

# Shared Services Partnership Committee Part A

Thu 16 May 2024, 10:00 - 12:00

## Agenda

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### 10:00 - 10:00 **1. Agenda**

0 min

#### **1.1. Welcome and Introduction**

*Tracy Myhill, Chair, NHS Wales Shared Service Partnership Committee*

#### **1.2. Apologies for Absence**


*Tracy Myhill, Chair, NHS Wales Shared Service Partnership Committee*

#### **1.3. Declarations of Interest**

*Tracy Myhill, Chair, NHS Wales Shared Service Partnership Committee*

#### **1.4. Draft Minutes Part A of Meeting held on 21st March 2024**

*Tracy Myhill, Chair, NHS Wales Shared Service Partnership Committee*

 1.4 Draft Minutes Part A of Meeting held on 21st March 2024.pdf (8 pages)

#### **1.5. Action Log**

*Tracy Myhill, Chair, NHS Wales Shared Service Partnership Committee*

 1.5 SSPC Action Log May 2024.pdf (2 pages)

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### 10:00 - 10:00 **2. Chair and Managing Director's Report**

0 min

#### **2.1. Chair's Report**

*Verbal* *Tracy Myhill, Chair, NHS Wales Shared Service Partnership Committee*

#### **2.2. Managing Director's Report**

*Neil Frow, Managing Director*

 2.2 SSPC Managing Director Update May 24 .pdf (6 pages)

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### 10:00 - 10:00 **3. Deep Dive**

0 min

#### **3.1. Recruitment Modernisation Plan**

*Presentation* *Darren Rees, Deputy Director of Employment Services & Kelly Skene, Head of Recruitment*

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### 10:00 - 10:00 **4. Items for Approval**

0 min

## 4.1. NHS Resolution Service Level Agreement

*Nicola Phillips, Director of Primary Care and Medical Examiner*

- 📄 4.1 NHS Resolution SLA - CP.pdf (3 pages)
- 📄 4.1 Service Level Agreement.pdf (16 pages)

## 4.2. 2023/24 Service Level Agreements

*James Quance, Corporate Services*

- 📄 4.2 Service Level Agreement CP.pdf (3 pages)
- 📄 4.2 OVERARCHING Service Level Agreement.pdf (19 pages)

## 4.3. Proposed Revision to Scheme of Delegation

*James Quance, Corporate Services*

- 📄 4.3 Proposed Revision to Scheme of Delegation May 2024.pdf (5 pages)

## 4.4. P2P Governance Update

*Lindsay Payne, Deputy Director of Finance & Corporate Services*

- 📄 4.4 P2P Governance Update - May 2024.pdf (5 pages)

## 4.5. P2P Invoices on Hold Not on Statement Clearance Proposal

*Lindsay Payne, Deputy Director of Finance & Corporate Services*

- 📄 4.5 P2P IOH Not on Statement Clearance Proposal - May 2024.pdf (4 pages)

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10:00 - 10:00  
0 min

## 5. Items for Noting

### 5.1. Duty of Quality Annual Report

*Ruth Alcolado, Medical Director*

- 📄 5.1 SSPC Duty of Quality Report Final 100524.pdf (17 pages)

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10:00 - 10:00  
0 min

## 6. Governance, Performance and Assurance

### 6.1. Finance Report May 2024

*Lindsay Payne, Deputy Director of Finance & Corporate Services*

- 📄 6.1 SSPC Finance Report May 2024.pdf (6 pages)

### 6.2. People & Organisational Development Report

*Gareth Hardacre, Director of People and Organisational Development*

- 📄 6.2 SSPC People & OD Report April 2024.pdf (11 pages)

### 6.3. Performance Report

*Alison Ramsey, Director of Finance & Corporate Services*

- 📄 6.3 SSPC Performance Report CP.pdf (2 pages)
- 📄 6.3 SSPC Performance Report May 2024.pdf (15 pages)

### 6.4. IMTP Quarter 4 Update Report

*Alison Ramsey, Director of Finance & Corporate Services*

- 📄 6.4 SSPC Q4 IMTP CP (1).pdf (2 pages)
- 📄 6.4 SSPC Q4 NWSSP IMTP Report 2324.pdf (24 pages)

## 6.5. Project Management Office and Service Improvement Update Report

*Alison Ramsey, Director of Finance & Corporate Services*

- 📄 6.5 PMO Bi Monthly Report with SI SSPC 05.24.pdf (26 pages)

## 6.6. Corporate Risk Register

*James Quance, Corporate Services*

- 📄 6.6 Corporate Risk Register May 2024 CP .pdf (5 pages)
- 📄 6.6 Appendix A Corporate Risk Register.pdf (3 pages)

## 6.7. Concerns and Complaints Annual Report 2023 - 24

*James Quance, Corporate Services*

- 📄 6.7 SSPC Concerns & Complaints Annual Report 2023-24.pdf (7 pages)

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## 10:00 - 10:00 7. Items for Information

0 min

### 7.1. Finance Monitoring Returns Commentary Month 12 2023/24

*Alison Ramsey, Director of Finance & Corporate Services*

- 📄 7.1 Monitoring Return Commentary Month 12 NWSSP 2023-24.pdf (6 pages)

### 7.2. PPE Report

*Alison Ramsey, Director of Finance & Corporate Services*

- 📄 7.2 NWSSP\_PPE\_Dashboard\_v 22-04-24 Summary.pdf (1 pages)

### 7.3. NWSSP Audit Committee Assurance Report - April 2024

*James Quance, Corporate Services*

- 📄 7.3 SSPC Audit Committee Assurance Report 16042024.pdf (6 pages)

### 7.4. Internal Audit Plan & Charter 2024 - 25

*James Quance, Corporate Services*

- 📄 7.4 Internal Audit Plan & Charter 2024-25.pdf (26 pages)

### 7.5. Audit Wales Audit Assurance Arrangements 2023 - 24

*James Quance, Corporate Services*

- 📄 7.5 2023-24 Audit Assurance Arrangements.pdf (10 pages)

### 7.6. SSPC Forward Plan of Business 2024-2025

*James Quance, Corporate Services*

- 📄 7.6 SSPC Forward Plan of Business 2024-2025 Final.pdf (6 pages)

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## 10:00 - 10:00 8. Any Other Business

0 min

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10:00 - 10:00 **9. Date and Time of next Meeting - 18 July 2024 10AM - 12PM**  
0 min

**NHS WALES SHARED SERVICES  
PARTNERSHIP COMMITTEE**

**MINUTES OF MEETING HELD THURSDAY 21<sup>ST</sup> MARCH 2024  
10:00 – 11.30  
Meeting held on TEAMS.  
Part A - Public**

<b>ATTENDANCE</b>	<b>DESIGNATION</b>	<b>ORGANISATION</b>
<b>MEMBERS:</b>		
Tracy Myhill (TM)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Huw Thomas (HT)	Director of Finance	HDUHB
Claire Osmundsen-Little (COL)	Director of Finance	DHCW
Glyn Jones (GJ)	Director of Finance, Planning & Performance	HEIW
Pete Hopgood (PH)	Director of Finance	Powys tHB
Matt Bunce (MB)	Executive Director of Finance	Velindre
Chris Turley (CT)	Director of Finance	WAST
Matt Denham-Jones (MDJ)	Deputy Director of Finance	Welsh Government
<b>OTHER ATTENDEES:</b>		
Rob Gordon (RG)	Senior Finance Business Partner	C&VUHB
Sharon Vickery (SV)	Assistant Director of Workforce	Swansea Bay
Lauren Fear (LF)	Director of Corporate Governance	Velindre
Alison Ramsey (AR)	Director, Performance, Planning, and Information	NWSSP
Andrew Butler (AB)	Director, Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of People and Organisational Development	NWSSP
Linsay Payne (LP)	Deputy Director, Finance & Corporate Services	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Development	NWSSP
James Quance (JQ)	Corporate Services	NWSSP
Anamaria Carvajal-Illanes (ACI)	Corporate Support Officer - Minutes	NWSSP
<b>PRESENTERS</b>		
Stuart Douglas (SD)	Director, Specialist Estates Services	NWSSP

Item		Action
<b>1.1</b>	<p><b>Welcome and Opening Remarks</b></p> <p>The Chair welcomed members to the March 2024 Shared Services Partnership Committee meeting.</p>	
<b>1.2</b>	<p><b>Apologies Received From:</b></p> <ul style="list-style-type: none"> <li>- Sarah Simmonds, Director of Workforce &amp; OD, ABUHB</li> <li>- Russell Caldicott, Interim Director of Finance, BCUHB</li> <li>- Catherine Phillips, Director of Finance, C&amp;VUHB (represented by Rob Gordon)</li> <li>- Hywel Daniel, Executive Director for People, Cwm Taf UHB</li> <li>- Sarah Jenkins, Interim Director of Workforce, SBUHB (represented by Sharon Vickery)</li> <li>- Steve Ham, Chief Executive, Velindre UNHST (represented by Matt Bunce and Lauren Fear)</li> <li>- Tanya Bull, UNISON.</li> </ul>	
<b>1.3</b>	<p><b>Declarations of Interest</b></p> <p>There were no Declarations of Interest.</p>	
<b>1.4</b>	<p><b>Minutes of Previous Meeting</b></p> <p>The Minutes of the January meeting of the Committee were reviewed and were accepted as a true and accurate record of the meeting.</p>	
<b>1.5</b>	<p><b>Action Log</b></p> <p>All actions are complete with the exception of:</p> <ul style="list-style-type: none"> <li>• Llais SLA – while this is still not signed progress has been made and a discussion on it was held at the Welsh Risk Pool Committee on the previous day. This should now be signed prior to the May Committee when it can then come back for formal approval; and</li> <li>• Staff Overpayments – Linsay Payne has met with Health Board People &amp; OD colleagues to discuss the concerns that they raised in the January Committee and meetings have also been held with the Welsh Employers’ Unit. GH has also discussed this item at the National Partnership Forum, and there has been a meeting with one Trade Union representative for whom formal feedback is awaited. Generally it is considered that the Overpayments Procedure is substantially complete, and it is hoped to bring this to the May Committee for final approval.</li> </ul>	

	The Committee <b>NOTED</b> the Update.	
<b>2.</b>	<b>Chair/Managing Directors Update</b>	
<b>2.1</b>	<p><b>Chair's Report</b></p> <p>TM gave a verbal update on recent activities. This includes attending the Chairs' Peer Group and meeting with the Minister. The Welsh Risk Pool Committee was held the previous week with a full agenda and the Staff Awards Ceremony at the end of February was a very positive experience.</p> <p>The Chair also advised Committee members that there may be a need for a Chair's Action before the May Committee. This is in respect of the Radiopharmacy Isolators where approval is likely to be required in April to progress this urgent procurement.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b>2.2</b>	<p><b>Managing Director Update</b></p> <p>NF presented his update report. The main highlights were:</p> <ul style="list-style-type: none"> <li>• Following the approval of the IMTP by the Committee in January, the two keeping in touch meetings, with the Financial Planning Delivery Unit and the Planning Director at Welsh Government, produced no significant issues and the plan has now been formally submitted;</li> <li>• Work to finalise the Business Justification Case for the Radiopharmacy service to be located in IP5 is progressing well with all necessary appointments to relevant contractors having been made;</li> <li>• The NWSSP People &amp; OD Team have recently supported a further visit to Kerala in India which included attendance by the Minister for Health and Social Care from Welsh Government, who signed a formal agreement with the Kerala Government to continue the current co-operation arrangements which provides for a further 250 qualified healthcare professionals to be recruited into NHS Wales;</li> <li>• The closure of the Laundry in Carmarthen is well underway and is on track for the end of March, with the new hub coming into operation in April. All affected staff have been given the opportunity to continue to work in the service at the Swansea Laundry or working in a suitable alternative role within Hywel Dda UHB;</li> <li>• The recruitment process to replace the Director of Finance &amp; Corporate Services has concluded and Alison Ramsey, our current Director of Planning, Performance, and Informatics was successful in being appointed to this post;</li> </ul>	

	<ul style="list-style-type: none"> <li>Similarly, Nicola Phillips the current Deputy Director of Primary Care Services was successful in being appointed to the role of Director of Primary Care Services.</li> </ul> <p>HT raised an issue regarding the Laundry Service and the lack of significant investment in it from Welsh Government which results in the inability to take forward many of the benefits that were outlined in the original business case. While accepting that this is beyond NWSSP's control, he stressed that the original discussion to get the business case accepted by Staff Side in Hywel Dda was predicated on benefits that are no longer realistically likely to be achieved, at least not to the extent that was first anticipated.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
<b>3.</b>	<b>Items for Approval/Endorsement</b>	
<b>3.1</b>	<p><b>Decarbonisation Action Plan.</b></p> <p>SD attended to present this item. The original Action Plan covered the period 2021-23 and there is now a need to update it. The plan is both externally and internally focused. External achievements to date include setting up a reporting template for all NHS Wales organisations to measure their progress against the 46 initiatives contained in the Welsh Government Plan and providing advice on achieving net zero in future construction projects. Internally we have invested in LED lighting across the estate, solar panels, and electric vehicles in our fleet. Going forward the plan continues to provide support to NHS Wales organisations and to take forward projects within NWSSP subject to the availability of capital.</p> <p>Questions were asked on the degree of ambition in the plan and how the Committee would receive assurance over progress. SD stated that the plan is ambitious but is also pragmatic, given the financial context to the years ahead. In the light of these challenges, a coordinated approach across NHS Wales is essential e.g. in the installation of EV Charging Points as one example. Monitoring of progress against the plan at Committee will be via the quarterly IMTP updates, albeit this is by exception, and it was therefore agreed that a more detailed half-yearly review would be helpful.</p> <p>The Committee <b>APPROVED</b> the Decarbonisation Action Plan.</p>	
<b>3.2</b>	<p><b>Revision to Standing Orders</b></p> <p>This item was deferred to the May Committee to allow for time to discuss the suggested changes in more depth with colleagues from the host organisation.</p>	

<b>4</b>	<b>Items for Noting</b>	
<b>4.1</b>	<b>Flu Vaccination Proposal</b>	
	<p>NF presented the paper. The Central Procurement of Influenza project brief was approved by the Vaccination Programme Wales Transformation Board last July. The aim was to deploy centrally procured adult Influenza vaccine during the autumn of 2025. NWSSP have formed part of the Project Group to establish feasibility and design of a centrally procured Influenza model.</p> <p>The next phase of implementation requires the Minister to direct General Practice to not purchase Influenza vaccine for Autumn 2025, which they would normally commence in September of this year. For this direction to be given, assurance needs to be provided that NHS Wales will be ready to provide GPs, Health Boards and Trusts with centrally procured adult Influenza vaccine. An Influenza vaccine tender process would run over the summer of 2024 to enable vaccine delivery commencing in September 2025.</p> <p>NWSSP will procure the vaccines but there is the option of these being directly delivered by the supplier or being held and distributed centrally via NWSSP. The paper provided to Committee focused in the latter option, but it is for Welsh Government to decide the preferred approach.</p> <p>The Committee <b>NOTED</b> the proposal.</p>	
<b>4.2</b>	<b>Staff Benefits Update</b>	
	<p>AB presented the update. NWSSP currently provide administration services for several Staff Benefit Schemes for multiple NHS Wales organisations covering Salary Sacrifice Cars, Bicycles and Home Electronics. These services ensure that a fully procured supplier has been sourced, providing quality and value for money.</p> <p>The Salary Sacrifice Car Scheme current fleet of vehicles stands at 3,736 at February 2024 which represents a 23% increase over the last 12 months. Additionally 94% of live fleet are electric/hybrid vehicles and 87% of cars on order are electric/hybrid vehicles. The car scheme deliver savings estimated at £750 per car per annum, resulting in a total annual saving of £2.8m across NHS Wales.</p> <p>The Home Electronic scheme provides employees access to over 5000 items from Currys taken via salary sacrifice, allowing the employees to make savings through their salary.</p> <p>The Cycle to Work scheme is supplied in conjunction with Halfords. The scheme provides employees access to bikes and accessories from Halfords and Tredz taken via salary sacrifice, allowing the employees to make savings on the cost of new bicycles.</p>	

	<p>Members were complimentary on the way that the schemes are operated by NWSSP and stated that the availability of cars, bikes and electrical products prove helpful in attracting staff to come and work in the NHS.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b>5.</b>	<b>Governance, Performance &amp; Assurance</b>	
<b>5.1</b>	<p><b>Finance Report</b></p> <p>AB presented the report. NWSSP reported a break-even Month 11 financial position with a year-to-date additional non-recurring savings of £2.277m. The 2023/24 distribution to NHS Wales is now finalised at £2m. In addition NWSSP anticipate being able to return a further £1m of funding to Welsh Government and £0.6m to Health bodies so that the total additional savings for 2023/24 is £3m. The return of funding to Welsh Government is dependent upon the provision of the anticipated pay award funding this financial year. Discussions continue with Welsh Government on the level of PPE that they require us to hold.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
<b>5.2</b>	<p><b>People &amp; OD Report</b></p> <p>GH presented the report. The sickness absence rate remains very low with the average for the last 12 months being 2.98%. Long-term sickness has however increased and there is proactive management of cases to provide affected staff with the support to return to work wherever possible. Statutory and Mandatory training compliance is good at over 93%. PADR compliance needs to improve from the current level of 83%, but positive progress has been achieved in recent months. There is significant current investment in early careers work and apprenticeships, and work is also underway with the Retirement Fellowship to provide enhanced support for those colleagues looking to retire from the organisation. There is also a lot of focus on reducing bank and agency spend and looking to convert such staff onto permanent contracts. Time to hire performance across NHS Wales has bettered the target for the first time in over five years which is very encouraging and reflects a generally positive trend over recent months.</p> <p>TM reflected positively on the Statutory and Mandatory Compliance training statistics but also noted that the area with the least good results was safeguarding and she asked GH to investigate whether this is an issue in the context of the services that NWSSP provide.</p> <p>The Committee <b>NOTED</b> the Report.</p>	<b>GH</b>

<p><b>5.3</b></p>	<p><b>Performance Report</b></p> <p>AR presented the report. The in-month January performance was generally good with 38 KPIs achieving the target against the total of 41 KPIs. The three that missed the target were Recruitment, where the target was only marginally missed and as reported above the target was met during February, and two for Audit &amp; Assurance in respect of the issue of draft audit reports and the subsequent timeliness of management responses. However, the Director of Audit &amp; Assurance is confident that all audit plans will be sufficiently complete for the annual reporting to Audit Committees scheduled during May and early June.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
<p><b>5.4</b></p>	<p><b>PMO Highlight Report</b></p> <p>AR presented the report. Two projects are currently rated as red. These are the Primary Care Workforce Intelligence System and Transforming Access to Medicine (TrAMS). On the former there are issues with increasing costs and extremely tight implementation timescales which have been exacerbated through issues with sub-contractors to the main contractor. On the latter the lack of capital is the major issue, although good progress is being made on the development of the Radiopharmacy Service.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
<p><b>5.5</b></p>	<p><b>Corporate Risk Register</b></p> <p>PS presented the report. There remain three red risks relating to the impact of industrial action and also of responding to the UK COVID Public Inquiry, and as stated above the development of the TrAMs project. New risks have also been added in respect of business continuity, information governance and a specific risk following a fire close to IP5.</p> <p>The Committee <b>NOTED</b> the Report.</p>	
<p><b>6.</b></p>	<p><b>Items for Information</b></p>	
<p><b>6.1</b></p>	<ul style="list-style-type: none"> <li>• Finance Monitoring Returns (Months 10 &amp; 11)</li> <li>• Final Version of IMTP.</li> <li>• PPE Dashboard</li> <li>• Audit Committee Assurance Report.</li> </ul>	
<p><b>7.</b></p>	<p><b>Part B Items</b></p>	
<p><b>7.1</b></p>	<p>Two items for approval were discussed in Part B of the meeting due to their commercial sensitivity. These were:</p>	

- The renewal of the contract for the Building for Wales Framework which provides access to specialist advisors to support major capital schemes across NHS Wales; and
- The proposal to vacate both Companies House and the current Nantgarw HQ to move into a different building on the Nantgarw site

Both items were **APPROVED** by the Committee.

The Committee also **NOTED** the update on current arrangements for the procurement of energy for NHS Wales which has also delivered significant financial savings in a period of extreme volatility in energy prices.

**DATE OF NEXT MEETING:**  
**Thursday, 16th May 2024 10.00 AM to 12.00**  
**Via Teams**

Item 1.5

**ACTION LOG**

**SHARED SERVICES PARTNERSHIP COMMITTEE**

**UPDATE FOR 16 MAY 2024 MEETING**

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS MAY 2024
1.	2023/05/02	May 2023	<p><b>Llais Service Level Agreement</b></p> <p>The final version of the Service Level Agreement (SLA) to be brought back to the Committee for final approval.</p>	JQ	<p>September 2023</p> <p>Updated May 2024</p>	<p><b>In Progress</b></p> <p>Previously reported that services to Llais would be covered by Welsh Risk Pool indemnity and that the SLA is now in a position to be formally confirmed and signed which remains NWSSP's position. There have unfortunately been some delays with senior Llais staff availability and the final SLA is awaiting review by the Llais legal advisor.</p>
2.	2024/01/02	January 2024	<p><b>All-Wales Overpayments Procedure</b></p> <p>The procedure would be further updated to reflect the comments of Committee members and to bring it back for approval in March. It was also agreed that the procedure should be considered by the National Partnership Forum Business Committee.</p>	LP	<p>March 2024</p> <p>Updated May 2024</p>	<p><b>In Progress</b></p> <p>Update provided in the Managing Director's Report.</p>

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS MAY 2024
3.	2024/03/5.2	March 2024	<p><b>Statutory and Mandatory Training Compliance</b></p> <p>In the context of overall positive compliance statistics the area with the least good results was safeguarding. Further investigation was requested to ascertain whether this is a particular issue in the context of the services that NWSSP provides.</p>	Gareth Hardacre	May 2024	<p><b>Completed</b></p> <p>The Senior People and Organisational Development Business Partners have been raising at Divisional Senior Management Teams and it has also been discussed in the recent round of Quarterly Performance Reviews. Where it has been identified that there may be a duplication of training required (for example in the Medical Examiner Service), the People &amp; Organisational Development Team are working with Services to see if it is possible to port other relevant training to cover our training requirements.</p>



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:2.2**

**16 May 2024**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Managing Director's Report**

<b>ARWEINYDD: LEAD:</b>	Neil Frow – Managing Director
<b>AWDUR: AUTHOR:</b>	James Quance, Corporate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Neil Frow – Managing Director
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<a href="mailto:Neil.frow@wales.nhs.uk">Neil.frow@wales.nhs.uk</a>

**Pwrpas yr Adroddiad:  
Purpose of the Report:**

To provide the Committee with an update on NWSSP activities and issues since the last meeting in March.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	To ensure that NWSSP openly and transparently reports all issues and risks to the Committee.
<b>Tystiolaeth: Supporting evidence:</b>	N/a

**Ymgynghoriad/Consultation :**

Shared Services Partnership Committee

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

<b>DERBYN/ APPROVE</b>	<b>ARNODI/ ENDORSE</b>	<b>TRAFOD/ DISCUSS</b>	✓	<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>		The Partnership Committee is to <b>NOTE</b> and <b>DISCUSS</b> the report.			

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact.
<b>Cyfreithiol: Legal:</b>	No direct impact.
<b>Iechyd Poblogaeth: Population Health:</b>	No direct impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct impact.
<b>Ariannol: Financial:</b>	No direct impact.
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides an assurance that NWSSP risks are being identified and managed effectively.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> .
<b>Gweithlu: Workforce:</b>	No direct impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## **Introduction**

This paper provides an update into the key issues that have impacted upon, and the activities undertaken by, NWSSP, since the date of the last meeting in March.

## **Finance**

I am pleased to report that, subject to audit, we have achieved a small surplus for the 2023/24 financial year of £12k. This includes a confirmed return of £1m of funding to Welsh Government and £2m distribution to NHS Wales organisations meaning that our total over achievement of savings for 2023/24 is £3m. Total turnover for the year was £856m and capital expenditure was £8m.

As normal the NWSSP position will be included within the final Velindre University NHS Trust annual accounts which we submitted by the required deadline on 3 May 2024.

## **IMTP**

The final quarter reporting cycle for 2023/24 has been completed and a summary of progress is reported to this meeting of the Committee. Our year end Joint Executive Team (JET) meeting is on 13 June 2024.

The final 2024-2027 IMTP has been submitted to Welsh Government and the 'collective review' of our plan with Welsh Government policy leads and colleagues is due to take place on 23 May 2024 prior to them providing advice to the Cabinet Secretary for Health and Social Care.

## **External Groups**

I previously reported that I have been asked to be part of a ministerial taskforce on community assets (e.g. buildings) across NHS Wales. Workshops are being undertaken covering themes that underpin the Task and Finish Group. I will be reaching out to colleagues in NHS Wales organisations for their support as this work develops.

## **Radiopharmacy**

We have submitted documentation to Welsh Government requesting funding for three radiopharmacy isolators costing £1.5m which need to be purchased prior to completion of the main Business Justification Case given the significant lead-in time required by the manufacturers to design and build to our new specifications using the latest gassing technologies. I understand that submissions have been made to the Cabinet Secretary for Health and Social Care by Welsh Government colleagues and we await the outcome.

The innovative design for the South Wales whole hub is being completed by design partners Angstrom, which included a workshop on 30 April 2024 with input from Health Boards together with various subject matter experts in readiness to agree the base design. Discussions regarding the design and planning consent continue with Newport Council with the planning application expected to be submitted in July 2024.

The Business Justification Case for the radiopharmacy element (phase one) will be presented to the Shared Services Partnership Committee for approval. This is expected in July 2024, with the Outline Business Case for the remainder of the hub expected in September 2024, followed by the Full Business Case in March 2025.

Further Finance workshops with Health Board and Trust colleagues are scheduled to understand and agree the outline principles for the funding operational model and revenue assumptions which will underpin the business cases.

### **Payroll Overpayments**

We are starting to evidence improvements since the roll out of the overpayments dashboard and the targeted work being conducted in this area since late 2023.

Progress continues on the All Wales Recovery of Overpayments Procedure and we have now received written feedback from both the BMA and local Unison representatives and have held discussions with NHS Employers colleagues. The procedure has been rewritten with a more informal person friendly tone and emphasises the requirement for consideration of the affordability of repayments for staff.

The feedback has been incorporated into Version 12 of the procedure which is on the agenda for a number of forums in May and June including Directors of Workforce, Deputy Directors of Finance and Partnership Forum Business Committee with the aim to bring a final draft for approval by the July SSPC meeting.

### **Laundry Service**

The All Wales Laundry Service has now embedded the 4 laundry production model in place with the closure of the Carmarthen unit on 29 March 2024 and the TUPE transfer of the Church Village staff from Cwm Taf Morgannwg University Health Board to NWSSP. The existing Carmarthen unit is now being used as a distribution hub for West Wales eventually holding 5 days (90,000) pieces of stock, which improves resilience across the entire service. The work previously undertaken by the Carmarthen laundry is now being processed by the Swansea unit, supported by Church Village and Greenvale taking advantage of the existing plant capacity in the system. Early feedback

from the Hywel Dda University Health Board (HDUHB) nursing staff has been very encouraging at both a ward and senior level, with all orders being maintained seamlessly.

NWSSP continues to work with HDUHB to support the remaining displaced Carmarthen laundry staff together with the repurposing of the laundry equipment in the form of one ironing line going to Swansea, four standalone tumble dryers (two for North Wales and two for Swansea) and two washer extractors moving to Swansea. This repurposing will again increase the resistance in the system.

The service has also invested last financial year through All Wales Capital in areas such as a new steam and condense main in Swansea, a new sorting system at both Greenvale and Swansea and an additional dryer in North Wales. This investment will continue this year, with capital support, replacing both the six dryers in Swansea and the remaining three in North Wales together with the laundry electrical distribution panel in North Wales.

### **PPE Stock**

Regular meetings continue with Welsh Government on required levels of pandemic stock and the report on the current levels of stock is included, as usual, in the board pack for your information.

### **Audit Committee Good Practice**

Governance and Corporate Services colleagues will be attending the Audit Wales session Audit Committees: effective practices and a positive impact on 22 May 2024 as part of our ongoing commitment to best practice.

### **Covid-19 Public Inquiry**

We continue to respond to requests from the Covid-19 Public Inquiry, for which NWSSP is listed as a core participant for Module 5 Procurement. Providing requested evidence is a considerable undertaking and I am mindful of the pressures this creates on Procurement and Corporate Services staff which will continue to be monitored.

### **Infected Blood Inquiry**

The Inquiry's Report will be published on 20 May 2024 and we are making preparations for this by linking in with Communications colleagues and ensure frequently asked questions on the website for the Welsh Infected Blood Support Scheme (WIBSS) which is hosted by NWSSP on behalf of Welsh Government.

## **ISO14001:2015 (Environmental Management) External Audit Report**

I am proud that NWSSP has maintained continued certification to the ISO14001 (Environmental Management) Standard since its inception in 2014. I am pleased to report that following a very thorough external audit by Simply Certification, a UKAS accredited certification body in March 2024, the organisation has retained its accreditation.

The outcome of the audit was exceptional, with the following comment particularly being of note:

*The Environmental Management system is extremely comprehensive with an abundance of examples of continual improvement demonstrated throughout the audit and more than enough sufficient evidence presented to demonstrate top management's continued commitment to the successful operation of the Standards.*

### **Health and Well-Being**

I am pleased that we continue to promote health and well-being through organisation-wide initiatives such as virtual Stress Awareness sessions and the Vivup employee assistance programme but also it is great to see divisions championing their own approaches which others can learn from. We are also in the process of training nine equality and diversity ambassadors and recruiting to the new Speaking up Safely post.

### **Staff Awards**

I am continuing, with the Senior Leadership Group, to attend face-to-face regional events in the coming months to personally thank and recognise staff who were successful in winning an award with a recent event in IP5, Newport and the next planned in Matrix House, Swansea.

### **Staffing Update**

We said goodbye and gave our best wishes in their retirement at the end of March to Andrew Evans (Director of Primary Care Services) and at the end of April to Andy Butler (Director of Finance and Corporate Services) and Peter Stephenson (Head of Finance and Business Development).

We have been successful in appointing from a very strong field to the Director of Planning, Performance and Informatics, with Rebecca Nelson due to join us on 5 August. Finally, Martin Edwards is due to join us before the end of May as Deputy Medical Director.

**Neil Frow OBE,  
Managing Director, NWSSP,  
May 2024**



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM: 4.1**

16<sup>th</sup> May 2024

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NHS Resolution – Service Level Agreement Renewal**

<b>ARWEINYDD: LEAD:</b>	<b>Nicola Phillips, Director Of Primary Care and Medical Examiner Services</b>
<b>AWDUR: AUTHOR:</b>	<b>Nicola Phillips, Director Of Primary Care and Medical Examiner Services</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Nicola Phillips, Director Of Primary Care and Medical Examiner Services</b>
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<a href="mailto:nicola.phillips4@wales.nhs.uk">nicola.phillips4@wales.nhs.uk</a>

**Pwrpas yr Adroddiad:  
Purpose of the Report:**

**To approve the renewed Service Level Agreement (SLA) with NHS Resolution.**

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.
<b>Tystiolaeth: Supporting evidence:</b>	

**Ymgynghoriad/Consultation :**

Advisory services provided into both Primary and Secondary care is deemed essential and has been hosted by NWSSP since April 2017, at the request of the Chief Medical Officer.

The SLA , would come into force 1st April 2024, covering this live service and would be agreed until March 2027.

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE	✓	ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	
<b>Argymhelliad/ Recommendation</b>		That the SSPC approves the renewed Service Level Agreement with NHS Resolution.					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	
<b>Cyfreithiol: Legal:</b>	
<b>Iechyd Poblogaeth: Population Health:</b>	
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	Links to NHS Resolution Quality, safety and learning <a href="#">Safety and Learning - NHS Resolution</a>
<b>Ariannol: Financial:</b>	
<b>Risg a Aswiriant: Risk and Assurance:</b>	
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> Governance, Leadership and Accountability
<b>Gweithlu: Workforce:</b>	Access to NHS Resolution support arrangements <a href="#">Practitioner Performance Advice (formerly NCAS) - NHS Resolution</a>
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	

## 1. BACKGROUND

NHS Resolution provide a wide range of services to Health Boards and Trusts across NHS Wales, in support of primary care contractors and secondary care consultants concerning the management of issues arising from complaints. Services provided to NHS Wales under the Service level

agreement range from the provision of a case management service; support for case advice; assessments and interventions, including Professional Support and Remediation (PSR) services; conduct advisor case review meetings; education and training direct to NHS Wales Bodies and the provision of activity reports.

Advisory services provided into both Primary and Secondary care is deemed essential and has been hosted by NWSSP since April 2017, at the request of the Chief Medical Officer. SLA costs are included in the annual revenue allocation from Welsh Government, recognising that this service is hosted by NWSSP. The renewed SLA is for the period from 1 April 2024 to 31 March 2027 with a total cost of £1.194m.

The SLA has been agreed by the Senior Leadership Group at a formal meeting on 25th April 2024, noting a £101,000 cost reduction for 2024-2025.

## **2. RECOMMENDATION**

The Committee is asked to approve the renewal of the Service Level Agreement with NHS Resolution.

**THIS AGREEMENT** is made on the 1<sup>st</sup> day of April 2024.

<b>PARTIES</b>
(1) <b>NHS LITIGATION AUTHORITY</b> of 8th Floor 10 South Colonnade, Canary Wharf, London, E14 4PU (" <b>NHS RESOLUTION</b> "); and
(2) <b>NHS Wales Shared Services Partnership (NWSSP)</b> , 4/5 Charnwood Court, Heol Billingsley, Parc Nantgarw CF15 7QZ.
<b>BACKGROUND</b>
<p>The NHS Wales Shared Services Partnership and NHS Resolution wish to enter into an arrangement regarding maintaining high professional standards policy for handling concerns regarding Practitioners employed and/or commissioned by NHS Wales Health Boards and Trusts. Practitioner Performance Advice, an operating division of NHS Resolution, will provide support to the Shared Services Partnership and their nominated NHS Wales Health Boards. Details of the Health Boards shall be provided in writing by the Shared Services Partnership to NHS Resolution during the Term.</p> <p>Subject to and in accordance with the terms of this agreement:</p> <p>The members and staff of NHS Resolution will perform the functions set out in Schedule 2 as services to the Shared Services Partnership to deal with practitioners whose performance gives cause for concern.</p>

**NOW IT IS HEREBY AGREED** as follows:

## **1. DEFINITIONS AND INTERPRETATIONS**

1.1 In this Agreement (including the Background), the following terms shall, unless the context otherwise requires, have the following meanings:

“Practitioner Performance Advice” an NHS Resolution function that provides impartial advice, assessment and intervention services to health organisations to help the effective management and resolution of performance concerns about the performance of doctors, dentists, pharmacists and optometrists;

“the Shared Services Partnership” means the NHS Wales Shared Services Partnership or their nominated Health Boards/Trust;

“In writing” means documented, signed and sent by post or by electronic mail;

“Practitioners” means Doctors, Dentists, Pharmacists and Optometrists:

“Maximum limit of the contract price” means one year SLA charge.

- 1.2 References in this Agreement to numbered clauses are references to the clauses in the Agreement in which the reference bearing that number appears.

## **2. TERM**

- 2.1 This Agreement shall come into force on the 1 April 2024 and remain in force for a period of 36 months unless terminated in accordance with clause 14 below.
- 2.2 This agreement will be reviewed at the end of each 12-month period during the term of this agreement for the period set out above at paragraph 2.1. or on an ad-hoc basis where deemed necessary by both parties.
- 2.3 This includes reviewing the agreement cost, in line with the Consumer Price Index (CPI). With the actual level of increase to be agreed by both parties in January each year ahead of the 1 April renewal date.

## **3. FUNCTIONS OF PRACTITIONER PERFORMANCE ADVICE**

- 3.1 NHS Wales Shared Services Partnership, with a view to accessing the advice and support system for Practitioners whose performance gives rise to concern, agrees that NHS Resolution will exercise the following Practitioner Performance Advice functions as more specifically set out in Schedule 2 to this Agreement including but not limited to:
  - 3.1.1 to provide an advisory service to NHS Wales Shared Services Partnership for advice cases arising and an assessment service on a case-by-case basis as agreed between the parties;
  - 3.1.2 to provide an assessment and remediation service, including Professional Support and Remediation (PSR) services when required;
  - 3.1.3 to provide support to local efforts to improve good practice in relation to the resolution of difficulties and concerns between the Practitioners and their employers and contractors, through policy support and website resources;
  - 3.1.4 to provide support for reporting at a local level.
- 3.2 In addition to the services described above at 3.1, Practitioner Performance Advice may provide to NHS Wales Shared Services Partnership on agreement and at an agreed cost, the additional services as listed in Schedule 1 (these prices of ad hoc services are subject to review on an annual basis).
- 3.3 Practitioner Performance Advice shall also provide under this Agreement all ancillary administrative, professional or technical services necessary to enable Practitioner Performance Advice to carry out the functions in clauses 3.1 to 3.2 inclusive. Schedule 2 to this Service Level Agreement sets out the services to be provided.

## **4. STANDARD OF PERFORMANCE**

- 4.1 NHS Resolution shall exercise all Practitioner Performance Advice functions and provide all services in accordance with NHS Resolution’s standard policies or guidance and reflecting the resources and information provided by NHS Wales Shared Services Partnership.

## **5. ACTIVITY REPORTS**

- 5.1 Practitioner Performance Advice shall provide an activity report at the end of quarter two and an annual activity report at the end of each financial year.

## **6. CONDUCT OF BUSINESS**

- 6.1 NHS Resolution shall carry out its functions under this Agreement having regard to the matters specified in Schedule 2 Service Specification) to this Agreement.

## **7. INDEMNITY AND INSURANCE**

- 7.1 Each Party accepts unlimited liability to the other for:

- death or personal injury caused by the negligence of that Party; and
- fraud or fraudulent misrepresentation committed by or on behalf of that Party.

- 7.2 Save as in Clause 7.1, NHS Resolution shall not be liable to NHS Wales Shared Services Partnership for (a) any indirect or consequential loss or (b) any loss of use or loss of profits, business, contracts, revenues or anticipated savings whether arising from tort (including, without limitation, negligence or breach of statutory duty), breach of contract or otherwise.

- 7.3 Except as otherwise provided in this Agreement, NHS Resolution limits its liability to NHS Wales Shared Services Partnership in contract, tort (including, without limitation, negligence or breach of statutory duty) or howsoever arising to a maximum limit of the contract price only.

- 7.4 (a) Save as set out in Clause 7.1 and subject to the limitation provision in 7.4(b) NHS Wales Shared Services Partnership will indemnify NHS Resolution with any reasonable costs and compensation awarded as a result of civil action in connection with the exercise of its functions described in the Service Level Agreement, provided NHS Resolution and its employees have acted in good faith and with due care and diligence.

(b). Except as otherwise provided in this Agreement NHS Wales Shared Services Partnership limits its liability to NHS Resolution in contract, tort (including, without limitation negligence or breach of statutory duty) or howsoever arising to a maximum limit of the contract price together with five (5) per cent interest on such contract price only.

- 7.6 Each Party hereby acknowledges and agrees that the provisions of this Clause 7 are fair and reasonable having regard to the circumstances as at the date hereof. The provisions of this clause 7 shall survive the termination of this agreement, however arising.

## **8. FREEDOM OF INFORMATION ACT and DATA PROTECTION ACT**

- 8.1 NHS Resolution and the NHS Wales Shared Services Partnership are subject to the Freedom of Information Act 2000. Both parties may be required to disclose information to ensure compliance with Freedom of Information legislation. Both parties note and acknowledge this legislation and the relevant Codes of Practice. The parties will act in accordance with their respective Freedom of Information legislation and Codes of Practice (and any other applicable codes of practice or guidance).

- 8.2 Any decision regarding the application of any exemption to the request for disclosure of recorded information is a decision solely for the body receiving and processing the request. Where a party is managing a request as referred to in this clause, the other party shall co-operate with them if they so request and shall respond within five (5) working days of any request by it for assistance in determining how to respond to a request for disclosure.
- 8.3 The parties must protect personal data in accordance with the provisions and principles of the UK Data Protection Act 2018. Both parties shall be registered under their respective legislation and both parties shall comply at all times with the Data Protection Legislation and shall not perform their obligations under the Agreement in such a way as to cause either party to breach any of their applicable obligations under the Data Protection Legislation. Both parties must promptly notify the other if they breach this clause.

## **9. INTELLECTUAL PROPERTY**

- 9.1 In this clause 9, "Intellectual Property Rights" means all patents, rights to inventions, utility models, copyright and related rights, trademarks, service marks, trade, business and domain names, rights in trade dress or get-up, rights in goodwill or to sue for passing off, unfair competition rights, rights in designs, rights in computer software, database rights, topography rights, moral rights, rights in confidential information (including know-how and trade secrets) and any other intellectual property rights, in each case whether registered or unregistered and including all applications for and renewals or extensions of such rights, and all similar or equivalent rights or forms of protection in any part of the world.
- 9.2 All Intellectual Property Rights arising from or relating to the services, including without limitation any material prepared by or supplied by NHS Resolution in connection with Practitioner Performance Advice services shall remain the property of NHS Resolution.
- 9.3 To the extent that NHS Wales Shared Services Partnership or any individual employed or engaged by NHS Wales Shared Services Partnership, have been involved in the development of or provision of the services ("contribution"), NHS Wales Shared Services Partnership hereby assigns to NHS Resolution all Intellectual Property Rights in such Contribution by way of present and future assignment with full title guarantee.
- 9.4 NHS Wales Shared Services Partnership shall have no right or licence to use any Intellectual Property of NHS Resolution except that it shall be entitled to use any material, information or other documents provided by NHS Resolution as part of the delivery of the services and for NHS Wales Shared Services Partnerships internal business processes pursuant to the services provided under this agreement only.

## **10. FINANCIAL ARRANGEMENTS**

- 10.1 NHS Resolution shall charge NHS Wales Shared Services Partnership for the services described in this agreement, in the following manner:
- 10.1.1 A fixed cost for each 12-month period as set out in Schedule 1 and 2 to this agreement to cover;
- a) Provision of a case management service to NHS Wales Shared Services Partnership (with access to sufficient case advice staff as required);
  - b) Provision of support for case advice for up to **60** cases;
  - c) Two Clinical Performance Assessments (for any specialty but excluding a surgery simulation, for which an additional charge will be made)\*

- d) Five Behavioural Assessments\*
- e) Two Team Reviews (up to a maximum team size of 20 delegates)\*
- f) Two PSR cases
- g) One Assisted Mediation\*

\* **To note:** The Intervention Consideration Group decides whether the cases referred to it are suitable for Practitioner Performance Advice to provide an assessment or intervention and then recommends whether or not an assessment or intervention is carried out.

- h) up to 15 days of education training, including:
  - Case Manager workshops
  - Case Investigator workshops
  - 'Understanding and using UPSW effectively' workshops
  - Resolving performance concerns
  - Compassionate Conversations train the trainer workshops (once they are rolled-out in Wales)
  - Other refresher and customised workshops according to Health Board requirements.
- i) Two activity reports (one mid-year and one annual report)
- j) One annual review meeting with the Practitioner Performance Advice Director and Link Adviser to Wales

10.2 NHS Wales Shared Services Partnership may also request Practitioner Performance Advice provide additional services, at an additional cost as specified in Schedule 1.

10.3 Travel, accommodation and further expenses incurred providing services specified in clause 10.1.1. above will be claimed in accordance with the NHS Resolution expenses policy.

10.4 NHS Resolution shall invoice for the fixed cost at the commencement of this agreement and at the commencement of any subsequent term. Any additional charges for services specified in clauses 10.1.2 above shall be invoiced on agreement to the provision of the service.

## 11. AUDIT

11.1 In the exercise of its functions and provision of services under this agreement. NHS Resolution shall keep all case related documents for all referrals made by NHS Wales Shared Services Partnership.

## 12. DESIGNATED REPRESENTATIVES

12.1 NHS Resolution and NHS Wales Shared Services Partnership shall both nominate designated representatives for the day-to-day operation of the Agreement and senior officers with responsibility for resolving function and service issues of a more serious nature. These contacts shall be set out at Schedule 4 to this agreement.

## 13. DISPUTE RESOLUTION

13.1 In the first instance any dispute arising under the Agreement shall be discussed by the designated representatives of the parties, as described in clause 12.

13.2 In the event that the dispute is not resolved under clause 13.1, either party shall notify the other within 21 days of the dispute setting out reasonable details of the

dispute. The dispute shall then be referred to the Senior Officer of the Department and the Director of Practitioner Performance Advice, who shall meet reasonably promptly to seek to resolve the matter.

- 13.3 If the dispute is not resolved in accordance with clause 13.2 above, then the Parties will attempt to settle it by mediation in accordance with the Centre for Effective Dispute Resolution ("CEDR") Model Mediation Procedure or any other model mediation procedure as agreed by the Parties. To initiate mediation the Parties may give notice in writing (a "Mediation Notice") to the other requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the Parties asking them to nominate a mediator.

#### **14. TERMINATION**

- 14.1 Either party may terminate this agreement forthwith by notice in writing if the other party is in breach of this agreement and fails to remedy the breach (if capable of remedy) within 30 days of written notice of the breach being given and has not or will not comply with the Dispute resolution procedure as set out above at Clause 13.
- 14.2 Termination or expiry of this Agreement for any reason shall be without prejudice to any right or remedy of either Party which may have accrued prior to such termination.
- 14.3 NHS Wales Shared Services Partnership shall return any NHS Resolution equipment or materials in its possession or control at its own cost to NHS Resolution no later than 30 days after the termination or expiry of this Agreement.
- 14.4 Upon expiry or earlier termination of this Agreement, NHS Resolution shall continue to be entitled to receive and NHS Wales Shared Services Partnership shall pay NHS Resolution the contract price for any services provided by NHS Resolution up to and including the date of termination or expiry.
- 14.5 The provisions of Clauses 7, 8, 9, 13 and 14 shall survive termination of this Agreement with three months' notice in writing to the other party, unless a shorter timescale is agreed by both parties.

#### **15. MISCELLANEOUS**

- 15.1 No variation of this Agreement shall be effective unless it is in writing signed by each of the parties.
- 15.2 No waiver of any term, provision or condition of this Agreement shall be effective unless it is in writing and signed by the waiving party.

#### **16. ASSIGNMENT AND NOVATION**

- 16.1 Either party may assign, novate or otherwise dispose of its rights and obligations under the Contract or any part thereof to:
- (a) any other body established by the Crown or under statute in order substantially to perform any of the functions that had previously been performed by the transferring body;

provided that any such assignment, novation or other disposal shall not increase the burden of the other party's obligations under the Contract.

## 17. ENTIRE AGREEMENT CLAUSE

- 17.1 This SLA, together with the documents referred to in it/attached to it, constitutes the entire agreement and understanding between the parties in respect of the matters dealt with in it and supersedes, cancels and nullifies any previous agreement between the parties in relation to such matters notwithstanding the terms of any previous agreement or arrangement expressed to survive termination.
- 17.2 Each of the parties acknowledges and agrees that in entering into this SLA and the documents referred to in it/attached to it, it does not rely on, and shall have no remedy in respect of, any statement, representation, warranty or undertaking (whether negligently or innocently made) other than as expressly set out in this SLA. The only remedy available to either party in respect of any such statements, representation, warranty or understanding shall be for breach of contract under the terms of this Agreement.
- 17.3 Nothing in this clause shall operate to exclude any liability for fraud.

Signed for and on behalf of **NHS Wales Shared Services Partnership**

By:

Name: Nicola Philips, Director of Primary Care and Medical Examiner Services for Wales

Date:

Signed for and on behalf of **NHS Resolution**

By:

Name: Vicky Voller, Director of Practitioner Performance Advice

Date:

## Schedule 1: Agreement Costs

### Fee Structure

#### Fixed annual fee

The fixed annual fee will provide the mechanism for Practitioner Performance Advice to plan and maintain the capacity to provide and deliver the following:

Annual cost element	
<p>This will include:</p> <ul style="list-style-type: none"> <li>a) Provision of a case management service to NWSSP (with access to sufficient case advice staff as required)</li> <li>b) Support for up to 60 new advice cases per year</li> <li>c) Advice case review meetings with contracting/employing organisations as required</li> </ul> <p><b>Assessment and Remediation services</b>, including up to:</p> <ul style="list-style-type: none"> <li>d) Two Clinical Performance Assessments (for any specialty but excluding a surgery simulation, for which an additional charge will be made)*</li> <li>e) Five Behavioural Assessments*</li> <li>f) Two Team Reviews (up to a maximum team size of 20 delegates)*</li> <li>g) Two PSR cases</li> <li>h) One Assisted Mediation*</li> </ul> <p><b>* To note:</b> The Intervention Consideration Group decides whether the cases referred to it are suitable for Practitioner Performance Advice to provide an assessment or intervention and then recommends whether or not an assessment or intervention is carried out.</p> <p><b>Education services:</b> up to 15 days of training, including:</p> <ul style="list-style-type: none"> <li>• Case Manager workshop</li> <li>• Case Investigator workshop</li> <li>• 'Understanding and using UPSW effectively' workshop</li> <li>• Resolving performance concerns</li> <li>• Compassionate Conversations train the trainer workshops (once they are rolled-out in Wales)</li> <li>• Other refresher and customised workshops according to Health Board requirements.</li> </ul> <p><b>Reporting and learning</b></p> <ul style="list-style-type: none"> <li>• Two activity reports (one mid-year and one annual report) <ul style="list-style-type: none"> <li>i) Annual review meeting with the Practitioner Performance Advice Director and Link Adviser to Wales</li> <li>j) All direct and indirect costs, including travel, accommodation and further expenses incurred in providing the services listed above as part of the fixed cost.</li> </ul> </li> </ul>	
Total per annum (FY24/25)	£398,000 (plus VAT)

Pricing is subject to an annual review, in line with the Consumer price index (CPI). With the final figure to be agreed in January of each year of the agreement.

If more of the outlined services are needed to meet demand, they are available and would be charged on a case-by-case basis. NWSSP should confirm whether it wants to agree and pay for these services, or whether they should be applied to individual health boards as and when they request them.

NWSSP can request additional professional services advice under this agreement, such as input and advice to inform policy development, for which an additional fee may be charged. NHS Wales Shared Services Partnership and NHS Resolution shall agree the scope and costs of any additional services request before any additional work is undertaken.

DRAFT

## Schedule 2: Service Specification

### 1. Practitioners Covered

This Agreement covers all doctors, dentists, pharmacists and Opticians for which NHS Wales Shared Services Partnership has responsibility, including those GPs on NHS Wales Shared Services Partnership's GP Performers List.

### 2. Areas of Clinical Care Covered

- Primary care services
- Secondary care services
- Public Health
- Mental Health and Psychiatric Services

### 3. Contact/Request for advice

Contact/Request for advice and support to Practitioner Performance Advice for any activity/service covered by this Agreement will be made by NHS Wales Shared Services Partnership's Group Medical Director or by the named designated representative at Schedule 4.

Telephone requests for advice and support directly from Practitioners concerned about their own performance are acceptable but Practitioner Performance Advice will make these callers aware that the relevant employing/contracting body will be informed of the conversation and that no more than telephone advice will be given without the formal involvement of their employing/contracting body.

### 4. Assessors

Practitioner Performance Advice clinical performance assessments are carried out by assessors who are clinicians in the same specialty as the practitioner. Practitioner Performance Advice behavioural assessments are carried out by specialist assessors who are chartered occupational psychologists.

All assessors work within the Practitioner Performance Advice assessment framework and guidelines for assessors devised by Practitioner Performance Advice.

### 5. Quality and performance indicators

Practitioner Performance Advice will aim to work to the highest standards of quality in all its activities; in particular; all work undertaken by Practitioner Performance Advice under the terms of this agreement will be subject to Practitioner Performance Advice's programme of evaluation and quality assurance.

### 6. Timescales

Practitioner Performance Advice will undertake to respond to requests from the employing/contracting body in accordance with standard operating procedures. Practitioner Performance Advice will complete all case assessments within a reasonable timeframe, taking account of the complexity of each individual case and the requirements outlined within this agreement and the associated service level agreement.

## 7. Summary of services from Practitioner Performance Advice

### Case advice service

Our advice is provided by an established team of trained Advisers, comprising senior staff who are aligned regionally to specific healthcare organisations. In responding to requests for advice from healthcare organisations with concerns about the practice of individual practitioners, the advice we offer focuses on:

- the fair and effective application of the healthcare organisation's own local performance management and associated procedures
- good practice in relation to local case management and investigation
- helping to identify and consider options available to the healthcare organisation to address and resolve concerns raised about an individual's practice
- signposting available avenues of professional support and other resources

Our Advisers will provide telephone advice which will be followed up in writing and conduct regular case review meetings as required. Support for each case will continue until it is agreed with the employing/contracting organisation that the case can be closed.

Further details about our case advice service can be found on the NHS Resolution Website: <https://resolution.nhs.uk/services/practitioner-performance-advice/advice/>

### Assessment and Remediation services

Our assessments help to clarify and understand the performance of individual practitioners and provide the healthcare organisation and practitioner with a sound basis upon which to bring the case towards a resolution.

Detailed information about Practitioner Performance Advice's Assessment and Remediation services is available via the NHS Resolution Website: <https://resolution.nhs.uk/services/practitioner-performance-advice/assessment-and-remediation/>

### Clinical Performance Assessment

The purpose of this assessment is to:

- provide an independent view on the clinical performance of the practitioner, identifying both satisfactory practice and any areas of poor practice.
- provide information to assist the referring organisation in decisions about the next steps in their management of the case.

The result is a comprehensive report with fair, robust and evidence-based findings and conclusions in respect of the individual's practice, which provide the basis for a clear way forward to bring the case towards a resolution.

Further details about our Clinical Performance Assessments can be found on the NHS Resolution website: <https://resolution.nhs.uk/services/practitioner-performance-advice/assessment-and-remediation/clinical-performance-assessment/>

## **Behavioural assessment**

The purpose of this assessment is to:

- provide an independent view on the behavioural characteristics of the practitioner, including any areas which require consideration.
- provide information to assist the referring organisation in decisions about the next steps in their management of the case.

Where the concerns about an individual practitioner primarily focus on their behaviours and relationships with colleagues, and where there is not misconduct requiring the use of disciplinary procedures, we may offer to undertake an assessment of the practitioner's behaviours.

Further details about our behavioural assessments can be found on the NHS Resolution website: <https://resolution.nhs.uk/services/practitioner-performance-advice/assessment-and-remediation/behavioural-assessment/>

## **Professional support and remediation action plan**

We prepare draft action plans for doctors, dentists, pharmacists and opticians who have been identified as needing support in order to return to safe and effective clinical practice. The reasons for practitioners needing support are wide ranging, and usually involve:

- remediation - following the identification of deficiencies in aspects of their clinical practice
- return to work/re-integration - following a period of absence from clinical practice.

Further details about our professional support and remediation action plans can be found on the NHS Resolution website: <https://resolution.nhs.uk/services/practitioner-performance-advice/assessment-and-remediation/professional-support-and-remediation/>

## **Assisted mediation**

Assisted mediation is an independent, voluntary and confidential process in which two accredited mediators work with the parties concerned to create a mutual understanding of the issues and to find a way forward that enables a more effective professional working relationship, which leads to a positive impact on the immediate team and ultimately better patient care.

Further details about assisted mediations can be found on the NHS Resolution website: <https://resolution.nhs.uk/services/practitioner-performance-advice/assessment-and-remediation/assisted-mediation/>

## **Team review**

The purpose of a team review is to:

- identify and better understand key issues that are perceived to be contributing to relationship difficulties within a team.
- identify any barriers to resolving the issues which have been highlighted
- to assist the employing/contracting organisation in formulating a plan for improving professional relationships within the team.

The benefit is likely to have a positive impact on the immediate team and patient or public safety.

Further details about team reviews can be found on the NHS Resolution website: <https://resolution.nhs.uk/services/practitioner-performance-advice/assessment-and-remediation/team-reviews/>

### **Education and training services**

Our training courses aim to provide NHS organisations the knowledge and skills to identify and manage performance concerns locally. They also provide staff and teams the opportunity to share good practice and network with colleagues.

Our courses can be run in-house in individual organisations or in most cases can be delivered virtually. Courses can be tailored to meet individual requirements.

Further details of education and training services can be found on the NHS Resolution website: <https://resolution.nhs.uk/ppa-training/>

F E M I N A L

## Schedule 3: Significant Concerns

### Significant Concerns

At NHS Resolution we have a duty to act upon a significant concern if we identify one in the course of our work. We have developed [a framework to support the identification and management of significant concerns](#) where these give rise to the need for a coordinated organisational response by NHS Resolution.

The framework is intended to be implemented in conjunction with, and not to replace, local protocols that might be in place with organisations with whom we work. NHS Resolution anticipates arrangements in NHS Wales Shared Services Partnership and the Department of Health to be compatible with and support the handling of significant concerns in line with this framework.

### Principles

The following principles underpin our approach to identifying and responding to significant concerns:

- As an NHS body, our paramount concerns are patient and staff safety, and public protection.
- We are committed to using what we know to improve safety, and identifying opportunities for wider improvement and learning from the information we gather as part of our work.
- We operate within the law and within the parameters of our role, including being cognisant of requirements in relation to information governance

A significant concern can arise in the context of either advising on a case or assessing a practitioner.

### Case advice

Indicators for a significant concern can include one or more of the following characteristics as a feature of the organisational response to managing individual performance concerns:

- a failure to take basic steps to understand/diagnose the nature of the performance concerns;
- a persistent failure to follow overarching HR processes/local procedures or other external frameworks, for example Maintaining High Professional Standards;
- the absence of a management plan or oversight leading to an uncoordinated approach, potentially exacerbated by the involvement of multiple staff/agencies;
- the behaviours of the practitioner/team in which the practitioner works have escalated beyond the employer's management capability;
- poor behaviours displayed by the employer/practitioner in response to the performance concerns;
- resistance to following the advice provided, with no clear rationale for alternative action and/or insufficient safeguards;
- information provided by a practitioner in the context of whistleblowing failure to involve appropriate authorities such as the police when there appears to be evidence of criminal action.

In addition to the specific indicators listed above, the scale of the concern and the urgency of need to act should be considered as additional factors when assessing a potential concern.

### **Assessments and other interventions**

The concern identified requires urgent action to:

- safeguard a patient, patients and/or the public (including staff) and/or help to ensure the safety of the practitioner and/or
- help to ensure the provision of a safe service

And

- if not addressed urgently, the concern poses an immediate or potential risk of significant harm to the individual(s) or service affected; or
- there is evidence that significant harm has already been caused.

It is also important to note that a significant concern:

- can arise at any stage of the process;
- may be indicated by any single assessment component or a combination;
- may or may not relate to the practitioner under assessment;
- may be in relation to a practitioner's performance, health or conduct, or in relation to wider service provision, organisational systems or equipment;
- may or may not relate to the care provided to an individual patient;
- may or may not relate to the overall care provided to a range of patients which, only when considered together, raise a significant concern about practice;
- may or may not necessarily mean that the practitioner's overall performance falls below the standard reasonably expected;
- may prompt the need for urgent advice, follow up and/or patient.

## Schedule 4: Contacts

### Practitioner Performance Advice

Name: Clare Game  
Business Support and Development Manager

Address: NHS Resolution  
8th Floor, 10 South Colonnade, Canary Wharf, London, E14 4PU

Email: Clare.game1@nhs.net  
Telephone: 07775 795084

### NHS Wales Shared Services Partnership

Name: Nicola Philips  
Director of Primary Care Services and Medical Examiner Service for  
Wales

Address: NHS Wales Shared Services Partnership  
4/5 Charnwood Court, Heol Billingsley, Parc Nantgarw CF15 7QZ

Email: Nicola.Phillips4@wales.nhs.uk



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM: 4.2**

**16th May 2024**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Service Level Agreements Update**

**ARWEINYDD:**

Alison Ramsey, Director of Finance & Corporate Services

**LEAD:**

**AWDUR:**

James Quance, Corporate Services

**AUTHOR:**

**SWYDDOG ADRODD:  
REPORTING OFFICER:**

James Quance, Corporate Services

**MANYLION CYSWLLT:**

james.quance@wales.nhs.uk

**CONTACT DETAILS:**

**Pwrpas yr Adroddiad:**

**Purpose of the Report:**

To approve the updated Service Level Agreements for the provision of services from NHS Wales Shared Services Partnership for 2024/25.

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.

**Tystiolaeth:  
Supporting  
evidence:**

-

**Ymgynghoriad/Consultation:**

NWSSP Senior Leadership Group

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

**DERBYN/  
APPROVE**

✓

**ARNODI/  
ENDORSE**

**TRAFOD/  
DISCUSS**

**NODI/  
NOTE**

**Argymhelliad/  
Recommendation**

	The Committee is asked to <b>APPROVE</b> the Service Level Agreements.
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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Considered where appropriate
<b>Cyfreithiol: Legal:</b>	Considered where appropriate
<b>Iechyd Poblogaeth: Population Health:</b>	Considered where appropriate
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	Considered where appropriate
<b>Ariannol: Financial:</b>	Considered where appropriate
<b>Risg a Aswiriant: Risk and Assurance:</b>	Considered where appropriate
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> <b>Standard 1.1 Health Promotion, Protection and Improvement</b>
<b>Gweithlu: Workforce:</b>	Considered where appropriate
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## Service Level Agreements – Updates for 2024/25

The over-arching NWSSP Service Level Agreement is included in the papers. There are no changes to this document at the current time.

The supporting schedules have been separately provided for Committee approval. The rates charged under the SLAs will be increased by 3.67% in line with the agreed inflationary increase for 2024/25. Other than revising the dates of the documents and referencing the impact of the Duty of Quality and WHC (2024) 022 (Dispute Arbitration Process - Guidance for Disputed Debts (invoices and service agreements) within NHS Wales: 2024/25 – 2026/27), the changes made are as follows:

- Schedule A Audit & Assurance – No change;
- Schedule B Employment Services – No change;
- Schedule C Specialist Estate Services – No change;
- Schedule D Legal & Risk Services – This has been updated for clarification and additional detail regarding the activities of the Welsh Risk Pool;
- Schedule E Primary Care Services – This has been updated for the following main changes:
  - link to the new KPI reporting spreadsheet for 2024-25 which are aligned to Duty of Quality principles of quality and timeliness as a means to improve our quality outcomes for the population in Wales;
  - Standard Operating Procedures for Community Pharmacy Services;
  - monthly Community Pharmacy checks and provision of information to CPW (Community Pharmacy Wales);
  - general Ophthalmic Services updated to reflect implementation of WGOS including Performer list and Administrative list changes;
  - expansion of the PCAT (Primary Care Advisory Team) into Pharmaceutical Services as well ongoing review of services provided;
- Schedule F Procurement – No change;
- Schedule G Health Courier Services – This has been updated to include reference to Specialist Cryogenic Handling under Clinical Pathology in Section 1 and in Section 6 Medical Records, reference has been added to operating within PAS97:2021 guidance;
- Schedule H Accounts Payable and e-Enablement – No change.

The Committee is asked to **APPROVE** the updated Service Level Agreements for 2024/25.

**NWSSP**  
**May 2024**



**Service Level Agreement  
for the provision of services from NHS Wales Shared Services  
Partnership**

**NHS WALES SHARED SERVICES PARTNERSHIP(NWSSP)**

and

**CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

and

**BETSI CADWALADR UNIVERSITY HEALTH BOARD**

and

**POWYS TEACHING HEALTH BOARD**

and

**SWANSEA BAY UNIVERSITY HEALTH BOARD**

and

**ANEURIN BEVAN UNIVERSITY HEALTH BOARD**

and

**CARDIFF AND VALE UNIVERSITY HEALTH BOARD**

And

**HEALTH EDUCATION AND IMPROVEMENT WALES**

And

**HYWEL DDA UNIVERSITY HEALTH BOARD**

and

**VELINDRE UNIVERSITY NHS TRUST**

and

**PUBLIC HEALTH WALES NHS TRUST**

and

**WELSH AMBULANCE SERVICES NHS TRUST**

and

**DIGITAL HEALTH AND CARE WALES**

**Revised 10 May 2024 - Version 13**

**For the Provision of the Following Services (“the services”):**

- A) Audit and Assurance Services
- B) Employment Services
- C) Specialist Estates Services
- D) Legal and Risk Services (including Welsh Risk Pool)
- E) Primary Care Services
- F) Procurement Services
- G) Health Courier Services
- H) Accounts Payable and e-Enablement

## Approval Tracking Sheet

<b>Document Status: DRAFT</b>		
<b>Version</b>	<b>Date</b>	<b>Comments</b>
1	10 Sep 2014	V1 draft for SMT
2	18 Sep 2014	V2 draft for SSPC
3	19 Sep 2014	V3 draft WEDS
4	16 October 2015	V4 draft SMT
5	10 November 2015	V5 SSPC
6	27 October 2016	V6 draft SMT
7	26 October 2017	V7 draft SMT
8	2 January 2019	V8 draft for SSPC
9	11 November 2019	V9 draft for SSPC
10	15 March 2021	V10 draft SSPC
11	10 May 2022	V11 draft SSPC
12	12 May 2023	V12 draft SSPC
13	10 May 2024	V13 draft SSPC

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	<b>Service Schedules</b>	

	<ul style="list-style-type: none"> <li>A. Audit and Assurance Services</li> <li>B. Employment Services</li> <li>C. Specialist Estates</li> <li>D. Legal and Risk Services (incl Welsh Risk Pool)</li> <li>E. Primary Care Services</li> <li>F. Procurement Services</li> <li>G. Health Courier Service (HCS)</li> <li>H. Accounts Payable and e-Enablement</li> </ul>	
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## 1. Definitions

**The Agreement:** The Service Level Agreement (SLA) governs the relationship between the NWSSP and the Partner Organisation.

**Integrated Medium-Term Plan (ITMP):** The Annual Business Plan sets out the strategy and action plan for the NWSSP. It will include a clear financial picture of where the NWSSP stands and expects to stand in the coming years.

**Controller, Processor, Data Subject, Personal Data, Personal Data Breach, processing and appropriate technical and organisational measures:** as defined in the Data Protection Legislation.

**Customer:** An organisation which enters into agreement with the NWSSP for provision of services at a defined cost. For the avoidance of doubt a Customer is different to a Partner Organisation as they are not members of the NHS Wales Shared Services Partnership Committee.

**Data Protection Legislation:** all applicable data protection and privacy legislation in force from time to time in the UK including the retained EU law version of the General Data Protection Regulation ((EU) 2016/679) (UK GDPR); the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended.

**Domestic Law** means the law of the United Kingdom or a part of the United Kingdom.

**Employment Services:** These may include Payroll, Recruitment, Expenses and Pensions. The appendices will detail precisely which services are provided to each Partner Organisation/Customer.

**Host Trust:** The Host Trust for NWSSP is Velindre University NHS Trust. The Host Trust is the legal entity within which NWSSP is contained.

**Memorandum of Co-Operation – Shared Services Partnership Committee:** Memorandum of Co-Operation of June 2012

**NHS Wales Shared Services Partnership (NWSSP):** The organisation hosted within Velindre University NHS Trust which provides services to Partner Organisations

**Hosting Agreement:** The Agreement between Velindre University NHS Trust and Partner Organisations confirming, inter alia, Velindre University NHS Trust's role as host, the role of the NWSSP as hosted organisation within Velindre University NHS Trust and the risk/reward sharing principle between Partner Organisations.

**Partner Organisations:** The organisations are those to whom NWSSP provides services and are a member of the NHS Wales Shared Services Partnership Committee (SSPC).

**Service Variation Request:** A request by either a Partner Organisation, a Customer or the NWSSP to alter the scope of services provided by the NWSSP.

**Shared Services Partnership Committee (SSPC):** The body responsible for overseeing Shared Service Operations.

**WG:** Welsh Government

## 2. Introduction

2.1 The NHS in Wales and the Welsh Government has developed and implemented a model for the management of shared services that is used by all NHS Bodies in Wales. Shared Services are professional, administrative, and technical services provided to the health service in Wales. A number of these shared services were originally hosted by individual Local Health Boards and NHS Trusts, with the intention that all NHS Wales organisations can work together collaboratively and make use of their expertise. The services to be provided include:

- Audit and Assurance Services
- Employment Services
- Specialist Estates
- Legal and Risk Services (incl Welsh Risk Pool)
- Primary Care Services
- Procurement Services
- Health Courier Services
- Accounts Payable and e-Enablement

2.2 The purpose of this Service Level Agreement (SLA) is to provide clarity on the key services to be delivered by NWSSP and the respective responsibilities of the parties to the Agreement to ensure highly efficient and cost-effective service delivery. The original Agreement was dated 1 June 2012 and is a contract for indefinite duration between the NHS Wales Shared Services Partnership hosted by Velindre University NHS Trust and:

- **ANURIN BEVAN UNIVERSITY HEALTH BOARD** of St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ
- **BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD** of Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW;
- **CARDIFF AND VALE UNIVERSITY HEALTH BOARD** of University Hospital of Wales (UHW), Heath Park, Cardiff, CF14 4XW
- **CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD** of Ynysmeurig House, Navigation Park, Abercynon, Mid Glamorgan, CF45 4SN;
- **DIGITAL HEALTH AND CARE WALES** of 21 Cowbridge Road East, Cardiff, CF11 9AD;
- **HEALTH EDUCATION AND IMPROVEMENT WALES** of Ty Dysgu, Cefn Coed, Nantgarw, CF15 7QQ,
- **HYWEL DDA UNIVERSITY HEALTH BOARD** of Corporate Offices, Ystwyth Building, Hafan Derwen, St David's Park, Jobswell Road, Carmarthen, SA31 3BB;
- **POWYS TEACHING HEALTH BOARD** of Glasbury House, Bronllys Hospital, Bronllys, Powys, LD3 0LS;
- **PUBLIC HEALTH WALES NHS TRUST** of 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ;
- **SWANSEA BAY UNIVERSITY HEALTH BOARD** of One Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR;
- **VELINDRE UNIVERSITY NHS TRUST** of Unit 2 Charnwood Court, Parc Nantgarw, Nantgarw, Cardiff, CF15 7QZ;
- **WELSH AMBULANCE SERVICES NHS TRUST** Vantage Point House, Ty Coch Industrial Estate, Ty Coch Way, Cwmbran, NP44 7HF

2.3 This Agreement is a Service Level Agreement (Agreement) between National Health Service bodies and pursuant to section 7(5) of the National Health Service (Wales) Act 2006, must not be regarded for any purpose as giving rise to contractual rights or liabilities or be regarded as enforceable in the courts of England and Wales.

2.4 The Service Schedules to the Agreement describe the services to be provided and respective responsibilities of the parties. The services will be supported by detailed financial, operational and management procedures that will provide a sound basis for the continuous improvement of the services being provided.

2.5 Key performance indicators will provide each party with means of ensuring the service is being provided to the agreed level of performance. The main mechanisms measuring performance are indicated in the relevant schedules. Several performance indicators involve the achievements of deadlines which require that parties collaborate to ensure the deadlines are met.

2.6 It is intended that the service provision, progress, and development of NWSSP services will be reviewed and monitored via the Shared Services Partnership Committee at a national level.

2.7 Any dispute as to the fulfilment of the terms of this Agreement must be dealt with within the framework of the National Health Service as set out more particularly in this Agreement.

2.8 NWSSP shall seek to meet the changing business needs of the stakeholders and will discuss with the Partner Organisations changes in the way existing services are delivered.

2.9 In providing its services, NWSSP will comply with the Standing Orders for the operation of Shared Services contained within the Velindre University NHS Trust Standing Orders. NWSSP will also comply with the Standing Financial Instructions (SFIs), and Employment Policies. In relation to stakeholder organisations NWSSP will comply with individual SOs and SFIs as appropriate.

2.10 The parties acknowledge that the activities of both NWSSP and Partner Organisations take place within the national policy framework of NHS Wales and that policy changes may affect the delivery of services by either party, necessitating changes to this Agreement.

2.11 NWSSP will operate in compliance with the following:

- NHS Standards of Business Conduct;
- Requirements under the Freedom of Information Act;
- Requirements under the Duty of Quality; and
- The approved Standing Orders and Standing Financial Instructions.

For these areas NWSSP will operate under the legal framework of Velindre University NHS Trust.

2.12 Internal management within NWSSP will be in accordance with the Welsh Language scheme of Velindre University NHS Trust. Services provided on behalf of the individual Partner Organisation will be in accordance with the Welsh Language Scheme of the individual organisation. NWSSP will endeavour to respond (with no additional delay) to all correspondence (written or verbal) in the language of the respondent and will look at how in future developments can be made to improve the bilingual provision of services in accordance with the legislative framework for Welsh Language and the Welsh Language Standards, best practice from the Welsh Language Commissioner and WG circulars.

2.13 NWSSP shall seek to ensure that the services provided by it are delivered by appropriately qualified and trained staff, in a timely fashion with due skill, care and diligence.

2.14 This Agreement commenced on 1 June 2012 and is a contract of indefinite duration. Performance targets are reviewed annually.

### **3. Responsibilities of the Parties**

3.1 NWSSP will provide services to the specification set and achieve the performance targets as set out in Schedules A-H.

3.2 All organisations will meet their obligation as outlined in the Memorandum of Co-operation – Shared Services Partnership Committee.

3.3 It is the Partner Organisations' responsibility to monitor the Agreement.

3.4 NWSSP is organisationally a separate unit but has no legal identity. It is recognised that NWSSP needs to operate within a legal framework and consequently will be attached to a Trust body.

3.5 Velindre University NHS Trust acts as an employing authority only and the following conditions apply:

- Velindre University NHS Trust will not bear any of the risk or rewards of ownership of NWSSP other than through the Host Organisation's participation as a partner organisation as the risk and rewards are to be shared equally and proportionately between the Partner Organisations;
- HR policies and employment terms and conditions applicable to the Host Organisation will apply to all NWSSP staff, subject to any remaining provisions of the original TUPE transfer.
- The NWSSP Managing Director will have delegated authority in respect of NWSSP as agreed with Velindre University NHS Trust.

3.6 A service level agreement will be in place between NWSSP and Velindre University NHS Trust.

3.7 A hosting agreement is in place between Velindre University NHS Trust and partner organisations.

3.8 Save as agreed with the NWSSP Senior Leadership Group, each party will make available such facilities as are currently used by the Shared Services immediately prior to the original Commencement Date, on such terms as may be agreed.

3.9 Each Partner Organisation agrees that if the Shared Service is unable at any time to meet a demand for the provision of a service due to lack of capacity or expertise it shall take the appropriate step through the Managing Director of Shared Services in order to secure provision of such services from other persons.

#### **4. Services**

4.1 NWSSP shall provide core services in the areas of Audit and Assurance, Employment Services, Specialist Estates Services, Legal and Risk Services, Primary Care Services, Procurement Services, Health Courier Services and Accounts Payable and E-Enablement as set out in schedules A-H.

4.2 In addition to the detailed service schedules, the NWSSP Internal Audit plans will be taken to the Velindre University NHS Trust Audit Committee for Shared Services prior to the start of the financial year.

#### **5. Partnership Management and Monitoring Arrangements**

5.1 A Shared Services Partnership Committee (SSPC) has been established under Velindre University NHS Trust which will be responsible for exercising Velindre's shared services functions including the setting of policy and strategy and the management and provision of shared services to University Health Boards, NHS Trusts, and Special Health Authorities in Wales. The Velindre University NHS Trust Shared Services committee is to be known as the Shared Services Partnership Committee.

5.2 The Velindre (University) National Health Service Trust Shared Services Committee (Wales) Regulations 2012 provide that the Committee be comprised of a Chair, the Managing Director of Shared Services and the Chief Officers of each University Health Board and NHS Trusts in Wales (or their nominated representative who must be a member of that organisation's Executive team in order to vote and such nomination must be in writing and addressed to the Chair and must specify whether the nomination is for a specific length of time). This is to ensure that the views of all NHS organisations are taken into account when making decisions in respect of Shared Services activities.

5.3 The Committee must appoint a vice chair of the Committee from amongst the chief officers or their nominated representatives. The Chair and Vice Chair appointments must be subject to the Shared Services Partnership Committee Standing Orders and the Committee must satisfy itself that the person appointed as the chair has the necessary skills and experience to perform the duties of the chair. Chief officers, a nominated representative of a chief officer and a vice chair may only hold office on the Committee provided he or she holds their respective office of a National Health Service Trust or University Health Board. A chair or vice chair may be appointed for a period of no longer than four years, but may, on the expiration of his or her term of office, be re-appointed, provided that person may not hold office as a chair or vice chair for a total period of more than eight years. The Committee may remove a chair or vice chair

from office if it determines that it is not in the interests of the Committee or it is not conducive to the good management of the Committee.

5.4 Velindre University NHS Trust has agreed Standing Orders for the regulation of the meetings and proceedings of the Committee and the meetings and proceedings of the Committee must be conducted in accordance with those Standing Orders.

5.5 The NHS Wales Shared Services Partnership Senior Leadership Group is responsible for the delivery of Shared Services. The Senior Leadership Group is led by the Managing Director of Shared Services, who is an officer of Velindre University NHS Trust. The Managing Director of Shared Services holds accountable officer status and shall assume overall accountability in relation to the management of Shared Services.

5.5 Each of the services set down in Section 4 shall have a Management Group to oversee the delivery of the services and the effective co-ordination of the service relationship between NWSSP and the Partner Organisation.

## **6. Financial Arrangements**

6.1 NWSSP is hosted by Velindre University NHS Trust on behalf of all Partner Organisations within Wales. These organisations are:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf University Health Board
- Digital Health and Care Wales
- Health Education and Improvement Wales
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Public Health Wales NHS Trust
- Swansea Bay University Health Board
- Velindre University NHS Trust
- Welsh Ambulance Services NHS Trust

6.2 The charging and financial arrangements will operate within the context of this Agreement and host arrangements as detailed within this Agreement and schedules.

6.3 As a hosted organisation NWSSP will operate as a separate management and reporting entity within Velindre University NHS Trust.

6.4 This Agreement requires that NWSSP and Velindre University NHS Trust are obliged to act in accordance with the Memorandum of Co-operation and in particular clause 13 of the Memorandum of Co-operation.

6.5 Additional services are priced on an individual added cost basis. All pricing to be agreed in writing before a new service is provided.

6.6 The funding for core services will be set out in the annual allocation letter issued by Welsh Government. Pricing for additional services to be agreed in writing with the individual party concerned.

6.7 The Parties agree that the financial and charging arrangements with regard to Legal and Risk Services contained within Schedule D will apply.

## **7. Duration**

7.1 In entering into this Agreement, each stakeholder understands that it is committing to the operation of NWSSP as determined by the Minister for Health & Social Services. The Agreement will continue between NWSSP and Partner Organisations, as until determined by the Minister, in accordance with the Velindre University NHS Trust Shared Services Committee (Wales) Regulations 2012.

7.2 The services support schedules shall be reviewed on a regular basis with Partner Organisations to ensure they continue to meet requirements.

## **8. Audit Arrangements**

8.1 The NWSSP will operate under the internal controls and governance of Velindre University NHS Trust. All internal audit reports are prepared for the Managing Director of Shared Services and the Velindre University NHS Trust who, in turn, will consider all reports at their Audit Committee for Shared Services. Where the internal audit report relates to a review of systems provided for the Partner Organisations and the operation of controls relating to those systems, the relevant details (including the level of assurance) will be made available to the Partner Organisations either by copies of the full report or extracts thereof as advised by the NWSSP Director of Finance.

8.2 Velindre University NHS Trust Audit Committee for Shared Services will provide an annual report which will be provided to each Partner Organisation.

8.3 NWSSP will liaise with Partner Organisation External Auditors to ensure appropriate planning to enable assurances to be provided to avoid unnecessary duplication of work by either internal or external auditors.

8.4 NWSSP will operate within Velindre University NHS Trust arrangements regarding Local Counter Fraud Services (LCFS).

8.5 If a Partner Organisation discovers an alleged fraud committed by Partner Organisation staff or a supplier and requires records held within NWSSP, the Partner Organisation LCFS should contact the NWSSP LCFS contact who will assist to arrange that the records are made available for inspection. The investigation would be led by the Partner Organisation LCFS with assistance being given as required by the NWSSP LCFS.

8.6 The NWSSP LCFS in the event of an alleged supplier fraud will share information with Partner Organisations' LCFS for the purposes of fraud detection.

8.7 If a fraud is discovered at the Partner Organisation which is alleged to have been committed by NWSSP staff, the NWSSP relevant LCFS will notify the Partner Organisation LCFS. The resultant joint investigation will be led by the NWSSP LCFS (in their capacity as the Host LCFS) to ensure that the CFSMS policy of joint Criminal/ Disciplinary sanctions can be applied.

## **9. Service Variations**

9.1 Service variations may be agreed between the parties during their regular meetings. However, such variations must be recorded in writing confirming the variation required in service provision. A timetable for implementation will be agreed.

9.2 If agreement cannot be reached either as to the nature or implementation of the requested variation, or if wider issues emerge from the proposal, the matter will be brought to the Shared Services Partnership Committee and be subject to the provision of clause 13 (Dispute Resolution).

9.3 Where it is not possible to deliver the service variation requested within the budget for the provision of core services, NWSSP and the Partner Organisation will agree the payment to be made for such a variation. Conversely, should a variation in service specific to a Partner Organisation lead to a cost saving then the principle applies that the specific saving should apply to that Partner Organisation.

9.4 All variations to this Agreement must be confirmed by both parties in writing.

9.5 When a variation to service provision results in a cost saving to NWSSP, this will be reported through the financial reporting mechanisms as described in this Agreement.

9.6 Where no agreement can be reached about a proposed variation to the Agreement then the parties should use their reasonable endeavours to resolve the dispute using the Dispute Resolution mechanism within the Memorandum of Cooperation.

## **10. Performance Indicators**

10.1 The development of appropriate performance indicators is a key element in providing each party with a method of ensuring the service is being provided to the agreed level of performance. These performance indicators will be developed as the services evolve. The main mechanisms by which the performance will be assessed will vary between the services provided but are appropriately indicated in Schedules A-H.

10.2 Several performance indicators involve the achievements of deadlines and it is essential that all parties collaborate to ensure the deadlines are met.

10.3 Service performance will be a regular item in joint meetings at various levels.

## **11. Service Disruption**

11.1 NWSSP will notify Partner Organisations of any disruption to the service as soon as practicably possible and advise on alternative methods of service provision (where possible), together with an estimated time and date of the resumption of normal service.

11.2 A Business Continuity Plan will be in place and will link, where appropriate to the arrangements in place through Velindre University NHS Trust.

## **12. Force Majeure**

12.1 "force majeure" shall mean any cause preventing either party from performing any or all of its obligations which arises from or is attributable to acts, events, omissions, or accidents beyond the reasonable control of the party so prevented including without limitation; Act of God, war, riot, civil commotion, malicious damage, complaints with any law of governmental order rule regulation, or direction accident breakdown of plant or machinery, fire, flood, storm, or default of suppliers or sub-contractors.

12.2 If either party is prevented or delayed in the performance of any of its obligations under this Agreement for force majeure, that party shall forthwith serve notice in writing on the other party specifying the nature and extent of the circumstances giving rise to force majeure and shall, subject to service of such notice and to paragraph 12.4, have no liability in respect of the performance of such of its obligations as are prevented by the force majeure events during the continuation of such events.

12.3 The party affected by force majeure shall use all reasonable endeavours to bring the force majeure event to a close or to find a solution by which the Agreement may be performed, despite the continuance of the force majeure event.

12.4 If either party is prevented from performance of its obligations for a continuous period in excess of three months, the other party may terminate this Agreement forthwith by written notice, in which case neither party shall have any liability to the other except that rights and liabilities which accrued prior to such termination shall continue to subsist.

## **13. Dispute Resolution**

13.1 The Memorandum of Cooperation sets out the dispute resolution process. For the avoidance of doubt, this Service Level Agreement is an NHS Contract as defined in Section 7 of the National Health Service (Wales) Act 2006. Where a Partner agrees to resolve any dispute which arises out of the Memorandum of Cooperation ("Dispute") by negotiation, then each Partner is to be represented by a person who:

- Is an Executive Director or person of equivalent status with a Partner; and
- has had no direct day to day involvement in the relevant matter to settle the Dispute.

13.2 If the Parties in dispute have not resolved the matter within 14 days then the dispute resolution process as agreed by the Committee will be enacted.

13.3 Dispute resolution is also covered by WHC (2024) 022 which was issued on the 24<sup>th</sup> April 2024 and covers the "Dispute Arbitration Process - Guidance for Disputed Debts (invoices and service agreements) within NHS Wales: 2024/25 – 2026/27".

## **14. Risk Management**

14.1 The procedures in the schedules attached to this SLA have been established and set out in such a manner so as to minimise risk to both parties.

14.2 Any risks specific to the NWSSP and Partner Organisation will be discussed directly with Legal and Risk Services to ensure that they are covered in addition to risk sharing arrangements through this document.

## **15. Client Confidentiality**

15.1 The parties to this Agreement will keep confidential all matters relating to other parties' business, staff, patients, and any other matters which may be disclosed to them during the course of this Agreement. Parties to the Agreement will not permit information to be disclosed to any third party or to use or copy any such information except with the relevant party's written consent or as may be reasonably necessary for the proper management or provision of the services.

15.2 The provisions of this clause shall apply during the continuance of the agreement and indefinitely after its expiry or termination.

## **16. Waiver**

16.1 No failure or delay by a party to exercise any right or remedy provided under this Agreement or by law shall constitute a waiver of that or any other right or remedy, nor shall it preclude or restrict the further exercise

of that or any other right or remedy. No single or partial exercise of such right or remedy shall preclude or restrict the further exercise of that or any other right or remedy.

## **17. Data Protection<sup>1</sup> and Information Security**

### **Data Protection**

17.1 The Parties will comply with all applicable requirements of the Data Protection Legislation. This Clause 17 is in addition to, and does not relieve, remove or replace, a Party's obligations under the Data Protection Legislation.

17.2 The Parties acknowledge that where NWSSP is processing personal data under or in connection with this Agreement that for the purposes of the Data Protection Legislation, the relevant Partner Organisation where applicable is the data controller and NWSSP is the data processor. Where NWSSP is processing personal data each of the Services Schedule sets out the scope, nature and purpose of processing by NWSSP, the duration of the processing and the types of Personal Data and categories of Data Subject.

17.3 Without prejudice to the generality of Clause 17.1, each of the Partner Organisations will ensure that it has all necessary appropriate consents and notices in place to enable lawful transfer of the Personal Data to NWSSP for the duration and purposes of this Agreement.

17.4 Without prejudice to the generality of Clause 17.1, NWSSP shall, in relation to any Personal Data processed in connection with the performance by NWSSP of its obligations under this Agreement:

(a) process that Personal Data only on the written instructions of each of the Partner Organisations where applicable unless NWSSP is required by Domestic Law to otherwise process that Personal Data. Where NWSSP is relying on Domestic Law as the basis for processing Personal Data, NWSSP shall promptly notify the relevant Partner Organisation where applicable of this before performing the processing required by the Domestic Law unless the Domestic Law prohibits NWSSP from so notifying the relevant Partner Organisation where applicable;

(b) ensure that it has in place appropriate technical and organisational measures, reviewed and approved by the relevant Partner Organisation where applicable, to protect against unauthorised or unlawful processing of Personal Data and against accidental loss or destruction of, or damage to, Personal Data, appropriate to the harm that might result from the unauthorised or unlawful processing or accidental loss, destruction or damage and the nature of the data to be protected, having regard to the

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<sup>1</sup> These data protection clauses cover situations where NWSSP is the data processor and the Partner Organisations are the data controllers (clauses 17.1 to 17.6) and where NWSSP is the data controller and the Partner Organisations are also data controller(s), but where no party is processing Personal Data (clauses 17.7 to 17.10) i.e. NWSSP and the Partner Organisations are data controllers in their own right. Clause 17.9 provides for a data sharing agreement. For any other situation, these data protection clauses will require amendment.

state of technological development and the cost of implementing any measures (those measures may include, where appropriate, pseudonymising and encrypting Personal Data, ensuring confidentiality, integrity, availability and resilience of its systems and services, ensuring that availability of and access to Personal Data can be restored in a timely manner after an incident, and regularly assessing and evaluating the effectiveness of the technical and organisational measures adopted by it);

(c) ensure that all personnel who have access to and/or process Personal Data are obliged to keep the Personal Data confidential; and

(d) not transfer any Personal Data outside of the UK unless the prior written consent of the relevant Partner Organisation where applicable has been obtained and the following conditions are fulfilled:

- (i) NWSSP or the relevant Partner Organisation has provided appropriate safeguards in relation to the transfer;
- (ii) the Data Subject has enforceable rights and effective legal remedies;
- (iii) NWSSP complies with its obligations under the Data Protection Legislation by providing an adequate level of protection to any Personal Data that is transferred; and
- (iv) NWSSP complies with reasonable instructions notified to it in advance by the relevant Partner Organisation where applicable with respect to the processing of the Personal Data;

(e) assist the relevant Partner Organisations, in responding to any request from a Data Subject and in ensuring compliance with its obligations under the Data Protection Legislation with respect to security, breach notifications, impact assessments and consultations with supervisory authorities or regulators;

(f) notify the relevant Partner Organisations without undue delay on becoming aware of a Personal Data breach;

(g) at the written direction of the relevant Partner Organisation, delete or return Personal Data and copies thereof to the relevant Partner Organisation on termination of the Agreement unless required by Domestic Law to store the Personal Data; and

(h) maintain complete and accurate records and information to demonstrate its compliance with this Clause 17 and allow for audits by the Partner Organisations or a Partner Organisation's designated auditor.

17.5 Each Partner Organisation does not consent to NWSSP appointing any third-party processor of Personal Data under this Agreement.

17.6 The Parties may, at any time on not less than 30 days' notice, and through agreement revise this Clause 17 by replacing it with any applicable controller to processor standard clauses or similar terms forming part of an

applicable certification scheme (which shall apply when replaced by attachment to this Agreement).

17.7 Where NWSSP and the relevant Partner Organisation are each a data controller under or in connection with this Agreement, NWSSP and the relevant Partner Organisation shall duly observe all their obligations under the Data Protection Legislation, which arise in connection with the performance of this Agreement and the provisions of clauses 17.8 to 17.10 inclusive shall apply.

17.8 The relevant Partner Organisation shall perform its obligations under this Agreement in such a way as to ensure that it does not cause NWSSP to breach any of its applicable obligations under the Data Protection Legislation and vice versa.

17.9 If required to do so, NWSSP and the relevant Partner Organisation agree that they shall enter into a data sharing agreement (in a form to be agreed) with each other so as to set out the parties obligations in relation to any Personal Data which may be shared between them.<sup>2</sup>

17.10 The provisions of this clause 17 (Data Protection) shall apply during the continuance of this Agreement and indefinitely after its expiry or termination.

### **Information Security**

17.11 Without limitation to any other information governance requirements set out in this Agreement, NWSSP shall:

- (a) notify the relevant Partner Organisation where applicable forthwith of any information security breaches or near misses (including without limitation any potential or actual breaches of confidentiality or actual information security breaches); and
- (b) fully cooperate with any audits or investigations relating to information security and any privacy impact assessments undertaken by the Partner Organisations and shall provide full information as may be reasonably requested by each of the Partner Organisations in relation to such audits, investigations and assessments.

17.12 NWSSP shall ensure that it puts in place and maintains an information security management plan appropriate to this Agreement, the type of services being provided and the obligations placed on NWSSP. NWSSP shall ensure that such a plan is consistent with any relevant policies, guidance, and good industry practice.

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<sup>2</sup> A data sharing agreement will be required where the parties are sharing personal data under the SLA and where each party is using the personal data as a data controller in its own right. The data sharing agreement should set out the protocols that the parties will follow to determine exactly what data will be shared, the means of transmission and how the parties will cooperate with one another to ensure compliance with data protection requirements.

17.13 Where required, NWSSP shall obtain and maintain certification under the HM Government Cyber Essentials Scheme at the level set out in the Specification and Tender Response Document.

## **18. Freedom of Information**

18.1 All parties acknowledge that they are subject to the requirements of the Freedom of Information Act and the Environmental Information Regulations and shall assist and co-operate with each other at their own expense in order to enable either party to comply with these information disclosure requirements.

18.2 The provisions of this clause shall apply during the continuance of the Agreement and indefinitely after its expiry or termination.

## **19. Discrepancies, errors, and omissions**

19.1 If any party identifies any discrepancy, error, or omission between the provisions of this Agreement it shall notify the other party in writing of such discrepancy, error, or omission.

19.2 All parties shall seek to agree such amendments to resolve such discrepancy, error, or omission as soon as reasonably practicable.

19.3 Where the parties fail to reach agreement within 21 business days of the notice under clause 19.1 above and any party considers that the discrepancy, error, or omission to be material to its rights or obligations under this Agreement, the matter will be referred to the dispute resolution procedure in accordance with clause 14 (Disputes).

## **20. Governing Law and Jurisdiction**

20.1 This Agreement is a contract made in England and Wales and shall be subject to the laws of England and Wales.

<b>MEETING</b>	Shared Services Partnership Committee
<b>DATE</b>	16 May 2024
<b>AGENDA ITEM</b>	
<b>PREPARED BY</b>	James Quance, Corporate Services
<b>PRESENTED BY</b>	James Quance, Corporate Services
<b>RESPONSIBLE HEAD OF SERVICE</b>	Alison Ramsey, Director of Finance & Corporate Services
<b>TITLE OF REPORT</b>	Proposed Amendments to Scheme of Delegation

**PURPOSE**

To gain Shared Services Partnership Committee (SSPC) endorsement of necessary amendments to the NWSSP Scheme of Budgetary Delegation within the Standing Orders for the Operation of the Shared Services Partnership Committee, prior to formal approval by the Velindre University NHS Trust Board.

**1. BACKGROUND**

The Standing Orders for the Operation of the Shared Services Partnership Committee state that the framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes.

This is expected as organisations and services develop or respond to circumstances. A notable example was during the Covid-19 pandemic when authorisation levels needed to be increased in order to allow for the significant increase in purchasing by NHS Wales Shared Services Partnership (NWSSP) to support the response of NHS Wales.

Such changes are within the overall delegations provided under the hosting arrangement with Velindre University NHS Trust provided that they do not exceed the limits in the Financial Scheme of Delegation issued by Welsh Government in November 2023 and are approved by the Velindre University NHS Trust Board. None of the proposed amendments exceed these limits.

**Financial Scheme of Delegation**

In line with 5.2.1 of the Velindre University NHS Trust Standing Financial Instructions the Income and Expenditure budgetary responsibility for the

NHS Wales Shared Services Partnership has been delegated to the Managing Director of NWSSP. The Managing Director of NWSSP and other NWSSP Directors will, in turn, delegate budgetary responsibility to other Heads of Service and managers. However, certain financial authorisation limits are set out in the Scheme of Delegation. These have not been updated to reflect inflation or the increases in volume and size of transactions that NWSSP is increasingly entering into. In particular, the level of stock-holding that continues to be required of NWSSP far exceeds pre-pandemic levels resulting in greater requisition activity.

The spirit of the amendments proposed below is to maintain an appropriate level of scrutiny and authorisation whilst ensuring that arrangements are operable and the time of senior leaders and the Velindre University NHS Trust is used effectively.

The level of revenue expenditure which currently requires both NWSSP Chair and Managing Director authorisation is increasingly out of alignment with the volume and value of purchases made by NWSSP as it has grown over time. The amendments proposed to Section 5 NHS Wales Shared Services Partnership Scheme of Budgetary Delegation in order to ensure that authorisation levels are appropriate and manageable in practice are as follows:

#### Amendments to Delegated Limits for Authorising Non-Pay Revenue Expenditure

- p71 – increase the budgetary delegation revenue limit for the NWSSP Chair and Managing Director (acting jointly) to £250k from the current limit of £200k;
- p71 – accordingly, increase the budgetary delegation limit for the NWSSP Managing Director to £200k from the current limit of £100k;
- p71 – accordingly, increase the budgetary delegation limit for the NWSSP Director of Finance & Corporate Services to £100k from the current limit of £80k;

#### Amendments to Procurement Service Limits Relating to Stock Requisitions

The Procurement Service Limits Scheme Delegation requires a number of amendments in order to ensure that it accurately reflects the correct flow of delegation and the requirement for Welsh Government approvals for all-Wales contracts and NWSSP stock write offs.

Currently the Procurement Service Limits Scheme Delegation states that the Managing Director can authorise NWSSP stock requisitions and invoices up to £100k and the Managing Director and Chair can authorise over £2m. There is therefore a considerable gap in the documented delegation.

To correct this and to ensure that there is an appropriate scheme of delegation within the existing limits in order to reflect the volume of stock-holding required by NWSSP that continues in respect of PPE and other supplies to support NHS Wales pandemic resilience arrangements, the following amendments are proposed:

- p74 – amend the Procurement Service Limits so that the NWSSP Chair and Managing Director can approve stock requisitions and invoices above £200k;
- p74 - accordingly, amend the Procurement Service Limits so that the Managing Director can approve stock requisitions and invoices up to £200k, rather than the current level of £100k. This is consistent with the budgetary delegation limit;
- p74 - accordingly, amend the Procurement Service Limits so that the Director of Finance & Corporate Services can approve stock requisitions and invoices up to £100k, rather than the current level of £60k, to be consistent with the budgetary delegation limit;
- p74 – include the narrative that all stock write-offs have to be noted by the Audit Committee;
- p74 – update the note in the Procurement Service Limits table to explicitly state the exceptions documented in the letter of 7 November 2022 from the Interim Director of Finance, Welsh Government, to Chief Executives of Local Health Boards and NHS Trusts (*PROCEDURES FOR CONSENT FOR LOCAL HEALTH BOARDS TO ENTER INTO CONTRACTS EXCEEDING £1 MILLION*).
- p74 – amend the Procurement Service Limits so that Welsh Government are required to approve all contracts above £1m and all stock write-offs above £50k; and

### Contingency Arrangements

- p73 – amend the authority for Legal & Risk and Welsh Risk Pool Service limits for payment of claims above £2m from the Managing Director and NWSSP Chair to the Managing Director and Welsh Risk Pool Committee Chair. This provides contingency when the NWSSP Chair may not be available for the Welsh Risk Pool Committee.

### **Update to Matrix of Delegated Powers for Warnings, Suspension and Dismissal**

In addition to the amendments proposed above, the following amendments are proposed to the matrix of delegated powers in Appendix 4 of the Disciplinary Policy and Procedure for NWSSP On Behalf of Velindre NHS Trust.

Firstly, whilst reviewing current practices, it has been noted that the matrix of delegated powers does not cover all possible fair reasons for dismissal

aligned to our employment policies. Employment legislation sets out that there are five fair reasons for dismissal. These are:

- Conduct – when the employee has done something that's inappropriate or not acceptable;
- Capability – when the employee is not able to do the job (including sickness);
- Redundancy – when the job is no longer needed;
- A statutory restriction – when the employee cannot do their job legally (for example a lorry driver who's banned from driving); and
- Some other substantial reason (SOSR) – a term used for a wide variety of other situations. This could include things like a fixed-term contract ending or an employee refusing to agree to new terms and conditions of employment.

Currently, other than disciplinary (conduct) and sickness (capability) the current matrix of delegated powers is silent for those others highlighted above. The matrix below from Annex 4 of the Procedure has therefore been updated to cover all five reasons.

**DELEGATED POWERS FOR WARNINGS, SUSPENSION AND DISMISSAL**

<b>STAFF AFFECTED</b>	<b>SUSPENSION</b>	<b>DISCIPLINARY ACTION SHORT OF DISMISSAL</b>	<b>DISMISSAL for Disciplinary, Redundancy, Statutory Restriction and Some Other Substantial Reason (SOSR).</b>	<b>DISMISSAL for Capability (including Managing Attendance at Work)</b>
<b>Managing Director</b>	Chair of the NWSSP Committee	Chair of the NWSSP Committee	Chair of the NWSSP Committee	Chair of the NWSSP Committee
<b>Directors or Deputy Directors</b>	Managing Director of NWSSP or Director of People and OD	Managing Director of NWSSP or Director of People and OD	Managing Director of NWSSP or Director of People and OD	Managing Director of NWSSP or Director of People and OD
<b>All other staff of NWSSP</b>	Directors/ Deputy Directors Heads of Service	Directors/ Deputy Directors Heads of Service	Directors or Deputy/Assistant Directors	Directors or Deputy/Assistant Directors or Heads of Service

In addition, it is proposed that the current threshold is to be lowered, as also reflected in the table above, in order to include Deputy/Assistant Directors to hear cases that may result in Dismissal for Disciplinary, Redundancy, Statutory Restriction and Some Other Substantial Reason (SOSR).

The rationale for this is that following a significant increase in NWSSP headcount, there is too much pressure placed currently upon some Directors of Service to chair hearings. To mitigate risk, should the proposed delegated powers be approved, it is proposed that Disciplinary Officer training be delivered collaboratively with our Legal and Risk Employment Team.

These changes have been endorsed by the Senior Leadership Team and the Local Partnership Forum for NWSSP.

## **2. RECOMMENDATION**

The Committee is asked to **APPROVE** the proposed amendments to the NHS Wales Shared Services Partnership Scheme of Budgetary Delegation prior to formal approval by the Partnership Committee and the Velindre University NHS Trust Board.

The Committee is asked to **APPROVE** the proposed amendments to the matrix of delegated powers in the Disciplinary Policy and Procedure for NWSSP.



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM: 4.4**

**16 May 2024**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**P2P Governance Update**

<b>ARWEINYDD: LEAD:</b>	<b>Alison Ramsey, Director of Finance &amp; Corporate Services</b>
<b>AWDUR: AUTHOR:</b>	<b>Linsay Payne, Deputy Director of Finance &amp; Corporate Services</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Alison Ramsey, Director of Finance &amp; Corporate Services</b>

**Pwrpas yr Adroddiad:  
Purpose of the Report:**

The purpose of this report is to provide the SSPC with an **UPDATE** on the P2P Governance arrangements.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	<p><b>Value for Money</b> - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers.</p> <p><b>Excellence</b> - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.</p> <p><b>Staff</b> - To have an appropriately skilled, productive, engaged and healthy workforce.</p>
<b>Tystiolaeth: Supporting evidence:</b>	-

**Ymgynghoriad/Consultation :**

Deputy Directors of Finance

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>						
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b> ✓
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to <b>NOTE</b> the progress made to establish new P2P Governance arrangements.				

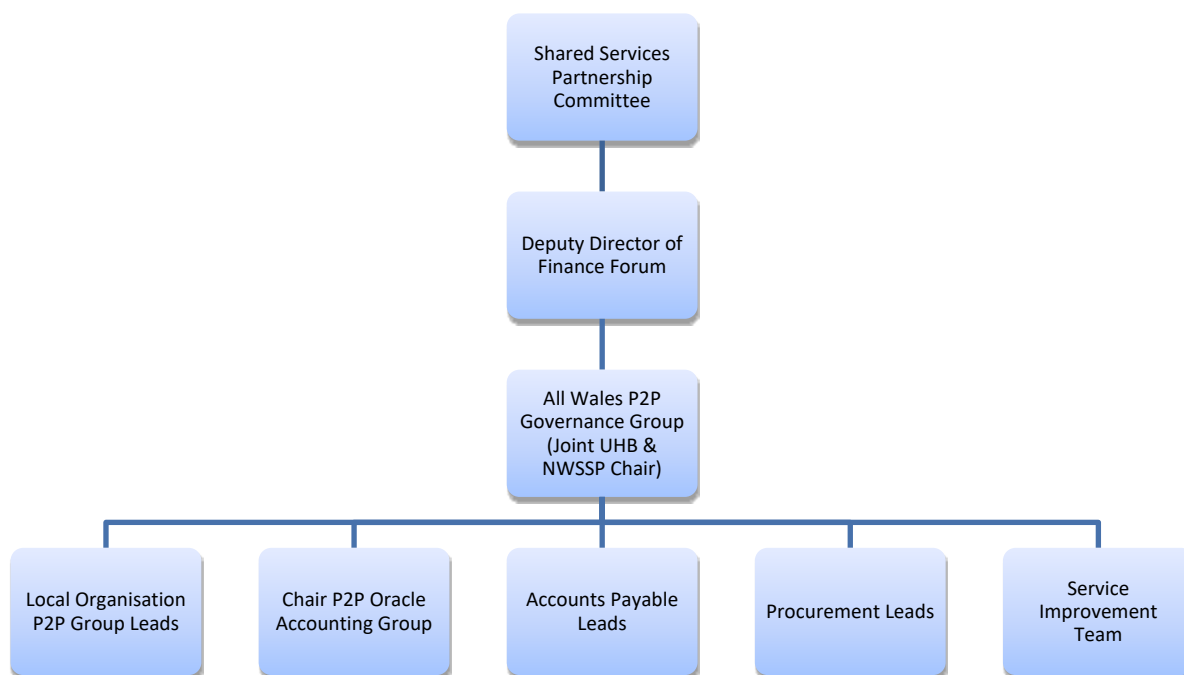
<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	
<b>Cyfreithiol: Legal:</b>	
<b>Iechyd Poblogaeth: Population Health:</b>	
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol: Financial:</b>	
<b>Risg a Aswiriant: Risk and Assurance:</b>	Improved governance regarding the P2P process.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	
<b>Gweithlu: Workforce:</b>	
<b>Deddf Rhyddid Gwybodaeth/ FOIA</b>	

## 1.0 INTRODUCTION

At the November 2023 Partnership Committee meeting it was agreed that the Committee would provide the future governance forum for All Wales P2P initiatives. This was agreed following the closure of the Finance Academy All Wales P2P Forum in September 2023. This paper provides an update on progress and the planned work programme for the newly established All Wales P2P Governance group.

## 2.0 PLANNED GOVERNANCE STRUCTURE

The proposed governance structure and membership is detailed in the diagram below. Noting the SSPC request for a high-level overview and approval of All Wales P2P initiatives, any requests for approval will only be submitted to the SSPC following approval by the Deputy Directors of Finance forum.



## 3.0 P2P GOVERNANCE GROUP ESTABLISHMENT

Deputy Directors of Finance have been asked to confirm the local P2P leads to attend the meeting and we have arranged the first meeting for 24<sup>th</sup> May 2024. Meetings will be arranged prior to Deputy Director of Finance meetings and then subsequent SSPC meetings to allow a smooth and timely approval process. Terms of Reference are being drafted for review and agreement at the first meeting.

P2P Governance Group	Deputy Directors of Finance	SSPC
		16th May 2024
24th May	21st May 2024	18th July 2024
w/c 17th June	25th June 2024	
w/c 15th July	23rd July 2024	19th September 2024
w/c 12th August	20th August 2024	
w/c 16th September	24th September 2024	21st November 2024
w/c 14th October	22nd October 2024	
w/c 11th November	19th November 2024	
w/c 9th December	17th December 2024	16th January 2025
TBC	21st/28th January 2025	20th March 2025
TBC	8th/25th February 2025	
TBC	18th/25th March 2025	

#### 4.0 P2P GOVERNANCE GROUP WORK PLAN

The Accounts Payable team have identified a number of key initiatives that need to be progressed in order to streamline P2P processes. These will be reviewed and prioritised by the P2P Governance Group to form a workplan. Current areas for review include:

- i. Approval of the refreshed No PO No Pay Policy and a refreshed purchase order exemption list.
- ii. Explore options to increase the proportion of invoices that do not go on hold. The current performance is 20%, best in class organisations achieve 40%.
- iii. Explore options to clear down the volume of aged invoices.
- iv. Explore options to improve PSPP performance for NHS invoicing.
- v. Roll out Nurse Agency self-billing across all organisations.
- vi. Review Invoice tolerances and consider raising the threshold of £500 plus VAT for automatic release of invoices on a receipting hold.
- vii. Explore options to improve receipting across NHS Wales
- viii. Explore options to reduce the number of invoices on hold older than 30 days.
- ix. Ensure that all staff involved in P2P related work receive training before being able to access Oracle.

- x. Explore arrangements for increasing the volume of 2-way matching of invoices.
- xi. Ensure there are Local P2P group meetings with attendance from Accounts Payable, Procurement and Finance as a minimum quarterly with all organisations.
- xii. Ensure that the Once 4 Wales principles are applied.
- xiii. Explore options on how P2P communication can be improved across NHS Wales
- xiv. Reconsider implementing Invoice Approval Workflow for non-PO invoices.
- xv. Explore options as to how we can improve P2P performance for catering/provisions.
- xvi. Agree on what the KPIs should be and ensure improvement mechanisms are established

## **5.0 SUMMARY**

The Shared Services Partnership Committee is asked to **NOTE** the progress made to establish new P2P Governance arrangements.



***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**P2P – Invoices on Hold – ‘Not on Statement’ Clearance Proposal**

<b>ARWEINYDD: LEAD:</b>	<b>Alison Ramsey, Director of Finance &amp; Corporate Services</b>
<b>AWDUR: AUTHOR:</b>	<b>Lindsay Payne, Deputy Director of Finance &amp; Corporate Services</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Alison Ramsey, Director of Finance &amp; Corporate Services</b>

**Pwrpas yr Adroddiad:  
Purpose of the Report:**

The purpose of this report is to request **APPROVAL** to commence a new process to clear invoices on hold which are not on supplier statements with a review of the procedure after 6 months.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	<p><b>Value for Money</b> - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers.</p> <p><b>Excellence</b> - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.</p> <p><b>Staff</b> - To have an appropriately skilled, productive, engaged and healthy workforce.</p>
<b>Tystiolaeth: Supporting evidence:</b>	-

**Ymgynghoriad/Consultation :**

Deputy Directors of Finance

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>							
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	<b>✓</b>
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to <b>APPROVE</b> the new process to clear invoices on hold which are not on supplier statements as outlined in this report with a review of the process after 6 months.					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	
<b>Cyfreithiol: Legal:</b>	
<b>Iechyd Poblogaeth: Population Health:</b>	
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol: Financial:</b>	Improved governance and timely financial benefits from the new statement reconciliation and release of invoices on hold process.
<b>Risg a Aswiriant: Risk and Assurance:</b>	
<b>Safonnau Iechyd a Gofal: Health &amp; Care Standards:</b>	
<b>Gweithlu: Workforce:</b>	
<b>Deddf Rhyddid Gwybodaeth/ FOIA</b>	

## **1.0 INTRODUCTION**

At the November 2023 Partnership Committee meeting it was agreed that the Committee would provide the future governance forum for All Wales P2P initiatives. This was agreed following the closure of the Finance Academy All Wales P2P Forum in September 2023. Whilst we are establishing the new P2P Governance Group, with the first meeting scheduled for 24<sup>th</sup> May 2024, we have commenced work on a number of P2P initiatives. This paper provides an update on one such initiative for the clearance of invoices on hold which was proposed to and agreed by the Deputy Directors of Finance Forum in April 2024 and is now being presented to the Committee for final approval.

## **2.0 STATEMENT RECONCILIATION**

Within NWSSP Accounts Payable we are in the process of implementing new statement reconciliation software with the aim of reaching our Top 400 suppliers across NHS Wales to enable us to validate invoices on hold in Oracle against the statements of outstanding invoices. This will improve and replace previous manual and in-house RPA solutions that we have sought to undertake this work.

The increased automation and expansion to the Top 400 suppliers is expected to have a benefit to identify 'not on statement' invoices where:

1. Credit notes are identified as being owed to NHS Wales Organisations but have not been received or accounted for in Oracle.
2. Invoices are on hold in Oracle and accounted for, but which have been cancelled by suppliers and are no longer on supplier statements so not due for payment.

To date across NHS Wales, we have identified circa £1 million of invoices that we now consider to be 'not on statement'. We anticipate there will initially be a large volume of variances between the statements and our invoices on hold, particularly when we implement the new software. We therefore need to identify a process to action these adjustments and inform NHS Wales Organisations of the outcomes and then build this into our business-as-usual process going forward.

The statement reconciliation process was discussed at the April 2024 Deputy Directors of Finance meeting. The majority of Deputy Directors of Finance confirmed that they would like their Organisations to have sight of the invoices to be cancelled/credits added prior to any adjustments being made by Accounts Payable, in order to assess the impact on their financial positions and validate the proposed amendments.

In response to this we have designed a process where any invoices on hold that don't appear on supplier statements will be moved to a 'not on statement' hold. A detailed list of all invoices on the 'not on statement' hold will be shared with the local Organisation P2P forum leads on working day 1. Organisations will then have 14 days to review these 'not on statement' invoices and advise if they don't wish these to be removed from Oracle by Accounts Payable. If no queries or objections are received, the invoices will be cancelled and/or credits posted on working day 15. It is envisaged that this process will provide clear visibility and a timely approach.

Given this is a new process, we will build in a 6-month review checkpoint into the P2P workplan to ensure the process operates efficiently. The outcome of this review will be reported to Deputy Directors of Finance and only escalated to the Committee by exception.

### **3.0 SUMMARY**

The Shared Services Partnership Committee is asked to **APPROVE** the new invoices on hold – 'not on statement' clearance proposal outlined in this paper.



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:5.1**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Duty of Quality Report Update**

<b>ARWEINYDD: LEAD:</b>	<b>Dr Ruth Alcolado – Medical Director</b>
<b>AWDUR: AUTHOR:</b>	<b>Dr Ruth Alcolado – Medical Director</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Dr Ruth Alcolado – Medical Director</b>
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<b>Ruth.alcolado3@wales.nhs.uk</b>

**Pwrpas yr Adroddiad:  
Purpose of the Report:**

The purpose of this paper is to update the Committee on the progress made to develop the first Annual Duty of Quality Report. The report has been to informal Senior Leadership Group and remains in draft form to be updated following feedback from that session and from this Committee.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement
<b>Tystiolaeth: Supporting evidence:</b>	Draft Report attached

**Ymgynghoriad/Consultation :**

SLG 09.05.2024

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
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<b>Argymhelliad/ Recommendation</b>	The Committee is asked to note the update on the development of the Duty of Quality Report and to provide feedback by the 21 May 2024.					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Not directly applicable.
<b>Cyfreithiol: Legal:</b>	Not directly applicable.
<b>Iechyd Poblogaeth: Population Health:</b>	The quality of services provided by NWSSP and reflected in the attached report directly and indirectly affects population health.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	This update and report affects quality, safety and user experience.
<b>Ariannol: Financial:</b>	Not directly applicable.
<b>Risg a Aswiriant: Risk and Assurance:</b>	This update and report are designed to provide assurance to the Committee of the progress made in developing the first Duty of Quality Report.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	This report directly relates to the Duty of Quality.
<b>Gweithlu: Workforce:</b>	The Duty of Quality is applicable to all staff within NWSSP.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## **1. BACKGROUND**

The Duty of Quality came into force on 1<sup>st</sup> April 2023 and places a duty on NHS bodies to ensure continuous quality improvements in both clinical and non-clinical services.

The Duty requires that an annual public facing report is produced outlining each organisations progress on becoming a quality driven organisation.

This update and report provides information which will be submitted to Velindre University NHS Trust for inclusion as a chapter in the Trust Duty of Quality Annual Report and will be used as our public facing document.

## **2. RECOMMENDATION**

The Committee is asked to note the update and provide any feedback by the above date.

## Duty of Quality Annual Report NHS Wales Shared Services

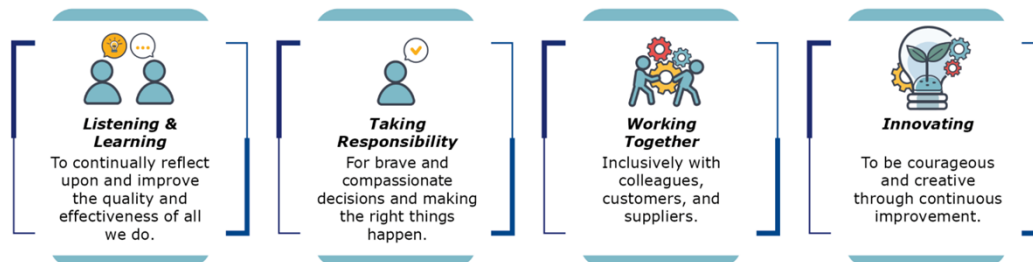
### Introduction from Chair and Managing Director of NWSSP

We take immense pride in presenting our inaugural annual report on the implementation of the Duty of Quality within NWSSP.

The Duty of Quality came into force on 1<sup>st</sup> April 2023. For the first time a duty was placed on NHS bodies to ensure improvements in the quality of both clinical and non-clinical services, which reflects the ambition of NHS Wales to achieve ever increasing standards of service provision to the population of Wales.

NHS Wales Shared Services Partnership provides an extensive portfolio of services, and over the course of the past 13 years has broadened the remit of its service provision on an All-Wales basis to include services ranging from Legal to Laundry, from Procurement to Pharmacy, from Accounts Payable to Audit, from Payroll to Primary Care Services, Specialist Estates and Surgical Materials Testing Laboratories and so much more.

Assuring and improving quality over such a wide range of services has been a core part of our culture as evidenced by our core values and strategic objectives which were refreshed in 2022/23.



Our strategic objectives reflect Our people, Our Services (including improving quality), Our Value.

This annual report outlines the work we have done to assure our public that we have quality at the heart of all that we do.

The report shares with you details of how our quality management systems, comprising quality planning, quality improvement, quality control and quality assurance, function in a variety of settings within NWSSP.

There are links to recordings made as part of our 'always on' reporting which will continue to be updated on a regular basis on our intranet site and the NWSSP YouTube site so that we can build up and continuously update the NWSSP quality story for you to view at your leisure.

We hope that reading this report will give you the confidence that, as an organisation, delivering a quality service and constantly improving the quality of the services we provide is top of our agenda.



*Tracy Myhill*

Professor Tracy Myhill OBE



*Neil Frow*

Neil Frow OBE

DRAFT

# Medical Directors Report

## Background

Quality is defined in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 as “**Continuously, reliably and sustainably meeting the needs of the population that we serve.**”

Centuries ago, Aristotle stated that ‘**Quality is not an action, it is a habit**’, this philosophy is what we have tried to embed in NWSSP, even before the Duty of Quality was established, but the Duty of Quality has helped us to focus on:

- What quality means for our non-clinical as well as clinical services.
- How we communicate what quality means.
- How we use quality to inform our planning and decision making.
- How we measure and report on quality.
- How we make sure that quality is everyone’s responsibility.

The Duty of Quality came into force on 1<sup>st</sup> April 2023. It places upon all NHS bodies a statutory duty to consider quality in the execution of both our clinical and non-clinical services. The overarching aim of the duty is to improve the quality of health services and to improve health outcomes for the people of Wales.

NWSSP provides a variety of clinical and non-clinical services through a divisional structure. The services in NWSSP include:



## Key achievements in Year 1

### Awareness raising: Early work included:

- a practical session in informal Senior Leadership Group, considering what quality means to each division and the impact of the Duty on our day to day work,
- an on-line coffee morning to engage with staff about the new duty and to encourage staff to consider how they play their part in delivering quality services.
- a session at the partnership board development day to consider what the duty means to NWSSP both for our services but also how we can support the NHS Wales system in provision of information to enable HBs to consider their Duty of Quality, in particular relating to non-clinical services.
- the establishment of an implementation team comprising champions and leads from each division in NWSSP where we can share our practical expertise in embedding quality into our services.

**Quality Planning and Decision Making:** As an integral part of our 2024-27 IMTP production we challenged divisions to keep quality at the heart of their future plans and were able to highlight the key quality statements in the IMTP and attribute them to one or more of the 12 health and care standards (Appendix 1).

**Quality Driven Reporting:** reporting in NWSSP includes always on reporting on the NWSSP intranet site and the provision of reports to Health Boards in a variety of contexts:

- Always on reporting was established, in which each month divisions recorded a presentation or video to outline the quality management system used in their division and to highlight some of the quality driven projects they are working on. We currently have 4 presentation videos online which can help our public know more about the quality agenda in NWSSP.
- <https://youtu.be/H-nhep3lusU> - Procurement
- <https://youtu.be/skMixWZL6Ko> - Digital and Workforce productivity.
- <https://youtu.be/FbzWDipVkxl> - Pharmacy Division
- [A&A DoQ Monthly Presentation \(Final\).pptx \(sharepoint.com\)](#)

The above videos are only currently available via NWSSP intranet or via the direct link. It is proposed that over the next months as part of always on reporting that these will be made publicly available for assurance for our communities.

### **Quality Driven reporting into Health Boards and Trusts:**

The Medical Examiners service was set up in response to the Francis enquiry as part of an England and Wales service to provide:

- Advice on the accurate and registerable medical cause of death
- Proportionate scrutiny of the management of patients who have died in Wales independent of the Health Board/Trust where the patient died.

The service provides a report back to the responsible Health Board/Trust/GP practice to highlight any areas where the Health Board/Trust/GP practice may want to look for opportunities for improvement in patient care. These reports have been re-structured against the 12 domains and enablers in order to support learning and provision of Quality Services.

The Audit and Assurance Division of NWSSP provide audit services across NHS Wales. are in the process of structuring the reports they provide back to services to focus on the 12 health and care standards – as part of the always on reporting this will inform the development of next year’s annual report.

**Quality control and using data for quality improvement:**

Quality control and quality assurance is undertaken through divisional quarterly reviews.

Holding divisions to account for Key Performance Indicators (KPIs) which are based on the safe, timely, effective, efficient, and person-centred quality domains is a key mechanism that NWSSP has long established to ensure quality is central to our service delivery.

Quality assurance is gained by using the KPIs to inform quality improvement projects which feed into improved quality measures and give the senior leadership team and the partnership board assurance. KPI reports serve to inform the Integrated Medium Term Plan (IMTP) which is submitted to Welsh Government on a yearly rolling basis and supports the principles of delivering Value, Innovation and Excellence through Partnership. This in turn is underpinned by the innovative approach to the Duty of Quality in NWSSP.

Each division is held accountable to a set of unique measures, applicable to them. These include internal and external measures, including sickness, time to hire (see below) and statutory and mandatory training compliance.

Below we outline 3 projects which demonstrate how quality control data is used to inform quality improvement:

- Time to Hire: Using data from Trac we can determine where there are delays in the recruitment journey. In discussion with HBs, we have removed ‘non-value-added steps’ and worked to close long open recruitment timelines. There has been a significant reduction in time to hire following data and thematic analysis, with a reduction of around 20% when the newly agreed process is followed.
- Overpayments: A member of the Employment Services team developed an app for Digital Overpayments Solutions which is able to be used across Wales. This involved use of data to identify the issue, and cross division working to roll this out at no additional cost to NWSSP or the Health Boards across Wales.

- Data has also been used to co-produce a thematic review Learning Report with the Health Boards to improve the quality of Do Not Attempt CPR documentation. The Medical Examiner Service has used their review process to feedback to the Health Boards to inform quality improvement work and have done this by utilising the enablers and domains outlined in the Duty. The review presents findings and identifies opportunities for quality improvement to ensure equitable application of decision making.

### **External Quality Reviews and Awards:**

#### Customer Service Excellence Accreditation

As a partnership organisation, providing services to our partners and customers across NHS Wales, one of our key actions in this first year of Duty of Quality being applied to non-clinical as well as clinical services was to ensure that our customers were at the heart of all that we do. In order to assure ourselves that all divisions in NWSSP were customer focussed, we sought for an external, accredited view of our 'customer-centeredness'.

This was our first attempt to gain Customer Service Excellence (CSE) accreditation for the whole organisation, a few divisions having achieved this stringent accreditation in previous years, so we were delighted to be granted CSE accreditation in 2023. Importantly we are also using the CSE review and its recommendations to ensure continued improvement in the experience of our customers and partners.

CSE and the Duty have been linked on the NWSSP SharePoint site to demonstrate the inherent linkage between these crucial pieces of work to demonstrate the quality and value of customer experience to NWSSP and those we work with.

Moving forward we will work to improve those recommendations identified by the CSE assessors to further improve. Again, this will be reflected in the always on reporting processes and will ensure that we work consistently to reflect on what the Duty means to NWSSP and our stakeholders.

Below are some examples of the External Quality Reviews and awards achieved by NWSSP over the last year.

# customer service excellence accreditation

External audit including STS, carriage of dangerous goods licensing, PSIAS standards

MHRA, inc GDP and GMP

ISO 10014,  
ISO 9001,  
ISO 45001,  
ISO 14001

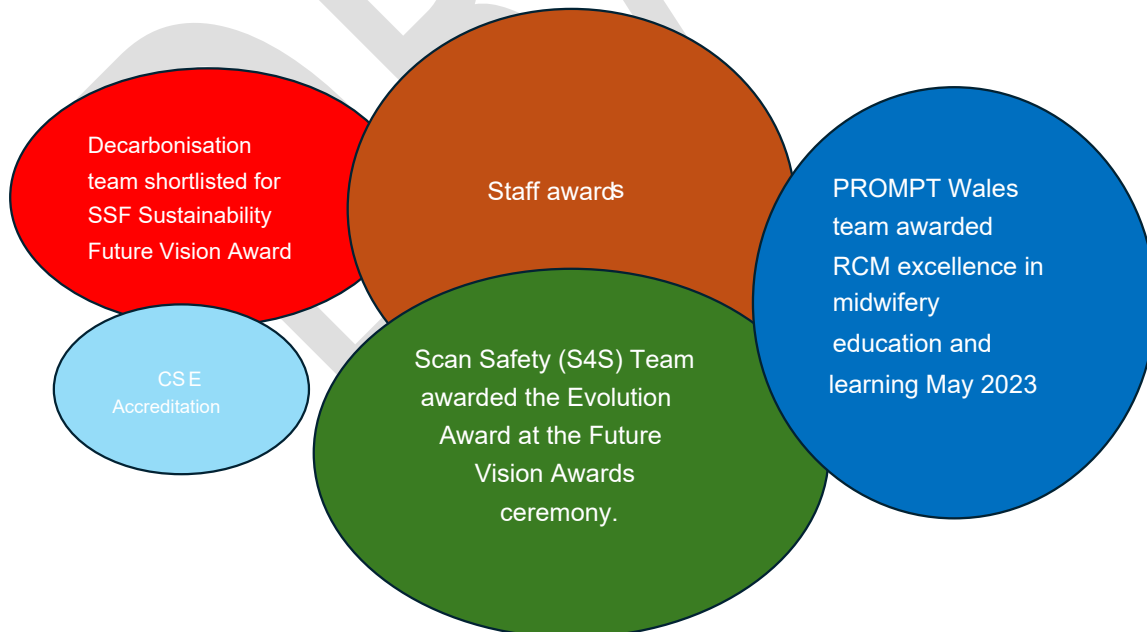
Mental Health First Aider  
accredited trainer  
organisation

SMTL  
full 4 yearly ISO17025  
inspection successful

## Awards and Achievements

Staff and divisional awards, both internal and external, demonstrate the quality of the services provided in NWSSP.

To evidence this, the infographic below includes links (ctrl and click) to the 2023 staff awards and other external awards and nominations recognising excellence.



## Staff Voices

The 12 health and care standards which comprise the 6 measures of quality and the 6 key enablers laid out in the Duty of Quality are shown in the inner ring and outer ring respectively on the wheel below.

The 6 measures of quality are:

Safe – This focuses on avoiding preventable harm, getting processes and care right and learning from incidents and concerns to prevent repetition.

Timely – This is described as providing high quality care in the right timeframe.

Effective – This reflects utilisation of evidence based practice including prevention as well as treatment.

Efficient – a values based approach to improve outcomes for people

Equitable – providing equality of opportunity and human rights.

Person Centred – meeting people's needs

The 6 enablers are:

Workforce – Ensuring that the workforce is skilled and available to provide care and support to those providing care.

Leadership – clear vision with governance and accountability embedded in the organisation.

Culture – Quality systems and safety in a supportive way enabling sharing new ideas and learning from mistakes.

Information – Using data and knowledge to inform service quality and development.

Learning and Improvement – Quality improvement to deliver quality services and outcomes.

Whole system approach – Improving quality across the health care system to improve population outcomes.

These can be further explored by clicking on the following

[Duty of Quality Statutory Guidance \(gov.wales\)](https://www.gov.wales/government/legislation/duty-of-quality-statutory-guidance)

Explore the wheel (by clicking on each section) to hear staff in NWSSP explaining how quality is key to their work on behalf of NHS Wales and what it means to them, or to see links explaining how quality is demonstrated in NWSSP.

This will evolve over time to reflect on current developments and link to future plans for a monthly blog.



We are awaiting links to be added to the image above for the following

### **Leadership – leadership cohort 2**

This video describes the current Leadership programme and places it in the context of quality and value to the organisation. It also describes how the leadership programme is designed to provide the skills necessary to future leaders with the skills necessary to implement a quality management system within their work place.

### **Person centred - Legal and Risk Complex Court of Protection**

This will be, currently, a link to the existing publicly available internet page for Legal and Risk Services which describes the way in which Legal and Risk Services supports clinical staff to provide person centred approaches to patients whose care is complex. This is supported by a written comment from a Lead Nurse who confirms the value which Legal and Risk Services provide to both the patient and clinical teams.

### **Equitable – Medical Examiner Service, DNACPR, an All-Wales Thematic Review**

The Medical Examiner Service has significantly contributed to the development of the All-Wales Learning from Mortality Review Framework (2022). Following from this and acknowledging the support which the MES gives to families of the deceased in allowing them to raise concerns regarding care during their loved one's final illness, a thematic review was completed on an All-Wales basis. This is authored and owned by the NHS Wales Executive Quality and Safety Team and includes and acknowledges the work done by the MES in identifying issues with DNACPR documentation and the linking of these to the themes in the Duty of Quality to demonstrate an equitable approach. Including this has been agreed with the Executive and we will be able to link to the document when it has been published, which is expected in the next weeks.

### **Timely – time to hire**

The reduction of time to hire has been a priority for recruitment services and they have produced videos and training materials for recruiting managers to support them with this. Focusing on this process and working with recruiting HBs we have ensured the time to hire is falling, ensuring availability of skilled staff and reduced reliance on temporary/high cost agency staff.

### **Whole systems approach – decarbonisation newsletter**

The decarbonisation team have developed a whole systems approach to decarbonisation across NWSSP and the NHS in Wales. A link will be provided to their most recent newsletter and videos which will clearly demonstrate their achievements and ambitions in this area.

### **Information – Planning, Performance and Informatics presentation**

The PPI team has developed a video/animated slide deck which discusses the role of information in assuring the quality of performance in NWSSP.

**Learning, Improvement and Research - [2 Duty of Quality Presentation Pharmacy Video Final \(youtube.com\)](#)**

This video clip from a YouTube video available on SharePoint demonstrates how identifying an issue, researching potential solutions, learning and implementing improvements has increased the quality of the service provided in decontamination.

**Culture - [4 Duty of Quality Presentation Final \(youtube.com\)](#)**

This video clip from a YouTube video available on SharePoint demonstrates how the implementation of Scan for Safety has significantly contributed to a culture of patient safety across NHS Wales.

**Workforce - [1 DWS Duty of Quality Final \(youtube.com\)](#)**

This video clip from a YouTube video available on SharePoint explains the role of the International Recruitment team, Digital workforce and Productivity solutions and the whole system approach to strategic workforce planning and a Once for Wales operating model.

**Efficient - [3 Duty of Quality Presentation Final \(youtube.com\)](#)**

This video clip from a YouTube video available on SharePoint describes the provision of an end to end service of providing wound care products to patients.

## Future

Quality in healthcare is not a state of being, it is as we are reminded by Dr Tedros Adhanom Ghebreyesus, World Health Organisation, Director General:

***“Quality is not a given. It takes vision, planning, investment, compassion, meticulous execution, and rigorous monitoring”.***

In NWSSP we intend to continue our quality journey and in the next year we will look to:

- 1) Continue our ‘always-on’ reporting by allowing each division to share their quality management systems with the rest of the organisation so that we continue to learn.
- 2) Add to our ‘always-on’ reporting to ensure that we provide details of ongoing quality achievements.
- 3) Gain re-accreditation for our Customer Service Excellence certification by demonstrating how we have used the recommendations of the first pan-organisation award.
- 4) Continue to raise awareness amongst our staff and promote the use of the e-learning tool on Duty of Quality.
- 5) Review our KPIs to ensure stretching targets which reflect quality measures as well as continuing work to maintain good performance in areas where improvement work has been carried out this year.
- 6) Review the mechanism for ensuring quality driven planning and decision making, in particular to review the way the quality lens is shone on the IMTP process.

We are committed to ensuring that our reporting against the Duty is kept as a live document, reflecting the work done by all the Divisions within NWSSP and the reporting processes we utilise.

Linking into the IMTP (See Appendix 1) also demonstrates the commitment and effectiveness of the cohesive Quality Planning approach taken by NWSSP (link awaiting upload to SharePoint).

We hope that this report has been informative and has given an insight into our drive to continually demonstrate, assure, and improve quality in the services provided by NWSSP.

## Appendix 1

Attached as Appendix 1 of the report is Appendix F of the current IMTP. This will be used in conjunction with always on reporting and the tracker of quarterly reports by the Planning Team to guide and develop the Duty of Quality Annual Report 2025. This forward plan for the next year clearly demonstrates the commitment to continuously improving the quality services provided by NWSSP.

[Awaiting Link to be inserted when document is uploaded](#)

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# NWSSP Finance Report May 2024

As at 31<sup>st</sup> March 2024

*Delivering Value,  
Innovation and Excellence  
through Partnership*

# Financial Position and Key Targets

KPI	Target	2022/23	2023/24												Trend	
		March	April	May	June	July	August	September	October	November	December	January	February	March		
Financial Position – Forecast Outturn	Break even Monthly	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	-£12k	
Capital financial position	Within CEL Monthly	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	
Distribution	0 Annually	On Target	On Target	On Target	On Target	On Target	On Target	£1.6m	£1.6m	£1.6m	£1.6m	£2.1m	£3m	£3m		
% of Non NHS Invoices paid within 30 days (In Month)	95% Monthly	98.06%	98.24%	98.87%	96.55%	97.51%	97.14%	98.57%	96.72%	98.10%	97.87%	97.47%	97.11%	98.10%		
% of Non NHS Invoices paid within 30 days (Cumulative)	95% Monthly	95.71%	98.24%	98.56%	97.84%	97.76%	97.57%	97.78%	97.61%	97.68%	97.70%	97.59%	97.54%	97.60%		
% of NHS Invoices paid within 30 days (In Month)	95% Monthly	87.38%	98.76%	95.00%	99.17%	94.64%	94.50%	95.10%	71.72%	87.78%	97.06%	94.33%	94.44%	96.75%		
% of NHS Invoices paid within 30 days (Cumulative)	95% Monthly	86.44%	98.76%	97.32%	97.89%	97.15%	96.67%	96.45%	92.23%	91.81%	92.47%	92.69%	94.56%	94.74%		
Retrospective Purchase Orders	0 Monthly	102	64	75	79	60	71	56	74	76	49	79	85	72		

## Corporate

KPI	Target	2022/23	2023/24												Trend
		March	April	May	June	July	August	September	October	November	December	January	February	March	
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly	0	0	2	12	11	18	6	0	3	4	4	5	1	
Variable Pay – Overtime	<£100k Monthly	£106k	£120k	£136k	£109k	£105k	£122k	£100k	£102k	120k	£73k	£90k	£90k	£137k	
Agency % to date	<0.8% Cumulative	0.29%	0.28%	0.30%	0.32%	0.33%	0.32%	0.32%	0.30%	0.31%	0.31%	0.31%	0.32%	0.31%	
Agency % Adjusted to exclude SLE	<1% Cumulative	1.03%	1.01%	1.08%	1.03%	1.02%	1.03%	1.07%	1.04%	1.06%	1.07%	1.10%	1.11%	1.06%	

# Financial Position 2023/24

	Annual Budget £'000	Actual Costs £'000	Variance £'000
Income	-856,244	-855,922	322
Pay	351,785	347,498	-4,287
Non Pay	202,821	203,774	953
WRP – DEL	135,966	135,966	0
WRP - AME	165,674	165,674	0
Distribution	0	3,000	3,000
<b>2023/24 OUTTURN</b>	<b>0</b>	<b>-12</b>	<b>-12</b>

NWSSP reported a small surplus of £0.012m for the 2023/24 financial year. This is reported subject to external audit of the Velindre University NHS Trust annual accounts which were submitted on 3rd May 2024. External audit review will continue through May and June and a final opinion formed during July 2024.

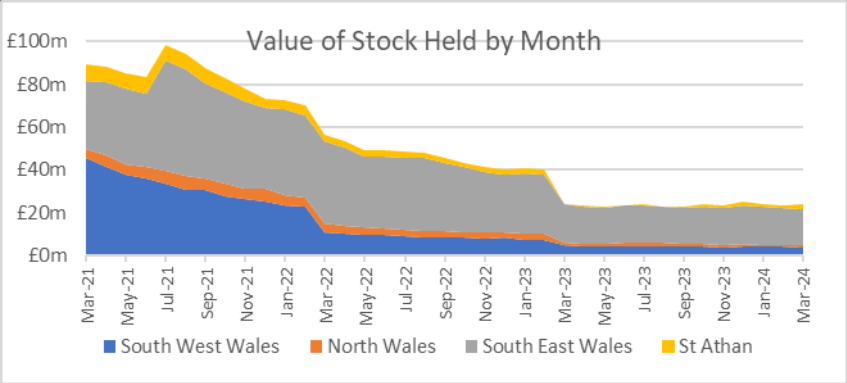
The final 2023/24 distribution to NHS Wales & Welsh Government was £3.000m.  
The Organisational shares are detailed in the table below:

Health Board /Trust	%	2023/24 DISTRIBUTION	AGREED RETURN OF WG FUNDING	PRE-TRAMS REINVESTMENTS	IN YEAR RE-INVESTMENTS	2023/24 DISTRIBUTION INVOICES TO BE RAISED £
Aneurin Bevan	9.85	197,000				197,000
Swansea Bay	8.80	176,000				176,000
Betsi Cadwaladr	11.98	239,600		100,614		340,214
Cardiff and Vale	10.49	209,800		7,000		216,800
Cwm Taf	10.60	212,000				212,000
Hywel Dda	7.77	155,400			- 88,452	66,948
Powys	1.95	39,000				39,000
Velindre	1.17	23,300				23,300
WAST	1.28	25,600				25,600
Public Health Wales	0.87	17,400				17,400
Welsh Government	35.25	704,900	1,000,000		- 103,000	1,601,900
<b>Total</b>	<b>100.00</b>	<b>2,000,000</b>	<b>1,000,000</b>	<b>107,614</b>	<b>- 191,452</b>	<b>2,916,162</b>

WG funded covid expenditure for 2023/24 totalled £7.503m. £0.803m of additional costs have been incurred in 2023/24 to support increased transactional activity in recruitment and accounts payable. These costs have been funded internally from NWSSP savings.

The provision of PPE to Primary & Social Care ceased from 31<sup>st</sup> March 2024. We have received recurrent funding for the other Covid support items in the 2024/25 Welsh Government funding allocation.

Covid Costs	2023/24 OUTTURN
	£m
Mass Vacc - Pay & Non Pay	0.752
Social/Primary Care PPE	4.019
PPE delivery/warehousing/testing	2.303
Medicines Stockpile	0.294
Lateral Flow Tests	0.135
<b>TOTAL FUNDING</b>	<b>7.503</b>
<b>NWSSP FUNDED:</b>	
Covid Recovery	0.803
<b>TOTAL COVID COSTS</b>	<b>8.307</b>



The value of stock held in Stores at 31<sup>st</sup> March 2024 was £24m. We continue to await a WG decision regarding the level of PPE stock to be held in the longer term.

We have a high volume and value of PPE stock with expiry dates in 2025/26 and 2026/27 – we have established a phased future obsolete stock provision in 2023/24.

# Welsh Risk Pool

2023/24 DEL expenditure is **£135.966m** compared to £136.727m in in 2022/23.

The small increase of £0.037m above the IMTP forecast of £135.929m was agreed with and funded by Welsh Government.

At 31<sup>st</sup> March 2024, long term (AME) provisions total £1.660bn.

Expenditure type	Position as at M12 2022/23	Position as at M12 2023/24
	£m	£m
Claims reimbursed & WRP Managed Expenditure	131.612	88.721
Periodical Payments made to date	19.396	21.073
Redress Reimbursements	2.149	1.477
EIDO – Patient consent	0.077	0.086
Clinical Negligence Salary Subsidy	0.550	0.550
WRP Transfers, Consent, Prompt, CTG	0.335	0.362
Movement on Claims Creditor	-17.392	23.697
<b>Total Expenditure</b>	<b>136.727</b>	<b>135.966</b>

# Capital

Scheme	Allocation	Expenditure	Variance
	£000	£000	£000
Server	400	400	0
Telephony & Contact Centre	90	90	0
Cwmbran House Racking/LEDs	24	24	0
Decontamination equipment	10	10	0
IP5 LED Balance	3	3	0
Matrix House EVCP	1	1	0
<b>Discretionary Capital Total</b>	<b>528</b>	<b>528</b>	<b>0</b>
Laundry Services	1,856	1,918	62
Primary Care Workforce Intelligence System	558	444	-114
Supply Chain Vehicles	460	483	23
Radiopharmacy Fees/Equipment	432	469	37
IP5 PV scheme	406	441	35
IT Refresh & licences	289	285	-4
Primary Care Dupont Racking & IT	276	241	-35
TRAMS Fees	217	217	0
Denbigh Stores Racking & Roof Repair	155	150	-5
IP5 discretionary	130	105	-25
SMTL Equipment	73	130	57
Scan for Safety	69	67	-2
Occupeye software/sensors	60	54	-6
South Wales Hub Agile Furniture	50	42	-8
Stores CCTV & Equipment	33	29	-4
Cyber security	11	0	-11
Glidescopes transfer to BCU	-56	-56	0
<b>Additional Capital Total</b>	<b>5,019</b>	<b>5,019</b>	<b>0</b>
<b>IFRS16 Capital</b>	<b>2,436</b>	<b>2,430</b>	<b>-6</b>
<b>TOTAL CAPITAL ALLOCATION</b>	<b>7,983</b>	<b>7,977</b>	<b>-6</b>

Our Capital Expenditure Limit for 2023/24 totalled **£7.983m**.

The £0.006m underspend against the total funding relates to a rounding issue on IFRS16 lease funding.

## Recommendations

The Shared Services Partnership Committee is asked to note:

1. Achievement against key financial targets
2. The outturn position for the financial year 2023/24
3. The 2023/24 savings distribution
4. The 2023/24 WRP position
5. The 2023/24 Capital position
6. The content of this update and seek further information if required.



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Cydwasaethau  
Shared Services  
Partnership



*Delivering Value,  
Innovation and Excellence  
through Partnership*

NHS WALES SHARED PARTNERSHIP SERVICES COMMITTEE  
People and Organisational Development (OD) Report

MEETING	Shared Services Partnership Committee (SSPC)
REPORT DATE	30 <sup>th</sup> April 2024
REPORT AUTHOR	Sarah Evans, Deputy Director of People and OD
RESPONSIBLE DIRECTOR OF SERVICE	Gareth Hardacre, Director of People, OD and Employment Services
TITLE OF REPORT	Report of the Director of People, OD and Employment Services
PURPOSE OF REPORT	
<p>The purpose of this report is to provide SSPC with a comprehensive update of current workforce performance across the organisation through a range of workforce information key performance indicators (KPIs) as at 31<sup>st</sup> March 2024. The report also provides an update on current work programmes being undertaken by the People and OD Function as well as any organisational change activity ongoing throughout April 2024.</p> <p>The report is split into sections, starting with a workforce summary showing key performance indicators, followed by the initiatives the team are leading/supporting regarding the Employee Value Proposition and lastly the interventions/activities concerning the employee experience. This format hopes to showcase the moments that matter to NWSSP employees and to encourage open and honest conversations to take place, in relation to our People Objective – Working together to be the best we can be.</p>	

Full Dashboard

Once opened, please click 'Editing' to open in desktop

**Top 3 reasons for absence by FTE days Lost**

1. Anxiety/stress/depression/other psychiatric illness
2. Cold, cough, Flu – influenza
3. Gastrointestinal problems

**Welsh Language Awareness**

A small increase in compliance for Welsh Language Awareness can be seen in March at **91.99%** when excluding Single Lead Employer Division.

Including Single Lead Employer Division compliance decreases to **48.38%**



Key

- Meeting or exceeding target
- On course for target
- Off target
- Positive change
- Negative change
- Change not measured

**Headcount**

The March employee headcount (5745) has decreased from the February position (5756)

March headcount is higher than for the same period last year.

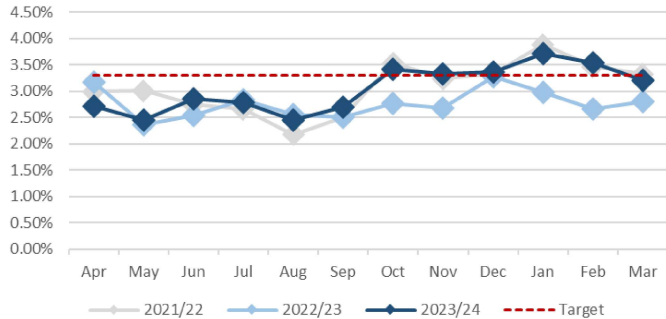
**Turnover**

Including Single Lead Employer Division Turnover is at **23.59%** which has decreased by -1.20% when compared against the same period last year.

Excluding Single Lead Employer Division turnover is at **12.07%** which remains higher than the NHS Wales figure of 7.3%

FURTHER DETAIL

NWSSP Overall Sickness Absence % Monthly Comparison over 3 Years



Data Source: ESR

<b>In-month Sickness</b> <b>3.21%</b> Previous Month: 3.55%	<b>12 Month Sickness</b> <b>3.07%</b> <span style="color:red">▲ 0.1%</span> Previous Year: 2.94%
<b>Last 2 Months in-month Variance</b> <b>-0.33%</b>	<b>Sickness % Target</b> <b>3.30%</b>

Long Term Vs Short Term Absence

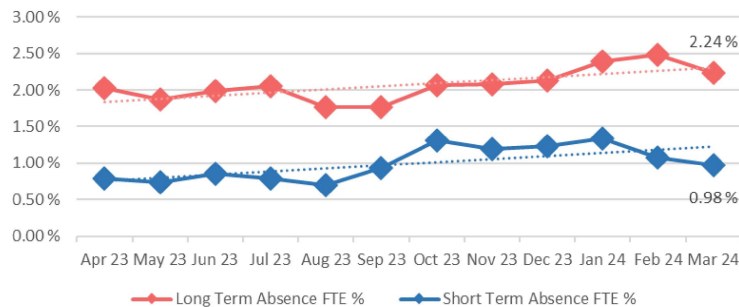
Long term absence has decreased from last month and is at 2.24% compared with 2.48% in February.

Short term absence has decreased from the February position and is at 0.98% for March.

The top reason for short term absence being **Cold, cough, flu - influenza**

The top reason for long term absence being **Anxiety/stress/depression/other psychiatric illnesses**

NWSSP Overall - Long Term / Short Term Sickness Absence FTE % Over Time



Data Source: ESR

In Month Sickness Absence Percentage by Division

Division	Feb-24	Mar-24	Change
Accounts Payable Division	5.92%	5.09%	-0.83% ▼
Audit & Assurance Division	5.45%	2.29%	-3.16% ▼
Corporate Division	0.46%	1.12%	0.66% ▲
Counter Fraud Division	1.97%	0.00%	-1.97% ▼
Digital Workforce Division	3.29%	3.87%	0.58% ▲
E-Business Central Team Division	6.67%	7.70%	1.03% ▲
Employment Division	5.55%	4.13%	-1.42% ▼
Finance Division	0.90%	0.00%	-0.90% ▼
Hosted Services Division	0.00%	1.18%	1.18% ▲
Laundry Division	8.62%	11.17%	2.55% ▲
Legal & Risk Division	4.31%	3.92%	-0.39% ▼
Medical Examiner Division	8.86%	5.91%	-2.95% ▼
Medical Workforce Division	3.06%	6.76%	3.70% ▲
People & OD Division	6.06%	4.18%	-1.88% ▼
Pharmacy Technical Services Division	5.53%	4.94%	-0.59% ▼
Planning, Performance and Informatics Division	3.20%	0.00%	-3.20% ▼
Primary Care Division	3.95%	4.16%	0.21% ▲
Procurement Division	5.91%	5.71%	-0.20% ▼
Single Lead Employer Division	2.46%	2.18%	-0.28% ▼
Specialist Estates Division	0.27%	0.74%	0.47% ▲
Surgical Materials Testing (SMTL) Division	1.69%	0.59%	-1.10% ▼
Welsh Employers Unit Division	0.00%	0.00%	0.00%
<b>Grand Total</b>	<b>3.55%</b>	<b>3.21%</b>	<b>-0.34% ▼</b>

Source: ESR

In month sickness for March is at 3.21% which is below the target of 3.30% and has improved from the February position.

Laundry Division has the highest in month sickness percentage for March at 11.17% which has improved from the January.

Counter Fraud, Finance, Planning Performance & Informatics, and Welsh Employers Division all had zero occurrences of Sickness absence in March.

TURNOVER

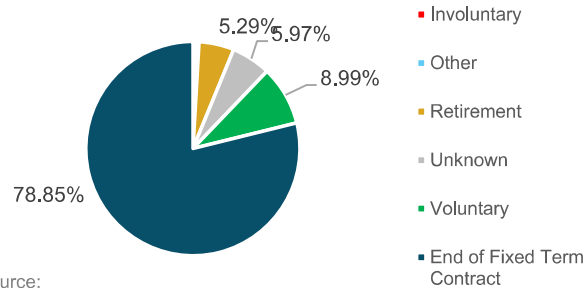
Employee Turnover (with SLE) **23.59%**

Employee Turnover (excluding SLE) **12.07%**

Employee Turnover NHS Wales (Jan 24) **7.3%**

Categories of Reasons for Leaving by Percentage

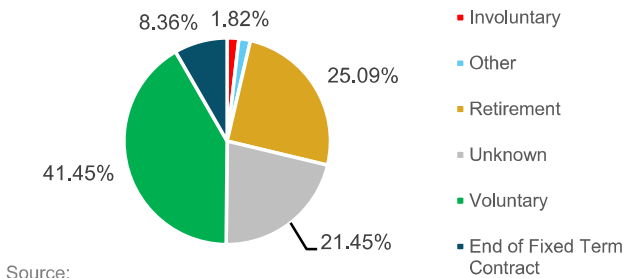
NWSSP Including Single Lead Employer Division



Source:

Categories of Reasons for Leaving by Percentage

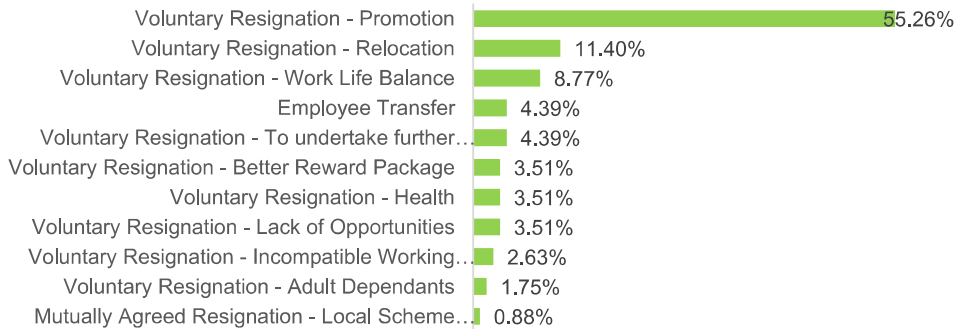
NWSSP Excluding Single Lead Employer Division



Source:

- Including Single Lead Employer Division, the main reason for leaving is **end of fixed term contract** at **78.85%**.
- Excluding Single Lead Employer Division **voluntary resignation** accounts for **41.07%** of leavers

NWSSP Voluntary Resignations by Reason Excluding Single Lead Employer Division



Source: ESR

- NWSSP turnover (**23.59%** including SLE), (**12.07%** excluding SLE) remains high in comparison to the NHS Wales turnover of **7.3%**

On the Generational Working – Future Workforce call with HEIW on 20<sup>th</sup> March, Baroness Alison Wolf of Dulwich highlighted that the drivers for turnover are “only partly pay....focusing on career development and advancement” as key areas of turnover within a Healthcare setting.

- This is reflected in NWSSP’s Turnover, with 55.26% of staff leaving the organisation citing voluntary resignation – due to promotion opportunities.

Recommendation to improve this:-

- **Promotion of staff** benefits – New portal to be built aligning to EVP project
- **Retention Program** – invest in employee development and further promotion of flexible working and work-life balance
- **Succession Planning** – prepare for transitions in event employees leave.

E-Learning Competency Compliance

Division	NHS[CSTF]Equality, Diversity and Human Rights - 3 Years]	NHS[CSTF]Fire Safety - 2 Years]	NHS[CSTF]Health, Safety and Welfare - 3 Years]	NHS[CSTF]Infection Prevention and Control - Level 1 - 3 Years]	NHS[CSTF]Information Governance (Wales) - 2 Years]	NHS[CSTF]Moving and Handling - Level 1 - 2 Years]	NHS[CSTF]Resuscitation - Level 1 - 3 Years]	NHS[CSTF]Safeguarding Adults - Level 1 - 3 Years]	NHS[CSTF]Safeguarding Children - Level 1 - 3 Years]	NHS[CSTF]Violence and Aggression (Wales) - Module A - No Specified Renewal]
Accounts Payable Division	99.33%	96.00%	98.67%	98.67%	93.33%	96.00%	98.67%	97.33%	97.33%	99.33%
Audit & Assurance Division	90.20%	82.35%	92.16%	92.16%	86.27%	80.39%	94.12%	90.20%	92.16%	100.00%
Corporate Division	96.15%	92.31%	96.15%	88.46%	92.31%	96.15%	96.15%	92.31%	92.31%	96.15%
Counter Fraud Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Digital Workforce Division	92.86%	89.29%	96.43%	100.00%	92.86%	89.29%	92.86%	100.00%	100.00%	100.00%
E-Business Central Team Division	93.75%	93.75%	93.75%	93.75%	93.75%	100.00%	87.50%	81.25%	81.25%	100.00%
Employment Division	97.00%	95.91%	95.91%	95.37%	93.46%	94.55%	96.19%	95.64%	95.64%	99.18%
Finance Division	100.00%	100.00%	96.30%	92.59%	92.59%	100.00%	96.30%	100.00%	100.00%	92.59%
Hosted Services Division	100.00%	100.00%	91.67%	91.67%	91.67%	100.00%	100.00%	91.67%	91.67%	100.00%
Laundry Division	87.20%	89.60%	92.80%	89.60%	68.00%	82.40%	91.20%	86.40%	84.80%	86.40%
Legal & Risk Division	93.22%	92.09%	92.09%	90.96%	89.83%	92.09%	94.92%	89.27%	88.14%	94.92%
Medical Examiner Division	97.47%	94.94%	100.00%	83.54%	89.87%	91.14%	89.87%	84.81%	83.54%	93.67%
Medical Workforce Division	93.75%	68.75%	93.75%	56.25%	75.00%	81.25%	81.25%	75.00%	75.00%	93.75%
People & OD Division	97.73%	95.45%	97.73%	97.73%	88.64%	93.18%	97.73%	95.45%	95.45%	95.45%
Pharmacy Technical Services Division	89.29%	89.29%	96.43%	89.29%	85.71%	89.29%	82.14%	85.71%	85.71%	89.29%
Planning, Performance and Informatics Division	88.89%	93.33%	88.89%	86.67%	93.33%	93.33%	93.33%	88.89%	88.89%	93.33%
Primary Care Division	97.03%	95.71%	97.36%	95.05%	94.06%	95.05%	97.03%	95.38%	95.05%	98.35%
Procurement Division	93.58%	91.63%	94.56%	91.07%	88.70%	91.21%	94.84%	91.77%	91.07%	94.98%
Specialist Estates Division	98.11%	98.11%	100.00%	96.23%	92.45%	96.23%	100.00%	96.23%	96.23%	100.00%
Surgical Materials Testing (SMTL) Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Welsh Employers Unit Division	66.67%	66.67%	50.00%	50.00%	66.67%	66.67%	66.67%	50.00%	50.00%	83.33%
NHS Wales Shared Services Partnership	94.83%	93.22%	95.35%	92.48%	89.75%	92.31%	95.09%	92.53%	92.09%	96.13%

Source: ESR

Note: compliance excludes Single Lead Employer Division

## EMPLOYEE VALUE PROPOSITION

### What we mean by Employee Value Proposition:

“An Employee Value Proposition (EVP) is our core benefits that make up our wider employer brand. It is a promise between us as an employer and a potential applicant; what can NWSSP and our culture offer them, in exchange for their talent, skills, and experience.”

**In this section we look at key developments and activities in relation to attraction, resourcing and onboarding, including our internal Bank service.**

### Recruitment & Attraction Activity

#### Armed Forces Covenant

- NWSSP met with the Regional Contact for Wales and started to work through our first draft of our covenant commitment. Once completed this will be taken to the Senior Leadership Group (SLG) in May for approval and Local Partnership Forum (LPF) for review, before submitting our commitment.

#### NWSSP About Us Video

- Work is underway with the Corporate Communications team to design, develop and create an NWSSP organisational “About Us” video. The aim of the video is to create a visual concept for our external recruitment and marketing campaigns, focused on providing candidates with a better understanding of who NWSSP is, our core mission and our values.
- The first draft of this storyboard has been designed, with ideas and best practice taken from other NHS health boards, private sector organisations and excitingly for People and OD, with the use of Artificial Intelligence. The storyboard and supporting script will be taken to the SLG and LPF for feedback, before progressing to the next creative stage.

#### NWSSP Intranet & External Website Homepage

- The homepages of the NWSSP Intranet and external website are being re-designed, updated in draft formats and rebranded to ensure consistency with the Employee Value Proposition brand. The work being done with the communications team is to make the user experience easier as well as helping to simplify the navigation and contact us pages.
- These will continue to develop over the coming months but can be used as a platform to showcase all the great work we do as an organisation for both our internal employees and prospective external candidates looking to join NWSSP.

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### Widening Access

#### Work Experience

- One work placement took place during the month of March in our Legal and Risk service. We also received three additional external requests for work experience, which are being explored.

#### Careers Events

- NWSSP Early Career Network members attended 5 early career events. All 5 of these events were in the South Wales Region. Three of these events were for university students (aged 18 and over), one of these events was for GCSE students (aged 14-16) and one of these events was aimed at college students (aged 16-18).

#### Network 75

- Registrations of interests opened on 4th March 2024, for services to indicate whether they would like to take on Network 75 student/s within their area. Communications were sent out to all colleagues, which included a downloadable and printable poster to use on sites.
- During March we delivered a development workshop to our Network 75 students. A workshop on the Future Generations Act by Jenny McConnel the Sustainable Development Advisor which was very well received. In April we plan to deliver a workshop on Decarbonisation.

#### Apprenticeships

- One member of staff signed up for a Data Analytics apprenticeship with local training provider, ALS.

#### Supported Shared Apprenticeships

- Registrations of interest opened for services to indicate whether they would like to recruit an Apprentice, in partnership with Elite. The scheme is Welsh Government funded and is currently only available via the charity-based organisation - Elite Supported Employment. The scheme looks to provide people living in Wales with a disability who are aged 16-65+, with employment skills, experience and a recognized apprenticeship qualification at a level two or three.
- Registrations opened on the 13th March and will be closing on the 10th April. Communications were sent out to all NWSSP Managers, which included a downloadable and printable poster to use on sites.

## RESOURCE BANK AND AGENCY

### General Bank – Monthly Use

74.49 WTE actively engaged on Bank in March 2024, when removing collaborative bank and corporate reserves. This is up slightly down from 75.45wtes in February.

Total spend (excluding Corporate Reserves and Collaborative Bank) of £226,203, up from £206,589 in February.

Significant increase of £24k across Finance and Corporate Services, whilst Employment and Procurement Services saw large decreases of £10k and £12k respectively.

There is also a large difference within corporate reserves due to a notional pension adjustment of £110k.

Row Labels	Sum of Cur Month Actual	Sum of WTE Actual
Accounts Payable & e-Enablement	9,084.54	3.67
Audit & Assurance Services	9,669.09	2.13
Employment Services	10,503.02	3.25
Procurement Services	39,162.40	15.04
Primary Care Services	15,116.54	5.56
Legal & Risk Services	5,786.37	1.79
Planning, Performance & Informatics	2,109.70	0.92
Health Courier Services	57,272.54	22.70
Medical Examiner Service	1,581.85	0.62
People & Organisational Development	6,940.10	3.40
Pharmacy Technical Services	0.00	0.00
Corporate Reserves	93,722.05	0.00
Finance and Corporate Services	29,176.42	3.65
Digital Workforce Solutions	0.00	0.00
Welsh Employers Unit	499.87	0.04
Central Team eBusiness Services	-432.17	-0.08
Collaborative Bank Partnership	24,548.68	4.16
Laundry Services	27,720.33	9.80
Surgical Materials Testing Laboratory	3,853.03	0.34
Welsh Risk Pool	8,159.27	1.66
<b>Grand Total</b>	<b>344,473.63</b>	<b>78.65</b>

### Agency Spend by Service

Service Area	Sum of Mar	No Engagements
Audit	14,470.34	2
HCS	5,839.59	4
Laundry	68,626.61	38
<b>Total</b>	<b>88,936.54</b>	<b>44</b>

### Agency Use

Agency spend for March decreased to £88,937 (from £104,375 in February)

Significant Reduction seen in Planning, Performance and Informatics, with notable increase seen in the Laundry service.

The Bank have been unable to support the Laundry with several of these requests, so meetings were held with the Bank Team, finance team and Laundry managers to review their workforce structure and vacancies. This established a total of 40 WTE permanent roles in the establishment that need to be advertised and filled.

Therefore, the service have had agency staff authorised for 6 weeks to move the recruitment of the 40 WTE, with a further review then required.

### Other News

The team are have started attending several careers events and job fayres across Wales. This includes cross sector working with the DWP, local councils and Careers Wales.

RESOURCE - VACANCY CONTROL & TIME TO HIRE

Vacancy Control	March 2024		
Row Labels	Vacancy	Business case	Grand Total
Further info required	12	2	14
Approved	59	16	75
<b>Grand Total</b>	<b>71</b>	<b>18</b>	<b>89</b>

	Approved	Declined	Further Info	Total
September	28		11	39
October	36	1	9	46
November	35	1	1	37
December	41		5	46
January	27	1	1	29
February	60		8	68
March	75		14	89
<b>Total</b>	<b>302</b>	<b>3</b>	<b>49</b>	<b>354</b>

**Key Themes for TRAC & Flexible Business Cases**

Following improvement between November – January, vacancy control has seen an increasing trend of roles being returned to the service for additional information.

Considerations to be given for all vacancies around redeployment opportunities and clear evidence of how the role links to the divisions IMTP.

Questions on TRAC have been amended 13<sup>th</sup> March to reflect this ask following the highest number of “further information” requests since the process began.

Trac Report Code	Trac Recruitment Health Check	Average Time in Working Days	
		Target	Mar-24
T0a	Notice Date to Authorisation Start Date	5	68.9
T1a	Time to Approve Vacancy Request	10	9.6
T4	Time to Shortlist	3	5.4
T5b	Time to Update Interview Outcomes	3	3.0
T9b	Time to Approve References	2	1.3
T13	Vacancy Creation to Conditional Offer	44	33.0
T14	Vacancy Creation to Unconditional Offer	71	56.0
T23	Conditional offer to Ready for start date	27	16.9

**Vacancy Control Approval**

March has seen significant improvement in month-on-month time to hire KPI's.

Whilst the Vacancy Control process has continued to remain strong for NWSSP; T0a authorisation start date remains disproportionately high.

To combat this, the POD team have created some guidance and simple support pages that will be shared at SMT's across March and April to drive awareness and focus on driving this KPI down into the agreed timescales.

## EMPLOYEE EXPERIENCE

## Corporate Engagement

**What we mean by Employee Experience:**

“Employee Experience is how we provide personalisation to our staff about their experience with us an organisation. Understanding how we can provide staff with an experience that makes them want to keep working for us or to become advocates of us as an organisation when they leave. A truly positive employee experience is one where the employee feels special and appreciated for their individual contribution and talents, not simply a cog in a machine”.

**In this section we look at key developments and activities in relation to induction, relationships, recognition, key projects and talent management.**

**Well-being and Inclusion**

- It was International Women's Day on 8th March and NWSSP held an event with See Her Thrive on 5th March, inviting colleagues to attend a webinar that discussed female and those born female's health, including menopause and menstruation, and why it's important to the workplace.
- Further stress management sessions were held with Optima Health, with positive attendance and further sessions agreed throughout 2024.
- We supported the Finance Academy by providing a Lunch and Learn session on Unconscious Bias.
- Resilience Training was provided to interested colleagues on the 25th and 26th March, with good attendance.

**People Development**Training Needs Exercise

Following the close of service training plan submissions in February, analysis of the data took place in March, in readiness to be shared with divisions throughout April.

Digital Capability Framework

To date, 22 colleagues across NWSSP have completed the All-Wales Digital Capability Framework, of the 22 that have completed, it has been identified that:

- 4 colleagues have identified themselves at EXPERT level.
- 10 colleagues have identified themselves at CONFIDENT level.
- 5 colleagues have identified themselves at LEARNING level.
- 3 colleagues have identified themselves at UNSURE level.

**Training and Courses**

- The final workshop on our Leading for Excellence and Innovation (LEI) Programme took place in March this was delivered on the topic of Leading Change.
- In March we delivered the following programmes to a total of 77 staff:
  - Leading for Excellence and Innovation Programme 2023/2024 x 15
  - Managing Attendance at Work x 14
  - Recruitment Training workshop 2 Inclusive Recruitment x 11
  - Stress Management Training with Optima Health x 19
  - Welcome to NHS Wales Shared Services Partnership x 18

## EMPLOYEE EXPERIENCE

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**Culture and Engagement**Staff Survey

- The Staff Survey leads received training to access the Staff Survey data on the 18th March.
- HEIW are preparing access to view the Staff Survey data it is anticipated that access will be provided at the end of April.
- Timescales have been shared with the People and OD Business Partners to ensure divisions are aware of next steps.
- Communication to colleagues is prepared, with the intention of circulating in April.

Staff Recognition Awards

- The first of our regional winner events, took place in IP5 on the 11th April and was well attended and received well.

PADR Review

- An engagement survey was circulated to all colleagues via the Developing People mailbox, to understand our staff experiences of the PADR process. In total 63 colleagues responded and we will be analysing the results over the next few weeks.

Building Resilience

P&OD supported the Legal and Risk Development Day in March; as part of the day Paul Magee, SUMO Guy was invited as a guest speaker. The feedback has been extremely positive.

**Move from Companies House and Charnwood Court**

- Following the end of the consultation period, a meeting was held with Legal and Risk Senior Management to address a group email and concerns raised, regarding the move.
- The main issues were lack of public transport to the new building and the preferred option to keep a base option in central Cardiff.
- The email would be addressed with Legal and Risk staff as part of a planned coffee morning/team meeting to determine how many colleagues this was affecting and feedback to the Project team.
- It was also agreed to look at the data on door access at Companies House versus the Legal and Risk Desk Booking App, as there appeared to be a discrepancy in the numbers coming in between the two recording mechanisms. The door access data shows reduced numbers of staff working out of Companies House.



***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Performance Update Report**

**ARWEINYDD:  
LEAD:**

**Alison Ramsey, Director of Planning,  
Performance, and Informatics**

**AWDUR:  
AUTHOR:**

**Richard Phillips, Business and Performance  
Manager**

**SWYDDOG ADRODD:  
REPORTING  
OFFICER:**

**Alison Ramsey, Director of Planning,  
Performance, and Informatics**

**Pwrpas yr Adroddiad:  
Purpose of the Report:**

The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on Key Performance Indicators (KPIs) for December 2023 – March 2024.

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

**Value for Money** - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers.  
**Excellence** - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.  
**Staff** - To have an appropriately skilled, productive, engaged and healthy workforce.

**Tystiolaeth:  
Supporting  
evidence:**

NWSSP IMTP 2023-26

**Ymgynghoriad/Consultation :**

Senior Leadership Group

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>						
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b> ✓
<b>Argymhelliad/ Recommendation</b>	<p>The Shared Services Partnership Committee is requested to NOTE:</p> <ol style="list-style-type: none"> <li>1. The significant level of professional influence benefits generated by NWSSP to 31st March 2024.</li> <li>2. The performance against the high-level key performance indicators to 31st March 2024.</li> <li>3. The improvement in recruitment Time to Hire in recent months.</li> </ol>					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct Impact
<b>Cyfreithiol: Legal:</b>	No direct Impact
<b>Iechyd Poblogaeth: Population Health:</b>	No direct Impact
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct Impact
<b>Ariannol: Financial:</b>	Professional Influence Benefits for NHS Wales
<b>Risg a Aswiriant: Risk and Assurance:</b>	Organisation Performance Assurance
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	No direct Impact
<b>Gweithlu: Workforce:</b>	No direct Impact
<b>Deddf Rhyddid Gwybodaeth/ FOIA</b>	Open

# NWSSP Performance Information Report

Covering Period December to  
March 2024

*Delivering  
Value, Innovation and  
Excellence through  
Partnership*

## Purpose

The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on Key Performance Indicators (KPIs) for December – March 2024.

Health Organisations have received their individual performance reports for Quarter 4 at the end of April 2024.

Organisational 1:1 performance meetings are being held in May and early June to discuss performance.

## Key Messages

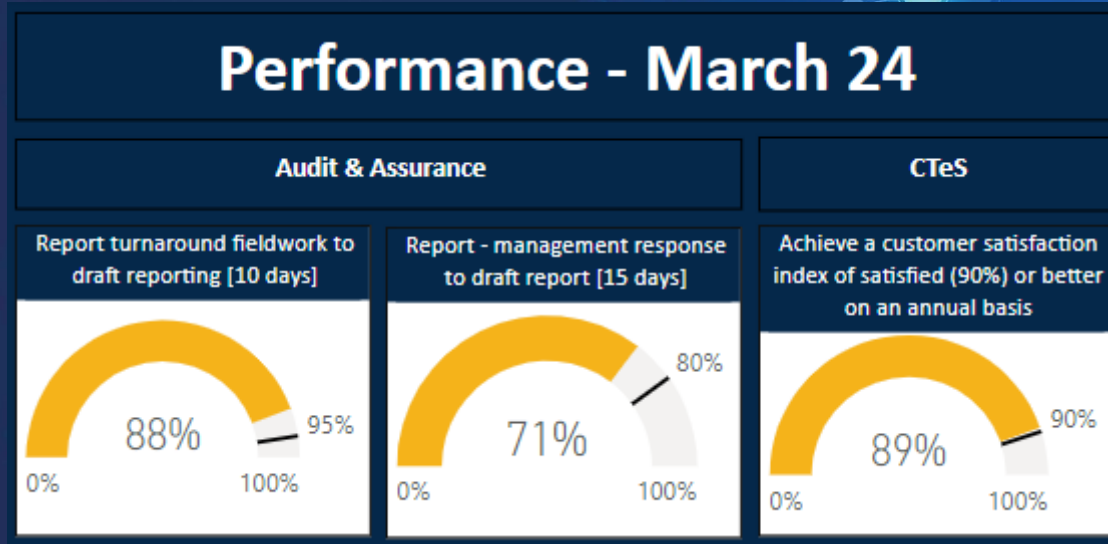
The in-month March performance was generally good with 40 KPIs achieving the target against the total of 43 KPIs.

However, 3 KPIs did not achieve the target and are considered Red/Amber. For these indicators where the target was missed there is a brief explanation included.

Time to Hire target within Recruitment has been achieved the last couple of months and Procurement Savings target was met for the year.

Professional influence benefits amount to £260M at end of March. This is further broken down on Page 13 of this report.

# Summary Position by exception – 3 KPIs off target



Of the 3 KPIs that did not achieve the targets for March

- 1 is solely the responsibility of the health organisation.
- 2 is within our gift to influence as a service provider.

# Summary of Key Performance Indicators – November 23

23/24

KFA	KPIs	Target		December	January	February	March	Trend
<b>Audit &amp; Assurance</b>								
<b>Our Services</b>	Audit opinions/annual reports on track	Y/N	Monthly	Y	Y	Y	Y	
<b>Our Services</b>	Audits delivered for each Audit Committee in line with agreed plan	Y/N	Monthly	N	Y	Y	Y	
<b>Our Services</b>	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	91%	89%	89%	88%	
<b>Our Services</b>	Report turnaround management response to draft report [15 days]	75%	Monthly	70%	71%	68%	71%	
<b>Our Services</b>	Report turnaround draft response to final reporting [10 days]	95%	Monthly	100%	97%	99%	99%	
<b>Procurement Services</b>								
<b>Our Value</b>	Procurement savings *Current Year	£16m	Cumulative	£25,315,111	£26,511,967	£27,787,162	£28,926,922	
<b>Accounts Payable</b>								
<b>Our Value</b>	Savings and Successes		Monthly	£510,016	£1,268,177	£2,376,953	£3,779,318	
<b>Our Services</b>	All Wales PSPP – Non-NHS YTD	95%	Quarterly	96.44%	Reported Quarterly	Reported Quarterly	Not Available	
<b>Our Services</b>	All Wales PSPP –NHS YTD	95%	Quarterly	87.48%	Reported Quarterly	Reported Quarterly	Not Available	
<b>Our Services</b>	Accounts Payable % Calls Handled (South)	95%	Monthly	100.00%	99.99%	95.50%	96.90%	
<b>Employment Services</b>								
<b>Payroll</b>								
<b>Our Services</b>	Overall Payroll Accuracy	99.60%	Monthly	99.77%	99.75%	99.73%	99.80%	
<b>Our Services</b>	Payroll % Calls Handled	95%	Monthly	98.01%	99.42%	96.52%	95.76%	
<b>Recruitment</b>								
<b>All Wales</b>								
<b>Our Services</b>	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	58.8%	58.7%	63.9%	69.1%	
<b>Our Services</b>	Average Days Vacancy creation to unconditional offer within 71 days		Monthly	71.30	71.20	65.70	61.50	
<b>Recruitment Responsibility</b>								
<b>Our Services</b>	Recruitment - % of Vacancies advertised within 2 working days of receipt	95%	Monthly	99.9%	98.0%	99.7%	99.8%	
<b>Our Services</b>	Recruitment - % of conditional offer letters sent within 4 working days	95%	Monthly	98.7%	97.8%	99.3%	99.0%	
<b>Our Services</b>	Recruitment % Calls Handled	95%	Monthly	99.5%	99.3%	98.9%	98.5%	

# Summary of Key Performance Indicators – September 23

23/24										
KFA	KPIs	Target	December	January	February	March	Trend			
<b>Student Awards</b>										
<b>Our Services</b>	% of NHS Bursary Applications processed within 20 days	100.00%	Monthly	100.00%	100.00%	100.00%	100.00%			
<b>Our Services</b>	Student Awards % Calls Handled	95%	Monthly	98.20%	98.48%	95.71%	96.94%			
<b>Primary Care</b>										
<b>Our Services</b>	Primary care payments made in accordance with Statutory deadlines	100%	Monthly	100%	100%	100%	100%			
<b>Our Services</b>	Prescription - keying Accuracy rates (Payment Month)	99%	Monthly	99.76%	99.79%	99.73%	99.68%			
<b>Our Services</b>	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%			
<b>Our Services</b>	Patient assignment actioned within 24 hours of receipt of request	100%	Monthly	100%	100%	100%	100%			
<b>Our Services</b>	Category A Cascade alerts to be issued within 4 hours of receipt	100%	Monthly	100%	100%	100%	100%			
<b>Legal &amp; Risk</b>										
<b>Our Value</b>	Savings and Successes	£65m annual target	Monthly	£7,729,828	£11,081,236	£25,490,149	£24,883,957			
<b>Our Services</b>	Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	100%	100%	100%	100%			
<b>Our Services</b>	Timeliness of advice response – within 3 days or agreed timescale	90%	Monthly	100%	100%	100%	100%			
<b>Welsh Risk Pool</b>										
<b>Our Services</b>	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	100%	100%			
<b>Our Services</b>	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	Monthly	100%	100%	100%	100%			
<b>Our Services</b>	Holding sufficient Learning Advisory Panel meetings	90%	Monthly	100%	100%	100%	100%			
<b>Specialist Estates Services</b>										
<b>Our Value</b>	Professional Influence	£16m annual	Monthly	£4,111,366	£3,179,646	£179,369	£322,639			
<b>Our Services</b>	Timeliness of Advice - Initial Business Case Scrutiny	95%	Monthly	Not Applicable	Not Applicable	100%	100%			
<b>Our Services</b>	Issues and Complaints	0	Monthly	0	0	0	0			
<b>CTES</b>										
<b>Our Services</b>	P1 incidents raised with the Central Team are responded to within 20 minutes	80%	Cumulative	100%	100%	100%	100%			
<b>Our Services</b>	BACS Service Point tickets received before 14.00 will be processed the same working day	92%	Monthly	100%	100%	100%	100%			
<b>Our Services</b>	Achieve a customer satisfaction index of satisfied (90%) or better on an annual basis	90%	Annual				89%			

# Summary of Key Performance Indicators – September 23

				23/24				
KFA	KPIs	Target		December	January	February	March	Trend
<b>Digital Workforce</b>								
<b>Our Services</b>	DWS % Calls Handled	85%	Monthly	95.80%	96.18%	91.41%	95.51%	
<b>Our Services</b>	Customer Satisfaction	90%	Monthly	92.20%	93.80%	92.00%	92.30%	
<b>SMTL</b>								
<b>Our Services</b>	% of incident reports sent to manufacturer within 50 days of receipt of form	90%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	% delivery of audited reports on time (Commercial)	87%	Monthly	100%	100%	100%	91%	
<b>Our Services</b>	% delivery of audited reports on time (NHS)	87%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	% delivery of Technical assurance evaluations on time	87%	Monthly	Not Applicable	100%	100%	100%	
<b>Pharmacy Technical Services</b>								
<b>Our Services</b>	Service Errors	<0.5%	Monthly	0	1	2	1	
<b>Medical Examiners Service</b>								
<b>Our Services</b>	Deaths Scrutinised	60%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Never Events	0	Monthly	0	0	0	0	
<b>All Wales Laundry</b>								
<b>Our Services</b>	Orders dispatched meeting customer standing orders	85%	Monthly	90%	96%	92%	94%	
<b>Our Services</b>	Delivery's made within 2 hours of agreed delivery time	85%	Monthly	100%	100%	100%	100%	
<b>Our Services</b>	Microbiological contact failure points	85%	Monthly	94%	94%	94%	95%	
<b>Our Services</b>	Inappropriate items returned to the laundry including Clinical waste items	<5	Monthly	0	0	0	0	

# Audit & Assurance

KFA	Division	KPIs	Target	22/23 Performance	23/24 Performance	April	May	June	July	August	September	October	November	December	January	February	March	Trend	Lead KPI
23/24																			
Our Services																			
Our Services	Audit & Assurance	Report turnaround fieldwork to draft reporting [10 days]	95%		Monthly	90%	89%	89%	95%	98%	97%	94%	88%	91%	89%	89%	88%	↓	
Our Services	Audit & Assurance	Report turnaround management response to draft report [15 days]	80%		Monthly	65%	66%	67%	100%	93%	93%	81%	68%	70%	71%	68%	71%	↑	

## What is happening?

**Audits delivered for each Audit committee within agreed plan** - Audits reports to agreed Audit Committee has been highlighted overall as “Yes” 10 of the 13 health organisations achieving the target (The 3 organisations missing the target are highlighted below). The reasons highlighted for the target to be missed were either fully or partly down to delays in carrying out field work due to sickness and resource issues within Audit but also delays in receiving information.

Audit & Assurance	
Org	
AB	Y
BCU	Y
CV	N
CTM	Y
HD	Y
HEIW	Y
DHCW	Y
NWSSP	Y
PTHB	N
PHW	Y
SBU	Y
VEL	Y
WAST	N

## What are we doing about it and when is performance expected to improve?

**Report turnaround fieldwork to draft reporting (10 days)** - Fieldwork to draft reporting turnaround times was missed in March with 182 completed from a target 206. The target for 10-day turnaround is 95%, 88% of reports were completed within that time frame.

**Report turnaround management response to draft report (15 days)** - Management Response to draft reporting turnaround times was missed in March 2024 with 125 completed from a target 177. The target for 15-day turnaround is 80% ,71% of reports were completed within that time frame.

## What are we doing about it and when is performance expected to improve?

Heads of Audit discuss any delays directly with the health orgs and are made aware of any revised timings and are confident that planned audits will still be delivered by the end of the Audit Year.

# Central Team e-business Service (CTeS)

KFA

Division

KPIs

Target

23/24  
March



## Our Services

**Our Services** CTeS

Achieve a customer satisfaction index of satisfied (90%) or better on an annual basis

90%

Annual

89%

### What is happening?

The recent annual survey conducted by CTeS slightly missed the target with 89% against a target of 90% satisfied or better. Comments from respondents related to having too much communication in relation to systems and the possibility of improving release and development documentation.

### What are we doing about it and when is performance expected to improve?

CTeS are currently undertaken site visits with each of the health organisations where any issues and improvements arising from the survey are discussed. These site visits are due to conclude by the end of May 24.

# Areas of Improvement

*Adding Value  
Through Partnership,  
Innovation and Excellence*

# Employment Services – Recruitment

FA	Division	KPIs	Target	23/24		23/24												Trend	Lead KPI		
				Performance	Performance	April	May	June	July	August	September	October	November	December	January	February	March				
Our Services																					
ervices	ES - Recruitment	All Wales - % of vacancy creation to unconditional offer within 71 days	TBC		Monthly	62.70%	63.5%	59.6%	57.3%	53.7%	55.8%	55.8%	53.7%	58.8%	58.7%	63.9%	69.1%	↑			
ervices	ES - Recruitment	Average Days Vacancy creation to unconditional offer within 71 days	71	80.8	73	Monthly	70.5	73.9	73.9	78.4	76.4	76.7	79.6	77.3	71.3	71.2	65.7	61.5	↑		K

### What is happening?

The average time to hire (TTH) across NHS Wales for March 2024 is 61.5 days and the target is 71 days. This is the lowest it has been in 2023/2024. During March activity volumes have reduced slightly in posts advertised (1,833 to 1,625) and WTE advertised (2,506 to 2,298) compared to February however, an increase was seen in the number of conditional offers sent (1,516 to 1,858).

### What we continue to do?

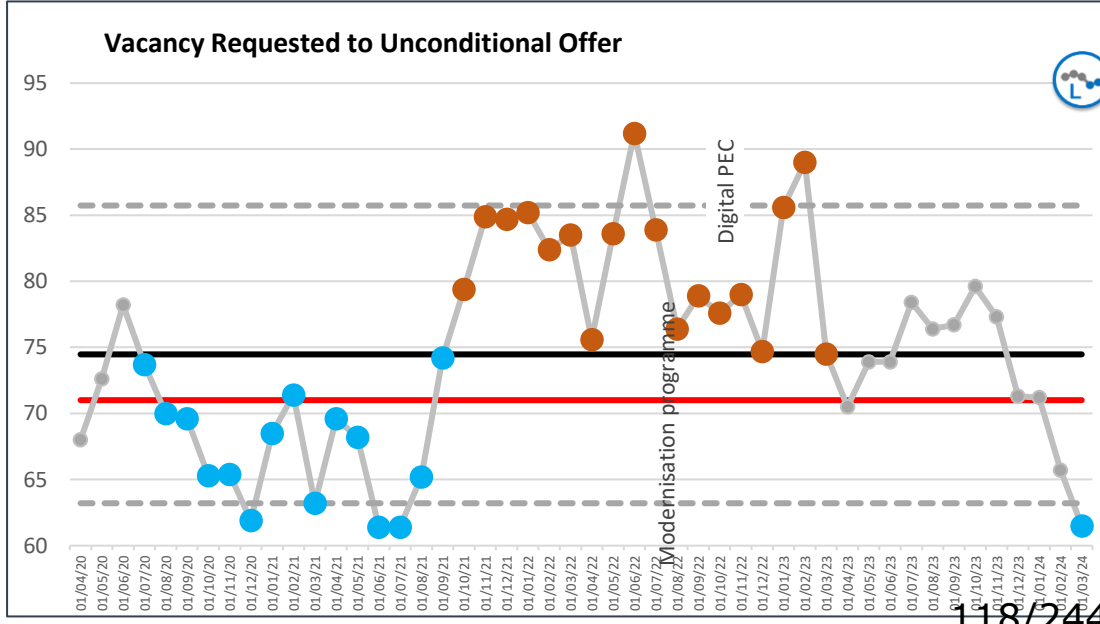
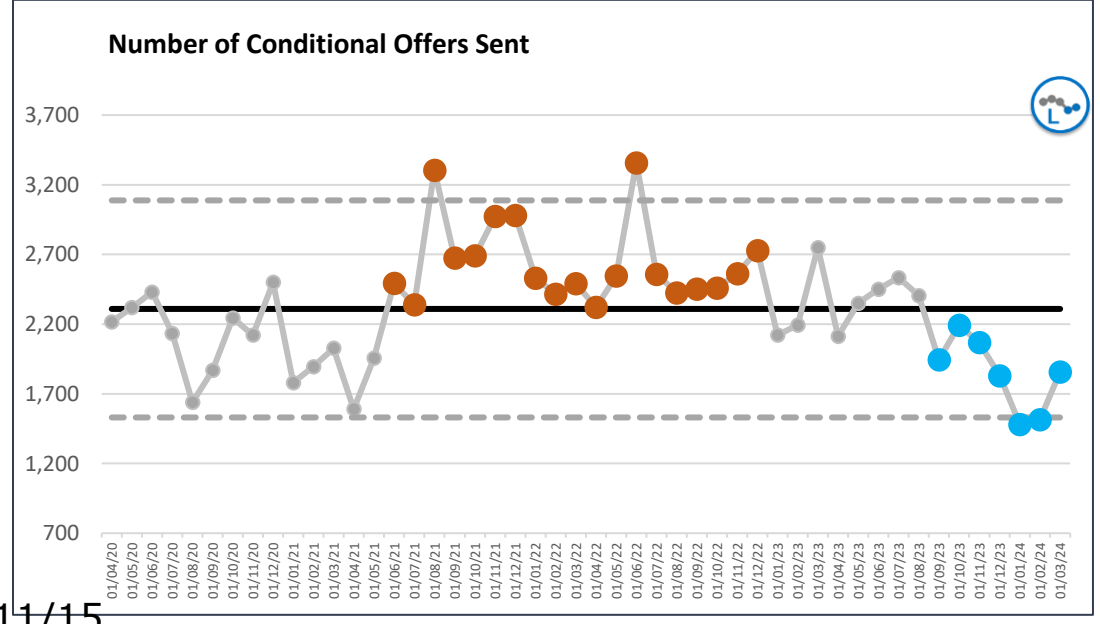
This is lowest time to hire has been for a considerable time and further illustrates the excellent work being done in partnership with your teams as part of our Recruitment Modernisation programme. Although good progress has been made on the older records in the system, there is still a way to go on closing these down and these will continue to impact on the time to hire. This activity is being supported by a commitment from the NWSSP Partnership Committee through the second phase of Recruitment Modernisation, namely the “Owning the Recruitment Journey” strand.

The Recruitment team continue to work with managers in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicant is engaged in the process.

As we can see from the TTH for Feb 24 this work is already having an impact on reducing time to hire. Recruitment continue to work with managers in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicant is engaged in the process.

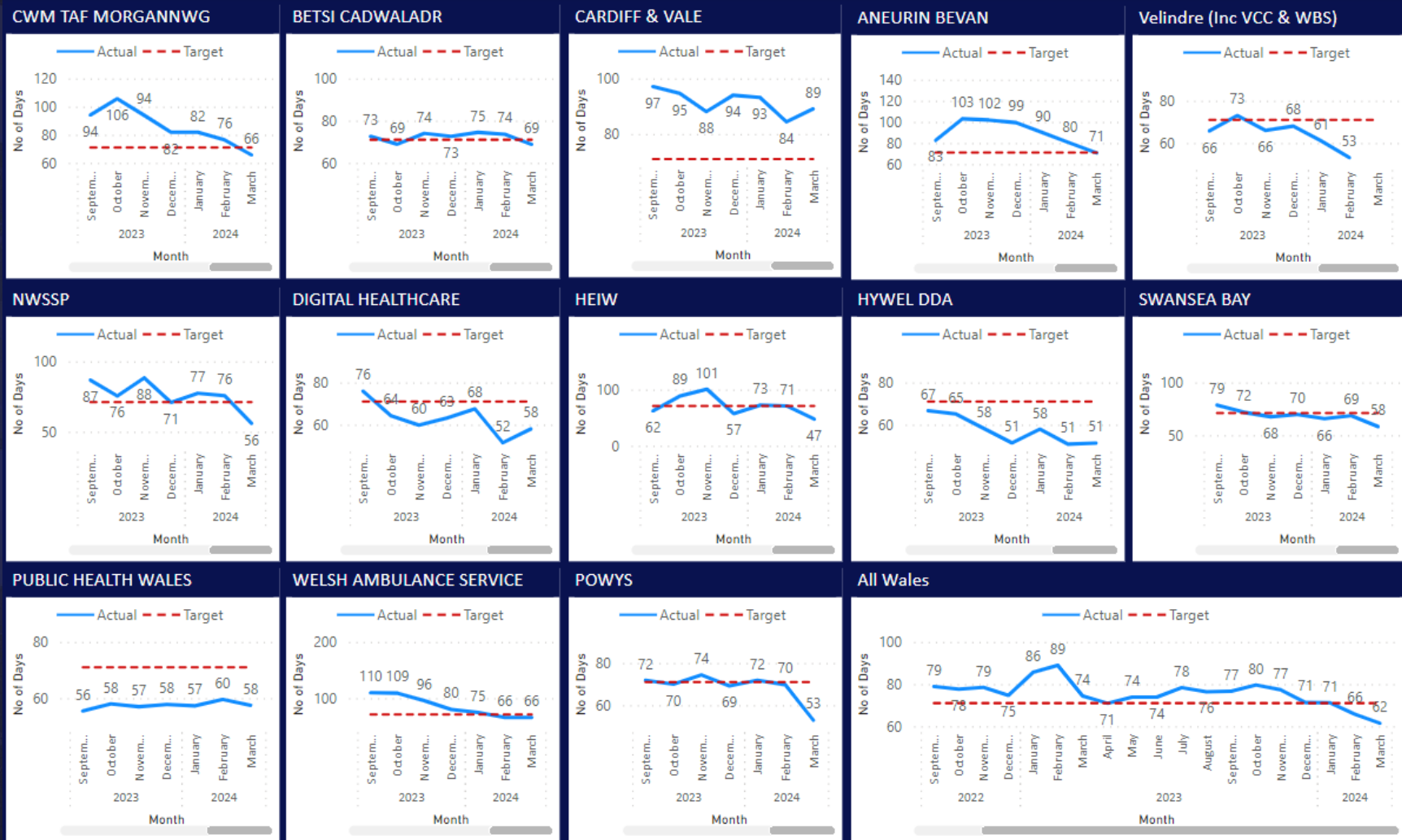
# Employment Services – Recruitment

Org	Vacancy Creation to Unconditional Offer													Trend
	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
AB	71	82	81	87	84	95	83	103	102	99	90	80	71	↑
BCU	71	73	72	73	74	75	73	69	74	73	75	74	69	↑
CV	71	81	76	81	86	88	97	95	88	94	93	84	89	↓
CTM	71	94	87	93	93	93	94	106	94	82	82	76	66	↑
HD	71	60	65	60	54	65	67	65	58	51	58	51	51	→
HEIW	71	35	74	64	76	50	62	89	101	57	73	71	47	↑
DHCW	71	61	70	59	69	72	76	64	60	63	68	52	58	↓
NWSSP	71	67	64	62	78	76	87	76	88	71	77	76	56	↑
PTHB	71	65	64	70	80	82	72	70	74	69	72	70	53	↑
PHW	71	54	63	57	61	60	56	58	57	58	57	60	58	↑
SBU	71	77	72	76	79	74	79	72	68	70	66	69	58	↑
VEL	71	71	75	78	77	65	66	73	66	68	61	53	61	↓
WAST	71	97	98	92	113	121	110	109	96	80	75	66	66	↓
All Wales	71	71	74	74	78	76	77	80	77	71	71	66	62	↑



# Employment Services – Recruitment

The charts below show the Vacancy creation to unconditional offer performance for the individual organisations September – March 24.



Vacancy Creation to unconditional offer

## Professional Influence Benefits

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance within the health organisations.

- **Legal Services** – Settled Claims savings, damages and cost savings.
- **Procurement Services** – Cost reduction, catalogue management etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- **Specialist Estates Services** – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- **Counter Fraud Services** – Financial Recoveries and prevention.
- **Accounts Payable** - statement reconciliation, priority supplier programme and the prevention of duplicate payments.

The indicative financial benefits across NHS Wales arising in the period April – March 2024 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	18.7
Procurement Services	28.9
Legal & Risk Services	175.9
Accounts Payable	13.0
Counter Fraud Services	23.1
<b>Total</b>	<b>259.6</b>

## Other points to note

### Accounts Payable – Invoices on Hold

As of March, there were **16k** invoices on hold older than 30 days and not disputed across Wales with a value of **£34M**.

Once paid these invoices will fail the Public Sector Payment Policy (PSPP).

### Information not Available - Non-NHS Public Sector Payment Policy (PSPP)

Information on the payment of non-NHS invoices within 30 days is currently unavailable. We are awaiting the final report from the Welsh Government Finance Team following the collation of the Monthly Monitoring Returns (MMR).

## Looking Ahead into 24/25

- Developing a new revised report format.
- Start to report Outcome Measures.

NWSSP would welcome feedback as these changes bed in during the year.

## Summary

The Shared Services Partnership Committee is requested to **NOTE:**

- The significant level of professional influence benefits generated by NWSSP to 31st March 2024.
- The performance against the high-level key performance indicators to 31st March 2024.
- The improvement in recruitment Time to Hire in recent months.



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM: 6.4**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

NWSSP Integrated Medium Term Plan Progress Report  
– Quarter 4 2023-24

<b>ARWEINYDD: LEAD:</b>	Alison Ramsey, Director of Planning, Performance, and Informatics
<b>AWDUR: AUTHOR:</b>	Georgia Keegan, Assistant Planning Manager
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Georgia Keegan, Assistant Planning Manager
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<a href="mailto:georgia.keegan@wales.nhs.uk">georgia.keegan@wales.nhs.uk</a> / MS Teams

**Pwrpas yr Adroddiad:  
Purpose of the Report:**

The purpose of this report is to provide the Partnership Committee with an update on the progress of our Integrated Medium-Term Plan (IMTP) for Quarter 4 2023-24.

This report will also be shared with Welsh Government and form part of our JET meeting on the 13<sup>th</sup> of June.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	<p><b>Our Services</b> – Driving the pace of innovation and consistently providing high quality services.</p> <p><b>Our Value</b> – maximising the benefit, efficiency. And social impact of what we do for our partners.</p> <p><b>Our People</b> - Working together to be the best that we can be.</p>
<b>Tystiolaeth: Supporting evidence:</b>	The NWSSP IMTP 2023/2026, as approved by the Partnership Committee in January 2023 and submitted to Welsh Government.

**Ymgynghoriad/Consultation :**

Supporting evidence provided by NWSSP Divisions.

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>							
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>		The committee is asked to note the content of the paper and provide feedback to inform future reports.					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Not applicable
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Iechyd Poblogaeth: Population Health:</b>	Not applicable
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol: Financial:</b>	Not applicable
<b>Risg a Aswiriant: Risk and Assurance:</b>	Assurance that NWSSP has achieved the 2023/24 IMTP objectives. If objectives have not been achieved, then they have targeted actions for 2024-25.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> Governance, Leadership and Accountability
<b>Gweithlu: Workforce:</b>	Not applicable.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open.

# NWSSP Integrated Medium Term Plan 2023-26 Progress Report

-  
2023/24 Quarter 4



Report author: Georgia Keegan  
Version: 1.0  
Date: April 2024

*Delivering Value,  
Innovation and Excellence  
through Partnership*

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<b>7. People and Organisational Development Plan</b>	<b>pg20-22</b>
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<b>9. What does our 2023-24 IMTP activity mean for our customers?</b>	<b>pg23-24</b>
<b>10. Conclusion</b>	<b>pg24</b>

## 1. Background

This is the final report of the 2023-24 IMTP which will provide an overview on the progress relating to delivery of our IMTP objectives during the year.

The monitoring system, via Microsoft Lists (MS Lists) has continued to be an effective way of tracking our progress against each of the objectives we set for year 1 and will continue as our reporting mechanism for 2024-25.

Moving into Quarter 4 reporting, we have sustained the rigour to our reporting, as seen within Quarter 3, with the focus on those objectives that are being reported as 'off track', with scrutiny being applied through our Quarterly Review process, the Quarter 4 Review cycle started on 11 April through to 24 April 2024.

A total of 74% of our objectives are either completed and on track for delivery as part of those longer-term programmes of work or have been successfully achieved, as planned, in year across our divisions.

For those objectives not completed and not completed due to external factors, we have targeted actions for 2024-25 with a view to bring them back in line or to complete and close within the year. The Quarter 4 analysis contains more details on those ongoing objectives.

## 2. Key Areas of Focus

This section continues to highlight activity focused on the Key Deliverables we identified as part of our Year 1 plans; we have made good progress in all areas as reflected in the table below.

Our key 2023-24 priorities focused around:

- Good financial governance
- Decarbonisation and Climate Change
- Implementation of our new Digital Strategy
- Employee Wellbeing

Key Deliverable Year 1	What this means to our customers	Where are we at Quarter 4?
<ul style="list-style-type: none"><li>• Implementation of the national e-prescribing programme with DHCW.</li></ul>	<ul style="list-style-type: none"><li>• Reduce/eliminate the need for paper prescriptions.</li><li>• Efficiencies in dispensing reimbursement and information services.</li><li>• Supporting sustainable service delivery within community pharmacy.</li></ul>	<ul style="list-style-type: none"><li>• Rollout remains on track and is now live in 2 General Practices and 2 Pharmacies (1 Boots &amp; 1 Invatech), with another 6 out of the 7 pharmacy suppliers who cover all 700 pharmacy premises across Wales to go through the assurance process and take forward to the go-live stage.</li></ul>

<ul style="list-style-type: none"> <li>Electronic Staff Record Transformation Programme.</li> </ul>	<ul style="list-style-type: none"> <li>A flexible, agile workforce system that is more responsive to NHS Wales needs with seamless interfaces to other NHS Wales E-Systems.</li> </ul>	<ul style="list-style-type: none"> <li>The Invite to Submit an Initial Tender (ISIT) has been evaluated.</li> <li>The Proof of Concept stage will commence in Quarter 1 of 2024-25 as planned.</li> <li>Four early adopter sites have been identified to work with Digital Workforce and Employment Services teams to define processes and guidance before launching across the rest of Wales.</li> </ul>
<ul style="list-style-type: none"> <li>Supporting NHS Wales Organisations in the development and implementation of decarbonisation plans whilst implementing and ensuring our own decarbonisation plans are on track.</li> </ul>	<ul style="list-style-type: none"> <li>Supporting NHS Wales to deliver their respective decarbonisation plans.</li> </ul>	<ul style="list-style-type: none"> <li>The updated NWSSP Decarbonisation Action Plan for 2024-26 has been submitted to Welsh Government and is fully aligned to the NHS Wales Decarbonisation Strategic Delivery Plan.</li> <li>NWSSP staff engagement activities are being planned in 2024-25 to support embedding the Plan and wider awareness of decarbonisation and climate change with staff.</li> </ul>
<ul style="list-style-type: none"> <li>Leading on the All-Wales International Nurse Recruitment Programme whilst developing a more streamlined model.</li> </ul>	<ul style="list-style-type: none"> <li>Improved vacancy position.</li> <li>Reduction in temporary staffing and variable pay costs.</li> <li>Improved delivery of front-line patient care and minimisation of clinical risk posed by nurse staffing deficits.</li> </ul>	<ul style="list-style-type: none"> <li>372 candidates are now onboarded as part of Phase 2.</li> <li>32 candidates have been successfully onboarded from the May 2023 Kerala in-country recruitment event.</li> <li>95 conditional offers of employment have been made across Wales from the second in-country recruitment event in November 2023.</li> <li>A working group has been established to implement an All-Wales International Recruitment App to support the Pastoral Care Workstream/ Candidate onboarding experience.</li> </ul>
<ul style="list-style-type: none"> <li>Supporting the proposed introduction of the national ophthalmic contract for Wales.</li> </ul>	<ul style="list-style-type: none"> <li>Clinical service delivery shift from secondary to primary care.</li> <li>Investment in training and service delivery to support the eye care programme.</li> </ul>	<ul style="list-style-type: none"> <li>The project remained on track and will be handed over to Health Boards for operational launch in April 2024, with support from Primary Care Services in the new clinical pathways.</li> </ul>
<ul style="list-style-type: none"> <li>Expanding the range of drugs offered through our Pharmacy Technical Services to reduce purchase and</li> </ul>	<ul style="list-style-type: none"> <li>Resilient and cost-effective supply of high-risk medicines to patients.</li> </ul>	<ul style="list-style-type: none"> <li>New products are being assessed based on Wellsky (a pharmacy system used across Wales in secondary care) usage data. Pharmacy services can use the reports to assess the</li> </ul>

distribution costs for Health Boards.		usage of drugs to support identifying target drugs for manufacture.
<ul style="list-style-type: none"> <li>• Deliver foundational Economy workplan for NHS Wales.</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting Health Organisations to develop their Foundational Economy role.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued to identify opportunities across Wales inclusive of national procurements.</li> <li>• Engaged with Welsh Government and across the wider Welsh Public Sector, on the statutory guidance associated to the Social Partnership and Public Procurement (Wales) Act 2024.</li> </ul>
<ul style="list-style-type: none"> <li>• Leading on the implementation of the Duty of Candour across NHS Organisations in Wales.</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting the Duty of Candour to be embedded within Health Organisations.</li> </ul>	<ul style="list-style-type: none"> <li>• The Duty of Candour (DoC) Network is well established and meets regularly.</li> <li>• The plans to analyse data and present the reports required by legislation are well under way.</li> <li>• The Welsh Risk Pool Team have validated pilot data reviews of DoC information.</li> </ul>
<ul style="list-style-type: none"> <li>• Improving candidate experience through a modernised recruitment service.</li> </ul>	<ul style="list-style-type: none"> <li>• Creating efficiencies by reducing the time to hire and improved recruitment experience for managers and applicants.</li> </ul>	<ul style="list-style-type: none"> <li>• The NWSSP Recruitment team and other NHS Organisations have continued to work on creating efficiencies through closing old records to demonstrate a more accurate time to hire. A reduction of 13.9 working days has been seen from October 2023 to February 2024.</li> <li>• The number of open records in Trac over 91 days from conditional offer was 1023 in June 2023, this is now at 247 as at 2nd April 2024.</li> </ul>
<ul style="list-style-type: none"> <li>• Implementation of our Digital Strategy to enable a digital workplace and to drive innovation.</li> </ul>	<ul style="list-style-type: none"> <li>• Optimizing efficiencies, customer experience and satisfaction.</li> </ul>	<ul style="list-style-type: none"> <li>• The implementation of Phase 2 of the Digital Strategy will continue into 2024-25. Financial and resourcing constraints have delayed progress as resources have had to focus on operational priorities, mainly in supporting divisional IMTP solution delivery objectives.</li> </ul>
<ul style="list-style-type: none"> <li>• Removal of single use plastic from within our laundry production process.</li> </ul>	<ul style="list-style-type: none"> <li>• Creating a safer way to transport linen.</li> <li>• An end to the purchase of single use plastic on Health Board wards.</li> </ul>	<ul style="list-style-type: none"> <li>• Removal of single use plastic bags has not progressed as quickly as anticipated due to operational demand, such as the closure of the Glangwili site and the TUPE of Church Village staff. Therefore, this work will need to continue into 2024-25.</li> </ul>

<ul style="list-style-type: none"> <li>Leading the Transforming Access to Medicines Programme to reconfigure Pharmacy Services across Wales into a single shared service.</li> </ul>	<ul style="list-style-type: none"> <li>Creating supply chain resilience and cost efficiencies across Health Organisations and improving the patient experience around medicines.</li> </ul>	<ul style="list-style-type: none"> <li>Business Cases for Southeast Radiopharmacy and Hub are being prepared.</li> <li>Staffing structures and job descriptions are being prepared for the new service ready for consultation.</li> <li>Active engagement with DHCW on scoping the digital needs of the new service.</li> <li>Education and Training of staff across Wales being supported with HEIW.</li> <li>Work will continue in 2024-25 with the construction of Southeast Radiopharmacy and completing the business case and initiate agile procurement of a digital solution.</li> </ul>
<ul style="list-style-type: none"> <li>Improving medical, dental and pharmacy trainee experiences within Single Lead Employer.</li> </ul>	<ul style="list-style-type: none"> <li>Improving trainee experiences to support retention across NHS Wales.</li> </ul>	<ul style="list-style-type: none"> <li>Working with HEIW in streamlining the content and number of reports provided by HEIW to reduce the number of overpayments due to late terminations.</li> <li>Working with University Health Boards and GP colleagues to improve the reporting of accurate sickness information.</li> <li>SLE Officer was established permanently to lead on monitoring and review of parental leave and sickness cases in line with the Managing Attendance Policy.</li> <li>The employment contract and Employment Management agreement was finalised by March 2024 with a start date in May 2024 as planned.</li> </ul>
<ul style="list-style-type: none"> <li>Future proofing our All Wales Laundry service through succession Planning, inclusive of apprenticeships.</li> </ul>	<ul style="list-style-type: none"> <li>Developing a more resilient laundry service resulting in less disruption to production.</li> </ul>	<ul style="list-style-type: none"> <li>All lead supervisors have been recruited as part of the new production supervisor model.</li> <li>All apprentices have now been trained and are embedded within the engineering teams. Recruiting new apprentices will continue into 2024-25.</li> </ul>
<ul style="list-style-type: none"> <li>Embedding Equality and Diversity into our workplace culture and thinking.</li> </ul>	<ul style="list-style-type: none"> <li>Promoting a fair and inclusive work environment that supports and fosters innovation.</li> </ul>	<ul style="list-style-type: none"> <li>In supporting an inclusive culture we have rolled out an inclusive recruitment module, developed an LGBTQ+ plan that aligns with the Welsh Government Action Plan, recruited Diversity and Inclusion Ambassadors and introduced several webinars,</li> </ul>

		including International Women's Day and Ramadan.
<ul style="list-style-type: none"> <li>Developing our workforce capability to meet the changing needs of the organisation and NHS Wales.</li> </ul>	<ul style="list-style-type: none"> <li>Striving to ensure we have a workforce capable of delivering excellence and meeting the needs of NHS Wales.</li> </ul>	<ul style="list-style-type: none"> <li>Senior Leadership development commenced in Unconscious Bias and Anti Racism Training.</li> <li>Service Improvement and Project Management training has been advertised across the organisation.</li> <li>The launch of a workforce planning strategy, toolkit and microsite have also taken place.</li> </ul>
<ul style="list-style-type: none"> <li>Developing our Health and Wellbeing offering to staff through collaborative working.</li> </ul>	<ul style="list-style-type: none"> <li>Enables an engaged workforce that fosters Health and Wellbeing, consequently contributing to successful delivery of objectives.</li> </ul>	<ul style="list-style-type: none"> <li>Several activities have taken place to support staff Health and Wellbeing, which include delivering stress awareness sessions and events around 'Time to Talk Day.'</li> <li>We have finalised a Health and Wellbeing webinar which will launch in 2024-25.</li> </ul>

## Achievements in 2023-24

In Quarter 4 we have seen further progress being made towards achieving our IMTP objectives that form part of our 3-year rolling plan.

A total of **74%** of our objectives are either completed and on track for delivery as part of those longer-term programmes of work or have been successfully achieved, as planned, in year across our divisions.

A number of these achievements have created internal efficiencies at NWSSP and supported All Wales initiatives and widening access:

- Refresh the audit approach of using data analytics and updating the quality manual (documents the audit approach across the key aspects of delivering the audit service including planning, audit delivery and reporting, along with key information on other aspects of how the division operates.) to ensure the service provided remains in line with good practices and professional standards.
- Improved access to low emission vehicles through salary sacrifice arrangements. There are now 3,852 out of 4,230 salary sacrifice vehicles on the road that are electric/hybrid.
- Established a postgraduate Engineering scheme for Network 75 students, which will enable access to well trained and highly competent engineers to support succession planning.
- Development of an environmental scorecard to support carbon footprint impact measures in our laundry sites.

- Conducted an energy/environmental efficiency survey to improve sustainability at each Laundry.

Achievements impacting on our partners include:

- Increased product range within our Pharmacy Service which means a more resilient and cost-effective supply of high-risk medicines to patients.
- Rolled out a new Student Streamlining Service software, which will improve the customer journey and more efficient appointments for healthcare students on the NHS Wales Bursary Scheme.
- Facilitated the implementation and support of the transition to a new Occupational Health software provider, which will reduce NHS Wales recruitment and screening times, and standardise the implementation of Occupational Health Software modules, policy, and processes across the NHS in Wales.
- Supported the overseas recruitment campaign on an All Wales model, developing a more streamlined model for international recruitment.
- Supporting NHS organisations across Wales in relation to litigation arising from the Covid-19 pandemic and the Public Inquiry, ensuring they receive expert legal advice, which supports careful decision-making and legal risk management.
- Supported the delivery of the Decarbonisation Strategic Plan 2021-2030 across NHS Wales.

We have continued to work on our wider programmes of work which will continue to progress in 2024-25, these include, but are not limited to:

- Implement the new All Wales QlikView replacement reporting tool agreed upon by Business Intelligence (BI) group and Strategy and Development Group (STRAD).
- Development of a National Unlicensed Medicines Policy and approach.
- Leading the development of the People Portal Transformation Programme
- All Wales International Recruitment Programme.
- Implement the Recruitment and Payroll Modernisation Programmes.
- Continue to lead the implementation of the Duty of Candour across NHS bodies in Wales.
- Continued roll-out of Scan4Safety systems across theatres, Linking with Cardiac Network to drive efficiency, deliver value and enhance patient safety.
- Implement the NWSSP components of the national e-Prescribing Programme with Digital Health and Care Wales (DHCW).
- Support Health Boards on the operational launch of the clinical pathways of the National Ophthalmic contract for Wales.

## **Objectives not completed.**

We have a total of **7%** of our objectives being recorded as 'not completed-carry over to 2024-25 IMTP' and **14%** of our objectives being recorded as 'not completed due to external factors-carry over to 2024-25 IMTP'. We have scrutinised these objectives and have concluded a small number of themes that can be associated with not delivering our target actions, these are:

- Resource implications where reduced internal resources (primarily staffing), diverted resources to other projects, delayed equipment or commitment from external staffing resources have impacted progress.
- Delays in approval and agreement from partners so that work can progress, for example, deferred meetings, engagement activity or delayed feedback.
- Supplier challenges have hindered the progression of some programmes of work, for example, because of delayed invoicing or complexity of the programmes.

## **Plans to support objectives for 2024-25**

Going into 2024-25 we will focus on those objectives that were not completed and were carried over. We will consider options such as support from our Project Management Office (PMO) and Service Improvement Team to get these objectives back on track.

These objectives will continue to be a key area of scrutiny in our Quarterly Reviews with Divisions. All Quarterly Reviews have been planned with dates in the diary for 2024-25.

## **Lessons Learnt**

Throughout the year we have learnt lessons which have been integral to our 2023-24 planning approach. These include:

- The quarterly report provided to the Senior Leadership Group and the Partnership Committee remain a good opportunity to share information and discuss emerging issues throughout the year.
- The timing of the quarterly report writing does often not align with the Quarterly Review process, further work to support alignment will be worked through in 2024-25.
- There has also been a focus within Quarter 3 and Quarter 4 on objectives that need to be deferred into 2024-25 and beyond to ensure our plans remain realistic for the 3 year IMTP period.
- Further work is required to shape more focussed objectives following SMART principles alongside articulating the outcomes of objectives and the wider benefits for NHS Wales and our partners.

### 3. Ministerial Priorities

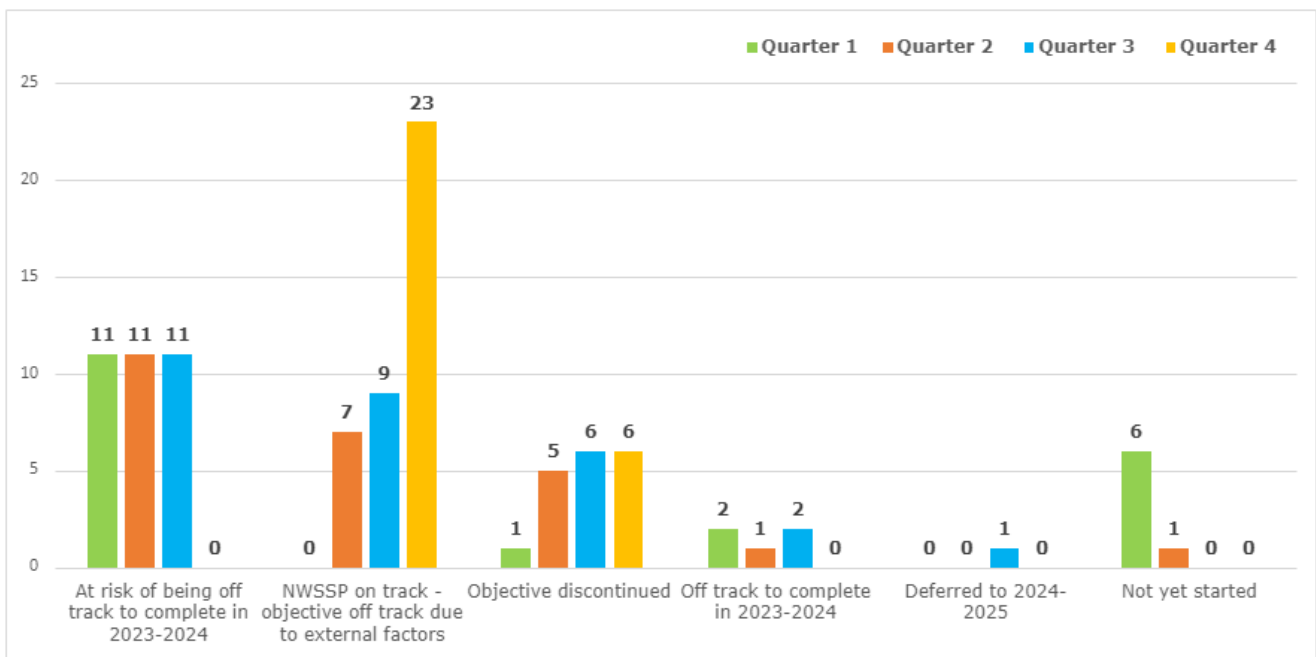
As highlighted in our previous reports, the Ministerial Priorities in the 2023-26 Planning Framework are primarily directed at local Health Boards and Planned Care Programmes. The work within our plans that will contribute and provide support to these, some of which have been covered in pages 3-6 include:

- National Workforce Implementation Plan, inclusive of:
  - International recruitment
  - ESR transformation
  - Recruitment modernisation
- National Ophthalmic Contract for Wales
- Electronic Prescribing Service
- Booster and Vaccinations Distribution
- COVID-19 Public Inquiry and litigation

### 4. Quarter 4 analysis

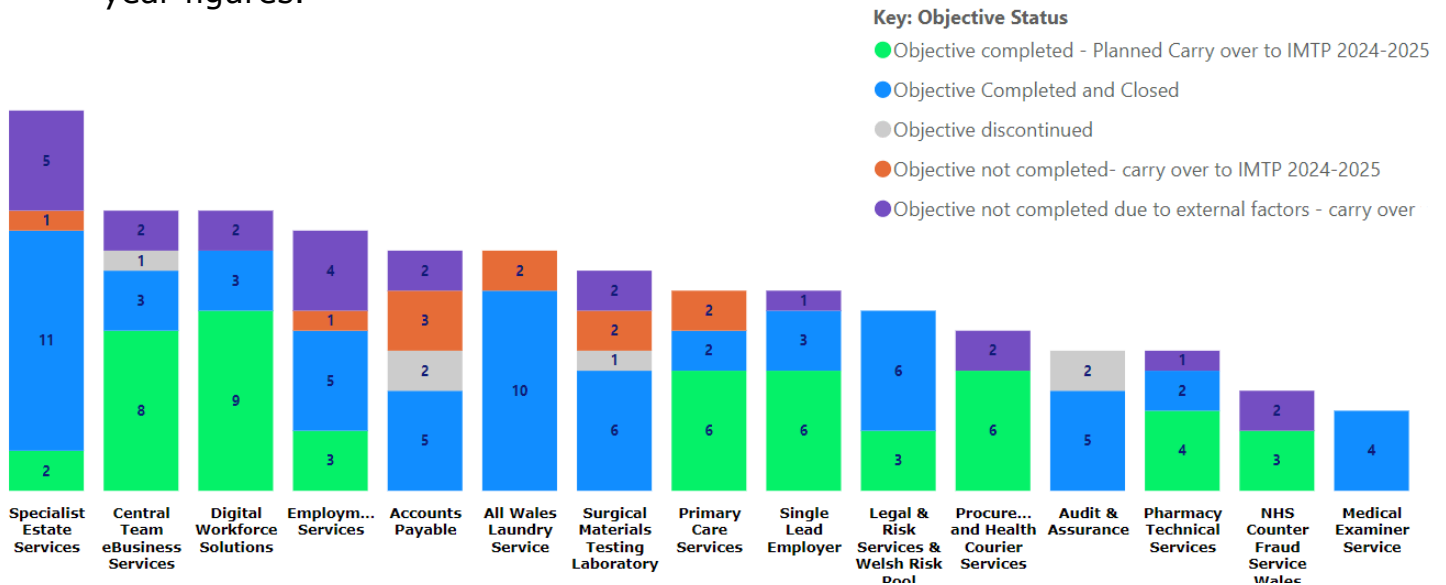
#### Overview analysis

In Quarter 4 **115** objectives out of the total **155** objectives have been '**completed and closed**' or '**completed with planned carry over to 2024-25**' and incorporated into our IMTP for 2024-2027. **Figure 1** below shows a comparison by quarter, of the status of comparable objectives across the year. Further details on these and the remaining objectives can be found on **pages 11-18**.



**Figure 1:** Objective Status comparison by Quarter

Reporting remains on a self-assessment basis by the divisional Heads of Service, scrutinised through the quarterly review process which commenced in April 2024. **Figure 2** shows the split of objective status by division, full year figures.



**Figure 2** – Full year objective status breakdown by division

**Not completed – carry over to IMTP 2024-25:** We have **11** objectives not completed in 2023-24, **1** of which remains from Quarter 3 and **2** have progressed from at risk of being off track in Quarter 3, details can be found in the table below. All **11** objectives have targeted actions for 2024-25 with a view to bring them back in line or to complete and close within the year.

The objectives and targeted actions are as follows:

Division	Objective Update	Desired Objective	Targeted Action
Accounts Payable	At risk of being off track in Q3.	Develop a Salary Sacrifice Dashboard if portal rejected.	Awaiting further feedback on staff benefits and establishment of a task and finish group with Health Organisation representatives. Continue to work with Employment Services in building and developing the dashboard.
Accounts Payable	On track in Q3.	Increase the number of statement reconciliations to 300 by the 31st March 2024.	The contract has been awarded to Fiscal Tec. There will be continued work in 2024-25 to address in-house issues, as well ensuring the top 400 suppliers are operating through the new software.
Accounts Payable	On track in Q3.	Commence an e-Trading trial using PEPOL.  PEPOL (Pan-European Public Procurement On-Line) is a standard that enables your company to send electronic invoices to public sector clients.	There has been a delay in project activity for electronic Order and Invoice PEPOL development due to project support from all parties, including Global Healthcare Exchange (GHX), Cegedim (NET EDI) and NHS Supply Chain. Work is progressing with the eOrder with a scheduled go live date in Q1 2024-25, while testing for invoicing starts in Q2 2024-25.

Division	Objective Update	Desired Objective	Targeted Action
All Wales Laundry Service	Status remains the same as Q3.	Review and optimise shift patterns and operating hours for existing service.	The delayed installation of the new equipment across the service has impacted the amendments to shift patterns. Shift pattern changes have taken place in Greenvale Laundry. The new equipment across sites will be installed during Q1 and Q2 2024-25, which will enable a review to optimise the shift patterns, allowing for greater efficiencies in the production and processes.
All Wales Laundry Service	NWSSP on track - objective off track due to external factors in Q3.	Removal of single use plastic from within the production process.	Due to other operational demands, this objective has not proceeded as planned. Work will continue in 2024-25 with a coordinated approach between Laundry Services and Health Boards to ensure removal of single use plastic.
Employment Services	On track in Q3.	In line with the National Workforce Implementation Plan, we will support the development of NHS Wales Volunteers.	An update has been provided to Welsh Government on the All Wales database system solution and a presentation given to the Volunteer Management Group. There has been delay in bringing together Welsh government and eight volunteer health board managers. Work will continue into Spring/Summer 2024 and an evaluation completed of the implementation.
Primary Care Services	On track in Q3.	Decommission National Health Application and Information Services (NHAIS) system in Wales.	There has been a delay in user testing as some label printer models have not been configurable with the software. Root cause analysis has been undertaken to identify a solution/requirement. Parallel running is scheduled to commence on 22 April 2024 with a view to going live week commencing the 29 April 2024.
Primary Care Services	On track in Q3.	Automate the Performers List process.	The suppliers were originally meant to deliver in 2023/24 but they have had multiple setbacks, so won't deliver until midway through 2024/25. The project board have agreed change in the delivery plan. Delivery now in one phased approach - UAT planned Late June 2024.
Specialist Estate Services	On track in Q3.	Oversee delivery of Primary Care pipeline Post Project Evaluations (PPE).	The PPE Workshop was not completed until late March 2024 due to the late return of completed pre-workshop questionnaires and the agreement of a mutually acceptable date for a workshop by all stakeholders. The production of a draft report for Health Board sign-off has now commenced in late March 2024 and intends to be completed and circulated in Quarter 1 2024-25.
Surgical Materials	On track in Q3.	Implement new Laboratory Information Management System	There was a resource implication of key personnel leaving the post, which meant a delay in the progression of work. Additional

Division	Objective Update	Desired Objective	Targeted Action
Testing Laboratory		(LIMS) to modernise the system.	staff members have been trained to address this and the remainder of work will continue during 2024-25.
Surgical Materials Testing Laboratory	At risk of being off track in Q3	Validate test method for viral penetration (clothing/gloves). Requirements and test methods. Validate bacterial filtration testing of medical masks in accordance with BS EN 14683	We are awaiting delivery of a gas regulator, which will fix to the compressed air cylinder so the gas pressure can be regulated to the correct pressure for the testing. Staff have been progressing with familiarising themselves with culture preparation and validating culture conditions, so they are ready to continue and complete in 2024-25 validation work, including the written method.

**Not completed due to external factors – carry over to IMTP 2024-25:**

We have **23** objectives not completed in 2023-24 due to a variety of external factors. 6 remain from Quarter 3, targets actions for these objectives can be seen in the table below.

Division	Objective Update	Desired Objective	Targeted Action
Accounts Payable	At risk of being off track in Q3	Support any Procure 2 Pay (P2P) initiatives that emerge from the All Wales P2P Forum and the NWSSP P2P Group.	There were no formal governance arrangements following the closure of the All Wales P2P Forum last September. At the November 2023 Shared Services Partnership Committee meeting it was agreed that the Committee would provide the future governance forum for All Wales P2P initiatives with the first meeting scheduled for 24th May 2024.
Accounts Payable	On track in Q3.	Working with the Service Improvement Team to identify improvement opportunities in relation to the Purchase to Pay arrangements for: a) Reducing the number of invoices on Hold older than 30 days. b) Reducing the number of invoices on a No PO No Pay hold. c) Straight through processing improvement.	Engagement has taken place with Procurement and a Steering Group has now been established. Due to year-end pressures, no changes to the process have taken place to date. Engagement with Health Boards will take place in April 2024 on proposed next steps.
NHS Counter Fraud Service (CFS) Wales	On track in Q3.	Review of current counter fraud delivery model.	Counter Fraud Steering Group (CFSG) Working Group has been formed. Finance Academy hosted a meeting with CFS Wales and LCFSs to conduct a Strategic Review of Counter Fraud Services and agree on a way forward following the review paper on the current

Division	Objective Update	Desired Objective	Targeted Action
			NHS Counter Fraud arrangements in Wales. The CFSG working group have met and agreed further consultation with LCFs is required before reporting back to DOFs. Finance Academy will feedback to the CFSG Working Group in Q1, who will agree on a way forward and report back to DOFs and Welsh Government on the preferred option for the future structure of counter fraud resources in NHS Wales.
NHS Counter Fraud Service Wales	On track in Q3.	Achieve Cabinet Office Government Counter Fraud Professional Standards (GCFPS).	NHS Counter Fraud Authority (NHSCFA), Welsh Government and the Counter Fraud Service (CFS) met in Q4 to agree on the SLA for 2024-2025. NHSCFA has agreed to support CFS Wales applications once membership criteria are changed. Therefore, once the membership criteria has changed, CFS Wales will apply for Government Counter Fraud Profession (GCFP) membership. There will be further CFS Wales liaison with NHSCFA via quarterly meetings to monitor key services provided to NHS Wales.
Central Team eBusiness Services	On track in Q3.	Continue to develop content for All Wales Finance Learning & Development Package for Organisations to adopt or tailor.	There has been some progress in modules e.g. P2P, and General Ledger (generic guidance documents). This is not completed due to lack of Health Organisation support, despite continued requests made, escalated to STRAD to make them aware. Health Organisations need to provide information on local processes or accept it will not be possible to complete the objective.
Central Team eBusiness Services	At risk of being off track in Q3	Refine the Business Intelligence (BI) consortium usage-based recharge model to reflect the changing cost basis of the new tool.	Due to the Governance Board STRAD deferring, we have been unable to present re-charge options. We continue to work with Health Organisations to agree on what metrics will be used to calculate the Finance re-charge options.
Digital Workforce Solutions	Status remains the same as Q3	Support the National Medical Workforce productivity agenda and lead on National Initiatives.	The rate card group which aims to reach an agreement on rates for additional duty hours for Consultants, Specialty and specialist doctors, and Junior doctors across all employers in NHS Wales, is currently on hold until the newly formed job planning group is established. The rate card group, job planning group and exploration of a collaborative medical bank will form part of the reduction in agency agenda in 2024-25. NWSSP will continue to work with NHS Employers, Workforce and Organisational

Division	Objective Update	Desired Objective	Targeted Action
			Development, Medical Directors and Directors of Finance under this umbrella.
Digital Workforce Solutions	Status remains the same as Q3	Award Workforce Systems on an All Wales Basis.	Full E-Scheduling Procurement has been published and submissions received. Evaluation reviews are underway with the presentation days scheduled for April 2024. The award timescales are off track; however, a 12-month extension has been secured with the current provider to maintain service delivery. The formal award is expected to take effect from 1 July 2024.
Employment Services	On track in Q3	Create an All Wales Staff Benefits programme.	There has been a lack of responses from the WOD community for representation to attend and participate in All Wales Benefits Task and Finish Group, despite several requests going to Workforce and Organisational Directors (WODs) and Deputy Workforce Organisational Directors (DEWODs). This will be picked up again with workforce colleagues at WODs and DEWODs and direct emails will be sent chasing down Health Board representation.
Employment Services	On track in Q3.	Implement the recruitment element and process in relation to the new Occupational Health (OH) system.	The process to enable access to multiple OH providers has not yet been developed and signed off. In 2024-25 we will continue to support OH Teams to develop and implement All Wales process/system for organisations that use multiple OH providers within NHS Wales.
Employment Services	At risk of being off track in Q3	A workforce system that supports the Primary Care Model for Wales.	The Project Board was informed by the supplier in March 2024 that the revised go-live date of 14 May was no longer achievable. Consequently, the supplier is completing a reset implementation plan with proposals to change the build environment to increase efficiencies but without loss of functionality with delivery by 17 July. A Voluntary Ex-Ante Transparency Notice (VEAT-notifying the termination of their services) has been issued to establish an extension of the legacy workforce system to 14 June. It will require a contingency service of manual submissions by GP Practices for over 4 weeks. The build will be closely monitored throughout April/May as any further slippage of go-live will extend the need for manual processing. There will be no ability to return to the legacy system at that time.

<b>Division</b>	<b>Objective Update</b>	<b>Desired Objective</b>	<b>Targeted Action</b>
Employment Services	Discontinued in Q3	Implement vetting process for Non Executive Directors for non NHS organisations on behalf of Welsh Government.	Welsh Government decided in Q3 to not continue with implementation, however, in Q4, that decision was reversed. Therefore, the next steps of written confirmation of funding to be provided to NWSSP, job description to be developed and matched, process and template documents to be finalised, and recharge mechanism to be agreed for DBS checks. Implementation date yet to be agreed upon.
Pharmacy Technical Services	Status remains the same as Q3	Takeover of all Medicines Stockpile and Chemical Biological, Radiological Nuclear (CBRN).	This programme is currently on hold as awaiting Welsh Government approval to proceed with the programme. Pharmacy Services have completed what they can and will continue to engage with Welsh Government to ensure the implementation of the stockpile element of the SLA.
Procurement and Health Courier Services	At risk of being off track in Q3	Modernise National Distribution Centre (NDC) warehousing, hospital inventory management and Transport and Logistics Model for NHS Wales.	Awaiting confirmation of TRAMS on whether the space identified will continue as Pharmacy and warehousing. SupplyX ward based bar-coding will not roll out any further until more resources are made available by Health Boards. Targeted fleet replacement not achieved due to lack of capital. Additional resilience stock is still on hold as we await the outcome from TRAMS regarding space at IP5. Medical records are due to be moved from Picketston to IP5. Decisions on space requirements at IP5 are required from Welsh Government, Primary Care Services and TRAMS.
Procurement and Health Courier Services	At risk of being off track in Q3	Improve Supply Chain, Logistics and Transport operations and infrastructure at all sites to reduce carbon emissions.	There has been no further investment in infrastructure for vehicles or charging points. Euro 6 vehicle procurement completed for delivery in 2024-25. We need to secure investment for transport initiatives and fleet replacement in 2024-25.
Single Lead Employer	Status remains the same as Q3	To support the implementation of new national pay terms and conditions of employment and updated contractual arrangements for junior medical staff in training.	Negotiations on an All Wales basis broke down in quarters 1& 2. Waiting for these to recommence after the Junior Doctor pay dispute is settled on an All Wales basis. We will commence preparatory work for the implementation of a new contract if a new contract is agreed upon and signed off for medical and dental staff in training in performance year 2024-25.

Division	Objective Update	Desired Objective	Targeted Action
Specialist Estate Services	On track in Q3.	Establish the next generation Buildings for Wales (BFW) frameworks.	The Strategic Framework Board has approved the award of contracts to successful parties and onward submission for ratification. Similar approval has been recorded from the Shared Services Partnership Committee and Velindre University NHS Trust Board. General delays through the various stages will mean this will carry over to 2024-25 with planned completion in Q1.
Specialist Estate Services (SES)	Status remains the same as Q3	Support the development and implementation of the InSite national property/asset database.	An announcement in January that InSite will not deliver the functionality required to enable SES to use it for its lease management work for NHS Wales and that ePIMS is likely to be turned off in March 2025. Consequently, SES has till March 2025 to source an alternative system to enable it to continue carrying out its lease management work for NHS Wales. This has been added to the Risk Register and a project team established to progress the identification and procurement of an alternative system. SES will continue to identify, test and procure an alternative system to enable continued delivery of lease management work for NHS Wales.
Specialist Estate Services	Status remains the same as Q3	Review and update the national Fire Safety Audit System.	The objective has been delayed due to issues around integration with the Health Boards systems and the lack of DHCW available resources. Module 1 has moved to the beta testing stage and is due to go live in 2024. In 2024-25 SES will continue to complete the remaining modules subject to DHCW resources.
Specialist Estate Services	Deferred to 2024-25 in Q3.	Develop Health Board Project Director skills for NHS Building for Wales (BfW) framework.	The objective has been delayed so that it coincides with the framework launch in summer 2024. Continue to develop a programme of Project Director training for NHS BfW2 frameworks through in-house workshops/modules developed in collaboration with Procurement and Legal & Risk (L&R) Services.
Specialist Estate Services	On track in Q3.	Promote Welsh Government requirements incorporated within the Social Partnership and Public Procurement Bill through the NHS Buildings for Wales (BfW) frameworks.	Welsh Government has advised that drafting secondary legislation and model construction contract clauses will not be completed before Q3 2024-25. L&R has provided advice on the extent of necessary actions relating to the Act and, more specifically, in relation to the secondary legislation. L&R Service fees will be determined following a review of the content of the secondary legislation.

Division	Objective Update	Desired Objective	Targeted Action
Surgical Materials Testing Laboratory (SMTL)	At risk of being off track in Q3	Development/revision of All Wales Medical Device Adverse Incident reporting system.	Engagement with Welsh Government has been reinstated however SMTL has been asked to participate in alternative Welsh Government queries (Reusable Textiles, Orthopaedic Screws and Plates, MHRA International Recognition) which has diverted resources from this project. In 2024-25 we will produce a draft guidance on Reporting Adverse Medical Device Incidents for Welsh Government.
Surgical Materials Testing Laboratory	On track in Q3.	Requirement to migrate Surgical Materials Testing Laboratory (SMTL) digital provision to NHS Wales Digital support provided by Digital Health and Care Wales (DHCW) Client services.	The first phase of Network File System (NFS) migration was completed, and website migration discussions were initiated. All virtual servers were migrated to DHCW supported hardware. The project was delayed due to additional commitments for other project members. The final phase of NFS moved to SharePoint and the commissioning of a dedicated Firewall with take place in 2024-25.

**Table 2:** - *Divisional Objectives detailed breakdown*

**Objective discontinued:** We have **6** objectives discontinued in 2023-24. **1** objective has been discontinued in Quarter 4 and **1** objective has been reinstated as objective not completed due to external factors.

Division	Desired Objective	Targeted Action
Surgical Materials Testing Laboratory	Providing Health Technology Assessment / Authority Health Economic assessments on a commercial basis.	The SOP has been completed, but the work of Health Technology Assessment and Authority Economic Assessments has not been provided on a commercial basis as of yet. SMTL will continue to raise awareness that this work can be carried out.

## 5. Decarbonisation

### NWSSP Decarbonisation Action Plan Update

The NWSSP Decarbonisation Action Plan for 2024-26 was approved by NWSSP Senior Leadership Group and Shared Services Partnership Committee and has now been submitted to Welsh Government, alongside the NWSSP IMTP. This refreshed version of the NWSSP Decarbonisation Action Plan includes achievements to date, and a new action plan which is fully aligned to the NHS Wales Decarbonisation Strategic Delivery Plan.

- Quarter 3 reporting shows the NWSSP Decarbonisation Action Plan as 74.47% complete, compared with 72.37% for Quarter 2.

- Quarter 3 NWSSP progress data was approved by the NWSSP Decarbonisation Programme Board. This data was submitted to the Health and Social Care Climate Emergency (HSCCE) Programme Team in February 2024 by the Decarbonisation Coordination Team (DCR) for review by the Project Board Chairs ahead of the next Health and HSCCE Project and Programme Boards.
- Quarter 4 NWSSP data will be submitted for approval to NWSSP Decarbonisation Programme Board in April 24.
- The NWSSP led Transport Task and Finish group met on 18 January 2024 with a focus on delivering Initiative 18. NWSSP provided an update on work towards developing an NHS wide procurement, operation, financial management and maintenance system to standardise fleet practices. The next meeting will be held on 24 April 24.
- Following NWSSP Expenses meeting with NHS Wales via the Transport Task and Finish group in November 2023, all Trusts and Health Boards are now aware of the available reporting from NWSSP, and amendments have been made to the reporting to enhance the data available. This enables Health Organisations to deliver Initiative 21.

### **All Wales Reporting: Decarbonisation Coordination Reporting Role**

- The Decarbonisation DCR Team continues to work closely with the HSCCE Programme Team in Welsh Government to deliver all Wales reporting on the Strategic Plan.
- Quarter 3 was the third All Wales reporting cycle including all workstreams in the Strategic Plan. The data collated provides an All Wales RAG Status for the Strategic Plan - which is Amber for Quarter 3, as it has been for the last 2 quarters.
- The DCR Team has collated all the Quarter 3 data into dashboards and shared with the HSCCE Programme Team by 8 weeks following the end of the quarter. This is enabling the Project Board Chairs to scrutinise the data prior to the next Boards.
- Engagement activity with the reporting Health Organisations continues, with workshops and 1-2-1 sessions focusing on improving reporting consistency and sharing good practice. As a result of this engagement a refreshed FAQs has been issued to Health Organisations with additional reporting guidance.
- A review of the DCR process has contributed to the designing a of new Reporting Tool for issue Quarter 1 2024. The new Reporting Tool will focus on a more efficient process for Health Organisations, collecting only data relevant to progress and barriers to delivery. A new guidance document will be issued alongside the tool.
- A review of NWSSP led Task and Finish / Delivery Groups has been completed and shared with the HSCCE Programme Team to facilitate delivery and remove duplication where possible.
- The HSCCE Programme Team have commenced work on the refresh of the Strategic Plan for 2025. A joint NWSSP and HSCCE Team steering

group has been established, and a plan for commencing work has been agreed.

### Forward look to 2024 -2025

- Issue the new Q1 2024 Reporting Tool to all Health organisation, with a new, more detailed guidance document.
- Complete the review of the frequency of DCR national reporting and implement if a change is agreed.
- Launch the refreshed NWSSP Decarbonisation Action Plan.
- Continue to work with HSCCE Programme Team on the refresh of the Strategic Plan.

## 6. Foundational Economy

Throughout Quarter 3 and 4 of the 2023-24 financial year, our efforts have continued towards enhancing the quality of data related to our expenditure with Welsh headquartered organisations, with this continuing into the next financial year.

Quarter 3 saw the introduction of “Multi-Quote” Foundational Economy contract data which enables quantification of contracts awarded to Welsh organisations at a value of between £5,000 and £25,000.

Quarter 3 also saw engagement with Welsh Government and across the wider Welsh Public Sector, on the statutory guidance associated to the Social Partnership and Public Procurement (Wales) Act 2024. This statutory guidance will set the reporting expectations and measures of each Public Sector organisation, in relation to socially responsible procurement.

NWSSP has sought to pilot some of the draft measures on a supplier specific basis, with a view to this informing the statutory guidance and the reporting expectations for the wider Welsh Public Sector. This builds upon the work conducted with Hywel Dda University Health Board to evaluate the social value delivered through specific contracts. This strategic approach to reporting will undoubtedly translate into contract or supplier specific measures and help facilitate a wider definition of value across NHS Wales and the wider Welsh Public Sector.

Spend in Wales	Q1	Q2	Q3
Non-Welsh Spend	£662,934,961	£671,097,694	£668,520,975
Welsh Spend	£485,662,953	£490,892,092	£534,057,527
Total Spend	£1,148,597,915	£1,161,989,787	£1,202,578,503
% Spend with Welsh Suppliers	<b>42.283%</b>	<b>42.246%</b>	<b>44.41%</b>

*NB: Data excludes spend within NHS organisations, between NHS organisations, with Welsh Government and the Inland Revenue. Q4 Data will be available and shared during Q1 of the 24-25 FY*

We will continue to commit to the principles of the Foundational Economy in 2024-25 with an agenda that focuses on:

- Increasing spend within Wales.
- Shortening supply chains.
- Increasing supply chain resilience.
- Nurturing individuals from our communities to meet our future workforce needs.

## **7. People and Organisational Development**

The People and Organisational Development (POD) plan has continued to move at pace throughout the year, with progress made in all our key focus areas:

- Resourcing
- People, insights, and analytics
- Organisational development
- Employee relations
- Excellence
- Organisational Design: Business Agility / Agile Working

During Quarter 4 the following activity has taken place within the POD team:

- An Agile Survey was undertaken by a member of the Legal and Risk team as part of their studies. The results will provide a more accurate picture of agile working in NWSSP.
- A Customer Service Excellence action plan for the next 12 months has been developed with a focus on evidence-based results to enhance previous feedback.
- Unconscious Bias Training and Anti Racism Training commenced as part of Senior Leadership Development.
- Training in Project Management and Service Improvement has been advertised and all courses filled.
- Built and launched a POD recruitment microsite to support recruitment activity. In addition, a Workforce Planning Strategy, toolkit and microsite have also been launched to support managers.
- In supporting an inclusive culture, we have carried out various activities which include, but are not limited to; rolling out an inclusive recruitment module, developed an LGBTQ+ plan that aligns with Welsh Governments Action Plan, recruited Diversity and Inclusion Ambassadors and introduced several webinars, including International Women's Day and Ramadan.
- Several activities have taken place to support staff Health and Wellbeing, which include but are not limited to; delivering stress awareness sessions, events around 'Time to Talk Day', finalised a Health and Wellbeing webinar launching in 2024-25.

Several programmes of work will roll over into 2024-25 due to not being completed are as follows:

- We have continued to develop our business agility approach, however the Job Description Modernisation Plan has not been formally confirmed at an All Wales level, although we have continued to pilot internally on a small scale. The Performance Appraisal and Development Review (PADR) engagement continued, and the analysis of data will support a proposal of work in Quarter 1.
- In further implementing the principles of a Just and Learning Culture, the training packages are on hold due to the review of the Respect and Resolution Policy and Disciplinary Policy nationally. The outcome of these reviews will feed into training packages, with the programme work commencing in April 2024.
- In continuing to create a positive culture across NWSSP, the staff survey results are yet to be mapped against the themes associated with *This is our NWSSP*, which will take place in 2024-25 with a revised action plan.
- Launching the talent management framework and development of associated tools will commence in 2024-25 to align with the revised PADR process and cross-divisional learning opportunities.
- Further work on the principles of Healthy Working Relationships will take place in 2024-25, including a review and evaluation of all the activities implemented and development of an action plan.

In 2024-25, People and Organisational Development plans will continue to focus on the seven strategic priorities, focusing on our programmes of work to ensure that our people can be the best that they can be, as well as aligning our planned work with the Ministerial Priorities and the wider programmes of work across NHS Wales, building on the success of 2023-24.

## **8. Digital Plan**

Our Digital Plan has made good progress this year optimising digital investment and streamlining our solution portfolio to ensure that we implement customer-centric solutions to deliver value and improve user experience.

We continue to work closely with our partner Digital Health and Care Wales (DHCW) on several objectives within this plan.

During Quarter 4 we have achieved the following:

- Delivery of phase 2 of the Service Catalogue, which will provide service based views for service leads and divisional representatives.
- Implemented a customer centric telephony system and contact centre system.

- Completion of a Cyber Resilience Unit audit in February and awaiting the final report.


Some programmes of work will roll over into 2024-25 due to not being completed, these are as follows:

- Working with our partners Dell and DHCW to build and configure a virtual Azure environment to support the ambition within divisional digital transformation plans.
- Develop a business case for the delivery of remediation actions to support the recommendations of the Cyber Resilience Unit (CRU) Cyber Assessment Framework (CAF) report.
- Implement Phase 2 of the Digital Resourcing plan to recommence in 2024-25.


In 2024-25, The Digital Plan will continue to empower our customers through self-service capabilities. We will continue to build on our partnership and collaborative work, upskilling our staff to support new digital technologies and build capability to harness the benefits of new technologies across NWSSP.

## 9. What does our 2023-24 IMTP activity mean for our customers?

Examples aligned to our NWSSP Strategic Objectives are highlighted below.



**Our People**  
Working together to be the best that we can be



- We continue to support our staff with learning across NWSSP and other NHS Wales organisations. This work includes improving staff awareness of Counter Fraud and how to report concerns and sharing our expertise and knowledge in areas such as Financial Management Systems.
- Through developing a skilled and knowledgeable Pharmacy Services workforce, we are creating resilience and supporting local delivery of high-risk medicines.
- Across several services, we have recruited Network 75 students which supports both succession planning where staffing recruitment is challenging, whilst also supporting the Foundational Economy across Wales.



**Our Services**  
Driving the pace of innovation and consistently providing high quality services



- We have strengthened partnerships through cultivating our relationships with Health Boards. Examples include support to embed the Duty of Candour and working with teams to successfully recruit international nursing and medical staff.

- We have continued work to maximise our use of digital opportunities across the organisation to benefit of our partners through improved efficiencies in areas such as, the Electronic Prescription Service, the People Portal and Scan for Safety.
- Our modernisation programmes of work in areas such as recruitment and payroll are supporting efficiencies across NHS Organisations in Wales.



### ***Our Value***

Maximising the benefit, efficiency, and social impact of what we do for our partners



- The NWSSP Customer Service Excellence Accreditation demonstrates our dedication to providing high quality services to our customers, showcasing the value we place on their satisfaction.
- Our refreshed Decarbonisation Action Plan show cases our commitment to supporting climate change, alongside working closely with NHS Organisations across Wales to support them to meet several of the National Strategic Plan objectives.
- Driving expansion of our Legal Services into Primary Care is enabling access to a high-quality cost-effective service, reducing the need to access costly private providers whilst supporting Health Boards with the Primary Care agenda.

## **10. Conclusion**

We have made good progress towards achieving several of our longer-term programmes of work in 2023-24 and have showcased many of our achievements within the case studies section of our 2024–27 IMTP.

Moving into 2024-25 we will continue to focus on embedding our refreshed Strategy Map and alignment of our activity to the Strategic Objectives and Outcomes.

<b>The report is not Exempt</b>
<b>Teitl yr Adroddiad/Title of Report</b>
<b>Project Management Office and Service Improvement Update Report</b>

<b>ARWEINYDD: LEAD:</b>	<b>Alison Ramsey, Director of Planning, Performance, and Informatics</b>
<b>AWDUR: AUTHOR:</b>	<b>Gill Bailey, Assistant Head of Project Management Office</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Ian Rose, Head of Project Management Office &amp; Service Improvement</b>

<b>Pwrpas yr Adroddiad: Purpose of the Report:</b>
The purpose of this report is to provide the Shared Services Partnership Committee with an update on progress with key projects and initiatives.

<b>Llywodraethu/Governance</b>	
<b>Amcanion: Objectives:</b>	<b>Value for Money</b> - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers. <b>Excellence</b> - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology. <b>Staff</b> - To have an appropriately skilled, productive, engaged and healthy workforce.
<b>Tystiolaeth: Supporting evidence:</b>	NWSSP IMTP 2024-27 approved in principle by SSPC in Jan-24.

<b>Ymgynghoriad/Consultation :</b>
Senior Leadership Group

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>							
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to NOTE the progress with key projects.					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct Impact
<b>yfreithiol: Legal:</b>	Compliance with procurement regulations where applicable
<b>Iechyd Poblogaeth: Population Health:</b>	No direct Impact
<b>Ansawdd, Diogelwch a Profiad y Claf:</b>	No direct Impact

# PMO Dashboard Report

<b>Quality, Safety &amp; Patient Experience:</b>	
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<b>Ariannol: Financial:</b>	Compliance with financial instructions and processes where applicable
<b>Risg a Aswiriant: Risk and Assurance:</b>	
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	No direct Impact
<b>Gweithlu: Workforce:</b>	Capacity constraints are highlighted against each project where applicable
<b>Deddf Rhyddid Gwybodaeth/ FOIA</b>	Open



**GIG Cymru Partneriaeth  
Cydwasaethau  
NHS Wales Shared Services Partnership  
PMO Report**

## NWSSP PMO Monthly Update - 07 May 2024

Prepared by Gill Bailey

### Monthly Summary

The PMO is currently supporting 'number of projects' of varying size, complexity, and providing a range of support from different points within the project lifecycle.

<b>Projects</b>	14
<b>Programmes</b>	3
<b>SI Initiatives</b>	5

The schemes have different SRO/Project Executive Leads across a number of NWSSP directorates and Health boards.

Also, within the schemes spanning projects and programmes, the breakdown of scheme size and coverage ranges from:

- **65% (11 Schemes) All Wales** – Typically where the scheme covers multiple health boards, and the schemes seek to implement products utilised on a multi health board or all Wales basis
- **35% (6 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP Divisions
- **0% (0 Schemes) Health board** – Typically supporting schemes for health boards but where NWSSP play a role in the service provision

To note, since the last report three projects have closed:

- Procurement and Implementation of Wales Healthcare Student Hub
- Wales General Ophthalmic Service - Primary Care Contract Reform
- Mobile Phones

This will facilitate a review of bandwidth and capacity for new initiatives identified following the review of Divisional IMTPs.

There are specific Programme Board or Steering Group arrangements in place for Laundry, TRAMs, Decarbonisation and Agile estates, that involve PMs from the PMO but performance is reported separately.

### SLG Recommendation

SSPC to note contents of the report.

## Key Trend information and Initiative Overview

### Initiatives – 17

Scheme Scale								
All Wales	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
ESR Manager Self Service (MSS) Implementation	Rebecca Jarvis	Green	Green	Large	01/03/2024	31/03/2025	N/A	3%
Demographic Transformation	Ceri Evans	Amber	Amber	Large	21/06/2021	31/07/2023	30/08/2024	76%
Medical Examiner	Neil Frow	Green	Green	Medium	31/03/2021	31/10/2023	31/03/2024	95%
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Nicola Phillips	Red	Red	Large	13/04/2021	29/03/2024	30/06/2024	33%
Expansion of Legal Services to Primary Care	Daniela Mahapatra	Green	Green	Medium	02/02/2023	29/03/2024	31/07/2024	90%
NWSSP Electronic Prescription Service-EPS	Nicola Phillips	Green	Green	Large	01/10/2022	31/03/2024	31/03/2025	81%
Radio Pharmacy	Neil Frow	Amber	Amber	Medium	01/01/2024	31/03/2025	N/A	5%
Scan 4 Safety	Andy Smallwood	Green	Green	LargeXOrg	01/09/2021	31/08/2025	N/A	41%
Implementation of AW Translation Memory Software	Non Richards	Green	Green	Large	04/12/2023	31/03/2026	N/A	10%
ESR Transformation Programme	Gareth Hardacre	Green	Green	LargeXOrg	01/10/2022	30/08/2030	N/A	0%
TRAMS Programme	Neil Frow	Red	Red	LargeXOrg	01/04/2021	31/03/2031	N/A	10%

NWSSP	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Lease Management Solution	Clive Ball	Green	Green	Small	13/03/2024	01/03/2025	N/A	5%
Patient Medical Records and (Scanning) Service Accommodation Review	Scott Lavender	Amber	Amber	Large	16/08/2021	31/08/2023	27/09/2024	50%
Data Management	Scott Lavender	Amber	Amber	Large	04/04/2022	30/09/2024	13/09/2024	55%
Laundry MOTO	Stuart Douglas	Amber	Amber	Small	21/02/2024	11/10/2024	N/A	25%
L&R Case Management System implementation phase	Mark Harris	Green	Green	LargeXOrg	01/09/2020	31/03/2025	31/03/2025	51%
Charnwood & Companies House Accommodation	Mark Roscrow	Amber	Amber	Medium	01/09/2023	31/03/2025	N/A	14%

## Service Improvement Key Trend information and Initiative Overview

### Initiatives – 5

Scheme Scale							
	Sponsor	Previous RAG	Current RAG	DMAIC Stage	Start Date	Original Completion	Revised Completion
Variable Pay Initiative	Neil Frow	Green	Green	Define	01/09/2023		30/06/2024
Customer Service Excellence Year 2	Neil Frow	Green	Green	Work Package	01/12/2023		N/A
L&R Matters Invoicing Process	Stefan Dakovic, Sue Saunders	Green	Green	Define	06/12/2023	31/07/2024	31/07/2024
Staff Movement Advice (SMA) RPA	Stephen Withers	Green	Green	Work Package	01/02/2024	30/09/2024	N/A
Invoice on Hold (IOH) Review	Neil Frow, Alison Ramsey, Linsay Payne	Green	Green	Define	22/06/2023	31/10/2024	N/A

Key Individual Project/Programme Updates				
Project Name	Project Manager		Project Exec/SRO	
<b>Primary Care Workforce Intelligence System (Including Reporting and Performers List)</b>	Bethan Rees, Abi Shackson, Lisa Williams		Nicola Phillips	
Monthly Update (key/issues (blockages)/risks)				
<b>Status</b>	<b>Red</b> (Overall)	<b>Red</b> (Time)	<b>Red</b> (Cost)	<b>Red</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
To implement a single integrated system for the Performers List and Wales National Workforce Reporting System (WNWRS).				
<b>Progress Update</b>				
<b>Plan</b>				
An Exception Plan has been requested from Softcat, following an issue raised relating to the build.				
<b>User Acceptance Testing</b>				
The project team are currently working on Test Scripts in preparation for User Acceptance Testing in Jun-24. Considerable progress has been made in preparation for this task.				
<b>Show &amp; Tells</b>				
The supplier has demonstrated the Medical & Dental Performers Application process to the Project Team within the last fortnight. The Project Team have provided constructive feedback, and this will be incorporated within the build. The next Show & Tell is scheduled for 09 May 2024 and will be based on the Workforce requirement.				
<b>Main Issues, Risks &amp; Blockers</b>				
<b>Risks</b>				
<ul style="list-style-type: none"> <li>There is a risk to project implementation due to extremely tight timescales. To mitigate this risk the project team have developed a project plan in line with the supplier build plan and will ensure all resources are in place.</li> <li>There is a risk to the project timescales due to data migration complexity. The supplier has been asked to provide an impact assessment and present options to NWSSP to mitigate this risk.</li> <li>There is a risk to service continuity from undertaking the change to revised delivery date. To mitigate this risk a detailed implementation plan with defined milestones is urgently required for confirmation of the Jul-24 implementation date.</li> <li>A lack of detailed plan will impact upon availability of NWSSP resources if key milestones dates are not known. To mitigate this risk a detailed implementation plan with defined milestones is urgently required for confirmation of the July implementation date.</li> <li>There is a risk of impact on Employment Services customers such as information will need to be captured and reported manually and uncertainty of how long Employment Services will be required to run contingency arrangements as a consequence of no confirmed implementation date. To mitigate this risk a detailed implementation plan with defined milestones is urgently required for confirmation of the Jul-24 implementation date. Consideration of additional extension with Argyle in the absence of a confirmed implementation date for Workforce MVP.</li> <li>If data migration cycle dates are not confirmed, there is a risk that the Argyle contract extension will expire before the data migration takes place. Therefore, NWSSP will not be able to use the services of Argyle. To mitigate this risk a detailed implementation plan with defined milestones is urgently required for confirmation of the Jul-24 implementation date.</li> <li>There is a risk that technical build limitations are not fully understood. As a consequence, it is not confirmed that the specification requirements can be met e.g. migration of historical/transformation data and trend analysis/reporting. Business Impact Assessment of build architecture and delivery of specification requirements urgently required.</li> </ul>				
<b>Issues</b>				
<ul style="list-style-type: none"> <li>Credera (Previously BrightGen - Sub contracted Developers) have not submitted a detailed implementation plan for Jul-24 go live and will not commit to the Jul-24 date in the Change Control Notice.</li> </ul>				

Project Name	Project Manager		Project Exec/SRO	
<b>TRAMS Programme</b>	Peter Elliott		Neil Frow	
Monthly Update (key/issues (blockages)/risks)				
<b>Status</b>	<b>Red</b> (Overall)	<b>Red</b> (Time)	<b>Amber</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				

To create a leading Medicines Preparation Service, serving patients across Wales, in a way that is safe, high quality, equitable, sustainable and economically efficient.

## Progress Update

- Programme Board have directed to focus costing work for the South East Hub on the IP5 site.
- Design work has now verified that the South East Hub scope will fit on the IP5 site, and that there is sufficient electrical power.
- Proposed elevation drawings of the development are now to hand. Planning pre-engagement will take place in May and June 2024. The planning application will be submitted in July 2024. It is likely that an environmental impact report will be required due to changes to the grass verge, and this is being commissioned.
- Funding is in place to complete detailed design of Radiopharmacy, following which two Business Cases will be submitted.
- BJC for Radiopharmacy, expected in July 2024
- OBC for the remainder of the hub, expected in Sept 2024, followed by and FBC expected in March 2025
- Revenue assumptions for the business cases are currently being reviewed. SSPC will be invited to re-commit to revenue funding of the service before the Business Cases are submitted.
- Provisional locality selections for South West and North regions have been made by representative scoring panels. The South West selection has been endorsed by Programme Board. The North selection is being reviewed, in the context of emergent changes to the clinical Nuclear Medicine service in BCUHB. The programme has opened an interface with BCUHB to remain sighted on this issue.
- Space has been secured for the TRAMS Quality Control Lab and office space in IP5, and lab equipment purchased. The lab will be brought into use during 2024, to support the commissioning of the new production facilities.
- The TRAMS Digital Project, to procure and deploy a workflow and stock management application, continues. A Prioritised Requirements List and Conceptual Data Map have been produced. DHCW are engaging positively and have agreed to support a discovery phase and Supplier Engagement event. The NWSSP Chief Digital Officer is sighted.
- Validation of the proposed product catalogue with clinical groups is ongoing. A pack describing the proposed Service Model will be issued to Chief Pharmacists at the end of May 2024.
- Planning of Organisational Change Project 2 (for around 230 staff) is ongoing, working in partnership with unions and Health Board and Trust workforce colleagues. Resource maps were updated in March 2024 to support this process. Proposed Staffing Establishments in both the new service and the Health Boards and Trusts will be finalised by the end of June 2024.
- Education and Training Project is successfully delivering new science-based qualifications to the service, in partnership with HEIW, with significant recurring funding for courses and posts being secured for a variety of roles.
- The Clinical Reference Group has been convened with the assistance of the NWSSP Medical Director and meets quarterly, to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives. A separate project is now operating to support clinical streamlining of Radiopharmacy demand, to support the service during the transition.
- Finance Subgroup of Health Board and Trust representatives is meeting monthly to work on detailed identification of the revenue budgets that support the existing services, and validating capital cost option estimates.
- Engagement with UK peer projects on standardising the product catalogue and commissioning product stability studies is ongoing.

## Main Issues, Risks & Blockers

- Time taken to deliver production capacity to the service remains a major concern for the Programme.
  - We must have new aseptic cleanroom capacity for Cancer Therapies open before the new Velindre Cancer Centre opens, and their legacy aseptic unit closes.
  - Other units across Wales remain very fragile, and immediate investments are needed just to secure continuity of service with no increase in capacity. We are aware of at least 4 Health Boards in this position.
  - The Swansea Radiopharmacy currently represents a single point of failure for 12 major hospitals and cancer centres in South and West Wales, with significant constraint on ability to resource patient scans when requested.
- It is proposed to develop the new facilities in IP5 concurrently with seeking planning permission. The risk is considered justified based on the level or urgency to meet patient care needs. A robust pre-planning engagement is being carried out with the aid of a planning consultant, and the planning variation application will be submitted as soon as the drawings are available. The Committee, Programme Board, and the Welsh Government Investor will be kept fully sighted on this risk as the Investment Decision approaches.
- The IP5 roof is a known issue that will require full rectification for water-tightness in the medium term. A separate Business Case is being prepared by the IP5 Programme. Immediate mitigations over the TRAMs manufacturing zone are also being explored in the TRAMs cases.
- Current staffing pressures throughout the service threaten the ability of Health Boards and Trusts to release staff time to the extent needed to achieve the transformational change. Some Health Boards are known to be revising staffing budgets downward in direct response to unfilled vacancies.
- Based on current position, the programme is rated **"Red"**.

Project Name	Project Manager	Project Exec/SRO		
<b>Demographic Transformation</b>	Gill Bailey	Ceri Evans		
Monthly Update (key/issues (blockages)/risks)				
<b>Status</b>	<b>Amber</b> (Overall)	<b>Green</b> (Time)	<b>Amber</b> (Cost)	<b>Amber</b> (Overall)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				

The existing National Health Application and Infrastructure Services (NHAIS) system is a business-critical system used across NHS England and Wales to manage patients' registrations for primary care, contractor payments including General Medical Services (GMS) practitioners and to deliver screening services. The existing NHAIS and Open Exeter non-core functionality will need to be replaced.

Implementation of replacement functionality such as:

- Use of Welsh Demographic Service provided by Digital Health & Care Wales (DHCW) – complete
- Implement replacement NHAIS local hardware hosting (legacy infrastructure) to ensure continuity of service up to and during transition - complete
- Implementation of alternative data extract provided by DHCW
- Implementation of in-house application known as 'Notify' that monitors the movement of medical records
- Implementation of Primary Care Registration Management System (PCRM) provided by NHS England (previously NHS Digital)
- De-commission NHAIS local boxes

## **Progress Update**

### **NHS England Update:**

The transition to PCRM in England and Wales is dependent upon the implementation of Cervical Screening Management System (CSMS) in England which is currently on track to be launched in Jun-24 (re-scheduled from Feb-24). PHW have confirmed that reliance on NHAIS (existing system) for the electronic transfer of cervical screening histories will cease from 24 June 2024. PHW will implement a manual work around until the 22 July 2024 from when all information will be available.

The planned transition date to PCRM for NHS Wales is week commencing 15 July 2024.

### **NWSSP Project Update:**

A Project Board has been established with membership from NWSSP-PCS, PHW and DHCW to assist with escalations, and decisions.

Data Feeds: DHCW are routinely undertaking comparison of data sets to provide assurance of data quality.

MRTransfer (Notify): The application (App) development has been completed by PCS and released to the test environment. User Acceptance Testing is nearing completion. Comparison of data is being undertaken on a regular basis. It is anticipated that MRTransfer will go live in tandem with PCRM implementation.

To note: At the Project Board meeting held in Apr-24, it was noted that the GDS Government notification system provided by DHCW is known as Notify. To avoid any confusion, the project team have agreed to change the name to MRTransfer (Medical Record Transfer).

Patient Care Registration System: Good progress is being made as the level of engagement from NHSE has improved over the last 4-6 weeks as they now have capacity to ensure NHS Wales is ready to transition on the target date in Jul-24. Message Exchange for Social care and Health (MESH) mailbox's have been set-up to allow the safe transfer of reports and information. NHSE have indicated that they will run information on NHAIS and PCRM to compare the output to assess whether the information in PCRM behaves as it should. This will provide a profile of exceptions to assist with providing data assurance.

## **Main Issues, Risks & Blockers**

### **Risks:**

As the PCRM solution has been signed off by NHS England, NHS Wales will not be given the opportunity to support the testing/development of PCRM to a level to inform Standard Operating Procedures (SOP) prior to going live. To address this risk, the Project team has requested outputs of the NHSE testing to provide assurance of data transfer.

Additional costs may be incurred as a consequence of functional developments required for NHS Wales. To address this risk, SMEs within the operational team are meeting weekly to work through the gaps identified to see if the need can be met using an alternative solution.

### **Issues:**

Confirmed costs not available for the management of PCRM. Following a proposal by NHS England, DHCW are exploring the potential to include PCRM costs in DHCW's Spine Work Package with NHSE. The costs will be re-charged to NWSSP via the SLA. DHCW discussions are ongoing.

An issue with partial address information from Vision (GP System provider) has been identified by NHSE. NHSE have advised that whilst a fix was applied by Vision, this did not resolve the issue NHSE side. NHSE have developed a technical solution for England and Wales, subject to testing.

Project Name	Project Manager	Project Exec/SRO		
<b>Data Management</b>	Alison Lewis	Scott Lavender		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Amber</b> (Overall)	<b>Amber</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)

**Recent Gateway Review?** Yes

## **Objective**

The main project objective is to create solutions that enable data driven service development and performance management and consistent views of Primary Care Services (PCS) data which is accessible through streamlined channels.

This will be achieved by the following project objectives in the discovery phase which will inform the next phases of the project.

### **To catalogue: -**

- Existing delivery mechanisms and solutions.
- Current arrangements for the supply of regular reports.

### **To review: -**

- Data request / response processes including IG review processes.
- Existing technical infrastructure

### **To identify: -**

- Opportunities to streamline request / response processes including IG review processes.
- Duplication / inconsistency in the provision of regular reporting.
- Opportunities to drive Statistical Process Control and performance management using existing data sets.
- Opportunities to add value to data provision through the application of domain knowledge.
- Recurring themes in existing data provision and opportunities to consolidate information delivery around these themes.
- Stakeholder groups that have requirements beyond existing information provision
- Inconsistencies in existing data models.
- Potential "quick wins"

## **Progress Update**

Following the development of the core reference data, the Business Information Manager successfully tested the solution. The next step is to align the data to the dashboards to enable a consistent view of the PCS data. A draft timeline for when the dashboards in Power BI will be available was presented to Project Board on 03 April 2024 based on Ophthalmic service. As this is currently estimated to be around 16 weeks, the Project Board agreed to revisit the timescales in May's Project Board meeting. The business analysts' have been asked to estimate their timescales for developing the views for each of the four contractor services to enable prioritisation ahead of each of the dashboards being created.

The project will need to revisit the initial feedback received from stakeholders obtained at the discovery phase to ensure that the dashboards are developed in line with their requirements.

## **Main Issues, Risks & Blockers**

Resources will need to be fully committed and the project end date is likely to exceed the current estimate of Sept-24. There are current demands on resource from the reporting analysts for the Workforce Intelligence System (WIS), so this will need to be taken into account. No impact to stakeholders.

Project Name	Project Manager	Project Exec/SRO
<b>Patient Medical Records and (Scanning) Service Accommodation Review</b>	Rachel Pember	Scott Lavender

## **Monthly Update (key/issues (blockages)/risks)**

**Status** **Amber** (Overall) **Amber** (Time) **Amber** (Cost) **Amber** (Overall)

**Recent Gateway Review?** No

## **Objective**

The responsibility of the Medical Records Accommodation review Group is to find suitable alternative accommodation for all staff, equipment and medical records currently residing in Brecon House. The scope has been expanded to include the relocation of the Document Scanning Team and equipment based in Companies House.

## **Background**

An initial business case sought funding to secure additional space to expand the Patient Medical Record (PMR) Service to GP Practices across NHS Wales. The business case was submitted and approved by NWSSP Senior Leadership Group in Aug-22 and subsequently Velindre Trust Board. As the investment was to purchase a capital asset, the business case was submitted to Welsh Government for ratification. Welsh Government responded requesting additional information on the fire suppression requirement for the new building. Whilst a report was obtained, a critical issue arose.

The business case was prepared on the basis that Primary Care Services (PCS) would be able to extend the lease of Brecon House, Mamhilad Park Estate. Since then, it was discovered that the building contains Reinforced Autoclaved Aerated Concrete (RAAC) Panels in the roofing Structure. The landlord initiated a monitoring and remedial works program for the RAAC panels

but failed to provide a plan, risk assessment or work schedule. Some interventions, such as steel fixings and nettings, have been implemented but only cover a small portion of the necessary actions. As a result, the requirement for an exit strategy and plan to remove items from the affected areas of Brecon House is now crucial and a refresh version of the Business Case was submitted in Apr-23.

In addition, the PCS Document Scanning team (DST) is currently split over two sites: Companies House and Cwmbran House, Mamhilad Estate, Pontypool. Following a review of NWSSP Estates strategy and the decision taken not to renew the Companies House lease, relocation to the CP2 building is not a suitable option for the Document Scanning service and it is prudent to consider merging the Document Scanning team onto one, although options are being explored.

## **Progress Update for Workstreams:**

### **Medical records from Brecon House to DuPont (new accommodation)**

Following formal Welsh Government approval, the workstream are preparing the new premises (Du Pont) lease. The lease has been sent for approval/signing. Regular communication is in place between the landlord and NWSSP. In readiness for handover of premises, work updates are commencing by I.T, Fire, Health & Safety, Procurement and Finance to allow the project to move at pace.

Communication updates are being provided to staff on a monthly basis of current position. The review of the current situation within Brecon House for RAAC, is being monitored and assessed on a regular basis.

### **Medical records (notes only) C2 / Brecon House to IP5 / Picketston**

The work of moving deceased notes to IP5 and Picketston has now been completed. All outstanding actions have been completed. Additional works will be picked up through the Brecon House accommodation move workstream. This workstream has now been closed.

### **Document Scanning Team/Print Room/Post Room - Companies House/Brecon House to Cwmbran House**

The move has successfully taken place. All outstanding actions have been completed and work has been handed over to business as usual. Closure report has been completed and the workstream has now been closed.

## **Main Issues, Risks & Blockers**

### **Medical records from Brecon House to DuPont (new accommodation)**

With the current RAAC issues there are measures in place for the warehouse space within Brecon House to be monitored regularly with any new or worsening areas of damage to be reported via Datix. The landlord, Johnsey's, have appointed contractors to repair current damage and any new damage that may occur. In the event of a large ingress of water or further significant deterioration is identified, the whole building will be closed and access restricted until assessment of the risk has been undertaken with advice from structural engineers and the Specialist Estates Service

As an interim measure, it has been agreed that the lease for Brecon House will be renewed to allow sufficient time for records and staff to be relocated but this will be undertaken on a short-term basis with a 3 month break clause that can only be activated by PCS.

The temporary additional storage area, Unit C2, on the Mamhilad Estate leased from 01 June 2022, initially for 12 months has been extended on a rolling 1 month basis to ensure continuity of service.

### **Medical records (notes only) C2 / Brecon House to IP5 / Picketston**

To mitigate the risk of damage to medical records, PCS have started the process of moving medical records from C2 / Brecon House to existing NWSSP sites. The requirement for additional staff to undertake the work of moving the medical records has been unsuccessful in recruiting bank staff. To mitigate the risk to delaying the project, it is seeking approval of fixed term contracts on a 6 months basis.

### **Document Scanning Team / Print Room / Post Room - Companies House/Brecon House to Cwmbran House**

An addendum paper to the original business Case for the PCS Medical Records accommodation move needs to be written and approved by the Project Board. Delays in approval may occur in delaying the move prior to Mar-24. A potential funding gap has been identified for the current racking within the Document Scanning team at Companies House, as it is not fit for purpose and is currently in a poor state to be moved. This has been raised with NWSSP Finance colleagues.

Project Name	Project Manager	Project Exec/SRO
<b>Charnwood &amp; Companies House Accommodation</b>	Abi Shackson	Mark Roscrow

## **Monthly Update (key/issues (blockages)/risks)**

**Status** Amber (Overall) Amber (Time) Green (Cost) Green (Quality)

**Recent Gateway Review?** No

### **Objective**

The objective of the project is to move from our current accommodation within Companies House and our existing Headquarters in Charnwood Court, to new accommodation located at Unit 5-7 Cefn Coed, Treforest Industrial Estate, Nantgarw.

The move provides an opportunity to consolidate existing accommodation and also seek to improve the agile working environment for staff.

## **Progress Update**

Following the rescoping of the project to include the additional requirements of Charnwood Court, the new proposed location has been confirmed and plans are being established to support the relocation of both Companies House and Charnwood Court to Unit 5-7 Cefn Coed, Treforest Industrial Estate, Nantgarw on a lease basis.

Key tasks to mobilise the planned relocation include

- Heads of Terms - Completed
- Staff Consultation - Concluding in coming week (week commencing 06 May 2024)
- Building Preparatory work - Continuation of planned works and tender readiness.

The project will continue to conclude the proposed site design, including interior layout which once finalised will be shared with all staff in forthcoming coffee mornings and staff engagement sessions.

Currently, indicative timescales suggest a move in date is now likely during the early part of 2025, however this is both subject to change and dependant on external factors which will be monitored to ensure all opportunities to accelerate timescales will be considered where practical.

Other locations impacted (Companies House & Charnwood Court) are also being assessed to ensure exit and downsizing plans are in place to work in parallel to the planned Cefn Coed.

## **Main Issues, Risks & Blockers**

A number of risks exist, those deemed critical include:

- Site attendance numbers exceed available space. This can be mitigated through the use of booking apps to control space selection and usage and reduce the likelihood. Current combined attendance rates at Charnwood Court and Companies House are lower than the maximum number of planned available desks and the organisational approach to agile working remains a key focus area.
- Car Parking for 80 vehicles - Parking is available directly adjacent to the property but wider parking would need to be used as it currently is for visitors to Charnwood Court.
- Site Layout and design - This needs to be determined and finalised to allow formal proceeding to commence which support the current timescales. Failure to do so will mean the likelihood of a move in date on or before Nov-24 is currently at risk. This will mean consideration to existing lease terms in Charnwood Court will need to be evaluated and decisions on possible a short-term extension, or vacation to a temporary headquarters which will maintain key services such as Pre Employment Checks. This risk will be monitored as the location redevelopment plan is established alongside other lease terms in Companies House to determine the appropriate mitigation.
- Workforce Demographics - With over 867 staff impacted by the potential move it is imperative that consultation and impact to the workforce is modelled and understood. Consultation was completed throughout Feb-24 and Mar-24. All 1-2-1s have been completed, concluding the consultation process.

Project Name	Project Manager	Project Exec/SRO
Laundry MOTO	Paul Thomas	Stuart Douglas

## **Monthly Update (key/issues (blockages)/risks)**

**Status** Amber (Overall) Green (Time) Green (Cost) Amber (Overall)

**Recent Gateway Review?** No

## **Objective**

On 01 April 2021 NWSSP took over the responsibility for delivery of Laundry Services to NHS Wales operating from the following locations:

- Ysbyty Glan Clwyd (Betsi Cadwaladr University Health Board - BCUHB)
- Llansamlet (Swansea Bay University Health Board - SBUHB)
- Green Vale (Aneurin Bevan University Health Board - ABUHB)
- Church Village (Cwm Taf Morgannwg University Health Board - CTMUHB)
- Glangwili (Hywel Dda University Health Board - HDUHB)

Originally, services from Church Village and Glangwili were part of the All-Wales Laundry Service. The staff however are managed by the respective Health Board and their transfer is subject to a different programme (Shift East).

The 'Shift East' NWSSP Project was initiated in 2023 to deliver the following changes:

1. Transfer of staff from CTMUHB (Church Village) to NWSSP (delivered Apr-24)
2. Transfer some Laundry staff from HDDUHB (Glangwili) to NWSSP to deliver a hub base service model (delivered Apr-24)
3. Conversion of the Glangwili Laundry to provide a hub for NWSSP services (in progress)

As a result of the changes in service profile, it has been necessary to create workstreams to formalise the basis of NWSSP's occupation at Church Village and Glangwili through a Memorandum of Terms of Occupancy (MOTO) agreement.

## **Progress Update**

The Project Brief and Project Plan have been signed off on 22 April 2024. This moves the Project into the delivery stage.

### **Work Stream 1 (Church Village)**

Two surveys have been carried out by external surveyors. The first, a building survey which was completed on 17 April 2024 with the report due 03 May 2024. The second was a Mechanical & Electrical Survey which was completed on 26 April 2024 with the report due by 10 May 2024.

Both surveys will be shared with NWSSP and CTMUHB stakeholders for review.

CTMUHB has suggested their preference is for the building to be included with the transfer of staff to NWSSP. This is outside the initial scope of this project.

Following the review, a decision will need to be made by NWSSP on ownership of the building.

If NWSSP agree to owning the building, a Legal agreement will be required in place of a MOTO agreement. If the building remains with CTMUHB, meetings to develop the MOTO agreement will be arranged.

### **Work Stream 2 (Glangwili)**

A building survey was completed by an external contractor on 28 March 2024, this has been shared with all stakeholders on 17 April 2024.

The first NWSSP / HDDUHB MOTO development meeting is scheduled to take place 02 May 2024.

## **Main Issues, Risks & Blockers**

### **Issue**

An issue has occurred during the scoping phase for Work Stream 1. CTMUHB has stated that their preference for the building to be included in the transfer of Laundry services to NWSSP. If the CTMUHB transfer of the Church Village building is to be included, the NWSSP/CTMUHB side of the project will not be able to progress. A review will be required to determine a more suitable way forward agreement including a full dilapidations survey to restore the building.

This issue will not affect the progress of Work Stream 2 (NWSSP/HDUHB MOTO agreement).

### **Risk**

If Health Boards do not buy-in to the process, there is a risk of failure to secure a signed MOTO. Communication has begun between all parties to mitigate any risk.

Project Name	Project Manager	Project Exec/SRO
Medical Examiner	Bethan Rees	Neil Frow

## **Monthly Update (key/issues (blockages)/risks)**

**Status**                      **Green** (Overall)                      **Green** (Time)                      **Green** (Cost)                      **Green** (Quality)

**Recent Gateway Review?**                      No

### **Objective**

To create a Medical Examiner Service model for Wales that:

- Is fit for purpose
- Complies with standards set by the National Medical Examiner
- Is sustainable and resilient
- Represents value for money for NHS Wales
- Meets the requirements of the Coroners & Justice Act 2009.
- Provides independence

## **Progress Update**

### **Implementation**

The Medical Examiner Service (MES) is ready to double capacity to scrutinise Primary Care deaths in preparation for legislation coming into force in the latter half of 2024. The Workforce and processes are in place, however the Service will need to adjust to the new workload when the service is at full capacity.

### **Regulations**

Welsh Government have confirmed that the regulations were published in Dec-23. The Welsh Government Minister also made a statement for Wales in Dec-23, and interested parties can now view the regulations prior to Apr-24.

## **Main Issues, Risks & Blockers**

### **Risks**

1. The inability to retain staff could jeopardise service continuity.

## Issues

1. There has been a low take up of GP Practices allowing the Medical Examiner Service (MES) to scrutinise Primary Care Deaths to date. GP Practices will be legislated for the Medical Examiner Service to scrutinise deaths from Apr-24. Action: Additional communications will be issued to GP Practices.
2. GP Practices have not allowed the Medical Examiner Service (MES) access to GP systems to enable the service access to medical records for scrutiny of cases. Action: Combined communications to be issued from service and DHCW (Digital Healthcare Wales).
3. Welsh Government have advised that new paper Medical Certificate Cause of Death (MCCD) forms will be implemented in Apr-24. This could create issues for the Medical Examiner Service (MES) who will be implementing the service within Primary Care at the same time. Welsh Government to meet with NWSSP Primary Care Service to discuss further.

Project Name	Project Manager	Project Exec/SRO
L&R Case Management System implementation phase	Daniel Sinderby	Mark Harris

## Monthly Update (key/issues (blockages)/risks)

**Status** Green (Overall) Green (Time) Green (Cost) Green (Quality)

**Recent Gateway Review?** No

### Objective

The Legal & Risk Service (L&RS) current case management system is outdated and requires upgrading in tandem with an integrated document storage solution that replaces our current Commercial Off The Shelf (COTS) solution.

### Progress Update

Legal and Risk Services (L&RS) have been working with Procurement, Finance and Informatics to undertake a procurement tender exercise. The tender documentation was released on the 13 March 2024 and closed on the 17 April 2024, with one bidder.

An Evaluation team was established and attended a demonstration session with the supplier as part of the tender exercise. A moderation/evaluation day to assess the tender response has taken place, with the opportunity to raise clarification questions.

At Project Board on 02 May 2024 it was agreed to accept the responses to the clarification questions and proceed with NWSSP internal governance and Welsh Government contract award process.

### Main Issues, Risks & Blockers

#### Risks

The contract for the current system that is in use is due to expire in Mar-25. There is a risk that the limited timeframe may not allow sufficient time to procure and implement a new system by the required date.

There could be difficulty extracting the capital money refund from the previous supplier if they go against the previous agreement. This would have to be managed through appropriate legal channels.

Welsh Government may not approve the request to reuse the refunded capital for this project. The Project Board have been in contact with Finance regarding this arrangement and a draft business case have been created if a request for capital money is required.

#### Issues

Negotiations with the previous supplier have progressed regarding the refunding of capital money and will continue to be managed closely.

Project Name	Project Manager	Project Exec/SRO
NWSSP Electronic Prescription Service-EPS	Rhiann Iles	Nicola Phillips

## Monthly Update (key/issues (blockages)/risks)

**Status** Green (Overall) Green (Time) Green (Cost) Green (Quality)

**Recent Gateway Review?** No

### Objective

Digital Health and Care Wales (DHCW) launched the Digital Medicines Transformation Portfolio to deliver a fully digital prescribing approach in all care settings in Wales. The portfolio brings together the programmes and projects to make the prescribing, dispensing and administration of medicines everywhere in Wales easier, safer, more efficient and effective, through digital. Primary Care Electronic Prescription Service (EPS) is a project focusing on implementing the electronic signing

and transfer of prescriptions from GPs and non-medical prescribers to the community pharmacy or appliance dispense of a person's choice.

In England, when community pharmacies dispense medicines, EPS-compliant pharmacy systems generate Health Level 7 (HL7) claims messages which are routed via the NHS Spine to NHS Business Services Authority (NHSBSA) for reimbursement, and pharmacies also send paper prescriptions monthly to NHSBSA.

As NWSSP Primary Care Services (PCS) is the reimbursement agency for NHS Wales, modifications will need to be made to both NHS Spine and NWSSP system to enable the HL7 message to be re-routed to NWSSP for the reimbursement to be processed.

Following successful completion of the Technical Proof of Concept (TPOC), the project objective is to support the roll-out of EPS in NHS Wales.

## **Progress Update**

To note the percentage completion is based on an average of both Reimbursement and Smartcards workstreams: 73% Reimbursement, 89% Smartcards. The focus of plan remains on completing new and residual tasks to enable rollout to GP and Pharmacy System suppliers.

Delivery of EPS items to GP sites and Pharmacies for the early tranches of the roll-out have been completed by Health Courier Services.

**Integration/Development of Internal Applications:** Work is nearing completion to ensure that applications have the capacity and resilience to process EPS prescriptions.

**Governance:** This workstream is fully completed.

**Assurance:** Assurance timescales for each supplier (where known) are incorporated into the project plan. Positive Solutions and Clanwilliam are the next suppliers to go live.

**Service Management:** Conversations are ongoing. NWSSP is part of a wider group of stakeholders who are continuing to refine the EPS Service Management approach. NWSSP are also working towards internal processes to triage calls to the correct team within PCS.

**Communication Approach:** Work is ongoing on NWSSP external and internal websites to ensure both are updated with relevant information. Weekly meetings are taking place between members of the project team and are scheduled with DHCW Communications team.

**Funding:** Agreement received from EPS Programme Team for £150k to be allocated for 2024/25 from the EPS Programme budget, to allow staff resource to be recharged each quarter to ensure EPS programme delivery. NWSSP are awaiting documentation from DHCW regarding this agreement. Staff resource will continue to be calculated in anticipation of being shared. Discussions are still ongoing regarding Business-as-usual costs when the programme team withdraws. NWSSP will work with DHCW to provide costings to any funding bids made to Welsh Government.

## **Smart Cards:**

- PCS are continuing to support the current live First of Type (FOT) sites in Rhyl and Llanfairfechan
- The Village Surgery and Well Pharmacy in Llanbradach commenced implementation process.
- FOT 4 sites:
  - Sully Surgery and Sully Pharmacy set-up instigated.
- FOT 5 sites:
  - New Surgery in Pencoed set-up instigated.
- Fferyllwyr Llyn Cyf in Blaenau Ffestiniog commenced implementation process earlier than planned.

Work is still ongoing regarding online webpages, communications (in collaboration with DHCW Communication team) and finalising processes.

## **Main Issues, Risks & Blockers**

### **Risks**

The project risks and issues were last reviewed on 18 April 2024. The previously highlighted risk around resource remains:

The introduction of ePrescribing could have an impact on the workforce due to the anticipated processing efficiencies. A draft implementation plan has been received from DHCW with proposed timescales. Ongoing, regular communication with DHCW is reducing this risk. In addition, the project team is linking in with the Business Change Team within DHCW as well as continually assessing the impact that EPS is having on current business practices.

### **Issues**

More visibility is needed when test claims are being sent by supplier via DHCW. This issue has been flagged to DHCW to ensure that information is sent through detailing what NWSSP should be able to see within the test claim. A test plan from DHCW has been shared with the project team.

An additional risk has also been highlighted (replicated from PCS Divisional Log) regarding funding for BAU costs post 2025. Discussions have commenced with DHCW to ensure inclusion of costs for NWSSP to be included in any funding bids to Welsh Government.

Unable to print Series 9 Smartcards due to software related issues with the Smartcard reader connected to the printing PC/laptop. The mitigation for this is that the team will continue to print on the Series 8 smartcards that are in stock and have requested new readers.

Project Name	Project Manager	Project Exec/SRO		
<b>Expansion of Legal Services to Primary Care</b>	Gill Bailey	Daniela Mahapatra		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
Background: In November 2019, the Solicitors Regulation Authority (SRA) introduced the Standards and Regulations (STARS) which has afforded Legal & Risk Services the opportunity to consider expanding the services they provide to primary care providers eg General Practices. This aligns to the Welsh Government Primary Care sustainability agenda by extending support to GPs for these services. This project will also complement the support already being provided by NWSSP for primary care.				
Objective: Design and implement a new legal service providing commercial, and employment law advice to GP Practices within NHS Wales.				
<b>Progress Update</b>				
Service offering defined and processes for the new service are in place.				
Communication strategy revised to include a 'soft' launch event with GP Clusters that have expressed an interest. Development of specific web page has commenced.				
<b>Main Issues, Risks &amp; Blockers</b>				
Main risk identified: Limited appetite from GP Practices to utilise new service could result in reputational damage to NWSSP and waste of investment in resource and time. Market research and stakeholder engagement will mitigate this risk.				

Project Name	Project Manager	Project Exec/SRO		
<b>Implementation of All Wales Translation Memory Software</b>	Rhiann Iles	Non Richards		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
The procurement and implementation of Welsh Translation memory software for all participating Health Boards.				
Background: NWSSP currently has a contract with Phrase Translation Memory software and supports the following organisations with translation services through a Service Level Agreement:				
<ul style="list-style-type: none"> <li>NWSSP and hosted programmes</li> <li>VNHST</li> <li>PHW</li> <li>DHCW</li> </ul>				
The project purpose is to address the inconsistent approach to the use of Welsh Translation memory software across NHS Wales in line with 'More than just words' (Welsh Government Strategy).				
<b>Progress Update</b>				
To inform scoping of a potential multi organisation solution, a questionnaire was issued to Welsh Services Managers within all NHS Wales Organisations to ascertain feasibility and current usage. Following receipt of twelve responses, further meetings are				

taking place to confirm the information provided. A report is being prepared noting the findings and highlighting interested stakeholders in moving forward on a collaborative basis.

The Welsh Language Translation Unit in Welsh Government have also indicated an interest in understanding what the project requirements will be and a very informal discussion with Welsh Government Translation Unit is scheduled in mid-May, so see if there might be a possibility of joint working.

Once the position is established a project team and plan will be created along with all relevant project documentation.

### **Main Issues, Risks & Blockers**

No issues presented at this stage of the project.

Project Name	Project Manager	Project Exec/SRO		
<b>ESR Manager Self Service (MSS) Implementation</b>	Rhiann Iles	Rebecca Jarvis		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	In Progress			
<b>Objective</b>				
To optimise use of Self-Service functionality with ESR across all NHS Wales organisations in preparation for the future workforce solution, identified through the ESR Transformation Programme.				
Background:				
The ESR Transformation Programme is led by the NHS Business Service Authority (NHSBSA). The programme is currently progressing through procurement processes before entering proof of concept. The goal of 'enabling readiness' for the future solution is to support organisations in reaching an optimal state of digitalisation through the utilisation of Manager Self Service (MSS). This will support a fast and safe adoption of the new solution to organisations for maximum benefit.				
MSS is partially rolled out across organisations, but the replacement for ESR in 2026 will require 100% uptake of MSS.				
In Apr-24, the scope of the project was amended to include the implementation of Staff Movement Advice (SMA).				
<b>Progress Update</b>				
The project is continuing to progress with fortnightly project team meetings taking place. The following have been developed:				
<ul style="list-style-type: none"> <li>• Process maps</li> <li>• Matix and agreement on who will undertake which activities in terms of functionality.</li> <li>• Agreed that the current Staff Movement Advice (SMA) form can be amended to remove those transactions which will be undertaken via MSS.</li> <li>• Payroll reviewing processes in line with the MSS implementation.</li> <li>• Training/Guides being developed.</li> <li>• Project Board has been established to ratify decisions.</li> </ul>				
An initial project plan was drafted but will need amending in light of developments to increase the scope of the project to include SMA.				
<b>Main Issues, Risks &amp; Blockers</b>				
There has been some confusion surrounding the MSS and SMA implementation across organisations. Communications have been developed which will be shared confirming the change of scope of this project to now include SMA.				

Project Name	Project Manager	Project Exec/SRO		
<b>Lease Management Solution</b>	Daniel Sinderby	Clive Ball		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>				
<b>Objective</b>				
Procure and implement an alternative system to Electronic Property Information Mapping Service (ePIMS) that meets the requirements of the Specialist Estates Services (SES) Property Team				
<b>Progress Update</b>				
The Specialist Estates Services (SES) Lease Management System project is to procure an alternative system for the Property Team to manage leases across NHS Wales. The UK Cabinet Office has been working with stakeholders to develop a new				

system for property management as the current system, Electronic Property Information Mapping Service (ePIMS), is due to be phased out by Mar-25. SES colleagues who have participated in this process, have recently been informed that the new software would not be a replacement of ePIMS. This would not satisfy SES's needs as it does not contain the functionality required to undertake the Lease Management role for all NHS Wales organisations.

The project team has been established and have met twice, to understand the scope of the project and options that are currently available.

SES have reflected on a previous unsuccessful attempt to procure a solution that took place years prior to this, and three initial options have now been identified:

1. Enter into discussion with the current ePIMS provider (CDS) and the Cabinet Office (who hold the contract) to find out if ePIMS can be supplied to us directly as a permanent solution.
2. Investigate delivering a solution via the Office 365 Power Platform
3. Undertake a procurement exercise.

A meeting has been held with Procurement colleagues who have identified a compliant way to novate the ePIMS contract if an agreement with the UK Cabinet Office is available. SES have contacted the UK Cabinet Office where the request has been raised to the Senior Responsible Officer (SRO) and they are awaiting an update.

NWSSP Informatics have been undertaking data modelling for a potential Office 365 Power Platform development to support this or a future procurement specification.

The SES Property Team have undertaken additional market research and have identified other potential options should they be needed.

## **Main Issues, Risks & Blockers**

### **Risks**

R1 - The current ePIMS system is shut down before SES is able to procure an alternative solution. Engagement with NWSSP/DHCW to ascertain whether they can develop an alternative system in the timescale available.

R2 - SES is unable to source an alternative system to enable SES Property team to deliver its function. Engagement with NWSSP Procurement to ascertain what alternative procurement options exist in the timescale available.

R3 - Funding (capital and revenue) is unavailable to procure and run an alternative system. Engagement with NWSSP Finance to ascertain whether funding is available to support the procurement and running of an alternative system.

## Service Improvement Initiatives

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
<b>Invoice On Hold (IOH) Review</b>	Tim Knight	Neil Frow, Alison Ramsey, Linsay Payne

### Monthly Update (key/issues (blockages)/risks)

**Status** Green (Overall)

#### Objective

The key deliverable of this project will be to reduce the total number of unpaid invoices that are outstanding over 30 days whilst improving the overall process.

Some of the indirect benefits of this project will come from an improved reputation that encourages other businesses to compete for our business, increased staff availability/capacity, reduced cost to serve and improved supplier (process customer) and customer HB/Trust satisfaction.

In parallel, we will review the "No Purchase Order No Pay" invoices being reported, looking to reduce this figure also. It is hoped that these will reduce naturally as we look at the 30 day plus figure, though depending on where the data takes us, we might need to switch this to the primary focus.

#### Progress Update

The steering group are meeting fortnightly to review progress and provide further direction. Its members include service leads from Finance, Procurement, Accounts Payable and the Service Improvement team only, with the numbers deliberately kept small to allow the sessions to be progressive. Actions are set and to be completed between meetings with the findings /results fed back in.

The steering group currently have the following improvements in flight:

Improvement	Activity	Benefit Type
Governance Framework	Develop all Wales and NWSSP governance groups	Improve Governance
ActionPoint Review	Streamline ActionPoint process, improve CSAT.	Process Improvement
Off Statement Clearance	Cancel invoices marked as off statement from IOH	Problem Reduction
Account Management	Move temp resource to e-Enablement	Problem Reduction
PO to Invoice Matching	Match No PO invoices to PO's in System & release	Problem Reduction
Receipting Reminder Automation	Improve, increase and automate reminder process	Process Improvement
No PO No Pay Update	Updating policy, enabling further improvement	Process Improvement
Statement Reconciliation	Outsourcing the reconciliation process	Process Improvement

Over the last 10 weeks the invoices on hold over 30 days has been increasing at an average of 86 invoices per week, with an average roll of 2463 invoices sitting across days 24 to 30 over the same period. Considering these points, we know that the current workforce are clearing on average 2377 invoices that are older than 24 days per week.

Improvements labelled under problem reduction in the matrix above are due to start from the 13 May 2024, with resource secured. These initiatives should deliver a tangible benefit through the clearance of 675 invoices per week, which would force a downward trend in the IOH over 30 day figure, aiming for a reduction of between 362 and 450 invoices per week.

If successful, the clearance plan would see the IOH over 30 days figure move to below 30,000 at some point during August 2024 (allowing two weeks to commence and for an element of slippage).

There is a new focus on both collaboration and cocreation, with the intension of delivering improved progress when compared to recent months.

#### Main Issues, Risks & Blockers

The continued availability of resource is essential to the successful delivery of the clearance plan.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
<b>Variable Pay Initiative</b>	Tim Knight	Neil Frow

### Monthly Update (key/issues (blockages)/risks)

**Status** Green (Overall)

#### Objective

The NWSSP Service Improvement Team were asked to lead an initiative looking into variable pay spend across NWSSP and excluding laundry services. The primary goals of this initiative were to:

- Explore which variable pay options are the most cost effective.
- Identify the key root causes to variable pay.
- Identify improvements and countermeasures to established points of failure and root causes.

### **Progress Update**

Through our findings it was determined that 89% of variable pay is worked across bands 2,3 and 4 and the use of bank staff offered the most cost-effective solution to bridging gaps in resource, followed by overtime and then agency. The bank pay hourly rate is on average 7% less than Agency or Overtime.

Following the principles of pareto analysis, we then worked to identify the root causes, taking the biggest contributors to the problem and working with these cost centres to obtain and stratify relevant data.

A report has been written and submitted to the relevant service leads, which demonstrates any correlation of factors which contribute to variable pay. This report suggests improvements within the following areas:

- Data Management
- People & Organisational Development
- Within the specific services
- and at an Organisational level.

The next steps of this initiative are to meet with the relevant stakeholders to start to explore potential countermeasures to the points of failure identified. Initial conversations have taken place around both People and Organisational Development and Data Management based improvements, with further meetings scheduled to identify improvements in motion and expected benefits.

### **Main Issues, Risks & Blockers**

That the process owners and managers are not fully transparent (though there has been no sign of this happening)

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Legal & Risk Matters Invoicing Process	Niall Quilton, Tim Knight	Stefan Dakovic, Sue Saunders

### **Monthly Update (key/issues (blockages)/risks)**

**Status** Green (Overall)

#### **Objective**

We aim to apply an RPA/M365 Power Apps solution to parts of the NWSSP Finance Legal & Risk Matters approval process to reduce resource time spent on obtaining, sorting and reporting data, and time spent emailing and chasing approvers.

Automate parts of the process that will release resource for associated value-added duties, improve consistency and timeliness of requesting and chasing approvals, and provide a Power BI reporting dashboard and output. Additional opportunities for continuous improvement will be identified and listed for review.

#### **Outcomes to be achieved:**

- Timely automated process
- Increase in matters approved.
- Improved chasing outcomes, including no matters for payment being written-off.
- Resource freed for query resolution and relevant value-added tasks.
- Improve escalation process.
- BI reporting dashboard and output

#### **What other indirect benefits may arise from this work?**

- Continuous improvement opportunities identified within the wider process and in other work NWSSP Finance complete.
- Issues with stakeholders identified, monitored and reported using Business Intelligence, which will support problem resolution and escalation.

### **Progress Update**

Work has started on the completion of the Process Definition Document which is due for completion during May-24 prior to being reviewed and sent to RPA for RPA/M365 development.

This automation will deliver tangible benefits through the reduction of processing time and the increased availability of resource.

### **Main Issues, Risks & Blockers**

Risks:

- Availability of NWSSP Finance staff to support the development as subject matter experts and decisions makers.
- Availability of RPA/M365 Power Apps Team to develop, test and implement within timescales set.
- Availability of the SIT to complete the RPA/M365 Power App framework documents before end of May-24 due to other work pressures (new and on-going) and having access to the subject matter experts.
- Functionality of the RPA/M365 Power Apps to complete the ask. For example, the potential to move the Matters Database to MS Lists would still need to retain the ability to provide summary info as per the summary page on the matters database - using look ups to aged debtor balances and No. of matters outstanding per HB etc

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
<b>Customer Service Excellence Year 2</b>	Kim Eley	Neil Frow

## Monthly Update (key/issues (blockages)/risks)

**Status** Green (Overall)

### Objective

Following the successful completion of the year one customer service excellence (CSE) assessment in 2023/2024, the objective of this initiative is to maintain these standards and report back any improvements to the accreditation body accordingly in order to maintain and build on the standard achieved.

### Progress Update

The Community of Practice and Customer Service Excellence lead have overseen the creation of more than 50 Service Improvement Action Plans, which are spread across the majority of the divisions that sit within NWSSP. These plans, which provide advice on anything from capturing baseline data to demonstrating benefits realisation, have been put in place to plan, implement, and demonstrate the improvement journey and will be collated in readiness for next year's submission.

Separate one to one development sessions and Community of Practice group are being held monthly to offer divisions support.

The Service Improvement Team are responsible for managing the organisational partial compliances and will complete and deliver these action plans.

### What's next

Divisions will be required to develop actions plans for elements defined as compliance plus and are expected to evidence how compliance plus is being maintained.

In year two, the CSE assessors will only review 11 elements of the CSE Standard, providing they were not considered as a compliance plus or partial compliance in year one.

### Main Issues, Risks & Blockers

None to report

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
<b>Staff Movement Advice (SMA) RPA</b>	Niall Quilton	Stephen Withers

## Monthly Update (key/issues (blockages)/risks)

**Status** Green (Overall)

### Objective

To review the workstreams that feed into the Starters Movers and Advice App and automate processes where possible.

### Progress Update

Termination is the first stage of this collaborative improvement process, with Payroll, NWSSP Service Improvement and RPA working through the SMA App workstreams in due course. There are currently 19 further scripts to work with varying benefits to be confirmed.

SMA App Terminations RPA framework documents have been submitted for development with RPA. They anticipate three weeks for development to testing stage. First roll-out will be with CVUHB.

The group continue to meet weekly to go through the development planning. The Service Improvement Teams also continue to work with the subject matter experts to complete relevant documents, process mapping and collate items for the group to discuss and provide decision on and actions for development.

Benefits: Conservative benefits forecasts indicate a 10-minute reduction to the handling time of 9000 items that go through the SMA and are currently handled by the relevant Payroll teams. Equating to 0.76 WTE or £26,000.

The outcomes of automating the Terminations process will be as followed:

- Straight-through processing from when the manager in the NHS organisation completes the employee termination via the SMA App, to the NWSSP Payroll ESR entry to complete the termination.
- Resources savings from data entry, with resources freed for value added tasks – quality assurance, customer service and continuous service improvement.
- Daily completion of the termination workflows; improved customer experience, efficiencies and NWSSP Payroll KPIs. Reduction in consequences of delayed termination processing.
- Detailed RPA exceptions to assist payroll staff with identifying issues and resolution.
- RPA output report to upload to the SMA App, which will identify exceptions to appear back in the SMA dashboard for payroll staff to complete manually.
- Detailed exceptions reporting to review for process improvement.
- ESR data quality improvements, reduction in data gaps and improved workforce data for ESR reporting.
- Annual leave data recorded (owed and taken) – exceptions highlighted for timely resolution.
- Reporting data for business intelligence analysis; performance, benefit realisation and continuous improvement.
- Audit trail on RPA terminations processed and exceptions sent back to NWSSP Payroll.
- Reduction in termination queries and ActionPoint calls.
- Termination Workflow generated through ESR to relevant stakeholders.
- Timely initiation into the NWSSP Payroll over-payment process
- Reduction in over-payment process timelines.

Following submission of the Termination Documents to RPA, the Improvement group have started work on the SMA App New Hires RPA framework documents. First phase is to complete new hires for Single Lead Employer new starters. Anticipate completion of documents ready for submission for development by the end of May 2024. Next phase will be general new hires.

### **Main Issues, Risks & Blockers**

#### Risks & Issues:

- RPA Team delays
- RPA virtual machine capacity issues - need more licenses - cost.
- Payroll delays with data, support, collective Payroll management decision making.
- Payroll not investing in updating their business continuity planning and disaster recovery.
- Payroll not developing a comprehensive RPA admin SWI/SOP for post implementation RPA management.
- Competing interests with the ESR Management Self Service roll-out

### **NON PMO Managed Initiatives**

<b>Key Individual Project/Programme Updates</b>				
<b>Project Name</b>	<b>Project Manager</b>	<b>Project Exec/SRO</b>		
<b>Radio Pharmacy</b>	Peter Elliott	Neil Frow		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Amber</b> (Overall)	<b>Amber</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
To provide a new Radiopharmacy facility serving the Southeast region of Wales				
<b>Progress Update</b>				
The project has been established within the TRAMS Programme, managed by the Southeast Wales Project Board. An initial Business Case was prepared that analysed the investment options and recommended the IP5 Warehouse as the preferred site. This was submitted to Welsh Government in Nov-23, and fees have been awarded to develop the design. Outline design work for the Southeast Wales Hub will be carried out concurrently, to ensure fit, and that sufficient power and other utilities remain available.				
A tender process has been carried out for the cleanroom contractor, the contract awarded, and the outline design phase has started.				
A Project Surveyor and other key advisors and internal resources have also been appointed. User Requirements Documents have been prepared. Scoping for enabling works to be carried out by different contractors is underway with the support of the Surveyor and Principal Designer. These will include:				
<ul style="list-style-type: none"> <li>• Decant of stores and racking from the work area</li> <li>• Rectification of the dividing wall for fire compartmentation</li> <li>• Refurbishment of staff toilet and locker room facilities</li> <li>• Connection of new drains for the production area</li> <li>• Any short-term repairs needed to the roof that have not already been instructed by the IP5 Programme</li> <li>• Modification of the Fire and Security Alarms consequent on the changes to the building</li> <li>• Final Electrical Connections</li> <li>• Protection of Wireless and Data networks during the build.</li> </ul>				

Around £330k of Production Equipment has been purchased using year end capital and will be securely stored until needed. The Tender for the Isolators closed on 07 March 2024 and is being assessed. Welsh Government has agreed in principle that this order can be placed in advance of the main investment decision, because of the lead time for these items.

Operational Planning for the new service is underway with workshops held on process standardisation, documentation, and digital systems.

Planning for the staffing establishment is being considered on a phased basis:

1. The TUPE transfer of those staff whom Cardiff and Vale University Health Board identify as entitled, willing, and able to transfer. They will be transferred as soon as possible and put to work supporting the design, build, and commissioning of the facility.
2. The identification of an interim standalone structure for Radiopharmacy in NWSSP and recruitment to the vacancies.
3. The full TRAMs OCP2 structure integrating Radiopharmacy with other supporting capabilities

It is currently expected that design and costing work will have progressed to the point that supports an Investment Decision towards the end of Quarter 1 of 2024/5. Total Project Costs are currently estimated at £9.4m

Main building activity is expected to be during Quarters 2 and 3 of 2024/5.

Testing, validation, and regulatory approvals will follow in Quarter 4 of 2024/5.

The best case for the new unit to be opened is Quarter 1 2025/6.

Proceeding at this pace requires acceptance of certain risks, as set out in the following section. These are considered to be justified by urgent patient need and will be carefully managed and reported on.

Project is rated Amber overall to the time constraint, and the impact of this on risk management.

## **Main Issues, Risks & Blockers**

The main risks and issues to the project are as follows:

- **Power supply** within IP5 is known to be a constraint. An assessment by NWSSP Specialist Estates has concluded that there is available margin of 1.0MVA for work. Current estimates are that the Radiopharmacy requires 0.4 MVA. Design work to refine these figures further is ongoing.
- **Planning Permission** will need to be sought, both for the change of use of the floor footprint, and for changes to the elevations for air intakes and vents, and for one additional external door. A Planning Consultant has been appointed, and preparation is underway for a thorough pre-engagement with the planning authority. As soon as the drawings are available, and prior to the Investment Decision, the planning variation application will be submitted. This risk will be actively managed and reported on.
- **The IP5 Roof** remains a concern, with sporadic water leaks continuing to occur despite the recent remediation work. The project has made cost provision for further short-term remediation works to the roof over the project area. The IP5 Programme is preparing a case for the comprehensive over cladding of the whole roof in the medium term.
- **Staffing** is probably the biggest risk to the project. The current staff at Cardiff & Vale University Health Board are in a precarious position with their unit closed. Once the capital investment decision is made it is proposed to carry out a TUPE transfer of these staff to NWSSP, accompanied by their budget allocation, and the non-pay budget for the service. There remains a risk that before that can happen, the staff will seek alternative employments elsewhere, or be redeployed within the service to manage urgent pressures of one kind or another. When the new unit is ready to open, existing staff may not be available, and a recruitment and training process would then be needed.
- **The Revenue Budget** for the service is a financial risk. If the budget transferred from Cardiff & Vale University Health Board meets the cost of the new service, all will be well. If it does not, then the issue will need to be remitted back to SSPC for consideration. The standalone budget for Radiopharmacy within NWSSP may not be considered affordable, until it can be shared across the whole TRAMs OCP2 overhead.
- **Streamlining of clinical demand** is needed to ensure service resilience over the next 15 months. To emphasise: this is not about limiting the number of patients scanned, but about clustering demand for similar scans on particular days of the week. The aim is to ensure three patients can be scanned from every one vial of radioactive product produced, which can be done on the same day in the same place, but not on separate days or in different places. This will also lay the foundations for a successful introduction of the new service for the Southeast when the new unit opens. An NWSSP Project to support this activity has started work, within the governance of the TRAMs Programme.

Project Name	Project Manager	Project Exec/SRO
Once for Wales Concerns Management System	Maria Stolzenberg , Judith Lewis	Jonathan Webb
<b>Monthly Update (key/issues (blockages)/risks)</b>		
<b>Status</b>	<b>Green</b> (Overall)	
<b>Recent Gateway Review?</b>	No	
<b>Objective</b>		

Using a collaborative approach with all partners, implement, enhance and sustain an effective tool to support Health Bodies to comply with their duties in relation to concerns management and service user experience. To improve consistency and quality of concerns data throughout NHS Wales to facilitate service improvement.

## **Progress Update**

Phase 1 of the programme is fully rolled out across all Organisations. Two products, Datix Cymru and Civica Experience Wales have been procured and established. Over 30 workstreams involving collaboration between Health Bodies have been established, with some stood down when their tasks have been completed. A robust and effective governance structure, with a Chief Executive as SRO, has been put into place. A quarterly cycle for system update releases has been put into place. All Wales Information Governance solutions including a Data Privacy Impact Assessment for every functionality have been established.

The phasing of the introduction of some functionality was revised by the Programme Board taking into account the NHS Wales priorities and the work schedules for the supplier. A challenge with system infrastructure in Datix Cymru was experienced and this necessitated changes to server configuration. Phase 2 and 3 objectives were delivered.

Compliance with the duty of candour has been built into the system workflows and a major work stream to support implementation of the duty on 01 April 2023 was established - with this moving to an ongoing support and development work stream as the duty takes effect. Interim solutions following the discontinuation of NRLS were established and a new portal functionality to transmit data from health bodies to the NHS Wales Executive has been designed and successfully piloted in two of the Health Boards, the plan is to roll this out across Wales in Jun-24. All systems were successfully migrated from ADFS authentication to Azure (Entra) this was scheduled to be completed by Dec-23 and was completed on time.

The Programme Board are currently reviewing and ratifying the Phase 4 deliverables for delivery by 31 March 2025.

## **Main Issues, Risks & Blockers**

A risk and issues log is maintained by the Programme Board.

Operational pressures across the NHS may impact the availability of key stakeholders. Demands on Organisations is reduced as far as possible.

Some functionality may not be delivered on time by the supplier. Strategic reviews and alternative solutions are sought where possible.

There is a need to migrate to Azure for user authentication, which is currently not possible. The supplier is designing a solution to migrate users and DHCW is addressing authentication errors, which occurred previously.

Integration of Civica with local data systems is delayed in some Organisations. Standard functionality remains available.

Project Name	Project Manager	Project Exec/SRO
<b>ESR Transformation Programme</b>		Gareth Hardacre

## **Monthly Update (key/issues (blockages)/risks)**

**Status**                      **Green** (Overall)                      **Green** (Time)                      **Green** (Cost)                      **Green** (Quality)

**Recent Gateway Review?**                      No

## **Objective**

Lead on the development and implementation of the Electronic Staff Record (ESR) Transformation Programme for Wales

## **Progress Update**

The ESR Transformation Programme led by the NHS Business Service Authority [NHSBSA} continues through its procurement stage against the following timeline:

- ISIT stage concluded end of Mar-24 following issue of Invitation to Negotiate
- Negotiation phase commenced on 08 April 2024
- Proof of Concept commenced on 16 April 2024 with the Service Concepts and Technical Capabilities. This will run in parallel with the negotiation stage
- Communication sent for participants in the Usability Assurance Sessions - looking at employee, manager and professional personas

High level design for the wider Readiness activity has progressed. Strategic narrative has been created and will be launched officially in May-24. Gareth Hardacre to launch for Wales.

Early planning in preparation for the development of the full Business Case (FBC) has commenced.

Within Wales work continues on the optimisation of ESR. Workshops are being held during May to scope out the Data Quality requirements. Self Service project has commenced with 4 early adopter organisations been identified. Working closely with Employment Services colleagues to ensure consistent message across Wales in line with the Staff Movement Advice

implementation. Paper for Establishment Control presented to Directors of Workforce & Finance to seek clarity on way forward following initial scoping.

Ready Steady Go strapline for Wales launched as part of our ESR Transformation journey.

Wales Governance Board to meet for inaugural meeting in May-24.

## **Main Issues, Risks & Blockers**

Significant culture and process change

Consideration to existing processes including payroll to ensure no disruption to service

No dedicated resource to deliver the ESR Transformation programme within NWSSP or local organisations however this will be monitored via the risk register.

Project Name	Project Manager	Project Exec/SRO
Scan 4 Safety	Andrew Smallwood	Andy Smallwood

## **Monthly Update (key/issues (blockages)/risks)**

**Status**                      **Green** (Overall)                      **Green** (Time)                      **Green** (Cost)                      **Green** (Quality)

**Recent Gateway Review?**                      No

## **Objective**

The Scan for Safety Wales Programme seeks to embed traceability into the NHS in Wales in order to improve patient safety. The combination of an All Wales inventory management system, underpinned by GS1 standards adoption will allow the data linkage of products, patients, locations, procedures and clinicians. The Inventory Management System will provide instant stock visibility, strengthening supply resilience and allow for products to be withdrawn from use swiftly should a Safety Alert be received. The same data linkage will allow Health Organisations across Wales identify patients who may need recalling for review.

## **Progress Update**

Initial Programme delays due to central server implementation and cyber resilience measures were all addressed, and system is now live to some extent in all Health Boards.

The team continue the roll-out of the Inventory Management System across NHS Wales with all Health Boards are now extending the use of scanning to some extent every month.

The success with the patient link information feed from Welsh Patient Administration System (WPAS) being able to send information to Omnicell to allow products to be scanned to patients with Hywel Dda University Health Board (HDUHB) has allowed Digital Health and Care Wales (DHCW) to test its extended use to other health organisations. The test environment has proved successful with links ready for all remaining Health Boards.

Cardiff and Vale University Health Board (C&VUHB) does not use WPAS and as such a separate feed has been developed with C&VUHB that is now live following the go live of Cardiac Catheter Labs.

## **Main Issues, Risks & Blockers**

The creation of Global Location Numbers (GLNs) is not progressing as well as hoped. The use of GLNs introduces a common standard of location identification across NHS Wales that would be able to be used by all NHS Systems that require a location identified. The delays are driven by lack of prioritisation within Health Organisations. The reasons are competing workloads with Facilities Departments, lack of resources and in many cases alternatives are available, although not available for global use and each unique to its use. Welsh Government have recognised this and have suggested further work with DHCW in respect of developing a Welsh Health Circular to be issued. Next steps are to be reviewed with Welsh Government at the next Oversight Group.

The Theatre environment in all health organisations remains highly pressured at present with staff sickness compounding pre-existing staff shortages. This is being worked around with each organisation based on local pressure but impacting the speed of rollout.

Whilst the WPAS patient feed introduced successfully for HDUHB allows patient id to be brought up on the SupplyX handset, the barcode printed on the wristband is the hospital number not the NHS Number as required by the Programme. However, the feed from WPAS does allow SupplyX to use the hospital number so scanning product and patient is now live. Whilst this is good from a local efficiency perspective WHC (2015) 049 states that the NHS number should be the primary identifier for patients.

NWSSP will be supporting DHCW and presenting at an Accurate Positive Patient Identification Workshop being held on 13 May 2024. The workshop is to inform a new Welsh Circular to be issued in 2024.

Project Name	Project Manager	Project Exec/SRO		
<b>Health Roster Implementation</b>	Vicki Harris	Rebecca Jarvis		
<b>Monthly Update (key/issues (blockages)/risks)</b>				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b>Recent Gateway Review?</b>	No			
<b>Objective</b>				
To implement Health Roster across NWSSP, digitalising rostering and automating variable pay for employees aligned with all NHS Wales organisations. The system will provide quick and easy access for employees and resource efficiencies for the organisation. It provides data quality assurance and interfaces with the existing payroll system (Electronic Staff Record: ESR).				
<b>Progress Update</b>				
<ul style="list-style-type: none"> <li>23 units/services agreed for rollout during 23-24. <ul style="list-style-type: none"> <li>16 (70%) are live to payroll.</li> <li>1 (4.5 %) withdrawn.</li> <li>6 (25.5%) rolled over into 24-25 <ul style="list-style-type: none"> <li>2 have had training week commencing 15 April 2024 and are now linked to pay.</li> <li>2 have had training week commencing 08 April 2024 and are now linked to pay.</li> <li>2 have training scheduled week commencing 10 June 2024.</li> </ul> </li> </ul> </li> <li>24-25 roll out: <ul style="list-style-type: none"> <li>1 unit scheduled for training week commencing 25 April 2024.</li> <li>Recruitment services and Accounts Payable have had high variable pay however have chosen not to proceed at this time.</li> <li>Expenses Services contacted and awaiting reply.</li> </ul> </li> </ul>				
Hywel Dda Laundry (six staff) TUPE'd over to NWSSP with effect from 01 April 2024. This new unit will also move onto Health Roster to align with the existing Laundry Services within NWSSP. Five of these staff are subject to pay protection for 12 months. Confirmation received from Payroll and the People and OD team that pay protection is paid outside of Health Roster.				
<b>Licence Numbers</b>				
NWSSP currently fund 1,100 licenses. As of the Mar-24, via Health roster and Bank we are utilising (470-500) licenses.				
<b>PHW</b>				
<ul style="list-style-type: none"> <li>All three early adopters are now live to payroll with no pay issues.</li> <li>A draft implementation plan was presented to the Project Board in Apr-24 for consideration with approval pending</li> <li>A new PHW Board Chair has been appointed - Neil Stoodley, Head of Financial Intelligence, Value &amp; Impact.</li> </ul>				
<b>Main Issues, Risks &amp; Blockers</b>				
Medical Examiners are on hold indefinitely.				



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM: 6.6**

**16 May 2024**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Corporate Risk Update – May 2024**

<b>ARWEINYDD: LEAD:</b>	James Quance Corporate Services
<b>AWDUR: AUTHOR:</b>	James Quance Corporate Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Alison Ramsey Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Alison Ramsey Director of Finance & Corporate Services <a href="mailto:Alison.Ramsey@wales.nhs.uk">Alison.Ramsey@wales.nhs.uk</a>

**Pwrpas yr Adroddiad:  
Purpose of the Report:**

To provide the Partnership Committee with an update on the NHS Wales Shared Services Partnership’s (NWSSP) Corporate Risk Register.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Excellence – to develop an organisation that delivers process excellence through a focus on continuous service improvement.
<b>Tystiolaeth: Supporting evidence:</b>	-

**Ymgynghoriad/Consultation:**

The Senior Leadership Group (SLG) reviews the Corporate Risk Register on a monthly basis. Individual Directorates hold their own Risk Registers, which are reviewed at local directorate and quarterly review meetings.

Adduned y Pylori/Committee Resolution (insert ✓):						
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to <b>NOTE</b> the report.				

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Iechyd Poblogaeth: Population Health:</b>	No impact
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
<b>Ariannol: Financial:</b>	Not applicable
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> <b>Standard 1.1 Health Promotion, Protection and Improvement</b>
<b>Gweithlu: Workforce:</b>	No impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

# NWSSP CORPORATE RISK REGISTER UPDATE May 2024

## 1. INTRODUCTION

The Corporate Register is presented at **Appendix 1** for information.

## 2. RISKS FOR ACTION

The ratings are summarised below in relation to the Risks for Action:

<b>Current Risk Rating</b>	<b>May 2024</b>
Red Risk	4
Amber Risk	9
Yellow Risk	4
Green Risk	0
<b>Total</b>	<b>17</b>

### 2.1 Red-rated Risks

The following red risks remain on the register as follows:

- The threat to the TRAMs programme and the consequent impact in South-East Wales if funding is not made available;
- The impact on staff time and resources as a requirement of responding to the COVID 19 UK Public Inquiry; and
- The industrial action by Junior Doctors and the resulting impact that this may have on the Single Lead Employer team.

The approach to the Risk Register continues to develop following the detailed review undertaken by the Senior Leadership Group at its informal meetings in March and May 2024.

The existing register continues to be a dynamic document with the following updates to be noted:

### 2.2 New/Deleted Risks

**Risk A17 – Lack of Availability of Capital Funding** has been added to reflect the risk to the achievement of our objectives if capital funding for key developments is not forthcoming.

### 2.3 Amendment to Risk Scores

The following risks have had their current risk scores amended:

- **Risk A2 – Employment Services:** the score has been reduced from 8 to 4 reflecting a significant reduction in recruitment activity in recent months.
- **Risk A8 – RAAC:** the score has been reduced from 8 to 6 recognising the reduced impact as a result of mitigating actions.
- **Risk A12 – Financial Climate:** the risk is reduced from 12 to 8 as we close down the 2023/24 year but is likely to be increased again in 2024/25.

## 2.4 Target Risk Update

A number of target risks had the deadline of 31 March 2024 and have therefore been reviewed by the Senior Leadership Group and Audit Committee with the following amendments to be noted:

- **Risk A1 – Cyber threat:** The target risk score has been achieved. However, the inherent risk is ever-present and the ability of any organisation to mitigate cyber risk is contingent on external threat and is subject to volatility. It is unlikely to be possible to mitigate to a monitoring only level. Therefore this risk is maintained on the Corporate Risk Register.
- **Risk A2 – Employment Services:** The target risk score has been achieved and the summary has been revised for greater clarity following review by Audit Committee at its meeting on 16 April 2024. The risk is maintained on the Corporate Risk Register pending reporting of the Modernisation Programme through the May governance cycle.
- **Risk A3 – Industrial Action** – the extent of the risk is outside the control of NWSSP. Only when a negotiated settlement is achieved, will the risk be fully mitigated. The target date has therefore been moved to the end of September by which time it is hoped that the industrial action may have ended.
- **Risk A4 – Reputational Risk:** Whilst the risk score has reduced, the target date of 31 March 2024 has been extended to the end of September 2024.
- **Risk A5 – Clinical Pharmacy Service:** The risk has been mitigated to a Significant level with the target being Moderate. The target date has been extended to the end of September 2024.
- **Risk A7 – Decarbonisation:** the target risk has been increased from yellow to amber as recognition of the limitations imposed by the current financial climate.
- **Risk A9 – COVID Inquiry:** we have responded to all requirements of the Inquiry to date, but the potential risk is likely to last a number of years. Therefore the target date has been amended to 31 March 2026.
- **Risk A11 – TRAMs:** The Radiopharmacy element is progressing well but the proposals for TRAMs are more difficult to progress. As part of the planned revision of the Risk Register it is suggested that the

Radiopharmacy and TRAMs risks be separated with the target date for the latter extended to 31 March 2025.

- **Risk A13 – Laundry Health & Safety:** the target date has been extended to 30 June to allow for a review to be undertaken of the laundry transferred from Cwm Taf University Health Board.

The Audit Committee received the Corporate Risk Register at its recent meeting on 16 April 2024 and was content with the position. The Committee has requested a paper to provide further detail on the TRAMS programme risk at its next meeting.

### 3. RISKS FOR MONITORING

There are eight risks that have reached their target score, and which are rated as follows:

<b>Current Risk Rating</b>	<b>March 2024</b>
Red Risk	0
Amber Risk	0
Yellow Risk	5
Green Risk	3
<b>Total</b>	<b>8</b>

### 4. RECOMMENDATION

The Committee is asked to:

- **NOTE** the update to the Corporate Risk Register as at May 2024.

### Corporate Risk Register

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
<b>Risks for Action</b>												
A1	The threat of a cyber attack due to weaknesses in, or failure to comply with, security measures leading to potential loss of systems and/or sensitive data.	5	5	25	Cyber Security Action Plan BCP Champions Meeting Information Governance training Mandatory cyber security e-learn Internal Audit review BCP Action Cards CAF completed and report received from CRU CAF remediation project established with support from PMO. 'Exercise in a box' launch event held with SLG (face to face) on 12 May. Phishing testing has been running since February 2022 alongside proactive communications on cyber awareness. Part of All-Wales Cyber Security Network Increased resource in Cyber Security Team.	2	5	10	Complete Impact Assessment of all major systems (Nick Lewis - 31/05/2024)	Heightened state of alert. Recent attack on Home Electronics System - although this is not hosted by NWSSP. Presentation to September SLG and October 2023 Audit Committee. Two additional staff at Band 6 recruited. Suite of cyber KPIs developed following recent audit review. DHCW test phishing exercise recently undertaken.	➔	At target
	<b>Strategic Objective - Service Development</b>									<b>Risk Lead: Director of Planning, Performance &amp; Informatics</b>		
A2	The demand on services within Employment Services as a result of Health Boards taking on substantial numbers of staff to recover from the pandemic, is unsustainable, leading to sub-optimal levels of performance.	4	4	16	Established working practices governed by Service Level Agreements and measured by reporting of KPIs on monthly basis. Bi-monthly Recruitment Modernisation Project Boards 19 additional staff recruited within Employment Services (fixed term) Regular reporting to SLG and SSPPC.	1	4	4	Detailed update on modernisation plan to be presented to SLG and deep dive to SSPPC (31/05/2024 - DR)	Good progress being made with the Recruitment Modernisation Programme. Update provided to Sept and Nov 23 SSPPC. Demand from Health Boards for recruitment has fallen significantly but this position needs to be kept under review. Deep dive to be reported to May SSPPC.	⬇	At target
	<b>Strategic Objective - Customers</b>									<b>Risk Lead: Director of People and OD</b>		
A3	The industrial action by Junior Doctors and Consultants and the resulting impact that this may have on the Single Lead Employer team and Payroll teams.	4	5	20	Industrial Action Planning Cell with WG & HBs	4	4	16	Currently in discussion with HBs around some key issues e.g. derogations etc and how we can help to manage these. (GH 31/05/24)	3-day walkout started on 15 January. NWSSP systems coped reasonably well.	➔	30/09/2024
	<b>Strategic Objective - Staff</b>									<b>Risk Lead: Director of People and OD</b>		
A4	Adverse publicity arising from the regulatory report into financial matters at a Health Board have potential for adverse reputational impact on NWSSP.	4	4	16	All requests for information are channelled through a formal Communications route. Additional Internal Audit work. Review of Comms Team structure, skills and resource.	2	4	8	Assess findings of Communications Review (AB 31/04/24)	Positive proactive engagement with Interim Senior Management Team at Health Board continues to have positive impact.	⬇	30/09/2024
	<b>Strategic Objective - Customers</b>									<b>Risk Lead: Director of People and OD</b>		
A5	The planned development of the Clinical Pharmacy Service is adversely impacted due to financial and staffing challenges	4	4	16	CIVAS Board National QA Pharmacist	3	4	12	Undertake Organisational Change Process 2 (Colin Powell - 31/03/24)	Update to July & September 2023 SSPPC - the Radiopharmacy element is now progressing well but there remains concerns over TRAMs.	➔	30/09/2024
	<b>Escalated Divisional Risk</b>									<b>Risk Lead: Service Director</b>		
A6	The lack of capital for the laundry transformation programme has led to the development of a short to medium solution, this generates an inherent risk in the form of operating ageing equipment / infrastructure and plant for the foreseeable future resulting in increased breakdowns	4	4	16	Tried and tested Business continuity plan for supporting production downtime from local and national stock holdings as well as rerouting production to supporting plan Revamped Business Plan - scaled down. Additional capital received (Jan 24)	4	3	12	Further discussion with Welsh Government regarding the availability of the level of funding per year and the development of a plan to align with the phasing of funding (AH 31/03/24)	4 laundry production model in place with the closure of the Carmarthen unit on 29 March 2024 and the TUPE transfer of the Church Village staff from Cwm Taf Morgannwg University Health Board to NWSSP. Investment where possible continues where funding allows.	➔	30/06/2024
	<b>Strategic Objective - Service Development</b>									<b>Risk Lead: Director, Procurement Services</b>		
A7	Financial restraints prevent recruiting sufficient staff to meet the expectations of Welsh Government and NHS Wales organisations in playing a leading role in deliver the Decarbonisation Action Plan.	5	5	25	Decarbonisation Programme Board Project Execution Plan PMO Support	2	4	8	Submit updated Action Plan to Welsh Government (SD 31/03/2024 - complete)	The financial position across NHS Wales is leading to increasing demand from HBs/Trusts on the NWSSP team.	⬇	At target
	<b>Strategic Objective - Service Development</b>									<b>Director, Specialist Estates Services</b>		

A8	The presence of Reinforced Autoclaved Aerated Concrete in the Brecon House building in Mamhilad has contributed to the unsafe state of repair of the roof, and similarly in the Repository in Companies House.	5	5	25	Majority of staff working from home. Health & Safety Reviews Structural Engineers appointed Temporary safety measures in place e.g. netting SSPC approved revised Business Case	2	3	6	Plan to vacate Companies House by 31/03/2024 - RAAC in self-contained area. SSPC and Trust Board approval of revised business case and for signing of Du Pont lease (AE complete) Lease for Du Pont agreed - signed by Velindre and now only requires signature of landlord (AE complete)	Ove Arup in place for monitoring RAAC condition Cook & Arkwright appointed to mobilise contractors to intervene directly if required Revised Business Case approved by SSPC and Trust Board Nov 23. Planned timescale for exit from Brecon House slipping due to lengthy contract negotiation.	↓	At target
<b>Escalated Divisional Risk</b>												
A9	The COVID Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services.	5	4	20	Appointment of Legal Counsel Support from Legal & Risk COVID Inquiry Planning Readiness Group Reflection Documents Central Store of relevant documents	4	4	16	Ongoing requirement to respond to requests from Inquiry.	Core Participancy confirmed. Evidence now being requested for Module 5 and possibly also for Module 3. A number of key staff are also leaving during March/April (AB, GD, AE, PS)	→	31/03/2026
<b>Strategic Objective - Services</b>												
A10	Leaks to the roof at IP5 threaten the operation of services and are extremely expensive to repair.	4	4	16	IP5 Steering Board Repairs to roof undertaken.	3	4	12	Roof Survey to be undertaken (GW - 31 March 2024) - currently delayed due to wet weather.	Roof has been patched. The progress with the Radiopharmacy unit in IP5 may lead to this being addressed as part of that project.	→	30/06/2024
<b>Strategic Objective - Services</b>												
A11	The threat to patient services if the planned developments of the Radiopharmacy and TRAMs service is not allowed to progress due to funding or planning limitations.	5	5	25	TRAMs Programme Board Formal project managed by PMO. Use of Outsourced Suppliers Task & Finish Group established. Update to July SSPC.	4	5	20	Progress development of Radiopharmacy service in IP5 (CP 31/03/25)	Risk assessments completed with Chief Pharmacists. Update provided to September SSPC. Funding for Radio Pharmacy Unit at IP5 in SE Wales agreed in principle by WG and business case approved at November SSPC. Contract for design and build of Radiopharmacy Unit let.	→	31/03/2025
<b>Strategic Objective - Services</b>												
A12	The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services as set out in our 2024/25 IMTP.	5	4	20	Monthly Finance Reports to SLG Finance Reports to SSPC and Audit Committee Value and Sustainability Group Vacancy Control Arrangements implemented	2	4	8	Directorates to develop savings programme by start of new financial year. Submit balanced IMTP to WG by 31 March.	Value and Sustainability Group established and Vacancy Control arrangements implemented and savings plans monitored	↓	At target
<b>Strategic Objective - Services</b>												
A13	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships.	4	4	16	Internal Audit review Laundry Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services	2	3	6	Appoint additional H&S resource to address problems and maintain progress in Laundry sites - recruitment in progress.	Risk Assessments have been undertaken at the laundries and good progress has been made in addressing the risks. An update is provide to each meeting of the Laundry Programme Board	→	30/06/2024
<b>Strategic Objective - Service Development</b>												
A14	The reputational damage arising from a significant data breach, due either to inadequate controls or human error	4	4	16	IG Manager Information Governance Steering Group On-line mandatory e-learn for all staff and two-yearly refresher training Data Privacy Impact Assessments	2	4	8	Continue to monitor e-learn training compliance and cause of any data breaches through IGSG.	Reporting to SLG from the Information Governance Steering Group highlights high levels of compliance with training and reinforcement of messages to remain vigilant.	→	At target
<b>Strategic Objective: Services</b>												
A15	The threat to continued delivery of a service(s) due to having insufficient business continuity measures in place to respond to a major incident.	5	5	25	Network of Business Continuity Champions BC Plan and Impact Assessment Directorate Action Cards Internal Audit Review BCP App	2	5	10	Continue to implement recommendations from Internal Audit Report (PS - 30 Jun 24)	Recent training with DHCW and training session undertaken at Informal SLG in March 2024	→	30/06/2024
<b>Strategic Objective: Services</b>												
A16	Threat to services within IP5 following a fire incident resulting in the loss of the sprinkler pump system.	4	4	16	Fire Officer Review of current fire safety arrangements Review of Estates Compliance Standards Incident Control Group Update paper to SLG Additional night Security patrols	3	4	12	Commission a review of Sprinkler requirements (SD 30 Apr 24)	No direct impact on NWSSP personnel or property as a result of the fire incident, but refurbishment works to the pump house will take a number of weeks, possibly several months.	→	30/06/2024
<b>Strategic Objective: Services</b>												
A17	A lack of availability of capital funding hinders the ability of NWSSP to deliver current and planned service developments resulting in inability to deliver our IMTP and to support wider system improvements.	5	4	20	Estates and digital strategies Capital and estates prioritisation returns submitted to WG Close contact maintained with WG Capital Team Track record of delivery and effective use of resources	4	4	16	Refinement of Estates risk assessment in preparation for funding announcements including ready to go projects	Continuing to ensure NWSSP is represented in all-Wales forums to promote the benefits of investment in NWSSP programmes to NHS Wales.	✳	31/03/2025
<b>Strategic Objective - Service Development</b>												
<b>Director, Primary Care Services</b>												
<b>Director, Finance &amp; Corporate Services</b>												
<b>Director, Specialist Estates Services</b>												
<b>Service Director TRAMs</b>												
<b>Director, Finance &amp; Corporate Services</b>												

**Risks for Monitoring**

M1	Disruption to services and threats to staff due to unauthorised access to NWSSP sites.	5	4	20	Manned Security at Matrix CCTV Locked Gates installed at Matrix. Security Review Undertaken (reported Dec 18) Increased Security Patrols at Matrix. CTSA undertake annual reviews of high risk buildings e.g. IP5, Picketston	1	4	4	Review results from security checklists (PS - 31/07/22 - complete)	Security Review undertaken and reported to SMT in Dec 2018. No major findings and all agreed actions implemented or superceded. However SLG agreed (Nov 23) that level of stock and sensitivity of some items justifies this risk remaining on the Corporate Risk Register.	→	
M2	Specific fraud risk relating to amendment of banking details for suppliers due to hacking of supplier e-mail accounts leading to payments being made to fraudsters	5	3	15	Documented process for bank mandate changes Role of Supplier Maintenance Team Authorisation by Senior Finance Staff Internal Audit Reviews Experian Bank Mandate Checker	1	3	3	Spate of attacks (Apr 22) reinforces need to maintain current controls.	Further spate of attempted frauds in April/May 2022 (4) but all stopped by team. This has reinforced the need to maintain and possibly even strengthen existing controls.	→	
M3	The Student Awards software is at end of life and needs replacement without which delays to student bursary payments could be significantly affected.	5	5	25	Formal project management in place	1	3	3	Phase 1 delivered by April 2023. (GH - 31 March 2023)	SAS contract support agreement with Kainos in place to end of March 2023. FBC approved by Welsh Govt 5/9/22 and funding agreed.	→	
M4	The threat of industrial action (both within the NHS and across other sectors) is likely to lead to staff shortages in both NWSSP and across NHS Wales impacting delivery of services	4	4	16	Good working relationship with Trade Union colleagues - presence on and updates to SLG. Business Continuity Plans and Arrangements - action cards updated Training provided by Legal & Risk	1	3	3	Continue to monitor impact through SLG (SLG 31 July 2023)	Pay award accepted. Current risk score reduced.	→	
M5	Suppliers, Staff or the general public committing fraud against NWSSP.	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Wales Internal Audit Audit Wales PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	2	3	6	Produce review of 1st year activity for NWSSP LCFS (PS/MW 30 June 2023) - COMPLETE	C&V UHB have withdrawn their 75 days p.a. support due to limited resource. Structure of NHS Wales Counter Fraud resource has been the subject of a recent independent review on behalf of DoFs (Nov 23)	→	
M6	An issue with the supplier of the replacement Legal & Risk Case Management System threatens financial loss and the delivery of the service	4	4	16	Formal project managed through PMO	1	4	4	Project Team to review alternative options (MH 31 Oct 23) Continue negotiations with original supplier for refund of monies paid (MH 31 Oct 23)	The project team has commenced a review of alternative options for the software solution for 25/26 and beyond. The loss with the previous supplier has been provided for although efforts continue to reach a settlement.	→	
M7	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation	2	4	8	Review options for relocation from Companies House (Complete) Paper to December SLG on accommodation options (Complete)	Lower volumes of PPE are now being held. Additional racking has been added in IP5 and will soon be installed in Denbigh Stores, increasing storage capacity. The move from Brecon House to Dupont will also increase storage space.	↓	
M8	The level of stock that we are being asked to hold is likely to mean that some items go out-of-date before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP.	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Donations to India and Namibia	2	3	6	Confirm WG required stock holding for PPE - currently 16 weeks (AB 31 Jan 2024) -	SMTL working with DHSC to investigate whether expiry dates can be extended on some PPE equipment We are still awaiting the formal Ministerial advice on required stock levels but interim figures have been shared. Workshop to be hosted by WG before the end of January. Stock levels and shelf life continue to be actively monitored.	↓	



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Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:**  
**16 May 2024**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Annual Report Concerns and Complaints 2023-24**

**ARWEINYDD:**

James Quance

**LEAD:**

Corporate Services, NWSSP

**AWDUR:**

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**Pwrpas yr Adroddiad:**

**Purpose of the Report:**

The purpose of this report is to provide the Partnership Committee with an update as to concerns received by NWSSP during the financial year 1 April 2023 to 31 March 2024.

**Llywodraethu/Governance**

**Amcanion:**

**Objectives:**

Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement

**Tystiolaeth:**

**Supporting evidence:**

-

**Ymgynghoriad/Consultation:**

The Concerns and Complaints Management Protocol and associated literature has been updated and was approved at the Senior Leadership Group in January 2024. An Equality Integrated Impact Assessment of the Protocol has been undertaken.

A summary of concerns and complaints is reported to each formal meeting of the Senior Leadership Group.

**Adduned y Pwyllgor/Committee Resolution (insert √):**

**DERBYN/  
APPROVE**

**ARNODI/  
ENDORSE**

**TRAFOD/  
DISCUSS**

**NODI/  
NOTE**

✓

**Argymhelliad/  
Recommendation**

The Committee is asked to **NOTE** the report.

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact.
<b>Cyfreithiol: Legal:</b>	Regulation 51 of the "National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 ("the Regulations")" provides that each responsible body in NHS Wales must prepare an annual report on complaints. This report provides assurance to the Committee that NWSSP is dealing with and learning from concerns in accordance with the Regulations.
<b>Iechyd Poblogaeth: Population Health:</b>	No impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	The provisions of the Protocol ensure that NWSSP's services are delivered in a satisfactory manner and support Health Bodies in delivering an excellent service; which will contribute to improving quality, safety and patient experience.
<b>Ariannol: Financial:</b>	Not applicable.
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides assurance to the Committee that NWSSP has robust governance processes in place.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	The provision of high quality, safe and reliable care is dependent on good governance, leadership and accountability, which feature as overarching principles of the quality themes outlined in the Duty of Quality.
<b>Gweithlu: Workforce:</b>	No impact.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open. The information is disclosable under the Freedom of Information Act 2000.

## 1. BACKGROUND

The NWSSP Concerns and Complaints Management Protocol sets out the arrangements by which NHS Wales Shared Services Partnership (NWSSP) manages concerns and complaints in order to meet the requirements of the Code of Practice on Openness in the NHS (1995), the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations (2011), Welsh Government Putting Things Right Guidance on Dealing with Concerns about the NHS (Version 3 November 2013), Public Services Ombudsman for Wales Act (April 2019), Health and Social Care (Quality and Engagement) (Wales) Act 2020 (*particularly Part 2 – Duty of Quality and Part 3 – Duty of Candour*) and in accordance with the Velindre University NHS Trust Handling Concerns Policy and Concerns Toolkit.

The Protocol raises awareness for members of the public on how NWSSP deals with all kinds of complaints, as published on the NWSSP website:

[NWSSP Concerns and Complaints Management Protocol - January 2024.pdf](#)

## 2. GOVERNANCE AND ASSURANCE ARRANGEMENTS

Regulation 51 of the “National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (“the Regulations”)” states that each responsible body in NHS Wales must prepare an Annual Report on complaints. The report must contain, as a minimum:

- Number of concerns received (including, in the case of Welsh NHS bodies, concerns reported under Part 7 of the Regulations related to cross border services);
- Number of concerns deemed well founded; and
- Number of concerns referred to the Public Services Ombudsman for Wales.

This report provides assurance to the Shared Services Partnership Committee (SSPC) that NWSSP is dealing with and learning lessons from concerns brought to the attention of the organisation, in accordance with the specified Regulations.

## 3. SUMMARY OF CONCERNS AND EARLY RESOLUTION COMPLAINTS RECEIVED

During the 2023/24 financial year, **26** concerns were received, of which:

- **18** concerns were responded to within 30 working days (60%);
- **5** concerns were responded to outside of 30 working days (16%);
- **3** concerns were ongoing at the time of writing (10%).

One concern was taken by the complainant to the Pensions Ombudsman for investigation during 2023/24 and we are unaware of the outcome at present. There were no escalations to the Public Services Ombudsman for Wales during the year.

### Concerns

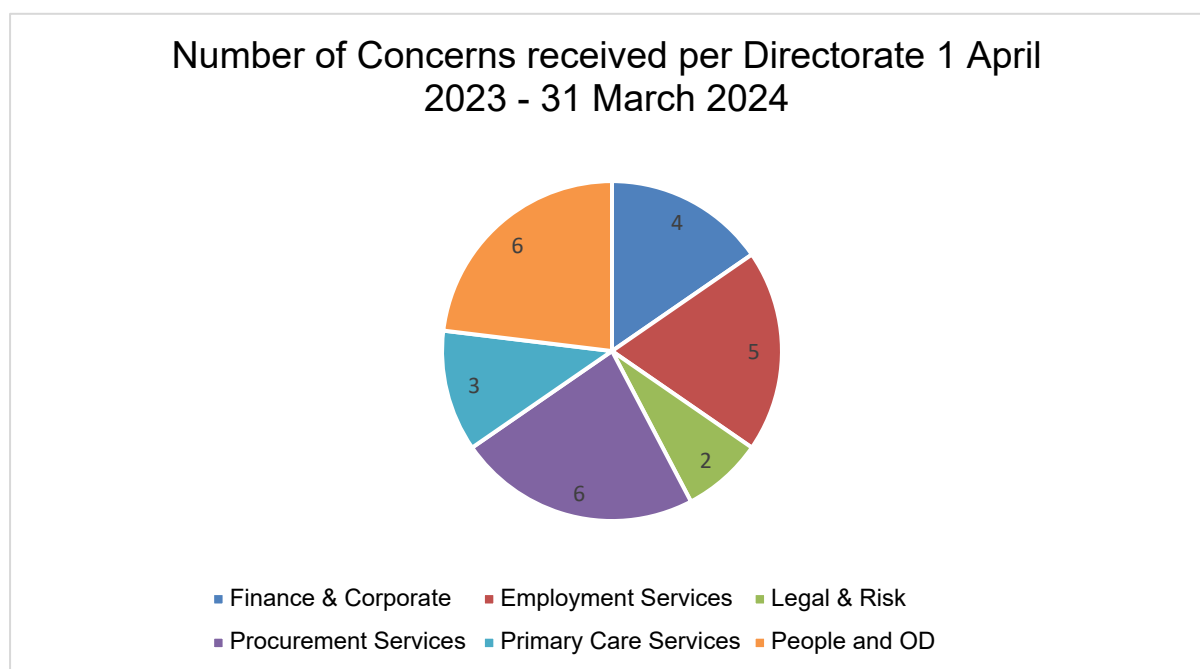
During 2023/24, 26 formal concerns were received and recorded by Corporate Services. This compares with 35 concerns received in the same reporting period during the 2022/23 financial year. As detailed above, 60% of the complaints received were responded to within the 30-working day target.

### Early Resolution Complaints

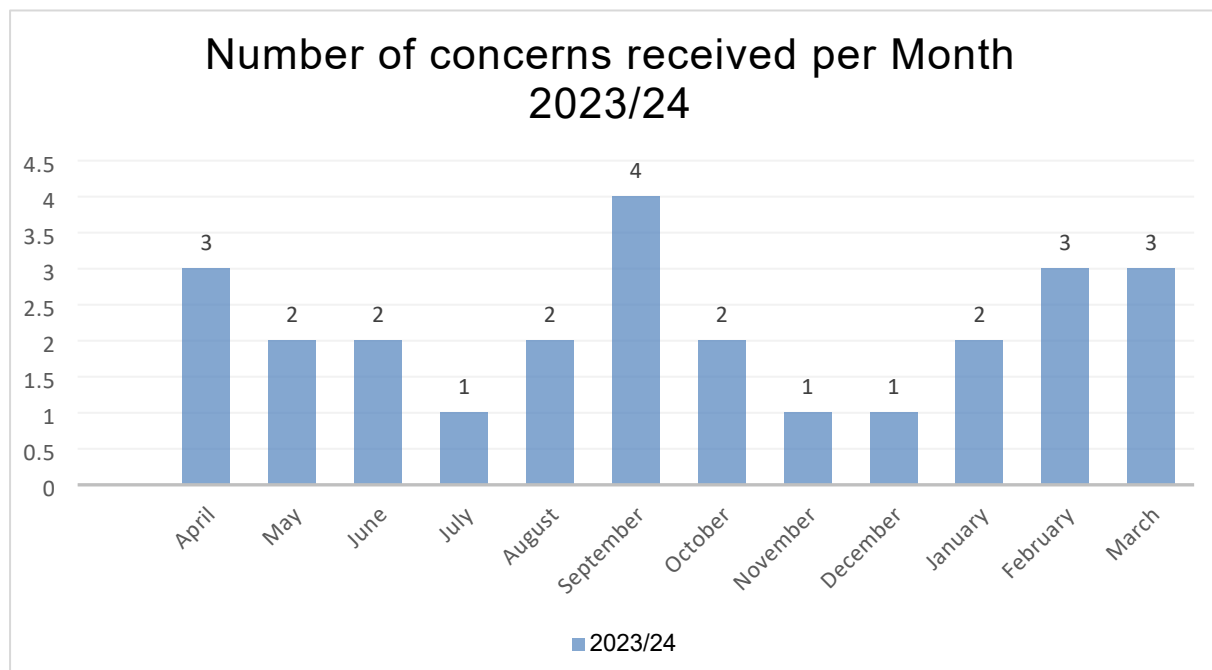
Additionally, there were 20 matters that were categorised as early resolution complaints during 2023/24, which were locally resolved within 24 hours, thus negating the requirement for a formal concern to be made. 33 early resolution complaints were received during 2022/23.

NWSSP's concerns management process is based on the Putting Things Right approach as detailed above in section 2. However, NWSSP delivers professional, technical and administrative services to NHS Wales and does not provide direct healthcare services to patients. The majority of the concerns received for NHS Wales Shared Services Partnership are from NHS employees regarding issues relating to pay, expenses or pensions and therefore involve assisting them with further understanding of the processes followed which can be difficult to navigate.

**Figure 1** – Total concerns received by directorate from 1 April 2023 to 31 March 2024



**Figure 2 – Total concerns received per month from 1 April 2023 to 31 March 2024**



#### **4. TIMELINESS OF RESPONSE**

The Protocol stipulates that all concerns will be acknowledged within two working days of receipt of the initial contact and that a full response to the points raised (where applicable), will be issued within 30 working days, excluding weekend and bank holidays.

During the period 1 April 2023 to 31 March 2024, all concerns received were acknowledged within the two working day target and 60% of the concerns received a full response within the 30-working day target.

5 responses were issued outside of the target, being responded to between 31 and 48 working days respectively. These cases took longer to issue a full response due to their complexity, the need for further information and/or third-party involvement. However, it should be noted that in all instances, holding communications were issued to the complainants detailing that NWSSP were still in the process of investigating the matters raised and that they would be provided with a substantive response as soon as the investigation had been concluded.

#### **5. NATURE OF COMPLAINTS**

A brief summary of the nature of the concerns received is set out below:

##### Employment Services:

- One concern relating to Student Award Services regarding delays with the application process;

- One concern relating to Recruitment Services concerning delays with Pre-employment checks resulting in loss of earnings;
- Three concerns relating to Payroll/Pension Services, included:
  - HDUHB Payroll Services overpayment;
  - ABUHB Payroll Services maternity and sick Pay; and
  - Pension Services, avoidable delays with the processing of a fast track application for ill-health.

#### Finance & Corporate Services

- Four concerns received relating to overpayment of salary letters and one regarding an overdue supplier invoice.

#### People and OD

- Six concerns received for the Single Lead Employer Scheme relating to the on-boarding process and issues with pay.

#### Procurement Services

- Five concerns received relating to Health Courier Services concerning inappropriate conduct of drivers, including unsafe driving and parking in a disabled bay; and
- One concern received for the Medical Sourcing Team relating to the All-Wales Sourcing contracts.

#### Primary Care Services

- Three concerns received for the Medical Examiner Services concerning, registration of death delays and incorrect scrutiny of death. However certain aspects of the matters were not within the control of NWSSP to remedy.

#### Legal and Risk Services

- Two concerns relating to the handling of a clinical negligence claim and a parcel delivery.

## **6. RAISING AWARENESS OF THE IMPORTANCE OF EFFECTIVE CONCERNS MANAGEMENT**

Revisions to the Protocol have been undertaken to reflect current working practices within NWSSP, to incorporate the feedback received following the consideration of a Complaints Options Paper, an Independent Review of the process undertaken by NWSSP Medical Director and recent changes to Legislation, Regulations and Guidance, as set out above.

In order to continue raising awareness of the Protocol and associated process to ensure effective concerns management in the future it was agreed by the Senior Leadership Group that the Protocol be set to a 3 yearly review cycle (or by exception), as its effectiveness is assessed regularly through Senior Leadership Group and SSPC reporting measures, including

an Annual Report on trends and lessons learned in effective concerns and complaints management, ensuring it remains fit for purpose.

Taking into account the amended Putting Things Right Guidance and Health and Social Care (Quality and Engagement) (Wales) Act 2020 (to include the Duty of Quality and Duty of Candour) and the introduction of the Duty of Quality has placed greater emphasis on the terminology used around concerns handling. For this reason, we have added the term “concern” to the definitions section, detailing that for the purposes of the Protocol, a concern is an “incident or expression of dissatisfaction that does not require a formal response”.

In conducting the review, we considered the learning points arising from the Public Services’ Ombudsman for Wales’ Report ‘Groundhog Day 2: An opportunity for cultural change in complaint handling?’ June 2023, in particular the need for independence being maintained within investigations.

Revision to the flow chart appendices to the Protocol illustrate that a concern or complaint received centrally can also follow the early resolution route, as per current working practices.

To accompany the introduction of the revised Protocol, the associated concerns and complaints literature and communications, including the website and intranet pages, is being reviewed and refreshed. The Head of Welsh Language and Compliance is working in collaboration with Corporate Services to ensure the Protocol complies with each standard of the Welsh Language Act.

In order to continue raising awareness of the Protocol and process to ensure effective concerns management in the future, Corporate Services are developing refresher training on effective handling of concerns. In-depth and specific training sessions can be provided upon request (e.g. directorate specific/working group based). Sessions will be targeted at staff responsible for managing complaints and investigations of issues reported to highlight expectations, processes, and compliance deadlines; they also provide a platform for feedback to be received from an operational level.

## **7. RECOMMENDATION**

The SSPC is asked to:

- **NOTE** the 2023-24 Concerns and Complaints Annual Report

## NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 12 – MARCH 2024

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for March 2024 and should be read in conjunction with the Monitoring Return tables submitted for Month 12.

Thank you for your email of 27<sup>th</sup> March 2024 responding to the Month 11 monitoring return. The action points raised are addressed within this return and additional information provided where requested.

### Overview of Performance and Financial Position

#### 1. Actual Year to Date and Forecast Under/Overspend 2023/24 (Tables A, B, B2 & B3)

NWSSP is reporting a small surplus of £0.012m for the 2023/24 financial year.

Table A has been populated with the final Covid expenditure and funding of £7.503m. There was no significant movement from the forecast provided in previous months.

Additional in year savings and income generation totalled £3.000m which was distributed to NHS Wales and Welsh Government per the table below.

Health Board /Trust	%	2023/24 DISTRIBUTION	AGREED RETURN OF WG FUNDING
Aneurin Bevan	9.85	197,000	
Swansea Bay	8.80	176,000	
Betsi Cadwaladr	11.98	239,600	
Cardiff and Vale	10.49	209,800	
Cwm Taf	10.60	212,000	
Hywel Dda	7.77	155,400	
Powys	1.95	39,000	
Velindre	1.17	23,300	
WAST	1.28	25,600	
Public Health Wales	0.87	17,400	
Welsh Government	35.25	704,900	1,000,000
<b>Total</b>	<b>100.00</b>	<b>2,000,000</b>	<b>1,000,000</b>

The key points to note within the final outturn position are:

- The full year income for 2023/24 totalled £690.249m which was an increase from £678.392m as forecast in Month 11, primarily due to the inclusion of the notional pension adjustment of £12.599m (£4.338m NWSSP and £8.261m SLE & Collaborative Bank).
- The pay expenditure profile increased in June due to the payment of the Covid recovery payment and also in July due to the payment of the 2023/24 5% pay award uplift plus arrears backdated to 1<sup>st</sup> April 2023. Pay costs further increased in August due to the junior doctor intake and rotation within SLE which is evidenced within the Medical & Dental pay category and further increased in October with the payment of backdated Medical & Dental pay arrears to 1<sup>st</sup> April 2023. Pay expenditure dropped in February due to the impact of the SLE rotation with a £1m reduction in Medical & Dental pay costs in month. Pay expenditure increased in March due to the inclusion of the 6.3% notional pension adjustment.
- The 2023/24 SLE pay and non pay summary totals £263.232m as detailed below. The increase in Month 12 pay is attributable to the notional pension adjustment:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	18.472	17.452	18.268	18.145	19.935	20.120	26.518	20.783	20.319	20.355	19.355	27.717	<b>247.438</b>
NON PAY	1.080	1.179	1.072	1.045	1.362	1.306	1.270	1.827	1.465	1.066	1.544	1.578	<b>15.794</b>
<b>TOTAL</b>	<b>19.552</b>	<b>18.631</b>	<b>19.341</b>	<b>19.190</b>	<b>21.297</b>	<b>21.426</b>	<b>27.788</b>	<b>22.610</b>	<b>21.784</b>	<b>21.421</b>	<b>20.899</b>	<b>29.295</b>	<b>263.232</b>

- The profile of other income and non pay spikes in Month 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears. The Non pay profile also spikes in Month 12 for payment of our distribution and the repatriation of the energy sell back to NHS Wales.
- Final 2023/24 non-cash charges of £5.879m are reported. This is £0.003m less than the funding provided due to roundings on calculations.
- £135.966m income and expenditure is included for 2023/24 in relation to the WRP DEL budget. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts. This is comparable to the IMTP forecast of £135.929m and the additional £0.037m was funded by Welsh Government. The WRP accounts are in the early stages of the annual audit. Any adjustments identified as part of the NHS Wales Organisations audits will be amended in the final accounts which may impact the figures reported in this return.

- Final 2023/24 energy costs totalled £3.878m. This is an increase from the previous forecast due to increased energy costs being recharged from UHBs in respect of the laundries in Month 12.
- Explanations for the highlighted variances in Table B1 are:
  - Welsh NHS income – the actual income in 2023/24 is greater than forecast primarily due to the inclusion of the notional pension adjustment for SLE staff which is transacted between NWSSP and UHBs.
  - WG Income – the actual income is greater than forecast primarily due to the inclusion of the notional pension adjustment for core NWSSP staff.
  - Other income – the actual income is less than forecast due to a reduction in pharmacy rebate income.
  - Pay – the in year pay costs are greater than forecast due to the inclusion of the notional pension adjustment.
- Table B3 details the final Covid19 additional expenditure and is summarised below:

<b>Covid Costs</b>	<b>2023/24</b>
	<b>£m</b>
PPE Operational Costs	2.303
Social Care/Primary Care PPE	4.019
Mass Vacc - Pay & Non Pay (non PPE)	0.752
Lateral Flow Testing	0.135
Medicines Stockpile SLA	0.294
<b>TOTAL</b>	<b>7.503</b>

During March we were able to undertake a detailed review of PPE stock and provisions required in 2023/24. Following discussions and the review of a summary of stock accounting issues, Welsh Government provided funding for the additional stock provisions required at 31<sup>st</sup> March 2024. We have met with Welsh Government on a number of occasions, however we continue to await confirmation of updated PPE stock holding requirements. This is important to the ongoing Covid Inquiry and is included on our NWSSP risk register.

At the end of 2022/23 we accrued a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. Due to stock balances remaining consistent during 2023/24 the credit note accrual remained at £17.537m at 31<sup>st</sup> March 2024.

## 2. Underlying Position (Table A1)

Table A1 has been completed to detail the £1.246m brought forward underlying deficit due to the additional costs we are incurring to support increased transactional activity above pre-covid levels. We have mitigated £0.641m of this pressure through recurrent internal savings within NWSSP. There remains a £0.605m cost pressure that we mitigated through non-recurrent savings in 2023/24 but continue to assume we will recharge these costs to NHS Wales Organisations in future years which has been included as part of our IMTP planning assumptions.

## 3. Risk Management (Table A2)

This table is blank for Month 12.

## 4. Ring Fenced Allocations (Tables B, N, O & P)

NWSSP does not have any ring fenced allocations to include.

## 5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B & C)

£0.089m of agency expenditure was reported in Month 12 which is a reduction on previous months. Agency staff were primarily utilised to cover Estates & Ancillary staff vacancies to maintain service provision. Following the TUPE transfer of Hywel Dda and CTM laundry staff to NWSSP from 1<sup>st</sup> April 2024 and the planned transfer of agency staff to fixed term contracts, we anticipate a reduction in agency costs going forward.

## 6. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)

The tracker has been updated to reflect the final 2023/24 outturn with an overachievement of savings and income generation of £3.000m.

The review of system generated accruals accountancy gain was profiled into Month 12 following a review of the accruals during February which contributed to the planned distribution to NHS Wales & Welsh Government in March (**Action Point 11.1**)

**7. Income Assumptions 2023/24 (Tables D, E & E1)**

Table D has been left blank as requested.

Line 1 of Table E1 has been populated with the final income streams by organisation.

**8. Health Care Agreements and Major Contracts**

Not applicable for NWSSP.

**9. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)**

Table F is not completed by NWSSP.

At 31<sup>st</sup> March 2024 there was one invoice outstanding over 17 weeks. This invoice wasn't overdue at the date of the last NHS payment run of the financial year so Powys did not agree to make payment after this date. The invoice was approved for payment by the end of March and was paid in early April.

CTM invoice 1129660 has been resolved (**Action Point 11.2**)

**10. Cash Flow Forecast (Table G)**

Not required for completion by NWSSP.

**11. Public Sector Payment Compliance (Table H)**

This table is not required for NWSSP.

**12. Capital Schemes and Other Developments (Tables I, J & K)**

These tables have been populated to reconcile back to our final Capital Expenditure Limit of £7.983m.

Owned capital funding totalled £5.547m and was fully utilised.

IFRS16 capital funding totalled £2.436m and a £0.006m underspend was reported against this primarily due to rounding differences of actual costs against funding provided.

The disposal of a laundry tunnel finisher incurred a £0.024m loss on disposal which is reported in Tables I and K.

Due to slippage on some capital schemes we previously flagged a number of potential underspends against capital schemes that we would utilise on alternative schemes in 2023/24 and reprovide from our discretionary allocation in 2024/25. The final values of these have been shared with Ian Gunney for retrospective approval.

### 13. Other Issues

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Group reports.

The Shared Services Partnership Committee, will receive the Month 12 Financial Monitoring Returns at the May meeting.

### 14. Authorisation of Return



.....  
**NEIL FROW**  
**MANAGING DIRECTOR**  
**NWSSP**



.....  
**ANDY BUTLER**  
**DIRECTOR OF FINANCE &**  
**CORPORATE SERVICES**

**30<sup>th</sup> April 2024**

**NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 21/04/2024 (Updated 22/04/2024)**

Product Type	Units Issued since		Units in Stock	Orders Placed (Units)
	09/03/2020 (Inc Social Care)	Units Issued in last 7 days		
Aprons	256,871,950	283,150	24,654,200	387,000
Body Bags	16,075	14	10,334	0
Eye Protector	1,646,247	0	593,506	0
Type I & Type II Masks	2,346,950	1,800	113,750	0
Type IIR Masks	281,594,087	111,475	10,347,095	13,600
FFP2 Masks	127,144	0	201,120	0
FFP3 Masks (3M)	4,901,578	3,055	2,526,370	0
FFP3 Masks (Other)	191,100	0	0	0
Face Visors	7,549,879	73	278,968	0
Fit Test Kits & Spares	6,674	0	443	0
Gloves	1,316,878,030	3,281,050	107,656,400	83,564,900
Gloves Cuff	1,964,700	4,400	463,950	24,000
Gowns (Fluid-Resistant)	4,997,441	4,413	797,285	11,200
Gowns (Other)	1,213,158	3,022	93,045	3,621
Hand Sanitizer	1,083,109	2,654	175,899	1,680
Wipes (Universal)	165,781,000	1,604,800	6,244,600	796,800
Wipes (Other)	127,994,765	228,400	1,509,775	134,400
Respirator Hoods	157	0	442	0
Respirator Filters	35,273	0	42,600	0
<b>Total</b>	<b>2,175,199,317</b>	<b>5,528,306</b>	<b>155,709,782</b>	<b>84,937,201</b>

**Key Notes & Assumptions**

- a) The reported stock holding does not include stock physically held within the receiving organisations.
- b) The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities
- c) There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery
- d) The reporting of stock is based on individual units, except for:
  - Gloves where a unit is reported based on the unit size of a pack (single or pair)
  - Hand sanitiser where a unit is a bottle regardless of the size
- e) The dashboard output is a snapshot at a point in time of a dynamic position



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM: 7.3**

**SSPC 16 May 2024**

**The report is not Exempt**

**Teitl yr Adroddiad/Title of Report**

**NWSSP Audit Committee Assurance Report – May 2024**

**ARWEINYDD:**

James Quance

**LEAD:**

Corporate Services, NWSSP

**AWDUR:**

Carly Wilce

**AUTHOR:**

Corporate Services Manager, NWSSP

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Alison Ramsey

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Alison Ramsey

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**Pwrpas yr Adroddiad:**

**Purpose of the Report:**

The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee at its meeting on 16 April 2024.

**Llywodraethu/Governance**

**Amcanion:**

Each of the five key Corporate Objectives

**Objectives:**

**Tystiolaeth:**

Individual reports submitted to Audit Committee

**Supporting evidence:**

**Ymgynghoriad/Consultation:**

Who has been consulted on the details of the report?

- NWSSP Audit Committee

**Adduned y Pwyllgor/Committee Resolution (insert ✓):**

**DERBYN/  
APPROVE**

**ARNODI/  
ENDORSE**

**TRAFOD/  
DISCUSS**

**NODI/  
NOTE**

✓

**Argymhelliad/  
Recommendation**

The Committee is asked to **NOTE** the report

**Crynodeb Dadansoddiad Effaith:**

**Summary Impact Analysis:**

**Cydraddoldeb ac amrywiaeth:  
Equality and diversity:**

No direct impact

**Cyfreithiol:  
Legal:**

No direct impact

**Iechyd Poblogaeth:  
Population Health:**

No direct impact

**Ansawdd, Diogelwch a Profiad  
y Clef:**

No direct impact

<b>Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol: Financial:</b>	No direct impact
<b>Risg a Aswiriant: Risk and Assurance:</b>	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
<b>Dyletswydd Ansawdd/ Duty of Quality:</b>	No direct impact
<b>Gweithlu: Workforce:</b>	No direct impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

**VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP  
ASSURANCE REPORT**

**1. CEFNDIR/BACKGROUND**

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership (Audit Committee) provides assurance to the Shared Services Partnership Committee (SSPC) on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on 16 April 2024, is outlined below:

<b>ALERT</b>	No matters to alert/escalate.
<b>ADVISE</b>	No matters to advise.
<b>ASSURE</b>	<p><b>IMTP Update</b></p> <p>The Director of the Planning, Performance and Informatics presented an update on NWSSP's Integrated Medium-Term Plan for 2024-27, prior to commencing their new role as NWSSP's Director of Finance and Corporate Services. Key priorities and opportunities discussed were as follows:</p> <ul style="list-style-type: none"> <li>the 2024-27 Medium Term Plan was formally submitted to Welsh Government on 26 March 2024 for review and approval;</li> <li>the NHS planning Framework had been published on 18 December 2023;</li> <li>NWSSP will promote self-service functionalities in ESR to increase uptake;</li> <li>to reduce unwarranted variation moving towards standardisation and common operating models;</li> <li>maximise the return on investment made in new digital systems;</li> <li>implement key policy initiatives, including the Anti-Racist Wales Action Plan and Speaking Up Safely arrangements;</li> <li>adopt agile working principles to employ people from across Welsh communities;</li> <li>NWSSP's financial plan was balanced, following a very challenging year; and</li> <li>savings made as part of the estate's rationalisation plan would be invested in digital services, the workforce and decarbonisation.</li> </ul>
<b>ASURE</b>	<p><b>Managing Directors Update</b></p> <p>The Managing Director presented the Committee with an update on key developments within NWSSP since the last meeting. The main highlights discussed were as follows:</p> <ul style="list-style-type: none"> <li>NWSSP would break even financially after re-distributing around £3m and spending approximately £8m capital funding. The original transformation plan for NHS Wales Laundry Service can no longer be taken forward in the same way. However revised plans have identified some opportunities to still improve the resilience, quality and safety of the service, but to a more limited extent;</li> <li>the Managing Director would take part in a Ministerial taskforce on community assets across NHS Wales and was also representing Wales on the ESR Transformation Programme;</li> <li>there was positive news on the Radiopharmacy position: the detailed design work was almost complete and planning discussions were underway with the Council. The business case was expected to be presented to the SSPC and subsequently to the Welsh Government by the end of May/early June 2024;</li> <li>the People &amp; Organisational Development team had supported a ministerial visit to India to secure nurse recruitment. The current arrangements were formally</li> </ul>

	<p>confirmed and as a result, 250 qualified healthcare professionals would relocate to Wales;</p> <ul style="list-style-type: none"> <li>the laundry service at Carmarthen had closed and the new Swansea hub was working well. Staff had been offered either a position in Swansea, VERS or redeployment to any suitable position within Hywel Dda. Funds had been spent on Green Vale Laundry Services in Cwmbran more recently. Cwm Taf laundry staff had transferred via TUPE;</li> <li>Medical Examiner Services legislation had been passed and this meant that as of 9 September 2024 all deaths would be independently reviewed by a medical examiner or coroner;</li> <li>conversations would continue with Welsh Government regarding PPE stockholding;</li> <li>the current Director of Planning, Performance and Informatics would be taking up the Director of Finance and Corporate Services post from the 1 May 2024. Following a recruitment exercise to replace the Director of PPI an appointment had been offered and the successful applicant would commence the role in August 2024; and</li> <li>the six-month break clause lease notice for NWSSP's Headquarters site had been served and the lease would end in six months' time. The current timeline to relocate staff to Nantgarw 2 would commence in late autumn of 2024. Leases in Companies House would end in June 2024, however NWSSP would and surrender the leases early.</li> </ul>
<p><b>ASSURE</b></p>	<p><b>Audit Wales Update</b></p> <p>Audit Wales provided a detailed update as to current and planned audit work confirming that the assurance work for NWSSP had commenced and there were no issues to report at present. An Audit Committee Effectiveness event will be held in May 2024 and the details had been shared with relevant organisations.</p>
<p><b>ASSURE</b></p>	<p><b>2023-24 NWSSP Assurance Work Programme</b></p> <p>Audit Wales presented the Assurance Programme paper, explaining that the key objective of their work is to provide assurances to external auditors of the key material activities of NWSSP in order to support the audit.</p> <p>Assurance work has already been completed by the Velindre University NHS Trust audit team in order to avoid the involvement of several auditors covering similar work and is guided by the auditing Standards. There were a few changes to note to the programme from prior audits, these are as follows:</p> <ul style="list-style-type: none"> <li>NWSSP Internal Audit would no longer be assessed going forward;</li> <li>control testing of the pharmacy function would not be included in the scope;</li> <li>there would be no changes to the IT assurance work; and</li> <li>due to an increase in activity in Ophthalmic Services, there could be a requirement for a future review to provide assurance of controls in place, however this would be confirmed in due course.</li> </ul> <p>The programme had been to the Senior Leadership Group for consideration and was accepted and approved by the Committee.</p>
<p><b>ASSURE</b></p>	<p><b>Internal Audit Progress Report</b></p> <p>The Head of Internal Audit presented the Position Statement together with an overview of other activity undertaken since the previous meeting. Key points to highlight were:</p> <ul style="list-style-type: none"> <li>all planned audit work was on schedule; and</li> <li>four of the internal audit reports from the 2023-24 plan were complete and, on the agenda, and the remaining internal audit report from the 2023-24 workplan would be taken to the next Audit Committee in July 2024.</li> </ul>

<p><b>ASSURE</b></p>	<p><b>Internal Audit Reports</b></p> <p>The following reports were presented to the Committee for consideration:</p> <ul style="list-style-type: none"> <li> <p><b>Estates Funding Advisory Board</b> The purpose of the audit was to evaluate and review the prioritisation process for the allocation of funds made through the Estates Funding Advisory Board, which is a Welsh Government Initiative to address and prioritise estates risks across NHS Wales. The audit achieved reasonable assurance with four medium priority recommendations for action.</p> </li> <li> <p><b>Accounts Payable</b> The audit reviewed the key systems and controls in place of NWSSP's Accounts Payable service. Findings were consistent with last year's audit and reasonable assurance was concluded with three medium priority recommendations for action.</p> </li> <li> <p><b>GMS Contractor Payments</b> The audit focused on the systems and controls in place to facilitate timely and accurate payments to General Medical Services. The audit was positive and achieved reasonable assurance and two recommendations for action were raised.</p> </li> <li> <p><b>Payroll Services</b> This audit focused on the design and operation of the systems and controls in place within Payroll Services. The was very positive and achieved substantial assurance, with one medium and one low priority recommendation raised.</p> </li> </ul>
<p><b>ASSURE</b></p>	<p><b>2024-25 Internal Audit Plan &amp; Charter</b></p> <p>The Head of Internal Audit presented the 2024-25 draft Internal Audit Plan and Charter which had been developed in line with Auditing Standards. The draft Audit Plan was reviewed and approved by the Senior Leadership Group in March 2024 and completion of the plan and any changes would be monitored throughout the year. The Internal Audit Plan and Charter was approved by the Audit Committee.</p>
<p><b>ASSURE</b></p>	<p><b>Counter Fraud Progress Update</b></p> <p>The Director of Finance and Corporate Services provided an update on behalf of the Local Counter Fraud Specialist on current and planned work, noting the following:</p> <ul style="list-style-type: none"> <li>as at 31 March 2024 206 days of counter fraud work have been completed against the agreed 210 days detailed in the 2023-24 work plan;</li> <li>16 new fraud referrals were received during the last quarter;</li> <li>fraud awareness activity focussed on new starters and one session was delivered to the Planning, Performance and Informatics Directorate;</li> <li>the dedicated intranet page continues to be updated with the support of the communications team;</li> <li>E-learning training statistics remain disappointing and do not compare well with those organisations that have made the Counter Fraud e-learning mandatory. This is being pursued within NWSSP, but there is a concern that there are too many mandatory e-learning already required of staff, and that the whole package of statutory and mandatory training needs to be reviewed at an all Wales level; and</li> <li>a fraud prevention notice was issued in the last quarter relating to false invoices issued to NHS Trusts in England in the name of three businesses and are known to target GP practices, it was confirmed that no such invoices have been received at NWSSP.</li> </ul>
<p><b>ASSURE</b></p>	<p><b>2024-25 Counter Fraud Annal Plan</b></p> <p>The 2024-25 Annual Plan was presented to the Committee. The plan is based on the Cabinet Office Standards for Counter Fraud Arrangements and would be reviewed throughout the year. The Plan was approved.</p>

<b>ASSURE</b>	<p><b>2023-24 Financial Outturn</b></p> <p>The Deputy Director of Finance and Corporate Services gave a verbal update to the Committee relating to the financial outturn for 2023-24, key points to note were as follows:</p> <ul style="list-style-type: none"> <li>• NWSSP would break even, and NWSSP's financial report would be submitted to Velindre UNHST imminently for inclusion in their financial accounts;</li> <li>• there was 10k surplus revenue remaining, following the £3 million re-distribution to Health Boards and Trusts;</li> <li>• the Welsh Risk Pool Committee forecast had been £135.93m, however the final figure was £135.97m; and</li> <li>• the £8m capital allocation had been spent, £2 million of the funding was allocated to Laundry Services to make a number of very much needed improvements.</li> </ul>
<b>ASSURE</b>	<p><b>Governance Matters</b></p> <p>The <b>Governance Matters</b> paper detailed the contracting activity for the last quarter. <b>69</b> contracts had been let for NWSSP and <b>24</b> further contracts for NHS Wales. There have been no further declarations made as to gifts, hospitality or sponsorship since the last meeting and no internal audits reports have received limited or no assurance.</p>
<b>ASSURE</b>	<p><b>Audit Recommendations</b></p> <p>Of <b>242 audit recommendations</b>, <b>233</b> have been implemented, <b>6</b> are not yet due, <b>2</b> were overdue, one of which is dependent on a third party and <b>1</b> is not in the influence of NWSSP.</p> <p>The <b>Corporate Risk Register</b> contains <b>3</b> red risks, <b>9</b> amber, <b>4</b> yellow and no green risks.</p>
<b>ASSURE</b>	<p><b>2024-25 Forward Plan</b></p> <p>The Audit Committee received the forward plan of business for 2024-25 for information, noting that the July 2024 meeting would be held in person at IP5.</p>
<b>INFORM</b>	<p><b>Items for Information</b></p> <p>There were no items presented to the committee for information.</p>

## 2. ARGYMHELLIAD/RECOMMENDATION

The Committee is asked to:

- **NOTE** the Assurance Report

# Annual Internal Audit Plan

## Internal Audit Charter 2024/25

April 2024

NHS Wales Shared Services Partnership

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### Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared in accordance with the agreed audit brief and the Audit Charter, as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Non-Executive Directors or officers including those designated as Accountable Officer. They are prepared for the sole use of the NHS Wales Shared Services Partnership (NWSSP) and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

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# 1. Introduction

This document sets out the Internal Audit Plan for 2024/25 (the Plan) detailing the audits to be undertaken and an analysis of the corresponding resources. It also contains the Internal Audit Charter which defines the over-arching purpose, authority and responsibility of Internal Audit and the Key Performance Indicators for the service.

The Accountable Officer (the NWSSP Managing Director) is required to certify, in the Annual Governance Statement, that they have reviewed the effectiveness of the organisation's governance arrangements, including the internal control systems, and provide confirmation that these arrangements have been effective, with any qualifications as necessary including required developments and improvement to address any issues identified.

The purpose of Internal Audit is to provide the Accountable Officer and the Board, through the Audit Committee, with an independent and objective annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control. The opinion should be used to inform the Annual Governance Statement. NHS Wales Shared Services Partnership is hosted by Velindre University NHS Trust.

Additionally, the findings and recommendations from internal audit reviews may be used by management to improve governance, risk management, and control within their operational areas.

The Public Sector Internal Audit Standards (the Standards) require that 'The risk-based plan must take into account the requirement to produce an annual internal audit opinion and the assurance framework. It must incorporate or be linked to a strategic or high-level statement of how the internal audit service will be delivered in accordance with the internal audit charter and how it links to the organisational objectives and priorities.'

Accordingly, this document sets out the risk-based approach and the Plan for 2024/25. The Plan will be delivered in accordance with the Internal Audit Charter and the agreed KPIs which are monitored and reported to you. All internal audit activity will be provided by Audit & Assurance Services, a part of NHS Wales Shared Services Partnership (NWSSP).

## 1.1 National Assurance Audits

The proposed Plan includes assurance audits on some services that are provided by Digital Health and Care Wales (DHCW), on behalf of NHS Wales. These audits will be included in Appendix A where applicable and when agreed formally. These audits are part of the risk-based programme of work for DHCW, but the results, as in previous years, are reported to the relevant organisations and are used to inform the overall annual Internal Audit opinion for those organisations.

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## 2. Developing the Internal Audit Plan

### 2.1 Link to the Public Sector Internal Audit Standards

The Plan has been developed in accordance with Standard 2010 – Planning, to enable the Head of Internal Audit to meet the following key objectives:

- the need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation's goals;
- provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation's governance, risk management, and control, which will in turn support the preparation of the Annual Governance Statement;
- audits of the organisation's governance, risk management, and control arrangements which afford suitable priority to the organisation's objectives and risks;
- improvement of the organisation's governance, risk management, and control arrangements by providing line management with recommendations arising from audit work;
- confirmation of the audit resources required to deliver the Internal Audit Plan;
- effective co-operation with Audit Wales as external auditor and other review bodies functioning in the organisation; and
- provision of both assurance (opinion based) and consulting engagements by Internal Audit.

### 2.2 Risk based internal audit planning approach

Our risk-based planning approach recognises the need for the prioritisation of audit coverage to provide assurance on the management of key areas of risk, and our approach addresses this by considering:

- the organisation's risk assessment and maturity;
- the organisation's response to key areas of governance, risk management and control;
- the previous years' internal audit activities; and
- the audit resources required to provide a balanced and comprehensive view.

Our planning takes into account the NHS Wales Planning Framework and other NHS Wales priorities and is mindful of significant national changes that are taking place. In addition, the plan aims to reflect the significant local changes occurring as identified through the Integrated Medium-Term Plan (IMTP) and other changes within the organisation, assurance needs, identified concerns from our discussions with management, and emerging risks.

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We will ensure that the plan remains fit for purpose by recommending changes where appropriate and reacting to any emerging issues throughout the year. Any necessary updates will be reported to the Audit Committee in line with the Internal Audit Charter.

While some areas of governance, risk management and control will require annual consideration, our risk-based planning approach recognises that it is not possible to audit every area of an organisation's activities every year. Therefore, our approach identifies auditable areas (the audit universe). The risk associated with each auditable area is assessed and this determines the appropriate frequency for review.

In addition, we will, if requested, also agree a programme of work through both the Directors of Corporate Governance and Directors of Finance networks. These audits and reviews may be undertaken across all NHS bodies or a particular sub-set, for example at Health Boards only.

Therefore, our audit plan is made up of a number of key components:

- 1) Consideration of key governance and risk areas: We have identified a number of areas where an annual consideration supports the most efficient and effective delivery of an annual opinion. These cover the Governance and Board Assurance Framework, Risk Management, Clinical Governance and Quality, Financial Sustainability, Performance Monitoring & Management and an overall IM&T assessment. In each case we anticipate a short overview to establish the arrangements in place including any changes from the previous year with detailed testing or further work where required. Within NWSSP we also consider areas where annual audit work will both support the most efficient and effective delivery of an annual opinion and provide assurance to other NHS Wales organisations. These cover Primary Care Services Contractor Payments, Purchase to Pay and Payroll.
- 2) Organisation based audit work – this covers key risks and priorities from the Board Assurance Framework and the Corporate Risk Register together with other auditable areas identified and prioritised through our planning approach. This work combines elements of governance and risk management with the controls and processes put in place by management to effectively manage the areas under review.
- 3) Follow up: this is follow-up work on previous limited and no assurance reports as well as other high priority recommendations. Our work here also links to the organisation's recommendation tracker and considers the impact of their implementation on the systems of governance and control.
- 4) Work agreed with the Directors of Corporate Governance, Directors of Finance, other executive peer groups, or Audit Committee Chairs in response to common risks faced by a number of organisations. This may be advisory work in order to identify areas of best practice or shared learning.
- 5) The impact of audits undertaken at other NHS Wales bodies that impacts

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on the NWSSP, including Digital Health and Care Wales (DHCW) and NHS Wales Joint Commissioning Committee (NWJCC) where applicable.

6) Where appropriate, Integrated Audit & Assurance Plans will be agreed for major capital and transformation schemes and charged for separately. Health bodies are able to add a provision for audit and assurance costs into the Final Business Case for major capital bids.

These components are designed to ensure that our internal audit programmes comply with all of the requirements of the Standards, supports the maximisation of the benefits of being an all-NHS Wales wide internal audit service, and allows us to respond in an agile way to requests for audit input at both an all-Wales and organisational level.

### 2.3 Link to NWSSP's systems of assurance

The risk based internal audit planning approach integrates with the NWSSP systems of assurance; therefore, we have considered the following:

- a review of NWSSP's vision, values and forward priorities as outlined in the Annual Plan and three year Integrated Medium Term Plan (IMTP);
- an assessment of the governance and assurance arrangements and the contents of the corporate risk register;
- risks identified in papers to the NWSSP Partnership Committee and its Audit Committee;
- key strategic risks identified within the corporate risk register and assurance processes;
- discussions with Executive Directors regarding risks and assurance needs in areas of corporate responsibility;
- cumulative internal audit knowledge of governance, risk management, and control arrangements (including a consideration of past internal audit opinions);
- new developments and service changes;
- legislative requirements to which the organisation is required to comply;
- planned audit coverage of systems and processes provided through other NHS Wales Bodies;
- work undertaken by other supporting functions of the Audit Committee including Local Counter-Fraud Services (LCFS);
- work undertaken by other review bodies including Audit Wales and Healthcare Inspectorate Wales (HIW); and
- coverage necessary to provide assurance to the Managing Director in support of the Annual Governance Statement.

## 2.4 Audit planning meetings

In developing the Plan, in addition to consideration of the above, the Head of Internal Audit has met with the Director of Finance and Corporate Services and the Head of Finance and Business Development to discuss current areas of risk and related assurance needs. A meeting has also been held with the Chair of the Audit Committee to discuss the draft plan.

A planning consideration document was shared with the Director of Finance and Head of Finance and Business Development for discussion, with the draft Plan presented to the NWSSP Senior Leadership Group on 28<sup>th</sup> March for consideration and comment.

## 3. Audit risk assessment

The prioritisation of audit coverage across the audit universe is based on both our and the organisation's assessment of risk and assurance requirements as defined in the Board Assurance Framework and Corporate Risk Register.

The maturity of these risk and assurance systems allows us to consider both inherent risk (impact and likelihood) and mitigation (adequacy and effectiveness of internal controls). Our assessment also takes into account corporate risk, materiality or significance, system complexity, previous audit findings, and potential for fraud.

## 4. Planned internal audit coverage

### 4.1 Internal Audit Plan 2024/25

The Plan is set out in Appendix A and identifies the audit assignments, lead executive officers, outline scopes, and proposed timings. It is structured under the six components referred to in section 2.2.

Where appropriate the Plan makes cross reference to key strategic risks identified within the corporate risk register and related systems of assurance together with the proposed audit response within the outline scope.

The scope, objectives and audit resource requirements and timing will be refined in each area when developing the audit scope in discussion with the responsible executive director(s) and operational management.

The scheduling takes account of the optimum timing for the performance of specific assignments in discussion with management, and Audit Wales requirements if appropriate.

The Audit Committee will be kept apprised of performance in delivery of the Plan, and any required changes, through routine progress reports to each Audit Committee meeting.

The majority of the audit work will be undertaken by our regionally based

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teams with support from our national Capital & Estates team, in terms of capital audit and estates assurance work, and from our IM&T team, in terms of Information Governance, IT security and Digital work.

## 4.2 Keeping the plan under review

Our risk assessment and resulting Plan is limited to matters emerging from the planning processes indicated above.

Audit & Assurance Services is committed to ensuring its service focuses on priority risk areas, business critical systems, and the provision of assurance to management across the medium term and in the operational year ahead. As in any given year, our Plan will be kept under review and may be subject to change to ensure it remains fit for purpose. Consistent with previous years, and in accordance with best professional practice, an element of unallocated contingency provision has been retained in the Plan to enable Internal Audit to respond to emerging risks and priorities identified by the Executive Management Team and endorsed by the Audit Committee. Any changes to the Plan will be based upon consideration of risk and need and will be presented to the Audit Committee for approval.

Regular liaison with Audit Wales as your External Auditor will take place to coordinate planned coverage and ensure optimum benefit is derived from the total audit resource.

## 5. Resource needs assessment

The plan has been put together on the basis of the planning process described in this document. The plan includes sufficient audit work to be able to give an annual Head of Internal Audit Opinion in line with the requirements of Standard 2450 – Overall Opinions.

Audit & Assurance Services confirms that it has the necessary resources to deliver the agreed plan.

Provision has also been made for other essential audit work including planning, management, reporting and follow-up.

If additional work, support, or further input necessary to deliver the plan is required during the year over and above the total indicative resource requirement a fee may be charged. Any change to the plan will be based upon consideration of risk and need and presented to the Audit Committee for approval.

The Standards enable Internal Audit to provide consulting services to management. The commissioning of these additional services, by NWSSP, unless already included in the plan, is discretionary. Accordingly, a separate fee may need to be agreed for any additional work.

Under the approach we have adopted for a number of years, the top slice provided to us to undertake the core Internal Audit programme is sufficient

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to deliver the proposed plan for 2024/25. Work in respect of the development of any Integrated Audit & Assurance Plans for major programme would be chargeable in line with the specific requirements of those plans.

## 6. Action required

The Audit Committee is invited to consider the Internal Audit Plan for 2024/25 and:

- approve the Internal Audit Plan for 2024/25;
- approve the Internal Audit Charter; and
- note the associated Internal Audit resource requirements and Key Performance Indicators.

James Johns

Head of Internal Audit  
Audit & Assurance Services  
NHS Wales Shared Services Partnership

## Appendix A: Internal Audit Plan 2024/2025

Planned output	Audit Ref	Corporate Risk Ref	Outline Scope	Executive Lead	Outline Timing
<b>All Wales Services</b>					
Accounts Payable	1		To review the adequacy of the systems and controls in place for key risk areas in the Purchase to Pay Process.	Director of Finance & Corporate Services and Director of Procurement Services	Q2-4
Employment Services - Payroll	2		To review the adequacy of the systems and controls in place for key risk areas of Payroll Services processes.	Director of People, O.D & Employment Services	Q2-4
Primary Care Contractor Services	3		To provide assurance that Primary Care Services is maintaining a robust system to facilitate timely and accurate payments.	Director of Primary Care Services	Q2-4
Procurement Services	4	A4	To review the adequacy of the systems and controls in place for key risk areas of Procurement Services – including Stores and Capital.	Director of Procurement Services	Q2-4
Recruitment Services	5	A3	To review the adequacy of the systems and controls in place for key risk areas for the provision of recruitment services.	Director of People, O.D & Employment Services	Q2-4

Planned output	Audit Ref	Corporate Risk Ref	Outline Scope	Executive Lead	Outline Timing
<b>NWSSP Corporate and Services</b>					
Risk Management	6		To review the adequacy of the NWSSP Risk Management Arrangements including ongoing developments.	Director of Finance & Corporate Services	Q2
Variable Pay	7	A15	Review arrangements for variable pay in a sample of service areas to ensure appropriate controls are in place.	Director of Finance & Corporate Services	Q2
Health & Safety	8		To review the adequacy of the NWSSP Health & Safety Arrangements	Director of Finance & Corporate Services	Q3
Contract Management	9		To provide assurance over the contract management arrangements in a sample of service areas. (All Wales Coverage.)	Director of Finance & Corporate Services	Q3
IT /Digital – Service Management	10	A2	To provide assurance of the IT/Digital service management.	Director of Planning, Performance & Informatics	Q2
IT /Digital – Strategy Implementation	11	A2	To provide assurance over the implementation of the Digital Strategy.	Director of Planning, Performance & Informatics	Q3

Planned output	Audit Ref	Corporate Risk Ref	Outline Scope	Executive Lead	Outline Timing
Decarbonisation follow up	12	A9	Follow up review as required	Director of Finance / Specialist Estates Services	Q3/4
CIVAS/Medicines Unit	13	A7	To test compliance with a range of policies and procedures, key aspects of risk and governance within the Service	Service Director	Q2/3
Specialist Estates Services - Building for Wales Framework – Invitation to Tender	14		Review arrangements for the retendering of the NHS Building for Wales Framework.	Director of Specialist Estates Services	Q2/3
Recommendation Tracking	--		Ongoing review of sample of implemented actions.	Director of Finance & Corporate Services	Q2-Q4

## Appendix B: Key performance indicators (KPI)

KPI	SLA required	Target 2024/25
Audit plan agreed/in draft by 30 April	✓	Plan agreed
Audit opinion delivered by 31 May	✓	Opinion Delivered
Audits delivered for each Audit Committee in line with agreed plan	–	varies
% of audit output in progress	–	varies
Report turnaround fieldwork to draft reporting [10 days]	✓	95%
Report turnaround management response to draft report [15 working days minimum]	✓	80%
Report turnaround draft response to final reporting [10 days]	✓	95%

## Appendix C: Internal Audit Charter

### 1 Introduction

- 1.1 This Charter is produced and updated annually to comply with the Public Sector Internal Audit Standards. The Charter is complementary to the relevant provisions included in the organisation's own Standing Orders and Standing Financial Instructions.
- 1.2 The terms 'board' and 'senior management' are required to be defined under the Standards and therefore have the following meaning in this Charter:
- Board means the NWSSP Partnership Committee (Hosted by the Board of Velindre NHS Trust) with responsibility to direct and oversee the activities and management of the organisation. The Board has delegated authority to the Audit Committee in terms of providing a reporting interface with internal audit activity; and
  - Senior Management means the Managing Director as being the designated Accountable Officer for NHS Wales Shared Services Partnership. The Managing Director has made arrangements within this Charter for an operational interface with internal audit activity through the Head of Finance & Business Development (Director of Corporate Governance).
- 1.3 Internal Audit seeks to comply with all the appropriate requirements of the Welsh Language (Wales) Measure 2011. We are happy to correspond in both Welsh and English.

### 2 Purpose and responsibility

- 2.1 Internal audit is an independent, objective assurance and advisory function designed to add value and improve the operations of NHS Wales Shared Services Partnership. Internal audit helps the organisation accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes. Its mission is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.
- 2.2 Internal Audit is responsible for providing an independent and objective assurance opinion to the Accountable Officer, the Board and the Audit Committee on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. In addition, internal audit's findings and recommendations are beneficial to management in securing improvement in the audited areas.

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- 2.3 The organisation's risk management, internal control and governance arrangements comprise:
- the policies, procedures and operations established by the organisation to ensure the achievement of objectives;
  - the appropriate assessment and management of risk, and the related system of assurance;
  - the arrangements to monitor performance and secure value for money in the use of resources;
  - the reliability of internal and external reporting and accountability processes and the safeguarding of assets;
  - compliance with applicable laws and regulations; and
  - compliance with the behavioural and ethical standards set out for the organisation.
- 2.4 Internal audit also provides an independent and objective consulting service specifically to help management improve the organisations risk management, control and governance arrangements. The service applies the professional skills of internal audit through a systematic and disciplined evaluation of the policies, procedures and operations that management have put in place to ensure the achievement of the organisations objectives, and through recommendations for improvement. Such consulting work contributes to the opinion which internal audit provides on risk management control and governance.

### 3 Independence and Objectivity

- 3.1 Independence as described in the Public Sector Internal Audit Standards as the freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner. To achieve the degree of independence necessary to effectively carry out the responsibilities of the internal audit activity, the Head of Internal Audit will have direct and unrestricted access to the Board and Senior Management, in particular the Chair of the Audit Committee and Accountable Officer.
- 3.2 Organisational independence is effectively achieved when the auditor reports functionally to the Audit Committee on behalf of the Board. Such functional reporting includes the Audit Committee:
- approving the internal audit charter;
  - approving the risk based internal audit plan;
  - approving the internal audit resource plan;
  - receiving outcomes of all internal audit work together with the assurance rating; and
  - reporting on internal audit activity's performance relative to its plan.

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- 3.3 While maintaining effective liaison and communication with the organisation, as provided in this Charter, all internal audit activities shall remain free of untoward influence by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of an independent and objective attitude necessary in rendering reports.
  - 3.4 Internal Auditors shall have no executive or direct operational responsibility or authority over any of the activities they review. Accordingly, they shall not develop nor install systems or procedures, prepare records, or engage in any other activity which would normally be audited.
  - 3.5 This Charter makes appropriate arrangements to secure the objectivity and independence of internal audit as required under the standards. In addition, the shared service model of provision in NHS Wales through NWSSP provides further organisational independence.
  - 3.6 In terms of avoiding conflicts of interest in relation to non-audit activities, Audit & Assurance has produced a Consulting Protocol that includes all of the steps to be undertaken to ensure compliance with the relevant Standards that apply to non-audit activities.

## 4 Authority and Accountability

- 4.1 Internal Audit derives its authority from the Board, the Accountable Officer and Audit Committee. These authorities are established in Standing Orders and Standing Financial Instructions adopted by the Board.
- 4.2 The Minister for Health and Social Services has determined that internal audit will be provided to all health organisations by the NHS Wales Shared Services Partnership (NWSSP). The service provision will be in accordance with the Service Level Agreement agreed by the Shared Services Partnership Committee and in which the organisation has permanent membership.
- 4.3 The Director of Audit & Assurance leads the NWSSP Audit and Assurance Services and after due consultation will assign a named Head of Internal Audit to the organisation. For line management (e.g. individual performance) and professional quality purposes (e.g. compliance with the Public Sector Internal Audit Standards), the Head of Internal Audit reports to the Director of Audit & Assurance.
- 4.4 The Head of Internal Audit reports on a functional basis to the Accountable Officer and to the Audit Committee on behalf of the Board. Accordingly, the Head of Internal Audit has a direct right of access to the Accountable Officer, the Chair of the Audit Committee and the Chair of the organisation if deemed necessary.
- 4.5 The Audit Committee approves all Internal Audit plans and may review any aspect of its work. The Audit Committee also has regular

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private meetings with the Head of Internal Audit.

- 4.6 In order to facilitate its assessment of governance within the organisation, Internal Audit is granted access to attend any committee or sub-committee of the Board charged with aspects of governance.

## 5 Relationships

- 5.1 In terms of normal business the Accountable Officer has determined that the Director of Corporate Governance (Head of Business Finance and Business Development) will be the nominated executive lead for internal audit. Accordingly, the Head of Internal Audit will maintain functional liaison with this officer.
- 5.2 In order to maximise its contribution to the Board's overall system of assurance, Internal Audit will work closely with the organisation's Director of Corporate Governance (Head of Business Finance and Business Development) in planning its work programme.
- 5.3 Co-operative relationships with management enhance the ability of internal audit to achieve its objectives effectively. Audit work will be planned in conjunction with management, particularly in respect of the timing of audit work.
- 5.4 Internal Audit will meet regularly with the external auditor, Audit Wales, to consult on audit plans, discuss matters of mutual interest, discuss common understanding of audit techniques, method and terminology, and to seek opportunities for co-operation in the conduct of audit work. In particular, Internal Audit will make available their working files to the external auditor for them to place reliance upon the work of Internal Audit where appropriate.
- 5.5 The Head of Internal Audit will establish a means to gain an overview of other assurance providers' approaches and output as part of the establishment of an integrated assurance framework.
- 5.6 The Head of Internal Audit will take account of key systems being operated by organisation's outside of the remit of the Accountable Officer, or through a shared or joint arrangement, such as the Digital Health and Care Wales and NHS Wales Joint Commissioning Committee.
- 5.7 Internal Audit strives to add value to the organisation's processes and help improve its systems and services. To support this Internal Audit will obtain an understanding of the organisation and its activities, encourage two-way communications between internal audit and operational staff, discuss the audit approach and seek feedback on work undertaken.
- 5.8 The Audit Committee may determine that another Committee of the organisation is a more appropriate forum to receive and action

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individual audit reports. However, the Audit Committee will remain the final reporting line for all our audit and consulting reports.

## 6 Standards, Ethics, and Performance

- 6.1 Internal Audit must comply with the Definition of Internal Auditing, the Core Principles, Public Sector Internal Audit Standards and the professional Code of Ethics, as published on the NHS Wales e-governance website.
- 6.2 Internal Audit will operate in accordance with the Service Level Agreement and associated performance standards agreed with the Audit Committee and the Shared Services Partnership Committee. The Service Level Agreement includes a number of Key Performance Indicators, and we will agree with each Audit Committee which of these they want reported to them and how often.

## 7 Scope

- 7.1 The scope of Internal Audit encompasses the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management arrangements, system of internal control, and the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. It includes but is not limited to:
- reviewing the reliability and integrity of financial and operating information and the means used to identify measure, classify, and report such information;
  - reviewing the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on operations, and reports on whether the organisation is in compliance;
  - reviewing the means of safeguarding assets and, as appropriate, verifying the existence of such assets;
  - reviewing and appraising the economy and efficiency with which resources are employed, this may include benchmarking and sharing of best practice;
  - reviewing operations or programmes to ascertain whether results are consistent with the organisation's objectives and goals and whether the operations or programmes are being carried out as planned;
  - reviewing specific operations at the request of the Audit Committee or management, this may include areas of concern identified in the corporate risk register;
  - monitoring and evaluating the effectiveness of the organisation's risk management arrangements and the overall system of

- assurance;
  - ensuring effective co-ordination, as appropriate, with external auditors; and
  - reviewing the Annual Governance Statement prepared by senior management.
- 7.2 Internal Audit will devote particular attention to any aspects of the risk management, internal control and governance arrangements affected by material changes to the organisation’s risk environment.
- 7.3 If the Head of Internal Audit or the Audit Committee consider that the level of audit resources or the Charter in any way limit the scope of internal audit or prejudice the ability of internal audit to deliver a service consistent with the definition of internal auditing, they will advise the Accountable Officer and Board accordingly.

## 8 Approach

- 8.1 To ensure delivery of its scope and objectives in accordance with the Charter and Standards, Internal Audit has produced an Audit Manual (called the Quality Manual). The Quality Manual includes arrangements for planning the audit work. These audit planning arrangements are organised into a hierarchy as illustrated in Figure 1.

**Figure 1: Audit planning hierarchy**

NHS Wales Level	NWSSP overall audit strategy	Arrangements for provision of internal audit services across NHS Wales
Organisation Level	Entity strategic 3-year audit plan	Entity level medium term audit plan linked to organisational objectives
	Entity annual internal audit plan	Annual internal audit plan detailing audit engagements to be completed in year ahead leading to the overall HIA opinion
Business Unit Level	Assignment plans	Assignment plans detail the scope and objectives for each audit engagement within the annual operational plan

- 8.2 NWSSP Audit & Assurance Services has developed an overall audit strategy which sets out the strategic approach to the delivery of audit services to all health organisations in NHS Wales. The strategy also includes arrangements for securing and providing assurance on the national transaction processing systems including those operated by DHCW and NWSSP on behalf of NHS Wales.

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- 8.3 The main purpose of the Strategic 3-year Audit Plan is to enable the Head of Internal Audit to plan over the medium term on how the assurance needs of the organisation will be met as required by the Standards and facilitate:
- the provision to the Accountable Officer and the Audit Committee of an overall opinion each year on the organisation's risk management, control and governance, to support the preparation of the Annual Governance Statement;
  - audit of the organisation's risk management, control and governance through periodic audit plans in a way that affords suitable priority to the organisation's objectives and risks;
  - improvement of the organisation's risk management, control and governance by providing management with constructive recommendations arising from audit work;
  - an assessment of audit needs in terms of those audit resources which 'are appropriate, sufficient and effectively deployed to achieve the approved plan';
  - effective co-operation with external auditors and other review bodies functioning in the organisation; and
  - the allocation of resources between assurance and consulting work.
- 8.4 The Strategic 3-year Audit Plan will be largely based on the Board Assurance Framework where it is sufficiently mature, together with the organisation-wide risk assessment.
- 8.5 An Annual Internal Audit Plan will be prepared each year drawn from the Strategic 3-year Audit Plan and other information and outlining the scope and timing of audit assignments to be completed during the year ahead.
- 8.6 The strategic 3-year and annual internal audit plans shall be prepared to support the audit opinion to the Accountable Officer on the risk management, internal control and governance arrangements within the organisation.
- 8.7 The annual internal audit plan will be developed in discussion with executive management and approved by the Audit Committee on behalf of the Board.
- 8.8 The NWSSP Audit Strategy is expanded in the form of a Quality Manual and a Consulting Protocol which together define the audit approach applied to the provision of internal audit and consulting services.
- 8.9 During the planning of audit assignments, an assignment brief will be prepared for discussion with the nominated operational manager. The brief will contain the proposed scope of the review along with the
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relevant objectives and risks to be covered. In order to ensure the scope of the review is appropriate it will require agreement by the relevant Executive Director or their nominated lead and will also be copied to the Director of Corporate Governance (Head of Business Finance and Business Development).

## 9 Reporting

9.1 Internal Audit will report formally to the Audit Committee through the following:

- An annual report will be presented to confirm completion of the audit plan and will include the Head of Internal Audit opinion provided for the Accountable Officer that will support the Annual Governance Statement.
- The Head of Internal Audit opinion will:
  - a) State the overall adequacy and effectiveness of the organisation's risk management, control and governance processes;
  - b) Disclose any qualification to that opinion, together with the reasons for the qualification;
  - c) Present a summary of the audit work undertaken to formulate the opinion, including reliance placed on work by other assurance bodies;
  - d) Draw attention to any issues Internal Audit judge as being particularly relevant to the preparation of the Annual Governance Statement;
  - e) Compare work actually undertaken with the work which was planned and summarise performance of the internal audit function against its performance measurement criteria; and
  - f) Provide a statement of conformity in terms of compliance with the Public Sector Internal Audit Standards and associated internal quality assurance arrangements.
- For each Audit Committee meeting a progress report will be presented to summarise progress against the plan. The progress report will highlight any slippage and changes in the programme. The findings arising from individual audit reviews will be reported in accordance with Audit Committee requirements; and
- The Audit Committee will be provided with copies of individual audit reports for each assignment undertaken unless the Head of Internal Audit is advised otherwise. The reports will include an action plan on any recommendations for improvement agreed with management including target dates for completion.

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## 9.2 The process for audit reporting is summarised below:

- Following the closure of fieldwork and the resolution of any queries, Internal Audit will discuss findings with operational managers to confirm understanding and shape the reporting stage through issue of a discussion draft report;
- Operational management will receive discussion draft reports which will include any proposed recommendations for improvement within 10 working days following the closure of fieldwork.
- The draft report will give an assurance opinion on the area reviewed in line with the criteria at Appendix B (unless it is a consulting review). The discussion draft report will also indicate priority ratings for individual report findings and recommendations;
- Operational management will be required to respond to the draft report in consultation with the relevant Executive Director within 15 working days of issue, identifying actions, identifying staff with responsibility for implementation and the dates by which action will be taken;
- Reminder correspondence will be issued to the Executive Director and the Director of Corporate Governance (Head of Business Finance and Business Development) 5 working days prior to the set response date.
- Where management responses are still awaited after the 20 working days deadline, or are of poor quality, the matter will be immediately escalated to the Executive Director and copied to the Director of Corporate Governance (Head of Business Finance and Business Development) and Chair of the Audit Committee.
- If non-compliance continues, the Director of Corporate Governance (Head of Business Finance and Business Development) and the Chair of the Audit Committee will decide on the course of action to take. This may involve the draft report being submitted to the Audit Committee, with the Executive Director being called to the meeting to explain the situation and why no responses/poor responses have been received;
- Internal Audit issues a Final report to Executive Director within 10 working days of receipt of complete management response. Within this timescale Internal Audit will quality assess the responses, and if necessary, return the responses, requiring them to be strengthened.
- Responses to audit recommendations need to be SMART:
  - Specific
  - Measurable

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- Achievable
  - Relevant / Realistic
  - Timely.
- The relevant Executive Director, Director of Corporate Governance (Head of Business Finance and Business Development) and the Chair of the Audit Committee will be copied into any correspondence.
  - The final report will be copied to the Accountable Officer and Director of Corporate Governance (Head of Business Finance and Business Development) and placed on the agenda for the next available Audit Committee.
- 9.3 Internal Audit will make provision to review the implementation of agreed action within the agreed timescales. However, where there are issues of particular concern provision maybe made for a follow-up review within the same financial year. Issue and clearance of follow up reports shall be as for other assignments referred to above.
- 9.4 Timescales are to be included in all initial scopes sent prior to commencing an audit.

## 10 Access and Confidentiality

- 10.1 Internal Audit shall have the authority to access all the organisation's information, documents, records, assets, personnel and premises that it considers necessary to fulfil its role. This shall extend to the resources of the third parties that provide services on behalf of the organisation.
- 10.2 All information obtained during the course of a review will be regarded as strictly confidential to the organisation and shall not be divulged to any third party without the prior permission of the Accountable Officer. However, open access shall be granted to the organisation's external auditors.
- 10.3 Where there is a request to share information amongst the NHS bodies in Wales, for example to promote good practice and learning, then permission will be sought from the Accountable Officer before any information is shared.

## 11 Irregularities, Fraud & Corruption

- 11.1 It is the responsibility of management to maintain systems that ensure the organisation's resources are utilised in the manner and on activities intended. This includes the responsibility for the prevention and detection of fraud and other illegal acts.

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- 11.2 Internal Audit shall not be relied upon to detect fraud or other irregularities. However, Internal Audit will give due regard to the possibility of fraud and other irregularities in work undertaken. Additionally, Internal Audit shall seek to identify weaknesses in control that could permit fraud or irregularity.
- 11.3 If Internal Audit discovers suspicion or evidence of fraud or irregularity, this will immediately be reported to the organisation's Local Counter Fraud Service (LCFS) in accordance with the organisation's Counter Fraud Policy & Fraud Response Plan and the agreed Internal Audit and Counter Fraud Protocol.

## 12 Quality Assurance

- 12.1 The work of internal audit is controlled at each level of operation to ensure that a continuously effective level of performance, compliant with the Public Sector Internal Audit Standards, is being achieved.
- 12.2 The Director of Audit & Assurance will establish a quality assurance and improvement programme designed to give assurance through internal and external review that the work of Internal Audit is compliant with the Public Sector Internal Audit Standards and to achieve its objectives. A commentary on compliance against the Standards will be provided in the Annual Audit Report to the Audit Committee.
- 12.3 The Director of Audit & Assurance will monitor the performance of the internal audit provision in terms of meeting the service performance standards set out in the NWSSP Service Level Agreement. The Head of Internal Audit will periodically report service performance to the Audit Committee through the reporting mechanisms outlined in Section 9.

## 13 Resolving Concerns

- 13.1 NWSSP Audit & Assurance was established for the collective benefit of NHS Wales and as such needs to meet the expectations of client partners. Any questions or concerns about the audit service should be raised initially with the Head of Internal Audit assigned to the organisation. In addition, any matter may be escalated to the Director of Audit & Assurance. NWSSP Audit & Assurance will seek to resolve any issues and find a way forward.
- 13.2 Any formal complaints will be handled in accordance with the NWSSP complaint handling procedure. Where any concerns relate to the conduct of the Director of Audit & Assurance, the NHS organisation will have access to the Managing Director of Shared Services.

## 14 Review of the Internal Audit Charter

14.1 This Internal Audit Charter shall be reviewed annually and approved by the Board, taking account of advice from the Audit Committee.

Simon Cookson  
Director of Audit & Assurance  
NHS Wales Shared Services Partnership  
March 2024



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# 2024 Audit Assurance Arrangements NHS Wales Shared Services Partnership

Audit year: 2023-24

Date issued: March 2024

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at [infoofficer@audit.wales](mailto:infoofficer@audit.wales).

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

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# Summary

## Introduction

- 1 This paper provides a summary of the planned audit work that will be undertaken to support the provision of audit assurances to the external auditors of NHS Wales bodies upon the services provided by the NHS Wales Shared Services Partnership (NWSSP). We set out the proposed work, when it will occur and who will undertake it.
- 2 The paper does not refer to any other audit work that we will be undertaking at NWSSP to directly support our audit of Velindre University NHS Trust's 2023-24 financial statements.

## External audit assurance arrangements

- 3 The Velindre University NHS Trust's external audit team and the Audit Wales IM&T auditors are responsible for co-ordinating and completing the audit work to provide the assurances required by the local audit teams of each of the various NHS bodies across Wales. Local audit teams decide the areas of work required on the services provided by NWSSP, relevant to their responsibilities for providing an opinion on the health bodies financial statements.
- 4 As a result of the recent introduction of the auditing standard ISA315 (Identifying and Assessing the Risks of Material Misstatement), we met the audit teams to discuss what changes, if any, were required to the assurances they require. As a result some changes have been made to our work programme compared to that completed last year. There are no changes to the scope of our IT assurance work. The most significant changes to what we completed last year are:
  - **Internal Audit** - we will not be completing an assessment of Internal Audit this year. The reason for this is that the NHS audit teams do not expect to place any reliance on Internal Audit – they will use the work of Internal Audit to inform their risk assessments but they do not rely on their work to obtain assurance on specific account areas; and
  - **Primary Care – Pharmacy**: we will not this year be undertaking controls testing on drug costs or prescriptions.
- 5 In addition, we may be required to undertake assurance work on the controls in place concerning Ophthalmic services. Normally the expenditure within this area has not been material to individual NHS audits, however new contractual arrangements are in place for 2023-24 and there is an expectation that costs will increase. We are waiting for audit teams to assess this and if material it is likely they will require assurances. We will keep NWSSP colleagues informed if this is the case.
- 6 The expected work programme for 2023-24 is set out in [Exhibit 1](#). Local audit teams may determine that additional assurances are required, from other service

areas of the NWSSP. If such work arises, we will discuss this with the NWSSP management and update the NWSSP Audit Committee accordingly.

### Exhibit 1: audit assurance arrangements

The table below sets out the content of the audit assurance work programme for 2024:

NWSSP managed service	Audit assurance requirements
<p><b>General</b></p> <p>As NWSSP is a service organisation to other NHS Wales bodies, NHS auditors will require high level assurances, per ISA402, on NWSSP.</p>	<p>We will complete and provide documentation to NHS auditors to enable them to meet the requirements of ISA402.</p>
<p><b>Primary Care Services</b></p> <p>NWSSP process transactions in respect of Primary Care Services (PCS) for all Local Health Boards (LHBs) in Wales. The key areas that LHB auditors have identified as being of most significance are General Medical Services (GMS) and General Pharmaceutical Services (GPS).</p>	<p>The work that I will undertake on these two areas is as follows:</p> <ul style="list-style-type: none"> <li>• document and walkthrough the specific key controls in PCS for processing GMS payments;</li> <li>• undertake controls testing on the specific key controls in regard to GMS with a focus on the controls in place concerning GP patient records; and</li> <li>• identify and document the specific key controls in PCS for processing drugs costs paid to both Pharmacies and Dispensing Doctors.</li> </ul>

NWSSP managed service	Audit assurance requirements
<p><b>Employment Services / Payroll</b> NWSSP process payroll transactions for all LHBs and NHS Trusts in Wales. Payroll teams are located at Companies House, Cardiff except for those that process the transactions of Swansea Bay, Powys, Hywel Dda, BCU and WAST.</p>	<p>There are three key aspects of our assurance work that we will undertake for NHS audit teams:</p> <ul style="list-style-type: none"> <li>• For those health bodies where payroll transactions are processed in Companies House, we will update our understanding of the payroll system and will document the controls within the payroll system;</li> <li>• we will continue to monitor the position re payroll overpayments; and</li> <li>• as there are material recharges from NWSSP to the various NHS Wales bodies as a result of the Single Lead Employer (SLE) arrangement we will document the controls and walk through the key controls in place. We will also perform controls testing to verify that the supporting payroll information reconciles to the invoices issued to health bodies by NWSSP.</li> </ul>
<p><b>Legal and Risk Services</b> NWSSP - Legal and Risk Services (L&amp;RS) provide expert opinion on claims made against NHS bodies. Health Body auditors have requested that work is undertaken centrally to assess the suitability of L&amp;RS as a management expert in accordance with ISA500.</p>	<p>We will:</p> <ul style="list-style-type: none"> <li>• Document and update our understanding of the services provided;</li> <li>• Evaluate the competence, capability and objectivity of the service provider; and</li> <li>• Evaluate the appropriateness of the work (as relevant to the work of the local audit teams).</li> </ul>
<p><b>Procurement Services</b> NWSSP - Procurement Services (PS) process accounts payable transactions for all LHBs and NHS Trusts in Wales. Health Body auditors have confirmed that they wish to obtain an understanding of the accounts payable system operated within NWSSP.</p>	<p>We will:</p> <ul style="list-style-type: none"> <li>• document the controls operated within the accounts payable system; and</li> <li>• provide audit teams with invoice statistics on processed invoice values and PPSP performance.</li> </ul>
<p><b>Contracts Requiring WG Approval</b> LHB contracts exceeding £1 million are required to be approved by Welsh Government. LHB auditors have requested that work is undertaken centrally to confirm that all contracts requiring such approval have been appropriately approved.</p>	<p>We will compare the list of contracts exceeding £1million on the central database of contracts awarded by the Procurement Unit in NWSSP to the list of contracts approved by the Welsh Government.</p>

## IT Audit Assurance Arrangements

- 7 The NWSSP manage a number of national NHS IT applications that are used by other NHS organisations in Wales. Audit Wales IM&T auditors will review the IM&T infrastructure and application controls that are applied to the following IT systems for the purposes of providing assurances for NHS audit opinions to local audit teams:
- Prescription Pricing System which is used to process prescriptions and calculate reimbursement and payments for dispensing pharmacy contractors;
  - The Family Practitioner Payment System (FPPS), used for calculating primary care General Medical Services (GMS) contractor payments from NHS demographics uploaded from the National Health Application and Infrastructure Services (NHAIS);
  - Oracle Financial Management System (FMS), including OCR invoice scanning and e-invoicing platforms, used by all of NHS Wales as the main accounting system for managing and producing the NHS accounts; and
  - System administration and access functions for the payroll elements of the Electronic Staff Record (ESR) payroll system.
- 8 IM&T auditors will undertake a programme of work to understand and assess risks arising in the IT environment and the IT controls, including evaluating the design of IT controls and determining whether they are implemented. In addition to the above IT systems, this programme will also include work undertaken centrally at Digital Health and Care Wales (DHCW) on the IT applications and infrastructure provided which are also used by other NHS organisations in Wales.

## Fee, audit team and timetable

### Fee

- 9 This work is being undertaken in order to provide the auditors of the various NHS bodies across Wales with assurances relevant to their responsibilities. There is therefore no associated audit fee for NWSSP as the cost of this work will be included in the individual audit fees of the NHS bodies.

### Audit team

- 10 The main members of the audit team, together with their contact details, are summarised in [Exhibit 2](#).

## Exhibit 2: NWSSP audit team

The table below provides details of the audit team:

Name	Role	Contact number	E-mail address
Richard Harries	Engagement Lead – Financial Audit	02920 320640	<a href="mailto:richard.harries@audit.wales">richard.harries@audit.wales</a>
Steve Wyndham	Financial Audit Manager	02920 320664	<a href="mailto:steve.wyndham@audit.wales">steve.wyndham@audit.wales</a>
David Burridge	Financial Audit Lead	02922 677839	<a href="mailto:david.burridge@audit.wales">david.burridge@audit.wales</a>
Andrew Strong	Information Management & Technology Audit Manager	02920 320587	<a href="mailto:andrew.strong@audit.wales">andrew.strong@audit.wales</a>

## Timetable

- 11 Following the completion of the above work, the following reports will be issued:
- **Assurance report to NHS audit teams** – our findings will be communicated to external auditors to support their work to inform their opinion on the financial statements of the various NHS bodies; and
  - **NWSSP Management Letter** - a summary of the work undertaken, our conclusions and any recommendations will be reported to NWSSP. This report will also include any issues relating to NWSSP identified by other NHS auditors.
- 12 The key reporting deadlines are set out in [Exhibit 3](#).

## Exhibit 3: timetable

The table below sets out the key milestones for delivering the proposed areas of work:

Planned output	Work undertaken	Report finalised
Assurance report to audit teams	March - June 2024	June 2024
Nationally Hosted NHS IT systems	February – May 2024	June 2024
Management letter	February - July 2024	Sept 2024





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We welcome correspondence and telephone calls in Welsh and English.  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

# Shared Services Partnership Committee

## Forward Plan of Business

2024-2025

Month	Standing Items	Strategy, Policy & Implementation	Governance	Annual Reports
<b>16 May 2024</b>	<p>Minutes &amp; Action log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Update Report</p> <p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Returns</p> <p>PPE Report</p>	<p>Deep Dive- Recruitment Modernisation</p> <p>Review of SLAs</p> <p>IMTP Q4 Update</p>	<p>Corporate Risk Register</p> <p>Audit Committee Highlight Report</p>	<p>2023/24 Annual Report on Complaints</p> <p>2024/25 Internal Audit Plan</p> <p>2024/25 Audit Wales Plan</p> <p>2023/24 Duty of Quality Annual Report Update</p>
<b>18 July 2024</b>	<p>Minutes &amp; Action log</p> <p>Declarations of Interest</p> <p>Chair's Report</p>	<p>Deep dive session</p> <p>Q1 IMTP Update</p>	<p>Corporate Risk Register</p> <p>Declarations of Interest</p>	<p>2023/24 Health and Safety Annual Report</p> <p>2023/24 Annual Governance Statement</p>

	<p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Update Report</p> <p>Project Management Office and Service Improvement Update Report</p> <p>People and Organisational Development Update</p> <p>Monthly Monitoring Returns</p> <p>PPE Report</p>		<p>Report on Gifts and Hospitality</p> <p>Approve Annual update of Audit Committee Terms of Reference</p> <p>Annual Governance Statement</p>	<p>2023/24 Annual Review</p> <p>2023/24 Audit Committee Annual Report</p> <p>2023/24 Annual Report on Welsh Language</p> <p>2023/24 WIBSS Annual Report</p> <p>2023/24 Counter Fraud Service Annual Report</p>
<p><b>19 September 2024</b></p>	<p>Minutes &amp; Action log</p> <p>Declarations of Interest</p> <p>Chair's Report</p> <p>Managing Director's Report</p> <p>Finance Report</p> <p>Performance Update Report</p> <p>Project Management Office and Service Improvement Update Report</p>	<p>Deep dive session</p>	<p>Corporate Risk Register</p> <p>Audit Committee Highlight Report</p> <p>Audit Wales Management Letter</p>	

	People and Organisational Development Update  Monthly Monitoring Returns  PPE Report			
<b>11 October 2024</b>	Autumn Development Workshop			
<b>21 November 2024</b>	Minutes & Action log  Declarations of Interest  Chair's Report  Managing Director's Report  Finance Report  Performance Update Report  Project Management Office and Service Improvement Update Report  People and Organisational Development Update  Monthly Monitoring Returns  PPE Report	Deep Dive session  Q2 IMTP Update  Draft IMTP – 2025-28	Corporate Risk Register  Audit Committee Highlight Report	IMTP - discussion key themes and priorities; overview of emerging finance and workforce plans.

<b>23 January 2025</b>	Minutes & Action log Declarations of Interest Chair's Report Managing Director's Report Finance Report Performance Update Report Project Management Office and Service Improvement Update Report People and Organisational Development Update Monthly Monitoring Returns PPE Report	Deep Dive session Q3 IMTP Update	Corporate Risk Register	IMTP – Approval
<b>20 March 2025</b>	Minutes & Action log Declarations of Interest Chair's Report Managing Director's Report Finance Report	Deep dive session	Corporate Risk Register Audit Committee Highlight Report	

	Performance Update Report Project Management Office and Service Improvement Update Report People and Organisational Development Update Monthly Monitoring Returns PPE Report			
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