

SSPC May 2022

Thu 19 May 2022, 10:00 - 12:00

TEAMS



Agenda

10:00 - 10:15

15 min

1. Agenda

1.1. Welcome and Introductions

Tracy Myhill, Chair

1.2. Apologies for absence

Tracy Myhill, Chair

1.3. Declarations of Interest

Tracy Myhill, Chair

1.4. Draft minutes of meeting held on 24 March 2022

Tracy Myhill, Chair

 1.4 NWSSP Partnership Cttee Minutes - 2022. 03 - Part A_.pdf (8 pages)

1.5. Action Log

Tracy Myhill, Chair

 1.5 Action Log May 2022.pdf (1 pages)

1.6. Matters Arising

1.6.1. Recruitment Update

VERBAL *Gareth Hardacre, Director of People & OD*

10:15 - 10:45

30 min

2. Deep Dive - Medical Examiner Service

Andrew Evans, Director of Primary Care Services/Ruth Alcolado, Medical Director

 2. NWSSP Committee May 22 MES Update.pdf (9 pages)

10:45 - 11:00

15 min

3. Chair/Managing Director's Report

3.1. Chair's Report

Verbal

3.2. Managing Director's Update

Neil Frow, Managing Director

 3.2 SSPC MD Update May 22.pdf (7 pages)

11:00 - 11:25
25 min

4. Items for Approval/Endorsement

4.1. Decarbonisation Action Plan

Chris Lewis, Environmental Management Advisor

- 📄 4.1 Decarbonisation Action Plan Cover Paper.pdf (2 pages)
- 📄 4.1 NWSSP Decarbonisation Plan 1.pdf (16 pages)

4.2. Laundry Procurement

Andrew Butler, Director of Finance & Corporate Services

- 📄 4.2 Laundry Detergent - SSPC_ (002).pdf (4 pages)

4.3. Draft Annual Governance Statement 2021/22

Peter Stephenson, Head of Finance and Business Development

- 📄 4.3 SSPC Cover Sheet Annual Governance Statement.pdf (4 pages)
- 📄 4.3 DRAFT Annual Governance Statement 2021-22.pdf (36 pages)

4.4. Review of Service Level Agreements 2022/23

Peter Stephenson, Head of Finance and Business Development

- 📄 4.4 SLA Cover Paper.pdf (3 pages)
- 📄 4.4. OVERARCHING Service Level Agreement.pdf (19 pages)

4.5. Salary Sacrifice - Home Electronics

Andrew Butler, Director of Finance & Corporate Services

- 📄 4.5 Salary Sacrifice - Staff Benefits - May 22 (002).pdf (4 pages)

11:25 - 11:50
25 min

5. Governance, Performance & Assurance

5.1. Finance Report

Andrew Butler, Director of Finance & Corporate Services

- 📄 5.1 SSPC Finance and Corporate Services Cover.pdf (2 pages)
- 📄 5.1 SSPC Finance Report May 22.pdf (11 pages)

5.2. Performance Report

Alison Ramsey, Director of Planning, Performance and Informatics

- 📄 5.2 SSPC Performance Report Cover.pdf (2 pages)
- 📄 5.2 SSPC Performance Report May 22.pdf (11 pages)

5.3. PMO Highlight Report

Alison Ramsey, Director of Planning, Performance & Informatics

- 📄 5.3 SSPC PMO Report Cover.pdf (2 pages)
- 📄 5.3 Monthly Update PMO May SSPC Final.pdf (24 pages)

5.4. People & OD Report

Gareth Hardacre, Director of People & OD

- 📄 5.4 SSPC P&OD Report Cover.pdf (2 pages)

 5.4 SSPC P&OD Report - April 2022.pdf (20 pages)

5.5. Corporate Risk Register

Peter Stephenson, Head of Finance & Business Development

 5.5 SSPC Corporate Risk Register May 2022.pdf (4 pages)

 5.5 Corporate Risk Register 20220506.pdf (4 pages)

11:50 - 11:55
5 min

6. Items for Information

6.1. TrAMS Progress Report

Neil Frow, Managing Director

 6.1 TRAMS Report Final April 2022-compressed.pdf (8 pages)

6.2. Information Governance Annual Report 2021/22

Andrew Butler, Director of Finance & Corporate Services

 6.2 IG Annual Review 2021-2022 v3-compressed.pdf (19 pages)

6.3. Quality and Safety Assurance Report

Peter Stephenson, Head of Finance & Business Development

 6.3 Quality Safety Performance Committee 20.01.22(v4VM)- NWSSP Extract.pdf (2 pages)

 6.3 NHS Wales Shared Services Highlight Report 24.3.22 (NWSSPapproved).pdf (3 pages)

6.4. Audit Committee Highlight Report

Peter Stephenson, Head of Finance & Business Development

 6.4 SSPC Audit Committee Assurance Report.pdf (7 pages)

6.5. Annual Complaints Report 2021/22

Peter Stephenson, Head of Finance & Business Development

 6.5 SSPC Annual Complaints Report 2021-22.pdf (4 pages)

6.6. Finance Monitoring Returns

Andrew Butler, Director of Corporate and Finance Services

 6.6 Monitoring Return Commentary Month 12 NWSSP 2021-22.pdf (6 pages)

 6.6 Monitoring Return Commentary Month 1 NWSSP 2022-23.pdf (6 pages)

11:55 - 12:00
5 min

7. Any Other Business

12:00 - 12:00
0 min

8. Date and Time of Next Meeting

Thursday 21 July 10am (Teams)

**NHS WALES SHARED SERVICES
PARTNERSHIP COMMITTEE**

**MINUTES OF MEETING HELD THURSDAY 24th March 2022
10:00 – 12:00
Meeting held on TEAMS
Part A - Public**

ATTENDANCE	DESIGNATION	ORGANISATION
MEMBERS:		
Tracy Myhill (TM)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Huw Thomas (HT)	Director of Finance	Hywel Dda
Hywel Daniel (HD)	Executive Director for People & OD	CTM UHB
Claire Osmundsen-Little (COL)	Director of Finance	DHCW
Rhiannon Beckett (RB)	Interim Director of Finance	HEIW
Pete Hopgood (PH)	Director of Finance	Powys tHB
Helen Bushell (HB)	Board Secretary & Head of Board Business Unit	PHW
Debbie Eytayo (DE)	Director of Workforce & OD	Swansea Bay UHB
OTHER ATTENDEES:		
Angela Mulholland-Wells (AMW)	Finance Director	BCUHB
Christopher Lewis (CL)	Deputy Director of Finance	C&VUHB
Navin Kalia (NK)	Deputy Director of Finance	WAST
Matt Denham-Jones (MDJ)	Deputy Director of Finance	Welsh Government
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of People & OD	NWSSP
Alison Ramsey (AR)	Director of Planning, Performance, and Informatics	NWSSP
Lindsay Payne (LP)	Deputy Director of Finance	NWSSP
Ruth Alcolado (RA)	Medical Director	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Development	NWSSP
Gareth Price (GP)	Personal Assistant	NWSSP
PRESENTERS:		
Darren Rees (DR)	Deputy Director of Employment	NWSSP
Richie Haworth (RH)	Assistant Head of Recruitment	NWSSP

Item		Action
1. STANDARD BUSINESS		
1.1	Welcome and Opening Remarks The Chair welcomed members to the March 2022 Shared Services Partnership Committee meeting.	
1.2	Apologies Apologies were received from: Sarah Simmonds – Director of Workforce & OD – Aneurin Bevan Jo Whitehead – Chief Executive, BCUHB Sue Hill – Executive Director of Finance, BCUHB Catherine Phillips - Executive Director of Finance, C&VUHB Steve Ham – Chief Executive, Velindre University NHS Trust Chris Turley – Director of Finance, WAST	
1.3	Declarations of Interest No declarations of interest were disclosed.	
1.4	Minutes of Previous Meeting Draft minutes of the meeting held on 20th January 2022 were reviewed and accepted.	
1.5	Action Log All actions are complete, not yet due or on the agenda. TM questioned the Procurement National Operating Model action and reiterated that she wanted a document written from the perspective of the organisations we work with. She also requested more detail on which stakeholders the operating model was shared with.	PS
2. Deep Dive		
2.1	Recruitment The Director of People and Organisational Development and the Deputy Director of Employment Services gave a detailed presentation of the work being undertaken in Recruitment to address the significant increase in activity due to the pandemic. Looking back to when NWSSP was first established in 2011, significant progress has been made in streamlining the recruitment process, demonstrated by a reduction in the average time-to-hire from 132 to 71 days. New services have been taken on and the	

Item		Action
	<p>Welsh Language functionality has been enhanced. Last summer, further initiatives were progressed relating to the Workforce Directors' Responsiveness Programme including enhancements to TRAC, development of the applicant web page, and maintaining virtual pre-employment checks.</p> <p>During late summer 2021, the service was faced with unprecedented and unplanned levels of recruitment across NHS Wales due to the Covid response, resulting in the usual high level of compliance with KPI targets not being sustained. This led to the need to review the way in which recruitment is undertaken in Wales and where applicable modernise the service further through changes to processes, technology, and education.</p> <p>The Deputy Director provided detail of specific initiatives under each of the headings of process, technology, and education. One key technological initiative is investment in pre-employment check software that enables identification documents to be held in ESR and viewed via the ESR app. This has been promoted by the Home Office, however the technology is not currently available, but it will be fundamental to virtual pre-employment checks continuing after the current proposed Home Office end-date of September 2022. Due to the short notice provided by the Home Office over this software, funding to purchase it still needs to be confirmed.</p> <p>The modernisation changes should ensure that Recruitment has the agility to flex when required to meet prolonged spikes in demands without a negative impact on performance.</p> <p>The Modernisation Action Plan is to be taken to the WODs meeting in early April, with a formal update to the May Committee.</p> <p>The presentation was well received, and Committee members were very appreciative of the work undertaken</p> <p>The Committee NOTED the proposed modernisation plan which is to be taken to WODs and AWODs for agreement.</p>	GH
3. Chair/Managing Director's Report		
3.1	<p>Chair's Report</p> <p>The Chair updated the Committee on the activities that she had been involved with since the January meeting. This included chairing the Welsh Risk Pool Committee which had been very informative; attending the Hywel Dda Sustainability Committee</p>	

Item		Action
	<p>which had also been very interesting; and also attending the NHS Wales Chairs' meeting which allowed her to keep updated on the latest developments and issues. Going forward there will be a number of attendances at board meetings, starting with Health Education & Improvement Wales. The Chair is keen that these are not used solely for NWSSP to update on performance, but to elicit a two-way exchange of ideas and information.</p> <p>The Committee NOTED the Chair's Report.</p>	
<p>3.2</p>	<p>Managing Director's Update</p> <p>The Managing Director updated the Committee upon the key issues and the activities undertaken by NWSSP since the date of the last meeting.</p> <p>Including in the update was:</p> <ul style="list-style-type: none"> • <i>Integrated Medium Term Plan (IMTP)</i> The IMTP has now been formally submitted to Welsh Government for their consideration. • <i>Donations to Ukraine</i> As part of a UK-wide response to the war in Ukraine, Welsh Government asked NWSSP to identify any surplus equipment and consumables that could be donated to Ukraine. Review of current stocks identified items to the value of £524k that could be donated as they are surplus to current requirements (PPE, ventilators, and consumables). Thus far, over £131k of surplus items has already been sent to Ukraine from NWSSP. • <i>Imperial Park 5 (IP5)</i> The Minister for Health and Social Care visited our IP5 facility on 17th March, providing an opportunity to demonstrate to her the range of services that now operate from this facility. The Minister's visit was well received by all staff based at IP5. • <i>Matrix House</i> The purchase of Matrix House in Swansea, for which the business case was approved by the Committee in November, was continuing, and should be completed by the end of the March. The building is currently 75% occupied by NHS Wales, with Public Health Wales and the Welsh Ambulance Service as tenants in addition to NWSSP. Acquisition of this asset will lead to a reduction in future revenue costs to NHS 	

Item		Action
	<p>Wales and the opportunity to create a wider public sector hub.</p> <ul style="list-style-type: none"> Ukraine – Business Continuity In response to the situation in Ukraine, and the resultant fear of an increased risk of potential cyber-attacks, business continuity measures have been revisited and refreshed. All staff have been reminded of the need to guard against potential cyber-attacks through the use of strong passwords, acceptance of all security updates, turning off devices overnight and immediately reporting any suspicious e-mails and associated links. All directorates and key teams have updated their business continuity action cards to provide guidance in the event of a significant and sustained loss to IT systems. <p>The Committee NOTED the Update Report.</p>	
4. Items for Approval/Endorsement		
4.1	<p>Lease Car Salary Sacrifice</p> <p>The Director of Finance & Corporate Services presented the paper and reported that in July 2021, the Committee agreed to reduce the CO2 emissions for Salary Sacrifice vehicles through the NHS Fleet scheme. Whilst the intentions of this decision were well founded, the implementation of the first phase from 120g/km to 100g/km has generated the following issues:</p> <ul style="list-style-type: none"> Those staff who do not have driveways and therefore home charging facilities, are either unable to participate in the scheme or have a very limited choice of cars; Only electric and hybrid cars meet the lower CO2 limits – therefore a large number of small fuel-efficient cars e.g. 1 litre VW Polo, Ford Ka etc are no longer available to staff. This is particularly problematic to those staff who live in the more rural areas <p>In view of the above it is evident that some staff are opting not to apply for salary sacrifice cars but instead are continuing to use their private cars, commonly referred to as the 'grey fleet'. These cars are generally older and emit more pollution than the vehicles that were previously available on the lease car salary sacrifice scheme.</p>	

Item		Action
	<p>It was therefore proposed to reinstate the 120g/km cap for petrol and hybrid vehicles from 1st April 2022 but not to allow diesel vehicles to be ordered. The impact of this will be to increase the range of vehicles available, remove new diesel vehicles from the Scheme and provide greater access to those staff who do not possess home charging facilities.</p> <p>It was also noted that NWSSP do not administer this Service to all Health Boards and Trusts, and it was agreed that the provision of an all-Wales service should be explored.</p> <p>The Committee APPROVED the proposed:</p> <ul style="list-style-type: none"> • Adjustment in the CO2 emissions; and • Removal of the ability to order new diesel cars on the scheme. 	
5. Items for Noting		
5.1	<p>Energy Update</p> <p>The Director of Finance & Corporate Services presented a paper relating to the energy update.</p> <p>Due to the nature of the markets and high expenditure, the Energy Price Risk Management Group (EPRMG) was formed in 2005 to manage exposure to risk across the NHS Wales energy contracts. The overarching aim of the group is to minimise the impact of energy price rises through proactive management and forward buying.</p> <p>There have been very significant increases in gas and electricity prices during the year, particularly during recent weeks following the outbreak of the Ukraine war. The EPRMG strategy of purchasing ahead has meant that NHS Wales has benefitted substantially and avoided most of the price increases for gas and electric supply. For example, the average secured price for Gas for FY21/22 was at 43.85p per therm and the average amount secured was 84.2% for the period. This compares very favourably with the current price which is around £2.66 per therm and has been as high as £8 per therm in recent weeks. Whilst this strategy has protected NHS Wales from the huge increase in market prices for 2021/22 it is likely that there will be very significant hikes in energy costs in 2022/23 because of the current contracts coming to an end.</p>	

Item		Action
	<p>The recent increase in energy costs is very unwelcome, but is unavoidable given the current war in Ukraine, the sanctions applied to Russia and the removal of Russian Gas and Oil from supplying the global market. However, the EPMRG will attempt to manage the energy costs for NHS Wales as best as we can over the year ahead.</p> <p>The Committee NOTED the report.</p>	
6. Governance, Performance & Assurance		
6.1	<p>Finance & Performance Reports</p> <ul style="list-style-type: none"> • Finance <p>The Director of Finance & Corporate Services reported that NWSSP was on track to meet each of its revenue financial targets for 2021/22. Additional capital funding had been received in quarters three and four, but plans were in place to ensure the funding was fully utilised by the end of the financial year.</p> <ul style="list-style-type: none"> • Performance. <p>Most KPIs are on track with the exception of those relating to Recruitment Services which was the subject of the deep dive earlier in the agenda. The move towards qualitative output focused measures continues within NWSSP.</p> <p>The Committee NOTED the finance and performance reports. However, TM highlighted that there was a discrepancy in terms of what the Committee were being asked between the Cover Paper and the main body of the report. This will be resolved in time for the May meeting.</p>	PS
6.2	<p>People & OD Report</p> <p>The Director of People & Organisational Development presented the report. Sickness absence rates remain at very low levels with an absence rate of 2.93% for the last quarter. Performance and Development Reviews and Statutory and Mandatory training results continue to improve although there is still room for further improvement. Headcount is increasing due mainly to the additional staff recruited as part of the Single Lead Employer Scheme. The ESR database has been modified such that most of the facilities it provides can be accessed and delivered in Welsh.</p>	

Item		Action
	The Committee NOTED the report.	
6.3	<p>Corporate Risk Register</p> <p>The Head of Finance and Business Development presented the Corporate Risk Register stating that there are two red risks. The first relates to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services, which was the subject of the earlier deep dive. The second refers to the energy price increases which again was the subject of an earlier agenda item.</p> <p>The Committee NOTED the Corporate Risk Register.</p>	
7. Items for Information		
	<p>The following items were provided for information only:</p> <ul style="list-style-type: none"> 7.1. PMO Highlight Report 7.2. Audit Committee Highlight Report 7.3. Quality and Safety Assurance Report 7.4. 2022/23 Forward Plan 7.5. Finance Monitoring Returns 	
8. ANY OTHER BUSINESS		
8.1	NF wanted to put on record the Committee’s thanks to Pete Phillips (retiring Director of Surgical Materials Testing Laboratory) for his guidance and excellent technical advice, and in particular during the last two years of the pandemic.	
DATE OF NEXT MEETING: Thursday, 19th May from 10:00-12:00 Via Teams		

Item 1.5

ACTION LOG

SHARED SERVICES PARTNERSHIP COMMITTEE

UPDATE FOR 19 MAY 2022 MEETING

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS MAY 2022
1.	2022/01/2.2	January 2022	Procurement National Operating Model A summary of the proposed changes to be produced for sharing with NHS Wales organisations.	Jl	July 2022	Ongoing Detailed paper to be brought back to the July SSPC.
2.	2022/01/3.1	January 2022	Integrated Medium Term Plan Management of assurance arrangements, including Counter-Fraud to be reviewed.	AB/PS	July 2022	Not Yet Due Arrangements being reviewed and reported to Counter Fraud Steering Group.
3.	2022/03/2.1	March 2022	Recruitment Deep Dive The Modernisation Action Plan is to be taken to the WODs meeting in early April, with a formal update to the May Committee.	GH	May 2022	On Agenda Covered under Matters Arising.
4.	2022/03/6.1	March 2022	Finance & Performance Report Ensure that there is consistency between the cover page and the main body of the report in what the Committee is being asked to approve.	AB/PS	May 2022	Complete

Medical Examiner Service for Wales Update

Andrew Evans

National Programme Director

Ruth Alcolado

Medical Director



Background to creation of Medical Examiners

- **Repeated failure to identify problems that have led to avoidable harm and deaths: e.g.**
 - Shipman
 - Mid Staffordshire
 - Morecambe Bay
 - Gosport
 - Others have occurred since
- **Repeated failure to listen to/act on concerns raised by the bereaved**
- **Repeated failure to consistently record accurate causes of death**



Legal basis for the creation of the Service

- **Coroners and Justice Act 2009: *Notification, certification and registration of deaths***
 - Section 19 requires Medical Examiners to be appointed (by local authorities)
 - Section 20 enables regulations to be made (in both Wales and England) setting out the requirements for the preparation, scrutiny and certification of Medical Certificate of the Cause of Death
- **Health and Care Act 2022**
 - Shifted responsibilities from local authorities to health bodies. Received Royal Assent April 2022 (date for formal implementation yet to be published. Current guidance is to prepare for Q3 2022/23)



Aims of the Service

- **To strengthen safeguards for the public**, by identifying potential clinical quality and patient safety issues through robust and independent scrutiny of the cause of death and circumstances surrounding it,
- **To Improve the quality of death certification**, by providing expert advice to doctors based on a review of relevant clinical records and understanding of requirements.
- **To avoid unnecessary distress for the bereaved**, that can result from unanswered questions about the certified cause of death, the circumstances surrounding the death and/or from unexpected delays when registering a death

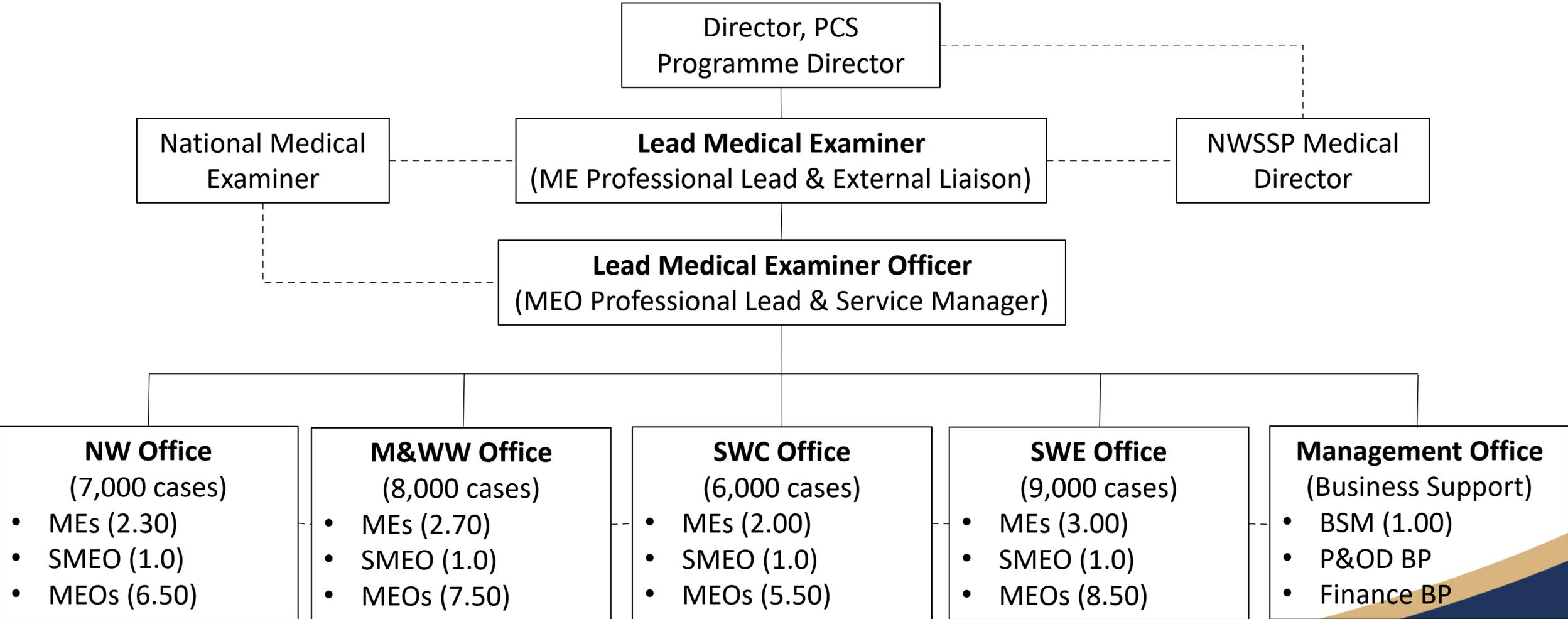


How it achieves the aims

- **Scrutiny of all deaths** (not referred directly to the Coroner) through:
 - Reviewing Clinical Notes (largely made available electronically by care provider)
 - Discussions with the Qualified Attending Practitioner
 - Discussions with the bereaved
- **Review of all Medical Certificates of the Cause of Death** with issue of a Confirmation of the Cause of Death to allow Registration
- **Referral to Coroner Service** deaths that require a Coroner's investigation
- **Referral to Care Organisation** deaths that require further investigation or review
- **System wide Analysis and Reports** to relevant stakeholders



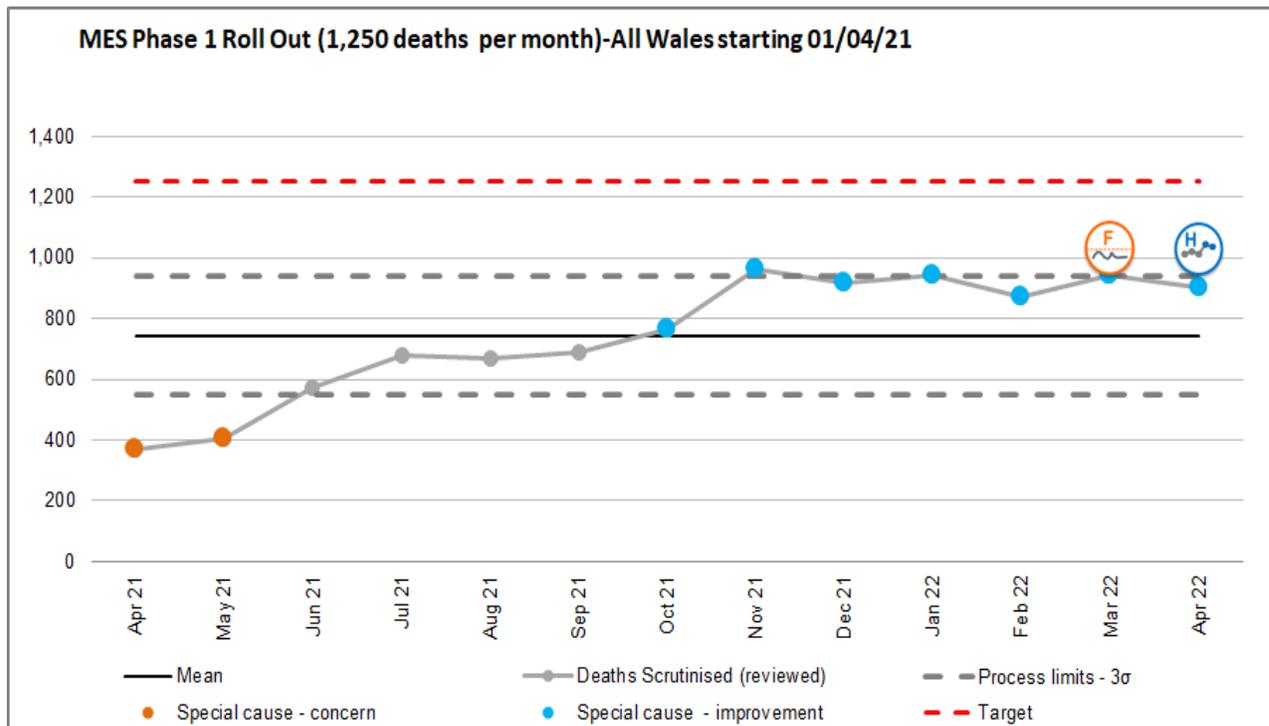
Medical Examiner Service for Wales Model



ME	10.00 WTE
SMEO	4.00 WTE (Band 7)
MEO	28.00 WTE (Band 5)
BSM	1.00 WTE (Band 6)

Professional Engagement

Current Situation



- Potential learning is identified in around 26% of cases scrutinised. Of these around 10% result in a Stage 2/3 Mortality Review.
- Of cases referred to Coroner around 42% result in an investigation
- Themes and trends are identifiable and reportable at multiple levels
- The bereaved value the independence of the service and the way in which issues are explained to them
- Coroners receive more appropriate referrals

Total expected deaths to scrutinise per month is 2,500, roughly equally split between deaths in hospital and deaths in the community. Predominantly hospital deaths at this stage, received from all health boards but not yet all hospitals



Outcomes

- Pattern of concerns from families emerging from a care home with two families in a short space of time raising concerns about hydration and failure to act when infections developed. This was relayed to the relevant Medical Director and coroner and via the mortality review process.
- One health board has instigated a review of stroke care following a series of stroke-related deaths. This work is at an early stage but we are anticipating further feedback on the outcome as the work progresses.
- One health board was alerted to a cluster of deaths in vascular surgery patients where the themes of transfer times and reperfusion injury were identified. The Medical Director was notified and findings confirmed by Royal College of Surgeons review of the service which has subsequently made recommendations which cover these issues.
- A cluster of deaths across the whole of Wales due to acute diabetic ketoacidosis was identified as a result of the single service model. All health boards were alerted and advised to correlate with other available information including patterns and trends in non-fatal diabetes admissions. The possibility of shortfall in community monitoring as a result of the Covid pandemic may have been a factor
- One health board has collated findings from the first mortality reviews conducted on cases referred from the ME service and have established a new framework for quality improvement in end of life care.
- One health board has improved its framework and guidance on fluid management following a small number of cases in which hyperkalaemia was a factor. With coroner investigations underway, the care provider will be better placed to demonstrate improvements in care at any subsequent inquests
- Numerous examples of families who's concerns about care were answered by Medical Examiners, preventing formal action through the Putting Things Right process. Key to this is the independence of the Medical Examiner (not employed by care provider, and not working in area of concern)
- More appropriate cases being referred to the Coroner



The Future – What do we need from each other?



- **Legislation:** Health and Care Act 2022 now passed so “participation” no longer optional and includes all deaths, i.e. deaths that take place in people’s own home as well as in hospital (legal requirement currently signalled as likely to come into force in the Autumn of 2022).
- **What does the ME service need from Care Providers?**
 - Timely notification of death to the Medical Examiner Service
 - Availability of relevant clinical notes (normally electronically)
 - Availability of relevant doctors to discuss cause of death
 - The formal receipt and acknowledgement of referrals for further investigation or review
 - A systematic review of data and information provided by the Medical Examiner Service
- **What do HBs need from the Medical Examiner Service for Wales?**
 - 100% of deaths to be scrutinised by Autumn 2022 (capacity)
 - Effective communications with HBs
 - Reporting themes and trends
 - Feedback on what is going well
 - Effective mechanisms to feedback concerns
 - Effective monitoring of performance
 - An ability to report at multiple levels across the system



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership



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AGENDA ITEM:3.2

19 May 2022

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Managing Director's Report

ARWEINYDD: LEAD:	Neil Frow – Managing Director
AWDUR: AUTHOR:	Peter Stephenson, Head of Finance & Business Development
SWYDDOG ADRODD: REPORTING OFFICER:	Neil Frow – Managing Director
MANYLION CYSWLLT: CONTACT DETAILS:	Neil.frow@wales.nhs.uk

**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

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

Ymgynghoriad/Consultation :

Shared Services Partnership Committee

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	ARNODI/ ENDORSE	TRAFOD/ DISCUSS	✓	NODI/ NOTE	✓
Argymhelliad/ Recommendation		The Partnership Committee is to NOTE and DISCUSS 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 Claf: Quality, Safety & Patient Experience:	No direct impact.
Ariannol: Financial:	No direct impact.
Risg a Aswiriant: Risk and Assurance:	This report provides an assurance that NWSSP risks are being identified and managed effectively.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf .
Gweithlu: Workforce:	No direct impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	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.

IMTP

Senior NWSSP management participated in the meeting with Welsh Government in early May to review the IMTP. The meeting was very positive, and the IMTP has been well-received with the Outcome Letter expected in June.

Financial Position

NWSSP reported the 2021/22 draft financial position with a small surplus of £0.011m. This is subject to external audit review during May with final accounts sign off on 15th June 2022. The value of stock held in stores at 31st March 2022 was £56.7m and we continue to maintain the 16-week PPE stock holding requested by Welsh Government.

The 2021/22 DEL expenditure for the Welsh Risk Pool was £129.615m including £1.679m for Redress. The risk share agreement was invoked at the IMTP value of £16.495m. Additional Welsh Government funding of £4.861m was agreed above the core allocation and risk share funding to account for the additional cases settled in 2021/22.

£17.018m capital funding was received in 2021/22 and fully utilised. £12.348m was spent in March 2022, including the purchase of Matrix House which completed on 30th March.

Matrix House

As noted above, the purchase of Matrix House in Swansea was completed at the end of the March. The building is 75% occupied by NHS Wales, with Public Health Wales and Welsh Ambulance as tenants in addition to NWSSP. Acquisition of this asset will lead to a reduction in future revenue costs to NHS Wales and the opportunity to create a wider public sector hub.

Community Care

Recent discussions amongst Chief Executives in NHS Wales have led to the commencement of establishing work programmes to take forward the Community Care Programme and this will involve NWSSP supporting various Task & Finish Teams. There will need to be significant activity in terms of both local and international recruitment, and substantial support will also be needed from Procurement colleagues.

Patient Safety

Under the direction of the NWSSP Medical Director, Ruth Alcolado, there have been a number of initiatives driven within NWSSP to help improve patient safety. These include:

- 1) **Radiology report reviewing in rapid turnover environments** – an issue identified by Welsh Risk Pool pre-pandemic, but services are waiting for an 'All Wales'/DCHW technological solution. The issue of sign off and action from Radiology reports that return long after a patient has been discharged from high volume/high turnover specialties has been a complex issue and has been highlighted as a cause of patient harm and patient claims for the past three to five years. NWSSP convened a group representing Radiology and Emergency Department services across Wales along with DCHW. Despite repeated highlighting of the issue, we had been awaiting a technological solution to this for some time, which has not yet emerged. We agreed a methodology for highlighting incidental important findings and differentiating new abnormal findings. A meeting with the Wales Imaging Board in the coming weeks will be asked to agree the 'All Wales' approach. A request for change will be submitted to go DCHW, sponsored by Welsh Risk Pool and the Radiology community, highlighting the change as a clear patient safety improvement. Further action will include a letter to Medical Directors regarding automation of copying unexpected new cancer findings to cancer services.
- 2) **The Primary Care division of NWSSP provide the Primary Medical Care Advisory Team (PMCAT) Service** under a Service Level Agreement to Health Boards. It was initially set up to support work with underperforming GPs and practices. Since the service inception the Primary Care landscape has changed, thus the work now undertaken by the PMCAT team has also evolved. The advent of General Medical Practice Indemnity and Locum Hub Wales have brought more opportunities to intervene at an earlier stage to prevent issues from becoming entrenched and to support practices learning and improving from patient concerns. The review of the PMCAT service will help us to identify where the specialist expertise of the team can be best used to continue to improve services to patients. All stakeholders will be involved with submitting information against an agreed set of criteria and follow up interviews will take place.
- 3) **Medical Examiner Service.** The service is currently examining around 1000 deaths a month, with a target of 2500 monthly by the time the service is launched on a statutory footing. The nature of the set-up of the service in Wales allows identification of local, regional, and national issues, including recently:

- a. excess deaths in a service which was subsequently confirmed by an external review.
- b. issues raised with expected deaths which lead to a Health Board putting in a Quality Improvement Plan around 'End of Life' care.
- c. Coroners feedback that more appropriate cases are being referred to them.
- d. A cluster of diabetic ketoacidosis (DKA) deaths across Wales, which would not have been picked up if individual Health Boards ran their own services. All Health Boards were alerted and reviewed their admissions with DKA and community diabetes monitoring.
- e. Nursing Home deaths where families raised concerns but where homes on the borders of Health Boards may mean patients being admitted to different places so would not be alerts to similar presentations, but the 'All Wales' nature of the service enabled this to be identified.

As deaths being examined extend to include all hospitals (District General Hospitals and Community Hospitals) as well as primary care deaths, the pattern of learning will no doubt change but the potential for assurance and learning is only going to increase.

Single Lead Employer

The November 2019 and February 2020 SSPC meetings signed off the proposal that NWSSP should become the Single Lead Employer (SLE) for Pre-Registration Pharmacists, Foundation Doctors, Foundation Dental, Specialty and Core Medical and Dental Trainees not subject to an existing SLE arrangement in NHS Wales. The initial completion date for the roll-out of the new model was scheduled for August 2021 but subsequently amended to May 2022 because of COVID. I am now pleased to confirm that the SLE model has been rolled out to eligible trainees in accordance with this agreed timescale.

Implementation of the new model has not been without its challenges and resulted in the need to simplify, rationalise, and change numerous transactional processes whilst rolling out the model. NWSSP now employees over 3,000 trainee medical and dental staff. The intended benefits of the new arrangements are now coming into fruition with medical workforce resources being released back to the UHBs, those trainees opting to stay and train in Wales only requiring one round of employment checks prior to the start of their initial training, trainees experiencing less problems with tax codes when rotating to a new Health Board, trainees being able to access various salary sacrifice schemes and additional duties being paid through one payslip (only applicable to participating Health Boards).

IP5

We have been working with colleagues from Welsh Government and Public Health Wales regarding the future plans for the soon-to-be vacated Lighthouse Laboratory at our IP5 facility. Within IP5, the Surgical Materials Testing Laboratory have had a new laboratory completed which will enable them to perform additional tests and to develop new testing regimes for medical devices, which they were unable to do at the existing Bridgend site.

TRaMS

Progress continues to be made in terms of the overarching Outline Business Cases, with a number of workshops held to consider site selection. There is on-going discussion with workforce colleagues and Chief Pharmacists regarding the Organisational Change Programme.

The service was initially funded on a two-year temporary basis which expires in March 2023. The temporary nature of the funding has made some staff posts difficult to fill and retain. There are currently 13 staff in post and three vacancies. The temporary nature of the unit and uncertainty regarding its future has resulted in a 63% turnover of staff since April 2021, with seven staff initially employed having left the service for permanent employment elsewhere within the NHS. This has had a noticeable impact on service delivery and development has been hampered due to the training burden.

Despite the issues highlighted above, the service has been well received and has been recognised nationally in receiving the Patient Safety Development in Secondary Care Award at the Welsh Pharmacy Awards 2021 and the Deloitte Innovation Award at the Shared Services Conference Awards 2021.

Cyber Security

Our recent cyber security assessment, conducted as part of the NHS Wales Cyber Resilience Unit's work to implement the Network Information Security (NIS) Regulation in all health organisations in Wales, demonstrated that generally NWSSP is well protected from cyber-attacks. We continue to work closely with colleagues in DHCW to refine and improve our defences against such attacks. A formal project has been launched to address the key areas for improvement identified in the report's recommendations. One of the key tasks in the initial phase, a desktop exercise based around a cyber incident, was carried out at the May Informal Senior Leadership Group.

Decarbonisation

Additional monies have been received from Welsh Government to fund the setting up of the internal programme arrangements to support the required work. The Decarbonisation Action Plan is a separate item on the agenda.

Citizens' Voice Body

Progress continues in supporting the establishment of this organisation, with Hazel Robinson appointed as the Programme Director. A number of additional appointments will be made in the coming weeks.

**Neil Frow,
Managing Director, NWSSP,
May 2022**



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AGENDA ITEM:4.1

19 May 2022

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Decarbonisation Action Plan

ARWEINYDD: LEAD:	Neil Davies, Director of Specialist Estates Services
AWDUR: AUTHOR:	Chris Lewis, Environmental Management Advisor, Specialist Estates Services
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Lewis, Environmental Management Advisor, Specialist Estates Services
MANYLION CYSWLLT: CONTACT DETAILS:	Christopher.Lewis4@wales.nhs.uk

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

To set out the actions required to support the achievement of Welsh Government carbon reduction targets. The action plan was submitted to Welsh Government as required at the end of March.

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 SLG
Welsh Government

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	ARNODI/ ENDORSE	TRAFFOD/ DISCUSS	NODI/ NOTE
	✓		
Argymhelliad/ Recommendation		The Committee is asked to ENDORSE the Decarbonisation Action Plan.	

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

NHS WALES SHARED SERVICES PARTNERSHIP

Decarbonisation Action Plan

2022-2023



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Contents



Introduction



NWSSP National Role



NWSSP Local Action Plan



Progress and Achievements to Date



Conclusion



NWSSP Work Plan

Prepared by the NWSSP Communications Team.





Introduction

This document forms the basis of the NHS Shared Services Partnership (NWSSP) Decarbonisation Action Plan.

NWSSP is required to submit a copy of this Action Plan to the Welsh Government by 31 March 2022.

Background

The NHS Wales Decarbonisation Strategic Delivery Plan (2021-2030) was published in March 2021 and provides a detailed road map for NHS Wales, built around 46 initiatives each of which has been assessed for the potential to help facilitate or directly reduce carbon emissions. The Strategic Plan builds on the policy position developed within the Well-being of Future Generations (Wales) Act 2015, Environment (Wales) Act (2016), Prosperity for All: A Low Carbon Wales (2019) and Net Zero Wales (2021), and is in direct response and support of the Welsh Government's (WG) ambitions for the public sector in Wales to be net zero overall by 2030.

The Strategic Plan has been structured into six main activity streams:



The Strategic Plan includes an indicative timeline to help NHS Wales manage its activities over the period, reflecting the following:





NWSSP National Role

NWSSP led the development and publication of the Strategic Plan which sets out the NHS Wales response to the 2030 net zero ambitions. The organisation has an All Wales lead role in Buildings, Transport, Procurement, Estates Planning and Land Use but also has responsibilities across other activity streams at both a National and Local level due to our significant direct influence on key aspects of the Plan.

In addition to this national picture, all NHS organisations are required to develop individual action plans by 31 March 2022 detailing their response to the Strategic Plan and the 46 initiatives. NWSSP recognises the key role we play in both delivering on the decarbonisation of our own estate and activities, and in the role we play in providing technical, professional and transactional services to the wider NHS in Wales.

Progress on this national work will be monitored and reported through the Welsh Government's Decarbonisation and Climate Change Programme Board. Some elements will fall within NWSSP Integrated Medium Term Plan (IMTP) progress reporting as well.





NWSSP Local Action Plan

NWSSP has also developed its own action plan which was summarised in the IMTP for 2022-25 and progress reporting will be integrated into the IMTP monitoring process. This plan sets out how the organisation will be decarbonising our own activities. Key actions include reducing the impact of our buildings, fleet, and new laundry service, as well as working with staff to help raise the profile of decarbonisation across the organisation.

The Director of Specialist Estates has been nominated to be the lead in delivery against the NHS Decarbonisation Strategic Delivery Plan. Within the draft proposals are the following strategic leadership actions. NWSSP will:

- appoint a Director as Decarbonisation Lead (and Senior Responsible Officer).
- establish a Steering Group to oversee NWSSP's decarbonisation programme.
- ensure the Shared Services Partnership Committee receive quarterly decarbonisation progress reports.

NWSSP has produced a Decarbonisation Action Plan as required by 31 March 2022. The plan integrates our All Wales duties and our responsibilities as an NHS organisation that utilises building, plant and equipment, procures goods and services, employs staff, and manages systems and operating processes.

We are applying the NHS Wales Decarbonisation Strategic Delivery Plan as our guiding principle. We will continue to engage with Welsh Government Decarbonisation colleagues to clarify the linkages between the NHS Wales plan and the Welsh Government Public Sector guide.



Progress and Achievements to Date

NWSSP has already made significant progress in implementing many initiatives which contribute to the decarbonisation agenda. A number of these are set out below:

- ↘ NWSSP activities include the roll out of a significant number of electric vehicle charging points across our estate. So far we have installed in excess of 25 points (for use of both staff and fleet vehicles). The roll out of these across Wales is allowing the organisation to move more quickly in procuring electric fleet vehicles. The learnings and experience gained are being shared with other Health Boards / Trusts.
- ↘ NWSSP purchase electricity and gas for the whole of NHS Wales. 100% of the electricity purchased is from certified renewable sources.
- ↘ NWSSP administer the Lease Car Salary Sacrifice scheme for most Health Boards and Trusts. The Shared Services Committee have recently reduced the CO2 limit for available cars to the extent that all new cars ordered are either Electric or Hybrid. There are currently circa 2000 cars in the fleet (across NHS Wales) of which a very significant number are Electric Vehicles (EV) or Hybrids.
- ↘ NWSSP has acquired responsibility for operating the NHS Wales Laundry and Linen services. As part of this programme there is a major plan to modernise the laundry facilities across Wales and it is intended that these new (and refurbished) facilities will be designed to follow the low carbon design aims within the NHS Wales Decarbonisation Strategic Plan.

There is a 'Green Team' within NWSSP comprising representatives from each directorate and the main sites which meets regularly. The role of this group is critical to sustaining wider staff engagement in delivery of this plan.

Current 'Green Initiatives' at NWSSP include

- ↘ NWSSP holds ISO 14001:2015 certification across its estate (excluding Laundries);
- ↘ Upgrade of lighting to Light Emitting Diodes (LED);
- ↘ Installation of photovoltaics;
- ↘ Upgrade of fleet vehicles to electric;
- ↘ Procurement/ Health Courier Services (HCS) are piloting electric Heavy Goods Vehicles;
- ↘ Charging facilities are available for fleet and staff vehicles;
- ↘ All local utility consumption data is monitored;
- ↘ Each site has a number of different waste streams in operation;
- ↘ Purchase of single use plastics is prohibited;
- ↘ Data confirmed a 75% reduction in staff travel for 2020-21 period;
- ↘ Implementation of an Agile working Toolkit.





Conclusion

- This NWSSP action plan was considered and approved by the NWSSP Senior Leadership team on 31 March for submission to Welsh Government. This followed several development workshops with NWSSP staff and leadership group in recent months.
- Progress against this action plan will be led and monitored by the established steering group and reporting regularly to Senior Leadership Group and to the Shared Services Partnership Committee.



NWSSP Work Plan



Theme	Objective	Actions	Success Measures	Link To NHS Decarbonisation Strategic Delivery Plan
 <p>Leadership / Management</p>	 <p>To embed decarbonisation in the NWSSP way of working and for NWSSP to be an exemplar organisation.</p>	 <ul style="list-style-type: none"> Establish NWSSP carbon footprint (baseline for 2020/21). Required for both external reporting and internal progress monitoring. Identify a Director lead for NWSSP. Embed principles of decarbonisation across directorates. Maintain ISO 14001 certification & embed decarbonisation Strategic Delivery Plan within it. Link in to and embed with Green Team (ISO 14001) and the network of champions. Encourage staff engagement and awareness through communications and awards. 	 <ul style="list-style-type: none"> NWSSP to report annually to WG public sector carbon reporting. Director of Specialist Estates Services Appointed. Decarbonisation to become embedded within the Senior Leadership Group agenda and way of working. Continued ISO 14001 certification (renewal audit). To continue the NWSSP awards and the inclusion of environmental categories. Regular communications to all staff relating to decarbonisation and the environment. 	 <ul style="list-style-type: none"> Vital first step to achieve the programme. Drive the engagement required for decarbonisation in leadership team. Proactively communicate the Climate Emergency to staff.
 <p>Energy / Buildings</p>	 <p>To reduce energy usage and CO2 emissions in NWSSP owned buildings and leased space.</p>	 <ul style="list-style-type: none"> Digital strategy - NWSSP is moving away from on-site servers to cloud based systems which will reduce the need for energy intensive server facilities at NWSSP sites. Provision and use of Electric Vehicle Chargers at NWSSP sites (25 currently installed). 6 double chargers to be added in 2022. Use of roof space for solar Photovoltaics (Picketston and IP5). First stage to complete feasibility assessments. Where possible NWSSP sites to utilise NHS Wales Renewable Energy Guarantees of Origin electricity purchase arrangement. Upgrade of lighting to LED across estate is ongoing. Head Quarters, IP5, Matrix House, Denbigh in first wave. 	 <ul style="list-style-type: none"> Implementation of the new systems, lead to a reduction in electricity consumption at affected sites. Increasing uptake (both kWh consumed and number of users). Completion of feasibility studies. Successful installation and demonstrable savings / generation. Uptake of contract at NWSSP sites. Delivery of programmes and demonstrable savings. 	 <ul style="list-style-type: none"> Energy and water efficiency retrofit programme across the estate. All buildings will have effective building management systems. Install electric vehicle charging points. Determine the overall viable potential for onsite renewable energy generation. Renewable Energy Guarantees of Origin - backed electricity will be procured by 2025, and 100% offset gas by 2030. Fully replace all existing lighting with LED lighting by 2025.



Theme	Objective	Actions	Success Measures	Link To NHS Decarbonisation Strategic Delivery Plan
 <p>Laundry Services</p>	 <p>To reduce the energy consumption in the NWSSP Laundry Services portfolio.</p>	 <ul style="list-style-type: none"> Expand the scope of NWSSP ISO 14001 certification to incorporate Laundry Services. Initiatives programme for energy efficiency at existing laundry estate to include: LED lighting, pipework insulation upgrades, upgrading pumps and motors to Variable Speed Drives, increased use of data loggers and monitoring. Greenvale Laundry installing solar PV array which will generate zero carbon electricity. New laundry facilities will be designed and built to Building Research Establishments Environmental Assessment Method Excellent Standard and adhering to the NHS Wales Decarbonisation Strategic Delivery Plan. Laundry Services to participate in Electric HGV pilot scheme (link to Supply Chain & Logistics below). 	 <ul style="list-style-type: none"> Achieve successful ISO 14001 certification. Reduction in energy consumption. Set against energy / carbon baseline report Feb 2020. Reduction in electricity consumption. Achievement of Building Research Establishments Environmental Assessment Method Excellent standard. 	 <ul style="list-style-type: none"> Energy and water efficiency retrofit programme across the estate. All buildings will have effective building management systems. Determine the overall viable potential for onsite renewable energy generation. Develop and build low carbon buildings to net zero / Building Research Establishments Environmental Assessment Method Excellent standards. Install electric vehicle charging points.



Theme	Objective	Actions	Success Measures	Link To NHS Decarbonisation Strategic Delivery Plan
 <p>Waste Management</p>	 <p>To reduce waste disposed of in NWSSP buildings and increase recycling.</p>	 <ul style="list-style-type: none"> ➤ Moving towards paperless office principles. ➤ Investigate / select a project to target single use plastics. ➤ Purchase sustainably sourced materials where practicable (office supplies especially). ➤ Introduce food waste recycling at all facilities. Working with other organisations to provide services. 	 <ul style="list-style-type: none"> ➤ Reduced paper purchased. ➤ Scheme roll out. ➤ Presence of exemplar schemes. ➤ Introduction of food waste recycling services. 	 <ul style="list-style-type: none"> ➤ Develop plastics waste initiative to tackle single use items. ➤ Not part of Strategic Delivery Plan but will be required by Welsh Government Environment (Wales) Act.
<p>Water</p>	 <p>Reduce water use and promote health benefits of better hydration for staff.</p>	 <ul style="list-style-type: none"> ➤ Provide drinkable water on each site to discourage the purchase of bottled water - source and issue NWSSP refillable bottles as an awareness raising measure. ➤ Continue programme of maintenance and fixes for water facilities (taps, WCs etc.). 	 <ul style="list-style-type: none"> ➤ NWSSP Water bottle scheme. ➤ Continued ISO 14001 certification. 	 <ul style="list-style-type: none"> ➤ Proactively communicate the Climate Emergency to staff. ➤ Develop plastics waste initiative to tackle single use items. ➤ Energy and water efficiency retrofit programme across the estate.



Theme	Objective	Actions	Success Measures	Link To NHS Decarbonisation Strategic Delivery Plan
 <p>Procurement Supply Chain And Logistics</p>	 <p>Integrate sustainable procurement practices in-house and improve our data availability to assist in measuring.</p>	 <ul style="list-style-type: none"> ➤ Improve data reporting to enable NWSSP and other Health Boards to better report footprint. Provide procurement data in a format meeting the Welsh Government Public Sector Reporting Guide. ➤ Continued replacement programme of diesel engined vehicles with low emission / battery electric vehicles. 22 new Electric Vehicles from April 2022. ➤ NWSSP to participate in a UK programme to trial battery electric HGVs. 20 months duration, 10x vehicles for 2 month duration proposed from 4 locations. ➤ Introducing systems to improve the efficiency of fleet through tracking technology, scheduling software and driver training (Electric Vehicles). ➤ Trial application of solar Photovoltaics panels to vehicle roofs to provide auxillary back up power and reducing engine idling. ➤ Strengthen formal link to the Procurement Services Sustainable Development Group as a means for sharing good practice and encouraging innovation. ➤ Investigate / select a project to target single use plastics (water bottles). 	 <ul style="list-style-type: none"> ➤ NWSSP to report annually to Welsh Government public sector carbon reporting. ➤ Achieving a % of fleet on Battery Electric / Hybrid. Ambitions for 275% increase in Electric Vehicle miles in 2022. Projected 68,000kg CO2 saving. ➤ Successful participation in trial. ➤ Systems introduced. ➤ Successful introduction of schemes. 1 vehicle currently, second vehicle planned in 2022/23. ➤ Group meetings and projects arising from that group. ➤ Successful scheme roll out. 	 <ul style="list-style-type: none"> ➤ Transition to Ultra Low Emissions Vehicle and battery electric vehicles. ➤ Vehicle Management. Implement / continue to implement telematics solutions to analyse and improve driver behaviour. ➤ Determine the overall viable potential for onsite renewable energy generation. ➤ Proactively communicate the Climate Emergency to staff. ➤ Develop plastics waste initiative to tackle single use items.



Theme	Objective	Actions	Success Measures	Link To NHS Decarbonisation Strategic Delivery Plan
 <p>↓ People & Workforce</p>	 <p>↓ Staff to be more aware of decarbonisation aims and to become more "carbon aware".</p>	 <p>↓ Develop a blended approach to training and awareness raising for staff. NWSSP to target Carbon Literacy initiative. Work with Health Boards and Cynnal Cymru to develop.</p> <p>↓ Roll out of Carbon Literacy training by identifying and upskilling "Trainers".</p> <p>↓ Make Carbon Literacy training available to staff (through online & "real time delivery" options).</p> <p>↓ NWSSP is developing an Agile Working strategy which will consider the NWSSP estate and measures to support staff to work in an agile fashion.</p> <p>↓ Communications - provide staff with links to tools for calculating own impacts and footprints.</p>	 <p>↓ Refresh existing Environmental Waste & Energy e-learning package and scope out "real time delivery" model.</p> <p>↓ Identify and train "Trainers".</p> <p>↓ Number or % of NWSSP staff completing the appropriate levels of training as relevant to role.</p> <p>↓ Successful delivery of the Agile Strategy will have consequential CO2 impacts (overall positive).</p> <p>↓ Publicised to staff.</p>	 <p>↓ Proactively communicate the Climate Emergency to staff.</p> <p>↓ Education will be used to champion decarbonisation across our service.</p> <p>↓ Proactively communicate the Climate Emergency to staff.</p> <p>↓ Education will be used to champion decarbonisation across our service.</p> <p>↓ Support the Welsh Government's target for 30% of the Welsh workforce to work remotely.</p> <p>↓ Smart technology - Utilise technology to increase the efficiency.</p> <p>↓ Proactively communicate the Climate Emergency to staff.</p>



Theme	Objective	Actions	Success Measures	Link To NHS Decarbonisation Strategic Delivery Plan
 <p>Transport and Travel</p>	 <p>To provide opportunities for staff to reduce their transport footprint and to reduce the carbon footprint of our fleet vehicles.</p>	 <ul style="list-style-type: none"> Salary sacrifice car scheme now has 2000 across Wales - continue to promote and offer to NWSSP staff. Manage and increase the provision of electric car chargers to staff and fleet. Continue to operate and promote Bike to work salary sacrifice scheme. Continue to roll out the provision of facilities to encourage cycling to work for staff. E-Expenses provision of accurate and robust data on fleet and business travel to enable NWSSP and other organisations to accurately calculate the transport footprint. Reduction in business miles travelled through application of agile working (IT systems, home working etc). 	 <ul style="list-style-type: none"> Scheme now has over 2000 across NHS Wales. Continue this growth. Increasing uptake (both kWh consumed and number of users). Increasing uptake (number of users). Progress through Green Team /ISO 14001 objectives. Timely delivery of reliable data. Reduction in business miles vs a pre-covid baseline. 	 <ul style="list-style-type: none"> Proactively communicate the Climate Emergency to staff (Low carbon travel). Install electric vehicle charging points. Proactively communicate the Climate Emergency to staff (Active travel). Supports the overall Strategic Delivery. Organisations to appraise and update policies and approach to grey fleet and business miles driven.



Theme	Objective	Actions	Success Measures	Link To NHS Decarbonisation Strategic Delivery Plan
 <p>➤ Clinical Processes</p>	 <p>➤ Reducing the carbon impacts of certain healthcare processes and medicines.</p>	 <p>➤ Monitor the potential positive impact of Transforming Access to Medicines i.e. In-house modern service will be better and more efficient than the current arrangement.</p>	 <p>➤ To be monitored for future developments in business plan and possible inclusion.</p>	
<p>➤ Green Infrastructure / Biodiversity</p>	<p>➤ Making the most of any green spaces to encourage nature and biodiversity.</p>	<p>➤ NWSSP needs to assess what green spaces and opportunities we have.</p> <p>➤ Provide outdoor facilities to enable staff to interact with green spaces (eg benches etc).</p>	<p>➤ Link to ISO 14001. Continued provision of facilities.</p>	<p>➤ Land use - support localised initiatives to maintain green spaces.</p>





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AGENDA ITEM:4.2
19 May 2022

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Laundry Detergent Tender Request

**ARWEINYDD:
LEAD:**

**Anthony Hayward, Assistant Director of
Laundry Services**

**AWDUR:
AUTHOR:**

**Oliver Rix, Business Manager, Laundry
Services**

**SWYDDOG ADRODD:
REPORTING OFFICER:**

**Andy Butler, Director of Finance and
Corporate Services**

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

To justify the requirement to tender for soap, detergent, dosing equipment and a management information system for the five current laundries in NHS Wales.

Llywodraethu/Governance

**Amcanion:
Objectives:**

Value for money

**Tystiolaeth:
Supporting
evidence:**

Ymgynghoriad/Consultation:

Welsh Government

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE	✓	TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation		The Committee is asked to endorse the request to tender the contract for approval at the Velindre University NHS Trust Board meeting on 26 May 2022.					

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 Claf: Quality, Safety & Patient Experience:	No direct impact
Ariannol: Financial:	Potential Savings from market competition highlighted in paper.
Risg a Aswiriant: Risk and Assurance:	This report provides an assurance to the Committee that NWSSP Laundry Services are adhering to OJEU Tender legislation.
Safonnau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link; http://gov.wales/docs/dhss/publications/150402/standardsen.pdf Staff and resources
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open to freedom of information requests

Laundry Detergent Tender Request

1. CEFNDIR/BACKGROUND

The All-Wales Laundry Service was created on the 1st of April 2021 and launders 30 million pieces per annum to NHS Wales from the following five production units:

- Greenvale South - East Wales
- Glan Clwyd North Wales
- Llansamlet South - West Wales
- Glan Gwilli South - West Wales
- Church Village South - East Wales

The five Laundry Processing Units (LPUs) were previously operated by Local Health Boards and as such made their own provisions for products used within the laundry such as soap and detergent. The creation of the All-Wales service allowed synergy and standardisation in service provision and delivery in areas such as procurement of goods and services.

The service is currently under review and is developing a business case for the modernisation and rationalisation of the plant and equipment, this business case will see the decommissioning of Glan Clwyd, Llansamlet, Glan Gwilli and Church Village LPUs and their reprovision with two new units located in South-West and North Wales together with the refurbishment of Greenvale. The table below presents the draft time scales for this programme.

Table 1 Draft Indicative high level time frame

Unit	Unit	Action	Year					
			2023	2024	2025	2026	2027	2028
Southwest Hub	New Unit	Build / Commission						
Llansamlet LPU	Existing Site	Decommissioning						
Glangwili LPU	Existing Site	Decommissioning						
North Wales Hub	New Unit	Build / Commission						
North Wales LPU	Existing Site	Decommissioning						

Southeast Hub	Refurbishment	Refurbishment as per phasing plan	Group 1	Group 2	Group 3	Group 4	Group 5	
Church Village LPU	Existing Site	Decommissioning						

The reduction in LPUs from five to three results in the redistribution of current product on the following basis:

- Greenvale to increase capacity to include Church Village;
- A new North Wales hub to replace Glan Clwyd; and
- A new Southwest hub to replace Llansamlet and Glan Gwilli LPU.

The LPUs are currently utilising Christeyns for the provision of their laundry detergent, management software and dosing equipment. Initial pre-market engagement has identified a possible saving could be achieved by using the market forces.

A supplier is required to supply all the laundry chemicals, detergents and related services including the supply, installation and maintenance of dispensing and monitoring/validation systems across all sites. With an All-Wales Detergent Contract not being in place before, the option of this tender could provide further market competition that can lead to savings as a service.

The indicative value of this contract over a proposed five-year period is £2m (excluding VAT) and the approval for tendering the contract needs to be signed off by the Velindre University NHS Trust Board. Welsh Government have also been advised of the contract due to it exceeding £1m.

2. ARGYMHELLIAD/RECOMMENDATION

The Committee is asked to:

- **ENDORSE** the request to tender the Laundry contract for soap, detergent, dosing equipment and a management information system for approval by the Velindre University NHS Trust Board at its meeting on 26 May 2022.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM: 4.3

19 May 2022

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Annual Governance Statement

ARWEINYDD: LEAD:	Andy Butler Director of Finance & Corporate Services
AWDUR: AUTHOR:	Peter Stephenson Head of Finance & Business Development
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andy Butler Director of Finance & Corporate Services 01443 848552 / Andy.Butler@wales.nhs.uk

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

To provide the Partnership Committee with the final draft version of the NHS Wales Shared Services Partnership's (NWSSP) Annual Governance Statement.

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 purpose of this report is to receive the Annual Governance Statement (AGS) for the NHS Wales Shared Services Partnership (NWSSP). The Statement has also been submitted to the Senior Management Team and the Audit Committee in April 2022. The Statement will be formally approved at the July meeting of the Audit Committee.

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE	✓	TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation		The Committee is asked to ENDORSE the report ahead of formal approval by the Audit Committee.					

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact
Cyfreithiol: Legal:	Not applicable
Iechyd Poblogaeth: Population Health:	No Impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	This report provides assurance to the Committee that NWSSP has robust governance processes in place.
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust governance processes in place.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Standard 1.1 Health Promotion, Protection and Improvement
Gweithlu: Workforce:	No impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP ANNUAL GOVERNANCE STATEMENT

May 2022

1. BACKGROUND

The Shared Services Partnership Committee (“the Committee”) was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 No. 1261(W.156) and the functions of managing and providing shared services (professional, technical and administrative services) to the health service in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

The Annual Governance Statement is a mandatory requirement. It provides assurance that NWSSP has a generally sound system of internal control that supports the achievement of its policies, aims and objectives, and provides details of any significant internal control issues.

The Statement must be signed off by the Managing Director as the accountable officer and approved by the Velindre NHS Trust Audit Committee for NWSSP. As a hosted organisation, NWSSP’s annual governance statement forms part of the Velindre NHS Trust’s annual report and accounts. The external auditor will report on inconsistencies between information in the Statement and their knowledge of the governance arrangements for NWSSP.

The Head of Internal Audit provides an annual opinion to the accounting officer and the Velindre NHS Trust Audit Committee for NWSSP on the adequacy and effectiveness of the risk management, control and governance processes to support the Statement.

The Annual Governance Statement for 2021-2022 is presented at **Appendix 1**. The Statement is shown as a Final Draft as we are still awaiting some final information. Any sections of the report that still require updating are highlighted.

2. TIMELINE FOR APPROVAL

The timeline for approving the statement is as follows:

1	Velindre Integrated Governance Group April 2022
2	SLG 28 April 2022 draft for endorsement
3	SSPC 19 May 2022 final draft for endorsement

4	SLG 26 May 2022 final for endorsement
5	Audit Committee 13 July 2022 for final approval

3. GOVERNANCE & RISK

The Managing Director of Shared Services, as head of the Senior Leadership Group reports to the Chair and is responsible for the overall performance of NWSSP. The Managing Director is the designated Accountable Officer for NWSSP and is accountable through the leadership of the Senior Leadership Group.

The Managing Director is accountable to the Shared Services Partnership Committee (SSPC) in relation to those functions delegated to him by the SSPC. The Managing Director is also accountable to the Chief Executive of Velindre NHS Trust in respect of the hosting arrangements supporting the operation of NWSSP.

RECOMMENDATION

The Committee is asked to:

- **ENDORSE** the report ahead of formal approval by the Audit Committee in July.

Annual Governance Statement 2021/2022

NHS Wales Shared Services Partnership

Version	Approved
1	Velindre Integrated Governance Group April 2022
2	SLG 28 April 2022 draft for endorsement
3	SSPC 19 May 2022 final draft for endorsement
4	SLG 26 May 2022 final for endorsement
5	Audit Committee 13 July 2022 for final approval

CONTENTS

	Chapter	Page
1.	Scope of Responsibility	3
2.	Governance Framework	5
	2.1 Shared Services Partnership Committee (SSPC)	5
	2.2 Shared Services Partnership Committee Performance and Self-Assessment	9
	2.3 Velindre University NHS Trust Audit Committee for NWSSP	10 12
	2.4 Reviewing Effectiveness of Audit Committee	13
	2.5 Sub-Groups and Advisory Groups	14
	2.6 The Senior Leadership Group (SLG)	
3.	The System of Internal Control	15
	3.1 External Audit	15
	3.2 Internal Audit	16
	3.3 Counter Fraud Specialists	16
	3.4 Integrated Governance	17
	3.5 Quality	17
	3.6 Looking Ahead	18
4.	Capacity to Handle Risk	18
5.	The Risk and Control Framework	20
	5.1 Corporate Risk Register	21
	5.2 Policies and Procedures	22
	5.3 Information Governance	23
	5.4 Counter Fraud	25
	5.5 Internal Audit	25
	5.6 Integrated Medium-Term Plan (IMTP)	25
	5.7 Health and Care Standards	26
6.	Mandatory Disclosures	29
	6.1 Equality, Diversity and Human Rights	29
	6.2 Welsh Language	31
	6.3 Handling Complaints and Concerns	32
	6.4 Freedom of Information Requests	33
	6.5 Data Security	33
	6.6 ISO14001 –Sustainability and Carbon Reduction Delivery Plan	33
	6.7 Business Continuity Planning/Emergency Preparedness	34 35
	6.8 UK Corporate Governance Code	35
	6.9 NHS Pensions Scheme	
7.	Managing Director’s Overall Review of Effectiveness	36

ANNUAL GOVERNANCE STATEMENT 2021/2022

1. SCOPE OF RESPONSIBILITY

As Accounting Officer, the Managing Director has responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which he is personally responsible. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

Governance comprises the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved. Effective governance is paramount to the successful and safe operation of NHS Wales Shared Services Partnership's (NWSSP) services. This is achieved through a combination of "hard" systems and processes including standing orders, policies, protocols, and processes; and "soft" characteristics of effective leadership and high standards of behaviour (Nolan principles).

The NWSSP Managing Director is accountable to the Shared Services Partnership Committee (SSPC) in relation to those functions delegated to it. The Managing Director is also accountable to the Chief Executive of Velindre University NHS Trust (the Trust) in respect of the hosting arrangements supporting the operation of NWSSP.

The Chief Executive of the Trust is responsible for the overall performance of the executive functions of the Trust and is the designated Accountable Officer for the Trust. As the host organisation, the Chief Executive (and the Trust Board) has a legitimate interest in the activities of NWSSP and has certain statutory responsibilities as the legal entity hosting NWSSP.

The Managing Director (as the Accountable Officer for NWSSP) and the Chief Executive of the Trust (as the Accountable Officer for the Trust) shall be responsible for meeting all the responsibilities of their roles, as set out in their respective Accountable Officer Memoranda. Both Accountable Officers co-operate with each other to ensure that full accountability for the activities of NWSSP and the Trust is afforded to the Welsh Government Ministers/Cabinet Secretary whilst minimising duplication.

The Governance Structure for NWSSP is presented in Figure 1 below:

Figure 1 –NWSSP's Governance Structure

Organisation map



Underpinned through the overarching Velindre University NHS Trust legal and assurance framework

2. GOVERNANCE FRAMEWORK

NWSSP currently has two main Committees that have key roles in relation to the Governance and Assurance Framework. Both Committees undertake scrutiny, development discussions, and assess current risks and monitor performance in relation to the diverse number of services provided by NWSSP to NHS Wales.

2.1 Shared Services Partnership Committee (SSPC)

The SSPC was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the functions of managing and providing shared services (professional, technical, and administrative services) to the NHS in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

The composition of the SSPC includes an Independent Chair, the Managing Director of Shared Services, and either the Chief Executive of each partner organisation in NHS Wales or a nominated executive representative who acts on behalf of the respective Health Body.

At a local level, NHS Wales organisations must agree Standing Orders for the regulation of proceedings and business. They are designed to translate the statutory requirements set out within the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, into day-to-day operating practice, and, together with the adoption of a scheme of matters reserved to the Board; a scheme of delegations to officers and others; and Standing Financial Instructions, they provide the regulatory framework for the business conduct of NWSSP and define its way of working. These documents, accompanied by relevant Trust policies and NWSSP’s corporate protocols, approved by the SLG, provide NWSSP’s Governance Framework.

Health Boards, NHS Trusts and the two Special Health Authorities (Health Education and Improvement Wales (HEIW) and Digital Health & Care Wales (DHCW)) have collaborated over the operational arrangements for the provision of shared services and have an agreed Memorandum of Co-

operation to ensure that the arrangements operate effectively through collective decision making in accordance with the policy and strategy set out above, determined by the SSPC.

Whilst the SSPC acts on behalf of all NHS organisations in undertaking its functions, the responsibility for the exercise of NWSSP functions is a shared responsibility of all NHS bodies in Wales.

NWSSP's governance arrangements are summarised below.

Figure 2: Summary of Governance Arrangements



The SSPC has in place a robust Governance and Accountability Framework for NWSSP including:

- Standing Orders;
- Hosting Agreement;
- Interface Agreement between the Chief Executive Velindre University NHS Trust and Managing Director of NWSSP; and
- Accountability Agreement between the SSPC Chair and the Managing Director of NWSSP.

These documents, together with the Memorandum of Co-operation form the basis upon which the SSPC's Governance and Accountability Framework is developed. Together with the Trust's Values and Standards of Behaviour framework, this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

The Membership of the SSPC during the year ended 31 March 2022 is outlined in Figure 3 below. Membership was originally designed to be the Chief Executives of each Health Board and Trust but nominated deputies are allowed to attend and vote, provided they are an Executive Director of their own organisation.

Figure 3: Table of Members of the NHS Wales Shared Services Partnership Committee during 2021/2022

Name	Position	Organisation	Full/Part Year
Margaret Foster* (Chair)	<i>Independent Member</i>	<i>NHS Wales Shared Services Partnership</i>	<i>Part Year</i>
Tracy Myhill ** (Chair)	<i>Independent Member</i>	<i>NHS Wales Shared Services Partnership</i>	<i>Part Year</i>
Huw Thomas (Vice Chair)	<i>Director of Finance</i>	<i>Hywel Dda UHB</i>	<i>Full Year</i>
Neil Frow	<i>Managing Director of NWSSP</i>	<i>NHS Wales Shared Services Partnership</i>	<i>Full Year</i>
Geraint Evans	<i>Director of Workforce and OD</i>	<i>Aneurin Bevan UHB</i>	<i>Part Year</i>
Sarah Simmonds***	<i>Director of Workforce and OD</i>	<i>Aneurin Bevan UHB</i>	<i>Part Year</i>
Jo Whitehead	<i>Chief Executive</i>	<i>Betsi Cadwaladr UHB</i>	<i>Full Year</i>
Catherine Phillips	<i>Director of Finance</i>	<i>Cardiff and Vale UHB</i>	<i>Full Year</i>
Hywel Daniel	<i>Director of Workforce & OD</i>	<i>Cwm Taf Morgannwg UHB</i>	<i>Full Year</i>
Claire Osmundsen-Little	<i>Director of Finance</i>	<i>Digital Health and Care Wales</i>	<i>Full Year</i>
Eifion Williams	<i>Director of Finance</i>	<i>HEIW</i>	<i>Part Year</i>
Rhiannon Beckett ****	<i>Interim Director of Finance</i>	<i>HEIW</i>	<i>Part Year</i>
Pete Hopgood	<i>Director of Finance</i>	<i>Powys THB</i>	<i>Full Year</i>
Helen Bushell	<i>Board Secretary</i>	<i>Public Health Wales NHS Trust</i>	<i>Full Year</i>
Debbie Eyitayo	<i>Director of Workforce and OD</i>	<i>Swansea Bay UHB</i>	<i>Full Year</i>
Steve Ham	<i>Chief Executive</i>	<i>Velindre University NHS Trust</i>	<i>Full Year</i>
Chris Turley	<i>Director of Finance</i>	<i>Welsh Ambulance Services NHS Trust</i>	<i>Full Year</i>

*Until 30 November 2021

**With effect from 1 December 2021

*** Replaced Geraint Evans with effect from 23 September 2021

**** Replaced Eifion Williams with effect from 20 January 2022

The composition of the Committee also requires the attendance of the following: Deputy Director of Finance, Welsh Government, Director of Finance & Corporate Services, NWSSP, Director of People & Organisational Development, NWSSP, Medical Director, NWSSP, Director of Planning, Performance, and Informatics, NWSSP and Head of Finance & Business Development, NWSSP as governance support. Trade Unions are also invited to the meetings.

Figure 4 – Attendance at the Meetings of the NHS Wales Shared Services Partnership Committee during 2021/2022

Organisation	20/05/ 2021	22/07/ 2021	23/09/ 2021	18/11/ 2021	20/01/ 2022	24/03/ 2022
Aneurin Bevan UHB	✓	✓	✓	✓	✓	X
Betsi Cadwaladr UHB	✓**	✓*	✓**	✓**	✓**	✓**
Cardiff and Vale UHB	✓	✓	✓**	✓**	X	✓**
Cwm Taf UHB	✓	✓	✓	✓	✓	✓
DHCW	✓	✓	✓	✓	✓*	✓
HEIW	X	✓	✓	✓**	✓	✓
Hywel Dda UHB	✓	✓	✓**	✓	✓	✓
Powys Teaching Health Board	✓	✓	X	✓	X	✓
Public Health Wales Trust	X	X	✓**	✓**	✓**	✓**
Swansea Bay UHB	✓**	✓**	✓**	✓**	✓**	✓
Velindre University NHS Trust	✓*	X	✓	X	X	X
Welsh Ambulance Service Trust	✓	X	X	✓	X	✓**
Welsh Government	✓	✓	✓	✓	✓	✓
Trade Union	X	✓	✓	X	X	X
Chair	✓	✓	✓	✓	✓	✓
Accountable Officer	✓	✓	✓	✓	✓	✓

✓ Denotes the nominated member was present

✓*Denotes the nominated member was not present and that an alternative Executive Director attended on their behalf

✓** Denotes that the nominated member was not present and that while a deputy did attend, they were not an Executive Member of their Board.

X Denotes Health Body not represented

No meetings of the SSPC were cancelled during 2021/22 due to the pandemic but all meetings were held virtually. In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings and has not therefore been possible to allow the public to attend meetings of our board and committees during the year. We did not receive any requests from the public to attend the SSPC but to ensure business was conducted in as open and transparent manner as possible during this time the following actions were taken:

- The dates of all meetings are published on the NWSSP website prior to the start of the financial year;
- The agenda is published in English and Welsh at least seven days prior to the meeting;
- All papers are published in English on the website, and minutes are also provided in Welsh, shortly after the meeting has taken place.

The purpose of the SSPC is set out below:

- To set the policy and strategy for NWSSP;
- To monitor the delivery of shared services through the Managing Director of NWSSP;
- To seek to improve the approach to delivering shared services which are effective, efficient and provide value for money for NHS Wales and Welsh Government;
- To ensure the efficient and effective leadership, direction, and control of NWSSP; and
- To ensure a strong focus on delivering savings that can be re-invested in direct patient care.

The SSPC monitors performance monthly against key performance indicators. For any indicators assessed as being below target, reasons for current performance are identified and included in the report along with any remedial actions to improve performance. These are presented to the SSPC by the relevant Director. Deep Dive sessions are a standing item on the agenda to learn more about the risks and issues of directorates within NWSSP.

The SSPC ensures that NWSSP consistently followed the principles of good governance applicable to NHS organisations, including the oversight and development of systems and processes for financial control, organisational control, governance, and risk management. The SSPC assesses strategic and corporate risks through the Corporate Risk Register.

2.2 SSPC Performance

During 2021/2022, the SSPC approved an annual forward plan of business, including:

- Regular assessment and review of:
 - Finance, Workforce and Performance information;
 - Corporate Risk Register;
 - Welsh Risk Pool;
 - Programme Management office updates.
- Annual review and/or approval of:
 - Integrated Medium-Term Plan;
 - Annual Governance Statement;
 - Audit Wales Management Letter;
 - Annual Review;
 - Standing Orders and Standing Financial Instructions;
 - Service Level Agreements.
- Deep Dives into:
 - Use of IP5;
 - National Primary Care Programme;
 - Foundational Economy;
 - Decarbonisation;
 - HCS support to Booster Campaign;
 - Procurement National Operating Model; and
 - Recruitment Modernisation Programme.

2.3 Velindre Audit Committee for NWSSP

The primary role of the Velindre University NHS Trust Audit Committee for Shared Services (Audit Committee) has been to review and report upon the adequacy and effective operation of NWSSP's overall governance and internal control system. This includes risk management, operational and compliance controls, together with the related assurances that underpin the delivery of NWSSP's objectives. This role is set out clearly in the Audit Committee's terms of reference, which were revised in April 2021 to ensure these key functions were embedded within the standing orders and governance arrangements.

The Audit Committee reviews the effective local operation of internal and external audit, as well as the Counter Fraud Service. In addition, it ensures that a professional relationship is maintained between the external and internal auditors so that assurance resource is effectively used.

The Audit Committee supports the SSPC in its decision-making and in discharging its accountabilities for securing the achievement of NWSSP's objectives in accordance with the standards of good governance determined for the NHS in Wales.

The Audit Committee attendees during 2021/2022 comprised of three Independent Members of Velindre University NHS Trust supported by representatives of both Internal and External Audit and Senior Officers of NWSSP and Velindre University NHS Trust.

Figure 5 - Composition of the Velindre University NHS Trust Audit Committee for NWSSP during 2021/22

In Attendance	April 2021	June 2021	October 2021	January 2022	Total
Members					
Martin Veale, Chair & Independent Member	✓	✓	✓	✓	4/4
Gareth Jones, Independent Member	✓	✓	✓	✓	4/4
Janet Pickles, Independent Member	x	✓			1/2
Vicky Morris, Independent Member				✓	1/1
Audit Wales					
Audit Team Representative	✓	✓	✓	✓	4/4
NWSSP Audit Service					
Director of Audit & Assurance	✓	✓	✓	✓	4/4
Head of Internal Audit	✓	✓	✓	✓	4/4
Counter Fraud Services					
Local Counter Fraud Specialist	✓	✓	✓	✓	4/4
NWSSP					
Margaret Foster, Chair NWSSP (to 30/11/2021)	✓	✓	✓		3/3
Tracy Myhill, Chair NWSSP (from 01/12/2021)				x	0/1
Neil Frow, Managing Director	✓	✓	✓	✓	4/4
Andy Butler, Director of Finance & Corporate Services	✓	✓	✓	✓	4/4
Peter Stephenson, Head of Finance & Business Development	✓	✓	✓	✓	4/4
Carly Wilce Interim Corporate Services Manager	✓	✓	✓	✓	4/4
Velindre University NHS Trust					
Mark Osland/Matthew Bunce, Director of Finance	✓	✓	✓	✓	4/4
Lauren Fear Director of Corporate Governance	✓	x	✓	✓	3/4

The Audit Committee met formally on four occasions during the year with the majority of members attending regularly and all meetings were quorate. An Audit Committee Highlight Report is reported to the SSPC after each Audit Committee meeting.

2.4 Reviewing Effectiveness of Audit Committee

The Audit Committee completes an annual committee effectiveness survey evaluating the performance and effectiveness of:

- the Audit Committee members and Chair;
- the quality of the reports presented to Committee; and
- the effectiveness of the Committee secretariat.

The survey questionnaire comprises self-assessment questions intended to assist the Audit Committee in assessing their effectiveness with a view to identifying potential areas for development going forward. A survey undertaken during July 2021, had a 60% response rate (nine responses received) and identified the following:

- Very positive responses received from participants in regard to the Chairing of the Audit Committee;
- The atmosphere at meetings is conducive to open and productive debate;
- All members and attendees' behaviour are courteous and professional;
- The majority of participants have found virtual meetings a positive experience;
- Members agree the Audit Committee meets sufficiently frequently to deal with planned matters and enough time is allowed for questions and discussions;
- All respondents agreed that the Audit Committee is provided with sufficient authority and resources in order to perform its role effectively; and
- The vast majority of responses indicated that the reports received by the Audit Committee are timely and have the right format and content, which enables the Audit Committee to enhance its internal control and risk management responsibilities.

2.5 Sub-Groups and Advisory Groups

The SSPC is supported by two advisory groups:

- **Welsh Risk Pool Committee**
 - Reimburse losses over £25,000 incurred by Welsh NHS bodies arising out of negligence;
 - Provide oversight of the GP Indemnity Scheme;
 - Funded through the NWSSP allocation supplemented by a risk sharing agreement with health boards and trusts ;
 - Oversees the work and expenditure of the Welsh Risk Pool; and
 - Helps promote best clinical practice and lessons learnt from clinical incidents.
- **Local Partnership Forum (LPF)**
 - Formal mechanism for consultation and engagement between NWSSP and the relevant Trade Unions. The LPF facilitates an open forum in which parties can engage with each other to inform debate and seek to agree local priorities on workforce and health service issues.

2.6 Senior Leadership Group (SLG)

The Managing Director leads the SLG and reports to the Chair of the SSPC on the overall performance of NWSSP. The Managing Director is the designated Accountable Officer for NWSSP and is accountable, through the leadership of the Senior Leadership Group, for:

- The performance and delivery of NWSSP through the preparation of the annually updated Integrated Medium-Term Plan (IMTP) based on the policies and strategy set by the SSPC and the preparation of Service Improvement plans;
- Leading the SLG to deliver the IMTP and Service Improvement Plans;
- Establishing an appropriate Scheme of Delegation for the SLG; and
- Ensuring that adequate internal controls and procedures are in place to ensure that delegated functions are exercised properly and prudently.

The SLG is responsible for determining NWSSP policy, setting the strategic direction and aims to ensure that there is effective internal control, and ensuring high standards of governance and behaviour. In addition, the SLG is responsible for ensuring that NWSSP is responsive to the needs of NHS Wales organisations.

The SLG comprises:

Figure 7 – Composition of the SLG at NWSSP during 2021/2022

Name	Designation
Neil Frow	Managing Director
Andy Butler	Director of Finance and Corporate Services
Gareth Hardacre	Director of People, Organisational Development and Employment Services
Jonathan Irvine	Director of Procurement Services
Simon Cookson	Director of Audit and Assurance
Mark Harris	Director of Legal and Risk Services
Andrew Evans	Director of Primary Care Services
Neil Davies	Director of Specialist Estates
Professor Malcolm Lewis OBE	Medical Director (until 30/09/21)
Ruth Alcolado	Medical Director (wef 01/10/21)
Alison Ramsey	Director of Planning, Performance & Informatics
Colin Powell	Director of Pharmacy Technical Services
Alwyn Hockin	Trade Union Representative

In 2020/21 the SLG was supported by a Planning and Response Group to meet the challenges arising from the COVID-19 outbreak. In addition to the

core members of the SLG, the Planning and Response Group includes representation from Trade Unions, Communications, the Surgical Materials Testing Laboratory, and a number of Deputy Directors to provide an operational perspective. In 2021/22 the Group was stood back up between December 2021 and February 2022 in response to the potential threat from the Omicron variant.

3. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to the achievement of the policies, aims and objectives of NWSSP. Therefore, it can only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks, evaluate the likelihood of those risks being realised and the impact they would have, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in NWSSP for the year ending 31 March 2022 and up to the date of approval of the Trust Annual Report and Accounts.

3.1 External Audit

NWSSP's external auditors are Audit Wales. The Audit Committee has worked constructively with Audit Wales and the areas examined in the 2021/22 financial year included:

- Position Statements (to every meeting);
- NWSSP Nationally Hosted NHS IT Systems Assurance Report;
- Management Letter 2020/21;
- Stock/Inventories Report; and
- Assurance Arrangements 2021/22.

The work of external audit is monitored by the Audit Committee through regular progress reports. Their work is considered timely and professional. The recommendations made are relevant and helpful in our overall assurance and governance arrangements and in minimising risk. There are clear and open relationships with officers and the reports produced are comprehensive and well presented.

In addition to internal NWSSP issues, the Audit Committee has been kept apprised by our external auditors of developments across NHS Wales and elsewhere in the public sector. These discussions have been helpful in extending the Audit Committee's awareness of the wider context of our work.

3.2 Internal Audit

The Audit Committee regularly reviewed and considered the work and findings of the internal audit team. The Director of Audit and Assurance and the relevant Heads of Internal Audit attend meetings to discuss their work

and present their findings. The Audit Committee are satisfied with the liaison and coordination between the external and internal auditors.

Quarterly returns providing assurance on any audit areas assessed as having “no assurance” or “limited assurance” were issued to Welsh Government in accordance with the instruction received from Dr Andrew Goodall, Chief Executive NHS Wales/Director General in July 2016. During 2021/22 one internal audit report (ICT Operational Infrastructure) was rated as limited assurance. There were no reports that received a “no assurance” rating.

For both internal and external audit, the Audit Committee have ensured that management actions agreed in response to reported weaknesses were implemented in a timely manner. Any planned revisions to agreed timescales for implementation of action plans requires Audit Committee approval. A separate report on the position with implementation of audit recommendations is monitored at each Audit Committee and is also taken for action at each monthly meeting of the SLG.

Reports were timely and enabled the Audit Committee to understand operational and financial risks. In addition, the internal auditors have provided valuable benchmarking information relating to best practice across NHS Wales.

3.3 Counter Fraud

The work of the Local Counter Fraud Services is undertaken to help reduce and maintain the incidence of fraud (and/or corruption) within NWSSP to an absolute minimum.

Regular reports were received by the Audit Committee to monitor progress against the agreed Counter Fraud Plan, including the following reports:

- Progress Update at each meeting
- Annual Report 2020-21
- Counter Fraud Work Plan 2021-22.

As part of its work, Counter Fraud has a regular annual programme of raising fraud awareness for which a number of days are then allocated and included as part of an agreed Work-Plan which is signed off by the Director of Finance and Corporate Services annually.

As part of that planned area of work, regular fraud awareness sessions are arranged and then held with various staff groups at which details on how and to who fraud can be reported are outlined. During 2021/22, these sessions have been provided virtually.

In addition to this and in an attempt to promote an Anti-Fraud Culture within NWSSP, a quarterly newsletter is produced which is available to all staff on the intranet and all successful prosecutions are publicised in order to obtain the maximum deterrent effect.

Although the Work Plan for 2021/22 was signed off at the Audit Committee, it was recognised and recorded that the days being made available through the Local Counter Fraud Specialist were considered insufficient to address the fraud risk within NWSSP. This was in part due to the long-term sickness absence of the Manager of the Counter Fraud Service and also due to the increase in size and complexity of NWSSP, with significant expenditure undertaken to support the response to the pandemic. The plan was therefore approved with the contingency that additional resource could be provided by the Counter Fraud Service Wales team and Internal Audit as appropriate. Going forward, NWSSP intends to recruit its own dedicated LCFS to complement the service currently received from the Cardiff & Vale Team.

3.4 Integrated Governance

The Audit Committee is responsible for the maintenance and effective system of integrated governance. It has maintained oversight of the whole process by seeking specific reports on assurance, which include:

- The Quality Assurance and Improvement Plan arising from the 2020-21 Internal Audit self-assessment;
- Tracking of Audit Recommendations;
- Corporate Risk Register;
- Directorate Assurance Maps; and
- Governance Matters report on single tender actions, declarations of interest, gifts and hospitality received and declined.

During 2021/22, the Audit Committee reported any areas of concern to the SSPC and played a proactive role in communicating suggested amendments to governance procedures and the Corporate Risk Register.

3.5 Quality

During 2021/22, the SSPC has given attention to assuring the quality of services by including a section on "Quality, Safety and Patient Experience" as one of the core considerations on the committee report template when drafting reports for SSPC meetings.

Since the start of the 2021/22 financial year, the Velindre Quality and Safety Committee gives over part of its meetings to NWSSP issues and particularly those relating to the Temporary Medicines Unit. An assurance report is produced following this meeting for review at the SSPC.

In addition, quality of service provision is a core feature of the discussions undertaken between NWSSP and the Health Boards and Trusts during quarterly review meetings with the relevant Directors.

Procurement Services maintains certification to a number of international and national standards including ISO 9001 Quality Management, BS ISO 45001 Occupational Health & Safety and Customer Service Excellence. The

Regional Stores are also accredited to the food hygiene STS Code of Practice & Technical Standard for the Public Sector. In 2021 our certifications were extended to include our new IP5 Newport Store with a successful audit against the ISO 9001 Quality Management Standard and BS ISO 45001 Occupational Health & Safety Standard. Also achieving transition from OHSAS 18001 to the international standard ISO 45001.

In January 2022 our independent audit against the Customer Service Excellence standard confirmed ongoing compliance and identified seven areas of exceptional 'Compliance Plus'. Our Quality Plan includes objectives that will see us utilise these recognised Standards to standardise practice across our logistics and materials management functions, building on the foundations already created and supporting our plans for service development and modernisation.

3.6 Looking Ahead

As a result of its work during the year the Audit Committee is satisfied that NWSSP has appropriate and robust internal controls in place and that the systems of governance incorporated in the Standing Orders are fully embedded within the Organisation.

Looking forward to 2022-23 the Audit Committee will continue to explore the financial, management, governance and quality issues that are an essential component of the success of NWSSP.

Specifically, the Audit Committee will:

- Continue to examine the governance and internal controls of NWSSP;
- Monitor closely risks faced by NWSSP and also by its major providers;
- Work closely with the Chairs of Audit Committee group on issues arising from financial governance matters affecting NHS Wales and the broader public sector community;
- Work closely with external and internal auditors on issues arising from both the current and future agenda for NWSSP;
- Ensure the SSPC is kept aware of its work including both positive and adverse developments; and
- Request and review a number of deep dives into specific areas to ensure that it provides adequate assurance to both the Audit Committee and the SSPC.

4. CAPACITY TO HANDLE RISK

The need to continue to respond to, and recover from, the COVID-19 pandemic presents a number of challenges to the organisation. A number of new and emerging risks were identified, not least in the areas of Recruitment and Payroll where a significant and sustained increase in demand for services has impacted performance. NWSSP continues to work closely with a wide range of partners, including the Welsh Government as it continues with its response, and planning into the recovery phase.

The identified COVID risks were recorded in a separate risk register which was reported primarily to the Planning and Response Group, but also each and every meeting of the SLG, the SSPC and the Audit Committee. There are currently no red-rated COVID risks, other than the impact on Recruitment and Payroll services as previously highlighted.

In addition to the risks arising as a result of the COVID-19 pandemic there are other risks facing the organisation. The organisations risk profile relating to non-COVID-19 risks has included three red-rated risks in the 2021/22 financial year as follows:

- Plans for the replacement of the GP Payments system – this is no longer a red risk as at 31 March 2022;
- The impact on Employment Services and particularly Recruitment and Payroll of the response to recovering from the pandemic and a resultant significant increase in demand for these services from NHS Wales organisations; and
- The inflationary pressures, particularly on fuel and energy, as a result of the situation in Ukraine.

The SSPC has overall responsibility and authority for NWSSP's Risk Management programme through the receipt and evaluation of reports indicating the status and progress of risk management activities.

The Lead Director for risk is the Director of Finance and Corporate Services who is responsible for establishing the policy framework and systems and processes needed for the management of risks within the organisation.

The Trust has an approved strategy for risk management and NWSSP has a risk management protocol in line with its host's strategy providing a clear systematic approach to the management of risk within NWSSP. The Risk Protocol was re-approved by the Audit Committee in June 2021.

NWSSP seeks to integrate risk management processes so that it is not seen as a separate function but rather an integral part of the day-to-day management activities of the organisation including financial, health and safety and environmental functions.

The Corporate Risk Register is reviewed monthly by the SLG who ensure that key risks are aligned to delivery and are considered and scrutinised by the SLG as a whole. The register is divided into two sections as follows:

- Risks for Action – this includes all risks where further action is required to achieve the target score. The focus of attention for these risks should be on ensuring timely completion of required actions; and
- Risks for Monitoring – this is for risks that have achieved their target score, but which need to remain on the Corporate Risk Register due to their potential impact on the organisation as a whole. For these

risks the focus is on monitoring both any changes in the nature of the risk (e.g. due to external environmental changes) and on ensuring that existing controls and actions remain effective (e.g. through assurance mapping).

It is the responsibility of each Director and Head of Service to ensure that risk is addressed within each of the locations relevant to their Directorates. It is also important that an effective feedback mechanism operates across NWSSP so that frontline risks are escalated to the attention of Directors.

Each Director is required to provide a regular update on the status of their directorate specific risk registers during quarterly review meetings with the Managing Director. All risks categorised as being red within individual directorate registers trigger an automatic referral for review by the SLG, and if deemed appropriate the risk is added to the NWSSP Corporate Risk Register.

Assurance maps are updated at least annually for each of the directorates to provide a view on how the key operational, or business-as-usual risks are being mitigated. The Audit Committee review all assurance maps annually.

A Risk Appetite statement has also been documented and approved by the Audit Committee. This covers nine specific aspects of NWSSP activity with a separate appetite score for each. The operationalisation of the risk appetite is through the target scores in the corporate and directorate risk registers. The Risk Appetite was reviewed again by the Audit Committee in June 2021.

NWSSP's approach to risk management therefore ensures that:

- Leadership is given to the risk management process;
- Staff are trained on how to identify and manage risk;
- Risks are identified, assessed, and prioritised ensuring that appropriate mitigating actions are outlined on the risk register;
- The effectiveness of key controls is regularly assured; and
- There is full compliance with the Orange Book on Management of Risk.

5. THE RISK AND CONTROL FRAMEWORK

NWSSP's commitment to the principle that risk is managed effectively means a continued focus to ensure that:

- There is compliance with legislative requirements where non-compliance would pose a serious risk;
- All sources and consequences of risk are identified, and risks are assessed and either eliminated or minimised; information concerning risk is shared with staff across NWSSP and with Partner organisations through the SSPC and the Audit Committee;

- Damage and injuries are minimised, and staff health and wellbeing is optimised; and
- Lessons are learnt from compliments, incidents, and claims in order to share best practice and reduce the likelihood of reoccurrence.

5.1 Corporate Risk Framework

The detailed procedures for the management of corporate risk have been outlined above. Generally, to mitigate against potential risks concerning governance, NWSSP is proactive in reviewing its governance procedures and ensuring that risk management is embedded throughout its activities, including:

- NWSSP is governed by Standing Orders and Standing Financial Instructions which are reviewed on an annual basis;
- The SSPC and Audit Committee both have forward work plans for committee business which provide an assurance framework for compliance with legislative and regulatory requirements;
- The effectiveness of governance structures is regularly reviewed including through self-effectiveness surveys;
- The front cover pro-forma for reports for the SSPC includes a summary impact analysis section to be completed prior to submission. This provides a summary of potential implications relating to equality and diversity, legal implications, quality, safety and patient experience, risks and assurance, Wellbeing of Future Generations, Health and Care Standards and workforce;
- The Service Level Agreements in place with NHS Wales organisations set out the operational arrangements for NWSSP's services to them and are reviewed on an annual basis;
- NWSSP complete the Welsh Government's Health and Care Standards framework and ensure that Theme 2 Safe Care provides a clear picture of NWSSP's approach to health, safety, and risk management; and
- The responsibilities of Directors are reviewed at annual Performance and Development Reviews (PADRs).

5.2 Policies and Procedures

NWSSP follows the policies and procedures of the Trust as the host organisation. In addition, a number of workforce policies have been developed and promulgated on a consistent all-Wales basis through the Welsh Partnership Forum and these apply to all staff within NWSSP.

All staff are aware of and have access to the internal Intranet where the policies and procedures are available. In a number of instances supplementary guidance has been provided. The Trust ensures that NWSSP have access to all the Trust's policies and procedures and that any amendments to the policies are made known as they are agreed. NWSSP participate in the development and revision of workforce policies and procedures with the host organisation and has established procedures for staff consultation.

The SSPC will where appropriate develop its own protocols or amend policies if applicable to the business functions of NWSSP. The Managing Director and other designated officers of NWSSP are included on the Trust Scheme of Delegation.

During the 2020/21 year, the continuing need to respond urgently to meet the unprecedented demand for Personal Protective Equipment (PPE) and other medical devices and consumables, required significant amendment to the existing Scheme of Delegation that forms part of the Standing Orders for NWSSP. The delegated authorisation limits for the Chair and Managing Director for COVID 19 were increased to £5M from 30 March 2020, and this higher limit remained in force until June 2021 when it expired. However, contracts and orders for COVID expenditure more than £5M still require approval of the Velindre Trust Board, which for expedience may need to be through the existing mechanism of Chair's action. Welsh Government approval is still required on all orders over £1m or advanced payments worth 25% or more of the contract value. Following concerns over the Omicron variant prior to Christmas 2021, the £5m limit was re-instated until 30 June 2022.

5.3 Information Governance

NWSSP has established arrangements for Information Governance to ensure that information is managed in line with the relevant ethical law and legislation, applicable regulations and takes guidance, when required from the Information Commissioner's Office (ICO). This includes established laws including Data Protection Legislation, Common Law Duty of Confidentiality, the Human Rights Act, the Caldicott Report, and specific Records Management Principles. The implementation of the General Data Protection Regulations in May 2018 increased the responsibilities to ensure that the data that NWSSP collects, and its subsequent processing, is for compatible purposes, and it remains secure and confidential whilst in its custody.

The Director of Finance and Corporate Services is the designated Senior Information Risk Owner (SIRO) in relation to Information Governance for NWSSP. NWSSP has an Information Governance Manager who has the objective of facilitating the effective use of controls and mechanisms to ensure that staff comply with Information Governance fundamental principles and procedures. This work includes awareness by delivery of an online core skills training framework eLearning module on Information Governance, classroom-based training (when possible) for identified high risk staff groups, developing, and reviewing policies and protocols to safeguard information, and advising on and investigating Information Governance breaches reported on the Datix incident reporting system.

The Information Governance Manager is responsible for the continuing delivery of an enhanced culture of confidentiality. This includes the presence of a relevant section on the intranet and a dedicated contact point for any requests for advice, training, or work.

NWSSP has an Information Governance Steering Group (IGSG) that comprises representatives from each directorate who undertake the role of Information Asset Administrators for NWSSP. The IGSG discusses quarterly issues such as GDPR and Data Protection Legislation, the Freedom of Information Act, Information Asset Ownership, Information Governance Breaches, Records Management, training compliance, new guidance documentation and training materials, areas of concern and latest new information and law.

NWSSP has a suite of protocols and guidance documents used in training and awareness for all staff on the importance of confidentiality and to ensure that all areas are accounted for. These include email and password good practice guides, summarised protocols, and general guidance for staff. There is also a documented Privacy Impact Assessment (or "Privacy by Design") process in place to ensure consideration of Information Governance principles during the early stages of new projects, processes or work streams proposing to use identifiable information in some form.

NWSSP has developed an Integrated Impact Assessment process to include broader legislative and regulatory assurance requirements, and the pro-forma includes the need to consider the impact of the protected characteristics (including race, gender, and religion) on the various types of Information Governance protocols.

The Information Governance Manager attends various meetings including the Trust IG and IM&T Committee and the NHS Wales Information Governance Management Advisory Group (IGMAG) hosted by NHS Wales Informatics, attended by all NHS Wales Health Bodies.

An annual report is produced on Information Governance within NWSSP. This was submitted to the SLG in April 2021.

5.4 Counter Fraud

Counter Fraud support is incorporated within the hosting agreement with the Trust. Under this agreement, local Counter Fraud Services are provided to NWSSP by Cardiff and Vale UHB.

In addition, NWSSP lead the NHS Wales Counter Fraud Steering Group (CFSG), facilitated by Welsh Government, which works in collaboration with the NHS Counter Fraud Authority in NHS England to develop and strengthen counter fraud services across NHS Wales. The Director of Finance and Corporate Services chairs the group.

The Group has a documented NHS Fighting Fraud Strategy for Wales with an accompanying action plan which is reviewed at the quarterly meetings of the CFSG. Work has also been undertaken to improve and enhance the quarterly reporting of both the Local Counter Fraud Specialists, and the Counter Fraud Services Wales Team. Reports are submitted to the meetings of the CFSG and are then shared with both Welsh Government and the Directors of Finance Group for NHS Wales.

During 2020/21 the Group received and considered a report “Raising our Game” which was produced by Audit Wales, and which assessed the counter-fraud arrangements in place across NHS Wales and both local and central government. While the findings of the review were largely positive, there were some recommendations for all sectors, and actions to respond to these recommendations have been incorporated into a combined action plan which also includes the required actions from the Fighting Fraud Strategy.

5.5 Internal Audit

The NWSSP hosting agreement provides that the SSPC will establish an effective internal audit as a key source of its internal assurance arrangements, in accordance with the Public Internal Auditing Standards.

Accordingly, for NWSSP, an internal audit strategy has been approved by the Audit Committee which provides coverage across NWSSP functions and processes sufficient to assure the Managing Director of NWSSP and in turn the SSPC and the Trust as host organisation, on the framework of internal control operating within NWSSP.

The delivery of the audit plan for NWSSP culminates in the provision of a Head of Internal Audit opinion on the governance, risk and control processes operating within NWSSP. The opinion forms a key source of assurance for the Managing Director when reporting to the SSPC and partner organisations.

5.6 Integrated Medium-Term Plan (IMTP)

The Plan is approved by the SSPC and performance against the plan is monitored throughout the year. The 2021-2024 plan was submitted to Welsh Government in accordance with required timescales, and the current 2022-2025 plan has similarly met the required Welsh Government deadlines.

Significant work has been undertaken to revise the performance framework to ensure that it is fully integrated with the key priorities in the plan. The majority of performance targets for 2021/22 were achieved and progress against each of these is reported to the SLG and the SSPC. There is also regular reporting to Welsh Government requirement on progress against the plan through Joint Executive Team (JET) meetings.

The planning process includes substantial engagement with key stakeholders, both internally and across NHS Wales and the wider public sector, in both virtual team events and on a one-to-one basis.

5.7 Health and Care Standards for NHS Wales

The Standards for Health Service in Wales provide a framework for consistent standards of practice and delivery across the NHS in Wales, and for continuous improvement. In accordance with the programme of internal audits, the process is tested and is an integral part of the organisation's assurance framework process.



The Health and Care Standards Framework comprises seven main themes and sub criteria against which NHS bodies need to demonstrate compliance.

The process for undertaking the annual self-assessments is:

- The Corporate Services Manager undertakes an initial evaluation;
- A draft self-assessment is then presented to the SLG for discussion and further consultation is undertaken at Directorate level;
- Feedback from each Directorate is reviewed and incorporated into the self-assessment pro-forma and is then re-presented to SLG for final approval
- Once approved, it is presented to the SSPC, Audit Committee and the Trust Quality and Safety Committee.

Each theme is assessed and given an overall self-assessment rating of between 1 and 5. As a largely non-clinical service provider, not all of the sub-criteria are applicable. **This process is shortly to complete for the 2021/22 financial year.**

A summary of the self-assessment ratings is outlined below:

Figure 9 – Self- Assessments Rating Against the Health and Care Standards 2021/2022

Theme	Executive Lead	2021/22 Self-Assessment Rating	2020/21 Self-Assessment Rating
Governance, Leadership and Accountability	Senior Management Team	TBC	4
Staying Healthy	Director of Workforce and Organisational Development	TBC	4
Safe Care	Director of Finance and Corporate Services Director of Specialist Estates	TBC	4

Theme	Executive Lead	2021/22 Self-Assessment Rating	2020/21 Self-Assessment Rating
Effective Care	Senior Management Team	TBC	4
Dignified Care	Not applicable	Not applicable	Not applicable
Timely Care	Not applicable	Not applicable	Not applicable
Individual Care	Senior Management Team	TBC	4
Staff and Resources	Director of Workforce and Organisational Development	TBC	4

The overall rating against the mandatory Governance, Leadership, and accountability module and the seven themes within the Health and Care Standards reflects NWSSP's overall compliance against the standards and has been rated as a TBC as outlined below:

Figure 10 – NWSSP's Overall Self-Assessment Score Health and Care Standards 2021/2022

Assessment Level	1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from
Rating				✓	

6. MANDATORY DISCLOSURES

In addition to the need to report against delivery of the Standards for Health Services in Wales, NWSSP is also required to report that arrangements are in place to manage and respond to the following governance issues:

6.1 Equality, Diversity and Human Rights

NWSSP is committed to eliminating discrimination, valuing diversity, and promoting inclusion and equality of opportunity in everything it does. NWSSP's priority is to develop a culture that values each person for the contribution they can make to the services provided for NHS Wales. As a non-statutory hosted organisation within the Trust, NWSSP is required to adhere to the Trust Equality and Diversity Policy, Strategic Equality Plan and Objectives, which set out the Trust's commitment and legislative requirements to promote inclusion.

NWSSP are a core participant of the NHS Wales Equality Leadership Group (ELG), who work in partnership with colleagues across NHS Wales and the wider public sector, to collaborate on events, facilitate workshops, deliver, and undertake training sessions, issue communications and articles relating to equality, diversity, and inclusion, together with the promotion of dignity and respect for all. NWSSP is proactive in supporting NHS Wales organisations with completion of their submission for all-Wales services, such as Procurement and Recruitment. We host a range of staff networks and we are developing our inclusion offering for our workforce.

The process for undertaking Equality Integrated Impact Assessments (EQIIA) has matured, and considers the needs of the protected characteristics identified under the Equality Act 2010, the Public Sector Equality Duty in Wales and the Human Rights Act 1998, whilst recognising the potential impacts from key enablers such as Well-being of Future Generations (Wales) Act 2015, incorporating Environmental Sustainability, Modern Slavery Act 2015 incorporating Ethical Employment in Supply Chains Code of Practice 2017, Welsh Language, Information Governance and Health and Safety.

With effect from March 31st, 2021, the Socio-Economic Duty placed a legal responsibility on NHS bodies when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. A presentation on this topic was given by two lawyers from our Legal & Risk Directorate to the April 2021 Informal SLG.

Personal data in relation to equality and diversity is captured on the Electronic Staff Record (ESR) system and staff are responsible for updating their own personal records using the Electronic Staff Record Self-Service. This includes ethnicity; nationality, country of birth, religious belief, sexual orientation, and Welsh language competencies. The NHS Jobs All-Wales recruitment service, run by NWSSP adheres to all of the practices and principles in accordance with the Equality Act and quality checks the adverts and supporting information to ensure no discriminatory elements are present.

NWSSP has a statutory and mandatory induction programme for its workforce, including the NHS Wales "Treat Me Fairly" e-learning module, which forms part of a national training package and the statistical data captured for NWSSP completion contributes to the overall figure for NHS Wales. A Core Skills for Managers Training Programme is provided, and

the Managing Conflict module includes an awareness session on Dignity at Work.

6.2 Welsh Language

NWSSP is committed to ensuring that the Welsh and English languages are treated equally in the services provided to the public and NHS partner organisations in Wales. This is in accordance with the current Trust Welsh Language Scheme, Welsh Language Act 1993, the Welsh Language Measure (Wales) 2011 and the Welsh Language Standards [No7.] Regulations 2018.

The work of NWSSP in relation to Welsh language delivery and performance is reported to the Welsh Government and the Welsh Language Commissioner within the Annual Performance Report. This work is largely undertaken by the Welsh Language Officer and a team of Translators.

These posts enable compliance with the current obligations under the Welsh Language Scheme and in meeting the requirements of the Welsh Language Standards. This has significantly increased the demand for translation services in the following areas:

- Service Delivery Standards;
- Policy Making Standards;
- Operational Standards;
- Record Keeping Standards; and
- Supplementary Standards.

NWSSP has made significant progress in developing and growing its Welsh language services by successfully offering all staff the opportunity to learn Welsh at work. The NWSSP website is bilingual and there has been investment in the development of a candidate interface on the TRAC recruitment system. NWSSP also offer language services to other organisations and have delivered translation and other language services to Public Health Wales, HEIW, and NWIS over recent years.

An annual report on performance with Welsh Language services is also produced and was submitted to the SLG in August 2021 and to the SSPC in September 2021.

6.3 Handling Complaints and Concerns

NWSSP is committed to the delivery of high-quality services to its customers. The NWSSP Issues and Complaints Management Protocol is reviewed annually. The Protocol aligns with the Velindre University NHS Trust Handling Concerns Policy, the Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011 and Putting Things Right Guidance.

During 2021-22, 100 complaints have been received, of which:

- 98 complaints responded to within 30 working days (98%); and
- 2 complaints responded to outside of 30 working days (2%).

The total number of complaints received represents a significant increase on the total for the previous financial year (59). 86 of the current year complaints relate to Employment Services, with the vast majority of these being received over the summer of 2021. These coincided with the surge in demand on Employment Services from the rest of NHS Wales as organisations sought to take on large numbers of additional staff to boost the recovery from the pandemic and to undertake vaccination campaigns. Measures taken by management to improve the situation in Recruitment and Payroll in particular have produced a huge decline in complaints received over recent months.

As detailed above, 98% of the complaints received were responded to within the 30-working day target. This is a significant increase in performance compared to 69% compliance during 2020-21, and 84% of these were responded to and closed down within 24 hours of receipt of the complaint.

6.4 Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the UK public the right of access to a variety of information held by public bodies and provides commitment to greater openness and transparency in the public sector, especially for those who are accountable for decisions made on behalf of patients and service users.

Figure 12 – Freedom of Information Requests 2020-21

There were 83 requests received within NWSSP during 2021/22, seven of which were answered slightly over the deadline for compliance, but this was due to the complexity of the information requested within those requests and the far-ranging input required by other parties to agree the information to be supplied. Two are currently on-going but are on track to be completed within the 20-day target.

FOI Breakdown
74 answered within the 20-day target
2 currently on-going but within target
7 responded to outside of the deadline

6.5 Data Security and Governance

In 2021/22, there were 40 (2020/21 34) information governance breaches reported within NWSSP; these included issues with mis-sending of email and records management. The majority of these were down to human error and despite education effectively provided to ensure awareness of confidentiality and effective breach reporting, unfortunately errors can happen.

All breaches are recorded in the Datix risk management software and investigated in accordance with the Information Governance and Confidentiality Breach Reporting protocols, which comply with the General Data Protection Regulation (GDPR). The protocols encourage staff to report those breaches that originate outside the organisation for recording purposes.

From this, the Information Governance Manager writes quarterly reports including relevant recommendations and any areas for improvement to minimise the possibility of further breaches. Members of the Information Governance Steering Group are required to report on any incidents in their areas to include lessons learned and any changes that have been made since an incident was reported.

There was one Information Governance breach referred to the Information Commissioner's Office (ICO) for further investigation, but the ICO were content to close the case with no further action being taken.

6.6 ISO14001 – Environmental Management and Carbon Reduction

NWSSP is committed to managing its environmental impact, reducing its carbon footprint, and integrating the sustainable development principle into day-to-day business. NWSSP successfully implemented ISO14001 as its Environmental Management System (EMS), in accordance with Welsh Government requirements and have successfully maintained certification since August 2014, through the operation of the Plan, Do, Check, Act model of continuous improvement.

The ISO14001:2015 Standard, places greater emphasis on protection of the environment, continuous improvement through a risk process-based approach and commitment to top-down leadership, whilst managing the needs and expectations of interested parties and demonstrating sound environmental performance, through controlling the impact of activities, products, or services on the environment. NWSSP is committed to environmental improvement and operates a comprehensive EMS in order to facilitate and achieve the Environmental Policy. NWSSP successfully achieved its recertification of the ISO 14001:2015 standard in August and September of 2021 with British Assessment Bureau (BAB). We are currently awaiting dates from BAB for the first annual surveillance audits, but we anticipate a summertime review.

Carbon Footprint

We committed to reducing our carbon footprint by implementing various environmental initiatives and efficiencies at our sites within the scope of our ISO14001:2015 certification. As part of our commitment to reduce our contribution to climate change, a target of 3% reduction in our carbon emissions (year on year, from a baseline of carbon footprint established in 2016-17), was agreed and this was reflected within our Environmental Sustainability Objectives.

During 2020-21, we achieved our target and obtained a **% reduction overall in CO2 emissions and where we did not meet our gas consumption targets, this was due to baseline reporting for additional sites, which is detailed in the narrative in our Sustainable Development Statement and Annual Review, which explore performance, achievements, and highlights in further detail.

Area	2016/17	2017/18	2018/19	2019/20	Target	Target Achieved
Electricity CO2e	11% reduction	18% reduction	11.5% reduction	6% reduction	3% reduction	✓
Gas CO2e	13% increase	7% reduction	38% reduction	31.% increase	3% reduction	X
Water M3	51% increase	9% reduction	6% increase	50% reduction	3% reduction	✓
Waste CO2e	62% recycled/recovered	95% recycled/recovered	89% recycled/recovered	94.68% recycled/recovered	70% recycled/recovered	✓
Business Mileage Expenditure	6% reduction	15% reduction	11% increase	14% reduction	15% reduction by 2021	✓
Business Mileage	7% reduction	11% reduction	10% increase	19% reduction	15% reduction by 2021	✓
Overall Carbon Footprint	5.37% Increase	3.78% Reduction	11.32% Reduction	4.39% Reduction		

Decarbonisation Action Plan

The NHS Wales Decarbonisation Strategic Delivery Plan (2021-2030) was published in March 2021 and provides a detailed road map for NHS Wales, built around 46 initiatives each of which has been assessed for the potential to help facilitate or directly reduce carbon emissions.

NWSSP led the development and publication of the Strategic Plan which sets out the NHS Wales response to the 2030 net zero ambitions. The organisation has an All-Wales lead role in Buildings, Transport, Procurement, Estates Planning and Land Use but also has responsibilities across other activity streams at both a national and local level due to our significant direct influence on key aspects of the Plan.

NWSSP has also developed its own action plan which was summarised in the IMTP for 2022-25 and progress reporting will be integrated into the IMTP monitoring process. This plan sets out how the organisation will be decarbonising our own activities. Key actions include reducing the impact of our buildings, fleet, and new laundry service, as well as working with staff to help raise the profile of decarbonisation across the organisation. This was submitted to Welsh Government at the end of March 2022 after being signed off by the SLG and reported to the SSPC.

6.7 Business Continuity Planning/Emergency Preparedness

During 2020/21 and the initial response to COVID, NWSSP Business Continuity processes were immediately implemented. This included the establishment of a Planning and Response Group, comprising the SLG plus representatives from the Trade Unions, Surgical and Materials Testing Laboratory, Deputy Directors, and Communications. In 2021/22 the Group has continued to meet as required and in particular during the period from

December 2021 to February 2022, when the Omicron variant looked as though it may significantly impact services.

Staff have continued to work from home where possible and have been provided with the IT equipment to enable them to do so effectively. For staff who were required, or preferred to attend NWSSP sites, safe systems of working were implemented and enhanced to keep them as safe as possible, and in compliance with national guidance. Staff welfare is safeguarded, whether working from home or a NWSSP site, through employee support programmes including a network of Mental Health First Aiders across NWSSP who provide a point of contact for employees who are experiencing a mental health issue or emotional distress.

In addition, the NWSSP Mental Health Support Group is a virtual online group open to all colleagues and provides a supporting community where other individuals facing similar struggles can come together to find support, resources, and self-help tools. NWSSP has signed an employer pledge with Time to Change Wales; the first national campaign to end stigma and discrimination faced by people with mental health problems, which is delivered by two of Wales's leading mental health charities, Hafal and Mind Cymru.

Notwithstanding COVID-19, NWSSP is proactive in reviewing the capability of the organisation to continue to deliver products or services at acceptable predefined levels following a disruptive incident. NWSSP recognise its contribution in supporting NHS Wales to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care, in accordance with requirement for NHS bodies to be classed as a Category 1 responders deemed as being at the core of the response to most emergencies under the Civil Contingencies Act (2004).

As a hosted organisation under the Trust, NWSSP is required to take note of their Business Continuity Management Policy and ensure that NWSSP has effective strategies in place for:

- People – the loss of personnel due to sickness or pandemic;
- Premises – denial of access to normal places of work;
- Information Management and Technology and communications/ICT equipment issues; and
- Suppliers internal and external to the organisation.

NWSSP is committed to ensuring that it meets all legal and regulatory requirements and has processes in place to identify, assess, and implement applicable legislation and regulation requirements related to the continuity of operations and the interests of key stakeholders.

NWSSP has a network of BCP Champions who meet bi-monthly and who represent all directorates and major teams. The Group was refreshed in August 2021, and is chaired by the Director of Planning, Performance, and Informatics. In addition to continuing to respond to the issues caused by the pandemic, BCP measures were implemented in February 2022 due to

Storm Eunice. Lessons learned from the response to the storm have been documented and formally considered by the BCP Champions.

At the end of the 2021 calendar year, NWSSP were requested to complete the Welsh Government Health Emergency Planning Report for the first time. This provides assurance over the measures in place within NWSSP to cope with and respond to major disruptive incidents and reaffirmed the robust arrangements in place within the Supply Chain and Health Courier Services who are well versed in this area. It did however identify the need to ensure that the rest of NWSSP was appropriately trained, communicated with, and engaged with key external stakeholders where appropriate. An Action Plan has been developed to address these requirements.

Cyber Security

NWSSP continues to work towards implementing the Cyber Security Framework in order to address the specific needs of the service. This is an ongoing plan covering the areas of Identify, Protect, Detect, Respond and Recover. NWSSP have already started a number of work streams including Information Workflows and Governance, Awareness and Training, Procurement of Professional Incident Response Capability, Protective Technology through the SIEM Procurement Project and Business Continuity Planning workshops across the whole of the whole of NWSSP. NWSSP have also recently implemented a robust new virtualised infrastructure based on the tenets of the framework in order to provide a safe and secure environment for NWSSP business systems.

During 2021/22 the Information Security team has been strengthened with the recruitment of an assistant to the Information Security Officer, with the whole team now reporting to the newly appointed Chief Digital Officer, who in turn reports to the Director of Planning, Performance & Informatics. During the year phishing campaigns have been run and heightened concerns over cyber security due to the war in Ukraine have led to action cards being updated and staff reminded of required practice when dealing with IT systems and responding to e-mails and other forms of contact.

6.8 UK Corporate Governance Code

NWSSP operates within the scope of the Trust governance arrangements. The Trust undertook an assessment against the main principles of the UK Corporate Governance Code as they relate to an NHS public sector organisation in Wales. This assessment was informed by the Trust's assessment against the "Governance, Leadership and Accountability" theme of the Health and Care Standards undertaken by the Board. The Trust is clear that it is complying with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code. The Board recognises that not all reporting elements of the Code are outlined in this Governance Statement but are reported more fully in the Trust's wider Annual Report. NWSSP have also completed the self-assessment on the "Governance, Leadership and

Accountability” theme of the Health and Care Standards with a positive maturity rating of 4.

6.9 NHS Pension Scheme

As an employer hosted by the Trust and as the payroll function for NHS Wales, there are robust control measures in place to ensure that all employer obligations contained within the Scheme regulations for staff entitled to membership of the NHS Pension Scheme are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

7. MANAGING DIRECTOR’S OVERALL REVIEW OF EFFECTIVENESS

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the Directors and Heads of Service within NWSSP who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

As Accountable Officer I have overall responsibility for risk management and report to the SSPC regarding the effectiveness of risk management across NWSSP. My advice to the SSPC is informed by reports on internal controls received from all its committees and in particular the Audit Committee.

Each of the Committees have considered a range of reports relating to their areas of business during the last year, which have included a comprehensive range of internal and external audit reports and reports on professional standards from other regulatory bodies. The Committees have also considered and advised on areas for local and national strategic developments and a potential expansion of the services provided by NWSSP. Each Committee develops an annual report of its business and the areas that it has covered during the last year and these are reported in public to the Trust and Health Boards.

Internal Audit Opinion

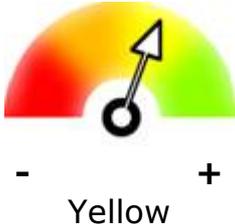
Internal Audit provide me and the SSPC through the Audit Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with Public Sector Internal Audit Standards by the Audit and Assurance function within NWSSP.

The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities. The overall opinion of the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to

the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The programme has been impacted by the need to respond to COVID-19 with some audits deferred as the organisation responded to the pandemic. The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

The Head of Internal Audit opinion for 2021/2022 was that the Partnership Committee can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively:

RATING	INDICATOR	DEFINITION
Reasonable assurance		<p>The Committee can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>

In reaching this overarching opinion the Head of Internal Audit has identified that the assurance domains relevant to NWSSP have all been assessed as providing reasonable assurance. During the year, there was one internal audit report (ICT Operational Infrastructure) which was issued with a rating of limited assurance. All other reports were either substantial or reasonable assurance or were issued as advisory reports.

Financial Control

NWSSP was established by Welsh Government to provide a range of support services to the NHS in Wales. As Managing Director and Accountable Officer, I retain overall accountability in relation to the financial management of NWSSP and report to the Chair of the SSPC.

NWSSP Financial Control Overview

There are four key elements to the Financial Control environment for NWSSP as follows:

- Governance Procedures** – As a hosted organisation NWSSP operates under the Governance Framework of the Trust. These procedures include the Standing Orders for the regulation of proceedings and business. The statutory requirements have been translated into day-to-day operating practice, and, together with the

Scheme of Reservation and Delegation of Powers and Standing Financial Instructions (SFIs), provide the regulatory framework for the business conduct of the Trust. These arrangements are supported by detailed financial operating procedures covering the whole of the Trust and also local procedures specific to NWSSP. During the pandemic, the governance arrangements have been enhanced through the establishment of a Finance Governance Committee. This continues to meet as and when required to consider and approve large scale and urgent requisitions. Membership of the Committee includes senior finance staff from NWSSP, the Velindre Director of Finance and an independent member of the Board, representatives from Counter Fraud, Accounts Payable and Legal and Risk Services. The Committee is chaired by the Director of Audit and Assurance Services, and Procurement colleagues attend the Committee to give background and context to specific requisitions.

- **Budgets and Plan Objectives** – Clarity is provided to operational functions through approved objectives and annual budgets. Performance is measured against these during the year.
- **Service Level Agreements (SLAs)** – NWSSP has SLAs in place with all customer organisations and with certain key suppliers. This ensures clarity of expectations in terms of service delivery, mutual obligations, and an understanding of the key performance indicators. Annual review of the SLAs ensures that they remain current and take account of service developments.
- **Reporting** – NWSSP has a broad range of financial and performance reports in place to ensure that the effectiveness of service provision and associated controls can be monitored, and remedial action taken as and when required.

Through this structure NWSSP has maintained effective financial control which has been reviewed and accepted as appropriate by both the Internal and External Auditors.

CONCLUSION

As indicated throughout this statement and the Annual Report the need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, the wider NHS, and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition the risks. The need to respond and recover from the pandemic were with the organisation and wider society throughout 2021/22 and will continue into 2022/23 and possibly beyond. I will ensure our Governance Framework considers and responds to this need.

This Governance Statement indicates that NWSSP has continued to make progress and mature as an organisation during 2021/22 and that it is further developing and embedding good governance and appropriate controls throughout the organisation. NWSSP has received positive

feedback from Internal Audit on the assurance framework and this, in conjunction with other sources of assurance, leads me to conclude that it has a robust system of control.

Looking forward – for the period 2022/23:

I confirm that I am aware of my on-going responsibilities and accountability to you, to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2022/23.

Signed by:

Managing Director – NHS Wales Shared Services Partnership

Date:



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:4.4

19 May 2022

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Service Level Agreements Update

ARWEINYDD: LEAD:	Andy Butler, Director of Finance & Corporate Services
AWDUR: AUTHOR:	Peter Stephenson, Head of Finance and Business Development
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Stephenson, Head of Finance and Business Development
MANYLION CYSWLLT: CONTACT DETAILS:	peter.stephenson2@wales.nhs.uk

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

To approve the updated Service Level Agreements for 2022/23

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 SLG

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE	<input checked="" type="checkbox"/>	ARNODI/ ENDORSE	<input type="checkbox"/>	TRAFOD/ DISCUSS	<input type="checkbox"/>	NODI/ NOTE	<input type="checkbox"/>
Argymhelliad/ Recommendation	The Committee is asked to APPROVE the Service Level Agreements.						

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

Service Level Agreements – Updates for 2022/23

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. Other than revising the dates of the documents the changes made are as follows:

- Schedule A Audit & Assurance – No changes. The SLA has also been presented to, and approved by, the Board Secretaries Group;
- Schedule B Employment Services – There are no significant changes;
- Schedule C Specialist Estate Services – There are no significant changes;
- Schedule D Legal & Risk Services – There are no significant changes ;
- Schedule E Primary Care Services – There are no significant changes;
- Schedule F Procurement – There are no changes at present but following the implementation of the new operating model for Procurement, the SLA will be updated and brought back to the Committee for review and approval in July.
- Schedule G Health Courier Services – as with Procurement above.
- Schedule H Accounts Payable and e-Enablement – On p2 the KPI relating to amendment of supplier details has been strengthened to reflect the increased risk of fraud and the procedures in place to mitigate the risk. On p3 the wording of the e-enablement KPIs has been expanded to provide more detail. The SLA has been updated to include reference to the Staff Benefits service on p4.

The Committee is asked to **APPROVE** the updated Service Level Agreements for 2021/22.

NWSSP
May 2022



**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 2022
Version 11

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

Document Status: DRAFT		
Version	Date	Comments
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
11	10 May 2022	V11 draft

INDEX

		Page Number
1	Definitions	5
2	Introduction	6
3	Responsibilities	9
4	Services	10
5	Partnership Management & Monitoring Arrangements	10
6	Financial Arrangements	11
7	Duration	12
8	Audit Arrangements	12
9	Service Variations	13
10	Performance Indicators	14
11	Service Disruption	14
12	Force Majeure	14
13	Dispute Resolution	15
14	Risk Management	15
15	Client Confidentiality	16
16	Waiver	16
17	Data Protection	16
18	Freedom of Information	19
19	Discrepancy, errors and omissions	19
20	Governing Law and Jurisdiction	20

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

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:

- **ANEURIN 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:

- Welsh Risk Management Standards
- NHS Standards of Business Conduct
- Requirements under the Freedom of Information Act.
- 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-G.

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 Team, 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 and Health Courier Services (HCS) as set out in schedules A-G.

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 Local Health Boards and NHS Trusts 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 Local 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 Local 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 Disaster Recovery 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.

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 Protection¹ and Information Security

¹ 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

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 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

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.

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.²

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.

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.

² 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.

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.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:4.5

19 May 2022

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Staff Benefits update

**ARWEINYDD:
LEAD:**

**Andy Butler – Director of Finance and
Corporate Services**

**AWDUR:
AUTHOR:**

**Russell Ward – Head of Accounts Payable,
eEnablement & Salary Sacrifice**

**SWYDDOG ADRODD:
REPORTING OFFICER:**

**Russell Ward – Head of Accounts Payable,
eEnablement & Salary Sacrifice**

**MANYLION CYSWLLT:
CONTACT DETAILS:**

Russell.ward@wales.nhs.uk

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

To obtain endorsement of the approach to award compliant contracts for Home Electronics and Cycle to Work schemes, that will be centrally administered by NWSSP and available to all Special Health Authorities, Health Boards, and Trusts.

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 :

This has been undertaken by contact with the framework provider and pre-market engagement with existing providers

Adduned y Pwyllgor/Committee Resolution (insert ✓):

**DERBYN/
APPROVE**

**ARNODI/
ENDORSE**

✓

**TRAFOD/
DISCUSS**

**NODI/
NOTE**

Argymhelliad/ Recommendation	The Committee is asked to ENDORSE the approach being taken by NWSSP in awarding a contract(s) for Home Electronics and Cycle to Work with an aim of having an All-Wales arrangement in place, centrally administered by NWSSP which will be available to all Special Health Authorities, Health Boards, and Trusts.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	The schemes will be available to all staff.
Cyfreithiol: Legal:	Any legal implications will be considered as part of the contract tendering process.
Iechyd Poblogaeth: Population Health:	The Cycle to Work scheme is aimed at improving the health of NHS Wales staff.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	No impact
Ariannol: Financial:	The financial consequences will be covered in the contract tendering process.
Risg a Aswiriant: Risk and Assurance:	Negated by awarding compliant contracts
Safonau Iechyd a Gofal: Health & Care Standards:	The schemes support the principles of promoting a healthy workforce.
Gweithlu: Workforce:	Staff will have access to procure home electronic kit eg cameras, computers, mobile telephony etc and cycles via a salary sacrifice arrangement
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open

1. CEFNDIR/BACKGROUND

At present there are mixed arrangements across NHS Wales for the provision of staff benefit home electronics and cycle to work schemes. A complete picture is being collated but there are typically one of three arrangements in place:

- No arrangements in place at all;
- Arrangements specific to a Health Board, Trust or Special Health Authority that are administered by the Health Board, Trust, or Special Health Authority ;
- Arrangements specific to a Health Board, Trust or Special Health Authority that are centrally administered by NWSSP on behalf of the Health Board, Trust or Special Health Authority.

In addition, a number of these arrangements have simply been allowed to 'roll-forward' so there is a requirement to put in place compliant procurement arrangements and to seek economies of scale.

The effective administration of these arrangements is key from a governance perspective. It is important that robust checks are undertaken to ensure that the provision of a salary sacrifice benefit does not result in an employee being paid below the minimum wage. Should this occur there is a risk of a fine for the employer of up to £20,000 per employee by HMRC as well as the associated negative press.

An internal audit undertaken in one of the Health Boards highlighted this as a risk which would be mitigated through the centralisation of the administration of the arrangements, undertaken by NWSSP on behalf of NHS Wales organisations.

2. CRYNODEB/SUMMARY

More recently NWSSP has been requested by a number of health organisations to undertake the administration of their schemes. This has highlighted the need to formalise the procurement arrangements. NWSSP Procurement is currently liaising with NWSSP Legal and Risk to determine which framework should be used but it is likely to be an Eastern Shires Purchasing Organisation (ESPO) framework agreement. The ESPO framework has 10 Cycle to work suppliers and 9 Home Technology suppliers.

Whilst a Direct Award option is available, the recommendation from Legal and Risk is to conduct a mini-competition, inviting all suppliers on the framework to submit a proposal. This will achieve the most transparent arrangements.

As this a zero-value contract, the contract will be awarded on the basis of a number of criteria including:

- Ease of use for the member of staff ordering
- Back-office administration
- Business intelligence and reporting

It is NWSSP's proposal to award contracts for Home Electronics and Cycle to Work as phase 1 and in phase 2. The arrangements will be made available to all Health Boards, Special Health Authorities and Trusts. However, it is recognised that there are existing arrangements in place.

3. ARGYMHELLIAD/RECOMMENDATION

The Committee is requested to **ENDORSE** the Phase 1 approach being taken by NWSSP in awarding a contract(s) for Home Electronics and Cycle to Work with an aim of having an All-Wales arrangement in place, centrally administered by NWSSP, which will be made available to all Health Board, Trusts and Special Health Authorities.

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Finance Update Report

ARWEINYDD: LEAD:	Andy Butler, Director of Finance & Corporate Services
AWDUR: AUTHOR:	Finance Team
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler, Director of Finance & Corporate Services

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

The purpose of this report is to provide the SSPC with an update on finance as at 31st March 2022.

Llywodraethu/Governance

Amcanion: Objectives:	<p>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.</p> <p>Excellence - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.</p> <p>Staff - To have an appropriately skilled, productive, engaged and healthy workforce.</p>
Tystiolaeth: Supporting evidence:	-

Ymgynghoriad/Consultation :

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):						
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE ✓
Argymhelliad/ Recommendation	<p>The Committee is asked to NOTE the:</p> <ol style="list-style-type: none"> 1. Outturn financial position for 2021/22; 2. Achievement of all key financial targets; 3. Arrangements made to date in respect of the 2022/23 position; and 4. The content of this update and seek further information if required. 					

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 Claf: Quality, Safety & Patient Experience:	No direct Impact
Ariannol: Financial:	Distribution to NHS Wales
Risg a Aswiriant: Risk and Assurance:	Consolidation of Financial Risk
Safonau Iechyd a Gofal: Health & Care Standards:	No direct Impact
Gweithlu: Workforce:	No direct Impact
Deddf Rhyddid Gwybodaeth/ FOIA	Open



NWSSP Finance Report March 2022

*Adding Value
Through Partnership,
Innovation and Excellence*

2021/22 Dashboard Summary

Outturn Position

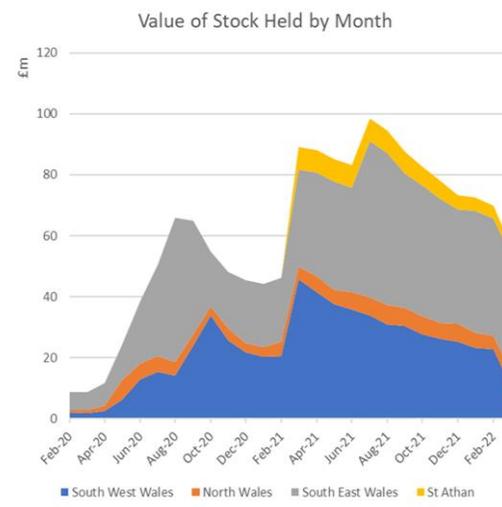
NWSSP reported the 2021/22 draft financial position with a small surplus of £0.011m. This is subject to external audit review during May with final accounts sign off on 15th June 2022.

There is no net impact of Covid-19 expenditure on the NWSSP financial position as the £57.684m of Covid related costs incurred have been funded in full by Welsh Government in 2021/22.

The 2021/22 NWSSP Distribution totalled £2.000m.

Health Board /Trust	%	PLANNED DISTRIBUTION £	ADDITIONAL DISTRIBUTION £	TOTAL DISTRIBUTION £	Agreed Recurrent Reinvestment £	TOTAL 2021/22 DISTRIBUTION £
Aneurin Bevan	9.85	73,844	123,125	196,969		196,969
Swansea Bay	8.80	66,029	110,000	176,029		176,029
Betsi Cadwaladr	11.98	89,815	149,750	239,565	-89,815	149,750
Cardiff and Vale	10.49	78,652	131,125	209,777		209,777
Cwm Taf	10.60	79,527	132,500	212,027		212,027
Hywel Dda	7.77	58,293	97,125	155,418	-58,293	97,125
Powys	1.95	14,598	24,375	38,973	-14,598	24,375
Velindre	1.17	8,781	14,625	23,406		23,406
WAST	1.28	9,580	16,000	25,580	-9,580	16,000
Public Health Wales	0.87	6,530	10,875	17,405	-6,530	10,875
Welsh Government	35.25	264,351	440,500	704,851	-264,351	440,500
Total	100%	750,000	1,250,000	2,000,000	-443,167	1,556,833

	Annual Budget £'000	YTD Budget £'000	YTD Expend £'000	Outturn £'000
Income (Including AME)	-868,259	-868,259	-869,973	-1,714
Pay	221,571	221,571	218,429	-3,892
Non Pay	220,069	220,069	223,664	3,595
WRP - DEL	129,615	129,615	129,615	0
WRP - AME	296,254	296,254	296,254	0
Brokerage	0	0	0	750
Distribution	750	750	2,000	1,250
	0	0	-11	-11



The value of stock held in stores at 31st March 2022 was **£56.7m**. We continue to maintain the 16 week PPE stock holding requested by WG. £10.250m of stocks were revalued to current market prices

2021/22 Covid costs totalled **£57.684m** which were funded in full by Welsh Government.

Covid Costs	2021/22 £m
NWSSP Operational	5.262
Mass Vacc - PPE	2.800
Mass Vacc - non PPE non pay	0.690
Mass Vacc - pay	0.758
Social Care/Primary Care PPE	25.166
Unused bonus accrual	- 0.120
Namibia PPE	11.148
Adjustments from 2020/21	- 2.104
Annual leave accrual increase	0.199
Import VAT & Escrow savings/charges	- 2.197
PPE/Testing revaluations/provisions	12.833
Provision for doubtful debt	3.249
TOTAL	57.684

Welsh Risk Pool and Capital: 1st April 2021 to 31st March 2022

	2021/22	2020/21
	£m	£m
Claims reimbursed & WRP Managed Expenditure	99.921	72.255
Periodical Payments	16.645	14.873
Redress Reimbursements	1.909	1.479
EIDO – Patient consent	0.062	0.062
Clinical Negligence Salary Subsidy	0.550	0.205
WRP Transfers, Consent, Prompt, CTG	0.226	0.158
Movement on Claims Creditor	10.302	34.806
2021/22 Expenditure	129.615	123.838

The 2021/22 DEL expenditure for the year was **£129.615m** including £1.679m for Redress. The risk share agreement was invoked at the IMTP value of £16.495m. Additional WG funding of £4.861m was agreed above the core allocation and risk share funding to account for the additional cases settled in 2021/22.

	Closing Provision 2021/22	Closing Provision 2020/21	Movement
	£bn	£bn	£bn
Probable or certain	0.797	0.665	0.132
Structured Settlements/PPOs	0.632	0.468	0.164
TOTAL	1.429	1.133	0.296

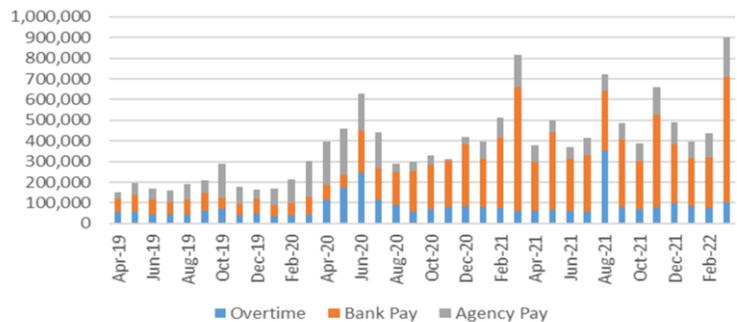
Long term liability (AME) provisions total **£1.429bn** at 31st March 2022, an increase of £296m in 2021/22. The provisions are forecast to increase to £1.9bn by 2026/27

£17.018m capital funding was received in 2021/22 and fully utilised. Per the forecast, £12.348m was spent in March 2022, including the purchase of Matrix House which completed on 30th March 2022.

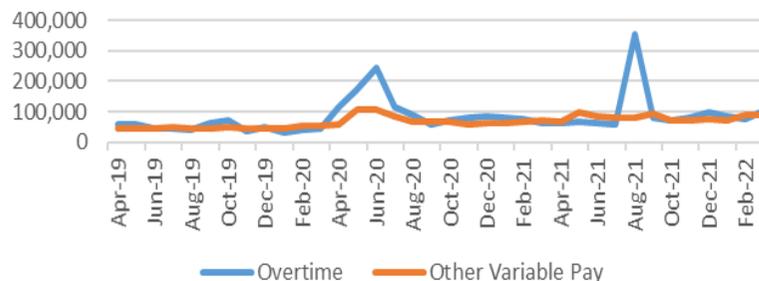
Scheme	Allocation £000	YTD Spend £000	Balance Outstanding £000
Hardware/Software	364	368	4
Premises/Accommodation	163	164	1
SMTL	15	13	-2
Laundry Services	55	55	0
Unallocated	3	0	-3
Discretionary Capital Total	600	600	0
Laundry Services (OBC Fees)	1,411	1,411	0
Laundry assets transfer	3,353	3,353	0
IP5 - discretionary	250	241	-9
LARS Case Management System	348	348	0
TRAMS (OBC Fees)	932	930	-2
Scan for Safety	1,566	1,565	-1
IP5 - decarbonisation	586	565	-21
HQ LED	42	44	2
Vehicle replacements - EV	688	696	8
EV charging infrastructure	60	60	0
Vehicle replacements - non EV	383	389	6
Pharmacy Refrigerators and Access Port	26	25	-1
Storage & Aseptic Medicines Production Services	25	26	1
Roller racking	0	0	0
SMTL	656	663	7
TMU / TRAMS	53	53	0
PCS Scanners	362	362	0
Stores	173	160	-13
Laundry compressors	29	29	0
Additional vehicles	346	365	19
Laundry towel folder	27	27	0
SQL licences	79	77	-2
ePQS replacement	32	32	0
Matrix House	4,928	4,934	6
CTM laundry equipment	94	94	0
2020-21 Ventilator transfer to CTM	-8	-8	0
2020-21 Glidescopes transfer to CTM	-23	-23	0
Additional Capital Total	16,418	16,418	0
TOTAL CAPITAL ALLOCATION	17,018	17,018	0

Variable Pay Summary 1st April 2021 – 31st March 2022

Total Variable Pay



Total Overtime and Other Variable Pay

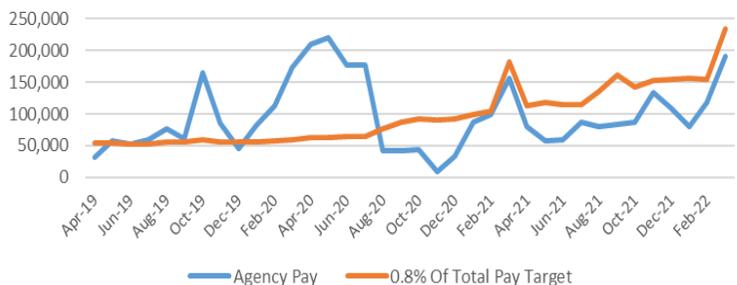


Variable Pay Increased to £899k in March 2022.

£264k of expenditure was incurred in respect of the Annual Leave Accrual, 6.3% Notional Pension Adjustment and Bonus payments to commissioned services in Month 12.

The underlying variable pay spend for March was £635k.

Total Agency Pay



Total Bank Pay



Service	Agency		Overtime		Bank	
	12 Months to 31st March 2021	12 Months to 31st March 2022	12 Months to 31st March 2021	12 Months to 31st March 2022	12 Months to 31st March 2021	12 Months to 31st March 2022
Accounts Payable	-4	-1,005	31,549	78,518	11,392	23,488
Audit & Assurance Services	81,622	374,388	0	19	23,266	895
Collaborative Bank	0	0	0	0	176,251	234,203
Corporate Services	56,565	106,250	24,017	23,179	265,513	413,179
Counter Fraud Services	0	0	0	96	0	0
CTES	793	31,666	23	936	0	0
Employment Services	4,941	24,582	281,388	231,500	88,199	240,688
Health Courier Services	495,205	17,395	368,854	385,559	1,284,656	1,236,155
Laundry Service	N/A	481,534	N/A	153,545	N/A	149,257
Legal & Risk Services	194,886	33,491	2,477	1,581	165,498	297,523
Medical Examiner Service	0	0	2,152	10,440	0	0
Planning, Performance & Informatics	0	0	0	0	0	0
Primary Care Services	0	0	21,644	37,532	6,401	87,608
Procurement Services	460,988	100,243	481,919	263,282	721,942	999,018
SMTL	0	0	16,982	3,156	5,228	14,394
Single Lead Employer	0	0	292	2,992	0	0
Specialist Estates Services	0	0	12,955	2,505	6,185	23,080
Student Awards	0	0	0	0	0	0
People & OD	0	0	0	1,578	4,669	63,476
TOTAL	1,294,996	1,168,544	1,244,252	1,196,417	2,759,199	3,782,964
TOTAL PAY	134,836,071	218,428,377	134,836,071	218,428,377	134,836,071	218,428,377
% OF TOTAL PAY	0.96%	0.53%	0.92%	0.55%	2.05%	1.73%

Financial Position and Key Targets

KPI	Target	2021/22												Trend	
		April	May	June	July	August	September	October	November	December	January	February	March		
Financial Position – Forecast Outturn	Break even Monthly	Breakeven													
Capital financial position	Within CEL Monthly	On Target	Achieved												
Planned Distribution	£0.75m Annual	£0.75m	£0.75m	£0.75m	£0.75m	£0.75m	£2.00m								
NWSSP PSPP NON-NHS % (In Month)	95% Monthly	95.22%	97.22%	96.89%	97.30%	95.75%	94.92%	96.36%	96.44%	96.90%	94.74%	96.24%	95.14%		
NWSSP PSPP NON-NHS % (Cumulative)	95% Monthly	95.22%	96.34%	96.54%	96.75%	96.53%	96.24%	96.26%	96.28%	96.36%	96.22%	96.18%	96.12%		
NWSSP PSPP NHS % (In Month)	95% Monthly	93.62%	90.28%	88.03%	96.81%	91.57%	90.00%	96.39%	80.72%	96.39%	89.77%	92.31%	93.68%		
NWSSP PSPP NHS % (Cumulative)	95% Monthly	93.62%	92.17%	90.46%	92.04%	91.96%	90.00%	92.26%	90.92%	92.53%	92.28%	92.29%	92.40%		

Corporate

KPI	Target	2021/22												Trend
		April	May	June	July	August	September	October	November	December	January	February	March	
NHS Debts in excess of 11 weeks – Value	<£100k Monthly	£606k	£609k	£289k	£431k	£167k	£353k	£482k	£101k	£100k	£180k	£59k	£2k	
NHS Debts in excess of 17 weeks – Value	£0 Monthly	£0k	£0k	£0k	£0k	£12k	£32k	£313k	£0k	£7k	£0k	£46k	£0k	
Variable Pay – Overtime	<£43k Monthly	£62k	£68k	£61k	£57k	£354k	£82k	£72k	£81k	£98k	£84k	£75k	£102k	
Agency % to date	<0.8% Cumulative	0.57%	0.48%	0.46%	0.50%	0.49%	0.48%	0.48%	0.51%	0.52%	0.51%	0.52%	0.53%	
Agency % Adjusted to exclude GP Trainees	<0.8% Cumulative	1.37%	0.97%	0.97%	1.00%	1.05%	0.97%	0.99%	1.02%	1.08%	1.01%	1.07%	1.02%	

At 31st March 2022 there were 2 invoices totalling £2k over 11 weeks and no invoices outstanding over 17 weeks.

Covid

Total Covid expenditure and funding received from Welsh Government in 2021/22 was **£57.684m**

A number of Covid related issues were resolved in Month 12 and accounted for accordingly including:

- Import VAT on PPE
- Return of funds from the Escrow account used for PPE foreign payments and exchange rate loss calculated
- Reconciliation of all PPE expenditure from the Escrow account and savings on contracts calculated
- Provision recognised for a large potential doubtful debt
- Revaluation of PPE to current market prices
- Provision recognised for potential write off of PPE stock in 2022/23
- Write off of Covid antibody testing kits
- Increase in annual leave accrual for payment/carry forward to 2022/23

These items were all agreed with and funded by Welsh Government.

NWSSP Operational Covid costs totalled **£5.262m**

Covid Costs	2021/22
	£m
NWSSP Operational	5.262
Mass Vacc - PPE	2.800
Mass Vacc - non PPE non pay	0.690
Mass Vacc - pay	0.758
Social Care/Primary Care PPE	25.166
Unused bonus accrual	- 0.120
Namibia PPE	11.148
Adjustments from 2020/21	- 2.104
Annual leave accrual increase	0.199
Import VAT & Escrow savings/charges	- 2.197
PPE/Testing revaluations/provisions	12.833
Provision for doubtful debt	3.249
TOTAL	57.684

Operational Covid Costs	2021/22
	£m
Pay	2.654
Estates / Security	0.786
Insurance	0.070
Transport	1.517
Other	0.234
TOTAL	5.262

Capital

NWSPP received capital funding of **£17.018m** in our Capital Expenditure Limit (CEL) for 2021/22.

The majority of this capital funding was issued in quarters 3 & 4, with £12.348m of expenditure incurred in Month 12, including the completion of the purchase of Matrix House on 30th March 2022.

Given the scarcity of capital funding from 2022/23 we were able to take advantage of the availability of year end capital funds in 2021/22. Notable achievements during the financial year including:

- Purchase of Matrix House
- Year 1 Scan for Safety implementation
- Commencement of the TRAMS & Laundry OBCs
- Purchase of 39 vehicles (including 22 electric vehicles)
- Build and equipping of new SMTL laboratory
- LED lights – Denbigh stores, HQ & circa 50% IP5
- Replacement of end of life PCS scanners
- Additions to EV charging infrastructure
- SMTL Laboratory Information Management System roll out
- Replacement of end of life laundry equipment
- Commencement of Legal & Risk case management system replacement

Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	£000	£000
Hardware/Software	364	368	4
Premises/Accommodation	163	164	1
SMTL	15	13	-2
Laundry Services	55	55	0
Unallocated	3	0	-3
Discretionary Capital Total	600	600	0
Laundry Services (OBC Fees)	1,411	1,411	0
Laundry assets transfer	3,353	3,353	0
IP5 - discretionary	250	241	-9
LARS Case Management System	348	348	0
TRAMS (OBC Fees)	932	930	-2
Scan for Safety	1,566	1,565	-1
IP5 - decarbonisation	586	565	-21
HQ LED	42	44	2
Vehicle replacements - EV	688	696	8
EV charging infrastructure	60	60	0
Vehicle replacements - non EV	383	389	6
Pharmacy Refrigerators and Access Port	26	25	-1
Storage & Aseptic Medicines Production Services	25	26	1
Roller racking	0	0	0
SMTL	656	663	7
TMU / TRAMS	53	53	0
PCS Scanners	362	362	0
Stores	173	160	-13
Laundry compressors	29	29	0
Additional vehicles	346	365	19
Laundry towel folder	27	27	0
SQL licences	79	77	-2
ePQS replacement	32	32	0
Matrix House	4,928	4,934	6
CTM laundry equipment	94	94	0
2020-21 Ventilator transfer to CTM	-8	-8	0
2020-21 Glidescopes transfer to CTM	-23	-23	0
Additional Capital Total	16,418	16,418	0
TOTAL CAPITAL ALLOCATION	17,018	17,018	0

Welsh Risk Pool

DEL

The Welsh Government (WG) allocation for the year is £107m for clinical negligence and personal injury claims and £1.259m for Redress claims. From 2021/22, excess expenditure over the Redress allocation is met from the DEL budget and via the Risk Sharing Agreement if required. £16.495m was funded from the risk share agreement in 2021/22.

At the yearend date, **£129.615m** had been utilised by the WRP and a detailed breakdown is provided with the 2020/21 comparator.

Total expenditure was £4.861m above the IMTP DEL forecast after Welsh Government agreed funding for additional expenditure in year.

As for previous years, the position includes accruals for settled cases (where the claimant has not yet been recompensed) after identifying and bringing forward appropriate and qualifying expenditure.

AME

Closing provisions have risen to **£1.429bn** in 2021/22, an increase of £296m in year due to a change to the discount rate. This compares to a £0.960m decrease in provisions in 2020/21.

The provision for Probable & Certain cases on the Legal and Risk database has increased by £132m and PPO provisions have increased by £164m with 13 new cases in year and the removal of one case. The reported figures are subject to the year end audit to be completed by the end of May.

	2021/22	2020/21
	£m	£m
Claims reimbursed & WRP Managed Expenditure	99.921	72.255
Periodical Payments	16.645	14.873
Redress Reimbursements	1.909	1.479
EIDO – Patient consent	0.062	0.062
Clinical Negligence Salary Subsidy	0.550	0.205
WRP Transfers, Consent, Prompt, CTG	0.226	0.158
Movement on Claims Creditor	10.302	34.806
2021/22 Expenditure	129.615	123.838

Funding Streams	£m
Welsh Government Core	107.000
NHS Wales Risk Sharing Agreement	16.495
Welsh Government Additional Funding	4.861
Subtotal before Redress	128.356
Welsh Government Redress	1.259
Total Funding	129.615

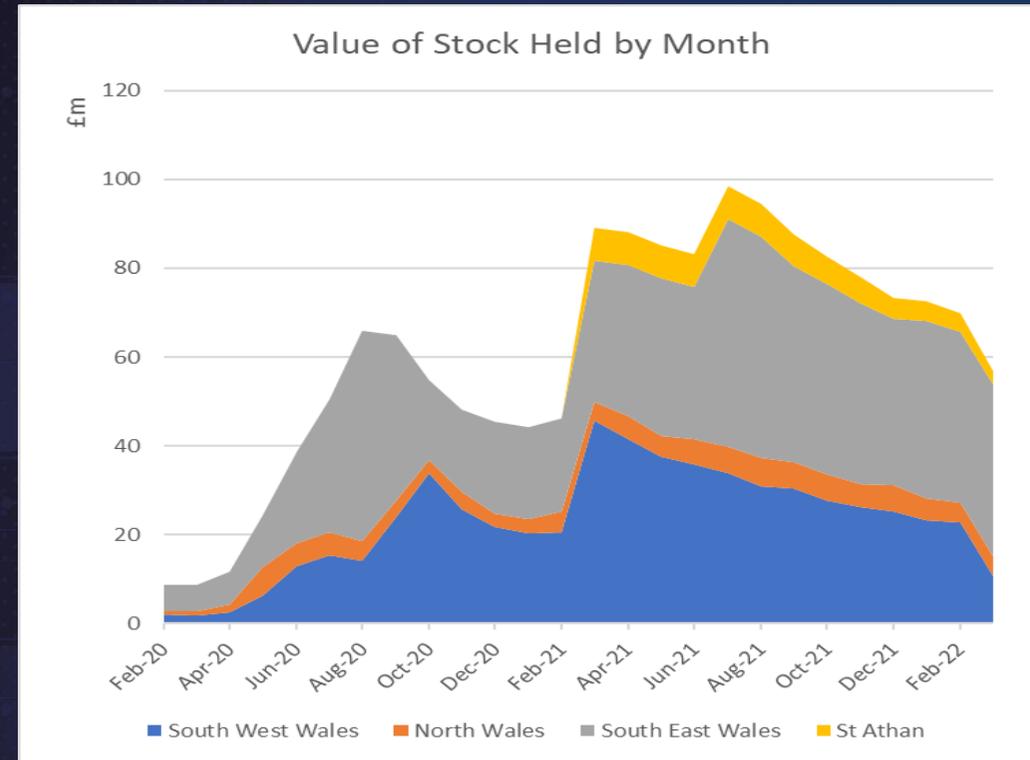
	Closing Provision 2021/22	Closing Provision 2020/21	Movement
	£bn	£bn	£bn
Probable or certain	0.797	0.665	0.132
Structured Settlements/PPOs	0.632	0.468	0.164
TOTAL	1.429	1.133	0.296

Stockholding

Of the stock balance at 31st March 2022, approximately £47m is due to COVID and the Welsh Government request for NWSSP to hold 16 weeks stock of PPE to meet NHS Wales' demand. This is a reduction from the 24 weeks stock we held at 31st March 2021.

Included in the month 12 position is a write-down in value of to net realisable value and an increase in the provision for items nearing their expiry date that are unlikely to be utilised.

During 2021/22 donations were made to other countries to support their Covid responses. £0.522m of equipment was donated to India and PPE, test kits and ventilators totalling £11.147m were provided to Namibia. In addition an aid package totalling £0.131m was made to support the Ukraine which included both Covid and medical items requested.



2022/23

We are reviewing the 2022/23 IMTP as we are finalising the service budgets for upload to the ledger. Service budgets confirmed as part of the IMTP process will be uploaded at 2021/22 pay scales with additional funding for the 1.25% Health & Social Care levy plus additional non-recurrent funding where agreed. Additional funding will be provided to services for the pay award once this is agreed and funded by Welsh Government later in the financial year. Directors are reviewing financial plans to ensure that savings plans are in place and achievable.

Budget holder letters will be issued to Directors to be reviewed and signed during May to meet audit requirements.

We will continue to closely monitor and separately report Covid expenditure in 2022/23, as currently we only have confirmed funding for mass vaccination and PPE support costs and issues. We are able to anticipate funding for the additional Covid recovery support costs we are incurring in Employment Services and Accounts Payable, although costs to support this work need to be minimised where possible as Welsh Government don't currently have secured additional funding.

We will also start to more closely monitor the energy expenditure across our sites given the current significant increases in prices and to ensure that we correctly report the additional costs that we can also anticipate income from Welsh Government to cover.

RECOMMENDATIONS:

The Shared Services Partnership Committee is asked to note the :

1. Outturn financial position for 2021/22
2. Achievement of all key financial targets
3. Arrangements made to date in respect of the 2022/23 position
4. The content of this update and seek further information if required



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Through Partnership,
Innovation and Excellence*



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 SSPC with an update on performance as at 31st March 2022.

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:**

-

Ymgynghoriad/Consultation :

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):						
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE ✓
Argymhelliad/ Recommendation	<p>The Committee is asked to NOTE the:</p> <ol style="list-style-type: none"> 1. The significant level of professional influence benefits generated by NWSSP to 31st March 2022; 2. The performance against the high-level key performance indicators to 31st March 2022. 3. The content of this update and seek further information if required. 					

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 Claf: Quality, Safety & Patient Experience:	No direct Impact
Ariannol: Financial:	Distribution to NHS Wales
Risg a Aswiriant: Risk and Assurance:	Consolidation of Financial Risk
Safonau Iechyd a Gofal: Health & Care Standards:	No direct Impact
Gweithlu: Workforce:	No direct Impact
Deddf Rhyddid Gwybodaeth/ FOIA	Open



NWSSP Performance Information Report May 2022

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Purpose

The purpose of this report is to provide the Shared Services Partnership Committee (SSPC) with an update on Key Performance Indicators (KPIs) for the period to 31st March 2022.

These KPIs have been reported to the NHS Health Organisations as part of the Quarter 4 performance reports in line with SLA arrangements.

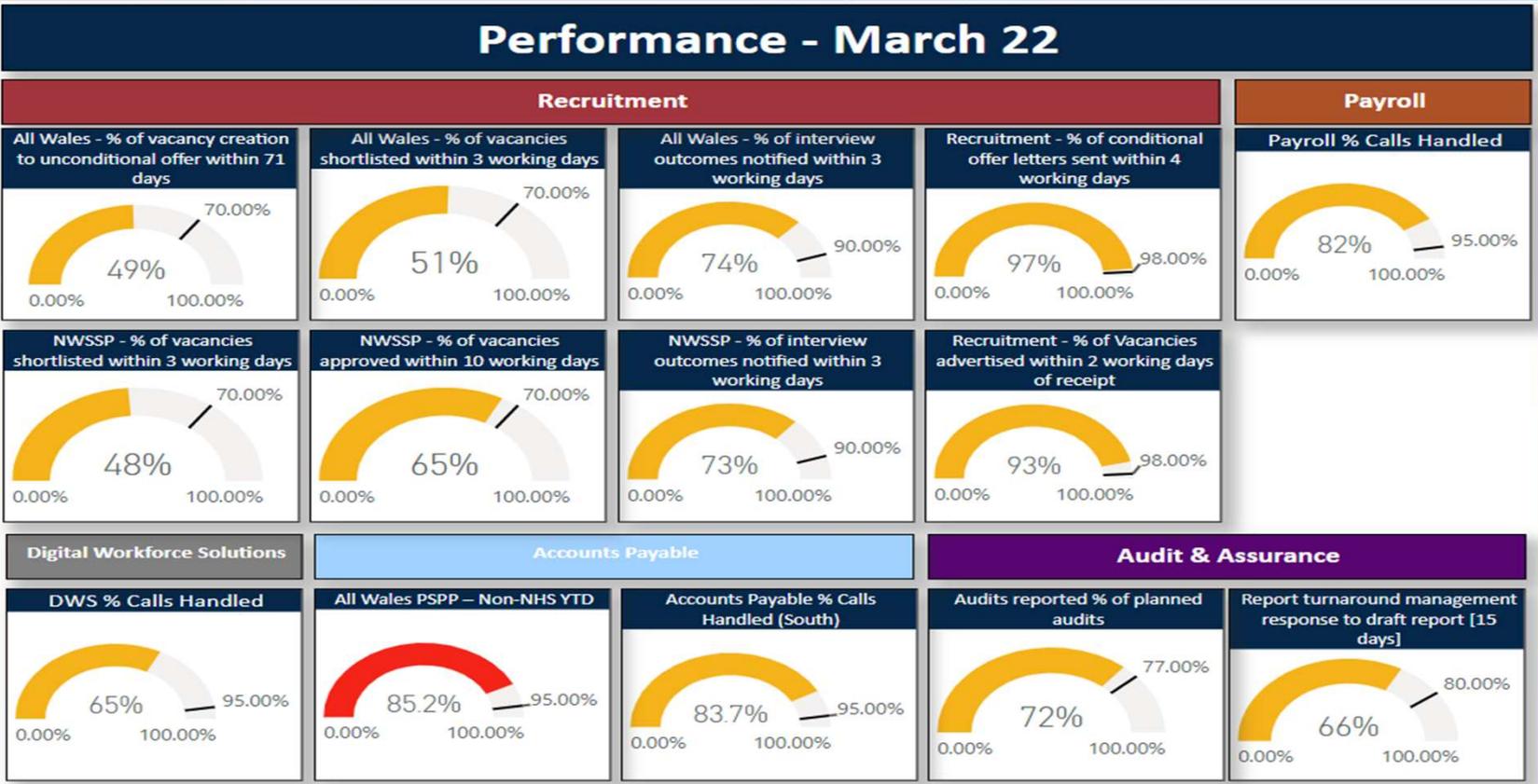
Key Messages

The in-month March performance was generally good with 17 KPIs achieving the target and some improvement noted within the Recruitment service area.

However, 14 KPIs were not achieved and the majority of these also did not achieve the YTD out-turn. For the indicators where the target was missed there is a brief explanation included.

NWSSP performance reports continue to be produced and distributed on a quarterly basis. The Quarter 4 reports were issued to the health organisations at the end of April. These reports reflect the ongoing developments in NWSSP performance reporting and incorporate feedback received to date.

Summary Position by Exception – 14 KPIs off target



Professional Influence Benefits (April 21 – March 22)

Service	YTD Benefit £m
Specialist Estates Services	22
Procurement Services	24
Legal & Risk Services	74
Total	120

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.

The benefits, which relate to Legal Services, Procurement Services and Specialist Estates Services can now be allocated across health organisations for all areas other than construction procurement. This is not possible for construction procurement due to the mechanism utilised to capture the data. Detail for health boards and trusts is reported in the individual performance reports issued to health organisations quarterly.

The indicative financial benefits across NHS Wales arising in the period April 2021 – March 2022 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	22
Procurement Services	24
Legal & Risk Services	74
Total	120

Summary of Key Performance Indicators – March 22

								21/22	
KFA	KPIs	Target		December	January	February	March	Trend	
Student Awards									
Excellence	% of NHS Bursary Applications processed within 20 days	100.00%	Monthly	100.00%	100.00%	100.00%	100.00%		
Customers	Student Awards % Calls Handled	95%	Monthly	93.70%	94.20%	85.90%	95.11%		
Primary Care									
Excellence	Primary care payments made in accordance with Statutory deadlines	100%	Monthly	100%	100%	100%	100%		
Excellence	Prescription - keying Accuracy rates (Payment Month)	99%	Monthly	99.71%	99.83%	99.81%	99.68%		
Excellence	Urgent medical record transfers actioned within 2 working days	100%	Monthly	100%	100%	100%	100%		
Legal & Risk									
Value for Money	Savings and Successes	£65m annual target	Monthly	£11,419,398	£3,668,717	£3,402,513	£3,128,562		
Excellence	Timeliness of advice acknowledgement - within 24 hours	90%	Monthly	100%	100%	98%	100%		
Excellence	Timeliness of advice response - within 3 days or agreed timescale	90%	Monthly	93%	93%	85%	100%		
Welsh Risk Pool									
Excellence	Time from submission to consideration by the Learning Advisory Panel	95%	Monthly	100%	100%	100%	Not Available until after LAP		
Excellence	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	Monthly	100%	100%	Not Available until after May WRPC	Not Available until after May WRPC		
Excellence	Holding sufficient Learning Advisory Panel meetings	90%	Monthly	100%	100%	100%	100%		
Specialist Estates Services									
Value for Money	Professional Influence	£16m annual	Monthly	£2,012,227	£366,155	£176,811	£538,546		
CTES									
Excellence	P1 incidents raised with the Central Team are responded to within 20	80%	Cumulative	100%	100%	100%	100%		
Customers	BACS Service Point tickets received before 14.00 will be processed the	92%	Monthly	100%	100%	100%	100%		
Digital Workforce									
Customers	DWS % Calls Handled	95%	Monthly	91.00%	77.66%	85.70%	64.70%		
SMTL									
Excellence	% of incident reports sent to manufacturer within 50 days of	Under Review	Monthly	88%	100%	100%	100%		
Excellence	% delivery of audited reports on time (Commercial)	87%	Monthly	100%	95%	83%	100%		
Excellence	% delivery of audited reports on time (NHS)	87%	Monthly	100%	83%	Not Applicable	Not Applicable		

Summary of Key Performance Indicators – March 22

KFA	KPIs	Target		December	January	February	March	Trend
Audit & Assurance								
Excellence	Audits reported % of planned audits	77%	Cumulative	42%	53%	60%	72%	
Excellence	% of audit outputs in progress		Cumulative	29%	32%	32%	26%	
Excellence	Report turnaround management response to draft report [15 days]	80%	Cumulative	72%	67%	63%	66%	
Excellence	Report turnaround draft response to final reporting [10 days]	80%	Cumulative	99%	80%	99%	99%	
Procurement Services								
Value for Money	Procurement savings *Current Year	£22.04m	Cumulative	£23,566,782	£25,200,470	£24,880,637		
Accounts Payable								
Excellence	All Wales PSPP – Non-NHS YTD	95%	Quarterly	95.10%	Reported Quarterly	Reported Quarterly	95.00%	
Excellence	All Wales PSPP –NHS YTD	95%	Quarterly	84.10%	Reported Quarterly	Reported Quarterly	85.20%	
Customers	Accounts Payable % Calls Handled (South)	95%	Monthly	94.80%	84.30%	86.60%	83.70%	
Employment Services								
Payroll								
Excellence	Overall Payroll Accuracy	99.60%	Monthly	99.64%	99.78%	99.71%	99.70%	
Customers	Payroll % Calls Handled	95%	Monthly	89.75%	63.80%	61.64%	82.34%	
Recruitment All Wales								
Excellence	All Wales - % of vacancy creation to unconditional offer within 71 days	70.00%	Monthly	37.00%	35.40%	47.40%	49.10%	
Excellence	All Wales - % of vacancies approved within 10 working days	70.00%	Monthly	65.40%	72.10%	77.30%	71.10%	
Excellence	All Wales - % of vacancies shortlisted within 3 working days	70.00%	Monthly	54.50%	48.00%	57.90%	51.10%	
Excellence	All Wales - % of interview outcomes notified within 3 working days	90.00%	Monthly	72.80%	74.00%	76.30%	74.00%	
Recruitment Responsibility								
Excellence	Recruitment - % of Vacancies advertised within 2 working days of receipt	98.00%	Monthly	51.30%	66.90%	99.20%	92.70%	
Excellence	Recruitment - % of applications moved to shortlisting within 2 working days of vacancy closing	99.00%	Monthly	99.80%	99.10%	99.60%	99.00%	
Excellence	Recruitment - % of conditional offer letters sent within 4 working days	98.00%	Monthly	18.00%	26.70%	56.70%	96.60%	
Customers	Recruitment % Calls Handled	95%	Monthly	97.40%	89.50%	93.40%	96.90%	
NWSSP as an Org								
Excellence	NWSSP - % of vacancies approved within 10 working days	70.00%	Monthly	73.20%	76.50%	85.70%	65.30%	
Excellence	NWSSP - % of vacancies shortlisted within 3 working days	70.00%	Monthly	54.00%	33.30%	49.20%	47.60%	
Excellence	NWSSP - % of interview outcomes notified within 3 working days	90.00%	Monthly	72.10%	65.80%	74.30%	72.60%	

Employment Services – Recruitment

All Wales

- 49% of records are meeting the target of creation to unconditional offer within the targeted 71 days with an average of 84 days.
- 51% of records are shortlisted within the 3 working days target taking on average 8 days.
- 74% of records have the interview outcomes notified within the target of 3 days with an average of 2 days.

Over the last few months several new actions have been put in place to the recruitment process and improvements in the time to hire target are starting to return to acceptable levels. The additional resource that was brought in during the autumn is now returning the benefits. In addition, the modernisation program is aiming to enhance the service we deliver whilst also delivering against our targets.

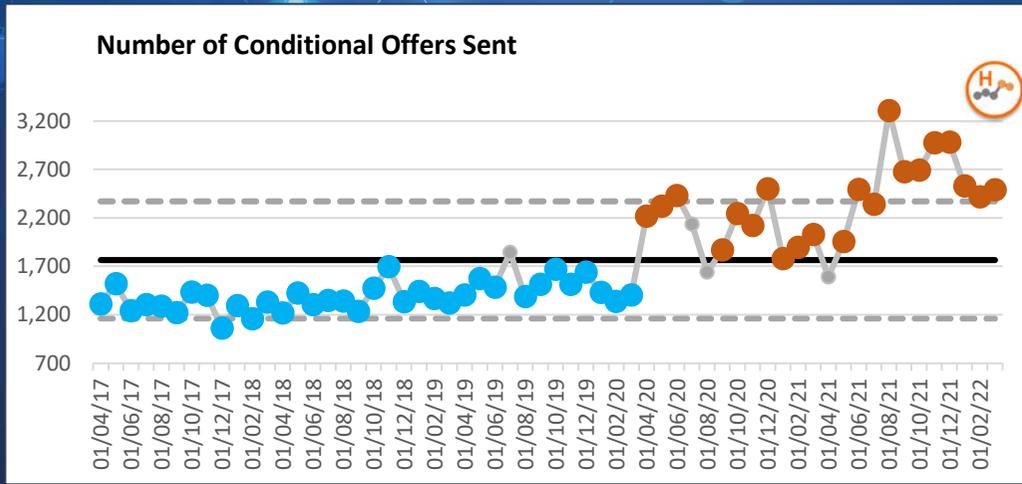
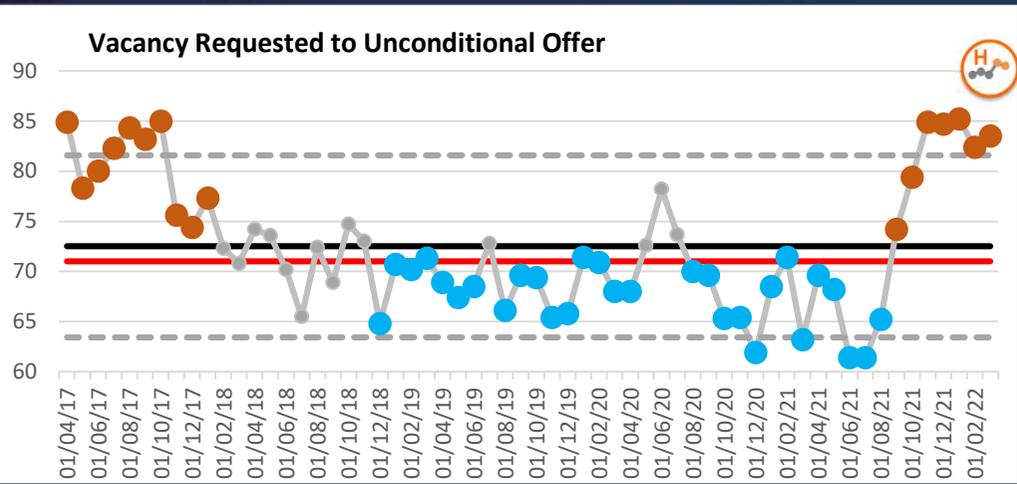
NWSSP as an Employer (NWSSP vacancies are the responsibility of the NWSSP Appointing Managers)

- 65% of records have the vacancies approved within the target of 10 days with an average of 9.4 days.
- 48% of records are shortlisted within the 3 working day target taking on average 11 days.
- 73% of records have the interview outcomes notified within the target of 3 days with an average of 2.8 days.

NWSSP as the recruiter

- 93% of records have the vacancies advertised within the target of 2 working days with an average of 1.7 days.
- 97% of records have the conditional offer letters sent within the target of 4 days with an average of 3.6 days

The recruitment teams are still currently experiencing unprecedented levels of demand compared to 2018, which has meant in some instances compliance with the KPI measures has been missed. Recruitment continues to work with recruiting managers through customer meetings and invited organisations to suggest any improvements specifically to the conditional and unconditional offer processes.



Employment Services – Payroll % Calls Handled

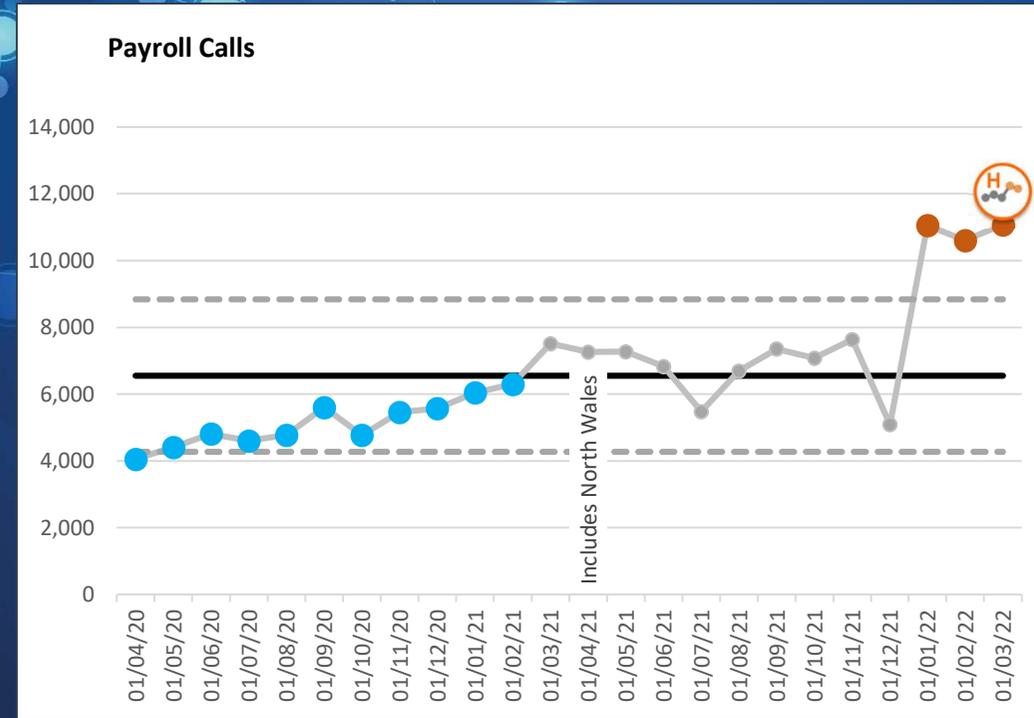
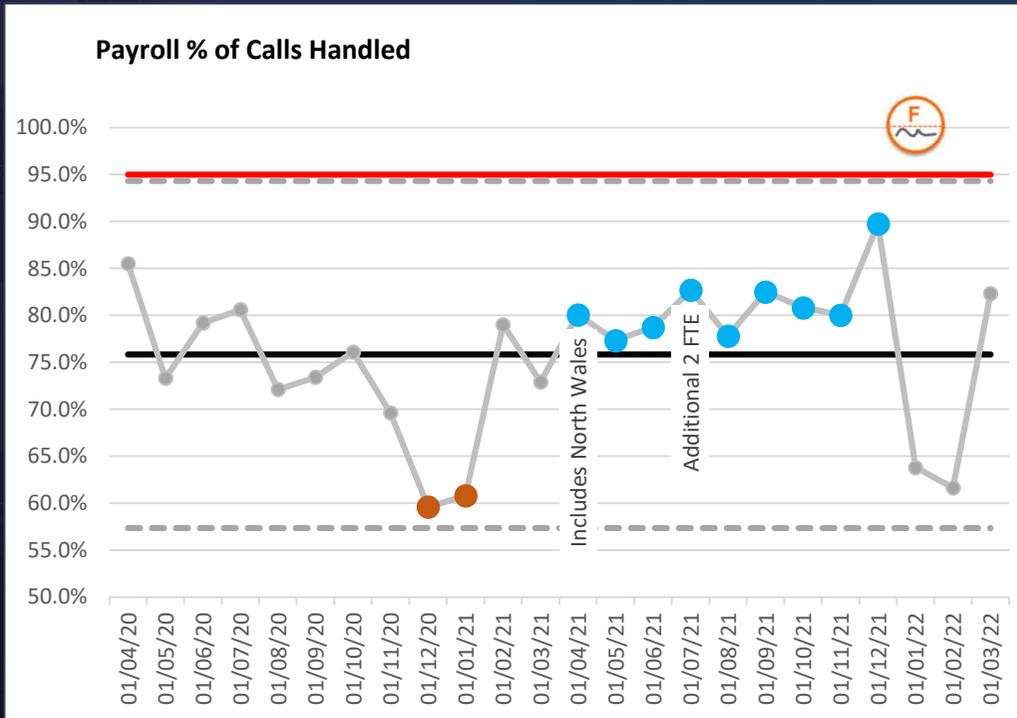
For the month of March 82% of calls were handled against the target of 95%.

Performance has improved this month however, remains behind target due to unprecedented high volumes of calls and the complexities of calls received. In addition, there has been sickness within the team coupled with vacancies. Some vacancies have been appointed to within the month alongside the use of bank to increase the availability of Call Handlers.

As you would expect when the payslips are made available and pay day are the pressure points where a high volume of calls are received on a couple of days and where most of the unanswered calls can be attributed to.

The charts below show performance and activity over the last 24 months.

It is worth highlighting that the 95% target is above the upper process limit and is unlikely to be achieved. The Orange F suggests that target will consistently be missed.

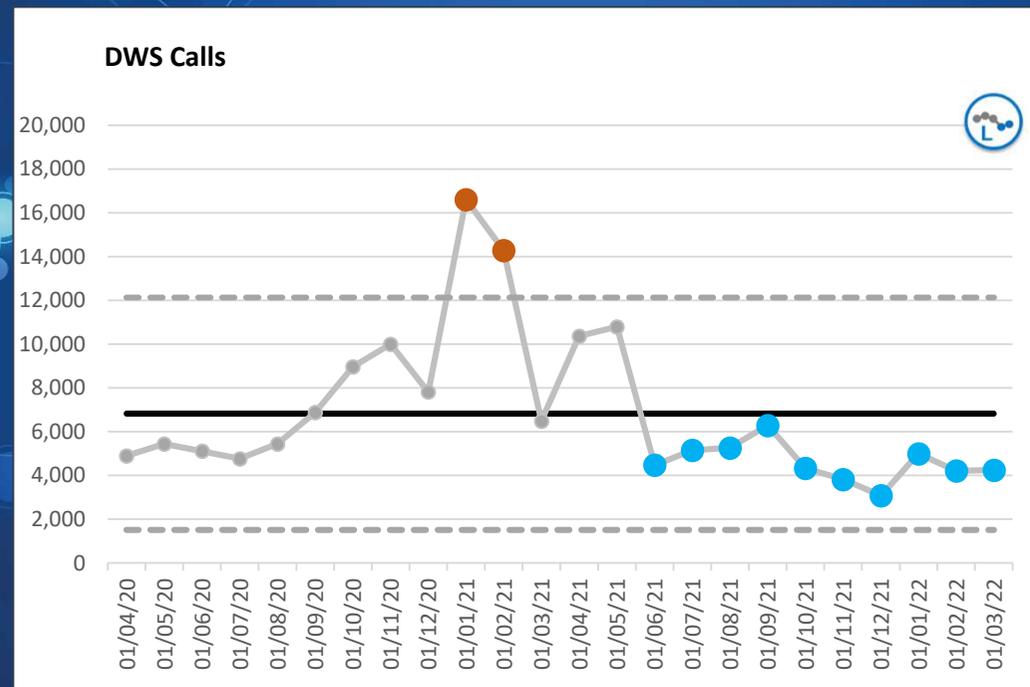
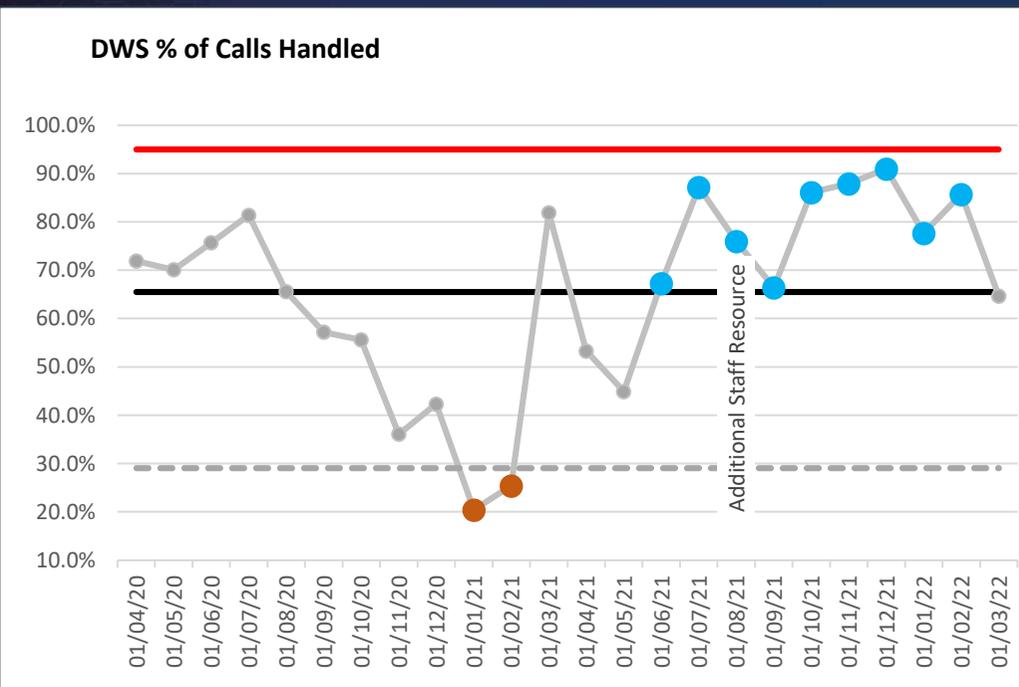


Digital Workforce Solutions – % of calls Handled

For the month of March 65% of calls were handled against a target of 95%.

Performance has deteriorated on the previous month, there continues to be vacancies within the team combined with annual leave being utilised has impacted on the performance. The vacancies are in the process of being interviewed for and bank staff is being employed.

The charts below show performance and activity over the last 24 months.



Accounts Payable - % Calls Handled

For the month of March 84% of calls were handled against the target of 95%.

Performance has slightly improved this month however, missing the target. The reason for the drop in performance is due to resource within the team caused by new starters being trained and vacancies. The vacancies are in the process of being appointed to.

Accounts Payable – NHS YTD Public Sector Payment Policy (PSPP)

The Year to date figure for NHS Wales was 85.2% of NHS invoices paid within 30 days against the target of 95%

This KPI is reported directly from Welsh Government using the organisations Monthly Monitoring Returns (MMR) and is for information.

Audit & Assurance - Audits reported % of planned audits

Performance of Audits reported as 72% of planned audits was slightly behind the target of 77% but a further 26% of audits are work in progress. These need to be brought through to Draft/Final Report stage and due to be reported in April/May 2022.

A&A are aware of the pressures and competing priorities at Health organisations and so the key focus is on ensuring that reports get to the next Audit Committee, even if the response deadline is missed, to ensure effective action can be taken. It is still the aim that all planned audit work will be delivered within the agreed timeframes we have with the health organisations.

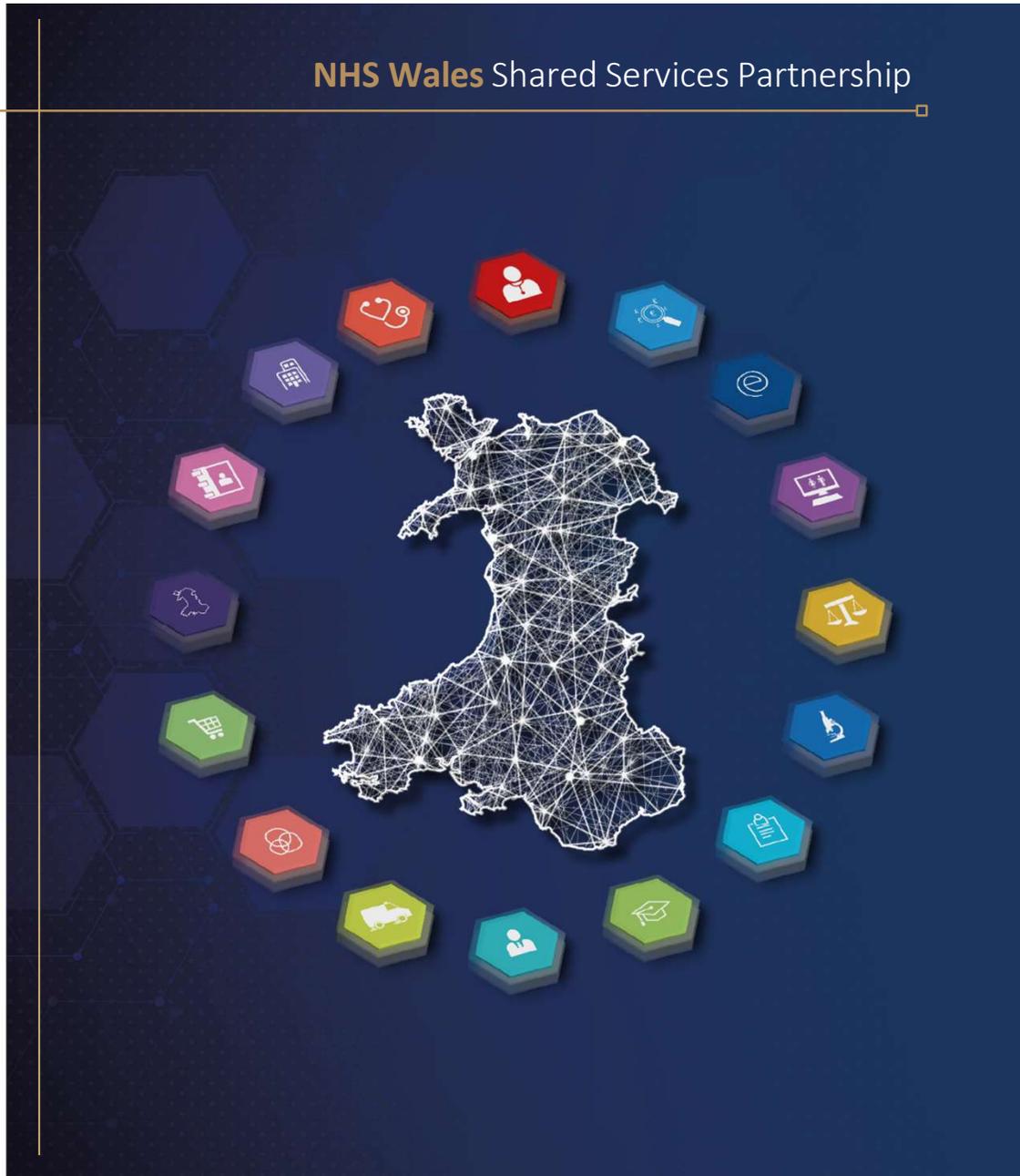
Numbers of expected audits vary from month to month and all audits planned were submitted to the audit committees.

Report turnaround management response to draft report [15 days] which measures the performance of turnaround times within the health organisation. The target has slightly been missed with 66% against a target of 80% however, Heads of Audit discuss these delays directly with Health Organisations.

Summary

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

- The significant level of professional influence benefits generated by NWSSP to 31st March 2022
- The performance against the high-level key performance indicators to 31st March 2022.
- The content of this update and seek further information if required.





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AGENDA ITEM:5.3

19 May 2022

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Project Management Office Update Report

ARWEINYDD: LEAD:	Alison Ramsey, Director of Planning, Performance, and Informatics
AWDUR: AUTHOR:	Ian Rose, Head of Project Management Office
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 SSPC with an update on progress with key projects.

Llywodraethu/Governance

Amcanion: Objectives:	<p>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.</p> <p>Excellence - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.</p> <p>Staff - To have an appropriately skilled, productive, engaged and healthy workforce.</p>
Tystiolaeth: Supporting evidence:	-

Ymgynghoriad/Consultation :

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 progress with key projects.				

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 Claf: Quality, Safety & Patient Experience:	No direct Impact
Ariannol: Financial:	Distribution to NHS Wales
Risg a Aswiriant: Risk and Assurance:	Consolidation of Financial Risk
Safonau Iechyd a Gofal: Health & Care Standards:	No direct Impact
Gweithlu: Workforce:	No direct Impact
Deddf Rhyddid Gwybodaeth/ FOIA	Open



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NHS Wales Shared Services Partnership

PMO Report

NWSSP PMO Monthly Update – May 2022

Prepared by Gill Bailey, Assistant Head of PMO

Date of Updates provided: 11/5/2022

Monthly Summary	3
Recommendation	3
Medical Examiner	5
Student Awards	5
Laundry Transition	7
TRAMs Programme	8
Cleric	9
FPPS GP Payments – PCS	10
Demographics Transformation - PCS	11
Digital Identity Checks	12
Performers List & WNWRS	12
Data Management – PCS	13
L&R Case Management System	14
Single Lead Employer – Phase 3	16
CTMuHB Ward Storage	17
Customer Contact Centre	18
Community Dressings Phase 2 CTMuHB	19
Community Dressings Phase 1 Powys	20
Payroll e-Forms	21
Occupational Health Checks	21
IBML Scanner Implementation	22
Agile Estates Strategy	23
Decarbonisation Action Plan	23

Monthly Summary

The PMO is currently supporting 24 live schemes of varying size, complexity and providing a range of support from different points within the project lifecycle.

Within the PMO, we have 7 Project Managers and 2 Assistant Heads also acting as PPM Business Partners supporting schemes all of which are at different points within the project or programme lifecycle.

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

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

- **45% (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.
- **42% (10 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP Divisions
- **13% (3 Schemes) Health board** – Typically supporting schemes for health boards but where NWSSP play a role in the service provision

Several initiatives are in the pipeline for onboarding as part of the 2022-23 IMTP Divisional Plans which will take the ongoing volume of activity back up towards 30 live projects.

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.

Recommendation

SSPC is asked to:

- Note the update on progress with key projects.

Key Trend information and Initiative Overview

Initiatives – 24

Scheme Scale							
All Wales	SRO	RAG	SIZE	Revised Completion	Original Completion	% Completion	Support Type
Demographic Transformation	Ceri Evans	Green	Large	31/07/2023	31/07/2022	62%	Project Management
Medical Examiner	Andrew Evans	Amber - Cost	Large	31/10/2022	31/03/2021	85%	Project Management
Performers List	Neil Jenkins	Green	Medium	31/03/2023	31/03/2022	37%	Project Management
Single Lead Employer Phase 3	Ruth Alcolado	Green	Medium	31/07/2022	30/09/2022	84%	Project Management
Student Awards System Existing Stablisation and New System Spec	Darren Rees	Red - Scope/Quality	Medium	31/03/2023	31/03/2021	20%	Project Management
TRAMS Phase 2 OBC Developments	Neil Frow	Amber - Cost	LargeXorg	31/12/2023	31/03/2022	15%	Project Management
TRAMS SE Wales Hub	Neil Frow	Amber - Cost	Large	31/10/2022	31/03/2022	40%	Project Management
Occupational Health Checks	Rebecca Jarvis	Green	Large	31/12/2022	31/03/2022	55%	Project Management
All Wales Laundry OBC Development	Neil Davies	Not PMO Measured	LargeXorg	31/12/2022	31/12/2022	0%	Project Management
Digital identity checking software	Darren Rees	Green	Large	30/09/2022	31/03/2022	30%	Project Management
FPPS GP Payments	Neil Jenkins	Green	Large	31/07/2022	01/05/2020	94%	Project Management

Scheme Scale							
Healthboard	SRO	RAG	SIZE	Revised Completion	Original Completion	% Completion	Support Type
Cwm Taf Phase 2 Community Dressings	Emma Williams	Green	Medium	31/08/2022	31/10/2021	72%	Project Management
Ward Stock Storage Assessment	Greg Dix	Blue	Small	30/06/2022	01/03/2021	100%	Project Management
Community Dressings Powys - Phase 1	Stephen Powell	Green	Medium	31/05/2022	31/03/2022	55%	Project Management

Scheme Scale							
NWSSP	SRO	RAG	SIZE	Revised Completion	Original Completion	% Completion	Support Type
Cleric Procurement of New System / contract	Tony Chatfield	Green	Small	30/06/2022	31/12/2020	80%	Project Management
Data Management	Andrew Evans	Green	Large	01/09/2024	01/09/2024	40%	Project Management
Patient Medical Records and Scanning Service Accommodation Review	Scott Lavender	Green	Large	31/08/2023	31/03/2022	20%	Project Management
Contact Centre (Scoping & Requirements)	Andrew Evans	Green	Medium	31/06/2022	31/03/2022	80%	Project Management
L&R Case Management System implementation phase	Mark Harris	Amber - Time	LargeXorg	31/12/2022	31/03/2022	59%	Project Management
Payroll e-Forms	Gareth Hardacre	Green	Large	31/03/2023	31/03/2022	54%	Project Management
IMBL Scanner implementation	Andrew Evans	Green	Small	31/08/2022	31/08/2022	50%	Project Consultancy
Decarbonisation Action Plan	Neil Davies	Blue	Medium	31/03/2022	31/03/2022	100%	Project Consultancy
CAF Remediation	Andy Butler	Green	Medium	TBC	TBC	0%	Project Management
Agile Estates Strategy	Neil Davies	Not PMO Measured	Medium	Not PMO Measured	Not PMO Measured	100%	Project Consultancy

Key Individual Project/Programme Updates		
Project Name	Project Manager	Project Exec/SRO
Medical Examiner	Bethan Rees	Andrew Evans (PCS)
Monthly Update (key/issues (blockages)/risks)		
<p>Status – Amber (Overall) Green (Time) Red (Cost) Green (Quality) Recent Gateway Review? No</p> <p>Objective Project Management of the set up and go live of the Medical Examiner service</p> <p>Progress Update The bill is scheduled to pass through Parliament in the Autumn, which will enable the service to move onto the next implementation phase and increase scrutiny of cases to full capacity prior to legislation being in place.</p> <p>Project Closure has been agreed for 31-Oct 22. A full closure report will be completed to review and capture any lessons learnt from the implementation.</p> <p>Main Issues, Risks & Blockers</p> <p>Only risk that remains relates to the financial process and the required funding letter from Welsh Government, but funding is not deemed to be at risk in the absence of such letter and the Programme Dir, Board and finance lead have accepted the risk on the basis funding continues.</p>		

Key Individual Project/Programme Updates		
Project Name	Project Manager	Project Exec/SRO
Student Awards	Bethan Rees	Lisa Williams / Darren Rees
Monthly Update (key/issues (blockages)/risks)		
<p>Status – Red (Overall) Amber (Time) Red (Cost) Amber (Quality) Recent Gateway Review? No</p> <p>Objective To provide replacement workflow management system for the student awards service which provides bursary payments to healthcare students in NHS Wales.</p> <p>This is due to the existing system reaching end of service life without the option to extend the support contract arrangements beyond March 2023.</p> <p>Progress Update</p> <ul style="list-style-type: none"> The Student Award System (SAS) contract support agreement with Kainos in place to end of March 2023. This option has now been exhausted & further extensions would contravene Procurement OJEU rules & regulations. The OBC is currently being updated which also includes the emergent option of utilising the services of the NHS Wales MSO 365 Centre of Excellence (hosted by DHCW) to develop new software for Student Awards & Student Streamlining being 		

explored & will be concluded in the coming weeks. However, this does present risks around potential costs, timescales, development resources and overall readiness to develop and implement a new system within the current constraints faced.

The preferred option remains to procure a new solution from the market & the deadline to submit the tender to market is 31st May, subject to funding being approved by Welsh Government but this is a major risk as there is no guarantee of funding at present.

A failure to meet this deadline will risk timescales to complete the procurement process and then also potentially disrupt service continuity could introduce potential delays to student bursary payments as part of the student awards service

Main Issues, Risks & Blockers

- A lack of funding could impact ability to issue the tender on time, affect product quality & disrupt service continuity post March 2023 which would require NWSSP IT maintain the system without supplier support and knowledge.
- Limited-service resources to support the system requirements development and future implementation within the service. This could impact on timescales & implementation of new software, therefore affecting delivery of new product on 1st April 2023.
- Vulnerability and end of support for legacy software and hardware remains a risk but will be mitigated through any new system implementation.
- GDPR risk from hosting end-of-life systems. Higher risk of a full Records Management breach, risks around the fragility of an unsupported system and the potential of data loss or corruption of thousands of student data records which could pose potential monetary penalties of several million pounds for a loss.
- An assurance from SBUHB is required to continue indefinitely hosting the legacy service is needed at least until March 2023 where successful implementation of a new system will remove the need for any future support. However, if we do not successfully implement a new system it would place continued risk on the existing arrangements and require indefinite support from SBUHB, this is currently being revisited for clarification through discussion with the NWSSP Chief Digital Officer and a counterpart in SBUHB.

Project Name	Project Manager	Project Exec/SRO
Laundry Transition	Ian Rose	Neil Frow
Monthly Update (key/issues (blockages)/risk assessments)		
<p>Status- Amber (Overall) Amber (Time) Amber (Cost) Green (Scope)</p> <p>Recent Gateway Review? No, However the Laundry Transformation Parent Programme has</p> <p>Objective</p> <p>As part of the laundry transformation programme, the transition project was initiated to devise an approach to transferring laundry budget for the three laundries in Llansamlet, Glan Clwyd and Greenvale. This was approved by the Shared Services Partnership committee and verified within the Health Boards in Mar 2021 as part of transferring the laundry services for NHS Wales to NWSSP.</p> <p>Progress Update</p> <p>Three laundries continue to operate on the agreed basis as a result of the transfer in Apr 21:</p> <ul style="list-style-type: none"> • Glan Clwyd – MOTO signed by organisations and circulated; this action is Complete. • Llansamlet – TR1 for signed which supports the asset transfer and Velindre seal applied by the Chair & Deputy Chair. Complete. • Aneurin Bevan / Greenvale – MOTO has been circulated and a response to ABUHB has been provided stating any contributions will be made in line with the inherited laundry budget which does not include road or capital IT but does include a small budget for day-to-day IT contributions. <p>This position has been documented and provided to ABUHB and any further discussion should be followed up by the respective finance teams.</p> <p>Two Laundries transferred via a separate project in October 2021 led by Mark Roscrow and Lee Wyatt on different terms to the first three and operate as planned under those arrangements.</p> <p>Project Closure anticipated in May 2022 on confirmation of ABUHB moto acknowledgement.</p> <p>Main Issues, Risks & Blockers</p> <p>No issues observed on the basis MOTO agreement is not legally binding and service will remain uninterrupted.</p> <p>Consideration should be given to accelerating the laundry IT service provision from ABUHB to NWSSP network (managed by DHCW via SLA) to mitigate any potential IT service disruption which whilst being minimal and affecting a small number of users, it would not jeopardise linen production.</p>		

Programme Name	Programme Manager	Project Exec/SRO
TRAMs Programme	Peter Elliott	Andrew Evans (Welsh Gov) & Neil Frow

Monthly Update (key/issues (blockages)/risk assessments)

Status- **Amber** (Overall) **Green** (Time) **Red** (Cost) **Green** (Scope)

Recent Gateway Review? – No Gateway Reviews have been commissioned by the SROs.

Objective

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 met on 21 March 2022 and approved the following:

- Revised Programme Plan extending the duration of the Programme up to 2030. This is seen as essential both for financial affordability and to manage the pressures on the service of supporting transformational change. To mitigate service risks a managed regionalisation of the service will proceed in advance of the commissioning of the new hubs.
- Exception Report #3 for the SE Wales Hub Project which determined:
 - That the project scope is now aligned with the Programme Business Case.
 - That the project remains affordable at current cost estimates, subject to the demonstration of benefits and best value in the OBC.
 - That the refurbishment of IP5 as the site for the SE Wales Hub is not viable owing to the unresolved issue of electric power supply.
 - That alternative sites will therefore be assessed before design work resumes, and this work has now been begun with SES support.
- That a fee request be submitted to Welsh Government for the year 2022-23 covering the SE Wales Project and NWSSP Programme costs. The core Programme Team is now fully recruited including two dedicated Project Managers

Other Projects within the programme are proceeding on track:

- Provisional locality selection for the SW and North Hubs, engaging closely with relevant regional stakeholders
- Process mapping and digital scoping, with the engagement of the Chief Pharmacist Group, report due in early May.
- Procurement and deployment of the electronic Pharmacy Quality Management System (ePQS) which amongst other things will support design validation and ultimately regulatory approvals for the new hubs
- Organisational Change Project, now divided into OCP1 and OCP2. Successful completion of OCP1 during Q1 and Q2 of 2022-23 is a precondition for progressing the regionalisation of the service, and for undertaking OCP2.
- Education and Training Project, which is successfully delivering new science-based qualifications to the service, in partnership with HEIW.

Communications actions managed at Programme Level include:

- A wider Clinical Reference Group is being convened with the assistance of the NWSSP Medical Director, this group will meet quarterly to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives.

- Staff Engagement Sessions to communicate the results of locality selection are now being planned for July and August.
- An end of year Progress Report has been approved for distribution to executive stakeholders
- Engagement with UK peer projects on standardising the product catalogue and commissioning product stability studies Stakeholder communication to key groups completed in the last three weeks including SSPC, Key health board stakeholders, Welsh Government and pharmacists.

Main Issues, Risks & Blockers

- Identifying a suitable site for the SE Wales Hub.
- Securing Fees to complete the SE Wales OBC which is linked to the above risk.
- Ongoing cost inflation in the construction and scientific equipment markets. This is not necessarily TRAMS specific but a global market pressure that will act on all major capital projects. Based on current position, the programme has been deemed **“Amber”**.

Risk to services provided in the SE locality is small due to existing services however these are dependent on modernisation and delays in a SE Hub conclusion could, in the medium to long term increase risks to those services.

Project Name	Project Manager	Project Exec/SRO
Cleric	Peter Elliott	Tony Chatfield
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Amber (Cost) Green (Scope)		
<u>Recent Gateway Review? – No</u>		
<u>Objective</u> Providing logistics software for Health Courier Service that is secure, and technically, commercially, and operationally sustainable.		
<u>Progress Update</u> Final end-to-end validation of the new service, to prove all issues are resolved and full functionality is available was completed on 19 Apr 22. The service will have paper worksheets in place for the revised go live date in line with Disaster Recovery arrangements, as a precaution. Decommissioning of the legacy servers and safe disposal is being planned with NWSSP IT for end of May. The project will then close.		
<u>Main Issues, Risks & Blockers</u> Whilst the controlled service migration and go live was planned for the weekend of		

23rd/24th April, the final validation identified an issue that will need to be resolved this means the Go Live date will be **delayed by 2 weeks and will now take place on the 14th/15th May.**

This does not present a risk to operational services, as existing processes are being maintained on the existing system until the migration is complete with continuity plans available in the event of service outage as confirmed with the Head of Logistics.

Project Name	Project Manager	Project Exec/SRO
FPPS GP Payments – PCS	Gill Bailey	Neil Jenkins
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope)		
Recent Gateway Review? – No		
<p><u>Objective</u> The existing 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. NHS England have developed a replacement system and consequently the GMS (GP) payment module of NHAIS will be de-commissioned.</p> <p>NWSSP PCS have entered into an agreement with Business Services Organisation, Northern Ireland to replicate their own system known as Family Practitioner Payments System (FPPS) for NHS Wales. The project aim is to implement FPPS for NHS Wales.</p>		
<p><u>Progress Update</u> Following input of Enhanced Services (ES) claims by Practices into FPPS, data extract produced and successfully uploaded to NHAIS for payment at the end of April.</p> <p>The project also includes implementing the actual payment to GP Practices using Oracle facilitated by NWSSP Accounts Payable team.</p>		
<p><u>Main Issues, Risks and Blockers</u> Several issues have arisen resulting in a delay to completing the Pension estimates:</p> <ul style="list-style-type: none"> • Late publication of Pension Form by Pension Agency; • Ongoing issues with integrity of GP data, now resolved; and • Additional Pension information required such as AVC, Additional yrs., Additional contributions feature enhancement ticket, now released to production. <p>Whilst these issues have been resolved, further development work is required to provide Practices with a breakdown of their payments. PCS are managing Practice expectations with a manual work around being put in place as a priority.</p> <p>An unexpected issue arose prior to the April payment resulting in the payment being processed via the existing system as opposed through Oracle but there was no impact on GP practices. The team are currently in the process of resolving the issue ahead of May payment, but this is being monitored.</p>		

Project Name	Project Manager	Project Exec/SRO
Demographics Transformation - PCS	Gill Bailey	Ceri Evans
Monthly Update (key/issues (blockages)/risk assessments)		
<p>Status- Green (Overall) Green (Time) Green (Cost) Green (Scope) Recent Gateway Review? – No</p> <p>Objective The existing 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.</p> <p>Implementation of replacement functionality such as:</p> <ul style="list-style-type: none"> • Use of Welsh Demographic Service provided by 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 Primary Care Registration Management System (PCRM) provided by NHS Digital (England) • Implementation of in-house medical records notification • De-commission NHAIS local boxes <p>Progress Update All replacement IT infrastructure hardware has been installed and is operational at both sites; Newport and Mamhilad.</p> <p>Work package for NHAIS support and maintenance service provided by NHS Digital is in draft. Waiting for final version to be issued before sign-off can be provided.</p> <p>Meeting held with Project Executive to review the current position. Whilst it is unlikely that the PCRM transition will take place this financial year, it has been recognised that some of the workstreams can still progress. A meeting has been scheduled with the Project Team for 12 May 2022 to review and update the project plan.</p> <p>Main Issues, Risks and Blockers</p> <p>There is a delay to the implementation of PCRM, however existing systems will continue to ensure continuity of existing service. Regular meetings are scheduled with NHS Digital to monitor progress.</p> <p>The team have been made aware of a risk for NHS Digital. The risk is that NHS Digital will not have subject matter expertise to continue to support the NHAIS systems until NHAIS decommissioning is completed, due to retirement/long term illness.</p> <p>The impact would be NHS Digital would struggle to achieve its Service Level Agreement with PCS and may be unable to resolve specific issues or deliver required software changes. NHS Digital have discussed the position with PCS and DHCW to explore contingency options plus an impact assessment will be undertaken by the project team, at which point any impact to customers and stakeholders will be confirmed.</p>		

Project Name	Project Manager	Project Exec/SRO
Digital Identity Checks	Gill Bailey	Darren Rees
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope)		
Recent Gateway Review? – No		
<p>Objective Due to the increase in NHS Wales recruitment activity and new guidance issued by the Home Office, the project aim is to implement software that will validate new employees' identity digitally. This will eliminate the need to undertake face-to-face pre-employment checks to enable resource to be re-directed to recovery and added value tasks.</p> <p>Progress Update Preferred Supplier identified and notified.</p> <p>Progressed stalled as Supplier is in the process of obtaining Cyber Essentials Plus certification.</p> <p>Workshop held on 21 Apr 2022 with NWSSP recruitment business partners to gather information to create Standard Operating Procedure and enable existing processes to be updated. On completion of the above activities, the estimated Go Live date will be confirmed.</p> <p>Main Issues, Risks & Blockers The availability of the Security certification identified above has resulted in an additional 2-week delay to awarding the contract. At this stage, the impact is minimal as the Home Office have extended the temporary adjustments to 30 Sept 2022.</p>		

Project Name	Project Manager	Project Exec/SRO
Performers List & WNWRS	Alison Lewis	Andrew Evans
Monthly Update (key/issues (blockages)/risk assessments)		
Status – Green (Overall) Amber (Time) Amber (Cost) Green (Scope)		
Recent Gateway Review? – No		
<p>Objective Any General Practitioner (GP), optometrist, dentist, or pharmacist offering primary care in any NHS Wales setting is required to be registered on the Performers List for Wales and are required to meet the national health service regulations.</p> <p>Primary Care Services (PCS) manages the listing process on behalf of Local Health Boards in accordance with the provisions of an SLA. The process is underpinned by a legacy IT solution, elements of which are end of life and there is a requirement to migrate these to up to date, supported platforms.</p> <p>The Wales National Workforce Reporting System (WNWRS) is a primary care workforce tool providing necessary identification of all GPs and health professionals employed in GP practices to be covered by General Medical Practice Indemnity and enabling greater workforce planning. Ongoing funding for WNWRS has been agreed and is provided by Welsh Government.</p>		

Implementation of an integrated software system to capture Performers List and WNWRS data in accordance with regulations and national data, architecture, information governance and IT security standards.

Progress Update

Following recommended closure of the Performers List Project, a new joint Project has been established with Andrew Evans taking on the Project Executive role.

Start-up of the new project has commenced with the following activity undertaken:

- Review of the baseline position;
- Scoping of new joint project;
- Draft Governance arrangements agreed;
- Project Board and Project Team representation agreed; and
- First joint project board arranged for 25 Apr 2022.

Main Issues, Risks and Blockers

Discussions are ongoing with Procurement Services to review the options for extending the existing WNWRS system to 30Mar 2024. This will allow sufficient time for the development and implementation of an integrated system.

PCS project resource is still an issue, with further consideration required to understand the support available for this project particularly if WNWRS cannot be extended.

However, no immediate changes are anticipated that would impact on the end users. Stakeholder engagement with users is planned once we enter requirements gathering phase as part of the business case.

Project Name	Project Manager	Project Exec/SRO
Data Management – PCS	Alison Lewis	Neil Jenkins
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Amber (Time) Amber (Cost) Green (Scope)		
<u>Recent Gateway Review? – No</u>		
<u>Objective</u>		
To create solutions that enable data driven service development and performance management, and consistent views of PCS data which is accessible through streamlined channels.		
<u>Progress Update</u>		
The statement of works contract is now into delivery with IDPP Consulting the appointed contractor.		
Ophthalmic service area:		
<ul style="list-style-type: none"> • Formal review completed with some outstanding requirements identified • Provider reviewing to confirm timescales for completion 		
Pharmacy area:		
<ul style="list-style-type: none"> • Engagement session with subject matter experts undertaken 		

- Data dictionary work commenced
- Creation of data diagrams commenced

Review points are being scheduled for the next 2-3 weeks to review the output of the work to ensure it meets the requirements. This will require engagement with key PCS stakeholders.

Main Issues, Risks and Blockers

There is a gap in the data following the decision to remove GP data from the Statement of Works contract, due to cost and the SRO confirmed there was no funding available. This is being explored by the project board to try and secure funding to bring the GP data back in scope.

The gap means that GP data will be missing from the output of the contract. However, if the complete data for all services is not gathered it is anticipated there will be a difference in the benefits realised which will become clear once the initial data is produced.

Project Executive to discuss securing additional monies from 2022-23 budget to close this gap with Director of PCS.

Project Name	Project Manager	Project Exec/SRO
L&R Case Management System	Jenna Goldsworthy	Mark Harris
Monthly Update (key/issues (blockages)/risk assessments)		
Status – Amber (Overall) Amber (Time) Amber (Cost) Green (Scope)		
<u>Recent Gateway Review? – No</u>		
<u>Objective</u>		
The Legal & Risk current document storage solution (Virtual Cabinet) and the case management system are outdated and require upgrading. Business Case for a replacement system submitted to and approved by Digital Priorities Investment Fund (DPIF), Welsh Government.		
Following a tender process, DXC were awarded a contract to design, create and implement a case management system, document storage and sharing solution using Microsoft Dynamics 365.		
The project has been set up to implement the new solution above.		
<u>Progress Update</u>		
Following the creation of the requirements in DevOps by the Supplier (DXC), the L&RS Project team, including IT, have completed an initial review, and are liaising with DXC to finalise the design.		
The Azure Landing zone has been created and is setup ready for the build to begin.		
The Dynamics 365 licences (150) have been purchased with a 28% discount. This discount applies to any Microsoft products from the Server Cloud basket for the next three years (from Mar 20-22).		

NWSSP L&RS Team have reviewed the benefits plan to consider the decarbonisation benefits of the project and the benefits plan will be updated once the review has been completed.

Main Issues, Risks & Blockers

- Environment set up

As part of the project, 5 environments are required to be setup and a request was raised with DHCW to complete this by the 26 Apr 2022, but the task was delayed with the 5 environments being created on 6 May 2022.

- Data migration

It was highlighted that a key element of the work; transforming and migrating the data, was not included in the original scope of work for DXC with the expectation that L&RS would complete this.

To ensure this work is completed successfully, it has been agreed that DXC will provide additional support of 4 hours per week with the cost being met by L&RS.

Go Live Delay

Following approval of the exception plans, the Go Live date has been adjusted to 29 Sept 2022 which also reflects the impact of summer annual leave for key NHS stakeholders.

The position has been reported to and accepted by Welsh Government as the funding plan is not affected. Welsh Government have also agreed to change the milestones to aid project delivery and continuation of funding as the impact on the NWSSP service is negligible. A Quarter 4 report to Welsh Government was submitted on 12 Apr 2022.

Project Name	Project Manager	Project Exec/SRO
Patient Medical Records Accommodation – PCS	Jenna Goldsworthy	Scott Lavender
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Amber (Time) Green (Cost) Green (Scope) Recent Gateway Review? – No		
<u>Objective</u> The PCS team are undergoing an accommodation review of the Medical Records and Stores and Distribution teams driven by: <ul style="list-style-type: none"> • Property lease expiry • The need to secure additional storage space to ensure business as usual • Enable expansion of the medical record service. Produce business case and implement preferred option.		
<u>Progress Update</u> Immediate The team are finalising the contract with Johnsey's to secure a larger storage space from 01 May 2022 on the Mamhilad estate; 13,000 sq.ft storage unit with a 12-month lease. Once agreed, the stock from the interim 5,000 sqm building will be moved to the new short-term location and the lease for the 5,000 sq.ft building will be terminated.		

Once the larger space is available, additional deceased records will be moved from Brecon House to the new location to further ease capacity in Brecon House and allow the team to maintain their services.

Lease expiry

The PCS accommodation review has been completed and a business case has been submitted to PCS SMT for review. Once approved by SMT, the business case is planned to be submitted to NWSSP May SLG meeting.

Main Issues, Risks & Blockers

Due to the delays caused by changes in the market and changes in scope of the business case, there is a risk that the implementation of the desired solution may not be in place before the existing building lease expires which would prevent PCS stores from performing their services. Contingency options will be considered by the project board at the appropriate time which is currently anticipated in June 2022 once SLG have reviewed the business case in May 2022.

The business case includes proposed costs for the accommodation to provide the service. An opportunity to increase income has been identified to off-set the funding gap. There is a risk that the assumed additional income will not be realised which will result in a funding gap. PCS are currently reviewing the viability of the additional income.

If PCS cannot secure a new premise, PCS will not be able to provide expanded medical record services to new GPs and it would also impact existing services in relation to capacity should an existing GP expand PCS may not be able to host the additional medical records.

Project Name	Project Manager	Project Exec/SRO
Single Lead Employer – Phase 3	Jenna Goldsworthy	Ruth Alcolado
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope)		
<u>Recent Gateway Review? – No</u>		
<u>Objective</u>		
Establish NWSSP as the Single Lead Employer (SLE) for all trainees within NHS Wales by adopting a phased implementation approach. Establish arrangements to manage all trainee rotations whilst employed by NWSSP under the SLE model in partnership with HEIW and the Host Education and training providers (HBs).		
<u>Progress Update</u>		
On-boarding plan on target.		
Ad Hoc Locum Payments - Update on progress		
Health Board	Status	Comments
HDuHB	Completed	
CTUHB	Live	All SLE Employees at Cwm Taf are now part of the ad hoc locum payment scheme.

		Follow up meeting scheduled for Jun 2022 to include proposal to handover to Business as Usual.
ABuHB	Pilot to begin	Pilot rolled out with review scheduled for end of Apr2022. If successful, pilot will be expanded.
CVuHB	Implementation to begin Jul 2022.	First meeting held to discuss the Ad Hoc Locum Payment scheme. It has been agreed that CV will join once the SLE Programme is completed in May 2022. Expected to start Jul 2022.

Main Issues, Risks & Blockers

The late notification from HEIW to NWSSP of trainee termination dates has resulted in several trainees being overpaid. Work to investigate and calculate the overall impact is ongoing by HBs, HEIW and NWSSP. The output will be presented to the next Programme Board scheduled for **8th June 2022**.

Overpayments will need to be recovered and HEIW and NWSSP are reviewing processes to prevent a recurrence.

Project Name	Project Manager	Project Exec/SRO
CTMuHB Ward Storage	Bethan Clift	Greg Dix, CTMuHB
Monthly Update (key/issues (blockages)/risk assessments)		
Status -(Overall) Blue (Time) Blue (Cost) Blue (Scope) Blue		
Status updated to green in light of completion of Phase 1 and cessation of Phase 2		
<u>Recent Gateway Review?</u> – No		
<u>Objective</u>		
Development of NWSSP Supply Chain, Logistics & Transport (SC, L&T) service to support CTMuHB with stock management efficiencies as well as releasing Nursing time back to patient care.		
Phase 1: Implement modular storage solution which is tailored to the capacity and clinical requirements of 87 department/wards across Prince Charles Hospital, Royal Glamorgan Hospital and Princess of Wales Hospital.		
Phase 2: Implement ongoing management of stock and a stock put-away service provided by NWSSP SC, L&T.		
<u>Progress Update</u>		
Phase 1		
Following completion of the roll-out to Princess of Wales Hospital (POW) and Prince Charles Hospital (PCH), the CTM ward storage project has now been successfully completed at Royal Glamorgan Hospital (RGH), with the implementation of the cabinets being achieved by the 4-Apr 22.		
Project Closure was confirmed for the end of April. A project closure paper was prepared and signed off by NWSSP Supply Chain which documented any residual actions and how these will be taken forward in the business-as-usual environment.		

Main Issues, Risks and Blockers

Phase 2

Following installation of the modular cabinets, NWSSP Supply Chain, Logistics & Transport (SC, L&T) agreed to pilot a stock put-away service. The proof of concept has effectively gone live on 13 Wards across PCH and POW. To continue the roll-out and ongoing management of the service to Wards within all three hospitals, resource provided by NWSSP SC, L&T and funded by CTMuHB is required.

However, after due consideration, the Project Board have agreed to end the put away service on 30 Jun 2022 as there is limited healthboard funding available. There is no adverse impact on NWSSP SC, L&T as temporary resource was utilised

Project Name	Project Manager	Project Exec/SRO
Customer Contact Centre	Bethan Clift	Andrew Evans
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope)		
<u>Recent Gateway Review? – No</u>		
<u>Objective</u> Review and improve how our customers interact with NWSSP.		
<u>Progress Update</u> Following recent discussions, the project is now being redesignated a programme, which will consist of the former three workstreams detailed below:		
Contact Centre Model – Current arrangements and pathways have already been mapped. The team have also reviewed the model that exists in Digital Health and Care Wales and are due to visit CGI in Bridgend which will help inform and develop the future strategy.		
Supporting Infrastructure - A review of the timescales required to procure a replacement telephony system has resulted in a revised focus for this Project. Instead of undertaking detailed requirements and solution options analysis based on a future Contact Centre model that has not yet been defined, and for which the timescale and resource requirements maybe prohibitive, the Project will have two Workstreams:		
<p>Phase one - Telephony System. Given that replacement of the current system is a priority, governed by a specific timescale, the project team have met to discuss requirements to procure a telephony system that will meet current requirements and have the key features required to support a likely future Contact Centre model.</p> <p>Phase two - while time frames have yet to be agreed, this phase will explore platform options to deliver the model developed by the Contact Centre Model Project and will develop an options appraisal for further consideration by the Senior Leadership Group as it is highly likely to include a need for additional investment over and above what is already committed.</p>		

Improvement Model (NWSSP website) - The Team have been focussing on Employment Services in the first instance, and have identified the following four key areas to develop alternative solutions to agent contact:

- General Payroll queries
- Bank Staff: Annual Leave queries
- Bank Staff: Over Time queries
- Substantive Employees: Over Time queries

Process mapping have been developed for each and alternatives to agent contacts identified, e.g., signposting/information/flow charts etc. The next stage will be to use rapid improvement methodology, root cause analysis and Plan Do Study Act tools and techniques to design on-line solutions that can point people to the right information for their query.

Main Issues, Risks & Blockers

Supporting Infrastructure

Due to the time pressures to implement an operational contact centre and telephony phone system across NWSSP, and given the time constraints, the initial contract award will seek to implement a like for like solution, however the award will also have the opportunity to look at the longer term requirements and possible solutions.

Project Name	Project Manager	Project Exec/SRO
Community Dressings Phase 2 CTMuHB	Bethan Clift	Emma Williams
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Green (Overall) Green (Time) Green (Cost) Green (Scope)		
Recent Gateway Review? – No		
<u>Objective</u>		
To support Cwm Taf Morgannwg University Health Board with the implementation of a standardised approach to the supply and management of wound care products within the Community setting to release nursing time back to patient care.		
Phase 2: Implementation of a new service to be provided by NWSSP Supply Chain, Logistics & Transport.		
<u>Progress Update</u>		
Due to the Health Board's current financial position and commitment required for reoccurring monies to proceed with the end-to-end service the project has seen a delay. The Project Board have agreed to a new 'Go Live' date of 1 Jun 2022, however, this will be dependent on how quickly the business case is reverified.		
All preparatory tasks are on schedule in advance of the decision to proceed;		
<ul style="list-style-type: none"> • Supplier, Medstor have confirmed the cabinets estimated time of arrival is W/C 18 April, with delivery to IP5 as agreed with NWSSP Supply Chain lead; 		

- As some products are not available from NWSSP SC, L&T but can be purchased direct from the Supplier using Oracle, an exercise is being undertaken to set up and train district nurses to access and use Oracle.

Main Issues, Risks & Blockers

As the service did not go live at the end of Mar 22 as originally planned, CTMuHB will not realise the in-year full financial benefits. There is no impact on NWSSP SC, L&T.

Project Name	Project Manager	Project Exec/SRO
Community Dressings Phase 1 Powys	Bethan Clift	Stephen Powell
Monthly Update (key/issues (blockages)/risk assessments)		
<p>Status- Green (Overall) Green (Time) Green (Cost) Green (Scope)</p> <p><u>Recent Gateway Review? – No</u></p> <p><u>Objective</u> To support Powys Teaching Health Board with the implementation of a standardised approach to the supply and management of wound care products within the Community setting to release nursing time back to patient care.</p> <p>Phase 1: Facilitate development and approval of Business Case by Powys.</p> <p><u>Progress Update</u> A review of various processes to deliver dressings across Powys’s community teams has been undertaken. A business case has been finalised and approved by the Project Board and submitted for review and a decision to proceed to Phase 2 at which point overall progress will move to 90% and either plan steps to move into Phase 2 or plan project closure. The Project Executive has shared the Business Case with the Powys Executive team for approval and this decision is expected within the planned timescales of May 31^t 2022.</p> <p><u>Main Issues, Risks & Blockers</u> None</p>		

Project Name	Project Manager	Project Exec/SRO
Payroll e-Forms	Rhiann Cooke	Stephen Withers
Monthly Update (key/issues (blockages)/risk assessments)		
<p>Status- Green (Overall) Green (Time) Amber (Cost) Green (Scope) Recent Gateway Review? – No</p> <p>Objective Procure and implement a solution to replace current manual payroll processes dealing with new starters, staff movement and leavers as well as timesheets used to capture additional hours and shift work.</p> <p>Progress Update Limited progress whilst discussions are ongoing to determine if the NHS Wales MSO 365 Centre of Excellence hosted by DHCW can provide an appropriate solution for all or part of the requirement. Following conclusion, the business case can be updated.</p> <p>Main Issues, Risks & Blockers Funding for the project has not yet been secured but will be teased out during the completion of the business case. The project is aligned to the Payroll Modernisation programme.</p>		

Project Name	Project Manager	Project Exec/SRO
Occupational Health Checks	Rhiann Cooke	Rebecca Jarvis
Monthly Update (key/issues (blockages)/risk assessments)		
<p>Status- Green (Overall) Green (Time) Green (Cost) Green (Scope) Recent Gateway Review? – No</p> <p>Objective NWSSP have the responsibility to contract and manage an Occupational Health system on behalf of NHS Wales. The system enables Health Boards and Trusts to manage their Occupational Health records. The existing contract is due to expiry on 30 Nov 2022.</p> <ul style="list-style-type: none"> • Development of product specification • Procurement of replacement web-based software solution • Implementation of procured software solution ensuring a seamless transition with full ongoing support. <p>Progress Update Supplier demonstration days undertaken with stakeholder feedback from all Health Boards and Trusts utilised to inform product specification.</p> <p>Product specification completed and circulated to stakeholders for final comments. Tender publication planned for 16 May 2022.</p> <p>Main Issues, Risks & Blockers Several risks have been identified with the managing change process, if a different provider is the output of the procurement process. As part of mitigating these risks the following activities have been undertaken:</p>		

- Discussions with Health Boards and Trusts regarding the availability of resources to support the implementation;
- An implementation plan will be drafted whilst the tender is open to determine a realistic timeframe and resource allocation with risks highlighted. The Health Boards and Trusts will then be in a better position to escalate as appropriate.

Project Name	Project Manager	Project Exec/SRO
IBML Scanner Implementation	Rhiann Cooke	Ceri Evans
Monthly Update (key/issues (blockages)/risk assessments)		
<p>Status- Consultancy Not PMO measured Recent Gateway review? – Non applicable</p> <p><u>Objective</u> Installation and upgrade of 3 scanner machines for Primary Care Services located in Mamhilad and Companies House offices.</p> <p><u>Progress Update</u> PMO request received to provide advice to support the implementation of the replacement IBML Scanners at Mamhilad and Companies House.</p> <p>Project Manager allocated and project team established. The implementation has been divided into 3 phases:</p> <ul style="list-style-type: none"> • Phase 1: Installation and upgrade of scanner located in Mamhilad • Phase 2: Installation and upgrade of scanner located in Companies House (machine 1) • Phase 3: Installation and upgrade of scanner located in Companies House (machine 2) <p>Development of project plan, risks, issues, and lessons learned logs for Phase 1 completed</p> <ul style="list-style-type: none"> • Scanner constructed into one piece with internal PCS testing underway; and • Network connection completed on 28 April 2022 followed by ICR coding update. <p>Initial indications are that installation will be completed by 17 June 2022.</p> <p>Following completion of Phase 1, implementation dates for Phase 2 and Phase 3 will be established.</p> <p><u>Main Issues, Risks & Blockers</u> The contract for the support and maintenance of the IBML Scanners provided by Kodak Alaris was renewed but differences between the old and new support have been identified. Discussions are ongoing with Kodak Alaris to understand the impact. Early indications are that these are minimal as the upgraded machines will require less maintenance and shorter turnaround times to resolve the issues.</p> <p>As Kodak provide support within core hours but PCS staff work shift hours, the time slot for reporting faults requires further clarification.</p>		

The licence for AtalaSoft (3rd party add on) which is required for the Intelligent Character Recognition coding, is out of date. A software upgrade will be needed which could potentially impact timescales. PCS software development team are in the process of renewing the licence and reviewing the timelines.

Project Name	Project Manager	Project Exec/SRO
Agile Estates Strategy	Bethan Clift	Neil Davies
Monthly Update (key/issues (blockages)/risk assessments)		
Status- (Overall) (Time) (Cost) (Scope) Not PMO Measured		
Recent Gateway Review? – No		
<p>Objective NWSSP has committed to adopting an agile approach to its workforce model building on the success of this flexibility during the pandemic. However, in parallel, a project has been initiated to consider the future accommodation and space utilisation needs for NWSSP to support agile working.</p> <p>A steering group has been established with a supporting delivery team in place. We are working with ETL, an external company with specialist knowledge in space planning and utilisation.</p>		
<p>Progress Update Phase 1 – ETL successfully completed the staff surveys and divisional consultations, which allowed their team to feedback the key themes identified.</p> <p>Next steps involve discussion with SLG on the initial phase findings before confirming the scope for Phase 2.</p>		
<p>Main Blockers/Observations The project is reporting that phase 1 is one week behind, although the overall project is on target.</p>		
Project Name	Project Manager	Project Exec/SRO
Decarbonisation Action Plan	Bethan Clift	Neil Davies
Monthly Update (key/issues (blockages)/risk assessments)		
Status- Blue (Overall) Blue (Time) Blue (Cost) Blue (Scope)		
Recent Gateway Review? – No		
<p>Objective The NHS Wales Decarbonisation Strategic Delivery Plan (SDP) was published in Mar-21, with the strategy outlining plans to achieving a wide range of objectives by 2030. In line with these objectives all health organisations are directed to set out a Decarbonisation Action Plan (DAP) specific to each organisation by 31 Mar 2022.</p>		
Progress Update		

A conclusive version of the Decarbonisation action plan was approved by NWSSP SLG and subsequently submitted to Welsh Government on time.

A steering group and delivery team have been established to support delivery of the action plan.

Main Blockers/Observations

Key issue

To enable the project team to collate NWSSP's baseline footprint, Procurement Services need to extract NWSSP from Velindre's procurement emission data from Qlikview. At present, this data is still being worked through and is required to support the ability to understand data at all required levels.



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Shared Services
Partnership

AGENDA ITEM:5.4

19 May 2022

The report is not Exempt

Teitl yr Adroddiad/Title of Report

People and Organisational Development Update Report

ARWEINYDD: LEAD:	Gareth Hardacre, Director of People & Organisational Development
AWDUR: AUTHOR:	Zoe Grainger, Head of People Strategy, Planning and Insight
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Hardacre, Director of People & Organisational Development

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

The purpose of this report is to provide SSPC with a comprehensive update of current workforce performance across the organisation through a range of key workforce information metrics.

Llywodraethu/Governance

Amcanion: Objectives:	<p>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.</p> <p>Excellence - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.</p> <p>Staff - To have an appropriately skilled, productive, engaged and healthy workforce.</p>
Tystiolaeth: Supporting evidence:	-

Ymgynghoriad/Consultation :

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.				

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 Claf: Quality, Safety & Patient Experience:	No direct Impact
Ariannol: Financial:	Distribution to NHS Wales
Risg a Aswiriant: Risk and Assurance:	Consolidation of Financial Risk
Safonau Iechyd a Gofal: Health & Care Standards:	No direct Impact
Gweithlu: Workforce:	No direct Impact
Deddf Rhyddid Gwybodaeth/ FOIA	Open

NHS WALES SHARED PARTNERSHIP SERVICES COMMITTEE
 People And Organisational Development Report

INTRODUCTION / SUMMARY

MEETING	Shared Services Partnership Committee (SSPC)
DATE	April 2022
REPORT AUTHOR	Sarah Evans, Deputy Director of People & OD
RESPONSIBLE HEAD OF SERVICE	Gareth Hardacre, Director of People, OD & Employment Services
TITLE OF REPORT	Report of the Director of People, OD & Employment Services

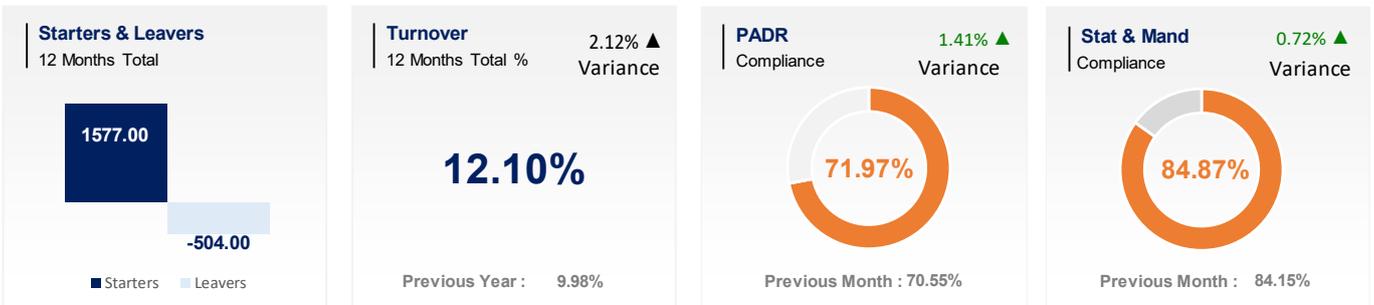
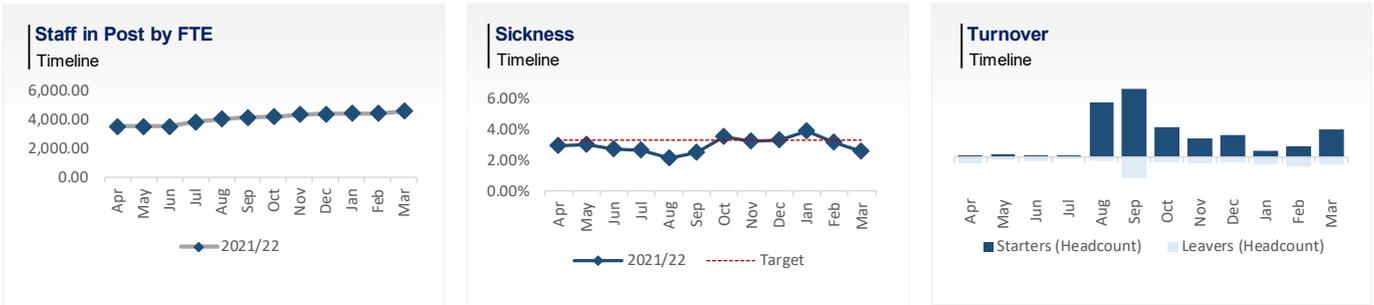
PURPOSE OF REPORT

The purpose of this report is to provide SSPC with a comprehensive update of current workforce performance across the organisation through a range of key workforce information metrics.

The report also provides an update on current work programmes being undertaken by the People & OD Function as well as formal employee relations activity and organisational change.

WORKFORCE INFORMATION

Workforce Summary



NWSSP STAFF IN POST

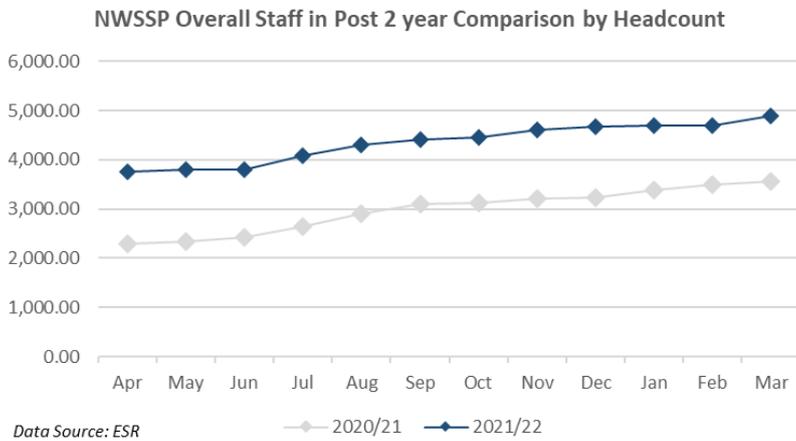
The table below outlines the directly employed contracted full time equivalent (FTE) and headcount figures for NWSSP.

As of 31st March 2022, and excluding SLE from these calculations, NWSSP's headcount currently sits at **2,200**, equating to an FTE of **2,025**

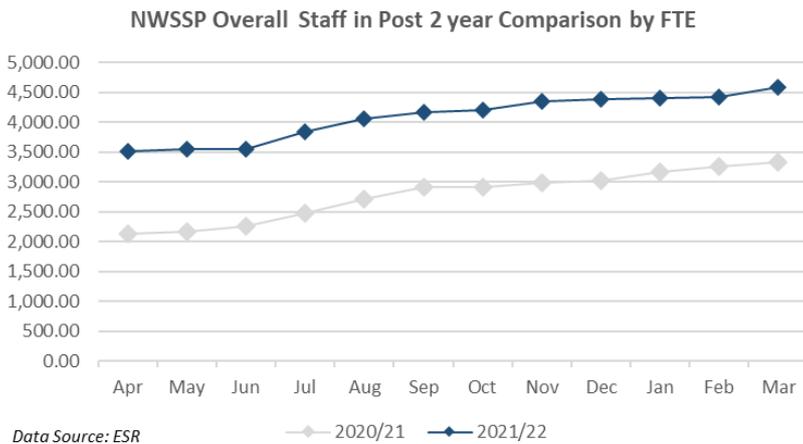
Section	Headcount		FTE		Headcount Change	
	Feb 22	Mar 22	Feb 22	Mar 22	Headcount Change +/-	Headcount Change +/- %
Accounts Payable Division	133	132	127.7	126.4	-1.00 ▼	-0.76%
Audit & Assurance Division	49	49	47.1	47.1	0.00	0.00%
Corporate Division	34	35	29.4	30.4	1.00 ▲	2.86%
Counter Fraud Division	7	7	7.0	7.0	0.00	0.00%
Digital Workforce Division	20	17	19.7	16.7	-3.00 ▼	-17.65%
E-Business Central Team Division	13	13	12.5	12.5	0.00	0.00%
Employment Division	393	390	350.2	347.1	-3.00 ▼	-0.77%
Finance Division	18	19	17.6	18.6	1.00 ▲	5.26%
Hosted Services Division	17	17	15.9	15.9	0.00	0.00%
Laundry Division	134	134	122.3	122.3	0.00	0.00%
Legal & Risk Division	153	150	141.9	138.9	2.00 ▲	1.33%
Medical Examiner Division	49	48	27.6	26.6	-1.00 ▼	-2.08%
People & OD Division	48	51	45.8	48.2	3.00 ▲	5.88%
Pharmacy Technical Services Division	2	2	2.0	2.0	0.00	0.00%
Planning, Performance and Informatics Division	31	32	30.2	31.2	1.00 ▲	3.13%
Primary Care Division	296	297	277.0	278.0	1.00 ▲	0.34%
Procurement Division	714	715	667.4	668.5	1.00 ▲	0.14%
Single Lead Employer Division	2501	2688	2385.1	2566.7	187.00 ▲	6.96%
Specialist Estates Division	49	49	47.9	47.9	0.00	0.00%
Surgical Materials Testing (SMTL) Division	25	24	22.9	21.9	-1.00 ▼	-4.17%
Temporary Medicines Unit Division	13	13	13.0	13.0	0.00	0.00%
Welsh Employers Unit Division	6	6	4.8	4.8	0.00	0.00%
NWSSP Overall	4705	4888	4415.1	4591.7	183.00 ▲	3.74%

NWSSP Overall Headcount Trajectory

The graph below shows the rolling 12-month headcount trajectory compared to the same period for the previous year.



And the rolling 12-month FTE trajectory:

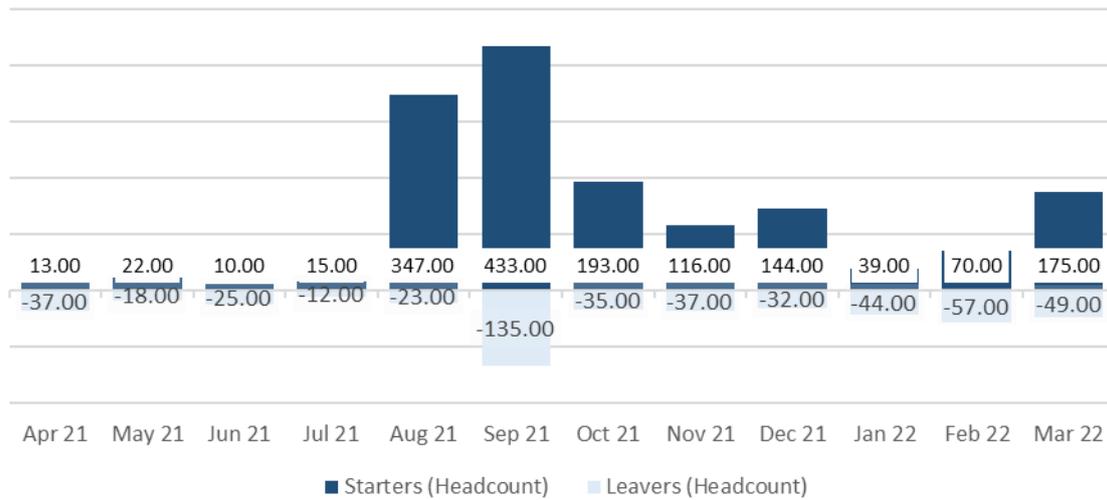


Staff Turnover

The turnover rate for NWSSP inclusive of SLE and GP Trainees for the period 1st April 2021 to 31st March 2022 is **12.10%** compared to **9.98%** (again inclusive of SLE and GP Trainees) for the same period last year. Turnover exclusive of SLE sits at **11.81%** an increase on the previous month which sat at **11.28%**.

It should be noted that as the proportion of employees in the SLE model (Trainees) increases, the impact on the overall turnover figures in months where they complete their training (end their Fixed Term contracts), there will be a disproportionate impact on NWSSP's overall turnover. We will therefore continue to monitor both scenarios.

NWSSP Overall Starters & Leavers by Headcount



Data Source: ESR

Reasons for Leaving

The top three reasons for staff leaving NWSSP (including SLE) over the last 12 months are:

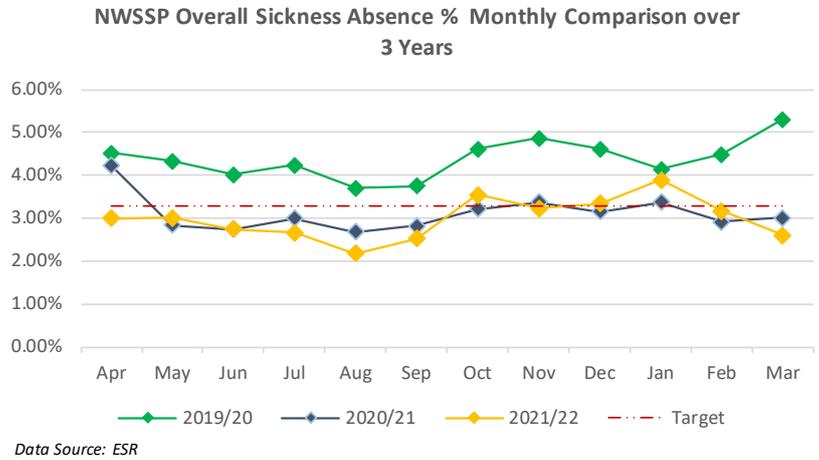
Top 6 Leaving Reasons		
Rank	Reason	Headcount
1	End of Fixed Term Contract - Completion of Training Scheme	193
2	Voluntary Resignation - Other/Not Known	107
3	Voluntary Resignation - Promotion	50
4	Retirement	39
5	End of fixed term contract - Other	32
6	End of fixed term contract	20
6	Relocation	20

Of the **504** staff that left the organisation between April 2021 and March 2022, **200** staff left through voluntary resignation (including early retirement), equivalent to **39.68%** of all terminations. **0** dismissals occurred in March 2022.

SICKNESS ABSENCE

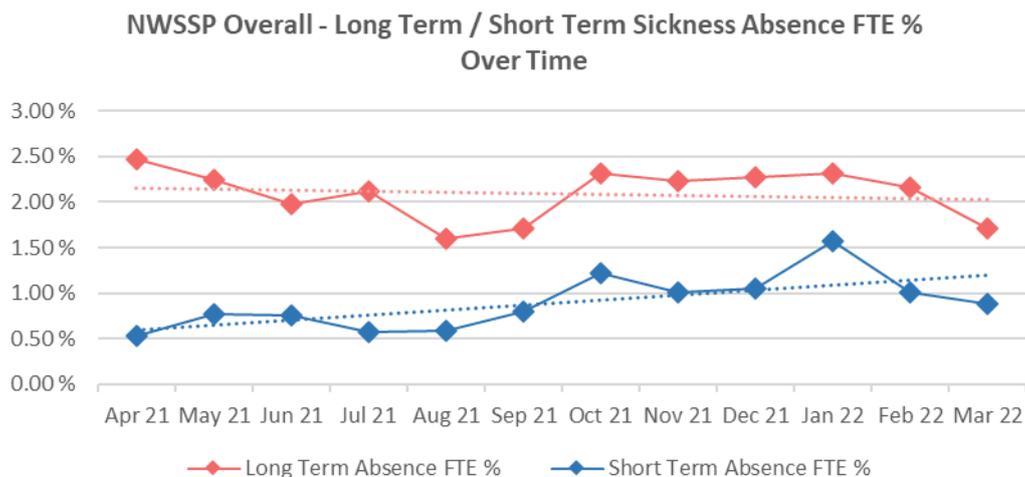
The chart below shows the average sickness absence rate for NWSSP for the three years, 2019/20, 2020/21, and 2021/22:

Month	Absence % (FTE)	Abs (FTE)	Avail (FTE)
Apr 21	2.99%	2,177.37	72,730.96
May 21	3.01%	2,258.55	75,019.68
Jun 21	2.71%	2,710.21	100,103.74
Jul 21	2.66%	2,801.88	105,195.55
Aug 21	2.18%	2,691.55	123,419.93
Sep 21	2.51%	3,111.99	123,757.17
Oct 21	3.54%	4,607.68	130,285.54
Nov 21	3.24%	4,210.65	130,100.20
Dec 21	3.33%	4,540.66	136,245.71
Jan 22	3.89%	5,310.22	136,529.95
Feb 22	3.17%	3,913.77	123,657.14
Mar 22	2.61%	3,714.64	142,518.52



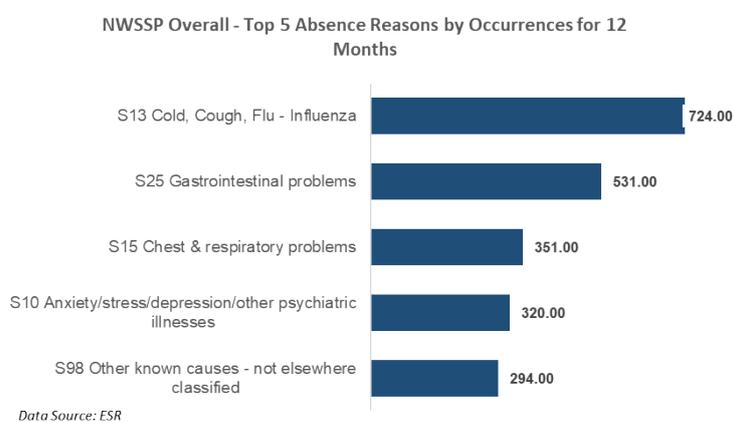
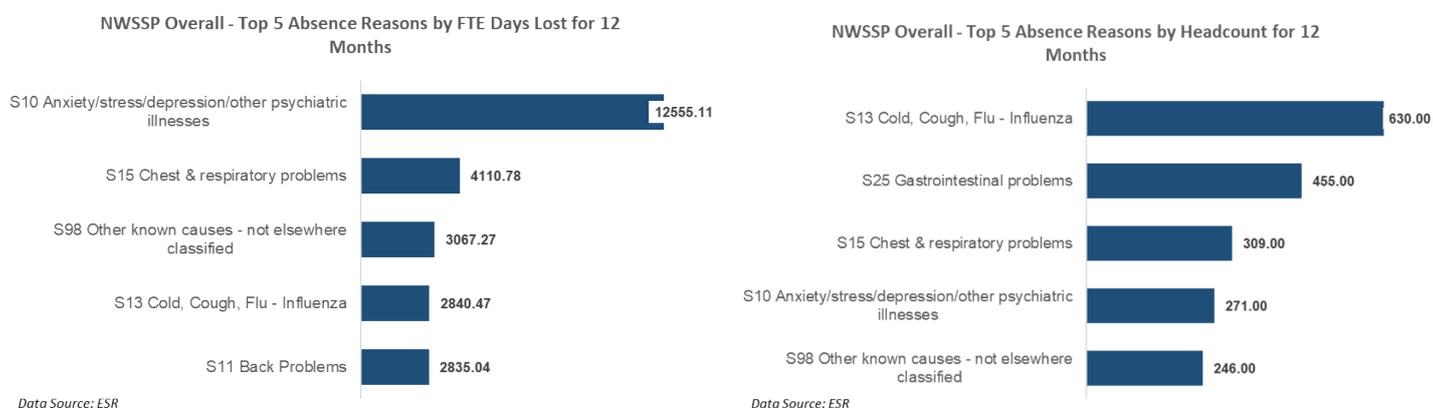
We continue to see a decline in sickness absence with figures falling from 3.89% in January 2022 to 3.17% in February 2022, and again to 2.61% in March 2022. This represents a **fall of 0.6%** on the previous year with the figure then sitting at 3.10% (March 2021). However, as you can see from the line graph, we are continuing to track significantly lower than in the pre Covid period (2018/2019), with our 12 month sickness rate sitting at 3.0% (NWSSP's target is 3.30% in line with the Welsh Government target of reducing sickness absence by 1%).

The 12-month trend in Long Term versus Short Term Sickness absence for the period 1st March 2021 to 28th February 2022:



Reasons for Sickness Absence

The charts below show the top five reasons for sickness absence (by headcount and FTE respectively) within NWSSP for the period 1st April 2021 to 31st March 2022:



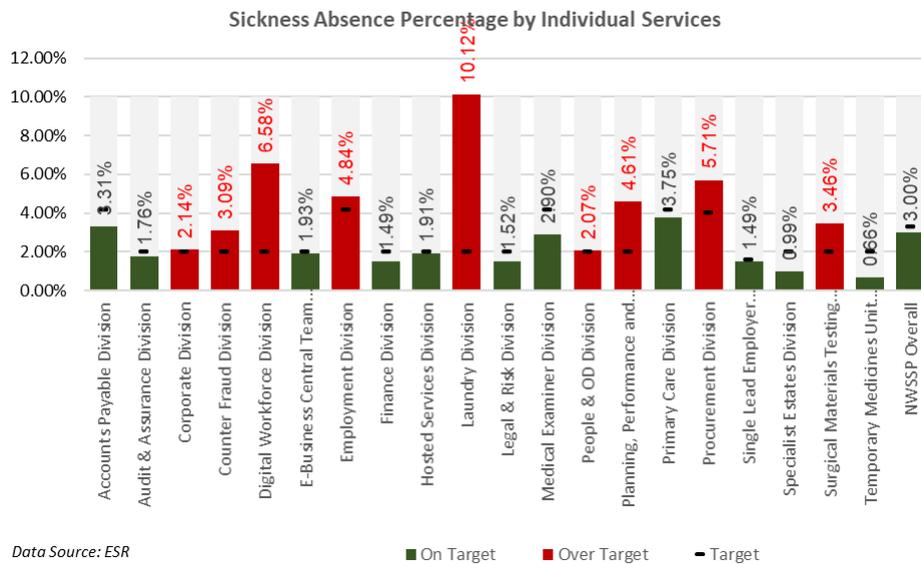
Anxiety, stress and depression continue to account for the greatest number of days lost due for sickness absence within NWSSP with just over **12,555 days lost per annum**, this accounts for a further **1.27% increase** on the previous 12-month figure of 12,395 days (recorded in March 2022 report), and a **16.18% increase** on the previous 12 month rolling period (1st April 2020 - 31st March 2021), where the figure stood at 10,524 days per annum lost.

In terms of occurrences, Cold, Cough, Flu – Influenza, record the highest number of absences at 630 in the last 12 months. This in itself has seen a rise on the previous year where Cold, Cough, Flu – Influenza accounted for 213 absence occurrences a 66.19% increase on the figures recorded for the previous 12 month rolling period (1st April 2020 - 31st March 2021).

NWSSP has numerous avenues of support for those suffering with their mental health, including the introduction of the Mental Health First Aiders Programme; the Peer Support Programme for COVID-19; and our Employee Assistance Programme.

Sickness Absence by Service

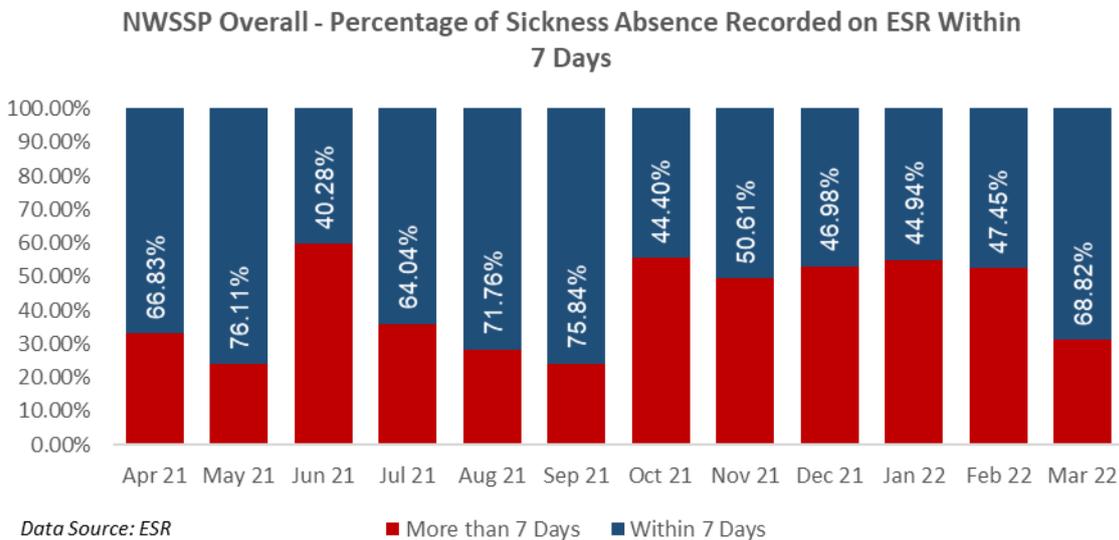
The chart below shows the average sickness absence rate for each service from 1st March 2021 to 28th February 2022:



Percentage of Absence Entered Within 7 days

The graph below shows the percentage of absences entered ESR within 7 days of the first day of absence, in the period 1st April 2021 to 31st March 2022. At the time of reporting, **68.82%** of absence had been recorded within 7 days.

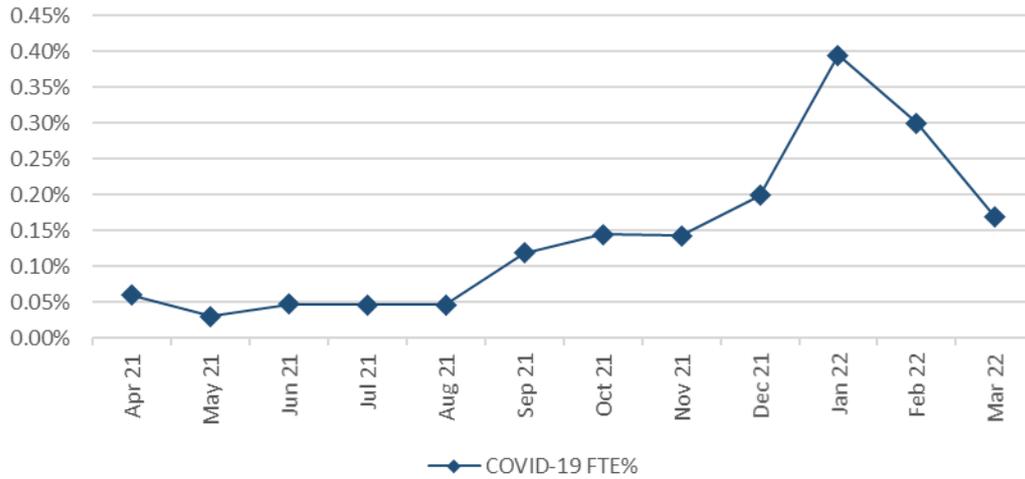
Please note: as more absences are recorded as starting in the month, the percentage is likely to fall as is the case with December 2021 where it was reported to SLG in January 2021 that 73.71% of absences recorded in December 2021 had been done so within the first 7 days. This figure then dropped to 46.98%.



Covid-19 Absence

As at 31st March 2022, NWSSP currently has 10 open COVID-19 cases. There are currently two staff members under medical suspension, and 10 staff members off under Infection Precaution.

NWSSP Overall - COVID-19 Sickness Absence % (FTE)



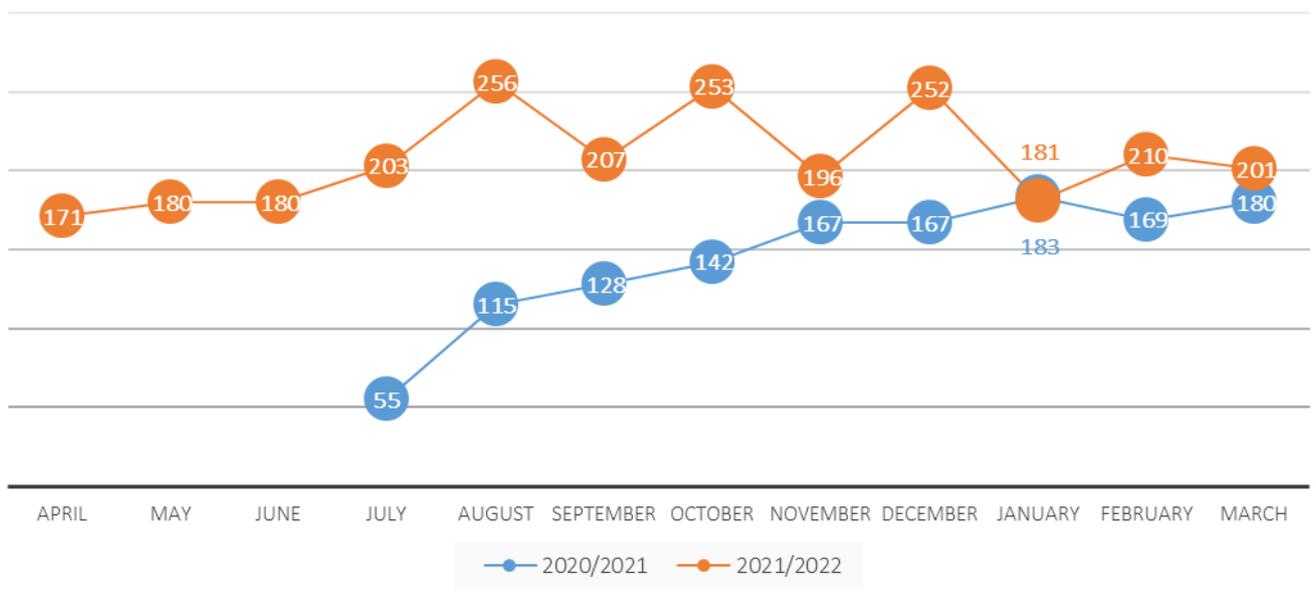
Data Source: ESR

BANK AND AGENCY

Bank Usage

March 2022 has seen a decline in the number of bank workers engaged from a headcount of 210 in February 2022 to 201 in March 2022 (4.28%).

Bank Utilisation (Headcount)



During this period, net spend on bank, excluding collaborative bank, has been recorded as **£577,166**, a 57.7% increase on the previous months figure of £244,244.

£173,389 contributed by HCS/Procurement (a £20,752 increase on the previous month). The service are currently utilising 101 of the 201 bank staff (49.75%); Employment Services utilisation has fallen slightly from 38 to 30.

Service	Jan-22			Feb-22			Mar-22		
	£	WTE	# of People	£	WTE	# of People	£	WTE	# of People
Accounts Payable	0.00	0.00	0	0.00	0.00	0	1,988.27	0.05	1
Audit & Assurance	-646.22	0.00	0	-110.80	0.03	1	334.48	0.10	1
Corporate Services	14,786.53	6.43	20	14,222.66	7.04	29	261,253.76	6.23	20
E-Enablement	562.85	0.46	1	708.64	0.37	2	-20.45	0.37	1
Employment	28,297.62	11.68	27	28,897.78	11.98	38	37,959.24	17.42	30
Health Courier Services	40,504.13	25.53	37	44,897.89	24.87	38	77,684.71	42.76	47
Laundry Services	23,506.23	11.21	19	17,159.52	11.78	24	35,084.95	17.14	20
Legal & Risk/WRP	23,937.00	5.58	15	18,410.93	4.12	22	51,917.34	12.97	17
Primary Care	8,398.93	5.17	6	6,167.79	3.27	12	7,467.86	3.86	8
Procurement	66,631.34	38.99	54	82,988.68	42.03	41	95,454.01	53.92	54
Planning, Performance & Informatics	832.77	0.61	1	3,564.31	0.93	1	1,739.05	0.92	1
SMTL Surgical Materials Testing Lab	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0
Specialist Estates	5,245.89	0.49	1	7,429.22	0.53	2	6,303.23	2.35	1
Total	231,151.23	111.02	181	244,243.81	112.13	210	577,166.45	162.43	201

Agency Usage

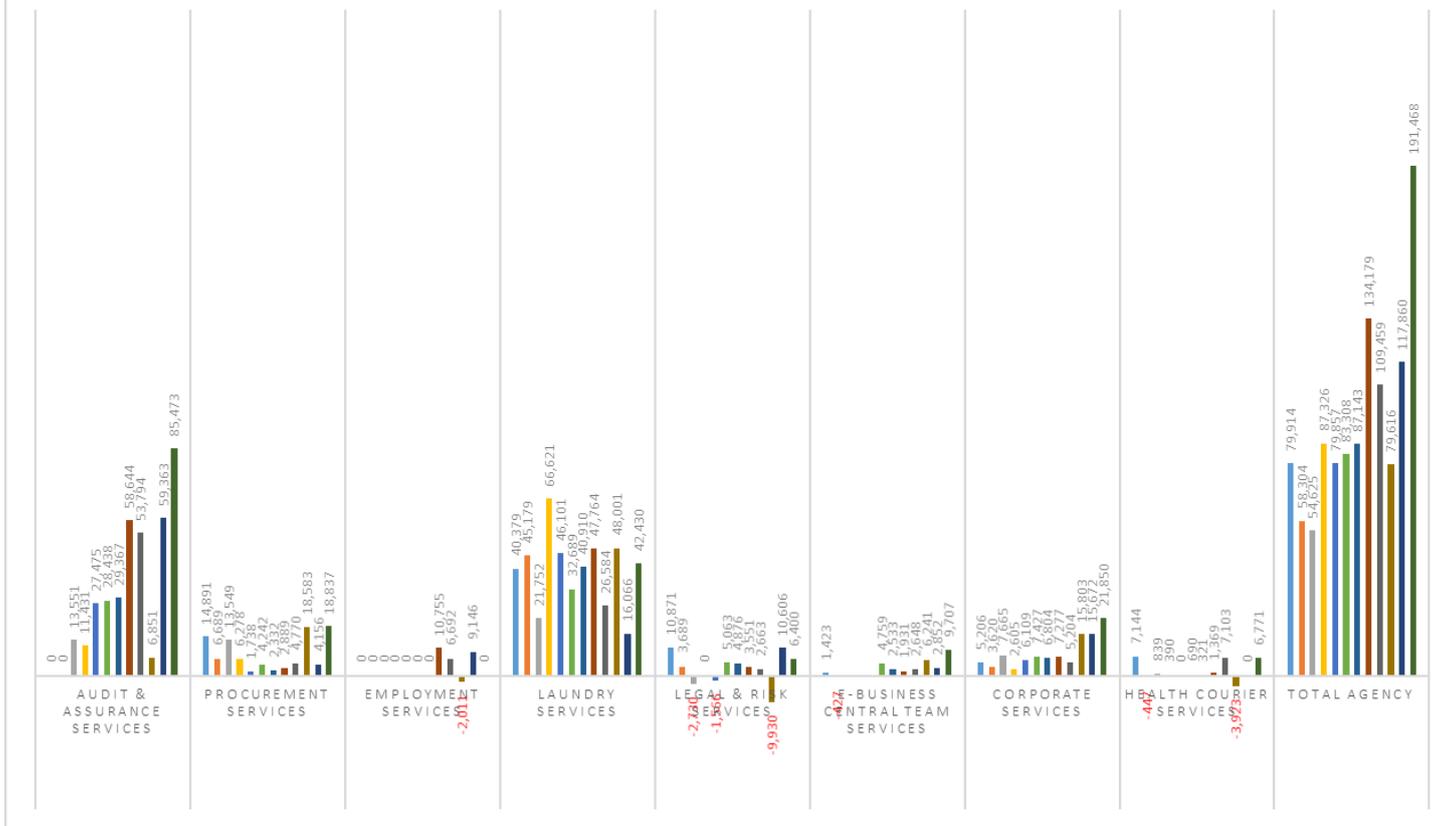
Data provided by Finance suggests that in February 2022 **we engaged a total of 46 workers from Agencies**. Of those, 26 (27 previously) were within Laundry accounting for 56.5% of the total placements; 8 were in Audit & Assurance (17.39%), 6 were within Procurement (13.04%); 2 within Corporate Services and a further 2 in Legal & Risk Services (4.35% each); and 1 each within the E-Central team and HCS (2.17% each).

Total agencies spend for the month came in at **£191,468**. This represents a marked increase in spend of **£73,608** from £117,860 in February 2022.

Service	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Audit & Assurance Services	0	0	13,551	11,431	27,475	28,438	29,367	58,644	53,794	6,851	59,363	85,473
Procurement Services	14,891	6,689	13,549	6,278	1,738	4,242	2,332	2,889	4,770	18,583	4,156	18,837
Employment Services	0	0	0	0	0	0	0	10,755	6,692	-2,011	9,146	0
Laundry Services	40,379	45,179	21,752	66,621	46,101	32,689	40,910	47,764	26,584	48,001	16,066	42,430
Legal & Risk Services	10,871	3,689	-2,730	0	-1,566	5,063	4,876	3,551	2,663	-9,930	10,606	6,400
E-Business Central Team Services	1,423	-427				4,759	2,533	1,931	2,648	6,241	2,852	9,707
Corporate Services	5,206	3,620	7,665	2,605	6,109	7,427	6,804	7,277	5,204	15,803	15,672	21,850
Health Courier Services	7,144	-447	839	390	0	690	321	1,369	7,103	-3,923	0	6,771
TOTAL AGENCY	79,914	58,304	54,625	87,326	79,857	83,308	87,143	134,179	109,459	79,616	117,860	191,468

AGENCY SPEND (£)

■ Apr-21 ■ May-21 ■ Jun-21 ■ Jul-21 ■ Aug-21 ■ Sep-21 ■ Oct-21 ■ Nov-21 ■ Dec-21 ■ Jan-22 ■ Feb-22 ■ Mar-22



PADR

NWSSP completed **71.97 %** of Appraisal Reviews as of 31st March 2022, excluding new starters for 3 months, bank workers, GP trainees and those staff who are on career break, maternity & adoption, external secondment or suspension. This represents an increase of **1.42% point** on the data recorded for 28th February 2022 where the figure sat at 70.55%.

PADR Compliance % by Division

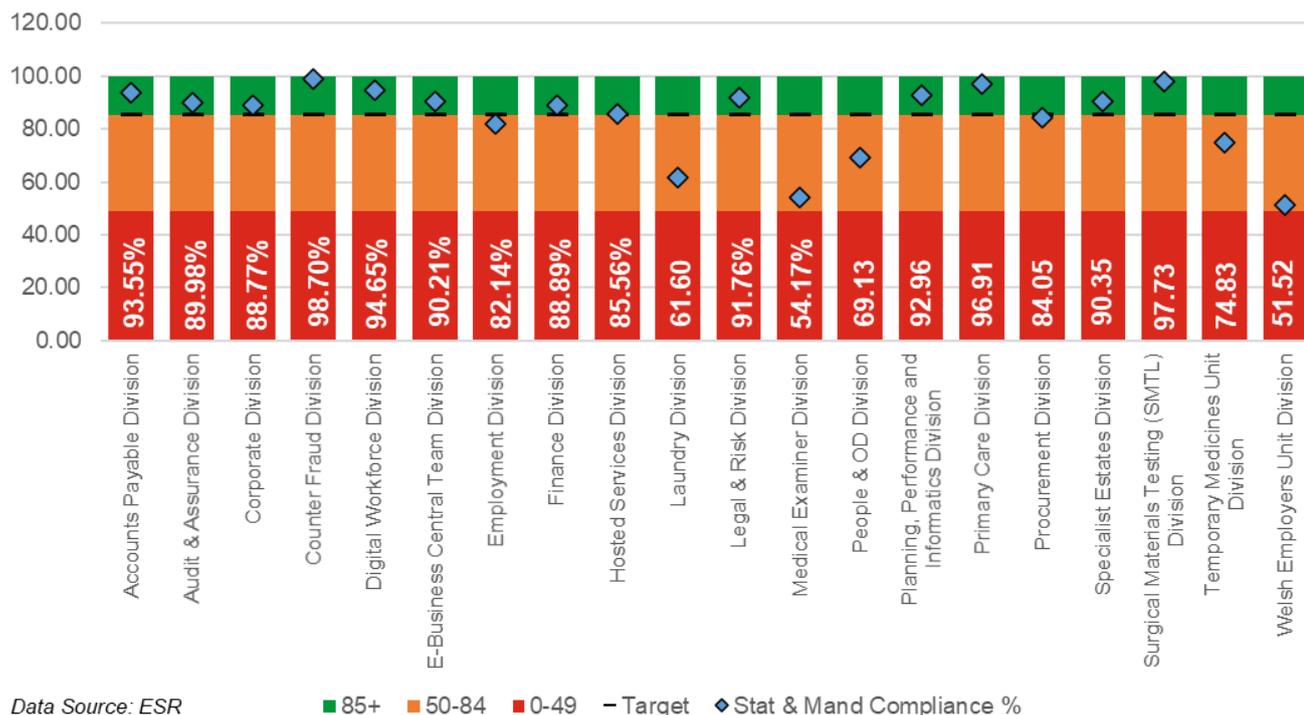


LEARNING COMPLIANCE

Statutory and Mandatory Training

NWSSP is currently **84.87%** compliant with the Core Skills Training Framework, which is above the recognised minimum standard for statutory and mandatory training. This figure continues to improve. *Please note this excludes SLE trainees and bank workers.*

Statutory & Mandatory Compliance % by Division



Note: Compliance based on the following competencies:

- CSTF | Equality, Diversity and Human Rights - 3 Years
- CSTF | Fire Safety - 2 Years
- CSTF | Health, Safety and Welfare - 3 Years
- CSTF | Infection Prevention and Control - Level 1 - 3 Years
- CSTF | Information Governance (Wales) - 2 Years
- CSTF | Moving and Handling - Level 1 - 2 Years
- CSTF | Resuscitation - Level 1 - 3 Years
- CSTF | Safeguarding Adults - Level 1 - 3 Years
- CSTF | Safeguarding Children - Level 1 - 3 Years
- CSTF | Violence and Aggression (Wales) - Module A - No specified renewal
- * MAND | Cyber Awareness | Core

* included in compliance percentage from December 20 SMT onwards.

PEOPLE AND OD DEVELOPMENTS

▶ AGILE WORKING

No further update this month

▶ DIVERSITY AND INCLUSION

International Women's Day on 8th March was celebrated at NWSSP with talks from NWSSP's senior leaders, Tracy Myhill, Alison Ramsey and Daniela Mahapatra. The event was well attended and well-received. Plans are being developed to further support women into leadership events.

NWSSP's first Equality, Diversity and Inclusion Group met on 8th April. The results from the recent inclusion survey were shared at the group and it was agreed that the survey will open again to increase participation and to offer opportunities to staff who are unable to access the online survey by providing hard copy questionnaires.

A Deaf Awareness and Sign Language Workshop was held on the 5th April. The session was full and there is a waiting list for further sessions. Feedback was very positive and the session was very informative and engaging. Participants have expressed an interest in learning British Sign Language in the future and People & OD are looking at options for this.

May 16th-20th is Equality Week and a range of events will be offered to staff across NHS Wales.

▶ HEALTH & WELL-BEING

April is Stress Awareness month and the following events have been offered to staff:

- 4th April – Drop in Coffee Morning
- 14th April – Stress Busting Meditation Session led by Health & Well-being Champion, Sarah Holmes
- 19th April – Relaxation Breathing by Rainbow Healing Services
- 28th April – How to Deal with Stress by Beverly Jones from Awaken Coaching.

In addition, Leah Davies who is an inspirational coach and trainer commenced a programme of workshops which will be running throughout the year. The programme started with *Riding the Waves of Change* on 30th March and will continue through the year as follows:

- Celebrating ourselves even when things get tough - Tuesday May 24th 2-3pm
- Modern day mindfulness - Thursday July 14th 2-3pm
- How to be your own best friend - Tuesday September 20th 10-11am
- Putting play before work - Wednesday November 23rd 2-3pm

▶ LAUNDRY TRANSFORMATION

- Following the Laundry workforce survey we have met with the management team to discuss the results. One action that has come from it is that a communication strategy has been developed which incorporates a communication matrix
- The Business Partner and the Associate Business Partner within the People and OD team have visited the North Wales Laundry where they met the workforce and undertook some drop in sessions. They have recently attended Greenvale to undertake training and also carried out drop in sessions. This will be mirrored in Swansea Bay
- Bethan Rees as the PM for the transformation piece is finalising the EQUIA and the benefits realisation paper for the Business case writers
- The management team have given a commitment to increase the % of PADR's within the Laundry service now that training has taken place. Paula Jones has already provided a list of names to our Learning & OD team of those individuals within the Laundry workforce who have undertaken the advanced manual handling modules. These will be added onto their stat and mand records which will have an overall impact on the stat and mand percentage
- Work continues on the creation of new posts within the structure, currently going through the process are the operational manager and the technical manager post

▶ LEARNING & DEVELOPMENT

New Manager's Induction will be delivered on a monthly basis commencing 21st April. All managers have been contacted by email to book themselves on if they are new to managing in NWSSP, or to signpost any new managers that they have recently recruited.

Two additional members of the People & OD team are now accredited as Insights Discovery Practitioners and a third will be undertaking the accreditation in June. This will ensure there is more capacity in the team to use and embed Insights Discovery within the organisation as a means of developing individuals, leaders and teams.

Academi Wales Summer School is open for applications until 26th May. Directors have been contacted with details and have been asked to cascade to senior managers. There are no pre-allocated spaces for organisations this year and so individuals can apply directly to Academi Wales. There is a cost of £250 per person and all individuals should complete a study leave form in order to obtain approval from both line manager and budget holder.

Staff across NWSSP completed the following courses during March 2022:

Service Area	Completed
043 Accounts Payable Service	1
043 NWSSP Health and Well-being at NWSSP virtual class 02/03/2022	1
043 Audit & Assurance Service	1
043 NWSSP Health and Well-being at NWSSP virtual class 02/03/2022	
043 NWSSP Welcome to NHS Wales Shared Services Partnership 16/03/2022	1

043 Cental Sourcing Service	3
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 07/03/2022	1
043 NWSSP Service Improvement and Change - Virtual Class Via Zoom 15/03/2022	1
043 NWSSP Welcome to NHS Wales Shared Services Partnership 16/03/2022	1
043 Corporate Procurement Service	4
043 NWSSP Health and Well-being at NWSSP virtual class 02/03/2022	1
043 NWSSP Service Improvement and Change - Virtual Class Via Zoom 15/03/2022	3
043 Corporate Service	2
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 07/03/2022	2
043 E-Business Central Team Service	1
043 NWSSP Performance Appraisal virtual class via Zoom, 29/03/2022	1
043 E-Enablement Service	1
043 NWSSP Health and Well-being at NWSSP virtual class 02/03/2022	1
043 Employment Service Management Service	1
043 NWSSP Performance Appraisal virtual class via Zoom, 29/03/2022	1
043 Engagement & Support Service	4
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 07/03/2022	2
043 NWSSP Service Improvement and Change - Virtual Class Via Zoom 15/03/2022	2
043 Expenses Service	1
043 NWSSP Health and Well-being at NWSSP virtual class 02/03/2022	1
043 Finance Service	1
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 07/03/2022	1
043 Hosted Services Service	2
043 NWSSP Welcome to NHS Wales Shared Services Partnership 16/03/2022	2
043 Legal & Risk Service	6
043 NWSSP Health and Well-being at NWSSP virtual class 02/03/2022	1
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 07/03/2022	2
043 NWSSP Service Improvement and Change - Virtual Class Via Zoom 15/03/2022	3
043 Local Procurement Service	5
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 07/03/2022	1
043 NWSSP Welcome to NHS Wales Shared Services Partnership 16/03/2022	3
043 NWSSP Performance Appraisal virtual class via Zoom, 29/03/2022	1
043 Medical Examiner Service	1
043 NWSSP Service Improvement and Change - Virtual Class Via Zoom 15/03/2022	1
043 Payroll Service	3
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 07/03/2022	1
043 NWSSP Welcome to NHS Wales Shared Services Partnership 16/03/2022	2
043 Pension Service	1
043 NWSSP Health and Well-being at NWSSP virtual class 02/03/2022	1
043 People & OD Service	2

043 NWSSP Service Improvement and Change - Virtual Class Via Zoom 15/03/2022	2
043 Pharmacy Technical Service	1
043 NWSSP Welcome to NHS Wales Shared Services Partnership 16/03/2022	1
043 Planning, Performance and Informatics Service	3
043 NWSSP Health and Well-being at NWSSP virtual class 02/03/2022	1
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 07/03/2022	1
043 NWSSP Service Improvement and Change - Virtual Class Via Zoom 15/03/2022	1
043 Recruitment Service	6
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 07/03/2022	1
043 NWSSP Welcome to NHS Wales Shared Services Partnership 16/03/2022	4
043 NWSSP Performance Appraisal virtual class via Zoom, 29/03/2022	1
043 Specialist Estates Service	2
043 NWSSP Health and Well-being at NWSSP virtual class 02/03/2022	1
043 NWSSP Welcome to NHS Wales Shared Services Partnership 16/03/2022	1
043 Supply Chain, Logistics & Transport Service	2
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 07/03/2022	1
043 NWSSP Performance Appraisal virtual class via Zoom, 29/03/2022	1
043 Transaction Service	7
043 NWSSP Health and Well-being at NWSSP virtual class 02/03/2022	5
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 07/03/2022	2
043 Welsh Employers Unit Service	1
043 NWSSP Retirement Education: Virtual Workshop via Microsoft Teams, 07/03/2022	1
Grand Total	62

▶ **THIS IS OUR NWSSP (CULTURE PROGRAMME)**

No further updates this month

▶ **KICKSTART & WIDENING ACCESS**

NWSSP's Work Placement guidance has been refreshed and this will be taken to the Local Partnership Forum on 27th April and shared at Senior Leadership Group on 28th April for endorsement.

Seven Kickstart Trainees have commenced employment within NWSSP at the end of March and an employability skills programme of learning will be provided to the trainees in conjunction with Bridgend College. People & OD will work with services to look at ways to provide ongoing employment opportunities for the trainees at the end of their training programme in September.

▶ **TRANSFORMING ACCESS TO MEDICINES (TRAMS)**

No further updates this month

▶ WELSH LANGUAGE: Q4 Report

Translation services:

The fourth quarter has been exceptionally busy in terms of the demand on our translation services and we have been able to support a number of NHS organisations during this period.

Organisation	Number of words translated
NHS Wales Shared Services Partnerhsip	507,009
Public Health Wales	177,995
Velindre NHS Trust	38,865
Digital Health and Care Wales	180,675
Health Education Improvement Wales	90,075
WHSSC (Hosted by CTMUHB)	15,304
Value in Healthcare (Hosted by CTMUHB)	3,310
Eido Healthcare/WRP Patient Information Leaflets – Easy Read	1,500
Total number of words translated Q4	1,014,733

Service Level Agreements 2021/22

There were formal service level agreements in place with:

- PHW - £38,500
- DHCW - £16,000
- VUNHST - £16,000

The additional work has been undertaken to support other NHS organisations with translation.

The forecast for SLAs for 2022/23:

- PHW - £38,500
- DHCW - £40,000 (increase of from 0.5 WTE to 1.25WTE)
- VUNHST - £16,000
- HEIW - £32,000

We will monitor the usage from WHSSC and VIH, and review whether we need to put a formal SLA in place with them during the year, or for 2023/24 onwards.

The Welsh Language Services Manager has been made aware that Aneurin Bevan UHB is presenting a paper to their Board in April, to discuss translation services to support ABUHB to be complaint with the Welsh language standards. One of the options on the proposal paper is to seek translation services for NWSSP.

The Welsh Language Services Manager provided information about costings to ABUHB for consideration. We are currently waiting to hear of the Board's decision on this at the present time.

People And OD – Welsh Language Matters

- **Welsh Lessons at work** – Communications have been sent through the People and OD newsletter about opportunities for staff to learn Welsh across the whole of the organisation. Regular attendance continues to be an issue, which in turn prevents us in terms of increasing confidence amongst staff to use the language in their line of work.

More work needs to be done in terms of managers understanding that when they authorise for staff to attend Welsh lessons at work, that they should not expect them to give those lessons up due to workload issues, and find ways of supporting staff to attend.

In order to offer staff support, we've also organised one off 2 hour sessions for staff to attend:

- Welsh language taster sessions;
- Opening and closing meetings in Welsh and English
- Meeting and greeting visitors and callers in Welsh and English

The Welsh Language Services Manager is working with the Change Champions groups to ensure that the Welsh language core to all the workstreams, and will be working with the People and OD teams to ensure that Managers/Line Managers understand the value of Welsh language skills to be able to deliver Welsh language services.

- **Advertising NWSSP Vacancies in both Welsh and English from June 2022 onwards**

The Welsh Language Services Manager is working closely with the Deputy Director of People and OD and the People and OD teams as well as the Recruitment team on a protocol that will support all recruiting managers in getting advertisements and job descriptions and person specifications translated, and uploaded to the TRAC recruitment system for approval. A working group has been formed and communications about this is being currently being disseminated through People and OD Partners to their divisions and through the People and OD newsletter.

The translation team is being briefed and we are working towards resourcing the team to meet the extra demand we haven't had previously.

- **Welcome Induction and the Welcome Toolkit**

The Welsh Language Services Manager has been working with the People and OD team on the Welcome Toolkit and updating the Welsh language advisory pages.

The Welsh Language Services Manager has also been working on the production of a Welcome video for Corporate Welcome meetings for new staff, to outline our responsibilities to deliver and consider the Welsh language in all that we do.

The video/animation is available in both Welsh and English.

- **Recording Skills on ESR**

An animation video in both Welsh and English has been created to help staff understand the levels of linguistic skills on ESR. We have found that confidence is an issue for many members of staff in the organisation, and the video will enable them to be better informed to be able to record their skills more accurately.

A communication will also be sent to managers/staff to encourage staff to record their skills on ESR, as this has decreased over the last two years.

NWSSP wide projects

The Welsh Language Services Manager has been working on advising the following workstreams on Welsh language matters and compliance during this quarter:

- Digital ID Checks – All Wales recruitment procurement of a system;
- Occupational Health System – due for renewal 2022/23
- Contact Centre, working with the Project Manager to gather FAQ information for translation.
- Performers List Solution Refresh Programme

All Wales Consent Form One

In October 2021, we received a query about Consent form 1, the form that patients discuss and sign if they chose to proceed with a procedure further to a consultation with their specialist.

The query about the form itself was not very clear, neither was it clear if the form was basis to the complaint itself. Consent form 1, is available in both Welsh and English.

In October, the Welsh Language Services Manager collaborated with the Head of Learning and Safety at the Welsh Risk Pool to respond to the query in October. The letter we received also outlined a complaint about the level of service a patient received from Betsi Cadwaladr UHB. The Welsh Language Services Manager advised the Commissioner's Office that they should take up the issue of the complaint directly with Betsi Cadwaladr UHB.

To date, we haven't received acknowledgement of receipt of the letter we sent to the Commissioner's Office in October 2021, nor have we received a response.

However, in the meantime, we have learnt that The Welsh Language Commissioner's Office have taken up the complaint with Betsi Cadwaladr UHB and has undertaken a comprehensive investigation into the complaint. We have had sight of the report, which makes recommendations that the form should be bilingual and not in its existing format.

In order to support Betsi Cadwaladr on this matter, and to address the recommendations made in the report, Dr Ben Thomas, who is the Clinical Lead - Consent to Examination & Treatment for the Welsh Risk Pool, wrote a letter to the Deputy Welsh Language Commissioner outlining why the existing form is in the existing format and outlining the risk to patients if the form was to be formatted in a different way. The issue as we understand it is that the 'wet signature' of consent is on an English copy of the form, which is kept on the patient records and a carbon copy, with a signature

is available in both Welsh and English for patients to take away with them. We have invited them to meet with us for constructive conversations.

The letter was sent on the 25th of March 2022, and again, we have had no response nor an acknowledgement from the Welsh Language Commissioner's Office.

Preparing for Welsh Language Standards Review across all Divisions for NWSSP

During quarter 4, the Welsh Language Services Manager has been preparing a process to review and re-establish the Welsh Language Standards into the planning, development and delivery of services. The Welsh Language Services Manager will be working across all divisions in during 2022/23 to establish how we are complying with the Welsh language standards at present, to identify areas of risk and to advise and support divisions in eliminating or managing those risks, by putting in place local action plans, which will be reviewed annually.

If you require further information about the Welsh language or this report, please do contact Non Richards, Welsh Language Services Manager: non.richards@wales.nhs.uk



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:5.5

19 May 2022

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Corporate Risk Update – May 2022

ARWEINYDD: LEAD:	Peter Stephenson Head of Finance & Business Development
AWDUR: AUTHOR:	Peter Stephenson Head of Finance & Business Development
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andy Butler Director of Finance & Corporate Services 01443 848552 / Andy.Butler@wales.nhs.uk

**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

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 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 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:	Not applicable
Iechyd Poblogaeth: Population Health:	No impact
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Ariannol: Financial:	Not applicable
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Standard 1.1 Health Promotion, Protection and Improvement
Gweithlu: Workforce:	No impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.

NWSSP CORPORATE RISK REGISTER UPDATE May 2022

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:

Current Risk Rating one	May 2022
Red Risk	2
Amber Risk	7
Yellow Risk	3
Green Risk	1
Total	13

2.1 Red-rated Risks

There are now two red risks, one relating to the current pressures on the recruitment and payroll functions in particular, due to the unprecedented increased in demand for their services across NHS Wales. The second red risk relates to the inflationary pressures in energy in particular caused by the conflict in Ukraine.

2.2 New/Deleted Risks

There is one new risk that has been added to the register since the last meeting of the Committee. This relates to the replacement of the Student Awards System, where the current system needs to be decommissioned by April 2023. This is being formally managed as a project within NWSSP and a more detailed assessment of the current position has been included within the Project Management Office Highlight Report.

There are a number of risks (in particular those relating to the replacement and/or upgrade of the NHAIS and CLERIC systems) which should be able to come off the register shortly.

3. RISKS FOR MONITORING

There are eight risks that have reached their target score and which are rated as follows:

Current Risk Rating	May 2022
Red Risk	0
Amber Risk	0
Yellow Risk	2
Green Risk	6
Total	8

4. RECOMMENDATION

The Committee is asked to:

- **NOTE** to the Corporate Risk Register as at May 2022.

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				
Risks for Action												
A1	The Northern Ireland model procured to replace the NHAIS system fails to deliver the anticipated benefits within required timescales impacting the ability to pay GPs (Original risk added April 2017)	4	5	20	Legal Counsel advice received. PMO Support Project and Programme Boards in place Heads of Agreement signed	1	5	5	Programme and Project Boards to review progress in lead-up to go-live date for GP payments. Consider options for extension of Local Hosting Arrangements until mid-2022 for PCRM.	April 22 payment generated by FPPS including Enhances Services, Pension, other payments, Global Sum and statement information. Payment file processed via NHAIS pending further modification and testing. On schedule to process May 22 FPPS payment file via Accounts Payable.	↓	30-Jun-22
	Escalated Directorate Risk									Risk Lead: Director of Primary Care Services		
A2	Issues with the current version of CLERIC are causing connectivity issues leading to service issues for HCS drivers (added Sept 2021). There is a concern over lack of technical support to oversee the migration to a CLOUD-based service.	5	4	20	Business Continuity Plans implemented - can revert to paper if necessary but very inefficient. New contract signed December 2021	1	4	4	Investigate whether WAST could provide any support (TC)	Final end to end validation of the new service, to prove all issues are resolved and full functionality is available was completed on 19-Apr 22. The service will have paper worksheets in place for the revised go live date in line with Disaster Recovery arrangements, as a precaution. Decommissioning of the legacy servers and safe disposal is being planned with NWSSP IM&T for end of May. Migration to the new service is due 14/15 May. If successful, this should allow this item to be closed.	↓	30-Jun-22
	Strategic Objective - Customers									Risk Lead: Director of Procurement Services		
A3	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5 (added April 2021)	4	4	16	IP5 Board Additional facilities secured at Picketston	2	4	8	PCS reviewing options for medical records storage - additional space is available from Johnseys on Mamhilad site. Business Case being prepared.	Business Case currently under review.	→	31-May-22
	Strategic Objective - Service Development									Risk Lead: Programme Director		
A4	Suppliers, Staff or the general public committing fraud against NWSSP. (added April 2019)	5	3	15	Counter Fraud Service Internal Audit WAO PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	3	3	9	1. Undertake IA review of enhanced controls to prevent bank mandate fraud (AB/PS 31/03/22) 4. Increase LCFS resource (AB/PS 31/03/22)	Internal audit review underway. C&V have recruited an additional Band 6 LCFS and an 8A to replace Craig Greenstock. NWSSP pursuing secondment opportunity to obtain a dedicated LCFS for NWSSP - secondment opportunity identified to commence in June 2022	→	30-Jun-22
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A5	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 (added April 2021)	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	Recent spate of attacks (Apr 22) reinforces need to maintain current controls.	Further spate of attempted frauds in April 2022 (3) but all stopped by team. This has reinforced the need to maintain and possibly even strengthen existing controls.	→	30-Jun-22
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		

A6	Risk of cyber attack exacerbated if NWSSP, or other NHS Wales organisations, run unsupported versions of software. (added Apr 2019)	5	5	25	Cyber Security Action Plan IGSG Information Governance training Mandatory cyber security e-learn introduced Dec 19 Internal Audit review - Reasonable Assurance (April 2020) Recent investment in training packages (March 2021) Additional appointment to team (July 21) Phishing exercises undertaken (on-going) BCP Action Cards (updated March 22)	2	5	10	Produce summary report based on Directorate Action Cards - to be taken to BCP Champions Meeting 7/4/22 - PS Specific focus on BCP in May 2022 Informal SLG - AR	Team was strengthened in Sept 21 with additional member of staff. Following war in Ukraine staff have been reminded of good housekeeping procedures and guidance reissued. All directorates have completed or updated their action cards relating to the potential loss of IT systems and networks.	➔	31-May-22
	Strategic Objective - Service Development									Risk Lead: Director of Planning, Performance & Informatics		
A7	The failure to engage with appropriate specialists (e.g. H&S/Fire Safety, Information Security/IG) sufficiently early enough when considering major developments may result in actions being taken that do not consider all relevant potential issues.	4	4	16	In-house H&S and Fire Safety Expertise Role of PMO Recent appointment of Programme Director Appointment of IP5 Facilities Manager (Jan 22)	1	4	4	PMO to ensure that Project Officers consult appropriately at outset of project. (IR-ongoing) Consider adequacy of resourcing within H&S. (AB/PS - complete)	All organisations contributing towards a Fire & Evacuation Strategy for IP5. Additional H&S staff member recruited (Jan 22)	⬇️	31-May-22
	Strategic Objective - Service Development									Risk Lead: Director of People and OD		
A8	The introduction of new technology and the promotion of the digitisation agenda may impact NWSSP staff in terms of their current roles and responsibilities. (added January 2022)	3	3	9	Learning and Development Programmes	3	3	9	There is a need to ensure that staff are provided with the learning and development opportunities to equip them with the required skills.		➔	31-Mar-23
	Strategic Objective - Staff									Risk Lead: Director of People and OD		
A9	The demand on services within Employment Services as a result of Health Boards taking on substantial numbers of staff to respond to and recover from the pandemic, is unsustainable, leading to poor levels of performance. (added November 2021)	4	4	16	Established working practices governed by Service Level Agreements and measured by reporting of KPIs on monthly basis.	4	4	16	Additional staff being recruited Use of students from Cardiff University Temporary support from other Directorates Modernisation Programme being implemented Accessing KickStart scheme	Focus on training staff on pinch points rather than whole process Backlog in applications in Student Awards reduced from 1800 to <800. Significant reduction in complaints as at March 2022 Deep Dive Presentation to SSPC March 2022	➔	31-May-22
	Strategic Objective - Customers									Risk Lead: Director of People and OD		
A10	Given the level of stock holding there may be items that reach their end of life (expiry date) before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP. (added January 2022)	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Donations to India and Namibia	2	5	10	SMTL working on behalf of DHCS on an Accelerated Aging Programme (SMTL 31/05/22) Produce briefing for Audit Committee (AB complete)	Wales On-Line FoI request robustly responded to on 31/1. SMTL working with DHSC to investigate whether expiry dates can be extended on some PPE equipment Schedules produced and discussed with senior finance officials in WG and Velindre. There is a need to write off significant values of PPE	➔	31/05/2022
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A11	The increase in energy prices, exacerbated by the war in Ukraine, is likely to lead to significant price increases across the whole range of goods and services resulting in severe cost pressures for NWSSP and NHS Wales budgets. (added March 2022)	5	5	25	Energy Price Risk Management Group Forward purchase of energy Briefings to Welsh Government	4	5	20	Review of energy costs to March SSPC (AB) Review of general price rises to May SSPC (JI)	Paper on energy costs to March SSPC. Daily monitoring of prices and buying ahead at fixed price where possible.	➔	30/06/2022
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A12	The Student Awards software is at end of life and needs replacement without which delays to student bursary payments could be significantly affected. (added May 2022)	5	5	25	Formal project management in place	3	4	12	Complete Outline Business Case Confirm whether selected route is via DHCW development or procurement from a third party supplier. Get funding approvals from Welsh Government.	SAS contract support agreement with Kainos in place to end of March 2023. This option has now been exhausted & further extensions would contravene Procurement OJEU rules & regulations. The OBC is currently being updated & an emergent option of utilising the services of the Centre of Excellence (DHCW) to develop new software for SAS & SSP is being explored & will be concluded at the end of April. The preferred option is to procure new software from the marketplace via Procurement & the deadline to submit the tender to market is 31st May, subject to funding being approved by Welsh Government.	✳️	31/10/2022
	Strategic Objective - Customers									Risk Lead: Director of People and OD		
A13	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships. (added April 2021)	4	4	16	All-Wales Programme Business Case Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services H&S Audits of Laundry Sites	3	3	9	Arrange internal audit review of Laundry service (AB/PS - complete) Prioritised report to be submitted to SLGs to monitor progress. (on-going)	Transfer has now taken place for all of the 5 laundries, although arrangements are different for Hywel Dda and Cwm Taf. Updates provided to SLG. IA review focused on Swansea Laundry provides reasonable assurance. Choice of new sites in North Wales and Swansea apparently well received.	➔	31-May-22
	Strategic Objective - Service Development									Risk Lead: Director of Procurement Services		

Risks for Monitoring

M1	Disruption to services and threats to staff due to unauthorised access to NWSSP sites. (Added May 2018)	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	Continue to monitor, and reissue comms to all staff to remind them of need to keep buildings and information secure. (PS 31/08/2020 - complete) Consider whether further review of Site Security is required (PS 31/12/2021)	Security Review undertaken and reported to SMT in Dec 2018. No major findings and all agreed actions implemented or superceded.	→	
	Strategic Objective - Staff									Risk Lead; Director Specialist Estates Services/Director of Finance and Corporate Services		
M2	There is an increased fire risk with a consequence for protection of buildings at Alder House, Brecon House and Matrix House due to a lack of compartmentation in the roof space. (added Feb 2020)	2	5	10	Fire Safety Officer Risk Assessment - assessed risk to life as low - Update Paper to Feb, May and November SMTs.	1	5	5	Discrete fire risk assessments to be undertaken for each site at the recommended intervals. Risk to remain on Corporate Risk Register to ensure sufficient monitoring. .	Landlords consider any work on compartmentation to be our responsibility. SES reported to Nov 2020 SLT where it was agreed that the risk to life is very low. Further discrete risk assessments to be undertaken and reported back to Feb 2021 SLT.	→	
	Strategic Objective - Staff									Risk Lead: Director of People and OD		
M3	The total quantum for funding for addressing Covid-19 across Wales remains fluid and uncertain. There is a risk that the organisation's operational cost of addressing the pandemic cannot be contained within available funding resulting in a potential breach of the planned outturn for 2021-22.	3	3	9	Financial modelling and forecasting is co-ordinated on a regular basis; Financial reporting to Welsh Government on local costs incurred as a result of Covid-19 to inform central and local scrutiny, feedback and decision-making; Oversight arrangements in place at SMT level, and through the command structure. Financial Governance Committee considers VFM in all expenditure	1	3	3	Ensure that the costs directly associated with COVID-19 are identified and accurately captured. Provide regular updates to Welsh Government.	WG issued letter on 24/3/21 setting out funding allocations for 2021/22. The sum of £170m is available but this is being distributed only to HBs in the first instance.	→	
										Risk Lead: Director of Finance & Corporate Services		
M4	NWSSP are unable to procure sufficient orders of PPE, medical consumables and equipment resulting in clinical staff being able to treat patients safely and effectively.	5	5	25	PPE Winter Plan Finance Governance Committee Streamlined arrangements for Trust Board and WG approvals Increased limits approved for Scheme of Delegation. Regular meetings with UK and Welsh Government. Active involvement in UK Mutual Aid Schemes. Deloitte undertook consultancy work on behalf of WG to assist in this area. Internal Audit Review (Sept 2020)	1	3	3	Audit Wales published their findings on 14 April 2021 and report largely positive but action plan developed to respond to their findings.	The PPE plan has been developed in consultation with key stakeholders. Some pressure from Chief Medical Officers that may lead to Type IIR masks being totally replaced by FFP3 masks. £5m COVID expenditure authorisation limit reinstated.	→	
										Risk Lead: Director of Procurement Services		
M5	By requiring our staff to continue working we expose them to a greater risk of being infected with COVID-19 which may cause them significant health problems.	5	5	25	Vaccination Programme All staff encouraged to work from home where possible. Risk Assessments undertaken for all staff. Social Distancing measures in place in each office. Any staff displaying any symptoms told not to come into office or go home immediately. Testing for front-line staff Weekly Site Leads' meetings to assess position in each office.	1	3	3	Following the updated guidance issued by Welsh Government on 22 Dec additional communications have been issued to all staff. This provide information regarding access to lateral flow tests as well as signposting to the requirements for self-isolation. SLG agreed to reinforce the key message to work from home unless there is a requirement to attend site.	Current measures seem to be effective, but need to be closely monitored in view of Omnicrom variant. Large numbers of staff are working from home and social distancing measures are in place for those staff who need to continue to come into work. Daily reporting of absences shows that the numbers of staff reporting COVID-19 like symptoms continues to be low, but are increasing.	→	
										Risk Lead: Senior Leadership Group		
M6	NWSSP are unable to continue to provide business-critical services due to having insufficient numbers of staff available and able to undertake the work.	5	5	25	Identification of all business-critical services Redeployment of staff to business-critical services Increased provision of laptops and VPN Roll-out of Office 365 Use of Bomgar service for PCS Daily monitoring and reporting of absence figures. IT Update also given to weekly COVID-19 Planning & Response Group.	1	3	3	Updated BCP document covering response to COVID and possible impact of future waves presented to August SMT, and September SSPC. Throughout Oct and Nov the BCP group has asked Divisions to review and refresh BCP arrangements. Consideration of an oncall rota is something that will be taken forward in the new calendar year. Oncall arrangements in place for HCS and Supply Chain teams essential to the BAU and Vaccine	Contact details on the SLG WhatsApp group have been refreshed and updated. The daily report on staff absence shows that absence rates remain low, but OMICRON may increase rates through community transmission so will be monitored closely. The investment in hardware and software has allowed large numbers of staff to work remotely with minimal problems thus far. There are good rates of uptake for the vaccination programme.	→	
										Risk Lead: Senior Leadership Group		
M7	Staff wellbeing is adversely affected through concerns arising from COVID-19 either directly in terms of their health and that of their families, or financially from loss of income of a family member. This includes the risk of "burn-out" for	5	5	25	Regular communications to all staff Reminders of how to access Employee Assistance schemes Mental Health First Aiders Formal Peer Group with phone surgery times	1	3	3	Implement action plan to respond to findings from staff surveys - monitored and managed through Adapt and Future Change Group.	As previously stated, absence rates are very low. Communications are regularly issued and all Directors and Managers are tasked with regularly checking the health and well-being of their staff.	→	
										Risk Lead: Director of People and OD		

M8	GP Trainees, who are employed by NWSSP, are exposed to a level of risk of risk of catching COVID-19 but are outside the direct control and influence of NWSSP.	5	5	25	Risk Assessments by Education Supervisor - leads to decision on what PPE is to be provided. Tripartite Agreement	1	3	3	Confirming vaccination rates with staff individually as Health Board reports to total numbers vaccinated suggest under-reporting.	<p>The tripartite agreement was agreed by the Project Board on 7/9/2020 and sets out the general duties of the host organisation for all trainees employed by NWSSP including the general duty to provide a safe working environment. Vaccination of front-line staff further mitigates this risk.</p> <p>Risk Lead: Director of People and OD</p>	→	
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TRANSFORMING ACCESS TO MEDICINES (TRAMS)

Progress Report 2022



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

April 2022

Adding Value Through Partnership, Innovation and Excellence

Author: Peter Elliott, Programme Manager

Date: 11/04/2022

Status: Approved for release

TRANSFORMING ACCESS TO MEDICINES (TRAMS) Progress Report



Introduction

Transforming Access to Medicines (TRAMS) is an all Wales programme to transform Pharmacy Technical Services. Pharmacy Technical Services' main role is the preparation of injectable medicine in ready to use format including:

- Systemic Anti-Cancer Therapies (SACT)
- Parenteral Nutrition products (PN)
- Radioactive injectables
- Central Intravenous Additive injectables including for critical care (CIVA)

and

- Classical Manufacture of Sterile and Non Sterilised medicines
- Pre-packing and over labelling of tablets and capsules.

As part of this scope the service has a strong Quality Assurance function which also supports Medical Gas testing and other activities. Traditionally the service has involved Pharmacists and Technicians working in small clean room suites within acute hospitals.

These facilities are in a deteriorating condition across Wales, are subject to increasing regulatory pressure and unable to meet the current and future demands of the service. The viability of the existing workforce, including planned changes to the existing education and training models is also under pressure across all locations.

A Programme Business Case (PBC) was prepared from 2018 – 2021.

This work was done in house by a seconded team of Pharmacists and others from the service across Wales, with support from NWSSP Project Management Office, with external resource used to support specific tasks. The PBC examined a number of options to transform and recapitalise the service, including not only the physical assets but also the organisation, education, and training challenges which the service currently has.

In summary the PBC recommended reconfiguring the service as:

- A national service, delivered through 3 regional medicines hubs
- Supporting product standardisation and reduction of variation between hospital sites
- Increase in the use of standard batched products where appropriate, to secure the ability to continue supply of bespoke products where these are essential
- Staffing transformation based on more use of Science graduates alongside Pharmacists and Technicians
- Revised suite of educational qualifications and training courses to support this transition
- Leveraging the high quality product distribution provided by NHS Wales Health Courier Service
- Service delivered in collaboration through a new All Wales Pharmacy Technical Service under the Shared Services Partnership Committee arrangements.

The Programme Business Case (PBC) was fully endorsed by Shared Services Partnership Committee and Minister for Health and Social Care in March 2021.



Colin Powell



Peter Elliott



Paul Beckett



Sam Graf



Tom Sherman



Myra Jones

Programme Status

The implementation Programme has now been running for 11 months, under the governance of a Programme Board, with regular reports to the Shared Services Partnership Committee. The following projects are currently active within the Programme:

- Education and Training Project
- Organisational Change Project
- Process Mapping and Digital Project
- South East Wales Hub Capital Project
- South West Wales Hub Capital Project
- North Wales Hub Capital Project.

The Programme & Pharmacy Technical Service Director has been appointed and Programme and Project team resources mobilised. Stakeholders across the service are being actively engaged and involved in Project and Programme decision making.

Achievements during 2021/22

- **Mobilisation** of the Programme has been successfully achieved with the Programme Board established, documentation reviewed and approved, and the following resources recruited and mobilised:
 - o Programme & Pharmacy Technical Service Director:
Colin Powell
 - o Programme Manager:
Peter Elliott
 - o Finance and Workforce Leads:
Paul Beckett and Sam Graf
 - o Project Managers:
Tom Sherman and Myra Jones
 - o Contractor support where required.

TRANSFORMING ACCESS TO MEDICINES (TRAMS) Progress Report

Course/ Role	Service Appetite	Whole Time Equivalents (WTE)			Funding not yet confirmed	Funding covers	Source	Comments
		Funding Started						
		Sept 2021	March 2021	Sept 2022				
PTQA Foundation	5	5			0	Course	Welsh Gov	Year 1 Funded
PTQA Diploma	5			?	5	Course	Welsh Gov	Years 2 & 3 TBC
SMT	15		7	?	8	Course	HEIW	Sept cohort under discussion
STP	3			3	0	Course & Salary	Welsh Gov	3 years funding in place
Band 3	10		5		5	Salary	SSPC	Funded to March 2024, Revenue

Figure 1: Summary of training enhancement being delivered

- **Staff Engagement roadshows**, which commenced in Dec 2020, were completed by May 2021 in all 15 legacy sites across 7 NHS Organisations. The reaction was overwhelmingly positive, with the main questions arising around the future locations of the regional hubs.

- o A workforce subgroup including OD and Staff Side representatives from across Wales is meeting every 6 to 8 weeks, with bulletins issued to staff on the same frequency.

- **Clinical Stakeholder engagement** during 2021/22 has succeeded in generating considerable interest in the programme, and revealed strong alignment with contemporary initiatives to standardise regimens and protocols, and to roll out ePrescribing.

- **Education & Training.** Once the hubs are built there will be a significant resource commitment to parallel run the new and old facilities during a safe and controlled change-over. The established trend in the Pharmacy Profession towards the clinical facing work has now resulted in technical content being cut entirely from existing Pharmacy qualifications.

The project is working with HEIW to provide replacement health science qualifications for the future technical workforce. We are actively collaborating to draw down funding that will help both to stabilise the existing service, and build capacity and expertise in advance of the organisational change.

- o **PTQA** MSc in Pharmaceutical Technology and Quality Assurance
- o **SMT** Science Manufacturing Technician
- o **STP** Scientist Training Programme
- o **Additional staffing of Band 3** roles to help stabilise the front line service and feed the training pipelines
- o **The Single Lead Employer** scheme is being used to manage the training placements of the new staff within the existing workforce

- **Process & Digital.** An outline Service Model has been agreed with the Chief Pharmacist Group and workshops have been held throughout Quarters 3 and 4 to map the ordering process of the service and define the digital interfaces needed between the manufacturing hubs and the service.
 - o The clinical service will be supported as an active partner in the change, using the process maps to support standardisation and ensuring patient access to medicines is supported and improved throughout the migration process.



- **South East Wales** Capital Project has drawn down funding from Welsh Government and is working on developing the Outline Business Case.

The team are working hard to establish a value engineered solution within the challenging cost environment that has emerged over the last 12 months.

- o Scope control is being actively applied to ensure that the designed solution matches the endorsed Programme Business Case, and best value options are examined in a controlled way.

- **South West and North** Capital Projects are working with a light resource footprint on provisional locality selection, in partnership with local stakeholders.
 - o Lessons from the SE Hub Project are being actively shared to reduce risk and ensure Programme alignment.

- It is envisaged that the three hubs will be **designed and built sequentially**, to manage both the resource commitment from the service, and the financial investment profile.
 - o Significant regionalisation of the service may take place in advance of the physical hub opening, and the Programme is actively supporting this.

TRANSFORMING ACCESS TO MEDICINES (TRAMS) Progress Report



Plans for 2022/23

- The existing Clinical representation on the Programme Board will be supplemented by convening a **Clinical Reference subgroup** of the Board, to focus on alignment with these issues, and ensure adequate focus is given to supporting patient needs. This group will be convened by the NWSSP Medical Director, Ruth Alcolado.
- A new round of **Staff Roadshows** will be delivered in Quarter 1, to update staff on progress with locality selection, and the start of the Organisational Change.
- We plan to complete the first cycle of OBC and FBC to the point where Welsh Government can make an **Investment Decision** on the first Hub
 - Once the outcome of this cycle is known, the PBC will be formally re-profiled to reflect the sequential investment profile and confirm continued Programme viability.
- We plan to begin the **Digital investments** needed to support the ordering process. These will leverage Agile investment and Project Management techniques to control spend and deliver incremental benefits in the existing service, while de-risking the eventual rollout of the completed solution.
 - This will be delivered incrementally against a prioritised requirement list, and will deliver significant early benefits to the CIVA@IP5 service, while de-risking the go live of the first Hub.
- **Education and Training** activity will be stepped up, with further tranches of staff beginning to work through the new qualifications, and the first additional production staff being recruited into post. Active engagement with HEIW and Health Boards and Trusts to confirm funding lines for the required actions.



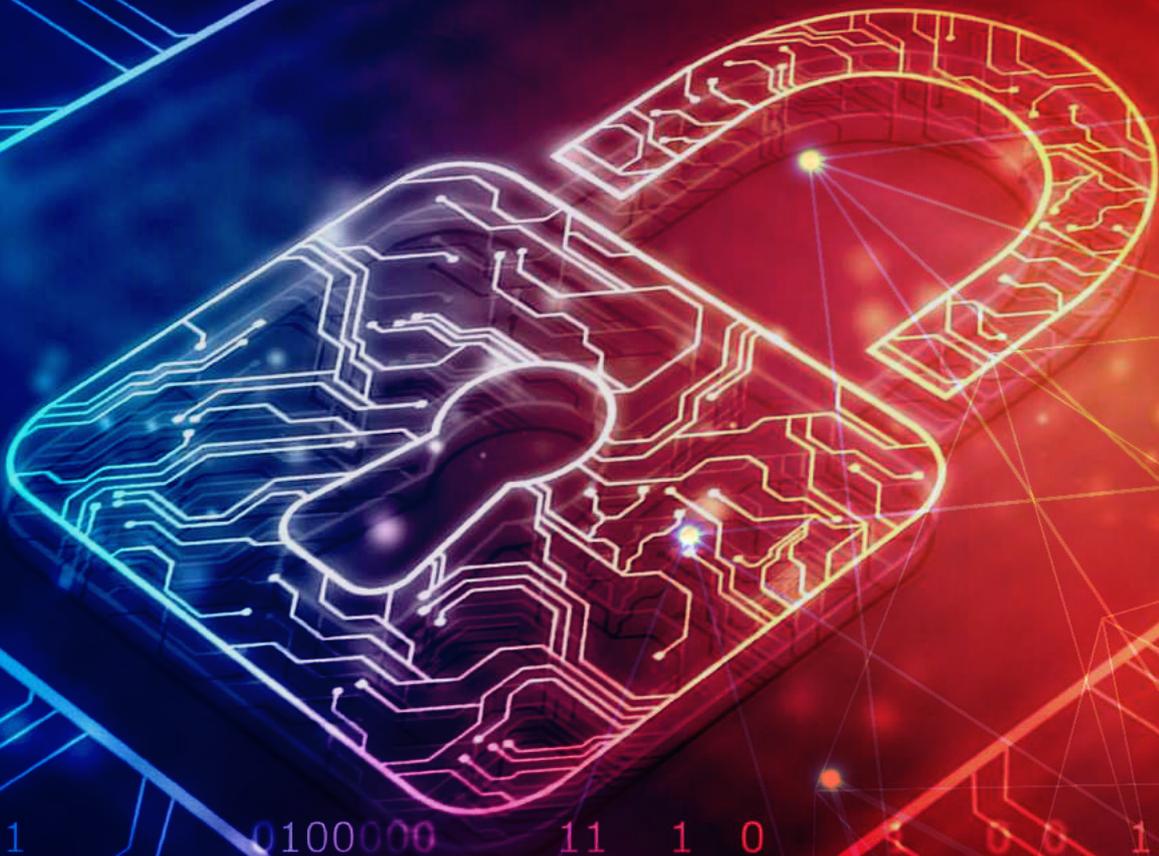
- The **Finance Subgroup** will be convened and begin work
 - A group of Finance Leads from across NHS Wales will be convened to work in parallel with the OCP, in developing the Revenue Budget of the new service, and identifying revenue and income streams that are in scope to transfer at the appropriate time.
 - A small finance subgroup of the Programme Board will also be convened to provide oversight and direction to this process.
- **Organisational Change Project** will deliver the first tranche of formal Consultation, for the regional and functional leadership posts in Tier 1, and 3 national posts that sit in Tier 2. It is hoped that these staff will begin a phased transition from their current roles in 2022.
 - Health Boards and Trusts have been asked to submit proposals for utilisation of backfill resource related to supporting this transition.

Information Governance

NHS Wales Shared Services Partnership

Annual Review

2021-2022



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Introduction

The Information Governance (IG) Review 2021/22 details what work the Information Governance function has completed and how the NWSSP IG Manager has worked to provide continued support and compliance within the NHS Wales Shared Services Partnership (NWSSP) during what was, another remarkable and difficult year for everyone concerned.

The review explains the importance of working in collaboration with departments within the NWSSP to add value through IG advisory services and the work associated towards achieving compliance and ensuring that the organisation handles identifiable information in the correct manner by creating a culture of confidentiality.

This Annual Review details the achievements and progress made in 2021/22 (for the time period between April 2021 and March 2022) within Information Governance.

Information Governance within the NWSSP has the following fundamental aims:

- ▶ To promote the effective and appropriate use of information (including confidential, patient and personal information, and commercially sensitive data) in the NHS;
- ▶ To provide staff with the appropriate tools and support to enable them to manage information in a responsible and professional way; and
- ▶ To ensure that all processing of information (both personal, patient, commercially sensitive and corporate) is done fairly, effectively and in accordance with the law.

The NWSSP's ultimate goal is to help the organisation and individuals to be consistent in the way it handles identifiable, commercially sensitive and corporate information, avoid duplication of effort and lead to improvements in:

- ▶ Information handling activities including recording of all information assets contained within the organisation;
- ▶ Work to achieve compliance in line with current and future legislation;
- ▶ Patient and service user confidence in the NHS;
- ▶ Continued employee awareness, training and development; and
- ▶ Continuing to rollout a culture of confidentiality within NWSSP.

The Information Governance Manager also works in collaboration with other NHS Wales' organisations staff within the same field to provide assurance across the NHS Wales estate that National / All Wales processes involving identifiable information are considered and to promote "once for Wales" where possible.

In the financial year 2021/22, there continued to be an increased use of Microsoft Teams for everyone due to the pandemic and the use of this by Information Governance was no exception. Training requirements for all staff, was and continues to be delivered using this platform and a high level of compliance for staff was retained as a result.

There were new services introduced into NWSSP and the Information Governance function supported those through initial assessments and the signing up to specific processes in order to assist with those operations.

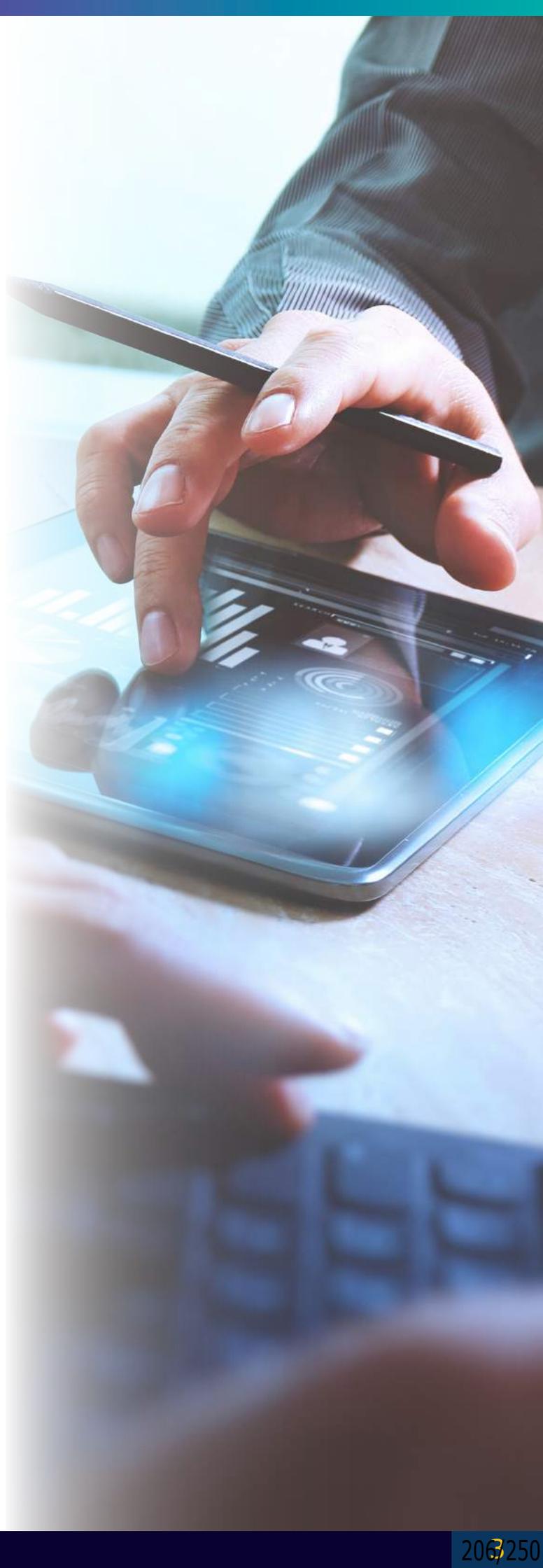
There was continued work around Privacy Impact Assessments (PIA) completed within NWSSP to assure the use of confidential information for new projects and changes of data use within the organisation.

Further emphasis was given to home working in particular, data quality, accuracy and attention to detail. Further clear desk guidance was created and circulated to all staff. Further to this, data quality training was rolled out across departments that process high levels of identifiable information to further strengthen the awareness of the importance of data handling responsibilities of staff and the need to slow down and pay attention to the information being used and shared.

I hope that you find this latest review informative and reassuring.



Tim Knifton
NWSSP Information
Governance Manager
April 2022



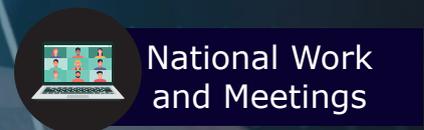
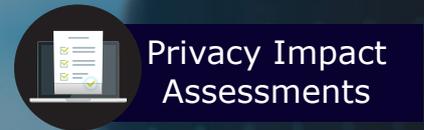
NWSSP Information Governance Steering Group (IGSG)

The NWSSP Information Governance Steering Group (IGSG) was established in 2015 and has gone from strength to strength in the years that have followed.

The IGSG is accountable to the NWSSP Senior Leadership Group (SLG) and the Chair is Andy Butler, Director of Finance and Corporate Services. Its purpose is to support and drive the broader Information Governance agenda and provide the Shared Services Partnership Committee (SSPC) with the assurance that effective Information Governance best practice mechanisms are in place within the organisation. This meeting meets every quarter (3 months).



Topics discussed within the IG Steering Group included:

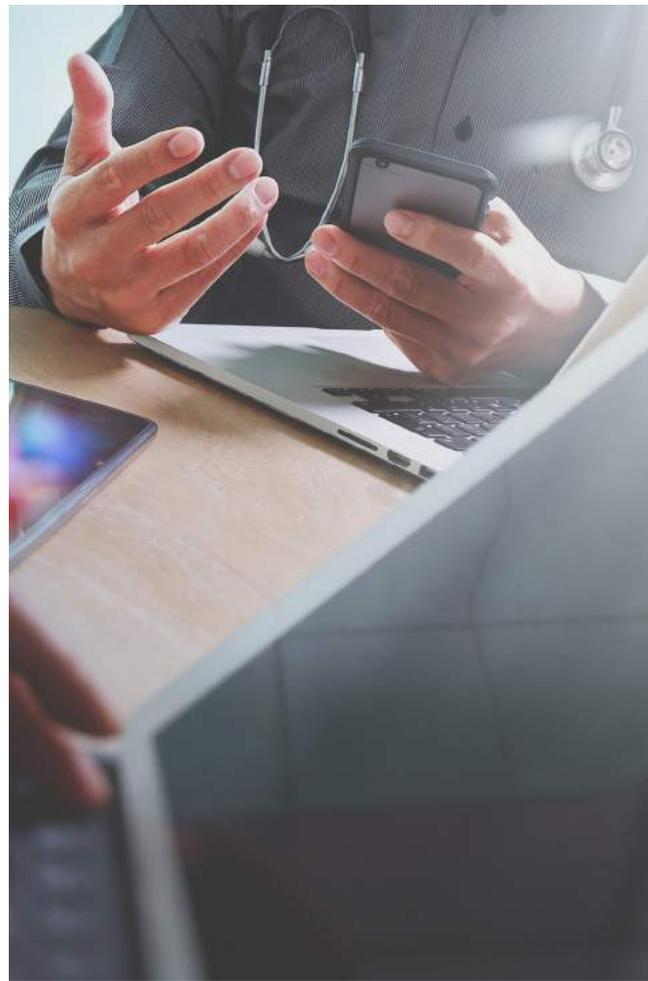


Information Governance Peer Working Group (IGPWG)

The NWSSP Information Governance Manager attends an Information Governance Peer Working Group set up by Velindre University NHS Trust. This was established in July 2018 as a forum to co-ordinate and consider a Trust wide (hosted) approach to all necessary compliance requirements relating to GDPR, Confidentiality and Records Management.

The IGPWG also provides advice and support in these areas to the Trust Information Governance & IM&T Committee and is well attended by colleagues from NWSSP, Velindre, NHS Wales Informatics Service and the Welsh Blood Service.

In 2021/22, there were a reduced number of meetings due to the pandemic. However, any meetings held were facilitated using Microsoft Teams. In this year, the majority of work was considered around Information Governance assessments and the work identified to add compliance into individual organisations as well as priorities for each organisation during the pandemic.



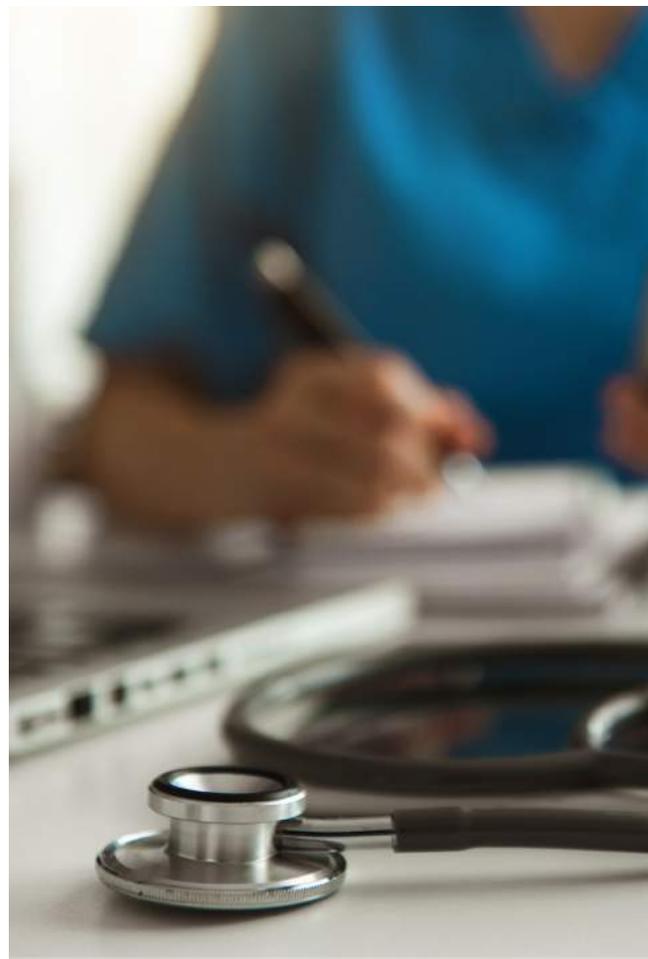
Advice and Guidance

The NWSSP IG Manager uses a dedicated service email to record requests for advice, work and training accompanied by resulting actions, decision and work completed to resolve calls seeking Information Governance advice and assistance. Actionpoint has been used since 2016 and provides a useful snapshot of the advice given and the levels of activity within the IG function.

The total number of calls registered within the system in 2021/22 was **409**.

If staff have any queries then the contact email for IG queries can be raised with the Information Governance Manager (tim.knifton@wales.nhs.uk) or by using service email

NWSSPInformationGovernance@wales.nhs.uk



Record of Achievements

In 2021/22:



Information Governance training - **45** classes were run. Staff that attended IG training **624**. (**46** classes and **597** staff attended in 2020/21).



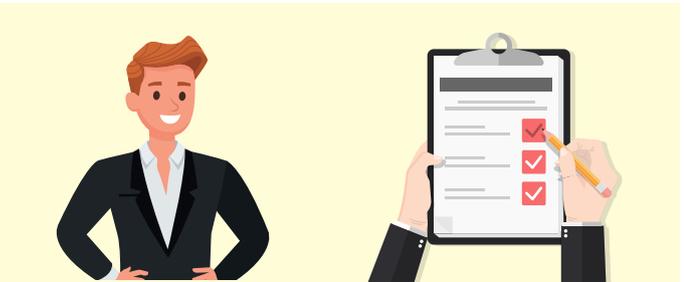
Total staff trained within 2-year compliance target over **1,200**.



IG eLearning core skills **86%** average compliance across NWSSP. (**87%** in 2020/21) - this within the NHS Wales compliance standard.



Substantial assurance with audit programmes.



Completion of Information Governance assessment toolkit to **100%** every financial year.



83 Freedom of Information Requests received. **97.6%** overall compliance within **20** working days. (**90** requests and **84.5%** compliance in 2020/21)





General Data Protection Regulation

The GDPR was implemented by NWSSP on the 25th May 2018 and this continues to be the legislation that the organisation works within. This legislation applies to all Public Authorities and those companies and organisations that process personal information in any form.

The elements of GDPR that the NWSSP continues to work by are:

Awareness – Staff within NWSSP are aware of the legislation and what this means to each department.

Accountability – NWSSP have developed and continue to demonstrate compliance and use accountability measures such as Privacy Impact Assessments.

Communication – Providing service users (and staff) with meaningful information on how we use their data.

Legality - Consideration of all legal uses of identifiable data.

Consent – assessment of whether we need to ask for permission (consent).

Individual's rights – The right to request information, have it corrected, deleted and possibly erased.

Data Breaches – assurance that the NWSSP has protocols to detect, investigate and report data breaches.



As part of good Information Governance and Records Management, it is important that staff are aware of their responsibilities with records keeping and storage of documents and electronic information when using and archiving older information.

Staff should recognise that records are a vital component within the organisation and that records for purposes including corporate management, legal, patient care, human resources, finance and planning should be organised so that access for staff for fair and legal processes is controlled and maintained effectively whilst disposing of information in a timely manner when it is appropriate to do so, is observed. This is regardless of format and how they are kept (especially now NWSSP are using SharePoint to store electronic documents).

The NWSSP's records are the corporate memory, providing evidence of actions, processes and decision making, and representing a vital asset to support all daily functions and operations.

Storage and Retention

It is important to ensure that records are kept for as long as necessary and where there are periods of retention after use, that these are observed. This is ensuring that records are archived (if paper) and marked as archived or moved to a folder labelled as an archive if using electronic information.

The NHS in Wales is still using the current Welsh Health retention documentation WHC 2000/71 that covers most types of information but focuses mainly on paper records.

Staff are encouraged to store paper records with appropriate labelling to include the content, the date of the records and when they can be destroyed. This is expected as a minimum so that destruction of records held within repositories and other storage arrangements can be done without checking the content of an individual box.

Destruction of any paper records (especially those that are confidential) should be done using confidential waste facilities. Any computer equipment or media will be handled by our IT specialists.

Homeworking and Records Management

It is highly important that care is taken of all NWSSP records whilst staff are working from home. Care must be taken to protect all information.

It is important to remember NWSSP Data Quality guidelines and also that "a Data Breach is still a Data Breach" regardless of the location.

With agile working, there is a risk with the transporting of information that will need to be considered. Staff should be careful with information including laptops they carry and storage when moving from office to home and vice versa.

It is therefore important to remember the 'CIA' principles:



Confidentiality – confidentiality measures are designed to prevent sensitive information

from unauthorised access attempts and that data is safeguarded against unlawful use, disclosure or viewing.



Integrity – involves maintaining the consistency, accuracy and trustworthiness of data

over its entire lifecycle. Data must not be changed in transit, and steps must be taken to ensure data cannot be altered by unauthorised people (for example, in a breach of confidentiality).



Availability – means information should be consistently and readily accessible for authorised

persons. This involves properly maintaining hardware and technical infrastructure and systems that hold and display the information as well as ensuring that records and information are properly stored and available for all those who need access to them.



As always, please refer to the NWSSP Records Management protocol for more information. If you have any questions, please contact Tim Knifton, NWSSP Information Governance Manager, at Tim.Knifton@wales.nhs.uk.



Training

To ensure compliance with confidentiality, guidance and legislation is essential for everyone working in the NHS. To ensure that health information and other identifiable data is used effectively and legally, suitable training is provided by the NWSSP Information Governance Manager to make sure that staff are aware of their responsibilities and that confidentiality is at the forefront of their minds.

Training was provided to staff for all to be aware of their own responsibilities in relation to compliance with good practice and organisational policy, and to be extra vigilant in the way they manage information, ensuring that good governance and security is paramount.

The training provided to staff includes good practice guidelines and legislation with Information Governance, Freedom of Information, email, records management and social media.

Due to the pandemic and the changes to how we all work, Information Governance training sessions in 2021/22 were facilitated using Microsoft Teams. The NWSSP Information Governance Manager reports that using this functionality proved to be beneficial and allowed the continuation of education and good practice across the organisation:

- **142** staff attended for the first time.
- **482** staff attended as a refresher.
- **235** staff attended a separate Data Quality session.
- **98%** of staff strongly agreed that the sessions were all they needed to know about IG.
- **97%** of staff were very satisfied with the training content.
- **98%** of staff agreed that the session was of benefit.

Below is a sample of the feedback comments provided by staff:

“
Excellent lecture.
Thank you!
”

“
Very good and
informative session.
”

“
Tim did a sterling job of
summarising the topic and
covering all the points for
participants. I am sure it is
very challenging conducting
this virtually, but well done
.Tim
”

“
A really engaging,
informative session with
lots of current and relevant
content. It's always good to
have two yearly sessions to
keep IG at the forefront of
our minds.
”

“
Good build on the basic
e-learning. Lots of examples
to really illustrate the key
points, and although less
opportunity to engage than
a face to face session the
online offering worked well.
”

“
Explained everything
exceptionally keeping
me informed.
”

“
Thank you for a brilliant
training course, I thought all
of the session were equally
useful and interesting, I
appreciate the purpose/
importance of holding the
training session.
”

“
Very good
presentation, good
interaction between
presenter and
attendee's.
”

“
Always a good session.
I have attended a few
over the years with
Tim. Always good
content.
”

“
Tim is excellent
when delivering this
course. I always find it
interesting every time
we need to complete.
”

“
Excellent presentation
with lots of
information. Tim was
able to answer all my
chat questions.
”

“
I feel it is always beneficial
to have a refresher on
information governance as
it changes and updates. This
is both relevant inside and
outside of work.
”

“
It was a good learning
session; the lecturer was
enthusiastic. The session
was a good length of time,
full of detailed learning
which is relevant to my role.
”

“
I felt this course
sank in a lot more
than reading over the
policies and the ESR
training.
”

“
Great session, thank
you.
”

“
Very informative and
comprehensive.
”

“
The information was
simple and to the
point.
”

“
Thank you, as usual this was a very
informative session, good flow/
well-timed and very clear. It is
a very useful session and a great
reminder of what is expected of
us as employees with regards to
Information Governance and GDPR.
”



Information Governance assessment toolkit

Replacing the Caldicott Assessment toolkit, an IG assessment programme was developed and newly released in April 2019 by Digital Health and Care Wales (DHCW) for all NHS Wales organisations. A newly updated assessment for 2021/22 and was released later in the year pandemic pressures.

The 2021/22 assessment required a higher level of detailed assessment that asked for evidence from NWSSP to satisfy each area and level of criteria. This included:

- ▶ Management and responsibility of IG functions
- ▶ Cyber security
- ▶ Training and Education
- ▶ Individual's rights
- ▶ Records Management and Information Assets
- ▶ Privacy and Accountability
- ▶ Audit and access
- ▶ Risk Management
- ▶ Monitoring and recording

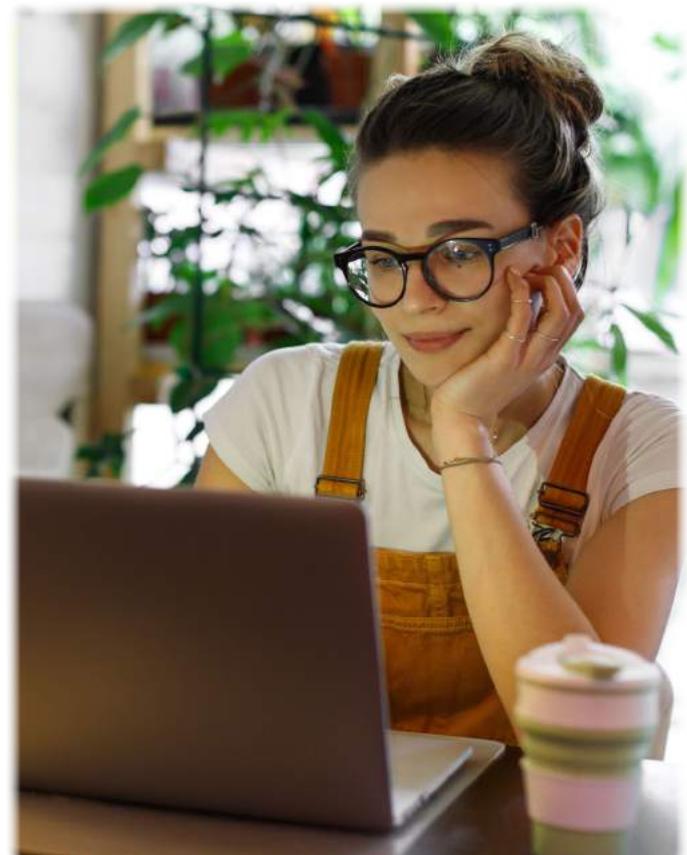
The self-assessment was completed at the end of March 2022. Digital Health and Care Wales (DHCW) are responsible for collation of the results and random audits of answers provided by all participating Health bodies. The information provided was completed to a high standard for the organisation giving as much detail for the final response as possible.

The areas that required further work or development have been migrated into an improvement plan for the following financial year.

Clear Desk and Remote Working procedures

A clear desk procedure is in place to provide guidance to all employees to ensure that they clear their desks at the end of each workday (or when an employee is away for a period of time) of any confidential information.

Clear desk guidance helps the NWSSP to reduce the risk of information theft, fraud, or a security breach caused by sensitive information being left unattended and visible in plain view. This was written for those who also use "hotdesking" arrangements for working and any remote working that may be planned for the near future.



NHS Wales Shared Services Partnership (NWSSP) Clear Desk Best Practice

All employees should clear their desks at the end of each workday. The following clear desk best practice will help NWSSP reduce the risk of information theft, fraud, or a security breach caused by sensitive information being left unattended and visible in plain view.

- ▶ Where practically possible, any paper and computer media should be stored in suitable locked safes, cabinets or other forms of lockable furniture when not in use, especially outside working hours.
 - ▶ Where lockable filing cabinets, drawers, cupboards etc. are not available, office doors must be locked if left unattended.
 - ▶ Hard copy documents containing any personal data, or confidential, restricted or sensitive information should be stored as appropriate e.g. Workforce files. Where appropriate, documents should always be scanned to PDF and stored within the appropriate folders on NWSSP's secure servers. Original paper copies should be securely disposed of in Confidential Waste Bins for destruction.
 - ▶ Employees are required to ensure that all confidential, restricted or sensitive information in hardcopy or electronic form is secured at the end of the day or when they are expected to be away from their desk for an extended period to attend meetings.
 - ▶ Any confidential, restricted or sensitive information must be removed from desks and locked in a drawer when a desk is left unoccupied at any time with the exception of tea making, comfort breaks, etc.
- ▶ Confidential, restricted or sensitive information, when printed, should be collected from printers immediately. Where possible printers with a 'locked job' facility should be used.
 - ▶ Reception areas can be particularly vulnerable to visitors. This area should be kept as clear as possible at all times. No personally identifiable information should be kept on desks within reach or sight of visitors.
 - ▶ Upon disposal, any document containing any personal data or confidential, restricted or sensitive information should be placed in confidential waste bins. Confidential waste must not be left on desks, in filing trays or placed in regular waste bins.
 - ▶ Keys used for access to confidential, restricted or sensitive information must not be left in or on an unattended desk. Keys for desk drawers, cabinets and other secure areas must be stored in a dedicated key safe or location.





These work plans demonstrate compliance in many areas and those where progress can be measured. Inclusion of a Health Check function has ensured that a report on progress has been included for all areas and a financial year end summary.



Information Governance Workplan

The Information Governance work plan highlights a significant number of areas that cover off or contribute to compliance with IG.

The 2021/22 workplan was completed in full and focused on a programme of Information Governance work for the NWSSP to include but not limited to:

- ▶ Management of the Information Asset function;
- ▶ Communication of Information Governance topics throughout the organisation;
- ▶ Training and awareness;
- ▶ Continued compliance with legislation;
- ▶ Identifying areas for improvement;
- ▶ All new or existing identifiable information use and processes are Privacy Impact Assessed ("Privacy by Design") and involve Information Governance input at the earliest possible juncture;
- ▶ Communication with IG colleagues and reporting mechanisms;
- ▶ Supporting new services and initiatives;
- ▶ Supporting other organisations and forums including involvement in National work;
- ▶ Information Governance Risk Register;
- ▶ Breach reporting duties; and
- ▶ Data Subject Access.

Information Asset Register

The NWSSP Information Governance Manager has developed and supported the collection of all identifiable information assets within the organisation up to and with the launch of the General Data Protection Regulation in May 2018.

It is a continuous process to ensure that the content of each information asset return made by all applicable departments in NWSSP contains the information that includes details on who is responsible, what it is, what it contains, what is the legal basis for collecting it and how is it stored.

This has been updated on a regular basis to capture areas of the service that are still to be accounted for and to reflect current information held by department.

More information has been collected by other departments not contained within the initial exercises and more detail has been included to demonstrate accountability with the awareness of the organisation's information assets.

This will be expected to continue due to the ever-moving nature of the work and creation of new data especially where new services have been introduced and new processes have been implemented including any streamlining processes of existing functions.



Data Privacy Impact Assessments (DPIA)

Under the General Data Protection Regulation, NWSSP uses a Data Privacy Impact Assessment (DPIA) process. This is also known as “Privacy By Design” and the process involves the assessment and assurance of any proposed projects, new workstreams or changes to existing work that include the use of identifiable data.

DPIA is used to detail the context, process and arrangements of any proposed project and includes arrangements for records management, audit, processing of data, security and data types. The DPIA will hold this information in a detailed format and will also include recommendations to ensure that all identifiable data is secure and compliant. The NWSSP Information Governance Manager has worked on DPIAs in 2021/22 that included areas such as:

- ▶ Legal and Risk Content Management System;
- ▶ Health Roster;
- ▶ Performer’s list refresh project;
- ▶ Salary Finance;
- ▶ Survey Monkey;
- ▶ Alternative Treatment Scheme (ATS) text messaging; and
- ▶ Digital ID checks;
- ▶ Scanner replacement project;
- ▶ All Wales Occupational Health software.

Privacy Notices

Part of the Data Protection legislation is to inform all service users on the use of their data. The NWSSP informs those who we use data for:

- ▶ why we are able to process information;
- ▶ what purpose we are processing it for;
- ▶ whether service users have to provide it to us;
- ▶ how long we store it for;
- ▶ whether there are other recipients of your personal information;
- ▶ whether we do automated decision-making or profiling;

The privacy notices we have developed include data subjects’ rights to request their data, have inaccuracies corrected or data erased (in certain circumstances).

To date, the NWSSP Information Governance Manager has created, assisted and advised departments on Privacy Notices for departments including:

- ▶ Recruitment;
- ▶ Legal and Risk;
- ▶ Medical Examiner Service;
- ▶ Employment;
- ▶ Student Awards;
- ▶ Finance Academy;
- ▶ Welsh Language;
- ▶ Payroll; and
- ▶ Staff as well as Privacy Notices for the public facing internet.



Information Sharing

Data Sharing or Information Sharing Agreements are required to ensure that information that is identifiable is given the right level of consideration. When drafting an agreement, this will normally include:

- ▶ The context of the share;
- ▶ The types of data;
- ▶ The parties involved; and
- ▶ The legislation concerned.

It is important that all parties consider their roles and responsibilities in appropriate and confidential data use.

Any requests for data sharing (either from NWSSP or your requirement for requesting data) can be discussed with the NWSSP Information Governance Manager.

Breach reporting

As part of the organisation's reporting duties, it is important that all staff identify an incident defined as a data breach and also know how to report it.

The NWSSP has a full confidentiality breach reporting protocol that is available on the NWSSP intranet and SharePoint sites and detail when and how to report a breach. Although not an exhaustive list, a few examples of typical breaches of confidentiality is defined as any event that has resulted or could result in:

- ▶ A staff member who has accessed their own patient records or other held records.
- ▶ A staff member who has accessed the GP records, demographic information or details of a family member.

- ▶ A staff member who has accessed records of another staff member.
- ▶ A staff member who has accessed confidential information and altered it without permission or under a fair and lawful process.
- ▶ A staff member who has accessed confidential information outside their work remit.
- ▶ A staff member who has knowingly accessed a record using another staff member's password and login information.
- ▶ A staff member who has removed confidential information from their place of work and subsequently lost it.
- ▶ A staff member who has either lost a laptop or other NHS equipment or had it stolen from the possession.
- ▶ A staff member who has told another person not connected to the business (such as a family member or friend) something confidential seen in the course of their work.
- ▶ A staff member who has emailed confidential information to an incorrect email address.
- ▶ A staff member who has published confidential information on the internet or made such information publicly available.

With any breach, this could cause an adverse impact due to a breach of confidentiality that can be defined for example as:

- ▶ A threat to personal safety or privacy.
- ▶ Enforcement action or a large monetary penalty from the Information Commissioner's Office.
- ▶ Disruption of NHS business.
- ▶ Reputational damage or embarrassment to the NHS.

Any concerns or questions relating to a potential or identified breach of confidentiality can be directed to the NWSSP Information Governance Manager for discussion.

Reporting a Confidentiality Breach



NHS Wales Shared Services Partnership (NWSSP) has a commitment to ensuring that correct, legal use of confidential information is observed at all times and any suspected breaches and errors in using confidential, identifiable data (defined as personal or sensitive personal data, and commercially sensitive data) is acted upon.

It is vitally important that if you experience a confidentiality breach in your place of work, regardless of where that may be, that you inform the NWSSP Information Governance Manager as soon as possible and also report using the DATIX incident reporting form using the link below.

Useful links

The **DATIX incident reporting form** can be found on the NWSSP intranet or using this link datixweb.cymru.nhs.uk/live/index.php Information Governance policies including the Confidentiality Breach Reporting protocol can be found on the Information Governance pages on the NWSSP intranet.

To discuss or report any concerns please contact Tim Knifton, Information Governance Manager - Tim.Knifton@wales.nhs.uk.

It is important to note any suspected or confirmed breaches of confidentiality and to report them as soon as possible so that action can be taken in line with current legislation.

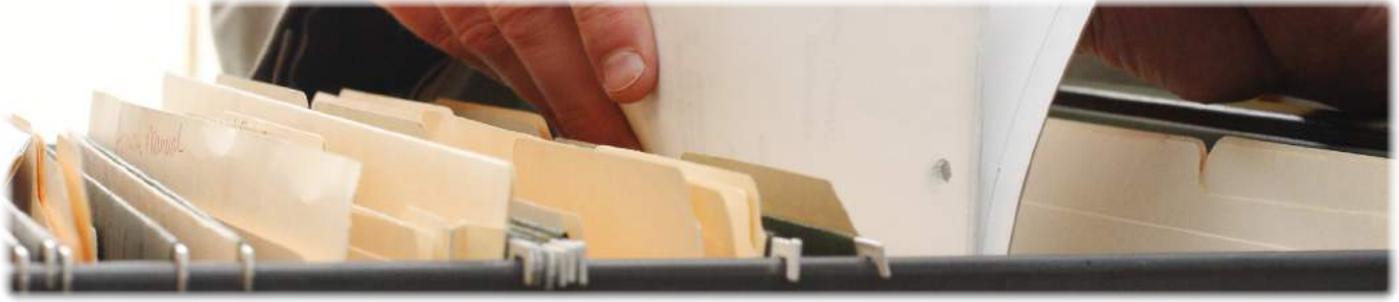
Some examples of typical breaches of Information Governance or confidentiality are as follows:

- Issues around Data accuracy, availability or quality of data.
- A staff member who has emailed confidential information to an incorrect email address.
- A staff member who has emailed the wrong confidential information/or too much identifiable data to another recipient.
- A staff member who has accessed confidential information and altered it without permission.
- Use, access or sharing information without permission (consent).
- A staff member who has accessed confidential information outside their work remit.
- A staff member who has knowingly accessed a record using another staff member's password and login information.
- A staff member who has removed confidential information from their place of work and subsequently lost it or had it stolen (including laptops and other IT equipment).
- A staff member who has told another person not connected to the NWSSP (such as a family member or friend) something confidential seen in the course of their work.
- A staff member who has published confidential information on the internet or made such information publicly available.
- A staff member who has shared confidential information to another work colleague who is not authorised to receive it or has no legal requirement or entitlement.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership



Freedom of Information Act (FOIA)

The Freedom of Information Act (2000) supports the principles of openness and transparency and welcomes the rights of access to information relating to policy, procedure and decision making. The FOIA covers public authorities that use public money to make decisions and therefore have to be accountable for those.

NWSSP has created a climate of openness by providing improved access to information about the organisation and facilitates the development of such an environment year after year.

In 2021/22, NWSSP received **83** Freedom of Information requests.

These included requests for topics such as:

- ▶ Procurement;
- ▶ Staffing arrangements;
- ▶ Senior salary costs;
- ▶ Salary sacrifices;
- ▶ Information Technology;
- ▶ Primary Care payments and processes;
- ▶ Prescribing;
- ▶ Payroll processing;
- ▶ Recruitment; and
- ▶ Risk Management arrangements.

As required by legislation, the NWSSP publish a full list of FOI requests by month that can be found here:

<http://www.nwssp.wales.nhs.uk/publication-scheme>

Table of Compliance

Month	1-5	6-10	11-15	16-20	21+	40+	Total
April 2021	3	-	-	4	-	-	7
May	2	2	-	2	-	-	6
June	1	1	1	2	2	-	7
July	3	-	1	2	3	-	9
August	1	1	-	1	1	-	4
September	5	3	-	3	-	1	12
October	1	3	1	1	-	-	6
November	2	2	4	3	-	-	11
December	-	1	1	-	-	-	2
January 2022	5				-	-	5
February	3	-	3	4			10
March		2	2				4
Totals	26	15	13	22	6	1	83



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Contact

For any questions on the content of this review, please contact:

Tim Knifton
NWSSP Information Governance
Manager

Email: Tim.Knifton@wales.nhs.uk

Useful Links

[2020/21 Annual Review](#)

[NWSSP Information Governance pages](#)

[NWSSP Information Governance Steering Group](#)

[The Information Commissioner's Office](#)

Minutes

Public Quality, Safety & Performance Committee

Velindre University NHS Trust

Date: 20th January 2022
Time: 10:00 – 13:00
Location: Microsoft Teams
Chair: Vicky Morris, Independent Member

ATTENDANCE		
Prof. Donna Mead OBE	Velindre University NHS Trust Chair	DM
Hilary Jones	Independent Member	HJ
Stephen Harries	Interim Vice Chair and Independent Member	SH
Cath O'Brien	Chief Operating Officer	COB
Jacinta Abraham	Executive Medical Director (in part)	JA
Lauren Fear	Director of Corporate Governance and Chief of Staff	LF
Carl James	Director of Strategic Transformation, Planning and Digital	CJ
Nicola Williams	Executive Director of Nursing, Allied Health Professionals & Health Scientists	NW
Nigel Downes	Deputy Director of Nursing, Quality & Patient Experience	ND
Matthew Bunce	Executive Director of Finance (in part)	MB
Sarah Morley	Executive Director of Organisational Development & Workforce	SfM
Alan Prosser	Interim Director of Welsh Blood Service	AP
Peter Richardson	Head of Quality Assurance, Welsh Blood Service	PR
Emma Stephens	Head of Corporate Governance	ES
Kyle Page	Business Support Officer (Secretariat)	KP

0.0.0	COVID	Action Lead
4.0.0	Velindre Quality & Safety Committee for NHS Wales Shared Services	
	<p>Led by Gareth Tyrrell, Head of Technical Services, NHS Wales Shared Partnership</p> <p>The NHS Wales Shared Services Quality & Safety Governance Report was received and discussed. GT highlighted the following key items:</p> <p>Operational Performance:</p> <ul style="list-style-type: none"> Provision of a wholesale dealer service; this has continued to provide cost savings across Wales (approximately £400,000 over the past 4 months) and the development of ready-to-administer products will continue to support / reduce financial burden. 	

- Continued support of the booster vaccination programme, assuming responsibility for distribution of 10% of all doses administered in Wales.

Regulatory Compliance:

- No errors or critical deviations in manufacturing processes have been identified over the last 9 months.
- All facilities and equipment adhere to regulatory standards with the exception of one minor incident which has since been resolved.
- 100% compliance with internal audit recommendations.
- Three service complaints had been received from NHS bodies in the last 9 months, mainly focused on logistical issues in relation to the vaccination programme.

VM queried the sudden deviation within the documentation review visual. GT advised that the reduction in documentation review was a result of a large volume of documentation due for review at the same time and advised that a documentation plan to stagger the review is in place. No issues were anticipated in achieving this.

The importance of context was acknowledged and it was agreed that any unusual deviations within visual representations would be supported by a clear narrative going forward.

The Committee **NOTED** the current service performance against the framework of standards set out in European Union Good Manufacturing Practice, with which CIVAS@IP5 (Central Intravenous Additives Service) is legally required to comply as a Medicines and Healthcare products Regulatory Agency “Specials” and Wholesale Dealer licence holder.

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

NHS WALES SHARED SERVICES CIVAS@IP5 REPORT (presented to the March 2022 meeting of the Quality, Safety & Performance Committee)

DATE OF MEETING	5 th April 2022
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Kyle Page, Business Support Officer
PRESENTED BY	Vicky Morris, Chair of the Quality, Safety & Performance Committee
EXECUTIVE SPONSOR APPROVED	Nicola Williams, Executive Director of Nursing, Allied Health Professionals & Health Science
REPORT PURPOSE	FOR NOTING

ACRONYMS	

1. PURPOSE

This paper has been prepared to provide the NHS Wales Shared Services Partnership Committee with details of the key issues and items contained within the NHS Wales Shared Services CIVAS@IP5 Quality & Safety Governance Report and performance presentation, considered at the public meeting of the Quality, Safety & Performance Committee held on 24th March 2022.

The Committee is requested to **NOTE** the content of the report.

ALERT / ESCALATE	There were no items identified for ALERT or ESCALATION to the Committee.
ADVISE	There were no items identified to ADVISE the Committee.
ASSURE	<p>NHS Wales Shared Service CIVAS@IP5 Report</p> <p>The NHS Wales Shared Services CIVAS@IP5 Quality & Safety Governance Report and performance presentation was discussed. The Committee:</p> <ul style="list-style-type: none"> • Received an overview of performance against agreed metrics, noting that the last two months had seen a reduction in output resulting from commercial supplier issues and the presence of new staff within the production process. • Received ASSURANCE that Health Boards continue to order consistent amounts of products and that no issues with facilities had been reported and that service remains 100% compliant with internal audit requirements. • Noted the reporting of one critical deviation only, resulting in the rejection of one batch and one service complaint from a Health Board relating to an incorrect expiry date on a vaccination packdown. The committee requested further detail in future reports to demonstrate learning and improvement after such deviations and complaints. • Was ADVISED that the full MHRA (Medicines and Healthcare Products Regulatory Agency) inspection report would be presented at next Committee. • Was ADVISED that discussions are underway to explore how reporting can evolve going forward to include additional areas of Shared Services activity.
INFORM	There were no items identified to INFORM the Committee.
APPENDICES	N/A

2. RECOMMENDATION

The NHS Wales Shared Services Partnership Committee is asked to **NOTE** the key deliberations and highlights from the NHS Wales Shared Services CIVAS@IP5 Quality & Safety Governance Report and performance presentation, considered at the public meeting of the Quality, Safety & Performance Committee held on 24th March 2022.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:6.4
SSPC 19 May 2022

The report is not Exempt

Teitl yr Adroddiad/Title of Report

NWSSP Audit Committee Assurance Report – 5 April 2022

ARWEINYDD: LEAD:	Peter Stephenson Head of Finance & Business Development, NWSSP
AWDUR: AUTHOR:	Carly Wilce Interim Corporate Services Manager, NWSSP
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler Director of Finance & Corporate Services, NWSSP
MANYLION CYSWLLT: CONTACT DETAILS:	Andy Butler Director of Finance & Corporate Services, NWSSP 01443 848552 / Andy.Butler@wales.nhs.uk

**Pwrpas yr Adroddiad:
Purpose of the Report:**
The purpose of this paper is to provide the SSPC with a summary of the key issues considered by the NWSSP Audit Committee, at its meeting on 5 April 2022.

Llywodraethu/Governance

Amcanion: Objectives:	Each of the five key Corporate Objectives
Tystiolaeth: Supporting evidence:	Individual reports submitted to Audit Committee

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	✓
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**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 Claf: Quality, Safety & Patient Experience:	No direct impact

Ariannol: Financial:	No direct impact
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://gov.wales/docs/dhss/publications/150402standardsen.pdf
Gweithlu: Workforce:	No direct impact
Deddf Rhyddid Gwybodaeth/ Freedom of Information	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 5 April 2022, is outlined below:

ALERT	No matters to alert/escalate.
ADVISE	No matters to advise.
ASSURE	<p>NWSSP Update</p> <p>The Managing Director presented the committee with an extensive update as to key developments within NWSSP. Main highlights discussed were as follows:</p> <ul style="list-style-type: none"> • As part of a UK-wide response coordinated by the Department for Health and Social Care to the war in Ukraine, NWSSP has donated a number of surplus items and consumables to the value of £131k; • The purchase of Matrix House in Swansea was successfully completed on 30 March 2022. Acquisition of the building reduces future revenue costs to NHS Wales and provides an opportunity to create a wider public sector hub; and • The Minister for Health and Social Care undertook a very positive visit to IP5 on 17 March to review the facilities and operations on site; and • Recurring funding to support the NHS Wales Decarbonisation Strategy has been approved by Welsh Government.
ASSURE	<p>External Audit Position Statement</p> <p>Audit Wales provided a detailed update as to current and planned audit work. The 2021-22 financial audit work and associated audit assurance arrangements are ongoing and on track to complete within the agreed timescales for reporting to the July Audit Committee. No significant issues have been noted thus far.</p>
ASSURE	<p>Internal Audit Position Statement</p> <p>The Internal Audit Position Statement was presented to the Committee, providing an overview of activity undertaken since the previous meeting. Good progress continues to be made against the 2021-22 internal audit plan. There are three finalised reports on the agenda for the consideration of the Committee.</p>
ASSURE	<p>Internal Audit Reports</p> <p>The following reports were presented to the Committee for consideration:</p> <ul style="list-style-type: none"> • <u>Primary Care Contractor Payments</u> Substantial assurance, with one medium priority recommendation and one low recommendation for action. • <u>Legal & Risk Services Review</u> Substantial assurance with one medium priority recommendation for action. • <u>Procure to Pay (P2P)</u>

	Reasonable assurance with one high priority, two medium and three low recommendations for action.
ASSURE	<p>Internal Audit Operational Plan 2022-23</p> <p>The Audit Committee were presented with the draft 2022-23 Internal Audit Operational Plan and Charter for consideration. The plan was developed with the Director of Finance & Corporate Services and the Head of Finance & Business Development and was presented to NWSSP's Senior Leadership Group in March. The plan will be reviewed throughout the year, and it was likely that additional and/or replacement audits would be included to respond to changing circumstances and risks. Any such changes would be reported to the Audit Committee for formal approval. The plan has been developed in compliance with required standards, which are documented in the Internal Audit Charter along with the key indicators to measure performance.</p>
ASSURE	<p>Counter Fraud Position Statement</p> <p>The Counter Fraud Position Statement reported that there was one opened and one closed case since the last meeting and one further case remains open. All 75 days assigned to NWSSP have been completed. Gareth Lavington, the newly appointed Counter Fraud Services Manager was welcomed to the meeting. The 2022-23 Counter Fraud Work Plan would be brought to the July meeting for approval.</p>
ASSURE	<p>Stock Taking Update</p> <p>The Inventory Stock Assurance Arrangements Report was presented to the Committee updating the members on current stock taking arrangements. As a result of Audit Wales being unable to undertake a physical stocktake in 2020-21 due to the pandemic, a 'limitation of scope' qualification for the financial period was received.</p> <p>Significant effort has been undertaken to ensure that the issue does not reoccur, and thus far Audit Wales have undertaken six physical stock takes across stores operated or outsourced by NWSSP with no significant issues raised. Stock volumes continue to remain high but are starting to fall.</p> <p>Discussion took place regarding the opening balance position for stock, given that Audit Wales were unable to attend and/or test closing stock balances in the previous year. NWSSP have completed significant work in reconciling back from closing balances at the end of 2021/22, recording all receipts and issues, to validate the opening balance. Audit Wales were unable to confirm at this stage whether they would be able to rely on this work, and they were therefore requested to highlight any potential issues or concerns as soon as possible to avoid any surprises when signing off the accounts.</p>
ASSURE	<p>Valuation of PPE- DHCS/NHS Wales</p> <p>The Committee were presented with the Valuation of PPE report. Following recent media coverage regarding the write off of PPE for 2020/21 accounts in NHS England, the report was prepared at the request of the Audit Committee Chair, setting out the Welsh position against the category of headings reported in England.</p> <p>The Committee were reminded of Welsh Government's policy for NWSSP to hold 16 weeks' worth of stock, which has posed some challenges concerning the devaluation of stock and equipment approaching lifetime expiry. To reduce the impact of loss across the UK, Surgical Materials Testing Laboratory (SMTL) is working with the Department of Health & Social Care (DHSC) to potentially identify new ways to extend the shelf life of specific PPE products.</p> <p>The DHSC estimated a loss in value of £8.7 billion of the £12.1 billion of PPE purchased in England in 2020-21. In NHS Wales, the total PPE spend to the end of February 2022 was £385m. The loss in NHS England was spread over the following categories:</p>

- Defective PPE (£0.67bn) – the figure for Wales is £0 although there is one order for gowns which have been potentially identified as faulty. The value of this order is £9.4m but we anticipate that this stock will either be determined as being useable or will be replaced by the supplier;
- PPE unsuitable for use in the NHS or Social Care but which may be able to be used elsewhere (£2.6bn) – the figure for Wales is £0 in this category;
- Surplus stocks (i.e. that may go out of date before they can be used – (£0.75bn)). In Wales there are a number of items that my need to be included in this category as follows:
 - Fit Test Solutions – Due to the implementation of a new fit testing methodology these solutions are no longer required in Wales and as such will become out of date. There are currently 26,000 items in stock at a total value of £0.277m.
 - Face Visors – At the height of the pandemic 131,000 visors were issued each week. This has now fallen to approximately 14,000 items per week. Consequently, there are approximately 620,000 visors with a book value of £1.055m in stock. SMTL have been commissioned by NHS England to investigate the possibility of extending the date life of their visors. The results of the testing will be reviewed once completed and it may be possible to extend the shelf life of the visors that NWSSP have in stock.
 - Type II Masks - 237,000 Type II masks with a value of £0.159m will reach the end of their date life within a month. This product was widely used prior to the pandemic but has been replaced with the fluid resistant Type IIR mask and there is no longer a market for this product.
- A provision of £1.491m will be made for the above items in the 2021/22 accounts. Regular discussions have been held with Welsh Government who have agreed to provide funding to cover the provision.
- Adjustment to Year-End Valuation due to falling prices (NHSE £4.7bn) – the NHS Wales Manual of Accounts allows NHS stocks to be valued at cost, rather than net realisable value, on the basis that stocks are not held for resale and that they turnover relatively quickly. NWSSP have valued stocks on this basis which avoids significant write-downs in value, but there are two items which are considered slow-moving, and which therefore need to be written down to the current market price as follows:
 - **Gowns** – As highlighted above NWSSP is holding a stock of 2.25m gowns from a single supplier where problems have been experienced with the quality of the items. This issue is being pursued with the supplier and it is anticipated that this will be resolved through product replacement. Following discussions with Welsh Government it has been considered prudent to revalue the stock at 28p per item resulting in a devaluation of £8.791m
 - **Goggles** – Currently a stock of 585,000 goggles is held. Early in the pandemic, national guidance required the use of goggles, and these were purchased at £5.03 each in early 2020. The guidance was amended to require the use of face visors in mid-2020 and, therefore, these goggles were not issued and remain in store. This product is used as eye protection in some areas of NHS Wales where purchases are made directly with the suppliers. To facilitate the promoting of this product to this new market it is proposed to revalue this product to the current market price of £2.50, a total revaluation of £1.479m.
- An impairment adjustment of £10.270m will be made against the value of the above stocks in the 2021/22 accounts. This has been discussed with WG who have agreed to provide funding to cover this.

In overall terms, 72% of the total spend on PPE in NHS England is being written off compared to just over 3% in NHS Wales.

ASSURE

Stock Write- Offs/Donations

Checklists were presented to the seek approval from the Audit Committee to formally request Welsh Government approval to write off losses for the following-

	<ul style="list-style-type: none"> ○ Ukraine, surplus PPE, and Medical Equipment to the value of £10,138.36 ○ Namibia, Surplus PPE to the value of £156,092 to reflect a price adjustment to a previously approved write-off by the Audit Committee in 2021; and ○ Year End Stock Impairment of PPE and general stock to the value of £11.6m – these largely relate to the items documented above. <p>Checklists presented to the committee were approved.</p>
ASSURE	<p>Energy Update</p> <p>The Committee were updated on the current situation concerning energy prices. Due to the nature of the markets and high expenditure, an Energy Price Risk Management Group (EPRMG) was formed in 2005 to manage exposure to risk across the NHS Wales energy contracts. The overarching aim of the group is to minimise the impact of energy price rises through proactive management and forward buying.</p> <p>Significant increases in gas and electricity prices continue to be reported, particularly during recent weeks following the outbreak of the Ukraine war. The EPRMG strategy of purchasing ahead has meant that NHS Wales has benefitted substantially and avoided most of the price increases for gas and electric supply. Whilst this strategy has protected NHS Wales from the huge increase in market prices for 2021/22 it is likely that there will be very significant hikes in energy costs in 2022/23 because of current contracts coming to an end. The EPRMG will attempt to manage the energy costs for NHS Wales as best as they can over the year ahead.</p>
ASSURE	<p>Governance Matters</p> <p>The Governance Matters paper detailed the contracting activity for the last quarter, highlighting no departures from Standing Orders. 43 contracts had been let for NWSSP and 64 further contracts for NHS Wales. There have been two declarations made as to gifts, hospitality, or sponsorship since the last meeting. One internal audit review, ICT Operational Infrastructure, received a limited assurance opinion but no reviews have received a no assurance opinion.</p> <p>The Audit Tracker paper highlighted that of 241 audit recommendations, 226 have been implemented, 11 are not yet due, one is outside of NWSSP control. Three are outstanding and the Committee were asked to consider a short extension for two of these. The Committee approved the request for the following recommendations:</p> <ul style="list-style-type: none"> • Review of National Hosted NHS IT Systems. Extension requested from 28/02/2022 to 31/05/2022. The planned disaster recovery testing of the Oracle system in mid-February had to be postponed due to Storm Eunice; and • Review of Laundry Services: Extension requested from 31/03/2022 to 31/05/2022. Good progress has been made in completing PADRs, but a few remain outstanding. The lack of any information from previous employers has hindered the process. <p>The Corporate Risk Register contains two red risks relating to relating to the pressure on Recruitment and Payroll functions due to the increased demand across NHS Wales, and the impact of increasing energy costs as a result of the war in Ukraine.</p>
ASSURE	<p>Draft Annual Governance Statement</p> <p>The 2020-21 draft Annual Governance Statement was presented to the committee. To ensure that Committee members had sufficient time to review the Statement, it was proposed that the draft Statement be e-mailed to each Audit Committee member once available for comment and the final version be brought back to the July meeting for formal approval. The Committee approved the proposed arrangements.</p>
INFORM	<p>The following items were received for information:</p> <ul style="list-style-type: none"> • Counter Fraud Newsletter 2022; • Audit Committee Forward Plan 2022-23.

2. ARGYMHELLIAD/RECOMMENDATION

The Committee is asked to:

- **NOTE** the Audit Committee Assurance Report



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Partneriaeth
Cydwasaethau
Shared Services
Partnership

AGENDA ITEM:6.5

The report is not Exempt

Teitl yr Adroddiad/Title of Report

Annual Complaints Report 2021/22

ARWEINYDD: LEAD:	Andy Butler, Director of Finance & Corporate Services
AWDUR: AUTHOR:	Carly Wilce, Interim Corporate Services Manager
SWYDDOG ADRODD: REPORTING OFFICER:	Andy Butler, Director of Finance & Corporate Services
MANYLION CYSWLLT: CONTACT DETAILS:	Andy.butler@wales.nhs.uk

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

To provide the Committee with information on the number of complaints received in the 2021/22 financial year, and to show a breakdown by Directorate and how promptly they were responded to.

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 :

Senior Leadership Group (monthly updates)

Adduned y Pwyllgor/Committee Resolution (insert ✓):

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
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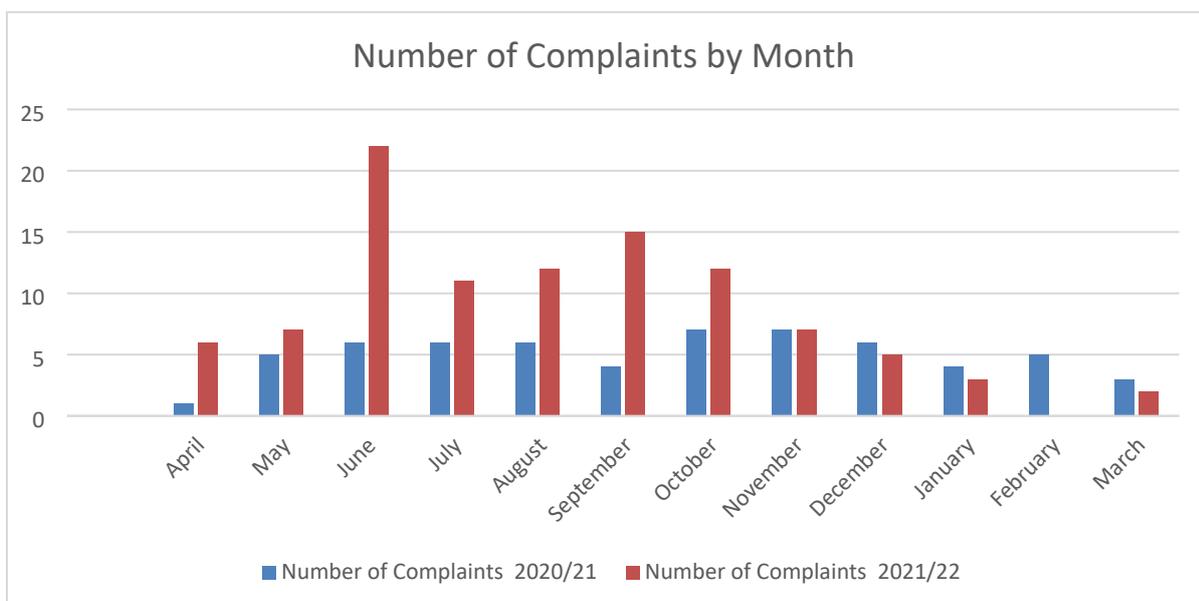
Argymhelliad/ Recommendation	The Committee is asked to NOTE the report.
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Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	N/a
Cyfreithiol: Legal:	All complaints are dealt with using the principles set out in the Putting Things Right guidance.
Iechyd Poblogaeth: Population Health:	N/a
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The issues identified via complaints are reported monthly to the Senior Leadership Group to ensure that appropriate action has been taken to address the concern raised and to learn lessons to prevent re-occurrence.
Ariannol: Financial:	N/a
Risg a Aswiriant: Risk and Assurance:	Appropriate risks arising from the information contained in this report have already been documented in the Corporate Risk Register.
Safonau Iechyd a Gofal: Health & Care Standards:	Access to the Standards can be obtained from the following link: http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf Governance, Leadership and Accountability
Gweithlu: Workforce:	N/a
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open.

1. BACKGROUND

From 1 April 2021 - 31 March 2022 a total of 102 complaints were received, as detailed below:

Service Area	Complaints Received for Formal Investigation	Acknowledged within 2 Working Days (W/D)	Responded to in 24 hours	Responded within 30 W/D	Responded outside of 30 W/D	Ongoing Investigation (Within 30 W/D)	Ongoing Investigation (Outside 30 W/D)
Employment Services	88	88	81	5	1	1	0
Payroll Services	58	58	54	3	-	1	-
Expenses	19	19	19	-	-	-	-
Pensions	4	4	3	1	-	-	-
Service Improvement Team	2	2	-	1	1	-	-
Recruitment Services	1	1	1	-	-	-	-
Student Award Services	4	4	4	-	-	-	-
Health Courier Services	4	4	0	4	0	0	0
People and OD	6	6	4	1	1	0	
Primary Care Services	3	3	0	3	0	0	0
Finance & Corporate Services	1	1	0	1	0	0	0
Total 2021/22	102	102	85	14	2	1	0
Total 2020/21	60	59	34	18	8	0	0



Comparison with the prior year shows a marked increase in the total number of complaints (70%) but as the graph demonstrates, these relate mainly to the period from June to October 2021. These also mainly relate to Payroll and Recruitment services and reflect the significant increase in demand for these services from Health Boards in particular as they sought to respond to, and recover from, the effects of the pandemic. This has been noted through the treatment of this issue as a red risk in our Corporate Risk Register. It is also worth noting that the root cause of the complaints was often due to late submission of necessary documentation within Health Boards, but the issue was exacerbated due to delays in responding to requests for information within NWSSP. It is also worth noting that since the start of 2022, the number of complaints received is well below the comparable periods for the prior year.

Between 1 April 2021 and 31 March 2022 there was one request received for an Independent Review and one referral made to the Public Services Ombudsman for Wales.

2. RECOMMENDATION

The Committee is asked to **NOTE** the report.

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 12 – MARCH 2022

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for March 2022 and should be read in conjunction with the Monitoring Return tables submitted for Month 12.

Thank you for your email of 24th March 2022 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

NWSSP's financial position for 2021/22 reports a small surplus of £0.011m.

This surplus has been achieved after increasing the NWSSP 2021/22 distribution by £1.250m to total £2.000m as approved by the Shared Services Partnership Committee in September.

1. Movement of Opening Financial Plan to Forecast Outturn (Table A)

Table A has been updated in Month 12 to reflect the final 2021/22 position with non-recurrent savings and income generation overachievements totalling £4.011m in line with the values previously forecast. These overachievements have been utilised via reinvesting £2.000m internally within NWSSP to accelerate benefits and improvements within our services, £1.250m approved increased distribution to NHS Wales and Welsh Government and £0.750m agreed Welsh Government brokerage.

We have assumed that this £0.750m brokerage and an additional £0.250m will be reprovided in 2022/23 as agreed as part of the Oracle Service Improvement two year brokerage agreement in 2020/21. A review of the Oracle expenditure profile indicates that we will not utilise the return of the full £1.000m in 2022/23 and we would welcome the opportunity to further discuss delaying the return of some of these funds until later financial years over the remainder of the contract.

2. Overview of Key Risks & Opportunities (Table A2)

This table is now reporting zero in Month 12 given the risks have been managed and/or mitigated within the financial year.

3. Actual Year to Date Monthly Position (Tables B, B2 & B3)

The key points to note within the 2021/22 position are:

- The full year income is £573.724m, which is a £37.234m increase on the forecast reported in Month 11. This is primarily due to the notional 6.3% pension adjustment, stock revaluations and write offs agreed in M12, increased WRP outturn, additional Covid costs and increased pharmacy rebate and SLE income.
- Pay costs increased in month 12 due to the notional pension adjustments and the March intake to SLE.
- Non pay costs primarily increased in month 12 due to Q3 & Q4 pharmacy rebates and the stock revaluations, write off provisions and Covid adjustments actioned in month.
- The updated profile of the SLE income and pay/non pay expenditure outturn is detailed below. The increases reported in M12 are due to the 6.3% notional pension adjustment, the March intake to SLE and the payment of additional GP training grant arrears in March.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	8.207	8.597	8.402	8.444	10.774	12.932	11.679	12.564	12.815	12.786	12.744	18.513	138.457
NON PAY	0.731	0.827	0.759	0.735	0.799	0.948	0.874	0.889	0.965	1.296	1.143	1.699	11.665
TOTAL	8.938	9.424	9.161	9.179	11.573	13.880	12.553	13.453	13.780	14.082	13.887	20.212	150.122

- DEL depreciation charges total £3.555m per the forecasts submitted earlier in the financial year.
- AME impairments of £0.843m have been incurred in respect of the donation of assets to India (£0.522m) and the impairment of ventilators donated by DHSC in 2020/21 to current market value (£0.321m).
- £0.131m for the donation of aid to the Ukraine has been included as an exceptional cost in Month 12 in line with the reporting of previous donations.
- £129.615m income and expenditure is included in relation to the WRP DEL budget. This expenditure is reported separately on line 9 – Losses,

Special Payments & Irrecoverable Debts. As previously advised this is within the potential forecast range of £126m-£130m that has been reported in previous months and per discussions with Welsh Government colleagues during March (**Action Point 11.1**)

- Agency expenditure has increased in March and continues to primarily be due to the recruitment of an increased number of internal auditors to ensure delivery of the 2021/22 audit plans and additional staff required within our laundries.
- Table B3 details the total Covid19 expenditure for 2021/22 of £57.684m.

The mass vaccination and other covid expenditure sections of Table B3 have been populated. Other covid expenditure relates to the NWSSP operational support costs and PPE issues as part of the mass vaccination packs and the social care and primary care PPE issues. A summary of the expenditure is detailed below:

	2021/22
	£m
NWSSP Operational	5.262
Mass Vacc - PPE	2.800
Mass Vacc - non PPE non pay	0.690
Mass Vacc - pay	0.758
Social Care/Primary Care PPE	25.166
Unused bonus accrual	- 0.120
Namibia PPE	11.148
Adjustments from 2020/21	- 2.104
Annual leave accrual increase	0.199
Import VAT & Escrow savings/charges	- 2.197
PPE/Testing revaluations/provisions	12.833
Provision for doubtful debt	3.249
TOTAL	57.684

The table includes a number of adjustments from 2020/21 in addition to adjustments for VAT and contract savings and stock revaluations and write off provisions. These have been discussed at length with Andrea Hughes to ensure full awareness of the issues we managed towards the end of the financial year.

The Covid PPE bad debt release accountancy gain was included in Table B3 within non pay on Line 203 in Month 10 (**Action Point 10.1**)

The NWSSP £5.262m operational costs are summarised below.

	2021/22
Pay	2.654
Estates / Security	0.786
Insurance	0.070
Transport	1.517
Other	0.234
TOTAL	5.262

Where we have invoiced Welsh Government for PPE stock that we had cash coverage for at 31st March 2021, we have been raising invoices in 2021/22 for resource and raising corresponding credit notes to reduce the year end credit note accrual to £41.749m at 31st March 2022. The summary below shows the reduction in the credit note accrual throughout 2021/22 which includes the return of excess cash from stock issues (**Action Point 11.3**):

	£M
CREDIT NOTE @ 31.03.2021	113.196
Q1 PRIMARY/SOCIAL CARE PPE	- 6.683
NAMIBIA PPE	- 7.207
Q2 PRIMARY/SOCIAL CARE PPE	- 6.402
NAMIBIA TEST KITS	- 3.941
RETURN OF CASH	- 5.235
Q3 PRIMARY/SOCIAL CARE PPE	- 6.195
Q1-3 MASS VACCINATION PPE	- 2.495
20/21 STOCK ADJUSTMENT (ORANGE BAGS)	- 0.289
PC/SOCIAL CARE PPE M10 & 11	- 4.106
MASS VACC PPE M10 & 11	- 0.289
CASH RECOVERY FROM STOCK ISSUES	- 4.500
PREPAYMENT RELEASE (BALANCE OF ESCROW ORDER)	- 2.917
CONTRACT SAVINGS ESCROW	- 2.834
PC/SOCIAL CARE PPE M12	- 1.779
ESCROW ADJUSTMENT - FEES	- 0.130
ESCROW ADJUSTMENT - EXCHANGE RATE LOSS	- 0.347
DOUBTFUL DEBT PROVISION - CASH RETURN	- 3.249
MASS VACC PPE M12	- 0.016
GOWNS - IMPAIRMENT	- 8.793
GOGGLES - IMPAIRMENT	- 1.457
VISORS - WRITE OFF PROVISION	- 1.546
FIT TEST SOLUTIONS - WRITE OFF PROVISION/WRITE OFF	- 0.275
TYPE II WRITE OFF PROVISION	- 0.159
ANTIBODY TEST KITS WRITE OFF	- 0.603
CREDIT NOTE BALANCE @ 31.03.2022	41.749

4. Savings (Tables C & C3)

The tables have been updated with the actual savings achievement for 2021/22 identifying the over achievement of savings and income generation of £4.011m in line with forecasts from previous months.

5. Welsh NHS Assumptions (Table D)

Table D has been left blank as requested.

6. Invoiced Income Streams (Table E1)

Line 1 of this table has been populated with the final income streams by organisation for 2021/22.

7. Cash Flow (Table G)

Not required for completion.

8. PSPP (Table H)

This table is not required for NWSSP.

9. Capital Expenditure Limit Management and Disposals (Tables I, & K)

Tables I and J have been populated and reconcile to our final Capital Expenditure Limit of £17.018m issued on 24th March 2022.

The tables identify that we have fully utilised the £17.018m capital funding provided in 2021/22.

10. Aged Debtors (Table M)

At 31st March 2022 we had no NHS invoices outstanding over 17 weeks and only two invoices outstanding over 11 weeks which we are chasing for payment in April (**Action Point 11.2**).

11. GMS (Table N)

Not required for completion by NWSSP.

12. Dental (Table O)

Not required for completion by NWSSP.

13. Other Issues

The financial information provided in this return is an accurate assessment of the NWSSP financial position for 2021/22 and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Team reports.

The Shared Services Partnership Committee will receive the Month 12 monitoring return at the May meeting.

14. Authorisation of Return



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ANDREW BUTLER
DIRECTOR OF FINANCE AND
CORPORATE SERVICES



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NEIL FROW
MANAGING DIRECTOR
NWSSP

25th April 2022

NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 1 – APRIL 2022

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for April 2022 and should be read in conjunction with the Monitoring Return tables submitted for Month 1.

Thank you for your email of 3rd May 2022 responding to the Month 12 monitoring return. The one action point raised is addressed within this return.

Overview of Performance and Financial Position

NWSSP's financial position for Month 1 is reported at break-even. This is based on the assumption per the IMTP financial assumptions letter issued on 14th March 2022 that we can anticipate income from Welsh Government for all additional Covid 19 expenditure, energy pressures and the National Insurance increase.

Per the guidance issued, this is a reduced Month 1 monitoring return, with only the specified tables and associated commentary provided.

1. Movement of Opening Financial Plan to Forecast Outturn (Table A)

Table A has been populated with the recurring and non-recurring pressures, identified savings, net income generation and Welsh Government funding as detailed in our IMTP submission. As our plan was submitted in February 2022 prior to the IMTP funding assumptions letter issued in March 2022, the Covid expenditure and funding anticipated has been increased to include the £0.852m of other Covid recovery expenditure. The figures have been populated using the profile from our Plan and continue to show a break-even in year and recurrent plan.

The table has also been populated with the full year forecast of Covid expenditure and funding anticipated. This indicates a reduction of £3.205m against the forecast included within our IMTP. This is due to a reduction in the currently forecast costs of PPE to support the changing mass vaccination programme in 2022/23 and a reduced volume of PPE provided to Primary Care and Social Care in April.

Additional in year savings and income generation of £0.387m are included which are negated by the establishment of a potential reserve for reinvestment, funding of pressures and/or distribution to NHS Wales.

The assumption of full funding for the Covid expenditure and other anticipated income enables us to continue to report a break-even forecast outturn.

2. Overview of Key Risks & Opportunities (Table A2)

This table has been populated with the risks and opportunities per our IMTP.

In addition due to confirmation of funding awaited for other Covid 19 expenditure, a £32.559m risk has been included which reconciles to our total covid expenditure excluding the mass vaccination funding that has been confirmed.

A risk has also been included for funding of the Medical Examiner Service which has not yet been confirmed in addition to a risk that funding will not be received for the additional 1.25% National Insurance increase.

We have also included a risk of £0.200m for the increased Microsoft Enterprise Agreement Costs, which are over and above the costs previously noted as achievable by DHCW in February 2022.

3. Actual Year to Date Monthly Position (Tables B, B2 & B3)

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2022/23 has reduced from £616.798m as forecast in our IMTP to £605.431m. The £11.367m movement is primarily due to the net impact of a 4% pay award assumption in our IMTP for core and SLE staff that won't be incorporated into the 2022/23 MMR forecast until the value and timing is confirmed (£10.190m), in addition to a reduction in forecast stores income with reduced issues in recent months (£7.590m), net reduction in Covid income forecast (£2.350m), increase in pharmacy rebate income (£8.100m) and an increase in GMPi claims funding (£0.990m).
- The NHS income profile increases in Month 2 as the final cohort of trainees are transferred to SLE in May with a total forecast SLE income of £214.468m. This is also evidenced in the phased increase of pay costs in Table B and the Medical/Dental pay costs in Table B2. The SLE pay and non pay forecast is detailed below:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	15.978	17.051	17.051	17.051	17.051	17.051	17.051	17.051	17.051	17.051	17.051	17.051	203.541
NON PAY	0.711	0.929	0.929	0.929	0.929	0.929	0.929	0.929	0.929	0.929	0.929	0.929	10.927
TOTAL	16.689	17.980	214.468										

We are in the process of onboarding more UHBs to participate in the centralised payment of locum shifts to SLE trainees which will impact the income and expenditure in future months and we will adjust the forecast accordingly when required.

- Forecast non-cash charges of £5.919m have been included. These vary from our IMTP submission due to a high level review of depreciation requirements as a result of the year end capital funding we received in 2021/22, inclusion of IFRS16 non-cash charges and the exclusion of charges for unapproved schemes. Depreciation charges will be reviewed fully during May/June and updated in line with our non-cash submission at the end of Quarter 1.
- £0.665m income and expenditure is included for Month 1 in relation to the WRP DEL budget. This relates solely to Periodic Payment Orders as DEL returns are not submitted by Organisations in Month 1. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast balances to the £134.780m (£132.521m WRP DEL and £2.259m Redress) as included in our IMTP and is phased on a straight-line basis over remaining months. This continues to assume that the risk share agreement will be invoked for £25.345m.

Due to the additional cases that we settled and/or accounted for in 2021/22, a further detailed review of cases needs to be undertaken to provide an early indication of any impact on the forecast outturn. The first returns are due back from Organisations in July which will enable us to undertake the first detailed review of the forecast.

- £0.069m of agency expenditure was reported in Month 1 and due to the high level of vacancies and recruitment issues we are experiencing we are forecasting this is likely to increase during the financial year.
- Table B3 details the in month and forecast Covid19 additional expenditure. This has been collated and reviewed on a service by service basis within NWSSP and will continue to be monitored at this level.

The mass vaccination and other covid expenditure sections have been populated. Other covid expenditure relates to the NWSSP operational support costs (PPE storage, distribution, testing), Covid recovery (Recruitment, Payroll and Accounts Payable) in addition to PPE issues as part of the mass vaccination packs and the social care and primary care PPE issues. It has been assumed that the current level of resource required to support covid will be required for the remainder of the financial

year and that this will be funded by Welsh Government. A summary of the expenditure is detailed below:

Covid Costs	YTD	22/23 Forecast
	£m	£m
Operational Costs	0.332	5.214
Covid Recovery	0.039	0.816
Mass Vacc - PPE	-	1.350
Mass Vacc - Pay & Non Pay (non PPE)	0.102	1.585
Social Care/Primary Care PPE	1.345	25.178
TOTAL	1.818	34.143

The forecast of covid funding required is less than anticipated in the IMTP primarily due to a reduction in the forecast PPE requirements for the mass vaccination programme based on issues in the last three months, although this is totally dependent upon any change to the mass vaccination delivery programme during 2022/23 and any surge pressures we need to meet. The month 1 PPE issues to Primary Care & Social Care were also less than the average monthly value issued during 2021/22 and we will continue to monitor this in the coming months and update the forecast when required.

We await confirmation with regards to the approval of these costs and when/if we can invoice Welsh Government for them.

At the end of 2021/22 we accrued a credit note to Welsh Government totalling £41.749m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. We will continue to review this monthly to identify if any further cash can be returned to Welsh Government, although this is dependent upon overall stock balances reducing.

4. Welsh NHS Assumptions (Table D)

Table D has been left blank as requested.

5. Invoiced Income Streams (Table E1)

Line 1 of this table has been populated with the budgeted income streams by organisation. This includes the forecast income from UHBs/Trusts in respect of stores issues and the SLE recharges based on the agreed SLA values. As these costs are recharged based on actual expenditure incurred, these may be subject to change in future months.

Lines 2-19 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation.

The values for depreciation have been updated from the IMTP figures following a high level review of our capital expenditure profile, inclusion of IFRS16 lease impacts and the removal of the non cash charges for unapproved capital schemes. These are likely to change dependent upon when/if new capital schemes are approved during 2022/23 and will be reviewed as part of the non-cash exercise for submission in June.

Values have been included for anticipated Covid Funding, Energy pressures, Employers 1.25% NI increase, Medical Examiner Service, WRP Risk Share Agreement Funding, Holiday Pay arrears funding and GMPI claims expenditure.

6. Cash Flow (Table G)

Not required for completion.

7. PSPP (Table H)

This table is not required for NWSSP.

8. Capital Expenditure Limit Management and Disposals (Tables I, & K)

Tables not required for completion in Month 1.

9. Aged Debtors (Table M)

At 30th April 2022 there were 2 NHS invoices outstanding over 17 weeks totalling £1.5k. As these were agreed as part of the agreement of balances process, we are urgently chasing the UHBs for payment as we recognise these are overdue for payment (**Action Point 12.1**).

10. GMS (Table N)

Not required for completion by NWSSP.

11. Dental (Table O)

Not required for completion by NWSSP.

12. 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 1 Financial Monitoring Return at the May meeting.

13. Authorisation of Return

The governance arrangements have been agreed for when the Director of Finance and Corporate Services and/or the Managing Director are not available to sign the monitoring returns. Linsay Payne, Deputy Director of Finance & Corporate Services and/or Alison Ramsey, Director of Planning, Performance & Informatics are permitted to authorise the returns in the absence of either the Director of Finance and/or Managing Director.



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ANDREW BUTLER
DIRECTOR OF FINANCE AND
CORPORATE SERVICES



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NEIL FROW
MANAGING DIRECTOR
NWSSP

13th May 2022