglen sylfaen a'r meddygon teulu dan hyfforddiant wedi gwella. Mae angen cymryd y camau canlynol er mwyn gostwng y statws monitro uwch:
 - Tystiolaeth bod y gwelliannau sydd wedi'u cyflawni eisoes yn cael eu cynnal (Safonau'r Cyngor Meddygol Cyffredinol, S1.1 a S1.2).
 - Tystiolaeth y gall technegwyr llawfeddygol dan hyfforddiant fodloni gofynion y cwricwlwm, (Gofyniad y Cyngor Meddygol Cyffredinol R1.17).
 - Tystiolaeth fod gan hyfforddwyr amser priodol ar gyfer hyfforddiant o fewn eu cynlluniau gwaith, (Gofyniad y Cyngor Meddygol Cyffredinol R4.2).
 - Gwell eglurder ynghylch presenoldeb yr ymgynghorydd ar y ward lafur, (Safon y Cyngor Meddygol Cyffredinol R1.7)

Y camau nesaf:

Mae'r Bwrdd Iechyd wedi gofyn am gynllun gweithredu a byddant yn monitro cynnydd yn unol â hynny. Bydd Ymweliad wedi'i Dargedu arall yn cael ei drefnu ymhén tua chwe mis er mwyn asesu cynnydd yn fwy ffurfiol.

- **Meddygaeth, Ysbyty Maelor Wrecsam:** Cynhaliwyd ymweliad wedi'i drefnu ar 19 Gorffennaf 2019 – y trydydd mewn cyfres o ymweliadau dros 12 mis. Yn ystod yr ymweliad, nodwyd bod pryderon (sydd wedi bod yn bresennol mewn ymweliadau blaenorol) ynghylch gallu'r hyfforddeion i gwrdd â gofynion y cwricwlwm oherwydd cydbwysedd amhriodol rhwng hyfforddiant a darparu gwasanaeth. Oherwydd natur barhaus y pryder hwn, cyfeiriwyd y mater at y Cyngor Meddygol Cyffredinol i ystyried statws Monitro Uwch a ddaeth i rym ym mis Medi 2019. Mae angen cymryd y camau canlynol er mwyn ystyried gostwng y statws monitro uwch:
 - Tystiolaeth fod cydbwysedd priodol rhwng yr hyfforddiant a'r gwasanaeth a ddarperir a bod modd cynnal hyn, (Gofynion y Cyngor Meddygol Cyffredinol R1.12, R1.7, R1.12).

Y camau nesaf:

Mae'r Bwrdd Iechyd wedi gofyn am gynllun gweithredu ac fe gynhelir ymweliad arall ym mis Mawrth 2020 er mwyn asesu cynnydd.

- **Ymweliadau eraill:** Ceir tabl o'r ymweliadau diweddar a'r ymweliadau sydd ar y gweill yn atodiadau un a dau.

4. GOBLYGIADAU ARIANNOL

Nid oes risg ariannol i Addysg a Gwella Iechyd Cymru

5. ARGYMHELLIAD

Gofynnir i aelodau wneud y canlynol:

- **Ystyried** cynnwys yr adroddiad.

| Llywodraethu a Sicrwydd | | | | |
|---|--|--|--|---|
| Cysylltu ag amcanion corfforaethol (rhowch ✓) | Fel sefydliad newydd, sefydlu Addysg a Gwella Iechyd Cymru fel partner dibynadwy a gwerthfawr, cyflogwr ardderchog a brand arbenigol ag enw da | Adeiladu gweithlu iechyd a gofal cynaliadwy a hyblyg i'r dyfodol. | Gyda Gofal Cymdeithasol Cymru, siapio'r gweithlu i ddarparu gofal yn nes at y cartref ac i gysoni darpariaeth gwasanaethau'n well. | Gwella ansawdd a diogelwch drwy gefnogi sefydliadau'r GIG i ddod o hyd i atebion cyflymach a mwy cynaliadwy o ran y gweithlu ar gyfer yr heriau darparu gwasanaethau sy'n cael eu blaenoriaethu |
| | Gwella'r cyfleoedd ar gyfer defnyddio technoleg a digidoleiddio wrth ddarparu addysg a gofal | Rhoi hwb i ddatblygiad arweinyddiaeth a chynllunio ar gyfer olyniaeth ar draws iechyd a gofal cymdeithasol mewn partneriaeth â Gofal Cymdeithasol Cymru ac Academi Wales | Dangos gwerth buddsoddiadau yn y gweithlu a'r sefydliad | |
| | | | | |
| Ansawdd, Diogelwch a Phrofiad Cleifion | | | | |
| Mae hwn yn adroddiad rheolaidd er gwybodaeth Mae cysylltiad rhwng yr ardaloedd lle mae monitro uwch ar waith â materion sylfaenol eraill yn y gwasanaeth, materion a allai beri risg i ddiogelwch a phrofiad cleifion. | | | | |
| Goblygiadau Ariannol | | | | |
| Dim | | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth) | | | | |
| Mae angen i ni amddiffyn ein hyfforddeion rhag amgylcheddau hyfforddi anaddas – yn enwedig lle mae adroddiadau o danseilio, bwlio ac aflonyddu. | | | | |
| Goblygiadau Staffio | | | | |
| Yn y sefyllfa waethaf bosibl, gall tynnu hyfforddeion arwain at oblygiadau staffio a gwasanaeth i Ddarparwyr Addysg Cymru. | | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | | | | |
| | | | | |
| Hanes yr Adroddiad | Adroddiad misol rheolaidd i'r Tîm Gweithredol a'r Pwyllgor Addysg, Comisiynu ac Ansawdd. | | | |
| Atodiadau | Atodiad 1 – Crynodeb o Ymweliadau Diweddar Atodiad 2 – Crynodeb o'r Ymweliadau wedi'u Targedu a Gynlluniwyd | | | |

Atodiad un: Crynodeb o Ymweliadau Diweddar

| Cyf | Arbenigedd | Safle | Statws presennol | Crynodeb o'r Ymweliad |
|-------|-----------------|----------------------|------------------|--|
| TP256 | Meddygaeth Frys | Ysbyty Tywysog Cymru | Monitro Cynnydd | <p>Cynhaliwyd ymweliad dilynol i adolygu'r cynnydd o ran mynd i'r afael â'r pryderon mewn Meddygaeth Frys yn Ysbyty'r Tywysog Siarl. Nodwyd nifer o bethau cadarnhaol o ran yr amgylchedd addysgol ac, yn bwysig iawn, roedd hi'n amlwg fod yr hyfforddeion yn cael cefnogaeth dda yn glinigol ac yn addysgol. Fodd bynnag, roedd pryderon parhaus ynghylch cynaliadwyedd y sefyllfa bresennol yn enwedig o ystyried diffyg cynnydd o ran ehangu niferoedd ymgynghorwyr ers yr ymweliad blaenorol. Felly, mae argymhellion yr ymweliad yn datgan yn glir bod angen gwneud cynnydd ar frys yn unol â'r argymhelliad hwn i osgoi unrhyw ddwysáu pellach. Mae argymhellion allweddol eraill yn cynnwys yr angen i ystyried ehangu'r gweithlu anfeddygol, adolygu a sicrhau eglurder ynghylch y llwybrau atgyfeirio i arbenigeddau eraill a pharhau i weithio ar uno Ysbytai Brenhinol Morgannwg a'r Tywysog Siarl yn unol â chynllun De Cymru.</p> |

Atodiad Dau: Crynodeb o'r Ymweliadau wedi'u Targeddu a Gynlluniwyd

| Ref | Arbenigedd | Safle | Statws presennol | Amserlen Ymweld |
|---------------|--|--|----------------------|---|
| TP232 | Llawfeddygaeth Gyffredinol | Ysbyty Athrofaol Cymru | Gwirio cynaliadwyedd | Bydd ymweliad dilynol yn cael ei drefnu ar gyfer mis Chwefror 2020. |
| TP256 | Meddygaeth Frys | Ysbyty Tywysog Cymru | Monitro Cynnydd | Bydd ymweliad arall yn cael ei drefnu ar gyfer mis Chwefror 2020. |
| TP123 | Meddygaeth Frys | Ysbyty Treforys | Monitro Cynnydd | Bydd ymweliad pellach yn cael ei drefnu ar gyfer 9 Ionawr 2020. |
| TP299 & TP206 | Trawma a Orthopedeg a Llawfeddygaeth Gyffredinol | Ysbyty Nevill Hall | Monitro Cynnydd | Bydd ymweliad pellach yn cael ei drefnu ar gyfer 16 Ionawr 2020. |
| TP365 | Meddygaeth | Ysbyty Athrofaol Cymru | Monitro Cynnydd | Cynhaliwyd ymweliad cychwynnol ar 1 Mai 2019. Bydd ymweliad dilynol yn cael ei drefnu ar gyfer mis Chwefror 2019. |
| TP078 | Offthalmoleg | Ysbyty Brenhinol Gwent | Cynllun gweithredu | Bydd ymweliad dilynol yn cael ei drefnu ar gyfer 16 Ionawr 2020. |
| TP192 & TP278 | Llawfeddygaeth Gyffredinol | Ysbyty Glangwili | Monitro Cynnydd | Bydd ymweliad dilynol yn cael ei drefnu ar gyfer mis Chwefror 2019. |
| TP346 | Haematoleg | Ysbyty Singleton | Monitro Cynnydd | Bydd ymweliad dilynol yn cael ei drefnu ar gyfer mis Chwefror 2020. |
| TP410 | Trawma ac Orthopedeg | Ysbyty Athrofaol Cymru ac Ysbyty Athrofaol Llandochoau | Ymweliad Newydd | Bydd Ymweliad Wedi'i dargeddu yn cael ei drefnu ar gyfer mis Ebrill 2020. |
| TV135 | Anestheteg | Ysbyty Athrofaol Cymru | Ymweliad Newydd | Bydd Ymweliad Wedi'i dargeddu yn cael ei drefnu ar gyfer mis Ebrill 2020. |
| TP241 | Meddygaeth Gofal Dwys | Ysbyty Athrofaol Cymru | Ymweliad Newydd | Bydd ymweliad wedi'i dargeddu yn cael ei drefnu ar gyfer mis Chwefror 2020. |
| TP385 | Meddygaeth Gyffredinol | Fewnol Ysbyty Treforys | Ymweliad Newydd | Bydd ymweliad wedi'i Dargeddu yn cael ei drefnu ar gyfer mis Mawrth 2020. |
| TP416 | Meddygaeth | Ysbyty Athrofaol Llandochoau | Ymweliad Newydd | Bydd Ymweliad Wedi'i Dargeddu yn cael ei drefnu ar gyfer mis Mai 2020. |

| | | | | |
|-------|----------------------|--|-----------------|---|
| TP316 | Trawma ac Orthopedeg | Ysbyty Tywysog Siarl ac Ysbyty Brenhinol Morgannwg | Ymweliad Newydd | Bydd ymweliad yn cael ei drefnu ar gyfer mis Chwefror 2020. |
| TP405 | Meddygaeth Frys | Wrecsam | Ymweliad Newydd | Bydd ymweliad yn cael ei drefnu ar gyfer mis Mawrth 2020. |



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Improvement Wales (HEIW)

| | | | |
|--|--|---------------------------|----------------|
| Dyddiad y Cyfarfod | 16 Ionawr 2020 | Eitem ar yr Agenda | 3.3 |
| Teitl yr Adroddiad | Trefniadau Newydd ar gyfer Proses Comisiynu Flynyddol Addysg Ôl-raddedig | | |
| Awdur yr Adroddiad | Pushpinder Mangat | | |
| Noddwr yr Adroddiad | Pushpinder Mangat | | |
| Cyflwynwyd gan | Pushpinder Mangat | | |
| Rhyddid Gwybodaeth | Agored | | |
| Pwrpas yr Adroddiad | Bydd yr adroddiad yn hysbysu'r Pwyllgor Addysg, Comisiynu ac Ansawdd (ECQC) am y trefniadau newydd a'r Agenda a fydd yn disodli'r ymweliadau Comisiynu Blynyddol i'r Darparwyr Addysg Lleol (LEP) a oedd yn arfer cael eu gwneud gan y Ddeoniaeth Feddygol. | | |
| Materion allweddol | <ul style="list-style-type: none"> Rhaid cynnal gofynion y Cyngor Meddygol Cyffredinol o ran yr ymweliadau hyn er mwyn gallu Sicrhau Ansawdd yr Hyfforddiant Meddygol Ôl-raddedig. Mae cyfle i ymgysylltu ag uwch staff Darparwyr Addysg Lleol ynglŷn â rhan Addysg a Gwella Iechyd Cymru yn yr agenda Addysg Amlbroffesiynol. | | |
| Cam Penodol i'w Gymryd <i>(un ✓ yn unig)</i> | Gwybodaeth | Trafodaeth | Sicrhau |
| | ✓ | | |
| Argymhellion | Gofynnir i aelodau wneud y canlynol: <ul style="list-style-type: none"> Nodi'r adroddiad hwn | | |

TREFNIADAU NEWYDD AR GYFER PROSES COMISIYNU FLYNYDDOL ADDYSG ÔL-RADDEDIG

1. CYFLWYNIAD/CEFNDIR

Yn y gorffennol roedd y cyfarfodydd comisiynu hyn yn ymdrin â Hyfforddiant Meddygol gan Ddarparwyr Addysg Lleol yn unig.

Roedd y Tîm Gweithredol yn gweld hyn yn gyfle i drafod yr Agenda Amlbroffesiynol o fewn y sefydliadau hyn.

2. NEWIDIADAU I'R YMWELIADAU

Yn y gorffennol, cynhaliwyd cyfarfodydd cyn y prif gyfarfod rhwng y Deon Ôl-raddedig a Phrif Swyddog Gweithredol y Darparwyr Addysg Lleol. Nid oedd y penderfyniadau a'r trafodaethau yn y cyfarfodydd hyn yn cael eu cofnodi'n ffurfiol ac roeddent yn aml yn arwain at ddiffyg eglurder yn ystod y prif gyfarfodydd. Mae'r rhain wedi cael eu dileu nawr.

Y Deon Ôl-raddedig oedd yn arfer Cadeirio'r cyfarfodydd hyn. O hyn ymlaen y Prif Swyddog Gweithredol neu Gyfarwyddwr Meddygol AaGIC fydd yn cadeirio'r cyfarfodydd.

Yn y gorffennol, roedd 3 awr yn cael ei neilltuo ar gyfer y cyfarfod cyfan. Roedd llawer o'r amser hwn yn cael ei dreulio'n trafod allbynnau gan dempledi hunan-adrodd y Darparwyr Addysg Lleol a chwestiynau a ofynnwyd gan y Darparwyr Addysg Lleol. Roedd llawer o ddyblygu a diffyg eglurdeb. Nawr, bydd yr adran hon yn cael ei thrafod yn ystod 90 munud cyntaf y cyfarfod a byddwn yn trafod y prif themâu fydd yn codi o'r templedi ond ni fyddwn yn trafod y manylion i gyd.

Er bod rhai trafodaethau ynglŷn â materion hyfforddiant proffesiynol anfeddygol, ni roddwyd gwahoddiad i gynrychiolwyr o unrhyw grwpiau proffesiynol eraill i'r cyfarfodydd hyn. Mae hyn wedi cael ei gywiro a byddant yn cael eu gwahodd i ail ran y cyfarfod.

3. MATERION LLYWODRAETHU A RISG

Nid oes unrhyw faterion llywodraethu na materion risg

4. GOBLYGIADAU ARIANNOL

Nid oes dim risgiau ariannol.

5. ARGYMHELLIAD

Gofynnir i'r Pwyllgor **nodi'r** newidiadau i'r ymweliadau comisiynu.

| Llywodraethu a Sicrwydd | | | | |
|---|---|--|--|---|
| Cysylltu ag amcanion corfforaethol (rhowch ✓) | Fel sefydliad newydd, sefydlu Addysg a Gwella Iechyd Cymru fel partner dibynadwy a gwerthfawr, cyflogwr ardderchog a brand arbenigol ag enw da | Adeiladu gweithlu iechyd a gofal cynaliadwy a hyblyg i'r dyfodol. | Gyda Gofal Cymdeithasol Cymru, siapia'r gweithlu i ddarparu gofal yn nes at y cartref ac i gysoni darpariaeth gwasanaethau'n well. | Gwella ansawdd a diogelwch drwy gefnogi sefydliadau'r GIG i ddod o hyd i atebion cyflymach a mwy cynaliadwy o ran y gweithlu ar gyfer yr heriau darparu gwasanaethau sy'n cael eu blaenoriaethu |
| | ✓ | ✓ | | ✓ |
| | Gwella'r cyfleoedd ar gyfer defnyddio technoleg a digidoleiddio wrth ddarparu addysg a gofal | Rhoi hwb i ddatblygiad arweinyddiaeth a chynllunio ar gyfer olyniaeth ar draws iechyd a gofal cymdeithasol mewn partneriaeth â Gofal Cymdeithasol Cymru ac Academi Wales | Dangos gwerth buddsoddiadau yn y gweithlu a'r sefydliad | |
| | | | | |
| Ansawdd, Diogelwch a Phrofiad Cleifion | | | | |
| Gwella trafodaethau ynglŷn â'r agenda amlbroffesiynol | | | | |
| Goblygiadau Ariannol | | | | |
| Dim | | | | |
| Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth) | | | | |
| Dim | | | | |
| Goblygiadau Staffio | | | | |
| Dim | | | | |
| Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015) | | | | |
| | | | | |
| Hanes yr Adroddiad | Dim | | | |
| Atodiadau | Atodiad 1 - Egwyddorion ar gyfer Comisiynu Atodiad 2 - Trefniadau/ Fformat Cyfarfodydd Blaenorol Atodiad 3 - Amlinelliad Agenda Cyfarfod Comisiynu Newydd | | | |

General Medical Council's Principles for Commissioning

(Extracted from 'The Trainee Doctor' – February 2011)

Background

The GMC updated and adapted the '*Principles for Commissioning*' prior to the merger of the Postgraduate Medical Education and Training Board with the GMC.

Principles

The GMC would expect the following principles to be adopted by any organisation responsible for the commissioning of foundation and specialty including GP training in the UK.

The commissioning organisation must:

1. have a commissioner, identified to the GMC, responsible for foundation and specialty including GP training
2. have the quality of delivery of foundation and specialty including GP training as their prime priority
3. have the authority to manage the quality of delivery of the training and to decommission a provider when the required standards are not met
4. be accountable to the regulator for the quality management of the approved programmes in the GMC *Quality Improvement Framework*.



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Health Education and
Improvement Wales (HEIW)

2018/19 Commissioning Meeting

Velindre NHS Trust

Reference

CM/18-19/V

Date and Times

Wednesday 16 January 2019

- 13:00 – 13:15 Private meeting between the Interim Postgraduate Dean and the Medical Director (*The Conference Room, Velindre Cancer Centre*)
- 13:15 – 13:30 Private pre-meeting of the HEIW team (*The Conference Room, Velindre Cancer Centre*)
- 13:30 – 16:00 Commissioning Meeting (*The Conference Room, Velindre Cancer Centre*)

Venues and Parking

The Commissioning meeting and the pre-meetings will take place in the Conference Room, Velindre Cancer Centre, Velindre Road, Whitchurch, Cardiff, CF14 2TL. Parking is limited at Velindre so attendees are advised to use the staff car park at the back of the hospital (marked as student parking on the map) or the larger car park at Whitchurch Hospital. The car park at the front of the hospital must be kept free for patients. Two maps attached for your reference.



Site map.docx



VCC to
whitchurch.doc

Attendees

Health Education and Improvement Wales (HEIW)

Peter Donnelly, Interim Postgraduate Dean
Anton Saayman, Sub Dean (PGES & QIST)
Caroline Groves, Quality and Postgraduate Education Support Manager
Kaye Walters, Executive Officer (Quality Unit)
Rhannon Beckett, Deputy Director of Finance
Joe Draper-Orr, Management Accountant
Farida Patel, Lay Representative
Sarah Das, Lay Representative

Velindre NHS Trust

Jacinta Abraham, Medical Director
Mark Osland, Finance Director
Sarah Morley, Workforce Director
Louise Hanna, Faculty Lead
Steve Ham, Chief Executive – unable to attend and sends apologies

The documents and Agenda for the meeting are included on the reverse of this sheet.

Papers for Information



Principles for
Commissioning.doc



V Self Reporting
Template 2018/19



V Training post
data - Dec 18

Financial Reporting documentation to follow

Agenda

- 1. The Commissioning Agreement between Health Education and Improvement Wales (HEIW) and Local Education Providers** *(led by Postgraduate Dean)*
 - confirmation of the Commissioning arrangement, including expectations and responsibilities
 - relationship between Commissioning and the Expectations Agreement for HEIW
 - links to quality assurance, standards and national developments
- 2. Training Matters with National or Strategic Impact for Local Education Providers** *(led by Postgraduate Dean)*
- 3. Financial Accountability** *(led by HEIW Finance Representative)*
- 4. Compliance with GMC Training Standards (Themes 1 - 5)** *(led by Sub Dean (PGES and QIST))*
- 5. Future Trainee Allocations to Local Education Providers** *(led by Postgraduate Dean)*
 - National considerations
 - Local Education Provider considerations
- 6. The Undergraduate Perspective** *(led by Undergraduate Representative)*
- 7. Agreement on Mechanisms for Future Engagement and Interaction** *(led by Postgraduate Dean)*

Commissioning Meeting Outline Agenda

Part One: The Commissioning Meeting (90 minutes)

- 1. The Commissioning Agreement between Health Education and Improvement Wales (HEIW) and Local Education Providers** *(led by Postgraduate Medical Dean)*
 - confirmation of the Commissioning arrangement, including expectations and responsibilities
 - relationship between Commissioning and the Expectations Agreement for HEIW
 - links to quality assurance, standards and national developments
- 2. Compliance with GMC Training Standards (Themes 1 - 5)** *(led by Associate Dean (Quality))*
- 3. Financial Accountability** *(led by HEIW Finance Representative)*
- 4. Future Trainee Allocations to Local Education Providers** *(led by Medical Director/Postgraduate Medical Dean)*
 - National considerations
 - Local Education Provider considerations

Break (15 minutes)

Part Two: The Multi-Professional Learning Environment (90 minutes)

- 5. HEIW Multi Professional Education Update** *(led by Director of Nursing)*
- 6. Local Education & Training Matters** *(led by Local Education Provider representative)*
- 7. Joint Agreement around the Way Forward**