

# Shared Services Partnership Committee Part A

Thu 23 November 2023, 09:15 - 11:15

Teams



## Agenda

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**09:15 - 09:20**   **1. Agenda**  
5 min

**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 21 September 2023**

*Tracy Myhill, Chair*

 NWSSP Partnership Cttee Minutes Part A Sept 2023 FINAL.pdf (6 pages)

**1.5. Action Log**

*Tracy Myhill, Chair*

 1.5 Action Log November 2023.pdf (1 pages)

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**09:20 - 10:00**   **2. Matters Arising**  
40 min

**2.1. Payroll Modernisation and Overpayments**

*Gareth Hardacre, Director of People & Organisational Development*

 2.1 SSPC- Payroll Modernisation Update - Nov 23.pdf (5 pages)

**2.2. IMTP**

*Presentation*

*Alison Ramsey, Director Planning, Performance & Informatics*

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**10:00 - 10:15**   **3. Chair/Managing Director's Reports**  
15 min

**3.1. Chair's Report**

*Verbal*   *Tracy Myhill, Chair*

**3.2. Managing Director's Update**


*Neil Frow, Managing Director*

## **10:15 - 10:45 4. Items for Approval/Endorsement**

30 min

### **4.1. Brecon House Relocation**

*Andy Butler, Director of Finance & Corporate Services*

 4.1 SSPC Brecon House Relocation.pdf (11 pages)

### **4.2. PCS - Provision of MFD and PPD Contract Renewal**

*Andy Butler, Director of Finance & Corporate Services*

 4.2 PCS - Provision of MFD's and PPD's SSPC.pdf (3 pages)

### **4.3. Contract Award - Replacement Leased HGVs**

*Andy Butler, Director of Finance & Corporate Services*


 4.3 SSPC Fleet Acquisition.pdf (3 pages)

### **4.4. Speaking Up Safely**

*Gareth Hardacre, Director of People & Organisational Development*

 4.4 SSPC Speaking Up Safely Self Assessment CP.pdf (2 pages)

 4.4 Speaking up Safely - A Framework for the NHS in Wales.pdf (6 pages)

 4.4 speaking-up-safely.pdf (24 pages)

 4.4 NHS Wales Procedure NHS Staff Raise Concerns Appr 250418.pdf (23 pages)

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## **10:45 - 11:00 5. Items for Noting**

15 min

### **5.1. International Recruitment Update**

*Gareth Hardacre, Director of People & Organisational Development*

 5.1 International Recruitment SSPC November 2023 final.pdf (12 pages)

### **5.2. P2P Update**

*Andy Butler, Director of Finance & Corporate Services*

 5.2 SSPC P2P Report .pdf (8 pages)

### **5.3. Accommodation Proposal**

*Andy Butler, Director of Finance & Corporate Services*

 5.3 SSPC Accommodation Proposal Nov 23.pdf (4 pages)

### **5.4. All-Wales E-Scheduling Procurement**

*Gareth Hardacre, Director of People & Organisational Development*

 5.4 SSPC All Wales E- Scheduling Procurement Nov 23.pdf (4 pages)

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## **11:00 - 11:15 6. Governance, Performance & Assurance**

15 min

### **6.1. Finance Report**

*Andy Butler, Director of Finance & Corporate Services*

 6.1 SSPC Finance Report November 2023.pdf (9 pages)

### **6.1.1. Audit Wales Management Letter**

*Andy Butler, Director of Finance & Corporate Services*

 6.1.1 Audit Wales Management Letter 2022-23.pdf (8 pages)

## **6.2. People & OD Report**

*Gareth Hardacre, Director of People & Organisational Development*

 6.2 SSPC People and OD Report October 2023.pdf (10 pages)

## **6.3. Performance Report**


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

 6.3 SSPC Performance Report Cover Nov 23.pdf (2 pages)

 6.3 SSPC Performance Report Nov 23.pdf (14 pages)

## **6.4. IMTP Q2 Progress Report**

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

 6.4 SSPC IMTP Q2 Cover.pdf (2 pages)

 6.4 SSPC IMTP Q2 Report 23-24.pdf (17 pages)


## **6.5. PMO Highlight Report**

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

 6.5 PMO Bi Monthly Report with SI.pdf (25 pages)

## **6.6. Corporate Risk Register**

*Peter Stephenson, Head of Finance & Business Development*

 6.6 Corporate Risk Reg Nov 2023 Cover .pdf (4 pages)

 6.6 Corporate Risk Register-Appendix A .pdf (3 pages)

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## **11:15 - 11:15 7. Items for Information**

0 min

### **7.1. Audit Committee Assurance Report**

*Andy Butler, Director of Finance and Corporate Services*

 7.1 SSPC Audit Committee Assurance Report 10102023.pdf (4 pages)

### **7.2. Finance Monitoring Returns**

*Andy Butler, Director of Finance & Corporate Services*

 7.2 Monitoring Return Commentary Month 6 NWSSP 2023-24.pdf (10 pages)

 7.2 Monitoring Return Commentary Month 7 NWSSP 2023-24.pdf (9 pages)

### **7.3. PPE Stock Report**

*Andy Butler, Director of Finance & Corporate Services*

 7.3 NWSSP\_PPE\_Dashboard\_v 06-11-23 Summary.pdf (1 pages)

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11:15 - 11:15 **8. Any Other Business**  
0 min

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11:15 - 11:15 **9. Date and Time of Next Meeting**  
0 min  
Thursday, 18th January, 2024 10am (Teams)



## NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

### MINUTES OF MEETING HELD THURSDAY 21<sup>st</sup> SEPTEMBER 2023

**10:00 – 11:00**

**Meeting held on TEAMS.**

**Part A - Public**

ATTENDANCE	DESIGNATION	ORGANISATION
<b>MEMBERS:</b>		
Tracy Myhill (TM)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Sarah Simmonds (SS)	Director of Workforce & OD	ABUHB
Claire Osmundsen-Little (COL)	Director of Finance	DHCW
Glyn Jones (GJ)	Director of Finance, Planning & Performance	HEIW
Huw Thomas (HT)	Director of Finance	HDHB
Paul Veysey (PV)	Board Secretary	PHW
Peter Hopgood (PH)	Director of Finance	PTHB
Chris Turley (CT)	Director of Finance	WAST
Mathew Denham-Jones (MDJ)	Deputy Director of Finance, Health & Social Services Group	Welsh Government
<b>OTHER ATTENDEES:</b>		
Andrea Hughes (AH)	Interim Director of Finance	BCUHB
Robert Mahoney (RM)	Deputy Director of Finance	C&VUHB
Helen Watkins (HW)	Deputy Director of People	CTM UHB
Sarah Jenkins (SJ)	Assistant Director Workforce & OD	SBUHB
Alison Ramsey (AR)	Director, Performance, Planning and Information	NWSSP
Andrew Butler (AB)	Director, Finance & Corporate Services	NWSSP
Samantha Graff (SG)	Head of People & Business Partnering	NWSSP
Ruth Alcolado (RA)	Medical Director	NWSSP
Linsay Payne (LP)	Deputy Director, Finance & Corporate Services	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Development	NWSSP
Anamaria Carvajal-Illanes (ACI)	Corporate Support Officer - Minutes	NWSSP
<b>PRESENTERS</b>		
Darren Rees (GH)	Deputy Director of Employment Services	NWSSP
Kelly Skene (KS)	Assistant Director of Employment Services Recruitment Division	NWSSP

Item		Action
<b>1.1</b>	<b>Welcome and Opening Remarks</b>	
	The Chair welcomed members to the September 2023 Shared Services Partnership Committee meeting.	
<b>1.2</b>	<b>Apologies Received From:</b>	

	<ul style="list-style-type: none"> <li>- Catherine Phillips – Director of Finance CVUHB;</li> <li>- Hywel Daniel – Executive Director of People CTUHB;</li> <li>- Debbie Eytayo – Director of Workforce &amp; OD SBUHB;</li> <li>- Russell Caldicot – Director of Finance, BCUHB;</li> <li>- Steve Ham - Chief Executive, Velindre University NHS Trust; and</li> <li>- Gareth Hardacre – Director of People &amp; OD NWSSP.</li> </ul>	
<b>1.3</b>	<b>Declarations of Interest</b>  There were no Declarations of Interest.	
<b>1.4</b>	<b>Minutes of Previous Meeting</b>  The Minutes of the July meeting of the Committee were reviewed and approved as a true and accurate record of the Meeting.	
<b>1.5</b>	<b>Action Log</b>  Of the two actions on the log, the Duty of Quality update is on the agenda but the action on the Llais Service Level Agreement remains outstanding due to delays from the lawyers advising Llais. A meeting has been arranged with the Llais Chief Executive to progress this and an update will be provided to the November SSPC.	
<b>2.</b>	<b>Matters Arising</b>	
<b>2.1</b>	<b>Duty of Quality</b>  RA provided a verbal update on progress with the implementation of the Duty of Quality. This came into effect on April 2023 as a result of the Health and Social Care Act of 2020, comprising four main components: Quality Planning, Quality Control, Quality Assurance and Quality Improvement and measured against the new 12 Health and Care Quality domains.  NWSSP has established a group with representatives from all divisions to implement the Duty of Quality and share learning. Each meeting will have a presentation from a different division explaining how the Duty of Quality is being implemented in their area. NWSSP will focus on building on “services stories” due to its activities being non-clinical rather than “patients’ stories”. There will be an “Always On” reporting system and once established, the link will be shared with the members of the SSPC.  Despite the Duty covering both clinical and non-clinical activities, many of the measures and reporting systems are clinically focused, and it is not straightforward to use the tools available for non-clinical functions. NWSSP are therefore meeting with DHCW and HEIW to share ideas on how to get the best fit for non-clinical activities.  NWSSP is undertaking an external Cabinet Office Customer Service Excellence Standard audit during October and the results of this will be very relevant to the requirements under the Duty of Quality.  NWSSP already reports against a number of quality measures as part of its performance framework, but the on-going challenge is to report on quality outputs and outcomes rather than inputs.  The Committee <b>NOTED</b> the update.	
<b>2.2</b>	<b>Recruitment Modernisation Update</b>	

	<p>DR and KS introduced the Recruitment Modernisation Update. This is in the context of sustained increases in recruitment activity that were driven initially by the needs of responding to the pandemic, but which show no sign of reducing, even with the introduction of vacancy controls. The Modernisation Plan which was first drafted in 2021 is focused on process, education, and technology with the goal of reducing the time to hire while maintaining safe recruitment processes. Specific initiatives include:</p> <ul style="list-style-type: none"> <li>• Reducing the pre-employment checks that are mandatory prior to start date;</li> <li>• Booking a provisional start date with the candidate at time of verbally offering the post;</li> <li>• No references for internal to organisation appointments;</li> <li>• Recruitment can approve references if they contain no sickness or disciplinary information;</li> <li>• Implementation of Digital Identity Validation software (Trust ID); and</li> <li>• Supporting roll out of the new Occupational Health system by December 2023.</li> </ul> <p>In addition to the process and technology measures referred to above, it was stressed that line managers can help to reduce recruitment delays by maintaining contact with their appointees during the recruitment process.</p> <p>One of the short-term issues is that performance is adversely affected by cleansing and tackling the old records that have been in the system for a substantial period of time. Questions were asked as to whether these older records could be separated out for reporting purposes, but unfortunately this is not currently possible.</p> <p>SSPC members were generally very positive of the improvements seen to date and had noted real reductions in getting staff into posts which was very much appreciated. Where individual organisations were not doing as well as was hoped it was agreed that targeted meetings would be held to improve performance.</p> <p>The Chair thanked DR and KS for a helpful presentation and encouraged Health Boards and Trusts to work with the Recruitment Team to continue to cleanse the data and help to meet performance targets.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b>3.</b>	<b>Chair/Managing Directors Update</b>	
<b>3.1</b>	<p><b>Chair Report</b></p> <p>TM updated members on recent activity. This included attending the Chairs' meeting with the Minister with a focus on the overall financial position, and discussion on recruitment of Independent Members with the right backgrounds and skills.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b>3.2</b>	<p><b>Managing Director Update</b></p> <p>NF presented his report:</p> <ul style="list-style-type: none"> <li>- Some capital monies had been received for the Laundry service which will allow some limited investment in equipment and covering the main red risk compliance areas.</li> <li>- In line with the request from Welsh Government a programme of potential cost savings had been submitted to Welsh Government and we await their response;</li> <li>- Similarly we are still awaiting the formal approval letter for our IMTP which was submitted in March;</li> </ul>	

	<ul style="list-style-type: none"> <li>- NWSSP Welsh Risk Pool has been asked by Welsh Government to consider the steps needed for the introduction of a PROMPT Wales style of training to be introduced for the Neonatal sector. This would bring the team dynamics, human factors, situational awareness, and scenario/emergency planning principles.</li> <li>- As NWSSP is the Single Lead Employer for Junior Doctors, there is currently constant attention on possible industrial action, its implication and how to work in coordination with the Health Boards.</li> <li>- The discovery of RAAC in Brecon House accelerates the need to move out of this building and while we have an alternative building agreed, we are working to minimise the costs of moving over 140,000 boxes of medical records. We will submit a request to Welsh Government for capital funding.</li> <li>- The move from Companies House to Cathays Park has paused due to a number of issues that have arisen in respect of Cathays Park which have caused us to investigate what other options may be available.</li> <li>- The Director of Finance &amp; Corporate Services has notified his intention to retire at the end of April 2024 after having been with NWSSP since its inception in 2011. We will shortly be going out to advert for a replacement.</li> </ul> <p>The Committee <b>NOTED</b> the report.</p>	
<b>4.</b>	<b>Governance, Performance &amp; Assurance</b>	
<b>4.1</b>	<p><b>Finance Report</b></p> <p>LP presented the Financial Report.</p> <p>The Month 5 financial position is a year-to-date overachievement of nonrecurring savings of £0.999m. We continue to forecast a break-even financial position for 2023/24 dependent upon a number of income assumptions relating to pay award funding, energy costs for laundries, continued demand and the costs to support increased transactional activity, IP5 running costs and transitional funding for TRAMS.</p> <p>Following Judith Paget’s letter to all Chairs and CEOs at the end of July, NWSSP have offered up a number of potential savings and established a Value and Sustainability Group to mirror the national approach. We are however anticipating that an element of savings achieved to date will be required to support the transitional and removal costs relating to the transfer of significant volumes of medical records to new premises. This is required due to the existence of RAAC at Brecon House, Mamhilad.</p> <p>Welsh Risk Pool spend to Month 5 2023/24 is £13.638m compared to £20.963m at the same point in 2022/23. Our 2023/24 IMTP DEL forecast was £135.929m which requires £26.494m to be funded under the Risk Share Agreement. An initial review of the forecast and high value cases due to settle indicates a potential reduction in the forecast which could reduce the contribution required from the Risk Share. We will continue to monitor the forecast closely as there continue to be a number of factors that will impact the outturn position as we progress through the remainder of the financial year.</p> <p>Our Capital Expenditure Limit at the end of August was £4.049m with £0.666m expenditure incurred to date. Additional funding of £1.464m to progress laundry equipment replacement and £0.558m for the replacement of the Primary Care Workforce Intelligence System has been confirmed in recent months, in addition to Quarter 1 new/renewed IFRS16 leases.</p> <p>AB highlighted that following the decision to transfer our utility supplies to the CCS Framework from 1<sup>st</sup> October, this gave rise to the opportunity to sell back some small quantities of energy that we had secured the right to forward purchase at lower than current market rates for 2024/25 and 2025/26. Following consideration at the recent meeting of the Wales Energy Group (which comprises each Director of Finance or their</p>	

	<p>designated representative) it was proposed and agreed that these tranches of energy will be sold back to British Gas with a net <b>£2.520m</b> one-off windfall gain to NHS Wales to be accounted for in the 2023/24 financial year. We have progressed conversations with Audit Wales regarding the accounting treatment of this in the current financial year and they are supportive of this approach. The Committee were supportive of this proposal and the Chair expressed her thanks to the NWSSP energy team for securing this benefit for NHS Wales.</p> <p>The Committee <b>NOTED</b> the report</p>	
<b>4.2</b>	<p><b>People &amp; OD</b></p> <p>SG Presented the Report.</p> <p>Sickness absence remains low across NWSSP, and statutory and mandatory compliance is generally good. PADR compliance is below target and work is on-going to improve performance. There has been a focus on reducing agency usage and instead demonstrating the benefits of working in the NHS, with supporting videos available in both English and Welsh. In terms of people development, the first cohort has just completed the leading for excellence and innovation programme.</p> <p>The Committee <b>NOTED</b> the People and OD Report</p>	
<b>4.3</b>	<p><b>Performance Report</b></p> <p>AR presented the Performance Report. As per the earlier discussion on Recruitment, the target for the time to hire is still not being achieved but good progress is being made as older records are being cleared. There was a temporary issue with Digital Workforce Call Handling during July following the merger of two digital platforms,</p> <p>Work continues to make the targets and indicators more outcome focused and the development session with SSPC members in November will allow further review of the performance framework.</p> <p>The Committee <b>NOTED</b> the Performance Report</p>	
<b>4.4</b>	<p><b>PMO Highlight Report</b></p> <p>AR presented the PMO Report. Projects are generally on track with the exception of the contract reform for Ophthalmics, TrAMS, and the relocation of the Patient Medical Record service, with the latter two items being covered on the SSPC agenda.</p> <p>AR highlighted the availability of the specialist resource within the Programme Management Office to NHS Wales organisations if required.</p> <p>The Committee <b>NOTED</b> the PMO Report</p>	
<b>4.5</b>	<p><b>Corporate Risk Register</b></p> <p>PS presented the Corporate Risk Register and highlighted two additional risks relating to:</p> <ul style="list-style-type: none"> <li>- The financial climate across NHS Wales and the resulting impact on existing and planned services;</li> <li>- The potential impact to NWSSP and particularly the Single Lead Employer Team if Junior Doctors vote to take industrial action.</li> </ul> <p>The Committee <b>NOTED</b> the update.</p>	
<b>5.</b>	<b>Items for Information</b>	
5.1	WIBBS Annual Report 2023/24	

5.2	PPE Stock Report	
5.3	Audit Committee Assurance Report	
5.4	Finance Monitoring Returns – Months 4 & 5.	
<b>6.</b>	<b>Any Other Business</b>	
	N/a	

**DATE OF NEXT MEETING:**  
**Thursday, 23rd November from 10:00-12:00**  
**Via Teams**

Item 1.5

**ACTION LOG**

**SHARED SERVICES PARTNERSHIP COMMITTEE**

**UPDATE FOR 23 NOVEMBER 2023 MEETING**

List No	Minute Ref	Date	AGREED ACTION	LEAD	TIMESCALE	STATUS NOVEMBER 2023
1.	2023/05/2	May 2023	<b>Llais Service Level Agreement</b> The final version of the Service Level Agreement to be brought back to the Committee for final approval.	PS	September 2023  Updated December 2023	<b>In Progress</b> NF and AB met recently with the Llais CEO who confirmed that she was content in principle with the SLA but that they needed to consult further with Welsh Government.

 <b>GIG CYMRU NHS WALES</b>	Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 2.1</b> <b>November 23<sup>rd</sup> 2023</b>
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<b>The report is not Exempt</b>
<b>Teitl yr Adroddiad/Title of Report</b>
NWSSP – Payroll Modernisation

<b>ARWEINYDD: LEAD:</b>	Gareth Hardacre, Director of People, OD and Employment Services
<b>AWDUR: AUTHOR:</b>	Darren Rees, Deputy Director of Employment Services Stephen Withers, Assistant Director of Employment Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Darren Rees, Deputy Director of Employment Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<a href="mailto:Gareth.Hardacre2@wales.nhs.uk">Gareth.Hardacre2@wales.nhs.uk</a> <a href="mailto:darren.rees3@wales.nhs.uk">darren.rees3@wales.nhs.uk</a> <a href="mailto:stephen.withers@wales.nhs.uk">stephen.withers@wales.nhs.uk</a>

<b>Pwrpas yr Adroddiad: Purpose of the Report:</b>
To provide SSPC with an update, enabling SSPC to understand the issues & support the resolutions on modernisation of the service to increase efficiency and effectiveness of payroll production.

Llywodraethu/Governance	
Amcanion: Objectives:	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.
Tystiolaeth: Supporting evidence:	N/A

<b>Ymgynghoriad/Consultation :</b>
The paper was discussed and approved at NWSSP SLG on 26 <sup>th</sup> October 2023.

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>							
DERBYN/ APPROVE		ARNODI/ ENDORSE	✓	TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation		It is recommended that SSPC endorse the action plan contained in the paper.					



<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No direct impact.
<b>Cyfreithiol: Legal:</b>	No direct impact.
<b>Iechyd Poblogaeth: Population Health:</b>	No direct impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct impact.
<b>Ariannol: Financial:</b>	Significant efficiencies and cash releasing savings can be achieved if the approach is embedded successfully.
<b>Risg a Aswariant: Risk and Assurance:</b>	Risks around number of overpayments and the value of overpayments will be significantly better managed.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	No direct impact.
<b>Gweithlu: Workforce:</b>	Timely and accurate payments will improve the employee experience.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## 1. BACKGROUND

### Payroll Processing

NWSSP Payroll Division produces on average 1,755,000 payslips per year, across Monthly, Weekly and Supplementary Pay runs.

The volumes of assignments processed per month in payroll has increase from 127,000 in 2017 to 174,500 in 2023. (a rise of 27%).

### Payroll Accuracy = 99.93%

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
All Wales Average by Month	99.90%	99.92%	99.87%	99.91%	99.90%	99.88%	99.92%	99.94%	99.91%	99.92%	99.92%	99.93%

Payroll accuracy has remained relatively high over a number of years and is one of our key performance indicators in our monthly performance monitoring report.

### Call Handling

Since the latter part of 2022, calling handling performance has increased from 60% in January 2021 to 98% since June 2023.

	2022		2023									
Total Payroll Calls	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct
% Calls Answered	77.19%	79.89%	88.94%	96.84%	97.05%	96.77%	97.03%	98.00%	98.23%	98.32%	98.66%	98.18%

A key factor has been the redesign and reorganisation of our contact centre model. We now direct more key resources to handle calls at key points in the month around payruns. We have adopted a similar approach in our Student Award Service (SAS) with similar performance

results. This has enabled us to meet the demands from NHS Wales employees, and deal with queries in a timelier manner.

### **Overpayments**

For the financial year 2019 to 2020, overpayments across NHS Wales stood at 6,342,328.84 with 3575 occurrences. However, for 2022 -23 overpayments increased to 11,979,136.21 with 6106 occurrences.

## **2. INCREASING THE EFFICIENCY AND EFFECTIVENESS OF PAYROLL PRODUCTION.**

### **Overpayments**

As stated there has been around a twofold increase in the number of overpayments being generated across NHS Wales and a doubling of the value of the overpayments. This has coincided with the Covid period, and is now attracting significant attention from Senior Leaders (DOF / WOD etc) in HBs & Trust and from their Audit Committees.

Approximately 90%+ of overpayments are generated through the Health Bodies and the main contributor to this is late notifications from management on leavers and changes to staff hours or bands (including authorising shifts on the e-rostering system) as these feed the payroll. Less than 10% are generated by NWSSP payroll division and these are usually due to late submissions into the Electronic Staff Record (ESR), or manual input error.

To assist the health bodies and NWSSP in reducing the number of overpayments, NWSSP Payroll division has created an overpayment portal which manages all overpayments and informs Health Bodies and NWSSP on the reason for the overpayment; and the person responsible for each overpayment. This is now live in all Health Bodies and forms an integral part of our regular CRM Meetings.

This portal assists the reduction in overpayments by identifying staff responsible for the overpayment and ensuring a quicker turnaround of the overpayment. Since the introduction of the Overpayments portal we have seen a turnaround time of discovery of overpayment to invoice have an improvement significantly from 45 days to 15 days. However, one area which we need to increase participation from Health Bodies, is the manager responding to why the overpayment had occurred. Currently we have 52% returned.

### **Staff Movement Advice**

Currently we have two process routes in which the Health Bodies can advise NWSSP Payroll on new staters, staff changes and termination. These two routes are Staff Movement Advice Forms (SMA) and Management Self Service (MSS).

The Staff Movement Advice Form was created as a back up to Management Self Service (MSS) due to lack of coverage across NHS Wales. The chart below shows the process map for both Management Self Service (MSS) and the Staff Movement Advice Form (SMA).

Due to complexities around the new Office 365 framework, and HB Firewalls – we have experienced a risk that our traditional electronic workbooks used as SMA forms would not ultimately work. We have worked with the Office 365 Centre of Excellence in DHCW, and will shortly be able to release the new SMA tool developed for use in O365 environments (Phase 1) – scheduled for January 2024. This will still require a manual intervention from Payroll to upload the form to ESR as does the current workbook. In Phase 2 – we will look to develop a technology solution via RPA or Power Automate to be able to upload direct to ESR.

## Management Self Service (MSS) v Staff Movement Advice Form (SMA)

### 1) Management Self Service



### 2) Staff Movement Advice – Phase 1 (January 2024)



### 3) Staff Movement Advice – Phase 2 (Summer 2024)



As you can see the most efficient way for Health Bodies to inform Payroll on new starters, leavers and staff changes is through Management Self Service (MSS), due to the software being developed by IBM and not outside the Electronic Staff Record System (ESR). Although the specific uptake of the Electronic Staff Record (ESR) system wasn't mandated by Welsh Government back in 2006 and Health Bodies prescribed they own ways of working with the system, the replacement for ESR due for release in 2026 will require 100% uptake of Management Self Service.

The NHS Business Services Authority (NHSBSA) who are tasked with developing and deploying the replacement system have requested all NHS Health Bodies in England to significantly increase digital work skills for all staff, due to the mandatory requirements for Management Self Service in the new system. NWSSP's Digital Workforce Solutions team are currently reviewing all organisations MSS usage (we have been ahead of NHS England generally), and will publish this for Health Orgs across Wales. They will also be establishing a separate workstream to focus on Manager, Supervisor and Assistant self service to promote the update of Self Service in HBs.

### Payroll Frequency

As previously stated NWSSP Payroll Division produces on average 1,755,000 payslips per year, across Monthly, Weekly and Supplementary Pay runs and the volumes of assignments processed per month in payroll has increase from 127,000 in 2017 to 174,500 in 2023. (a rise of 27%). The frequency of pay runs impact on the efficiency and effectiveness of the payroll division. Also over the past few years across NHS Wales we have explored the expansion of Collabrative Bank and a number of Health Bodies have deployed or looking to deploy Wagestream.

We wish to engage with Health Orgs on a programme to reduce our volume of pay runs, which will allow us to reduce our resources. The most straightforward proposal would be to remove the Supplementary pay runs that takes place late in the month (For year end tax purposes – we would look to retain the March run). They encourage poor behaviour through late submissions, and do not add real value. We would propose to be clear in communicating with staff around when they will be paid, and put in place an agreed mechanism with HBs where if there is genuine hardship, we will be able to provide an advance of salary – to be recouped when the next pay run takes place.

More controversial may be to remove all weekly pay runs, and have employees paid on a monthly basis. This will have benefits in HBs where a number of these areas require the weekly submission of the rosters or pay returns that can lead to late submissions etc. There is a means to do this whereby we would transition those employees effected over an agreed period and potentially moving to fortnightly pay runs in a programme of transition.

We are though conscious that for Nursing & HCSW in particular, there may be an attraction to reduce agency spend by allowing individuals to work shifts in their own HB and be able to have shifts paid weekly rather than via agencies in other HBs. (There is a technical barrier around Tax & NI that currently prevents this which is why HB Banks pay monthly). This could be delivered via the Collaborative Bank solution that NWSSP has already piloted in 2 HBs – and could in effect become the vehicle for delivering the incentive of weekly pay without impacting their main income via the Monthly HB payroll process (which we do get feedback is a desired outcome).

### **3. RECOMMENDATION**

The Committee is asked to endorse the attached approach and specifically the 3 recommendations set out below:


To increase the efficiencies and effectiveness of payroll production across NHS Wales, NWSSP put forward the following recommendations:

- 1) Overpayments – All health bodies Finance and Workforce communities to use the portal to reduce occurrences of over payments through targeted retraining and providing information required within the portal.
- 2) Management Self Service (MSS) – All health bodies to have at least 80% take up of Management Self Service by April 2025. This will aid not only the efficiencies and effectiveness within Payroll but will also decrease the number of overpayments and increase digital skills across NHS Wales which will be required for the deployment of the replacement for ESR in 2026.

This comprehensive programme of work will be undertaken as an all Wales project by NWSSP DWS team and supported by Payroll and local ESR / Workforce teams.

- 3) Payroll Frequency – NWSSP understands that the reduction in the number of pay runs undertaken per year is both complex and emotive. However due to the implementation or pending implementation of Workstream by some health bodies across Wales and discussion around the expansion to an all Wales Collaborative bank to increase access to weekly pay - NWSSP would like to set up a task and finish group with representation across all Health Bodies to explore the use of supplementary and weekly pay runs in conjunction with the implementation of Wagestream and potential deployment of an all Wales Collaborative bank.

Shared Service Partnership Committee are asked to commit to the three recommendations put forward to improve the efficiencies and effectiveness of payroll production.

 <b>GIG CYMRU NHS WALES</b>	Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM:3.2</b>  <b>23 November 2023</b>
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<b><i>The report is not Exempt</i></b>
<b>Teitl yr Adroddiad/Title of Report</b>
<b>Managing Director's Report</b>

<b>ARWEINYDD: LEAD:</b>	Neil Frow – Managing Director
<b>AWDUR: AUTHOR:</b>	Peter Stephenson, Head of Finance & Business Development
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Neil Frow – Managing Director
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<a href="mailto:Neil.frow@wales.nhs.uk">Neil.frow@wales.nhs.uk</a>

<b>Pwrpas yr Adroddiad: Purpose of the Report:</b>
To provide the Committee with an update on NWSSP activities and issues since the last meeting in September.

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

<b>Ymgynghoriad/Consultation :</b>
Shared Services Partnership Committee

<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>							
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>	✓	<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>	The Partnership Committee is to <b>NOTE</b> and <b>DISCUSS</b> the report.						

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

## **Introduction**

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

## **SSPC Development Day**

The development session with SSPC members was held at Public Health Wales offices in Cardiff on the 10<sup>th</sup> of November. The day was well attended with informative sessions held on Primary Care, Performance Reporting, the Duty of Quality, Medicines and Pharmacy Services, and Procurement's role in the Value and Sustainability Programme. The outputs from the day will be included as part of the preparation for the next NWSSP IMPT submission which will need to be completed and signed off early in the new year.

## **Finance**

NWSSP reported a break-even Month 7 financial position with a year-to-date overachievement of non-recurring savings of £1.270m. We continue to forecast a break-even financial position for 2023/24 dependent upon a number of income assumptions relating to pay award funding, the continued demand for and the costs to support increased transactional activity, IP5 running costs and transitional funding for TRAMS. Confirmation that Welsh Government will fund UHBs for the laundry energy cost pressure in 2023/24 has reduced our risk in respect of this. We are anticipating an element of savings achieved to date will be required to support the transitional and removal costs relating to the transfer of significant volumes of medical records to new premises. This is required due to the existence of RAAC at Brecon House, Mamhilad.

## **Value and Sustainability**

I recently attended a meeting with the Minister, Chairs, Chief Executives, and the Welsh Government to review the overall NHS Wales financial position. We are actively supporting the work of the Value and Sustainability Board to deliver savings and identify efficiency improvements.

## **International Recruitment**

We continue to actively support international recruitment of nurses and our Medical Director has recently returned from another recruitment drive in India, where the net was widened to include Medics as well as Nurses. In October an important milestone was achieved when NWSSP were recognised as an official sponsorship organisation for the General Medical Council, for doctors of all grades and all specialties. A more detailed update is included on the agenda.

## **Duty of Quality**

The Duty of Quality continues to be implemented across NWSSP and we are engaging with DHCW, and HEIW going forward, to understand and learn from each other the implications for non-clinical services. We have commenced our “always on” reporting and this will take the form of a video update from Directorates on a cyclical basis. The first of these was from Procurement and an extract of this was shared at the SSPC Development Day earlier this month.

## **Digitalisation of Services**

We continue to innovate where possible to enhance and develop our service offering through greater use of technology and/or digitising services. We are particularly looking to relaunch the use of Manager & Employee Self-Service functionality as we move towards a replacement of the Electronic Staff Record (ESR) system. As discussed at the development day this will be a key feature of our revised IMTP process cycle.

## **Laundry Service**

Conversations continue with Hywel Dda UHB over the closure of the Glangwili Laundry and given the reduction in capital monies we are also in the process of commencing discussions regarding the TUPE arrangements for the remaining staff within the Cwm Taf Laundry to transfer across to the NHS Wales Laundry Service in time for the new financial year.

## **Brecon House**

The business case to move from Brecon House, Mamhilad, due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC), to the Dupont building has been approved by both the Committee and Velindre University NHS Trust through Chair’s Actions. The business case summary is provided for ratification of the Chair’s Actions elsewhere on the agenda and we should shortly be in a position to request Velindre to sign the lease for the Dupont building on our behalf. Following some required refurbishment of the Dupont building we hope to be in a position to start moving in during February/March 2024 and the whole process of moving is likely to take six months.

## **Accommodation Update**

The previous option of moving from Companies House to the Welsh Government offices in Cathays Park is now no longer considered viable due to increasing costs, and restrictions on parking and access. We have therefore informed Welsh Government that we will not be pursuing this option. An alternative building has been identified on the Nantgarw estate which would accommodate staff from both Companies House and the existing HQ building in Nantgarw, providing significant annual savings. A



paper providing more detail on this option is included elsewhere on the agenda.

### **Transforming Access to Medicine (TrAMS)**

The closure of the Radio Pharmacy Unit in Cardiff following the MHRA inspection has increased the urgency with which the development of this element of the TrAMS programme needs to be addressed. It is highly likely that we will need a stand-alone solution for the Radio Pharmacy element and a group is being established by Welsh Government comprising representatives from Cardiff & Vale UHB, other Health Boards, and NWSSP to consider options with the most likely solution being a Radio Pharmacy Unit in IP5. A paper to seek approval to progress this is included on the agenda.

### **Race Equality**

The SLG has recently endorsed the anti-Racist Action Plan which demonstrates our commitment to being an anti-racist organisation and sets out our plan to address the actions contained in the plan produced by Welsh Government and in meeting the requirements of the Welsh Workforce Race Equality Standard.

### **IP5**

We are progressing the development of the first phase of a Solar Farm at IP5 and are currently tendering for the infrastructure works having secured additional capital funding from Welsh Government as part of the decarbonisation agenda. A planning proposal is being submitted to Newport Council for consideration.

### **Medical Examiner Service**

The Service will attain a statutory footing from 1 April 2024 with the relevant legislative amendments being passed in October. I was required to provide assurance to the Minister that NWSSP would be able to deliver this service which I was pleased to do. The model that we agreed to develop allows Wales to ensure the independence of both medical examiners and of the scrutiny process. The model also allows the development of close working relationships at a more local level with partners across the health and care, and death certification, systems. This model has proved to be effective so far and allows us to ensure both equity and equality in service delivery across the whole of Wales.

Although we are confident that the Medical Examiner Service for Wales will be ready to meet the requirements of medical examiner scrutiny of all deaths not referred directly to a coroner from April 2024, we are aware that we are only able to scrutinise those deaths if they are notified to us in the first place, and we are only able to do this in a timely manner if we are notified, and

have access to relevant clinical notes and attending practitioners in a timely manner. These factors are, of course, outside of our control and any assistance in ensuring that care providers understand and accept their responsibilities in this area would be appreciated.

### **Cabinet Office - Customer Service Excellence Standard Audit**

NWSSP was recently the subject of a Customer Service Excellence Standard Audit. We are still awaiting the formal report but have been advised that we are being recommended for Corporate level accreditation. Of the 57 standards that we are assessed against, we fully matched 43 and exceeded requirements for 12 further standards. There were only two standards where we achieved partial compliance. These related to setting targets for customer satisfaction at an organisational level and seeking feedback from customers on how well we handle complaints raised with us. As part of the process these will be monitored and tested during the accreditation cycle.

### **UK Shared Services Forum Conference**

I am pleased to confirm that NWSSP were shortlisted for a number of awards in three different categories and were successful in being the winners of the Evolution award at the recent UK Shared Services Forum Conference in Liverpool.


### **COVID Public Inquiry**

Following publication of the scope of Module 5 (Procurement) of the UK COVID Public Inquiry, and after consultation with our barristers, NWSSP has applied for core participant status for this module.

### **Staff Changes**

Andrew Evans, Director of Primary Care Services, has notified me of his intention to retire at the end of March 2024. The recruitment of his successor is already underway.

**Neil Frow OBE,  
Managing Director, NWSSP,  
November 2023**

 <b>GIG CYMRU NHS WALES</b>	Partneriaeth Cydwasaethau Shared Services Partnership	<b>ITEM NUMBER: 4.1</b>  23 November 2023
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Brecon House Patient Medical Records Relocation**

<b>ARWEINYDD: LEAD:</b>	Andrew Evans, Director, Primary Care Services
<b>AWDUR: AUTHOR:</b>	Andrew Evans, Director, Primary Care Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andrew Butler, Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Andrew.evans@wales.nhs.uk

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

To ratify the Chair's Action approval to proceed with the business case to move the Patient Medical Records service from Brecon House to Du Pont 1 on the Mamhilad Estate.

**Llywodraethu/Governance**

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

**Ymgynghoriad/Consultation :**

Senior Leadership Group  
SSPC – July 2022  
Chair's Action – October 2023

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

<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
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<b>Argymhelliad/ Recommendation</b>	The Committee is asked to <b>RATIFY</b> the Chair's Action of the 11 <sup>th</sup> of October, which was subsequently also approved through a Chair's Action of the Velindre University NHS Trust Board confirmed on the 23 <sup>rd</sup> of October, relating to the relocation of the Patient Medical Records service from Brecon House to Du Pont 1 on the Mamhilad Estate.					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	There are no implications.
<b>Cyfreithiol: Legal:</b>	The move would be the subject of a formal lease agreement that will be reviewed by Legal & Risk Services.
<b>Iechyd Poblogaeth: Population Health:</b>	The PMR scheme has a positive impact on population health through freeing up space in GP practices that can be used for alternative services and treatments.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	As above and a retrieval scheme is in operation to ensure that records are made available to support individual patient appointments.
<b>Ariannol: Financial:</b>	The financial implications of the move are set out in detail in the paper.
<b>Risg a Aswiriant: Risk and Assurance:</b>	The risks associated with the move have been articulated in the paper and are covered in the Corporate Risk Register.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	The move will make it easier to maintain the quality of the service provided which is currently limited by the state of the existing accommodation.
<b>Gweithlu: Workforce:</b>	The move to the new building will provide an improved and safer working environment for affected staff.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open.

## **1. BACKGROUND**

The following paper was approved by the Chair and Vice-Chair of the Committee through a Chair's Action on the 11<sup>th</sup> of October. The Velindre University NHS Trust Board also subsequently confirmed their approval on the 23<sup>rd</sup> of October. The reason for the Chair's Actions was due to the urgent need to secure the lease for an alternative building on the Mamhilad estate due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC) in Brecon House. The business case had previously been approved by the Committee in July 2022, but the discovery of RAAC, and the updated costs of alternative accommodation provision necessitated some significant changes to the original proposal.

### **Executive Summary**

In April 2022 Primary Care Services Division submitted a Business Case for the expansion of the current Primary Care Medical Records Library to meet growing demand from GP practices. The preferred solution involved maintaining our current facility in Brecon House, Mamhilad Park, and extending into an additional 75,000 sq ft building on the same site.

Since submission of the original Business Case, the need for additional capacity has remained, but the discovery of RAAC in Brecon House has meant that the continued occupation of this facility is no longer an option. In addition to the Medical Records Service, this building also houses Print Services and the Primary Care Stores Service

A specialist external report by Ove Arup recommended vacating Brecon House at the earliest opportunity. Brecon House is considered to present an unacceptable longer-term health and safety risk to the 20 people who work in the building, and to the services provided from the building in support of sustainable primary care services in Wales. Following risk and health and safety specialist advice, mitigating actions have been implemented, and are regularly reviewed, but there is no medium, or long, term solution to this problem available. The landlord's view is that when vacated they will let the space under different arrangements, i.e. limited access and on short term tenancies neither of which is conducive to the service delivery we provide.

In response to the twin needs (vacate Brecon House as quickly as possible and provide increased capacity to meet demand) the Primary Care Services Division has developed an alternative solution. This involves moving to a new location on the Mamhilad Park estate and utilising space within NWSSPs existing estate that has become available due to changes in Personal Protective Equipment storage requirements and previously planned service developments. The move into existing estate will allow the high-risk areas in Brecon House to be vacated first, in line with health and safety requirements and our risk assessments.

The ongoing revenue cost of this change (an initial increase of £97k) are affordable within existing and projected budgets. However, there are considerable logistical challenges in moving around 2.5 million records while still providing a serviced to users, and this will incur one-off costs which will also have to be borne. These costs are estimated to be around £770k, but it must be stressed, are unavoidable, given that the status quo is not an option. These one-off non-recurrent costs associated with the move are a mix of capital and revenue expenditure. Due to the existence of RAAC, Welsh Government have indicated we may be able to access capital funding to support the transition. The non-recurrent revenue costs will be met through additional savings achievement within NWSSP during the 2023/24 financial year.

### Current Position

The Primary Care Patient Medical Record Library Service provides a repository and retrieval service for primary care patient medical records and has been in existence since 2015. The records stored fall into four distinct categories:

- Records for living patients.
- Records for deceased patients.
- Suspense records (where no allocation to a GP practice has been confirmed), and
- Records related to the Infected Blood Inquiry (IBI).

Current volumes by category are shown below:

Type	Volume of Records	Notes
Live Records	Circa 1,245,854	Growth in these records only occurs when new GP practices are added, or a practice population grows.
Deceased Records (Including Infected Blood Inquiry records, which are stored separately)	Circa 1,000,000 (318,000 related to the Infected Blood Inquiry) 36,000 – added every year	Male records need to be held for 10 years, female records for 25 years if under 70 years old, and 10 years if over 70. Suspense records need to be held for 99 years. Growth for these records is around 3.6% per year.
Suspense Records	Circa 210,000 Circa 22,000 added every year	Growth for these records, which have no GP practice allocation, is around 10% per year.
Total Records	Circa 2,455,854	

This service, operated by the Business Support Team in the Primary Care Services Division, is provided to allow GP Practices to free up space within their buildings to accommodate increased clinical service provision. Without

this, practices would be either unable to increase their clinical service provision or would need to build additional space to help meet increased, and increasing, demand.

At present the service is provided for 133 out of almost 400 GP Practices in Wales, covering 34% of the population, with a priority waiting list of a further 64 practices. These are currently on hold due to the lack of capacity to accommodate them. All remaining practices are ready to engage but are considered a lower priority at this stage, i.e. space pressures are not as significant.

The expansion of clinical services in practices is a key element of the sustainable primary care agenda, and clearly, this can't happen without the additional space to accommodate it. The creation of additional capacity within existing buildings is the preferred option for this as it is cheaper and quicker to achieve than conversions or new builds.

Records are received from individual practices and are stored and curated by the Business Services Team in our Patient Medical Records facility in Mamhilad Park, Pontypool. The Service utilises two facilities on this site, Brecon House (56,000 sq ft) and a temporary extension in a building called C2 (13,000 sq ft). Currently, records are stored in boxes (20 records to a box) and the maximum capacity of the current configuration is 122,500 boxes.

Brecon House uses a combination of fixed roller racking and mobile 3 shelf racking for box storage and C2, which has been rented on a temporary basis to allow current storage needs to be met, has no shelving/racking in place. Boxes are stored on the floor. The service also currently utilises space in NWSSP's facility in Picketston to store files that have very limited access requirements.

When a practice requests a file, it is located by Business Services Team and sent on to the requesting practice via our Health Courier Service. When the practice has finished with it, it gets returned to the library in the same way and is returned to the right box for future use. The library uses an electronic management system, TransSearch, to locate and manage records within the library, although currently, not all files have yet been linked to the Trans Search system. This is an ongoing process, which would be completed as part of the transfer of records to a new facility.

At present, there are around 7,842 patient medical record library transactions per month, and 14,038 transactions relating to the handling of records in transfer between surgeries, as patients move for example.

Brecon House also holds the Primary Care Services Division Print Room and Primary Care Stores. The Print Room is due to relocate from Brecon House

to Cwmbran House as part of a combined printing and document scanning function, under a unified Document Scanning Team. This will also involve moving the other part of the Document Scanning Team, from Companies House, Cardiff, and will reduce the space footprint required in Cardiff. This move is not within the scope of this paper.

The current total cost of the accommodation for Brecon House, of which the Patient Medical Records library is the biggest constituent, is shown in the table below. For simplicity no attempt has been made to split costs between functions, e.g., Patient Medical Records and Print Room, as this does not affect the overall position or solutions:

Element	Cost per annum (23/24 prices)	Notes
Rent	£215,412	BH - £146,412 C2 - £69,000
Rates	£20,724	BH - £20,724 C2 - £0
Utilities	£74,232	BH - £71,763 C2 - £2,469
Insurance	£35,976	BH - £25,496 C2 - £10,480
Service Charge	£141,852	BH - £141,852 C2 - £0
Total	£488,196	BH - £406,247 C2 - £81,949

The funding model for the Patient Medical Records service is based on a price per box stored model, with current prices charged at £10.18p per box in year 1 and reducing to £6.16p in Year 2 onwards. The higher cost in year 1 is to take account of the need to buy additional racking to accommodate additional demand.

Total income generated in 2023/24 will be £397,360. The pricing structure compares closely with commercial storage options, although not all of these offer the retrieval and delivery/collection components of the service for this volume of records. The Maltings in Cardiff for example, charges £5.85 per box for storage alone and this excludes additional costs to deliver/collect or retrieve documentation.

As noted above, as Brecon House also houses other functions and the difference between accommodation costs and Patient Medical Record income is covered by income for the other services housed in this facility, printing and scanning and stores, and can be considered as “central” funding. In other words, total income from these services is equal to current costs.

## Case for Change

There are two key factors that are driving the need for change:



## Reinforced Autoclaved Aerated Concrete

The main driver, which emerged following submission of the original business case relates to the health and safety implications arising from the discovery of Reinforced Autoclaved Aerated Concrete (RAAC) in Brecon House.

The roof of Brecon House is constructed with RAAC, and independent, external review of the structural integrity of this, by specialists Ove Arup, highlighted significant health and safety concerns for the 20 staff that are deployed in Brecon House.

We are currently working internally, and with the landlord, to mitigate the risks to the health and safety of staff and the integrity of the records stored. An inability to access these would present a considerable risk to patient safety. Measures include physically reinforcing the roof where necessary, and removing records from, and preventing admittance to, higher risk areas of the building. The position is kept under constant review, but it is now evident that this building is no longer fit for our purpose and the advice from both NWSSP Specialist Estates Service, and the Health and Safety Team, is that the building needs to be vacated at the earliest opportunity.

It is worth noting here that the landlord does not deem the facility unfit for any purpose and intends re-letting the space once we have vacated it. This is important and explains why costs of accommodation still apply.

## Capacity

As noted above, the service has reached current capacity and can't meet any further demand, either from increased numbers of GP practices, or from the natural growth that occurs annually as the number of "Deceased" records that could legally be destroyed each year is retained because of the Infected Blood Inquiry requirements. This situation means a net increase of 13,000 records per year.

The original Business Case, approved by NWSSP Committee and the Velindre Board in July 2022 was in response to this driver only and was developed in the context of supporting the sustainable primary care agenda through facilitating increased capacity to meet increasing demand for clinical services in primary care settings.

## **The Proposed Change**

### Original Business Case

Our original Business Case proposed continuing to use Brecon House, but adding an additional 75,000 sq ft facility, DuPont 2, to provide the additional

capacity necessary to meet identified demand over the medium to longer term (10 years). This solution was arrived at after fully testing other warehouse options across South East Wales in terms of cost and value for money, the next best alternative offered accommodation at £4.50 per sq ft as opposed to £4.20 in Mamhilad Park.

The cost of the proposed solution would have taken our accommodation costs up from £488,196 per year to £1,021,251 per year. The additional cost of £533,055 per year would have been met from a combination of sources as shown below:

Element	Value	Notes
Increased PMR income	£237,971	There would have been a time lag of 4 years to get to this level of income as additional practices were brought on-line
Reduced external PPE storage costs	£118,566	As requirements to store PPE have, and continue, to reduce, this figure is no longer reliable
Internal budgetary movements	£176,518	This would have peaked at £376,605 in year 1, reducing to £176,518 in year 5
Total	£533,055	

### Revised Plan

Given that retention of Brecon House became a non-viable option once the extent, and impact of RAAC became evident, an alternative solution was sought. Options considered included:

- Alternative venues off the Mamhilad Park site (Pontypool, Newport, Cardiff & Blackwood)
- Leasing two alternative buildings on the Mamhilad Park site (DuPont 1 and DuPont 2)
- Leasing one alternative building on the Mamhilad Park site (DuPont 1) and utilising space elsewhere in the NWSSP estate

Following an appraisal of these options, the best value for money solution for Patient Medical Records was identified as follows:

Element	Floor space	Notes
DuPont 1	72,000 sq ft	This accommodation will include 3,000 sq ft of purpose-built office accommodation and will house 2,000,000 live records

IP5 White Space 1	3,000 sq ft no racking	This will house 348,000 records
IP5 White Space 2	3,000 sq ft no racking	This will house 348,000 records
Picketston	7,370 sq ft no racking	This will house 857,000 records
Total	85,370 sq ft	

The costs of this solution are shown below:

Location	Cost	Notes
Du Pont 1	£585,626 pa	
• Rent	• £379,200	
• Rates	• £ 55,226	
• Utilities	• £ 72,000	
• Insurance	• £ 25,500	
• Service	• £ 53,700	
Charge		
White 1	£0	Utilising empty space
White 2	£0	Utilising empty space
Picketston	£0	Utilising empty space
Total	£585,626	

This solution was approved by the Senior Leadership Group in July 2023, recognising the need to ensure that the costs of transition are kept to an absolute minimum.

This solution will meet the requirement to vacate the Brecon House building, with staff and records being transferred to the sites noted above. The Print Room will move to Cwmbran House. It should also be noted that the Document Scanning Team currently located in Companies House, will also move to Cwmbran House. This will, in due course, potentially provide capacity to begin to digitise patient medical records, this reducing the need for physical storage space over time, but this is unlikely to be complete before the need to renew the lease on buildings as proposed in this paper. It will, however, mean that all bulk scanning and printing will be housed in one unit on a single site. The move of the Document Scanning Team from Companies House to Mamhilad Park is not part of this project and so is not referenced further.

The problem of additional physical capacity in the short to medium term will be solved by adding a fourth row of shelves to each rack (currently 3 shelves) to match the additional demand at any given time. In effect growing upwards instead of outwards. This will mean the need to procure additional racking to accommodate growth as it occurs, but this can be done on a more planned basis, in line with the demand, rather than as a single, up-front cost. This spreads the cost of expansion out over time and matches it to increases in income. Alternative handling solutions will also need to be found as part of our health and safety arrangements, as the current arrangements are designed around 3 shelf high racks.

It should be noted that the logistical task of moving patient records while continuing to keep them the service operational on a daily basis is significant. It should also be noted that the moves associated with PMR will also provide solutions for the re-housing of the Print Room and the Document Scanning Team from Companies House, and form part of a wider Primary Care Services estate rationalisation. However, this will result in several one-off costs occurring. These are set out below:

Item	Estimated Cost (inc VAT)	Timescale envisaged	Anticipated Supplier	Notes
Records move	£150,000	6 months	HCS (anticipated in 2 phases, with phase 1 subcontracted to ensure early exit from higher risk areas)	Records need to be checked, moved, and catalogued in TransSearch. Cost includes outsourcing phase 1 (records to IP5 and Picketston) as a priority, due to the condition of higher risk rooms in Brecon House, which can then be taken out of commission
Move 613 existing racking units and add 538 new units.	£284,269	TBC	Whittan	Four shelf racking is required to provide immediate capacity. Boxes need to be moved before existing racking can be dismantled, transported, and rebuilt
Dilapidations	£82,000	TBC	TBC	This is required under the current lease
IT infrastructure	£30,000	TBC	DHCW & BT	Required for DuPont and Cwmbran House
H&S (inc' manual handling)	£10,000	TBC	TBC	Required for all sites
Fire suppression removal	£11,479	TBC	Aspec Fire Solutions Ltd	Currently located in Brecon House but not required in DuPont
Double running lease costs	£203,124	6 months	Johnsey Estates UK Ltd	Costs will be incurred in both Brecon House and DuPont until the move is completed.
Total	£770,872 estimated	6 months		

It is worth re-stating that the physical condition of Brecon House means that it is no longer fit for our purpose and that we must vacate it on health and

safety grounds at the earliest opportunity. Based on this, the one-off costs of moving are unavoidable and would be applicable for any solution, including closing the service altogether and returning records to practices. This, although an option, would be more expensive to NHS Wales and would not support the ambition of sustainable primary care services.

## Financial Comparison Summary

Element	Current Cost (23/24 prices)	Original BC (23/24 prices)	Revised Solution (23/24 prices)
Total Annual Revenue Costs	£488,196	£1,021,251	£585,626
Met by:			
PMR Income.	£397,360	£397,360	£397,360
Central Funding	£ 90,836	£ 90,836	£118,266
Sublet Space	N/A	£533,055	£ 70,000
Total	£488,196	£1,021,251	£585,626

It should be noted that the increase in central funding required initially (£27,430) will be offset over time as new practices are added and contribution to fixed costs increases. It is anticipated that the baseline position will be re-established in 2024/25.

## 2. RECOMMENDATION

Given that remaining in Brecon House is not an option, that there is an urgency to vacating the building on health and safety grounds, and that alternative options have been considered (existing NWSSP estate and alternative commercial options) the proposed solution is preferred based on both costs (the cheapest available option) and on effectiveness (the least disruptive/most practical option). There is also an urgent need to sign the relevant leases to secure this option.

The Committee is asked to **RATIFY** the Chair's Action of the 11<sup>th</sup> of October, which was subsequently also approved through a Chair's Action of the Velindre University NHS Trust Board confirmed on the 23<sup>rd</sup> of October, relating to the relocation of the Patient Medical Records service from Brecon House to Du Pont 1 on the Mamhilad Estate.

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 4.2</b>  23 November 2023
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**PRIMARY CARE SERVICES (PCS) - PROVISION OF MFD'S AND PPD'S**

<b>ARWEINYDD: LEAD:</b>	Andrew Evans, Director of Primary Care Services
<b>AWDUR: AUTHOR:</b>	Ed Evans, Stores and Logistics Manager
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andrew Butler, Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Andrew.evans@wales.nhs.uk

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

Existing contract for the provision of photocopiers and print room machines is due to expire. A mini competition exercise has been undertaken, finding best value for money for NHS Wales.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.
<b>Tystiolaeth: Supporting evidence:</b>	This new contract award will enable Primary Care Services to continue to provide an All-Wales printing service to its customers and stakeholders.

**Ymgynghoriad/Consultation:**

Senior Leadership Group – NWSSP  
Velindre NHS Trust Board

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

<b>DERBYN/ APPROVE</b>	<input checked="" type="checkbox"/>	<b>ARNODI/ ENDORSE</b>	<input type="checkbox"/>	<b>TRAFOD/ DISCUSS</b>	<input type="checkbox"/>	<b>NODI/ NOTE</b>	<input type="checkbox"/>
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<b>Argymhelliad/ Recommendation</b>	The Committee is requested to <b>APPROVE</b> this procurement prior to obtaining the approval of Velindre NHS Trust Board to proceed with the contract award recommendation for 'Canon'.
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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Not applicable.
<b>Cyfreithiol: Legal:</b>	Not applicable.
<b>Iechyd Poblogaeth: Population Health:</b>	Supports communication and updates to schedules for patients.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	As above plus use a part digitised solution improves quality and safety of communications to support the patient's experience.
<b>Ariannol: Financial:</b>	The results of the mini competition proved that 'Canon's' bid was the best value for money. The overall cost of the contract will be £221,562.24. This will secure a 3-year deal and eliminate the risk of inflation during that period.
<b>Risg a Aswiriant: Risk and Assurance:</b>	The HB's and GP practices aren't equipped to provide the services PCS currently supply on their behalf.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	The machines are a key factor in providing valuable updates to patients which prevents a patient missing out vital information, such as change or closure of a GP.
<b>Gweithlu: Workforce:</b>	Primary Care Services.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	N/A

## 1. BACKGROUND

The purpose of the contract is intended to provide replacement Multi-Functional Devices (MFD's) and Professional Printing Devices (PPD'S) which will be located across NWSSP PCS sites across Wales. The three locations are Cwmbran House, Alder House, and Brecon House. Additionally, three Professional Printing Devices (PPD's) are also

required, the location of all three printers will be at Cwmbran House, Mamhilad. The service currently leases two colour printers and one mono printer which will be the requirement going forward.

The current MFD's and PPD's have been used to support Primary Care Services (PCS) with their printing and scanning needs. PCS is reliant on these devices as they enable the service to conveniently print and scan key documents and produce publications on mass for patients and staff.

The ICT & OE sourcing team took over the management of the MFD's and PPD's in August 2022. Due to limited time and resource the machines have been on a 6-month rolling contract with Konica with no secure agreement in place.


To best deliver value for money the team are now looking to address the MFD's and PPD's position by securing a 3-year contract through a mini competition. Two frameworks were assessed with the superior framework being hosted by Crown Commercial Services, 'RM6174 - Lot 2', which provided more competitive pricing when compared to Welsh Governments, National Procurement Services, 'NPS-ICT-0104-20'.

A recent review has reduced the number of MFD's originally required by three copiers, utilising two MFD's from surplus requirements in NWSSP Companies House

## **2. RECOMMENDATION**

The Committee is asked to **APPROVE** the contract to Canon, who turned out to be the most economically advantageous supplier. The contract will be for a period of three years as stated above.



 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 4.3</b> <b>23 November 2023</b>
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Contract Award for Replacement Leased HGVs for Supply Chain and Laundry**

<b>ARWEINYDD: LEAD:</b>	Tony Chatfield, National Clinical Logistics Manager
<b>AWDUR: AUTHOR:</b>	Gregg Roberts, Procurement Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler, Director of Finance & Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Tony.chatfield@wales.nhs.uk

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

To provide an update and seek Committee approval for the procurement of replacement Leased Heavy Goods Vehicles for Supply Chain and Laundry.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Financial Governance – to note the tendered contract award for leasing of NWSSP Replacement HGV's
<b>Tystiolaeth: Supporting evidence:</b>	Tender – SSP-MIN-53933

**Ymgynghoriad/Consultation :**

Senior Leadership Group

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

<b>DERBYN/ APPROVE</b>	✓	<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	
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<b>Argymhelliad/ Recommendation</b>	The Committee is asked to <b>APPROVE</b> the contract award for the lease of 15 heavy goods vehicles. The contract award will be subject to further Trust Board and Welsh Government approval.
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<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	No Direct Impact
<b>Cyfreithiol: Legal:</b>	No Direct Impact
<b>Iechyd Poblogaeth: Population Health:</b>	Implementation of more modern vehicles, reducing emissions
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No Direct Impact
<b>Ariannol: Financial:</b>	The financial implications of the acquisition of the vehicles are contained in the paper.
<b>Risg a Aswiriant: Risk and Assurance:</b>	No Direct Impact
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	No Direct Impact
<b>Gweithlu: Workforce:</b>	Improved Vehicle Design, to improve staff environment and reduce handling.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## 1. BACKGROUND

Health Courier Services has a requirement to seek replacement vehicles for the Supply Chain Operation. The vehicle replacement programme covers a total of 15 vehicles as follows:

- 12 x 15t/16t Chassis with Shorter Box Body Conversions in line with the set specification; and
- 3 x 18t Longer Box Body Conversions to required Standard in line with the set specification
- to include capability for the engines to operate on HVO/Bio Diesel.

Suppliers were also asked to provide indicative pricing for 2 x 22ft Box Conversations to operate on Alternative Fuels with options to include:

- Biogas;
- Hydrogen/Hydrogen Cell; and
- Electric.

These vehicles deliver items stocked in the Central Stores to customers across their regions ranging from large District General Hospitals to small clinics.


The current fleet is now seven years old and has already been subject to a contract extension. The new contract will implement new fleet, with reduced engine emissions and some larger body builds helping to reduce the number of journeys.

The tender exercise was undertaken in September 2023 and only one bid was received. This was from Dawson Group Truck and Trailer Ltd. Several contractors declined to bid citing a lack of capacity to take on further projects at this time. The tender received from Dawson though was formally evaluated against all required criteria and was judged to be fully compliant. While we are still keen to explore the opportunity for electric Heavy Good Vehicles, the technology to support this is still very immature and performance of electric HGVs is nowhere near the level that we require for our fleet. However, the supplier has confirmed that the vehicles being supplied can run on alternative fuels with no impact on vehicle warranty.

The cost of the new vehicles will be approximately £394k p.a. exclusive of VAT which is an increase on the price of the current contract which was negotiated in 2016. This is not surprising given the world-wide pressure on raw materials which has impacted vehicle availability. If the contract runs the maximum possible term of five years, the total contract price would be £1.97m exclusive of VAT and therefore will also need Trust Board and Welsh Government approval.

## **2. RECOMMENDATION**

The Committee is asked to note and approve the contract award before seeking further approval from the Trust Board and Welsh Government.

 <b>GIG CYMRU NHS WALES</b>	<b>Partneriaeth Cydwasaethau Shared Services Partnership</b>	<b>AGENDA ITEM: 4.6</b>  23 November 2023
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### The report is not Exempt

#### Teitl yr Adroddiad/Title of Report

NWSSP Self-Assessment in relation to the NHS Speaking up Safely Framework

<b>ARWEINYDD: LEAD:</b>	Gareth Hardacre, Director of People, OD and Employment Services
<b>AWDUR: AUTHOR:</b>	Samantha Graf, Head of People Services
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Gareth Hardacre, Director of People, OD and Employment Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Gareth.Hardacre2@wales.nhs.uk

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

To provide SSPC with an action plan, detailing the position of NWSSP in relation to Section 6, the Requirements for Organisations, of the Speaking Up Safely, A Framework for the NHS in Wales (Appendix 1).

#### Llywodraethu/Governance

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

#### Ymgynghoriad/Consultation :

The paper was discussed and approved at NWSSP SLG on 26<sup>th</sup> October 2023.

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

DERBYN/ APPROVE		ARNODI/ ENDORSE	✓	TRAFOD/ DISCUSS		NODI/ NOTE	
Argymhelliad/ Recommendation		It is recommended that SSPC endorse the attached action plan.					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	The action plan will formalise a mechanism to ensure concerns raised in relation to Inclusivity and Belonging are captured, reported on and learnt from.
<b>Cyfreithiol: Legal:</b>	Once implemented, the action plan provides a framework to enable NWSSP staff to raise concerns within the appropriate legal framework.
<b>Iechyd Poblogaeth: Population Health:</b>	No direct impact.
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct impact.
<b>Ariannol: Financial:</b>	Recruitment of a Band 6 People and OD Facilitator to ensure the approach is embedded successfully.
<b>Risg a Aswariant: Risk and Assurance:</b>	No direct impact.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	No direct impact.
<b>Gweithlu: Workforce:</b>	The creation of a policy and embedding the approach within the culture of the organisation, provides a clear framework for NWSSP staff to raise concerns and to understand how they can expect to be treated if they do.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## 1. BACKGROUND

The Welsh Government require that the principles and practices associated with Speaking Up Safely outlined in the attached framework document should be considered by NHS Wales organisations within the broader NHS Wales and UK policy context.

## 2. RECOMMENDATION

The Committee is asked to endorse the attached action plan as detailed in the attached.

## 3. APPENDICES

1. NWSSP Speaking Up Safely Self Assessment
2. Speaking Up Safely – A Framework for the NHS in Wales
3. Velindre NHS Trust Procedure for NHS Staff to Raise Concerns

Reference	Requirement for NWSSP	Current Practice	Action	Date
6.1	Appoint, (as mentioned earlier within this Framework) an Independent Member / Non-Executive Director as Speaking Up Safely Champion as well as an Executive Lead.	NWSSP does not currently have its own procedure for Staff to raise concerns and as a hosted organisation, would follow Velindre's Procedure for NHS Staff to Raise Concerns which aligns to the NHS Wales Partnership Forum policy approved in January 2018. However, this means that the roles noted in the policy may not translate easily into substantive roles within NWSSP and appointments into the required roles are necessary.	<p>Appoint to specific roles within NWSSP. It is proposed the roles are as follows:</p> <ul style="list-style-type: none"> <li>• <b>Speaking Up Safely Champion</b> Chair of Shared Services Partnership Committee (SSPC)</li> <li>• <b>Executive Lead (Medical &amp; Dental)</b> NWSSP Medical Director (and their Deputy as appropriate)</li> <li>• <b>Executive Lead (Agenda for Change)</b> NWSSP People and OD Director (and their Deputy as appropriate)</li> <li>• <b>Trade Union Lead (Agenda for Change)</b></li> <li>• <b>Trade Union Lead (Medical and Dental)</b></li> </ul>	<p>SLG on 26/10/2023</p> <p>Confirmed at SSPC on 23/11/2023</p>
6.2	Ensure adequate investment that provides sufficient resource to support the continuous development of the organisational Speaking Up Safely approach and associated culture change.	<p>NWSSP currently incorporates this work informally via Employee Relations Process Feedback.</p> <p>A new Policy Group as a subgroup of the Local Partnership Forum (LPF) was ratified on 27/09/2023 and this group will oversee the production of an NWSSP Policy and Procedure for Speaking Up Safely as a priority.</p>	If this is a priority action for NWSSP, it is proposed that it is incorporated into the programme of work of This is Our NWSSP, the Culture Change Programme. Therefore, an investment of additional resource is suggested at Band 6 level shared between Policy writing, implementation and Facilitation. This is paramount given the complexities of the Single Lead Employer Model.	Discussion at SLG on 26/10/2023

Reference	Requirement for NWSSP	Current Practice	Action	Date
			Policy Group to prioritise the creation of an NWSSP Policy and Procedure for Speaking up Safely.	Policy Group finalised and ratified at LPF by 31/03/24
6.3	Embed Speaking Up Safely in the functions of a board committee, which can be an existing committee, to support the champion / lead for speaking up in terms of guiding the organisation's approach. Membership of the committee should consist of a range of key stakeholders, including (but not limited to) some of those identified in Section 3	NWSSP would currently report any concerns raised at relevant Senior Management Teams and/or SLG. The principles and expectations of Speaking Up Safely are still to be embedded in all relevant committees.	<p>Embed the Principles of Speaking Up Safely within SLG and LPF to ensure that a range of key stakeholders understand the requirements of the Framework and their duties within the Framework.</p> <p>To bring this to life, it needs to be embedded as part of NWSSP's Culture and Values work. Therefore, the provision of Speaking up Safely awareness training to all champions who may be contacted or in a position to hear from colleagues who wish to raise concerns is necessary. This will include Diversity &amp; Inclusion Ambassadors, Culture Change Champions, Health and Well-being Champions and Mental Health First Aiders. These people will all be in a position to promote this campaign within their services.</p>	<p>Session with each committee to take place upon release of the Policy. After 01/04/2024</p> <p>Speaking Up Safely Awareness Training provided on appointment to Band 6 post.</p>
6.4	Ensure that clear and easy to follow processes are in place to allow individuals to raise concerns (including anonymously). The NHS Wales Procedure for Staff to Raise	As per Reference 6.1, NWSSP would currently follow the Velindre Policy for NHS Staff to Raise Concerns.	Create a Speaking Up Safely Policy that incorporates a clear procedure and flowchart that enables the clear identification of specific concerns e.g. misogyny or racism. The Policy must	31/03/2024

Reference	Requirement for NWSSP	Current Practice	Action	Date
	Concerns is a necessary minimum standard but is not in itself sufficient for facilitating and supporting a Speak Up Safely culture	<p>The Policy Group's inaugural meeting on 02/10/2023 will discuss the creation of a task and finish group to prioritise the creation of a dedicated Speaking Up Safely Procedure.</p> <p>Colleagues in the OD team are currently considering how best to incorporate an anonymous contact process to enable staff who do not feel confident in raising a concern directly to come forward.</p>	<p>take account of the complexities of the Single Lead Employer model and provide for an impartial person, outside of the Health Board to investigate any concerns raised. The Policy must also ensure all NWSSP staff feel they have a confidential route to raising concerns, especially if they are raising complaints against colleagues.</p> <p>Introduction of a confidential anonymous contact route.</p>	
6.5	Identify those groups which experience the most barriers when speaking up and ensure that processes are inclusive and equitable.	<p>Not currently formalised.</p> <p>An Equality, Diversity and Inclusion (EDI) Dashboard has been created and is in testing phase.</p>	<p>Undertake analysis of concerns raised to date and identify themes. Consider reviewing the following to create a benchmark:</p> <ul style="list-style-type: none"> <li>Employee Relations activity</li> <li>All Wales NHS Staff Survey Data</li> </ul> <p>Analyse the data against the new EDI once finalised.</p> <p>Review the comments from the 2023 staff survey to identify anything in the narrative which indicates there are concerns.</p>	<p>31/03/2024</p> <p>After February 2024</p>



Reference	Requirement for NWSSP	Current Practice	Action	Date
6.6	Ensure that the response mechanism / process is continuously monitored, clear and timely (equally as important as the procedure to raise concerns – see Toolkit 4).	Any concerns raised are dealt with individually and timescales are agreed with the individual.	Formalise a mechanism as part of the Policy/Procedure to ensure concerns raised are captured and themes are reportable.  Develop process workflows in line with feedback and ensure the mechanism for reporting allegations is robust.	31/03/2024
6.7	Ensure that individuals speaking up do not suffer detriment as a result of raising concerns.	As per Reference 6.1, NWSSP would currently follow the Velindre Policy for NHS Staff to Raise Concerns. If staff feel they have suffered a detriment they can access the Respect and Resolution Procedure too.	Embed the Principles of Speaking Up Safely for all staff and key stakeholders, to ensure they understand the requirements of the Framework and their duties within the Framework.	Upon appointment to Band 6 post.
6.8	Undertake regular reviews of responses, as well as of the leadership and governance arrangements in place, and provide regular reports to the appropriate committee.	NWSSP would currently report any concerns raised at relevant Senior Management Teams and/or SLG. The principles and expectations of Speaking Up Safely are still to be embedded in all relevant committees.  Any concerns raised are dealt with individually and timescales are agreed with the individual.	Formalise a mechanism as part of the Policy/Procedure to ensure concerns raised are captured and themes are reported within agreed timescales.	31/03/2024
6.9	Ensure that arrangements are in place to monitor concerns / issues raised against the protected characteristics of the Equality Act 2010 and the implementation of any learning as a result of this.	NWSSP would currently report any concerns raised at relevant Senior Management Teams and/or SLG. The principles and expectations of Speaking Up Safely are still to be embedded in all relevant committees.	Formalise a mechanism as part of the Policy/Procedure to ensure concerns raised are captured and themes are reported within agreed timescales.  Analyse against the EDI Dashboard.	31/03/2024  Once complete.

Reference	Requirement for NWSSP	Current Practice	Action	Date
		<p>Any concerns raised are dealt with individually and timescales are agreed with the individual.</p> <p>Learning would be implemented via the People and OD Team as and when the process is concluded.</p>	<p>Create an ESR module to enable timely online learning.</p> <p>Decide whether the training should be included in the Learning &amp; Development Calendar once the policy is created or whether it forms part of the statutory and mandatory training framework for NWSSP</p>	To be discussed at SLG on 26/10/23
6.10	Request feedback from all individuals who have spoken up and evaluate the feedback received (consider inviting a sample of individuals who have spoken up to attend committees and Board meetings to discuss experiences and share learning).	Not currently formalised.	<p>Formalise a mechanism as part of the Policy/Procedure to ensure concerns raised are captured and themes are reported within agreed timescales.</p> <p>Ask those that have raised concerns to become part of a network that will make themselves available to attend committee meetings and involved in capturing and sharing learning.</p>	<p>31/03/2024</p> <p>31/03/2025</p>
6.11	Fully implement the All-Wales branding / messaging for Speaking Up Safely (once developed).	Not currently in place	Include in the NWSSP Communications Plan once developed.	TBC
6.12	Continuously / consistently promote and raise awareness of speaking up and listening / responding as a pro-social / desirable behaviour.	Not currently in place	Include in the NWSSP Communications Plan once Policy/ Procedure created	TBC

Reference	Requirement for NWSSP	Current Practice	Action	Date
6.13	Ensure that appropriate training to deliver a Speaking Up Safely culture is rolled out to leaders, managers and staff throughout the organisation, as part of leadership and management development arrangements	Not currently in place	<p>Create an ESR module to enable timely online learning.</p> <p>Decide whether the training should be included in the Learning &amp; Development Calendar once the policy is created or whether it forms part of the statutory and mandatory training framework for NWSSP.</p>	<p>TBC</p> <p>To be discussed at SLG on 26/10/23</p>

#### Appendices

1. Speaking up Safely - A Framework for the NHS in Wales
2. Velindre NHS Trust Procedure for NHS Staff to Raise Concerns

# Speaking up **Safely**

A Framework for the NHS in Wales

Supporting people to **speak up**  
**safely and with confidence**



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# 1. NHS Wales and the broader policy context

The principles and practices associated with Speaking Up Safely outlined in this framework document should be considered within the broader NHS Wales and UK policy context. Speaking Up Safely is an initiative which supports, rather than replaces, existing policy, such as:

- **Procedure for NHS Staff to Raise Concerns**
- **NHS Wales Policy: Respect and Resolution**
- **Welsh Government Law: The Health and Social Care (Quality and Engagement) (Wales) Act**
- **UK healthcare regulation: e.g. codes of practice provided by the NMC, HCPC and GMC**
- **UK Law: Public Interest Disclosure Act 1998**

The Speaking Up Safely Framework has also been informed by international guidelines<sup>1,2</sup> and research evidence<sup>3,4,5</sup>.

## Whistleblowing and Protected Disclosures - Definitions

‘Whistleblowing’ is the popular term applied to a situation where an employee, former employee or member of an organisation raises concerns to people who have the power and presumed willingness to take corrective action. ‘Protected disclosure’ is the legal term for whistleblowing and is referenced in the context of describing the protection that is afforded to the person raising the concern in the interest of the public.

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1. ISO 37002:2021 Whistleblowing management systems – Guidelines <https://www.iso.org/standard/65035.html>
  2. UNODC (2021) Speak up for health! Guidelines to enable whistle-blower protection In the health-care sector
  3. Jones A et al (2022) Evaluation of the implementation of Freedom to Speak Up Local Guardians in NHS Acute Hospital Trusts and Mental Health Trusts in England <https://fundingawards.nihr.ac.uk/award/16/116/25>
  4. Jones, A et al (2021) Interventions promoting employee “speaking-up” within healthcare workplaces: a systematic narrative review of the international literature. Health Policy 125 (3), pp. 375–384
  5. Jones, A. and Kelly, D. M. (2014) **Whistle-blowing and workplace culture in older peoples’ care: qualitative insights from the healthcare and social care workforce**. Sociology of Health and Illness 36 (7), pp. 986–1002.



## 2. Introduction

Following the publication of **A Healthier Wales** and the creation of the **Workforce Strategy for Health and Social Care**, it became clear that NHS Wales needed to develop its approach to organisational culture and behaviour. This links to the approach of developing healthy working relationships which aims to foster more compassionate, collective, healthier and fairer behaviours, workplaces and organisations. It is recognised that there are key pan-NHS Wales opportunities to lever change including **leadership development**, changing targets/ focus (such as colleagues' experiences of work) and using people 'policies'.

This Framework sets out the responsibilities of organisations, their executive teams and boards, along with those of managers and individual members of staff (and volunteers) in creating a culture in which 'Speaking Up', alongside timely and appropriate response to any concerns raised, is supported within a safe environment. This Framework will be supported in its implementation by a series of toolkits.

Having effective arrangements which enable staff to speak up (also referred to as 'raising a concern') helps to protect patients, the public and the NHS workforce, as well as helping to improve our population's experience of healthcare. It is essential to ensure that all individuals have a voice, are listened to, and receive a timely and appropriate response.

This Framework will support organisations to create that culture; one where individuals feel safe and able to speak up about anything that gets in the way of delivering safe, high-quality care or which negatively affects their experience. This includes, but is not limited to, matters related to patient safety, safe staffing, the quality of care, bullying and harassment (and cultures which enable this), as well as financial malpractice or fraud.

To support this, leaders and managers need to be willing to listen, and to be open to constructive challenge. Speaking up and bringing these issues into the open is a brave and vulnerable thing to do, and therefore should be welcomed and seen as an opportunity to listen, learn and improve.

This is the Framework that organisations, departments and teams are required to follow in order to establish and sustain a culture where no individual will suffer victimisation or detrimental treatment as a result of speaking up, and where organisations learn and improve as a result of listening and responding to concerns raised.

Not all sections of this framework will be relevant to everybody. However, while it is clear who the relevant sections are intended for, depending on your role within the NHS you may wish to familiarise yourself with sections which may not initially be relevant to you.

## 3. Principles of Speaking Up Safely

- 3.1** All those engaged with the NHS have a contractual right and duty to raise genuine concerns with their employer about malpractice, patient safety, financial impropriety or any other serious risks they consider to be in the public interest. In addition, staff have duties imposed upon them to raise such concerns by their respective professional regulatory bodies.
- 3.2** All organisations recognise the need to continuously improve to make every effort to address and correct issues threatening patient safety as quickly as possible, to work with colleagues to this end and to ensure that at all times they do all they can to act on the side of the solution. Consciously creating culture of 'Speaking Up Safely' is key to this aim.
- 3.3** All organisations, departments and teams have a duty to create a culture where individuals know how to raise a concern, are aware of the process that will follow, and where they can be confident that if they do raise a concern, they will receive support without experiencing personal or professional detriment.
- 3.4** It is not necessary for an individual to have concrete proof of an act that they wish to report – a reasonable belief is sufficient. Individuals are encouraged to raise any concern at the earliest opportunity so that there is time to assess the issues within a supportive environment.
- 3.5** Individuals who speak up do not have responsibility themselves for investigating the matter (where this is required). It is the organisation's responsibility to ensure that where appropriate, an investigation takes place.
- 3.6** Organisations also have responsibility to ensure that those responding to concerns are prepared and supported to respond promptly or are able to delegate to someone who can. Managers will have training on how to deal with concerns that have been raised.
- 3.7** Organisations should encourage individuals to raise concerns using the designated procedure in the first instance. If an individual is not sure whether or not to raise a concern, they should discuss the issue with a manager or the Workforce and OD department or for those registered with a trade/professional union, with their representative or their trade/professional union's employment advice service.
- 3.8** In line with NHS Wales policy, individuals are encouraged to raise the concerns within the organisation at the earliest possible opportunity. This framework seeks to ensure that the organisation has the appropriate mechanisms and culture in place through which concerns will be appropriately addressed.
- 3.9** If an individual speaks up or raises a concern in Welsh, it will not be treated any less favourably than if it had been raised in English. Individuals speaking up in Welsh can expect any subsequent written correspondence or response in Welsh. If meetings are arranged about the concern, the organisation will actively offer to conduct the meeting in Welsh.
- 3.10** Any matter raised will be reviewed thoroughly, promptly and confidentially, and the individual raising a concern will receive appropriate feedback (see Toolkits 2 and 3).
- 3.11** If an individual raises a genuine concern, they will not be at risk of losing their job or suffer any detriment. Where an individual (who has raised concerns) may nonetheless be at risk of or fear detriment or any potential harm by continuing to work in their existing



role or place of work, suitable action will be taken, in agreement with the individual, which could include redeployment.

- 3.12** Victimisation or harassment of an individual for speaking up / raising concerns will be considered a serious disciplinary offence, as will any action to 'cover-up' or wilfully ignore concerns.
- 3.13** Individuals are encouraged to raise concerns openly. However, there may be circumstances when individuals may request that their identity is not revealed. In this case, the organisation will not disclose their identity without their consent unless required to by law. There may, however, be times when the organisation may be unable to resolve a concern without revealing the individual's identity, for example where personal evidence is essential. In such cases, the organisation will discuss with the individual whether and how the matter can best proceed. Where the concern is a matter of staff or patient safety in line with Duty of Care, there may well be a need for escalation and anonymity may not be able to be maintained. Where this cannot be avoided, however, this will be made clear to the individual who has raised the concern.
- 3.14** Where an anonymous concern is received, a designated contact will still examine the contents of the concern with relevant

senior managers and investigate where necessary. However, without the investigator being able to talk to the individual(s) who has (have) raised the concern and without possibly being able to attain any additional facts as a result, it needs to be recognised that it may be difficult for a full investigation to be undertaken. In these circumstances, supporting and protecting the individual, or giving them feedback, may be very difficult. Accordingly, The individual may not be able to be provided the assurances offered above. Organisations should routinely consider, log and monitor anonymous concerns.

- 3.15** All managers will have discussions within the PADR (Performance and Development Review) process about speaking up if staff members have any concerns, as well as within their own PADR in respect of dealing with concerns when they arise.
- 3.16** Organisations should identify an Independent Member/Non-Executive Director to act as a 'Speaking Up Safely Board Champion' and an Executive Director as 'Speaking Up Safely Executive Lead', as a minimum, and may wish to appoint additional roles for speaking up. As a minimum, organisations should ensure that those with responsibility for speaking up are sufficiently independent to provide staff with confidence when speaking up.



## 4. Expectations

Every employee involved in the NHS in Wales will have certain expectations placed upon them in relation to speaking up safely. The following sets out what those expectations are at different levels and roles within organisations.

### 4.1 Employees

All NHS Wales employees have a role in identifying issues and speaking up. Registered staff also have a professional responsibilities to identify and speak up appropriately. The following are expectations of all employees in the NHS.

- Behave in a way that encourages individuals to speak up.
- Where you have concerns, ensure these are raised in a timely and appropriate manner in line with local policies and procedures.
- Encourage and be supportive of those who speak up.
- Do not victimise, bully or discriminate.
- Embrace speaking up as an opportunity to learn and grow as an individual and as a team, as well as for the organisation as a whole.
- Utilise Toolkit 2 in this framework when speaking up.

### 4.2 Line Managers

All managers have a responsibility for creating a 'psychologically safe' culture which enables individuals to highlight problems and make suggestions for improvement. Speaking Up Safely is a fundamental part of that. An organisational or departmental culture of bullying and harassment, or one that is not welcoming of new ideas or different perspectives, will prevent individuals from speaking up, put patients at risk, affect many aspects of the well-being and working lives of staff, and reduce the likelihood that improvements can be made. Managers, as leaders, should understand the impact their behaviour can have on an organisation's culture and therefore how important it is that they reflect on whether their behaviour may inhibit or encourage someone from speaking up (See Toolkit 3).

#### Line Managers will:

- Be able to articulate both the importance of workers feeling able to speak up and how they will enable this within the organisation's vision.
- Speak up, listen and act (see Toolkit 3).
- Be visible and approachable and welcome staff who wish to speak up.
- Have insight into how their power and position could silence individuals, and how their own unconscious bias and belief systems could impact on how they receive individuals who speak up.
- Thank workers who speak up.
- Demonstrate that they have heard when workers speak up by providing feedback.
- Seek feedback from peers and workers to help them reflect on how effectively they demonstrate the organisation's values and behaviours.
- Accept challenging feedback constructively, publicly acknowledge mistakes and make improvements.

### 4.3 Boards

NHS Organisations in Wales are expected to implement the Speaking Up Safely approach outlined in this framework (see Toolkit 1). The Board should take into account the toolkits attached and align with the All-Wales branding that ensures individuals who move from one NHS Wales organisation to another can easily identify with the 'Speaking Up Safely' approach.

#### **The Board should demonstrate its commitment to creating an open and honest culture where workers feel safe to speak up by:**

- Having named Executive and Independent Member/Non-Executive Directors Leads responsible for speaking up.
- Acting as role models within the organisation.
- Including speaking up and other related cultural issues in board development programmes and Staff Partnership Fora.

- Having a sustained and ongoing focus on the reduction of bullying, harassment and incivility.
- Sending out clear and repeated messages that it will not tolerate the victimisation of workers who have spoken up, and taking action should this occur, with these messages echoed in relevant policies and training.
- Investing in sustained and continuous leadership development.
- Ensuring the organisation has an appropriately resourced Speaking up Safely approach and champion model.
- Supporting the creation of an effective communication and engagement strategy that encourages and enables workers to speak up, and promotes changes made as a result of speaking up.
- Inviting individuals who speak up to present their experiences in person to the board and staff partnership fora.
- Monitoring the extent to which concerns are being raised and addressed, and identifying learning and improvement needs as a result.

#### **4.4 Independent Member/Non-Executive Director 'Board Champion' for Speaking Up Safely**

The Independent Member / Non-Executive Director Champion for Speaking Up Safely is a senior, independent lead role specific to organisations with boards.

They should:

- Hold the Board and the Executive Team to account in the delivery of a Speaking up Safely culture.
- Seek assurance that the Board responsibilities and expectations of this framework are implemented.
- Be a 'fresh pair of eyes' to ensure that investigations are conducted with rigour and to help escalate issues, where needed.
- Have appropriate knowledge of Speaking Up Safely and be able to readily articulate:
  - why a healthy speaking-up culture is vital;
  - the indicators of a healthy speaking-up culture;
  - the indicators that there is sufficient support for speaking up and wider culture transformation;

- the red flags that should trigger concern.
- Constructively challenge the most senior people in the organisation to reflect on whether they could do more to create a healthy, effective speaking-up culture. This might involve constructively raising awareness about poor behaviours.
- Be accessible to staff to provide support and guidance on how to and where to go to for advice and representation in Speaking Up Safely issues (with a clear delineation of roles). Independent members will not advocate, advise or represent employees in speaking up safely concerns.

Organisations/Hosted Organisations without Boards are likely to benefit from having an equivalent role.

#### **4.5 Executive Leads for Speaking Up Safely**

Having an Executive Lead for Speaking Up Safely helps demonstrate the organisation's commitment to speaking up. Importantly, this person should be widely considered a credible role-model of the behaviours that encourage speaking up. They should be able to show that they are clear about their role and responsibility, and to evidence how they have helped improve the organisation's speaking-up culture.

The Executive Lead should be accountable for:

- Co-designing, with the wider Executive Team, a plan for Speaking Up Safely, and implementing a Speaking Up Safely culture.
- Implementation and delivery, with the wider Executive Team, of a Speaking Up Safely Culture.
- Evaluating speaking-up arrangements and gaining assurance that the experience of workers who speak up is a positive one.
- Ensuring there is appropriate resource for Speaking Up Safely.
- How the organisation periodically reviews its speaking up safely arrangements.
- Ensuring there is a link to learning from events/incidents processes, and organisational governance arrangements.
- Liaising with the Independent Member/Non-Executive Director Champion.
- Providing the Board with assurance around all of the above.

## 5. Implementing and improving a Speaking Up Safely Culture

### 5.1 Implementation of Speaking Up Safety culture

In order to implement this framework, it is expected that organisations have a clear vision for the speaking up culture that links the importance of encouraging individuals to speak up with patient safety, staff experience and continuous improvement. Co-designing, implementing and improving a Speaking Up Safely culture should always be undertaken in social partnership. Toolkit 1 provides further information

Organisations will need to, in social partnership, develop a plan of how to deliver this framework. This should be led by the Executive Lead for Speaking Up Safely. The plan should also be informed by key Speaking Up Safely stakeholders, such as Trade Unions, HR, OD and those representing minority communities. The Board should discuss and agree the plan and be provided with regular updates. The plan and ongoing review is co-produced with the organisation's staff partnership arrangements, staff networks and organisational engagement arrangements.

**Among other things, the Executive Lead for Speaking Up Safely and the IM/NED Speaking Up Safely Champion will:**

- Review the plan annually in social partnership, including how it fits with the overall organisational strategy, using a range of qualitative and quantitative measures.
- Assess what has been achieved and what more there is to do, using a continuous improvement approach.
- Identify the barriers to Speaking Up and how they will be overcome.
- Identify whether the right indicators are being used to measure success (see Toolkit 4).

- Help drive collaboration on an All-Wales basis to deliver, as far as possible, a consistency of approach to Speaking Up Safely across organisations, noting local and organisational context.

### 5.2 Be assured your Speaking Up Safely Culture is Healthy and Effective

The Board must be continuously assured that individuals will speak up about things that get in the way of providing safe and effective care and that this will improve the experience of patients and staff. Boards should not assume that the Speaking Up Safely culture is static; culture can improve, regress or stagnate for a variety of reasons, and sub-cultures will exist within organisations. Boards must monitor trends in the reasons for staff speaking up. Boards will also need further assurance when there have been significant changes, where changes are planned, or there have been negative experiences such as:

- Before a significant change (such as a merger or major service change).
- When an investigation has identified a team or department has been poorly led, or a culture of bullying has developed.
- When there has been a significant service failing.
- Following a Healthcare Inspectorate Wales inspection where concerns have been identified.
- Following a triangulation of data from a range of sources such as turnover, exit interviews, TU colleague feedback, staff surveys, grievances, work-related stress sickness, and clinical/operational indicators (See toolkit 4).

It is the Executive Lead's responsibility, supported by and in conjunction with the wider-Executive Team, to ensure that the Board receives a range of assurance and regular updates in relation to the Speaking Up Safely plan and implementation



of this framework. The organisation's Speaking Up Safely arrangements must be based on the most recent NHS Wales policy and legal requirements (see examples on page 2 of this document). If the Board is not assured its staff feel confident and safe to speak up, it should consider requesting remedial action to address any concerns. The Board should use a range of resources for developing and monitoring its Speaking Up Safely culture. Toolkit 4 should be considered as a basis for the information that organisations should collect to inform their understanding of the cultures within their organisation.

### **5.3 Be open and transparent with external stakeholders**

A healthy Speaking Up Safely culture is created by organisations and Boards that are open and transparent and see speaking up as an opportunity to learn. Executives are required to routinely discuss challenges and opportunities presented. The Board will welcome engagement with, and feedback from, these stakeholders. The Board is required to regularly discuss progress in this area (respecting the confidentiality of individuals), along with themes and issues arising from the Speaking Up Safely approach. Regular and in-depth reviews of leadership and governance arrangements in relation to Speaking Up Safely will help organisations to identify areas for further development.



## 6. Requirements for organisations

### Organisations will:

- a. Appoint an Independent Member/ Non-Executive Director as Speaking Up Safely Champion as well as an Executive Lead.
- b. Ensure adequate investment that provides sufficient resource to support the continuous development of the organisational Speaking Up Safely approach and associated culture change.
- c. Embed Speaking Up Safely in the functions of a board committee, which can be an existing committee, to support the champion/lead for speaking up in terms of guiding the organisation's approach. Membership of the committee should consist of a range of key stakeholders, including (but not limited to) some of those identified in Section 4.
- d. Ensure that clear and easy to follow processes are in place to allow individuals to raise concerns (including anonymously). The NHS Wales Procedure for Staff to Raise Concerns is a necessary minimum standard, but is not in itself sufficient for facilitating and supporting a Speak Up Safely culture.
- e. Identify those groups which experience the most barriers when speaking up and ensure that processes are inclusive and equitable.
- f. Ensure that the response mechanism/process is continuously monitored, clear and timely (equally as important as the procedure to raise concerns – see Toolkit 4).
- g. Ensure that individuals speaking up do not suffer detriment as a result of raising concerns.
- h. Undertake regular reviews of responses, as well as of the leadership and governance arrangements in place, and provide regular reports to the appropriate committee.
- i. Ensure that arrangements are in place to monitor concerns/issued raised against the protected characteristics of the Equality Act 2010 and the implementation of any learning as a result of this.
- j. Request feedback from all individuals who have spoken up and evaluate the feedback received (consider inviting a sample of individuals who have spoken up to attend committees and Board meetings to discuss experiences and share learning).
- k. Fully implement the All-Wales branding/messaging for Speaking Up Safely.
- l. Continuously/consistently promote and raise awareness of speaking up and listening/responding as a pro-social/desirable behaviour.
- m. Ensure that appropriate training to deliver a Speaking Up Safely culture is rolled out to leaders, managers and staff throughout the organisation, as part of leadership and management development arrangements.

# Toolkit 1: Co-designing and implementing a Speaking Up Safely Culture

## Introduction

This framework provides an outline of the process of Speaking Up, but organisations will need to develop their Speaking Up Safely culture. There may also need to be local difference to the process of speaking up in each organisation. This toolkit provides a guide that NHS organisations must follow to co-design and implement a Speaking Up Safely culture.

### Section One:

#### **What needs to be in place to develop a Speaking up Safely culture**

Organisations need to ensure that their values and cultures create healthy speaking up environments in the workplace that provide the space for people to be listened to and taken seriously. This is essential in a safety culture and should be part of normal business for every individual in every organisation.

For staff in the NHS to feel safe speaking up, the following elements need to be implemented:

- Staff can have open conversations with managers, and managers listen.
- There is mutual trust between the person raising the concern and the person listening.
- Leaders display and encourage the behaviours required for staff to feel listened to.
- The approach uses **psychological safety** principles to create the conditions for people to be able to speak up.
- Organisations will ensure individuals are not penalised for highlighting mistakes, failures or concerns. Where psychologically safety is lacking, employees are less likely to speak up

and challenge inappropriate behaviours of colleagues or superiors.

- Organisations should recognise that individuals with protected characteristics are often more likely to be on the receiving end of poor practices, harassment or bullying. They are also least likely to speak up due to the fear of reprisals. This needs to be considered in the local approach and implementation.
- Feedback should be provided to individuals who raise concerns especially in relation to actions implemented

#### **What organisations should do to co-produce their Speaking Up Safely culture and local processes**

Organisations will be expected to co-produce their Speaking Up Safely culture and systems with trade / professional union partners, staff with protected characteristics, those with lived experience, and staff from ethnically and culturally diverse backgrounds. This approach is required to ensure the process is relevant and purposeful to those who may speak up.

Organisations should consider the following key principles when planning and co-designing a co-production approach:

1. Encourage active participation, the sharing of experience, and welcome diverse ideas and suggestions.
2. Engage in genuine dialogue around diverse perspectives and be open to the idea that all parties can be mutually influenced by the experience and ideas of others. Avoid the perception that decisions have already been made by a small number of senior people.

3. Consider how you can host events and conversations where differences of power, status, perceived expertise and privilege are minimised between those participating, i.e., leaders, staff, partners and stakeholders, and those with and without protected characteristics.
4. Actively listen so that there is a shared experience of inquiry, reflection, dialogue and shared discovery.

Consider the following when planning your co-production approach:

**People –**

who needs to be in the conversation with us?

**Invitation –**

how will we invite people into the conversation with us so as they want to be involved, and are able to participate?

**Power and Privilege –**

how will we acknowledge and work constructively with differences of power and privilege to ensure equity of contribution?

**Inviting all to have their say –**

how do we structure this conversation so that everyone gets time and has their voice heard?

**Interface –**

where and how will we meet (in person, online)?

**Agreeing the practicalities –**

how often should we meet, and for what time duration?

**Finding shared meaning –**

what are the common themes or sense of shared purpose that ties this all together?

**Goals –**

what are we hoping to achieve together?

**How to respond best to disagreement and conflict –**

how we will respond to any breakdowns in communication? What is our agreed way of doing this?

## Section Two:

### Guiding Principles, Process and Learning

- Map what staff, partners and stakeholders would see as the organisational barriers and enablers to Speaking Up Safely; co-produce interventions to reduce and remove barriers, monitor the effectiveness of these interventions, and share and implement enablers of speaking up.
- Widely and consistently communicate the agreed systems, processes for and learning from Speaking Up Safely.
- Ensure procedures for receiving, reviewing and responding to speaking up concerns are timely, transparent and regularly evaluated to ensure they are fit for purpose and able to reassure staff that the process will support them when raising their concerns.
- Use the lived experience of staff and others to help recognise the ways in which power and privilege manifest in the organisation and can become barriers to staff speaking up.
- Provide bias and cultural awareness training and/or supervision for those who will hear the concerns staff members raise – to ensure the diverse needs of staff with protected characteristics can be openly received, are not potentially dismissed due to possible differences in peoples' lived experiences, beliefs and views.
- Build anonymity into speaking up processes for those staff who fear detriment from publicly speaking out.
- Develop the skills of leaders to be able to listen to concerns openly, transparently and without prejudice and enable leaders to act on concerns raised. Leaders should demonstrate their skills in these areas in order to support a speaking up culture.
- Ensure there is timely access to staff support and wellbeing services – as speaking up can impact on the psychological health of staff.
- Review organisational data (as per Toolkit 4) with social partners through the organisation's board-level committee structure.
- Where staff experience detriment from speaking up, actively utilise restorative justice practices to address this, as per the All-Wales Respect and Resolution policy and process.



### Section Three:

#### Questions to consider when co-producing the approach

- Who needs to be in this conversation – who has an important perspective, experience, or stake in the development of a Speaking Up culture?
- What processes can be developed for acknowledging and addressing issues when they arise? How can the organisation collaborate with staff, partners, and other stakeholders to ensure these processes are fair and supportive?
- How is learning shared across the organisation – at individual, team and service level, as well as more widely?
- How will the organisation engage with staff from diverse backgrounds, ethnicities and cultures to;
  - ensure their lived experiences improve your speaking up processes?
  - address issues related to bias, discrimination and inequity?
  - review whether organisational policies and processes might be unintentionally causing inequity and inequality?
- How can the organisation explore the ways in which hierarchy, entitlement, power and privilege might be marginalising and disadvantaging individuals groups?

- How can the organisation encourage and support this type of reflective conversation?
- How will the organisation identify barriers to speaking up within it? What actions can be taken to address and resolve any barriers when identified?

#### Resources

- National Guardians Office for England: <https://nationalguardian.org.uk/>
- HIW Guidance on Speaking Up: <https://hiw.org.uk/speaking-keep-people-safe>
- HEIW – Healthy Working Relationships: <https://nhswalesleadershipportal.heiw.wales/healthy-working-relationships>
- Just and Restorative Culture: [NHS England » A just culture guide](#); [The Mersey Care Just and Learning Culture](#)
- Epistemic Injustice: [Epistemic Injustice | Department of Philosophy | University of Bristol](#)
- BMJ Research Article on Speaking Up and Culture within the NHS: [Inter-professional model on speaking up behaviour in healthcare professionals: a qualitative study | BMJ Leader](#)

## Toolkit 2: How to Speak Up

### Introduction

Our NHS Wales workforce goes above and beyond every day, and its dedicated efforts and commitment to services is inspirational. Yet there are times when things just don't go right, where there are issues or concerns, or there is a fear for patient care and colleague well-being. The need for Speaking Up Safely is a vital component for any NHS organisational culture and highlighted in reports from Francis (2015) and, more recently, Ockenden (2022).

#### **The Francis report highlighted:**

***“Every organisation involved in providing NHS healthcare should actively foster a culture of safety and learning in which all staff feel safe to raise concerns.***

***“Raising concerns should be part of the normal routine business of any well-led NHS organisation.***

***“Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours.***

***“All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality. They should also provide staff who raise concerns with ready access to mentoring, advocacy, advice and counselling”***

### How to Speak Up Safely in your organisation

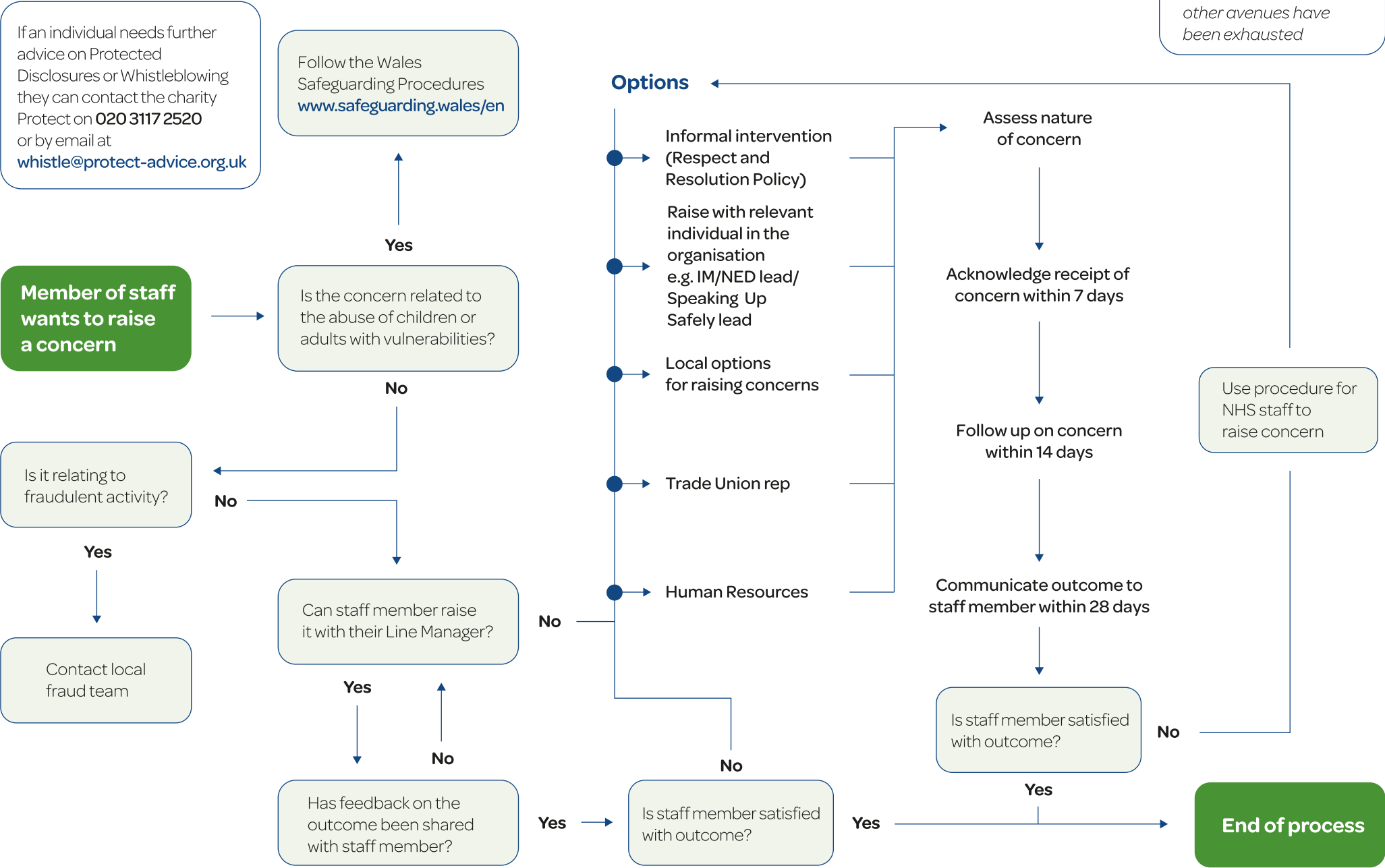
Organisations across NHS Wales are committed to embedding speaking up safely as part of their cultures. To enable this, various methods and means will be used to ensure staff feel safe and comfortable in speaking up. This will vary across organisations as they implement local methods to support this agenda. There will be transparency where possible, on any actions taken because of staff speaking up to show they have been actively listened to.

The need for speaking up safely to be firmly embedded into everyday life and cultures across NHS Wales is a priority. The way and means of doing this will evolve with new initiatives added to ensure that issues can be safely explored.

***“Culture change is not a one-off event, but requires constant attention and development.”***

Sir Robert Francis QC, 2015

# Speaking Up Safely Process



## Frequently Asked Questions

### 1. I have a concern and I need to speak to someone, who do I tell?

Staff should be able to raise concerns with their line manager during routine discussions on service delivery and patient care, (e.g. problem-solving, service review, performance improvement, quality assessment, training, and development) as these are the most effective mechanisms for early warning of concerns, wrongdoing, malpractice or risks. Line managers are best placed to act on, deal with and resolve such concerns at an early stage.

However, in some circumstances, this may not be appropriate and there are other methods you can use to raise a concern if you cannot speak to your line manager. Your local organisation will have more specific advice on what support you can obtain when you want to raise a concern and some examples are listed below.

### 2. What support can I access when I want to raise a concern

**Trade/professional unions (TUs)** – these can provide support, advocacy and representation at all stages.

**Well-being support** – refer to your local well-being support services within your organisation, which can be found on local intranet, or via your line manager/TUs/HR department.

**Independent Member (IM)/Non-Executive Director (NED)** – IMs and NEDs provide scrutiny and seek assurance that the speaking up culture is working in an organisation. You can speak to an IM/NED about speaking up but they won't advocate or represent you on your specific case. However they may advise you of the best way to get support in raising your issue.

Your local organisation will have more specific advice on what support you can obtain when you want to raise a concern.

### 3. Do I have to have evidence of wrong-doing to raise a concern?

You do not need to have absolute proof of the activities you want to report; a reasonable

belief is sufficient. We encourage all individuals to raise their concerns as early as they can. Any evidence that you do have such as letters, memos, diary entries, DATIX etc. will be useful to assist any further investigations.

### 4. Will I be responsible for investigating the concern?

No, your concern will be investigated by a nominated individual, if appropriate to do so.

### 5. How will I know if my concern has been dealt with?

Once an individual has told someone of their concern, whether verbally or in writing, the information will be assessed to see what action should be taken. This may involve an informal, review or a more formal investigation.

You will be told who is handling the matter, how you can contact them and what further assistance may be needed. If there is to be a formal investigation the manager to whom you have reported their concern will appoint an Investigating Officer.

If an internal investigation takes place this will be undertaken thoroughly and as quickly as possible considering the matters to be investigated. At your request, you will receive a written summary of your concern, setting out how it will be handled along with a time frame.

### 6. What happens if I don't agree with the outcome of my concern, or I don't feel that it was dealt with properly?

The individual raising the concern will be entitled to a verbal response, as a minimum, and where appropriate, a written response may be required (noting any request to remain anonymous).

The person responsible for providing this response will be either the manager to whom the concern was addressed, or the individual identified to provide such responses in any local processes in place to ensure that concerns can be raised.

If you feel that your concern has not been dealt with appropriately, please contact your local Workforce and OD team for more information on how to escalate your concern.

**7. I want to raise a concern, but I want to remain anonymous because I'm worried that I'll be treated differently if I make myself known.**

You are encouraged to raise concerns openly. However, there may be circumstances when individuals may request that their identity is not revealed. In this case, the organisation will not disclose their identity without their consent unless required to by law.

There may, however, be times when the organisation may be unable to resolve a concern without revealing the individual's identity, for example where personal evidence is essential. In such cases, the organisation will discuss with the individual whether and how the matter can best proceed.

Where the concern is a matter of staff or patient safety in line with Duty of Care, there may well be a need for escalation and anonymity may not be able to be maintained. Where this cannot be avoided, however, this will be made clear to the individual who has raised the concern.

**8. What happens if someone raises a concern that they know isn't true?**

We acknowledge that in a very small number of cases, allegations may be made which are malicious or vexatious. Making allegations that are known to be false will be considered a serious matter. If it is concluded that an individual has deliberately made false allegations maliciously or vexatiously, or for personal gain, then the organisation may begin an investigation under the Disciplinary policy and procedure.

**9. What does the term 'Whistleblowing' mean?**

Whistleblowing is the term used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually, because it threatens or poses a risk to others (e.g., patients, colleagues or the public).

This may include:

- systematic failings that result in patient safety being endangered, e.g., poorly organised emergency response systems, or inadequate/broken equipment, inappropriately trained staff
- poor quality care

- acts of violence, discrimination or bullying towards patients or staff
- malpractice in the treatment of, or ill-treatment or neglect of, a patient or client
- disregard of agreed care plans or treatment regimes
- inappropriate care of, or behaviour towards, a child/vulnerable adult
- the welfare of subjects in clinical trials
- staff being mistreated by patients
- inappropriate relationships between patients and staff
- illness that may affect a member of the workforce's ability to practise in a safe manner
- substance and alcohol misuse affecting ability to work
- negligence
- where a criminal offence has been committed/is being committed/or is likely to be committed (or you suspect this to be the case)
- where fraud or theft is suspected
- disregard of legislation, particularly in relation to Health and Safety at Work
- a breach of financial procedures
- undue favour over a contractual matter or to a job applicant has been shown
- information on any of the above has been/is being/or is likely to be concealed.

If an individual needs further advice, they can contact the charity Protect on **020 3117 2520**, or by email at [whistle@protect-advice.org.uk](mailto:whistle@protect-advice.org.uk).

Protect can advise individuals how to go about raising a matter of concern in the appropriate way at <https://protect-advice.org.uk/>.

There are prescribed bodies for Whistleblowing in Wales. You can find more information in stage 4 of the [All Wales Procedure for NHS Staff to Raise Concerns](#). Namely these prescribed bodies include but are not limited to, Health Inspectorate Wales (HIW), Audit Wales, the Police and the Health and Safety Executive.

Alternatively, the Department of Health also provides a free, independent confidential advice service for NHS and Social Care employees and employers in England and Wales known as Speak Up.

They can be contacted on **08000 724 725** or via their website at <https://speakup.direct/>

# Toolkit 3: What to do if someone has ‘Spoken up to you’

There are three areas to consider when someone speaks up to you.

## 1. Recognition and validation of the courage to speak up:

- a. It is a big step for individuals to come to you raising a concern. It takes both courage from the individual and demonstrates their trust in you. You should thank them for choosing to share and for trusting you with this, reassure them that you know they must have thought long and hard before coming forward and that you are here to listen and agree what happens next.
- b. In most cases, individuals who raise a concern believe there are grounds for their concern. It has taken a lot of courage for them to raise the concern/s and it is important not to dismiss this, even if your view may differ.
- c. Validation of someone’s concerns does not mean that you necessarily agree with them; it simply means you understand the impact their view and experience has had on them.

## 2. Non-judgmentally and actively listening the concerns raised:

- a. Active listening means demonstrating you are hearing and understanding what you are being told. This can be achieved by using skills such as reflecting and summarising; and being present – a private space without interruptions and distractions would be beneficial.
- b. Be open to the concerns. While concerns can sometimes feel personal or suggest that you are being criticised, it is often the case that it is organisational elements which need to be considered. Take time to move your attention to what the individual is saying and think about how they might

be feeling; there will be time for you to think about it from your own perspective after the discussion.

- c. Take it as an opportunity to learn and develop your team/service; even if it was not the service’s or team’s or an individual’s intention to cause concern, it is important to recognise the impact on individuals.
- a. Be aware that you may have a different perspective and different lived experiences from the individual raising the concern, but don’t dismiss them because you don’t agree with their perspective. Think about how to see it from their point of view
- d. Be aware of your own positions of power and privilege in the conversation, and how can you ensure these power and privilege dynamics are minimised to enable the person to feel comfortable speaking up to you.

## 3. Action taken as a result of speaking up:

- b. Once someone has spoken up, it is important to ensure both they and anyone impacted by the concern are aware of, and have access to, support. Your local organisation will have more specific advice on what support can be accessed when speaking up.
- c. advice on what support can be accessed when speaking up
- d. The concern may be highly emotional or challenging, so it’s important to recognise that we often benefit from taking a pause before acting unless there is immediate risk.
- e. As a manager, you may not have all the answers. Nor do you always have the power to make the changes that the person who raises the concerns wishes to see.



- f. Agree how often and by what means you will keep the person informed of the process and of the steps taken from the point of them discussing their concerns with you.
- g. It is important that you implement what elements you can and, as a minimum, implement everything that you say you will do. This is vital in maintaining trust.
- h. For those elements on which you cannot have an impact, it is suggested these are escalated through appropriate channels.
- i. Whatever happens, it is hugely important this is fed back to the individual who has spoken up. It is important that individuals don't feel that they haven't been heard or their concerns haven't been taken seriously; this is just as vital for our services, so that others can feel confident to speak up, as it is for the individual who has done so to you.

Remember most people in public service do so as they have a shared goal - to ensure the experiences of patients and staff are improved and are the best they can be. Starting conversations from this shared perspective will always be helpful.

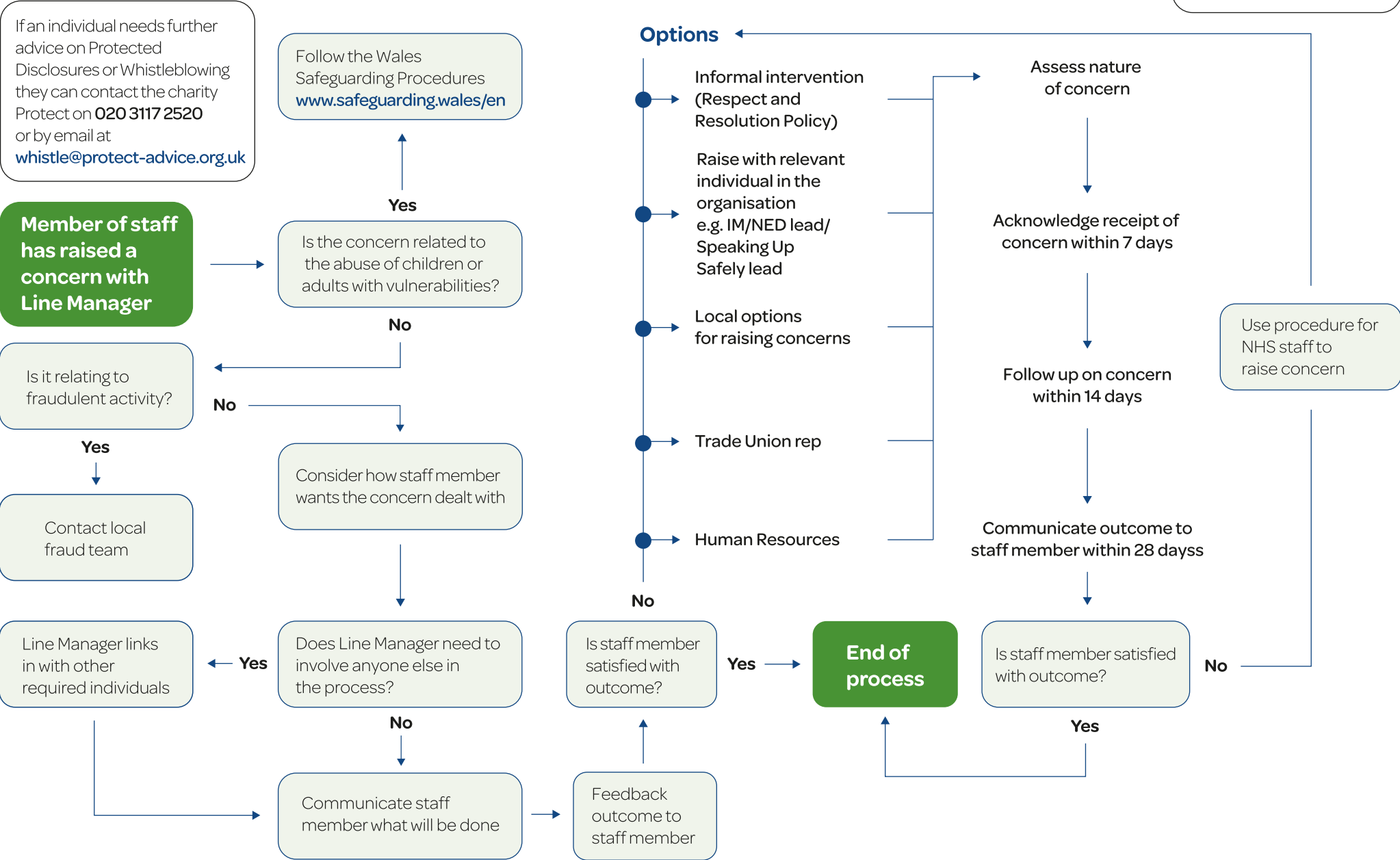
## The Process

The above outlines how you should approach conversation, but there are important steps you must take as a manager. These are outlined in the attached line manager process. Managers must:

- Listen to the concern that is being raised. If the concern is related to the abuse of children or adults with vulnerabilities, the Safeguarding Wales Processes should be followed.
- Once the concern has been raised, consider how the person want it dealt with. If you need to involve anybody else in the process, do so at this point. Or deal with it yourself if possible.
- Once it has been raised, it is important you communicate regularly with the individual to inform them of the outcome or action you have taken as a result of the concern being raised. You should also consider how you will share any learning about the concern more widely.
- If the issue is not within your ability to be managed, this should be clearly communicated with the individual.
- Once the outcome of the concern has been discussed with the individual, they should be informed of the other ways available to them to raise the concern if they are not satisfied with the outcome, as per the Line Managers Process.

# Speaking Up Safely Process

## Line Managers Process





The aim is to foster a culture where concerns are openly raised, are dealt with promptly and appropriately and escalated appropriately if required. There are specific legal requirements on organisations should the concerns be considered as Whistleblowing or a Protected Disclosure. More information on whistleblowing is available in the FAQs in toolkit 2 and you can find more information in the All Wales Procedure for NHS Staff to Raise Concerns.

A protected disclosure is defined in law by the Employment Rights Act (ERA) 1996. For a concern to be classed as a protected disclosure it needs to meet certain requirements under the ERA (1996) and tends to show one or more of the following:

- That a criminal offence has been committed, is being committed or is likely to be committed

- That a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are subject
- That a miscarriage of justice has occurred, is occurring or is likely to occur
- That the health or safety of any individual has been, is being or is likely to be endangered
- That the environment has been, is being or is likely to be damaged, or
- That information tending to show any matter falling within any one of the above has been, is being or is likely to be deliberately concealed

If you suspect the concern the member has raised potentially meets these requirements, you should discuss with the local Workforce and OD department for further advice and guidance.



# Toolkit 4: Recording and monitoring of concerns

## Points for recording and monitoring of individual concerns

### Data Point 1: **Type of concern and characteristics**

*(Note this data should be aggregated, and reported to the Board Committee with responsibility for Speaking Up Safely at least annually)*

- Type of concern: Patient safety, Bullying/ harassment, Incivility, Fraud, Management Concerns, System and Process, Discrimination/Inequality, Behaviour/ Relationship, Worker Safety, Other. N.B. The 'usual' approach is for any 'guardians' to assign the 'type' of concern, in conjunction with the Workforce and OD team.
- Establish whether other existing processes are more appropriate: Respect and Resolution; Fraud; Incident Reporting.
- Establish Employee characteristics: staff/ temporary staff/student; staff group; department and directorate; protected characteristics; N.B. organisations and guardians have identified this as a potential point of tension with anonymity.

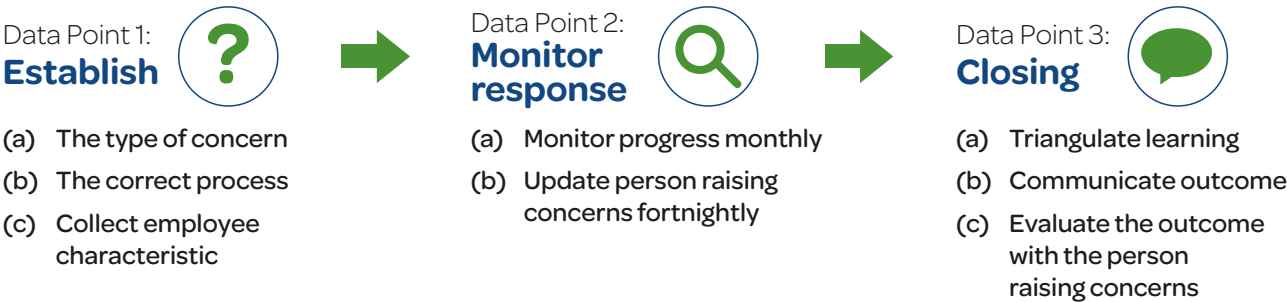
- Is the concern raised anonymously?
- Establish the lead/s for responding to the concern.

### Data Point 2: **Monitor the response**

- Monthly progress check with lead for response and the Workforce and OD Team.
- Feedback fortnightly to the person speaking up.

### Data Point 3: **Closing**

- Triangulate with other concerns.
- Indicate case as closed.
- Identify and agree the outcome with the Workforce and OD Team.
- Identify the learning and/or improvement resulting from the concern.
- Evaluate the experience of the person speaking up and the person responding.



## Further resources

- National Guardians Office for England:  
<https://nationalguardian.org.uk/>
- HIW Guidance on Speaking Up:  
<https://hiw.org.uk/speaking-keep-people-safe>
- HEIW: Compassionate Leadership Principles  
<https://nhswalesleadershipportal.heiw.wales/compassionate-leadership>
- NHS Wales Respect and Resolution Policy and Processes:  
<https://heiw.nhs.wales/files/programmes-resources/respect-and-resolution-at-work-policy/>
- HEIW – Healthy Working Relationships:  
<https://nhswalesleadershipportal.heiw.wales/healthy-working-relationships>
- Just and Restorative Culture:  
[NHS England » A just culture guide](#);  
[The Mersey Care Just and Learning Culture](#)
- Epistemic Injustice : [Epistemic Injustice | Department of Philosophy | University of Bristol](#)
- BMJ Research Article on Speaking Up and Culture within the NHS:  
[Interprofessional model on speaking up behaviour in healthcare professionals: a qualitative study | BMJ Leader](#)

# Velindre NHS Trust

## Procedure for NHS Staff to Raise Concerns

**Document Author:** NHS Wales Partnership Forum

**Approved By:** NHS Wales Partnership Forum  
January 2018

Velindre NHS Trust Workforce and OD Committee  
25<sup>th</sup> April 2018

## Introduction

The Core Principles of NHS Wales are:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support staff working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

The safety and wellbeing of patients and service users are seen as the responsibility of everyone involved in the provision of health and social care services. The Velindre NHS Trust and senior management are committed to providing an environment which facilitates open dialogue and communication so as to ensure that any concerns which staff may have are raised as soon as possible.

This procedure refers in the main to 'raising concerns' rather than 'whistleblowing' because the latter has come to denote a sudden, drastic or last resort act which can hold negative connotations.

Velindre NHS Trust is working towards a culture that encourages the raising of any concerns by staff to be embedded into routine discussions on service delivery and patient care, (e.g. problem solving, service review, performance improvement,



quality assessment, training and development) as these are the most effective mechanism for early warning of concerns, wrongdoing, malpractice or risks and line managers are accordingly best placed to act on, deal with and resolve such concerns at an early stage

It is, however, acknowledged that such processes take time to develop and embed into the organisation and until such time as such a culture exists comprehensively across Velindre NHS Trust that a clear process needs to be in place to guide individuals who wish to raise concerns about a danger, risk, malpractice or wrongdoing in the workplace. This procedure sets out Velindre NHS Trust's commitment to support individuals who raise concerns as well as setting out the processes for individuals to raise such concerns and to provide assurance on how such concerns will be listened to, investigated and acted upon as necessary.

'Whistleblowing' is the popular term applied to a situation where an employee, former employee or member of an organisation raises concerns to people who have the power and presumed willingness to take corrective action. The types of situation where this will be appropriate are outlined in Appendix 1. "Protected disclosure" is the legal term for whistleblowing and is referenced in the context of describing the protection is afforded to the person raising the concern in the interest of the public (see Appendix 2).

The development of this procedure is an ongoing process and is a part of the wider work across NHS Wales to ensure that an open culture exists to provide the highest standards of care and experience across all services. This procedure does not form part of an employee's contract of employment and may need to be amended from time to time.

## 1. A Commitment to Support Those Who Raise Concerns

1.1 Velindre NHS Trust actively encourages feedback and has a transparent and open approach to listening to and responding to all concerns.

1.2 Velindre NHS Trust aims to ensure that individuals:

- Are fully supported to report concerns and safety issues;
- are treated fairly, with empathy and consideration when raising concerns; and
- have their concerns listened to and addressed, when they have been involved in an incident or have raised a concern.

- 1.3 Velindre NHS Trust aims to develop and maintain a culture across all parts of the organisation that provides an environment where people feel able to raise concerns and are treated with respect and dignity when raising concerns.
- 1.4 Safety is at the heart of all care and must be underpinned by a culture which is open and transparent. This leads to increased reporting, learning and sharing of incidents and development of best practice. Velindre NHS Trust recognises that this is the responsibility of everyone involved in the provision of health and social care services. Velindre NHS Trust is committed to working towards ensuring that all individuals are treated in a service which is open to feedback and encourages as well as supports its staff to raise concerns.
- 1.5 Velindre NHS Trust will ensure that individuals always feel free to raise concerns through local processes and are supported to do so directly with Velindre NHS Trust, their professional regulatory body, professional association, regulator or union.
- 1.6 Velindre NHS Trust is committed to:-
- Working in partnership with other organisations to develop a positive culture by promoting openness, transparency and fairness;
  - Fostering a culture of openness which supports and encourages staff to raise concerns;
  - Sharing expertise to create effective ways of breaking down barriers to reporting incidents and concerns early on;
  - Exchanging information, where it is appropriate and lawful to do so, in the interests of patient and public safety; and
  - Signposting individuals to support and guidance to ensure that they are fully aware of and understand their protected rights under the Public Interest Disclosure Act 1998.
- 1.7 Velindre NHS Trust will monitor the use of this procedure and report to the Board or a sub-committee, as appropriate.

## 2. About this Procedure

- 2.1 The aims of this procedure are:
- (a) To encourage staff to discuss concerns and safety issues as soon as possible, in the knowledge that their concerns will be taken seriously and acted upon as appropriate,



(b) To encourage staff to report more serious concerns and suspected wrongdoing as soon as possible, in the knowledge that their concerns will be taken seriously and investigated as appropriate, and where requested that their confidentiality will be respected.

(b) To provide staff with guidance as to how to raise those concerns.

(c) To assure staff that they should be able to raise genuine concerns without fear of reprisals, even if they turn out to be mistaken.

2.2 This procedure applies to all employees, officers, consultants, contractors, students, volunteers, interns, casual workers and agency workers.

### 3. Raising a Concern

3.1 All healthcare settings and workplaces should encourage ongoing open dialogue and feedback on matters relating to provision of care/service delivery through supervision, team or departmental meetings, staff forums. These ongoing mechanisms are the place where Velindre NHS Trust will actively seek suggestions for improvement and regularly review the safe and effective delivery of services and ways of working.

3.2 All managers will ensure that there is a shared responsibility to focus positively on the quality of service/care, continuous improvement and/or problem solving.

3.3 If concerns are held by an individual or individuals Velindre NHS Trust will ensure that such concerns are addressed and responded to with the outcome being verbally communicated, as a minimum, to the individual or individuals raising the concern.

#### 3.4 More Serious Concerns

##### **Confidentiality**

As noted in section 1.3 of this procedure Velindre NHS Trust aims to develop and maintain a culture across all parts of the organisation that provides for an environment where people feel able to raise concerns". It is therefore hoped that all staff will feel able to voice concerns openly under this procedure. However, if an individual wants to raise a concern confidentially this will be respected. It is sometimes difficult however, to investigate a concern without knowing the individual's identity. In such circumstances if it is considered absolutely necessary to share the identity

of the person raising the concern this will be discussed with them prior to any disclosure being made, and their permission sought.

### Stage 1 – Internal (Informal)

If an individual has a concern about any issue involving malpractice/wrongdoing they are encouraged to raise it first either verbally or in writing with their line manager or the manager responsible for that area of work, unless it relates to fraud or corruption (see paragraph overleaf relating to this issue). They may also wish to involve their Trade Union/Staff Representative. Medical staff should report the issue to their Lead clinician.

It is important to remember that raising a concern is different from raising a personal complaint or grievance and in such circumstances the Grievance or Dignity at Work Policies may be appropriate (see Appendix 1). If the concern is around the abuse of children or adults with vulnerabilities then the All Wales Child Protection Procedures 2008 and Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse 2013 should be followed and initiated immediately.

To ensure effective operation of the Procedure for Raising Concerns, Velindre NHS Trust must provide an alternative route for issues to be raised where going through the line manager is not appropriate e.g.

- the member of staff feels there is an immediate issue of significant risk to safety which would not be addressed by line management
- the concern raised relates to the conduct or practice of one or more individuals in the line management accountability structures who would normally consider the concern

- the member of staff has strong experiential evidence that the line manager(s) would not address the concern
- the member of staff feels that similar concerns raised in the past had been ignored
- the member of staff feels that the raising of concern would place him/her at risk of harassment or victimisation from colleagues or managers

Accordingly, Velindre NHS Trust has set up the following arrangements. In circumstances where a member of staff feels that it is not appropriate to raise the issue with their line manager, they may instead raise the issue with any of the following Trust employees:

- Director of Corporate Governance – 02920 316972
- Head of Corporate Governance – 02920 316956
- Senior Workforce & OD Business Partner (VCC) - 02920 615888 Ext 6635
- Senior Workforce and OD Business Partner (WBS)- 01443 622000 Ext 2391
- VCC Divisional Director – 02920 615888 Ext 6122
- WBS Divisional Director – 01443 622000 Ext 2018

Any concerns regarding potential fraud or corruption should be raised initially with the Local Counter Fraud Specialist (LCFS) on 02920 742725. Alternatively, reports can be made via the Fraud and Corruption Reporting Line or Website. Full contact details are available via the Counter Fraud pages of the following intranet site.

<http://www.primarycareservices.wales.nhs.uk/lcfs>

These concerns will then be managed in line with the Velindre NHS Trust's Counter Fraud Policy and Response Plan.

The individual will be entitled to a verbal response, as a minimum, and where appropriate detail needs to be conveyed a written response to their concern may be appropriate, provided that they have not wished to remain anonymous. The responsibility for providing this response will be either the manager to whom the concern was addressed, or the individual identified to provide such responses in any local processes in place to ensure that concerns can be raised as described in the previous paragraph.

## Stage 2 – Internal (Formal)

If, having followed the approach outlined in stage 1, the individual's concerns remain, or they feel that the matter is so serious that they cannot discuss it with any of the above then they can move on to use the more formal steps as follows.

The individual should make their concerns known to an appropriate senior manager in writing. They may also wish to involve their Trade Union/Staff Representative.

When a concern is raised it is helpful to know how the individual considers the matter might be best resolved.

The senior manager will meet with the individual raising the concern within seven working days. The outcome of the meeting will be recorded in writing and a copy given to the individual within seven working days of the meeting.

Once an individual has told someone of their concern, whether verbally or in writing, Velindre NHS Trust will consider the information to assess what action should be taken. This may involve an informal review or a more formal investigation.

The individual will be told who is handling the matter, how they can contact them and what further assistance may be needed. If there is to be a formal investigation the manager to whom they have reported their concern will appoint an Investigating Officer. If an internal investigation takes place this will be undertaken thoroughly and as quickly as possible (usually within 28 days) in light of the matters to be investigated. At their request, the individual will be written to summarising their concern, and setting out how it will be handled along with a timeframe.

Velindre NHS Trust will aim to keep the individual informed of the progress of the investigation and its likely timescale. However, sometimes the need for confidentiality may prevent specific details of the investigation or any disciplinary action from being disclosed. All information about the investigation should be treated as confidential.

If the matter falls more appropriately within the remit of other W&OD policies, the employees should be advised that they should pursue the matter through the relevant policy and that the Procedure for NHS Staff to Raise Concerns will not be followed (see appendix 1).

Velindre NHS Trust does not expect any individual reporting a matter under this procedure to have absolute proof of any misconduct or malpractice that they report, but they will need to be able to show reasons for their concerns, so any evidence that they have such as letters, memos, diary entries etc. will be useful. These will need to be redacted if they contain any patient identifiable information.

If the alleged disclosure is deemed to be serious enough, then Velindre NHS Trust may follow the process laid down in the Disciplinary policy and procedure, where the issues raised could relate to individual misconduct, when considering the most appropriate line of action.

The aim of this procedure is to provide an effective process for serious concerns to be raised. If it is concluded that an individual has deliberately made false allegations maliciously or for personal gain, then Velindre NHS Trust will instigate an investigation into the matter in accordance with the Disciplinary policy and procedure.

Subject to any legal constraints, Velindre NHS Trust will inform the individual(s) who raised the concern, of an outline of any actions taken. However, it may not always be possible to divulge the precise action, e.g. where this would infringe a duty of confidentiality of Velindre NHS Trust towards another party.

### **Stage 3 – Senior Manager**

If an individual is either dissatisfied with a decision to only undertake an informal review, or is dissatisfied with the outcome of stage 2 through the mechanisms outlined previously, they should raise their concerns in writing with the Chief Executive, and/or an appropriate Executive Director. If the concern relates to the Chief Executive or Executive Director, concerns should be raised with the Chair. Exceptionally, an individual should proceed directly to this stage as a “Last Resort Escalation” in the unlikely event that having made every attempt to raise a concern through the mechanisms outlined previously there has been little or no attempt to address the matter.

The Chief Executive or Chair (or a nominated representative not previously involved) will meet the individual within 28 working days. Again, the outcome of this meeting will be recorded in writing and a copy given to the individual within seven working days of the meeting.



#### Stage 4 - Serious or Continued Concerns and Regulatory/Wider Disclosure

The aim of this procedure is to provide an internal mechanism for reporting, investigating and remedying any wrongdoing/inappropriate practices in the workplace. In most cases individuals should not find it necessary to alert external parties.

However, the law recognises that in some circumstances it may be appropriate to report concerns to an external body. It will very rarely if ever be appropriate to alert the media. It is strongly encouraged that an individual seeks advice before reporting a concern to external parties. The independent charity, Public Concern at Work, operates a confidential helpline to support individuals in determining the appropriate course of action. They also have a list of prescribed regulators for reporting certain types of concern. Public Concern at Work's details are included later in this procedure.

All staff have an individual responsibility to safeguard people from harm or suspected harm, by making known their concerns about abuse. Children and adults with vulnerabilities can be subjected to abuse by those who work with them in any setting; all allegations of abuse must therefore be taken seriously and treated in accordance with the All Wales Child Protection Procedures 2008 and Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse 2013. These procedures may dictate that any investigation should be handled by a partner organisation such as Social Services or the Policy which would take precedence over internal procedures, therefore advice from a safeguarding professional should be sought at the earliest opportunity.

If an individual has followed the above procedure to deal with the matter and still has concerns or if they feel that the matter is so serious that they cannot discuss it in any of the ways outlined previously, then in exceptional circumstances they may wish to contact:-

- The National Fraud and Corruption reporting Line on 0800 028 40 60, or alternatively via the on line reporting facility at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk). (if your concern is about financial malpractice)
- Welsh Government

Velindre NHS Trust hopes that this procedure will provide individuals with the reassurances required to raise any matters of concern internally or exceptionally with the organisations referred to above. However, there may be

circumstances where individuals are required under their professional regulations to report matters to external bodies such as the appropriate regulatory bodies, including:-

- ❖ General Medical Council ([www.gmc-uk.org](http://www.gmc-uk.org))
- ❖ Nursing and Midwifery Council ([www.nmc-uk.org](http://www.nmc-uk.org))
- ❖ Health and Care Professions Council ([www.hpc-uk.org](http://www.hpc-uk.org))
- ❖ General Pharmaceutical Council ([www.pharmacyregulation.org](http://www.pharmacyregulation.org))

Velindre NHS Trust would rather the matter is raised with the appropriate regulatory body than not at all. Other regulatory bodies may include;

- Health and Safety Executive
- Health Inspectorate Wales
- Wales Audit Office
- Police

(This list is not exhaustive).

If an individual needs further advice they can contact the charity Public Concern at Work on 020 7404 6609 or by email at [helpline@pcaw.co.uk](mailto:helpline@pcaw.co.uk). Public Concern at Work can advise individuals how to go about raising a matter of concern in the appropriate way ([www.pcaw.co.uk/law/lawregulators.html](http://www.pcaw.co.uk/law/lawregulators.html)). Alternatively, the Department of Health also provide a service for NHS and Social Care employees in England and Wales on 08000 724 725 or by email at [enquiries@wbhelpline.org.uk](mailto:enquiries@wbhelpline.org.uk).



## Appendix 1

### What is whistleblowing?

Whistleblowing is the term used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually because it threatens or poses a risk to others (e.g. patients, colleagues or the public).

This may include:

- Systematic failings that result in patient safety being endangered, e.g. poorly organised emergency response systems, or inadequate/broken equipment, inappropriately trained staff;
- Poor quality care;
- Acts of violence, discrimination or bullying towards patients or staff;
- Malpractice in the treatment of, or ill treatment or neglect of, a patient or client;
- Disregard of agreed care plans or treatment regimes;
- Inappropriate care of, or behaviour towards, a child /vulnerable adult;
- Welfare of subjects in clinical trials;
- Staff being mistreated by patients;
- Inappropriate relationships between patients and staff;
- Illness that may affect a member of the workforce's ability to practise in a safe manner;
- Substance and alcohol misuse affecting ability to work;
- Negligence;
- Where a criminal offence has been committed / is being committed / or is likely to be committed (or you suspect this to be the case);
- Where fraud or theft is suspected;
- Disregard of legislation, particularly in relation to Health and Safety at Work;
- A breach of financial procedures;
- Undue favour over a contractual matter or to a job applicant has been shown;
- Information on any of the above has been / is being / or is likely to be concealed

This procedure should not be used for complaints relating to your own personal circumstances, such as the way you have been treated at work. In these cases, the Grievance policy or the Dignity at Work policy should be used as appropriate. Please see illustration below:-

### Where do I go to raise a concern...?

#### Informal Mechanisms

If possible, all concerns should be **raised with your line manager** in the first instance. Raising concerns should be a **positive part of our day to day roles** and a way of **improving services** for our patients, carers and each other.

**Mediation** is used as a first resort in dealing with **Dignity at Work** issues and can be described as an informal, voluntary process, in which a **neutral person (trained mediator)** helps individuals in dispute explore & understand their differences so they can **find their own solution**.

**Incident reporting mechanisms** should be used for any unintended or unexpected incident which could or did lead to harm for a patient receiving NHS Care. Where available use the new **electronic reporting system** e-Datix (via the intranet or your desktop). You can also talk to a member of the **Patient Safety** Team on 02920 196161 or email

[HandlingConcernsVelindre@wales.nhs.uk](mailto:HandlingConcernsVelindre@wales.nhs.uk)

It is important to develop an **action plan** for all concerns, including those raised

#### Formal Mechanisms

**Raising Concerns Procedure:** Use this to raise concerns about a danger, risk, malpractice or wrongdoing in the workplace. If you can't talk to your manager contact Human Resources, the Board Secretary or your professional lead.

**Dignity at Work Process:** Use this if you believe you have not been treated with Dignity and Respect in the workplace. This process emphasises the importance of using informal mechanisms including mediation.

**Grievance Policy:** Use this if you feel that you need to formally raise and resolve a personal issue, concern or complaint, including issues regarding some aspect of your employment

**Counter Fraud:** Their role is to investigate all aspects of fraud and corruption in the NHS. If you would like to report any suspicions the local counter fraud team can be contacted on 02920 742725

**Putting Things Right:** Use these arrangements if you have a concern to raise as a **member of the public**, rather than as a member of staff. Contact the **Concerns Team on 02920 196161** or email [Handlingconcernsvelindre@wales.nhs.uk](mailto:Handlingconcernsvelindre@wales.nhs.uk) or by post via Velindre NHS Trust, 2 Charnwood Court, Cardiff CF15 7QZ

## Appendix 2

### Protection of those making disclosures

It is understandable that individuals raising concerns are sometimes worried about possible repercussions. Velindre NHS Trust aims to encourage openness and will support staff who raise genuine concerns under this procedure, even if they turn out to be mistaken. In addition, there are statutory provisions for individuals who make what are termed “protected disclosures”.

In law individuals must not suffer any detrimental treatment as a result of raising a concern. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern. If an individual believes that they have suffered any such treatment, they should inform a member of the Workforce and Organisational Development department, immediately. If the matter is not remedied they should raise it formally using the Grievance Procedure.

Those who raise concerns must not be threatened or retaliated against in any way. If an individual is involved in such conduct they may be subject to disciplinary action. [In some cases, the individual raising a concern could have a right to sue for compensation in an employment tribunal.]

Velindre NHS Trust aims to protect and support staff to raise legitimate concerns internally within the organisation where they honestly and reasonably believe that malpractice/wrongdoing has occurred or will be likely to occur. Staff who make what is referred to as a “protected disclosure”, i.e. a disclosure concerning an alleged criminal offence or other wrongdoing, have the legal right not to be dismissed, selected for redundancy or subjected to any other detriment (demotion, forfeiture of opportunities for promotion or training, etc.) for having done so and the protections are set out in law in the Public Interest Disclosure Act 1998.

If an individual is raising a matter of serious or continued concern the same protection applies as for internal disclosure. This is intended to promote accountability in public life and there is no requirement that such concerns should first be raised with the NHS organisation although it is preferred that Velindre NHS Trust should be given an opportunity to resolve the matter first.

If an individual is raising a matter with a regulatory body defined within the Public Interest Disclosure Act 1998 they will be protected where they honestly and reasonably believe that the malpractice/wrongdoing has occurred or is likely to occur

and in addition they honestly and reasonably believe that the information and any allegation contained in it are substantially true. The Public Interest Disclosure (Prescribed Persons) Order 2014 amends the list of prescribed persons and came into force on 1 October 2014 and applies to disclosures made on or after this date. The new list of prescribed persons in respect of matters relating to healthcare services is set out below:-

Relevant matters	Prescribed person
Matters relating to the registration and fitness to practice of a member of a profession regulated by the relevant council and any other activities in relation to which the relevant council has functions.	The Nursing and Midwifery Council, Health and Care Professions Council, General Medical Council, General Chiropractic Council, General Dental Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council.

For healthcare services in Wales (specifically):

Relevant matters	Prescribed person
Matters relating to the registration of social care workers under the Care Standards Act 2000.	Care Council for Wales
Matters relating to: <ul style="list-style-type: none"> <li>The provision of Part II services as defined in section 8 of the Care Standards Act 2000 and the Children Act 1989.</li> <li>The inspection and performance assessment of Welsh local authority social services as defined in section 148 of the Health and Social Care (Community Health and Standards) Act 2003.</li> <li>The review of, and investigation into, the provision of health care by and for Welsh NHS bodies as defined under the Health and Social Care (Community Health and Standards) Act 2003.</li> <li>The regulation of registered social landlords in accordance with Part 1 of the Housing Act 1996 (as amended by the Housing (Wales) Measure 2011).</li> </ul>	Welsh Ministers

If an individual is making a wider disclosure (for example to the police, or an Assembly Member (AM) (other than the Minister for Health and Social Care or a Member of Parliament (MP)) they will be protected only if:

- they meet the above tests for internal and regulatory disclosures;
- they have not made the disclosure for personal gain;
- they have first raised the matter internally or with a prescribed regulatory body unless the matter was exceptionally serious and they reasonably believed they would be victimised if they did so; or
- there is no prescribed regulatory body and it is reasonably believed that there would be a cover up

Public Concern at Work or a Trade Union will be able to advise on the circumstances in which an individual should use this procedure and where they may be able to contact an outside body without losing the protection afforded under the Public Interest Disclosure Act 1998.

### Appendix 3 – Velindre NHS Trust

#### Form WB1 – Recording a concern raised under the procedure

Concern raised by (name):			
Designation:			
Ward / Department:			
Confidentiality requested:	yes		No
Nature of concern raised:	Delivery of care/services to patients		
	Vale for money		
	Health and safety		
	Unlawful conduct		
	Fraud, theft or corruption		
	The cover-up of any of the above		
Details of concern raised: (Continue overleaf is necessary)			

Evidence to support the concern (if available): (Continue overleaf if necessary):		
Any suggestions from employees as to a resolution?:		
How will the matter be handled?:	Informal review	
	Internal investigation	
Concern reported to:		
Contact name:		
Designation:		
Telephone no:		
Signed:		
Date:		
<b>N.B. Once completed, this form should be retained on a case file</b>		

#### Appendix 4 – Velindre NHS Trust

#### Form WB2 Concerns Raised Under the Procedure: Summary of findings and outcome of investigation

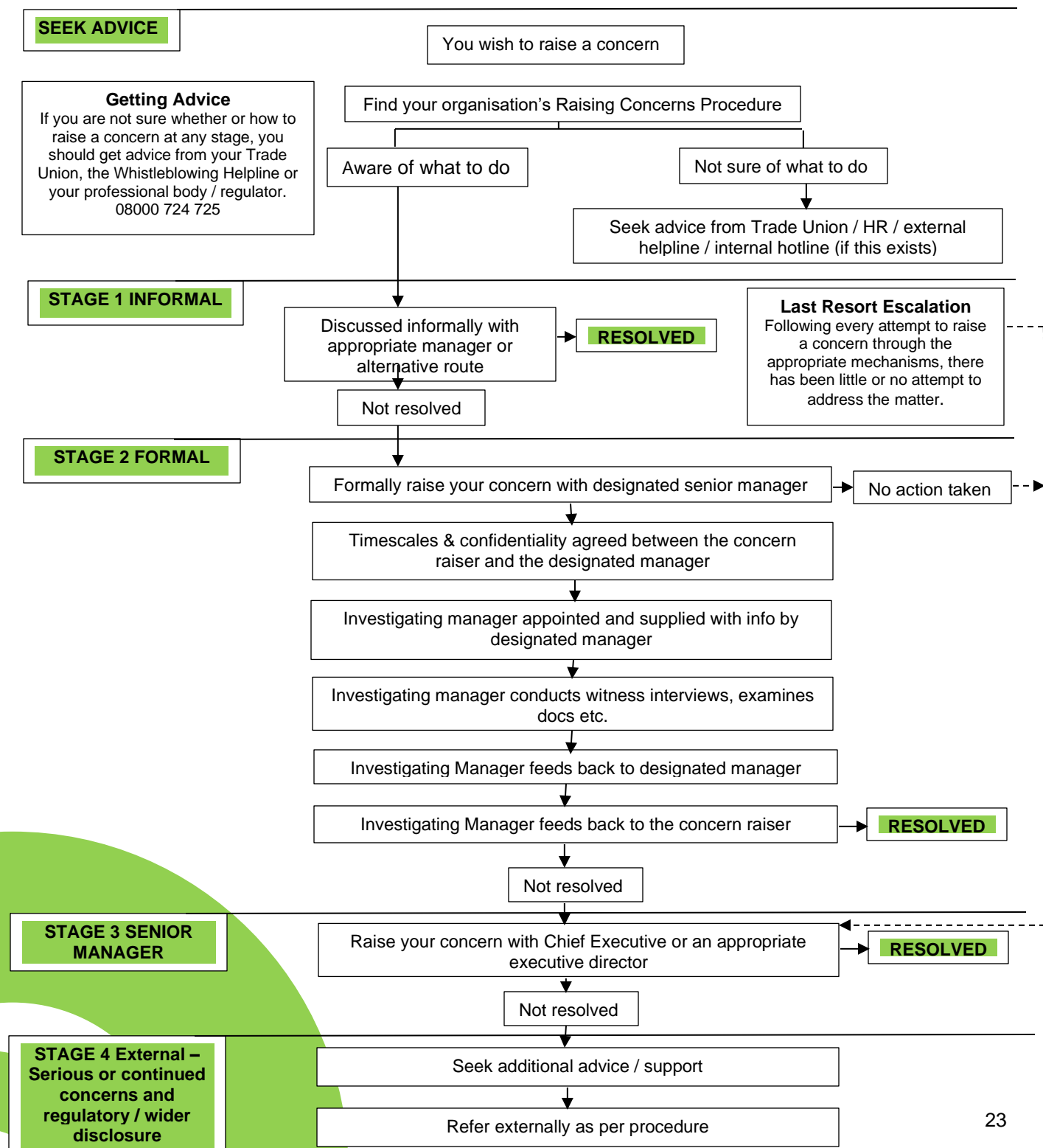
Concern raised by (name):	
Designation:	
Informal review undertaken by:	
Investigation undertaken by:	
Summary of findings of review / investigation: (continue overleaf if necessary):	
Outcome: Action taken: (continue overleaf if necessary):	



No action taken for the following reasons:	
Further action (if appropriate): (e.g. report the matter to Welsh Government / Regulator):	
Name:	
Signed:	
Designation:	
Date:	
<b>N.B. Once completed, this form should be retained on a case file.</b>	

## Appendix 5 – Flowchart of Raising Concerns Process

This flowchart sets out the stages in raising a concern and shows the management levels for internal disclosure. In a small organisation, there may not be more than one or two levels of management to whom you can escalate your concerns. In these cases, you should consider escalating your concern to the regulator or other prescribed person at an earlier stage than is shown on the flowchart.



 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 5.1</b>  <b>23 November 2023</b>
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**All-Wales International Recruitment Programme Update**

<b>ARWEINYDD: LEAD:</b>	Gareth Hardacre, Director of People, OD & Employment Services, NWSSP
<b>AWDUR: AUTHOR:</b>	James D Webber, International Recruitment Programme Lead (Nursing), Digital & Workforce Productivity Solutions, NWSSP Anna Davies, International Recruitment Programme Lead (Medical), Digital & Workforce Productivity Solutions, NWSSP
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Angela Jones, Deputy Director for Digital & Workforce Productivity Solutions, NWSSP
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<a href="mailto:angela.jones5@wales.nhs.uk">angela.jones5@wales.nhs.uk</a>

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

To provide committee with an update on the ongoing delivery of the All-Wales International Recruitment Programme supporting the safe and ethical recruitment of International Healthcare Workers, embedding a strategic "Once for Wales" approach and maximising opportunities for collaborative working across organisational boundaries.

**Llywodraethu/ Governance**

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

**Ymgynghoriad/ Consultation :**

Chief Executives  
Executive Directors/ Assistant Directors of Workforce  
Executive Directors/ Deputy Directors of Finance

Executive Directors/ Deputy Directors of Nursing  
Office of the Chief Nursing Officer  
Welsh Government Workforce & Social Care Colleagues

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

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
<b>Argymhelliad/ Recommendation</b>		<p>The Committee is asked to <b>NOTE</b> both the progress and emerging risks in delivery of the All-Wales International Recruitment programme including:</p> <ul style="list-style-type: none"> <li>Continued delivery of Phase 2 of the Commercial Agency recruitment pipeline for Nursing</li> <li>Continued delivery of direct nurse recruitment activity via the NHS Wales-Norka Roots partnership and the development of an in-house International Recruitment service for NHS Wales within NWSSP</li> <li>The requirement for NHS Organisations to formulate and financially approve 3-year workforce plans to include consideration of international medical and nursing graduates.</li> <li>Initial pilot supporting direct recruitment of Medical staff via the NHS Wales-Norka Roots partnership</li> </ul>					

**Crynodeb Dadansoddiad Effaith:**

**Summary Impact Analysis:**

<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Internationally Educated Nurses (IENs) are under-represented in Bands 6 and above. The "Welcome to Wales" workstream is scoping variations in professional support and development opportunities across Wales in order to proactively address issues of professional equity.
<b>Cyfreithiol: Legal:</b>	International Recruitment supports Health Boards to comply with their statutory obligations under the Nurse Staffing Levels (Wales) Act 2016.
<b>Iechyd Poblogaeth: Population Health:</b>	No direct impact/ considerations
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	Delivering quality, safety and effective patient care is at the heart of the All-Wales International Recruitment Programme. During Phase 1 the programme delivered over 400

	internationally trained Nurses into the NHS Wales workforce, reducing vacancies, strengthening the resilience and sustainability of our local nursing teams, and supporting the delivery of front-line patient care.
<b>Ariannol: Financial:</b>	<p>International Recruitment requires a significant financial outlay with a baseline cost impact for Phase 1 of over £4 million (approximately £10k per nurse recruited); with delayed but significant Return on Investment.</p> <p>NWSSP is working to support the development of alternative, cost effective and sustainable methods of recruitment via direct recruitment pipelines and avoidance (where possible) of commercial recruitment agencies. However, the current financial position poses a significant threat to NHS Wales organisations committing to ongoing recruitment plans.</p>
<b>Risg a Aswiriant: Risk and Assurance:</b>	The failure to provide adequate staffing levels poses a critical risk to the ability of Health Boards to deliver safe and effective patient care. By reducing vacancies the Programme provides assurance as to the long-term sustainability of fragile clinical services.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	High vacancy levels have a material impact on the quality of services provided. International Recruitment supports NHS Wales organisations to provide high quality, safe and effective clinical services.
<b>Gweithlu: Workforce:</b>	International Recruitment is a critical component of strengthening the resilience of local nursing and medical establishments in line with workforce plans and strategies.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	No direct impact/ considerations

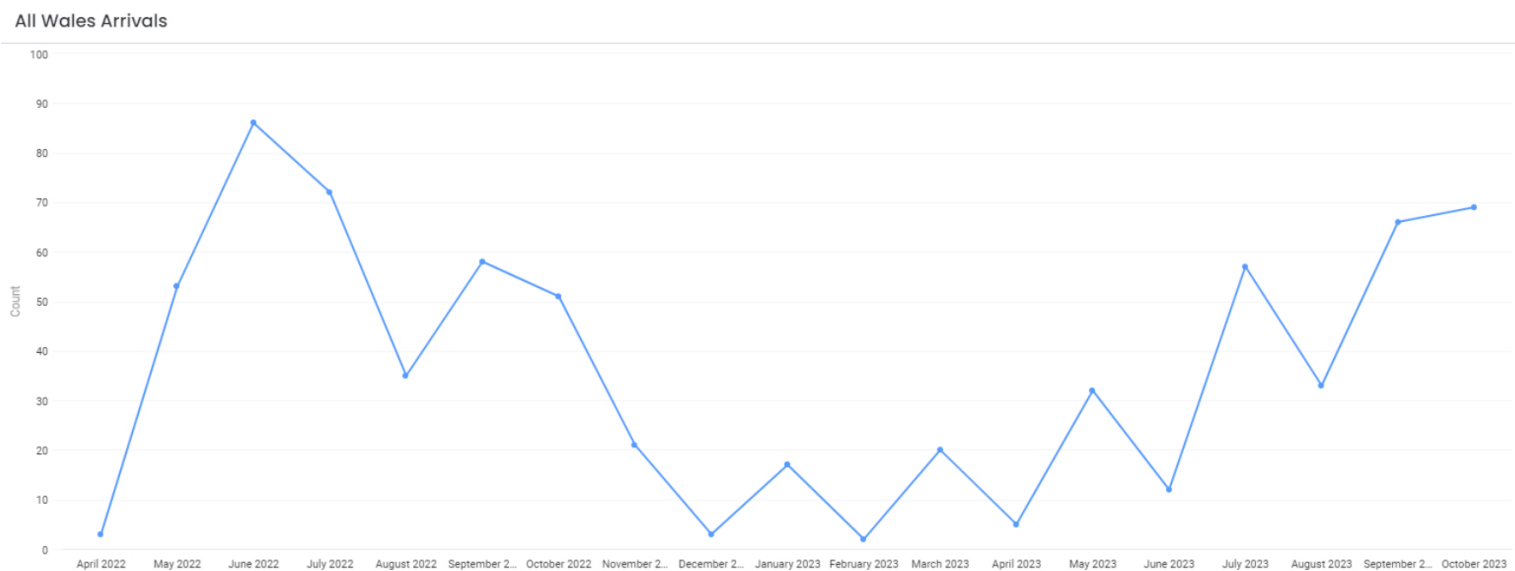
## **All-Wales International Recruitment- Nursing**

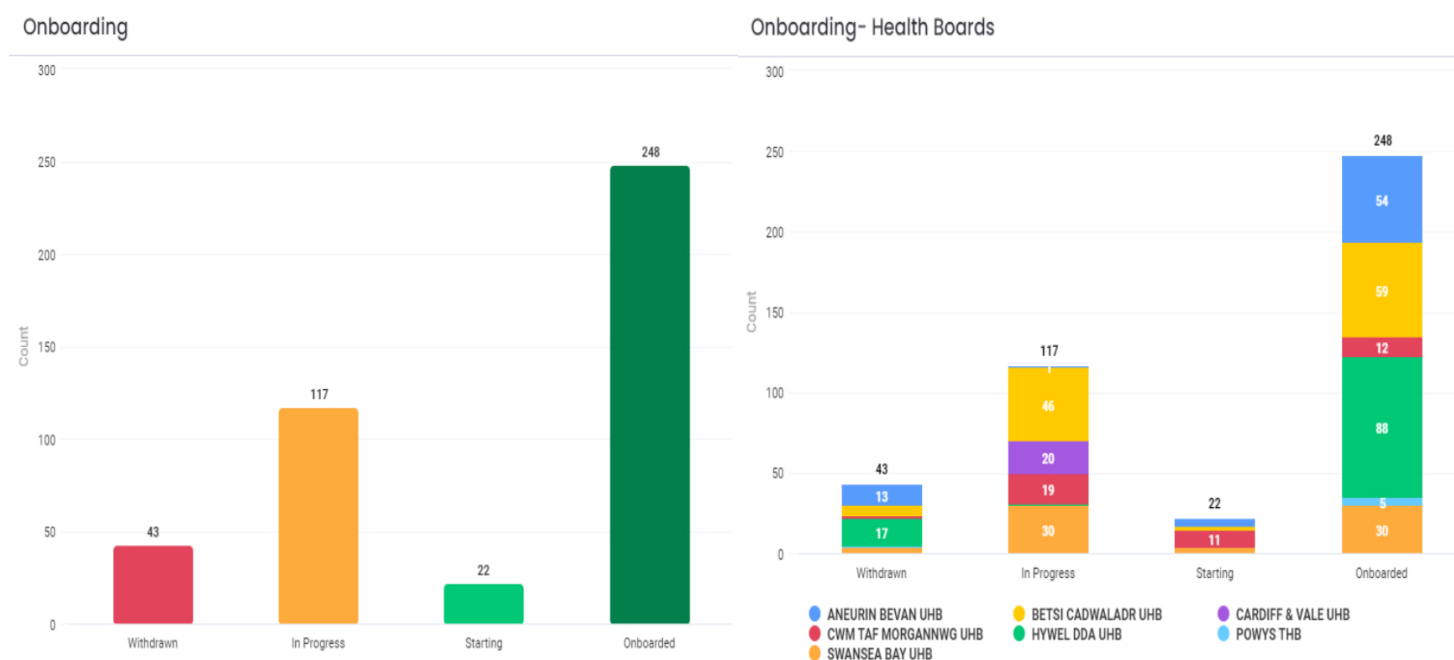
### **Commercial Agency Route**

Phase 2 of the commercial agency pipeline commenced in December 2022 with the first cohort of Internationally Educated Nurses (IENs) arriving in March 2023. As previously reported, procurement arrangements remain unchanged from Phase 1 with a contract award being made under call-off arrangements via the HTE framework with no minimum commitment to any individual commercial recruitment agency (supplier).

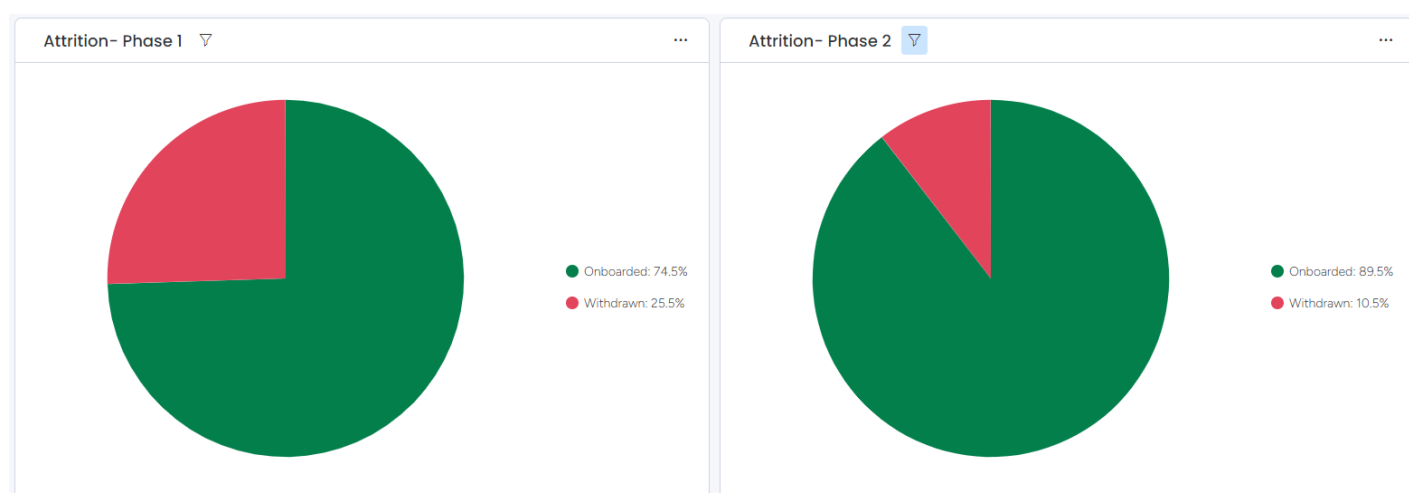
As at 31<sup>st</sup> October, a total of 248 IENs have been onboarded under Phase 2 of the programme with arrivals split between ABUHB (54), BCUHB (59), CTMUHB (12), HDUHB (88), PTHB (5), and SBUHB (30). In addition, there are a total of 139 IENs at the pre-landing stage; with 117 candidates undergoing pre-employment compliance checks and 22 who have completed this process and have a confirmed landing date agreed with their health boards and are awaiting deployment.

All Health Boards now have a proportion of Phase 2 candidates either arrived or in progress. The variation in the level of progress is a reflection of the differing timescales involved in attaining Board level financial approval in each local organisation, resulting in late receipt of IR plans & numbers, which often have to be delivered in the same financial year in order to demonstrate in-year financial saving from the associated reduction in temporary staffing and variable pay costs. This continues to pose a significant challenge to the strategic management of the programme, evidencing itself in a “stop-start” approach to recruitment.





Finally, the approach to selection within the commercial agency route has been adapted for Phase 2 with Health Board specific interviews replacing All-Wales selection panels. This has facilitated organisations being able to confirm projected landing dates with both suppliers and candidates at the point of interview and has led to a positive reduction in attrition (10.5% down from 25.5% in Phase 1), which was the anticipated and intended purpose of this change in approach.



## Kerala Direct Pipeline

In addition to the commercial agency route, NWSSP has continued to support the recruitment and onboarding of a direct pipeline of nurses recruited via a partnership with Norka Roots, an agency of the state government of Kerala, India. This has involved NWSSP developing an end-to-end recruitment and

onboarding service for NHS Wales organisations with Norka Roots sourcing candidates in-country and NWSSP supporting the transactional process elements from within the UK. This direct pipeline displaces the role of commercial agencies and delivers a minimum cost saving of circa £1,650 per candidate.

The blended approach to International Recruitment, sourcing candidates both via commercial agencies and also via the Kerala initiative, is intended to ensure no disruption in the supply of IENs into NHS Wales organisations whilst the partnership with Norka Roots develops and matures. However, it is anticipated that in time the Norka Roots direct pipeline could significantly displace the current reliance on commercial agency suppliers.

Following the successful NHS Wales in-country delegation in May 2023, a total of 29 candidates have been onboarded into NHS Wales with arrivals split between ABUHB (13), BCUHB (7), CTMUHB (1), HDUHB (7) and SBUHB (1). Further cohorts are in the process of being scheduled to land an additional seven candidates with all onboarding activity expected to conclude by the end of the current financial year.

Following the success of May's delegation as "proof of concept" for a direct recruitment approach, a second in-country recruitment event took place during the first two weeks of November 2023. On this occasion, five organisations participated including ABUHB, BCUHB, PTHB, SUHB and VUNHST (VUNHST's first participation in the All-Wales Programme since its inception). The in-country delegation were successful in recruiting a total of 96 registered nurses, plus 16 Junior and Senior Clinical Fellows supporting General Medicine and Oncology services.

Whilst the involvement of the above five organisations is to be welcomed, as is the increase in the targeted levels of recruitment, it should be noted that several other organisations were unable to commit to the November delegation. This was due to either complete absence of funding or funding constraints where the current financial year's funding allocation has been committed, and where there is no guarantee of recurrent funding in subsequent financial years.

The impact of this is significant as the longer-term sustainability and financial viability of the direct recruitment model is, in part, dependent upon NHS Wales' ability to demonstrate a long-term commitment to the Kerala initiative, empowering Norka Roots to invest the necessary time and resource to developing sustainable pipelines as well as a scalable model for long term recruitment.

In this context it is important to note that, had the 248 IENs recruited via commercial agencies been recruited via the Norka Roots partnership, this



would have delivered **a minimum cost saving of circa £409k** for NHS Wales.

## **All-Wales International Recruitment- Medical & Dental**

There are many gaps in medical rotas and NHS Wales cannot consistently produce sufficient medical graduates to fill these posts. Relying solely on increasing undergraduate numbers will take 10 years to generate a cohort of tier 2 trainees. International recruitment has previously been undertaken but some of the commercial agencies previously used charge the individual candidates to find or seek work for them, which impoverishes the host country considerably; as well as charging and 'Introduction fee' to NHS organisations.

Developing links on an intergovernmental basis facilitates more sustainable recruitment as well as standardisation of recruitment, induction and supervision processes for migrant doctors being welcomed to Wales.

Five working groups have been established to support the International Medical Graduate (IMG) recruitment programme.

- International Medical Recruitment Steering Group
- GMC Sponsorship Task and Finish Group
- Training Standards Group
- Professional Standards Task and Finish Group
- Reward/Benefits Task and Finish Group

These groups have agreed a Once for Wales approach to each of the relevant workstreams. A designated lead has been identified for each workstream with representation from across NHS Wales.

In May 2023, two Medical representatives; Dr Ruth Alcolado (NWSSP) & Dr Inder Singh (ABUHB) were invited by Welsh Government colleagues to attend the in-country nurse recruitment event in Kerala in May 2023. During the visit they undertook scoping activities and visited several medical colleges to establish if an international medical recruitment programme via Norka Roots was viable.

In addition to the scoping activities, they held several informal conversations with individuals who expressed an interest to work in Wales. NWSSP now holds a database of 50+ medical CV's some of whom have their PLAB and GMC registration.

Following the successful scoping exercise NWSSP worked with HBs who prioritised recruitment of Junior and Senior Clinical Fellows, focussing on the specialties of General Medicine and Oncology. In total it was agreed to seek nine Junior Clinical Fellow posts and five Senior Clinical Fellow posts for

General Medicine and two Senior Clinical Fellow posts for Oncology at an in-country recruitment event in November 2023.

In preparation, NWSSP completed the paperwork and became a GMC sponsorship organisation for all grades and specialties of doctors for Wales HBs and Trusts before embarking on the recruitment exercise.

Over four days, almost 50 doctors were interviewed using an agreed interview panel structure, as outlined in the GMC sponsorship document. Two panels were covered by delegates in India, a third panel was covered virtually via MS Teams on a rotational basis by several consultants from Wales (which meant a few 5am starts given the time difference).

In total we agreed there were 17 appointable JCF fellow doctors (surplus of eight) four appointable SCF doctors (deficit of one) and four appointable oncology SCF doctors (surplus of two). The SCF doctors were required by ABHB. BCU and Velindre agreed to appoint one Oncology SCF doctor each.

The eight surplus JCFs who were all appointable, have GMC registration and are therefore available to be offered posts by 'other NHS Wales organisations. All candidates were informed that they would be expected to start between January and April 2024, subject to HB processes and visa processing.

Introductory fees payable to Norka Roots equate to £360 per doctor. Compared to introductory fees from commercial agencies, there is a significant cost reduction for Health Boards and Trusts. As with the nurse recruitment programme, all NHS to supplier (Norka Roots) fees will be managed by NWSSP with appropriate re-charge back to individual organisations.

Successful recruits will ultimately be employed NHS Organisations. NHS organisations have agreed via the working groups to identify resources for educational supervisors and mentors for new recruits, in line with tripartite training agreements for educational and clinical supervision of trainees with national training numbers. Additionally, annual appraisal (MARS) will be required, as with all locally employed doctors, preferably undertaken by a team of specially equipped/trained appraisers.

Resources for the educational support for the International Medical Graduate (IMG) doctors will be required to support each IMG having access to the appropriate e-portfolio as well as local/regional and Wales wide teaching sessions. The majority of these IMG doctors fill vacant training posts so the majority of resource is funded in HEIW or Local education providers.

The IMG Recruitment Programme will be hosted by NWSSP to maintain the Once for Wales approach to recruitment standards and pre-employment

checks; and to reduce the direct competition as a result of multiple individual approaches.

Such an approach provides for a strong Wales 'brand' presence on an International stage and can build upon and also utilise the "This is Wales" Train.Work.Live marketing campaign.

On the back of the scoping and most recent recruitment exercise; NWSSP has recognised that the international recruitment programme could be extended to include other countries from where it is deemed ethical to recruit should this be the wish of the Welsh Government and NHS Wales organisations. The aforementioned approach for IMG doctors could also be extended to include Wales-wide recruitment to UK domiciled doctors with NWSSP also facilitating that recruitment into local training posts, should HBs/Trusts feel that there is an appetite for such an approach.

## **Benefits**

**Emma McGowan Clinical Lead Nurse PTHB** (November delegation) – having the ability to recruit in country (as opposed to virtual recruitment) had several benefits. The panel were able to build a quick rapport with the candidate, therefore eliciting more out of the registrants face to face, candidates were immediately at ease, there were no issues with language barriers, the process was more personable, less awkward, and so much more valuable. Being able to visit hospitals in Kerala was also valuable in gaining an insight to their provision of healthcare and provided absolute reassurance in terms of the candidates ability to live, work and provide safe patient care in NHS Wales. We are excited to welcome our new recruits to Powys.

**Seema Arif, Consultant Oncologist, VUNHST** (November Delegation) One of the significant benefits of the international recruitment projects was the ability to participate with the in-country interviews and to fully test and assess the individual's expertise, knowledge, and their performance in both the clinical scenario and clinical explanation stations. We had time to understand the environment they have come from, the training they have received and that this can be supplemented which is important for us to assist them to settle into NHS Wales.

However, the main benefit was for the candidates themselves. Being in-country meant we were able to provide first-hand information and positive reinforcement to candidates who were keenly questioning what was required to 'fit' into completely new arenas; new places, new teams, new processes new cultures. We recognise that loyalty starts from the second you meet potential employees and the impression 'we make' as employing organisations; during the event we were able to start the pastoral support, answering questions around relocating themselves and subsequently their families, which will have a long-term strategic benefit on staff retention.

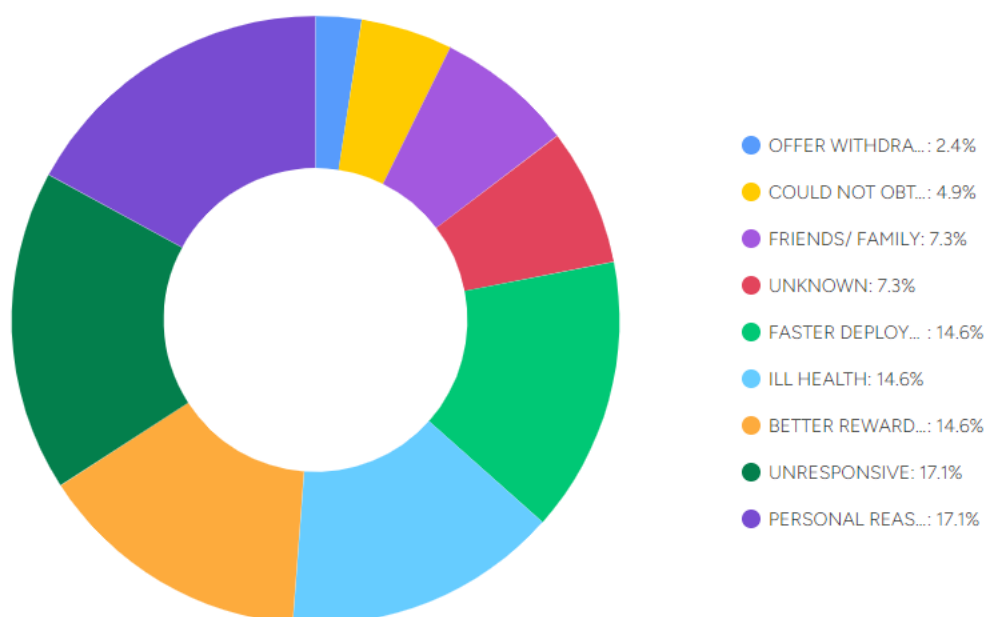
## **Emerging Risks**

Whilst significant progress continues to be made in embedding a national collaborative approach to International Recruitment the longer-term success of the programme continues to be dependent on the affordability of IEN recruitment in the context of the current financial position across NHS Wales and in the absence of any central funding allocation. This situation has been exacerbated by recent UK government increases to VISA and Certificate of Sponsorship fees as well as other inflationary pressures.

Due to funding constraints more than one organisation has had a significantly curtailed programme when compared to previous years and one organisation has had to suspend its IEN recruitment programme for the remainder of the financial year as part of financial recovery plans. Development of a longer-term approach to Return on Investment is further impeded by the requirement to demonstrate financial cost savings from IEN recruitment in-year (via reductions in temporary staffing and agency spend) as well as the absence of any guarantee of recurrent funding in subsequent financial years. This lack of certainty impacts NHS Wales ability to develop a long term and planned approach to International Recruitment and impedes the development of sustainable direct recruitment pipelines which require long term investment in order to mature and become scaleable.

**The prospect of other NHS Wales organisations significantly curtailing or cancelling planned recruitment activity on the basis of the deteriorating financial position cannot be ruled out and this should be considered a major risk to the programme with no obvious mitigation forthcoming at present.**

Furthermore, the current financial challenge has been accompanied by a notable increase in global competition for IENs with international employers undertaking a number of targeted recruitment campaigns and frequently offering a significantly enhanced reward package when compared to NHS Wales. This situation has been further exacerbated by ongoing accommodation shortages across Wales which pose a considerable operational and logistical challenge in Health Boards being able to onboard candidates in a timely manner, leading to further candidate withdrawals where other employers have been able to offer faster deployment. As at 31<sup>st</sup> October, 29.2% of all attrition is attributable to candidates being offered either a better reward package or faster deployment with other recruiters and this figure is likely to be higher when taking into account the number of candidates who become unresponsive/ disengage from the process without providing a stipulated reason.



In order to ameliorate the impact of global competition on the sustainability of our current and future nursing pipelines Executive Directors of Nursing have agreed that the All-Wales section criteria be amended to ensure greater alignment with the requirements of competitor nations. Specifically, this has seen a change in the selection criteria from a minimum of 12 months clinical experience (within the previous 24 months) to a minimum of six months clinical experience (within the previous 12 months).

The revised criteria will be subject to formal evaluation six months post implementation to ensure it remains robust, evidence-based, and proportionate. It should be emphasised that all IEN candidates continue to be subject to a rigorous selection and post-offer compliance process in line with NMC requirements.

Finally and in addition to the above challenges to attraction, anecdotal evidence from several NHS Wales organisations is suggestive of an increase in levels of IEN attrition from the existing workforce with recruitment campaigns by competitor nations, notably Australia, subject to prominent media coverage. In this context, any review of the Reward and Relocation package will need to be accompanied by an enhanced focus on retention as well as attraction.

## **Recommendation**

The Committee is asked to **NOTE**:

- The continued delivery of Phase 2 of the Commercial Agency nurse recruitment pipeline.
- The continued delivery of direct nurse recruitment from Kerala via the Norka Roots Partnership and the development of an in-house International Recruitment service for NHS Wales within NWSSP.
- The pilot of an All-Wales International Medical Recruitment pipeline via the Norka Roots partnership
- The requirement for NHS Organisations to formulate and financially approve 3-year workforce plans to include consideration of international medical and nursing graduates.
- The emerging risks posed to the long-term sustainability and affordability of International Recruitment in the context of the current financial position across NHS Wales and the absence of a long-term funding solution.



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM:5.2**  
**23 November 2023**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Procure to Pay (P2P) update**

<b>ARWEINYDD: LEAD:</b>	<b>Andy Butler – Finance &amp; Corporate Services Director</b>
<b>AWDUR: AUTHOR:</b>	<b>Russell Ward – Head of Accounts Payable NWSSP</b>
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<b>Andy Butler – Finance &amp; Corporate Services Director</b>
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	<b>Russell.ward@wales.nhs.uk</b>

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

The purpose of this paper is to

- To provide update the Partnership Committee with proposals on the future governance arrangements in respect of P2P initiatives, following the closure of the Finance Academy - All-Wales P2P Forum in September 2023 A copy of the closure report is attached as Appendix A for information.
- To note the increased P2P workload in particular increased invoice volumes (33.4%) that has arisen since 2018/19 as detailed in Appendix B along with some key Accounts Payable performance data.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Excellence – to develop an organisation that delivers process excellence through a focus on continuous service improvement.
<b>Tystiolaeth: Supporting evidence:</b>	Appendix B details some of the performance metrics that Accounts Payable report on monthly

Ymgynghoriad/Consultation :	
Finance Academy	

Adduned y Pwyllgor/Committee Resolution (insert ✓):							
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS	✓	NODI/ NOTE	✓
Argymhelliad/ Recommendation	The Committee is asked to <b>NOTE</b> the proposal for the Shared Services Committee to provide governance and over future P2P 2P initiatives and to approve future P2P work plans.						
	The Committee is asked to <b>NOTE</b> the increased P2P workload since 2018/19 and the performance data contained in Appendix B						
	The Committee is asked to <b>NOTE</b> the P2P initiatives detailed in Appendix C. These will be discussed and agreed via the new governance arrangements.						

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	Not applicable
Cyfreithiol: Legal:	Not applicable
Iechyd Poblogaeth: Population Health:	Not applicable
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	Not applicable
Ariannol: Financial:	During 2022/23, the AP function processed £7.8 billion transactions in accordance with Health Organisations Financial Procedure rules. A Committee or Forum needs to be responsibility for providing governance and agreeing future work plans in relation to P2P initiatives.
Risg a Aswiriant: Risk and Assurance:	If our P2P processes are not efficient and effective, this can lead to suppliers placing NHS Wales on stop, which could impact on patient



	safety, for late payment fees and organisations would find it difficult to achieve PSPP.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	Not applicable
<b>Gweithlu: Workforce:</b>	Not applicable
<b>Deddf Rhyddid Gwybodaeth / Freedom of Information</b>	Not applicable

## 1. BACKGROUND

Since 2016, the Finance Academy All-Wales P2P Forum had been successful in the approval and delivery of several P2P initiatives, all of which were underpinned by the Once-for-Wales principles e.g. No PO No Pay Policy, standardisation of Invoice tolerances in Oracle.

However, in recent years, the All-Wales P2P Forum has struggled in agreeing, supporting, and taking forward P2P initiatives. As a consequence, the Finance Academy Board agreed to close the All-Wales P2P Forum in September 2023. There is however, still a need for a Forum or Committee to provide effective governance covering the P2P arrangements, and agree future work plans. The concern being that organisations will fail to agree in standardising processes across NHS Wales.

We have excellent processes, and recent benchmarks by the NHS Benchmarking Network and the Accounts Payable Association have confirmed this, however there is scope for further improvement. For example, our Invoice on Hold position is high with 34,022 invoices on hold with a value of £74.9m of which 61% of these invoices have not been disputed, so will fail PSPP. The only way we can improve the current position is by working together in partnership and having a Forum that takes an All-Wales responsibility for P2P initiatives, being made up of NWSSP staff with responsible for Procurement, Accounts Payable and Oracle systems as well as Finance representation for all NHS organisations

In addition, there are a number of P2P initiatives (see Appendix C) that still need to be investigated, that will deliver improved efficiency in the P2P process. As a consequence of the decision to close the All-Wales P2P Forum, there is now a vacuum in respect of governance and a Committee or Forum to agree future work plans is required. The key initiatives are:

- Increase the number of invoices that do not go on hold and can be paid immediately from the current 20% to 40%. This is described as 'straight through processing. The 40% target is a best-in-class target;
- Understand what is preventing all organisations from achieving PSPP for NHS as well as non-NHS invoices;

- Explore options to reduce the number of invoices on hold that are older than 30 days , current figure is 34,022 (£74.9m);
- Improve dispute management which will have a positive impact on PSPP. Of the 34,022 invoices on hold older than 30 days, 61% have not been disputed and will fail PSPP;
- Explore options to improve goods receipting across NHS Wales; and
- Explore options to increase the number of purchase orders that are raised, which will have a positive impact on increasing the number of invoices that do not go on hold.

The NWSSP Accounts Payable function has also been instrumental in delivering savings to all Health Organisations from its:

- Early Payment Programme;
- Reclaiming Credits that are on Statements but not on Oracle – new software will be operational in quarter 4 , which will accelerate savings; and
- Implementation of duplicate payment software – this prevents the need for commissioning specialist Recovery Audit Specialists.

## **2. RECOMMENDATION**

The Committee is asked to note the proposal for the Shared Services Committee to provide governance and over future P2P 2P initiatives and to approve future P2P work plans.

The Committee is asked to note the increased P2P workload since 2018/19 and the performance data contained in Appendix B.

The Committee is asked to note the P2P initiatives detailed in Appendix C. These will be discussed and agreed via the new governance arrangements.

## Appendix A - Finance Academy Project Closure Report

<b>Project Name</b>	All Wales P2P	<b>Programme Name</b>	Excellence
<b>Project Sponsor</b>	Darren Griffiths		
<b>Programme Manager</b>	Emma Doolan		
<b>Project Manager</b>	Glenda Branken		

Sub-Projects to be closed	Current status
Auto Receipt: Retrospective checks and ownership	Process agreed and signed off by Academy Board but operational issue of Retrospective checks and Once for Wales buy-in
No Purchase Order No Pay Policy refresh & relaunch (including Communication & Training)	Policy agreed and signed off by Academy Board but operational issue outstanding of refresh & relaunch and Once for Wales buy-in.
PO Exceptions	As part of the policy the exception list was agreed and signed off by Academy Board but operational issue outstanding for list review and developing processes to support these types of exception ordering of refresh & relaunch and Once for Wales buy-in.
All of the above to be handed over to non-academy groups – see below. Academy input now to cease.	

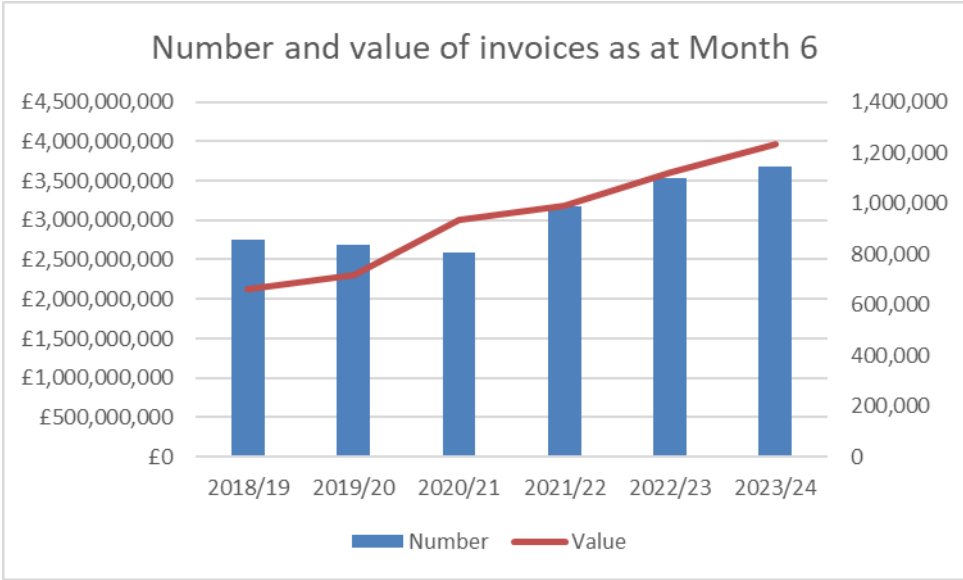
Have these been handed over to another Service?	Yes - NWSSP Procurement
Has any handover support been agreed?	None requested but advice and key messages can be provided if required.
Reasons for Closure	Known Risks
Varying final decision positions for each agenda item causing inconsistencies	<p>Not achieving Once for Wales principle.</p> <p>No PO NO Pay invoice volumes will continue to rise if no further actions are taken.</p> <p>Overhead costs will remain due to efficiency gains not being taken.</p>
Difficult to sustain engagement and collaboration throughout project timelines	
Blurred lines of ownership and accountability due to Finance and Procurement needing to be involved	
Difficult to influence Local conflicting priorities or decisions	
Academy input complete as detail just requires operational agreement and not input of Academy members.	

Reviewed and Agreed at Excellence Steering group	11th September 2023
Tabled at Academy Board	15 <sup>th</sup> September 2023
Project Closure date	15 <sup>th</sup> September 2023

Appendix B – Increased Workload & performance data

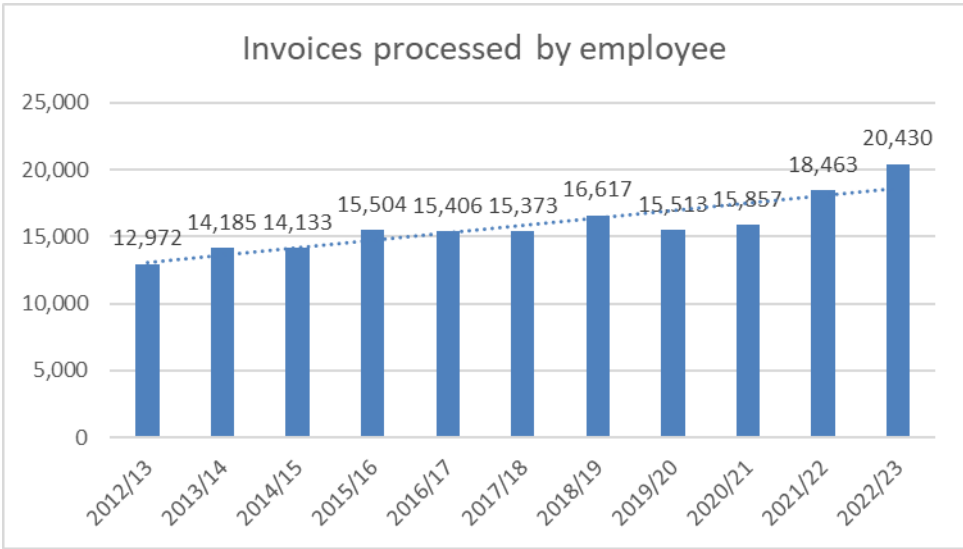
1 Increased workload

There has been a 33.4% increase in the cumulative volume of invoices processed as at end of M6 compared to the same period for 2018/19, and an 87.0% increase in the cumulative value of these invoices



2 Improved productivity

There has been a 22.9% increase in productivity since 2018/19 and a 57.5% increase compared to 2012/13



### 3 PSPP

PSPP performance for non-NHS is good with only two organisations narrowly failing the year-to-date target. The main reasons are Delays in Nurse Agency, Receipting and manual authorisation. However NHS performance is not so good with only three organisations achieving the year-to-date target

	Non NHS	NHS
AB	96.8%	88.4%
BCU	93.8%	88.2%
CTM	96.8%	80.2%
CV	97.5%	87.0%
DHCW	98.0%	95.1%
HD	96.5%	83.0%
HEIW	96.7%	94.4%
PHW	96.9%	80.3%
POWYS	93.8%	66.8%
SB	96.2%	89.5%
VEL	98.0%	97.1%
WAST	95.8%	95.9%

### 4 Invoices on hold

The table below details all invoices that are on hold as at the end of September by age. Of those invoices older than 30 days (34,022), they have a value of almost £75m and of these invoices, 61% have not been disputed and will fail PSPP. 8 organisations have invoices on hold older than the 1<sup>st</sup> April 2019 – 982 invoices with a value of £1.28m

	All invoices on hold		Older than 30 days		Older than 1/4/23		Older than 1/4/22		Older than 1/4/21		Older than 1/4/20		Older than 1/4/19		Older than 1/4/18		Older than 1/4/17		Older than 1/4/16	
AB	£15,502,929	7,652	£8,985,303	5,401	£4,813,277	3,029	£1,977,295	1,130	£483,840	547	£252,535	299	£124,170	160	£47,607	49	£4,101	9		
BCU	£24,452,842	9,169	£16,812,586	5,609	£5,124,837	2,713	£1,452,278	737	£322,899	256	£148,237	107	£78,558	34						
CTM	£19,214,615	7,659	£14,377,870	5,948	£3,357,137	3,669	£1,348,591	1,519	£494,741	381	£106,694	105	£17,405	29	£6,437	12	£5,537	7	£1,440	2
CV	£20,824,839	7,517	£12,264,571	4,915	£2,610,324	2,409	£1,024,829	1,314	£952,319	943	£867,797	726	£587,756	524	£380,413	382	£219,357	251	£99,078	131
DHCW	£3,540,597	185	£1,361,120	49	£16,783	5														
HD	£9,414,405	3,683	£3,101,762	2,111	£1,851,075	721	£453,402	67	£769	6										
HEIW	£5,327,318	622	£961,830	175	£69,698	41														
PHW	£7,311,410	1,983	£2,350,887	1,380	£6,832	821	£229,209	211	£66,240	56	£53,285	25	£8,074	14	£4,393	10	£4,131	9	£749	2
POWYS	£2,348,820	1,180	£1,047,097	620	£308,430	295	£229,882	117	£176,371	68	£187,328	30	£171,805	18	£172,689	7	£51,717	4	£7,878	3
SB	£15,071,871	8,207	£9,234,375	5,954	£3,842,539	3,134	£1,133,111	913	£560,961	504	£347,319	332	£293,051	190						
VEL	£7,991,302	2,562	£3,729,643	1,407	£1,790,725	560	£25,713	226	£17,966	136	£277,851	45	£1,900	13	£1,776	6				
WAST	£2,329,357	866	£746,173	453	£101,726	144	£43,078	57	£6,882	17	£1,141	5								
Grand Total	£133,330,306	51,285	£74,973,216	34,022	£23,859,817	17,541	£7,458,971	6,291	£3,047,057	2,914	£1,684,202	1,674	£1,282,719	982	£613,314	466	£284,842	280	£109,145	138

### 5 Value added


Over the past eight years the NWSSP Accounts Payable function has been instrumental in delivering savings to all Health organisations. The values below are up to the end of September. **The forecast benefit to Health Organisations for 2023/24 is £3.15m.**

Function	Saving definition	Benefit – YTD
Early Payment Programme	Cash saving	£0.34m
Recovery of credits	Cash saving	£1.16m
Duplicate payment prevention	Cost avoidance saving	£0.34m
<b>Total</b>		<b>£1.84m</b>

## Appendix C – P2P Initiatives

This is a schedule of identified P2P initiatives as identified by the NWSSP Head of Accounts Payable

- i. Approval of the refreshed No PO No Pay Policy, including internal communication and a refreshed purchase order exemption list.
- ii. Explore options to increase the proportion of invoices that do not go on hold. The current performance is 20%, best in class organisations achieve 40%
- iii. Explore options to clear down the volume of aged invoices.
- iv. Explore options to improve PSPP performance for NHS invoicing.
- v. Roll out Nurse Agency self-billing across all organisations.
- vi. Review Invoice tolerances and consider raising the threshold of £500 plus Vat for automatic release of invoices on a receipting hold.
- vii. Explore options to improve receipting across NHS Wales
- viii. Explore options to reduce the number of invoices on hold older than 30 days. Currently 34,000 invoices are on hold.
- ix. Ensure that all staff involved in P2P related work receive training before being able to access Oracle.
- x. Explore arrangements for increasing the volume of 2-way matching of invoices.
- xi. Ensure there are joint Accounts Payable, Procurement and Finance meetings as a minimum quarterly with all organisations.
- xii. Ensure that the Once 4 Wales principles are applied.

 <b>GIG CYMRU NHS WALES</b>	Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 5.3</b>  23 November 2023
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**South East Accommodation Proposal**

<b>ARWEINYDD: LEAD:</b>	Andy Butler, Director of Finance and Corporate Services
<b>AWDUR: AUTHOR:</b>	Mark Roscrow, Programme Director
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andy Butler, Director of Finance and Corporate Services
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Mark Roscrow, mark.roscrow@wales.nhs.uk

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

The purpose of this report is to provide the Shared Services Partnership Committee with information outlining the proposed move of services and staff from Companies House, Cardiff & Charnwood Court, Nantgarw to Unit 5/7 Cefn Coed, Nantgarw.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Our Value - We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.
<b>Tystiolaeth: Supporting evidence:</b>	NWSSP IMTP 2023-26 approved by SSPC in Jan 23.

**Ymgynghoriad/Consultation :**

Senior Leadership Group

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

<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to <b>NOTE</b> the proposed move from Companies House and Headquarters to Cefn Coed, Nant Garw.					

<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>	
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	EQIIA has been completed generically.
<b>Cyfreithiol: Legal:</b>	No impact and in line with any existing regulations where applicable.
<b>Iechyd Poblogaeth: Population Health:</b>	No direct impact
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	No direct impact
<b>Ariannol: Financial:</b>	Compliance with financial instructions and processes where applicable and proposed move will lead to significant financial savings
<b>Risg a Aswiriant: Risk and Assurance:</b>	No direct impact
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	No direct impact
<b>Gweithlu: Workforce:</b>	Consultation will be completed in line with existing regulations where applicable.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open

## 1. SITUATION

This document outlines the proposed relocation of in scope NHS Wales Shared Services members of staff with a contractual base of Companies House and Charnwood Court to Cefn Coed, Nantgarw.

## 2. BACKGROUND

As NWSSP emerges from the recent pandemic the opportunity has arisen for NWSSP to adapt its accommodation strategy and seek to become a more agile organisation.

This approach has presented opportunities to consider potential accommodation movement and rationalisation where appropriate.

Colleagues have previously been informed of our plans to move out of Companies House and into the Welsh Government building (CP2) in Cathays Park Cardiff. This was as a result of our main lease expiring in Companies House in June 2024 along with the ongoing uncertainty as to the future of the building.

Discussion with Welsh Government over the move had initially been extremely positive and a full staff consultation process with staff side support had been undertaken and the move was on track to take place in January 2024.



Unfortunately, the number of available car parking spaces available to NWSSSP has been significantly reduced and there has been a marked increase in the costs. Despite detailed discussions it has not proved possible to reach an acceptable position and we have now indicated that we are no longer able to make the move on the conditions set out by Welsh Government. This is extremely disappointing particularly given all the work that had gone into planning for the move as well as the timescales associated with it.

As a result, the project has now refocused attention on other possible locations that potentially meet the needs for the organisation but now also considering the impact and scope including potential from Charnwood Court, the current organisational headquarters in Nantgarw.

### **3. ASSESSMENT**

In line with the new scope and seeking a location to accommodate both Companies House and Charnwood Court, our Estates team have conducted a search of any available property in and around the Cardiff area.

An alternative option was identified at Cefn Coed Nantgarw in a building that was previously occupied by public sector tenants, but which is now vacant. This option has been considered by the NWSSP Senior Leadership team and has now emerged as the preferred option. It is acknowledged that there will be a need to maintain a number of desks in Cardiff for some staff.

With this new option in scope, the project is currently considering the options to either lease or the purchase the building although with either option a new internal "re-fit" will be required.

An initial survey has been undertaken which has indicated that the building is structurally sound but will require an internal refurbishment to bring it up to a required standard. Further surveys are currently being undertaken and a staff consultation exercise will commence shortly.


This move would ultimately allow NWSSP to move from its current Headquarters in Charnwood Court (176 staff) as well as to complete a move out of Companies House (687 staff) and bring the two sets of staff together for the first time. Currently it also provides a significant financial saving to NWSSP compared with both current costs and the proposed move to CP2.

It is currently estimated that it would be unlikely that we would complete the acquisition or agree a lease, and complete the required internal work before Autumn of 2024 and therefore a move in date would be at some point after this.

As a result of initial timelines, discussions in relation to extending our current occupancy with our current landlords for both the Headquarters in Charnwood Court and Companies House sites are at an advance stage and will align to any proposed move dates in 2024.

#### **4. RECOMMENDATION**

The Committee is asked to **NOTE** the proposed move from Companies House and Charnwood Court to Cefn Coed Nantgarw.

 <b>GIG Cymru NHS Wales</b> Partneriaeth Cydwasaethau Shared Services Partnership	<b>AGENDA ITEM: 5.4</b>  23 November 2023
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***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

All Wales E- Scheduling Procurement

<b>ARWEINYDD: LEAD:</b>	Vicki Harris – Project Manager
<b>AWDUR: AUTHOR:</b>	Vicki Harris - Project Manager
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Gareth Hardacre, Director of People and OD
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>	Vicki.harris@wales.nhs.uk

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

To provide an update with the re-procurement process for an all-Wales e-scheduling solution for District Nurses, with the option to expand into all domiciliary care.

**Llywodraethu/Governance**

<b>Amcanion: Objectives:</b>	Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement.
<b>Tystiolaeth: Supporting evidence:</b>	The procurement and implementation of the All Wales e-scheduling solution ensures NHS Wales District Nursing service are a data driven service with the ability to determine the functional capacity of the service to ensure people’s needs are met in a timely way. Since the inception of the programme improvements such as incorporation of the Welsh Levels of care (WLOC) and the development of acuity monitoring toolkits have been implemented.

## Ymgynghoriad/Consultation:

- Strategic District Nursing Oversight Board inc.
  - Clinical Nursing Leads from each Health Board,
  - Welsh Government Representative
  - WCCIS Leads
- A National Lead Nurse for Primary & Community Care and Data Analyst representing the Strategic Programme for Primary Care Board
- Infrastructure Management Board (IMB) inc. Digital Leads from each Health Board.
- NWSSP Stakeholders.
  - Welsh Language Services Manager
  - Information Governance Manager
  - Head of Cyber Security
  - Business Support Manager (Equality)

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

DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE	✓
<b>Argymhelliad/ Recommendation</b>		The Committee is asked to <b>NOTE</b> the status update with the re-procurement process for an all-Wales e-scheduling solution for District Nurses, with the option to expand into all domiciliary care.					

## Crynodeb Dadansoddiad Effaith:

### Summary Impact Analysis:

<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	The e-scheduling solution and workstream has reduced variation in practice in order to proactively address issues of professional equity.
<b>Cyfreithiol: Legal:</b>	e-Scheduling supports NHS organisations to comply with their statutory obligations under the Nurse Staffing Levels (Wales) Act 2016; with Welsh Levels of Care (WLOC) incorporated into the solution requirements.
<b>Iechyd Poblogaeth: Population Health:</b>	System provides organisational ability to assess the capacity of the service and ensure people's needs are met in a timely way
<b>Ansawdd, Diogelwch a Profiad y Claf:</b>	Delivering quality, safety and effective patient care is at the heart of programme. The system

<b>Quality, Safety &amp; Patient Experience:</b>	aims to strengthen the resilience and sustainability of our local district nursing teams and support the delivery of front-line patient care.
<b>Ariannol: Financial:</b>	Deputy Directors of Finance (DDoFs) are engaged and a forecast of costs for 24/25, 25/26 and 26/27 is shared to support IMTP planning assumptions. All contract costs are facilitated by NWSSP and cross-charged to organisations.
<b>Risg a Aswiriant: Risk and Assurance:</b>	The failure to provide adequate staffing levels poses a critical risk to the ability of Health Boards to deliver safe and effective patient care. E-Scheduling, as part of the data driven service provides assurance around capacity to meet district nursing care requirements.
<b>Dyletswydd Ansawdd / Duty of Quality:</b>	Assists NHS organisation to schedule safe, effective, well-organised district nursing services to meet the population's community health needs
<b>Gweithlu: Workforce:</b>	e-scheduling is a critical component of strengthening the resilience of local district nursing teams, in line with workforce plans and strategies.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Not exempt.

## 1. BACKGROUND

E-Scheduling software enables the District Nursing workforce in Wales to access a mobile app to schedule their visits, avoiding paper or spreadsheet-based systems.

In September 2020, Executive Nurse directors agreed that e-scheduling should be rolled out on a national basis (four health boards had previously procured e-scheduling software at varying times) and funding was sought to procure a national solution to realise better value for money contractually, and to achieve consistency in reporting data to enable national comparisons to be made. In early 2021, Welsh Government (WG) made funding available for the remaining HBs, and to novate all existing contracts into an all-Wales contract.

In April 2021 an award was made via a direct Call Off from the G-Cloud 12 Framework.

## 2. SITUATION

The all-Wales contract (two year plus one) commenced with Civica (formerly Malinko) on 1<sup>st</sup> April 2021. The year extension was implemented in April 2023 with the entire contract due to expire on 31<sup>st</sup> March 2024.

Following extensive engagement with all Wales District Nursing Oversight Board, numerous subject matter experts (SME's) across all Health Boards/Trusts, the following stages have been undertaken:

- An options paper drafted by Procurement and agreed by all stakeholders.
- A briefing paper drafted, agreed, and submitted to WG for approval.
- The Digital and Delivery Group in WG replied with a few queries. Each one has now been responded to and returned to WG.
- Through extensive communication with SME's, a technical specification with evaluation drafted and agreed.
- An amended briefing paper drafted, agreed, and submitted to WG for approval.
- Pending WG approval the provisional date to invite interested suppliers to bid is 30<sup>th</sup> November 2023<sup>1</sup>.
- Following a series of evaluation processes, the expected date to conclude an award is 1<sup>st</sup> January 2024<sup>2</sup>.
- Deputy Directors of Finance (DDoFs) within HBs have been advised of the 23/24 expenditure. Digital Workforce are working with finance to provide a forecast of costs for 24/25, 25/26 and 26/27 as part of the IMTP planning assumptions. These will be shared with DDoFs in November/December.

1 /2 These dates are subject to change

### **3. RECOMMENDATION**

The Committee is asked to **NOTE** the status update with the re-procurement process for an all-Wales e-scheduling solution for District Nurses, with the option to expand into all domiciliary care.



# NWSSP Finance Report November 2023

As at 31<sup>st</sup> October 2023

*Adding Value  
Through Partnership,  
Innovation and Excellence*



Financial Position Update - 1<sup>st</sup> April 2023 to 31<sup>st</sup> October 2023

	Annual Budget £'000	YTD Budget £'000	YTD Expend £'000	YTD Variance £'000
Income	-677,647	-338,275	-339,218	-942
Pay	346,590	198,048	195,436	-2,612
Non Pay	195,128	113,222	115,507	2,285
WRP - DEL	135,929	27,005	27,005	0
Year to date underspend	0	0	1,270	1,270
	0	0	0	0

	2023/24			
	NWSSP Cash Releasing £m	NHS Wales Cash Releasing £m	Welsh Government £m	TOTAL
Schemes in Progress	1.600	13.880	1.120	16.600
Potential Schemes requiring agreement	0.177	14.600	-	14.777
TOTAL	1.777	28.480	1.120	31.377

Covid Costs	YTD	23/24 Forecast
	£m	£m
Mass Vacc - PPE	-	-
Mass Vacc - Pay & Non Pay	0.460	0.864
Social/Primary Care PPE	2.425	4.155
PPE delivery/warehousing/testing	1.541	2.769
Lateral Flow Tests	0.079	0.136
TOTAL FUNDING	4.505	7.924

£4.505m of Covid funded expenditure has been incurred in the financial year to 31<sup>st</sup> October 2023 with a full year forecast of £7.924m

NWSSP reported a break-even Month 7 financial position with a year to date overachievement of non-recurring savings of £1.270m.

We continue to forecast a break-even financial position for 2023/24 dependent upon a number of income assumptions relating to pay award funding. the continued demand for and the costs to support increased transactional activity, IP5 running costs and transitional funding for TRAMS. Confirmation that Welsh Government will fund UHBs for the laundry energy cost pressure in 2023/24 has reduced our risk in respect of this.

We are anticipating an element of savings achieved to date will be required to support the transitional and removal costs relating to the transfer of significant volumes of medical records to new premises. This is required due to the existence of RAAC at Brecon House, Mamhilad.

Our additional savings submission to Welsh Government on 11<sup>th</sup> August identified we can make a £1.600m distribution this financial year, in addition to identifying NWSSP supported initiatives that will result in cash releasing savings direct to NHS Wales Organisations and Welsh Government. We also identified a number of potential schemes that we can progress to generate savings that would require agreement from NHS Wales Organisations.

Organisation	%	DISTRIBUTION £
Aneurin Bevan	9.85	157,600
Swansea Bay	8.80	140,800
Betsi Cadwaladr	11.98	191,680
Cardiff and Vale	10.49	167,840
Cwm Taf	10.60	169,600
Hywel Dda	7.77	124,320
Powys	1.95	31,200
Velindre	1.17	18,640
WAST	1.28	20,480
Public Health Wales	0.87	13,920
Welsh Government	35.25	563,920
Total	100.00	1,600,000

The £1.600m distribution will be apportioned to NHS Wales Organisations and Welsh Government based on the original contribution shares into NWSSP in line with previous financial year distributions.

We will continue to review our forecast in November & December to identify if we can provide any further savings to NHS Wales in 2023/24 and will update at the January Committee meeting.



# Welsh Risk Pool

## DEL FORECAST 2023/24

Month 7 2023/24	£000s
Actual spend to October 2023	27,005
Settled cases – awaiting payment	16,621
JSM/RTM/Offer	38,491
PPO's to March 2024	19,337
Sub Total	101,454
Future Estimated Settlements	29,386
Month 7 2023/24 DEL forecast	130,840
IMTP DEL Forecast 2023/24	135,929

DEL spend to Month 7 2023/24 is **£27.005m** compared to **£41.191m** at the same point in 2022/23.

Our 2023/24 IMTP DEL forecast was **£135.929m** which requires **£26.494m** to be funded under the Risk Share Agreement.

A review of the forecast and high value cases due to settle at Month 7 indicates a potential reduction in the forecast to **£130.840m**. This would reduce the contribution required from the Risk Share to **£21.405m**. We will continue to monitor the forecast closely as there continue to be a number of factors that will impact the outturn position as we progress through the remainder of the financial year.

WRP Creditor balances have reduced significantly since the beginning of the financial year although remain high at **£114.538m**

	Movement on Creditors		
	2022/23 – M12	2023/24 – M7	Movement
	£M	£M	£M
SWANSEA BAY	20.163	17.334	(2.829)
ANEURIN BEVAN	29.277	23.465	(5.812)
BETSI CADWALADR	26.696	23.036	(3.660)
CARDIFF & VALE	19.738	17.216	(2.522)
CWM TAF	12.988	10.027	(2.961)
MORGANNWG			
HYWEL DDA	19.132	19.851	0.719
POWYS	0.767	0.624	(0.143)
PHW	0.877	0.836	(0.041)
WAST	2.202	2.149	(0.053)
VELINDRE	0.057	0.000	(0.057)
	131.897	114.538	17.359

The 5 year DEL Forecast update has been completed following returns from Health Organisations in Month 7. The tables reflect the updated forecasts and element to be funded under the risk share agreement. The apportionment of the forecast risk share funding requirement by Organisation is detailed for IMTP planning purposes and will be shared as part of the NWSSP financial planning assumptions in December/January.

	2024/25	2025/26	2026/27	2027/28	2028/29
DEL Forecast	139.913	141.381	142.649	143.926	145.211
WG Allocation	109.435	109.435	109.435	109.435	109.435
Risk Share	30.478	31.946	33.214	34.491	35.776

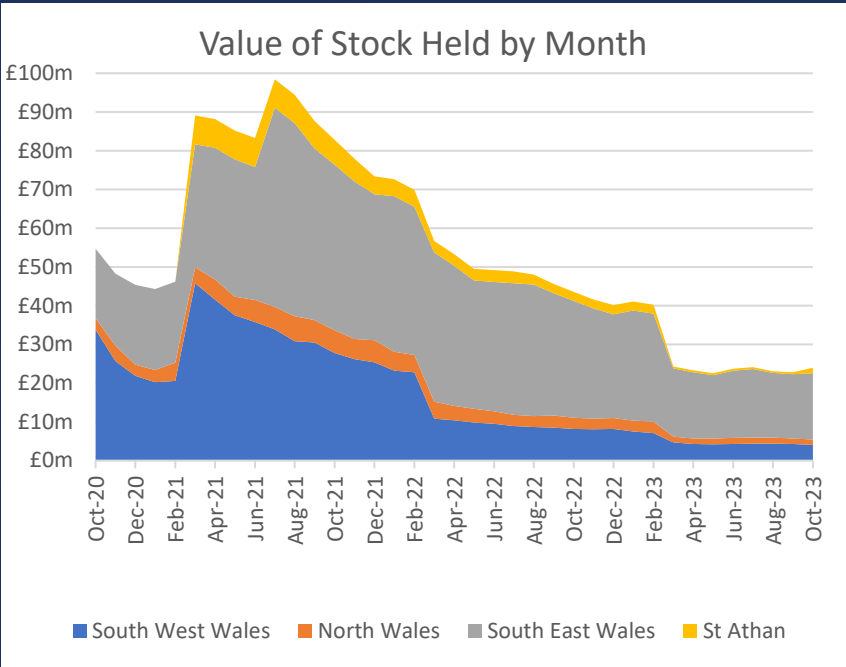
	2023/24 RSA %	2023/24	2024/25	2025/26	2026/27
Aneurin Bevan Health Board	18.08%	4,790,198	5,510,518	5,775,937	6,005,195
Swansea Bay University Health Board	13.45%	3,562,369	4,098,055	4,295,442	4,465,937
Betsi Cadwaladr Health Board	18.56%	4,916,201	5,655,469	5,927,869	6,163,158
Cardiff & Vale University Health Board	16.03%	4,246,968	4,885,601	5,120,920	5,324,179
Cwm Taf Health Board	15.12%	4,005,958	4,608,349	4,830,314	5,022,039
Hywel Dda Health Board	10.45%	2,769,214	3,185,631	3,339,070	3,471,604
Powys NHS Trust	4.13%	1,095,377	1,260,092	1,320,786	1,373,211
Public Health Wales NHS Trust	1.16%	308,635	355,046	372,147	386,918
Velindre NHS Trust	1.09%	287,799	331,076	347,022	360,796
Welsh Ambulance Service NHS Trust	1.93%	511,281	588,164	616,493	640,963
NHS Wales Shared Services Partnership	0.00%	-	-	-	-
DHCW	0.00%	-	-	-	-
HEIW	0.00%	-	-	-	-
TOTAL RISK SHARE FUNDING REQUIREMENT	100.00%	26,494,000	30,478,000	31,946,000	33,214,000

# Capital & Stock

Scheme	Allocation	YTD Spend	Balance Outstanding
	£000	£000	£000
Telephony & Contact Centre	90	90	0
IP5 LED lights Phase 1	3	3	0
Storage canopy Glan Clwyd	1	1	0
Denbigh warehouse - energy efficient heating	0	0	0
CP2 (Cathays Park)	20	0	-20
Racking for Dupont 1 building	22	0	-22
Unallocated	392	0	-392
<b>Discretionary Capital Total</b>	<b>528</b>	<b>94</b>	<b>-434</b>
IP5 discretionary	130	81	-49
Laundry Services Baseline Funding	200	0	-200
Scan for Safety 23/24	69	44	-25
All Wales Laundry OBC	0	0	0
TRAMS OBC 23/24	217	150	-67
Bank of dryers for Tunnel Washer x 7, Green Vale	118	0	-118
Tunnel washer dryer, North Wales	74	0	-74
IP5 PV scheme	300	21	-279
All Wales Laundry Programme	1,464	0	-1,464
Primary Care Workforce Intelligence System	558	0	-558
IP5 discretionary - PY VAT adj	0	-9	-9
<b>Additional Capital Total</b>	<b>3,130</b>	<b>287</b>	<b>-2,843</b>
4-5 Charnwood Court, Nantgarw	375	375	0
Renault Arkana	16	16	0
<b>IFRS16 Capital</b>	<b>391</b>	<b>391</b>	<b>0</b>
<b>TOTAL CAPITAL ALLOCATION</b>	<b>4,049</b>	<b>772</b>	<b>-3,277</b>

Our most recent Capital Expenditure Limit for 2023/24 totals **£4.049m** of which £0.772m was spent up to 31<sup>st</sup> October 2023. We await confirmation of Ministerial approval of funding submissions for warehouse racking to facilitate the Brecon House move due to RAAC and also for additional racking in Denbigh Stores to reduce the requirement for external PPE storage.

There are a number of schemes we are progressing which would enable us to take advantage of any year end capital slippage monies that become available.



The value of stock held in Stores at 31<sup>st</sup> October 2023 was **£24m**. We continue to maintain the 16 week PPE stock holding as requested by Welsh Government and continue discussions regarding the levels of stocks that we need to continue to hold in the longer term.

# Energy

## SUPPLY

The All Wales energy contract transferred to the Crown Commercial Services (CCS) Framework from 1<sup>st</sup> October 2023. Now that we are live in the supply period we are continuing to work with both CCS and the new energy suppliers to obtain regular updated forecasts and All Wales actual energy costs. Organisations are now receiving the first energy invoices from the new suppliers for October which will assist in validating forecasts received.

Based on the last forecasts received from British Gas and CCS for the October 23 to March 24 period, the energy forecast ranges from **£95m-£104m** which has been communicated to Organisations.

## FUNDING

Judith Paget’s letter to Chief Executives on 20<sup>th</sup> October 2023 detailing the updated funding position included reference to funding for energy costs. Welsh Government have confirmed that this will cover the energy pressure relating to laundries which will be recharged to UHBs.

## SELLBACK

Following the decision to transfer our utility supplies to the CCS Framework from 1<sup>st</sup> October, this gave rise to the opportunity to sell back some small quantities of energy that we had secured the right to forward purchase at lower than current market rates for 2024/25 and 2025/26. These tranches of energy have now been sold back to British Gas with a net **£2.520m** one-off windfall gain to NHS Wales to be accounted for in the 2023/24 financial year. We have progressed conversations with Audit Wales regarding the accounting treatment of this in the current financial year and they are supportive of this approach.

We will receive the cash settlement from British Gas in the middle of March 2024. We will request invoices to be raised by Organisations in mid-February to repatriate their share of the gain. We will aim to make payment of these invoices prior to the last NHS payment date of the financial year once we have confirmed remittance of the cash payment from British Gas. The shares have been determined based on the percentage split of energy volumes that are forecast by Organisation with a nominal £5,000 for smaller NHS Organisations.

Organisation	Volume kWh	% Breakdown	Sell Back Value to date 12.06.2023
Betsi	122650537	21.388%	£ 534,709.41
Cardiff & Vale	121409206	21.171%	£ 529,297.69
Aneurin Bevan	97129621	16.937%	£ 423,447.99
Swansea Bay	89841575	15.666%	£ 391,674.89
Cwm Taf Morgannwg UHB	65960925	11.502%	£ 287,564.40
Hywel Dda	55062596	9.602%	£ 240,051.85
Powys	13914315	2.426%	£ 60,661.09
Velindre NHS Trust	4193267	0.731%	£ 18,281.04
Welsh Ambulance	3301582	0.576%	£ 14,393.64
NHS Wales Shared Services Partnership	767,893		£ 5,000.00
Public Health	481,825		£ 5,000.00
Health Education	422,061		£ 5,000.00
Digital Health and Care Wales	89,263		£ 5,000.00
TOTAL	573,463,626	100%	£ 2,520,082.00

# Overpayments of Salary

	GROSS OVERPAYMENT (£)			
	2019-2020	2020-2021	2021-2022	2022-23
Aneurin Bevan	879,673	1,392,530	1,968,764	2,211,917
Betsi Cadwaladr	1,412,947	1,207,828	996,964	1,379,063
Cardiff & Vale	941,819	1,243,265	2,259,051	2,230,649
Cwm Taf	1,327,606	1,548,624	1,638,095	1,592,993
DHCW			30,847	60,314
HEIW	8,790	9,450	14,323	63,228
Hywel Dda	56,781	43,471	266,814	377,128
NWSSP (including SLE)			802,122	2,089,777
Powys	58,601	119,644	206,740	253,764
Public Health Wales	73,263	86,585	189,563	138,320
Swansea Bay	1,242,738	933,837	1,200,309	1,196,869
Velindre	218,516	486,572	397,171	110,784
WAST	121,594	154,473	206,679	301,409
<b>TOTAL</b>	<b>6,342,329</b>	<b>7,226,281</b>	<b>10,177,441</b>	<b>12,006,215</b>

- Task & Finish Group – finance leads from all NHS Wales Organisations – remit to link in widely across Organisation Workforce & Finance leads
- All Wales Recovery of Overpayments Procedure – Version 6 prepared and widely consulted on
- Version 7 – presented to Workforce Directors 17<sup>th</sup> November
- Directors & Deputy Directors of Finance – November & December
- Trade Unions to be consulted with
- Task & Finish Group update 27<sup>th</sup> November

## Key Points in All Wales Recovery of Overpayments Procedure:

- One procedure for Payroll to adhere to when an overpayment has been identified
- Definition of roles & responsibilities – payroll, line manager, employee, finance – process streamlined
- Overpayment definitions simplified
- Automatic recovery of overpayment due to late submission of a change/termination form where impact is less than 1 month
- Option for pay elements to be suspended where an employee self declares an overpayment to prevent further overpayments
- Initial and follow up payroll overpayment letters reworded, and a contact name included
- Inclusion of a hardship assessment for consideration of extended repayment terms where UHBs wish to use this
- Counter fraud initial assessment only if 3 criteria met (no contact from employee and occurred for > 3months and > £5,000)
- Generic principles of recovery periods included (over same period overpayment occurred to a maximum of 12 month), noting that the debts and the ultimate recovery arrangements are local UHB/Trust decisions and extended terms may wish to be agreed dependent upon the circumstances

# Financial Position and Key Targets

KPI	Target		2022/23					2023/24								Trend
			October	November	December	January	February	March	April	May	June	July	August	September	October	
Financial Position – Forecast Outturn	Break even	Monthly	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	Breakeven	
Capital financial position	Within CEL	Monthly	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	
Distribution		0 Annually	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	£1.6m	£1.6m	
% of Non NHS Invoices paid within 30 days (In Month)	95%	Monthly	95.51%	95.04%	93.91%	89.64%	100.07%	98.06%	98.24%	98.87%	96.55%	97.51%	96.93%	98.57%	96.74%	
% of Non NHS Invoices paid within 30 days (Cumulative)	95%	Monthly	95.85%	95.75%	95.51%	94.90%	95.50%	95.71%	98.24%	98.56%	97.84%	97.76%	97.57%	97.78%	97.61%	
% of NHS Invoices paid within 30 days (In Month)	95%	Monthly	86.52%	83.82%	76.29%	85.83%	91.73%	87.38%	98.76%	95.00%	99.15%	94.64%	94.50%	95.10%	100.00%	
% of NHS Invoices paid within 30 days (Cumulative)	95%	Monthly	89.44%	88.77%	86.96%	86.79%	87.50%	86.44%	98.76%	97.32%	97.89%	97.15%	96.67%	96.45%	97.06%	
Retrospective Purchase Orders		0 Monthly	65	75	64	54	126	102	64	75	79	60	71	105	144	

# Corporate

KPI		Target		2022/23							2023/24						Trend
				October	November	December	January	February	March	April	May	June	July	August	September	October	
NHS Debts in excess of 17 weeks - number of invoices	0 Monthly			1	7	12	5	11	0	0	2	12	11	18	6	0	
Variable Pay – Overtime	<£75k Monthly			£137k	£143k	£120k	£104k	£108k	£106k	£120k	£136k	£109k	£105k	£122k	£100k	£102k	
Agency % to date	<0.8% Cumulative			0.30%	0.31%	0.29%	0.31%	0.32%	0.29%	0.28%	0.30%	0.32%	0.33%	0.32%	0.32%	0.30%	
Agency % Adjusted to exclude SLE	<1% Cumulative			1.08%	1.10%	1.04%	1.10%	1.16%	1.03%	1.01%	1.08%	1.03%	1.02%	1.03%	1.07%	1.04%	



## Recommendations

The Shared Services Partnership Committee is asked to note:

1. The financial position to 31<sup>st</sup> October 2023
2. The additional savings proposals submitted to Welsh Government
3. The 2023/24 £1.600m savings distribution
4. The WRP forecast position and revised risk share apportionments for 2023/24 and future years
5. The energy update
6. Progress on developing an All Wales Recovery of Overpayments Procedure
7. Achievement against key financial targets
8. The content of this update and seek further information if required.



*Adding Value  
Through Partnership,  
Innovation and Excellence*

# Management Letter - NHS Wales Shared Services Partnership

Audit year: 2022-23

Date issued: September 2023



This document has been prepared as part of work performed in accordance with statutory functions.

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The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at [infoofficer@audit.wales](mailto:infoofficer@audit.wales).

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

# Contents

Our work did not identify any issues concerning the services provided by the NHS Wales Shared Services Partnership (NWSSP).

**Summary report**

Introduction	4
Issues arising from the audit	4
Recommendations	6

# Summary report

## Introduction

- 1 The Auditor General is responsible for providing an opinion on whether each NHS body's financial statements represent a true and fair view of the state of its financial affairs as at 31 March 2023.
- 2 The audit teams of each individual health body are responsible for undertaking audit work to enable the Auditor General to provide his opinion and in doing so they determine the audit and assurance work required on the services provided by the NHS Wales Shared Services Partnership (NWSSP).
- 3 During April 2023 we presented a paper to the NWSSP Audit Committee – 2022-23 Audit Assurance Arrangements – setting out the external audit assurance work to be undertaken on those services provided by the NWSSP to the various NHS bodies across Wales.
- 4 In this report we outline the findings identified from this work in respect of:
  - Audit and Assurance Services (NWSSP – AAS);
  - Primary Care Services (NWSSP – PCS);
  - Employment Services (NWSSP – ES);
  - Procurement Services (NWSSP – PS); and
  - Legal and Risk Services (NWSSP – LARS) which includes Welsh Risk Pool Services (WRPS).
- 5 We will issue a separate report detailing the findings from our review of the nationally hosted NHS IT Systems.

## Issues arising from the audit

- 6 Our work did not identify any issues that prevented auditors relying on services provided by NHS Wales Shared Services Partnership (NWSSP).
- 7 In addition, the recommendations raised following our 2021-22 audit work have also been satisfactorily addressed.
- 8 The scope of our work and our high-level findings in respect of each of the services subject to our review are outlined below for information.

### Audit and Assurance Services (AAS)

- 9 Local health body audit teams need to consider ISA 610 – Using the work of internal auditors – to assess the adequacy of Internal Audit work for the purposes of the audit. To inform this evaluation, we considered the arrangements in place within AAS and also considered the results of the external review of Internal Audit arrangements by CIPFA against the requirements of the Public Sector Internal Audit Standards. Their report, issued in March 2023 concluded that they have complied with these standards.

- 10 We did not identify any issues regarding AAS's that would prevent audit teams taking assurance from their work.

### **Primary Care Services (PCS)**

- 11 Local Health Board audit teams planned to place reliance on specific key controls within the general medical services (GMS) and general pharmaceutical services (GPS) systems. We therefore documented, evaluated and tested controls in respect of these systems.
- 12 The controls tested were found to be operating effectively overall and could therefore be relied upon by local NHS audit teams.

### **Employment Services**

- 13 For 2022-23, as a result of a change in audit approach due to ISA315 local health body audit teams did not plan to place reliance during 2022-23 on the key controls in respect of exception reporting within the payroll system. Instead, our audit work focussed on the documentation of:
- the key controls within the payroll system operated by NWSSP for the two teams located within Companies House; and
  - the arrangements in place concerning the Single Lead Employer payroll including how NWSSP recharges NHS bodies for these costs.
- 14 No issues were identified from this work.

### **Procurement and Accounts Payable Services**

- 15 Our assurance work focussed on the approval arrangements in respect of contracts exceeding £1 million, awarded by the Procurement Unit in NWSSP. We found no cases of contracts exceeding £1m being awarded without Welsh Government approval.
- 16 We also considered and documented the key controls within the accounts payable system operated within NWSSP. There are no issues to report to NWSSP concerning this work.

### **Legal and Risk Services (LARS)**

- 17 The local audit teams at each NHS body need to consider ISA 500 – Audit evidence – to assess the adequacy of Legal and Risk Services as a management expert for the purposes of their audits. To aid this evaluation, we considered the arrangements in place at NWSSP against the requirements of ISA 500. Based on the work undertaken, we did not identify any issues that would prevent auditors relying on NWSSP – LARS's work as a management expert.

## Recommendations

- 18 There are no recommendations arising from our 2022-23 work. In addition we are also satisfied that the recommendations raised following our 2021-22 audit work have been satisfactorily addressed.





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We welcome correspondence and telephone calls in Welsh and English.  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

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

MEETING	Shared Services Partnership Committee (SSPC)
REPORT DATE	8 <sup>th</sup> November 2023
REPORT AUTHOR	Sarah Evans, Deputy Director of People and OD
RESPONSIBLE DIRECTOR OF SERVICE	Gareth Hardacre, Director of People, OD and Employment Services
TITLE OF REPORT	Report of the Director of People, OD and Employment Services
PURPOSE OF REPORT	
<p>The purpose of this report is to provide SSPC with a comprehensive update of current workforce performance across the organisation through a range of workforce information key performance indicators (KPIs) as at 30<sup>th</sup> September 2023. The report also provides an update on current work programmes being undertaken by the People and OD Function as well as any organisational change activity ongoing throughout October 2023.</p> <p>The report is split into sections, starting with a workforce summary showing key performance indicators, followed by the initiatives the team are leading/supporting regarding the Employee Value Proposition and lastly the interventions/activities concerning the employee experience. This format hopes to showcase the moments that matter to NWSSP employees and to encourage open and honest conversations to take place, in relation to our strategic objective; to have an appropriately skilled, productive, engaged and healthy workforce.</p>	



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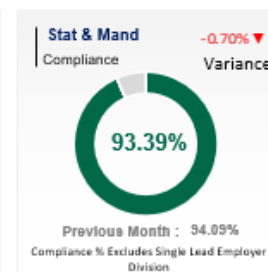
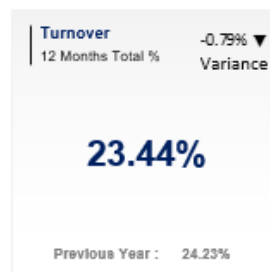
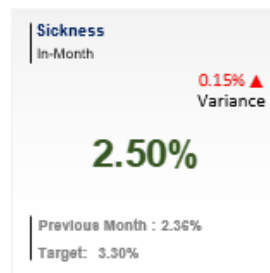
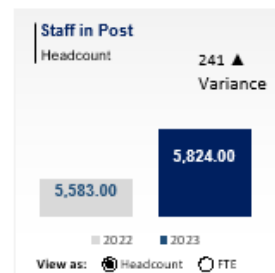
### Top 3 reasons for absence by FTE days Lost

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

### Welsh Language Awareness

A continued increase in compliance for Welsh Language Awareness can be seen in September at **90.47%** when excluding Single Lead Employer Division.

Including Single Lead Employer Division compliance decreases to **44.19%**



#### Key

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

### Headcount

The increase in headcount for July is predominantly due to the onboarding of new F1 trainees.

The decrease in headcount seen in August is due to the completion of training for SLE trainees

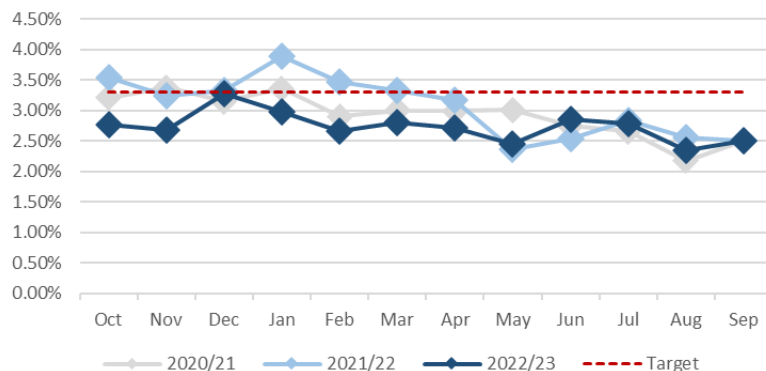
### Turnover

Including Single Lead Employer Division Turnover is at **23.44%** which has decreased by 0.79% when compared against the same period last year.

Excluding Single Lead Employer Division turnover is at **11.98%** which has reduced from **13.98%** for the same period last year

## FURTHER DETAIL

NWSSP Overall Sickness Absence % Monthly Comparison over 3 Years



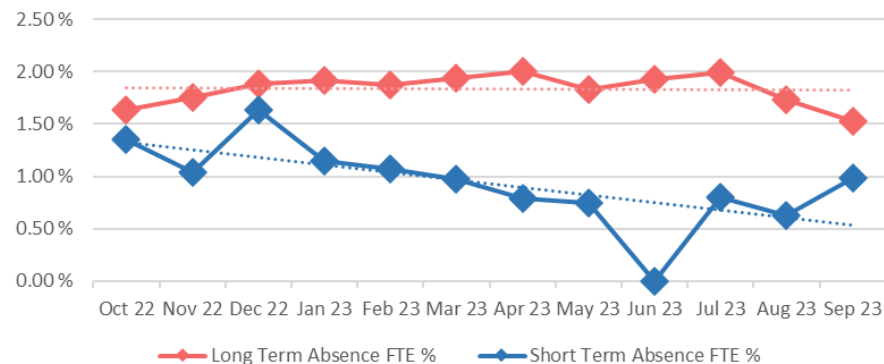
Data Source: ESR

### Long Term Vs Short Term Absence

Long term absence has decreased over the most recent quarter and is at **1.52%**. The top reason for long term absence for the period was **Anxiety/stress/depression/other psychiatric illnesses**

Short term absence has increased during September and is at **0.98%**. The top reason for short term absence being **Cold, cough, flu - influenza**

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



Data Source: ESR

### In Month Sickness Absence Percentage by Division

Division	Aug-23	Sep-23	Change
Accounts Payable Division	2.55%	2.25%	-0.30% ▼
Audit & Assurance Division	0.25%	0.53%	0.28% ▲
Corporate Division	2.55%	4.72%	2.17% ▲
Counter Fraud Division	0.00%	0.00%	0.00%
Digital Workforce Division	4.85%	3.16%	-1.69% ▼
E-Business Central Team Division	0.44%	0.00%	-0.44% ▼
Employment Division	5.34%	5.70%	0.36% ▲
Finance Division	0.13%	5.91%	5.78% ▲
Hosted Services Division	3.25%	0.61%	-2.64% ▼
Laundry Division	6.30%	10.60%	4.30% ▲
Legal & Risk Division	1.30%	2.54%	1.24% ▲
Medical Examiner Division	2.76%	2.51%	-0.25% ▼
Medical Workforce Division	0.00%	0.00%	0.00%
People & OD Division	6.78%	5.53%	-1.25% ▼
Pharmacy Technical Services Division	0.94%	0.62%	-0.32% ▼
Planning, Performance and Informatics Division	1.13%	1.89%	0.76% ▲
Primary Care Division	3.21%	4.58%	1.37% ▲
Procurement Division	6.06%	6.04%	-0.02% ▼
Single Lead Employer Division	1.15%	1.03%	-0.12% ▼
Specialist Estates Division	2.02%	1.11%	-0.91% ▼
Surgical Materials Testing (SMTL) Division	0.15%	1.51%	1.36% ▲
Welsh Employers Unit Division	9.17%	15.79%	6.62% ▲
<b>Grand Total</b>	<b>2.36%</b>	<b>2.50%</b>	<b>0.14% ▲</b>

Source: ESR

In month sickness has increased from the August 23 position and is now **2.50%** which is below the target of 3.30%

Welsh Employers Unit Division has the highest in month sickness Percentage for September at **15.79%**

## E-Learning Competency Compliance

Division	NHS CSTF Equality, Diversity and Human Rights - 3 Years	NHS CSTF Fire Safety - 2 Years	NHS CSTF Health, Safety and Welfare - 3 Years	NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	NHS CSTF Information Governance (Wales) - 2 Years	NHS CSTF Moving and Handling - Level 1 - 2 Years	NHS CSTF Resuscitation - Level 1 - 3 Years	NHS CSTF Safeguarding Adults - Level 1 - 3 Years	NHS CSTF Safeguarding Children - Level 1 - 3 Years	NHS CSTF Violence and Aggression (Wales) - Module A - No Specified Renewal
Accounts Payable Division	98.62%	97.93%	98.62%	97.24%	95.86%	96.55%	97.93%	97.24%	96.55%	100.00%
Audit & Assurance Division	96.15%	90.38%	92.31%	94.23%	88.46%	88.46%	98.08%	92.31%	94.23%	100.00%
Corporate Division	92.59%	92.59%	92.59%	96.30%	92.59%	96.30%	96.30%	92.59%	92.59%	100.00%
Counter Fraud Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Digital Workforce Division	96.15%	100.00%	96.15%	96.15%	96.15%	88.46%	96.15%	100.00%	96.15%	100.00%
E-Business Central Team Division	100.00%	93.75%	93.75%	93.75%	93.75%	87.50%	100.00%	93.75%	93.75%	100.00%
Employment Division	94.10%	93.83%	93.30%	90.88%	91.96%	92.76%	93.83%	90.35%	90.62%	97.59%
Finance Division	88.00%	84.00%	88.00%	84.00%	84.00%	88.00%	92.00%	88.00%	88.00%	88.00%
Hosted Services Division	100.00%	100.00%	91.67%	91.67%	83.33%	91.67%	83.33%	83.33%	83.33%	91.67%
Laundry Division	83.97%	88.55%	90.84%	88.55%	66.41%	86.26%	92.37%	87.02%	85.50%	86.26%
Legal & Risk Division	96.99%	91.57%	95.78%	95.18%	92.17%	93.37%	98.19%	95.18%	95.78%	96.39%
Medical Examiner Division	91.14%	92.41%	91.14%	74.68%	93.67%	84.81%	86.08%	75.95%	74.68%	91.14%
Medical Workforce Division	78.57%	71.43%	78.57%	78.57%	71.43%	71.43%	71.43%	71.43%	71.43%	85.71%
People & OD Division	97.73%	93.18%	97.73%	97.73%	88.64%	90.91%	97.73%	97.73%	97.73%	95.45%
Pharmacy Technical Services Division	88.00%	92.00%	96.00%	88.00%	88.00%	88.00%	88.00%	88.00%	92.00%	92.00%
Planning, Performance and Informatics Division	97.67%	100.00%	95.35%	93.02%	90.70%	95.35%	100.00%	97.67%	97.67%	100.00%
Primary Care Division	96.62%	96.62%	96.62%	94.59%	95.95%	97.64%	96.28%	94.93%	94.93%	98.31%
Procurement Division	94.41%	92.88%	93.85%	92.32%	90.92%	90.92%	93.85%	93.44%	93.02%	97.49%
Specialist Estates Division	100.00%	98.08%	100.00%	98.08%	96.15%	98.08%	100.00%	98.08%	98.08%	100.00%
Surgical Materials Testing (SMTL) Division	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Welsh Employers Unit Division	71.43%	57.14%	57.14%	71.43%	57.14%	71.43%	71.43%	57.14%	57.14%	85.71%
NHS Wales Shared Services Partnership	94.52%	93.55%	94.34%	92.28%	90.70%	92.24%	94.65%	92.50%	92.32%	96.75%

Source: ESR

Note: compliance excludes Single Lead Employer Division

## EMPLOYEE VALUE PROPOSITION

### What we mean by Employee Value Proposition:

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

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

### Recruitment & Attraction Activity

#### Policy Group

Policies and Procedures are key to any organisation, they help guide the day-to-day People aspects of an employee’s journey, for example sickness, maternity/parental leave, special leave etc. Within NWSSP we utilise All Wales Policies, Velindre Policies and Procedures and NWSSP Policies and Procedures. All these policies and procedures have review dates to ensure they are kept up to date and are aligned to employment law developments and best practice. We have now established a group to develop, discuss and update People and OD Policies and Procedures; this group will support the review of People and OD policies and procedures. The Terms of Reference were signed off at Local Partnership Forum (LPF) on 27<sup>th</sup> September, with the group meeting monthly from 2<sup>nd</sup> October.

A policy group page has been created for anyone who is unable, or does not wish, to attend the group but would like to provide comments or feedback on the policies under review. The aim is to give every employee working for NWSSP the opportunity to be involved in the development of our policies and procedures. More information about policies out for review can be found here:- [NWSSP Policies currently under review](#)

#### Recruitment & Retention Group

The People and OD Recruitment & Retention Group is a formal subgroup of the Local Partnership Forum and has been established to harmonise, develop and review an organisational approach to how we attract, recruit and retain employees across NWSSP. The aim of the group is to ensure all approaches are considered in partnership with Trade Union representatives, People & Organisational Development representatives and has been made open to all staff to attend from across the organisation. The group will propose new ways of enhancing our employee value proposition and send them for consideration and ratification by the LPF. The Terms of Reference were signed off at LPF on 27<sup>th</sup> September, with the group meeting monthly from 29<sup>th</sup> September.

A Recruitment and Retention Group page has been created for anyone who is unable, or does not wish, to attend the group but would like to provide comments or feedback of ideas under consultation. [Recruitment and Retention Group](#)

#### NWSSP Videos

We have now finalised the two organisational videos and they are live in both English and Cymraeg on our website, job adverts and intranet pages under the [Working for us - NHS Wales Shared Services Partnership](#). Please see below for further information:-

[Top Tips - Be Yourself! \(English\) – YouTube](#) The “Tops Tips – Be Yourself” video has been designed to support candidates applying for roles with NWSSP. We have outlined 8 key steps to help candidates articulate their capabilities and experience when completing applications with NWSSP.

[Benefits \(English\) – YouTube](#) Our “Benefits” video has been created to highlight and showcase some of the benefits of working for the NHS and NWSSP.

## EMPLOYEE VALUE PROPOSITION

### What we mean by Employee Value Proposition:

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

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

### Recruitment & Attraction Activity – Widening Access

#### NWSSP's Participation in Careers Events

- People and OD have attended **5 careers events between June and September 2023**. These events have concentrated on one geographical area initially and we have committed to careers events spread across Wales over the coming months and into 2024.

#### NWSSP's New Early Careers Network

- NWSSP's new Early Careers Network was launched in the first week of October. This network will bring together colleagues from across our services to ensure that a consistent approach is taken when attending careers events on behalf of the organisation. The network will be a platform to share resources, information and ensure People and OD have oversight of ongoing activities.

#### Careers Events Resource Pack

- To support the above, careers event resources have been created and will be shared with and used by members of the network to ensure consistency and alignment with the Employee Value Proposition project. These resources include:
  - An Early Careers Booklet
  - NWSSP Service Descriptors
  - Presentation template
  - Staff Case studies
  - Signposting to our new external facing page: [Shaping your NHS Career with NWSSP - NHS Wales Shared Services Partnership](#)
- A SharePoint intranet page was designed during September which also includes the above resources. Our communications team are currently working on final amendments to the resources ahead of the launch planned for November.

## RESOURCE BANK AND AGENCY

**General Bank – Monthly Use**

89.88 WTE actively engaged on the Bank in September 2023, when removing collaborative bank and corporate reserves. This is down from 101.84 in August

Total spend of £264,123 when excluding Corporate Reserves and Collaborative Bank. which compares with £267,438 in August

Large decreases in Procurement, offset by increases in HCS from month 5.

Row Labels	Sum of Cur Month Actual	Sum of WTE Actual
Accounts Payable & e-Enablement	10,947.62	3.71
Audit & Assurance Services	-1,881.32	-0.09
Employment Services	30,682.91	10.80
Procurement Services	61,640.01	24.03
Primary Care Services	14,324.68	4.94
Legal & Risk Services	1,368.11	0.70
Planning, Performance & Informatics	9,364.48	1.97
Health Courier Services	71,301.72	26.15
SMTL	5,615.19	0.57
Medical Examiner Service	0.00	0.00
All Wales Collaborative Bank	62,491.97	12.65
All Wales Laundry	22,449.58	7.95
E-Business Central Team Services	1,302.49	0.63
People & Organisational Development	16,423.58	5.82
Pharmacy Technical Services	0.00	0.00
Corporate Reserves	0.00	0.00
GP Training Scheme	0.00	0.00
Finance and Corporate Services	11,016.87	1.59
Welsh Risk Pool	9,567.51	1.11
<b>Grand Total</b>	<b>326,615.40</b>	<b>102.53</b>

**Agency Spend by Service**

Service Area	Sum of Sep	No Engagements
Audit	12,459	4
Corporate	15,533	1
HCS	29,821	6
Laundry	29,443	17
PS - Local Procurement	158	1
PPI	8,400	1
<b>Total</b>	<b>95,814</b>	<b>30</b>

**Agency Use**

Spend for September increased to £95,814 (from £82,372 in August)

30 x staff engaged via Agency in September

Significant increase in seen in HCS and Corporate/Finance services

**Other News**

17 staff placed in September

All onboarding for bank now being done through TRAC in line with recruitment services processes

Adverts going live externally for Admin, Drivers/stores and laundry roles in October ready to recruit and provide winter cover for our services

## RESOURCE - VACANCY CONTROL PANEL

VC Meeting: 12th September 2023			
Vacancies		Flexible Recruitment Business Case	
Approved	11	Approved	0
Further Info Required	5	Further Info Required	0
Not considered due to authorisation not complete on TRAC	2	Declined	0
Declined	0	<b>Total</b>	<b>0</b>
<b>Total</b>	<b>18</b>		
VC Meeting: 19th September 2023			
Vacancies		Flexible Recruitment Business Case	
Approved	3	Approved	0
Further Info Required	2	Further Info Required	1
Not considered due to authorisation not complete on TRAC	2	Declined	0
Declined	0	<b>Total</b>	<b>1</b>
<b>Total</b>	<b>7</b>		
VC Meeting: 25th September 2023			
Vacancies		Flexible Recruitment Business Case	
Approved	9	Approved	4
Further Info Required	0	Further Info Required	0
Declined	0	Declined	0
<b>Total</b>	<b>9</b>	<b>Total</b>	<b>4</b>

VC Meeting: 3rd October 2023			
Vacancies		Flexible Recruitment Business Case	
Approved	3	Approved	1
Further Info Required	8	Further Info Required	0
Declined	0	Declined	0
<b>Total</b>	<b>11</b>	<b>Total</b>	<b>1</b>
VC Meeting: 10th October 2023			
Vacancies		Flexible Recruitment Business Case	
Approved	5	Approved	1
Further Info Required	0	Further Info Required	0
Declined	1	Declined	0
<b>Total</b>	<b>6</b>	<b>Total</b>	<b>1</b>

## TRAC Adverts

47 jobs taken to vacancy control  
 31 approved  
 15 further information required  
 1 declined

## Flexible Recruitment Business Cases

7 cases taken to vacancy control  
 6 approved  
 1 further information required  
 0 declined

## Key Themes / Feedback

- In line with the new 6 core questions, some information has been considered too generic. The ask is that services need to provide more explicit information about the role and need for the advert
- Wider context to be provided around the current structure and Whole Time Equivalents (WTE) to allow consideration of overall impact on the service
- The panel have advised that some adverts do not take a holistic view of service and/or organisational requirements and have asked managers to consider business agility including transferable skill sets and sharing workloads across teams
- The panel have reminded managers that where vacancies are appropriate for redeployment, suitable candidates must be considered in the first instance



## EMPLOYEE EXPERIENCE

## Corporate Engagement

**What we mean by Employee Experience:**

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

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

**People Development**

- Training was delivered to 80 staff members across various departments, including the second cohort of the Leading for Excellence and Innovation programme, Welcome Induction, Managers Induction and Performance Appraisal Training.
- As part of the NHS Wales General Management Graduate Programme we welcomed Khadija Uddin into NWSSP. Khadija successfully completed her Organisational Safari and commences her first placement in Planning and Performance on 16<sup>th</sup> October.
- 4 members of staff have enrolled in fully funded qualifications through Welsh Government. The qualifications include Business Admin Level 3, CIPD Level 3, ILM Level 4 and Project Management showing a commitment to continuous learning and professional growth.

**Well-being and Inclusion**

- A gambling awareness session was held for Health & Wellbeing Champions and others. The event received very positive feedback and a gambling awareness page is being developed as part of the addiction resources.
- A survey was sent out to all staff asking about their views and experiences of the recent physical activity series provided over the last few months. This highlighted some very positive views of the opportunities but reflected the inability of colleagues to be able to undertake these activities on site. On-demand digital access is being explored as an alternative offering in the coming months.
- NWSSP hosted a Time to Change Employer event in Matrix house on 28<sup>th</sup> September with 18 different organisations, it was a successful day with NWSSP providing a case study of the positive work achieved in supporting mental health in the workplace.
- Further training has been delivered to teams on Equality, Diversity and Inclusion with more requests coming in from services.

**Culture and Engagement**

- The NHS Staff Survey will be launched on October 16<sup>th</sup>, communication and engagement has taken place throughout September to encourage staff participation. Awareness events are being run on sites where colleagues do not have access to digital communications. The Business Partners will be supporting the OD team in attending each of the sites to promote the importance of completing the staff survey. Any themes emerging on such areas will be dealt with through appropriate OD intervention.
- The PADR review engagement will continue to the end of October.
- Preparations are in progress for the upcoming Staff Recognition Awards which will take place on February 28<sup>th</sup>. The event will be held virtually followed by in-person regional events for the winners and runners up. Staff can begin nominating from 6<sup>th</sup> November.



## EMPLOYEE EXPERIENCE CONTINUED

**Primary Care Services**

- The consultation for the relocation of Document Scanning workforce from Companies House to Mahmillad has now been completed, all parties have received one to one's, Frequently Asked Questions (FAQs) have been developed and the final consultation document has now been sent to staff. The consultation has highlighted that 3 of the workforce will not be in a position to relocate, therefore suitable alternatives are being sourced

**Medical Examiner Service**

- Interviews have taken place to appoint to the four Band 6 Hub Medical Examiner Officer post.
- Expressions of interest have been requested from all Medical Examiners for the four Lead Medical Examiner leadership posts.

**Laundry Services**

- The communication and TUPE consultation process for Glangwilli Laundry will be commencing in November 2023 with the goal of the TUPE process being completed by March 2024. A workforce paper has been developed which highlights the workforce numbers for Glangwilli Hospital plus a heat map identifying home addresses of the workforce which will aid with any decisions.

**Procurement**

- A tailored Managing Attendance at Work Training session was delivered in Bridgend Stores on 2nd of October by the Business Partnering Team. The Business Partnering team were also available on site to support staff with any additional queries.
- A number of fixed-term contracts came to an end on 30th of September within Supply Chain Logistics and Transport and Health Courier Service. Management intend to issue a communication in October to staff regarding fixed term contracts due to expire in March 2024. People and OD and Finance are working together to identify staff at risk of redundancy who may be entitled to a redundancy payment.
- An Organisational Change Policy within the Resilience Team in IP5 has been concluded. This was finalised in partnership with UNISON.

**Cathays Park 2 (CP2)**

Following recent meetings and emerging information from Welsh Government regarding parking at CP2, the project is temporarily on hold. Although more decisions are being considered, work is still being carried out in the background as follows:

- A small travel survey was launched to identify how often staff travel and if public transport would be an option. These results will feed into the overall Business Case.
- Travel data is currently being used to consider two additional locations; Nantgarw and Public Health Wales. Access to both locations on public transport and the impact on additional mileage is being reviewed.
- We are also currently reviewing public transport discounts that are available for staff travelling in and across Cardiff and the Vale. As part of this information gathering exercise, we will also look at pan Wales travel discounts. We are also gleaning more information on signing up to the Public Sector Active Travel Charter and benefits this would bring.

Whilst the move is temporarily on hold, decisions will need to be made on the following if the move to CP2 does go ahead :

- Whether the organisation would sign up to the updated service for Disclosure and Barring Service Checks (DBS)
- Who would be responsible for processing the DBS checks i.e., Recruitment or P&OD
- Agreement as to the staff who would be based at CP2 and those additional staff who would need ad hoc but frequent access.

If the decision is made not to move to CP2, staff will be updated and engaged with appropriately resulting in a new Organisational Change Process consultation.



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

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM: 6.3**

**23 November 2023**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**Performance Update Report**

**ARWEINYDD:  
LEAD:**

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

**AWDUR:  
AUTHOR:**

**Richard Phillips, Business and Performance  
Manager**

**SWYDDOG ADRODD:  
REPORTING  
OFFICER:**

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

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

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

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

**Value for Money** - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers.

**Excellence** - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology.

**Staff** - To have an appropriately skilled, productive, engaged and healthy workforce.

**Tystiolaeth:  
Supporting  
evidence:**

NWSSP IMTP 2023-26

**Ymgynghoriad/Consultation :**

Senior Leadership Group

Adduned y Pwyllgor/Committee Resolution (insert ✓):						
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE
<b>Argymhelliad/ Recommendation</b>		The Shared Services Partnership Committee is requested to NOTE:				
		1. The significant level of professional influence benefits generated by NWSSP to 30th September 2023.				
		2. The performance against the high-level key performance indicators to 30th September 2023.				
		3. The variation in performance between health organisations.				

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

# NWSSP Performance Information Report

Covering Period June to  
September 2023

*Delivering  
Value, Innovation and  
Excellence through  
Partnership*

## Purpose

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

Health Organisations have received their individual performance reports for Quarter 2 at the end of October 2023 and will receive the Quarter 3 reports at the end of January 2024.

Individual review meetings are scheduled in November to discuss mid-year performance with every organisation.

## Key Messages

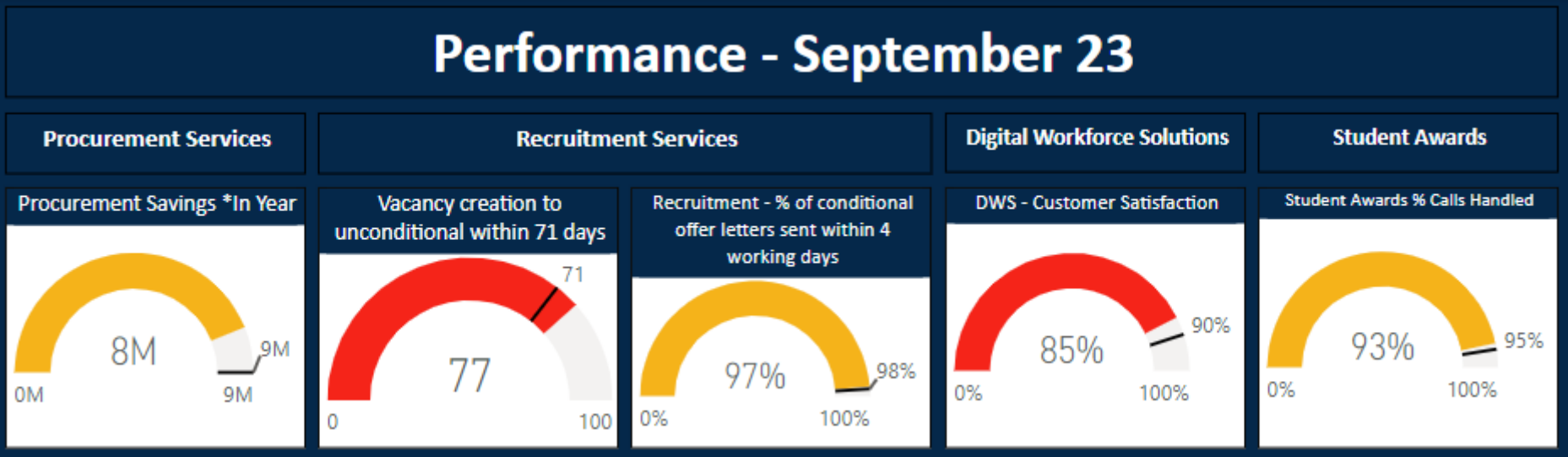
The in-month September performance was generally good with 36 KPIs achieving the target against the total of 41 KPIs.

However, 5 KPIs did not achieve the target and are considered Red/Amber. For these indicators where the target was missed there is a brief explanation included.

Professional influence benefits amount to £83M at end of September. This is further broken down on Page 12 of this report.








# Summary Position by exception – 5 KPIs off target








Of the 5 KPIs that did not achieve the targets for July

- 2 are a combination of both External/Internal processes.
- 3 are within our gift to influence as a service provider.

# Summary of Key Performance Indicators – September 23

23/24								
KFA	KPIs	Target		June	July	August	September	Trend
Audit & Assurance								
Our Services	Audit opinions/annual reports on track	Y/N	Monthly	Y	Y	Y	Y	
Our Services	Audits delivered for each Audit Committee in line with agreed plan	Y/N	Monthly	Y	Y	Y	Y	
Our Services	Report turnaround fieldwork to draft reporting [10 days]	95%	Monthly	89%	95%	98%	97%	
Our Services	Report turnaround management response to draft report [15 days]	75%	Monthly	67%	100%	93%	93%	
Our Services	Report turnaround draft response to final reporting [10 days]	95%	Monthly	99%	100%	100%	100%	
Procurement Services								
Our Value	Procurement savings *Current Year	£9m	Cumulative	£9,807,588	£6,881,935	£7,421,541	£7,884,787	
Accounts Payable								
Our Value	Savings and Successes		Monthly	£810,119	£834,303	£241,072	Not Available	
Our Services	All Wales PSPP – Non-NHS YTD	95%	Quarterly	96.60%	Reported Quarterly	Reported Quarterly	96.40%	
Our Services	All Wales PSPP –NHS YTD	95%	Quarterly	87.90%	Reported Quarterly	Reported Quarterly	88.10%	
Our Services	Accounts Payable % Calls Handled (South)	95%	Monthly	99.40%	99.60%	99.40%	99.40%	
Employment Services								
Payroll								
Our Services	Overall Payroll Accuracy	99.60%	Monthly	99.77%	99.78%	99.71%	99.73%	
Our Services	Payroll % Calls Handled	95%	Monthly	98.00%	98.23%	98.32%	98.60%	
Recruitment All Wales								
Our Services	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	59.6%	57.3%	53.7%	55.8%	
Our Services	Average Days Vacancy creation to unconditional offer within 71 days		Monthly	73.90	78.40	76.40	76.70	
Recruitment Responsibility								
Our Services	Recruitment - % of Vacancies advertised within 2 working days of receipt	98%	Monthly	97.8%	98.2%	98.0%	99.0%	
Our Services	Recruitment - % of conditional offer letters sent within 4 working days	98%	Monthly	99.1%	96.9%	94.3%	97.3%	
Our Services	Recruitment % Calls Handled	95%	Monthly	98.6%	99.1%	99.0%	99.4%	

# Summary of Key Performance Indicators – September 23

23/24										
KFA	KPIs			Target		June	July	August	September	Trend
Student Awards										
Our Services	% of NHS Bursary Applications processed within 20 days			100.00%	Monthly	100.00%	100.00%	100.00%	100.00%	
Our Services	Student Awards % Calls Handled			95%	Monthly	96.46%	97.62%	95.38%	93.30%	
Primary Care										
Our Services	Primary care payments made in accordance with Statutory deadlines			100%	Monthly	100%	100%	100%	100%	
Our Services	Prescription - keying Accuracy rates (Payment Month)			99%	Monthly	99.73%	99.72%	99.72%	99.74%	
Our Services	Urgent medical record transfers actioned within 2 working days			100%	Monthly	100%	100%	100%	100%	
Our Services	Patient assignment actioned within 24 hours of receipt of request			100%	Monthly	100%	100%	100%	100%	
Our Services	Category A Cascade alerts to be issued within 4 hours of receipt			100%	Monthly	100%	100%	100%	100%	
Legal & Risk										
Our Value	Savings and Successes			£65m annual target	Monthly	£10,736,282	£15,410,344	£4,126,624	£7,823,249	
Our Services	Timeliness of advice acknowledgement - within 24 hours			90%	Monthly	100%	100%	100%	100%	
Our Services	Timeliness of advice response - within 3 days or agreed timescale			90%	Monthly	100%	100%	100%	100%	
Welsh Risk Pool										
Our Services	Time from submission to consideration by the Learning Advisory Panel			95%	Monthly	100%	100%	100%	100%	
Our Services	Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee			100%	Monthly	100%	100%	100%	100%	
Our Services	Holding sufficient Learning Advisory Panel meetings			90%	Monthly	100%	100%	100%	100%	
Specialist Estates Services										
Our Value	Professional Influence			£16m annual	Monthly	£3,323,332	£2,067,496	£204,423	£492,122	
Our Services	Timeliness of Advice - Initial Business Case Scrutiny			95%	Monthly	83%	Not Applicable	Not Applicable	Not Applicable	
Our Services	Issues and Complaints			0	Monthly	0	0	0	0	
CTES										
Our Services	P1 incidents raised with the Central Team are responded to within 20			80%	Cumulative	100%	100%	100%	100%	
Our Services	BACS Service Point tickets received before 14.00 will be processed the			92%	Monthly	100%	100%	100%	100%	



# Summary of Key Performance Indicators – September 23

23/24								
KFA	KPIs	Target		June	July	August	September	Trend
Digital Workforce								
Our Services	DWS % Calls Handled	85%	Monthly	98.67%	89.40%	91.80%	90.30%	
Our Services	Customer Satisfaction	90%	Monthly	98.00%	80.30%	87.20%	84.70%	
SMTL								
Our Services	% of incident reports sent to manufacturer within 50 days of	90%	Monthly	100%	100%	100%	100%	
Our Services	% delivery of audited reports on time (Commercial)	87%	Monthly	100%	100%	100%	100%	
Our Services	% delivery of audited reports on time (NHS)	87%	Monthly	100%	100%	100%	100%	
Our Services	% delivery of Technical assurance evaluations on time	87%	Monthly	Not Applicable	100%	100%	Not Applicable	
Pharmacy Technical Services								
Our Services	Service Errors	<0.5%	Monthly	2 Errors	0%	0%	0%	
Medical Examiners Service								
Our Services	Deaths Scrutinised	60%	Monthly	100%	100%	100%	100%	
Our Services	Never Events	0	Monthly	0	0	0	0	
All Wales Laundry								
Our Services	Orders dispatched meeting customer standing orders	85%	Monthly	93%	95%	102%	91%	
Our Services	Delivery's made within 2 hours of agreed deliver	85%	Monthly	100%	100%	100%	100%	
Our Services	Microbiological contact failure points	85%	Monthly	100%	94%	97%	96%	
Our Services	Inappropriate items returned to the laundry including Clinical waste items	<5	Monthly	0	0	0	0	


# Procurement Services – Savings

				23/24				
KFA	KPIs	Target		June	July	August	September	Trend
Procurement Services								
Our Value	Procurement savings *Current Year	£9m	Cumulative	£9,807,588	£6,881,935	£7,421,541	£7,884,787	

**What is happening?**  
The All Wales in-year savings is tracking behind target achieving £7.8m against a target of £9m. The underachievement can mainly be attributed to a delay in signing off a Pathology Consumables Framework Agreement which caused a delay in the award of the contract which was planned for award in September however, the savings will now be captured in October.

**What are we doing about it and when is performance expected to improve?**  
Early indications of October savings shows that the target will be achieved. Savings plans and associated work programmes are under constant review. Procurement colleagues are working closely with the Health org finance and other key staff to develop and identify further savings.


# Student Awards

					23/24			
KFA	KPIs	Target		June	July	August	September	Trend
Student Awards								
Our Services	Student Awards % Calls Handled	95%	Monthly	96.46%	97.62%	95.38%	93.30%	

**What is happening?**  
The calls handled for September was 93% against the target of 95%. The underperformance can be attributed to the large increase in calls from 1,668 to 2,368 and some sickness within the team.

**What are we doing about it and when is performance expected to improve?**  
September is known to be a busy period for the service and the performance is consistent with the same period last year and in anticipation of the additional volumes the team had staffed up accordingly but, unfortunately this was offset by sickness absence. The team has dealt with 41% additional calls when comparing to the same period last year. The 95% target is set to be achieved in October. It is worth noting that the all bursary applications were processed within the 20-day target with the majority actioned within 14 days.

23/24

KFA	KPIs	Target		June	July	August	September	Trend
Digital Workforce								
Our Services	Customer Satisfaction	90%	Monthly	98.00%	80.30%	87.20%	84.70%	

What is happening?

Customer satisfaction has declined this month with 85% missing the 90% target and has been under target for the last 3 months. ESR Support Helpdesk merged with Learning at Wales (L@W) at the beginning July. This caused some issues initially and affected customer satisfaction. This has been further impacted in September by the need to triage more complicated queries to more experienced staff and instant responses have not been possible with all queries so causing delays. In addition, the staff that managed the L@W helpdesk has also left so the service is carrying a vacancy. The Senior Leadership Group agreed to change the performance in September from Amber to Red in line with our escalation process where a measure has been amber for 3 months..

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

The vacancy is in the process of being filled and the queries the current team are dealing with is being extended to reduce delays.

# Employment Services – Recruitment

23/24								
KFA	KPIs	Target		June	July	August	September	Trend
Employment Services Recruitment All Wales								
Our Services	All Wales - % of vacancy creation to unconditional offer within 71 days		Monthly	59.6%	57.3%	53.7%	55.8%	
Our Services	Average Days Vacancy creation to unconditional offer within 71 days		Monthly	73.90	78.40	76.40	76.70	
Recruitment Responsibility								
Our Services	Recruitment - % of Vacancies advertised within 2 working days of receipt	98%	Monthly	97.8%	98.2%	98.0%	99.0%	

### What is happening?

The target of creation to unconditional offer within the 71 days has slightly missed the target with an average of 76.7 days. 56% of the records were within the 71 days target. In broad terms the 71 days can be attributed to as follows:

Responsibility	Days
NWSSP	14
Organisation (Approval)	10
Recruiting Manager	33
Candidate/Occ Health (These can overlap)	14
	71

97% of records have the conditional offers sent within the target of 4 days with an average of 3.8 days.

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















During September there has been again a push on actioning outlying applicant journeys. The older records in the system have a detrimental impact on the Time to Hire, therefore organisations have been asked to look at these older records, which are shared via the Managers Update Report in order that they can be closed. This activity has been further supported via a commitment from the NWSSP Partnership Committee members for work to be completed on these older records as they skew the time to hire.

The following slides highlight the trend of vacancy creation to unconditional offer within 71 days and the variation between health organisations. In addition, the following slide highlights the number of conditional offers sent over time.

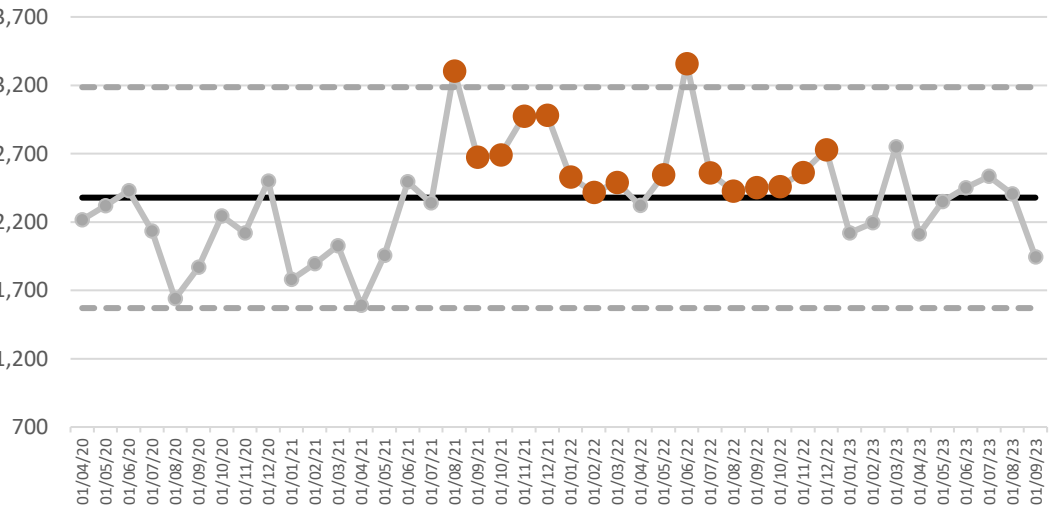
# Employment Services – Recruitment

## Recruitment

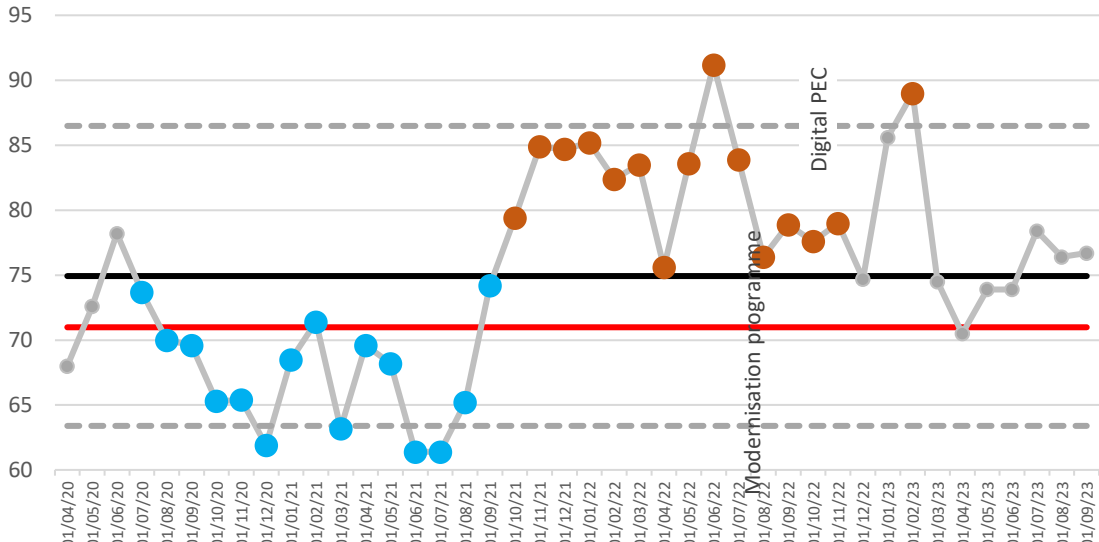
## Vacancy Creation to Unconditional Offer

Org	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Trend
AB	71	89	89	81	110	128	77	82	81	87	84	95	83	
BCU	71	80	76	70	80	90	80	73	72	73	74	75	73	
CV	71	83	83	84	88	86	78	81	76	81	86	88	97	
CTM	71	94	101	89	96	98	91	94	87	93	93	93	94	
HD	71	76	77	71	67	79	65	60	65	60	54	65	67	
HEIW	71	59	77	72	72	70	54	35	74	64	76	50	62	
DHCW	71	75	67	74	75	63	58	61	70	59	69	72	76	
NWSSP	71	68	61	61	72	94	63	67	64	62	78	76	87	
PTHB	71	73	74	72	72	81	72	65	64	70	80	82	72	
PHW	71	66	60	54	65	68	57	54	63	57	61	60	56	
SBU	71	103	100	86	90	91	81	77	72	76	79	74	79	
VEL	71	73	74	71	85	86	78	71	75	78	77	65	66	
WAST	71	81	90	93	142	126	107	97	98	92	113	121	110	
All Wales	71	78	79	75	86	89	75	71	74	74	78	76	77	

Number of Conditional Offers Sent



Vacancy Requested to Unconditional Offer



# Employment Services – Recruitment

The Recruitment Modernisation Process changes were implemented for CTM in August 2022 and BCU in September 2022, with implementation for C&V, AB, Vel, VCC, WBS, NWSSP, DHCW and HEIW in October 2022. HD, SB, PHW, WAST and Powys went live in December 2022. The charts below show the Vacancy creation to unconditional offer for the individual organisations March – September 23.



Vacancy Creation to unconditional offer



## Professional Influence Benefits

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

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

The indicative financial benefits across NHS Wales arising in the period April – September 2023 are summarised as follows:

Service	YTD Benefit £m
Specialist Estates Services	6.8
Procurement Services	7.8
Legal & Risk Services	65.5
Accounts Payable	2.8
Counter Fraud Services*	0.3
<b>Total</b>	<b>83</b>

\* Counter Fraud benefits currently only includes Q1

# Health Organisation Performance comparison 30<sup>th</sup> September 2023

The table below highlights the variation in performance between health organisations. The individual health org performance reports issued at the end of October include more details on areas of underperformance.

KPIs Sep 2023	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
HEALTH ORG KPIs Financial Information														
Professional Influence Savings- YTD	Our Value	£110m	£15.889m	£24.750m	£17.965m	£4.757m	£3.787m	£3.740m	£0.651m	£0.118m	£0.330m	£1.049m	£0.022m	£0.109m
Employment Services Payroll Services														
NWSSP Pay Accuracy	Our Services	99.6%	100.0%	100.0%	100.0%	99.8%	99.9%	100.0%	100.0%	100.0%	99.8%	99.9%	100.0%	99.7%
Overall Pay Accuracy	Our Services	99.6%	99.8%	99.9%	99.9%	99.7%	99.8%	99.9%	99.6%	99.8%	99.7%	99.9%	99.40%	99.6%
Calls Handling % Quarterly Average	Our Services	95%	98.4%											
Organisation KPIs Recruitment														
Vacancy creation to unconditional offer	Our Services	71 days	78.7	82.6	72.6	97.1	94.1	66.7	55.5	71.8	64.5	109.7	62.2	75.9
Time to Approve Vacancies	Our Services	10 days	7.3	11.1	4.0	16.4	20.8	5.8	4.0	8.4	4.8	13.5	20.5	0.4
Time to Shortlist by Managers	Our Services	3 days	8.3	9.7	8.5	9.1	9.7	2.0	6.0	8.3	12.8	7.7	6.5	6.4
Time to notify Recruitment of Interview Outcome	Our Services	3 days	2.9	4.8	3.0	4.4	4.8	1.8	3.3	1.5	7.3	6.2	9.0	2.3
NWSSP KPIs Recruitment														
Time to Place Adverts	Our Services	2 days	1.9	1.7	1.6	1.7	1.9	1.7	1.9	1.9	1.7	1.5	2.0	1.5
Time to Send Applications to Manager	Our Services	2 days	1.0	0.9	2.2	1.0	1.0	1.0	1.0	1.0	1.0	0.9	1.0	1.0
Time to send Conditional Offer Letter	Our Services	4 days	4.4	3.7	3.7	3.0	3.9	3.9	3.7	3.9	3.9	3.3	3.7	3.6
Calls Handling % Quarterly Average	Our Services	95%	99.2%											
Procurement Services														
Procurement savings- YTD	Our Value		Target £0.713m Actual £1.373m	Target £0.776m Actual £0.835m	Target £2.808m Actual £1.230m	Target £2.406m Actual £2.432m	Target £1.004m Actual £0.751m	Target £0.603m Actual £0.917m	Target £0.362m Actual £0.001m	Target £0.043m Actual £0.036m	Target £0.077m Actual £0.088m	Target £0.024m Actual £0.001m	Target £0.002m Actual £0.016m	Target £0.000m Actual £0.000m
Accounts Payable														
Invoices older than 30 days not disputed	Our Services		4,236	2,783	2,625	2,799	3,645	1,214	1,294	413	787	441	363	89
% Invoices on hold not disputed over 30 days	Our Services		52%	36%	29%	37%	48%	33%	65%	35%	31%	51%	58%	48%
Call Handling % - Quarterly Average	Our Services	95%												
PSPP Compliance non NHS	Our Services	95%	96.2%	97.1%	93.8%	97.5%	96.9%	96.5%	96.7%	93.8%	97.5%	96.3%	96.7%	98.0%
Audit & Assurance														
Audits reported to Agreed Audit Committee	Our Services	Y/N	Y	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y
% of audit outputs in progress	Our Services		23%	19%	50%	30%	8%	20%	0%	16%	25%	20%	25%	29%
Report turnaround (15 days) management response to Draft report - YTD	Our Services	80%	100%	100%	100%	100%	50%	86%	N/A	100%	N/A	80%	100%	100%
Report turnaround (10 days) draft response-final- YTD	Our Services	80%	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	100%	100%
Primary Care Services														
Primary Care payments made accurately and to timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Urgent medical record transfers to/from GPs and other primary care Agencies within 2 working days	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Clinical Alerts Issued within timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A



## Summary

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

- The significant level of professional influence benefits generated by NWSSP to 30th September 2023.
- The performance against the high-level key performance indicators to 30th September 2023.
- The variation in performance between health organisations.





GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM: 6.4**  
**November 23<sup>rd</sup> 2023**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

NWSSP Integrated Medium Term Plan Progress Report  
– Quarter 2 2023-24

**ARWEINYDD:  
LEAD:**

Alison Ramsey, Director of Planning,  
Performance, and Informatics

**AWDUR:  
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Teams

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

The purpose of this report is to provide the Partnership Committee with an update on the progress of our Integrated Medium-Term Plan (IMTP) for Quarter 2 2023-24.

This report will also be shared with the Welsh Government.

**Llywodraethu/Governance**

**Amcanion:  
Objectives:**

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

**Our Value** – maximising the benefit, efficiency. And social impact of what we do for our partners.

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

**Tystiolaeth:  
Supporting  
evidence:**

The NWSSP IMTP 2023/2026, as approved by the Partnership Committee in January 2023 and submitted to the Welsh Government.

**Ymgynghoriad/Consultation :**

Supporting evidence provided by NWSSP Divisions.

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

<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>		<b>NODI/ NOTE</b>	✓
<b>Argymhelliad/ Recommendation</b>		The committee is asked to note the content of the paper and provide feedback to inform future reports.					

**Crynodeb Dadansoddiad Effaith:  
Summary Impact Analysis:**

<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>	Not applicable
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Iechyd Poblogaeth: Population Health:</b>	Not applicable
<b>Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol: Financial:</b>	Not applicable
<b>Risg a Aswariant: Risk and Assurance:</b>	Assurance that NWSSP are on track to achieve the 2022/23 IMTP objectives.
<b>Safonau Iechyd a Gofal: Health &amp; Care Standards:</b>	Access to the Standards can be obtained from the following link: <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> Governance, Leadership and Accountability
<b>Gweithlu: Workforce:</b>	Not applicable.
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open.

# NWSSP Integrated Medium Term Plan 2023-26 Progress Report

-  
**2023-24 Quarter 2**



Report author: Helen Wilkinson  
Version: 1.0  
Date: November 2023

*Delivering Value,  
Innovation and Excellence  
through Partnership*

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## 1. Background

The purpose of this report is to provide assurance on a quarterly basis, that we are on track to deliver our IMTP objectives for 2023-24. This report will provide an overview of the progress relating to delivery of our IMTP objectives during Quarter 2.

## 2. Key Areas of Focus

In Quarter 2 we have made further progress on achieving many of our IMTP objectives for Year 1, 2023-24. This section will highlight activity focused on the Key Deliverables we identified as part of our Year 1 plans.

Work around embedding the Duty of Quality is continuing alongside our focused work on Innovation which has seen the launch of our Innovation Hub. We will provide further information on these in Quarter 3.

Our key priorities remain focused around:

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

Key Deliverable Year 1	What this means to our customers	Where are we at Quarter 2?
<ul style="list-style-type: none"><li>• Implementation of the national e-prescribing programme with DHCW.</li></ul>	<ul style="list-style-type: none"><li>• Reduce/eliminate the need for paper prescriptions.</li><li>• Efficiencies in dispensing reimbursement and information services.</li><li>• Supporting sustainable service delivery within community pharmacy.</li></ul>	<ul style="list-style-type: none"><li>• Test in Live delayed by the Programme due to supplier assurance. Revised Test in Live date confirmed for 9 October 2023 in Quarter 3, and Primary Care Services (PCS) are ready.</li><li>• No issues identified for PCS as preparations have been made including contingency plans.</li></ul>
<ul style="list-style-type: none"><li>• Electronic Staff Record Transformation Programme.</li></ul>	<ul style="list-style-type: none"><li>• A flexible, agile workforce system that is more responsive to NHS Wales needs with seamless interfaces to other NHS Wales E-Systems.</li></ul>	<ul style="list-style-type: none"><li>• On track, with continuing procurement activities, including optimising the current ESR functionality to ensure organisations are ready, and continuous engagement with stakeholders through a governance programme.</li></ul>
<ul style="list-style-type: none"><li>• Supporting NHS Wales Organisations in the development and implementation of decarbonisation plans whilst implementing</li></ul>	<ul style="list-style-type: none"><li>• Supporting NHS Wales to deliver their respective decarbonisation plans.</li></ul>	<ul style="list-style-type: none"><li>• A comprehensive reporting system has been set up and is being rolled out across NHS Wales. NHS organisations are progressing what they can with limited funds.</li></ul>

and ensuring our own decarbonisation plans are on track.		<ul style="list-style-type: none"> <li>Electric Vehicle Charging Point Guidance is now at final draft for Welsh Government approval. Approval has now been received in Quarter 3 from Richard Barr, Welsh Government Health and Social Service Group.</li> </ul>
<ul style="list-style-type: none"> <li>Leading on the All-Wales International Nurse Recruitment Programme whilst developing a more streamlined model.</li> </ul>	<ul style="list-style-type: none"> <li>Improved vacancy position.</li> <li>Reduction in temporary staffing and variable pay costs.</li> <li>Improved delivery of front-line patient care and minimisation of clinical risk posed by nurse staffing deficits.</li> </ul>	<ul style="list-style-type: none"> <li>On track, with continued onboarding of Phase 2 candidates and the successful implementation and deployment of the international Recruitment Management System.</li> <li>The financial position across Wales has posed a considerable challenge with the targeted recruitment for Phase 2, now significantly less than originally projected and with at least one organisation having to suspend all planned recruitment activity for the remainder of the current Financial Year due to funding constraints.</li> <li>It is recognised that the current financial position is posing an unmitigated risk to the long-term sustainability and viability of International Recruitment without any central funding allocation.</li> <li>NWSSP will work with the Welsh Government Workforce and Organisational Development Division of the Health and Social Services Group in Quarter 3 to develop a Business Case for a centralised funding model to support recruitment on an ongoing basis.</li> </ul>
<ul style="list-style-type: none"> <li>Supporting the proposed introduction of the national ophthalmic contract for Wales.</li> </ul>	<ul style="list-style-type: none"> <li>Clinical service delivery shift from secondary to primary care.</li> <li>Investment in training and service delivery to support the eye care programme.</li> </ul>	<ul style="list-style-type: none"> <li>On track and continuing to meet key objectives as set by workstreams and approved by the implementation board.</li> <li>Project Management Office support is now in place to drive the overall project and delivery objectives continue to be met.</li> </ul>
<ul style="list-style-type: none"> <li>Expanding the range of drugs offered through our Pharmacy Technical Services to reduce purchase and distribution costs for Health Boards.</li> </ul>	<ul style="list-style-type: none"> <li>Resilient and cost-effective supply of high-risk medicines to patients.</li> </ul>	<ul style="list-style-type: none"> <li>The product portfolio range and scope has increased with new products introduced in both Quarter 1 and 2.</li> <li>Engagement with Health Boards to ensure resourced and local aseptic capacity is being used effectively.</li> </ul>
<ul style="list-style-type: none"> <li>Delivering the agreed Foundational Economy</li> </ul>	<ul style="list-style-type: none"> <li>Supporting Health Organisations to develop their</li> </ul>	<ul style="list-style-type: none"> <li>Continuing to work with NHS Organisations and National Category Teams on work plans to</li> </ul>



workplan for NHS Wales.	Foundational Economy role.	expand Foundational Economy opportunities within their category strategies.
<ul style="list-style-type: none"> <li>Leading on the implementation of the Duty of Candour across NHS Organisations in Wales.</li> </ul>	<ul style="list-style-type: none"> <li>Supporting the Duty of Candour to be embedded within Health Organisations.</li> </ul>	<ul style="list-style-type: none"> <li>A Candour Network has now been established to support NHS Organisations led by the Welsh Risk Pool.</li> </ul>
<ul style="list-style-type: none"> <li>Improving candidate experience through a modernised recruitment service.</li> </ul>	<ul style="list-style-type: none"> <li>Creating efficiencies by reducing the time to hire and improved recruitment experience for managers and applicants.</li> </ul>	<ul style="list-style-type: none"> <li>Activity is continuing as planned with the modernisation programme. We are currently in the education phase, which is progressing with activity including, presentations on what managers can do to reduce the time to hire and engagement sessions are booked in for most organisations.</li> </ul>
<ul style="list-style-type: none"> <li>Implementation of our Digital Strategy to enable a digital workplace and to drive innovation.</li> </ul>	<ul style="list-style-type: none"> <li>Optimizing efficiencies, customer experience and satisfaction.</li> </ul>	<ul style="list-style-type: none"> <li>The Digital Strategy has been published and implementation is under way with several associated projects including Asset Management and Digital Resourcing being taken forwards.</li> </ul>
<ul style="list-style-type: none"> <li>Removal of single use plastic from within our laundry production process.</li> </ul>	<ul style="list-style-type: none"> <li>Creating a safer way to transport linen.</li> <li>An end to the purchase of single use plastic on Health Board wards.</li> </ul>	<ul style="list-style-type: none"> <li>Currently on track with continued work at BCUHB, where additional work is required to ensure effective implementation.</li> </ul>
<ul style="list-style-type: none"> <li>Leading the Transforming Access to Medicines Programme to reconfigure Pharmacy Technical Services across Wales into a single shared service.</li> </ul>	<ul style="list-style-type: none"> <li>Creating supply chain resilience and cost efficiencies across Health Organisations and improving the patient experience around medicines.</li> </ul>	<ul style="list-style-type: none"> <li>Phase 1 of the Organisational Change Process (OCP) has been completed, along with all national leadership roles being recruited to.</li> <li>OCP Phase 2 has commenced, and we are engaging with clinicians and pharmacy services across Wales to identify standardised product portfolios.</li> <li>Centralisation of technical services quality assurance across Wales has begun.</li> </ul>
<ul style="list-style-type: none"> <li>Improving medical, dental and pharmacy trainee experiences within Single Lead Employer.</li> </ul>	<ul style="list-style-type: none"> <li>Improving trainee experiences to support retention across NHS Wales.</li> </ul>	<ul style="list-style-type: none"> <li>Work is ongoing to implement recommendations from the recent service review, developed with key stakeholders. Recommendations are aimed at improving the trainees overall employment experience and an improvement tracker is in place.</li> <li>Improved communication and processing of key information (Pre-employment checks, incremental credit, Parental leave etc) have been made via Microsoft Teams.</li> <li>An App for trainees to more easily access essential information about</li> </ul>



		their employment has been developed.
<ul style="list-style-type: none"> <li>• Future proofing our All Wales Laundry service through succession Planning, inclusive of apprenticeships.</li> </ul>	<ul style="list-style-type: none"> <li>• Developing a more resilient laundry service resulting in less disruption to production.</li> </ul>	<ul style="list-style-type: none"> <li>• On track with work continuing in training and developing apprentices across Wales and the introduction of a new production supervisor model.</li> </ul>
<ul style="list-style-type: none"> <li>• Embedding Equality and Diversity into our workplace culture and thinking.</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting a fair and inclusive work environment that supports and fosters innovation.</li> </ul>	<ul style="list-style-type: none"> <li>• A Diversity and Inclusion Action Plan has been approved, a training programme commenced, and we are continuing work to develop our Ambassador Programme.</li> </ul>
<ul style="list-style-type: none"> <li>• Developing our workforce capability to meet the changing needs of the organisation and NHS Wales.</li> </ul>	<ul style="list-style-type: none"> <li>• Striving to ensure we have a workforce capable of delivering excellence and meeting the needs of NHS Wales.</li> </ul>	<ul style="list-style-type: none"> <li>• Planned activity has taken place including Cohort 2 commencing the Leading for Excellence and Innovation Programme, conversations have been enabled around accessing learning opportunities with limited access to online resources and meetings taken place to discuss further development programme opportunities.</li> </ul>
<ul style="list-style-type: none"> <li>• Developing our Health and Wellbeing offering to staff through collaborative working.</li> </ul>	<ul style="list-style-type: none"> <li>• Enables an engaged workforce that fosters Health and Wellbeing, consequently contributing to successful delivery of objectives.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued activity in this area includes a Health and Wellbeing Conference has been planned and advertised to take place in Quarter 3, awareness training around menopause has commenced, dedicated support days for staff delivered by Maximus focused on anxiety and depression and much more.</li> </ul>

### 3. Ministerial Priorities

As highlighted in our Quarter 1 report, the Ministerial Priorities in the 2023-26 Planning Framework are primarily directed at local Health Boards. The work within our plans that will contribute and provide support to these, some of which have been covered in the table above.

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

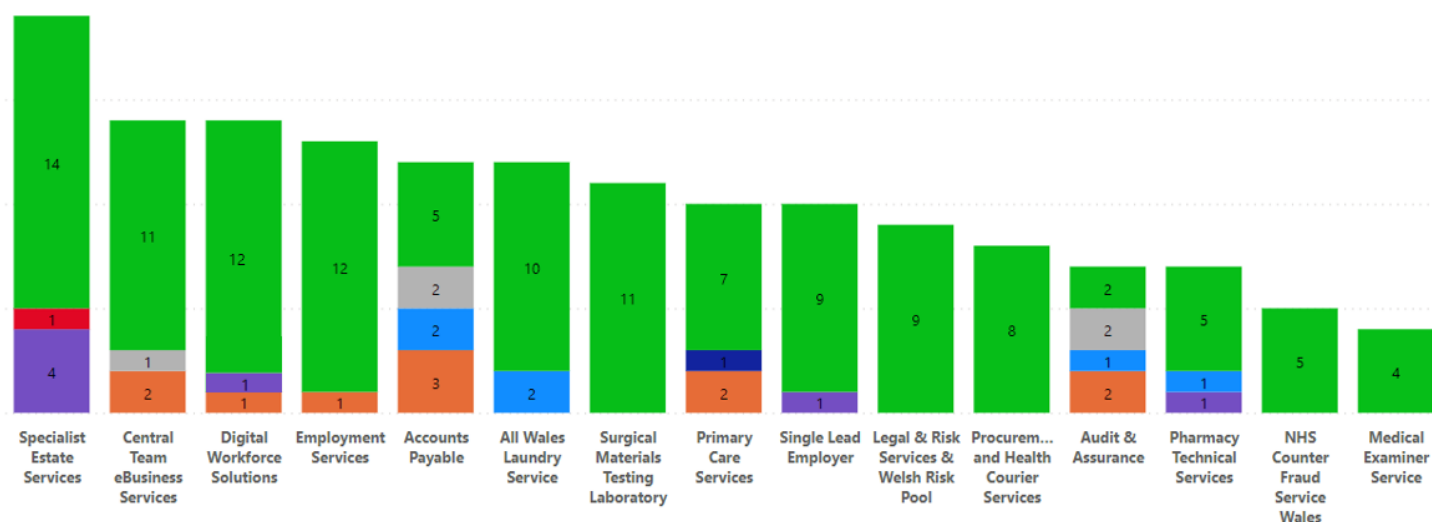
## 4. Quarter 2 analysis

### Overview analysis

**Figure 1** below shows that at the end of Quarter 2 we are reporting that **81% (124)** of our objectives are on track. Reporting on objectives remains on a self-assessment basis by the divisional Heads of Service, scrutinised through the Quarterly Review process which continues with Quarter 2 reviews commencing on 17 October 2023. **Figure 2** shows the split of objective status by division, full year figures.

Objective Status	Quarter 1	Quarter 2
On track	129	124
At risk of being off track to complete in 2023-24	11	11
Not yet started	6	1
New objective created in year 2023-24	4	0
Objectives completed	2	6
Off track to complete in 2023-24	2	1
Objective discontinued	1	5
NWSSP on track – objective off track due to external factors	0	7
<b>Total</b>	<b>155</b>	<b>155</b>

**Figure 1:** Objective Status comparison



#### Objective Status

- At risk of being off track to complete in 2023-2024
- Not yet started
- NWSSP on track - objective off track due to external factors
- Objective completed
- Objective discontinued
- Off track to complete in 2023-2024
- On track

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

**At risk of being off track to complete in 2023-24:** We have **11** objectives at risk of being off track to complete in 2023-24. All **11** objectives have targeted actions to complete in Quarter 3 and 4 with a view to bringing them back in line.

The objectives and targeted actions are as follows:

Division	Desired Objective	Targeted Action
Accounts Payable	<ul style="list-style-type: none"><li>Develop a Salary Sacrifice Dashboard if portal is rejected.</li></ul>	Initial meeting with Employment Services in September 2023 highlighted an 'All-Wales Benefits Programme', we will assess how this links in with portal/dashboard.
Accounts Payable	<ul style="list-style-type: none"><li>Commence an e-Trading trial using PEPPOL (Pan-European Public Procurement On-Line). This is a standard that enables your company to send electronic invoices to public sector clients.)</li></ul>	Complete Purchase Order Acknowledgment testing.
Accounts Payable	<ul style="list-style-type: none"><li>Support any Procure 2 Pay (P2P) initiatives that emerge from the All-Wales P2P Forum and the NWSSP P2P Group.</li></ul>	Establish Governance arrangements, finalise the policy and the exempt list, issue internal and external communications and monitor the number of invoices going on hold.
Audit and Assurance	<ul style="list-style-type: none"><li>Review of staffing requirement and resource levels, to deliver an efficient and quality service.</li></ul>	Recruitment exercise will commence in Quarter 3, in line with associated vacancy control requirements.
Audit and Assurance	<ul style="list-style-type: none"><li>Full Implementation of new Electronic Working Paper (EWP) System.</li></ul>	Divisional leads to continue with system development testing.

Division	Desired Objective	Targeted Action
Central Team eBusiness Service (CTeS)	<ul style="list-style-type: none"> <li>Continue to develop content for All Wales Finance Learning &amp; Development Package for Organisations to adopt or tailor.</li> </ul>	Link into the Finance Academy to co-ordinate efforts and take advantage for each of other's resources, material and knowledge.
Central Team eBusiness Service	<ul style="list-style-type: none"> <li>Implement the new All Wales QlikView replacement reporting tool agreed by Business Intelligence (BI) group and Strategy and Development Group (STRAD) by developing a project plan and following it through to going live with the product.</li> </ul>	Detailed conversations taking place with suppliers as a result of some delays, due to technical issues, which have pushed out the expected sign off dates and hand over.
Employment Services	<ul style="list-style-type: none"> <li>Implement vetting process for Non-Executive Directors for non NHS Organisations on behalf of Welsh Government.</li> </ul>	Obtain confirmation from WG on whether they are continuing with implementation.
Primary Care Services (PCS)	<ul style="list-style-type: none"> <li>Implement the NWSSP components of the national e-Prescribing Programme with Digital Health and Care Wales (DHCW).</li> </ul>	The Programme has slipped due to lack of supplier assurance. No issues identified for PCS as preparations have been made including contingency plans.
Primary Care Services	<ul style="list-style-type: none"> <li>Review to enable continuous improvements re. e-Prescribing Service (EPS) changes.</li> </ul>	Deploy and test system changes.

**Not yet started:** 1 objective has not yet been started. The objective is within Primary Care Services and is to improve the quality of data management products. The objective has not yet started as completion of recruitment to the Business Intelligence team, to build resilience, is still underway. There are targeted actions for Quarter 3, when the objective will commence, and subject to completion of targeted actions will be on track.

**Objectives completed:** 4 objectives have been completed in Quarter 2 (2 in Quarter 1) and these are as follows:

Division	Desired Objective	Notes
Pharmacy Technical Services	<ul style="list-style-type: none"> <li>Increase product portfolio range and scope from five product lines.</li> </ul>	Additional product lines have now been introduced. Further engagement with Health Boards to ensure resources and local aseptic capacity is being used effectively.

Division	Desired Objective	Notes
All Wales Laundry Services	<ul style="list-style-type: none"> <li>Review and centralise administrative function.</li> </ul>	Best practice shared across sites, same informatics systems now used and same work streams utilised across the laundries.
All Wales Laundry Services	<ul style="list-style-type: none"> <li>Develop and roll out a Centralised Stock Control System.</li> </ul>	Stock management system for boxed stock rolled out across all five laundries.
Accounts Payable (AP)	<ul style="list-style-type: none"> <li>Accounts Payable Association Quality reaccreditation.</li> </ul>	We successfully achieved re-accreditation of the Accounts Payable Association (APA) and the Head of AP has been recognised by the APA as being a Key Influencer in the world of Accounts Payable.

**Off track to complete in 2023-24: 1** objective has been identified as being off track to complete in year. The details of this is as follows:

Division	Desired Objective	Targeted Action
Specialist Estates Services	<ul style="list-style-type: none"> <li>Develop Health Board Project Director skills for NHS Building for Wales (BfW) framework.</li> </ul>	Timeframes have slipped due to lack of funding in year. An application for funding to be submitted to enable training to proceed early in 2024-25 to align with the launch of new NHS BfW2 frameworks will be submitted.

**Objective discontinued: 4** objectives have been discontinued in Quarter 2 (1 in Quarter 1), they are as follows:

Division	Desired Objective	Targeted Action
Audit and Assurance	<ul style="list-style-type: none"> <li>Potential gaps in assurance arrangements.</li> </ul>	This objective will not progress in the current year and aspects of it will be considered as part of enhancing our audit approach in future years.
Audit and Assurance	<ul style="list-style-type: none"> <li>Identify specific risks, assurance needs and issues arising from the primary care strategy.</li> </ul>	As above.
Accounts Payable	<ul style="list-style-type: none"> <li>Consider and if appropriate, introduce an additional fleet provider in addition to Fleet Solutions.</li> </ul>	Advice from Procurement is that we cannot utilise any of the existing frameworks to award to 2 or more suppliers, which would result in a non-compliant procurement taking place. A new approach will need to be considered. Given this the recommendation is to discontinue this objective.

Division	Desired Objective	Targeted Action
Central Team eBusiness Services	<ul style="list-style-type: none"> <li>Review requirements of ISO 27001 accreditation, complete gap analysis and meet requirements to obtain accreditation for CTeS.</li> </ul>	Agreement reached in the Strategy and Development Group (STRAD) in August to remove from the IMTP, Audit Tracker and the Audit Committee have also been updated.

**NWSSP on track – objective off track due to external factors: 7**  
objectives have been identified, which are as follows:

Division	Desired Objective	Notes / Targeted Action
Digital Workforce Solutions	<ul style="list-style-type: none"> <li>Support the National Medical Workforce productivity agenda and lead on National Initiatives.</li> </ul>	A representative from Welsh Government (WG) is required urgently to progress this workstream on an All-Wales basis. A meeting with WG colleagues was held in July 23, and we are awaiting further information to progress. This has been escalated to the Workforce and Organisational Development Division of the Health and Social Services Group and we are awaiting a further meeting with themselves and NHS employers to determine the best route forward.
Single Lead Employer	<ul style="list-style-type: none"> <li>To support the implementation of new national pay terms and conditions of employment and updated contractual arrangements for junior medical staff in training.</li> </ul>	Negotiations between British and Medical Association (BMA) and Welsh Government (WG) have broken down. BMA have confirmed they are in dispute with WG and will ballot all Junior Doctors members in Wales between 6th November 2023 and 18th December 2023 about taking industrial action.
Specialist Estates Services	<ul style="list-style-type: none"> <li>Support the delivery of the Decarbonisation Strategic Plan 2021-2030 across NHS Wales.</li> </ul>	A comprehensive reporting system has been set up and is being rolled out across NHS Wales. NHS organisations are

Division	Desired Objective	Notes / Targeted Action
		<p>progressing what they can with limited funds.</p> <p>Electric Vehicle Charging Point Guidance is now at final draft for Welsh Government approval.</p> <p>We will be focussing on delivery of funded/achievable objectives and seek Building Estates and Land use Project Board approval for re-baselining objectives where appropriate.</p>
Specialist Estates Services (SES)	<ul style="list-style-type: none"> <li>Support the development and implementation of the InSite national property/asset database.</li> </ul>	<p>SES support via attendance of working group will be achieved throughout 2023-24.</p> <p>Awaiting UK Cabinet Office confirmation of the appointment of the IT contractor and the revised delivery timetable. Seek UK Cabinet Office clarification of the details of the appointment of the IT contractor and the revised delivery timetable.</p>
Specialist Estates Services	<ul style="list-style-type: none"> <li>Provide technical business case and engineering input into the Competitive Dialogue process for the new Velindre Cancer Centre (nVCC).</li> </ul>	<p>Current round of scrutiny is complete on documents submitted for financial close. Unsure when next engagement will be scheduled. Continue to liaise with nVCC team and Welsh Government and provide support as necessary.</p>
Specialist Estates Services	<ul style="list-style-type: none"> <li>Review and update the national Fire Safety Audit System.</li> </ul>	<p>Digital Health and Care Wales are indicating that Module 1 may not be delivered in 2023-24 due to complexity of the brief. 2023-24 deliverables for Module 1 to be confirmed.</p>
Pharmacy Technical Services	<ul style="list-style-type: none"> <li>Takeover of all Medicines Stockpile and Chemical Biological, Radiological Nuclear (CBRN).</li> </ul>	<p>We are waiting Welsh Government (WG) decision on the investment into the medicines stockpile. Without it NWSSP cannot progress the remaining part of the action. Targeted action for Quarter 3 will be to engage with Medicines and Healthcare products Regulatory Agency (MHRA) in relation to inspection date for</p>



Division	Desired Objective	Notes / Targeted Action
		Wholesale Dealing Authorisation licence at Picketston.

## 5. Decarbonisation

Following the mapping process described in Quarter 1, NWSSP has now fully aligned the NWSSP Decarbonisation Action Plan to the NHS Wales Strategic Delivery plan with action owners, responsibility and accountability leads for each initiative. The NWSSP Decarbonisation Action Plan reporting is now being aligned to the rest of the standardised NHS Wales reporting templates, enabling full visibility of delivery and opportunity on a quarterly basis.

A Quarter 1 Pilot was undertaken for the National Transport and Procurement workstream, which was deemed a success, with a 100% return rate from all 13 NHS organisations. The decision was made to roll this out to all workstreams across All Wales Health Organisations. National reporting has now expanded to include the following workstreams: Buildings, Estates, Planning and Land use (BELP) and approach to healthcare.

The team will continue to engage directly with each of the organisations across Wales to facilitate delivery of the national plan in a coordinated and standardised approach.

### Activity in Quarter 2

#### NWSSP Decarbonisation Action Plan Update

- Quarter 1 reporting is now available and indicates that the NWSSP Decarbonisation Action Plan has 65% of its objectives completed. (Compared with 33% for Quarter 4 2022-23).
- Quarter 1 NWSSP and All Wales stakeholders progress data has been submitted to the Decarbonisation Coordination Reporting Team and will be collated into a standardised Highlight Report and Dashboard ready for presentations to the Health and Social Care Climate Emergency Project and Programme Boards in October 2023.
- NWSSP reported 2022-23 Quarter 4 data for delivery of the Transport and Procurement initiatives in the Strategic Plan in June 2023. This data was presented to the Health and Social Care Climate Emergency (HSCCE) Programme Board in July 2023. The Programme Board discussed and agreed that all initiatives where the date had passed should have a red RAG Status and include a delivery confidence status. This is reflected in future Decarbonisation Coordination Reporting Team reports, and we have amended our local Decarbonisation Action Plan to reflect this for NWSSP.



- The NWSSP led Transport Task and Finish group, established to target completion of Initiative 17 regarding Electric Vehicles, have commented on the draft all Wales Guidance document. The guidance was intended to be signed off by the Transport and Procurement Project Board at the meeting in September 2023 subject to resolving fire safety observations provided by NWSSP (Specialist Estates Services). The group will now discuss facilitating and monitoring Health Boards and health stakeholders developing their individual approach for Electric Vehicle charging infrastructure.

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

- The Decarbonisation Coordination Reporting Team are working closely with the HSCCE Programme in Welsh Government to deliver all Wales reporting on the Strategic Plan.
- The Team has issued a Frequently Asked Questions and is continuing to engage directly with each of the 13 health organisations to facilitate delivery of the initiatives.
- The Quarter 4 Transport and Procurement Workstream all Wales data was collated into a Highlight Report and Dashboard and presented to the HSCCE transport project and Programme Board in July 2023 was well received with many positive comments, and approval was given to proceed to the next round of quarterly reporting. Direction was given by the Programme Board to ensure all initiatives with a date in the past should be red RAG Status with an accompanying confidence in delivery status.
- Quarter 1 data for all workstreams has been requested from all NHS Wales organisations for submission on 31 August 2023. However, several time extensions have been requested due to internal governance sign-off, and other reporting demands.

#### **Forward look to Quarter 3:**

- To continue to coordinate the delivery of the actions in the NWSSP Decarbonisation Action Plan, and NWSSP national initiatives, carrying forward any actions not completed.
- Review of reporting process/analysis/quality/consistency of reporting, and feedback.
- Reduce 4-week organisation sign off period if possible.
- Liaise with HSCCE Programme Team on expectations of quarterly reporting to HSCCE project/ programme boards.
- Review task and finish/delivery groups.
- Review communications plan and stakeholder engagement.
- Develop and deliver approach to aid delivery: signposting, sharing good practice, providing additional guidance/definition.

### **6. Foundational Economy**

The Foundational Economy and Social Value opportunities are key areas for NWSSP, maximising value to the local supply chain, where possible, whilst maintaining high standards for goods and services. We continue to recognise the need to deliver sustainable, ethical and responsible products, provisions, and services as part of our Foundational Economy plans.

Our plan going in to Quarter 1 and 2 of the 2023-24 financial year was to see continuing work to improve the Foundational Economy data quality, with further work required to report Tier 2 expenditure which is where NHS Wales suppliers buy goods and services from, due to the breadth of the NWSSP catalogue. To introduce Tier 2 data, we have started to identify items made/manufactured in Wales in our contracting process which are then highlighted within the catalogue. This allows us to identify spend that may have previously been categorised outside of England. To date, we have 803 products identified including provisions and some medical items.

We continue to commit to the principles of the Foundational Economy and as such our widening access agenda continue to focus on growing our future workforce from within the communities we service across Wales.

Highlights from Quarter 1 and Quarter 2 include:

- Overall spend in Quarter 1 was **£1,143,571,837** with **£482,728,439** Welsh spend equating to **42%**. (Quarter 2 data available in Quarter 3 report).
- A new cohort of 10 Network 75 students have been recruited into NWSSP. This is the largest intake yet of students on this programme, following dedicated support to the services in the organisation to recruit via this route. Students have been employed in People and OD, Legal and Risk Services, Specialist Estates Services, Finance and Corporate Services, Planning, Performance and Informatics, and Procurement Services.
- Our Welsh Language Unit employs 8 members of staff who work in an agile way benefiting the local economies and communities in which they live. This is also reflected across many of our other divisions, where agile working is in place.
- We employ 10 bank translators, also working in an agile way benefiting the local economies and communities in which they live and contracts for additional translation support are awarded to 3 translation companies who are based in Wales, one in Aberystwyth, and two in Cardiff.

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

The People and Organisational Development plan is progressing well with all 13 objectives on track for delivery.

## Activity in Quarter 2:

- A working group has been established to look at the best ways for colleagues to access learning opportunities where there is limited access to online resources. This will take place in Quarter 3 as part of our recently approved Developing People Learning and Development Strategy.
- Several activities have taken place to support our approach to staff Health and Well-being, which include but are not limited to:
  - A support page has been developed for carers.
  - Menopause awareness training has commenced.
  - Health and Well-being survey took place and results have been fed back to the Health and Well-being Partnership Group.
- As part of our work on Diversity and Inclusion, we have:
  - Attended 7 careers events including 5 focused on Welsh speakers.
  - Received approval for our Diversity and Inclusion Action Plan by our Senior Leadership Group.
  - Commenced Diversity and Inclusion training programme with 2 sessions delivered in the quarter.
- We are continuing our work on creating a positive culture across NWSSP and the health and well-being survey that was circulated to all staff included questions on compassionate leadership and compassion in teams.
- The tender process for External Investigation Officers is complete and we will be assessing the practicalities of utilising more than one company with our procurement colleagues.
- We have launched a 'Managing Remote Teams' module in ESR and the launch date will be in Quarter 3.

## 8. Digital Plan

Our digital plans continued in to Quarter 2 where our focus has been on:

- Implementing the stabilisation phase of the Digital Strategy (which has now been published).
- The Cyber Assessment Framework remediation project is complete with on-going processes moved into business as usual. Presentation made to the NWSSP Audit Committee in October 2023.
- Phase 2 of the service catalogue and the asset management system delivery remain on track.
- Phase 2 of the digital resourcing plan has been delayed to allow us to temporarily fill operational posts that will only be required in the short term before investing in long term roles to support the target operating model.

**2 objectives** have been completed in Quarter 2, which were, to ensure the smooth transition and conclusion of the Organisational Change Process moving Primary Care Infrastructure Services staff across to the core digital team and the publication of the digital strategy as already mentioned.

## **9. Conclusion and recommendations**

We have made good progress again into Quarter 2 and have focused targeted actions going into Quarter 3. Where progress with planned objectives is considered off track or at risk of being off track, these will be scrutinised in more detail during the Quarterly Review process, starting on October 17 2023, and this reported position will form the basis of our JET discussions scheduled for 30 November 2023.

The committee is asked:

- to note the position, we are reporting at the end of Quarter 2.

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

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

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

<b>Llywodraethu/Governance</b>	
<b>Amcanion: Objectives:</b>	<b>Value for Money</b> - To develop a highly efficient and effective shared service organisation which delivers real terms savings and service quality benefits to its customers. <b>Excellence</b> - To develop an organisation that delivers process excellence through a focus on continuous service improvement, automation and the use of technology. <b>Staff</b> - To have an appropriately skilled, productive, engaged and healthy workforce.
<b>Tystiolaeth: Supporting evidence:</b>	NWSSP IMTP 2022-25 approved by SSPC in Jan-22.

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

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

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

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

GIG Cymru Partneriaeth

Cydwasnaethau

NHS Wales Shared Services Partnership

PMO Report

## NWSSP PMO Monthly Update - 13 November 2023

Prepared by Ian Rose

### Monthly Summary

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

Projects	18
Programmes	2
SI Initiatives	4

The schemes have different SRO/Project Executive Leads across several NWSSP Divisions.

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

- **60% (12 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.
- **40% (8 Schemes) NWSSP** – Typically serving internal purpose for one or more NWSSP Divisions.

A number of initiatives are in the pipeline for onboarding which will increase the number of ongoing supported activities.

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

### SSPC Recommendation

SSPC to note the contents of the report

Key Trend information and Initiative Overview

Initiatives – 19

Scheme Scale								
All Wales	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Demographic Transformation	Ceri Evans	Green	Green	Large	21/06/2021	31/07/2023	31/07/2024	76%
Procurement and Implementation of Wales Healthcare Student Hub	Darren Rees	Green	Green	Large	25/11/2019	01/08/2023	29/02/2024	92%
Medical Examiner	Neil Frow	Green	Green	Medium	31/03/2021	31/10/2023	31/03/2024	95%
Occupational Health Checks	Rebecca Jarvis	Green	Green	Large	15/11/2021	30/11/2023	31/12/2023	92%
GS1 Coding Locations	Andy Smallwood	Green	Amber	Large	24/08/2022	30/11/2023	30/11/2024	25%
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Andrew Evans	Amber	Amber	Large	13/04/2021	29/03/2024	30/06/2024	30%
Expansion of Legal Services to Primary Care	Daniela Mahapatra	Green	Green	Medium	02/02/2023	29/03/2024	N/A	88%
NWSSP Electronic Prescription Service-EPS	Andrew Evans	Green	Green	Large	01/10/2022	31/03/2024	N/A	70%
Wales General Ophthalmic Service - Primary Care Contract Reform	Nicola Phillips	Amber	Amber	LargeXOrg	04/09/2023	30/09/2024	N/A	52%
Decarbonisation Programme	Stuart Douglas	Amber	Amber	Large	01/04/2022	31/03/2030	N/A	65%
TRAMS Programme	Neil Frow	Red	Red	LargeXOrg	01/04/2021	31/03/2031	N/A	10%

NWSSP	SRO	Previous RAG	Current RAG	SIZE	Start Date	Original Completion	Revised Completion	% Completion
Mobile Phones	Mark Roscrow	Green	Green	Small	19/12/2022	30/05/2023	29/12/2023	85%
Patient Medical Records and (Scanning) Service Accommodation Review	Scott Lavender	Amber	Amber	Large	16/08/2021	31/08/2023	30/08/2024	25%
Customer Contact Centre - Telephony and Contact Centre Solution	Andrew Evans	Green	Green	LargeXOrg	01/06/2021	31/10/2023	29/03/2024	75%
Leaders of the Future for NWSSP rising Stars	Angela Voyle-Smith	Green	Green	Medium	02/10/2023	30/04/2024	N/A	10%
National Stocked Product Range (NSPR) Catalogue Management Project	Sara Taylor	Green	Green	Medium	03/04/2023	31/05/2024	25/10/2024	50%
NWSSP Job Description Modernisation	James Green Abigail Sheppard	Green	Green	Medium	03/07/2023	28/06/2024	N/A	0%
Data Management	Nicola Phillips	Amber	Amber	Large	04/04/2022	30/09/2024	13/09/2024	54%
L&R Case Management System implementation phase	Mark Harris	Green	Green	LargeXOrg	01/09/2020	31/03/2025	31/03/2025	27%



## Service Improvement Key Trend information and Initiative Overview

### Initiatives – 4

Scheme Scale							
	Sponsor	Previous RAG	Current RAG	DMAIC Stage	Start Date	Original Completion	Revised Completion
Innovation Strategy	Alison Ramsey	Green	Green	Work Package	01/04/2023	31/12/2023	N/A
Needle and Syringe Supply chain	Nicola Phillips	Green	Green	Define	13/06/2023	31/01/2024	N/A
Accounts Payable Process	Andrew Butler	Green	Green	Define	22/06/2023	31/01/2024	N/A
Customer Service Excellence	Neil Frow	Blue	Blue	Work Package	26/10/2022	31/10/2023	N/A

Key Individual Project/Programme Updates				
Project Name		Project Manager		Project Exec/SRO
TRAMS Programme		Peter Elliott		Neil Frow
Monthly Update (key/issues (blockages)/risks)				
<u>Status</u>	Red (Overall)	Amber (Time)	Red (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
To create a leading Medicines Preparation Service, serving patients across Wales, in a way that is safe, high quality, equitable, sustainable and economically efficient.				
<u>Progress Update</u>				
<ul style="list-style-type: none"><li>Discussions are ongoing with the owners of potential sites in South East Wales.</li><li>Two potentially compliant options are currently being actively costed for an investment decision.</li><li>We are closely engaged with the Welsh Government investor to ensure that proposals under development are considered potentially affordable, and fee expenditure on developing the case is aligned with investor expectations.</li><li>Programme Board in Jun-23 approved a revised contracting approach in which the NHS will contract directly with the clean room supplier, and the NHS will procure the movable equipment directly.</li><li>Provisional locality selections for South West and North regions have been made by representative scoring panels. The South West selection has been endorsed by Programme Board. The North selection is being reviewed, in the context of emergent changes to the clinical Nuclear Medicine service in BCUHB. The programme has opened an interface with BCUHB to remain sighted on this issue.</li><li>Space has been secured for the TRAMS Quality Control Lab and office space in IP5.</li><li>It is likely that this space will be utilised in the short term to generate early benefits for the service by consolidating outsourced product ordering and distribution to a single location, reducing duplication and relieving pressure on frontline pharmacy departments, and piloting medicines distribution from a hub location to hospitals and clinics.</li><li>The TRAMS Digital Project, to procure and deploy a workflow and stock management application, continues. A Prioritised Requirements List and Conceptual Data Map have been produced. DHCW have now indicated that they will support this service and scoping sessions have taken place. The NWSSP Chief Digital Officer is sighted.</li><li>Organisational Change Project 1 (OCP1) is now concluded, with 7 staff seconded into their new senior roles on a 1 day per week basis by 01 September 2023. Care will be taken not to destabilise the front line service. The actual TUPE transfer will take place only when they move to NWSSP full time. Planning of OCP2 (for around 230 staff) is ongoing, working in partnership with unions and Health Board and Trust workforce colleagues.</li><li>Education and Training Project is successfully delivering new science-based qualifications to the service, in partnership with HEIW, with significant recurring funding for courses and posts being secured for a variety of roles.</li><li>The Clinical Reference Group has been convened with the assistance of the NWSSP Medical Director and meets quarterly, to ensure alignment with ePrescribing and clinical product and protocol standardisation initiatives.</li><li>Finance Subgroup of Health Board and Trust representatives is meeting monthly to work on detailed identification of the revenue budgets that support the existing services, and validating capital cost option estimates.</li><li>Engagement with UK peer projects on standardising the product catalogue and commissioning product stability studies is ongoing.</li></ul>				
<u>Main Issues, Risks &amp; Blockers</u>				
<ul style="list-style-type: none"><li>New issue has occurred with the closure of the legacy Radio pharmacy service for South East Wales, hosted in Cardiff &amp; Vale UHB (CAVUHB).</li><li>This has generated an urgent change request from CAVUHB and Welsh Government, writing of a Business Case for an immediate investment, and two new Project Requests to be resourced on top of existing programme activity.</li><li>Pending an investment decision on Radio pharmacy there will be programme level impacts on TRAMs investment decisions to be managed.</li><li>The Programme is awaiting Welsh Government response on the affordability of the programme, following Request for Direction submitted in Jul-23 and updated in Oct-23.</li><li>Current staffing pressures throughout the service threaten the ability of Health Boards and Trusts to release staff time to the extent needed to achieve the transformational change. Some Health Boards are known to be revising staffing budgets downward in direct response to unfilled vacancies.</li><li>Based on current position, the programme is rated <b>"Red"</b>.</li></ul>				

Project Name	Project Manager		Project Exec/SRO	
Data Management	Alison Lewis		Nicola Phillips	
Monthly Update (key/issues (blockages)/risks)				
<u>Status</u>	Amber (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	Yes			
<u>Objective</u>	The main project objective is to create solutions that enable data driven service development and performance management and consistent views of Primary Care Services (PCS) data which is accessible through streamlined channels.			

This will be achieved by the following project objectives in the discovery phase which will inform the next phases of the project.

**To catalogue: -**

- Existing delivery mechanisms and solutions.
- Current arrangements for the supply of regular reports.

**To review: -**

- Data request / response processes including Information Governance (IG) review processes.
- Existing technical infrastructure

**To identify: -**

- Opportunities to streamline request / response processes including IG review processes.
- Duplication / inconsistency in the provision of regular reporting.
- Opportunities to drive Statistical Process Control and performance management using existing data sets.
- Opportunities to add value to data provision through the application of domain knowledge.
- Recurring themes in existing data provision and opportunities to consolidate information delivery around these themes.
- Stakeholder groups that have requirements beyond existing information provision.
- Inconsistencies in existing data models.
- Potential “quick wins”.

**Progress Update**

Project has been reinstated with Nicola Phillips appointed as Project Executive to address personnel changes (previously Neil Jenkins who has moved to a new role).

The Project Board reviewed the project scope, objectives and project governance on 04 October 2023 and confirmed ambition for phase two delivery plan by 31 March 2024.

The project team has been revised and initially tasked with developing phase two delivery plan.

**Main Issues, Risks & Blockers**

Project needs to move at pace to achieve delivery of phase two. PCS resources will need to be fully committed to meeting the tight timescales for delivering the plan by 31 March 2024.

Project Name	Project Manager	Project Exec/SRO
Primary Care Workforce Intelligence System (Including Reporting and Performers List)	Bethan Rees, Abi Shackson	Andrew Evans

**Monthly Update (key/issues (blockages)/risks)**

Status	Amber (Overall)	Amber (Time)	Amber (Cost)	Amber (Overall)
Recent Gateway Review?	Yes			
Objective				

To implement a single integrated system for the Performers List and Wales National Workforce Reporting System (WNWRS).

**Progress Update**

**Timelines**

- The new go live date for both phases (Workforce & Performers List) is now end of May-24. The detailed plan is currently being developed by the supplier, and this will enable the Project Management Office (PMO) to organise workshops & user acceptance testing with the Project Team to ensure the project runs at pace towards May-24.
- On the 06 October 2023, NWSSP were advised by Brightgen (third party) that their original build and implementation timeframes could not be achieved. Following assessment, Brightgen provided two options. A report was developed and presented to Project Board on 17 October 2023 where it was agreed to proceed with two phases.
- On 26 October 2023 Project Board were advised by Brightgen that they would not be able to deliver on the phased approach. High level discussions were held between NWSSP, Softcat and the third party, Brightgen. An agreement was made to deliver the project in one phase, with revised high level timescales.
- NWSSP have requested a detailed implementation plan with associated dependencies.

**Build**

- Over 200 user stories have been developed by both services over the past few weeks and provided to the supplier. This will provide the developers with critical information for the design and build of the solution.
- Several deep dives have been held. On receipt of the detailed implementation plan, discussions will take place with Brightgen to identify further deep dive functionality requirements.
- Brightgen have indicated that they are in the process of developing proof of concept outlines.

## Finance

- New milestone payments will be applied to the contract in line with the new plan developed by the supplier for project completion in Jun-24.
- As a consequence of the revised timeline, an extension with the legacy Workforce supplier is required for a two month period. This will attract an additional cost in the region of £20k. This cost will be borne by Softcat / Brightgen. Discussions have commenced to establish this extension.

## Main Issues, Risks & Blockers

### Risks

- Operational team involvement and capacity with project whilst providing day to day core business and involvement in numerous other projects.
  - Response Action: Consideration given to future project involvement and commitment. Early consideration given to tasks that will need to be performed by the operational team such as data cleansing, User Acceptance Testing (UAT) etc to ensure these can be factored into work schedules alongside competing demands. Source additional resource.
- Risk of extension to project to timelines could impact upon capital funding within current financial year and result in possible contract extension with current legacy supplier.
  - Monitor timelines and maintain communication with Finance throughout project lifecycle.

### Issues

- Reporting and analytical functionality: Brightgen indicated on 26 October 2023 that the complexity and requirements for reporting and analytics within the specification cannot be achieved under the commercial agreement and 'out of the box' solution. NWSSP requested a risk assessment based on Salesforce (reporting) functionality to understand the reporting limitations. A deep dive took place on 09 November 2023 at which Brightgen confirmed the 'out of the box' solution will not meet NWSSP requirements and would require a bespoke build. Brightgen have confirmed that they will deliver the bespoke requirements.

Project Name	Project Manager	Project Exec/SRO
Patient Medical Records and (Scanning) Service Accommodation Review	Rachel Pember	Scott Lavender

### Monthly Update (key/issues (blockages)/risks)

Status	Amber (Overall)	Amber (Time)	Amber (Cost)	Amber (Overall)
Recent Gateway Review?	No			

### Objective

The responsibility of the Medical Records Accommodation Review Group is to find suitable alternative accommodation for all staff, equipment and medical records currently residing in Brecon House. The scope has been expanded to include the relocation of the Document Scanning Team and equipment based in Companies House.

### Background

An initial business case sought funding to secure additional space to expand the Patient Medical Record (PMR) Service to GP Practices across NHS Wales. The business case was submitted and approved by NWSSP Senior Leadership Group in Aug-22 and subsequently Velindre Trust Board. As the investment was to purchase a capital asset, the business case was submitted to Welsh Government for ratification. Welsh Government responded requesting additional information on the fire suppression requirement for the new building. Whilst a report was obtained, a critical issue arose.

The business case was prepared on the basis that Primary Care Services (PCS) would be able to extend the lease of Brecon House, Mamhilad Park Estate. Since then, it was discovered that the building contains Reinforced Autoclaved Aerated Concrete (RAAC) Panels in the roofing Structure. The landlord initiated a monitoring and remedial works program for the RAAC panels but failed to provide a plan, risk assessment or work schedule. Some interventions, such as steel fixings and nettings, have been implemented but only cover a small portion of the necessary actions. As a result, the requirement for an exit strategy and plan to remove items from the affected areas of Brecon House is now crucial and a refresh version of the Business Case was submitted in Apr-23.

In addition, the PCS Document Scanning team (DST) is currently split over two sites: Companies House and Cwmbran House, Mamhilad Estate, Pontypool. Following a review of NWSSP Estates strategy and the decision taken not to renew the Companies House lease, it is prudent to consider merging the Document Scanning team into one, although options are being explored.

### Progress Update

The revised business case submitted in Apr-23 has been considered but rejected in its current form due to the need for additional funding. An alternative solution has been identified whereby storage space within NWSSP existing footprint can be utilised thus reducing the size of the new building. The costs associated with the revised proposal have been reviewed in an addendum to the Business Case which will be submitted to Velindre Board in Nov-23 for ratification.

Due to the project obtaining informal Board approval, the RAG status has been amended from Red to Amber. Now that funding has been secured there is a degree of confidence that the project can be delivered within the set timescales and budget.



Workstreams are in place to progress at pace:

- Document Scanning Team / Print Room / Post Room - Companies House/Brecon House to Cwmbran House
- Medical records (notes only) C2 / Brecon House to IP5 / Picketston
- Medical records from Brecon House to DuPont (new accommodation)

**Workstream Updates :-**

**Medical records from Brecon House to DuPont (new accommodation)**

Following informal Welsh Government approval, the workstream are preparing in readiness the new premises (Du Pont) lease. Upon formal agreement, the lease will be sent for approval/signing. Work updates are commencing by I.T, Fire, Health & Safety, Procurement, Finance in readiness of approval. Communication updates are being provided to staff monthly on current position. The review of the current situation within Brecon House for RAAC, is being monitored and assessed on a regular basis.

**Medical records (notes only) C2 / Brecon House to IP5 / Picketston**

An exit strategy is being established to move the Medical Records Deceased notes from C2 and Brecon House at Mamhilad to be stored in Picketston & IP5. A staging area is required within C2 to be able to have a working area to palletise the remaining notes. The move of notes will be done in three stages:

- Stage 1:- 16 pallets cleared at C2 to be moved to Picketson Nov-23,
- Stage 2:- 400 pallets to IP5, 700 to Picketston Dec-23 / Jan-24.
- Stage 3:- 5300 approx from Brecon House to DuPont Feb to Aug-24.
- 

**Document Scanning Team/Print Room/Post Room - Companies House/Brecon House to Cwmbran House**

Following a review of NWSSP Estates strategy and the decision taken not to renew the Companies House lease, it was highlighted that the CP2 building would not be appropriate to house the Document Scanning Team operation due to the open plan layout of the new office as well as its location (4th floor) and the Health and Safety risks linked to additional manual handling involved. The PCS Document Scanning team (DST) is currently split over two sites: Companies House and Cwmbran House, Mamhilad Estate, Pontypool. The decision was taken to merge the two teams onto the Cwmbran House site which is located on the ground floor of the building, removing the need for additional manual handling, and consolidating resources for the team’s many workstreams.

Following the initial business case being approved, it has been identified that the Document Scanning team, Print Room and Post Room move will require additional funding and therefore a business case addendum outlining the additional costs is being prepared. This will be presented to the Project Board at the end of Nov-23 to seek approval. It is likely that the additional funding required will be revenue and therefore all efforts will be made to source this from the existing budget. Communication updates are being provided to staff monthly on current position.

**Main Issues, Risks & Blockers**

**Medical records from Brecon House to DuPont (new accommodation)**

With the current RAAC issues there are measures in place for the warehouse space within Brecon House to be monitored regularly with any new or worsening areas of damage to be reported via Datix. The landlord, Johnsey's, have appointed contractors to repair current damage and any new damage that may occur. In the event of a large ingress of water or further significant deterioration is identified, the whole building will be closed and access restricted until assessment of the risk has been undertaken with advice from structural engineers and the Specialist Estates Service

As an interim measure, it has been agreed that the lease for Brecon House will be renewed to allow sufficient time for records and staff to be relocated but this will be undertaken on a short-term basis with a 3 month break clause that can only be activated by PCS.

The temporary additional storage area, Unit C2, on the Mamhilad Estate leased from 01 June 2022, initially for 12 months has been extended on a rolling 1 month basis to ensure continuity of service.

**Medical records (notes only) C2 / Brecon House to IP5 / Picketston**

To mitigate the risk of damage to medical records, PCS have started the process of moving medical records from C2 / Brecon House to existing NWSSP sites. The requirement for additional staff to undertake the work of moving the medical records has been unsuccessful in recruiting bank staff. To mitigate the risk to delaying the project, it is seeking approval of fixed term contracts on a 6 month basis.

**Document Scanning Team / Print Room / Post Room - Companies House/Brecon House to Cwmbran House**

An addendum paper to the original business Case for the PCS Medical Records accommodation move needs to be written and approved by the Project Board. Delays in approval may occur in delaying the move prior to Mar-24.

A potential funding gap has been identified for the current racking within the Document Scanning team at Companies House, as it is not fit for purpose and is currently in a poor state to be moved. This has been raised with NWSSP Finance colleagues.

Project Name	Project Manager	Project Exec/SRO		
Decarbonisation Programme	Paul Thomas, Sarah Ferrier, Claire Powell	Stuart Douglas		
Monthly Update (key/issues (blockages)/risks)				
<u>Status</u>	Amber (Overall)	Amber (Time)	Amber (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				

The NHS Wales Decarbonisation Strategic Delivery Plan, (Strategic Plan) published in Mar-21, sets out 46 initiatives and targets which will contribute to reducing our impact on the Global Health Emergency. The plan and progress against the plan will be reviewed in 2025 and 2030 alongside the overall carbon reduction targets for these periods (16% reduction by 2025 and 34% reduction by 2030). The Programme is structured into six main activity streams: Carbon Management, Buildings Estates and Planning, Transport, Procurement, Land Use, and Approach to Healthcare.

NWSSP has an essential role at both a national and local level in supporting the delivery of the Strategic Plan. At a local level the programme coordinates the delivery of the actions in the NWSSP Decarbonisation Action Plan, and the NWSSP led national initiatives. The Decarbonisation Programme Board oversee the implementation and progress of these initiatives.

Nationally, the Programme Team act as the Decarbonisation Coordination Reporting Team; and are the formal interface between Welsh Government and all NHS Wales on decarbonisation reporting.

## Progress Update

### Progress update

#### NWSSP Decarbonisation Action Plan Update

- The NWSSP Decarbonisation Action plan is now fully aligned to the NHS Wales Decarbonisation Strategic Delivery Plan.
- Quarter 2 reporting shows the NWSSP Decarbonisation Action Plan as 72.37% completed, compared with 65% for Quarter 1.
- Quarter 2 NWSSP progress data has been submitted to the Decarbonisation Coordination Reporting Team, and will be collated into Dashboards, along with the rest of NHS Wales, for submission to the Health and Social Care Climate Emergency (HSSCE) Project and Programme Boards in Jan-24.
- The NWSSP led Transport Task and Finish group, established to target completion of Initiative 17 regarding Electric Vehicles (EV), has now finalised all Wales Guidance document. A 10-page summary document is being produced which will be translated into Welsh, and both documents will be published on the NWSSP Specialist Estates Services Website in Nov-23. This will complete this task in the Strategic Plan.

This Task and Finish group will now focus on Health Boards and Trusts developing their individual approach for EV charging infrastructure. The date of the next meeting is 23 November 2023.

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

- The Decarbonisation Coordination Reporting Team, launched in Mar-23, continues to work closely with the HSCCE Programme Team in Welsh Government to deliver all Wales reporting on the Strategic Plan.
- Quarter 1 is the first all Wales reporting cycle including all workstreams in the Strategic Plan. The data collated provides the first all Wales RAG Status for the Strategic Plan - which is Amber for Quarter 1. There was a 100% return rate of Quarter 1 data from Health Boards and Trusts. The DCR Team collated the data into dashboards and presented to the HSCCE Project Boards, and Programme Board in September and Oct-23. This enabled the board’s membership to focus on barriers to delivery of the Strategic Plan targets. Confidence in delivery attached to the RAG Status of each initiative/task was included within this reporting period, as requested by the HSCCE Programme Board. This was well received by the board membership as it gave a clearer view of the path to green.
- The Team is continuing to engage directly with Health Boards and Trusts to facilitate delivery. This includes issuing an FAQs, holding a quarterly workshop focusing on reporting issues, and facilitating a dedicated MS Teams Channel to share good practice.

## Recruitment

The position of Environmental Facilities Advisor and Decarbonisation Subject Matter Expert Has been filled.

## Main Issues, Risks & Blockers

### NWSSP Decarbonisation Action Plan

#### Main Risks:

- If NHS Wales stakeholders do not engage, NWSSP led initiatives will not be delivered, and carbon emission targets will not be met.
- If financial resources for decarbonisation are not available, NWSSP will not be able to deliver its own, and the initiatives it is leading, and carbon emission targets will not be met.

#### Main Issues:

- Due to the delay in recruitment, the Programme start had been delayed.

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

#### Main Risks:

- If dedicated resource in NHS Wales Organisations to monitor and support the delivery of initiatives is not in place, then actions will not have a timely start, be delivered appropriately, and therefore carbon emission targets will not be met.
- NHS Wales stakeholders not engaging with reporting, and therefore not able to demonstrate delivery against the initiatives.
- Capital funding pressures are limiting available funds to support schemes. If financial resources for decarbonisation are not available to address initiatives, carbon emissions targets will not be met.
- If by 2030 the NHS Wales estate does not meet agreed carbon emission targets, there is a reputational risk for NHS Wales and Welsh Ministers.

# PMO Dashboard Report

## Main Issues:

- Limited specialist resource available within NHS Wales more generally, and in the private sector (decarbonisation) consultancy market.
- Reporting burden for NHS Wales Organisations is high and is a barrier to completing the reporting process.
- Inconsistency in NHS Wales Organisations delivery and reporting methods is affecting the ability to deliver consistent all Wales reporting process.

Project Name	Project Manager	Project Exec/SRO
Wales General Ophthalmic Service - Primary Care Contract Reform	Bethan Rees, Abi Shackson	Nicola Phillips

## Monthly Update (key/issues (blockages)/risks)

Status	Amber (Overall)	Amber (Time)	Amber (Cost)	Amber (Overall)
Recent Gateway Review?	No			

### Objective

The project objectives are:

- Fulfil “A Future Approach” aspirations for NHS Wales Eye Health Care through the introduction of
  - Contract reform.
  - Provision of additional clinical eye services in Primary Care
- Develop measurable improvements to patients.
- Ensure the evolution of service is a viable, seamless and positive experience for all parties.

### Progress Update

- The Regulations came into force on 20 October 2023, with the mandatory levels one and two going live. All remaining levels that were put on hold due to prioritisation of the mandatory levels will now commence with an initial focus on Medical Retina, Referral Refinement for Glaucoma and Hydroxychloroquine.
- A new project structure was agreed between the project team and Welsh Government. It was agreed that instead of having separate workstreams working on individual tasks that there would be one Welsh General Ophthalmic Services (WGOS) Implementation Working Group. This working group will allow workstream leads to work collaboratively to complete tasks at pace, ready for project closure in Mar-24.
- Training numbers for the WGOS are currently at 3,500 completed, these numbers are currently being reviewed.
- A launch pack was sent to the profession on 19 October 2023 to prepare the profession for the coming into force date.
- Welsh Government met with Health Boards Directors of Finance on 07 November 2023 to discuss funding for implementation of WGOS. This will be discussed in the next project team meeting on 13 November 2023.

### Main Issues, Risks & Blockers

#### Risks

- There is a risk of limited capacity for Clinical Leads. Therefore, this may delay project delivery. To mitigate this risk the team will utilise time effectively and work according to the project plan. A new project structure has also been agreed to enable the project team to complete tasks at pace.
- Estimated project time frames are tight, and there is a risk that the project will not be delivered on time. To mitigate this risk the team will plan milestones and tasks effectively to maximise time. Focus on the mandatory elements of the implementation and move resources accordingly.

#### Issues

- Key stakeholders involved in project delivery are not sighted on essential information/ guidance for implementation. To improve this, the project team are holding weekly project meetings which gain acknowledgement from all parties of the need to share information at the earliest point.
- The legislative change on 20 October 2023 will mean a change to existing service management arrangements which may need future NWSSP support. The issue is that the service management arrangements have not been shared with NWSSP, therefore it is challenging to develop the support service when the arrangements and Welsh Government expectations are not known. To improve this, Regulations are being reviewed and Welsh Government have confirmed a continuation of existing arrangements until Mar-24.

Project Name	Project Manager	Project Exec/SRO
GS1 Coding Locations	Will Brown	Andy Smallwood

## Monthly Update (key/issues (blockages)/risks)

Status	Amber (Overall)	Amber (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			

### Objective

To support organisations and trusts across NHS Wales, to adopt GS1 standards for location identification. Facilitating the upload of Global Location Numbers (GLNs) to all physical locations within their respective estates management systems. Consequently, allowing identification of a location uniquely and unambiguously, in addition to any pre-existing identifier.



To note: there are five phases:

- Phase 1 - Understand unique number of locations across NHS Wales
- Phase 2 - Create a standard operating procedure for the allocation and ongoing management of GLNs
- Phase 3 - Allocate GLNs to organisations in HBs IMS
- Phase 4 - Implementation of GLN barcodes to unique locations
- Phase 5 - 100% of organisation locations have a compliant barcode label affixed

### Progress Update

Limited progress made as the next task remains for all Health Boards to assign the GLN codes within their Estates Management systems, however only two Health Boards have completed this.

Previous effective engagement with Health Board Estates Leads has led to two Health Boards; Cwm Taff Morgannwg University Health Board (CTMUHB) and Betsi Cadwaladr University Health Board (BCUHB) developing a plan to integrate their GLNs onto their Estates Management Systems (EMS), although different approaches are being taken. There is still apprehension around resourcing.

Work is ongoing to develop a Standard Operating Procedure (SOP) that can be adopted by all Health boards. The Estates lead within BCUHB has been assisting greatly on this work. This is looking into ensuring that there is an appropriate management strategy and documentation in place before a GLN is allocated. Once the SOP has been drafted it will be circulated with the other Health Boards to ensure that all are comfortable with the approach.

Discussions have also been held with stakeholders from DHCW surrounding the GLN codes and specifically the location data. There are aims to have a centralised location information database and the GLN code location information would assist greatly with this. There are potential issues as not all the GLNs have been mapped by Health Boards and the management and upkeep of this would have to be determined, but discussions with DHCW and GS1 will continue.

### Main Issues, Risks & Blockers

The creation of Global Location Numbers (GLNs) is not progressing as well as hoped. The use of GLNs introduces a common standard of location identification across NHS Wales that would be able to be used by all NHS Systems that require a location identified. The delays are driven by lack of prioritisation within Health Organisations. The reasons are competing workloads with Facilities Departments, lack of resources and in many cases alternatives are available, although not available for global use and each unique to its use. This was discussed at the Oversight Group on 04 September 2023, but no immediate action was taken as the Chair of the Oversight Group is planned to transfer in Dec-23 and this is likely to sit within Mike Emery's (Chief Digital and Innovation Officer, Welsh Government) remit along with digital standards. This change is hoped to put the project in a better position to obtain a mandate from Welsh Government on the use of GLNs which is currently a blocker on the project's progress.

Work to understand the costs associated with the GLN mapping and equipment costs for barcoding continues, with the goal to use this total to assist when any requests for funding for the project.

While phase one of the project is complete for most Health Boards, progressing to phase two and three has become more difficult. (Project Phase information displayed above). The limited Health Board Estates resource to support the implementation is now impacting timescales, therefore affecting the previously suggested implementation timescales. The project time status has changed to Amber to reflect the current ongoing issues.

Project Name	Project Manager	Project Exec/SRO
Medical Examiner	Bethan Rees	Neil Frow

### Monthly Update (key/issues (blockages)/risks)

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			

### Objective

To create a Medical Examiner Service model for Wales that:

- - Is fit for purpose
  - Complies with standards set by the National Medical Examiner
  - Is sustainable and resilient
  - Represents value for money for NHS Wales
  - Meets the requirements of the Coroners & Justice Act 2009.
  - Provides independence

### Progress Update

- A Project Board meeting has been arranged for 18 December 2023, where the following will be reviewed:
  - Recruitment plan to increase staff in line with increased capacity for scrutiny of Primary Care deaths.
  - Finance.
  - Review of communications to roll service out to Primary Care.

### Main Issues, Risks & Blockers

The main risks are:



1. The inability to retain staff could jeopardise service continuity.

2. The legislation has been delayed until April 2024, therefore this could impact upon the service and could extend the Implementation phase further.

No issues and blockers have been observed.

Project Name		Project Manager		Project Exec/SRO	
Demographic Transformation		Gill Bailey		Ceri Evans	
Monthly Update (key/issues (blockages)/risks)					
Status		Green (Overall)		Green (Time)	
				Green (Cost)	
				Green (Quality)	
Recent Gateway Review?		No			
Objective					
<p>The existing National Health Application and Infrastructure Services (NHAIS) system is a business-critical system used across NHS England and Wales to manage patients’ registrations for primary care, contractor payments including General Medical Services (GMS) practitioners and to deliver screening services. The existing NHAIS and Open Exeter non-core functionality will need to be replaced.</p> <p>Implementation of replacement functionality such as:</p> <ul style="list-style-type: none"><li>• Use of Welsh Demographic Service provided by Digital Health &amp; Care Wales (DHCW) – complete.</li><li>• Implement replacement NHAIS local hardware hosting (legacy infrastructure) to ensure continuity of service up to and during transition – complete.</li><li>• Implementation of alternative data extract provided by DHCW.</li><li>• Implementation of in-house application known as ‘Notify’ that monitors the movement of medical records.</li><li>• Implementation of Primary Care Registration Management System (PCRM) provided by NHS England (NHSE) (previously NHS Digital).</li><li>• De-commission NHAIS local boxes.</li></ul>					
Progress Update					
<p>To note the transition to PCRM is dependent upon the implementation of Cervical Screening Management System (CSMS) in England due to be launched by NHSE in Feb-24, delayed by 3 months. Wales is due to transition at the end of a 4 month roll out programme commencing in Mar-24.</p> <p>The Notice of Termination for NAHIS support provided by NHSE has been received confirming support will cease on 28 June 2024 with an option to extend by two months, if required. Progress on workstreams, see below, to remove NHAIS functionality is on track to be delivered within this timeframe.</p> <p>Data Feeds: Comparison of data is ongoing to provide assurance prior to implementing the change; data to be retrieved from Welsh Demographic Service (WDS) provided by DHCW.</p> <p>Notify: The application (App) development has been completed and released to the test environment. Dual running of NHAIS and Notify is underway as part of User Acceptance testing. A meeting is scheduled on 22 November 2023 with PCS and DHCW to discuss and agree the method for receiving the data feed from WDS.</p> <p>Data retention: A task and finish group consisting of representatives from PCS, PPI, NHSE and DHCW has been established to progress with extracting and storing the historical data. Data to be extracted from all Welsh NHAIS boxes (5) to enable data mapping in preparation for the final data extract.</p> <p>Patient Care Registration Management System: NHSE have devised a work around which will allow Trusts in England to transition to PCRM prior to CSMS launch. An initial pilot with Bradford Teaching Hospitals NHS Foundation Trust has received positive feedback. NHSE intend on extending this solution to other Trusts in England to reduce the pressure on rollout and enable further learning to benefit others. This solution is not available to NHS Wales.</p> <p>Elaboration sessions organised by NHSE have taken place during Oct-23 with PCS Subject Matter Experts. Some issues have been identified which require further investigation by NHSE and PCS. Once completed, an impact assessment will be undertaken to determine next steps.</p>					
Main Issues, Risks & Blockers					
<p>As the PCRM solution has been signed off by NHS England, NHS Wales will not be given the opportunity to support the testing/development of PCRM to a level to inform Standard Operating Procedures (SOP) prior to going live. To address this risk, PCS have requested existing Standard Operating Procedure information be shared. The elaboration sessions noted above will also assist with mitigating this risk.</p>					
Project Name		Project Manager		Project Exec/SRO	
L&R Case Management System implementation phase		Daniel Sinderby		Mark Harris	
Monthly Update (key/issues (blockages)/risks)					

**Status**

**Green** (Overall)

**Green** (Time)

**Green** (Cost)

**Green** (Quality)

**Recent Gateway Review?**

No

**Objective**

The Legal & Risk Service (L&RS) current case management system is outdated and requires upgrading in tandem with an integrated document storage solution that replaces our current Commercial Off The Shelf (COTS) solution.

Following a tender process, a supplier was awarded a contract to design, create and implement a Case Management System (CMS), document storage and sharing solution using Microsoft Dynamics 365. Because of the difficult and sensitive nature of some of the content of this document, the name of the supplier has been redacted.

The project has been reverted to Start Up to implement a new solution as described above.

**Progress Update**

Pre-market engagement has concluded, with the L&RS team attending seven supplier demonstrations, to help aid with the review of the tender specification.

The previous tender specification has been updated to reflect changes in the functional/non-functional requirements, technology available and business needs. L&RS are working with Procurement to sign-off the tender specification and review suitable frameworks.

A draft business case is being created, highlighting the available options assessed against the NWSSP Digital Strategy. Indicative costs have been received from the suppliers which will be input into a Financial Appraisal document and included in the business case. L&RS are working with Finance to undertake this piece of work. Once this and a procurement route has been identified, the business case will be updated with the preferred way forward and submitted through the required governance channels for approval.

Other work related to the Case Management System is still progressing with L&RS continuing to work with WAST to set them up on the L&RS database and Virtual Cabinet document management system.

**Main Issues, Risks & Blockers**

**Risk**  
The contract for the current system that is in use is due to expire in Mar-25. There is a risk that the limited timeframe may not allow sufficient time to procure and implement a new system by the required date.

**Issue**  
Discussions are ongoing with current supplier to bring the outstanding contract issues to a close.

Project Name	Project Manager	Project Exec/SRO
Procurement and Implementation of Wales Healthcare Student Hub	Bethan Rees	Darren Rees

**Monthly Update (key/issues (blockages)/risks)**

**Status**

**Green** (Overall)

**Green** (Time)

**Green** (Cost)

**Green** (Quality)

**Recent Gateway Review?**

No

**Objective**

- To provide contract continuity in a stable and secure IT environment for the contract extension period.
- To procure a single IT solution for Student Services to:
  - Deliver the highest quality Bursary & Streamlining Service capable of adapting to changing demand.
  - Comply with standards.
  - Enhance the student journey.
  - Provide a single IT solution that is fit for the future.
  - Comply with IT security & Welsh Government Cloud First Principles.

**Progress Update**

**Phase One - Student Awards**

- NWSSP IT have successfully decommissioned the Student Awards BOSS System in collaboration with Swansea Bay UHB and DHCW. All data has now been successfully moved to an archive database and the hosting agreement formally ended with Swansea Bay UHB.

**Phase Two - Student Streamlining**

- Final User Acceptance Testing for Student Streamlining is scheduled for Nov-23. Plans have been developed with the supplier to carry out end to end testing & suitable test data has been created for this purpose. This activity will provide assurance for both services that the Hub will manage the journey from Student Awards into Streamlining.

- The SSP phase of the Student Hub is planned to go live for Students mid Jan-24, for the next cohort of Nurses and Midwives. The Student Hub will benefit the students by providing a seamless student journey from Student Bursary through to Streamlining using the same system. The Student Hub will also provide enhanced reporting for the NWSSP Student Streamlining team, saving valuable time and resources for the service.

General

- A Change Control Note has been developed and is currently in authorisation to formally acknowledge completion of the build phase of the project. If any new developments or enhancements to the Hub are required, these will be managed under the contract development days incorporated within the contract. These will be reviewed and assessed for efficiency and value for money at the Contract meetings throughout the term of the contract.

Main Issues, Risks & Blockers

Risks

- There are currently no major risks scored above15.

Issues

- There are currently no issues.

Project Name	Project Manager	Project Exec/SRO
Occupational Health Checks	Rhiann Cooke	Rebecca Jarvis

Monthly Update (key/issues (blockages)/risks)

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			

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 that expired on 30 November 2022 has been extended to 30 November 2023 to enable the implementation of the new solution.

- Development of product specification
- Procurement of replacement web-based software solution
- Implementation of procured software solution ensuring a seamless transition with full ongoing support.

Progress Update

The project is in delivery phase. The following actions have been undertaken during this period to ensure the implementation of OPAS-G2, the solution/system, by Civica.

The following Health Boards and Trusts are now live and using the system (detailed with go-live date):

- Swansea Bay University Health Board (SBUHB) - 23 August 2023- Delayed by 2 working days
- Betsi Cadwaladr University Health Board (BCUHB) - 30 August 2023- Delayed by 2 working days
- Cardiff and Vale University Health Board (CVUHB) - 30 August 2023
- Aneurin Bevan University Health Board (ABUHB) - 20 September 2023
- Cwm Taf Morgannwg University Health Board (CTMUHB) – 27 September 2023
- Welsh Ambulance Service Trust (WAST) - 27 September 2023
- Hywel Dda University Health Board (HDUHB) – 04 October 2023

Powys Teaching Health Board (PTHB)

The go-live date for Powys Teaching Health Board (PTHB) has been delayed to 29 November 2023. As detailed in previous reports, there was a delay in an information sharing agreement being signed by PTHB to allow data to be migrated from Cority (current supplier) to Civica (new supplier) coupled with the required implementation of Single Sign On (SSO) functionality. SSO will be progressed for all organisations in line with guidance from DHCW on a retrospective basis.

The document was returned to Civica a few days after the amended deadline date and subsequently Civica advised that the date originally proposed, 04 October 2023, could not be met. Several options were presented to PTHB in terms of alternative go live dates, with the added risk of the end of the current Cority contract on 30 November 2023.

A decision was taken by PTHB to extend the Cority contract on a read only basis for a 6-month period to offer an extended period to allow for data verification. This provides an extra level of security and assurance to PTHB.

Other Areas of Progress

Issues have been identified around the configuration of the system following the processes developed by All Wales task and finish groups. The groups were formulated to agree on working processes utilising a ‘Once for Wales’ approach. These are being worked through with Civica to ensure that each organisational version of the system is the same.

Standard Operating Procedures for each of the system modules continue to be developed except for the Vaccination and Immunisation module, deemed the least complex of the modules and this work will be progressed Jan-24. Discussions with all relevant parties including NWSSP Welsh Translation Service will resume in early 2024 around the development of a fully bi-lingual system. OPAS-G2 is not a customer facing system, however bilingual correspondence is available. The position remains that ongoing discussions will outline and inform the position and determine additional cost, outside of the requirement on the specification. Any changes required will be documented through a formal change request.

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Discussions are also continuing with Civica around the integration of OPAS-G2 with TRAC to develop a long term solution to a current workaround in place with Recruitment Services for organisations who use multiple Occupational Health Providers (Health Education and Improvement Wales (HEIW), Public Health Wales (PHW), Digital Health Care Wales (DHCW), NHS Wales Shared Services Partnership (NWSSP) and Velindre University Health Board Trust (VUHBT) ) as part of their staff recruitment within the Pre Employment module of the system. A meeting to progress this is scheduled for 13 November 2023.

## Main Issues, Risks & Blockers

Issues not captured above are around communication with the supplier, Civica. Concerns have been expressed to Civica about the responsiveness to queries. A process for streamlining the communication of queries has been implemented and communicated to mitigate this issue.

In addition to a query log capturing issues relating to all organisations, a twice weekly drop-in session has been scheduled for the next four weeks. Some of the live sites have been handed over to Civica support, providing an extra mechanism to deal with live issues.

A further issue has been recently highlighted in respect of a third-party supplier (Cronofy) used by Civica to support calendar functionality with OPAS-G2 (To note, Civica did not refer to this third-party supplier in their tender bid). Some risks with this have been identified and the functionality must be switched on nationally across all organisations. The functionality not being available is causing significant problems for some Health Boards whilst deemed as not essential by others. Conversations are progressing at an organisational level to determine whether organisations want to proceed with mitigation in place. This is an ongoing process.

Project Name	Project Manager	Project Exec/SRO
Customer Contact Centre - Telephony and Contact Centre Solution	Will Brown	Andrew Evans

## Monthly Update (key/issues (blockages)/risks)

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			

## Objective

Review and improve how our customers interact with NWSSP.

## Progress Update

The new telephony and contact centre contract has been awarded to the supplier 8x8. The solution will be implemented sequentially starting with DHCW, then Hywel Dda University Health Board and then NWSSP.

The project delivery activities with the supplier started on 06 July 2023. This solution integrates with Office 365 to help maximise NWSSP's existing technology. This will assist with the NWSSP's continuing move to agile working and help make the organisation more efficient through the modern technology.

The Project Team have worked closely with 8x8 and Softcat to ensure progress is maintained. This work has included network assessments and development of the Build Capture Document (BCD) that the supplier will use to build the test environment and infrastructure.

8x8 are now currently building and testing the system which will be completed by the week commencing 13 November 2023. When this is completed NWSSP will then carry out User Acceptance Testing (UAT) and hope to begin migrating some 'early adopter' users. When the system is fully tested and signed off by NWSSP training can begin for all users. This is likely to commence at the start of Dec-23, with the planned full migration in Jan-24.

Interactive Voice Response (IVR) menus have been updated and translated to ensure Welsh language compliance. These allow NWSSP to handover the IVR routes to the new supplier to set up and test prior to the system going live. These have now been uploaded to the 8x8 system.

## Main Issues, Risks & Blockers

Licences and equipment risk: The contract is based on paying for licences needed approach. There is a fee per licence and so the organisation must be careful with who has licences. The organisation procured licences and equipment based on previous data that was poor quality due to poor management reporting tools and so there is a risk that more licences may be needed, which may have a cost impact.

This risk has been resolved due to a Contract Change implemented with Softcat and 8x8 to provide further licences to ensure that all users identified can have access. This also rectified an existing concurrency issue as well. This was completed within the original contract framework and did not incur any additional costs.

Project Name	Project Manager	Project Exec/SRO
NWSSP Electronic Prescription Service-EPS	Rhiann Cooke	Andrew Evans



## Monthly Update (key/issues (blockages)/risks)

Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			
Objective	<p>Digital Health and Care Wales (DHCW) launched the Digital Medicines Transformation Portfolio to deliver a fully digital prescribing approach in all care settings in Wales. The portfolio brings together the programmes and projects to make the prescribing, dispensing and administration of medicines everywhere in Wales easier, safer, more efficient and effective, through digital. Primary Care Electronic Prescription Service (EPS) is a project focusing on implementing the electronic signing and transfer of prescriptions from GPs and non-medical prescribers to the community pharmacy or appliance dispense of a person's choice.</p> <p>In England, when community pharmacies dispense medicines, EPS-compliant pharmacy systems generate Health Level 7 (HL7) claims messages which are routed via the NHS Spine to NHS Business Services Authority (NHSBSA) for reimbursement, and pharmacies also send paper prescriptions monthly to NHSBSA.</p> <p>As PCS is the reimbursement agency for NHS Wales, modifications will need to be made to both NHS Spine and NWSSP system to enable the HL7 message to be re-routed to NWSSP for the reimbursement to be processed. PCS were originally tasked with providing Technical Proof of Concept (TPOC) by Mar-23, this was delayed on 3 separate occasions by the Programme before being realised in Nov-23.</p>			
Progress Update	<p>There have been further amendments to programme timescales in terms of a reduction to the time allocated to the Test in Live stage of the programme from 4 to 2 weeks. NWSSP were not able to begin testing due to an issue identified with the GP software (EMIS) preventing access to the NHS England spine where messages are held prior to being received by NWSSP through the Message Exchange for Social Care &amp; Health (mesh) mailbox for the reimbursement process to begin. This delay has resulted in a significant amount of pressure being placed on the team as timescales for the overall programme were not altered to reflect this delay. The programme stages are listed below:</p> <ul style="list-style-type: none"><li>Test in Live was due to commence 09 October 2023 – actual start date 25 October 2023</li><li>Live in Live commences 07 November 2023</li><li>Line in Live completion 18 December 2023</li></ul> <p><b>Changes to the Message Handler:</b> This work package has been completed and included the development and testing of a mesh mailbox to receive messages for reimbursement.</p> <p><b>Integration- Development of Internal Applications:</b> Internal applications for reimbursement were developed and tested during the Test in Test stage of the programme. However, entering the Test in Live stage identified issues that created a significant amount of rework, these are currently being remedied. The rework required has not affected the Live in Live stage of the programme being realised on 07 November 2023.</p> <p><b>Assurance:</b> Due to the issues highlighted above, NWSSP continue to work on full end to end testing. There was an issue identified on 03 October 2023; NWSSP had received 4376 Misdirected Claims intended for NHS Business Services Authority (NHSBSA) sent from Cegedim (GP software supplier). A post incident review was conducted by NHSE with participation from NWSSP, Cegedim, NHSBSA and DHCW. The review recognised that all parties worked together to investigate and resolve the misdirected claims. The process has also been amended to ensure that the incident does not reoccur.</p> <p><b>Service Management-</b> Discussions regarding this workstream continue to establish a long-term plan for support arrangements as the programme rolls out. The lead from DHCW left the role unexpectedly and DHCW are currently recruiting for a replacement. Support for the first site is in place and this work will continue as the programme progresses.</p> <p><b>Cyber Security:</b> Issues were identified around the patching of the servers during penetration testing. Confirmation has been received that these issues have been resolved and a schedule is being developed to allow patching updates to be deployed effectively, with minimal impact.</p> <p><b>Memorandum of Understanding (MOU) with NHSBSA-</b> NHSBSA have accepted a cost proposal put forward following discussion at project board level on 06 September 2023. The MOU covers leaked data and changes to data.</p> <p>The document has been subject to extensive review by Information Governance Leads from NWSSP and NHSBSA, NWSSP Legal and Risk Services (NWSSP L&amp;RS), Welsh Risk Pool (WRP) and Velindre NHS Trust. The amended draft has been sent to NHSBSA to further review before being returned to NWSSP for final signoff. As stated, Velindre NHS Trust have been sighted on the document and clarification has been received that final signoff can be provided by NWSSP as a hosted organisation rather than Velindre NHS Trust.</p> <p>Arrangements and processes are in place to cover the responsibilities listed in the MOU whilst awaiting the return of the final draft and subsequent sign off.</p> <p><b>Dispensing Tokens:</b> There is one outstanding task in this workstream. The token is awaiting upload to the online portal to enable pharmacists to order them directly.</p> <p><b>Golden Prescription (Authorisation process for Pharmacies to be set-up with EPS):</b> The Golden Prescription is the first live prescription that the pharmacy sends through which will enable the pharmacy to become EPS enabled and trigger a one-time payment to be made to the pharmacist. The amount that pharmacists will receive is still being discussed by DHCW, Community Pharmacists Wales (CPW) and Welsh Government.</p>			

A Standard Operating Procedure has been produced by DHCW with involvement from NWSSP. It is believed that more technical detail is needed from NWSSP to add to the document. Due to the current focus on undertaking end to end testing and working on the internal applications, this is not a priority and will be picked up in the next reporting period.

**Communication Strategy:** NWSSP have contributed to the EPS handbook (v.1 for use at the first site only) and the handbook will be adapted as the programme continues to roll out. Links have been re-established between the communications teams within NWSSP and DHCW, enabling joint working to take place going forward.

**Smart Cards:** Working with DHCW, all NWSSP tasks have been completed to ensure that Live in Live can go ahead. The project team have worked tremendously hard with supporting the Test in Live site visits and the Go Live day, making multiple changes to the Role Based Access Control (RBAC) positions for the GP/Pharmacy staff to continue to undertake their daily activities.

## Main Issues, Risks & Blockers

The following issues have been identified within the project environment and are listed below with mitigating actions.

At a programme level (managed by DHCW), cross border testing has not been fully completed and the Programme Board made the decision to proceed with live in live despite this risk whilst testing continues. The impact for NWSSP is that test patients are used for cross border testing and the data will be stored in the same tables (within internal applications) as the data for live patients. Extra checks will need to be conducted to make sure that these claims are not paid.

Communication regarding the wider programme rollout- To aid resource planning, additional and detailed information is needed from DHCW. This will be gained through the scheduled weekly meetings with DHCW.

### Smartcard Issues

In relation to Smartcards, there is a PC linked directly to the smartcard printer. It has been identified that Java updates will cause PC failure. In mitigation, it has been agreed that DHCW will run a script to restore settings as soon as an update has been deployed.

The additional printer purchased to produce smartcards cannot be utilised due to software incompatibility. Whilst the team are progressing with the purchase of an alternative from a different supplier, the current supplier will provide a replacement/repair. There is an alternative printer that can be utilised in Matrix House which provides a level of security to mitigate this issue until further resources are available.

No new risks have been identified within the project environment.

The main risks remain to be on the unknown impact that the introduction of ePrescribing will have on the workforce due to the processing efficiencies that will result. As the decisions required cannot be made on assumptions, an accurate, detailed implementation plan is required from DHCW. Ongoing, regular communication with DHCW is reducing this risk.

There is also a continual risk to PCS resource created by the work generated by the EPS project alongside running a live service/BAU. Additional team members would not help as the experience is required for both roles. There is a risk that the timeframes of the EPS programme will not be met as national rollout continues as NWSSP does not have the capacity and the tasks required in the EPS project require business changes, in addition to development work. There is no mitigation for this risk.

Project Name	Project Manager	Project Exec/SRO		
Mobile Phones	Abi Shackson	Mark Roscrow		
Monthly Update (key/issues (blockages)/risks)				
<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b><u>Recent Gateway Review?</u></b>	No			
<b><u>Objective</u></b>				
To review and update the NWSSP Mobile Phone Policy and to establish an agreed Mobile Phone policy which will provide a compliant route that addresses the wider service need (mindful of the All Wales nature of the organisation) and maximises the flexibility required and to deliver value for money.				
<b><u>Progress Update</u></b>				
<b>NWSSP Mobile Phone Policy</b> - The policy is agreed.				
<b>Crown Commercial Services (CCS) Aggregation</b> - The new contract has been signed by NHS Wales Shared Services Partnership (NWSSP) and is waiting for a counter signature from BT/EE. Once the contract is counter signed migration on contracts can begin.				
<b>HCS/ Mobile Device Management (MDM)</b> - A meeting was held with BT/EE and Health Courier Services (HCS) on 24 October 2023. This meeting was to look at a possible new MDM system for HCS. The meeting was to demonstrate the Samsung Knox system. The consensus was that the new MDM by BT/EE would suffice and included everything HCS would need in an MDM. BT/EE are looking at costs for the new MDM and will send them to the project team for review.				
<b><u>Main Issues, Risks &amp; Blockers</u></b>				
<ul style="list-style-type: none"><li>Health Courier Services require a similar or improved MDM service from the winning Aggregation providers BT, as the MDM service is vital to the Health Courier Service (HCS) workforce as it helps control their mobile device. If a new MDM cannot be provided by BT/EE then HCS will remain on their original Vodafone contract and will not be able to migrate onto the new contract. To mitigate this risk, a meeting was held between BT/EE and HCS on 24 October 2023 to discuss a potential new</li></ul>				

MDM service provided by BT/EE. The Samsung Knox was demonstrated for HCS by BT/EE and the consensus from HCS was that the Samsung Knox would provide everything that HCS are looking for in an MDM service. BT/EE are currently looking at prices and will report back to the project team within the next few weeks.

Project Name	Project Manager	Project Exec/SRO		
Expansion of Legal Services to Primary Care	Gill Bailey	Daniela Mahapatra		
Monthly Update (key/issues (blockages)/risks)				
<u>Status</u>	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
<u>Recent Gateway Review?</u>	No			
<u>Objective</u>				
Background: In November 2019, the Solicitors Regulation Authority (SRA) introduced the Standards and Regulations (STARS) which has afforded Legal & Risk Services the opportunity to consider expanding the services they provide to primary care providers e.g. General Practices. This aligns to the Welsh Government Primary Care sustainability agenda by extending support to GPs for these services. This project will also complement the support already being provided by NWSSP for primary care.				
Objective: Design and implement a new legal service providing commercial, and employment law advice to GP Practices within NHS Wales.				
<u>Progress Update</u>				
The project team is continuing to work on developing the new service in terms of offering and back office processes.				
<u>Main Issues, Risks &amp; Blockers</u>				
Main risk identified: Limited appetite from GP Practices to utilise new service could result in reputational damage to NWSSP and waste of investment in resource and time. Market research and stakeholder engagement will mitigate this risk.				

Project Name	Project Manager	Project Exec/SRO		
National Stocked Product Range (NSPR) Catalogue Management Project	Will Brown	Sara Taylor		
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Green (Time)	None (Cost)	Green (Quality)
Recent Gateway Review?	Yes			
Objective				
<p>The project objective is to standardise the National Sales Vocabulary (NSV) stock coding across NHS Wales Shared Services Partnership. The NSV code is a way to identify products. There are currently inconsistent and variable NSV stock codes within NWSSP's three main warehouses as well as inconsistent units of issue, and these will be made consistent where possible.</p> <p>Standardisation of stock coding across NWSSP is required due to overarching Scan4Safety programme and general efficiency improvements.</p>				
Progress Update				
<p>The project objective is to standardise the National Sales Vocabulary (NSV) stock coding across NHS Wales Shared Services Partnership. The NSV code is a way to identify products. There are currently inconsistent and variable NSV stock codes within NWSSP's three main warehouses as well as inconsistent units of issue, and these will be made consistent where possible.</p> <p>Standardisation of stock coding across NWSSP is required due to overarching Scan4Safety programme and general efficiency improvements.</p> <p>As part of the project progress an NSV Tracker database has been created which has allowed the team to better identify which items and products have already been completed and which are left to complete. This allows for successful management during this project stage.</p> <p>From the Tracker database an effective reporting tool has been developed that will allow the Project Board to monitor progress and better estimate timescales. This reporting tool has also allowed the Project Board to identify which stock commodities to target next, in a more effective and managed approach. This data is used monthly to assess progress.</p> <p>The project team has been making good progress and the data has been developing further. The team assessed this data and were able to use the average figures to extrapolate and reassess the overall timescale. The project end-date has been revised</p>				



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accordingly, however as this is based on completion of a set amount of codes alignments per week this date will need to be continually revised.

The item alignment process has also been mapped allowing internal NWSSP stakeholders to better understand the full extent of the process each item will take but has allowed for inefficient steps to be rectified and make more streamlined.

### Main Issues, Risks & Blockers

There is a risk to the project's timescale that the warehouses prioritise BAU rather than the project. As they have limited resource this often means that during busy periods no code alignments take place due to higher priority tasks. The project team are in close communication with the warehouses involved to try to mitigate this where possible, however sometimes this is unavoidable. This risk will not affect the overall completion of the project.

Project Name	Project Manager	Project Exec/SRO		
NWSSP Job Description Modernisation	Rachel Pember	James Green Abigail Sheppard		
Monthly Update (key/issues (blockages)/risks)				
Status	Green (Overall)	Green (Time)	Green (Cost)	Green (Quality)
Recent Gateway Review?	No			
<u>Objective</u>				
To undertake a review of all NWSSP Job Descriptions that are over 3 years old in line with Welsh Government Pay Deal 23/24 to ensure that they accurately reflect the role and to transfer the information to new Job Description format.				
<u>Progress Update</u>				
<ul style="list-style-type: none"><li>Project team established</li><li>Project and Communication plans are in the process of being completed</li><li>Job Descriptions have been streamlined into one database</li><li>Review of process to be undertaken to help support Divisional role out.</li></ul>				
Project paused until resources are available from People & Organisational Development. No impact as implementation timeframe from Welsh Government has not been confirmed.				
<u>Main Issues, Risks &amp; Blockers</u>				
No risks or issues identified at this time.				

Project Name	Project Manager	Project Exec/SRO
Leaders of the Future for NWSSP rising Stars	Rachel Pember	Angela Voyle-Smith
Monthly Update (key/issues (blockages)/risks)		
Status	Green (Overall)	None (Quality)
Recent Gateway Review?		
<u>Objective</u> Creation and management of NWSSP Aspiring Leader development programme		
<u>Progress Update</u> Request for Project Manager support received on 25 September 2023 with Project Manager allocated. Initial start-up meeting held on 19 October 2023 with Project governance and team membership identified. Terms of Reference drafted on 26 October 2023 with final version agreed on 08 November 2023.  Initial high level Project plan has been created which identified need for Business Case which is currently being drafted. This will explore how the cross divisional movement of staff will work and any funding implications.  Benefits & risks identified		
<u>Main Issues, Risks &amp; Blockers</u> <ul style="list-style-type: none"><li>None at present</li></ul>		



## Service Improvement Initiatives

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Customer Service Excellence	Kim Eley	Neil Frow
Monthly Update (key/issues (blockages)/risks)		
<div><div>Status</div><div>Blue(Overall)</div></div> <div><div>Objective</div><div>The Service Improvement Team have been tasked to create a pathway to an organisational level Customer Service Excellence (CSE) accreditation, and then to manage that through to delivery. Initially, this will be overseen by a project board, before handing over to a newly formed CSE NWSSP Community of Practice group. The Community of Practice group will consist of representatives from all NWSSP Divisions.</div></div> <div><div>Progress Update</div><div><p>Pre-Assessment took place w/c 18 September 2023. Divisions were required to provide additional evidence following feedback and submit to assessors before Customer Service Excellence (CSE) Assessment</p><p>w/c 16 October 2023 - The Customer Service Excellence (CSE) Organisational Assessment took place.</p><p>Following feedback from assessors on 20 October 2023, Assessment Services will be recommending to the Certification Committee that NWSSP meets the requirements of the Customer Service Excellence (CSE) Standard.</p><p>**Provisional Scoring"" (subject to Assessment Services quality approval)</p><ul style="list-style-type: none"><li>12 Compliance Pluses</li><li>43 Compliances</li><li>2 Partial Compliances</li></ul><p>The report will be submitted to NWSSP within 20 business days.</p><p>The Community of Practice (COP) group are scheduled to meet in Nov-23 to discuss lessons learned and develop the divisional approach for the two upcoming assessments (2024-2025). Areas of improvement will be addressed and improvement plans will be developed for those elements scoring partial compliances.</p></div></div> <div><div>Main Issues, Risks &amp; Blockers</div><div><div>Benchmarking</div><p>CSE Awards - To achieve a CSE award per element (compliance plus, compliance, partial compliance) the majority of the divisions need to show they meet the standards. The compliance awards are scored on an organisational basis instead of division specific awarding. If a division has provided evidence which meets the compliant plus award, this will be celebrated and noted in the report however will not be defined as compliance plus as this is an organisational assessment. Similarly, if one division does not meet the CSE standards, the organisation would not achieve the accreditation.</p></div></div>		

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Innovation Strategy	Tim Knight	Alison Ramsey
Monthly Update (key/issues (blockages)/risks)		
<div><div>Status</div><div>Green (Overall)</div></div> <div><div>Objective</div><div>To deliver an innovation framework that can be adopted across the Organisation.</div></div> <div><div>Progress Update</div><div><p>We have developed an Innovation Ecosystem which is supported by the innovation hub, these tools are underpinned by the Innovation principles and managed by the Innovation Community of Practice.</p><p>The Innovation Hub has recently been rolled out to the Organisation through the Managing Director’s update bulletin to all NWSSP staff, which was done following a pilot with 25% of the Organisation.</p><p>We currently have over 15 Innovations in the early stages of the Innovation Pipeline. These have been posted on the Innovation Hub for comments.</p></div></div> <div><div>Main Issues, Risks &amp; Blockers</div><div><p>A lack of adoption by the Organisation and its divisions.</p><p>We are currently working with the Microsoft 365 Centre of Excellence to automate elements of the backend process.</p></div></div>		

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Accounts Payable Process	Tim Knight, Niall Quilton, Rebecca Bowen	Andrew Butler

## Monthly Update (key/issues (blockages)/risks)

**Status** Green (Overall)

### Objective

It is the objective of this project to identify ways of streamlining the Accounts Payable invoicing process and sequentially reduce the number of invoices that are unpaid over 30 days.

Below are some key messages highlighted in the Accounts Payable April Performance Data 2023 slide deck.

- The invoice on hold (30 days+) position remains high, with 35,935 invoices on hold.
- We have over 531 invoices on hold across six organisations that are older than 01 April 2018. These require attention to see if they can be cancelled off Oracle due to their age - 5 years old
- No PO No Pay continues to remain high with an updated Policy and refresh exempt due to be relaunched in Oct-23

In parallel, we will review the "No Purchase Order No Pay" invoices being reported, looking to reduce this figure also. It is hoped that these will reduce naturally as we look at the 30 day plus figure, though depending on where the data takes us, we might need to switch these to the primary focus.

An increase to the number/percentage of invoices meeting the requirements of straight through processing metric will be a good indicator of improvement.

### Progress Update

This Initiative has moved into an Improvement stage, with an Improvement teamworking together daily.

We are focussing on invoices under £500 and that are older than 30 days, which represent 50% of the problem when you include those invoice that have a credit.

This is being done on two fronts, one of which will be to work invoices on hold on an individual basis and the other to work with the data to identify any potential process improvements that will also deliver bulk releases or reductions.

As part of this initiative we have completed a site visit with our 17th largest supplier (by volume) Castell Howell to gain the user story, some great feedback from which was gathered and we are working to implement the quick wins identified over the coming weeks.

We have also spoken with Procurement and are looking to align our efforts, both avoiding duplication and maximising the opportunity for improvement. This has not happened yet but should do in the coming weeks.

Additionally, we are starting to work through our list of potential improvements and looking to implement those that are both viable and that will deliver appropriate benefits.

### Main Issues, Risks & Blockers

We are looking to gain an understanding of the average handling times for the 10 key entry points to invoices on hold, allowing us to gain a better understanding of the query teams potential clearance and impact.

There is a risk that this will take longer than we expect or that the averages are not as accurate as we would like and is dependent on the quality of the information obtained/received.

To mitigate this, we will work closely with the query teams to understand as and when we expect to be taking longer than the predicted average and then to identify the reason why, adjust any forecasted clearance as necessary.

Initiative Name	Service Improvement Lead	Service Improvement Sponsor
Needle and Syringe Supply Chain	Rebecca Bowen	Nicola Phillips

## Monthly Update (key/issues (blockages)/risks)

**Status** Green (Overall)

### Objective

To review the Needles and Syringes supply chain specifically relating to those items that are ordered through and delivered to Mamhilad Stores, before being transported to the relevant GP surgeries.

Currently there are two divisions being used to provide the same service, with items being transferred from IP5 to Mamhilad to be unloaded and then repacked before moving them on to the final destination.

### Progress Update

Possible solutions identified and being implemented or progressed.

- Increased minimum stock levels – These are currently being analysed and increased by IP5 as an All-Wales initiative.

Though the fulfilment issues seemed to have eased, PCS Mamhilad Stores have experienced inconsistencies again over the last few weeks. This has been queried and it has been confirmed that all levels have now been increased and they will be reviewed regularly.

- Cardiff & Vale University Health Board (CVUHB) ordering direct from IP5 – CVUHB have transport numbers already set up for GP practices on Oracle, they already order clinical supplies and have them delivered by IP5.

It has been agreed that this would not be an issue as IP5 already deliver direct to CVUHB GP Practices. This would eliminate **64** GP Practices ordering needles & syringes from PCS Mamhilad Stores, and remove any confusion with regards to who the practices should order from i.e., PCS or IP5?

Both IP5 and CVUHB have confirmed they are happy to proceed with the change, ordering directly from IP5 and this is being explored further from the 13 November 2023.

- Mid & West Stores ordering direct through the Bridgend Warehouse - This would potentially reduce the Carbon Footprint and reduce third party involvement (Mamhilad Stores).

IP5 agreed that this could potentially be a solution to PCS Mamhilad Stores ordering for the Mid & West Region. This would eliminate a further **112** GP Practices ordering needles & syringes from PCS Matrix House, who would then submit an order to PCS Mamhilad Stores, who would then have to submit an order to IP5. For this to be considered, we have submitted Mid & West weekly/monthly ordering levels through to IP5 and we are waiting for feedback on this.

By implementing the above solutions, the number of GP Practices ordering needle & syringes through PCS Mamhilad Stores would reduce by **176**, representing a 60% reduction.

Aneurin Bevan University Health Board (ABUHB) and Cwm Taf Morgannwg University Health Board (CTMUHB) would be the only GP Practices ordering needles & syringes from PCS Mamhilad Storres, totalling **116** practices. Further work is required to identify if these can report from IP5 directly following the implementation of the above changes.

### Main Issues, Risks & Blockers

None to note

## NON PMO Managed Initiatives

Key Individual Project/Programme Updates		
Project Name	Project Manager	Project Exec/SRO
Once for Wales Concerns Management System	Maria Stolzenberg , Judith Lewis	Jonathan Webb
Monthly Update (key/issues (blockages)/risks)		
Status	Green (Overall)	
Recent Gateway Review?	No	
Objective	Using a collaborative approach with all partners, implement, enhance and sustain an effective tool to support Health Bodies to comply with their duties in relation to concerns management and service user experience. To improve consistency and quality of concerns data throughout NHS Wales to facilitate service improvement.	
Progress Update	Phase 1 of the programme is fully rolled out across all Organisations. Two products, Datix Cymru and Civica Experience Wales have been procured and established, with additional related products introduced during phase 2 to cover functionalities for engagement with stakeholders and declaration of interests.  A national analytical tool to capture national experience surveys has been established and the first national surveys conducted. Over 30 workstreams involving collaboration between Health Bodies have been established, with some stood down when their tasks have been completed. A robust and effective governance structure, with a Chief Executive as SRO, has been put into place. A quarterly cycle for system update releases has been put into place. All Wales Information Governance solutions including a Data Privacy Impact Assessment for every functionality have been established.  Compliance with the Duty of Candour has been built into the system workflows and a major work stream to support implementation of the Duty on 01 April 2023 was established - with this moving to an ongoing support and development work stream as the duty takes effect. Interim solutions following the discontinuation of the National Reporting and Learning System (NRLS) were established and a new portal functionality to transmit data from health bodies to the NHS Wales Executive has been designed and agreed for delivery in the autumn of 2023.  The phasing of the introduction of some functionality has been revised by the programme board considering the NHS Wales priorities and the work schedules for the supplier. A challenge with system infrastructure in Datix Cymru was experienced during the summer of 2023 and this necessitated changes to Server configuration.	

Phase 3 objectives are still in place for delivery by 31/03/24.

**Main Issues, Risks & Blockers**

A risk and issues log is maintained by the Programme Board.

Operational pressures across the NHS may impact the availability of key stakeholders. Demands on organisations is reduced as far as possible.

Some functionality may not be delivered on time by the supplier. Strategic reviews and alternative solutions are sought where possible.

There is a need to migrate to Azure for user authentication, which is currently not possible. The supplier is designing a solution to migrate users and DHCW is addressing authentication errors, which occurred previously. Planning discussions are underway with DHCW, who, in part, control the timescale for implementation. It is currently anticipated that the transition will be completed by end of Mar-24 but this maybe earlier depending upon on resources from the supplier and DHCW.

Integration of Civica with local data systems is delayed in some organisations. Standard functionality remains available.

Project Name	Project Manager	Project Exec/SRO
Scan 4 Safety	Andrew Smallwood	Andy Smallwood

**Monthly Update (key/issues (blockages)/risks)**

<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
<b><u>Recent Gateway Review?</u></b>	No			

**Objective**

The Scan for Safety Wales Programme seeks to embed traceability into the NHS in Wales to improve patient safety. The combination of an All Wales inventory management system, underpinned by GS1 standards adoption will allow the data linkage of products, patients, locations, procedures and clinicians. The Inventory Management System will provide instant stock visibility, strengthening supply resilience and allow for products to be withdrawn from use swiftly should a Safety Alert be received. The same data linkage will allow Health Organisations across Wales identify patients who may need recalling for review.

**Progress Update**

Initial Programme delays due to central server implementation and cyber resilience measures have all been addressed now and system testing with Health Boards has been completed.

The team continue the roll-out of the Inventory Management System across NHS Wales with a key milestone achieved this quarter with all Health Boards now being live with scanning to some extent. Welsh Ambulance and Welsh Blood are in the pre-implementation phase and will be setting go live dates shortly.

The success with the patient link information feed from Welsh Patient Administration System (WPAS) being able to send information to Omnicell to allow products to be scanned to patients with Hywel Dda University Health Board (HDUHB) has allowed Digital Health and Care Wales (DHCW) to test its extended use to other health organisations. The test environment has proved successful with links ready for all remaining Health Boards.

Cardiff and Vale University Health Board (CVUHB) does not use WPAS and as such a separate feed has been developed with CVUHB that has passed testing and will be live as CVUHB implementation commenced during Nov-23 in readiness for the go live of Cardiac Catheter Labs.

**Main Issues, Risks & Blockers**

The creation of Global Location Numbers (GLNs) is not progressing as well as hoped. The use of GLNs introduces a common standard of location identification across NHS Wales that would be able to be used by all NHS Systems that require a location identified. The delays are driven by lack of prioritisation within Health Organisations. The reasons are competing workloads with Facilities Departments, lack of resources and in many cases alternatives are available, although not available for global use and each unique to its use. Welsh Government have recognised this and have suggested further work with DHCW is respect of developing a Welsh Health Circular to be issued. Initial meetings have taken place and draft documents created, currently being reviewed.

The Theatre environment in all health organisations remains highly pressured at present with staff sickness compounding pre-existing staff shortages. This is being worked around with each organisation based on local pressure but impacting the speed of rollout.

Whilst the WPAS patient feed introduced successfully for HDUHB allows patient id to be brought up on the SupplyX handset, the lack of compliant barcode for patient NHS Number results in a screen selection from a drop down menu rather than a simple scan. This is therefore not maximising efficiency and the HDUHB team are working on amending the patient identification bracelets.

Project Name	Project Manager	Project Exec/SRO
Health Roster Implementation		Rebecca Jarvis

**Monthly Update (key/issues (blockages)/risks)**

<b>Status</b>	<b>Green</b> (Overall)	<b>Green</b> (Time)	<b>Green</b> (Cost)	<b>Green</b> (Quality)
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**Recent Gateway Review?** No

**Objective**

To implement Health Roster across NWSSP, digitalising rostering and automating variable pay for employees aligned with all NHS Wales organisations. The system will provide quick and easy access for employees and resource efficiencies for the organisation. It provides data quality assurance and interfaces with the existing payroll system (Electronic Staff Record: ESR).

**Progress Update**

Project Plan updates:

- 14 live units in total; 4 live units from 2022-2023 and currently 10 live in 2023-2024.
- The Intranet site has been updated with new user guides and videos to support live units.
- Reminders are sent monthly for live units to check, amend sickness and apply shifts/overtime ahead of the absence and attendance file being submitted.
- New user account and leave requests email from Health Roster to be sent for Welsh translation.
- Business Support Unit in North Wales have gone live to payroll as of Nov-23.
- Data from Health Courier Service (HCS) Wrexham, Betsi Cadwaladr University Health Board (BCUHB) Laundry Transport, HCS Victor Base, HCS Manager North, and HCS Tywyn has been gathered. Roster has been built. Training will commence shortly. Awaiting on confirmation of dates to travel to North Wales to provide training and go live to payroll.
  - HCS Cwm Taf Morgannwg have agreed to start data gathering and training in the new year ahead of a provisional go live date of Apr-24.
- BankStaff – Weekly pay is now live using the system. Only monthly timesheets remaining sit under People & OD and the Bank Team will continue to process. All new bank services will now go straight on to the BankStaff system.
- Employee Online Accounts – Accounts are continuing to be created for all new employees within live rostered services. We have also created accounts for all NWSSP Bank to monitor their bank hours.

**Next Steps:**  
**Health Roster:**

- Continue consultation with outstanding areas.
- Discussions with Unit Heads of future units to agree timescales in line with the plan.
- Commence discussions and data gathering with HCS Aneurin Bevan & ABU Laundry Transport as these have been on hold due to re-structure.
- Complete data gathering for Bridgend & IP5 Stores Admin Team, built the roster and complete training.
- Commence training for HCS Wrexham, BCU Laundry Transport, HCS Victor Base, HCS Manager North and HCS Tywyn (HCS Denbigh) ahead of live to payroll. A chaser email has been sent to confirm dates for training.
- Create and implement an e-learning package for new and live units.
- Engagement commenced with Recruitment Services. We have received a list of area service leads to complete introduction to Health Roster rollout calls.

**Public Health Wales (PHW) project:**

- Health Roster and Employee Online training has been provided to Cardiff Bacteriology and Cardiff Virology.
- Cardiff Bacteriology are live as of the 17 September 2023 and submitted their first payroll on 09 November 2023.
- Cardiff Virology are live as of 19 November 2023 and will submit their first payroll in Dec-23.
- Across both units 20 shift types, 127 personal patterns, 13 shared patterns, 11 shift rules and 5 rules have been created as part of the build.
- Swansea Bacteriology unit were unable to proceed with the roll out at this time due to ongoing internal concerns.
- A new pilot unit has been identified as North Wales Microbiology and the initial introduction call has been held. A follow up data gathering call has been booked and the build will commence shortly after this.
- An introduction to Health Roster and Employee Online call for all North Wales Microbiology staff will take place 15 November 2023.
- One central bank cost centre has been built by PHW.
- Business Process Analysis document has been signed off.
- Project Team is gathering intelligence on areas with enthusiasm to implement complex rotas.
- Majority of Data Privacy Impact Assessment (DPIA) has been completed. Final discussions between Information Governance and RL Datix Programme Manager to be held before sign-off by Project Board
- Ongoing updates to the communication and implementations plan.
- All project team and project board meetings set-up for the next 6 months

**Main Issues, Risks & Blockers**

Medical Examiner Service is on hold indefinitely. HCS Aneurin Bevan & ABU Laundry Transport are on hold due to a re-structure.



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

**AGENDA ITEM: 6.6**

**23 November 2023**

***The report is not Exempt***

**Teitl yr Adroddiad/Title of Report**

**NWSSP Corporate Risk Update – November 2023**

**ARWEINYDD:  
LEAD:**

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Head of Finance & Business Development

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**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 ✓):**

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

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

## **NWSSP CORPORATE RISK REGISTER UPDATE November 2023**

### **1. INTRODUCTION**

The Corporate Register is presented at **Appendix 1** for information.

### **2. RISKS FOR ACTION**

The ratings are summarised below in relation to the Risks for Action:

<b>Current Risk Rating</b>	<b>November 2023</b>
Red Risk	5
Amber Risk	10
Yellow Risk	1
Green Risk	0
<b>Total</b>	<b>16</b>

#### **2.1 Red-rated Risks**

The following red risks remain on the Corporate Risk Register:

- The threat to services if a suitable building is not found to house the TRAMs service in South-East Wales.
- The Brecon House roof at Mamhilad where there are serious issues with water ingress and falling masonry, making the building unsafe for staff;
- The adverse publicity arising from the issues discovered at BCUHB;
- The potential for industrial action from Junior Doctors and the resulting impact that this may have on the Single Lead Employer team; and
- The impact of the financial climate across NHS Wales on delivering and developing existing and new services.

#### **2.2 New/Deleted Risks**

There have been no new risks added or risks deleted since the last meeting of the Committee.

### **3. RISKS FOR MONITORING**

There are 11 risks that have reached their target score, and which are rated as follows:



<b>Current Risk Rating</b>	<b>November 2023</b>
Red Risk	0
Amber Risk	2
Yellow Risk	5
Green Risk	4
<b>Total</b>	<b>11</b>

#### **4. RECOMMENDATION**

The Committee is asked to:


- **NOTE** to the Corporate Risk Register as at November 2023.

## 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	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5	4	4	16	IP5 Board Additional facilities secured at Picketston Regular review at SLG Formal project for Companies House relocation	3	4	12	Review options for relocation from Companies House (MR -31/12/23) Paper to October SLG on accommodation options (MR 31/10/23)	The option to move to Cathays Park is no longer being pursued. Separate paper on the SSPC agenda relating to alternative accommodation in Nantgarw.		31-Dec-23
	Strategic Objective - Service Development									Risk Lead: Programme Director		
A2	Risk of cyber attack exacerbated if NWSSP, or other NHS Wales organisations, run unsupported versions of software.	5	5	25	Cyber Security Action Plan BCP Champions Meeting Information Governance training Mandatory cyber security e-learn Internal Audit review BCP Action Cards CAF completed and report received from CRU CAF remediation project established with support from PMO. 'Exercise in a box' launch event held with SLG (face to face) on 12 May. Phishing testing has been running since February 2022 alongside proactive communications on cyber awareness. Part of All-Wales Cyber Security Network	2	5	10	Complete Impact Assessment of all major systems (Nick Lewis - 31/03/2024)	Heightened state of alert due to war in Ukraine and targeted attacks on public sector bodies. Recent attack on Home Electronics System - although this is not hosted by NWSSP. Presentation to September SLG and October 2023 Audit Committee		31-Mar-24
	Strategic Objective - Service Development									Risk Lead: Director of Planning, Performance & Informatics		
A3	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 sub-optimal levels of performance.	4	4	16	Established working practices governed by Service Level Agreements and measured by reporting of KPIs on monthly basis. Bi-monthly Recruitment Modernisation Project Boards	3	4	12	Continue to monitor progress at SG through performance reports (GH 31 Dec 23)	Good progress being made with the Recruitment Modernisation Programme. Update provided to September 23 SSPC. New systems in place within Student Awards and recent internal audit review awarded substantial assurance.		31-Mar-24
	Strategic Objective - Customers									Risk Lead: Director of People and OD		
A4	The level of stock that we are being asked to hold is likely to mean that some items go out-of-date before being issued for use and need to be written off causing a loss to public funds and possible reputational damage to NWSSP.	5	5	25	Internal Audit Review of Stores Stock Rotation - based on FIFO Donations to India and Namibia	3	3	9	Confirm WG required stock holding for PPE - currently 16 weeks (AB 30 Nov 2023) -	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 We are still awaiting the formal Ministerial advice on required stock levels but indicative figures have been shared.		30/11/2023
										Risk Lead: Director of Finance & Corporate Services		
A5	The threat of industrial action by Junior Doctors is likely to have significant implications on workload for the SLE team and on the expectation from Health Boards to help them manage their service delivery.	4	4	16	Industrial Action Planning Cell with WG & HBs	4	4	16	Currently in discussion with HBs around some key issues e.g. derogations etc and how we can manage these if action is approved. (GH 31/03/24)	Actions dependent on result of ballot which closes on 18 December. Should they meet the threshold for strike action there are further notification requirements which mean unlikely we will see action before New Year.		31/03/2024
	Strategic Objective - Staff									Risk Lead: Director of People and OD		
A6	Adverse publicity arising from the financial irregularities at BCUHB have a reputational impact on NWSSP.	4	4	16	All requests for information are channelled through a formal Communications route,	4	4	16	Ensure consistent and strategic responses to any information request concerning this issue (SLG - 31/07/23) complete Review Comms resource in the light of increased scrutiny (AB - 31/07/23) complete Provide support to any affected individuals (GH 31/07/23) complete	Number of FoI requests being received. Verbal updates to Audit Committee and SSPC (both July 23)		31/03/2024
	Strategic Objective - Customers									Risk Lead: Director of People and OD		
A7	The planned development of the Clinical Pharmacy Service is adversely impacted due to financial and staffing challenges	4	4	16	CIVAS Board National QA Pharmacist	3	4	12	Undertatke Organisational Change Process 2 (Colin Powell - 31/03/24)	Update to July & September 2023 SSPC		31/03/2024

A8	Escalated Divisional Risk The unaffordable nature of the laundry transformation programme has led to the development of a short to medium solution, this generates an inherent risk in the form of operating ageing equipment / infrastructure and plant for the foreseeable future resulting in increased breakdowns	4	4	16	Tried and tested Business continuity plan for supporting production downtime from local and national stock holdings as well as rerouting production to supporting plan	4	3	12	Further discussion with Welsh Government regarding the availability of the level of funding per year and the development of a plan to align with the phasing of funding (AH 31/03/24)	Awaiting the allocation of year by year capital for the implementation of the short to medium term plan. Rationalisation of the service through closing the Hywel Dda Laundry approved by September 23 SSPC.	➡	30/06/2024
	Strategic Objective - Service Development									Risk Lead: Director, Procurement Services		
A9	Financial restraints prevent recruiting sufficient staff to meet the expectations of Welsh Government and NHS Wales organisations in playing a leading role in delivering the decarbonisation agenda.	5	5	25	Decarbonisation Programme Board Project Execution Plan PMO Support	3	4	12	Develop a case for further advisory capacity (SD - 31/12/23)	The financial postion across NHS Wales is leading to increasing demand from HBs/Trusts on the NWSSP team. (AE 31/10/2023)	➡	31/03/2024
	Strategic Objective - Service Development									Director, Specialist Estates Services		
A10	The move to agile working, and the relatively imminent expiry of a number of our property leases, require urgent agreement of an Accommodation Strategy.	5	4	20	Mark Roscrow tasked with developing Accommodation Strategy. Working Group established to oversee move.	3	4	12	Set up working group to oversee move from Companies House to Cathays Park (MR 31/05/23) - complete Lease for Nantgarw HQ renegotiated but still to be signed (AB 31/12/2023) Paper on alternative accommodation options to be taken to October SLG (MR 31/10/2023)	Nantgarw lease renegotiated. Initial meeting of Steering Group held 15 May. Obvious link to Risk A1.	➡	31/12/2023
	Strategic Objective - Staff									Director, Specialist Estates Services		
A11	The presence of Reinforced Autoclaved Aerated Concrete in the Brecon House building in Mamhilad has contributed to the unsafe state of repair of the roof, making the building unsafe for staff, and similarly in the Repository in Companies House.	5	5	25	Majority of staff working from home. Health & Safety Reviews Structural Engineers appointed Temporary safety measures in place e.g. netting SSPC approved revised Business Case	3	5	15	Plan to vacate Companies House by 31/12/2023 - RAAC in self-contained area. SSPC and Trust Board approval of revised business case and for signing of Du Pont lease (AE 31/10/2023)	Ove Arup in place for monitoring RAAC condition Cook & Arkwright appointed to mobilise contractors to intervene directly if required Ratification of revised business case on SSPC agenda	➡	31/12/2023
	Escalated Divisional Risk									Director, Primary Care Services		
A12	The COVID Planning Inquiry places extreme demands on staff groups, particularly Procurement, and impacts the delivery of business-as-usual services.	5	4	20	Appointment of Legal Counsel Support from Legal & Risk COVID Inquiry Planning Readiness Group	5	2	10	Continue to monitor requests from Inquiry through the Planning Readiness Group (AB 31/12/23) Decision required on whether to apply for Core Participany status for Module 5 (AB 30/11/23)	Risk Rating may be escalated once demands for information start to be received.	➡	31/03/2024
	Strategic Objective - Services									Director, Finance & Corporate Services		
A13	Leaks to the roof at IP5 threaten the operation of services and are extremely expensive to repair.	4	4	16	IP5 Steering Board	3	4	12	Develop a case for capital funding for the roof cladding (SD - 31/12/23)	Roof has been patched but speacilist surveyors recommend over cladding of roof which will be very expensive.	➡	30/06/2024
	Strategic Objective - Services									Director, Specialist Estates Services		
A14	The continued delay in locating suitable accommodation in South-East Wales for the TRAMS project threatens the supply of critical drugs to cancer patients	5	5	25	TRAMs Programme Board Formal project managed by PMO. Use of Outsourced Suppliers Task & Finish Group established. Update to July SSPC.	4	5	20	Explore options for accommodation in SE Wales (Colin Powell - 31/03/24)	Two potentially compliant sites shortlisted. Risk assessments completed with Chief Pharmacists. Update provided to September SSPC. Funding for Radio Pharmacy Unit in SE Wales agreed in principle by WG.	➡	31/03/2024
	Strategic Objective - Services									Service Director TRAMs		
A15	The financial climate in NHS Wales poses significant threats to the delivery of existing services and the development of new services	5	5	25	Monthly Finance Reports to SLG Finance Reports to SSPC and Audit Committee Establishment of Value and Sustainability Group Vacancy Control Arrangements implemented	3	5	15	Monitor progress against savings targets through Value & Sustainability Group (SLG - 31 March 2024)	Value and Sustainability Group established and Vacancy Control arrangemenrs implemented (aug 23)	➡	31/03/2024
	Strategic Objective - Services									Director, Finance & Corporate Services		
A16	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships.	4	4	16	Internal Audit review Laundry Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC	2	3	6	Appoint additional H&S resource to address problems and maintain progress in Laundry sites - recruitment in progress.	Risk Assessments have been undertaken at the laundries and good progress has been made in addressing the risks. An update is provide to each meeting of the Laundry Programme Board	➡	31/03/2024
	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.	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 underake annual reviews of high risk buildings e.g. IP5, Picketston	1	4	4	Review results from security checklists (PS - 31/07/22 - complete)	Security Review undertaken and reported to SMT in Dec 2018. No major findings and all agreed actions implemented or superceded.	➡	
										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.	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 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.	➔	
M3	Specific fraud risk relating to amendment of banking details for suppliers due to hacking of supplier e-mail accounts leading to payments being made to fraudsters	5	3	15	Documented process for bank mandate changes Role of Supplier Maintenance Team Authorisation by Senior Finance Staff Internal Audit Reviews	1	3	3	Spate of attacks (Apr 22) reinforces need to maintain current controls.	Further spate of attempted frauds in April/May 2022 (4) but all stopped by team. This has reinforced the need to maintain and possibly even strengthen existing controls.	➔	
M4	There is a reputational risk associated with the establishment of the Citizens' Voice Body <b>Strategic Objective - Service Development</b>	4	4	16	Experienced Programme Director Appointment of (Agency) Governance Lead	1	3	3	SLA and MoU require final sign-off.	CVB now established - SLA and MoU being completed	➔	
M5	The Student Awards software is at end of life and needs replacement without which delays to student bursary payments could be significantly affected. <b>Strategic Objective - Customers</b>	5	5	25	Formal project management in place	1	3	3	Phase 1 delivered by April 2023. (GH - 31 March 2023)	SAS contract support agreement with Kainos in place to end of March 2023. FBC approved by Welsh Govt 5/9/22 and funding agreed.	➔	
M6	The threat of industrial action (both within the NHS and across other sectors) is likely to lead to staff shortages in both NWSSP and across NHS Wales impacting delivery of services <b>Strategic Objective - Staff</b>	4	4	16	Good working relationship with Trade Union colleagues - presence on and updates to SLG. Business Continuity Plans and Arrangements - action cards updated Training provided by Legal & Risk	1	3	3	Continue to monitor impact through SLG (SLG 31 July 2023)	Pay award accepted. Current risk score reduced.	⬇	
M7	Suppliers, Staff or the general public committing fraud against NWSSP. <b>Strategic Objective - Value For Money</b>	5	3	15	Dedicated NWSSP LCFS Counter Fraud Service Wales Internal Audit Audit Wales PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	2	3	6	Produce review of 1st year activity for NWSSP LCFS (PS/MW 30 June 2023) - COMPLETE	C&V UHB have withdrawn their 75 days p.a. support due to limited resource.	⬇	
M8	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. <b>Strategic Objective - Value For Money</b>	5	5	25	Energy Price Risk Management Group Forward purchase of energy Briefings to Welsh Government	2	5	10	Action switch to Crown Commercial Services following Centrica's announcement that it is withdrawing from the market (AB 30 April 2023) - complete Establish new Group structure - Welsh Energy Group and Wesh Energy Operational Group	Paper on energy costs to March SSPC, where approval was given for switch to CCS and establishment of the WEG and WEOG.	➔	
M9	The volatility in the energy market, due to the war in Ukraine, increases the reputational risk to NWSSP in its role in securing energy on behalf of NHS Wales. <b>Strategic Objective - Value For Money</b>	5	5	25	Energy Price Risk Management Group Forward purchase of energy Briefings to Welsh Government	2	5	10	Restructure the EMRMG to establish the Welsh Energy Group and the Welsh Energy Operational Group. (AB 30/04/2023) - complete	Paper on energy costs to March SSPC, where approval was given for switch to CCS and establishment of the WEG and WEOG.	⬇	
M10	NWSSP are unable to continue to provide business-critical services due to having insufficient numbers of staff available and able to undertake the work. This is particularly an issue with staff on bank or fixed term contracts where funding from WG is uncertain e.g. COVID-related activity and SLE. <b>Strategic Objective - Customers</b>	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	5	5	Confirm funding for COVID- specific temporary posts from Welsh Government - this has been confrimed for the current financial year (AB - complete)	19.3 WTE staff in Recruitment extended for a further 12 months. In terms of Supply Chain, Logistics and Transport staff, those involved on the mass vaccination programme have also been extended until March 31, 2024, as Welsh Government funding has been confirmed. Confirmation of funding beyond 30 June 2023 now received for staff employed in the provision of PPE	⬇	
M11	An issue with the supplier of the replacement Legal & Risk Case Management System threatens financial loss and the delivery of the service <b>Esclated Divisional Risk</b>	4	4	16	Formal project managed through PMO	1	4	4	Project Team to review alternative options (MH 31 Oct 23) Continue negotiations with original supplier for refund of monies paid (MH 31 Oct 23)	The project team has commenced a review of alternative options for the software solution for 25/26 and beyond. The loss with the previous supplier has been provided for although efforts continue to reach a settlement.	⬇	
										<b>Risk Lead: Director, Legal &amp; Risk Services</b>		

 <b>GIG Cymru NHS Wales</b>		Partneriaeth Cydwasaethau Shared Services Partnership		<b>AGENDA ITEM: 7.1</b> <b>SSPC 23 November 2023</b>	
<b>The report is not Exempt</b>					
<b>Teitl yr Adroddiad/Title of Report</b>					
<b>NWSSP Audit Committee Assurance Report – October 2023</b>					
<b>ARWEINYDD: LEAD:</b>		Peter Stephenson Head of Finance & Business Development, NWSSP			
<b>AWDUR: AUTHOR:</b>		Carly Wilce Interim Corporate Services Manager, NWSSP			
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>		Andy Butler Director of Finance & Corporate Services, NWSSP			
<b>MANYLION CYSWLLT: CONTACT DETAILS:</b>		Andy Butler Director of Finance & Corporate Services, NWSSP 01443 848552 / <a href="mailto:Andy.Butler@wales.nhs.uk">Andy.Butler@wales.nhs.uk</a>			
<b>Pwrpas yr Adroddiad: Purpose of the Report:</b>					
The purpose of this paper is to provide the SSPC with assurance and details of the key issues considered by the NWSSP Audit Committee, at its meeting on 10 October 2023.					
<b>Llywodraethu/Governance</b>					
<b>Amcanion: Objectives:</b>		Each of the five key Corporate Objectives			
<b>Tystiolaeth: Supporting evidence:</b>		Individual reports submitted to Audit Committee			
<b>Ymgynghoriad/Consultation:</b>					
Who has been consulted on the details of the report? <ul style="list-style-type: none"> <li>NWSSP Audit Committee</li> </ul>					
<b>Adduned y Pwyllgor/Committee Resolution (insert ✓):</b>					
<b>DERBYN/ APPROVE</b>		<b>ARNODI/ ENDORSE</b>		<b>TRAFOD/ DISCUSS</b>	<b>NODI/ NOTE</b> ✓
<b>Argymhelliad/ Recommendation</b>		Outline the recommendation of the report <ul style="list-style-type: none"> <li>The Committee is asked to <b>NOTE</b> the report</li> </ul>			
<b>Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:</b>					
<b>Cydraddoldeb ac amrywiaeth: Equality and diversity:</b>		No direct impact			
<b>Cyfreithiol: Legal:</b>		No direct impact			
<b>Iechyd Poblogaeth: Population Health:</b>		No direct impact			
<b>Answadd, Diogelwch a Profiad y Clef:</b>		No direct impact			

<b>Quality, Safety &amp; Patient Experience:</b>	
<b>Ariannol: Financial:</b>	No direct impact
<b>Risg a Aswariant: Risk and Assurance:</b>	This report provides assurance to the Committee that NWSSP has robust risk management processes in place.
<b>Dyletswydd Ansawdd/ Duty of Quality:</b>	No direct impact
<b>Gweithlu: Workforce:</b>	No direct impact
<b>Deddf Rhyddid Gwybodaeth/ Freedom of Information</b>	Open



## VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NWSSP ASSURANCE REPORT

### 1. CEFNDIR/BACKGROUND

The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership (Audit Committee) provides assurance to the Shared Services Partnership Committee (SSPC) on the issues delegated to them through the Trust and NWSSP Standing Orders. A summary of the business matters discussed at the meeting held on 10 October 2023, is outlined below:

<b>ALERT</b>	No matters to alert/escalate.
<b>ADVISE</b>	No matters to advise.
<b>ASSURE</b>	<b>External Audit Position Statement</b> Audit Wales provided an update as to current and planned audit work. The assurance outcome of NWSSP's finances is complete and is referenced below.
<b>ASSURE</b>	<b>2022/23 Management Letter</b> Audit Wales presented the 2022/23 Audit Wales Management Letter to the committee. The assurance report was very positive and no recommendations for action were raised. The Finance team were congratulated by the Committee on their efforts and the excellent outcome of the review.
<b>ASSURE</b>	<b>Nationally Hosted NHS IT Systems</b> The Nationally hosted report was presented to the committee. The work forms part of Audit Wales's assurance work as NWSSP host a number of IT systems for NHS Wales, and it is necessary to review those systems regularly to provide an opinion to external audit teams. No material misstatements were identified, but five recommendations for action were raised.
<b>ASSURE</b>	<b>Internal Audit Progress Report</b> The Head of Internal Audit presented the Position Statement together with an overview of other activity undertaken since the previous meeting. In regard to the 2023/24 Internal Audit Plan only one audit report had been finalised and was on the agenda. This was due to resourcing implications within the audit team leading to some audits being deferred. They are now in progress and will be reported to the Committee in January 2024.
<b>ASSURE</b>	<b>Internal Audit Reports</b> The following report was presented to the Committee for consideration:  <b><u>FPPS Reconciliation Tool IA Report</u></b> The audit reviewed the newly developed reconciliation tool to determine whether it addressed the control gap between the former Open Exeter and new FPPS systems, for the validation of enhanced services claims made by GPs. The review was positive and confirmed that the tool is configured correctly and is operating as intended. Reasonable Assurance was provided with three medium recommendations for action.
<b>ASSURE</b>	<b>Counter Fraud Position Statement</b> The Counter Fraud Position Statement was presented to the Committee, with an overview of other activity since the last meeting in July. The statement summarised the following activity in the last quarter: <ul style="list-style-type: none"> <li>• Fraud Prevention notices had been issued as appropriate;</li> <li>• Five investigations were ongoing, with the majority relating to salary overpayments although there has been a recent referral regarding non-payment for lease cars;</li> </ul>



	<ul style="list-style-type: none"> <li>The Community Pharmacy analytical exercise was complete, and the tool was in place to detect unusual claiming trends. Work with Audit Wales was ongoing re GP patient registration capitation fees.</li> </ul>
<b>ASSURE</b>	<p><b>Audit Committee Effectiveness Survey Results 2023</b></p> <p>The results of the recent 2023 Audit Committee Effectiveness Survey were presented. The anonymised survey was undertaken to obtain feedback from Committee members on performance and potential areas of development and was issued to all members in August 2023. The number of responses received was slightly down from the previous year, but the opinions were very positive, and no issues of concern were identified.</p>
<b>ASSURE</b>	<p><b>BACS Inspection Report</b></p> <p>The eBusiness Central Team were subject to a formal by the Bankers Automated Clearing System in July, and the report records a very successful outcome. Only three low priority recommendations were raised, and it was confirmed that all agreed actions had been implemented.</p>
<b>ASSURE</b>	<p><b>Governance Matters</b></p> <p>The <b>Governance Matters</b> paper detailed the contracting activity for the last quarter. <b>16</b> contracts had been let for NWSSP and <b>38</b> further contracts for NHS Wales. There have been no further declarations made as to gifts, hospitality or sponsorship since the last meeting and no internal audits reports have received limited or no assurance.</p> <p>Of <b>235 audit recommendations</b>, <b>228</b> have been implemented, <b>5</b> are not yet due, <b>2</b> are not in the gift of NWSSP and none were overdue.</p> <p>The <b>Corporate Risk Register</b> contains <b>5</b> red risks, <b>10</b> amber, <b>1</b> yellow and no green risks.</p>
<b>ASSURE</b>	<p><b>NWSSP Update</b></p> <p>The Managing Director presented the committee with an update as to key developments within NWSSP. Main highlights discussed were as follows -</p> <ul style="list-style-type: none"> <li>A break-even position was forecast for the year but was dependent on a number of assumptions on funding and achievement of savings targets. Additional savings had been identified following the letter from Judith Paget at the end of July;</li> <li>Good progress is being made to move staff out of Brecon House (due to the presence of RAAC) into alternative accommodation on the Mamhilad Industrial Estate;</li> <li>The proposed move from Companies House to CP2 at Cathays Park is now looking unlikely due to a number of issues that have been raised in recent weeks. Other options are being investigated; and</li> <li>The Director of Finance and Corporate Services and Director of Primary Care Services will retire in March 2024, a recruitment exercise to fill the positions will commence shortly. The Head of Finance and Business Development is also stepping down from their existing post from next April.</li> </ul>
<b>INFORM</b>	<p><b>Items for Information</b></p> <p>The following items were provided for information:</p> <ul style="list-style-type: none"> <li><b>2023-24 Audit Committee Forward Plan;</b></li> <li><b>NWSSP Annual Review 2022-23; and</b></li> <li><b>Information Governance Annual Report 2022-23.</b></li> </ul>

## 2. ARGYMHELLIAD/RECOMMENDATION

The Committee is asked to:

- NOTE** the Assurance Report

## **NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 6 – SEPTEMBER 2023**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for September 2023 and should be read in conjunction with the Monitoring Return tables submitted for Month 6.

Thank you for your email of 29<sup>th</sup> September 2023 responding to the Month 5 monitoring return. The action points raised are addressed within this return and additional information provided where requested.

### **Overview of Performance and Financial Position**

#### **1. Actual Year to Date and Forecast Under/Overspend 2023/24 (Tables A, B, B2 & B3)**

NWSSP's financial position for Month 5 is reported at break-even. This is based on the assumptions included in our IMTP which include a number of income streams which are still to be confirmed. This also assumes the recurrent impact of the 1.5% consolidated 2022/23 pay award will be fully funded by Welsh Government in addition to the 5% 2023/24 pay award. We await an update on the funding to be provided in respect of these material items.

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. The figures have been populated using the profile from our Plan and continue to show a break-even in year and recurrent plan.

Due to the ongoing fluctuation in energy costs since both our IMTP was submitted and the Month 6 submission, there is a small amendment to the forecast additional costs we will need to recharge to UHBs for the element relating to the laundries. During 2023/24 UHBs will only recharge us for energy costs based on the historic budget values that were included as part of the laundry transfer agreements. In order to fully reflect the cost of the laundry, we will need to action an adjustment for UHBs to recharge us the full cost of the energy for 2023/24 which will be offset by an increased laundry SLA charge back to UHBs. We are addressing this issue in two six-month periods and aim to

review the costs for Months 1-6 in October and agree invoice values with UHB colleagues.

The value of the anticipated funding shortfall for laundries has been amended from £4.079m as included in our IMTP to £2.114m in Month 6 in line with the all Wales hybrid British Gas & CCS forecast received in September – this continues to be a high level estimate as usage is variable and we are dependent upon UHBs providing apportioned energy costs to us.

Table A has also been populated with the full year updated forecast of Covid expenditure and funding anticipated. This indicates a further reduction against the forecast included within our IMTP as we continue to refine our forecast of expenditure for the financial year. The reduction reported at Month 6 is due to the ongoing forecast revision of both staff and non staff costs required to support PPE management and distribution and the vaccination programme.

Additional in year savings and income generation of £1.119m are included to Month 6 which are forecast to reach £1.600m in 2023/24 to support the All Wales financial position. These additional savings will be achieved through additional pay and non pay controls this financial year. The £1.600m reconciles to our savings submission made on 11<sup>th</sup> August which also included wider savings opportunities for NHS Wales that NWSSP can support and a return of funding to Welsh Government.

The assumption of full funding for Covid expenditure and other anticipated income enables us to continue to report a break-even forecast outturn.

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2023/24 has increased from £660.556m as forecast in Month 5 to £675.524m in Month 6. This is due to the net impact of the Medical & Dental pay award that will be paid in October that has been included in the forecast from Month 6 together with increased SLE expenditure since the August intake (£15.938m) and a reduction in the Covid forecast expenditure (£0.822m)
- The pay expenditure profile increased in June due to the payment of the Covid recovery payment and also in July due to the payment of the 2023/24 5% pay award uplift plus arrears backdated to 1<sup>st</sup> April 2023. Pay costs further increased in August due to the junior doctor intake and rotation within SLE which is evidenced within the Medical & Dental pay category and is forecast to further increase in October with the payment of backdated Medical & Dental pay arrears to 1<sup>st</sup> April 2023.
- The SLE pay and non pay forecast now totals £259.610m (£243.672m Month 5) as detailed below:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	18.472	17.452	18.268	18.145	19.935	20.120	26.783	21.266	21.260	21.260	21.261	21.261	<b>245.484</b>
NON PAY	1.080	1.179	1.072	1.045	1.362	1.306	1.133	1.133	1.133	1.133	1.133	1.420	<b>14.126</b>
<b>TOTAL</b>	<b>19.552</b>	<b>18.631</b>	<b>19.341</b>	<b>19.190</b>	<b>21.297</b>	<b>21.426</b>	<b>27.916</b>	<b>22.398</b>	<b>22.393</b>	<b>22.393</b>	<b>22.394</b>	<b>22.681</b>	<b>259.610</b>

This forecast will continue to fluctuate as trainees complete their training and also with the variable locum shifts paid to SLE trainees that we now process centrally for the majority of UHBs.

- The profile of other income and non pay spikes in Month 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears.
- Forecast non-cash charges of £5.972m have been included which reconcile to our August non-cash submission. Due to the issues that Velindre experienced in reconciling the fixed asset register for 2022/23, and ongoing corrections, we await updated depreciation forecasts which may impact the values we have included and which will be amended in the November non-cash forecast if required. IFRS16 ROU depreciation charges are only included for transitioning and approved IFRS16 leases. Unapproved new/renewing leases have been excluded. The baseline and strategic depreciation charges have been amended to reconcile to the August non-cash submission and also reflected in Table E1 (**Action Point 5.2**)
- £18.679m income and expenditure is included to Month 6 in relation to the WRP DEL budget. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast balances to the £135.929m 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 £26.494m.

A high level review of our forecast undertaken at the beginning of October continues to indicate that due to inherent issues and potential delays in the claims process outside of our control, up to £5.200m of claims may not settle as forecast in this financial year. This would reduce the element to be funded under the risk share agreement to £21.294m. This is difficult to quantify with any certainty at this early stage of the financial year and we will continue to monitor the forecast on a monthly basis to ensure any reductions in expenditure can be highlighted at the earliest opportunity. In recent years we have 'locked' the risk pool forecast at around Quarter 3. Following recent discussions with Matthew Denham-Jones on 4<sup>th</sup> October 2023, we have agreed to provide an update in December with regards to undertaking this arrangement for this financial year.

- The total energy cost forecast is £4.676m based on the updated All Wales hybrid forecast received from British Gas and CCS in September. Our forecast includes a spike in Months 7 and 12 due to the adjustment we will need to make to reflect the true energy costs of the laundries within 2023/24. As requested the split of our forecast costs between the All Wales contract supply, Landlord supply and other energy costs (primarily heating oil and steam generation for laundries is detailed below):

	£m
All Wales Contract	2.720
Landlord supply	0.766
Other costs	1.190
<b>TOTAL</b>	<b>4.676</b>

- Explanations for the highlighted variances in Table B1 are:
  - Welsh NHS LHB & Trust income – the in month and full year forecast increases are due to the SLE increased recharges to Organisations following the August intake and rotations plus the Medical & Dental pay award that is being paid in October backdated to 1<sup>st</sup> April 2023 (£15.938m)
  - WG Income – the in month reduction is due to the phasing of the income for the WRP to match the DEL expenditure incurred which was lower than forecast in month.
  - WG Income - full year forecast reduction of £1.3m is primarily due to the reduced Covid expenditure forecast that is funded by Welsh Government (£0.822m).
  - Pay – in month and full year increases are primarily attributable to the increased SLE costs following the August intake and rotation and the estimate of the Medical & Dental pay award to be paid in October (£15.938m).
  - Non pay – the full year forecast decrease is primarily due to the reduced Covid expenditure forecast.
  - Losses, Special Payments & Irrecoverable debts – in month profile change due to WRP straightline profile forecast being updated to reflect actual expenditure, no impact on full year forecast
- Table B3 details the in month and forecast Covid19 additional expenditure.

The testing, mass vaccination and other covid expenditure sections have been populated based on our current knowledge of what services we need to provide. Other covid expenditure relates to the NWSSP operational support costs (PPE management, storage and distribution) and PPE

issues to Primary & Social Care. The forecasts have been refreshed and further reduced in month 6 following a review of expenditure to date. A summary of the year to date and forecast expenditure is detailed below.

It should be noted that if funding for these Covid support services is not extended beyond 31<sup>st</sup> March 2024 then potential redundancy costs will be due to fixed term staff who have now obtained contractual rights due to the length of their fixed term employment. We are actively looking to redeploy the staff concerned, however it is likely that we will need to make a number of these staff redundant and will need to utilise current year funding. These costs have not been factored into the forecast below and could be in the region of £200k if redeployment is not possible.

Covid Costs	YTD M6	2023/24
	£m	£m
PPE Operational Costs	1.372	2.859
Social Care/Primary Care PPE	2.045	4.091
Mass Vacc - Pay & Non Pay (non PPE)	0.394	0.876
Lateral Flow Testing	0.067	0.136
<b>TOTAL</b>	<b>3.878</b>	<b>7.962</b>

The Primary & Social Care PPE issues have been forecast based on a year to date expenditure average, however it should be noted that in Month 6 an increase in PPE expenditure above the value of recent months was reported. Our forecast will require further refinement if PPE requests continue to increase or if we are required to provide additional services for any potential Covid waves during the winter.

We have recently received correspondence from WG setting out, indicative PPE stockholding requirements and the future funding proposals. There are some significant differences from current stockholding requirements and the decision to charge NHS bodies and Social Care from 1 April 2024 will have an impact on future demand and potential stock write offs. We have some concerns over the stockholding requirements for certain PPE products and will discuss these concerns with Welsh Government colleagues at our meeting scheduled for 17<sup>th</sup> November 2023.

At the end of 2022/23 we accrued a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. 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.

## 2. Underlying Position (Table A1)

Table A1 has been completed to detail the £1.246m brought forward underlying deficit due to the additional costs we are incurring to support the increased transactional activity as a result of Covid recovery. We have mitigated this pressure in 2023/24 through non-recurrent internal savings within NWSSP. An ongoing assessment of these costs will be undertaken throughout 2023/24 to ascertain if the increased activity is likely to be recurrent or if a reduction can be evidenced and these costs reduced and/or avoided in the longer term.

## 3. Risk Management (Table A2)

This table has been reviewed and updated to ensure a balanced assessment of risks and opportunities is presented (**Action Point 5.1**)

- The risk regarding agreeing laundry energy recharges with UHBs has reduced to £2.114m following a reduction in the All Wales energy forecast received at the end of September. Due to the variability of energy charges, particularly within the laundries, the risk of costs being up to £0.500m more than forecast remains within Table A2.
- The IP5 energy pressure remains at £0.286m – there is a large variation in energy costs for the winter months that we are anticipating in line with last financial year.
- The risk that income targets cannot be achieved remains at £0.250m given a number of vacancies across our services that may impact our ability to generate forecast income levels.
- The IP5 Loss of income/running costs shortfall funding remains at £0.244m and was discussed with Matthew Denham-Jones at a meeting on 4<sup>th</sup> October 2023 regarding the need for confirmation on the funding position.
- Given our current over-achievement of savings, both the risk and opportunity that inflation is more/less than budgeted have been reduced to £0.125m in month.
- The £0.200m risk for Foundational Economy funding remains due to the funding not being confirmed for 2023/24.



- The opportunity that energy costs are less than forecast has been amended to £0.120m in line with the potential savings identified in the hybrid British Gas and CCS forecasts received at the end of September.
- The opportunity that turnover and vacancy rates remain high and yield an additional £1.000m of savings in 2023/24 remains at Month 6 given non-recurrent savings achieved to date.
- The opportunity that activity may reduce and additional support costs are no longer required has increased to £0.438m in line with the costs we have incurred to support this additional activity from April to September, although there are no current indications of a reduction in activity.

#### **4. Ring Fenced Allocations (Tables B, N, O & P)**

NWSSP does not have any ring fenced allocations to include.

#### **5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B & C)**

£0.100m of agency expenditure was reported in Month 6 which is an increase from previous months and represents our ongoing struggles to recruit, with £0.087m of this expenditure incurred to cover key vacancies. We are forecasting a reduction in this expenditure as one of our initiatives to increase savings in 2023/24 as we review all agency utilisation across our services.

#### **6. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)**

The tracker has been updated to reflect the most recent savings and income generation achievements. This identifies a year to date overachievement of savings and income generation of £1.119m to the end of September 2023, with a forecast overachievement of £1.600m. This aligns with the NWSSP savings return submitted on 11<sup>th</sup> August that can be achieved within 2023/24. There are also additional NHS Wales wide savings that we can help to facilitate which would be reflected as savings in UHB/Trusts returns.

The overachievement of savings to date and forecast indicates that schemes included as 'amber' are currently being achieved and as a result the one outstanding scheme has been amended to 'green' this month (**Action Point 4.5**)

## 7. Income Assumptions 2023/24 (Tables D, E & E1)

Table D has been left blank as requested.

Line 1 of Table E1 has been populated with the 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 2-27 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation and these have been updated in month where we have updated forecast assessments (Energy, Depreciation and Covid).

The table continues to assume additional income of £0.244m will be received from Welsh Government in respect of IP5 running costs above the recurrent funding allocation which is primarily required due to the loss of two income streams from chargeable leases that were originally included in the funding request. It also anticipates £0.103m funding for additional records storage costs we are incurring as a result of us no longer being able to cull medical records as a result of the Infected Blood Inquiry and £0.158m to support the transitional TRAMS management structure.

Table E1 has not been amended to reflect the £1.600m additional savings as this will be repatriated to NHS Wales Organisations and Welsh Government rather than be reflected as a reduction of income from Welsh Government (**Action Point 5.3**). The approved shares of the £1.600m is per the table below:

Organisation	%	DISTRIBUTION £
Aneurin Bevan	9.85	157,600
Swansea Bay	8.80	140,800
Betsi Cadwaladr	11.98	191,680
Cardiff and Vale	10.49	167,840
Cwm Taf	10.60	169,600
Hywel Dda	7.77	124,320
Powys	1.95	31,200
Velindre	1.17	18,640
WAST	1.28	20,480
Public Health Wales	0.87	13,920
Welsh Government	35.25	563,920
<b>Total</b>	<b>100.00</b>	<b>1,600,000</b>

**8. Health Care Agreements and Major Contracts**

Not applicable for NWSSP.

**9. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)**

Table F is not completed by NWSSP.

At 30<sup>th</sup> September 2023 there were six NHS invoices outstanding over 17 weeks that are recorded in Table M. These have now all be paid or are confirmed for payment this week (**Action Point 5.4**)

**10. Cash Flow Forecast (Table G)**

Not required for completion by NWSSP.

**11. Public Sector Payment Compliance (Table H)**

This table is not required for NWSSP.

**12. Capital Schemes and Other Developments (Tables I, J & K)**

These tables have been populated to reconcile back to our Capital Expenditure Limit of £4.049m that was issued on 3<sup>rd</sup> October 2023.

To Month 6 we have incurred £0.761m capital expenditure and we have plans to ensure all funding is spent in full during the financial year.

High level monthly expenditure forecasts have been included and we will continue to refine these as the timing of expenditure is confirmed as we progress throughout the financial year.

The TRAMS funding of £0.217m is sufficient to cover current project team salaries until January 2024. A further application for funding to cover these to the end of the financial year plus any additional fees required for the project dependent upon options to be progressed will also be included.

We met with Welsh Government on 10<sup>th</sup> October 2023 regarding options to progress the TRAMS capital projects. In particular we discussed the current

urgent challenges with regards to Radiopharmacy at Cardiff and Vale following a recent MHRA inspection. We are progressing discussions with Andrew Evans and Ian Gunney with regards to providing a solution through our Pharmacy Technical Services involving a modular build at IP5 to urgently address this issue. We await an update from Welsh Government colleagues following planned meetings with Ministers.

Due to the additional level of service charge and significant reduction in availability of parking, our planned move from Companies House to CP2 is no longer a viable option. We are exploring alternative options to rationalise our accommodation even further than originally planned. If a relatively modest sum of capital funding is available to support the purchase of a combined Headquarters and South East Regional hub building, this would enable 7 leases to be terminated and recognise estimated revenue savings of circa £1m per year.

Due to the need for us to vacate Brecon House as a result of the existence of RAAC we will need to incur additional capital and revenue costs to facilitate the move. We are awaiting updated quotes for the capital elements and are linking in with Welsh Government capital colleagues regarding the availability of funding for these items. We have also flagged the significant additional revenue costs that will be required with Matthew Denham-Jones.

### **13. Other Issues**

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Group reports.

The Shared Services Partnership Committee, will receive the Month 6 Financial Monitoring Return, along with the return for Month 7 at the November meeting.

### **14. Authorisation of Return**



.....  
**NEIL FROW**  
**MANAGING DIRECTOR**  
**NWSSP**



.....  
**ANDY BUTLER**  
**DIRECTOR OF FINANCE &**  
**CORPORATE SERVICES**

**11<sup>th</sup> October 2023**

## **NHS WALES SHARED SERVICES PARTNERSHIP MONITORING RETURN COMMENTARY FOR PERIOD 7 – OCTOBER 2023**

This summary report provides a review of NHS Wales Shared Services Partnership's (NWSSP) performance for October 2023 and should be read in conjunction with the Monitoring Return tables submitted for Month 7.

Thank you for your email of 27<sup>th</sup> October 2023 responding to the Month 6 monitoring return. The action points raised are addressed within this return and additional information provided where requested.

### **Overview of Performance and Financial Position**

#### **1. Actual Year to Date and Forecast Under/Overspend 2023/24 (Tables A, B, B2 & B3)**

NWSSP's financial position for Month 7 is reported at break-even. This is based on the assumptions included in our IMTP which include a number of income streams which are still to be confirmed. This also assumes the recurrent impact of the 1.5% consolidated 2022/23 pay award will be fully funded by Welsh Government in addition to the 5% 2023/24 pay award. We await an update on the funding to be provided in respect of these material items.

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. The figures have been populated using the profile from our Plan and continue to show a break-even in year and recurrent plan.

Following the transfer to the provision of energy under the CCS framework from 1<sup>st</sup> October 2023, we await updated forecasts for the remainder of 2023/24 and receipt of our first invoices from the new suppliers to validate the forecast. The energy forecast therefore remains at the same value as at Month 6.

During 2023/24 UHBs will only recharge us for energy costs based on the historic budget values that were included as part of the laundry transfer agreements. In order to fully reflect the cost of the laundry, we will need to action an adjustment for UHBs to recharge us the full cost of the energy for 2023/24 which will be offset by an increased laundry SLA charge back to UHBs. We were aiming to address

this issue in two six-month periods. Where UHBs have provided actual costs we have commenced the recharge arrangement in October, however we await updated information from some UHBs to enable us to undertake the Q1 & Q2 reconciliations and recharges.

The value of the anticipated funding shortfall for laundries has been amended from £4.079m as included in our IMTP to £2.114m in line with the forecast we submitted at Month 6 – this continues to be a high level estimate as usage is variable and we are dependent upon UHBs providing apportioned energy costs to us.

Table A has also been populated with the full year updated forecast of Covid expenditure and funding anticipated. This indicates a marginal reduction against the forecast we refreshed at Month 6 due to the ongoing forecast revision of both staff and non staff costs required to support PPE management and distribution and the vaccination programme.

Additional in year savings and income generation of £1.270m are included to Month 7 which are forecast to reach £1.600m in 2023/24 to support the All Wales financial position. These additional savings will be achieved through additional pay and non pay controls this financial year. The £1.600m reconciles to our savings submission made on 11<sup>th</sup> August which also included wider savings opportunities for NHS Wales that NWSSP can support and a return of funding to Welsh Government. The £1.600m distribution was approved at our September Shared Services Partnership Committee and both Directors and Deputy Directors of Finance have been made aware of Organisational shares. We will review our forecast again during November to identify if any further savings can be achieved to increase this distribution (**Action Point 5.3**).

The assumption of full funding for Covid expenditure and other anticipated income enables us to continue to report a break-even forecast outturn.

The key points to note within the year to date and forecast position are:

- The full year income forecast for 2023/24 has increased from £675.524m as forecast in Month 6 to £677.647m in Month 7. This is due to a number of small amendments due to pharmacy rebates, stores issues, international recruitment and ESR charges.
- The pay expenditure profile increased in June due to the payment of the Covid recovery payment and also in July due to the payment of the 2023/24 5% pay award uplift plus arrears backdated to 1<sup>st</sup> April 2023. Pay costs further increased in August due to the junior doctor intake and rotation within SLE which is evidenced within the Medical & Dental pay category and further increased in October with the payment of backdated Medical & Dental pay arrears to 1<sup>st</sup> April 2023.

- The SLE pay and non pay forecast now totals £259.482m (£259.610m Month 6) as detailed below:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
PAY	18.472	17.452	18.268	18.145	19.935	20.120	26.518	21.266	21.260	21.260	21.261	21.261	<b>245.218</b>
NON PAY	1.080	1.179	1.072	1.045	1.362	1.306	1.270	1.133	1.133	1.133	1.133	1.420	<b>14.264</b>
<b>TOTAL</b>	<b>19.552</b>	<b>18.631</b>	<b>19.341</b>	<b>19.190</b>	<b>21.297</b>	<b>21.426</b>	<b>27.788</b>	<b>22.398</b>	<b>22.393</b>	<b>22.393</b>	<b>22.394</b>	<b>22.681</b>	<b>259.482</b>

This forecast will continue to fluctuate as trainees complete their training and also with the variable locum shifts paid to SLE trainees that we now process centrally for the majority of UHBs.

- The profile of other income and non pay spikes in Month 6, 9 and 12 due to the quarterly pharmacy rebates that are issued a quarter in arrears.
- Forecast non-cash charges of £6.036m have been included which reconcile to both our November non-cash submission and the values included in Table E1
- £27.005m income and expenditure is included to Month 7 in relation to the WRP DEL budget. This expenditure is reported separately on line 9 – Losses, Special Payments & Irrecoverable Debts. The full year WRP forecast balances to the £135.929m 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 £26.494m.

A high level review of our forecast undertaken at the beginning of November continues to indicate that due to inherent issues and potential delays in the claims process outside of our control, up to £5.200m of claims may not settle as forecast in this financial year. This would reduce the element to be funded under the risk share agreement to £21.294m. This is difficult to quantify with any certainty at this stage of the financial year and we will continue to monitor the forecast on a monthly basis to ensure any reductions in expenditure can be highlighted at the earliest opportunity. In recent years we have 'locked' the risk pool forecast at around Quarter 3. Following recent discussions with Matthew Denham-Jones on 4<sup>th</sup> October 2023, we have agreed to provide an update in December with regards to undertaking this arrangement for this financial year.

- The total energy cost forecast is £4.676m based on the All Wales hybrid forecast received from British Gas and CCS in September. Our forecast includes spikes in Months 7, 8 and 12 due to the adjustment we will need to make to reflect the true energy costs of the laundries within 2023/24.



- Explanations for the highlighted variances in Table B1 are:
  - Welsh NHS LHB & Trust income – the in month and full year forecast increases are primarily due to increased stores issues, international recruitment and ESR recharges,
  - WG Income – the in month reduction is due to the phasing of the income for the WRP to match the DEL expenditure incurred which was lower than forecast in month.
  - Other Income – the increase is primarily due to an increase in the pharmacy rebates income forecast
  - Non pay – the in month and full year forecast increase is due to the opposite impact of the stores issues, international recruitment and ESR recharges.
  - Losses, Special Payments & Irrecoverable debts – in month profile change due to WRP straightline profile forecast being updated to reflect actual expenditure, no impact on full year forecast
- Table B3 details the in month and forecast Covid19 additional expenditure.

The testing, mass vaccination and other covid expenditure sections have been populated based on our current knowledge of what services we need to provide. Other covid expenditure relates to the NWSSP operational support costs (PPE management, storage and distribution) and PPE issues to Primary & Social Care. The forecasts have been refreshed with only minor amendments updated in Month 7. A summary of the year to date and forecast expenditure is detailed below.

It should be noted that if funding for these Covid support services is not extended beyond 31<sup>st</sup> March 2024 then potential redundancy costs will be due to fixed term staff who have now obtained contractual rights due to the length of their fixed term employment. We are actively looking to redeploy the staff concerned, however it is likely that we will need to make a number of these staff redundant and will need to utilise current year funding. These costs have not been factored into the forecast below and could be in the region of £200k if redeployment is not possible.

<b>Covid Costs</b>	<b>YTD M7</b>	<b>2023/24</b>
	<b>£m</b>	<b>£m</b>
PPE Operational Costs	1.541	2.769
Social Care/Primary Care PPE	2.425	4.155
Mass Vacc - Pay & Non Pay (non PPE)	0.460	0.864
Lateral Flow Testing	0.079	0.136
<b>TOTAL</b>	<b>4.505</b>	<b>7.924</b>

The Primary & Social Care PPE issues have been forecast based on a year to date expenditure average, however it should be noted that in Months 6 and 7 an increase in PPE expenditure above the value of previous months was reported. Our forecast will require further refinement if PPE requests continue to increase or if we are required to provide additional services for any potential Covid waves during the winter.

We have recently received correspondence from WG setting out, indicative PPE stockholding requirements and the future funding proposals. There are some significant differences from current stockholding requirements and the decision to charge NHS bodies and Social Care from 1 April 2024 will have an impact on future demand and potential stock write offs. We have some concerns over the stockholding requirements for certain PPE products and will discuss these concerns with Welsh Government colleagues at our meeting scheduled for 17<sup>th</sup> November 2023.

At the end of 2022/23 we accrued a credit note to Welsh Government totalling £17.537m to provide NWSSP with the continued cash coverage for the increased stock balance we hold. 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.

## **2. Underlying Position (Table A1)**

Table A1 has been completed to detail the £1.246m brought forward underlying deficit due to the additional costs we are incurring to support the increased transactional activity as a result of Covid recovery. We have mitigated this pressure in 2023/24 through non-recurrent internal savings within NWSSP. An ongoing assessment of these costs will be undertaken throughout 2023/24 to ascertain if the increased activity is likely to be recurrent or if a reduction can be evidenced and these costs reduced and/or avoided in the longer term.

## **3. Risk Management (Table A2)**

This table has been reviewed and updated to ensure a balanced assessment of risks and opportunities is presented, there are no amendments to the risks or opportunities to report at Month 7.

**4. Ring Fenced Allocations (Tables B, N, O & P)**

NWSSP does not have any ring fenced allocations to include.

**5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B & C)**

£0.070m of agency expenditure was reported in Month 7 which is the lowest monthly agency expenditure reported this financial year despite our ongoing struggles to recruit to cover key vacancies. We forecast a reduction in this expenditure would occur as one of our initiatives to increase savings in 2023/24 as we review all agency utilisation across our services. The savings are included in Table C3 as part of the non-recurrent pay savings against vacancies that we are holding or recruiting to rather than covering with agency **(Action Point 6.2)**

**6. Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 & C4)**

The tracker has been updated to reflect the most recent savings and income generation achievements. This identifies a year to date overachievement of savings and income generation of £1.270m to the end of October 2023, with a forecast overachievement of £1.600m. This aligns with the NWSSP savings return submitted on 11<sup>th</sup> August that can be achieved within 2023/24. There are also additional NHS Wales wide savings that we can help to facilitate which would be reflected as savings in UHB/Trusts returns.

**7. Income Assumptions 2023/24 (Tables D, E & E1)**

Table D has been left blank as requested.

Line 1 of Table E1 has been populated with the 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 2-27 have been populated with anticipated income streams for which we have yet to receive formal funding confirmation and these have been updated in month where we have updated forecast assessments.

The table continues to assume additional income of £0.244m will be received from Welsh Government in respect of IP5 running costs above the recurrent funding allocation which is primarily required due to the loss of two income streams from chargeable leases that were originally included in the funding request. It also anticipates £0.103m funding for additional records storage costs we are incurring as a result of us no longer being able to cull medical records as a result of the Infected Blood Inquiry and £0.158m to support the transitional TRAMS management structure.

## **8. Health Care Agreements and Major Contracts**

Not applicable for NWSSP.

## **9. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)**

Table F is not completed by NWSSP.

At 31<sup>st</sup> October 2023 there were no NHS invoices outstanding over 17 weeks that are recorded in Table M.

## **10. Cash Flow Forecast (Table G)**

Not required for completion by NWSSP.

## **11. Public Sector Payment Compliance (Table H)**

This table is not required for NWSSP.

## **12. Capital Schemes and Other Developments (Tables I, J & K)**

These tables have been populated to reconcile back to our Capital Expenditure Limit of £4.049m that was issued on 3<sup>rd</sup> October 2023.

To Month 7 we have incurred £0.773m capital expenditure and we have plans to ensure all funding is spent in full during the financial year.

High level monthly expenditure forecasts have been included and we will continue to refine these as the timing of expenditure is confirmed as we progress throughout the financial year.

The TRAMS funding of £0.217m is sufficient to cover current project team salaries until January 2024. A further application for funding to cover these to the end of the financial year plus any additional fees required for the project dependent upon options to be progressed will also be included.

We met with Welsh Government on 10<sup>th</sup> October 2023 regarding options to progress the TRAMS capital projects. In particular we discussed the current urgent challenges with regards to Radiopharmacy at Cardiff and Vale following a recent MHRA inspection. We are progressing discussions with Andrew Evans and Ian Gunney with regards to providing a solution through our Pharmacy Technical Services involving a modular build at IP5 to urgently address this issue. We await an update from Welsh Government colleagues following planned meetings with Ministers.

Due to the additional level of service charge and significant reduction in availability of parking, our planned move from Companies House to CP2 is no longer a viable option. We are exploring alternative options to rationalise our accommodation even further than originally planned. If a relatively modest sum of capital funding is available to support the purchase of a combined Headquarters and South East Regional hub building, this would enable 7 leases to be terminated and recognise estimated revenue savings of circa £1m per year.

Due to the need for us to vacate Brecon House as a result of the existence of RAAC we will need to incur additional capital and revenue costs to facilitate the move. The capital requirement is £0.274m for new racking and IT infrastructure which we have detailed in a business case provided to Ian Gunney. The revenue additional costs total £0.516m although these will be incurred across both 2023/24 and 2024/25, some of which we provided for last financial year following the expiry of the Brecon House lease (**Action Point 6.1**)

### **13. Other Issues**

The financial information provided in this return is an accurate assessment of the NWSSP financial position at this point in time and aligns to the details provided in the NWSSP Partnership Committee and Senior Leadership Group reports.

The Shared Services Partnership Committee, will receive the Month 6 and 7 Financial Monitoring Returns at the November meeting.

14. Authorisation of Return



.....  
**NEIL FROW**  
**MANAGING DIRECTOR**  
**NWSSP**

**13<sup>th</sup> November 2023**



.....  
**ANDY BUTLER**  
**DIRECTOR OF FINANCE &**  
**CORPORATE SERVICES**

**NWSSP SUPPLY CHAIN - PPE REPORT - AS AT 05/11/2023 (Updated 06/11/2023)**

Product Type	Units Issued since 09/03/2020 (Inc Social Care)	Units Issued in last 7 days (Inc Social Care)	Units in Stock	Orders Placed (Units)
Aprons	246,075,000	386,450	30,921,575	108,000
Body Bags	15,678	8	10,853	0
Eye Protector	1,645,752	50	596,555	0
Type I & Type II Masks	2,293,200	2,950	149,600	0
Type IIR Masks	276,561,017	157,600	8,464,975	2,793,600
FFP2 Masks	127,144	0	2,400	0
FFP3 Masks (3M)	4,842,785	3,869	2,593,427	0
FFP3 Masks (Other)	191,100	0	0	0
Face Visors	7,506,669	1,391	294,979	0
Fit Test Kits & Spares	6,660	1	265	0
Gloves	1,196,342,430	3,995,700	110,429,350	187,180,850
Gloves Cuff	1,854,700	3,700	447,350	0
Gowns (Fluid-Resistant)	4,845,289	6,760	852,897	26,512
Gowns (Other)	1,143,613	2,716	96,634	3,240
Hand Sanitizer	1,021,839	2,821	199,904	4,320
Wipes (Universal)	131,066,000	1,552,200	12,017,200	1,748,400
Wipes (Other)	122,734,457	238,327	1,297,025	331,800
Respirator Hoods	154	0	445	0
Respirator Filters	35,273	0	42,600	0
<b>Total</b>	<b>1,998,308,760</b>	<b>6,354,543</b>	<b>168,418,034</b>	<b>192,196,722</b>

**Key Notes & Assumptions**

- a) The reported stock holding does not include stock physically held within the receiving organisations.
- b) The issues of PPE stock only includes stock issued from shared services. It does not include stock procured directly by NHS or Local Authorities
- c) There is no guarantee that the items on order will be delivered - NWSSP is taking every action to ensure delivery
- d) The reporting of stock is based on individual units, except for:
  - Gloves where a unit is reported based on the unit size of a pack (single or pair)
  - Hand sanitiser where a unit is a bottle regardless of the size
- e) The dashboard output is a snapshot at a point in time of a dynamic position